

Family Medicine Residency of Western Montana

Background: Currently, at 2.0 per 100,000, Montana has the lowest ratio of graduate medical education (GME) training positions per capita of any state in the U.S. The national median is 25. Because physicians tend to locate where they last trained (over the last 10 years, 70% of the Billings graduates have stayed in Montana), it is vital that Montana develop more primary care residency positions if we are to meet our future need for physicians. In an attempt to partially respond to this situation and following a request by the Billings Family Medicine Residency program and the University of Washington School of Medicine, the medical communities of Missoula and Kalispell have been engaged in a planning process to create a second Family Medicine residency program for Montana. Since September 2009, this effort has been directed out of the Western Montana Area Health Education Center (AHEC) based at The University of Montana.

Organization: Together with The University of Montana, four medical facilities are collaborating to create a three-year family practice residency based at UM. Community Medical Center, St. Patrick Hospital, Partnership Health Center in Missoula, and Kalispell Regional Medical Center will be the primary training sites for the residents and will be the guarantors of the funding required. An advisory board, with membership representing the four medical facilities and UM, will advise the Dean of the College of Health Professions and Biomedical Sciences on operational matters related to the program.

Program Structure: Board certification in Family Medicine requires completion of a three-year residency at a program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Accreditation is also necessary before a program can participate in the National Resident Matching Program. At this time we are targeting between 24 and 27 residents when the program is fully developed in its third year of operation. Two or three residents (with appropriate faculty) will be in Kalispell after their first year (internship year) in Missoula. The residents will do their training at the Missoula and Kalispell hospitals and at Partnership Health Center and its counterpart in Kalispell. Additionally, elective rotations will be available in rural hospitals as well as in Butte. Matriculation of the first class is planned for July 2013.

Funding: The participating hospitals and community health centers will earn patient services revenues from resident and faculty services. Through long term and annual contracts, the four collaborating medical facilities will reimburse The University of Montana the total costs of operating the residency. Faculty and resident grants may comprise a small percentage of total funding. See attached financial pro-forma.

Rational for UM Sponsorship:

The University of Montana has several health professional academic programs, including a Doctor of Pharmacy, Doctorate in Physical Therapy, and Masters Degrees in Public Health and Social Work. It is important for students of these academic programs to have opportunities to learn with and from other health care professionals, such as Family Practice Medical Residents. Additionally, UM has in-place academic support necessary for students in health care programs, such as library services, information technology services, student health services at the Curry Health Center, and the campus Recreation Center. Finally, the College of Health Professions and Biomedical Sciences has a number of traditional research doctoral programs with graduate students seeking collaborations with health care professionals, which would include Family Practice Residents.

**Family Medicine Residency of Western Montana
Revenue and Expense Forecast**

Income Sources	Year 1	Year 2	Year 3
Hospital Revenue from Resident and Faculty Services	\$ 1,657,667	\$ 2,804,759	\$ 3,984,238
Partnership Health Income from Resident and Faculty Services	\$ 368,727	\$ 846,346	\$ 1,466,415
Total Income	\$ 2,026,394	\$ 3,651,105	\$ 5,450,652
 Expenses			
Salaries: Administration	\$ 303,732	\$ 312,844	\$ 322,229
Faculty	\$ 509,652	\$ 883,397	\$ 1,102,479
Residents	\$ 416,988	\$ 867,335	\$ 1,353,043
Administrative/Support	\$ 144,000	\$ 172,973	\$ 231,289
Payroll Taxes/Benefits	\$ 343,593	\$ 559,137	\$ 752,260
Total Salaries & Benefits	\$ 1,717,965	\$ 2,795,686	\$ 3,761,301
Clinic Personnel & Ancillaries Contract	\$ 182,250	\$ 326,300	\$ 523,654
Clinic Occupancy Expenses	\$ 318,977	\$ 606,558	\$ 958,620
Continuing Education & Travel	\$ 42,296	\$ 98,694	\$ 136,652
Accreditation/Dues/Recruiting	\$ 24,111	\$ 39,667	\$ 54,522
Supplies/Postage/Telephone	\$ 41,115	\$ 53,892	\$ 66,708
Depreciation - Equipment	\$ 37,500	\$ 50,000	\$ 50,000
Administrative Fee - UM	\$ 70,926	\$ 119,124	\$ 142,769
Total Expenses	\$ 2,435,141	\$ 4,089,921	\$ 5,694,225
Excess (Deficit) Revenues Over Expense from Operations	\$ (408,747)	\$ (438,816)	\$ (243,573)
Grants and Deficit Pledges from Health Care Service Partners	\$ 408,747	\$ 438,816	\$ 243,573
Excess Revenues Over Expenses	\$0.00	\$0.00	\$0.00