



“Rethinking the Pipeline to Rural Practice”

The RTT Collaborative Annual Meeting – Online
Hosted by the RTTC participating rural program in Tyler and Pittsburg, Texas
11:00 AM to 2:00 PM, or following, Eastern Time** - April 7 to 9, 2021
<https://rttcollaborative.net/meetings/annual-meeting/>



<https://tpwd.texas.gov/state-parks/caddo-lake>

Join other health professions educators from rural training programs around the nation, to achieve the following:

1. Describe the evidence for effective pipeline strategies in rural health professions education and training
2. Implement at least one strategy or tool in taking a more ecological, less linear approach
3. Share at least two novel ideas for program development, finance, governance, and curriculum design
4. Adapt at least one innovation implemented by others to their own program
5. Become part of a growing network of individuals and organizations engaged in the education and training of health professionals, both undergraduate and graduate programs, from around the nation

The AAFP has reviewed The RTT Collaborative 2021 Annual Meeting Online and deemed it acceptable for up to 8.25 Online Only, Live AAFP Prescribed credit. Term of Approval is from 04/07/2021 to 04/09/2021. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This year’s Annual Meeting will again be conducted on an online Zoom platform. As in previous years, this event promises to be a wonderful opportunity for the community of practice in rural health professions education and training to meet for mutual inspiration and encouragement. We want to express appreciation to our participating programs, our host committee, our collaborative sponsors, and our meeting sponsors for helping to make this meeting possible. For a full listing, [see page 8ff](#). This year’s meeting explores the metaphor of the pipeline and the many paths to competent rural practice.

****Note that all times in this agenda are given in Eastern Time, with the opening each day beginning at 11AM Eastern (10 AM Central, 9 AM Mountain, and 8 AM Pacific)**

Special Instructions

Our conference is being hosted on a ZOOM platform. If you are not familiar with ZOOM, please download the App (zoom.us/download) so that you can participate on your device of choice. If you already have the App, make sure it has been updated to the most current version. For instructions and other frequently asked questions visit the following page:

https://support.zoom.us/hc/en-us/articles/206175806#h_bd83fa44-e32f-47b6-8fd6-0e2d1eb6077b

Registrants will be sent a calendar invite with the appropriate link and embedded password on April 5. If your device is ready and you are signed into your ZOOM account, you should be able to join with one click! **Do not share this meeting information**, since we have limited capacity and we can only accommodate those who have registered.

On the day of the conference:

1. Download the final version of the agenda, an attachment to the calendar invite meant only for meeting registrants, so that you are absolutely up to date!
2. Use a headset or earbuds to decrease background noise
3. Locate in a private space for learning with no or limited distraction
4. Stay in front of your computer so you can see your screen and participate
5. The videoconference will be opened for at least 30 minutes prior to our meeting start time – use this time to ensure your audio and video connections and to network with others via personal chat (see #6)!
6. All participants other than hosts will initially be muted and should only unmute themselves if scheduled to speak or asked to unmute yourself. You are encouraged, at least initially and during the NETworking time, to share your video. We'd love to see the whole community of practice who has gathered to participate. During most of the meeting, however, it is wise, in order to conserve band width, to stop your video by mousing over and clicking the options on the bottom of your Zoom screen. Then, during your assignment to a small group, you are encouraged to start your video again and of course we ask you to unmute yourself to join in speaking there.
7. All participants are encouraged to use the Chat feature (located at the bottom of the screen by hovering over the zoom bar), so familiarize yourself with its use ahead of time. Feel free as you gather to use the Chat function to send messages to others you may recognize. If you click on your image and re-name yourself appropriately, others may recognize and contact you! Private chats are not visible to others and cannot be recorded. At any time during the meeting the Chat feature is also to be used to ask questions, which the co-host will then read aloud.
8. **The meeting is being recorded** for asynchronous access at a later date to some of the main meeting portions. Workshop and lecture-discussion sessions and any small-group breakouts will not be recorded.
9. During the meeting:
 - a) Keep your program agenda open. You will be able to access posters and referenced handouts from hyperlinks in the agenda.
 - b) You can send questions and concerns privately to Kara Traxler, co-host ,who will be monitoring the Chat box. Dawn Mollica and Jennifer Crubel, also co-hosts, will monitor the participant list, manage rooms, and assist with technical difficulties.
 - c) You can participate in Polls
 - d) You will be randomly assigned to breakout rooms during the NETworking time to allow for small group interaction. You will be given instructions to unmute yourselves and turn on your

- video. You will only be able to see and hear the others in your room. You may leave the room and return to the main conference at any time or when the rooms are closed by the host.
- e) For workshops, you will be invited to join the room of your choice. You can also leave one room and enter another, but just as in an in-person meeting be sure to keep yourself muted until you wish to speak.
 - f) As with all technology, and any human interaction, there will be glitches. Please bear with us and we hope to make it a fun learning experience for everyone!
10. Simply click on the link at the bottom of the agenda or point your phone at the QR code to begin to complete the meeting evaluation. You may return **on the same device** to finish the evaluation any time and we ask that you do so no later than the week following the conference. We very much appreciate your feedback!
 11. Each day Zoom will be available for 30 minutes before and, on Wednesday and Friday, for 30 minutes after the meeting, to allow you to interact with the host or with another friend or colleague in the meeting using a private Chat. Just send a Chat message to Dawn Mollica and she will assign you to a private room!
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Participants are to be ‘seen and not heard!’

This meeting is a Zoom meeting and not a webinar, so we will need your help in minimizing the chaos! This meeting by design is intended to be informal and interactive and we appreciate your eager participation.

For networking purposes, you will sometimes be randomly assigned to rooms, but most of the time you will be invited to choose for yourself. For example, you will be able to choose a workshop or lecture discussion session, and although we encourage you to do so quietly, you may leave a session at any time and choose another.

On Thursday afternoon you will have that same opportunity to wander among 20 affinity groups or ‘tents’ as you Wine Down with a taste of Texas.

Finally, on Friday, we will be closing with six town hall groupings and you may join the one of your choice.

We are very interested in your feedback! Please complete our evaluation at the end of the conference, or before if you have to leave, by using the QR code or clicking the link below. You may save and continue later if unable to complete at any one time, as long as you use the same device:



https://ohio.qualtrics.com/jfe/form/SV_238omq4ZGpwwJPo

Wednesday, April 7, 2021

Gathering:

Zoom will be available at 10:30 AM EDT; feel free to join early and send a private chat message to others as they arrive!

[\(Download Posters and Handouts on the Annual Meeting page\)](#) – See page 19 for abstracts

Day I: Many Paths to Rural Practice

11:00 AM EDT **Welcome** – Randall Longenecker, Executive Director, The RTT Collaborative (OH), Robert B. Tompkins, Interim Program Director, Rural Family Medicine Residency and Chair of Family Medicine UT– Tyler East, and Tonya Youngblood, Associate Program Director, Rural Family Medicine Residency, UT Health Pittsburg (TX)

11:15 AM EDT **An Unexpected Journey**
Speaker: Beverly Waddleton, Quitman, TX

11:45 AM EDT **NETworking Session I: kNowing, Engaging, and Telling**
The audience will be randomly assigned to Zoom breakout groups of 5-6 individuals

1. Introduce yourselves by briefly sharing a unique aspect of your path to rural
2. Why did you come to this meeting?

Zoom rooms will be closed at 12:15 to allow preparation for workshops at 12:30 PM EDT

12:30 PM EDT Workshops I (for abstracts visit page 11ff)

Room 1 - Pipeline A	Room 2 - Pipeline B	Room 3 - GME	Room 4 - Research
1A: Yield to Primary Care <ul style="list-style-type: none"> • F Macaluso (CO) • K James (CO) • M Deutchman (CO) 	2A: North Carolina Rural Pipeline <ul style="list-style-type: none"> • C Roberts (NC) • M Bazemore (NC) 	3A: Program Emergence and Variation <ul style="list-style-type: none"> • E Hawes (NC) • Erin Fraher (NC) • A Weidner (WA) • M Holmes (NC) 	4A: Using Research to Address the Leaky Pipeline <ul style="list-style-type: none"> • K Lord (TX) • T Leigh (TX) • D Alvarez (TX) • M Hopper (TX)
12:55 PM: 5-minute break – Second lecture-discussion starts at 1:00 PM EDT for 25 minutes			
Room 1 - Pipeline A	Room 2 - Pipeline B	Room 3 - GME	Room 4 - Research
1B: Urban to Rural <ul style="list-style-type: none"> • M Deutchman (CO) • R Silva (CO) • M DeHerrera (CO) 	2B: Rural Physician Assistants <ul style="list-style-type: none"> • E Larson (WA) 	3B: Program Maturity and Vitality <ul style="list-style-type: none"> • J Pauwels (WA) • R Bush (WA) • C Page (UNC) 	4B: Longitudinal Research Thread <ul style="list-style-type: none"> • T Leigh (TX) • K Lord (TX) • C Henley (TX) • M Manis (TX)

Special Feature – Pipeline Conversation

1:35 PM EDT **A Pipeline Conversation with John Wheat**, led by Randy Longenecker

2:15 PM EDT **Adjourn for the day** (Zoom meeting open for networking until 2:45 PM)

Thursday, April 8, 2021

Gathering:

Zoom will be available at 10:30 AM EDT; feel free to join early and send a private chat message to others as they arrive!

[\(Download Posters and Handouts on the Annual Meeting page\)](#) – See page 19 for abstracts

Day II: Pipelines, Tracks, and Streams

11:00 AM EDT **Welcome** – Kara Traxler, Associate Director, The RTT Collaborative (WI)

11:15 AM EDT **Pipelines And Pathways: Strategies To Improve Recruitment Efforts Among Rural And Underrepresented Students In Medicine**

Speaker: Kent Willis

12:00 PM EDT **NETworking Session II: kNowing, Engaging, and Telling**

The audience will be randomly assigned to Zoom breakout groups of 5-6 individuals

1. Introduce yourselves
2. What have you learned so far?
3. What questions do you still have? (someone in the group may have the answer!)

Zoom rooms will be closed at 12:30 to allow preparation for workshops at 12:45 PM EDT

12:45 PM EDT Workshops II (for abstracts visit page 15ff)

Room 5: Pipeline A	Room 6: Pipeline B	Room 7: GME	Room 8: Research
5A: Pre-Premed <ul style="list-style-type: none"> • A Smith (TX) 	Ohio Rural Physicians Training Pathways <ul style="list-style-type: none"> • L Martensen (OH) • S Casapulla (OH) • A Heintzelman (OH) • S DiMario (OH) 	Rural Program Director Development NIPDD Fellows 2019-20 <ul style="list-style-type: none"> • D Kreckel (ME) • P Jenkins (KY) Rural PDU <ul style="list-style-type: none"> • K Traxler (WI) • D Schmitz (ND) 	Value of Rural Training <ul style="list-style-type: none"> • D Patterson (WA) • L Peterson (KY) • D Schmitz (ND)
5B: Homegrown Doctors <ul style="list-style-type: none"> • A Smith (TX) 			



Special Feature – Conference on the Move

Please join us this afternoon for a special trip to the [Pittsburg, TX RTT!](#)

3:00 to 6:30 PM EDT

Special Feature – A Visit to Pittsburg, TX

Hosted by residents, faculty, and staff of the Rural Family Medicine Residency, UT Health Pittsburg, TX

3:30 PM	<ul style="list-style-type: none"> • Introduction and Welcome – Randy Longenecker and Tonya Youngblood • Gestation, Birth and Relocation: History of the Pittsburg program Tonya Youngblood, Pittsburg Associate Program Director and Robert Tompkins, Interim Program Director <p style="text-align: center;">15-minute break</p> <ul style="list-style-type: none"> • Video Tour and Interview – Pittsburg, TX, and Dr. Ferrer on training in Pittsburg https://www.youtube.com/watch?v=5uaoYNbEo1g&t=7s https://www.youtube.com/watch?v=RDOjvSdUtV0 • Experiential education: Resident presentation Family Medicine Residents Supporting the Pittsburg Independent School District: Anatomy and Physiology Classes, Sports Medicine and Resident Shadowing • Questions and Answers with the Residents, Graduates and Faculty - Randy Longenecker and Tonya Youngblood
5:30	<p>Wine Down with a Taste of Texas</p> <p>Participants are free to wander among 15 Zoom affinity groups/tables and open their Texas wines! Or ask Dawn Mollica to assign you and a colleague to a private table of your own.</p>
6:30	<p>Adjourn</p>



[Los Pinos Winery and Restaurant](#)

Friday, April 9, 2021

Gathering:

Zoom will be available at 10:30 AM EDT; feel free to join early and send a private chat message to others as they arrive!

[\(Download Posters and Handouts on the Annual Meeting page\)](#) – See page 19 for abstracts

Day III: Continuing the Journey

11:00 AM EDT **Welcome** – Dave Schmitz, Associate Director, The RTT Collaborative (ND)

11:15 AM EDT **“FORHP efforts to encourage education and training in rural communities”**

Speaker: Tom Morris, Associate Administrator for Rural Health Policy in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), and Sheena Johnson, Deputy Administrator (DC)

12:00 PM Break

12:15 PM EDT Workshops III (*for abstracts visit page 17ff*)

Room 9: Curriculum	Room 10: Curriculum	Room 11: Curriculum	Room 12: Curriculum		
Agromedicine in the Education and Training of Future Rural Clinicians <ul style="list-style-type: none"> • V Casanova (TX) • A Cook (TX) • M Fleegler (NM) • J Levin (TX) 	Maternity Care <ul style="list-style-type: none"> • M Deutchman (CO) • F Macaluso (CO) • K James (CO) 	Integration of Rural Psychiatry and Family Medicine Residency Training <ul style="list-style-type: none"> • A Xantus (TX) 	12A: Near Peer Ultrasound <ul style="list-style-type: none"> • C Weeks (TX) • L Weindruch (TX) 		
			5-minute break		
			12B: Critical Care <ul style="list-style-type: none"> • A Dennis (MT) • V Mohl (MT) • G Brand (MT) • C Seger (MT) 		

1:15 PM Closing Ceremony: Envisioning a Future for Rural Health Professions Education and Training

Randall Longenecker, Executive Director, The RTT Collaborative (Ohio)

Town Hall Groups

- Undergraduate medical school and other health professions education – Mark Deutchman, Jim Boulger
- Research – Dave Schmitz, Davis Patterson
- Recruiting – Joyce Hollander-Rodriguez
- Policy – Randy Longenecker
- Residency Development – Kara Traxler, Emily Hawes
- Future of residency education – Karen Mitchell, Judy Pauwels

2:00 PM Adjourn (Zoom meeting open for networking until 2:30) – Please complete your evaluation (next page)!

We are very interested in your feedback! Please complete our evaluation at the end of the conference, or before if you have to leave, by using the QR code or clicking the link below. You may save and continue later if unable to complete at any one time, as long as you use the same device:



https://ohio.qualtrics.com/jfe/form/SV_238omq4ZGpwwJPo

Texas Host Committee

Leslie E. Tingle, Program Director (Retired), Rural Family Medicine Residency, UT Health Pittsburg, TX
Anna Hollingsworth, Chief Resident, Rural Family Medicine Residency, UT Health Pittsburg, TX
Christopher Schrupp, R2, Rural Family Medicine Residency, UT Health Pittsburg, TX
Leona Caldemeyer, Residency Coordinator, Rural Family Medicine Residency, UT Health Pittsburg, TX
Kate Wells, Administrator, Rural Family Medicine Residency, UT Health Pittsburg, TX
Tonya Youngblood, Associate Program Director, Rural Family Medicine Residency, UT Health Pittsburg, TX

Planning Support - The RTT Collaborative Staff

Randall Longenecker, previously a rural family medicine residency program director, with 30 years of comprehensive family medicine practice experience in Logan County, Ohio, is now Professor of Family Medicine and Assistant Dean Rural and Underserved Programs at Ohio University Heritage College of Osteopathic Medicine. He is Executive Director of The RTT Collaborative, central lead for the Rural Residency Planning and Development Technical Assistance Center, and associate project director for the Collaborative for Rural Primary care Research, Education, and Practice (Rural PREP), and holds faculty appointments at both Ohio University Heritage College of Osteopathic Medicine and The Ohio State University College of Medicine.

Dawn Mollica is Administrative Director, Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, and Administrative Director for The RTT Collaborative

Kara Traxler is Associate Director, The RTT Collaborative, and Director of Development & Support, Wisconsin Rural GME, Sauk City, WI

Plenary Speakers 2021

An Unexpected Journey

Beverly Waddleton DO, Family Physician, UT Health East Texas Physicians, Quitman, Texas



Beverly Lynne Waddleton was born in Mineola, Texas and grew up in Quitman, Texas, where she graduated from Quitman High School as Salutatorian of her class in 1970. She received a B.S. in Zoology from Iowa State University in 1974, a Doctor of Osteopathy degree from Texas College of Osteopathic Medicine (University N TX Health Science Center) in 1981 and completed an Internship at Hurst General Hospital in Hurst, Texas, later became board certified by the American College of Osteopathic Family Physicians.

In 1982 she returned to Quitman and set up a solo private family practice which she ran for twenty-two and one-half years. In 2005, she began working for East Texas Medical Center (now UT Health East Texas) in their Rural Health Clinic. She is presently medical director of the clinic and Cardio/pulmonary Rehab. Until the COVID pandemic, she has also taught and supervised Rural Family Practice Residents through the UT System.

She is a member of First United Methodist Church Quitman where she sings in the choir and occasionally serves as church pianist. She has been honored as a Rotary International Paul Harris Fellow, a KLTV Black History Honoree, Texas Physician

of the Year, 2015, one of 50 Heroes for UNTHSC (Univ. N. TX Health Science Center) at Fort Worth and received the Masonic Lodge 2020 Community Builder Award.

She has been married to Dr. John F. Johnson (a retired professor at Jarvis Christian College) for the past 36 years. They have 2 sons, Travers and Alston. She is also thankful to be a 20-year breast cancer survivor.

Special Feature – A Pipeline Conversation

John Wheat MD, MPH, Professor of Family, Internal, and Rural Medicine, University of Alabama College of Community Health Sciences, Tuscaloosa, Alabama

John Wheat MD, MPH, is a native of rural Alabama with 40 years of professional development and academic service in rural health. A professor at the University of Alabama, he is known as founding director of the Rural Health Leaders Pipeline, which he guided for 25 years, and for research developments in rural medical education, agricultural medicine, and rural access to health care. He has published a number of papers summarizing the results of those efforts, most recently “Pipeline Programs Can Support Reforms in Medical Education: A Cohort Study of Alabama’s Rural Health Leaders Pipeline to Engage Community Leaders” in *the Journal of Rural Health*, November 2020.

Dr. Wheat completed a sabbatical in Australia correlating educational programs for rural medicine there with those in the United States. Dr. Wheat has served as Chairman of the North American Agromedicine Consortium, Bureau Member of the International Association of Agricultural Medicine and Rural Health, and Co-Chairman of the NRHA Rural Medical Educators Group. Dr. Wheat’s numerous awards include the Distinguished Educator Award from the National Rural Health Association for his design and implementation of the Rural Healthcare Leaders Pipeline Program. Dr. Wheat has published extensively in the areas of Agromedicine and Rural Health.



He enjoys working with students and rural communities, growing peas, corn, and green fields, hunting with his beagles, and nurturing his family and grandchildren.

Pipelines And Pathways: Strategies To Improve Recruitment Efforts Among Rural And Underrepresented Students In Medicine

Kent L. Willis PhD, Associate Provost - Institutional Effectiveness & Engagement, the University of Texas Health Sciences Center at Tyler, Tyler, Texas



Dr. Willis serves as the Associate Dean for Medical Student Affairs and Assistant Professor at The University of Texas Health Science Center at Tyler. In addition to work with outreach efforts to improve student preparation for careers in medicine and public health, he teaches graduate courses in public health communication and research methods. Dr. Willis serves on the Board of Directors of several non-profit and education organizations, including East Texas Baptist University, Leadership Tyler, Court Appointed Special Advocates for Children (CASA) of East Texas, and People Attempting to Help (PATH). He received his undergraduate degree from Stephen F. Austin State University and Ph.D. in Educational Leadership from Hampton University in Hampton, VA.

FORHP Efforts to Encourage Education and Training in Rural Communities

Tom Morris, Associate Administrator for Rural Health Policy in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Washington, DC

In his role as Associate Administrator, Tom oversees the work of the [Office of Rural Health Policy](#), which is charged with advising the Secretary on rural health issues. The Office, which has an annual budget of \$317 million, administers a range of research and capacity building grant programs that serve rural communities. Tom has served on a number of cross-cutting rural efforts during his career, including the White House Rural Council from 2010 through 2018 as well as the current work of the HHS Rural Task Force and was one of the authors of the 2020 HHS Rural Action Plan.



In 2012, Tom was the recipient of the HHS Distinguished Service Award and in 2015 he was awarded a Presidential Rank Award for Meritorious Service. Over the course of his Federal career, Tom has testified on rural health issues before the House and Senate. He has past work experience in the U.S. Senate as well as various policy and program positions within HRSA and HHS. A 1996 Presidential Management Intern, Tom came to government after a career as a newspaper reporter and editor. He has an undergraduate degree in Journalism from the University of North Carolina at Chapel Hill and a Master's in Public Administration with a concentration in Community Health from East Carolina University. He also earned a Certificate in Public Leadership from the Brookings Institution in 2008.

Breakout Session Descriptions – Wednesday, April 7

Registered participants are able to choose among the following breakout rooms and may leave and join another room as they wish:

1A: Contributions of U.S. Medical Schools to Primary Care (2003-2014): Determining and Predicting Who REALLY Goes into Primary Care

Francesca Macaluso, MPH, Professional Research Assistant, University of Colorado (Colorado)

Katherine James, PhD, MSPH, MS, Associate Professor, University of Colorado (Colorado)

Mark Deutchman, MD, Professor, Associate Dean for Rural Health, University of Colorado (Colorado)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Describe how medical schools commonly claim their primary care output based on residency choice
2. Describe how this study more accurately determined primary care output on entry into clinical practice
3. Describe a more accurate and honest way for medical schools to predict their true primary care output

Rational primary care workforce planning requires accurate information on true primary care output, yet US schools of medicine commonly overstate primary care output by counting all graduates who match with any IM, FM, Pediatrics and Med-Peds residencies. We studied 17,509 graduates from 20 campuses widely distributed across the United States and widely varying in published ranking for producing primary care graduates. The commonly used method predicted a 41.2% primary care output rate. The actual primary care output rate on entry into clinical practice was only 22.3%. We developed and tested a new prospective method based on FM, Primary IM, Primary Peds and Med-Peds that we call the Intent to Practice Primary Care Method. This new method predicted a 17.1% primary care output rate, which was closer to the actual primary care rate. Medical schools, administrators, policy makers, and popular press should adopt this new, more reliable primary care reporting method.

1B: Urban origin students going rural: a look at 15 years of data!

Mark Deutchman, MD, Professor of Family Medicine, Associate Dean for Rural Health, University of Colorado School of Medicine (Colorado)

Roberto Silva, MD, Assistant Professor, Rural Track Assistant Director, University of Colorado School of Medicine (Colorado)

Melanie DeHerrera, MPA, Manager, Rural Track, University of Colorado School of Medicine (Colorado)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Describe existing data on the impact of rural v urban origin on eventual entry into rural practice
2. Describe the differing results of both rural and urban origin students entering rural practice after completing the University of Colorado School of Medicine's Rural Track
3. Discuss approaches to supporting urban origin students to enter rural practice

Conventional wisdom states that the best pool of future rural clinicians is rural origin students who want to return to their rural roots upon completion of training. Unfortunately, rural origin students are a very small pool compared to students of urban origin. The University of Colorado School of Medicine's Rural Track has been operating for 15 years, training students of both rural and urban origin who have a stated interest in future rural life and work. This presentation reports the clinical specialties and locations of over 100 graduates who have completed training and entered clinical practice. Rural origin students located in rural communities at nearly double the rate of urban origin students (58.3% v 30.7%) urban origin students constitute a significant and promising source of rural clinicians.

2A: Rural Pipeline Programs at UNC School of Medicine and their role in Recruitment and Retention of the Rural Family Physician

Caroline Roberts MD, Assistant Professor, University of North Carolina - Chapel Hill School of Medicine (North Carolina)

Meredith Bazemore, Director, Office of Rural Initiatives, University of North Carolina - Chapel Hill School of Medicine (North Carolina)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Describe the collaboration between the ORI and various partners, highlighting several pipeline programs that have been implemented and a discussion around best practices for maintaining student databases and providing support for students throughout the continuum
2. Focus on the longitudinal scholarship available to medical students interested in rural primary care, highlighting the number of students who are NC residents and how many students have matched into primary care residency programs in NC, and primary care residencies overall.
3. Discuss the unique opportunities that the ORI has created to expose students to a large scope of practice in rural communities, highlighting opportunities in point of care ultrasound

North Carolina (NC) is ranked 36th of 50 states on United Health Foundation's America's Health Rankings. Access to robust primary care is essential to improving the health and well-being of NC and the nation, and to reducing the crippling costs of care. Rural counties in NC face significant shortages of primary care and access for rural communities has not improved, despite an upward trend of medical school enrollments, because of persistent workforce maldistribution. In terms of projected shortages projections identify an 11.8% deficit in primary care practitioners in NC by 2025. Pipeline factors play a large role in workforce shortages. The University of North Carolina School of Medicine has created the Office of Rural Initiatives to directly address workforce disparities in rural NC, providing opportunities for students prior to, during, and post medical school and residency. This session aims to highlight pipeline opportunities and the success this program has had in placing its participants in primary care and practicing in rural spaces.

2B: Routes to Rural Readiness: Enhancing Rural Clinical Training Experiences for Physician Assistants

Eric Larson, PhD, Research Professor, Department of Family Medicine, University of Washington (Washington)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Describe approaches taken by PA programs to recruit and prepare students for rural clinical training and rural careers.
2. Understand what PA programs are doing to ensure success in, and overcome barriers to, recruitment of rural training sites and preceptors.
3. Identify, from the perspective of PA programs and rural PA preceptors, the key characteristics of successful rural clinical training placements and issues that must be addressed to assure that those training opportunities remain available.

To understand how physician assistant (PA) programs with a rural mission prepare PAs for rural practice, Rural PREP surveyed U.S. PA training programs (63.4% response rate) previously identified with a strong rural orientation about their approaches to ensuring that students with rural interests have clinical training opportunities in rural medicine. The 61 responding programs indicating that rural training was "very important" to their missions were more likely than others to recruit rural students and require rural clinical rotations during training. The programs also identified important barriers to rural clinical training including competition for training slots, preceptor recruitment, and student housing/travel expenses. Semi-structured interviews with 13 directors of rural-oriented PA programs and 15 rural preceptors illuminated the survey findings, providing insights into issues including preceptor recruitment, student preparedness, and the changing landscape of rural training as rural providers and hospitals increasingly operate as part of provider networks.

3A: Program Emergence and Variance Across Rural Residencies In Development

Emily Hawes, PharmD, Associate Professor, University of North Carolina School of Medicine Dept of Family Medicine (North Carolina)

Erin Fraher, PhD, MPP, Associate Professor of Family Medicine, Director of the Carolina Health Workforce Research Center

Amanda Weidner, MPH, Research Scientist, WWAMI/University of Washington (Washington)

Mark Holmes, PhD, Professor, Director, University of North Carolina School of Public Health, Cecil Sheps Center (North Carolina)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Understand the demographic, socioeconomic, and geographic characteristics of the Rural Residency Planning and Development (RRPD) grant recipients.
2. Evaluate the developmental progress of the RRPD grantee cohort 1 (n=26 programs) and the baseline assessments in RRPD grantee cohort 2 (n=11 programs)

3. Compare and contrast characteristics, including developmental progress, across the various programs and practice locations.

Rural America has fewer physicians leading to poorer health outcomes. As a result, the Health Resources and Services Administration (HRSA) funded a Rural Residency Planning and Development - Technical Assistance Center (RRPD) to support development of 37 rural residency programs in family medicine (n=29), internal medicine (n=3), and psychiatry (n=5). During this session, attendees will 1) understand the demographic, socioeconomic, and geographic characteristics of the RRPD grant recipients 2) Evaluate the developmental progress of the RRPD grantee cohort 1 (n=26 programs) and the baseline assessments in RRPD grantee cohort 2 (n=11 programs) 3) Compare and contrast characteristics, including developmental progress, across the various programs and practice locations.

3B: Supporting Rural Program Maturation and Vitality After Initial Development

Judith Pauwels, MD, Professor of Family Medicine, University of Washington School of Medicine Dept of Family Medicine (Washington)

Roger Bush, MD, Professor of Internal Medicine, Washington State University Elson S Floyd College of Medicine (Washington)

Cristen Page, MD, MPH, Professor, Executive Dean, University of North Carolina School of Medicine Dept of Family Medicine (North Carolina)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Understand the framework for assessing program readiness as utilized by the Rural Residency Planning and Development program.
2. Describe key goals and related objectives for ensuring rural program maturation and vitality after initial development.
3. Elicit feedback on the proposed structure.

The Health Resources and Services Administration (HRSA) funded a Rural Residency Planning and Development - Technical Assistance Center (RRPD-TAC) to support development of 37 rural residency programs in family medicine, internal medicine, and psychiatry. Of the 26 programs funded in the RRPD grantee cohort 1, thirty-five percent have already achieved ACGME accreditation and twenty-three percent have recruited and matched residents. Although successfully launching a new rural program is an important accomplishment, ensuring sustainability is also critical. Maintaining accreditation, ensuring financial solvency, cultivating healthy governance, retaining faculty, tracking program outcomes, and engaging the rural community are aspects that can impact rural program health and longevity. The session will offer an interactive discussion around a proposed framework for assessing and promoting program maturation and vitality after initial program development.

4A: Using a Novel Research Curriculum to Address the Leaky Pipeline in Rural Medicine

Kevin Lord, PhD, MHS, RRT, Director of Undergraduate Research, Sam Houston State University College of Osteopathic Medicine (Texas)

Townes Leigh DO, CAQSM, Assistant Professor of Family Medicine, Sam Houston State University College of Osteopathic Medicine (Texas)

Diego Alvarez MD, PhD, Chair of Physiology and Pharmacology, Sam Houston State University College of Osteopathic Medicine (Texas)

Mari Hopper, PhD, Associate Dean for Biomedical Sciences, Sam Houston State University College of Osteopathic Medicine (Texas)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Describe the curricular challenges in preparing medical students for an underserved population
2. Determine the faculty and resources required to operationalize an integrated research curriculum
3. Networking with rural healthcare and educational partners to collaborate in student driven community engagement

Advances in medical knowledge without an increase in allotted curricular time frequently excludes the social determinants of health in patient care in medical education. The nuances of access, compliance, and unique medical conditions specific to the rural and underserved population are relegated to clerkship rotations, electives, or residency training. We used an innovative curricular approach to meet our mission of developing culturally aware,

diverse, and compassionate physicians invested in primary care and rural practice in “rethinking the pipeline” in our first curricular year. Using the fundamentals of the scientific method, we challenged students to identify unmet healthcare needs of rural communities, and based on their findings, develop a study design culminating in a proposed research project presentation. We believe early implementation of this unique curriculum addresses health care disparities and will change students perceptions of life in rural east Texas and promote community engagement in clerkship years.

4B: Innovative Longitudinal Research Curricular Thread Focused on Vulnerable Populations

Townes Leigh DO, CAQSM, Assistant Professor of Family Medicine, Sam Houston State University College of Osteopathic Medicine (Texas)

Kevin Lord, PhD, MHS, RRT, Associate Professor of Pharmacology, Sam Houston State University College of Osteopathic Medicine (Texas)

Charles Henley, Jr., DO, MPH, Dean, Sam Houston State University College of Osteopathic Medicine (Texas)

Mary Manis MD, MS, Assistant Professor, Primary Care and Clinical Medicine, Sam Houston State University College of Osteopathic Medicine (Texas)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Identify the steps of practicing evidence-based medicine (EBM).
2. Discuss the development and delivery of a longitudinal EBM curricular thread.
3. Generate case scenarios that demonstrate how EBM principles can lessen healthcare disparities in rural/underserved populations.

The incorporation of evidence-based medicine (EBM) concepts into medical curricula has resulted in the increased application of literature findings in the clinical decision-making process for physicians. Standard curricular models typically focus on healthcare delivery or specific conditions, both of which often fail to highlight the impact of social determinants of health. Thus, SHSU-COM has implemented a novel longitudinal curricular research thread that teaches our students EBM principles through case scenarios to identify gaps in the standards of practice in the rural and/or underserved populations of east Texas, assess the reasons for those gaps, and generate evidence-driven, value-based solutions to decrease those healthcare disparities during their undergraduate medical education. This presentation will discuss the development and delivery of this curricular thread planned throughout our four-year curriculum and the value that including EBM concepts in undergraduate medical education can have on lessening gaps in care for vulnerable populations.

Breakout Session Descriptions – Thursday, April 8

5A: Pre-PreMed: Familiarity Reduces Fear

Annette (Ann) Smith, M.Ed., M.Div., Academic Program Coordinator, UNTHSC - Texas College of Osteopathic Medicine (Texas)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Describe characteristics of successful summer internships for college rising sophomores and juniors.
2. Articulate the long-term benefits of early in-person introduction to the medical school
3. Identify the opportunities from observation, problem solving, interprofessional interaction, discussion, research, and skill development with faculty and current medical students

The Primary Care Pathway Program, as part of the preparation for undergraduate students to be successful in medical school, provides 2 two-week intensive internships for students who have met all PCPP continuation requirements. The summer internship will equip students to successfully transition from community college to the 4-year school and facilitate learning and preparedness for early acceptance to medical school. The experiences include clinical skills, shadowing, gross anatomy lab, attending medical school classes, medical ethics, financial advising, and mentoring from TCOM Rural Scholars students. Team building activities foster familiarity with the medical school campus and staff and reduce apprehension about ultimately attending UNTHSC. The summer internships encourage students to drive their own change, self-direct their own growth, and to facilitate their own development.

5B: Homegrown Doctors: Fertilizing the seed, fulfilling a need

Annette (Ann) Smith, M.Ed., M.Div., Academic Program Coordinator, UNTHSC - Texas College of Osteopathic Medicine (Texas)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Articulate innovative strategies designed to help institutions develop partnerships to increase the number of primary care physicians in west Texas
2. Identify key challenges faced by the partnering institutions to develop the pathway and learn how to address obstacles.
3. Describe the mutual benefits of all stakeholders, especially the students and the community

The Primary Care Pathway Program is an innovative accelerated pathway from community college through medical school, to increase the numbers of primary care physicians in rural west Texas. The unique 2+1+4 format allows the student to save time and money while providing them with the tools and knowledge needed to succeed in medical school. Active recruitment begins in the local high schools including the opportunity to engage with rural practitioners, medical students, and local healthcare providers. Midland College, University of North Texas, Midland Memorial Hospital, and the Texas College of Osteopathic Medicine at the University of North Texas Health Science Center forged a pipeline utilizing each institution's strengths to provide students with academic and logistical support for the journey.

6: Ohio Rural Physician Training Pathways: Growing the Next Generation of Rural Ohio Physicians

Lori Martensen, MS, Director, Wright Rural Medical Scholars, Wright State University Boonshoft School of Medicine (Ohio)

Sharon Casapulla, EdD, MPH, Director, Education and Research, Office of Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine (Ohio)

Alex Heintzelman, MD, Clinical Assistant Professor of Family and Community Medicine, Northeast Ohio Medical University (Ohio)

Sharron DiMario, MHA, AHEC Center Director, University of Cincinnati (Ohio)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Describe the purpose of the Ohio RPTP
2. Define ways medical schools and health systems can collaborate to address physician workforce shortages
3. Apply the model of collaboration demonstrated by the Ohio RPTP and apply it to other health professions

The medical schools at Northeast Ohio Medical University, Ohio State University, Ohio University, University of Cincinnati and Wright State University have joined together to form the Ohio Rural Physician Training Pathways.

The Ohio RPTP is a collaborative effort to provide support and share best practices for educating the next generation of rural Ohio physicians. In this session, we will discuss why programs in medical school that encourage students to consider a career in rural medicine are essential, and we will share details about each schools' rural program. We will explain how physicians/health systems and medical schools work together to educate students about the unique challenges and opportunities faced by physicians in rural communities. Audience members from health systems and other organizations will learn how they can work with medical schools for the benefit of all involved. Finally, we will share the goals of the Ohio RPTP and why a collective effort is the best course of action for growing our next generation of rural Ohio physicians.

7: Rural Program Director Development

Kara Traxler, Director of Development & Support, Wisconsin Rural GME (Wisconsin)

Dave Schmitz MD, Professor and Chair, Department of Family and Community Medicine, University of North Dakota School of Medicine and Health Sciences (North Dakota)

Dieter Kreckel MD, Associate Program Director, Central Maine Medical Center Rumford Rural Track (Maine)

Patrick Jenkins DO, Program Director, (Kentucky)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Describe the efforts of The RTT Collaborative to promote rural program director development
2. Join "Rural PDU" as a member of the learning community or serve as a source of peer support
3. Apply, or encourage others to apply, for the National Institute of Program Director Development (NIPDD) fellowship program

Rural Program Director development is an important need in the world of rural graduate medical education. Kara Traxler and Dave Schmitz, associate directors for The RTT Collaborative (RTTC), will host this session. Drs. Kreckel and Jenkins present academic projects from their year of NIPDD fellowship in 2019-2020, courtesy of scholarships provided by RTTC. Traxler and Schmitz will then report on the status of Rural PDU (Program Director University), a rural program director learning community pilot launched by RTTC this year in response to cancellation of the 2020-2021 NIPDD fellowship and in recognition of an ongoing need for rural program director peer support.

8: Rethinking the Value of Rural Residency Training: What Are Appropriate Indicators and How Do Rural Programs Perform?

Davis Patterson, PhD, Research Associate Professor, University of Washington School of Medicine (Washington)

Lars Peterson, MD, PhD, Vice President of Research, American Board of Family Medicine (Kentucky)

David Schmitz, MD, Professor and Chair, Department of Family Medicine, University of North Dakota School of Medicine & Health Sciences (North Dakota)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Compare rural and urban trends in family medicine residency program match rates
2. Describe outcomes of rural family medicine residency programs
3. Communicate with prospective residency applicants, sponsors, accreditors, and others about the value of rural family medicine training using research findings on rural programs

What value do rural family medicine residency programs offer? What are appropriate indicators of success? Researchers from Rural PREP and the American Board of Family Medicine (ABFM) will report the results of two studies of rural vs. urban programs, residents, and graduates. Indicators include program match rates and their associations with program outcomes; resident performance on Family Medicine Milestones, in-training exams (ITE), and the ABFM certification exam; and graduates' rural/urban and underserved practice, preparedness for practice, and scope of practice. Select findings include: (1) rural and urban residents perform similarly on milestones and ITE scores, while rural resident first-time pass rates on the certification exam are slightly lower; (2) rural residency graduates are three times as likely to choose rural practice; and (3) they feel more prepared in several aspects of hospital-based care. An interactive discussion of the suitability of these indicators, limitations, and future directions will follow the presentation.

Breakout Session Descriptions – Friday, April 9

9: Agromedicine Education and Future Training of Rural Clinicians

Vanessa Casanova, PhD, MS, Associate Professor OEHS/Director SW Ag Center, University of Texas Health Science Center at Tyler (Texas)

Alan Cook, MD, MS, FACS, Associate Professor of Surgery, Medical Director, Trauma Research Program, University of Texas Health Science Center at Tyler (Texas)

Melissa Fleebler, MD, FACEP, Associate Professor Department of Emergency Medicine, University of New Mexico Health Sciences Center (New Mexico)

Jeffrey Levin, MD, MPH, DrPH, Professor of Occupational Health Sciences, University of Texas Health Science Center at Tyler (Texas)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Identify ways in which the Southwest Center for Agricultural Health, Injury Prevention, and Education (SW Ag Center) engages learners at multiple stages of their professional development in learning together
2. Understand ways in which the SW Ag Center supports the challenging needs of residency programs and medical students in a rural context
3. Recognize the benefit of Agromedicine and occupational/environmental health education for rural practitioners

The Southwest Center for Agricultural Health, Injury Prevention, and Education (SW Ag Center) engages learners including medical students, residents, and practicing physicians in training that focuses on risks and exposures in rural agricultural settings. Building the capacity of rural practitioners to improve the health and safety outcomes of rural and agricultural workers is one of the cornerstones of the center. This is achieved through targeted training for students and residents, supporting quality research to understand the burden of agricultural illness and injury and providing outreach and education based on research results. Over the past 25 years the SW Ag Center has been active in training future rural clinicians and practitioners across Public Health Region 6.

10: The Impact of Family Physicians in Rural Maternity Care

Mark Deutchman, MD, Professor, Associate Dean for Rural Health, University of Colorado (Colorado)

Francesca Macaluso, MPH, Professional Research Assistant, University of Colorado (Colorado)

Katherine James, PhD, MSPH, MS, Associate Professor, University of Colorado (Colorado)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Describe the current state of access to maternity care in rural areas
2. Describe the impact of Family Physicians on access to rural maternity care in ten U.S. states
3. Discuss how Family Physicians can be supported in providing rural maternity care

Rural areas of the United States face significant and increasing barriers to accessing maternity care resulting in “maternity care deserts”. Longer distances to care are associated with poorer maternal and infant outcomes. We studied 188 rural hospitals from 10 U.S. states. Family Physicians (FPs) delivered babies in 67% and were the only physicians who delivered babies in 27.1% of those hospitals. FPs were the only physicians delivering babies in 40% of the 126 hospitals where FPs performed deliveries. In the hospitals where FPs were the only physicians delivering babies, their patients would have to drive an average of 110 miles round trip or more to access care if those FPs were to stop delivering. FPs are essential providers of maternity care in the rural U.S. for normal delivery and more advanced care including Cesarean delivery and VBAC. FPs constitute the best solution to preventing and eliminating maternity care deserts.

11: Integration of Rural Psychiatry and Family Medicine Residency Training

Arunditi Xantus, MD, Program Director, Rural Psychiatry, University of Texas – Tyler (Texas)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Identify the unique challenges of mental health care in rural areas and gain an understanding of why "if we build it, they will come" concept may not always apply.
2. Discuss the paramount importance of partnering with existing family medicine practitioners to gain "buy in" from the community.

3. Review the existing rural psychiatry residency training opportunities throughout the US.
4. Discuss how integrated medical and psychiatric services are necessary to tackle mental illness in a rural community.
5. Explore opportunities within a rural community to provide truly integrative care.

Most data available for educating, recruiting, and retention of rural medicine physicians relates to the field of family medicine. The success of rural psychiatric care involves unique challenges including disease stigma within the community, economic and health disparities amongst those in more remote regions, and lack of available mental health professionals in the most afflicted areas. For current and future psychiatrists to become curious about and eventually knowledgeable of the needs within a rural community, intentional exposure and training must occur. During this discussion, the presenter will review the current state of rural psychiatry training in the US, their personal experience in developing a rural psychiatry program in East Texas, the characteristics of rural psychiatry resident applicants during our first interview cycle, potential avenues to increase exposure to rural medicine during medical school training, and the need for truly collaborative efforts between rural medicine and psychiatry to help erase the stigma of mental health treatment and provide comprehensive care to the community.

12A: Near Peer Ultrasound Education Evaluation

Cassidy Weeks, DO Class of 2023, University of North Texas Health Sciences Center -Texas College of Osteopathic Medicine (Texas)

Louisa Weindruch, DO Class of 2023, University of North Texas Health Sciences Center -Texas College of Osteopathic Medicine (Texas)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Participants will understand the ultrasound education integrated into UNTHSC-TCOM Curriculum
2. Participants will learn about the near-peer approach to US instruction within the curriculum
3. Discuss results from Near-Peer Ultrasound Education survey and new US research projects

Ultrasound training is incorporated throughout the medical curriculum at TCOM beginning in Year 1 Physical Exam where they are introduced to the fundamental of Ultrasound as it pertains to each system being taught. In year 2 the training is included in the Simulation Lab curriculum. The purpose of this study is to look at the effectiveness of near peer teaching in the setting of ultrasound. We hypothesize that near peer teaching will be the preferred learning technique among students and student teaching assistants and will facilitate a better learning environment. Near peer teaching is where material is taught to students by their peers. This has been proven to be an effective teaching technique in other settings. Point of care ultrasound is becoming a necessary part of medical education, as its importance in clinical medicine grows. Near peer teaching can be one way to implement medical school ultrasound training.

12B: Rural Family Medicine Critical Care Fellowship Program: Supporting Transitions to Rural Practice

Ashley Dennis, PhD, Director, Office of Medical Education, Billings Clinic (Montana)

Virginia Mohl, MD, PhD, DIO/Medical Director Education, Billings Clinic (Montana)

Garth Brand, MD, Program Director, Montana Family Medicine Residency (Montana)

Clint Seger, MD, Chief Medical Officer, Region, Billings Clinic (Montana)

Behavioral Objectives: At the completion of this workshop participants will be able to:

1. Critically reflect on the challenges for new family medicine resident graduates in transitioning to rural practice
2. Identify competencies needed to address these challenges
3. Discuss the benefits of an unaccredited Critical Care Fellowship Program in creating a sustainable pipeline of rural physicians.

Training family medicine physicians to practice in rural and frontier settings is critical to address key healthcare challenges for many rural communities. Within rural practice, family medicine physicians are often required to care for high acuity patients in the emergent or hospital setting without specialist support or backup. Over the past decade, it has become increasingly challenging for residents to practice high acuity procedures and other skills needed within critical care contexts. This creates barriers for newly trained physicians to transition directly to rural practice. This pilot rural family medicine critical care fellowship program aims to not only develop fellows' clinical skills in emergent and critical care but their communication, leadership, and teaching skills so fellows have the

competence and confidence to lead rural healthcare teams in providing a high level of care to high acuity and critically ill patients. Ultimately, the program aims to support a sustainable pipeline of future rural physicians.

Posters and Supplemental Materials [Click here for access to downloads from the Annual Meeting page](#)

Handout: Texas Rural Health Heroes

Handout – Session 4B (Leigh et al)

Handout - Microresearch Call for Proposals (Residents and students from Participating Programs)

Poster #1: THE GOVERNOR SAID WHAT...?! Development of the Pierre Rural FMRP (Huber)

In 2017, the South Dakota Department of Health budget included funding to develop a Rural Family Medicine Residency as part of a solution to the healthcare manpower shortage in the state. After evaluating several communities for clinical potential for teaching residents and physician interest, Pierre, the state capital, population 14,000 was selected. The subsequent curriculum development included PGY 1, high-volume, high tech rotations, in Sioux Falls with PGY 2/3 to be completed at the rural site. Initial ACGME accreditation was achieved in the fall of 2017 with the initial resident class starting in July 2018. This poster presents the variety of lessons learned: importance of identifying key stakeholders and developing needed partnerships, anticipation of communication challenges, maintaining flexibility, proactively developing a residency culture and intentionally recruiting those initial pioneer residents.

Poster #2: "A tale of two towns- how reflections of the past compare to current day pandemic public health policies" (Ewens)

Many general comparisons have been made between the current COVID-19 pandemic and the 1918 influenza pandemic. The focus of this poster is to compare public health protocols and policies in managing the influenza pandemic and the current COVID pandemic in small rural towns. Of particular interest in this research is Gunnison, CO which had an extraordinarily low influenza death rate in 1918. Our poster will work to compare this to current day Gunnison, while also looking more in-depth at the COVID response in another rural town, Roseburg, OR. This poster will reflect the similarities and differences in how these policies have affected infection and death rates related to the H1N1 influenza of 1918 and current day COVID.

Poster #3:

Are Low Income Rural Adults Exposed to More Innovative Medicaid Dental Policies? A Comparative Analysis (Semprini)

Purpose: Compared to metro and urban populations, low-income adults in rural regions are disproportionately confronted by barriers to improving oral health outcomes. Rural professional shortages extend periods of forgone dental care, ultimately leading to tooth decay. This study aims to better understand Medicaid dental policy variation from a rural population perspective and identify how states adapt their oral Medicaid programs to better serve beneficiaries in rural settings.

Methods: Publicly available data was used to construct a state-level Medicaid dental benefit policy dataset. Next, the proportion of low-income rural adults living in states with various Medicaid dental policies were compared with the proportion of non-rural counterparts.

Findings: Low-income rural adults were less likely to live in states with innovative Medicaid dental policies. The gaps were widest for comprehensive managed care programs (R=59%, NR = 68%), teledentistry coverage (R = 17%; NR = 34%), and state oral health action plans (R = 27%, NR = 43%).

Conclusions: Whether comparing dental policies across states, rural populations were less likely to be targeted for innovation. This study highlights opportunities for states aiming to improve rural oral health by transforming service delivery to better accommodate the reality of rural dental contexts.

Poster #4: Rural and Urban EMS comfort level with overdose treatment (Ratcliffe)

Despite the increase in opioid overdose deaths in rural areas, research is unclear on whether rural or urban prehospital providers are better equipped to treat opioid overdoses. Some research indicates rural providers may experience more opioid overdoses each shift as opposed to their urban counterparts, making this an important area for expanding research. (Faul et al., 2015). Rural EMS providers are typically less educated, with less skills, and less opportunity for skills maintenance training compared to their urban counterparts in treating opioid overdoses. They also have both longer scene response times and patient care times, transporting patients to the hospital (Patterson et al., 2015) This combination of longer patient care times in addition to skills that are not practiced as much as their urban counterparts may indicate lower level of comfort, and elevated level of stress felt by those providers under various medical emergencies. Additionally, because of the longer response times, rural EMS providers are more likely to administer naloxone multiple times to the same patient than urban providers (Faul et al., 2015). Conversely, urban providers, because of their higher level of training, skill maintenance opportunities, and increased number of provider-patient interactions in all capacities of healthcare management, may have an advantage for opioid overdose treatment (Patterson et al., 2015). This study aims to determine the level of comfort that rural EMS providers have with treating opioid overdoses in the field compared to urban EMS providers and explore the differences they describe.

A Special Thanks to our Meeting Sponsors



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A special thanks to Participants and Sponsors of The RTT Collaborative for Academic Year 2020-2021:

Program Participants

- ❖ Alabama: Cahaba Family Medicine Residency – Centreville, AL, Rurally located program
- ❖ Arizona: University of Arizona College of Medicine at South Campus Family Medicine Residency – Tucson, AZ, Developing IRTT
- ❖ Arkansas: Arkansas College of Osteopathic Medicine Rural Initiative (ARI), Fort Smith, Developing IRTTs
- ❖ Arkansas: University of Arkansas Medical School NW RTT Family Medicine Residency Program – Berryville and Eureka Springs, AR, Developing IRTT
- ❖ Arkansas: University of Arkansas for Medical Sciences Regional Centers Magnolia Rural Program – Magnolia, Rurally located program
- ❖ California: Adventist Health Ukiah Valley Family Medicine Residency Program – Ukiah, CA, IRTT
- ❖ California: Sierra Nevada Memorial Hospital – Grass Valley, CA, Developing IRTT
- ❖ Colorado: Morgan County Rural Training Program – Fort Morgan, CO, IRTT
- ❖ Colorado: North Colorado Medical Center – Sterling Rural Training Track – Sterling, CO, IRTT
- ❖ Colorado: North Colorado Medical Center – Wray Rural Training Track – Wray, CO, IRTT
- ❖ Colorado: Southern Colorado Family Medicine Alamosa Rural Training Track – Alamosa, CO, IRTT
- ❖ Iowa: Wayne County Hospital Obstetric Mercy RESST Fellowship – Corydon, IA, Rural fellowship
- ❖ Idaho: Family Medicine Residency of Idaho, Inc., Caldwell RTT – Caldwell, ID, Rurally focused residency program
- ❖ Idaho: Family Medicine Residency of Idaho, Inc., Magic Valley RTT – Jerome, ID, IRTT
- ❖ Idaho: Madison Rexburg RTT – Rexburg, ID, IRTT
- ❖ Kansas: Community Health Center of Southeast Kansas Rural Residency – Pittsburg, KS, Developing IRTT
- ❖ Kentucky: St. Clair Regional Medical Center Family Medicine Residency Program – Morehead, KY, Rurally located program
- ❖ Maine: Northern Maine Medical Center Family Medicine Residency Program – Fort Kent, ME, Developing IRTT
- ❖ Maine: Swift River Family Medicine – Rumford, IRTT-like program
- ❖ Michigan: McLaren Health Care – Petoskey, MI, Developing IRTT
- ❖ Missouri: University of Missouri School of Medicine Rural Track Pipeline Program – Sedalia, MO, Medical School Longitudinal Integrated Clerkship (LIC)
- ❖ Montana: Montana Family Medicine Residency – Billings, MT, Rurally focused program
- ❖ Montana: Family Medicine Residency of Western Montana – Kalispell, MT, IRTT-like program
- ❖ Montana: Montana TRUST Program – Whitefish and Bozeman, MO, Medical school rural program
- ❖ Nebraska: University of Nebraska Medical Center RTT – Omaha, NE, IRTT in 4 rural sites in Kearney, Norfolk, North Platte, and Scottsbluff, NE
- ❖ Nevada: University of Nevada, Reno School of Medicine Elko Rural Residency Training Site – Elko, NV, IRTT-like program
- ❖ New Mexico: Gerald Champion Medical Center Family Medicine Residency Program – Alamogordo, NM, IRTT
- ❖ New Mexico: Hidalgo Medical Services Family Services Medical Program – Silver City, NM, IRTT
- ❖ New Mexico: Rehoboth McKinley Christian Hospital Family Medicine Residency Program – Gallup, NM, Rurally-located program
- ❖ North Carolina: East Carolina University – Greenville, NC, Developing IRTTs in multiple rural sites
- ❖ North Dakota: UND Bismarck-Center for Family Medicine Hettinger RTT – Hettinger, ND, IRTT

- ❖ North Dakota: UND Minot-CHI St. Alexius Health-Williston Medical Center /Rural Residency – Williston , ND, IRTT
- ❖ Ohio: Ohio University Rural and Urban Scholars Pathways Program (RUSP) – Athens, OH, Medical school rural program
- ❖ Ohio: University of Cincinnati Area Health Education Center – Cincinnati, OH, Medical school rural program
- ❖ Ohio: Wright Rural Health Initiative – Celina, OH, Medical school rural program
- ❖ Oregon: Oregon Health & Science University – Cascades East Family Medicine Residency – Klamath Falls, OR, Rurally located program
- ❖ Oregon: Providence Oregon Family Medicine Hood River Rural Training Program – Hood River, OR, IRTT
- ❖ Oregon: CHI Mercy Health – Roseburg Family Medicine Residency – Roseburg, OR, Rurally located program
- ❖ Oregon: Samaritan Family Medicine Residency – Newport, OR, Developing IRTT
- ❖ Pennsylvania: Indiana Regional Medical Center Family Medicine Residency – Indiana, PA, Developing rurally located program
- ❖ Pennsylvania: Lehigh Valley Health Network -Schuylkill Family Medicine Rural Residency Program – Pottsville, PA, Developing rurally located program
- ❖ Pennsylvania: St. Luke’s University Health Network – Tamaqua, PA, IRTT
- ❖ South Carolina: McLeod Health – Florence, SC, IRTT in Cheraw and Manning, SC
- ❖ South Dakota: Pierre Rural Family Medicine Residency Program – Pierre, SD, IRTT
- ❖ Tennessee: East Tennessee State University, Department of Family Medicine – Bristol, TN, Developing IRTT in multiple rural sites
- ❖ Texas: UNT HSC Rural Medical Education – Fort Worth, TX, Medical school rural program
- ❖ Texas: University of Texas Health Sciences Center at Tyler Rural Family Medicine Residency – Pittsburg, TX, IRTT
- ❖ Washington: St. Peter Family Medicine Chehalis Rural Training Program – Chehalis, WA, IRTT
- ❖ Washington: University of Washington School of Medicine Chelan Family Medicine Residency – Chelan, WA, IRTT
- ❖ Washington: Family Medicine Rural Training Track – Colville, WA, IRTT
- ❖ Washington: Central Washington Family Medicine Residency Program Ellensburg Rural Site – Ellensburg, IRTT-like program
- ❖ Washington: Swedish Cherry Hill Family Medicine Port Angeles RTT – Port Angeles, WA, IRTT
- ❖ Washington: Providence St. Peter-Summit Pacific Rural Family Medicine Residency – Elma, WA, IRTT
- ❖ Wisconsin: Aurora Lakeland RTT Family Medicine Residency – Elkhorn, WI, IRTT
- ❖ Wisconsin: Health Partners Western Wisconsin Rural Family Medicine Residency, Minneapolis, MN, IRTT in Amery and New Richmond, WI
- ❖ Wisconsin: University of Wisconsin Baraboo Rural Training Track Family Medicine Residency Program – Baraboo, WI, IRTT
- ❖ Wisconsin: Rural Health Equity Track, University of Wisconsin Madison Family Medicine Residency Program – Madison, WI, Urban residency with a rurally focused pathway program
- ❖ Wyoming: University of Wyoming Family Medicine Residency Program – Thermopolis, WY IRTT

The following major sponsors of The RTT Collaborative have provided a one-time contribution and/or have achieved cumulative sponsorship recognition through program participation:

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- ❖ Cahaba Medical Care Foundation – Cahaba Family Medicine Residency - Centreville, AL
- ❖ University of Arizona College of Medicine, South Campus Family Medicine Residency- Tucson, AZ
- ❖ Colorado Institute of Family Medicine - Denver, CO
- ❖ Wayne County Hospital Obstetric Mercy RESST Program - Corydon, IA

- ❖ Swift River Family Medicine – Rumford, ME
- ❖ Family Medicine Residency of Western Montana – Kalispell, MT
- ❖ East Carolina University – Greenville, NC
- ❖ University of North Dakota – Hettinger and Williston, ND
- ❖ New Mexico Primary Care Training Consortium – Silver City, NM
- ❖ The University of Oklahoma Rural Residency Program (closed) – Bartlesville, OK
- ❖ Providence Oregon Family Medicine Hood River Rural Training Program – Hood River, OR
- ❖ Oregon Health and Science University-Cascades East Family Medicine Residency – Klamath Falls, OR
- ❖ St. Luke’s University Health Network – Tamaqua, PA
- ❖ Seneca Lakes Family Medicine Residency Program (closed) – Seneca, SC
- ❖ UNT HSC, Rural Medical Education – Ft. Worth, TX
- ❖ Wisconsin Collaborative for Rural GME (Joint program between RWHC and WRPRAP) – Sauk City, WI

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- ❖ Ohio University Heritage College of Osteopathic Medicine - Athens, OH



The purpose of this organization is to sustain health professions education in rural places through mutual encouragement, peer learning, practice improvement, and the delivery of technical expertise, all in support of a quality rural workforce. The RTT Collaborative (the “Rural Training Collaborative,” or RTTC) is a board-directed cooperative of participating programs and individuals committed to this mission.

Directors

- ◇ Randall Longenecker, Athens, OH – Executive Director, RTTC; Professor and Assistant Dean, Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine
- ◇ Kara Traxler, Sauk City, WI - Associate Director, RTTC; Director of Development & Support, WI Rural GME
- ◇ Dave Schmitz, Grand Forks, ND – Associate Director, RTTC; Professor and Chair, Family and Community Medicine, University of North Dakota School of Medicine and Health Sciences,
- ◇ Dawn Mollica, Athens, OH – Administrative Director RTTC; Administrative Director of the Office of Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine

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- ◇ Ted Epperly, CEO, Family Medicine Residency of Idaho, Boise, ID
- ◇ Robert Epstein, Program Director, Swedish Port Angeles RTT, Port Angeles, WA
- ◇ Jay Erickson, Director of TRUST for UW & Regional Campus Dean for MT, Whitefish, MT
- ◇ Ed Evans, Previous Program Director, Seneca, SC
- ◇ Stuart Hannah, Program Director, Rural Program (IRTT), Baraboo, WI
- ◇ Joyce Hollander-Rodriguez, Program Director, Cascades East Family Medicine Residency Program, Klamath Falls, OR
- ◇ Darrick Nelson, Program Director, Hidalgo Medical Services Family Medicine Residency Program (IRTT), Silver City, NM
- ◇ Mike Shimmens, Executive Director, 3RNet (Rural Recruitment and Retention Network), Jefferson City, MO
- ◇ William French, MS2, University of Washington School of Medicine, Bozeman, MT (Student representative)
- ◇ Araminta Ray, MS2, ETSU Quillen College of Medicine, Johnson City, TN (Student representative)
- ◇ Kaily Baer, PGY2, North Colorado Family Medicine Residency, Wray, CO (Resident representative)