



The RTT Collaborative

in rural health professions education and training

Growing our own...together

QUARTERLY NEWSLETTER - September 2019

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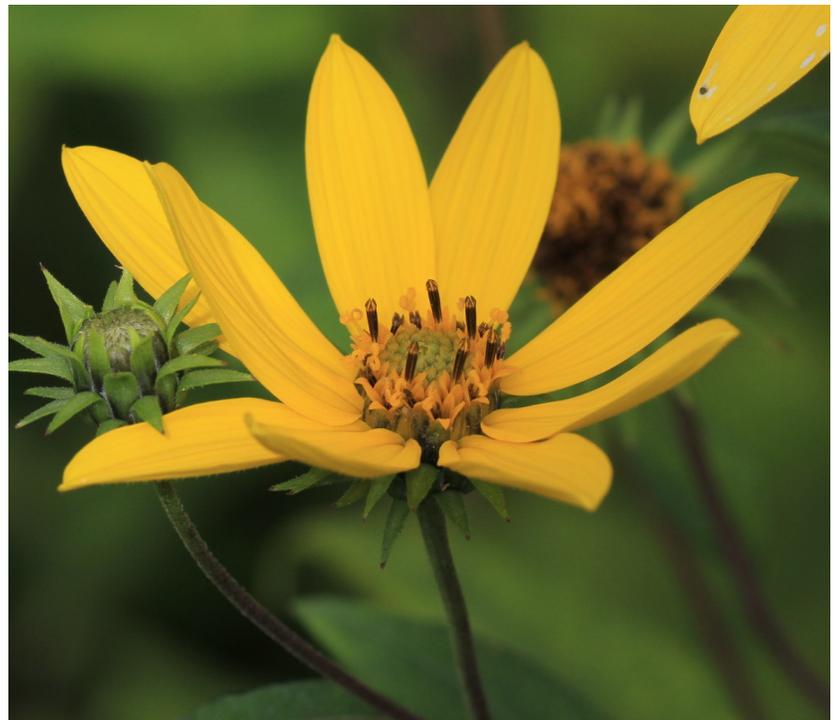


Photo courtesy of Randy Longenecker

As the summer sun turns into an array of colorful trees, bursts of reds, oranges, and golds paint the sky with magnificent beauty.

This September, the RTT Collaborative has some new and exciting new events and programs to share. Inside this issue, you can find a feature on a newly accredited participating program in Grays Harbor, WA, a summary of the 2019 AAFP National Conference, and interviews with our new board members.

If you aren't already one of the many dedicated participating programs that collaborates with RTTC, consider joining our valuable cooperative. To learn more, visit rttcollaborative.net.



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Message from the Executive Director: A Watery Wave or a Seismic Movement?

Is the recent surge of interest in rural health, rural medical education and growing the rural workforce a wave to surf and a moment that will pass, or is it a cataclysmic shift that will permanently alter the landscape? Although I fear the first, I am hoping for the latter.

In the space of two weeks this month I've encountered surprises that I never could have

and governance (See RRPD-TAC story in this issue of the newsletter).

On Friday, August 9, I moderated several of the 16 presentations at the Primary Care Stakeholders Summit at HRSA headquarters in Rockville, MD, many of them focused on the rural health workforce. That evening, visiting family in Lancaster, PA, I discovered my name had come up in an Associated Press article on rural tracks in medical school in my extended family's hometown paper!

Monday, August 12, we welcomed our largest yet incoming class of 40 students into the Rural and Urban Scholars Pathways program for students with an interest in underserved



imagined even a year ago. On Monday, August 6, I and the two other regional advisors for the Rural Residency Planning and Development Technical Assistance Center, together with our program manager, spent a full day with ACGME leadership and the executives of many of the specialty review committees at their Chicago headquarters addressing ways of supporting rural programs and problem-solving around their challenges around their challenges in accreditation, finance

practice - rural, urban or global - at Ohio University's Heritage College of Osteopathic Medicine. We engaged them in a three-day intensive introduction to rural and urban underserved practice. Their passion for underserved communities was inspiring.

That same day I received an invitation and on Wednesday, August 14, I completed a live interview on Fox News regarding the challenge

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of health care deserts in rural communities. Although I've never undergone media training, I was ready with an answer! Then on Thursday, the leadership of the RRPD-TAC met with HRSA to strategize around the support of 27 developing rural programs in family medicine, internal medicine, and psychiatry.

I could go on. In the past month I've received four consultation requests for assistance in developing rural programs in medical school and 3 formal inquiries about developing rural residency programs not associated with the RRPD grant. It's been a banner month and a banner year for rural health professions education and training, and with the candidates for president loudly proclaiming their plans for rural health, it could be a banner decade!

So, is it a wave, a swing of the pendulum, a passing fad, ...or is it an earthquake? Only time and historians of the future will tell, if then. It is in the uncertainty that hope lies. I encourage each of us who are invested in the health of rural communities to fully engage in the present, taking advantage of the opportunities afforded to advance the cause of rural health professions education and training and set a flag, lay a claim to any ground gained, and plant resilient trees for the future.



Randall Longenecker, M.D.
Executive Director



Photo Courtesy of Fox News. To see the full interview [click here](#).

Alternative Payment for Rural GME

The Rural Physician Workforce Production Act of 2019, introduced as S289 in late January, now has 6 co-sponsors in the Senate and a companion bill is developing in the House. Here is a link to the text of the bill as well as a 2-page summary prepared by the GME Initiative.

S289 – Congress.gov

<https://www.congress.gov/bill/116th-congress/senate-bill/289?q=%7B%22search%22%3A%5B%22S289%22%5D%7D&s=1&r=1>

GME Initiative 2-pager

https://docs.wixstatic.com/ugd/8e88b6_a2964caabada4fe08378e738dce6d3bc.pdf

Please encourage your Senators and Congressperson to sign on as co-sponsors!

Save the Date to join The GME Initiative and it's partners for our annual summit.

January 26-28, 2020 Denver, Colorado



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Participating Program Spotlight: Grays Harber, Washington

[Providence St. Peter-Summit Pacific Rural Family Medicine Program](#) is ACGME-accredited and is affiliated with Providence St. Peter Hospital in nearby Olympia, Washington. The program is the first rural training program in Grays Harbor County.

Residents who attend receive hands on, full scope family medicine training across the spectrum of rural primary care delivery, including ambulatory care in our new Wellness Center, emergency and urgent care in our high-volume rural Emergency Department and onsite Urgent Care Clinic, and wide-ranging disease presentations requiring inpatient care in our critical access hospital.

The curriculum is a rural program in the 1:2 format with educational experience in patient care, from a large urban core hospital to a rural critical access hospital, ambulatory care, and rural health clinics. Physicians are specially trained to lead interprofessional health teams, care for the needs of all patients, and serve the healthcare needs of the rural community. Residents work alongside faculty members as an integral part of an inter-professional health care team to provide care for the culturally diverse, rurally located, and often underserved patient population in Grays Harbor County.

Program features:

- Opportunities to train longitudinally with specialists in the rural setting, including OB/GYN, Dermatology, Orthopedics, Pediatrics, and General Surgery
- Collaboration with rural community health partners for unique patient care integration across settings



- Innovative low barrier substance use disorder clinic and addiction medicine training including Suboxone management
- Full spectrum family medicine training including OB from well-trained family physicians
- Interprofessional team-based care delivery approach in the rural setting with pharmacy, nursing, nutrition, physical therapy, social services, naturopathy, and health administration professionals
- High patient volume and diverse disease presentations in emergency, urgent care, inpatient and ambulatory care delivery settings
- Opportunity for learning a wide spectrum of ambulatory and hospital procedures
- Integration with medical student education to optimize clinical teaching skills
- Options for full spectrum family medicine practice and faculty teaching jobs at Summit Pacific Medical Center post-residency

The Grays Harbor Area:

This area has virtually no crowds to contend with, plenty of options of things to do, and a moderate cost-of-living. The culture is one of a simple way of life and easygoing routine. The area has about 71,000 residents across 2,000 square miles of land.

Whether you prefer a more rural setting to call home, or a beach loving lifestyle, you can find it here on the beautiful Pacific coast in western Washington.

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HRSA's Rural Residency Planning and Development Program: An Update from the Technical Assistance Center

The **Health Resources and Services Administration** (HRSA) has awarded approximately [20 million dollars](#) for a new grant program, the Rural Residency Planning and Development (RRPD) Program, designed to develop new rural residency programs including integrated rural training tracks (IRTT) in family medicine, internal medicine, and psychiatry, to support expansion of the physician workforce in rural areas. The project start date for these programs was August 1, 2019. To help support these new RRPD grantees, HRSA created a **Technical Assistance Center** (TAC) roughly divided across the US into Eastern, Central, and Western regions.

The TAC met on August 5th at **Accreditation Council for Graduate Medical Education** (ACGME) Headquarters in Chicago to address accreditation challenges for rural programs - rural program terminology, CMS regulations, and

Steve Crane, Randy Longenecker, Judy Pauwels, Emily Hawes



Rural Residency Planning and Development Grantees 2019



Courtesy HRSA Bureau of Health Workforce

ACGME program requirements. The ACGME board has approved a framework for increasing support for the development of programs in rural and underserved areas and is considering better alignment of the accreditation process with funding mechanisms, potential variances in program requirements, and alternatives to current models for sponsoring institutions. The overall impression is that ACGME is serious about enhancing the development of rural programs and will continue to collaborate with the TAC.

Our TAC is working with the awardee programs to:

- Develop individualized action plans towards financial sustainability and ACGME accreditation
- Ensure adequate resources for support
- Invite them to join learning collaboratives, including participation in The RTT Collaborative and attendance at its Annual Meeting.

In addition to establishing and growing the RRPD Learning Collaborative, the TAC aims to evaluate and continuously improve the services provided by the RRPD-TAC, track the outcomes of the RRPD program and disseminate findings to influence policy. Portions of a toolbox created in support of these programs will be available to non-grantees as well. For more information, see <https://www.ruralgme.org/>. Please send questions or inquiries to info@ruralgme.org.

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2019 AAFP National Conference

As in previous years, the RTT Collaborative sponsored a booth in close proximity to Rural PREP and 3RNet to create a rural presence at the 2019 National Conference, July 25 through 27 in Kansas City. Rural was present everywhere, with more than 30 RTT Collaborative participating programs represented around the exhibit hall.

Dr. Longenecker and Dr. Dave Schmitz, associate director for RTTC, twice presented with Dr. Kim Stutzman, Chief Rural Officer for Family Medicine Residency of Idaho, and Dr. Eric Donahue, a third year resident from a rurally focused program in Boise and Caldwell, ID, on the topic, "Patient and Community-Centered Care in the Rural Landscape: Is it Great to Be a Small-Town Doc?"

On Saturday, July 27, the Wisconsin Collaborative for Rural GME (WCRGME) and RTTC co-sponsored a rural inquiry student breakfast and focus group at Hotel Phillips. The breakfast engaged 30 students from 12 States in dialogue with 10 faculty and residents from rurally located and rurally focused programs. In addition to residents and faculty, from multiple perspectives,

Rural Inquiry Breakfast focus group led by Dr. David Schmitz, University of North Dakota.



Dr. Longenecker and Dawn Mollica connect with third year residents and previous Ohio University Rural and Urban Scholars Pathways students Ben Oldach and Grace Brantingham

answering students' questions, the students requested better information for finding a rural rotation and suggested a video-conference opportunity to ask questions of a rural resident and learn from a rural physician about a "day in the life" of a rural doctor.

The NRHA provided a complimentary one-year membership to the students who visited the RTTC booth and/or attended the breakfast. Overall, we engaged 59 students from 26 States, as well as residents and faculty from RTTC participating and other programs.

If you have ideas for increasing student interest in rural medicine please let us know! The Rural Residency Planning and Development Technical Assistance Center, described on page 5, and The RTT Collaborative are both committed to increasing the number of student applicants to rural programs in primary care and other generalist specialties of primary importance to rural communities, such as general surgery, obstetrics and gynecology, and psychiatry. Please send your ideas to longenec@ohio.edu.

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Meet Our New Board Member: Robert W. Gobbo, M.D.

What is your role?

Program Director – Providence Hood River Family Medicine Residency Rural Program Director

What is your educational experience?

Attended college at University of San Francisco and Medical School at UCLA School of Medicine

What drew you to rural medical education?

My first position after my residency and fellowship was in a small rural community of Hood River Oregon in 1988. Although I have been on residency faculties in both central California and Portland, Oregon, I was asked to consider developing a rural program by many of the rural family physicians in Hood River in 2010. Many rural based family physicians identified an acute need to train physicians to possess the broad scope of skills required to care for rural populations within a smaller community away from academic and urban centers.

What do you think is the biggest advantage of being part of the RTT Collaborative?

The RTT collaborative was where I found likeminded clinicians and educators that helped make this dream a reality. The help I received in developing the idea of a 1-2 rural program, create innovative solutions to address the needs of rural communities and the kinship of the members has been instrumental in ensuring we were able to gain accreditation and success. I am looking forward to serving on the RTT Board of Directors and help ensure this amazing

organization continues to thrive and support existing, new and developing programs to expand training opportunities to serve rural America.



What is your favorite part of working in rural medicine?

My favorite part of working in rural medical education is getting opportunity to work alongside so many talented clinicians and educators and see our graduates go on to find positions in rural communities in Oregon and Washington and practice full scope family medicine. I also very much appreciate being part of a community where I see my co-workers, patients and families every day in all sorts of venues, whether that be in the clinic and hospital, churches, grocery store, grange, homeless shelter, community parks, athletic fields and festivals, hiking trails and the county fair. These connections all help me be part of a larger sense of a more healthy and vibrant rural community.



Photo Courtesy of [Providence Health and Services](#).



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Meet Our New Board Member: S. Robert Epstein, M.D.

What is your role?

Program Director, Port Angeles Rural Program, Swedish Cherry Hill Family Medicine Residency

What is your educational experience?

Attended college at University of Washington and Medical School at University of Washington School of Medicine, I was also a nurse for about 8 years between undergraduate and medical school.

What drew you to rural medical education?

My wife and I were river guides and nurses in some very rural areas before I returned to medical school. We always imagined our family living in a smaller rural community after I finished my residency training. I always enjoyed teaching. So when we settled in Port Angeles, some 20 years ago, I started to become involved with the University of Washington School of Medicine as a rural clinical preceptor. When I was site director in 2004, our clinic and local hospital became a UWSOM clerkship site. Around that time my partners and I started talking about developing a Port Angeles RTT in about 2010. I attended my first RTT Collaborative meeting in Boise in 2013 and thus started the process of developing the Port Angeles RTT. My involvement with undergraduate medical training and GME has been a very organic process. I also find that placed based education allows future rural providers to be better trained for small communities and the medical problems they will see when they are out of training.

What do you think is the biggest advantage of being part of the RTT Collaborative?

The RTT Collaborative has been very important resource in the process of getting our Rural Program started. From helping me attend NIPDD, doing a RTT Site evaluation in the early part of program development and the constant support throughout our program ACGME accreditation. The RTT Collaborative Annual meetings have become a very important part of my continued GME education, and the meetings are a place to meet new people and exchange ideas. I look forward to being on the RTT Collaborative Board and working on the continued growth of the organization's role in rural medical provider education.

What do you think is the biggest advantage of being part of the RTT Collaborative?

My favorite part of practicing in a rural environment is being involved in our community. Watching our young patients grow up and working with people over an extended period of time has been the most rewarding aspect of my career. Also, I appreciate being able to practice really broad spectrum family medicine and being involved in rural medical education. Seeing our students and residents develop those relationships and skills during their time with us and realize that the ability to provide that broad spectrum of care is possible is a big advantage.



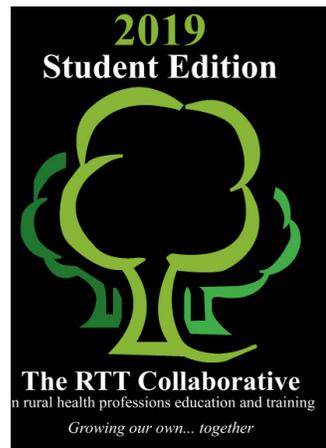
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Board Position Available for Student or Resident:

The RTT Collaborative is looking to appoint a medical student and resident member to our Board. Responsibilities include quarterly online meetings (using ZOOM), one of which is an in-person meeting usually in association with the Annual Meeting. This year's Annual Meeting is scheduled for April 15-17, 2020 in Stevenson, Washington. The student or resident member will receive reimbursement for any travel (not lodging) associated with in-person meetings and will receive free registration to the Annual Meeting.

To be eligible, a student must be a participant in a medical school rural program. Preference will be given to those students from medical schools who are currently [participants in The RTT Collaborative](#), of which there are currently only three. Residents must be from a rural residency on our [map of rural programs](#), and as above, preference will be given to residents from RTTC participating programs. Please indicate your interest in applying to Dr. Longenecker, Executive Director, at longenec@ohio.edu with the subject line: "RTTC Student (or Resident, whichever applies) Board Application." **Please respond by September 30, 2019.**

Please include a one-page summary as to why you believe you would be a particularly good candidate for this position. Students should include a letter of support from their medical school's rural program director and residents from their residency program director.



Read testimonials from current resident board members in the [Student Edition](#) of our newsletter.

Rural PREP Grand Rounds:

Join us! Assemble an in person team of 3-6 learners and faculty for our next Grand Rounds event. You can find our schedule on the [Grand Rounds website](#). If this is your first time participating, we will give you a call to walk you through our unique format so you have everything you need to enjoy the experience.

Learn from experts in the field, make connections in the rural medicine network, experience collaborative learning with your colleagues, and implement active team based learning events in your own place on your own time.

Share your expertise! The Rural PREP team is continuously recruiting presenters on a variety of topics relevant to rural health and practice through an open request for proposals. If you have an idea for a 12-minute presentation relevant to rural health, fill out the short form on our submission page. Our team of instructional designers will help you turn your idea into a full hour of learning materials that you can use again and again. We offer a \$250 honorarium for all subject-matter experts who present in the Grand Rounds. and you get credits for a scholarly activity/national presentation!

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Join the Movement

Join a network of individuals and programs dedicated to sustaining health professions education in rural places! To learn more about The RTT Collaborative or to become a participating program, please visit our page [online](#).

Formal participation in the RTT Collaborative requires an annual fee of \$2,500. The fees help to support an administrative infrastructure for a co-op of rural programs, in addition to many other benefits including:

- Reduced conference fees to the RTT Collaborative Annual Meeting

The Continuum of Rural Medical Education: Across time, place, and discipline

This year's **Annual Meeting** promises to be an exciting event! Hosted by three participating rural residency programs in Oregon – a new precedent in hosting for [The RTT Collaborative](#) who usually engages with just one program annually – the Collaborative is enjoying its seventh year of existence as a nationwide cooperative of rural programs. The meeting also welcomes the **Rural Medical Educators** (a special interest group within the National Rural Health Association) and the **Rural Residency Planning and Development** grantees and technical assistance center staff for 2019-2021 (RRPD).

- Promotion among medical students
- Technical assistance by phone or on-site visit upon request, at a reduced fee Shared research
- Faculty development
- Assistance with matters of accreditation

If you have yet to pay your participating program fee for 2019-2020 academic year, please contact Dawn Mollica.

Programs-in-development or those interested in forming a statewide consortia should contact Dr. Randall Longenecker about adapting your participation and fees to fit your particular program needs.

Make a donation

Help to sustain the work of this organization Both individual and organizational sponsors are welcome. For more information, [click here](#).

Join us in exploring the implications for health professions education and training in rural places.



Attendees are also invited to participate in a pre-conference research Design and Dissemination Studio, and those who do so will be eligible for a \$500 travel and meeting allowance, courtesy of [Rural PREP](#), the collaborative for **Rural Primary care Research Education and Practice**. Stay tuned for further details – a call for proposals (late-October), information regarding travel and meeting allowances, and registration after the first of the year.

[Skamania Lodge](#), 1131 SW Skamania Lodge Way, Stvenson, WA 98648, April 15-17, 2020

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Join other teams of medical students, residents, and other health professions students from across the country for the next Rural PREP Grand Rounds event: "Doctor, Can I Trust You? Addressing Health Disparities and Implicit Bias in the care of LGBTQ Patients in Rural Communities"

Sign up your team: <http://bit.ly/SeptemberGrandRounds>
Questions? rprep@uw.edu



Upcoming Meetings and Events:

Rural WONCA, October 12-15, Albuquerque, NM

FMEC, November 1-3, Lancaster, PA

If you have items you would like to be included in the next edition of this newsletter, please submit ideas to Dawn Mollica at mollicd1@ohio.edu

The RTT Collaborative Board of Directors

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