

Email app to: Sara.Benoit@dmas.virginia.gov

APPLICATION FOR MEDICAID GME PRIMARY CARE RESIDENCY SLOT

Applicant Information

Organization: Riverside Family Medicine Residency
Mailing Address: 10510 Jefferson Avenue, Suite B, Newport News VA 23601
Address: 10510 Jefferson Avenue, Suite B, Newport News VA 23601
Phone: 757-594-3878
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[REDACTED] [REDACTED]
Website: <http://rbfm.rivhs.com>

Project Information

Title: Proposed GME Slot Addition to Riverside Family Medicine Residency
Location: Newport News Area (Peninsula)
Program Specialty: Primary Care (Family Medicine)
Length of Residency: Three (3) Years
Original Accreditation Date: January 23, 1971

Program Director Information

Name: Bradley J. Touchet, MD
Title: Program Director, Family Medicine Residency
Address: 10510 Jefferson Avenue, Suite B, Newport News VA 23601
Phone: 757-594-3878
Email: Bradley.touchet@rivhs.com

Project Contact

Name: Same as Program Director (above)

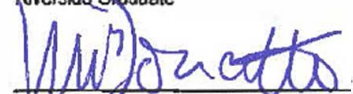
Attestation

We certify that the information provided in this application regarding the residency specialty, work locations, and evidence of need is correct. On behalf of the sponsoring institution and the primary clinical site (if different than the sponsoring institution), we agree to fully fund the new medical residency slot over the life of the residency if we are awarded this funding. We will immediately notify the Virginia Department of Medical Assistance Services (DMAS) of any substantive changes in the plans for this residency position or the Medicaid enrollment status of the primary clinical site. The sponsoring institution and the primary clinical site also commits to providing information requested by DMAS about the residency program.



Christopher A. Stille, MD
Designated Institutional Official
Riverside Graduate Medical Education


Date


Michael J. Doucette, Sr VP/Administrative
Riverside Peninsula Medical Center


Date

Project Abstract

Specialty. Riverside Family Medicine Residency (FMR) is pleased to apply for an additional Graduate Medical Education (GME) Residency slot. The specialty of the Residency slot requested is primary care.

Brief summary of the program. Riverside's FMR program continues to be committed to producing the finest and best-trained family medicine physicians in the nation with noteworthy accomplishments in retention, choosing to work in underserved areas and serving Medicaid members:

- 546 graduates
- **53% currently practicing in Virginia**; 28% on the Peninsula
- Riverside graduates account for nearly 7% of Virginia's Family Practitioners
- And caring for 7% of Virginia's population
- **10% of our total graduates serve in Virginia's Medically-underserved Areas**
- Among our graduates who stayed in VA, **18% chose to practice in medically underserved areas**

Riverside FMR provides medical care to a broad spectrum of patients from the Newport News community. We strongly believe the best way for family practice residents to learn the "full scope of family practice" is when they serve a patient population that represents the community at large. Training in a community clinic increases the likelihood of practicing in that setting and providing care for underserved members of the community.

Specific, measurable objectives and/or goals. Success in meeting the residency's goal to "educate, support and care for the professional needs of those appointed to the program" is determined by measuring ACGME/AOA core competencies. Reviews/reports occur quarterly between resident and their Advisor and semi-annually with the Program Director on patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice and osteopathic philosophy/osteopathic manipulative medicine—all of which are intended for the resident to complete the program within the 3-year timeframe.

Collaboration and partnerships. The inpatient portion of the program occurs at Riverside Regional Medical Center, a 450-bed teaching hospital. In addition, residents are the primary physicians at The Gardens at Warwick Forest, which is a 215-bed teaching nursing home. Residents are provided state-of-the-art geriatric care with the unique experience of becoming part of an active medical staff while still residents. The residency program offers a strong inpatient experience combined with a Level III Patient Centered Medical Home certified outpatient practice site.

Expected results or outcomes. Riverside FMR serves 10,000 patients of which 53% are Medicaid beneficiaries that reside in Newport News, a Health Professions Shortage Area. An additional GME slot enables the residency to further reduce the health care disparity in Newport News and enhance population-based initiatives for its Medicaid patients, particularly in adult access, well-child (Age 3-6), well-child (Age 12-21), and cervical cancer screenings. Riverside Family Medicine is a top-performer in its quality measures and will continue to provide high quality care to those most in need. As Virginia completes its transition to Medicaid managed care, the Residency's Medicaid population is planned to increase by 30%. This greater demand will drive the need for more access to primary care and the need to expand the number of primary care physicians who are trained to treat the unique needs of this population.

Project Information

Project Information	
Residency Specialty	Family Medicine
Sponsoring Institution Name	Riverside Regional Medical Center
Sponsoring Institution Address	500 J. Clyde Morris Boulevard
Sponsoring Institution City	Newport News
Sponsoring Institution State	Virginia
Sponsoring Institution Zip Code	23601
Residency Director Name	Bradley J. Touchet, M.D.
Affiliated Medical School	Virginia Commonwealth University
Telephone Number	757-594-3878
Email Address	Bradley.Touchet@rivhs.com
Primary Clinical Participating Site Name	Riverside Family Medicine Center
Primary Clinical Site Legal Name	Riverside Family Medicine Center
National Provider Identifier (NPI)	
Primary Clinical Site Street Address (physical location)	10510 Jefferson Avenue, Suite A
Primary Clinical Site City	Newport News
Primary Clinical Site State	Virginia
Primary Clinical Site Zip Code	23601
Is the Primary Clinical Site located in a medically underserved area or does the institution's service area contain one or more underserved areas(s) or medically underserved populations?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Explain briefly: Newport News, per HRSA Data Warehouse
Percent of Time Resident Will Spend at Primary Clinical Site	50 % over 3 year period
Medicaid percent of total days and visits for primary clinical site	N/A % days ; 38 % visits
<i>If the resident will be working in other locations besides the primary clinical site, provide information on these location(s):</i>	
Affiliated Site Name (1)	Riverside Regional Medical Center
Affiliated Site Legal Name (1)	Riverside Hospital, Inc.
National Provider Identifier (NPI) (1)	
Affiliated Site Street Address (physical location) (1)	500 J. Clyde Morris Boulevard
Affiliated Site City (1)	Newport News
Affiliated Site State (1)	VA
Affiliated Site Zip Code (1)	23601
Is the Affiliated Site located in a medically underserved area or does the institution's service area contain one or more underserved areas(s) or medically underserved populations?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Explain briefly: Newport News, per HRSA Data Warehouse
<i>If the resident will be working in other locations besides the primary clinical site, provide information on these location(s):</i>	
Affiliated Site Name (2)	Children's Hospital of the Kings Daughters
Affiliated Site Legal Name (2)	Children's Hospital of the Kings Daughters
National Provider Identifier (NPI) (2)	
Affiliated Site Street Address (physical location) (2)	601 Children's Lane
Affiliated Site City (2)	Norfolk
Affiliated Site State (2)	Virginia
Affiliated Site Zip Code (2)	23507
Is the Affiliated Site located in a medically underserved area or does the institution's service area contain one or more underserved areas(s) or medically underserved populations?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Explain briefly: Newport News, per HRSA Data Warehouse
Percent of Time Resident Will Spend at Affiliated Site	3 % over 3 year period
Medicaid percent of total days and visits for affiliated treatment site	N/A % days ; N/A % visits

Project Information	
Affiliated Site Name (3)	The Gardens at Warwick Forest
Affiliated Site Legal Name (3)	The Gardens at Warwick Forest
National Provider Identifier (NPI) (3)	
Affiliated Site Street Address (physical location) (3)	1004 Old Denbigh Boulevard
Affiliated Site City (3)	Newport News
Affiliated Site State (3)	Virginia
Affiliated Site Zip Code (3)	23602
Is the Affiliated Site located in a medically underserved area or does the institution's service area contain one or more underserved areas(s) or medically underserved populations?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Explain briefly: Newport News, per HRSA Data Warehouse
Percent of Time Resident Will Spend at Affiliated Site	7 % over 3 year period
Medicaid percent of total days and visits for affiliated treatment site	N/A % days ; N/A % visits

Project Narrative

Needs Assessment. The Riverside FMR program received two DMAS-funded slots so currently has 40 residents, 12-14 per PGY, which will matriculate to 42 in 2019. The need for the proposed new residency slot is based on a number of factors—infrastructure and faculty capacity already exists to sustain an additional resident, appointment demand has been challenged to meet/exceed standards (7 days) per appointment lag statistics, and Medicaid reform/expansion in Virginia will drive increased population health demand for Riverside FMR.

Infrastructure and Capacity. Riverside FMR meets the 4:1 resident-to-faculty ratio with excellent faculty availability and is able to accommodate an additional resident. The practice site's space totals 10,560 square feet and there are 22 exam rooms which can accommodate a maximum of 12 residents at any time. Through extensive rotation scheduling, an additional resident would have adequate practice exam rooms assigned when in clinic. In addition to faculty, the practice has 30 clinical and administrative support team members supporting it. Riverside upgraded its electronic health record system to Epic in March 2017 which greatly improved patient care and stimulates considerable scholarly activity as well. The 3-Year Curriculum offers electives starting in PGY3. Community Medicine occurs in PGY3, with Rural Medicine already established as an elective for those pursuing work in underserved areas.

Access. The Riverside FMR practice serves a panel of 10,000 patients who have an average utilization rate of 2.8 visits/year. With roughly 8,000 calls to the practice each month, the practice sees over 24,000 patient visits per year among 40 residents and 9 faculty. Demand for services is increasing which makes it challenging for our patients to get an appointment. 53% of our area's Medicaid patients use the Emergency Room (ER) for avoidable ER visit reasons rather than seeing their Primary Care Provider. An additional resident will advance our efforts to increase appointment availability, educate and promote use of the Riverside FMR practice for primary care issues.

As an aside, efforts are underway to remedy a primary issue for Riverside's FMR patients that focuses on the national obesity epidemic in America. Since Riverside's training program provides care for some of the highest risk populations in our community, a new program with a focus on healthy weight-loss and fitness improvement was established in 2016 by the Riverside FMR to help patients enjoy the benefits of a healthy body weight.

Demand for this program has increased with patients recognizing they have a weight problem but do not know how to achieve successful and sustained weight reduction. Many need to make significant changes in their lifestyle to address a serious medical problem or to reduce future risk. This evidence-based program guides patients through personalized resources and tools designed to increase the health and well-being of the 75% of Brentwood patients classified as either overweight, obese, morbidly obese or super morbidly obese. Training residents in this first-ever, primary care-based weight-loss program contributes to their future practice, particularly those planning to serve patients in underserved or rural areas.

A. **Increased Population Health Needs of Medicaid Population.** Riverside FMR practices in a largely urban practice and has socioeconomically disadvantaged patients, many that are very ill. The top ten visit reasons, by ICD-10, are:

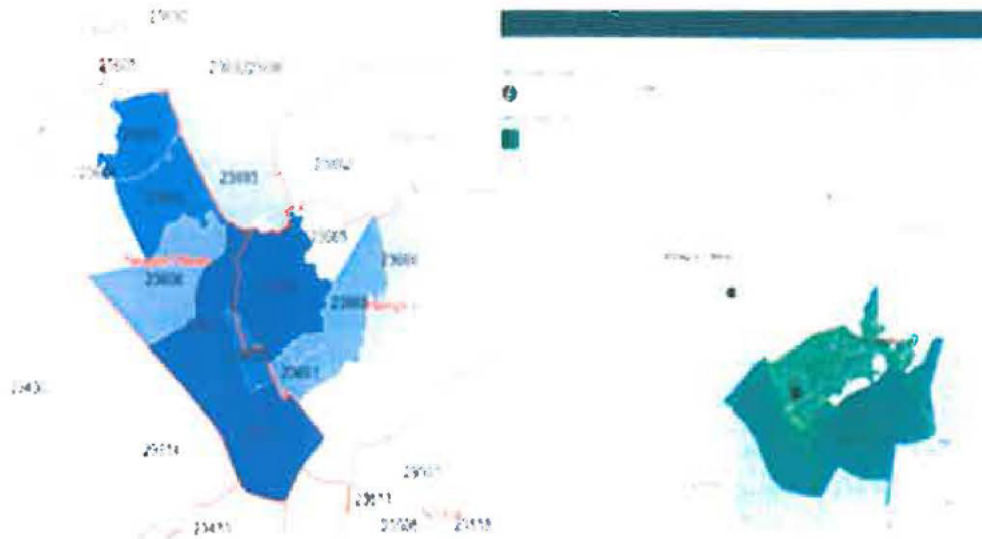
401.9 hypertension
250.00 diabetes
278.00 obesity
272.4 hyperlipidemia
V74.5 screening for STD's
V72.31 well women exam
V20.2 well child check
724.2 back pain
V58.61 long term use of anticoagulants
V25.09 contraceptive counseling

At the Riverside FMR practice site, health disparities and unmet needs of Medicaid patients and the uninsured include language barriers (primarily Spanish, Nepali and Arabic) since poor English language skills can make it difficult for people to understand basic information about health conditions or when they should visit their doctor; transportation issues which reduce the likelihood of a patient successfully making and keeping their healthcare appointment; irregular sources of care of those less likely to be able to visit the same doctor on a regular basis and tend to rely more on emergency rooms and food insecurity where patients are identified as having difficulty securing a reliable food supply. Without a regular healthcare source, people have more difficulty obtaining their prescriptions and attending necessary appointments.

Adding this GME slot will positively impact overcoming health disparities. With additional access, Riverside FMR offers interpreters (live and electronically), free taxi service for those residing in the Health Professions Shortage Area zip codes, is ideally positioned to initiate a population health initiative to reduce avoidable ER visits through education and increase access to primary care and offers a 6-month food box supply for diabetics having food insecurity, yet ready to change their lifestyle.

Density Map of Riverside FMR Patients

HPSA Map Coinciding with Riverside FMR Locale



As quantitative evidence, our Medicaid community's needs are being met, the following chart shows 2018 results of Riverside's FMR practice population health efforts in exceeding quality standards for adult access, well child (age 3-6), well child (age 12-21) and cervical cancer screening. Riverside FMR partners with Anthem and holds Clinic Days to target patients needing their particular care gaps addressed. It's been a win-win-win partnership for the Residency, Medicaid and, most of all, its patients.

Composite Detail: Peer Comparison
 Group: Riverside Hospital, Inc.
 Program: VA PQIP MCO
 Line of Business: Medicaid
 Measurement Interval: Q1
 Measurement Period: 01/01/2018 - 12/31/2018
 Panel: VA01015PCP1
 Reporting Period: Claims Injured through 03/31/2018, Paid through 05/31/2018

Measure	Measurement Level	Level 0	Level 1	Level 2	Level 3	Level 4	Gap
Well-Child Visits Ages 12-21 Years Old	Group	0.00%	59.28%	67.66%	67.00%	67.28%	24.00% 554 Services
Well-Child Visits Ages 3-6 Years Old	Group	0.00%	66.40%	73.98%	81.06%	84.00%	24.00% 617 Services
Adult Access to Preventive/Ambulatory Health Services	Group	0.00%	80.00%	85.07%	89.45%	90.24%	24.00% 642 Services
Cervical Cancer Screening	Group	0.00%	42.94%	49.10%	58.90%	59.78%	24.00% 257 Services

The Budget Plan.

	Riverside Family Medicine (2014)	Financials Per FMR Resident (36 Residents)	Incremental Cost Impact to add Resident—PGY1	Incremental Cost Impact to add Resident—PGY2	Incremental Costs Impact to add Resident—PGY3
Net Revenue/MPR					
Direct Med Ed					
Intern/Res Grant					
Misc Income					
Total Collections					
Expenses					
Salary					
Benefits					
Fees					
Malpractice Ins					
Medical Supplies					
Drugs					
Other Supplies					
Services					
Intercompany Svcs					
Utilities					
Depreciation					
Lease					
Bad Debt					
Total Expenses					
Contribution Margin					
IME					
Corp Overhead					
Net Gain					

Feasibility Assessment.

The following table reflects the Riverside FMR program:

Current and Projected Resident Capacity – by postgraduate (PGY) as of July 1			
	2018	2019	2020 (future)
Number of actual accreditor-approved residency positions	40	42	42
Expected number of accreditor-approved residency positions	40	42	40
Number of filled residency positions	40	42	40
Total number of residents trained per year at the primary clinical site by specialty	14 PGY1	14 PGY1	14 PGY1
	14 PGY2	14 PGY2	14 PGY2
	12 PGY3	14 PGY3	14 PGY3

Work Plan.

The resident's work plan will follow the Riverside FMR established 3-Year curriculum that, in PGY 3 offers work in elective areas of interest—5 months for allopathic and 3.5 month for osteopathic per curriculum schedule. The curriculum provides a road map with available options to develop a specific plan for a resident seeking education in a rural or underserved area of Virginia and which culminates in the outcome data listed in the table below. Since the program has a strong emphasis on "individualizing" the resident's educational activities and learning experience, the resident is offered electives in areas that pertain to work in an underserved or rural area. There is a required family medicine private physician's rotation where the resident can choose a Rural Health office in lieu of an office in Newport News, and the program also offers elective work in Rural Medicine.

The program curriculum follows the guidelines set by the American Academy of Family Physicians, the American College of Osteopathic Family Physicians, the American Board of Family Medicine, the ACGME and the AOA. A high faculty to resident ratio with excellent faculty availability creates a close family atmosphere which has been the unique and remarkable trademark of Riverside FMR Residency Program.

**3-Year Curriculum
2018-2019**

PGY-1

Internal Medicine	2 months	ICU (week of care)	1 month
Pediatrics*	2 months	ICU (week of care)	1 month
(1 month to each of 1 month rotations)		ICU (week of care) (2 weeks)	
Obstetrics**	2 months	FMO	1 month
General Surgery	1 month	(week of care) (week of care)	
EFMO (week of care)	1 month	MFMO	1 month
EM (week of care) (week of care)	1 month	(Management of Family Medicine Office)	

PGY-2

Cardiology	1 month	Sports Medicine	1 month
APMO (week of care)	1 month	MFMO	1 month
Pediatric Hospitalist***	2 months	(Management of Family Medicine Office)	
Internal Medicine	2 months	EFMO (week of care) (week of care)	
GYN	1 month	(week of care)	1 month
EFMO (week of care)	2 months		

PGY-3

EFMO (week of care)	1 month	General & Community Medicine***	2 months
EFMO (week of care) (week of care)	1 month	MFMO	1 month
Orthopedic	1 month	(Management of Family Medicine Office)	
Dermatology	2 weeks	Surgical Sub-Specialties	6 weeks
Elective	3 months	(2 weeks each: Cardiology, ENT, Ophthalmology)	

* - No rotation in OBGYN month ** - No in 2nd month *** - No in only ONE month
 Rotation in **EM** and **ICU** (week of care)

ELECTIVES (others can be arranged if approved by faculty)

Allergy	Nephrology	Pediatrics
Board Review	Neurology	Plastics
Cardiology	Neurosurgery	Podiatry (2 weeks)
Critical Care	Obstetrics	Private Fax Office
Emergency Room	Office Teaching	Pulmonary
Endocrinology	Oncology	Rheumatology
Gastroenterology	Orthopedics	Rare Medicine (Dots)
Geriatric	Oral and Maxillofacial Care (2 weeks)	Sports Medicine
Infectious Disease	Otolaryngology	Urology
International Medicine	Podiatry	Women's Health

Updated: 3/31/2018 10:30:34 AM

Each resident is teamed with a faculty advisor, and the resident and advisor meet at least quarterly. It is the specific responsibility of this faculty advisor to monitor and facilitate the resident's progress through the program. During quarterly meetings, decisions regarding advancement are discussed and a specific educational prescription is agreed upon that includes objectives and goals for both the resident and faculty to further the resident's educational experience.

Estimate (at Primary Care Site)			
Parameter	Year 1	Year 2	Year 3
Average number of hours per week resident will treat patients	4-8 hrs	8-12 hrs	12-16 hrs
Average number of patients treated by resident per year	150-200	350-400	600-700
Average number of patient visits per year	150	500	1,000

Estimate (at Primary Care Site)			
Parameter	Year 1	Year 2	Year 3
The percentage of Medicaid patient visits by resident per year	37%	37%	37%
The percentage of time resident will spend at the primary clinical site per year	20%	41%	63%

PROJECT TIMELINE

Jul 1, 2019 DMAS awards new GME supplemental payments and residents begin. Payments to hospitals will be made quarterly.

Q3/2019 ERAS Opens and managed by FMR Program Manager

Orientation Committee meets for "post" orientation assessment/improvement

Medical Education Senior Program Manager distributes new house posters

Annual Riverside FMR Retreat for residents and faculty

Practice health coaches/residents target Q3 Medicaid care gaps due and avoidable ER visits

Riverside FMR practice receives feedback/reconciliation of Q1 performance on quality indicators

****** Q3/2019 Measureable goals:**

1. Resident on track based upon Q3 Evals to graduate in three years.
2. Practice meets Q1 quality indicator metrics for Medicaid population.

Q4/2019 Q1 evaluation conducted by faculty

Faculty/residents start Interview season for next Academic Year (AY)

Riverside FMR Program Manager schedules mid-year/Q2 evaluation

Program Director/faculty conduct mid-year Clinical Competencies Committee

Practice health coaches/residents target Q4 Medicaid care gaps due and avoidable ER visits

RIVERSIDE FMR practice receives feedback/reconciliation of Q2 performance on quality indicators

****** Q4/2019 Measureable goals:**

3. Resident on track based upon Q4 Evals to graduate in three years.
4. Practice meets Q1 quality indicator metrics for Medicaid population.

Q1/2020 Program Director updates common program requirements

New resident salaries (next AY) confirmed at Graduate Medical Education Committee

Q2 evaluation conducted by faculty

Faculty convene for DO match selection/results

Program Directors initiate National Resident Matching Program match selection

FMR Program Manager receives FM in-service test scores

Senior GME Program Manager completes IRIS report

Q3 evaluations conducted by faculty

Practice health coaches/residents target Q1 Medicaid care gaps due and avoidable ER visits

Riverside FMR practice receives feedback/reconciliation of Q3/2019 performance on quality indicators

****** Q1/2020 Measureable goals:**

5. Resident on track based upon Q1 Evals to graduate in three years.
6. Practice meets Q1 quality indicator metrics for Medicaid population.

Q2/2020 Q4 evaluation conducted by faculty

2020-2021 Rotations and House staff Manual updates made by Riverside FMR PDs, PM, Chiefs, Admin Dir

Practice health coaches/residents target Q2 Medicaid care gaps due and avoidable ER visits

Riverside FMR practice receives feedback/reconciliation of Q4/2019 performance on quality indicators

Annual program review by Program Director

FMR Program Manager ensures resident contracts signed, NPIs and licenses obtained, DMAS/PECOCS #s

New AY Begins

****** Q2/2020 Measureable goals:**

7. Resident on track based upon Q2 Evals to graduate in three years.
8. Practice meets Q2 quality indicator metrics for Medicaid population.

Pending further instructions from DMAS, Riverside FMR will recruit candidates and seek their interest to participate by inquiring/assessing/rating their likelihood to:

- 1) complete the Riverside FMR program within the 3-year timeframe;
- 2) be an underrepresented minority, from a rural area, or disadvantaged background;
- 3) practice in Virginia one year after program completion;
- 4) practice in an underserved or rural area in Virginia one year after program completion;
- 5) serve Medicaid members after program completion.

Riverside FMR anticipates participating in Medicaid delivery system reform, including partnerships with organizations supporting the interests of population health for underserved areas. Riverside FMR's performance in population health already is advantageous to show that Riverside FMR is

well-positioned as a patient centered medical home and already engaged in ensuring care gaps are addressed, avoidable ER visits are reduced and readmissions avoided for its Medicaid population.

Data Collection.

A. The goals of the program.

1. Resident completes Riverside FMR program within the 3-year timeframe;
2. Resident is an underrepresented minority, from a rural area, or disadvantaged background;
3. Resident practices in Virginia one year after program completion;
4. Resident practices in an underserved or rural area in Virginia one year after program completion;
5. Resident serves Medicaid members after program completion.

B. Data to be collected to measure the success of the program?

1. Quarterly, document resident's developmental progress to graduate in three years.
2. Quarterly, document Riverside FMR Medicaid quality performance
3. Quarterly, document Riverside FMR Medicaid avoidable ER visit volume
4. Quarterly, document Riverside FMR Medicaid readmission rates
5. Post-FMR Graduate Year 1, document whether resident completed program in 3 years
6. Post-FMR Graduate Year 1, document whether resident was an underrepresented minority, from a rural area, or disadvantaged background
7. Post-FMR Graduate Year 1, document whether resident is practicing in Virginia
8. Post-FMR Graduate Year 1, document whether resident is practicing in an underserved or rural area in Virginia

C. How the success of the training program will be evaluated.

Success of the training program will be evaluated based on results of the data collected quarterly and post-FMR Graduate Year

1. As far as results, success will mean a graduate that meets all developmental progress checks, remains in Virginia to practice in an underserved or rural area, post-graduation, and while in the Riverside FMR program, maximizes all four provider quality incentive program metrics for Medicaid and remains one of their top-performing practice sites in Virginia.

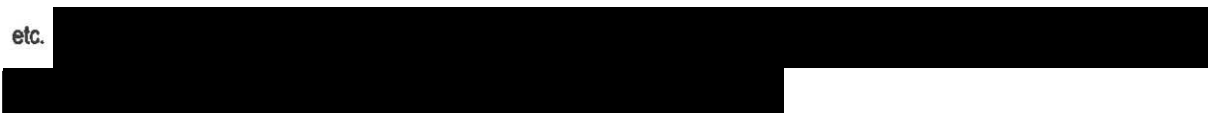
Sustainability Plan.

1. Projected annual funding of \$100,000 appears relatively sufficient for this GME slot when direct and indirect expenses are considered below in the Budget Plan.
2. Should replacement/sustainment funds be needed above and beyond the Medicaid supplemental payment, Riverside Health System will provide necessary funds to ensure support of its residents for the remainder of the program.
3. Since 1968, Riverside has had a long-standing institutional commitment as a teaching hospital that invests in the medical education of our future family practice physicians. Riverside has shown through the years that it is able to support ongoing program costs.
4. No changes are expected in the role of the partners.

Budget Narrative and Plan.

The Budget Narrative.

Riverside's Family Medicine financial statements combine two cost centers that contain both medical education and operational components. The 2014 cost report is the latest version available and provides a breakdown of how Riverside reports revenue and expenses for Riverside FMR. An excerpt of the 2014 cost report is below in the Budget Plan to provide the magnitude of the current Riverside FMR program financials. Details of the components include the following:

1. Revenue includes monies received through Riverside FMR practice operations, direct medical education (DME), intern/resident grants, and miscellaneous income such as Shared Savings received. Revenue is added together to report total collections.
2. Expenses include salaries of faculty, residents, clinical and administrative staff supporting the Riverside FMR center and residency, benefits, fees, malpractice insurance, drugs, other supplies, services, intercompany services, utilities, depreciation, lease costs and bad debt. Expenses are totaled for total expenses. Incremental direct expenses (*) for residents include: salaries, benefits; courses in ALSO, PALS, ACLS, NRP; lab coats, temporary/renewed/permanent medical license fees, mileage to affiliated practice sites, in-training exams (COMLEX Level 3 or USMLE Step3); AOBFP (DO) boards and/or ABFM certification exam; ABFM, AAFP, AOA (DO) dues, Practice Office Management Conference travel, CME Fund. Indirect costs are less easy to estimate with some "to be determined (TBD)" but typically include faculty/staff salaries, utilities, depreciation, services, intercompany services, bad debt, drugs, etc. 
3. Contribution Margin is calculated subtracting expenses from revenue.
4. Indirect Medical Education (IME) is added to contribution margin.
5. Corporate Overhead is subtracted to determine the Net Gain of the program.

Accreditation Council for
Graduate Medical
Education

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Suite 2000
Chicago, IL 60611

Phone 312.755.5000
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www.acgme.org

2/9/2018



Bradley J Touchet, MD
Program Director
VCU - Riverside Family Medicine Residency
Riverside Brentwood Medical Center
10510 Jefferson Avenue, Suite B
Newport News, VA 23601

Dear Dr. Touchet,

The Review Committee for Family Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Family medicine

VCU/Riverside Regional Medical Center Program
Riverside Regional Medical Center
Newport News, VA

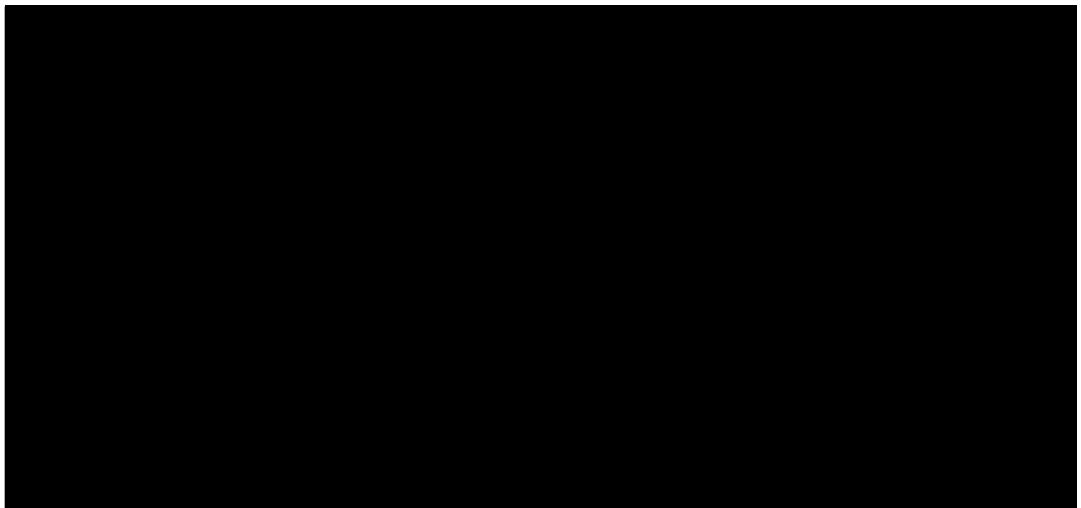
Program 1205131323

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents: 42
Effective Date: 01/31/2018

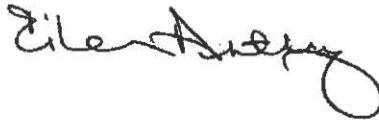
The Review Committee determined that the program is in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements and did not issue any new citations.

AREAS FOR IMPROVEMENT / CONCERNING TRENDS



The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System (ADS).

Sincerely,



Eileen Anthony, MJ
Executive Director
Review Committee for Family Medicine
312.755.5047
eanthony@acgme.org

CC: Christopher Stolle, MD

Participating Site(s):
Children's Hospital of the King's Daughters
Gardens at Warwick Forest
Riverside Regional Medical Center