Length of Training Pilot
Working Party Update 2019

LOTP Evaluation Team
Oregon Health & Science University
To examine whether extending the length of family medicine training to 4 years through the development of innovative training paradigms further prepares family physicians to serve as highly effective personal physicians in a high performing health system.*

* Source: Original 2012 LOTP Call for Proposals
2004- FFM Report “permit active experimentation and ongoing critical evaluations of competency based education.”

2007 – P4 Project studies changes in content, sequence, length and location of training

2011- Family Med LOT Summit- Recommendation for ACGME innovations project

2012 – ACGME approval for LOT Pilot, applications solicited
   Total applications = 9 (Civilian) & 6 (Navy)
   Final Group = 6 (Civ) & 4 (Navy)

July 1, 2013 – Project Start
ACGME Review Committee- FM Provides Oversight

Governance: ACGME-appointed Steering Committee

- Conducted selection process
- Provides sustaining vision
- Establishes policies
- Assures stakeholder communication
- Assists with interpretation of results

Funding Source: American Board of Family Medicine Foundation
LOTTP Participating Programs

4 YR PROGRAMS

- Oregon Health & Science University (12)
- John Peter Smith Hospital (22)
- Mid Michigan Medical Center (6)
- Greater Lawrence FM Residency (8)
- Middlesex Hospital (7)
- University of Nevada Reno (7)

62 GRADUATES/YEAR

NAVY PROGRAMS (3 AND 4 YR RESIDENTS) *

- Navy Hospital Camp Lejeune
- Navy Hospital Camp Pendleton
- Navy Hospital Jacksonville
- Fort Belvoir Community Hospital

55 GRADUATES/YEAR (~six 4YR Grads/Year)

3 YR PROGRAMS

- Central Maine Medical Center (8)
- Central Michigan University (6)
- Lonestar Family Medicine (10)
- Banner Health North Colorado (8)
- Banner University Med Ctr Phoenix (8)
- Boston University Medical Center (10)
- Swedish Hospital Family Medicine (11)

61 GRADUATES/YEAR

*Last Navy 4YR Cohort entered Fall 2016
LoT Pilot Programs

4YR Programs

3YR Programs

Navy Programs
Common 4 Year Curricular Changes

- Increased use of longitudinal format
- Maintain comprehensive FM skills while achieving extra training in Areas of Concentration (e.g. Maternal-Child Health, Sports Medicine, Geriatrics, Leadership/Academics, Rural)
- Expanded PCMH training
- Flexibility & Customization
- “Capstone” Projects
- Advance Degree opportunities
Evaluation

Length of Training Pilot
Evaluation Approach

Collaborative Partnerships
- We are working with the programs
- IRB – Site Specific & OHSU

Study Design - Case/Control
- Matching Characteristics for non-navy programs
  - Region
  - Size
  - Clinic setting

Mixed methods
Quantitative: Surveys, Match results, Web-ADS, ITE/Board scores
Qualitative: Collaborative visits, Focus Groups, Telephone Interviews
Evaluation Approach

- Avoid Context Bias – Spirit of Neutrality –
  - We don’t yet know what we will find.
  - A good scientist always keeps an open mind...
  - Let hypothesis testing inform us

- No “recreational data collection”
  - Every variable has an a priori purpose

- No “fishing expeditions”
  - All analyses address specific research questions

Length of Training Pilot
## Research Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Anticipated Manuscript Submission Year</th>
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</thead>
<tbody>
<tr>
<td>What effect does length of training have on applicant and match results?</td>
<td>2018</td>
</tr>
<tr>
<td>Is adding a fourth year of training financially feasible for residency programs?</td>
<td>2019</td>
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<tr>
<td>What effect does length of training have on patient continuity?</td>
<td>2021</td>
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<tr>
<td>What effect does length of training have on PCMH skills?</td>
<td>2022</td>
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<tr>
<td>What effect does 4 years of training have on clinical knowledge?</td>
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<tr>
<td>What effect does length of training have on scope of practice after graduation?</td>
<td>2022</td>
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<tr>
<td>What effect does 4 years of training have on practice setting after graduation?</td>
<td>2022</td>
</tr>
<tr>
<td>What effect does 4 years of training have on clinical preparedness after graduation?</td>
<td>2022</td>
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</table>
Key Findings from the Applicant/Match Paper

- Analyzed data from 2012 through 2018

- There were no differences in the mean number of US MD, US DO and IMG applicants between 3YR and 4YR programs.

  E.G., *In 2018, the mean # of US MD Applicants was 254.1 in 3 YR programs and was 282.8 in 4 YR programs.*

- Both the 3YR and 4YR programs had a substantially higher number of US MD and DO applicants compared to national averages.

- The percentages of positions filled in the match and positions filled by US MDs, DOs and IMGs were not different between 3YR and 4YR programs.
The percentage of residents in 4YR programs who Do think training in family medicine requires a 4th year varied significantly during the study period: 35% (2014), 26.7% (2015), 24.6% (2016), 32.8% (2017) (p<0.001).

The percentage of residents in 3YR programs who Do Not think training in family medicine requires a 4th year varied significantly during the study period: 27.1% (2014), 27.8% (2015), 30.2% (2016), 39.7% (2017) (p<0.001).

The predominant reasons for pursuing training in a 4YR program was a desire for more flexibility in training and a desire to learn additional skills beyond clinical skills (range 43-63%).
Core Annual Surveys

Surveys underwent extensive pilot testing with cognitive interviewing prior to implementation

**Continuity Clinic Survey** - Practice characteristics, PCMH features

**Program Survey** - Curriculum, competency assessment, scholarly activity, faculty development need, capacity for change

**Resident Survey** - Ratings of curriculum and training, ratings of importance of PCMH features

**Graduate Survey (12 months post residency)** - Practice demographics, scope of practice, PCMH features, ratings of residency preparedness

**Clinical Preparedness Survey (3 months into first practice)** - Survey of Medical Director/Senior Practice Partner and a staff member about clinical preparedness for independent practice

Length of Training Pilot
<table>
<thead>
<tr>
<th></th>
<th>YR1</th>
<th>YR2</th>
<th>YR3</th>
<th>YR4</th>
<th>YR5</th>
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<tbody>
<tr>
<td><strong>Clinic Survey</strong></td>
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<td>100%</td>
<td>80%</td>
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<td>Staff 70%</td>
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<td>Winter/Spring 2018-2019</td>
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<td>MD 63%</td>
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<tr>
<td></td>
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<td>1&lt;sup&gt;st&lt;/sup&gt;-72%</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;-71%</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;-72%</td>
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<td>2&lt;sup&gt;nd&lt;/sup&gt;-70%</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;-74%</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;-72%</td>
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<td>Staff 60%</td>
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<td>Winter/Spring 2018-2019</td>
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<tr>
<td><strong>Match Data</strong></td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
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</tr>
</tbody>
</table>

| n = 6 Programs | n=6 Programs | n=7 Programs | n=7 Programs | n=7 Programs |
|----------------|--------------|--------------|--------------|--------------|--------------|

**Notes:**
- N/A indicates data not available.
- 2018-2019 indicates the survey completion period.
LOT Cohorts (2013-2022)

Civilian Programs:
- 5 Cohorts will have complete data capture incl. grad survey and preparedness survey (4YR & 3YR programs)
- Total residents (civilian only) in study: ~ 600 (300 in each group)
- Last resident class in the 4YR model: starts residency in 2021 (per ACGME agreement)

Navy:
- Each program had 1-2 residents in the 4YR track each year
- Total of 23 4YR track residents across the four Navy programs
- Last residents in the 4YR track: started residency in 2016
- Navy Command declined participation beyond 2016 due to FM staffing deficits across the Navy
Thank You

Comments & Questions

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