



South Carolina Office of Rural Health

A Plan to Build SC's Rural Family Medicine Physician Capacity in SC through Rural Training Track Development

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Dedicated to providing access to quality health care in rural communities”

A Plan to Build SC's Rural Family Medicine Physician Capacity in SC through Rural Training Track Development

- Describe current primary care physician pipeline and practice environment in SC.
- Describe SC GME Report from January 2014, *Leveraging Graduate Medical Education to Increase Primary Care and Rural Physician Capacity in South Carolina*.
- Discuss plan submitted to SC DHHS in Spring of 2014 to develop new RTTs in South Carolina.

SC Primary Care Physicians By The Numbers

- In 2012 South Carolina had the full -time equivalent of 9,322 active patient care physicians.
- Although South Carolina has been ranked 18th nationally for prevention and treatment services, the state ranks in the bottom quartile (39th) in access to health care services.
- In 2012 South Carolina ranked 40th with 77.5 primary care physicians per 100,000 population compared to the national average of 90.1.



SC Primary Care Physicians By The Numbers



- Overall, primary care physicians in South Carolina made up approximately 36% of the active patient care physician workforce.
- In 2009, approximately 5.8% of the physician workforce identified as African - American compared to almost 29% of the state's residents identified as African - American.
- Despite all of these, SC ranks 33rd in GME residents and fellows, we are 8th in spending!

SC Primary Care - GME Report/Proviso 33.34E

- In 2013 SC DHHS established an advisory group to help restructure it's GME policy and payments to better meet the physician workforce demands in South Carolina.
- Advisory group
 - Medical training providers
 - Physicians
 - Consumers of medical education; including employers, consumer representatives and community leaders
- The GME Advisory Group released a report with eleven recommendations, several of which were related to improving capacity for rural primary care physician training.

SC Primary Care - GME Report/Proviso 33.34 Key Report Findings

- GME dollars are being sent largely by one entity that trains many sub-specialists.
- No accountability in terms of spending relative to dollars producing primary care physicians with an orientation to practice in rural or underserved communities
- Access gaps do seem to be correlated to training location of resident physicians (over half will practice within 100 miles of residency training location)
 - Five out of eight Family Medicine residencies in the Upstate

Partners and Planning – RTT Development

Partner list - SCORH, Seneca Lakes Family Medicine Residency (RTT) Director, SC Office of Primary Care (PCO) at DHEC, The SC AHEC Office of Healthcare Workforce Analysis and Planning (OHW), and the AHEC Family Medicine Residency Directors/Programs

- The PCO helps link medically underserved populations with primary health care providers and works with community and state partners to prepare Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) designations.
- Located within the SC AHEC program office at MUSC, the OHW has developed an extensive research base related to the health care workforce and the medical education system in the state.

Seneca Lakes Family Medicine Residency Program

- South Carolina is a Small State but has eight family medicine residency programs, one of which, Seneca Lakes Family Medicine Residency, is an RTT.
- Seneca Lakes Family Medicine Residency
 - Developed in 2001 with Seneca Medical Associates, Oconee Medical Center, Greenville Hospital System and AnMed Family Medicine Residency Program.
 - Intern year spent at AnMed Family Medicine Residency
 - Last two years of training in an office of six physicians with over 125 years cumulative private practice experience.

Seneca Lakes Family Medicine Residency Program

- To date 65% of SLFMRP graduates have gone on to practice in rural communities.
- Thirteen of the 27 graduates remain in practice in SC.
- Seneca Lakes is the only RTT in SC and has been particularly successful in placing graduates in rural SC who practice the full spectrum including surgical obstetrics.

**Data/figures are from 2014.*

RTT Development - Plan for Success

- Engagement of existing SC AHEC Family Medicine Residency Programs to determine those programs' interest and ability to serve as the administrative program partner for each new RTT.
- Collaboration with the SC AHEC Family Medicine Programs and the AHEC Program Office key to successful development of additional RTTs in the state.
- Contracting with a certified ACGME expert to ensure all GME and other accreditation components are met by the rural training sites during the site accreditation phase.
- The RTT Collaborative would serve as another resource for data and policy support around program development.

RTT Development – Step by Step

- Assessment and Identification of Rural Hospital Sites (Phase 1 - Year 1)
- Assessment and Identification of Rural Continuity Clinic Sites (Phase 1 - Year 1)
- Evaluation of Resources and Capacity – Rural Hospital Site (Phase 2 - Year 1)
- Evaluation of Resources and Capacity – Rural Continuity Clinic Sites (Phase 2 - Year 1)
- Administration of Faculty Development for new RTTs (Phase 2 - Year 2)
- Provision of technical assistance for the Alternate Track/ACGME New site application process (Phase 3 – Years 3-5)

RTT Development - Outcome

- Project was not funded. A change in SC DHHS leadership may have been a relevant factor.
- The GME Advisory Group has not been reconvened, and we do not hold out great hope it will any time soon.
- There has been somewhat of a statewide shift to focus on the lack of student preceptorship opportunities across disciplines. We will have several additional Nurse Practitioner and Physician Assistant schools starting in the next few months to years, and the system is already beyond capacity.