

RTTs

What SORHs Need to Know

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The RTT Technical Assistance program





Continuing Definition of a 1-2 RTT (2013) [For the purposes of the RTT TA grant]

A residency training program that is either:

- An alternative training track integrated with a larger more urban program and separately accredited as such, with a rural* location, a rural mission, or a major rural service area, in which the residents spend approximately two of three years in a place of practice separate and more rural or rurally focused than the larger program.

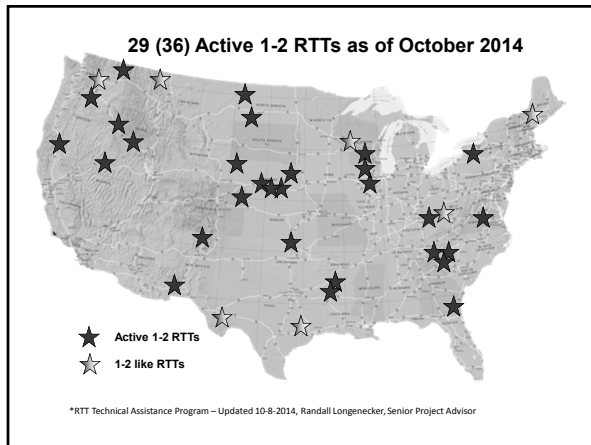
*Rural by Rural Urban Commuting Area (RUCA) code of 4 or greater, except 4.1, 5.1, 7.1, 8.1, and 10.1, which are urban

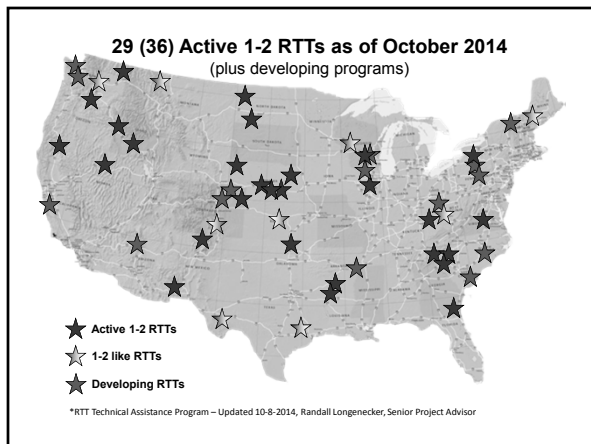
Continuing Definition of a 1-2 RTT (2013) [For the purposes of the RTT TA grant]

Or:

- An identified training track within a larger program, not separately accredited (i.e. without a separate accreditation program number), in which the tracked residents meet their 24-month continuity requirement** in a rurally located continuity clinic or Family Medicine Practice site (FMP).

**Continuity requirement as defined by the ACGME Family Medicine Review Committee (RC-FM) and the American Board of Family Medicine.

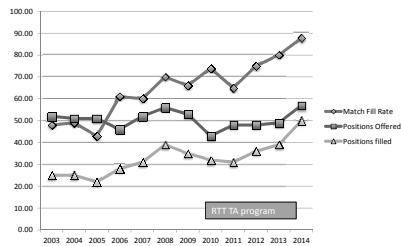




Creative Variations

- ◆ Accreditation: ACGME and AOA
- ◆ Structure: Varying degrees of rural, from 4 -15 months in the urban place; "Spider plant" configurations; Medical school & residency integration (with NRMP exception)
- ◆ Funding: Traditional GME; Teaching Health Centers (e.g. Boise, ID; Silver City, NM; Redding, CA)
- ◆ Other Specialties: Pediatrics, Internal Medicine, Emergency Medicine, OB-GYN, General Surgery

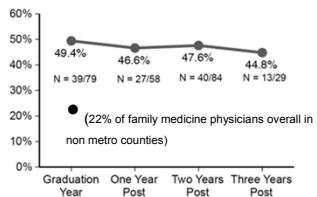
RTT Trends in Recruitment



Source: Personal communication from Randall Longenecker MD, Senior Project Advisor, the RTT Technical Assistance Program, March 25, 2014

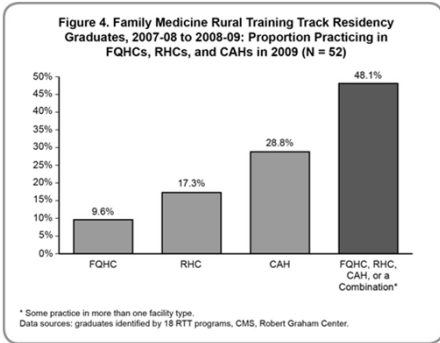
Half of graduates chose rural practice and most stayed

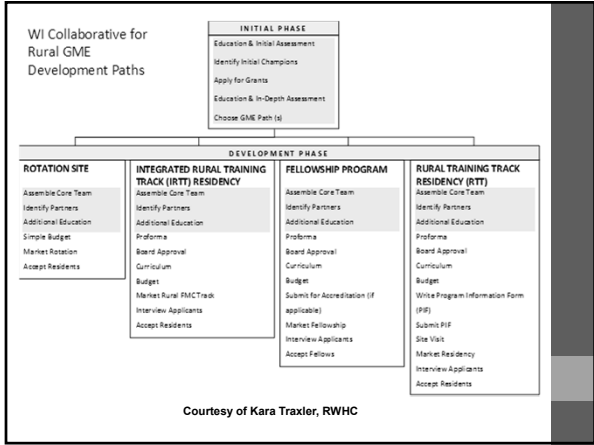
Figure 2. Family Medicine Rural Training Track Residency Graduates, 2007-08 to 2010-11: Proportion Practicing in Rural Areas



Data sources: graduates identified by 18 RTT programs, AMA Masterfile, Robert Graham Center; rural as defined by Rural-Urban Commuting Areas.

Nearly half began practice in safety net facilities





THE RTT COLLABORATIVE

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A New Organization Dawns

The RTT Collaborative is an emerging network of individuals and programs committed to sustaining health professions education in rural places

<http://rttcollaborative.net/>

Internet Resources:

www.raconline.org/rtt/

www.traindocsrural.org

(For students; also a Facebook page and blog)

<http://www.ruralhealthweb.org/go/left/networking-and-programs/rural-medical-educators/>

www.rttcollaborative.net

www.oucom.ohiou.edu/oru/

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Opportunities and challenges

State GME initiatives

“Most states did not report any coordination at the state level for GME decision-making, or any coordinating body that guides the number, location, or specialty of new residency positions.”

Spero et al, 2013, *GME in the United States: A Review of State Initiatives*

http://www.shepscenter.unc.edu/wp-content/uploads/2013/09/GMEstateReview_Sept2013.pdf

SORHs and Rural GME

- ◆ Graduate medical education (GME) in rural places helps to create rural physicians prepared to care for rural patients.
- ◆ What are SORHs doing to support establishing and sustaining rural residency education?
- ◆ What could SORHs be doing?

Conversations with rural medical educators

Study of RTT closure and resilience

- ◆ Review of literature and facilitated discussion with rural medical educators at the RTT Conclave (Athens, Ohio, April 2014)
- ◆ Identified threats/vulnerabilities and protective factors for rural graduate medical education (GME)

Political and environmental

Challenges

- Lack of understanding of GME
- Small size of residency programs
- Consolidation (ACOs, mergers, etc.) – decision makers are more remote
- Lack of “fit” or mission alignment between partners – sponsor, hospital, clinic, program
- Leadership changes – loss of local or sponsoring institution champions

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Opportunities

- Outreach and convening of partners for awareness and strategic planning
- “Fly under the radar”
- Consolidation can help stabilize fragile rural providers
- Community, regional, and state engagement – other healthcare providers, boards, patients, businesses, etc.

Finances

| | |
|--|----------------------|
| Challenges | Opportunities |
| Current GME funding system not aligned with workforce needs | |
| Lack of stable funding | |
| Large uninsured or Medicaid populations can threaten hospital and clinic viability | |
| Teaching seen as a cost, not an investment | |

Finances

| | |
|--|---|
| Challenges | Opportunities |
| Current GME funding system not aligned with workforce needs | Identify diverse funding sources (beyond core sponsors) |
| Lack of stable funding | Develop local resources ("angel" or philanthropist) |
| Large uninsured or Medicaid populations can threaten hospital and clinic viability | Medicaid expansion, ACA incentives for primary care |
| Teaching seen as a cost, not an investment | State GME planning and funding initiatives, e.g.: <ul style="list-style-type: none">• Georgia funding to hospitals for primary care and surgery residencies• Montana Graduate Medical Education Council• Utah Medical Education Council |

Human resources

| | |
|--|----------------------|
| Challenges | Opportunities |
| All the familiar rural recruitment and retention issues (urban-centric training, burnout, isolation, etc.) | |
| <ul style="list-style-type: none">• Resident physicians• Clinical faculty | |
| Lack of administrative support | |
| Program leadership succession | |

Human resources

Challenges

All the familiar rural recruitment and retention issues (urban-centric training, burnout, isolation, etc.)

- Resident physicians
- Clinical faculty

Lack of administrative support
Program leadership succession

Opportunities

Growing community's own providers rallies local support

Residency is a recruiting tool for other clinicians (love of teaching, evidence of local resources and commitment)

Community asset-based recruitment and retention strategies

RTT TA program travel stipend

SORHs and Rural GME

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