ICS: Advanced Practice Clinician Fellowship

Multnomah County Community Health Centers
Current State

- Health Center provider turnover is high, especially among advanced practice clinicians within the first two years of practice.
- High provider turnover impacts all areas of health center excellence.
  - Clinical quality
  - Client satisfaction
  - Staff satisfaction and turnover
  - Financial stability
  - Reputation
- New graduate APCs have had limited clinical experience.
  - Increase in direct entry APC programs (very limited prior clinical experience)
  - COVID limitations over the past two years impacting hands on clinical training opportunities
- ICS has considered an NP Residency as a potential solution to this issue, but has lacked the funding and infrastructure.
Why Focus on APCs?

- Cost effective
- Highly quality care
- Current state, much support/resources needed for onboarding
- High turnover especially within the first three years
- Roughly 65% of current MCHD provider workforce
- No requirement to complete a residency training to help bridge the gap from novice practitioner to highly productive practitioner.
- Difficult transition from academia to family practice→ potential decrease in primary care workforce.
**WHAT: APC Fellowship**

An Advanced Practice Clinician (APC) Fellowship Program is a one year post-graduate clinical training program designed for new advanced practice clinicians to strengthen and support the transition of a novice clinician to experienced highly productive APC practicing in an FQHC setting. Limited duration 1 year positions- represented.

- Essential KNOWLEDGE
- Essential SKILLS
- Essential ATTITUDES/MINDSET
Training Concepts

- Onboard New Grad APCs (4-5) as a cohort ~ September 2022
  - Streamline trainings
  - Build camaraderie within cohort
- Attach APCs to Teams as an “Anchor”
  - Focus on over-empaneled providers/teams
  - Focus on teams with high complexity
  - Focus on high-turnover health centers
- Step-based learning in team based care.
  - New grads learn all roles of team
    - MA: Immunizations, standard rooming, daily scrub, screening tests, vital signs
    - RN: In basket management, triage, care planning
    - Provider: Begin with low complexity visits and progress to complex patient management, including rational test ordering, results interpretation, medication management
    - Clinical Pharmacy: Transitions of care, deprescribing, complex disease management
Program Goals (informed by ICS Audit 2018)

- Provide comprehensive, postgraduate training to new graduate APCs.
- Experiment with new models of team based care - Team Anchor Model
  - Reduce provider/team burnout
  - Increase patient access
- Provider Resiliency and Pipeline.
  - Reduce provider turn over by creating more sustainable PCP roles
  - Create a robust pipeline of ICS-trained providers
  - Reduce time to fill provider vacancies
    - Improve patient continuity
    - Improve team resiliency and morale
    - Reduce lost revenue
Operational Flexibility - Team Anchor Model

● Vacation/leave coverage
● “Swarm” support
  ○ In-basket support
● Glidepath transition to PCP role
● Additional access available to meet demand
  ○ Walk ins
  ○ Team consultations
● Support Clinical team members
Return on Investment

● Workforce Development and Strengthening
  ○ 5 APCs annually are prepared to provide highly productive high quality healthcare.
  ○ Retain and recruit existing providers who desire to incorporate teaching/precepting into their work experience.

● Support for the existing clinical teams
  ○ Non-direct clinical care work
  ○ Increase access
Program Evaluation

- Provider turnover rate
- Visit growth
- Patient growth
- Time-to-fill vacancy
- Provider satisfaction surveys
- Team satisfaction surveys
- Patient satisfaction surveys
How is this model different from an NP Residency?

Programmatic Design

- More hands on training, ICS-based didactic curriculum
- APCs are embedded within a team rather than being their own residency team
- No accreditation requirements
- Less administrative management
**General Timeline the remainder of 2022**

**Phase 0**
- Present to ONA
- Bargaining
- HR Support
  - SLICS
  - Clinical Leadership Team
- Leadership Support
- Build Task Force

**PHASE 1**
- Task force meetings
  - Recruitment Process beyond initial interview
  - Provider Fellow Timeline
  - Communication Plan with Team Members
  - Onboarding Objectives
  - Operational coordination- templating, space, logistics

**PHASE 2**
- Goal to start in September
  - Traditional onboarding
  - New Hire Orientation
  - Shadowing various roles

**Spring 2022**
- **Phase 0**

**Summer 2022**
- **PHASE 1**

**Fall 2022**
- **PHASE 2**
Next Steps

Building the Task Force

- Need leadership representation from all clinical roles
- Think about front line staff members who would be interested in joining
Questions?

Thank you!