Billings Clinic is committed to addressing the serious regional shortage of primary care physicians practicing in our region. We have invested $3.4 million in the development of the region's first and only Internal Medicine Residency Program, and the first physicians-in-residence cohort group will begin on July 1, 2014. This innovative 3-year program will graduate six or more new Internal Medicine physicians every year, with the first class of graduates in 2017. Each physician-in-residence is selected and prepared to offer the highest quality of care, patient satisfaction and value to meet our region's unique health care needs. We ask for your support in helping fund the $6.5 million necessary to ensure program sustainability.
The United States has a longstanding and serious shortage of primary care physicians, and our region of Montana, northern Wyoming and the western Dakotas ranks at the very bottom of the nation in access to primary care physicians. Of Montana’s 56 counties, 40 are federally designated “Health Professional Shortage Areas.” Nine (9) Montana counties have no physician at all, and 5 counties have a single, sole provider of medical care covering the entire county. In Wyoming, 17 counties are designated as Health Professional Shortage Areas and 200,000 residents lack access to medical care. In South Dakota, 23 counties have no primary care physician in residence. The rural residents of North Dakota suffer a similar disparity in ability to conveniently see a physician.
Our rural areas lack primary care physicians for a variety of reasons. First is an absence of medical schools and medical residency placements. Montana and Wyoming are two of only six states that do not have a medical school. Until 2014 the University of Washington Medical School allocated 20 seats for Montana residents and 16 for Wyoming residents in the “WWAMI Program.” This allows Montana and Wyoming students to compete for admission and attend at the in-state tuition rate at the University of Washington Medical School’s Seattle campus. This program provides 1 medical school seat per 46,000 residents in Montana and 1 per 36,000 residents in Wyoming. The national average is 1 medical school seat per 26,150 in population. In 2014 the WWAMI Program agreed to increase the Montana allocation to 30 seats, a significant increase but still leaves Montana near the bottom of the nation in access. Adequate numbers of promising students from our region simply don’t have an opportunity to pursue a medical education close to home.

In order to obtain a medical license in the United States, every medical school graduate must complete a medical residency. Just as there is a lack of undergraduate medical training, there is a substantial imbalance in graduate training opportunities for new physicians in our region. Montana ranks last in the nation in number of medical residency opportunities for new medical school graduates. (Montana has 1.63 residency opportunities for every 100,000 in population. The national average is just over 29 residency opportunities per 100,000 people. In contrast, New York has 77 per 100,000 in population.) Wyoming ranks 47th fewest residency opportunities out of 50 states, S. Dakota ranks 46th and North Dakota 43rd. Recognizing the high cost of residency training, some financial support for residency programs is provided by the Centers for Medicare and Medicaid (CMS). This CMS funding was frozen by Congress in 1997.

It is widely recognized that new physicians build strong relationships during their medical school and residency experiences and tend to practice in those locations after completion. In 1995, Billings Clinic, Riverstone Health (Yellowstone County City-County Health Department) and St. Vincent Healthcare collaboratively established the Montana Family Practice Residency Program, Montana’s first medical residency opportunity. The Montana Family Practice Residency Program graduated its first class of primary care physicians in 1998. Since that time, 87 new physicians have completed Residency and 62 have remained in our region, a 71% retention rate. Despite this success, the Montana Department of Labor reports 19 active vacancies for primary care physicians currently and estimates 10 additional physician vacancies will be added each year due to physician retirements and population growth. Thirteen Wyoming counties have shortages totaling over 33 primary care physicians. Forty-three (43) South Dakota counties have no Internal Medicine physician. In North Dakota, ten counties have no resident primary care physician. It is clear that current professional training programs for primary care physicians,

73 DAYS
Average wait for a new patient to see an internal medicine physician at Billings Clinic.

39,459
Number of persons treated at Billings Clinic (2013) with no primary care physician.

6,000
Number of Billings Clinic patients receiving charity care (financial assistance) in 2013.

$15.8 MILLION
Value of charity care (financial assistance provided to 6,000 patients, 2013).

$47 MILLION
Total Community Benefit provided by Billings Clinic (2013).
especially Internal Medicine physicians who specialize in care for adults, are not meeting the need in our region.

Intensifying the current shortage, the need for physicians in our region is growing as our population ages and the need for medical care increases. In the words of the Institute of Medicine, the United States is “woefully unprepared” for the challenges of providing health care to our aging population. Older adults (over age 65) make nearly twice as many physician office visits per year, averaging 7.1 as compared to adults ages 45-64 who visit a physician on average 3.7 times. By 2030 more than 1 in every 4 residents of our region will be over age 60, up dramatically from our current 16%. In Wyoming over 32% of the population is projected to be over 60 years old by 2030. In addition to more office visits, older adults typically require more imaging studies, take more medications and spend more minutes with the physician than do younger patients. Our physician workforce is aging along with the rest of our regional population. More than 23% of Montana’s physicians are currently over age 60. Similarly, in North Dakota, assuming a retirement age of 65 years old, 42% of all physicians currently practicing will have retired by 2020. Each state in our region has a Governor-level task force examining the physician shortage crisis, and lack of access to care remains a top priority on rural Community Health Needs Assessments across our region.

BUILDING A REGIONAL INTERNAL MEDICINE RESIDENCY PROGRAM

Recognizing a tremendous imbalance in medical residency opportunities across the nation and a need to produce more primary care physicians, in 2011 the federal government redistributed roughly 1,350 residency program training seats. These were not new seats, but were seats taken away from existing programs that were unable to fill them. Priority for acquisition of these medical residency opportunities was offered to states with the most serious physician shortage problems including Montana, Wyoming, North and South Dakota. Recognizing a very limited window of opportunity, Billings Clinic demonstrated great courage in immediately applying to create a new Internal Medicine residency program for the benefit of the entire region. Upon approval of our plan to establish an Internal Medicine Residency program, Billings Clinic commenced a rapid process of planning and program accreditation which resulted in full initial program accreditation in 2013 with approval to begin on July 1, 2014. This new 3-year program is designed to admit a minimum of six physicians-in-residence every year, building to a total of 18 participants (6 each continuously moving through Years 1, 2 and 3) when it reaches full strength in 2016. As a result of the rare opportunity for reallocation of residency seats, the University of Montana at Missoula also opened a new 3-year Family Medicine Residency Program designed to annually train 10 medical school graduates.
From the beginning, the Billings Clinic Internal Medicine Residency was designed to be different than other programs in the following ways:

**Designed to Equip New Physicians for the Realities of Rural Practice:**

Most Internal Medicine Residency programs are hospital-based or clinic-based, and few combine training in both unique systems. In our region, physicians must be fully prepared to provide continuity of care from outpatient care in our rural communities, to managing inpatient care in rural Critical Access Hospitals, to securing specialty care for rural patients through telemedicine, outreach clinics, specialty services in urban outpatient centers and inpatient admissions in urban hospitals with transition back to care in the rural home community. The Billings Clinic Internal Medicine Residency is designed to equip new physicians with the skills and experiences to provide care excellence in the real practice settings they will encounter in our region. At the primary site in Billings, Montana, physicians-in-residence will have outpatient clinic and inpatient (hospital) duties and instruction. From the first day, the patient panel assigned to the IM Residency physicians and teaching faculty will be comprised of high-utilizing, complex patients who will benefit most from the collaborative, multidisciplinary team approach to care.

**Focused on Innovative Care Models:**

The future of medical care is the multi-disciplinary team ‘Patient-Centered Medical Home’ (PCMH) model, where the right care is delivered by the right team members at the right time and location to help patients maintain optimal health throughout their lives. As an ‘Accountable Care Organization,’ Billings Clinic is dedicated to providing care excellence combined with efficient processes, resulting in value for our patients. Billings Clinic Internal Medicine Residency physicians will receive their advanced training in an integrated health care system with a fully-functioning PCMH model and a focus on providing the best value for every patient—particularly for those patients at highest risk for hospitalization and avoidable suffering. Every physician-in-residence will use telemedicine and e-health tools in patient care. Through the 3-year program, each will travel extensively to rural and frontier facilities in our region and work collaboratively with rural hospitals and care providers to create and strengthen a true system of care throughout the region.

**Securing the Best Faculty Mentors and Program Administrators:**

Board-certified Internal Medicine physicians serve as faculty for beginning physicians participating in Internal Medicine Residency programs. Despite our own current shortage, Billings Clinic has the largest pool of Internal Medicine physicians in the region. This strength, combined with our longstanding commitment to Internal Medicine, provides a great depth of faculty expertise and understanding of the region’s health care challenges, establishing a solid program foundation. Billings Clinic also brings 16 years of institutional experience in supervising
residents in the Montana Family Medicine Residency Program. The organization has supplemented experienced internal faculty with a veteran, nationally-respected residency program director, Dr. Roger Bush. Formerly the Director of the Internal Medicine Residency Program at Seattle’s Virginia Mason Medical Center, Dr. Bush is originally from rural Scobey, Montana, and was motivated to return to this region to address both the physician shortage and the opportunity develop a new program based on the most innovate new care models. Dr. Robert Ficalora, former Internal Medicine Program Director at Baystate Medical Center in Springfield, MA, and Senior Associate Program Director for the Mayo Clinic College of Medicine, has also joined the Billings Clinic Internal Medicine Residency Program as Associate Director. Dr. Ficalora brings specific expertise in curriculum development and assessment, essential in creating a new program.

Selecting the Right New Physicians for Residency:
Few graduating physicians choose primary care residencies; even fewer are interested in a rural posting after completion of the residency. The first class of six residency seats attracted 1,564 applicants. Faculty of the Billings Clinic Internal Medicine Residency program personally interviewed 102 candidates, looking specifically for future colleagues with the background, experiences and desire to provide primary care as a lifelong vocation and the interest in working in rural, under-resourced settings. Throughout their advanced training, physicians-in-residence will be collaborating with individuals, organizations and communities throughout this region, nurturing their initial desire to make a difference in low-access areas and creating relationships that will lead to fulfilling professional careers in Montana, Wyoming and the Dakotas.

AREAS OF PHILANTHROPIC NEED

Designing and launching an academic medical program ‘from scratch’ is an undertaking of monumental proportions. Billings Clinic is a robust and complex organization, and the only organization in our service area fiscally and managerially capable of beginning this long-overdue regional initiative. Failure to respond to this rare opportunity to make a lasting difference in the future of health care in our rural and frontier communities was impossible. Having great faith in both the worthiness of our mission and in our philanthropic partners, we seized the opportunity knowing that seeking partners to achieve full funding for program sustainability would be required even as the program started.

One of the most serious manifestations of the financial pressures facing not-for-profit health care organizations is the shortage of capital funds to establish vitally needed, transformative new programs. Significant philanthropic support is vital to achieving the challenging and complex goal of access to high-quality, evidence-based health care for every resident in our vast rural service area. We must increase the number of primary care physicians practicing in our region, and these new
physicians must be developed and supported here. We must begin today to create tomorrow’s solution to the health care crisis in our region.

Starting a medical residency program requires costly initial accreditation in addition to subsequent building modifications, student recruitment, additional highly skilled staff and a complete internal review of all systems and processes under which the new physicians will be trained. Because we serve a vast rural area and have a mission of placing these new Internists in rural locations, extensive collaboration with regional partners is essential as well. Below is a list of the support needed to fully develop an Internal Medicine physician ready to practice in our region, equipped to understand and meet the complex care needs of our aging population:

**Facilities Renovation and Simulation Laboratory:** $1,500,000

Accommodating 18 new physicians over the next three years requires modification of two outpatient Internal Medicine clinics to provide additional examination rooms, office space and patient/family consultation areas. This will allow the new resident physicians to work in the ambulatory care clinic alongside practicing Internists and residency faculty. Because the physicians-in-residence also participate in hospital-based training, program accreditation requires a small office cluster of rooms be constructed for the exclusive use of the physicians-in-residence during extended periods of hospital duty. In this area, residents performing lengthy hospital rotations can review patient information, complete documentation, collaborate with other physicians and debrief following extensive work on complex cases.

The Simulation Laboratory is an exciting and innovative addition to professional education that will be used by Internal Medicine Residency physicians as well as many other clinical staff. The Simulation Lab will contain the latest generation of human-like, computerized mannequins, featuring true-to-life motion, realistic sounds and functions such as breathing, pulse, sweating and even crying. The space will contain instructional areas as well as authentic clinic and hospital rooms, equipped with actual clinical furnishings and equipment. The Simulation Lab will allow students to perform actual procedures on their computerized patients and then observe the impact without compromising the

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**Areas of Philanthropic Need**

- Facilities Renovation and Simulation Laboratory: $1,500,000
- Creating an Academic Center: $1,900,000
- Student Recruitment: $400,000
- Advanced Rural Training Experiences: $600,000
- Organizational Transformation: $2,100,000

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The lab will provide a setting where clinicians practice and perfect the full range of skills needed in their respective health care roles in a realistic setting that mimics clinic and hospital settings.
health and safety of human patients. Various scenarios are programmed into the computerized mannequins, and the computers record and analyze student performance, providing immediate feedback on their mastery of the technique. The lab will provide a setting where clinicians practice and perfect the full range of skills needed in their respective health care roles in a realistic setting that mimics clinic and hospital settings. All procedures in the Simulation Lab are recorded and can be reviewed for additional learning. The Simulation Lab will be connected to the Eastern Montana Telemedicine Network for remote viewing as well. After the Simulation Lab is established and fully operational, hands-on instruction for patients and family members who will be providing personal support after discharge from the inpatient hospital setting will also be provided. This will be especially helpful for wound care and other post-treatment care needs. (Architect renderings of the Simulation Laboratory are included on page 14 of this document.)

Creating an Academic Center: $1,900,000

Equipping excellent physicians with the skills needed to teach, mentor and evaluate new colleagues requires comprehensive, ongoing faculty development and support. The Internal Medicine Residency Program includes extensive classroom-based instruction provided by practicing physicians as well as clinical mentoring by practicing physicians in all facets of Internal Medicine practice. Personally practicing medicine is significantly different than helping the new physician master the practice of medicine, and physicians willing to accept the responsibility to serve as program faculty benefit greatly from the professional development of their teaching skills. Twelve core Internal Medicine Residency faculty have been meeting weekly for the past year as a team for the refinement of teaching skills, curriculum development, program planning and evaluation. One hundred other physicians and specialists who will supervise residency rotations will all participate in a minimum of twelve hours of professional development in the skills necessary to be excellent educators. These mandatory training sessions will be led by subject matter expert physicians who are also experienced medical residency educators. Physician faculty will receive development in how to assess student mastery of medical procedures and techniques, how to develop teaching teams to support residency physicians, interprofessional communications skills and documentation of student learning. A rich array of development opportunities will continue to be provided to supervising physicians on an ongoing basis to assure teaching faculty are fully supported and equipped to work collaboratively as they mentor physicians-in-residence. These development opportunities will be open for participation by physicians across the region to improve communication and collaboration between the large population center and rural communities, further supporting high quality rural rotation experiences for the physicians-in-residence and improving seamless patient care.
Organizational Transformation: $2,100,000

Designing and incorporating the Internal Medicine Residency training program into the existing Billings Clinic culture has created an opportunity for a rapid organizational transformation. The very act of preparing to teach and supervise medical graduate learners is hastening the normal process of internal change, sharpening our focus and accelerating the adoption of systems designed to improve patient care. This comes at a time of unprecedented change in the entire field of health care, and requires skilled internal change leaders working collaboratively with personnel from all divisions and levels within the organization to refine and coordinate processes. This includes:

Redesigning the Primary Care Workforce Environment: Every health care organization in the country is redesigning its focus from hospital-based ‘sick care’ to a focus on outpatient-based population health. Americans are living longer, and 2 in 3 persons over the age of 65 must manage multiple chronic conditions. In the past, patients saw a physician when sick, and physicians were compensated for providing the office and hospital-based services needed to restore health. If other services were needed, such as educational consultation to help manage specific disease, the patient was required to schedule other appointment with different providers. This fragmented, costly and inconvenient model is being rapidly replaced by a new focus on keeping patients healthy and out of the hospital. This new orientation is especially important for our rural patients experiencing treatment at the city center far from home. It values our patient’s time, keeps them out of the hospital and active in the community, and improves quality of life. This transformation, from a focus on ‘sick care’ to a priority of keeping the patient well, requires a comprehensive analysis and realignment of all procedures, relationships and competencies within the organization, carefully led by experienced health care experts who have proficiency in facilitating change in complex organizations. This transformation process has been accelerated at Billings Clinic in order to introduce our new residency physicians into a learning/working environment that has already implemented many innovative care reforms.

Our new Internal Medicine Residency physicians and their faculty mentors will be focused on the patients that need them most – individuals with complex cases who will benefit from intensive management of their care. ‘Patient panels’ are being adjusted to transition patients into the care team that can best meet their unique need for management of specific chronic conditions. In addition, care delivery to the frontier region via telehealth technologies is being expanded so that rural physicians and their patients can be better supported by specialists at Billings Clinic. This will enable co-management of rural patients with
multiple chronic conditions and interprofessional consultation on complex cases. Through the Mayo Care Network, Billings Clinic physicians, including those in the Internal Medicine Residency program, also have easy access to Mayo Clinic specialists and subspecialists for additional consultative support. All of these measures are designed to support the regional patient in optimum health throughout their life span.

**Patient-Centered Medical Home:** Billings Clinic will be training new Internal Medicine physicians in a new workforce environment, the Patient Centered Medical Home (PCMH). The goal of the Patient Centered Medical Home (PCMH) is to bring a multidisciplinary team of professionals together to coordinate care, helping the patient maintain optimal health. In the PCMH model, patients will visit their care team to manage chronic conditions and stay healthy, not just when they are ill. This new care model will improve patient access, quality of care and efficiency, and help support the primary care physician. Transitioning from the traditional model of care to the new approach requires a complete redesign of processes, workflow, additional training for team members and additional employees in new roles such as ‘health coach.’ Billings Clinic is accelerating the transition to the PCMH model so that new Internal Medicine Residency physicians can begin their practice in this primary care workforce environment.

**Advanced Rural Training Experiences: $600,000**

The best way for new physicians to fall in love with community life in rural Montana is to place and support them in rural sites during their residency experience. Fortunately, Billings Clinic has affiliate relationships with 11 Critical Access Hospitals in the region as well as strong working relationships with Indian Health Service, rural health centers and physicians in private practice across the region. Throughout the 3-year residency program, new physicians have increasing flexibility to explore the region’s most pressing health care needs and discover their passion for primary care. During Year 1, the physician-in-residence will benefit from a high level of guidance from their faculty mentors and attending physicians at Billings Clinic as the fundamentals of safe, high quality patient care are emphasized.

Beginning in Year 2, the physician-in-residence moves to a stage of more independence in the management of patients with complex medical problems and is able to choose specific learning experiences, including rural rotations. Internal Medicine Residency administrators are working with diverse rural settings across the region to identify and prepare sites for the opportunity to mentor Year 2 and Year 3 residency physicians. The locations being explored for placements include Williston and Dickinson, North Dakota; Cody and Sheridan, Wyoming; and Missoula, Livingston, Big Timber, Columbus, Red Lodge, Miles City, Crow Agency, Sidney, Wolf Point Glasgow and Plentywood in Montana. The residency physicians will live in the rural community sites while experiencing the rural rotation and will require housing.

When the program is fully operational, 12 physicians-in-residence will be participating in rural rotations throughout the region, and this will have a uniquely positive effect on the quality and continuity of care in rural communities across Montana, northern Wyoming and the western Dakotas.
support and travel reimbursement for these rural experiences. The collaborating rural facility or rural primary care practice will benefit from a stipend for supervision as well as financial support to acquire small equipment the Internal Medicine resident may need to provide patient care during the rotations.

In Year 3 of the program, physicians-in-residence will have a high level of autonomy to develop leadership skills as they prepare for the end of the residency and their first practice position. The Billings-based emphasis on the continuity of care between urban and rural sites, coupled with on-site rural experiences and the practice orientation toward maximizing patient wellness, will have a profound impact on the selection of a practice site. When the program is fully operational, 12 physicians-in-residence will be participating in rural rotations throughout the region, and this will have a uniquely positive effect on the quality and continuity of care in rural communities across Montana, northern Wyoming and the western Dakotas. It is our goal that adults with chronic conditions even in the most remote areas of our vast region have better access to high-quality primary and specialty care supported by a coordinated team and delivered closer to home.

**Student Recruitment: $400,000**

The selection of the right student for the Billings Clinic Internal Medicine Residency opportunity is critical if we are to fulfill the vision to retain program graduates for a career in this region. It is our goal to mentor new physicians that will enjoy long careers in Internal Medicine, and practice in our region. Meeting this goal requires a wide range of activities, including:

- Program administration and faculty travel to medical schools to speak directly with students;
- Program administration and faculty travel to professional gatherings to inform national colleagues about the program;
- Hosting an attractive and informative web presence, including a website and active links to social media;
- Providing stipends for medical students to travel to Montana for a personal interview during the selection process.

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“Everything is new and fresh. As residents, we can help shape this program.”

**Sindy Byington**

1st Year Internal Medicine Resident
A History of Service
From our Billings Deaconess Hospital roots, Billings Clinic is a not-for-profit organization serving Montana, northern Wyoming and the western Dakotas for more than one hundred years. The Clinic operates a 285-licensed bed acute care hospital located in Billings, Montana; a multi-specialty physician group practice based in Billings with branch clinics in Miles City and Bozeman, Montana, and Cody, Wyoming; a long-term care facility and a research center located in Billings. The Clinic also manages 11 independent Critical Access Hospitals in Montana and Wyoming. In 2013, Billings Clinic joined the Mayo Clinic Care Network, a collaboration between Mayo Clinic and other health care organizations to improve the delivery of health care and help keep patient care close to home.

Unique Mission, Vision and Values
A physician-led, integrated health care organization, Billings Clinic is structured on the Mayo Clinic model of a physician-led, integrated health system. Our approach to care is based on the belief that the best treatment is provided by physicians working collaboratively in a multidisciplinary team to keep patients at optimal health throughout life's journey. Comprehensive inpatient and outpatient care is provided by 3,750 employees, including 260 physicians and 90 advanced practitioners offering more than 50 specialties. Because we serve the entire region, Billings Clinic physicians travel to provide nearly 100 specialty care clinics per month at 23 regional locations for residents of rural Montana, Wyoming and North Dakota. The Eastern Montana Telemedicine Network connects rural physicians and patients in 40 rural sites to specialists, providing care, support and education to patients in their local communities, eliminating the need for travel to Billings for care. Because we value to importance of equity and access, Billings Clinic invested more than $47 million in Community Benefit throughout our region in 2013, including $15.8 million in charity care (financial assistance) provided to 6,000 needy patients.

Focused on Quality
Billings Clinic has worked tirelessly to create a culture of quality. The awards, designations and recognitions we receive reflect our team's obsessive dedication to patient safety, quality of care, high level of service and a respect for value in health care spending. We are proud to share our 2013-2014 ranking by US News and World Report Best Regional Hospitals as #1 in Montana for Gastroenterology & GI Surgery, Geriatrics, Gynecology, Nephrology, Neurology & Neurosurgery, and Pulmonology. Becker's Hospital Review named Billings Clinic a member of the “100 Great Hospitals in America” in both 2013 and 2014. Truven Health Analytics named Billings Clinic one of the nation's 100 Top Hospitals® in 2013, the only hospital in a 4-state region to be ranked in the Top 100. The Women's Choice Award program awarded Billings Clinic America's Best Hospitals for Patient Experience for 2011-2013, and AARP calls us a Hospital Safety Superstar in the AARP Magazine, 2013. We are proud to be accredited as an
Accountable Care Organization by The National Committee for Quality Assurance, one of only four health care organizations to achieve this accreditation in 2012. Billings Clinic received an “A” Rating for Hospital Safety by the Leapfrog Group, 2011-2013 and is the only Accredited Chest Pain Center with PCI by the Society of Cardiovascular Patient Care in this region. Billings Clinic is designated as a Magnet™ hospital by the American Nurses Credentialing Center, nursing’s highest honor. This designation was first received in 2006-2010, then re-designated 2011-2015.

While we take great pride in these honors and rankings, it is the individual experience of each of our patients and their positive health outcomes that are the true measure of our success.

**Comprehensive Care System**

As an integrated provider of primary and specialty care, Billings Clinic can meet nearly any health need, an excellent setting for the development of new physicians.

- **Primary Care** for every member of the family is available at multiple locations, with patient-centered medical homes where a team of health professionals work together to provide all of your health care needs. **SameDay Care** is available every day of the week.

- **Emergency and Critical Care** is always available at the Level II Emergency & Trauma Center, with support from MedFlight advanced life support fixed-wing aircraft service to transport critically ill or injured patients from rural communities.

- **Electronic Access** is provided to patients through MyBillingsClinic, featuring online access 24/7 medical and billing records, and secure messaging health care providers

- The Billings Clinic **Cancer Center** has an outstanding team of cancer specialists, as well as the only gynecologic oncology stem cell transplant programs in the region. Cancer site-specific teams of physicians and patient care navigators work together in the region’s only Commission on Cancer Accredited Comprehensive Cancer Program.

- **Cardiac Rehabilitation** is now available at the new state-of-the-art Billings Clinic John R. Burg MD Cardiac Center, including an expanded cardiac rehab facility. We offer coordinated, patient-centered care for cardiology, interventional cardiology, electrophysiology and heart surgery.

- **Billings Clinic Orthopedics & Sports Medicine** has again earned the Gold Seal of Approval™ for health care quality. We are certified for hip and knee replacement by The Joint Commission and are designated as a Blue Distinction Center for Knee and Hip Replacement by Blue Cross and Blue Shield of Montana.

- **Women’s Health Services** include specialists in obstetrics, gynecology, maternal-fetal medicine, reproductive medicine and fertility care.

- **Children’s Health Care** is provided by a comprehensive team of over 20 pediatricians and pediatric specialists in the specialties of hematology/oncology, cardiology, diabetes, gastroenterology, pulmonology, neurology (July 2014), rehabilitation, and hospital care.

- **Reproductive Medicine** is available at Billings Clinic by the only board-certified reproductive endocrinologists and In Vitro Fertilization Program in Montana, Wyoming and western Dakotas. This program is available in Billings and in Bozeman.
• The Billings Clinic Family Birth Center staff cares for nearly 1,400 newborns per year, offering private suites, family-centered single room maternity care, and a Level III Neonatal Intensive Care Unit (NICU).

• The Neurosciences Program includes an outstanding multidisciplinary team for neurology and neurosurgery. Billings Clinic is the only location within a five-state region offering Gamma Knife® radiosurgery for non-invasive treatment of brain tumors and other conditions.

• Surgical Services include cardiac, thoracic and vascular surgery, general surgery, gynecologic oncology, metabolic surgery, neurosurgery, OB/GYN, ophthalmology, orthopedics, otolaryngology (ear, nose, throat), facial plastics and reconstructive surgery, podiatry, and urology. Billings offers minimally-invasive surgery, including robotic-assisted surgery with the da Vinci surgical system.

• The Billings Clinic Surgery Center is an outpatient facility same-day procedures and operations.

• Billings Clinic has the only Psychiatric Center providing inpatient hospital care for youth and adults in our 43-service area.

• Dermatology Center specialists offer comprehensive dermatology care for children and adults, and skin cancer detection and treatment services, including Mohs surgery.

SUSTAINABILITY

Developing the region’s first Internal Medicine Residency program began in response to a profound regional need and was accelerated by a rare opportunity offered by Congress to start a program before the chance slipped away. Preparing to initiate this program has been transformational for Billings Clinic, necessitating facility modification, new staff and a complete review of processes and methods in primary care. This is in addition to the direct demands of the Internal Medicine Residency Program which include curricular and faculty development, student recruiting and program administration. Physicians and staff have embraced this challenge and Billings Clinic has invested over $3.5 million in bringing this opportunity to Montana, northern Wyoming and the western Dakotas.

Medical residency programs are not great generators of income for their sponsoring organizations. A recent study (2011) of established family practice residency programs demonstrated these programs annually cost their sponsors an average of $27,260 per resident more than the program’s revenues from all sources. Our cost projections show that with a manageable allocation of annual budgetary support, the Billings Clinic Internal Medicine Residency program will be a sustainable initiative once start-up funding of $6.5 million has been secured. The Internists developed through this residency program will have the opportunity to practice medicine anywhere in the country, but we believe they will choose to remain nearby. Based on the impact this program will have across our region, stabilizing communities and proactively addressing the more complex medical needs of our aging population, this modest investment will yield dividends in perpetuity.
Architect Rendering of Control Room and Simulation Labs 1, 2, 3 & 4

Architect Rendering of Lecture Theater – Education Center