Creating a primary care pipeline: A collaborative approach
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Background
There is a critical need to expand the number of primary care providers (PCPs). This challenge calls for innovative approaches and collaborative efforts. ATSU-SOMA was the result of a collaboration between the National Association of Community Health Centers (NACHC) to create a pipeline of PCP’s in medically underserved areas. To develop the pipeline, ATSU-SOMA has focused on four areas: student selection, early clinical placement in community health centers (CHC’s), training in community oriented primary care (COPC), and CHC-based residency training. This study describes our approach, compares our outcomes to national trends and explores collaborative efforts.

Goal/Objectives
1. Describe strategies to establish a primary care (PC) pipeline
2. Compare ATSU-SOMA PC match data to national trends
3. Discuss collaborative efforts to create a PC pipeline in areas of need

Primary Care Pipeline Strategies

Interview Process
• Mission fit, Hometown Scholars
• Standardized patient encounters
• Dean’s welcome-emphasis on PC

Student Training
• Social determinants of health (SDoH)
• COPC projects
• Early contextual learning

Student Placement
• CHC selection: 12 sites, 8-10 students each
• 2nd year CHC placement
• Primary care rotations in CHC catchment area

Residency Options
• ATSU advisors/resources
• Map of CHC-based Residencies
• Wright Center (WC) CHC-based FM residency program

Findings/Results

Fig. 1: Percent of PGY-1 Residents in Primary Care (FM, IM, Peds) by Year & Type (Source: National Residency Matching Program, Results & Data)

Fig. 2: WC FM graduates CHC employment rates, as of 9/2017

Discussion

Collaborative Partnerships:
• NACHC partnership—leadership support, research alliance focused on SDoH and COPC
• WC GME partnership—residency development and expansion, sponsoring institution for FM program
• Community partners—hospitals, VA, public health entities, aligned with mission

Our results support the findings of Phillips et al, who stated that community-based medical education may help to increase the proportion of graduates who go into primary care. And Morris et al, who reported that CHC-trained graduates are 4 times more likely to work in a CHC than their non-trained counterparts. CHC partnerships with UGME and GME can increase physician recruitment and retention by providing quality contextual learning in communities of need.

Conclusions

• ATSU-SOMA’s focus on student selection, training and placement has resulted in a higher % of graduates entering primary care when compared to other DO and MD schools
• Half of the 39 graduates from the WC CHC-based residency are working in a CHC
• Collaborative partnerships are key to establishing a primary care pipeline in communities of need

References