

Fellowship Training: A cost sharing approach between a rural clinic & an academic institution

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Purpose

Valley View Health Center (VVHC), a Federally Qualified Health Center, partnered with University of Washington School of Nursing (UWSON) to launch a post graduate fellowship program for rural primary care NPs in Washington. Historically, provider turnover has negatively impacted VVHC. Fellowship programs offer critical support to new grads while ameliorating high turnover rates. Start-up costs are significant and prohibitive to small clinics. Academic/clinic partnerships make it more feasible by leveraging resources and sharing costs.

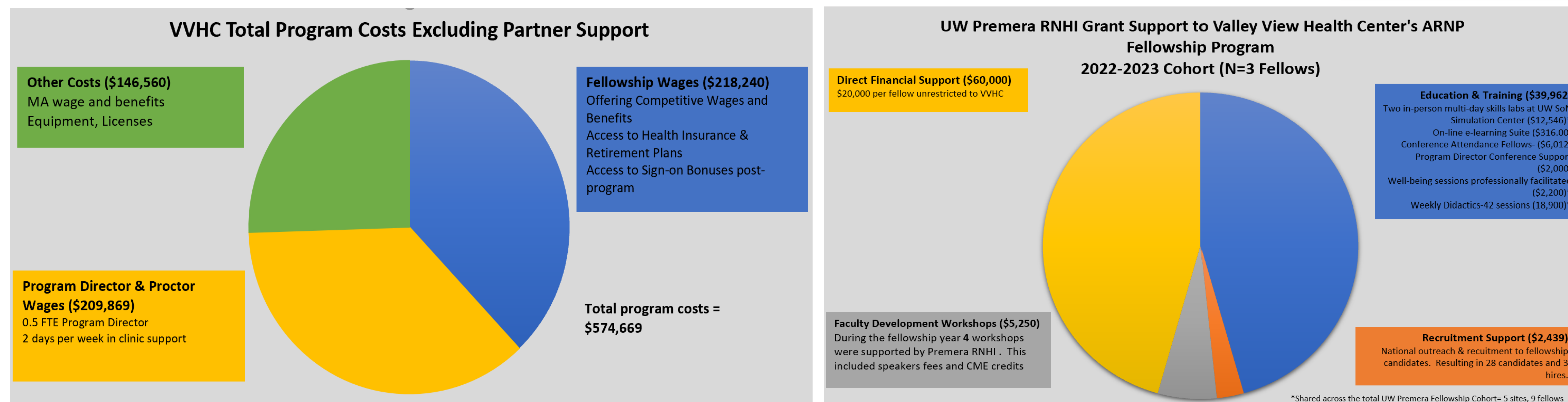
Results

VVHC's total program costs were \$574,699. This included Provider base salaries, 0.75 FTE for 2 medical assistants, a portion of the Program Director's (PD) salary, a portion of the preceptors' salaries and other operating costs. In the first two quarters of the program, the fellows' gross receipts were \$146,927. Over the course of the year patient volume progressively increased, resulting in higher receipts. Calculations without adjustment for the two fellows totaled \$293,854. With income generated by the PD and preceptors, the program is forecasted to break even. UWSON support included \$60,000 to help offset costs. Coordination and delivery of educational offerings: 2 in-person skills labs hosted at SON simulation center, weekly didactic sessions, and online learning. UWSON provides recruitment support, daily administrative assistance, financial support for fellows to attend two different conferences, facilitated well-being sessions, and preceptor development workshops. UWSON provided \$107,651 (plus in-kind support) to VVHC's program for 2022-2023.



Methods

Financial records from VVHC and UWSON were utilized to determine program costs for two fellows in the 2022-2023 fellowship year. UW Premera* operates as a main coordinating hub for 5 rural sites.



Impact

The academic/clinic partnership leveraged the strengths of each partner and allowed both organizations to maximize their contributions to the end goal of supporting new NP providers in rural primary care. The ability to share resources across all fellowship sites allowed for high expenditure costs to be shared amongst sites resulting in more benefit to sites and fellows.

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