NWX-HRSA BHPR

Moderator: Songhai Barclift
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Coordinator: Welcome and thank you for standing by. At this time all participants have a listen only line. Later in the call, all lines will be open for an interactive question and answer session.

At that time you may use star 6 on your phone to mute and unmute to prevent distractions. As a reminder, this call is being recorded. If you have any objections, you may disconnect at this time.

I would now like to turn the call over to your host. Dr. Barclift, you may begin.

Dr. Songhai Barclift: Thank you. Good afternoon and welcome to the teaching health center graduate medical education program technical assistance. My name is Dr. Barclift and I am the chief of the community based training branch within the Division of Medicine and Dentistry in HRSA's Bureau of Health Professions.

I'm joined by management analyst, Kristin Guardino. We are excited by the prospect of a new group of teaching health centers and thank you for your interest.

Today's technical assistance will focus on the eligibility requirements for the teaching health center payment program. It is designed for entities interested in becoming a teaching health center. We will first give an overview of the teaching health center program and then review eligibility.

Once the 2012 funding opportunity is released, we anticipate another technical assistance session to review the specifics of the application process. Today's session will be recorded and available for review on the THC Web site.

I will now turn to Kristin for the overview which will be followed by questions and answers. Kristin.

(Sheryln Crooks): Prior to Kristin giving her presentation - this is (Sheryln Crooks) and I'm just going to do a few housekeeping items in order to assist you with the maneuvering through the Webinar.

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(Cindy) may also be contacted telephonically at 301-443-3870. And as Dr. Barclift stated, this Webinar is being recorded. Later on in the presentation when we do come to the question and answer period, all lines will be unmuted.

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You click on the blue icon and that will raise your hand and then once your hand is raised, you can then type your question or comment. After typing your question or comment, you would then click on the blue icon again and lower your hand.

Prior to speaking, of course, you do need to unmute your phone and then mute your phone again after speaking. And with that, I want to pass it over to Kristin.

Kristin Guardino: Thank you (Sheryln). As Dr. Barclift mentioned, my name's Kristin Guardino and I'm the project officer with the teaching health center program. I've spoken with many of you on the phone so it's nice to (have you all) on the call with us.

I'd like to start out by talking a little bit about the Affordable Care Act teaching health center legislation. The Affordable Care Act establishes the

teaching health center or THC program to support residency training in community based settings.

The THC program exists under the authority of Title 3 of the Public Health Service Act as added by Section 5508 of the Affordable Care Act of 2010 which supports projects that improve the nation's access to well trained primary care physicians and dentists by supporting community based residency training.

Listed here are the various components of Section 5508 - teaching health center development grants, national health service (for a) teaching capacity and payments to qualified teaching health centers.

Per the authorizing statutes the TC development grants are authorized grants that cover the cost of establishing or expanding a residency. This would include costs associated with curriculum development, recruiting, training and retaining residents and faculty, obtaining accreditation, supporting faculty salaries during development and technical assistance.

However, it is important to note that development grants for the teaching health center program are not current available as they have not been appropriated.

Also per the statute, national service core members help provide service and full time clinical practice of such individual's profession as a member of the corps for the period of obligated service provided in such contract. Up to 50% of time spent teaching by a member of the core may be counted towards his or her service obligation.

Now I'd like to discuss the actual THC program in more detail. What do we hope to achieve through the Teaching Health Center program? The THC program can help address the primary care workforce shortage and increase training in community based settings.

The THC model has a long history with several successful THCs dating back to the 1980s. However, the growth of THCs has been limited due to difficulty bringing together the dual mission of training in service and health centers, administrative complexity and a lack of financial resources.

On a positive note, recent studies have demonstrated the increased likelihood of THC graduates to practice in health centers and other underserved settings. Successful THCs have many common elements including an institutional commitment to a dual mission of medical education and service to an underserved patient population including underserved minority and other high risk populations, significant patient and community based input into THC operation and management and demonstrated progress toward innovative models of patient care delivery including patient centered medical homes, implementation of electronic health records, population based management and uses of interdisciplinary team based care.

So what exactly is a teaching health center? Per the statute, a THC is a community based ambulatory patient care setting. This includes, but is not limited to federally qualified health centers or FQHCs, FQHC look alikes, community mental health clinics, rural health clinics, health centers operated by the Indian Health Service and Indian tribe or tribal organizations and Title 10 clinics which are family planning clinics.

The ambulatory community based patient care setting or THC also must operate a primary care residency training program which per the statute

includes residency programs in family medicine, internal medicine, pediatrics, pediatric medicine, obstetrics and gynecology, psychiatry, general and pediatric dentistry and geriatrics.

In addition, the eligible entity must be listed as an institutional sponsor by the relevant accrediting body whether that is the accreditation council for graduate medical education, the American Osteopathic Association or the Commission on Dental Accreditation.

Residency programs must be accredited or provisionally accredited at time of application. So in other words, an application would not be able to apply to use THC funding to start up a new residency program or use it for the cost of obtaining accreditation.

Before I move on to more specifics, I'd like to go over some advantages of residency and community health center partnerships which is a very important piece of the program.

What are the advantages of a residency in such a partnership? Well the partnership supports an increased supply of primary care physicians committed to the underserved, particularly minority and high risk groups in rural, urban and global settings.

It provides a community based real life setting for the residents. It gives the program financial stability with enhanced reimbursement and creates potential for other partnerships in the community including community based research in medical homes.

What's in it for the health center? The resulting academic environment encourages evidence based exemplary practice. The teaching often provides

job satisfaction and encourages retention. The academic affiliation enhances image with the patient, employees and funders, and perhaps most importantly, it serves as a solution to workforce issues as many who teach in health centers tend to stay there and those who train in health centers tend to choose underserved settings after they finish their residency.

We put together a few diagrams that we think will help you understand the difference between a traditional GME model and a teaching health center GME model.

Here we have a depiction of the traditional GME model. In this setup, the teaching hospital or academic health center holds the accreditation of the residency program, is the institutional sponsor of the program, and by that we mean they hold the fiscal operation and educational control and it directly receives the Medicare GME funding.

Whereas in a THC model, the community health center or THC holds the accreditation and institutional sponsorship of the residency program and directly receives HRSA THC GME funding.

Some of you may be thinking that the eligibility requirements I just described are very limited and are wondering how many institutions actually meet these criteria.

While there are many that do, the THC program also extends eligibility to include another type of model - the corporation entity or consortium model. Corporate entities such as a GME consortium collaborating with a health center and hospital and operating one or more primary care GME programs may also be eligible THCs.

The corporate entity may be listed as the institutional sponsor of the residency program but must ensure that the community based ambulatory training site or THC is a central part of the consortium.

Payments must also directly support the THC ambulatory training site. So just to reiterate, it's the consortium, not the hospital or community based setting that holds the accreditation of the residency program. The THC plays a central role and is responsible for the fiscal operational and educational aspects of that residency program. The THC must also be the recipient of all THC GME funding.

GME payments to THC - the THC program is a five year $230 million program. Per the Public Health Service Act Title 3 Part D, payments will be made for direct expenses associated with sponsoring an approved graduate medical education training program and the indirect expenses associated with the additional cost related to teaching residents in such programs.

Direct costs include things like resident wages while indirect costs include things like infrastructure changes necessary to accommodate teaching capacities not including construction, costs associated with curriculum development and et cetera.

In addition - and this is a very important element - funding may only be used to support resident training in newly established THCs or to support increased number of residents trained in an existing THC.

THC payments can supplement but not duplicate GME payments from other sources. However, if the hospital claims the THC resident's inpatient time, the THC cannot also claim that time from HRSA. HRSA encourages applicants to

coordinate closely with affiliated teaching hospitals to avoid over reporting of THC GME EFTA.

Over reporting of FTE and subsequent overpayment may result in (recoupment) of THC GME funds. As I just mentioned, the THC program is a five year program and we announced our first competition back in December of 2010.

On January 25, 2011, the Department of Health and Human Services, Secretary Kathleen Sebelius announced the designation of eleven new teaching health centers and here they are.

Nine of these awardees have used THC funding to expand their family residence- family medicine residency slots. One recipient has expanded their internal medicine residency slot. And one more has expanded their dental residency slots resulting in a total expansion of 50 residency slots through the THC program.

When is your next opportunity to apply? The fiscal year 2012 funding opportunity announcement for the THC GME program is still to be determined at this time. All applicants must submit their applications through the grants.gov Web site.

If you do intend to apply, please ensure that you are familiar with the grants.gov Web site and their application process. Included on this slide is a link to applicant resources, FAQs and tutorials that you may find helpful before applying.

That completes our general overview of the THC program. We'd now like to open up the lines for questions.

Woman: Thanks Kristin.

Coordinator: At this time, all participants have an open line. Once again, you may use star 6 to mute and unmute your line.

Woman: We have a question from (Gayla Starhay).

(Gayla Starhay): Well I actually was placing my mute on because it didn't allow me to use it before. Yes, the question we have - we're considering the application as a corporate entity but we have worked very closely with our medical school and know that - understand that they can be a partner but cannot be the institutional sponsor.

Would we be able to use their curriculum or is that - do we have to have a brand new curriculum as a corporate entity?

Dr. Songhai Barclift: Yes, you can use their curriculum. The health center just has to be the central focus of the academic meaning that the health center has to play an integral role in training the residents irregardless of their curriculum that you (make).

(Gayla Starhay): Right. Absolutely. Okay and I have one more question. I've been doing some research on this and it seems I've been getting some different opinions and wanted to be clear about the new residency slots.

If, in fact, you have a - we may actually have more residents then THC would be funding. Now if that's the case and they go into the hospitals for their rotations, is it based on simply an FTE or do we have to list each person as a

full - that person is desi- is just going to be designated as one FTE individually?

Dr. Songhai Barclift: Well, if I understand your question correctly you're asking how we're going to count the FTEs and so if you have one slot that's available for one person then that person's schedule would then consist of whatever rotations. When they go in the hospital, if the hospital is charging them against their cost report of collecting the reimbursement from Medicare, then that portion of the training cannot be covered from - be covered by the THC.

(Gayla Starhay): Right. So they may just be - they may be forfeits of an AT- of an STE charged by the THC. Would that be correct?

Dr. Songhai Barclift: I'll have to say yes but basically the gist of it is any portion of the training that's being requested for reimbursement by another entity will not be covered by the THC.

(Gayla Starhay): Sure. Okay thank you.

Woman: The next question's from (David Valty).

(David Valty): Hello. My question - actually I have two questions. One is in terms of becoming one of these new entities or a collaboration, is there a particular deadline once you have to have those documents in place and be in existence if you're going to convert into that?

Dr. Songhai Barclift: Which documents are you referring to?

(David Valty): Well any - well we applied last year and, you know, let's say, you know, there's a consortium that, you know, the consortium documents that would

describe the relationship of the teaching health center, you know, if the medical school's involved or the hospital, you know, when - by when does that have to be created - obviously by the application but is there a defined time that it has to be in existence before that?

Dr. Songhai Barclift: No, as long as at the time of the application that consortium exists then that entity would be eligible.

(David Valty): Thank you. And then the other question I had is in terms of the expansion of residency positions. We currently have some positions that are un- will be unfunded. Would those count or not? You know, could those - if there were positions that would disappear because there's no longer funding because the hospital's over its cap and they've decided to quit funding those positions. Would those be eligible or do they have to be in addition to that?

Dr. Songhai Barclift: Well, I - so what you're asking is if there's a position that you have the position but it's not funded because the hospital is over their cap but you've been training people in that position for, like let's say the last three or four years.

(David Valty): Right. Or even just the last year, because we expanded with the hope of getting this program last year, did not get it and then we promised to the residents the position but the hospital will not keep funding that and, you know, beyond the people we've made a commitment to.

Dr. Songhai Barclift: I think that's a question that I'll have to answer more closely once we've released the - or I can answer more specifically once we released the funding announcement because what it sounds like is if you've expanded one year but maybe before that you had not expanded.

(David Valty): Correct. And we - we're planning on expanding beyond that as well but...

Dr. Songhai Barclift: Right.

(David Valty): Yes, right. So...

Dr. Songhai Barclift: Yes, I think that's something that I could better address once the funding announcement has been released.

(David Valty): Thank you.

Dr. Songhai Barclift: Thank you.

Woman: Our next question from (Joy Lewis).

(Joy Lewis): Thank you. Hi. I'm (Joy Lewis). I'm from (AT Still) University School of Osteopathic Medicine in Arizona. I'm working with a few different community health centers and we're trying to set up residency programs and THCs.

And one question that's come up recently, one of the center's asked me can you apply for this grant funding and plan to start using it in 2013 not 2012? I understand that the grants are not for development and I understand that we would need to have the program accredited or provisionally accredited prior to applying.

But we weren't sure we could have every aspect ready and to do the best job possible, this one program was wondering if they could start actually using the funds the next year.

Dr. Songhai Barclift: So funds for this round of applications will be requested for fiscal year 2012. Are you speaking of the academic year or the fiscal year when you say 2013?

(Joy Lewis): The fiscal year.

Dr. Songhai Barclift: Right. For - so for this application round the funds that are going to be requested are for the fiscal year 2012. So they couldn't hold those funds over and then use them for the class of 2013.

(Joy Lewis): Okay. We figured that was the case but we thought it was worth asking. Thanks.

Dr. Songhai Barclift: Thanks (Joy).

Woman: And then we had a (posted) question from (Yodi Hernandez Suarez). Is there a sense or how the $230 million will be divided between incremental slots in existing programs or for the creation of brand new DMEs?

Dr. Songhai Barclift: So I believe that your question is asking whether this $230 million will be used to support existing slots or for expansion slots. And the answer to that question would be expanded slots. So the statute requires that the funds support new or expanded positions.

Woman: If I could clarify what - I guess what I'm really asking is we saw a lot of the initial dollars the way the funding went to programs that already existed. If we're trying to work with a community health center that is novel to teaching that doesn't have any existing residency programs, are those going to be seen in a different light?

Dr. Songhai Barclift: No. I mean, that's the short answer. Like, each eligible entity will be viewed equally.

Woman: Okay thank you.

Dr. Songhai Barclift: You're welcome.

Woman: We have a comment from (Carl Curren). To confirm, does the residency program need to be accredited prior to applying for grants?

Dr. Songhai Barclift: I would have to say yes because part of the eligibility criteria is that the program is at least provisionally accredited.

Woman: Next question is from (Resa Badapore).

(Resa Badapore): Yes. Can you hear me?

Woman: Yes.

(Resa Badapore): My question is assuming that we already have the accreditation from the medical school and the curriculum is already in place, there isn't developmental grants primarily being funded as of right now. There's no capital for the development grants. Are they going to be coming back in the near future? What's the feel that you guys have for that?

Dr. Songhai Barclift: I actually don't have a feel for it. You know, we can only distribute funds that have been appropriated and so, you know, the development grants are not - they don't exist right now.

(Resa Badapore): Okay. And then my second question was, assume that our consortium does the development and takes on all the cost of everything. How many years - is it only five years that those new residents that we're going to accept for July of 2012, going to be funded for? Is funding going to be cut off to our residents after the remaining three years of the HRSA grants?

Dr. Songhai Barclift: So to answer your question, funding will be distributed as long as it's available. And that's kind of the short answer to it. You know, as long as we have available funds we would distribute it to eligible entities.

(Resa Badapore): Okay, so after let's say, assume three years, would we have to go and try to get funding through the Medicare GME system that's already in place assuming that HRSA's no longer running this program? What would - you know, or would we just have to fund it privately? What's the long term basis of the program?

Dr. Songhai Barclift: Well, you could do either. But the HRSA funding is available for five years.

(Resa Badapore): Okay. All right, thank you.

Dr. Songhai Barclift: You're welcome. Thank you.

Woman: Next question's from (Jody Miller).

(Jody Miller): Yes, can you hear me?

Woman: Yes.

(Jody Miller): Okay, I have a question about the corporate entities, the consortium. If the consortium can be formalized and made up of the commu- (dep) QHC, the hospital, the UAMS residency program, how does the accreditation fall in that? I understand the consortium has to hold the accreditation.

Dr. Songhai Barclift: Correct. And so I wouldn't want to speak for ACGME but that would have to be directed towards ACGME or whatever accrediting body that you have applied for.

(Jody Miller): Okay so you have to apply for accreditation under that consortium name even though one or two of the entities of the consortium have accreditation.

Dr. Songhai Barclift: Correct.

(Jody Miller): We cannot use their accreditation.

Dr. Songhai Barclift: Correct. Well, I mean, I can't answer that. That would be a question for ACGME or whatever - or any of the other accrediting bodies.

(Jody Miller): Okay and so if the ACGME accepts an existing accreditation of one of the consortium members, that'll be acceptable in the application?

Dr. Songhai Barclift: Correct.

(Jody Miller): Okay. Thank you very much.

Dr. Songhai Barclift: You're welcome. Thank you.

Woman: Next question from (David Valty).

(David Valty): The question I have, I missed the part of - have these funds already been appropriated or were they be still dependent on annual funding from congress?

Dr. Songhai Barclift: Well as it stands now, we have five year funding, so it's not an annual appropriation.

(David Valty): Okay, so it's already been appropriated for this?

Dr. Songhai Barclift: Correct.

(David Valty): Thank you.

Woman: Next question from (Tammy). This is a posted question in the chat box. Do you have any recommendations for tracking appropriations in the subsequent announcement?

Dr. Songhai Barclift: I'm not sure I understand that question. Can she clarify? Is (Tammy) on the line? Can she unmute?

(Tammy): Hi. I'm here. I thought I heard earlier in the presentation that it hasn't been appropriated yet. That's not true?

Dr. Songhai Barclift: I think - are you referring to the development grant?

(Tammy): No, I'm referring to this opportunity.

Dr. Songhai Barclift: No, that's not correct. These funds are available - appropriated and available.

(Tammy): Okay.

Woman: A follow up question from (Amber Chris). If a CHC has a collaborative relationship with a currently accredited family medicine residency, is there a way to add THC residency positions without obtaining a new unique accreditation?

Dr. Songhai Barclift: Again, that would be a question for the accrediting body. What it sounds like is that you already have an existing relationship with a family medicine program and you're asking if you add residents - THC residents to that program, whether or not the program would be accredited, you know, based on your existing relationship. And that would be a question for the accrediting body.

Woman: A question from (Naraj Shama).

(Naraj Shama): (I have a) question regarding categorical residence programs such as internal medicine. You'd mentioned that there is an internal medicine residency program that is funded as a THC. The majority of training for categorical residency programs is usually more hospital based.

I'm just curious how you - if you could comment on how they're able to structurally - and my understanding further is that the majority of training for THCs has to be community based. How is this conflict resolved?

Dr. Songhai Barclift: Well, you would probably be better off talking with the program directors but they've designed their programs so that the majority of the outpatient requirements are done at the health center and, you know, the hospital training that's required is done in the hospital.

So, I mean, I don't know specifically what they're doing to satisfy, you know, the hospital requirements versus the outpatient, but they've made some kind of collaboration with the hospital to ensure that the training is standardized but that the THC is also playing a central role in that training.

(Naraj Shama): Which program is that?

Dr. Songhai Barclift: I believe it is Wright in Pennsylvania. Yes, Wright Center in Pennsylvania - in Franklin, Pennsylvania.

(Naraj Shama): Okay, thank you.

Woman: Next question or comment from (Lisa Nelson).

(Lisa Nelson): Yes, I'm just asking to clarify about the continuation of the grant.

Dr. Songhai Barclift: And your question is?

(Lisa Nelson): Oh, I'm sorry. If - so - because I also understood from a guidance or the - that it was not a fully funded program upfront and that there would be continual competitions each year. Is it going to instead have non-competitive continuation applications?

Dr. Songhai Barclift: Well, it depends on what you mean by competitive. It's a payment program so eligible entities will receive funding. So you wouldn't compete. You know, does that make sense?

(Lisa Nelson): Okay, so much like the PCRE program was fully funded in advance.

Woman: Hello?

Man: Yes.

Woman: Okay, I believe someone might've put us on hold and there - we got a lot of background music. I don't know if you al heard that.

Coordinator: Yes, I've muted that participant's line.

Woman: Okay thank you.

Coordinator: Thank you.

Woman: Next question from (Martin Kelsey).

(Martin Kelsey): The structure of our GME consortium includes three community hospitals, a university and the FQHC. But by nature of the arrangement of our consortium, the university is the sponsoring institution with the ACGME.

So I mean, under the structure of our consortium, the FQHC can't be the sponsoring institution but also the consortium itself is not listed as the sponsoring institution.

If we can show that the funds flow directly to support the PHC, will that be adequate for eligibility purposes? Or do we need to fundamentally change our structure?

Dr. Songhai Barclift: Well I would have to get more specifics about the relationships but just in general, the consortium should hold the accreditation.

(Martin Kelsey): Well, the university holds the accreditation on behalf of the consortium. Is - I mean, the - so the - all the budgetary decisions are run by the consortium. But the university is listed as the sponsoring institution for all of our residency programs with the ACGME.

But all budget decisions are at the corporate level basically. And the FQHC is a full partner in that consortium.

Dr. Songhai Barclift: Okay, again, I probably would need more information and we can talk about that on, you know, a one-on-one conversation. But the general rule is that the consortium - within the consortium the health center has to be at the center of the academics, the operational and the financial operations of the residency program.

(Martin Kelsey): Okay thank you.

Woman: (Jan Wisel) posted a question. During the introduction there was a mention of funds that have not been appropriated yet. What was this referring to? Can you clarify what is the grant opportunity that has been appropriated and which one has not been appropriated?

Dr. Songhai Barclift: So that was referring to the development grant. There - initially there was funding or there was a proposal for funding for development grants which would've allowed a THC to use that - those funds for curriculum development, faculty recruitment, things to develop the residency programs.

That funding is not available. The funding that is available is the actual THC GME payment program which those funds are used for residency training. So the difference would be the development grant could be granted to a health center that wanted to become a THC and could be used for funding the startup

of a residency program, whereas the THC payment program is for the actual training of residents and cannot be used for the initial cost to start up the residency program. And I hope that answered your question.

Woman: Next question is from (David Valty).

(David Valty): One of the things in the expanding residency program - normally you'd expand the first year one more resident and the second year you'd have a first year and a second year and the third year you'd get to full compliment of three additional residents.

Is it possible - because we can take residents either off cycle or with credit for one year of training from somewhere else to have a first year funded in the first year of the grant and then also have a second year position funded so that in the first year if we were expanding our total residency by one more position per year, it would - we would have two residents instead of one.

In family medicine we couldn't do three because they have to be two years in the same site. Is that a possibility or does it all have to be, you know, starting with a first year and not a second year?

Dr. Songhai Barclift: Well, as long as you're expanding the position - so you're talking about expanding your second year class. Is that correct?

(David Valty): Previously our goal would be, for example, going from currently we have 15 residents to 18. And instead of going to 16 in the first year we would go to 17 in the first year. And then we would be ahead of the curve in terms of graduating residents and our second year would be 18 instead of 15, 16, 17, 18.

Dr. Songhai Barclift: Okay, well you said a lot of numbers there so - but I think in general what you're saying is that you've expanded the second year class and you're also expanding the first year class. And I'll just say it. You know, in general, if you're expanding the class, if you're using a funding for an expanded position, that would be allowable.

(David Valty): Okay. Thank you.

Woman: We don't have any more questions.

(David Valty): Oh I have...

Dr. Songhai Barclift: Is there another question?

(David Valty): I have another question if - in terms of construction or expanding of space, it that allowable in the grant for a resident work space or not, for example?

Dr. Songhai Barclift: I'm sorry, are you - can you rephrase your question?

(David Valty): No...

Dr. Songhai Barclift: What do you mean by base?

(David Valty): Space.

Dr. Songhai Barclift: Space. I'm sorry.

(David Valty): Not base. So our residents have so much office space, locker room space, et cetera. If we expand, we obviously need to have more, you know, lockers, desks, things like that. Is that part of the $150,000 per resident or not?

Dr. Songhai Barclift: Well, I think if you're using the money as an indirect cost, because a payment would be allowed or is - the payment allowed for direct and indirect medical costs. So I think what you're saying is that an indirect cost of having the new resident or a new resident would be - or an expanded position, rather, would be that you had to, you know, increase locker room space.

And, I mean, you're kind of bordering - borderlining on capital build up. So I guess the short answer is, is if it's an indirect cost it would be allowable.

(David Valty): Okay thank you.

Dr. Songhai Barclift: Thank you.

Woman: Next question from (John Balady).

(John Balady): ...developing or would that be front end money that needs to be developed or funded by the university?

Dr. Songhai Barclift: I'm sorry, we didn't hear the first part of your question. Can you repeat it please?

(John Balady): Yes ma'am. If you were in the process of trying to develop a program, a freestanding develop...

Woman: (Unintelligible).

Woman: We're having problems with their lines.

Dr. Songhai Barclift: Okay, would that be operator?

(John Balady): Can you hear me?

Dr. Songhai Barclift: I can hear you but after you begin talking, you're going in and out.

(John Balady): Oh, I was just wondering whether or not you could - we would qualify if we applied for a developing program. We are not - we do not have a residency now. And the question is, would we qualify to apply as a developing new program?

Dr. Songhai Barclift: Unfortunately not because based on what you're describing, the program does not exist. It's not accredited. And so therefore it would not be eligible.

(John Balady): Okay thank you.

Dr. Songhai Barclift: Thank you.

Woman: (Kate Fahey), I see that you posted several questions and comments. Can you unmute your line?

(Kate Fahey): Yes. Hello?

Dr. Songhai Barclift: Yes.

(Kate Fahey): Yes, my questions are as written here, just two. There was a comment made earlier about continuation funding as not competitive. I just want to clarify - so would the existing eleven teach health funders continue to receive funding for the next four years without submitting additional applications?

Dr. Songhai Barclift: Well, that's a policy that's actually under review so I can't make a comment about that.

(Kate Fahey): Whether or not there'd be funding available or whether or not there will be an application required?

Dr. Songhai Barclift: Both.

(Kate Fahey): Okay. And then for the 2012 announcement, something was said about all eligible entities will receive payments, it's a payment program. So does that mean that the 2012 announcement will be - will provide payments to any eligible entities or will there be a review committee that selects certain organizations to receive this funding?

Dr. Songhai Barclift: Well, we have an eligibility committee, so that committee verifies that the program is eligible.

(Kate Fahey): And then all eligible entities will receive as many residents as they request?

Dr. Songhai Barclift: I never want to say all so I'd have to really - I would have to review the application. But once the 2012 announcement - funding announcement - has been released I think I - it would answer these questions, you know, more specifically because right now I just can't say, you know, when you say all residents, I'm not sure.

Woman: We have a comment from (Gail Lipton) stating that funding will remain available for the currently approved slots. Next question from (Resa Badapore).

(Resa Badapore): Hello. Can you hear me?

Woman: Yes.

(Resa Badapore): Yes, so the gentleman before that was talking about expansion of the current program that they have, is there any way that we can get a list of everybody that attended the Webinar because I'd like to speak to him more about his proposal and his idea? Because what we're trying to do is very in line with what he's trying to accomplish. How would we go about exchanging information with people that are already on the Webinar?

Woman: I don't know I think that would be - would we release (unintelligible) would be attending that's here but it doesn't have any email or contact information.

(Resa Badapore): Okay.

Dr. Songhai Barclift: Perhaps the person who made that comment can just speak up and you all can find each other.

(Resa Badapore): If they would, I'd really appreciate that because we're trying to actually fund additional residency programs - positions - independently through a private revenue stream as well. So on top of the HRSA program that's available, we're going to be giving foundational grants to entities that are trying to establish this just as a philanthropic cost.

So anybody that was interested, please give us a call - (Med Pulse) Foundation, and we'd like to work on this program and on the shortage crisis that's going to be coming up in the next 10 to 15 years.

Dr. Songhai Barclift: And if you could, you could just email Kristin and give her your name and contact information just in case someone was not able to pick that up.

(Resa Badapore): Okay. I'll just post it in the chat section as well. Okay?

Woman: Excellent. Thank you.

(Resa Badapore): Thank you so much.

Woman: (Balta Baltiera).

(Balta Balteria): Yes, I think I was the one that made the comment that he wanted to know about. Who was the last person? Was it (Resa)?

Dr. Songhai Barclift: Yes.

(Balta Balteria): Okay, I'll send him a mess- a chat message with my contact.

Man: I have a question.

Dr. Songhai Barclift: Okay.

Man: Okay, so we have a consortium that is partnered with two area hospitals which is not partnered with an FHQC but would like to be and would - would, in our situation, would that FHQC have to be the holder of the accreditation or could our corporate consortium hold the accreditation?

Dr. Songhai Barclift: Oh, I think what you're saying is - when you say we have a consortium, what does it consist of?

Man: It is a corporate entity that partners with the academic medical education center - the co- the university and with two area hospitals. And that is the

consortium. That's the corporate consortium. It's a separate body with a board and all of that.

And it receives its funding from these two hospitals. It holds ACGME accreditation and we're hoping to partner with an FHQC in the area to start a THC. But I do not believe that that FQHC has the accreditation. Would they have to hold the accreditation to do this?

Dr. Songhai Barclift: Well, based on what you're saying, it sounds like you wouldn't - to become a teaching health center, your FQHC would have to join or create a new collaboration with your existing hospitals.

Man: Yes.

Dr. Songhai Barclift: And then that THC would have to be the central academic operational component to this either new consortium or, you know, have modified the consortium that you have now such that it's the central component for the THC funding.

Man: I see. Okay thank you.

Dr. Songhai Barclift: Okay. Are there any other questions? Okay, I just want to repeat (unintelligible) comment. I want to make sure when I said no comment to one of the policy questions, I want to make sure that that information that (Gail) gave us is repeated.

Woman: Funding will remain available for the currently approved slot.

Dr. Songhai Barclift: Okay, well I would like to thank you all for your interest in the Teaching Health Center Program. I look forward to getting applications from all of you. Thank you very much.

END