		Family M	ledicine Application							
		,	Step 1							
Contract Adminstration										
Organization Name:		San Bernar	rdino County on behalf of Arr	rowhead Regional Medica	al Center					
		_								
Prefix:	N									
Contract Administrator First Name	Greg									
Contract Administrator Last Name Phone 1		Young								
Phone 2	9095806157 9095806133									
Contract Administrator Email	30330		rmc.sbcounty.gov							
		7								
Grant Agreement Signatory										
First Name:	<u>Anc</u>	<u>Irew</u>								
Last Name:	<u>Goldfrach</u>									
Phone:	<u>90958</u>	<u>9095806150</u>								
Email:		goldfracha@armc.sbcount	ty.gov							
STD 204 Signatory is the same as Grant										
STD 204 Signatory is the same as Grant Agreement Signatory	Yes	No								
Agreement Signatory	163	NO								
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								
County		San Bernardino								
			Step 2							
			эсер 2							
Program Data										
The residency program has been in	1969									
continuous operation since what year?	1909									
continuous operation since what year.										
	2023/24 2022/23	2021/22 20	020/21	2019/20	2018/19					
Total 1st Year Positions Available	16	16 16	16							
Total 1st Year Positions Filled	17	16 16	16	16	6 16					
Total Number Graduates	16	16 16	14	14	4 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										
	Yes									
continuity chine.	163									
Incoming 2021/22 Current Resident										
Data										
Total Number 1st Year Positions										
Available	16									
	1									
Total Number 1st Year Positions Filled	17									
			Step 3							
Training Sites										
Training Site name	Mckee Family Health	Mckee Family		Medi-Cal	79.79%					
Stroot Address		1400 E Hisblerd A		Dual Eligibles (Medi-Cal						
Street Address		1499 E. Highland Ave.		and Medicare) Other Indigent	8.14% 0.00%					
Suite/Dept City		San Bernardino		Uninsured	0.00%					
State		CA		Other Payers	11.67%					
Zip Code		92404		Total	100.00%					
County		San Bernardino								

Step 4

Executive Summary The Arrowhead Regional Medical Center (ARMC) Primary Care Track is requesting funding for five existing Family Medicine

(2500 max characters) positions to support our effort to increase primary care physicians in the underserved regions of San Bernardino County of California. ARMC's mission is to train racially and ethnically diverse family 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.

Residents spend the majority of their residency training in San Bernardino County at ARMC including their sub-

specialty/quaternary care experience Residents receive continuity clinic experience through three off ARMC Family Care Outpatient Clinics. Over 95% of our Family Medicine patient population 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 Family 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 Family Medicine Residency Program participates in teaching medical students from Loma Linda University Health (LLUH), Western University, Saint Georges University, California University of Science and Medicine (CUSM), and University of California-Riverside Medical School (UCR). Finally, we have completed our multi year expansion of the program going from 14 residents up to 16 resident per year.

975,000.00

Step 5

Step 6

Funding and Expenditures

Existing Program Slots

Per Position

125,000.00

\$ 625,000.00

Expanding Program Slots

\$ 300,000.00

Program Expenditures (for academic year 2019/20)

Faculty Costs \$ 11,962,484.00
Residency Stipends \$ 5,122,845.23
Family Practice Center Costs

Other Costs \$ 1,885,938.79

Total Annual Expenditure \$ 18,971,268.02

Step 7

Resident Data

Residency Year

PRG 1

PRG 1 PRG 1

PRG 1 PRG 1 PRG 1

PRG 1 PRG 1

PRG 1

PRG 1 PRG 1

PRG 1

PRG 1

PRG 1 PRG 1

PRG 1

PRG 2 PRG 2

PRG 2

PRG 2 PRG 2

PRG 2

PRG 2

PRG 2 PRG 2

PRG 2 PRG 2

PRG 2 PRG 2

PRG 2

PRG 2 PRG 2

PRG 2 PRG 3

PRG 3 PRG 3

PRG 3

PRG 3

PRG 3 PRG 3

PRG 3 PRG 3

PRG 3

PRG 3 PRG 3

PRG 3

PRG 3

PRG 3 PRG 3

PRG 3

Step 8										
Graduates										
Graduating Class Of	First Name	Last Name	Gender	Ethnic/Racial Category	NPI Number	Highschool	Practice Site (Name and Address)	Facility Type (Provide all that apply)	Private Practitioner's Office?	Facility Type Options
23/24	Thist ivalle	Last Hame	Gender	Ltime/Racial Category	i i i i i i i i i i i i i i i i i i i	riigiisciiooi	Tractice Site (Name and Address)		Office:	racinty Type Options
23/24										
23/24										
23/24 23/24										
23/24										
23/24										
23/24 23/24										
23/24										
23/24										
23/24 23/24										
23/24										
23/24										
23/24										
		1	_					_	T	
								Facility Type (Provide	Private Practitioner's	
Graduating Class Of	First Name	Last Name	Gender	Ethnic/Racial Category	NPI Number	Highschool	Practice Site (Name and Address)	all that apply)	Office?	Facility Type Options
22/23										
22/23 22/23										
22/23										
22/23										
22/23 22/23										
22/23										
22/23										
22/23 22/23										
22/23										
22/23										
22/23 22/23										
22/23										
Graduating Class Of										
21/22										
21/22										
21/22 21/22										
21/22										
21/22										
21/22 21/22										
21/22										
21/22										
21/22 21/22										
21/22										
21/22 21/22										
21/22										
Graduating Class Of										
20/21 20/21										
20/21										
20/21										
20/21 20/21										
20/21										
20/21 20/21										
20/21										
20/21										
20/21 20/21										
20/21										
								Facility Type (Provide	Private Practitioner's	
Graduating Class Of	First Name	Last Name	Gender	Ethnic/Racial Category	NPI Number	Highschool	Practice Site (Name and Address)	all that apply)	Office?	Facility Type Options

19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20
19/20

Facility Type Options