

Annual Institutional Report

Annual Institutional Review Committee

Healthy Rural California

Sponsoring Institution: Healthy Rural California, Inc.
Time Period: July 1, 2021-September 30, 2022

CEO and GME Administrator: Kristy Bird MaKieve
Program Director: Harkirat Saggu, MD
Assistant Program Director: Rachel Mitchell, MD
Program Coordinator: Lina Benton
Designated Institutional Officer: Ted Zwerdling, MD

Psychiatry Application Submitted

On August 8, 2022, Healthy Rural California, (HRC) Inc. submitted our application to Accreditation Council for Graduate Medical Education (ACGME) to establish the first Psychiatry Residency Program in Butte County. HRC will serve as the Sponsoring Institution (SI). The application requests accreditation for 4 residents per year with a 4 year program duration.

A site visit by ACGME representative, Dr. McAlister, is planned for November 9, 2022 with various HRC core faculty and leadership administrators. The findings of the site visit, as well as the application, will be forwarded to the ACGME Psychiatry Committee in early 2023 with a decision regarding accreditation expected shortly thereafter.

HRC Psychiatry Residency Program

Pursuing advanced psychiatric training in Butte County has been an important effort of the Butte-Glenn Medical Society, which initially was the driving force to begin the program and resulted in the formation of HRC, Inc, a 501(c)(3) entity. Using a praxis consisting of the Teaching Health Center (THC) and Consortium models, HRC has approached and engaged multiple entities to serve as teaching sites for a 4-year psychiatry residency program. Our community partners have demonstrated strong support for the training program and provided the critical mass necessary for community-oriented psychiatry GME in the area.

The following entities have signed a Program Letter of Agreement:

- 1) Sutter-Yuba Behavioral Health (SYBH), Yuba City, CA.
- 2) Ampla Health, Federally Qualified Health Center (FQHC)(AH), Chico, CA.
- 3) Veterans Administration of Northern California (VA), Sacramento, CA.
- 4) Butte County Department Behavioral Health (BCBH), Chico, CA.
- 5) Therapeutic Solutions (TS), Chico, CA.
- 6) University of California, Davis, Medical Center (UCD), Sacramento, CA.
- 7) Northern Valley Indian Health (NVIH), a Tribal FQHC, Chico, CA.

These teaching sites will provide future residents educational experiences with a diverse population, practitioners from the private and public sectors and meets all ACGME requirements for accreditation.

Program Personnel

Over the reporting period there have been significant additions to the HRC staff.

Early in 2022, Dr. Mitchell was appointed Program Director (PD). She is boarded in both psychiatry and family medicine, and completed her training at UCD. Dr. Mitchell has provided very strong leadership for programmatic needs and is instrumental for the consortium model's success.

However, as the Psychiatry application neared completion, the PD requirements were reviewed with the Psychiatry Program administrator, Louise Castile [Executive Director, Review Committees for Allergy & Immunology, Neurology & Psychiatry, ACGME, 401 N. Michigan Avenue, Suite 2000, Chicago, IL 60611; (312)-755-5498; lcastile@acgme.org] and her assistant Ms. Tiffany Hewitt [(312) 755-7471, thewitt@acgme.org].

As stated in both the Common and Psychiatry Program Requirements [II.A.3.a], qualifications of the PD:

“must include speciality expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee.”

and

“Under certain circumstances the Sponsoring Institution and program may propose to the Review Committee a candidate who fulfills other goals of the program but does not meet the three-year minimum time requirements.”

Despite these written criteria, discussions with ACGME leadership informed us the Psychiatry Review Committee is steadfast regarding the three-year post training experience. After multiple meetings with HRC leadership, including the CEO, PD, Designated Institutional Official (DIO), Program Coordinator (PC) and others, it was decided to nominate Dr. Harkirat Saggu as the PD, based on his experience with Graduate Medical Education (GME). Additional guidance from ACGME administrators was sought and HRC leadership was advised that the Psychiatry Review Committee would respond favorably to Dr. Saggu. Subsequently, an email vote was taken forwarding Dr. Saggu as the PD candidate and unanimously approved by the GME Committee. Dr. Mitchell will continue as Assistant Program Director and Core Faculty.

Dr. Saggu is the Medical Director of Crestwood Behavioral Health and Willow Glen Residential Care Facility. He also serves as the Clerkship Site Director of Psychiatry at California Northstate University and is boarded in Adult, as well as, Child and Adolescent Psychiatry. He will also continue as core faculty with HRC training program.

Lina Benton was hired as the Psychiatry Residency PC and the Institutional Coordinator, and is instrumental for continuing the program. HRC has also hired Rachel Sanchez, MBA, as Director of Community Health, Lisa Lee, Communications Assistant, Miranda Taylor, Administrative Assistant and Sarah Katris-Tyler, Program Assistant.

Recently, HRC moved into new offices to accommodate administrative needs for the program. However, HRC is planning additional space for the purpose of establishing a resident home and pursuing Family Medicine residency program. HRC envisions this additional space to be a hub for resident and administration interactions and welcoming.

Psychiatry Residency Education Program

The psychiatry residency education program has been finalized. This will consist of 13 4-week block rotations at various sites where residents will have exposure to inpatient neurology and psychiatry, outpatient psychiatry, didactics sessions and other teaching and educational activities.

The first year rotation sites are primarily in Sacramento and arranged to comply with the ACGME maximum 1 hour drive time requirement. Inpatient rotations exposing residents to Internal Medicine, Adult

Psychiatry, Neurology, and Consult-Liaison services have been arranged with our partners at the VA and UCD. Additional rotations in Outpatient Primary Care, Emergency Psychiatry, and Geriatric Psychiatry will occur at NVIH and UCD. Research time is included.

Year two will be centered in Butte County within BCBH, TS, AP and SYBH sites. During this year our educational program will focus resident learners on Inpatient Adult Psychiatry, Interventional Psychiatry and Addiction Medicine. Protected time for research will continue and elective rotations are introduced. Continuity Clinics, dedicated to Child and Adolescent Psychiatry, are scheduled throughout the second year. Forensic Psychiatry will be integrated within inpatient rotations.

BCBH and TS sites will encompass the third year of the program with one-year continuity clinics, all delivered in the outpatient setting.

Finally, senior residents will have choices of multiple electives within our area, or possibly at away locations. Community Psychiatry will be required during the PGY-4 and will focus learners on unique behavioral health needs in our community with an emphasis on Trauma-Informed Care. Other electives will include Hospice and Palliative Care, Sleep Medicine, community outreach programs directed at unhoused persons, street crisis interventions, and others.

Relevant didactics, case discussions, grand rounds, resident presentations, business concerns, mentoring and resident governance issues are integrated into the entire training program. Many of the didactic teaching sessions will be delivered using interactive, synchronous telecommunications with our partners at UCD. However, our local faculty will also deliver lectures in areas of expertise including Transcranial Magnetic Stimulation, Child and Adolescent Psychiatry, and Palliative Care. A partnership with Stanford University's Psychiatry and Behavioral Sciences Department continues to be explored.

A block diagram of the training program is provided as an attachment to this report.

From its inception, our leaders have recognized the importance of physician well-being during and beyond the training period. The World Health Organization establishes ICD 11 code Z73.0 as it applies to the lay term "burnout". To mitigate the root causes of physician burnout, and promote well-being, our program will pay special attention to residents and faculty exhibiting signs of burnout and periodically assess individuals using the Maslach Burnout Inventory or other validated tool. Each resident will be paired with a faculty member with the responsibility of formally and informally discussing concerns in this area and will also have the added responsibility of providing well-being for the trainee. Faculty to faculty pairings are also planned. Adhering to ACGME duty hour requirements, providing confidential behavioral health consultation and treatment will aid in preventing and identifying residents at risk. Mutual respect and minimization of microaggression will occupy specific education sessions of faculty and resident learners, and more importantly, will be expected behavior on a daily basis. Our program is also aware of moral harm which may occur as a result of personal internal conflicts. Finally, our program will address systemic racism and intentional or unintentional bias, which is so common when providing medical care to marginalized populations. A series of lectures, readings and special speakers will complete our commitment to these often under appreciated aspects of training programs.

Many of our local faculty participate in scholarly activity, however, resident GME will be a new endeavor for some. HRC has instituted a program specifically designed for faculty development allowing faculty the opportunity to be learners as well as educators. At present, the program consists of identifying ACGME defined scholarly activities, opportunities for faculty to present individual areas of expertise in a grand rounds format, and access to educational tools and lectures. Several sessions focused on understanding faculty responsibilities to the program have been held, with others forthcoming. We continue to develop the program which will meet the needs of the providers and remain flexible regarding future scholarship. HRC's on-going partnership with Butte-Glenn Medical Society will engage residents in local and statewide advocacy and the local medical community in Butte County. Butte-Glenn Medical Society also supports the North Valley Medical Association in Redding, where Shasta Community Health Center's Family Medicine Residents are members.

On July 27, 2022, the GMEC meet and discussed the Psychiatry Residency program common application and specialty application. The following week, final review and an email vote resulted in GMEC approval.

Governance

Over the reporting period, HRC has invested significant resources bringing together partners to form a cohesive consortium model for the residency program. We intentionally sought community partners, reflecting the make-up and needs of our community and *ipso facto*, provide a broad exposure for future residents. In our rural community with few psychiatric resources, the goal of offering residents an outstanding educational experience, and operating within ACGME requirements, proved a difficult task. However, our efforts demonstrate the success of our strategy. We are also sensitive to melding academic and community exposures by having teaching university and veterans administration partners, as well as, community-based teaching sites.

Our efforts were formed by weekly HRC team meeting with the CEO/GME Administrator, DIO, PD, PC, our consultants, and invited guests to discuss relevant topics, delegate responsibilities and assess unattended areas. Meetings with individual partners and site visits provided a better understanding of programmatic needs, but also allowed partners to have an understanding of expectations and commitments for their participation. Reviewing individual sites provided HRC with an understanding of the physical dimensions, space limitations and access to patients. Residents, faculty and support staff are co-located which allows easy access and interactions for patient discussions, teaching and mentoring. We were also able to assess other ACGME requirements, such as safety, availability of food, and sleep quarters.

The GMEC consists of 7 community representatives, 6 HRC administrators, and 2 invited guests. While attempting to meet on a quarterly basis, due to conflicting schedules and COVID-19 surges throughout 2021, we were unable to meet our goal last fall. We have met quarterly in 2022.

Citations

HRC filed an application to serve as the SI, which was reviewed by ACGME and 5 citations were issued on September 28, 2021. At the time, there were no resident learners in the program and all citations had to do with omissions or clarifications to the SI application only. The citations and corresponding responses are briefly included here. More detail is available at the ACGME website [<https://apps.acgme.org/ads/>].

Citation 1:

It is unclear if HRC is the sole SI and changes to the institutional organizational chart should reflect a single entity.

Response Citation 1:

Clarification of the SI name and HRC is the sole sponsor. Other changes to the organizational chart were made.

Citation 2:

A statement regarding DIO and other administrative representatives addressing commitment to GME, ensuring appropriate resources was not included in the application.

Response Citation 2:

A statement of commitment was added, discussed and approved at the GMEC meeting March 23, 2022.

Citation 3:

Minutes of a GMEC meeting did not document review and approval of resident salaries and benefits.

Response Citation 3:

The minutes of the GMEC meeting, June 23, 2021 were again presented to the committee, approving resident salaries and benefits. These concerns had been effectively addressed.

Citation 4:

A description of HRC support to ensure faculty development was lacking.

Response Citation 4:

A detailed description was provided outlining HRC commitment to faculty development through a variety of sources including stipends and protected time. At the March 23, 2022, GMEC meeting, this was discussed by the committee and changes instituted.

Citation 5: Residents must have time to conduct their forum without faculty or DIO presence.

Response Citation 5:

At the March 23, 2022, GMEC meeting a discussion was held, language approved and added to the application correcting this citation.

All citations were reviewed, discussed by the GMEC and corrective actions instituted as appropriate.

Financial Sustainability

Once the Psychiatry Residency curriculum was finalized with BCBH as the primary clinic and the VA commitment, HRC began assessing the financial sustainability of THC funds. Together, the proposed Psychiatry and Family Medicine residency programs will bring a total of 28 residents to Butte County by 2027. The VA has committed funds to HRC for their rotation times. California's Song-Brown funds will also be available to provide additional support for Family Medicine residents.

In July 2020, HRC's consultants provided a comprehensive Feasibility Study Report. These data enabled HRC to partner with BCBH to apply for a new state grant from California Department of Health Care Access and Information. An award of \$1.8 million was committed and can be drawn down for reimbursements once ACGME provides accreditation of the Psychiatry Residency. A no-cost, one-year extension was requested due to COVID-19 delays in late 2020 and 2021. BCBH agreed to provide \$200,000 of these funds in 2022 for the launch of the Psychiatry Residency.

In 2021, a local foundation provided \$200,000 to HRC to launch the residency program. Butte-Glenn Medical Society provided \$200,000 of in-kind funds throughout 2020 and 2021. In December 2021, a Health Resources and Services Administration (HRSA) THC Planning Grant for the Psychiatry Residency was awarded, providing \$498,000 for two years.

In June 2022, a HRSA THC Planning Grant for the Family Medicine Residency program was awarded. Effective August 1, \$750,000 for 3 years will be available. HRC also met with local legislators to reinforce advocacy of GME funds from the State of California at the close of the budget cycle. Unfortunately, these funds were not allocated in the final 2022 state budget. HRC and Butte-Glenn Medical Society will continue to inform our representatives of the need for more funding, and for THC funds to be continued.

In July 2022, HRC hired a local accounting firm, Morrison & Co., to review our accounting and bookkeeping processes as we prepare for potential THC funding of \$4.48 million in 2027.

Morrison & Co met with HRC staff and the DIO on August 5 to improve 10-year financial projections and assess what additional funds might be necessary for the programs. A 10-year budget projection indicated approximately \$46 million in revenue generation by the combined Psychiatry and Family Medicine programs. This will leave a short fall of about \$1.2 million over the same time period (3%). Additional funding sources will have to be found if the programs are to remain cost neutral. Discussions by the DIO with other PDs confirms widespread concerns related to resident training program funding and the potential instability of funding sources, especially related to the THC model. HRC is actively pursuing the Center for Medicare and Medicaid (CMS) model for Family Practice training, which provides substantially higher funding than THC model. A critical component of CSM funding model is affiliation of a community hospital.

HRC also engaged a law firm with GME experience to begin business agreements before the Psychiatry Residency is accredited. While ensuring an excellent educational experience for our future residents, HRC is also committed to financial sustainability of our residency programs.

Areas of Concern

HRC is well positioned to be accredited by the ACGME for psychiatry residency training and thus, is codifying a needs assessment for the Family Medicine training program in our community. There are two main areas which pose concern for the program including financial sustainability and program stability.

Financial Sustainability: The THC model is funded through a federal mechanism at approximately \$160,000 per year per resident and is therefore dependent on congress to approve and allocate ongoing monies for the program to remain solvent. This level of funding is marginal in its ability to remain cost neutral and does not take into account cost-of living increases. Furthermore, as more THC models are accredited there is the possibility of a dilution effect. Specifically, the same total funding allocation will be distributed to a larger group resulting in individual programs receiving fewer dollars. HRC is carefully assessing the situation at the federal and state levels and lobbying for increased funding. HRC also is constantly inquiring for other grant opportunities which become available. The CMS model, which provides much higher reimbursement and has the potential to increase patient revenues for participant hospitals, is more attractive and also provides a stable financial environment.

Program Stability: Operating within northern California represents a significant challenge for any entity, including medical care and medical education. Our area has significant turnover of personnel and recruitment of highly trained individuals needed to fulfill position requirements in Butte County has traditionally been difficult. With ongoing environmental concerns and economic instability we, and our partners, are aware of potential negative impact to our training program. Our program remains flexible to work with our community partners addressing possible changes, should they occur. Faculty recruitment and programs to incentivize faculty continuing program participation are important.

Future Projections

HRC staff have begun work on the Family Medicine Residency program. With grant funds available on August 1, HRC staff and the DIO have placed an advertisement for a PD and PC and will be interviewing a PD candidate in October. A Request for Application has been opened to hire a consulting firm with Family Medicine experience to conduct a Feasibility Study. The VA and UCD have requested to be partners for this program, and HRC has also received indications that NVIH and AH are also interested. All four of these entities have engaged with our Psychiatry Residency in the process of curriculum development. Additionally, the partners who were GME-naïve for the Psychiatry Residency are much more informed. We anticipate that a strong application for Family Medicine can be submitted to ACGME in late 2023 with residents planned to start their first year in 2025. Our current vision is to have 4 residents with the training period lasting 3 years. HRC will be developing a program with emphasis on Integrated Behavioral Health and strong connections to HRC's Psychiatry Residents. We are also developing several novel aspects for the program such as Wilderness Medicine, Medical-Administration interface exposure, and Public Health.

Ongoing Faculty Development is paramount for HRC's GME efforts. Faculty are asked to present Virtual Grand Rounds through Butte-Glenn Medical Society's program. HRC seeks to educate all providers in the area on ACGME guidelines and policies. HRC is seeking funding to build an asynchronous and synchronous didactics program with UCD and Stanford University. HRC will move into a 3,000 sq. ft. office in late 2022 which will have a 1,000 sq. ft. classroom with excellent broadband and AV equipment to connect our residents with faculty throughout the region.

Once the Psychiatry Residency is accredited by ACGME, HRC staff are poised to recruit applicants. HRC recently redesigned our website platform (healthyuralca.org) to be more robust and expanded the GME section to incorporate social media sites. HRC staff and leadership are attending ACGME conferences, both virtually and in-person, as well as, actively engaging with the American Association of Directors of Psychiatric Residency Training. Staff are preparing to attend recruitment opportunities between March 2023 and Fall 2023, in hopes of accreditation in early 2023, to raise awareness of our new program.

Staff have identified MedHub as our platform to connect residents and faculty with planned educational sessions scheduled.

Submitted
September 30, 2022
Ted Zwerdling, MD
DIO
Healthy Rural California

ATTACHMENT

Block Diagram Rotation Schedule

PGY-1	Vacations are permitted during Consult-Liaison, Geriatric Psychiatry, Primary Care or Elective Rotations at 1 - 2 week increments*.												
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	5	5	5	5	4	4	4	4	4	4	8	8	Varies
Rotation	Inpatient Medicine (8 weeks)		Inpt Adult Psych (8 weeks)		Inpt Neuro	Neuro Consult	Emergency Psych	Consult-Liaison (8 weeks)		Geriatric Psych	Primary care clinic (8 weeks)		Elective
% Outpt	0%	0%	0%	0%	0%	0%	0%	0%	0%	40%	100%	100%	varies
% Research	0%	0%	10%	10%	10%	10%	0%	10%	10%	10%	0%	0%	varies

PGY-2	Vacations are permitted during QI, Interventional Psychiatry, IOP/PHP, Addiction Psychiatry, HSM, Research or Elective rotations at 1 - 2 week increments*.												
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	1	1	1	7	7	3	3	3	6	2/9	Varies	Varies	varies
Rotation	Inpt Adult Psych	Inpt Adult Psych	Inpt Adult Psych	Inpt Adult Psych	Inpt Adult Psych	QI	Interventional Psych	IOP/PHP	Addiction Med	HSM	Research	Elective	Elective
% Outpt	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
% Research	10%	10%	10%	10%	45%	20%	0%	20%	45%	90%	varies	varies	

PGY-3	Vacations are permitted at any time throughout the academic year in 1 - 2 week increments*.												
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	1/3	1/3	1/3	1/3	1/3	1/3	1/3	1/3	1/3	1/3	1/3	1/3	1/3
Rotation	Outpatient Adult Psychiatry (year-long continuity experience)												
% Outpt	90%												
% Research	10%												

PGY-4	Vacations are permitted at any time throughout the academic year in 1 - 2 week increments*.												
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies
Rotation	Individualized Learning Experiences (customized for each resident)												
% Outpt	This will vary by experience												
% Research	This will vary by experience												

Site Key:
 1 = Butte County Behavioral Health
 2 = Healthy Rural California, Inc
 3 = Therapeutic Solutions
 4 = University of California (Davis) Medical Center
 5 = VA Northern California Health Care System- Sacramento VA Medical Center
 6 = VA Northern California Health Care System- Chico VA Clinic
 7 = Sutter-Yuba Behavioral Health
 8 = Northern Valley Indian Health
 9 = Ampla Health

Abbreviations:
 IOP = Intensive Outpatient Program
 PHP = Partial Hospitalization Program
Longitudinal Rotations:
 Forensic Psychiatry - During IAP rotations at Site 1 and 7.
 Community Psychiatry - throughout PGY-4 at various locations.
 Child and Adolescent Psychiatry - Continuity experience throughout PGY-2 at Site 7.
 Outpatient Adult Psychiatry - Continuity experience throughout PGY-3 at Site 1 and 3.

Electives:
 Native American Mental Health
 Addiction Medicine
 Advanced Therapy
 Trauma Informed Therapy
 CARE Team Suicide Response Team
 Mental Health Urgent Care
 Research

*With Program Director approval