



University of Connecticut Health Center

Public Health Committee
March 14, 2007

S.B. No. 684 – An Act Concerning Community-Based Medical Residency Training Programs

Senator Handely, Representative Sayers, members of the Public Health Committee.

My name is Dr. Kiki Nissen. I am Associate Dean of Graduate Medical Education and Designated Institution Official at the University of Connecticut, and Vice-Chair of Education in the Department of Medicine at the University of Connecticut. With me today are Dr. Robert Cushman, Professor and Chair of Family Medicine at the University of Connecticut and Saint Francis Hospital and Medical Center and the Director of Asylum Hill Family Medical Center in Hartford, and Dr. Bruce Gould, Associate Dean for Primary Care, Director CT AHEC Program and Medical Director, Burgdorf Health Center.

Thank you for the opportunity to speak with you today in support of S.B. No. 684 - An Act Concerning Community-Based Medical Residency Training Programs. We are supportive of this proposal but believe that some important contextual information needs to be clarified in order to develop meaningful and successful new initiatives in this realm. Over the past several months, we have been meeting and discussing a number of collaborative efforts with Senator Williams, Representative Pawelkiewicz, and representatives from Federally-Qualified Health Centers (FQHC's) to develop proposals addressing the dual goals of increasing the number of health care providers serving in the underrepresented areas and increasing the opportunities medical school students and residents have to provide services to the medically underserved populations. The ultimate goal of these initiatives is to draw physicians to practice at Community Health Centers after the completion of training.

As many of you know, the University of Connecticut Health Center's faculty, residents and students are already heavily involved in direct medical care in underserved areas. Today, I will briefly outline the ways in which they are involved.

Faculty: The Burgdorf/Bank of America (BOA) Health Center in the north end of Hartford and the Asylum Hill Family Medicine Center on Woodland Street in Hartford, represent joint endeavors by the University of Connecticut and Saint Francis Hospital and Medical Center. The University of Connecticut Health Center provides over 1.5 million dollars annually in faculty salaries and direct operating subsidies to these ambulatory practices, enabling the delivery and physician oversight of over 50,000 annual visits at these two facilities. These two sites provide extensive, high quality medical student and residency education for the University of Connecticut School of Medicine and its sponsored residency training programs.

Residents: The University of Connecticut School of Medicine also values the working partnerships that exist between the federally-qualified health centers (FQHC's) as well as Community Health Centers (CHC's) that are not federally-qualified. This is exemplified by the University of Connecticut-sponsored residency programs in primary care.

The University of Connecticut sponsors four residency programs in primary care fields: one each in Family Medicine and Pediatrics, and two in Internal Medicine. These four programs are responsible for approximately 250 resident physicians representing 40% of the trainees in the University of Connecticut School of Medicine-sponsored programs.

Residents who participate in the University of Connecticut School of Medicine-sponsored educational programs rotate through a consortium of hospitals in the Greater Hartford Area. These hospitals are responsible for the training and supervision of all residents. All of our primary care residency programs have relationships with Community Health Centers (CHC's) to varying degrees. A brief outline of each residency program, including specific details regarding its CHC relationship, will help to understand this background.

Internal Medicine Residency – 180 residents representing two residency programs rotate through John Dempsey Hospital, Hartford Hospital, Saint Francis Hospital and Medical Center, Hospital of Central Connecticut, and the Newington VA Hospital. The residents in these training programs work with the underserved patient population of the Greater Hartford Area in both hospital-based clinics and in the hospital. Each of these hospitals that has a hospital-based clinic cares for self-pay and Medicaid patients from its surrounding neighborhoods. Residents from the Primary Care Residency Training Program provide primary care in Community Health Centers such as the Burgdorf Clinic/BOA Health Center throughout their three years of training. While none of the outpatient facilities in which the residents participate is an FQHC, their patient demographics are essentially identical.

Family Medicine – 20 residents who rotate through Saint Francis Hospital and Medical Center, Connecticut Children's Medical Center, and John Dempsey Hospital. All of these residents provide primary care to patients at Asylum Hill Family Medicine Center. This Center offers excellent care to persons across the full socioeconomic spectrum in a single practice setting and has a long tradition of community outreach activities, the most recent of which is the residents' participation in the new Malta House of Care Mobile Clinic for the poor and medically-uninsured in Hartford. The residents also gain Community Health Center exposure by rotating through the East Hartford Community Health Center, (an FQHC look-alike).

Pediatrics Residency – 54 trainees rotate through Connecticut Children's Medical Center (CCMC), John Dempsey Hospital, and Hartford Hospital, Saint Francis Hospital and Medical Center, the Burgdorf/BOA and Charter Oak Health Centers. The Charter Oaks Health Center, an FQHC, and the Burgdorf/BOA are responsible for essentially all of the ambulatory experiences for the Pediatrics Residency Program.

Two other University of Connecticut-sponsored educational programs have extensive involvement with FQHC's in Hartford; Obstetrics & Gynecology and Psychiatry. In Obstetrics

& Gynecology, faculty from Community Health Services (CHS), an FQHC on Albany Ave. in Hartford, provide clinical teaching and supervision to the residents. In Psychiatry, residents gain clinical experience at the Charter Oak Health Center and Hartford Behavioral Health; both FQHC's.

Students: Our students here at the University of Connecticut are also involved with student-run homeless shelter clinics at both the South Park Inn and the Salvation Army Marshall Street Shelter in Hartford and also at the Willimantic Soup Kitchen, where they provide essential access to care for hundreds of our most needy and forgotten citizens. Our mobile, free, migrant farm worker clinic visits farms across the state each summer providing care to those who grow our food and keep our agricultural economy moving. Oftentimes, the care provided by these clinics is the only medical care these workers receive all year. All of these programs that directly affect the lives of thousands of the underserved run on a shoestring and the energy, caring and commitment of students and faculty at the University of Connecticut and community clinicians, and they are dependent on resources and the ongoing, unflinching support of the University. Most recently, an exciting new initiative was developed called the Urban Service Track which involves the University of Connecticut's Schools of Medicine, Dental Medicine, Nursing and Pharmacy. This track is looking to recruit students committed to meeting health care needs of the most underserved citizens of Connecticut and training them to be providers who will make a difference and hopefully help to change the nature of our health care system so that it will meet the needs of all Americans.

Our curriculum and philosophy for both the medical and dental schools stress the importance of community service in the health professions. All of our efforts have been recognized nationally, and more importantly, our students tell us that it is precisely these attributes that led them to choose the University of Connecticut School of Medicine for their medical education. We believe that because the University of Connecticut already has this level of commitment, future initiatives will enhance the opportunities our students have to care for the underserved population and will also potentially attract quality students from across the country who are specifically seeking medical schools that offer such opportunities.

The University of Connecticut School of Medicine values the working relationships it currently shares with these various CHC's, regardless of their federally-qualified status. We also realize that there are additional valuable training experiences which could be structured within other CHC's in Connecticut. These experiences would need to meet the training requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) and would need external funding support. The University of Connecticut-sponsored residency programs are at their capacity for Medicare reimbursement and, therefore, do not have funds available to support additional costs for teaching time or resident salaries and fringe. Graduate Medical Education is typically funded by Medicare dollars. If residents spend time in sites that are non-hospital sites (e.g. Community Health Centers), the hospital must assume the cost of teaching time of physicians supervising residents in these settings. Since all of the Consortium hospitals are currently beyond their Medicare capacity for reimbursement, we no longer have available funds to pay CHS physician/teachers to participate in these rotations, nor do we have funds to reimburse residents' salary and fringe when they are on these rotations. It is a Medicare requirement to establish a funding stream for these purposes.

The projected program costs for Community Health Center electives would include resident salary, fringe benefits, direct costs associated with residency training, and teaching costs. Expenses would depend upon the number of residents participating in these educational activities as well as the number of physicians participating in teaching.

This issue would need to be resolved for us to increase our participation further. We, therefore, propose to continue to work with Community Health Centers in this region to help guarantee quality educational experiences that meet the training requirements set forth by the Accreditation Council on Graduate Medical Education, and look forward to new initiatives such as the Urban Service Track, which may lead to an increased physician work force for Community Health Centers. We ask the State of Connecticut to help finance new and valuable educational opportunities.