

Training Physicians for Rural Practice

Rural Training Track Technical Assistance Program



Randy Longenecker, MD, Dave Schmitz, MD,
Mark Doescher MD

National Rural Health Association

National Organization of State Offices of Rural Health

WWAMI Rural Health Research Center

Rural Assistance Center

Meeting Challenges to Rural Primary Care

Rural America is facing a shortage of primary care physicians.

Family medicine training in rural settings has declined.

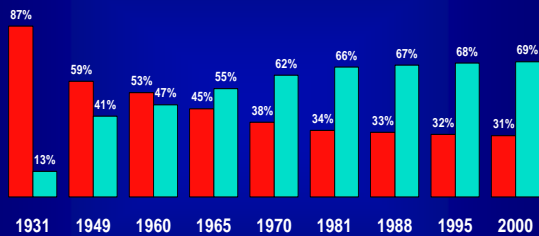
Rural Training Tracks (RTTs) are a successful training model, although limited in scale.

RTTs face unique challenges.

Opportunity exists for assistance to sustain and grow RTTs.

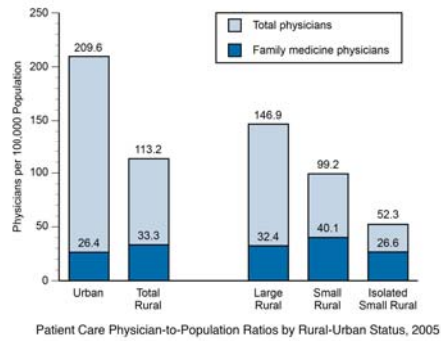
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Physicians in Primary Care

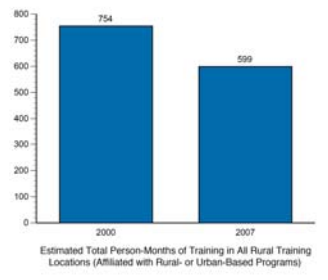


Updated from: Institute of Medicine (IOM). 1994. Changing the Health Care System: Models from Here and Abroad.

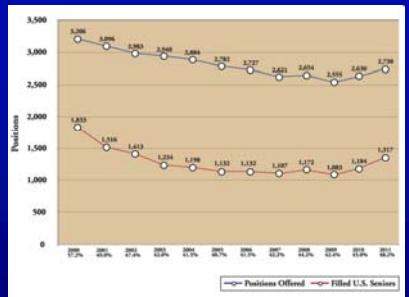
Rural Residents Rely More on Family Medicine Physicians



The Amount of Time Family Medicine Residents Spend in Rural Locations Has Declined



Family Medicine Positions Offered & Filled with US Seniors in March (2000-2011)



RTTs Are Successful

Resident physicians trained in rural settings:

- 2-3x more likely to enter practice in rural areas
- Especially true of residents in RTTs, as they spend 2+ years in full-time rural continuity settings
- 75% of RTT graduates enter rural practice

But RTTs Face Challenges

Only 140 residents in RTTs

2000: 35 RTTs

2011: 26 RTTs

Geographic gaps in RTT sites

Rural Match Rates are Low

- Recruiting residents to rural family medicine programs can be difficult. From 2002 to 2004 the match rate was:
 - 60.1% for rural residencies (RTTs)
 - 72.5% for urban residencies
- In 2011, the match rates were:
 - 68.9% for the 25 RTTs
 - 94.4% for all family medicine residencies

Financial Challenges

- Medicare GME does not cover all RTT training costs
- Many programs are either capped below their actual resident count or get no Medicare GME at all
- Rural hospital margins are strained

Human Resource and Organizational Challenges

- RTT-medical school champion and coordination is needed
- RTTs are low priority for faculty recruitment, "core" program takes precedent
- RTTs are vulnerable to physician and staff disruptions
- RTT founders are nearing retirement

Despite This, A Resurgence in RTTs May Occur

- Rural imperative (20% U.S. population)
- As health care costs increase, value of primary care recognized
 - Senate Finance Committee
 - Affordable Care Act
 - Patient-centered medical home
- Increased medical student interest in family medicine and in a broadened scope of practice

RTT Technical Assistance Program

A cooperative agreement under the President's "Improving Rural Healthcare Initiative"

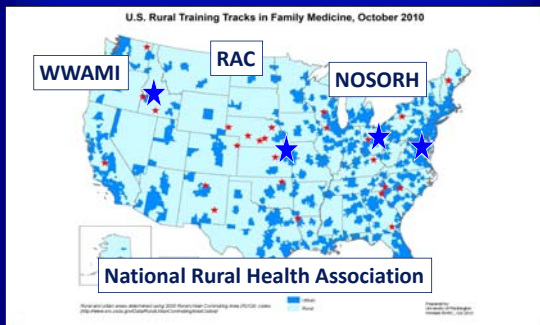
- Sustain existing RTTs
- Increase the number of students matching to RTTs
- Facilitate the development of new RTTs

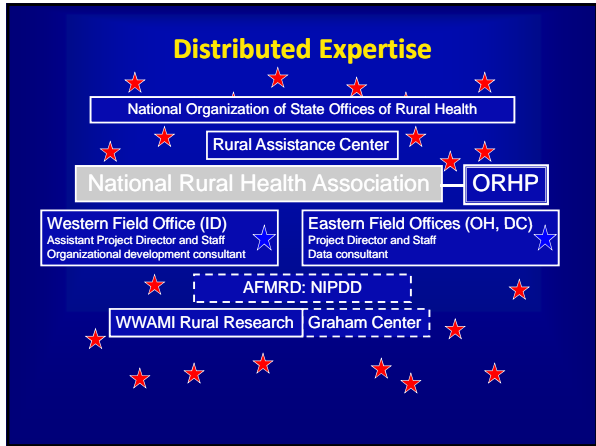
A targeted investment over 3 years can make a measurable difference

RTT Technical Assistance Program

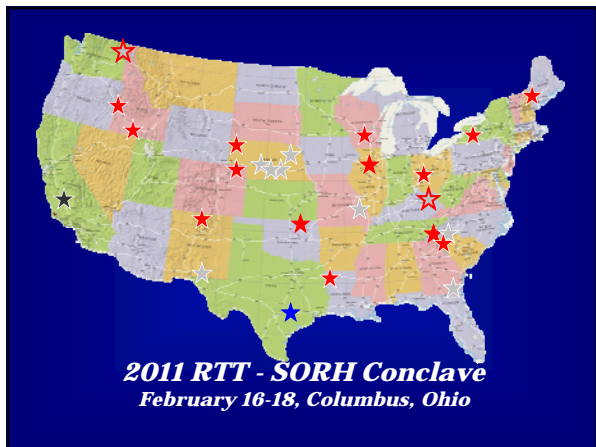
- "Distributed Expertise: Sustaining Rural Training Tracks (RTTs) as a Strategy in Rural Medical Education"
- Rural Training Track Technical Assistance Program established by HRSA to utilize local expertise in sustaining the "1-2" RTT as a national model for training family physicians for rural practice
- RTT program directors, faculty, staff, and residents in collaboration with a consortium of organizations can help one another ramp up rural training

RTT Technical Assistance Program





- ### RTT Technical Assistance Program
- Establish a strong national network of programs and supporting organizations through meetings and other interactions
 - Build a web portal with a virtual library of tools, information, and timely access to technical assistance
 - Initiate a process for identifying and training a next generation of leaders
 - Grow the data regarding existing and developing RTTs (Create an "RTT Masterfile") to better inform accreditation, financing, and policy



The screenshot shows the website for the Rural Training Track Technical Assistance Program. It includes a navigation bar with tabs for Home, About, Services, Publications, and Contact. A sidebar on the left lists various program components. The main content area features a 'Featured Resources' box with links to a 'Summary Report of the 2011 RTT - SORH Conclave' and 'Training Physicians for Rural Practices: Capitalizing on Local Expertise to Strengthen Rural Primary Care'.

<http://www.raconline.org/rtt/>

Scaling up

- New RTTs are not limited by the current cap in Medicare GME payment (BBRA 1999)
- The ACA redistributed unused physician residency training slots
- Primary care and rural geography prioritized

Scaling up

- ACA creating "Teaching Health Centers" under Title VII to train primary care medical and dental residents in FQHCs and a few other settings
- New National Health Service Corps Loan Repayment Program requirements permit recipients to repay their loans through part-time clinical service
- A mechanism for allowing NHSC recipients to serve as residency preceptors at rural training sites

Future Directions

- Web portal refinement - <http://www.raconline.org/rtt/>
- Town Hall strategy - Create a presence for RTTs
- Targeted technical assistance (RTTs in development in 16 states)
- Stimulus funding of recruiting efforts
- Annual RTT Conclave - Next year in Nebraska, focused upon network development
- NIPDD-R
- Research focused on baseline and intervention outcomes

Research Goals

- RTTs – definitions, modifications and function
- RTT value and deliverables
- State of RTTs – strengths and vulnerabilities
- RTT best practices and common challenges
- Outcomes of RTT TA interventions and sustainability

Research that frames and asks the right questions for practicality, policy and productivity

Contacts

- Randall Longenecker MD, Project Director
rlongenecker@embarqmail.com
- David Schmitz MD, Assistant Project Director
dave.schmitz@fmidaho.org
- Mark Doescher MD, MSPH, Director, WWAMI Rural Health Research Center
mdoescher@u.washington.edu
- Rural Assistance Center - RTT Technical Assistance Portal www.raconline.org/rtt/