Internal Medicine Application

Contract Adminstration

San Bernardino County on behalf of Arrowhead Regional Medical Center Organization Name:

Mr. Contract Administrator First Name Greg Young 9095806157 Contract Administrator Last Name Phone 2 9095806133

Contract Administrator Email younggr@armc.sbcounty.gov

Grant Agreement Signatory

First Name: Bill Last Name: Phone:

STD 204 Signatory is the same as Grant Agreement Signatory

This is the remit to address where payments should be mailed.

Street Address

400 N. Pepper Ave. Suite/Dept Graduate Medical Education City Colton State CA Zip Code 92324 San Bernardino

Program Data

The residency program has been in continuous operation since what year?

2021/22 2020/21 2019/20 2018/19 2017/2018 Total 1st Year Positions Available 12 12 12 12 12 12 Total 1st Year Positions Filled Total Number Graduates 13

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic?

Incoming 2022/23 Current Resident

Total Number 1st Year Positions

Available

16 Total Number 1st Year Positions Filled

Training Sites Training Site name Arrowhead Regional Medical Center

16

Medi-Cal 82.17% Dual Eligibles (Medi-Cal and Medicare) Street Address 400 N. Pepper Ave. 11.48% Suite/Dept Graduate Medical Education Other Indigent 0.35% City Colton Uninsured 1.96% 4.04% State Other Payers Zip Code 92324 Total 100.00%

San Bernarding County

Executive Summary The Arrowhead Regional Medical Center (ARMC) Primary Care Track is requesting funding for two existing resident (2500 max characters) positions and three expansion positions for Internal Medicine to support its effort to increase primary care physicians in the underserved regions of San Bernardino County of California. Our mission is to train racially and ethnically diverse internal medicine residents who are competent and culturally sensitive and who desire to practice in underserved $areas\ after\ completing\ residency.\ San\ Bernardino\ County\ ranks\ in\ the\ bottom\ tier\ of\ counties\ in\ California\ for\ patient\ to$ primary care physician ratio and ranks in the lowest 15 for overall health outcomes. ARMC has set goals to develop expertise in our residents related to health disparities, advocacy and population health to improve population level outcomes in both of these metrics.

> Internal Medicine residents spend most their residency training in San Bernardino County at ARMC. The Continuity Clinic is onsite at ARMC with the majority of the patient population being Hispanic or Latino and over 81 percent of the patients seen in the Continuity Clinic have Medi-Cal or managed care Medi-Cal.

In their time at ARMC residents are exceptionally trained in their ACGME mandatory sub-specialty rotations with the goal of being competent to practice Internal Medicine in areas of physician shortages without tertiary care centers.
Residents are exposed to low income patients in the inpatient and outpatient setting and learn about the difficulties many individuals face with complex care needs and very limited resources. At ARMC, our residents work in interdisciplinary teams to address the cultural, social or economic barriers our patients experience.

The ARMC Internal Medicine Program participates in teaching medical students from Loma Linda University Health,

Saint Georges University, Western University, California University of Science and Medicine (CUSM), and University of California-Riverside Medical School (UCR). Beginning in July 2020, CUSM will be located on the ARMC campus. CUSM has a focus on targeting low-income, minority individuals coming from the region to enroll as students. Finally, the program is partial through and expansion of the program from 12 residents per year up to 16 residents per year.

It is the philosophy of our program to emphasize autonomy and we regularly encourage our residents to actively Describe how the residency program engage in patient care to help deliver effective and efficient healthcare. Our residents regularly collaborate with teams structures training that encourages that included licensed and non-physician practitioners in both the inpatient and outpatient settings. graduates to practice as a health care

team that includes licensed and non- In the inpatient setting, our residents are responsible for communicating with both the subspecialist and other physician practitioners. practitioners involved with a patient's care. From the onset of residency, they directly communicate with ER physicians (2500 max characters) to initiate a patient's admission into the hospital and ensure a smooth transition of care. Thereafter, they directly communicate with the healthcare team in the hospital. This can include respiratory therapists in the ICU, nurses, physical, occupational, and speech therapists. Our residents frequently review plans of care by PT/OT/ST and communicate daily to make sure goals of therapy are appropriate adjusted and that our patients are advocated for They directly speak with subspecialists and thereby learn to formulate a succinct clinical question. They also communicate with physicians regarding the transfer of patients to and from the Internal Medicine service to different hospitals based on the acuity of care required for a patient.

> In the outpatient setting, residents work directly with the clinic staff to serve their patients. During a clinic visit, they communicate patient's discharge plan including follow up and referrals with their medical assistants to ensure patients receive timely care. They also have close interaction with the Enhanced Care Management team, which is an interdisciplinary team created by Medi-cal consisting of its own medical assistant, community healthcare worker, nurse, and social worker that serves the "highest need" patients in coordination of health and health-related services." Residents communicate with this team directly to help coordinate care and home outreach for patients if they are concerned about a patient's well-being. They also utilize the econsult service offered by IEHP-Medi-Cal to assure appropriateness of their referrals. This usually involves placing the consult and engaging in a dialogue with a subspecialist that ensures appropriate labs and steps have been taken prior to sending patients to a particular subspecialty.

Step 5

What training program components prepare primary care residents to address community behavioral health needs?

Our residency program prepares primary care residents in addressing the behavioral health needs in the community through formal lectures, research projects, rotations, and active delivery of treatment. A yearly lecture series on various behavioral health topics is given to our residents. These lectures include topics such as "Performing a Psychiatric Evaluation in the Primary Care Clinic," "Outpatient Diagnosis and Management of Depression," Outpatient Diagnosis and Management of Anxiety," etc. We also utilize the Yale Ambulatory Curriculum, which incorporates behavioral health topics into its curriculum, to engage in interactive lectures with our residents. Moreover, residents complete a psychiatric rotation during their intern year, which allows them to gain exposure to a diversity of psychiatric illnesses. Our (2500 max characters) clinic also actively engages in pharmacological treatment of Opioid Use Disorder and Alcohol Use Disorder. Residents are given active teaching on how to manage their patients when they discuss their patient with the outpatient attendings. Lastly, we currently have an ongoing behavioral health research project that evaluates the comfortability of our residents in delivering behavioral health care. Our goal is to discover and address gaps in knowledge and improve resident efficiency in delivering care.

How does the residency program address the behavioral health needs of the patients they serve?

Our residency program addresses behavioral health needs of our patient by offering services to pharmacologically treat substance use disorder, closely working with the Enhance Care Management (ECM) Team, actively teaching residents and Allied Health Providers how to address behavioral health disorders in our clinic setting

As the incidence of behavioral health disorders increased during the COVID-19 pandemic, the importance of the delivery of these services became far more apparent. Our program noticed frequent admissions for alcohol use disorder and substance use disorder. As a result, attending physicians in our clinic have taken extra efforts to bring suboxone for the treatment of opioid use disorder and naltrexone for the treatment of alcohol use disorder to our clinic. We have many patients that are now utilizing these services in the management of their conditions and to help prevent hospital admission

Another key in addressing behavioral health needs is engagement with the ECM team that identifies patients with highest need and helps them coordinate their care. This team also consists of a Licensed Therapist that can help deliver therapy while in the clinic or via telephone visit.

Moreover, we have made an effort to lecture all residents and providers (both attending and allied health providers) in diagnosis and management of psychiatric disorders. We believe that comfortability in management will improve the lives of our patients as we are frequently the first and only point of contact for their behavioral health needs.

Lastly, our clinic is also adjacent to the Behavioral Health Unit of the hospital, which allows us to efficiently coordinate and transfer care in cases of psychiatric decompensation which require immediate care.

					Step 6	Ì
Funding and Expenditures			Per Position	Total		
Existing Program Slots	2	\$	125,000.00	\$ 250,000.00		
Expanded Program Slots	3	\$	300,000.00	\$ 900,000.00		
				\$ 1,150,000.00		
Program Expenditures (for academic year	2019/20)					
Faculty Costs	\$ 654,000.00)				
Residency Stipends	\$ 2,559,654.00)				
Family Practice Center Costs						
Other Costs						
Total Annual Expenditure	\$ 5,120,996.00)				
					Step:	7

INFORMATION IS ON

Resident Data	DEPARTMENT						
				Ethnic/Racial			
Residency Year	First Name	Last Name	Gender	Category	NPI Number	Highschool	Choices
PRG 1							
PRG 1							
PRG 1							
PRG 1							
PRG 1							
PRG 1							
PRG 1							
PRG 1							

PRG 1			
PRG 1			
PGY 1			
PRG 2			
PRG 3			
PRG 3			
Step 8			

Graduates											Facility Type Options
Graduating Class Of 21/22 21/22 21/22 21/22 21/22 21/22 21/22 21/22 21/22 21/22	First Name	Last Name	Gender	Ethnic/Racial Category	NPI Number	High School	Practice Site (Name and Address)	Facility Type (Provide all that apply)	Private Practitioner's Office?		
21/22 21/22 21/22 21/22											Facility Type Options
Graduating Class Of 20/21										Facility Type Options	
Graduating Class Of 19/20 19/20 19/20 19/20 19/20 19/20 19/20 19/20 19/20 19/20	First Name	Last Name	Gender	Ethnic/Racial Category	NPI Number	Practice Site (Name and Address)	Facility Type (Provide all that apply)	Private Practitioner's Office?			
19/20 19/20 Graduating Class Of 18/19 18/19	First Name	Last Name	Gender	Ethnic/Racial Category	NPI Number	Practice Site (Name and Address)	Facility Type (Provide all that apply)	Private Practitioner's Office?		Facility Type Options	

18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19									Facility Type Options
				Ethnic/Racial				Private Practitioner's	
Graduating Class Of 17/18	First Name	Last Name	Gender	Category	NPI Number	Practice Site (Name and Address)	Facility Type (Provide all that apply)	Office?	
17/18									
17/18									
17/18									
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17/10									