



SOUTH DAKOTA  
DEPARTMENT OF HEALTH



## South Dakota Workforce Initiative

- Governor Daugaard launched in 2012: SDWINS
- Defined: “A workforce development program that brings together government, education and business leaders to capitalize on South Dakota's tremendous potential.”
- Four main components
  - Preparing our Youth
  - Training for Skilled Jobs
  - Improving Access to Rural Healthcare
  - New South Dakotans



# Primary Care Task Force

- Part of SDWINS
- Comprised of 23 stakeholders
- Charged with bringing forth recommendations to ensure access to quality healthcare
- 5 Areas:
  - Capacity of Healthcare Educational Programs
  - Quality rural health experiences;
  - Recruitment and retention;
  - Innovative primary care models; and
  - Accountability and oversight.
- Ongoing Oversight Committee



# Rural Residency

## Background:

- Medical School Expansion
- Rural Experiences for Health Professions Students (REHPS)
- Frontier And Rural Medicine (FARM)
- Resident Licensure Issue
- Recruitment Assistance Program (RAP)



# Residency

## Decision Making:

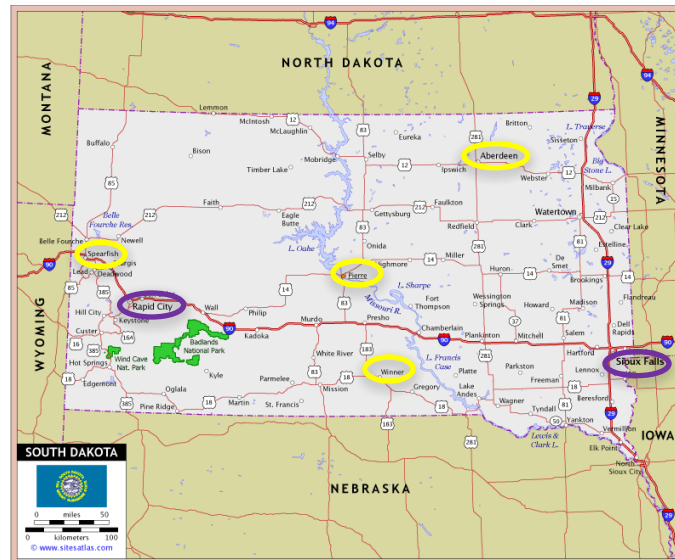
- Statistics
  - 40.2% of those completing medical school in South Dakota practice in the state.
  - 44.6% of physicians completing their residency in South Dakota practice in the state.
  - That number jumps to 78.4% if the physician completes both medical school and residency in South Dakota.
- South Dakota, currently:
  - 27 family medicine residency slots available in Sioux Falls (9 per year) and
  - 18 slots in Rapid City (6 per year).



# Residency

## Decision Making (continued):

- Tied to existing residency program
  - Rapid City
  - Sioux Falls
- Communities considered for a rural residency track included:
  - Aberdeen
  - Winner
  - Spearfish
  - Pierre





# Residency

## Funding:

- HB 1029
  - 2016 legislative session
  - Budget request for one-time start-up funds
  - \$205,000
- Proposed ongoing funds would include:
  - State/Federal Medicaid Graduate Medical Education funds
  - Third party billing by 2<sup>nd</sup> and 3<sup>rd</sup> year residents
  - Local contributions.
- It is estimated that each resident generates about \$82,000 each year.



# Residency

## Logistics:

- A new rural residency track would add 6 additional family medicine residency slots in the state (2 per year).
- It would take about a year to get accredited.
- The program would not be able to recruit residents to the program until accreditation was achieved.
- First year residents accepted into a rural residency track program would complete their first year at the main residency site.
- They would then move to the rural location in years 2 and 3.
- Based on the residency match timeframe (March), the earliest residents would enter the program would be June 2017





# Residency

## Next Steps:

- Contracting with the Center for Family Medicine (Sioux Falls)
- Start up funds will be used to:
  - Evaluate and confirm local site suitability
  - Coordinate local site preparation
  - Develop curriculum and faculty/administrative staff for local site
  - Coordinate accreditation process



**Questions?**

Halley Lee, Administrator  
South Dakota Office of Rural Health

605.773.3361

[halley.lee@state.sd.us](mailto:halley.lee@state.sd.us)

