The RTT Collaborative

Growing our own...together

QUARTLERLY NEWSLETTER - March 2019

IN THIS ISSUE

Photo courtesty of R. Longenecker

Spring is in the air, which means time is running out to register for the Annual Meeting in May! Join us in exploring the implications for health professions education and training in rural places.

This year's meeting will take place in Auburn, Maine at the Hilton Garden Inn Auburn Riverwatch. The final deadline for registration is April 24, 2019.

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.

To register, click here. For more meeting information, go to www.rttcollaborative.net/meetings/annual-meeting/.

Message from the Executive Director

Sustainability

I've been thinking a lot about "sustainability," and about our all-too-common pursuit of that elusive perpetual motion machine or "fountain of youth." Why do we desire it, and what do we mean when we say it?

Perhaps we desire it out of fear of change or avoidance of effort. Perhaps we long for a day when our rural programs will effortlessly maintain themselves and prosper without us. Or perhaps we want to leave a legacy. Most of the time I think we simply want what we've worked so hard to fix to stay fixed!

As I think about sustainability, some of the following words come to mind:

- Persisting
- Preserving
- Adapting to the present
- Pruning, recycling, or repurposing
- Thriving
- Innovating
- Creating the future
- Inspiring hope

All of these actions are important to sustainability, but fall on a spectrum from conservative and reactive, i.e. avoiding risk, to proactive and embracing risk - from preserving the past to realizing a bright future.

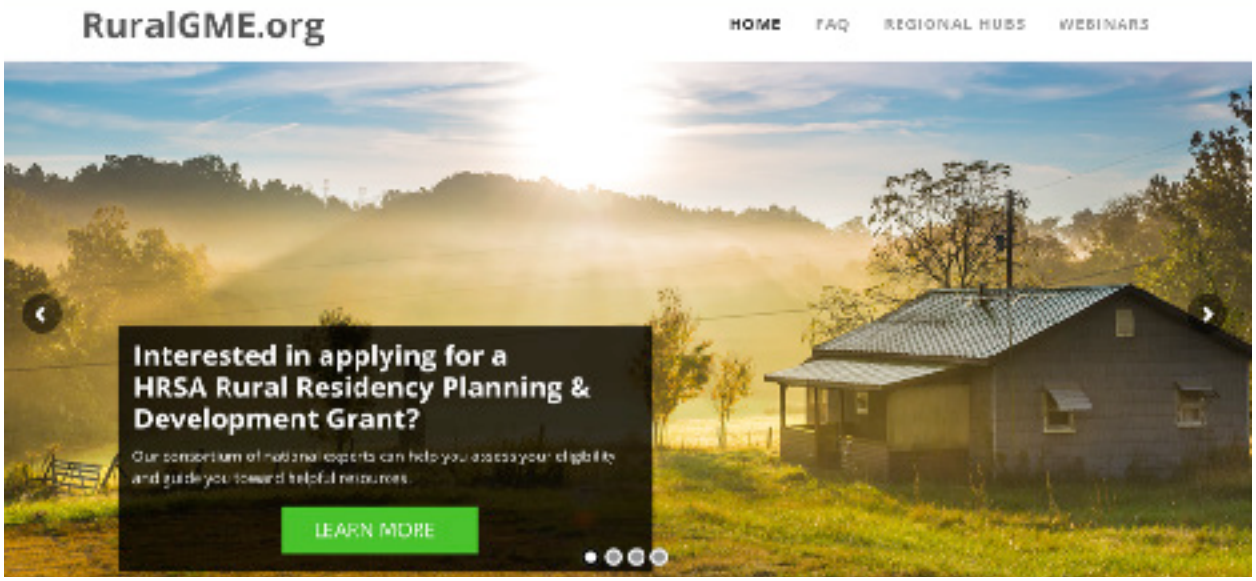
At our just completed Board Retreat, I heard all of the above - in spirit if not in word. As in the investment world, I heard "balanced toward growth" as a way forward. We were encouraged to be strategic, to "appropriately scale," and not just scale up. Although we want a place at the table, avoiding a place "on the menu," getting bigger is not the only way to accomplish this. We want to bring value, to promote relationship and connectedness, and to matter to our own and other rural communities. We want to keep our focus on sustaining health professions education and training in rural places at the same time as we enlist the support of our urban program colleagues who also produce physicians to rural practice. We want to embrace other disciplines other than family medicine.

Just this past week I heard encouraging news for rural residency programs. The ACGME Board announced at its Annual Meeting, March 7-10, 2019 in Orlando, FL, internal plans to create a special advisory division devoted to advocating for GME programs in rural and underserved settings. In addition, the proposed program requirements from the RC-FM now reference programs in the "1-2 format" and explicitly allow less than the minimum of 4 residents per year, a first in the accreditation of integrated RTTs! Both of these developments occurred in significant part through the efforts of individuals and programs within this organization.

We have been sustained and will continue to be sustained through our cooperative efforts. It's as important now, perhaps more than ever, that we apply the hedgehog concept: Do the one thing or few things that matter most, keeping our eye on the ball and knowing our place in the field. We need your counsel and I welcome your thoughts and advice. The health of rural communities and the individuals and families within them depend on it.

Randall Longenecker MD
Executive Director

RRPD and Resources for Rural GME



As this HRSA call for grant applications nears the deadline of March 25, the RRPD Technical Assistance Center is gearing up to meet the needs of awardees who will likely be announced in July. Please visit https://ruralgme.org to find a growing list of resources, not only for grant recipients, but for any developing rural residency program in any specialty. The ACGME has just announced its intent to create a special advisory division devoted to promoting and assisting residency accreditation in rural and underserved communities., which will be a real boon to these developing programs, especially in specialties other than family medicine. This entity is expected to publicly launch following internal work with specialty review committees and staff over the coming 6 months.

Alternative Payment for Rural GME

The Rural Physician Workforce Production Act of 2019, introduced as S289 in late January, has 3 co-sponsors in the Senate and a companion bill is developing in the House. Here is a link to the text of the bill: https://www.congress.gov/bill/116th-congress/senate-bill/289?q=%7B%22search%22%3A%5B%22S289%22%5D%7D&s=1&r=1

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

GME Initiative Summit – March 20-22, 2019 in Washington, DC

This annual event, with a theme this year of "Building Community Responsive GME," will convene rural educators, researchers, policy folks, legislators and staff, and community members in considering a path to the future in transforming our system for financing graduate medical education. Stay tuned for further good news!

Competency Domains for Rural Practice

What does "Comprehensive" mean in Rural Family Medicine today? A personal view -

Written by Frank Reed

Frank explains why he chose a goat as his favorite animal! Photo Courtesy of Rural PREP.

You'll never be able to know and do everything that is required!" Such was the daunting, if well-meaning, advice from my senior-year medical school advisor in 1970 as I outlined my aspirations to be a country doctor. As I sit here, nearly 50 years later, I am thankful for following my instincts and deciding to pursue a life in Family Medicine. Through the years, I've come to a more nuanced view of what is required in different settings and a new appreciation what it means to be a "comprehensive" Family Physician. It is both less and more than what I was led to believe by my advisor.

The notion of comprehensiveness in medical practice implies broad knowledge and skill. However, the boundaries of comprehensiveness are not defined solely by the knowledge and skills of an individual but by the knowledge, skills and effectiveness of the team comprising the practice and community. Medical school and residency training matters a great deal as does the willingness of the community to support and participate in creating a comprehensive care environment, one that is intentional and coordinated among multiple players. The comprehensive rural practitioner must understand context, maintain curiosity, be willing to improvise and innovate when facing limitations and always be a student, keeping an eye on the intersection of self-confidence and competence. Furthermore, comprehensiveness by any definition is a life-long commitment that includes acquiring new knowledge and skills and discarding outdated and habitual modes of ineffective practice.

Consistent with this view, a recent study by RTT colleagues Randy Longenecker, et. al., exploring rural practice competency through the perspectives and experience of rural educators and practitioners, Comprehensiveness was cited as one of several competency domains and characterized, in addition to requiring broad knowledge and skill, as possessing a ready willingness to expand and grow, be a leader and life-long learner[1]

In addition to improved understanding of rural competencies, today's rural family physician and his/her team have access to at least two additional practical aids to promote comprehensiveness. The content of Family Medicine and real-time decision support in the internet age, each provide a path to comprehensiveness. Because of the systematic study of the content of Family Medicine in the last century, we know which problems most patients have and it's a relatively modest number.

Competency Domains for Rural Practice Cont.

The appeal of rural practice is that most of these problems, with the caveat of the occasional "zebra," channel to the Family Physicians office. This is frequently not the case in urban communities. We simply don't need to "know everything" (Virginia Study and others[2,3]). Of course, individual communities vary slightly in their demographics, needs and disease profiles[4], but we know that about 20 problems comprise 50% of what most patients bring to the rural Family Medicine practice with approximately 200 more rounding out 95% of the rest.

Perhaps the greatest asset to comprehensiveness is the wide availability of the internet, and with it access to unprecedented clinical decision support. Through platforms that bring current, evidence-based, useful information to our smart phones and computers, rural practitioners are connected to clinical help as never before. For more complex, interactive situations requiring face-to-face expertise, rural telemedicine is being employed more broadly, geographically and clinically. So, being comprehensive today in rural practice seems both possible and feasible.

In the end, I think my medical school advisor got it partially right back in the day. He was correct that I can't possibly "know everything I need," especially at the completion of residency training. I can't be the cognitive or procedural equivalent of a large multi-specialty group, the model he knew. But, thankfully, he also got it wrong in thinking that a multi-specialty group packaged into a single rural physician was what was needed in rural practice. Being a comprehensive rural physician today means being on an inter-professional team. This is made possible by the evolution of Family Medicine education and new modes of care delivery that leverage the resources of the community beyond the individual physician. The ecology of rural practice remains delicate but I'm optimistic that steady forward progress is being made in many communities all over rural America, and increasingly, more young Family Physicians are realizing the attractiveness of being part of comprehensive, community-based solutions for improving local health.

1. Longenecker, R. et.al., Fam Med.2018;50 (1) :28-36
2. Marsland DW, Wood M, Mayo F. Content of Family Practice-Parts 1 and 2. Part One: Rank Order of diagnoses by Frequency. Part Two: diagnoses by Disease Category and Age/Sex JFP 1976;3:37-68
3. Geyman JP. Toward a definition of family practice—a quantum jump. JFP 1976;
4. Green L.A., Reed FM., Martini C., Warren P.S., Simmons R.L., Marshall J.A.: Differences in Morbidity Patterns Among Rural, Urban and Teaching Family Practices: A One-Year Study of TweColorado Family Practices. Journal of Family Practice pp1975-1980, December 1979.

Participating Program Spotlight

Developing Programs

Tucked in the coastal plains of Greenville, North Carolina, the rich cotton lands of southeast Arkansas and the forested hills and rolling prairies of Missouri are three Developing Programs that have been working especially hard to fulfill big aspirations over the next three years. The **ARCOM Rural Initiative**, the **Expansion of Family Medicine Residency Program at both the Vidant Medical Center and the Brody School of Medicine** and the **University of Missouri/Bothwell Regional Health System RTT**, all have plans to begin training resident physicians before or by 2022.

www.rttcollaborative.net/about/tools-and-assistance/

"Arkansas College of Osteopathic Medicine (ARCOM) mission is to train medical students and residents to serve the underserved," said Tony A. Little, DO, FAAFP. We are currently developing primary care residencies across the states of Arkansas and southern Missouri. We anticipate that DELTA ARHI program development will be duplicated across the region."

The ARCOM Rural Initiative is not the only program with hopes of expanding. Kathleen Quinn, PhD, Associate Dean for Rural Health at the University of Missouri, also shared her hopes of expanding the University of Missouri/Bothwell Regional Health System RTT to two other rural hospitals in the future.

According to Herbert Garrison, MD, MPH, Associate Dean for Graduate Medical Education and Designated Institutional Official at Brody School of Medicine of East Carolina University, the development of their two rural pathways in Duplin County and Hertford County are just the two initial pathways. Garrison's advice to anyone thinking of developing their own program: don't undertake the challenge on your own. Garrison credits the RTT Collaborative for moving along the development of their expansion.

Expanding upon the advice for other developing programs, Quinn stated, "Utilize the RTT Collaborative. Start the planning and selection process 1- 2 years prior to implementation."

Aside from being Developing Programs, their goals and missions very much align with that of any rural training program, to train students to meet the healthcare needs of rural populations and to deliver those areas with high quality healthcare. This consortia of Developing Programs are just a few of the many programs the RTT Collaborative has partnered with since 2012. As these programs continue to embark on their journey of development, we look forward to working with them and seeing their impressive milestones along the way.

RTT Collaborative Update

Getting to Know the Newest Board Member

The RTT Collaborative is proud to announce the addition of Daniel Burke, M.D. to the 2019 Board of Directors. Burke has 21 years of experience in the Rural Health Field and has served as the Program Director for University of Colorado – Morgan County Rural Training Track for 7 years.

After attending the University of Massachusetts Amherst for undergrad, Burke moved from his home state of Massachusetts to Denver, Colorado for residency, and has been affiliated with the University of Colorado ever since. Upon finishing residency, Burke worked as the admitting physician for a network of thirteen affiliated clinics. After a few years, Burke made the move to private practice where he did "full scope" care for five years. In 1998, Burke joined the faculty of the University affiliated Rose Residency and was the Medical Director of the Continuity clinic. Six years later, he migrated a few miles away to join the University's Residency faculty and became program director later that year.

Burke was first affiliated with rural training in 2009. His first go at starting an RTT came up financially short. "We couldn't find the support to fill the gap and things began to unravel," said Burke. "The community of interested parties that was developed through working on this project did continue to collaborate, so we were in a good position to advocate for state support when the state had an expected budget surplus in 2013." Now, the state is supporting three new RTT's: Sterling, Alamosa and Fort Morgan.

Burke's first experience with the RTT Collaborative came in 2014 when he attended an Annual Meeting in Athens, Ohio, the home of the RTT Collaborative. Five years later, Burke has become an essential part of the program by joining the Board.

"I didn't aspire; I was 'voluntold.' Mark Deutchman wanted to get off the board and Randy told him he couldn't unless he had a replacement. My office is 6 doors down from Mark's and I was the only one near-by who has any rural residency "cred". So when Randy told this to Mark it was like I had a target on my back," joked Burke. "So here I am on the board and I'm actually thrilled."

As the newest board member of the RTT Collaborative, Burke hopes to be a part of improving the health of rural areas by bringing more training programs to more communities. As someone who has aspired to be a people's doctor and a family's doctor, he hopes to push this outlook back into both rural and suburban areas.

"I believe in the power of collaboration to address and solve problems. The issues of rural health are complex and can seem overwhelming. The RTT creates a forum for conversation and collaboration for problem solving and a place of support and encouragement. The people involved have a great combinations of content expertise, experience and a sense of both mission and adventure," stated Burke.

RTT COLLABORATIVE

Photo Contest

First Place: Defeating Parkinson's Disease

Photo by Ash Sampath

As a medical student conducting a rural rotation in Southeast Missouri, Ash Sampath saw an opportunity to make a big difference in a little community. As part of a rural, service learning project, Sampath created a goal-oriented, non-contact boxing program for Parkinson's disease patients based off of literature and similar programs..

The program targets the constraints of Parkinson's disease, which include range of motion, flexibility, gait, posture and more. With the help of 6 volunteers, neurologists at the University of Missouri, and exercise physiologists at Southeast Missouri State, the program quickly grew from one patient in October 2018 to 15 patients later that year.

"Participants come from as far as 75 miles away 3 times a week to participate," said Sampath. We've seen improvements in confidende, strength, motor symptoms and non-motor symptoms. It's very exciting.

RTT COLLABORATIVE

Photo Contest

Second Place Photo
"Eliminating Barriers to Immunization - Prevention Outreach in Rural Ohio"
Photo by Vickey Haller

Third Place Photo
" Resident Gives a Flu Shot in the Parking Lot"
Photo by Amanda Castillo

Honorable Mention
"Twin Falls"
Photo by Tony Bllankers

Honorable Mention
"Healthcare in the Cold"
Photo by Benjamin Hammer

Other Information

May is a busy month for Rural Prep! The Design and Dissemination Studio will take place at NRHA in Atlanta and the RTTC Annual Meeting will be held in Maine. Be sure to mark your calendars and watch for microresearch announcement coming soon.

Rural PREP

Preparing for rural practice

Upcoming Meetings and Events:

GMEI Summit, Washington, D.C., March 20-22, 2019

AACOM & AODME Joint Annual Conference, Washington, D.C., April 10-13, 2019

STFM, Toronto, Ontario, Canada, April 27-May 1, 2019

RME Pre-conference to NRHA Annual Meeting, Atlanta, GA, May 7, 2019

RTT Collaborative Annual Meeting and In-person Board Meeting, Auburn, Maine, May 15-17, 2019

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