CalMedForce

Grant Application Guidelines

Application Period

December 12, 2018 – January 15, 2019 (11:59pm PST)

If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in the sample grant agreements. All applicants will be required to agree to the terms and conditions prior to receiving funds. Physicians for a Healthy California will not make changes to the terms and conditions specified in the sample grant agreements.

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Purpose

The purpose of this guide is to provide information to assist primary care and emergency medicine residency programs during the application process for the CalMedForce grants to sustain, retain and expand residency programs. This guide contains background information about the CalMedForce grant program, application instructions, and definitions necessary to successfully complete and submit an application for consideration.

Background

In 2016, the California Medical Association, California Hospital Association, and Service International Employees Union-United Healthcare Workers West sponsored Proposition 56. Proposition 56 was approved by voters and allocates $40 million of funding towards Graduate Medical Education (GME) to sustain, retain, and expand California residency positions in primary care and emergency medicine. All accredited residency programs in the state meeting the guidelines set forth in Proposition 56 are eligible to apply for funding.

The University of California is the designated recipient of the funding and has contracted with Physicians for a Healthy California (PHC) to administer approximately $40 million in grants allocated from Proposition 56.

PHC worked closely with a five-member GME Board and a 15-member Advisory Council to develop a program that incentivizes and supports graduate medical education.

The GME Board includes representatives from:

• Physicians for a Healthy California (PHC)
• California Medical Association (CMA)
• University of California, Health (UC)
• California Hospital Association (CHA)
• Service Employees International Union (SEIU-CA)

The GME Advisory Council includes representatives from:

• American Academy of Pediatrics (AAP)
• American College of ER Physicians (Cal-ACEP)
• American College of OB and GYN-Dist. IX
• American College of Physicians-CA (ACP-CA)
• California Academy of Family Physicians (CAFP)
• California Association of Public Hospitals and Health Systems (CAPH)
• California Children's Hospital Association (CCHA)
• California Hospital Association (CHA)
• California Medical Association (CMA)
• California Primary Care Association (CPCA)

- California Private Medical Schools
- Network of Ethnic Physicians Organizations (NEPO)
- Osteopathic Physicians of California (OPSC)
- SEIU-CA California State Council
- University of California, Health

Eligibility

To be eligible to receive funding, at the time of application a training program must meet the following criteria:

- ✓ Located in California
- ✓ Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) Council on Postdoctoral Training
- ✓ Be a primary care (family medicine, internal medicine, obstetrics/gynecology, and/or pediatrics) or emergency medicine residency program
- ✓ Serve medically underserved populations and areas

Eligible residency programs include new residency programs and existing residency programs that may want to apply for support of either expanded and/or existing residency positions.

Authorizing Statute

Revenue and Taxation Code, California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Section 30130.57-30130.58) reads in part:

§ 30130.57 (c) Moneys from the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Fund in the amount of forty million dollars ($40,000,000) annually shall be used to provide funding to the University of California for the purpose and goal of increasing the number of primary care and emergency physicians trained in California. This goal shall be achieved by providing this funding to the University of California to sustain, retain, and expand graduate medical education programs to achieve the goal of increasing the number of primary care and emergency physicians in the State of California based on demonstrated workforce needs and priorities.

(1) For the purposes of this subdivision, "primary care" means internal medicine, family medicine, obstetrics/gynecology, and pediatrics.

(2) Funding shall be prioritized for direct graduate medical education costs for programs serving medically underserved areas and populations.

(3) For the purposes of this subdivision, all allopathic and osteopathic residency programs accredited by federally recognized accrediting organizations and located in California shall be eligible to apply to receive funding to support resident education in California.

(4) The University of California shall annually review physician shortages by specialty across the state and by region. Based on this review, to the extent that there are demonstrated state or regional shortages of nonprimary care physicians, funds may be used to expand graduate medical education programs that are intended to address such shortages.

Initiating an Application

Sponsoring institutions that have multiple eligible residency programs in primary care and/or emergency medicine must submit one application for each respective training program. Applications are submitted electronically. Each applicant must create an individual account with a username and password for each application. An applicant must register as a new user to view and complete application materials. Applicants are encouraged to save their application frequently. Once a tab in the application is completed and saved, the system allows the applicant to go back and edit as necessary. However, once an application is submitted, an applicant will not have access to the application to make changes. Please be sure to thoroughly review the application before clicking the final submission button.

The applicant will have the ability to download their submitted application as a PDF file. If you have any technical questions, please email us at CalMedForce@phcdocs.org.

Available Funding

The following funding allocation guidelines were recommended by the Advisory Council and approved by the Board for the application cycle 2018-2019:

Emergency Medicine- $7.6 million

Family Medicine- $9.5 million

Internal Medicine- $7.6 million

Obstetrics/Gynecology- $5.7 million

Pediatrics- $7.6 million

Funding is approximate and will be disbursed based on scoring criteria. Applications will be evaluated and ranked by specialty. For example, internal medicine residency programs will be scored and ranked in relation to other internal medicine residency programs. Please see "Funding Amount" section below for more information on funding amounts per residency position.

The deadline to submit the application is 11:59pm (PST) on January 15, 2019. All applications received by this deadline will receive full consideration for funding. If there are remaining funds after all applications submitted on time are reviewed and awarded, late applications may be considered. The deadline for late applications is 11:59pm (PST) on January 18, 2019. Late applications will only be considered if there are remaining funds.

Funding Amount

The maximum number of residency positions that may be requested for funding is five per program, inclusive of existing, new and expanded positions. Each residency position is eligible for up to $75,000 per year, per position in funding. For a three-year program, the total award is $225,000 per residency position over the course of the funding. For a four-year program, the award is $300,000 per residency position over the course of the funding. Funding will be disbursed over a three-year or four-year period depending on the length of the residency program. For new or expanding residency programs, there is a one-time additional amount of up to $200,000 per residency program; existing residency programs are not eligible for this one-time award.

For example, an applicant may request funding for three existing residency positions and two expanded residency positions, for a total of five residency positions for that program. However, a new program may only apply for up to five new positions, not existing or expanding positions.

Note that separate applications are required for different residency programs, which means a single sponsoring institution with multiple residency programs could receive funding for more than five residency positions. For instance, if a single sponsoring institution has three programs, potentially each program can apply for five residency positions individually, for a total of 15 funded residency positions. Funds will be available to applicants as follows based on their score relative to other applicants in their specialty, the number of applications received, and the availability of funds.

Review and Selection Process

The CalMedForce Advisory Council and Board has sought to establish a fair and impartial process for scoring and evaluating applications. Each application will be reviewed by the Advisory Council and PHC staff to assess their eligibility against the criteria below. Award announcements will be made in late January/early February 2019. Funds will be available to applicants as follows based on their score relative to other applicants in their specialty, the number of applications received and the availability of funds. Funding is prioritized for residency programs that serve medically underserved areas and populations in California.

Questions	Scoring
Is your training program in a primary care health professional shortage area (HPSA), either a geographic HPSA or automatic facility HPSA, as defined by the federal Health Resources Services Administration (HRSA)? ✓ Yes ✓ No If your training program is located in a HPSA area, please provide your primary care HPSA score based on geographic area or automatic facility HPSA score. https://data.hrsa.gov/tools/shortage-area/hpsa-find	2 points total 1 point = HPSA (1-12) 1 additional point = high HPSA score (13-25)
Check the following boxes that best describes your program: ✓ I am a new program that has received ACGME and/or AOA accreditation, but has not yet graduated the first cohort of residents. ✓ I am an existing program with the same number of ACGME and/or AOA approved residency positions as the previous academic year. ✓ I am an existing program that is expanding: • with new residency positions, as evidenced by letters from the appropriate accrediting body approving a permanent increase in the number of categorical residency positions; or • with unfilled ACGME and/or AOA approved residency positions that have been unfilled for the past two years.	5 points total* 5 = new 3 = expanded 2 = existing *Partial points may be awarded, please see Step 7 for more information.
Please include information on your graduates for 2017/18 (see table five) Please include information on your graduates for 2016/17 (see table six)	5 points total/or 5 points for new programs. Points will be awarded based on the percentage of graduates who practice primary care or emergency medicine more than 50% of the time.

	Up to 20% = 1 point Up to 40% = 2 points Up to 60% = 3 points Up to 80% = 4 points +80% = 5 points
Please provide data on the payor mix for the patient population of your primary ACGME-approved continuity clinic and/or emergency department. If your program is in a primary care specialty and you do not have a primary ACGME-approved continuity clinic then provide data on the patient population at the primary site through which primary care residents rotate.	Points will be awarded based on the percentage of the payer mix that is collectively Medi-Cal, dual eligible, indigent, and uninsured, as follows (see the glossary for definitions): Up to 20% = 2 point Up to 40% = 4 points Up to 60% = 6 points Up to 80% = 8 points +80% = 10 points

If your program is in a primary care specialty (family medicine, internal medicine, obstetrics/gynecology, and/or pediatrics) indicate the location of your primary ACGME-approved continuity clinic and/or primary site through which primary care residents or emergency medicine residents rotate if you do not have an ACGME-approved continuity clinic.
 	
    Street Address:
    City:
    ZIP Code:
    County:
	3 points for being in one of the counties identified as medically underserved
	Central Valley and Central Coast: Yolo, Yuba, Fresno, Kern, Kings, Madera, Merced, Monterey, San Benito, San Joaquin, Stanislaus, Tulare, Ventura
	Inland Empire: Riverside, San Bernardino
	Southern California: Imperial County
	Northern and Sierra: Alpine, Amador, Butte, Calaveras, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne

	Total Points Available = 25

Confirming Eligibility – Step 1

An applicant must meet the following criteria and confirm their eligibility through checking each item that applies. Training programs must meet the following criteria:

- ✓ Located in California
- ✓ Osteopathic or Allopathic
- ✓ Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) Council on Postdoctoral Training
- ✓ Be a primary care (family medicine, internal medicine, obstetrics/gynecology, and/or pediatrics) or emergency medicine residency program
- ✓ Serve medically underserved populations and areas

If your program does not meet the following criteria, but you still think you are eligible, please provide a detailed yet succinct explanation and a CalMedForce GME program representative will reply within 48 hours.

Communications – Step 2

Please check all the fields that apply as to how you heard about CalMedForce and this funding opportunity. Additionally, please share how in the future you would like to hear about funding opportunities through the options provided. Please note that if selecting "Other" you must type an additional response.

Information Requested on the Application – Step 3

Specialty. The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 specifies that moneys from Proposition 56 must fund primary care and emergency medicine residency training programs. Sponsoring institutions that have multiple eligible residency programs in primary care or emergency medicine must submit one application for each respective training program. Please select (only one may be selected) the type of residency program you are applying for:

- Family medicine
- Internal medicine
- Pediatrics
- Obstetrics/gynecology
- Emergency medicine

(Please reference the glossary for detailed descriptions of these specialties.)

Training Program. State the name of the Training Program. Please use the format of "[Name of Institution] [Discipline] Residency Training Program." For example, "University Medical Center Family Medicine Residency Training Program." Training Programs are required to apply with the approval of their sponsoring institution.

Sponsoring Institution. The sponsoring institution assumes the ultimate financial and academic responsibility for a program. Examples of a sponsoring institution include a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation.

Accreditation Status. Select the accreditation status of your program. All residency programs and sponsoring institutions must have current accreditation from either the Accreditation Council for Graduate Medical Education (ACGME) and/or the American Osteopathic Association (AOA) Council on Postdoctoral Training. Please upload a copy of the most recent accreditation letter from the appropriate accrediting/approval body, for both the residency program/specialty and sponsoring institution.

During the single GME accreditation transition period (July 1, 2015 to June 30, 2020), residency programs must have either ACGME and/or AOA accreditation. Please note, in the terms and conditions, an AOA accredited residency program receiving funding must also show progress towards receiving ACGME accreditation to meet the June 30, 2020 deadline.

Federal Tax ID Number. Please enter the sponsoring institution's nine-digit tax identification number.

Address of Training Program. Please include the physical address of the training program; please note that this address will be used solely for mailing purposes and will not impact scoring decisions. No P.O. Boxes will be accepted.

County. Please provide the county of your training program.

Health Professional Shortage Area (HPSA) Status. Please select whether your primary training site or program is located in a primary care HPSA (geographic area or automatic facility) area as defined by federal Health Resources Services Administration (HRSA). If your geographic area HPSA score differs from your automatic facility HPSA score, please enter your highest score. An applicant will receive one point if their primary training site or program has a current HPSA score of 1-12 and an additional one point if the HPSA score is 13-25. Please follow the link below to find your HPSA score.
https://data.hrsa.gov/tools/shortage-area/hpsa-find

Contact Information – Step 4

Program Director. Please enter the Program Director's contact information, including name, address, email, and phone number. The program director is the individual designated with authority and accountability for the operation of a residency program.

Primary Contact. If the primary contact of your residency program is someone other than the Program Director, please provide that person's name, title, address, email, and phone number. Both the primary contact and the program director will be contacted if awarded.

Requested Amount – Step 5

An applicant can apply for both existing and/or expanded positions, if the applicant meets the criteria existing residency positions at an existing program, new residency positions at an existing program, or for funding as a new program. Please note that each applicant program can only apply for a total of five residency positions.

Table One:

1	2	3	4	5	6	7
Check if applicable	Residency Program Type	Maximum residency positions allowed	Residency positions requested for funding	Maximum amount per position allowed $225,000 for three-year programs $300,000 for four-year programs	Up to $200,000 in one-time funds per grant for new and expanded programs	Total requested
	New program	5				
	Expanded positions	5				
	Existing program	5			N/A	

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Program Budget – Step 6

Please provide information about your program's budget using the table below. In no more than 300 words, please provide a budget justification. Please note that supervising physicians can be part-time or full-time faculty.

Table Two:

Expenditure Types	Program Costs	Funds Requested	Justification
Resident Stipends/Salaries			
Resident Benefits			
Supervisory physician salaries/stipends			
Supervisory physician benefits			
Other costs (See the Glossary for examples)			
TOTAL			

If you are an existing program applying to expand the number residency positions at your program or you are a new program, you are eligible to receive up to $200,000 ($40,000 per residency position) as a one-time additional amount, depending on the number of new and expanding residency positions. Existing residency programs that do not request funding for expanded residency positions are not eligible for this additional one-time amount. The additional award amount is determined by the number of residency positions request for funding. For example, a new residency program requests funding for three residency positions and would then be eligible for $120,000 additional one-time amount (3 residency positions X $40,000). Additionally, if an expanding program applied for four residency positions under "existing" and one residency position under "expanding", the residency program would only be eligible for an additional $40,000 funding. Please describe, in no more than 300 words, how you intend to utilize this additional funding and your justification for these additional funds. (Please see the Glossary for examples of "Other Costs".)

Table Three:

Expenditure Types	Costs	Justification

Program Description – Step 7

An applicant can apply for new, existing, and/or expanded positions for up to five residency positions per program. However, a new program can only apply for up to five new positions. The three funding categories are defined and scored as follows:

Check the following boxes that best describes your program:

- ✓ I am a new program that has received ACGME and/or AOA accreditation, but has not yet graduated the first cohort of residents.

- ✓ I am an existing program with the same number of ACGME and/or AOA approved residency positions as the previous academic year.

- ✓ I am an existing program that is expanding:

  - with new residency positions, as evidenced by letters from the appropriate accrediting body approving a permanent increase in the number of categorical residency positions; or
  - with unfilled ACGME and/or AOA approved residency positions that have been unfilled for the past two years.

To clarify, a program that has had AOA accreditation previously and recently acquired ACGME accreditation does not constitute as a new program as described above. There are only five points total for this question, an existing residency program that expands by only one residency position would receive two points for being an existing residency program and only one point for checking the expanded program option. Partial points are awarded based on the number of residency positions requested in Step 5.

Example of an existing program: Residency program that has 15 accredited residency positions. For the academic year 2016/17 the residency program filled 15 of the accredited residency positions. For the academic year 2017/18 the residency program filled 14 of the accredited residency positions. This residency program plans to fill 14 of the accredited residency positions for the academic year 2018/19. This residency program would only check the "existing program" option.

Example of an existing program that qualifies as expanding: Residency program that has 15 accredited residency positions. However, for the academic years 2016/17 and 2017/18, the residency program has only had funding for ten residents. The residency program plans to expand to 15 residency positions for academic year 2018/19. This residency program would check both the "existing program" and "expanded program" options.

Status of Residency Positions – Step 8

Number of Positions Available and Filled. Enter the number of accredited residency positions for each category for the years specified below.

Table Four

	2018/19	2017/18	2016/17
PGY 1 Positions Approved			
PGY 1 Positions Filled			
PGY 2 Positions Approved			
PGY 2 Positions Filled			
PGY 3 Positions Approved			
PGY 3 Positions Filled			
PGY 4 Positions Approved (if applicable)			
PGY 4 Positions Filled (if applicable)			

Approved Residency Positions. If you have more ACGME or AOA approved residency positions than filled positions, please explain why there are unfilled residency positions. (Limit of 300 words)

Planned Expansion. CalMedForce would like to know if your program has plans to expand the number of residency positions offered in the training program. Does the program plan to expand the number of residency positions of this program in the next five years? If the answer is yes, please provide additional information (limit of 300 words) on when the planned expansion will occur and where the program is in the ACGME accreditation process.

No Planned Expansion. If you do not have plans to expand beyond your existing number of ACGME or AOA approved residency position in the next five years, please check all the reasons that apply to your situation.

- ✓ Challenge in raising funds
- ✓ No/limited support from sponsoring institution
- ✓ Challenge in recruiting residents
- ✓ Challenge in recruiting faculty and supervising physicians
- ✓ Not interested
- ✓ Other

Academic year for new programs. If you are a new program, how many residency positions have you been accredited for? Please provide a numerical value.

Graduate Data for 2017-18 and 2016-17 – Step 9

For Table Five (2017/18 graduates) and Table Six (2016/17 graduates), please enter graduate names, National Provider Index (NPI) numbers (10-digit number), if the graduates specialize in Primary Care or Emergency Medicine, and their physical practice locations, to the best of your knowledge. There are five points total (new programs will automatically receive five points). For existing and expanding programs, points will be awarded based on the percentage of graduates who practice primary care or emergency medicine at least 50% of the time.

Up to 20% = 1 point
Up to 40% = 2 points
Up to 60% = 3 points
Up to 80% = 4 points
+80% = 5 points

Table Five: 2017/18 Graduates

Graduate Last Name	Graduate First Name	National Provider Index (NPI) Number	Does this graduate practice in primary care or in emergency medicine/emergency department more than 50% of the time? (Yes/No)	Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)

Table Six: 2016/17 Graduates

Graduate Last Name	Graduate First Name	National Provider Index (NPI) Number	Does this graduate practice in primary care or in emergency medicine/emergency department more than 50% of the time? (Yes/No)	Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)

Payor Mix – Step 10

Please provide data on the payor mix for the patient population of your primary ACGME-approved continuity clinic and/or emergency department. If your program is in a primary care specialty and you do not have a primary ACGME-approved continuity clinic, please provide data on the patient population at the primary site through which primary care residents rotate. The patient population should be calculated from your most recent 12-month fiscal year using an audited data source such as a hospital cost report. Please reference the glossary for definitions of patient populations. Points are awarded for the combined percentage of your patient population (shaded rows) that is Medi-Cal, Dual Eligible (Medi-Cal/Medicare), Indigent, and Uninsured, as follows:

Up to 20% = 2 points
Up to 40% = 4 points
Up to 60% = 6 points
Up to 80% = 8 points
+80% = 10 points

Table Seven

Patient Population	%
Medi-Cal	
Dual Eligible (Medi-Cal/Medicare)	
Indigent	
Uninsured	
Other Payers	
TOTAL	

Priority Counties

Select the county where your primary ACGME-approved continuity clinic and/or primary site through which primary care residents or emergency medicine residents rotate if you do not have an ACGME-approved continuity clinic. If you have more than one ACGME approved continuity clinic, please choose the site where the largest percentage of your residents train. If you have clinics or rotations in one of these counties, even if it is not your primary location, you may select this county in order to expand services. You will receive three points if your training program is in one of the following medically underserved counties.

> **Central Valley and Central Coast:** Yolo, Yuba, Fresno, Kern, Kings, Madera, Merced, Monterey, San Benito, San Joaquin, Stanislaus, Tulare, Ventura

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Inland Empire: Riverside, San Bernardino.

Southern California: Imperial County

Northern and Sierra: Alpine, Amador, Butte, Calaveras, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne

Attestation – Step 11

Please check the box to attest that the information provided is true.

Non-Supplanting. Please check to attest that funds are not intended to replace state or federal funding intended to also fund those residency positions.

Subject to Audit. Please check the box to acknowledge that these funds are subject to an audit pursuant to Article 2.5 (commencing with Section 30130.50), Chapter 2 of Division 2 of the Revenue and Taxation Code.

Agreement to fulfill contract obligation. Please check the box to agree to complete contract deliverables if an award is made as a result of the application.

Glossary

Accreditation Council for Graduate Medical Education (ACGME)
>ACGME is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.
>https://acgme.org/About-Us/Overview

American Osteopathic Association (AOA)
>AOA is the primary certifying body for Doctor of Osteopathic Medicine (DO). It is the accrediting agency for all osteopathic medical schools.
>https://osteopathic.org/about/

Automatic facility HPSAs
>Based on the statues and regulations governing shortage designation, HRSA automatically designates certain facilities as HPSAs. These Auto-HPSAs do not need to submit an application for designation, but may need to submit data to HRSA to calculate their facility's HPSA score.
>www.Bhw.hrsa.gov

Designated Institutional Official (DIO)
>DIO is the individual in a sponsoring institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.
>https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Dual Eligible (Medicare/Medi-Cal)
>A payer category that includes individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medi-Cal benefit. Also referred to as Dual Eligible.
>https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/downloads/Buy-InDefinitions.pdf

Emergency medicine
>Emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury. The practice of emergency medicine includes the initial evaluation, diagnosis, resuscitation, critical care treatment, coordination of care among multiple providers, and disposition of any patient requiring expeditious medical, surgical, or psychiatric care. (See the Glossary for more information)
>https://www.abem.org/public/become-certified/subspecialties

Existing Program

Residency program with the same number of ACGME and/or AOA approved residency positions as the previous academic year.

Expanded Program

Existing residency program with new residency positions, as evidenced by letters from the appropriate accrediting body approving a permanent increase in the number of categorical residency positions; or with unfilled ACGME and/or AOA approved residency positions that have been unfilled for the past two years.

Geographic HPSA

A Geographic HPSA is for a region that is determined to be a sound Rational Service Area (RSA). It can be a portion of a city or a county, or it can be an entire county. It is based on primary care hours for general population.
http://hpsa.us/services/hpsa/hpsa-101/

Graduate medical education (GME)

The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty or subspecialty. Also referred to as residency or fellowship education.
https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Family medicine

Family physicians deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, they also provide preventive care, including routine checkups, health-risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle. Family physicians also manage chronic illness, often coordinating care provided by other subspecialists.
https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-family-medicine/

Health Professional Shortage Area (HPSA)

Areas designated by the Health Resources and Services Administration as having shortages of primary medical care, dental, or mental health providers. These may be geographic (a county or service area), population (low income or Medicaid eligible), or facilities (e.g. federally qualified health center or other state or federal prisons) shortage designations.
https://www.hrsa.gov/

Health Resources and Services Administration (HRSA)

The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.
https://www.hrsa.gov/

Indigent

Other Indigent is a payer category that includes patients who are receiving charity care, and University of California teaching hospital patients receiving care with Support for Clinical Teaching funds. This category excludes those recorded in the County Indigent Programs payer category.
https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Loan-Repayments-Scholarships-Grants/Documents/Song-Brown/Song-Brown-Program-Glossary-of-Terms.pdf

Internal medicine

An Internist is a personal physician who provides long-term, comprehensive care in the office and in the hospital, managing both common and complex illnesses of adolescents, adults and the elderly. Internists are trained in the diagnosis and treatment of cancer, infections and diseases affecting the heart, blood, kidneys, joints and the digestive, respiratory and vascular systems. They are also trained in the essentials of primary care internal medicine, which incorporates an understanding of disease prevention, wellness, substance abuse, mental health and effective treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.
https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-internal-medicine/

Medi-Cal

Medi-Cal is a payer category that includes patients who are qualified as needy under state laws. This may include Medi-Cal Managed Care, a payer category that includes contracts for healthcare services through established networks of organized systems of care, which emphasize primary and preventive care.
https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare

Medicare

Medicare is the federal health insurance program for who are 65 or older; certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).
https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare

Medically Underserved Area

Geographical area with a lack of primary care health services.

Medically Underserved Population

Population that experiences a lack of access to primary care health services. These groups may face economic, cultural, or linguistic barriers to health care.

National Provider Identifier Number (NPI)

A unique ten digit identification number for covered health care providers. The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard.

https://www.cms.gov

New Program

Residency program that has received ACGME and/or AOA accreditation, but has not yet graduated the first cohort of residents.

Obstetrics/gynecology

Obstetrics and gynecology is a broad and diverse branch of medicine, including surgery, management of the care of pregnant women, gynecologic care, oncology, and primary health care for women.

https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-obstetrics-and-gynecology/

Other Costs

For program budgets, Other Costs can include allowable GME costs such as: stipends for other professionals; purchase of supplies and equipment, services, and support; purchase of information technology hardware and software costs directly associated with running the GME program; malpractice insurance; travel expenses; licensing, accreditation, match participation, and in-training examination fees.

Other Payers

Patient population that includes patients with commercial insurance or any other type of insurance that is not Medi-Cal, Dual Eligible (Medi-Cal/Medicare), indigent, or uninsured.

Payer

A payer category is a third-party or individual responsible for the predominant portion of a patient's bill.

https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Loan-Repayments-Scholarships-Grants/Documents/Song-Brown/Song-Brown-Program-Glossary-of-Terms.pdf

Pediatrics

Pediatrics is the specialty of medical science concerned with the physical, mental, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.

https://www.abp.org/content/subspecialty-certifications-admission-requirements

Post-graduate year (PGY)
>The denotation of a post-graduate resident's or fellow's progress in his or her residency and/or fellowship training; used to stratify responsibility in most programs. The PGY does not necessarily correspond to the resident's or fellow's year in an individual program. For example, a fellow who has completed a pediatric residency program and is in the first year of a pediatric endocrinology fellowship program is a pediatric endocrinology 1 level and a PGY-4.
>https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Primary Care
>Primary care refers to Family Medicine, Internal Medicine, OB/GYN, and Pediatric specialties.

Primary clinical site
>The primary facility designated for clinical instruction in the program. If the sponsoring institution is a hospital, it is by definition the primary clinical site for the residency/fellowship program. If the sponsoring institution is a medical school, university, or consortium, the primary clinical site is the site that is used most commonly in the residency/fellowship program.
>https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Primary Continuity Clinic
>Setting for a longitudinal experience in which residents develop a continuous, long-term therapeutic relationship with a panel of patients.
>https://smhs.gwu.edu/medicine-residency/about/continuity-clinic

Program director
>The individual designated with authority and accountability for the operation of a residency/fellowship program.
>https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Residency program
>A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty. There are two types of residency programs: (a) residency programs available for physician admission immediately upon graduation from medical school as described in the Institutional Requirements; and (b) residency programs available for physician admission after completion of prerequisite clinical training as described in the relevant specialty-specific Program Requirements.
>https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Resident
>An individual enrolled in an ACGME or AOA accredited residency program.

Sponsoring Institution

The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation). Clarification: When the sponsoring institution is not a rotation site for the program, the major associated hospital for the program is the primary clinical site (see Primary clinical site).
https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Training Site

An organization providing educational experiences or educational assignments/rotations for residents/fellows. These can be primary, secondary, or continuity clinics. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a free clinic, or a public health agency.
www.acgme.org.

Uninsured

Individuals who have no health insurance or other source of third-party coverage.
https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Loan-Repayments-Scholarships-Grants/Documents/Song-Brown/Song-Brown-Program-Glossary-of-Terms.pdf

Any questions or comments, please email us at
CalMedForce@phcdocs.org.

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