# Rural Health Education and Training

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JANUARY 8, 2019



## Agenda

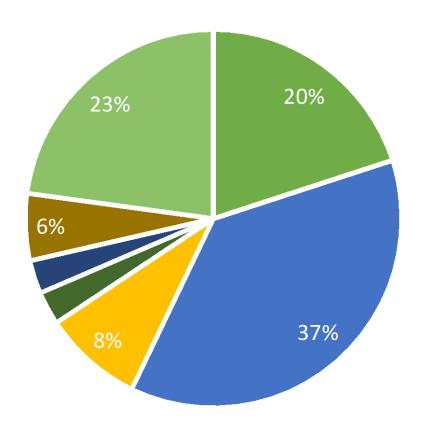
- The RTT Collaborative
- Rural Health Education and Training Landscape
  - Undergraduate medical education
  - Graduate medical education
  - Interprofessional training and cross-specialty and cross-professional alignment
- Policy Recommendations
- Group interaction Questions



A rural health professions education network and a cooperative extension service

"a community of practice"

#### **RTTC - Participating Program Types**



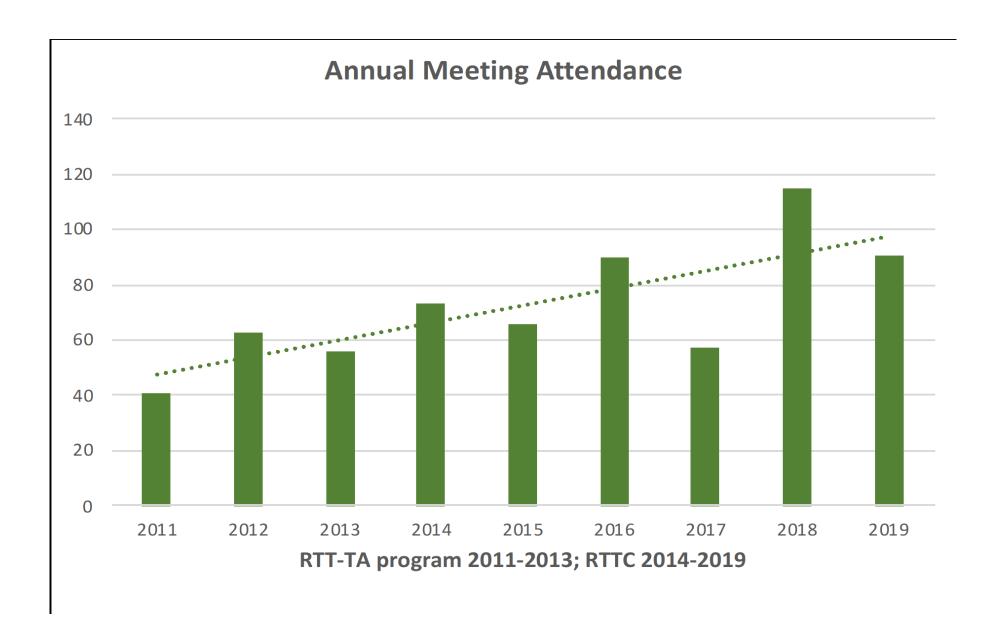
- Rurally located residency (7)
- Integrated rural training track (13)
- IRTT-Like (3)
- Urban program with rural focus (1)
- Rural Fellowship (1)
- Medical School (2)
- Developing (8)

June 30, 2019

(in)

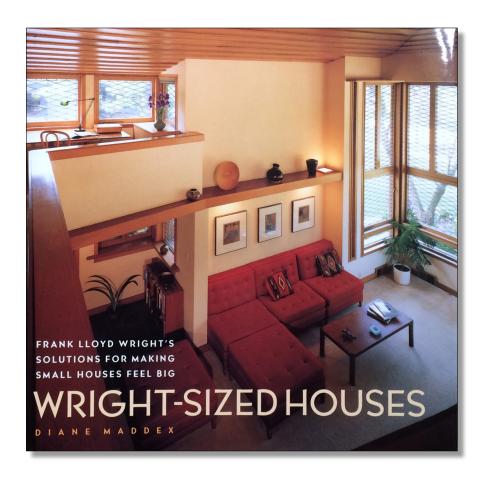
#### Map of Participating Programs





### An Organic Approach

"...place-based, relationshipcentered, and community-engaged" Designed to fit the assets and capacity of the rural community, all within the rules of accreditation and finance, but creatively adapting those rules to local realities One size does not fit all.



### Rural Health Education and Training Landscape

- Undergraduate medical education Rural programs (42)
- Graduate medical education
  - Family medicine (97)
  - Internal medicine (23; 1 more in development)
  - OB-GYN (1; plus one rural pathway/"track")
  - Psychiatry (3; 4 more in development)
  - General surgery (1; 15 urban located, rurally focused)
- Nurse practitioners
- Physician assistants

### Rural Programs in Medical School (2018-19)

An organized and deliberate medical school strategy to produce physicians to rural practice as indicated by <u>all</u> of the following:

- A name
- A program-specific goal or objective(s) to recruit, nurture, educate, train, or encourage students toward rural practice
- A description that explicitly articulates a rural focus
- A structured sequence or group of activities, courses, electives, selectives, or clerkships



## Rural Residency Program - Definition

An accredited residency program in which residents spend the majority of their time training (more than 50%, as reported to CMS and/or HRSA) in a rural place. The location of a rural program in Family Medicine is defined by the geographic location of the primary Family Medicine Practice (FMP) where residents meet the ABFM requirement for 24 months continuing practice.

CMS FY2004 regulations defining an integrated rural training track, Department of Health and Human Services, Center for Medicare and Medicaid Services. Federal Register August 2003; <a href="http://edocket.access.gpo.gov/2003/pdf/03-19363.pdf">http://edocket.access.gpo.gov/2003/pdf/03-19363.pdf</a> (Accessed 12-31-2019)

**Am I Rural?** A web-based tool using federal definitions that are regularly updated and hosted by the RHI hub in the North Dakota Center for Rural Health, <a href="https://www.ruralhealthinfo.org/am-i-rural">https://www.ruralhealthinfo.org/am-i-rural</a>. (Accessed 12-31-2019)

United States Department of Agriculture Economic Research Service Rural Classifications <a href="http://www.ers.usda.gov/topics/rural-economy-population/rural-classifications.aspx">http://www.ers.usda.gov/topics/rural-economy-population/rural-classifications.aspx</a>. (Accessed 12-31-2019)

### Integrated Rural Training Track (IRTT):

A <u>rural program</u> that is <u>separately accredited</u> and because of its generally smaller size is <u>substantially integrated</u> with a larger, often more urban residency program:

- <u>I</u>ntegrated in a substantive way
- <u>R</u> urally located <u>and</u> rurally focused
- Engaged in <u>T</u>raining and/or education residency +/- medical school experiences
- A <u>T</u> rack or pathway deliberately structured over at least 2-3 years in family medicine, including a 24-month continuity practice in a rural location (often in the 1-2 format)

## Substantial Integration

- Structured interaction among the residents of both the RTT and the larger affiliated program,
- Some sharing of faculty and/or a shared program director,
- Shared didactics and/or scholarly activity, and
- at least 4 months of structured curriculum shared by residents of both programs.

## Other Program Structures

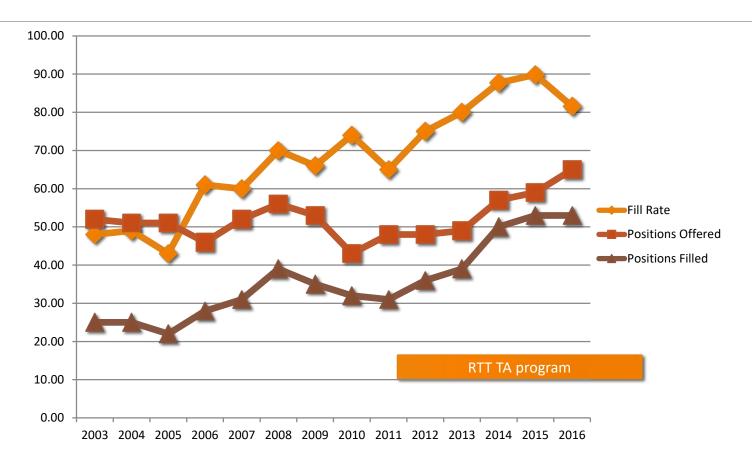
- Longitudinal curricula
- Rural pathways in an urban program (including "IRTT-like" programs)
- Recognition for rural program outcomes >35%
  placement of graduates into a rural place of practice
  averaged over 3 years, or >3 graduates per year. (e.g. the
  UA South Campus program in Tucson with a 48% over 3
  years for an average of 4 per year)

## Interactive Map - Rural Family Medicine



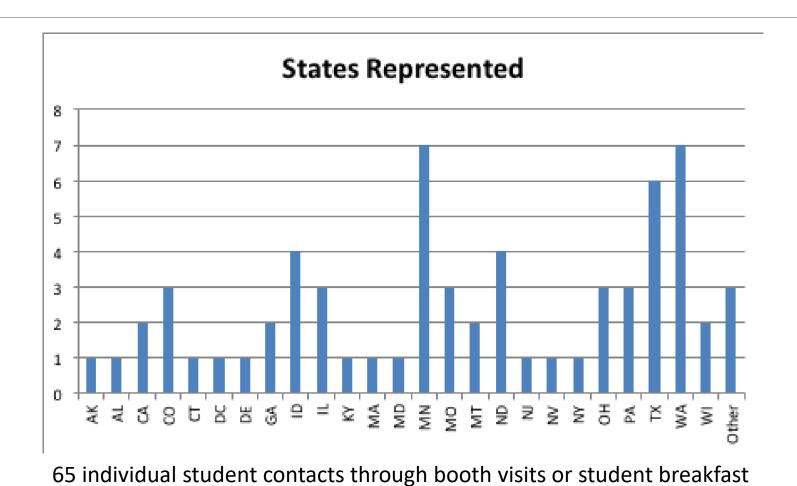
https://rttcollaborative.net/rural-programs/residency-map/

### 1-2 RTT Match Trends 2003-2016



Source: Personal communication from Randall Longenecker MD, Senior Project Advisor, the RTT Technical Assistance Program, March 22, 2016; revised May 23, 2016

#### AAFP National Conference 2018 – Rural Interest



#### Maternal and Child Health

- Maternity care deserts and high infant mortality in rural places —
  many contributing factors, including payment systems that overvalue procedural services and undervalue primary care and the
  care of women and children, and workforce challenges
- Graduates of rural training programs practice a wider scope of care, including maternity services, and locate and stay in rural communities at 6-9 times the rate of urban programs (rural programs account for 8% of graduates)
- More than 90% of family medicine graduates express being prepared to practice OB, but less than 30% do so

### Interprofessional and Aligned

- Education programs in rural places provide an infrastructure for training in multiple specialties and professions, where <u>interprofessional happens</u> (e.g. Amish group prenatal visits)
- In a small place, in spite of (or perhaps because of) limited resources, change can be implemented more quickly
- In a small place, where all hands are needed on deck, <u>relationships</u> have a greater opportunity to <u>prevail</u> over license or board certification
- Yet it still takes intention and hard work!

### Policy recommendations

- Support innovation and program development in rural places, with an eye toward sustainability (e.g. RTT-TA program consortium, Rural Residency Planning and Development)
- Right-size grant funding to the grant writing and management capacity of rural places (like microfinance)
- Adopt a simple targeted system of GME finance that directly pays
  for training in rural places, and is designed to allow multiple
  streams of training other specialties and other professions –
  without requiring separate accreditation (e.g. IOM Report 2014,
  Rural Physician Workforce Production Act of 2019)

### Additional Resources



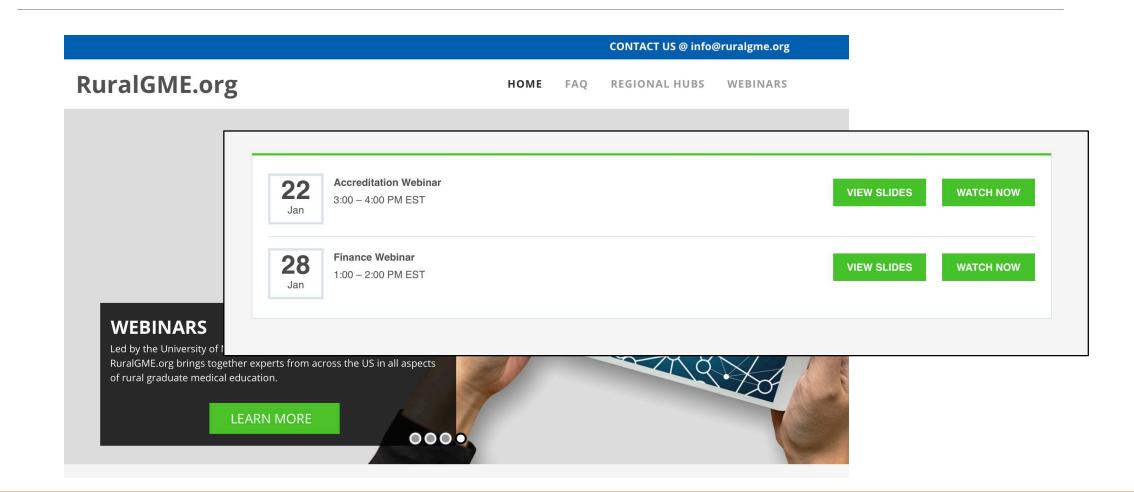
#### Planting TREES in Rural Places

<u>Training and <u>Rural</u> health professions <u>Education that is community <u>Engaged</u> and <u>Sustainable</u></u></u>

- Community Assets and Capacity Inventory
- Accreditation timeline
- Sample curriculum
- Community impact tool
- Other

https://rttcollaborative.net/wp-content/uploads/2019/01/TREES-2019-Optimized.pdf

### **Additional Resources**



# Questions?

### References

Longenecker R. "Curricular Design: A Place-Based Strategy for Rural Medical Education," in Bell E; Zimmitat C; Merritt J Eds. Rural Medical Education: Practical Strategies, New York: Nova Science, 2011.

Strasser R; Worley P; Cristobal F; Marsh DC; Berry S; Strasser S; Ellaway R. "Putting Communities in the Driver's Seat: The Realities of Community-Engaged Medical Education," Academic Medicine 2015 Nov;90(11):1466-70.

Training and Rural health professions Education that is community Engaged and Sustainable (TREES) <a href="https://rttcollaborative.net/wp-content/uploads/2019/01/TREES-2019-Optimized.pdf">https://rttcollaborative.net/wp-content/uploads/2019/01/TREES-2019-Optimized.pdf</a>

Rural Residency Planning and Development Technical Assistance Center – various resources, webinars and toolbox in development <a href="https://ruralgme.org">https://ruralgme.org</a>

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https://rttcollaborative.net; https://ruralprep.org; https://ruralgme.org



