

# The ACGME and Rural Programs

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RANDALL LONGENECKER MD

EXECUTIVE DIRECTOR, THE RTT COLLABORATIVE

APRIL 17, 2020

# Rural Programs and the ACGME



Accreditation Council for  
Graduate Medical Education

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APRIL 17, 2020

“...a practice with a residency”





# OSTEOPATHIC MEDICINE

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**Randall Longenecker MD, Professor of Family Medicine and  
Assistant Dean, Rural and Underserved Programs  
Ohio University Heritage College of Osteopathic Medicine**

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# Outline

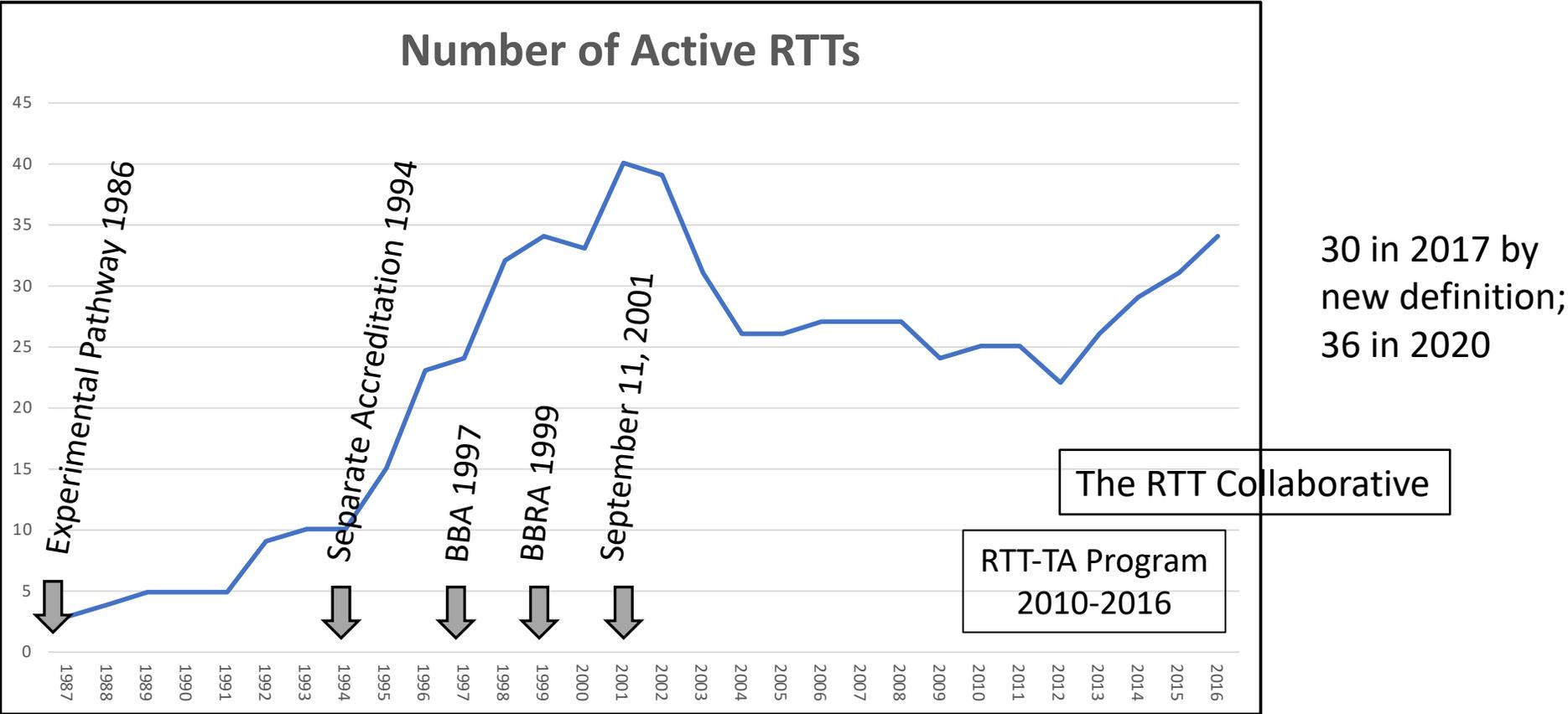
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- Trace the long history of this relationship
- Describe the current landscape, address some persistent issues as well as new opportunities
- Group interaction – Comments and Questions
- Write a collective letter of welcome to the director of the new programmatic unit within the ACGME that will advocate for programs in underserved communities - rural and urban

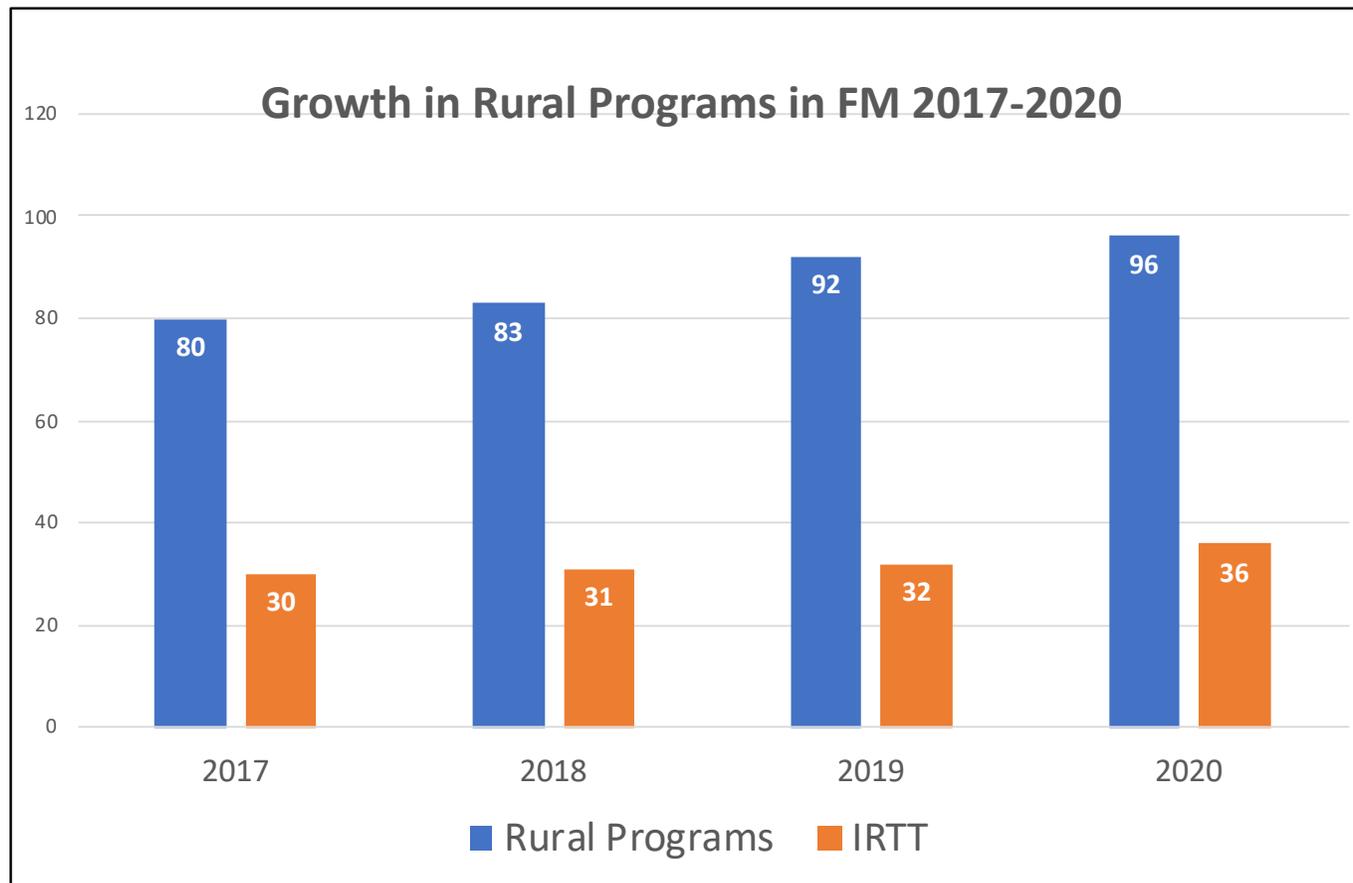
# History of Rural Programs and the ACGME

|        |  |
|--------|--|
|        | Accredited residency programs in rural places in multiple specialties                                |
| 1971   | Blackstone, VA   |
| 1978   | Enid, Oklahoma (Intern year in Oklahoma City; year 2 & 3 in Enid; subsequent AOA accreditation, now) |
| 1986   | Colville, WA – Experimental program in association with Spokane                                      |
| 1994   | Colville, WA – Granted an ACGME # and separate accreditation in the 1-2 format                       |
| 1996ff | Rapid growth, then decline – recruiting, accreditation, finance                                      |
| 2010ff | Gradual disappearance of “1-2 format” in ACGME public listing  |
| 2012ff | RTT Guidance taken down from ACGME website   |
| 2017   | Work Group: ACGME Accreditation and Medically Underserved Areas                                      |
|        | ???  |

# History of Rural Programs and the ACGME



# History of Rural Programs and the ACGME

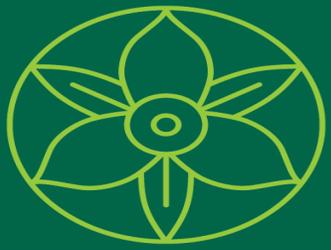


## # of PGY1 positions

|      |     |
|------|-----|
| 2017 | 322 |
| 2018 | 382 |
| 2019 | 395 |
| 2020 | 458 |

A 42% increase in 3 years

Active family medicine programs only, does not include accredited but not implemented



**CARE LEADS HERE**

**ACGME WORKGROUP PRESENTATION  
JULY 13, 2018**

# **RURAL PROGRAMS**

**RANDALL LONGENECKER MD**

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# Three Questions

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- What is a rural program?
- What is an organic approach to residency education, and what does that have to do with the ACGME?
- What general challenges do rural programs face, especially with regard to accreditation?

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- **What is a rural program?**
- What is an organic approach to residency education, and what does that have to do with the ACGME?
- **What general challenges do rural programs face, especially with regard to accreditation?**

# Rural Residency Program - Definition

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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 track residency, Department of Health and Human Services, Center for Medicare and Medicaid Services. *Federal Register* August 2003; <http://edocket.access.gpo.gov/2003/pdf/03-19363.pdf> (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, <https://www.ruralhealthinfo.org/am-i-rural>. (Accessed 12-31-2019)

**Rural GME Analyzer:** Categorizes hospitals other than critical access hospitals as rural, or not; <https://data.hrsa.gov/tools/rural-GME>

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

# Track or Pathway?

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## Integrated Rural Training Track (IRTT)

A rural program that is separately accredited and because of its generally smaller size is substantially integrated with a larger, often more urban residency program, often in the prototypical “1-2 format”

## Rural Pathway (sometimes called a “track” by the ACGME)

A structured experience for some or all residents within an urban program that is not separately accredited, and does not meet the greater than 50% of training threshold for all residents in the program

## The OSU Rural Program – Three Year Curriculum

Intensive immersion experiences embedded in a continuing rural practice

|   |   |   |   |   |   |   |   |   |    |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|

### YEAR 1

|   |               |                      |                     |                      |              |               |            |                               |            |                      |            |                             |
|---|---------------|----------------------|---------------------|----------------------|--------------|---------------|------------|-------------------------------|------------|----------------------|------------|-----------------------------|
| Hospital Care (Shared)  | Hospital Care | Pediatrics Inpatient | Hospital Care (NRP) | Special Care Nursery | OB – Newborn | Hospital Care | Cardiology | Hospital Care (Wound Healing) | MICU       | Hospital Care (ATLS) | Peds ER    | Scholarly Activity (Shared) |
| MRH   | MRH           | CHC                  | MRH                 | OSUH                 | MRH          | MRH           | OSUH       | MRH                           | OSUH       | MRH                  | CHC        | MRH                         |
| <b>Mad River Family Practice -- Periodic office patient care, daily hospital rounds</b> |               |                      |                     |                      |              |               |            |                               |            |                      |            |                             |
| 2 Half-days   | 2 Half-days   | 1 Half-day           | 2 Half-days         | 1 Half-day           | 2 Half-days  | 1 Half-day    |            | 2 Half-days                   | 1 Half-day | 2 Half-days          | 1 Half-day | 3 Half-days                 |

### YEAR 2

|   |               |              |                                    |              |                       |                                       |             |                         |               |             |
|---|---------------|--------------|------------------------------------|--------------|-----------------------|---------------------------------------|-------------|-------------------------|---------------|-------------|
| Ambulatory Cardiology   | Elective      | OB - Newborn | OB – Newborn (High Risk Immersion) | Derma-tology | Pediatrics Outpatient | ICU – Intern Med                      | Orthopedics | Medical Sub - specialty | Elective      | GYN         |
| MRH/Offic   |               | MRH          | MRH                                | Office       | Office                | MRH                                   | MRH/Office  | MRH/Office              |               | Office      |
| <b>Mad River Family Practice -- Periodic office patient care, daily hospital rounds<br/>Scholarly Activity and Community Medicine</b> |               |              |                                    |              |                       |                                       |             |                         |               |             |
| 4 Office Half-days  | 0-4 Half-days | 2 Half-days  | 2 Half-days                        | 4 Half-days  | 2 Half-days           | 8 Half-days one week<br>None the next | 4 half-days | 4 Half-days             | 0-4 Half-days | 3 Half-days |

### YEAR 3

|  |   |             |               |   |               |                 |               |                         |
|--|---|-------------|---------------|---|---------------|-----------------|---------------|-------------------------|
| Elective   | Geriatrics, Physical Medicine, and Psychiatry | GYN         | Elective      | Surgical Subspecialties – Ophthalmology, ENT, Urology, Podiatry | Elective      | Sports Medicine | Elective      | Medical Sub - specialty |
|  | Office  | Office      |               | Office  |               | OSU Sports Ctr  |               | MRH/Office              |
| <b>Mad River Family Practice -- Periodic office patient care, daily hospital rounds<br/>Practice Management and Community Intervention</b> |   |             |               |   |               |                 |               |                         |
| 0-4 Half-days  | 5 Office Half-days                            | 4 Half-days | 0-4 Half-days | 5 Office Half-days  | 0-4 Half-days | 4 Half-days     | 0-4 Half-days | 0-4 Half-days           |

[Gray shaded rotations occur at least in part in Columbus, Ohio]

# Challenges of Accreditation

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Survey of RTTs in 2013, communicated to the RC for Family Medicine in response to proposed changes in the program requirements for FM

Rural PREP 2017-2018 research project, “How Can We Support Rural-centric Residency Programs as Unified ACGME Accreditation Approaches in 2020?”

Ongoing work in consultation with established and developing rural programs over the past 8 years

# Impact Statement 2013

April 10, 2013

Eileen Ann

“First of all, we want to commend the RRC on their use of the NAS category for “**Detail**” requirements to allow appropriate flexibility and innovation, and for the more liberal use of “**should**,” removing significant sections of overly proscriptive language in the prior Requirements. We also wish to commend the use of more inclusive language regarding learners in the FMP, accommodating medical students and other health professions students in increasingly inter-professional learning environments.”

The RTT Collaborative: Sustaining quality medical education in rural places

# Rural & Small Program Study 2017-2018

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**Collaborative for  
Rural Primary care  
Research, Education, and  
Practice**



<https://ruraprep.org>

Academic Units for Primary Care Training and Enhancement



# Rural & Small Program Study

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By 2020, the accreditation of all osteopathic and allopathic physician residency programs will only be granted by the ACGME. Anecdotal evidence suggests that existing **small** and **rural** osteopathic residencies may be particularly vulnerable to losing accreditation or closing, and the development of new osteopathic residencies may be discouraged. This study seeks to identify existing and potential solutions to support rural and small residency programs under unified accreditation, such as technical assistance, achieving economies of scale through partnership with other programs, and process improvements.

Seven specialties: Family Medicine, Internal Medicine, OB/GYN, Surgery, Psychiatry, and Emergency Medicine

# Rural & Small Program Study

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- 1) Support for curriculum development
- 2) Flexibility to meet accreditation requirements
- 3) Affiliation with university programs to meet scholarly activity requirements (e.g., writing grants, publications, etc.)
- 4) Internal support for research activities (e.g., writing grants, publications, etc.)

Rural, small, and rural & small were all most challenged by research & scholarly activity, as well as PD and Faculty requirements

# Rural & Small Program Study

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“Although the program was approved by the ACGME they do not seem to know what we do and try to fit us in the standard residency box.”

“We believe we have the expertise to lead these physicians to become competent unsupervised practitioners who can handle 90 % of what is dealt with in the primary care setting with secondary (specialty care) and tertiary care (University Care) readily available. However, we are not blessed with an abundance of Internal Medicine staff physicians and would like to utilize some of the board-certified Family Physicians with 20 plus years of experience...”

# Summary Asks of the Work Group

- Partner with The RTT Collaborative in addressing the unique needs of rural programs
- Continue to encourage program innovation and organic, community-responsive, and adaptive design
- Address rural and other alternative tracks in the Common Requirements across specialties
- Implement rural-relevant and responsive metrics
- Apply the tools of small area analysis to the interpretation of outcome measures

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“All organizations are perfectly designed to get the results they get!” (Arthur Jones)

“Every system is perfectly designed to get the results it gets.” (W. Edwards Deming)

**The accreditation system we now have is perfectly designed to get the results we are now getting!**



# 2020 ACGME Annual Educational Conference

## **SES090: ACGME Accreditation and Medically Underserved Areas and Populations**



**Kevin Weiss, MD, MPH**

Chief of Sponsoring Institutions and Clinical Learning Environments

**Paul Foster Johnson, MFA**

Executive Director, Institutional Accreditation

No conflicts/dualities of interest or financial relationships to disclose.



## Work Group (External Members)

| Name                        | Title  | Organization   |
|-----------------------------|--|--|
| Donald Brady, MD            | Designated Institutional Official                | Vanderbilt University Medical Center                 |
| Thomas Hansen, MD           | Designated Institutional Official                | Advocate Health Care                                 |
| Robert Juhasz, DO           | Medical Staff                                    | Cleveland Clinic                                     |
| Jeffrey Kirsch, MD          | Associate Dean for Clinical and Veterans Affairs | Oregon Health and Science University                 |
| Sandeep Krishnan, MD        | Fellow, Interventional Cardiology                | University of Washington School of Medicine          |
| Lorrie Langdale, MD         | Professor & Chief of General Surgery             | University of Washington School of Medicine          |
| Karen Nichols, DO, MA       | Dean   | Midwestern Univ/Chicago Coll of Osteopathic Medicine |
| Jeffrey Pettit, PhD         | Clinical Associate Professor (Public Member)     | University of Iowa Hospitals & Clinics               |
| Benjamin Preyss, MD         | Medical Director of Population Health            | Lawndale Christian Health Center                     |
| Claudia Ramirez Sanchez, MD | PGY-2, Internal Medicine (Resident Member)       | Cook County Health and Hospital System               |
| Gary Slick, DO              | Designated Institutional Official                | Oklahoma State University Center for Health Sciences |



## Work Group (Internal Members)

| Name                   | Title   |
|------------------------|---|
| Paige Amidon, MBA, MPH | Senior Vice President, Department of Communications |
| John Combes, MD        | Visiting Scholar, Department of Education           |
| Kate Hatlak, MSEd      | Executive Director, Hospital-Based Accreditation    |
| Paul Johnson, MFA      | Executive Director, Institutional Accreditation     |
| Mary Lieh-Lai, MD      | Senior Vice President, Medical Accreditation        |
| Lorenzo Pence, DO      | Senior Vice President, Osteopathic Accreditation    |
| Paul Rockey, MD        | Scholar-in-Residence                                |
| Kevin Weiss, MD        | Senior Vice President, Institutional Accreditation  |



## Presenters at Work Group Meetings

| Presenter                           | Presenter Title, Organization  | Presentation Title   |
|-------------------------------------|--|--|
| Lori Mihalich-Levin                 | Partner, Dentons   | Regulatory Mechanisms for GME Financing in Medically Underserved Areas |
| John Sealey, DO                     | DIO, Detroit Wayne County Health Authority GME Consortium  | GME and Accreditation in Urban Medically Underserved Areas             |
| Roxanne Fahrenwald, MD, MS          | DIO, Montana Family Medicine Residency   | GME and Accreditation in Rural Medically Underserved Areas             |
| Candice Chen, MD                    | Director, Division of Medicine and Dentistry, HRSA   | HRSA's Support of GME in Medically Underserved Areas                   |
| Tom Gearan, MD                      | Program Director, Internal Medicine, Maine Medical Center  | Maine Medical Center, Rural Internal Medicine                          |
| Kathleen Klink, MD<br>Edward P. ... | Chief, Health Professions Education (Klink), GME<br>... of Veterans Affairs                            | Presentation from Department of Veterans Affairs                       |
| Randall Longenecker, MD             | Assistant Dean, Rural & Underserved Programs, Ohio University Heritage College of Osteopathic Medicine | Presentation from RTT Collaborative                                    |





# Accreditation Framework

- I. Enhanced ACGME Support
- II. Proposed Modifications to Accreditation Process
- III. Potential Variance in ACGME Requirements
- IV. Evolving Sponsoring Institutions to Succeed in Educating Physicians for MUA/Ps



## I. Enhanced ACGME Support

- New programmatic unit and advisory committee
- Enhancement of ACGME systems and data collection
- Additional learning activities



## II. Proposed Modifications to Accreditation Process

- ACGME committees' engagement with MUA/P framework
- ACGME processes aligned with funding mechanisms (e.g., Rural Training Tracks)
- Oversight of progress in establishing new GME in MUA/Ps



### III. Potential Future Variance in ACGME Requirements

*Important considerations for GME in MUA/Ps:*

- Program directors, faculty members, program coordinators
- Supervision
- Continuity of educational experiences
- Primary sites and participating sites
- Curriculum
- Retention
- Small programs



## IV. Sponsoring Institutions

- Three SI models:
  - MUA/P-based SI
  - Non-MUA/P-based SI extension
  - Non-MUA/P-based SI transition to MUA/P-based SI
- Streamline SI/program application
- Learning and working environment
- Oversight



## Addressing Rural Training Tracks (RTTs)

- ACGME definitions of terms related to programs with RTTs
- A common method for identification and data management concerning programs with RTTs
- A common method for ACGME Review Committees to manage the accreditation of programs with RTTs;
- Published guidance regarding the accreditation of programs with RTTs
- An ACGME web page including information about the accreditation of programs with RTTs, with links to relevant external content.



## Short- to Medium-Term Goals

- Recruit Director of new programmatic unit
- Establish permanent advisory committee
- Convene Review Committees interested in collaborations related to accreditation and MUAs/MUPs
- ACGME web page
- Accomplish RTT action items



# Breaking News!

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**Laney McDougal** joined the ACGME on Wednesday, April 8th in the position of **Director, Medically Underserved Areas/Populations and Graduate Medical Education**, in the Department of Sponsoring Institutions and Clinical Learning Environments and the Department of Accreditation, Recognition, and Field Activities.

She will be responsible for leading the ACGME's efforts to advance graduate medical education (GME) that addresses health and healthcare in medically underserved areas and populations. She will oversee a new programmatic unit of the ACGME that will coordinate these efforts and will participate in the development of relevant educational programming and outreach activities.



# The RTT Collaborative

in rural health professions education and training

*Growing our own...together*

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A rural health professions education network and a  
cooperative extension service

**“a community of practice”**

<http://www.rttcollaborative.net>



## Map of Participating Programs



# Interactive Map - Rural Family Medicine



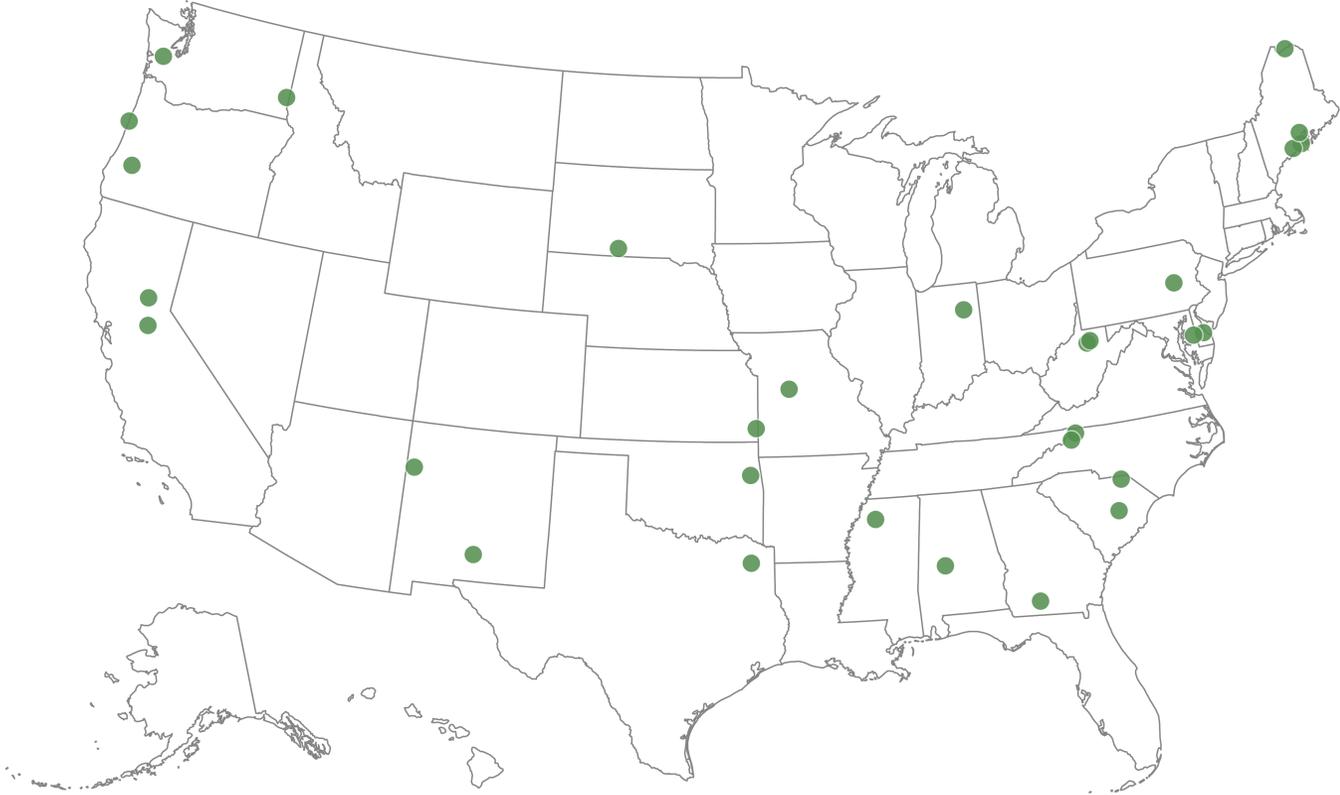
<https://rttcollaborative.net/rural-programs/residency-map/>

# Rural Residency Planning and Development - Technical Assistance Center (RRPD-TAC)



# RRPD Grantees – July 2019

Rural Community Practice Locations



# Accreditation for Rural Programs

Family Medicine, Internal Medicine and Psychiatry

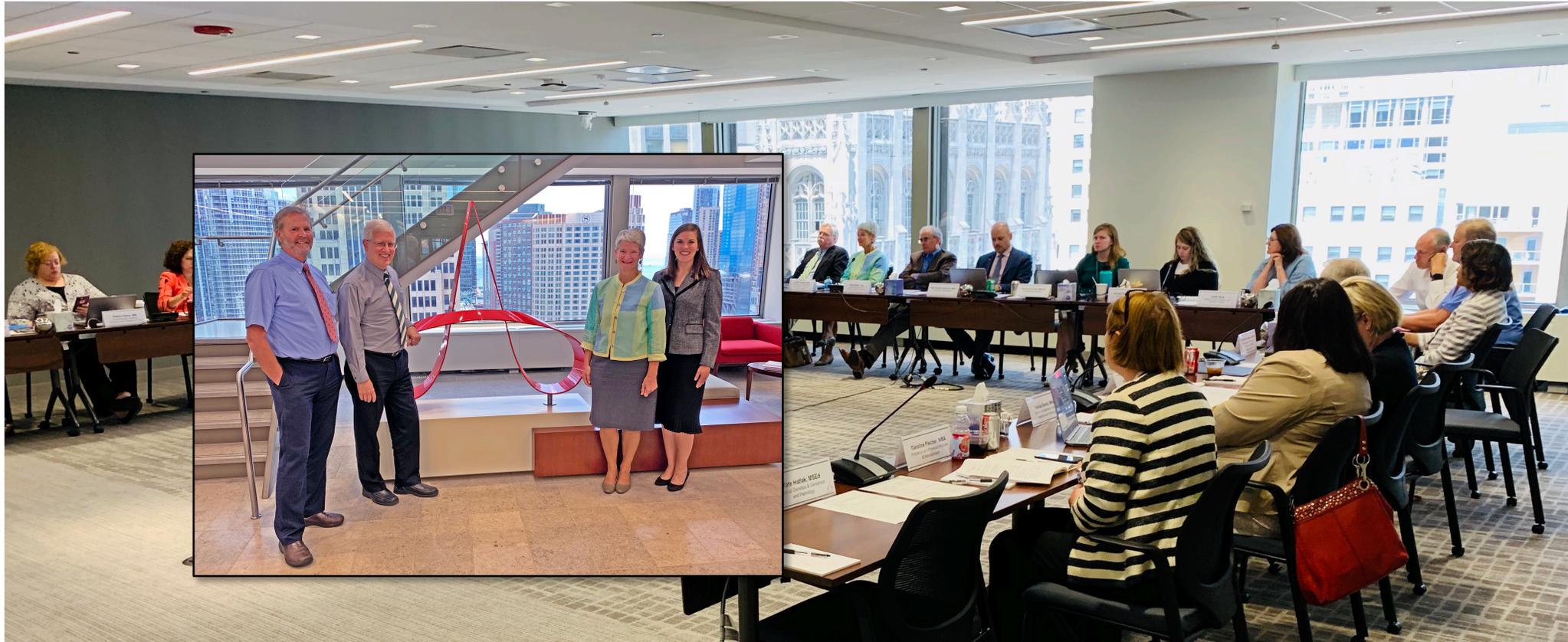
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**Rural Residency Planning & Development Technical Assistance Center**

Randall Longenecker MD and Evan Ashkin MD

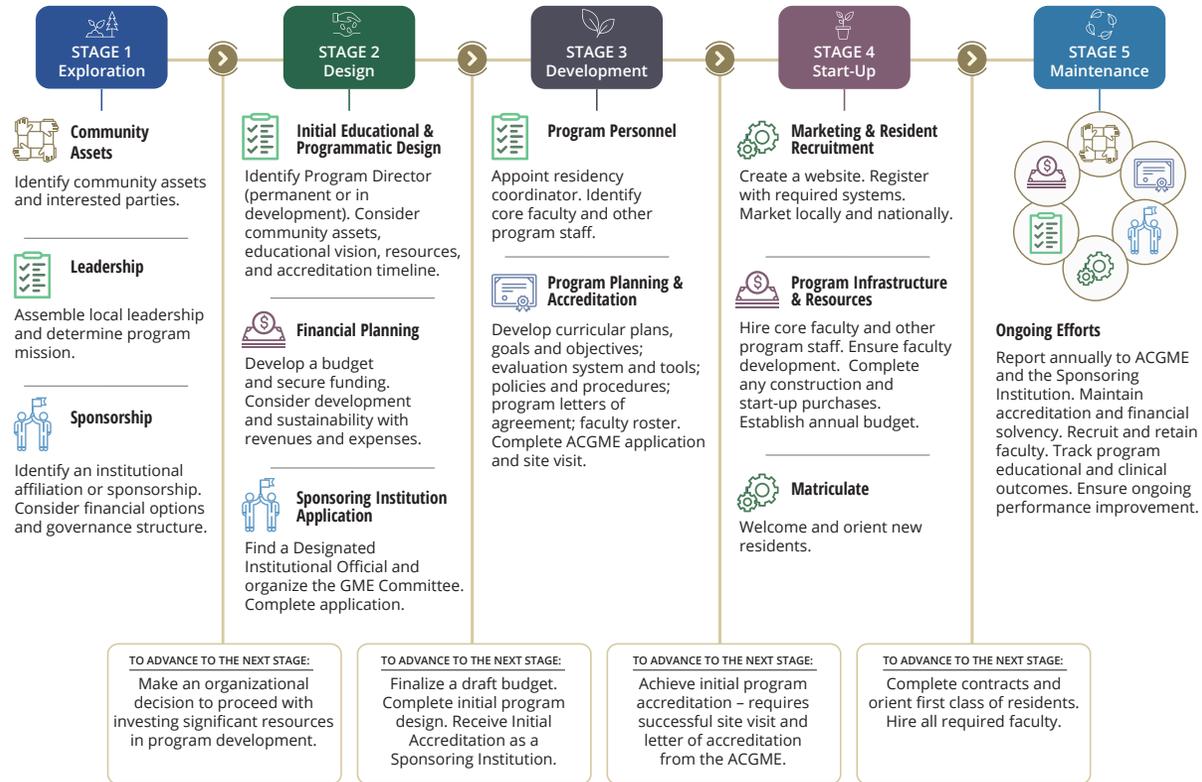
January 22, 2019

# A Visit to the ACGME – August 2019



# Rural Residency Planning & Development

 **RuralGME.org** Roadmap for Rural Residency Program Development



# Rural Residency Planning & Development

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## Interested in Access to the Roadmap, Toolkit, and Other Resources?

- Email [info@ruralgme.org](mailto:info@ruralgme.org) with email subject “Portal/Toolbox access” and provide your name.
- You will receive an email response with instructions for setting up your account.



# Persistent Issues & Challenges

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- Lack of consistent nomenclature in reference to rural programs
- Language bias – The assumption of superiority or dominance in reference to the standard program (e.g. “core” or “main” program)
- Lack of data regarding rurality of training experiences
- Particular challenges of scholarly activity in small and rural programs

**Hope has not been cancelled!**

# Questions and Comments?

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Please type your questions and comments in the  
Chat box, if you have not already done so

# References

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Longenecker R. Rural Medical Education Programs: A Proposed Nomenclature. *Journal of Graduate Medical Education* June 2017;9(3):283-286. <https://doi.org/10.4300/JGME-D-16-00550.1> (Accessed 4-15-2020)

Longenecker R, Schmitz D. Building a community of practice in rural medical education: Growing our own together. *Rural and Remote Health*, 17: 4195. (Online) 2017. Available at <http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=4195> (Accessed 4-15-2020)

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

Rural Residency Planning and Development Technical Assistance Center – portal access to a rural residency development toolbox with a variety of resources, including those specific to accreditation in multiple specialties <https://ruralgme.org>

# Letter of Welcome

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- Please assist me in writing a collective letter of welcome to **Laney McDougal**, who, as **ACGME Director, Medically Underserved Areas/Populations and Graduate Medical Education**, will advocate for programs in rural and underserved urban communities
- Take 5 minutes or so to collect your thoughts and then type into the Chat box for everyone to see!
- If you have thoughts in the week following our meeting, please send them to me at [longenec@ohio.edu](mailto:longenec@ohio.edu)