#### Bridging the Physician Gap: Remote Physician Utilization in the FQHC Setting

Rachael Cox, FNP-C, Interim Chief Medical Officer

Johnson Health Center

VCHA Leadership Capstone Presentation

#### Background & Problem

Persistent Physician Shortages in FQHCs Growing
Patient
Demand and
Provider
Burnout

High Recruitment, Relocation, and Retention Costs Limited
Access to
Real-Time
Physician
Oversight and
Supervision

## Purpose & Objectives

Purpose	Implement a Remote Physician Model to:
1	Provide Real-Time Consult Access for Clinical Teams
2	Ensure Compliance with APP Supervision and Chart Reviews
3	Reduce Organizational Costs and Administrative Burden
4	Maintain Continuity of Physician Support Across Departments

## Model Design & Implementation



Contracted Hourly Remote Physician for Virtual Supervision



Physician Available Via Video/Audio During Business Hours



Monthly CMO/Director Meetings for Performance Review



Monthly Organization-Wide Educational Presentations

#### Pilot Structure



Duration: 12 Months



Remote Physician Previously Served as Locum at JHC



Quarterly On-Site Visits for Engagement and Continuity



Scope: Adult and Pediatric Oversight, Supervision, and Chart review

### Outcomes & Findings

Improved
Compliance with
Chart Review
Timelines

More Consistent APP
Supervision and
Support

Staff Report Better Physician Accessibility Enhanced
Interdisciplinary
Collaboration and
Education

### Financial Impact

Annual Cost Comparison

Avoided Costs: Sign-On Bonuses, Relocation, Recruiter Fees

Hourly Pay Model Provides Flexibility and Predictable Expenditure

Preliminary
Estimated Savings
of 1 Million Dollars

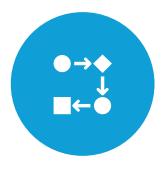
### Staff Feedback & Engagement



Positive feedback on model accessibility and responsiveness



"Immediate Access to Physician Input Improves Confidence in My Care."



"Consults Can Occur Quicker and Without Disrupting Patient Flow."



Improved Team
Satisfaction and
Supervision Quality

### Future Directions

Expand Remote Physician Coverage Explore Hybrid and Revenue Generating Models

Potential Inclusion of Behavioral Health and GYN Consults

Continue Tracking
Outcomes, Satisfaction,
and Cost Efficiency

# Lessons Learned & Conclusion

Innovative Staffing Models Can Preserve Oversight and Quality

Periodic On-Site Engagement Strengthens Relationships and Trust

Sustainability Depends on Measurable Data and Continued Evaluation

Supports FQHC Mission: Access, Quality, and Affordability