



CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

2025 Annual Conference:

Navigating the Future: Sustaining Excellence in APP Postgraduate Training

July 14-15, 2025



CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

TRACK ONE: New Programs

**Newly Developed and Soon-to-be Developing
Postgraduate APP Programs: Program Planning,
Launching and Support**

TRACK ONE: Capitol Peak B



CONSORTIUM
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Setting the standard for postgraduate training

Curriculum Development and Design Selecting Your Curriculum Content and their Modalities

Natalie Raghu, DNP, FNP-C, BC-ADM, APRN-FPA

Advancing Practice in the Real World Curriculum Building and Development

**Natalie Raghu DNP, FNP-C, BC-ADM, APRN-FPA
Erie Family Health Center**



We serve...



> 89,000
patients

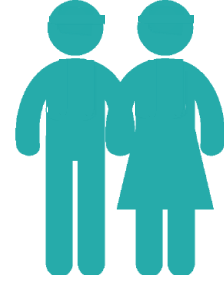


370,900
patient visits
annually



> 200
patients come to Erie from
more than 200 zip codes

We employ...



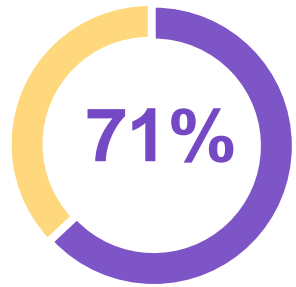
> 874
staff members

We train...

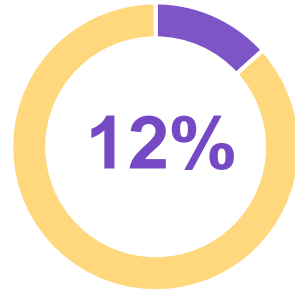


270
providers
(family and internal medicine
residents, APRNs, MAs,
dental students, etc.)

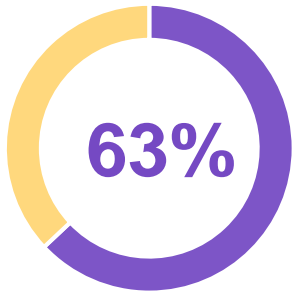
Our patients are...



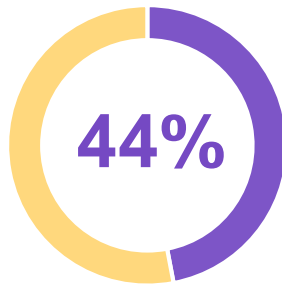
Hispanic
/ Latino



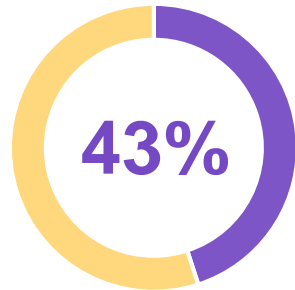
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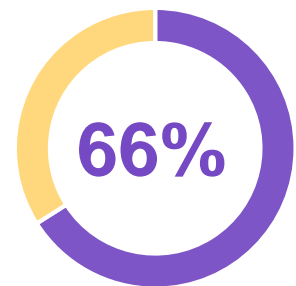
female



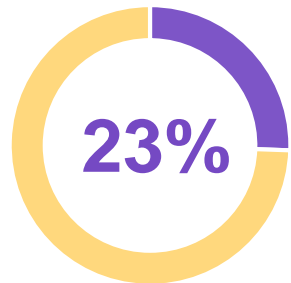
under
18



best served
in a
language
other than
English

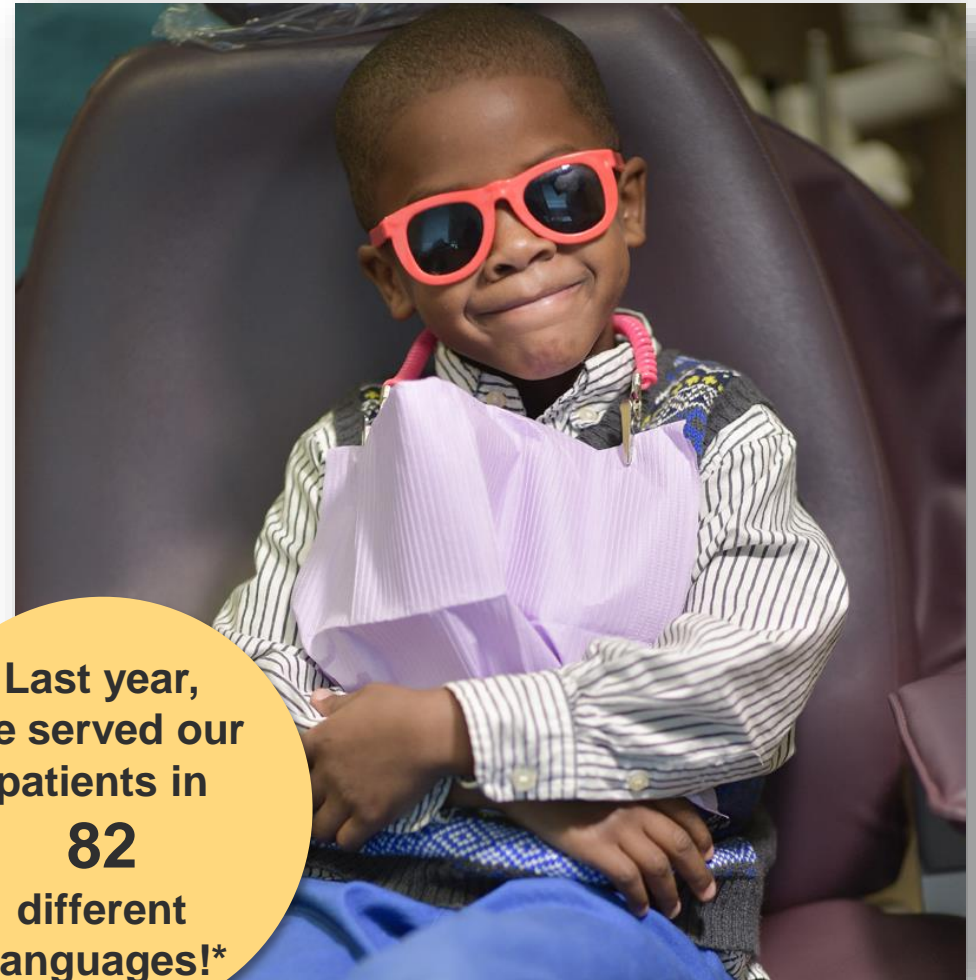


insured by
Medicaid



uninsured

Last year,
we served our
patients in
82
different
languages!*



Why Advancing Practice at Erie...

Aligns health justice: Increase access to health care for underserved populations

Address health care professional shortage

Improve workforce distribution to primary care

Develop high quality workforce that is trained in evidence-based care

Recruit a workforce that reflects the community

Increase Diversity, Equity, Inclusion and belonging in APRN workforce



Social
Justice

Excellence

Impact

Relationship

Learning

Where AdvancingPractice started.....

In 2019, HRSA awarded Erie and University of Illinois Chicago College of Nursing a grant to provide primary funding and infrastructure of an APRN Fellowship

Grant was awarded for four years, one planning year and three training years

Designed 5 staff positions

Curriculum development, planning and implementation occurred during the start of the COVID-19 Pandemic

- Inaugural cohort of 8 Fellows hired to start in July 2020
- Currently in our fifth cohort

AdvancingPractice

Cultivating Quality Care and Nursing Leadership
to Improve the Health of Communities

erie

UIC NURSING

erie

Mission: We cultivate quality care and nursing leadership to improve the health of communities through development and mentorship of Advanced Practice Registered Nurses.

Vision: Advanced Practice Registered Nurses leading transformation to achieve health equity.



Advancing Practice Goals

- **Prepare a diverse workforce** of APRN's to provide competent and confident care in medically underserved communities
- **Ensure effectiveness of the program** through outcome focused evaluation methods
- **Improve quality in community health** centers via evidence-based practice and quality improvement leadership initiatives
- **Sustain APRN fellowship** program to train and mentor the next generation of highly skilled Advanced Practice Registered Nurse Leaders
- **Sustain APRN workforce** within underserved communities



Fellowship Curriculum

- 12 month, paid training program for recently graduated APRN's
- Four tracks
 - Family Nurse Practitioner (FNP)
 - Pediatric Nurse Practitioner (PNP)
 - Adult-Gerontology Nurse Practitioner (AGNP)
 - Certified Nurse Midwives (CNM)
- Partnership between Erie and UIC-CON
 - Patient care provided at Erie
 - UIC-CON supports curriculum and evaluation development



Curriculum Planning

FLEXIBILITY



Core Curriculum Components Standards

Clinical Practice:

Programs must include sufficient clinical experiences in depth, breadth, variety, and volume to prepare trainees for practice in their chosen specialty.

Progressive Patient Management:

Trainees should experience a structured progression in their responsibilities for patient management.

Didactic Content:

Curricula include didactic components delivered through various methods, including lectures, the flipped classroom, and simulation.

Core Competencies:

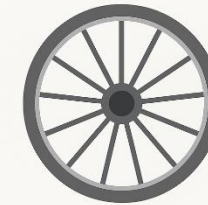
Specific competencies like clinical documentation, escalation of care, patient presentations, and professionalism are evaluated throughout the program.

Health Equity:

Curricula should incorporate elements of health equity and cultural competency.

Faculty Development:

Programs must have a plan for faculty development, including training on clinical teaching skills.



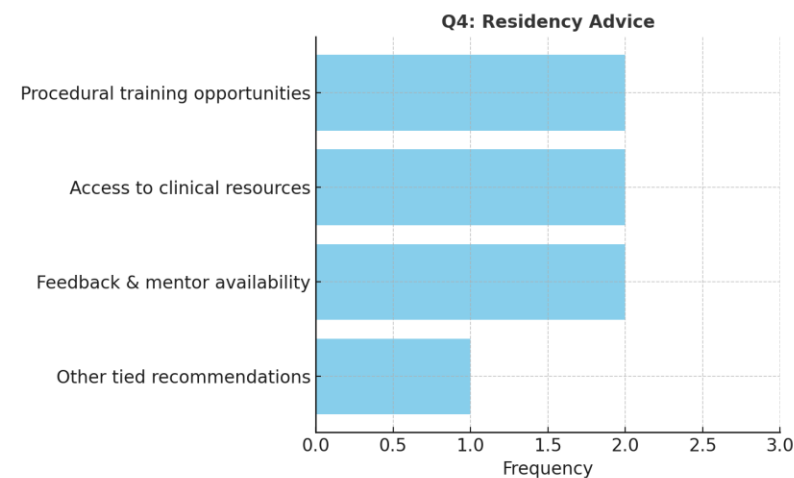
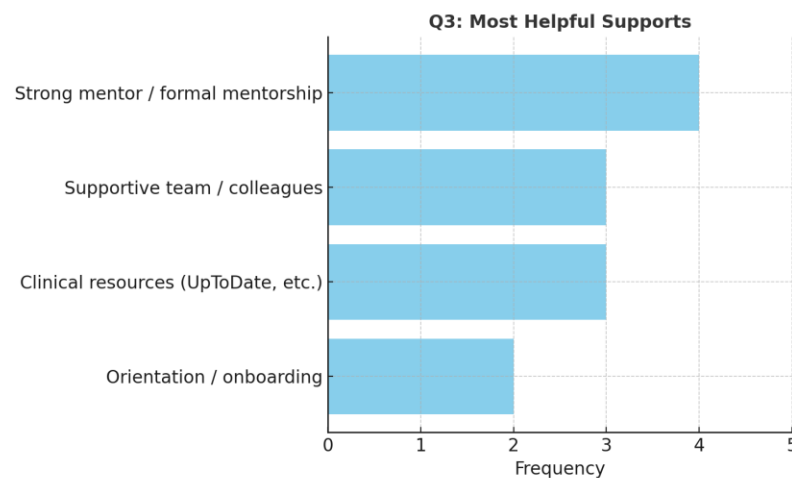
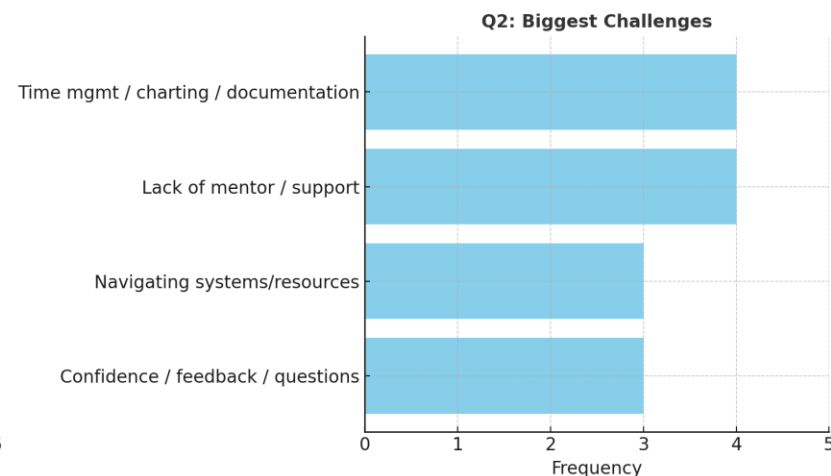
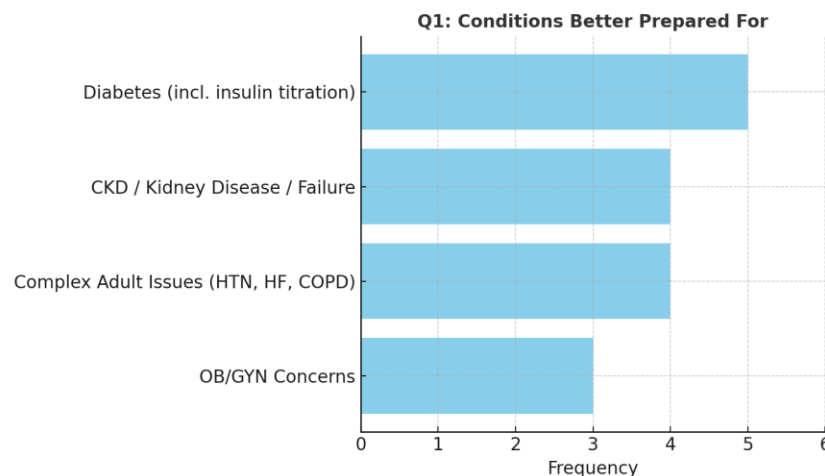
**DON'T
RECREATE
THE
WHEEL**

Postgraduate Program Curriculum – Core Elements

- Clinically-based practice & patient care experience
 - Depth, breadth, progressive responsibility
 - Learning objectives & targets by demographics & procedures
- Regularly scheduled didactic sessions with clear learning objectives
- System-based learning & quality improvement
- Population-based health focus: community & data-driven assessment
- Technology: EHRs, QI tools, informatics, virtual care
- Equity & social justice: addressing disparities & systemic racism
- Leadership & professional development: interdisciplinary practice
- Social Determinants of Health: identifying at-risk, underserved
- Certificate of Completion upon achieving competencies

Erie Needs Assessment – Top 4 Themes by Question

Erie Needs Assessment - Top 4 Themes by Question



Curriculum Design

Comprehensive Curriculum

Orientation

Four types
precepted
clinical training

Didactic
sessions

Leadership
lectures and
advocacy
experiences

QI projects and
lecture

Spanish
Language
Training

Multi-Tier
Evaluations

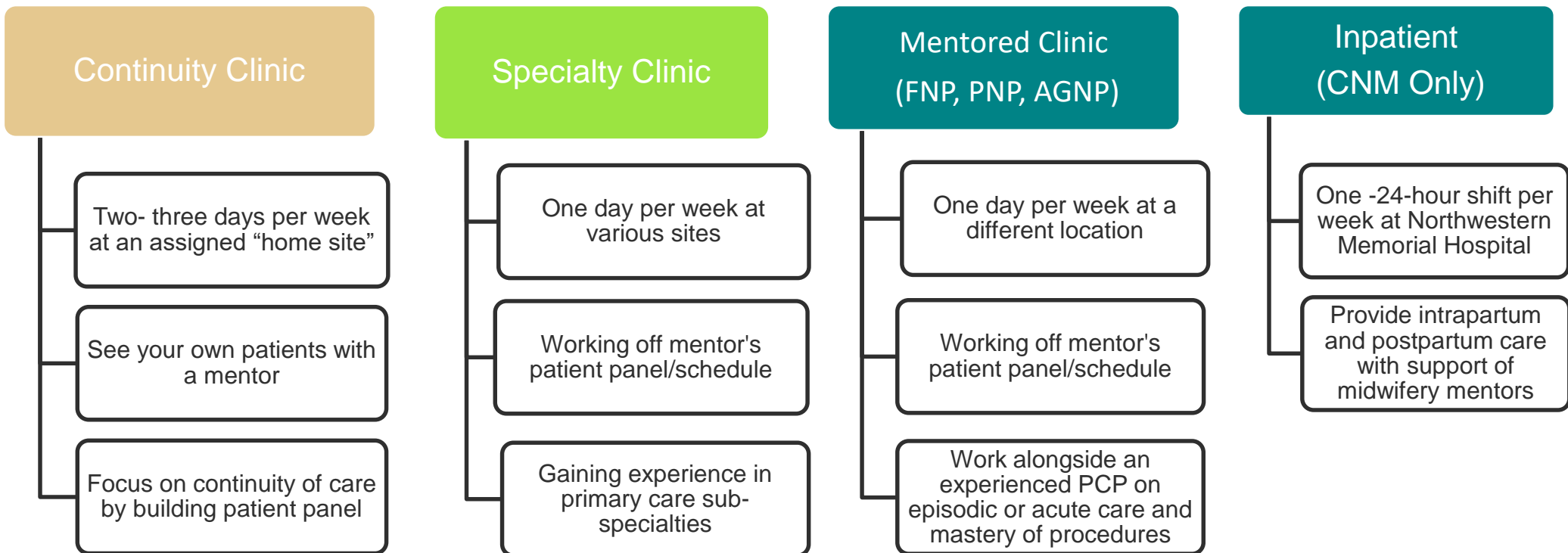
Faculty
Mentoring

Burnout
Prevention/
Resiliency
Activities

Self-reflective
Journals

Precepted Clinic Rotations

- Fellows will see patients four days a week at various Erie sites



Two Tracks for FNP Fellows

Traditional

- Traditional scope of FNP practice, caring for patients with an array of conditions during Continuity Clinic
- Work with preceptor of similar scope during Mentored Clinic
- Receive occasional maternal/ prenatal health expedience in Specialty Clinic

Maternal

- Includes caring for prenatal patients during Continuity Clinic
- Work with Midwife/OBGYN preceptor during Mentored Clinic
- Observe intrapartum/postpartum clinic at Northwestern Memorial Hospital

Fellowship Preceptors

More than 50 Erie MDs, APRNs, and PA's mentor and precept our fellows
Every fellow has 3-4 core preceptors (Continuity and Mentored clinic preceptors)

- work with a variety of preceptors during specialty clinics

Preceptors are offered precepting training, mentoring, CEU events, and procedure trainings



Clinical Benchmarks

Visit Encounter/Demographic Type	FNP	PNP	AGNP	CNM
New Patient	50	50	50	10
Newborn	50	100	0	0
Prenatal- New	0	0	0	150
Prenatal- Return	0	0	0	1000
Urgent: 0-18 yrs	100	200	0	0
Urgent: 19+ yrs	200	10	100	10
Telehealth	100	100	100	50
Gynecological	10	0	10	200
Under 3 yrs.	75	700	0	0
School age (3-12)	100	350	0	0
Adolesent (13-18)	75	150	50	50
Adult (19-64)	500	25	800	50
Gero (65+)	150	0	250	0
Adult Annual visit ?? By code				
Complex Adult: DM/htn/copd/chf ect	300	100	750	100
Procedures: monitored in NI logger for specific details and counts.	varies	varies	varies	varies
TOTAL NUMBER OF APPOINTMENTS	1660	1735	2060	1610
Ramp up visit total for 2023-2024 Cohort Cont Clinic	1664			

Didactics

- 1-3 hours per week, every Wednesday afternoon
- Evidence-based, didactic learning sessions on clinical, leadership, and wellness topics
- Didactic topics are chosen carefully by assessing the needs and experiences of the fellows
- Continuously evolving to meet the Fellows needs



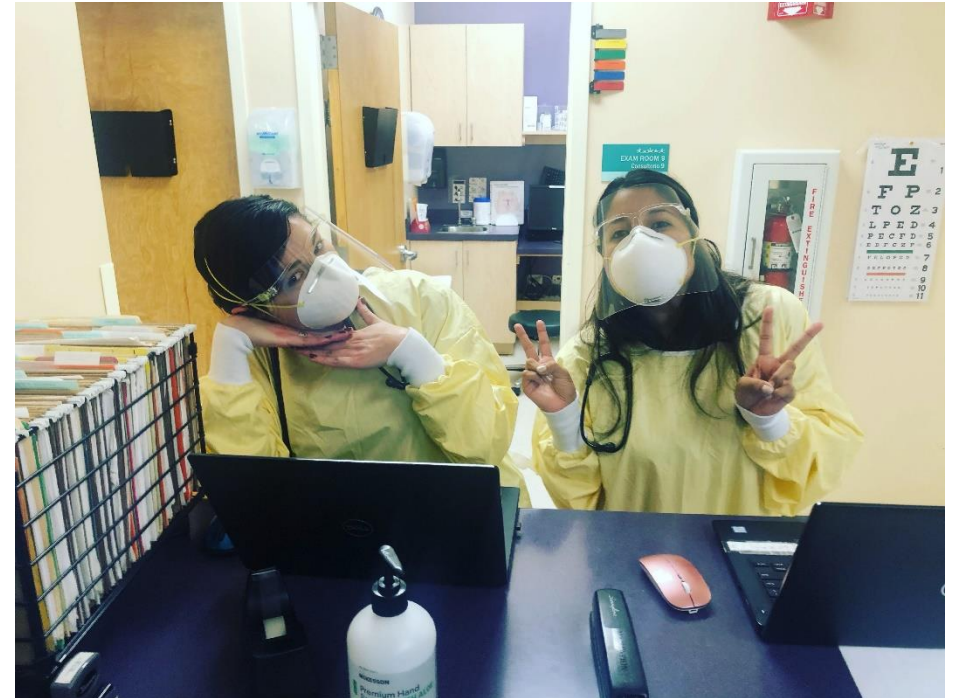
Didactics

- Combination of synchronous/asynchronous
- Journal club
- Behavioral Health in primary care certification
- Variety of items focused on scope of FNP, PNP, AGNP CNM

TOPIC	Competency Domain
History of community health center and NP movements	5.4, 5.5, 6.1, 6.2, 6.4
Professional boundaries training	5.1, 5.2, 5.3, 5.4 7.1, 7.2, 7.3, 7.4 6.2
Clinical Reasoning	All 2
Telehealth	All 1, 3.10, 4.1, 5.3, 5.6, All 6, 8.6, 8.8
Interpreting pap smears and managing abnormal results	All 1 All 2 6.5
Ped- Strategy for physical exam	1.1, 1.2, 1.3, 1.4, 2.3, 5.5
Ped- sports physicals	All 1, 2.1, 2.2, 2.3, 2.4, 2.5
COVID-19 guidelines	All 1, 2.1, 2.2, 2.3, 2.4, 6.4, 8.8
BMI>30-40	All 2 3.1, 3.3 4.1, 4.6, 7.7 5.1, 5.2, 5.3, 5.4, 5.5, 5.6 6.1, 6.2,
QI Methods: (Six Sigma, LEAN, PDSA)	2.6, All 6
Ped- Adolescent health- common issues	1.1, 1.2, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9 2.5, 2.6 4.1, 4.6, 4.7 6.4
COVID womens health	All 1, 2.1, 2.2, 2.3, 2.4, 2.5, 8.8
Billing and Coding	3.10 4.1 6.1, 6.2, 6.3, 6.4 7.1, 7.2, 7.3, 7.4
Behavioral health: Managing common issues- depression, anxiety, PTSD in primary care	All 1, 2.5, 4.7
COVID Pediatrics	All 1, 2.1, 2.2, 2.3, 2.4, 2.5, 3.3, 3.10, 8.8
Diagnostic testing - lab tests	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.8, 1.9, 1.10 6.4, 6.6
Diagnostic testing - Imaging	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.8, 1.9, 1.10 6.4, 6.6
Social Media in health care	4.1, 4.7, All of 5, 8.1-8.7
Billing and Coding for Telehealth	3.10 4.1 6.1, 6.2, 6.3, 6.4 7.1, 7.2, 7.3, 7.4
Chronic disease management- diabetes	All 1All 2All 3
Treating substance abuse in primary care/Opioid Crisis	All 1, 2.1-2.5,
LARCs/IUD insertion training (Mirena and Paragard)	1.1, 1.2, 1.5, 1.6, 1.7, 1.9, 2.2, 2.3, 2.4, 2.5, 3.10,
Ped- Lead policy	All 1, 2.1-2.5, 3.3, 4.1, 4.2, 4.3, 5.6,
Trends in Nursing Leadership – Leadership Style Assessment	All 3, All 4, All 5, All 6, All 7, All 8
Leadership Styles -Leadership Scenario Analysis Leadership Ethics	All 3, All 4, All 5, All 6, All 7, All 8
Nexplanon	1.1, 1.2, 1.5, 1.6, 1.7, 1.9, 2.2, 2.3, 2.4, 2.5, 3.10
Vulnerable Populations- Immigrant health	All 2 3.1, 3.3 4.1, 4.6, 7.7 5.1, 5.2, 5.3, 5.4, 5.5, 5.6 6.1, 6.2,
Art of contraception: Counseling & management including MEC criteria	All 1, 2.1-2.5, 3.1, 3.2, 3.3, 3.6, 3.7, 3.105.4, 6.3, 6.4, 7.2, 8.8,
Amenorrhea/Dysfunctional Uterine Bleeding	All 1, 2.1-2.5, 7.2
HTN	All 1, 2.1-2.5,
Acute Injury	All 1, 2.1-2.5

Quality Improvement and Leadership

- All Fellows participate in a QI Project
- QI Projects are assigned based on both personal interest and organizational need
- Completion of Institute of Healthcare Improvement Basic Certificate in Quality and Safety



Quality Improvement Projects

Plan

Act

DO

Study

erie

Gender-Affirming Care at Erie
Family Health Center

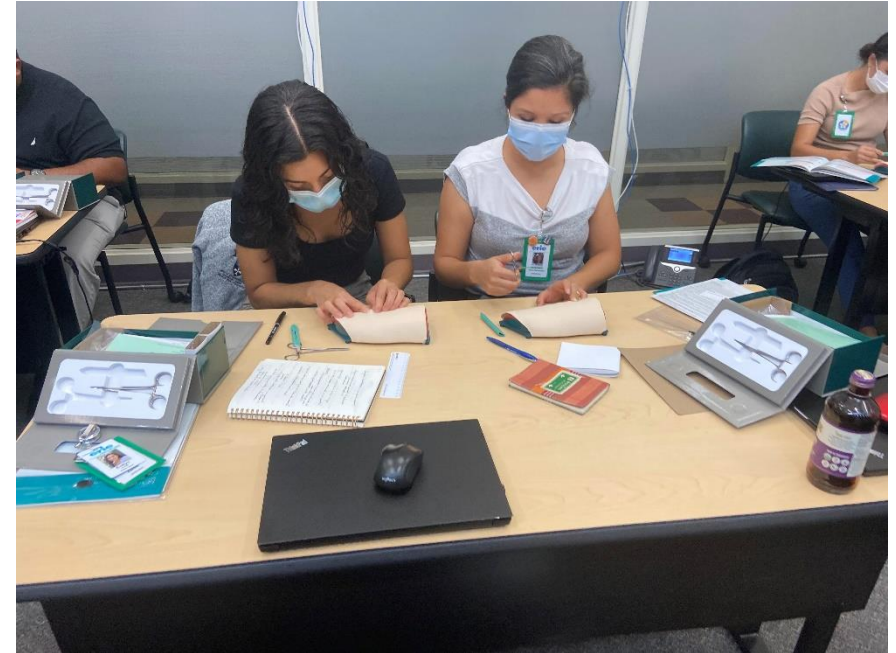
QI Presentation:
Breastfeeding Education

NEEDLESTICK
PREVENTION
INITIATIVE

Unsatisfactory Pap Smear at
Erie Family Health Centers

Spanish Language Training

- All Fellows regardless of fluency, participate in Spanish training
- Intensive in orientation then continues throughout the year based on skill development
- Focus on medical Spanish
- CME funds can be used for additional training of immersion



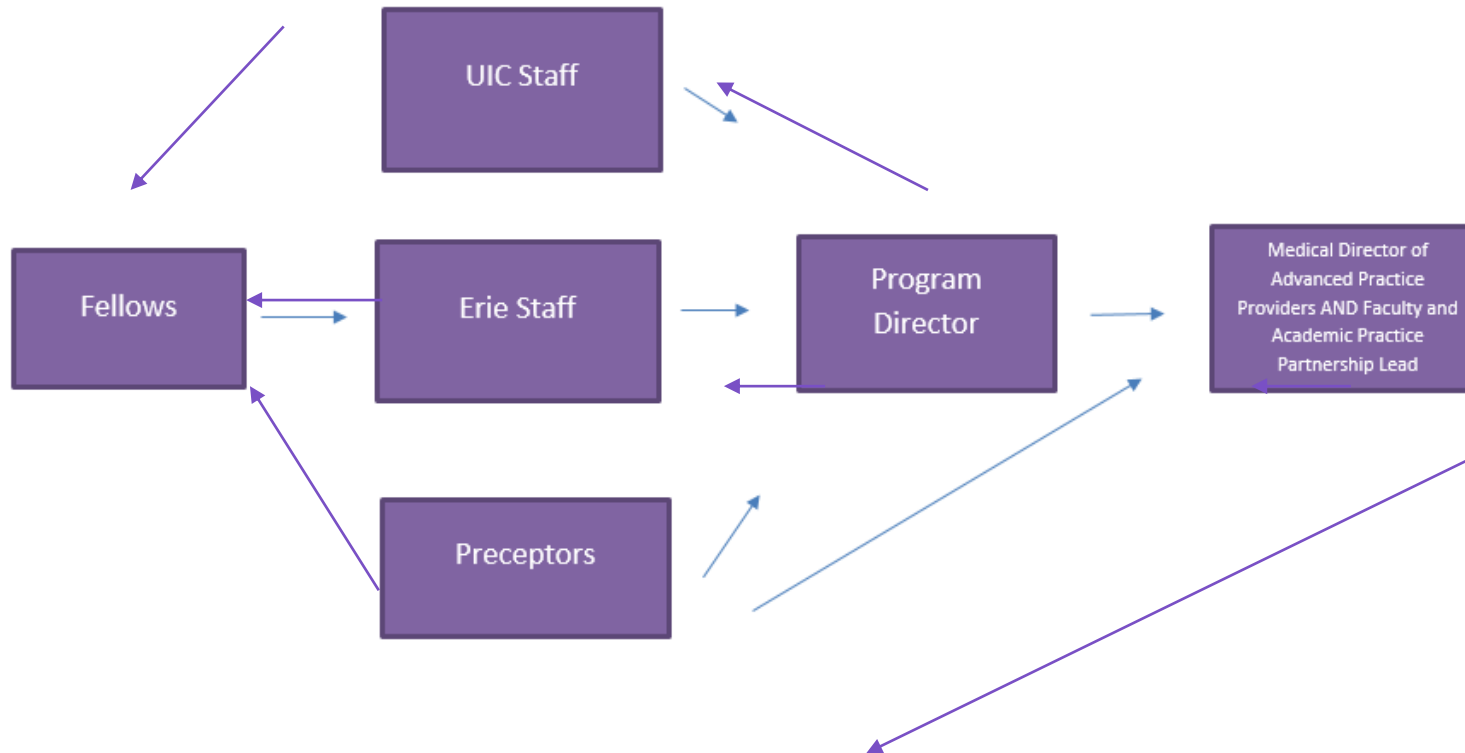
Behavioral Health in Primary Care Certificate Program

- All virtual and self paced
- Required and free for all fellows
- In addition to certificate course participate in Behavioral Health specialty clinics and didactics with therapists and psychiatry



Faculty Mentoring:

1. Erie Faculty: In person check in/phone check in biweekly for 1st Trimester then Monthly
2. Journals biweekly for 1st Trimester then Monthly
3. Program director Trimester check in
4. Developmental Plans- as needed



Leadership and Advocacy

Yearly Advocacy Day



Resiliency Training

1. Mindfulness Based Stress Reduction- Julia Sarazine
FNP- Evidence based mindfulness to reduce stress in
healthcare workers
2. Yoga events
3. Volunteer Events
4. Garfield Park Conservatory



Evaluations

Curriculum Evaluation plan

Curriculum Elements	Competency Domains
Clinically-based Practice & Patient Care: <ul style="list-style-type: none"> - Precepted, mentored, specialty clinics - Depth, breadth, variety, progressive responsibilities - Learning objectives & patient targets 	Patient Care: <ul style="list-style-type: none"> - Compassionate, evidence-based, culturally sensitive - Accurate assessment, safe decisions - Patient education, continuity of care
Didactic Sessions: <ul style="list-style-type: none"> - Regular, structured, with objectives 	Knowledge for Practice: <ul style="list-style-type: none"> - Apply sciences & evidence-based care - Recognize SDOH, bias, systemic racism
System-based Learning & QI: <ul style="list-style-type: none"> - Participate in QI initiatives 	Practice-based Learning & Improvement: <ul style="list-style-type: none"> - Self-evaluation, lifelong learning - Apply QI principles, evidence, technology
Population-based Health Focus: <ul style="list-style-type: none"> - Assess community & socioeconomic factors 	Interpersonal & Communication: <ul style="list-style-type: none"> - Effective, respectful, clear communication
Technology: <ul style="list-style-type: none"> - EHR, telehealth, informatics, virtual care 	Professionalism: <ul style="list-style-type: none"> - Integrity, ethics, accountability - Adherence to laws & policies
Equity & Social Justice: <ul style="list-style-type: none"> - Address disparities & systemic racism 	Systems-based Practice: <ul style="list-style-type: none"> - Coordinate care, cost-aware - Risk management, advocacy
Leadership & Professional Development: <ul style="list-style-type: none"> - Interdisciplinary teamwork & growth 	Interdisciplinary Collaboration: <ul style="list-style-type: none"> - Team-based care - Mutual respect & shared decision-making
Social Determinants of Health: <ul style="list-style-type: none"> - Identify underserved & at-risk populations 	Personal & Professional Development: <ul style="list-style-type: none"> - Self-reflection, resilience, leadership - Adaptability, conflict management
Certificate of Completion: <ul style="list-style-type: none"> - Upon achieving competencies 	

Evaluations: Quality assurance

Trimester	T1	T1	T1	T1	T2	T2	T2	T2	T3	T3	T3
2024 - 2025 Cohort Distribution Calendar	September (Orientation)	October	November	December	January	February- HALF WAY	March	April	May	June	July
Ramp Up Schedule		10/7/2024 (4pts per session = 8 pts)	11/4/2024 (6 pts per session = 12 pts)	12/30/2024 (8 pts per session = 16 pts)			3/3/2025 (9 pts per session = 18 pts) 3/31/2025 (10pts/session = 20pts)				
Evaluations											
Program Evaluation							X				
Fellow Self- Evaluation	X - (9/18 - 10/4)		X - End of Nov				X				X
Fellow Evaluations by Preceptor			X				X				X
Fellow Evaluations by Preceptors			X				X				X
Preceptor Evaluaitons by Fellows			X				X				X
Specialty Clinic Evaluations by Fellows		X	X	X	X	X	X	X	X	X	X
On Call Evaluations							X				X
360 Evaluations by Faculty								X			X
Orientation Evaluation	X - Last day of orientation (9/27 - 10/4)										
Preceptor Observation by Faculty				X (available 12/27 - Due 2/25/25)		X					
Spanish Evaluation			X			X					
Other Curriculumms											
Phone/In-Person Check In		BiWeekly	BiWeekly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Journals	X	X	X	X	X	X	X	X	X	X	X
Program Director Check Ins Post Evaluation Cycle				X				X			
Other		Spanish				Behavioral Health Cert (2/19 - 4/30)					
NP Residency Book: Monthly Characteristics		We have arrived	Appropriate and Jubilance	Overwhelmed by complexity	Fluctuating confidence	Exhausted	Head above water	In the groove	Learning to trust self	How far we've come	Seeking out challenging cases

Evaluations

I. Clinical Competency in Planning and Managing Care

1* Fellow conducts accurate medical history by gathering appropriate information about including developmentally appropriate milestones

1 Observes task only	2 Needs direct supervision	3 Needs supervision periodically	4 Able to perform without supervision	5 Able to teach each other	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

2* Fellow performs an age appropriate physical examination

1 Observes task only	2 Needs direct supervision	3 Needs supervision periodically	4 Able to perform without supervision	5 Able to teach each other	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Google sheets
2. Excel
3. Microsoft forms
4. New innovations
5. Others....

ACKNOWLEDGMENTS

AdvancingPractice is supported by a generous grant from **HRSA**, the **Miller Family Foundation**, the **Arnold Family Foundation**, the **Schrieber Foundation**, and the **VNA**.

We also acknowledge the **Consortium for Advanced Practice Providers**, our accrediting body, for their commitment to excellence in advanced practice education and program development.

Special Thanks

Caroline Hoke MD Erie's Chief Clinical Officer

Kiersten Solis FNP-BC, Program Director

Esther Sault FNP-BC, Olivia Dixon CNM, Tia Nelson FNP-C
and Donaji Velasco amazing faculty



References

Consortium for Advanced Practice Providers. (2024). *Program accreditation standards* (2024 ed.). Consortium for Advanced Practice Providers, Office of Program Consultation and Accreditation.
<https://www.APPpostgradtraining.com>



CONSORTIUM
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Setting the standard for postgraduate training

Refreshment Break

Session Two will begin at 2:15pm



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Making the Case: Selling Your Program Financially

Alan Wengrofsky, CPA
Chief Financial Officer, Community Healthcare Network

Finance, ROI, and Sustainability of Postgraduate Training Programs



Nurse Practitioner Fellowship

- Why do this?
- Is it affordable?
- Is it sustainable long term?
- Do we have buy-in from staff?



Why Start a Fellowship?

- Before you start you need to have someone that is a strong advocate for Primary care, Advanced Practice Providers (“APP”) and their training
 - CHN continues to believe that APP’s are the future of Primary care and currently have more APP’s than Physicians on staff
 - However, while MD’s go through a rigorous residency program, there has not been such an option for medical training for Advanced Practice Providers
 - CHN has hired APP’s with years of experience and many straight out of school



Why Start a Fellowship?

- We learned that the newly graduated APP's, while providing high quality care, lack the experience and skill to function independently in a high-volume clinic setting
- There is significant value in training APP's in delivering care focused on population health and value-based contracting
- RETENTION, RETENTION, RETENTION
 - What are your costs of acquiring a new provider?



Affordability

- This is an easy one – NO - certainly not in the beginning
- You need to get your CFO and CEO on board as early as possible and explain to them that while there may not be quantitative reasons there are many qualitative reasons to do this
- CFO will need to prepare a budget for the program
 - CHN keeps the program's budget as a subset of its medical budget – however it can easily be its own department should your CFO want it to be
 - CHN budgeting for the program has changed over the years and have become more substantive



CHN Initial Budget

<u>PERSONNEL SERVICES</u>	<u># of Staff</u>	<u>Annual Salary</u>	<u>FTE</u>	
PROVIDER -	1	140,000	0.2	\$ 28,000
PROGRAM MANAGER	1	60,000	0.2	12,000
PROGRAM ASSISTANT - TBH	1	55,000	0.2	11,000
RESIDENT NURSE PRACTITIONER	5	70,500	5	352,500
Total Salaries				403,500
Fringe Benefits @ 29%				117,015
TOTAL PERSONNEL SERVICES				520,515
OTPS				
-				
Procedure clinic use				5,000
Indirect Overhead				200,790
TOTAL COSTS				\$ 996,302
<u>OTHER</u>	<u>Visits</u>	<u>Rate</u>	<u>Weeks</u>	
Preceptor Loss Productivity (2 days)	40	\$ 215.00	46	237,360
In-House Lecturer loss productivity (1 day)	11	\$ 215.00	46	32,637
TOTAL OTHER				269,997



2025 Fellowship Budget



	Fellowship Program
Visits:	
Medical et. al	5,212
Total Visits	5,212
Revenue:	
Medical et. al	840,000
BDCC & Safety Net	80,994
Grants, Contracts, & Contribution	968,000
- Miscellaneous	59,000
Total Revenue	1,947,994
Expenses:	
Salaries & Wages	
Provider	714,000
- Non-Providers	193,000
Benefits & Fringes	290,000
Professional services	
- Other Consultants	98,000
Medical Supplies	135,512
Malpractice	2,000
Occupancy	
- Rent	4,000
- Real Estate Taxes	2,000
- Utilities	6,000
- Payroll fees	6,000
- EHR fees	12,000
Miscellaneous	4,000
Total Expenses	1,466,512
Operating income/loss	481,482



Budget without Grants

	Fellowship Program
Visits:	
Medical et. al	5,212
Total Visits	5,212
Revenue:	
Medical et. al	840,000
BDCC & Safety Net	80,994
Grants, Contracts, & Contribution	
- Miscellaneous	59,000
Total Revenue	979,994
Expenses:	
Salaries & Wages	
Provider	714,000
- Non-Providers	193,000
Benefits & Fringes	290,000
Professional services	
- Other Consultants	98,000
Medical Supplies	135,512
Malpractice	2,000
Occupancy	
- Rent	4,000
- Real Estate Taxes	2,000
- Utilities	6,000
- Payroll fees	6,000
- EHR fees	12,000
Miscellaneous	4,000
Total Expenses	1,466,512
Operating income/loss	(486,518)



Areas that effect Financial Viability

- How many Fellows is your agency able to accept without causing access issues for Preceptors?
- Do you have enough exam rooms for the number of Fellows you want to accept?
- What is the lost revenue from Providers precepting that your agency can expect and accept?
- Can you arrange that Fellows see the preceptors' patients? We found this to be best case
- Do the Fellows come credentialed in Medicare and Medicaid? If not do you have the staff available to ensure all credentialing is completed?
- Do you have the ability to hire a program manager to manage the day-to-day operations, arrange didactics and other rotations?



Sustainability and ROI



- As you could see from the budget for 2025 – the Fellowship show a profit at the operating income line
- How did CHN manage this?
 - Increase visit expectations from Fellows in second half of Fellowship
 - At the beginning they only see about 7 patients per day once a week
 - By third quarter they are expected to see 10 patients per day for 4 days
 - Carry a full case load by Q4
- This still didn't get CHN to where it needed to be financially- so we looked for grants
 - We have managed to secure \$967K in grants from HRSA specifically to fund the Fellowship
 - Attract Scholars from other agencies – who attend our didactics for an annual fee per student- Note these APP's are outside of CHN and do not practice at CHN



Sustainability and ROI

- So why do we continue to do it?
 - Significantly reduces turnover and vacancy
 - CHN saves approximately 150K a year annually in recruitment cost by hiring the graduating class-
RETENTION , RETENTION , RETENTION
 - CHN graduating Fellows, on average, are able to meet budgeted visit requirements in the year after the Fellowship, while maintaining high quality
 - 340B revenue which is assigned to the Medical Department (CHN does not allocate 340B revenue per provider) is approximately 50K per year



Other Benefits

- Graduating Fellows feedback:
 - They have high work satisfaction
 - Strong commitment to CHN
 - They feel that their training has been focused on the special needs of the populations that CHN cares for
 - They have improved their clinical skills where they feel confident in carrying a full panel of patients
- Strengthen relationships with area hospitals
 - As our Fellows get their trainings in local hospitals , CHN has been able to leverage this relationship to where we are now starting a Family Practice MD Residency program where the hospitals will be providing most of the trainings



Buy-in from Staff

- You are going to need buy-in from all levels of staff
 - Medical staff that wants to and are capable to be in a teaching environment
 - Operation staff that will have to assist in various stages
 - Scheduling can be problematic in the beginning of the scholastic year as APP's are only there one day a week and could only see 5 patients
 - Exam room space- while the APP's are limited to how many patients they could see –the operations staff are still going to have to assign exam rooms, along with nursing staff – this affects a clinic's productivity. If productivity of a clinic is a driver to evaluate clinic leadership, you may get some push back
 - Normal front desk staff to medical team ratios will need to be adjusted
 - Leadership buy-in from entire C-suite and, if applicable, the Board of Directors to understand that any losses from the program can or may be recovered in other ways



Outcomes for Fellowship in an FQHC setting

- APP's are the present and future of primary care. The Fellowship provides the Agency with trained medical staff that understand your patient population and work culture
- High retention rate – low recruitment cost
 - Enables HR to focus recruitment on other positions with high vacancy rates i.e. Nursing
- Increased job performance and satisfaction for both Fellows and Preceptors



How can the Program Director monitor the Fellowship's Finances?

- Ask Questions and keep asking until you're comfortable with the answers
- Is your program stand alone – or a subset of a bigger budget?
- Understand the revenue drivers and what the expenses are
- Assist your Development department in seeking out grant funds
- Work with your HR department to have them quantify recruitment costs of a provider - as stated, reduction in such costs are big PLUS
- What is the lost revenue from Providers precepting that your agency can expect and accept?
- Learn how to read an Income Statement
- Meet with Finance at least quarterly – monthly is preferred to review budget to actual income statements





CONSORTIUM

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**Remaining General Session
Presentations begin at 3:30pm**