Agenda Item 9e:
Primary Care Residency (PCR) Program Review
Treatment of Existing Program Applicants without Graduate Data

Attachment H

Ross Lallian, Research and Evaluation Section Manager

June 2020 Song-Brown Policy Meeting

OSHPD

Office of Statewide Health
Planning and Development

Background

- Commission requested that staff develop an alternative to the current methodology to evaluate programs for existing funding.
  - Both established and newer programs apply for existing PCR funding, but have different data available for scoring.
    - Established programs have data for training sites, residents, and graduates.
    - Newer programs have data for training sites and residents, and incomplete graduate data.
- Current methodology: apply program score averages to missing data for programs.

OSHPD
Office of Statewide Health
Planning and Development

Objective

- Develop an alternative methodology that evaluates programs only on the data they provide.

- Analyze the impact of the changes.

Evaluation Criteria for Existing PCR Slots

Criterion	Description	Points
Section 1		
1.1	% and # of training sites in medically underserved areas	20
1.2	% and # of underrepresented minority graduates	20
1.3	% and # of graduates practicing in medically underserved areas	20
	Total Possible Points for Section 1	*60*
Section 2		
2.1	Non-first-year residents spend at least 8 hours per week at a primary care continuity clinic	10
2.2	% and # of graduates in primary care ambulatory settings 5 years post-residency	15
2.3	% and # of underrepresented minority residents	10
2.4	Training site payer mix	20
	Total Possible Points for Section 2	*55*
	Total Possible Points	**115**

OSHPD
Office of Statewide Health
Planning and Development

Example Scoring Scenarios

Current Methodology: Programs without data receive the average score of other programs with data

|	1.1 (20 pts)	1.2 (20 pts)	1.3 (20 pts)	2.1 (10 pts)	2.2 (15 pts)	2.3 (10 pts)	2.4 (20 pts)	Total Score	Total Possible
Established Program	16	10	14	10	15	3	20	**88**	**115**
Newer Program	18	8.5	11.2	10	7.5	5	20	**80.2**	**115**

Alternate Methodology: Score programs only on the data they have. Score represented as percent of total possible

	1.1 (20 pts)	1.2 (20 pts)	1.3 (20 pts)	2.1 (10 pts)	2.2 (15 pts)	2.3 (10 pts)	2.4 (20 pts)	Total Score	Total Possible	Percentage Score
Established Program	16	10	14	10	15	3	20	**88**	**115**	**76%**
Newer Program	18	--	--	10	--	5	20	**53**	**60**	**88%**

OSHPD
Office of Statewide Health
Planning and Development

Analysis

- Newer programs either moved up funding tiers (would qualify for more funding) or remained in the same funding tier.

- Established programs either moved down funding tiers (would qualify for less funding) or remained in the same funding tier.

Funding Tier Change by Program Type

OSHPD
Office of Statewide Health
Planning and Development
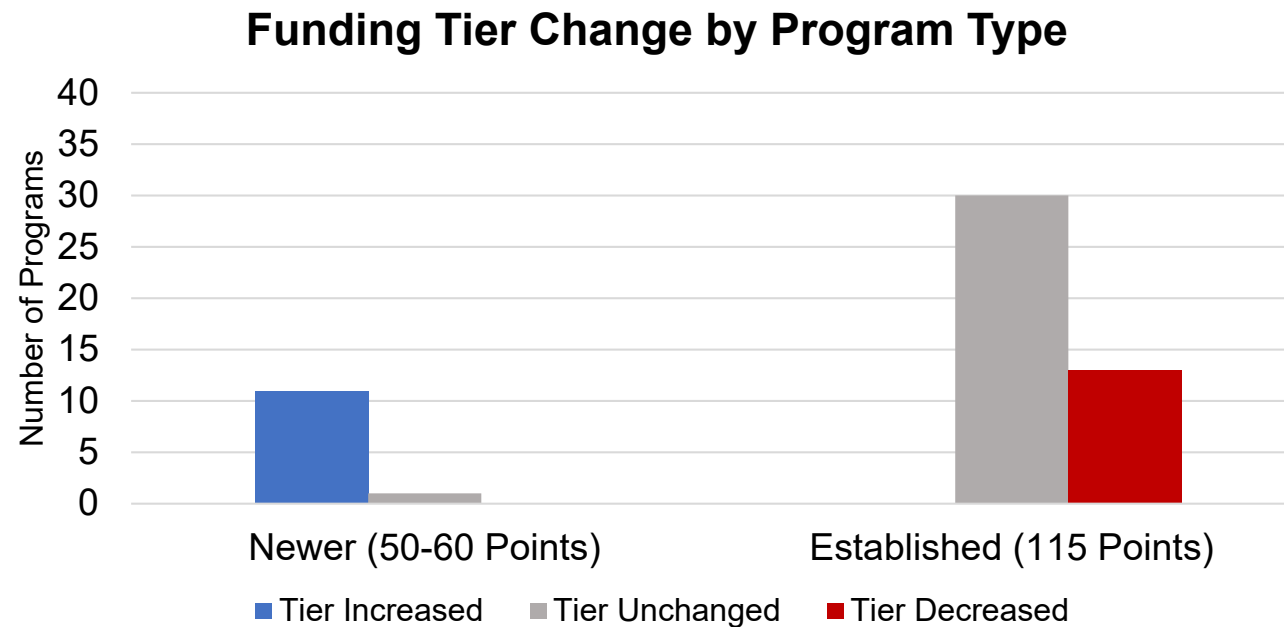
Results:
Funding Tier Change Analysis

Most changes occurred in Funding Tier 1 (largest allocation of funding):
Newer programs replaced Established programs in Funding Tier 1.

Number of Awardees by Program Type and Funding Tier Placement, 2019 Applicants

Funding Tier	Current Methodology		Alternate Methodology	
	Newer Programs	Established Programs	Newer Programs	Established Programs
Tier 1	0	10	8	3
Tier 2	6	7	2	7
Tier 3	2	11	1	15
Tier 4	3	8	0	11
Tier 5	3	11	3	11
Total Funded Programs	**14**	**47**	**14**	**47**

OSHPD
Office of Statewide Health
Planning and Development

Considerations

- The alternative scoring method would:
  - Score programs only on the data they have.
    - Rank programs based on percent of possible points.
  - Move newer programs to the top of the scoring table.
    - Not scored on graduate-related criteria.
  - Move higher scoring established programs down.
  - Have little effect on lower scoring established programs.

Options

- Keep current methodology.
- Adopt alternative scoring methodology.
- Request OSHPD prepare additional alternative methodology.

Implementation Timeline

OSHPD staff can:

- Present alternative scoring methodology at upcoming Commission meetings (September 2020 or November 2020) in order to implement for the 2021 application cycle.

- Implement methodology as presented for the 2021 application cycle.

- Keep current methodology as is and take no further action.

OSHPD
Office of Statewide Health
Planning and Development