

# Program Emergence and Variance Across Rural Residencies In Development

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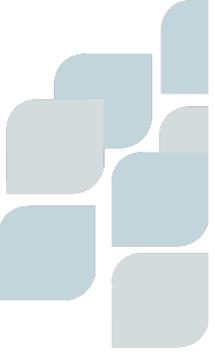
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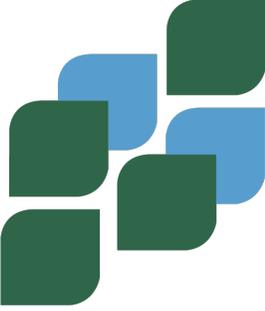
# Rural Residency Planning and Development – Technical Assistance Center (RRPD-TAC)





# Objectives

- Understand the demographic, socioeconomic, and geographic characteristics of the Rural Residency Planning and Development (RRPD) grant recipients.
- 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).
- Compare and contrast characteristics, including developmental progress, across the various programs and practice locations.



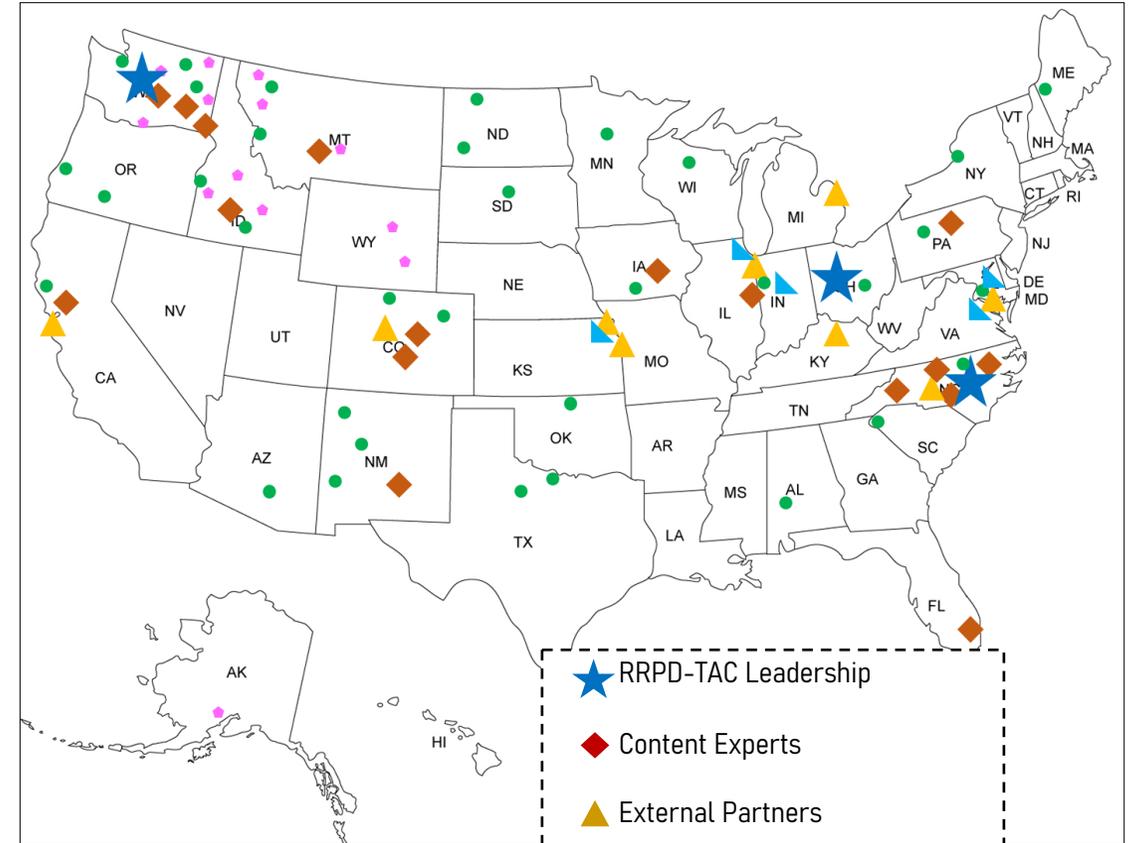
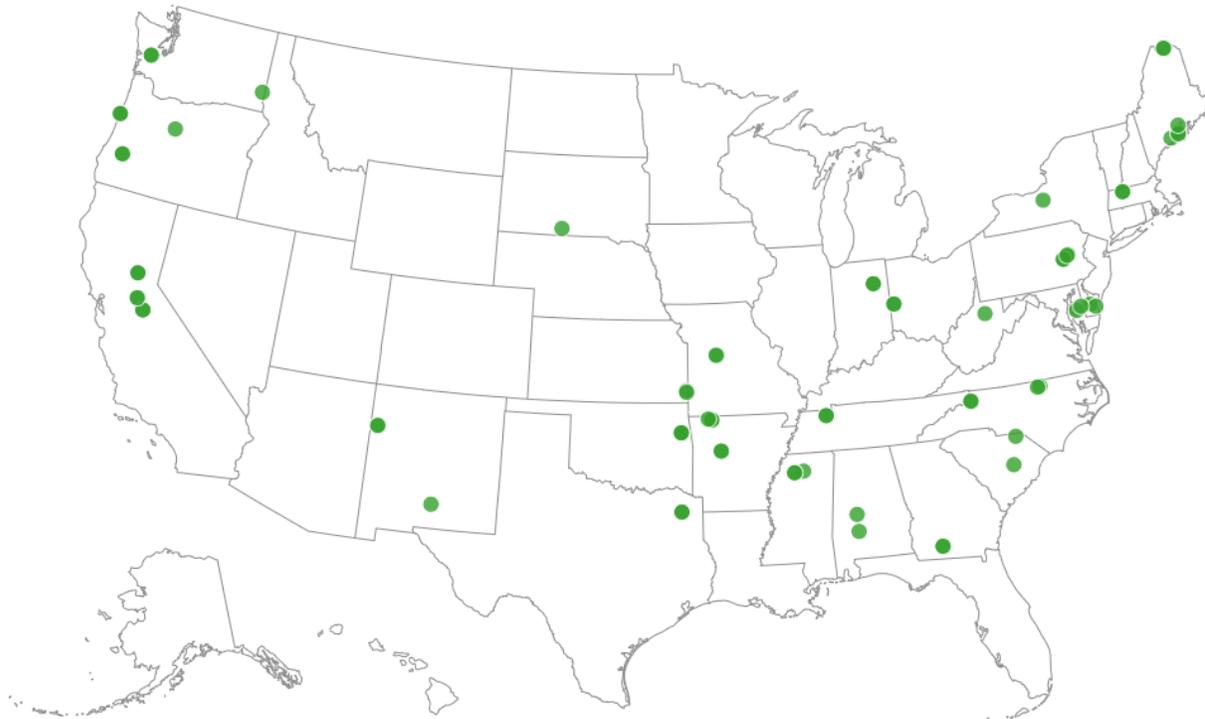
# Background

- In 2019, HRSA funded 27 Rural Residency Planning and Development (RRPD) Programs [Cohort 1]
  - 1 in Internal Medicine, 4 in Psychiatry, 22 in Family Medicine
- In 2020, HRSA funded an additional 11 RRPD Programs [Cohort 2]
  - 2 in Internal Medicine, 1 in Psychiatry, 7 in Family Medicine
- HRSA also funded a Technical Assistance Center to help support the development of new rural residency programs (and other communities interested in starting programs)



# RRPD Program and TA Center Maps

Rural Community Practice Locations



- ★ RRPD-TAC Leadership
- ◆ Content Experts
- ▲ External Partners
- ▲ Other Key Stakeholders
- RTTC Programs
- WWAMI Programs



# Program Structure

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## Program Sponsor

Non-profit healthcare organization (n=23)

Public/State Controlled Institution of  
Higher Education (n=10)

Private Institution of Higher Education  
(n=2)

Non-profit healthcare foundation (n=1)

For-profit healthcare organization (n=1)

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## Class Size Per Year

Two (n=14)

Three (n=7)

Four (n=9)

Six (n=2)

Eight (n=4)

Twelve (n=1)

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## Partners

School of Medicine Affiliation (n=36)

VA Partnerships (n=10)

Indian Health Service Partnership (n=5)

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# Rural Practice Sites



- Inclusion Criteria:
  - Sites identified as a rural practice site by RRPD grantee.
  - Sites where residents spend greater than 10% time.
- 37 RRPD programs with 69 sites in 41 counties

## Ambulatory Care Site

Health-System Affiliated Primary Care Clinics  
(n=16)

Federally Qualified Health Centers (n=7)

Rural Health Clinic (n=5)

Behavioral Health Clinics (n=4)

Health Centers operated by the Indian Health  
Service [IHS] (n=2)

## Hospital Site

Sole Community Hospitals [SCH] (n=9)

Critical Access Hospitals (n=7)

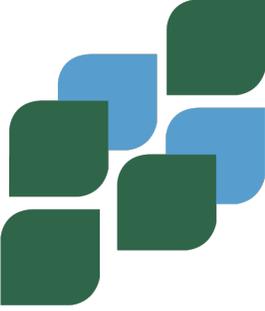
SCH/Rural Referral Centers [RRC] (n=5)

IPPS Hospitals (n=4)

RRC (n=4)

Medicare Dependent Hospital (n=4)

Hospitals Operated by IHS (n=2)

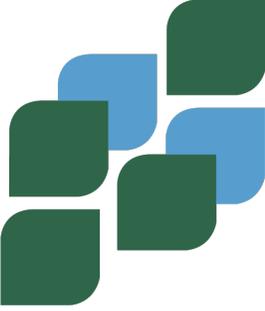


# Area Deprivation Index (ADI)

- Ranks neighborhoods by socioeconomic disadvantage (includes factors such as income, education, employment, and housing quality).
- Rank of 1 = lowest level of deprivation
- Rank of 100 = highest level of deprivation

ADI Ranking	Percentage of Practice Sites (n=68*)	Breakdown by Specialty (n)
ADI $\geq$ 50	69% (n=47)	35 FM, 4 IM, 8 Psychiatry programs
ADI $\geq$ 75:	37% (n=25)	16 FM, 4 IM, 5 Psychiatry programs
ADI $\geq$ 90:	13% (n=9)	6 FM, 1 IM, 2 Psychiatry programs

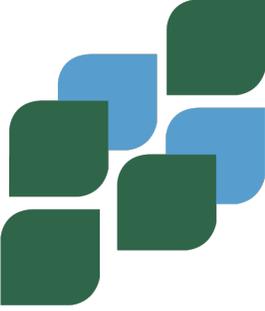
\* 1 program was missing ADI because the block group was a “group quarters”



# ADI Ranking by specialty

- On average, Internal Medicine programs are in most deprived areas. But there is variation in ADI within specialty
- One site (Rosebud, SD) had an ADI of 100, the highest level of deprivation

	<b>N</b>	<b>Mean ADI</b>	<b>STD</b>	<b>Range</b>
Family Medicine	53	59.7	22.5	12-98
Internal Medicine	4	86.5	9.1	81-100
Psychiatry	11	64.9	23.8	30-97



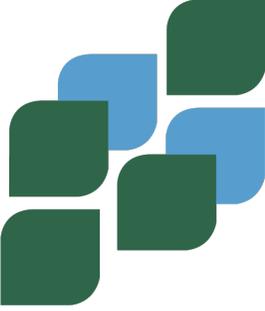
# Rural Urban Commuting Area (RUCA)

RUCA codes classify U.S. census tracts using measures of population density, urbanization, and daily commuting patterns

RUCA Code	Classification Description
1	Dense, urban population with commuting flow within an Urban Area (UA)
4	Micropolitan area: small population (10,00-49,999) with low/no commuting
7	Small town: smaller population (2,500-9,999) with low/no commuting
10	Isolated areas: primary flow to a tract outside of urban areas and clusters

- Almost all RRPD rural practice sites (97%) have a RUCA score of >4
- Residents spend 43% of training time at a site with a RUCA of 4.
- Residents spend 29% of training time at a site with a RUC of  $\geq 7$ .

# Population Characteristics



	Population (2017)	Pop Density per Sq. Mile (2010)	Percent Non- white or Hispanic	Percent 65 & over
Counties with RRPD sites (n=41)	53,342	73.5	29%	18.8%
Counties with no RRPD sites (n=3189)	102,842	286.6	24%	19.5%

**Key Points:** RRPD counties are generally smaller, have less dense populations, have more non-white or Hispanic individuals and about the same percent of population 65 years & over.

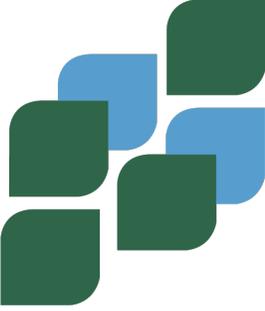
# Income, Poverty, and Unemployment



	Unemployment Rate (2018)	Persistent Poverty (#, % of total counties)	Percent of Population in Poverty	Percent of Children in Deep Poverty	Percent of $\geq$ 65 years in Deep Poverty	Median Income 2013-2017
Counties with RRPD sites (n=41)	4.6	8 (19.5%)	18.4	11.6	2.83	44,620
Counties with no RRPD sites (n=3189)	4.3	345 (10.8%)	15.3	10.6	3.01	49,051

- **Key Points:** RRPD counties are poorer. On average, the median income of RRPD counties was \$4,431 lower than the median income in non-RRPD counties ( $p < .05$ ) and a higher percent of the population lives in poverty ( $p < .01$ ).

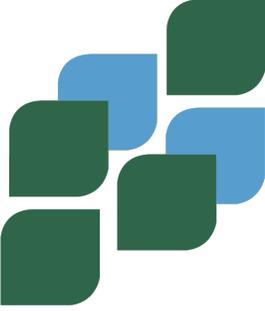
# Health Insurance Status



	Percent <65 without Health Insurance 2017	Percent <65 years with no insurance & <=200% Poverty 2017	Percent Population Medicaid Eligible	Percent Population Medicare Eligible
Counties with RRPD sites (n=41)	11.5	15.8	28%	19%
Counties with no RRPD sites (n=3189)	11.5	17.2	23%	18%

**Key Point:** RRPD counties have a higher proportion of patients who are eligible for Medicaid (p<.01)

# Providers and Facilities



- Three of 41 RRPD counties do not have a hospital
- Of counties with hospitals, RRPD counties have smaller hospitals.
  - Average of 139 beds in RRPD counties
  - Average of 377 beds in non-RRPD counties
- RRPD counties have more PCPs per 10K pop (6.0 vs. 5.2)
- RRPD counties more likely to have at least one FQHC compared to non-RRPD counties (85% vs 62%)

# STAGE 1 Exploration

## Community Assets

Identify community assets and interested parties.

## Leadership

Assemble local leadership and determine program mission.

## Sponsorship

Identify an institutional affiliation or sponsorship. Begin to consider financial options and governance structure.

# STAGE 2 Design

## Initial Educational & Programmatic Design

Identify Program Director (permanent or in development). Consider community assets, educational vision, resources, and accreditation timeline.

## Financial Planning

Develop a budget and secure funding. Consider development and sustainability with revenues and expenses.

## Sponsoring Institution Application

Find a Designated Institutional Official and organize the GME Committee. Complete application.

# STAGE 3 Development

## Program Personnel

Appoint residency coordinator. Identify core faculty and other program staff.

## Program Planning & Accreditation

Develop curricular plans, goals and objectives; evaluation system and tools; policies and procedures; program letters of agreement; faculty roster. Complete ACGME application and site visit.

# STAGE 4 Start-Up

## Marketing & Resident Recruitment

Create a website. Register with required systems. Market locally and nationally.

## Program Infrastructure & Resources

Hire core faculty and other program staff. Ensure faculty development. Complete any construction and start-up purchases. Establish annual budget.

## Matriculate

Welcome and orient new residents.

# STAGE 5 Maintenance



## Ongoing Efforts

Report annually to ACGME and the Sponsoring Institution. Maintain accreditation and financial solvency. Recruit and retain faculty. Track program educational and clinical outcomes. Ensure ongoing performance improvement.

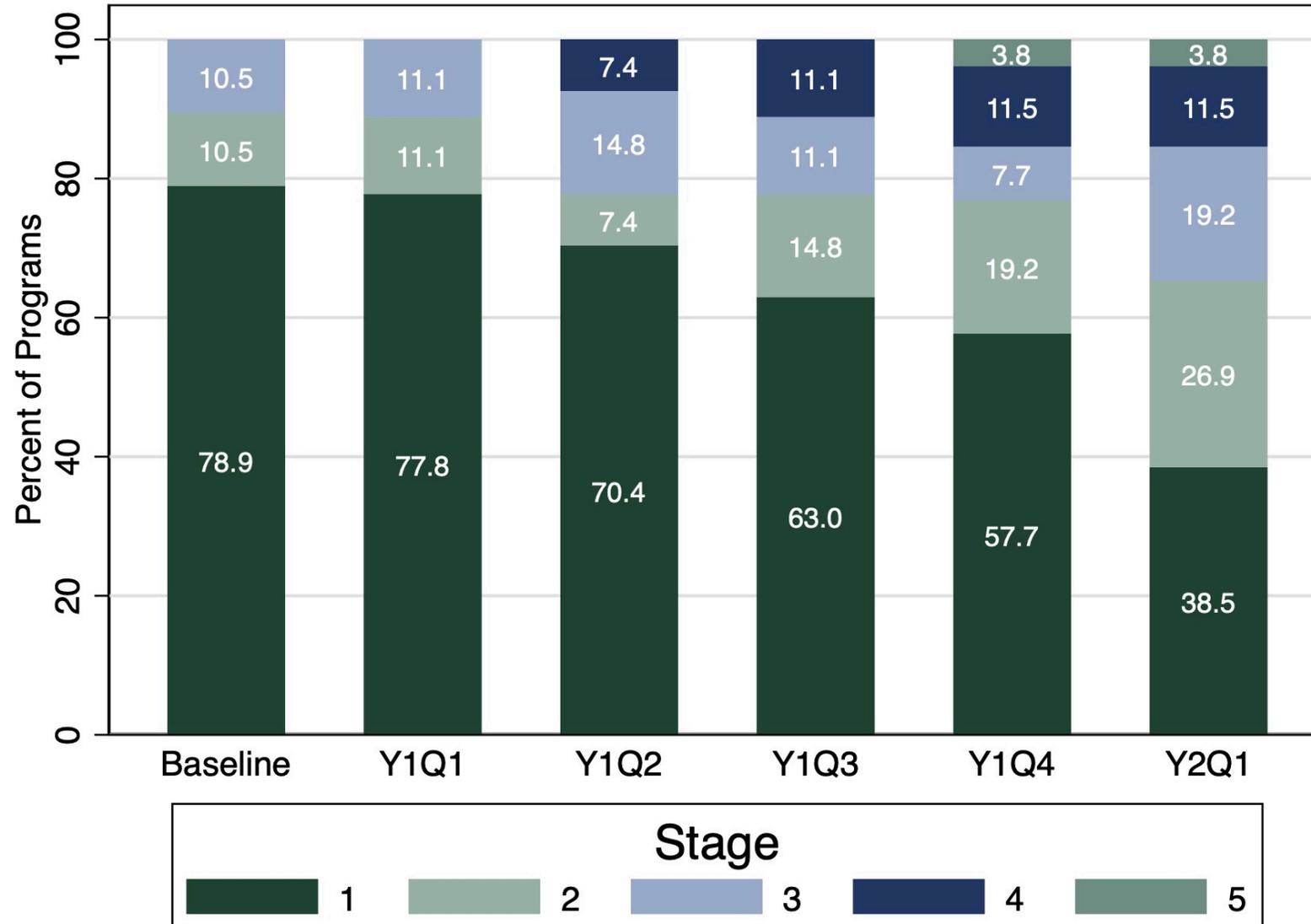
To advance to the next stage:  
Make an organizational decision to proceed with investing significant resources in program development.

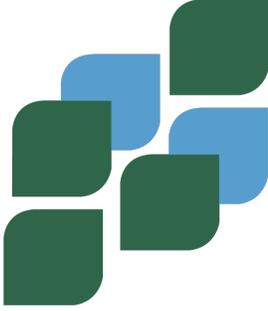
To advance to the next stage:  
Finalize a draft budget. Complete program design to include curriculum outline and site mapping. Submit a Sponsoring Institution (SI) application & receive initial accreditation.

To advance to the next stage:  
Achieve initial program accreditation – requires successful site visit and letter of accreditation from the ACGME.

To advance to the next stage:  
Complete contracts and orient first class of residents. Hire all required faculty.

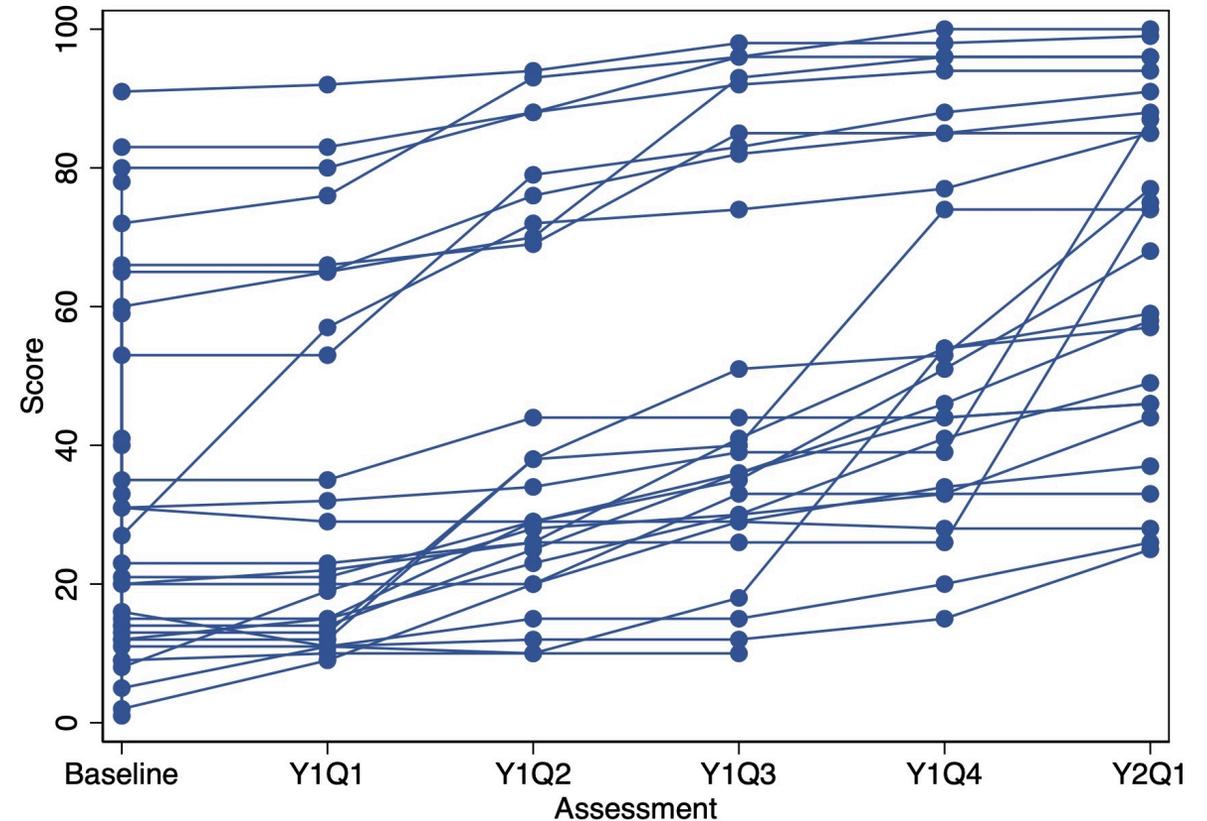
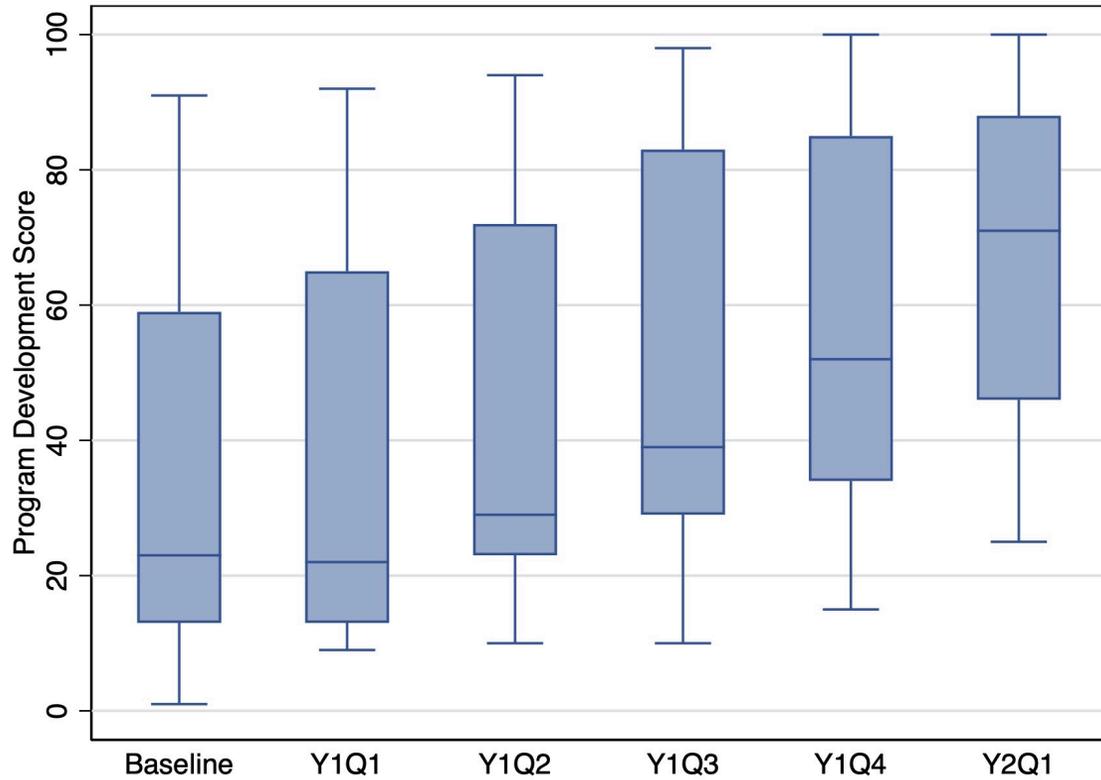
# Progress Toward Development – Cohort 1



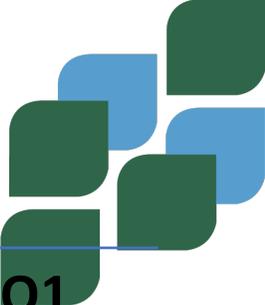


# Program Readiness – Cohort 1

**Program Readiness Scores (%):** Sum of completed weighted objectives / Sum of all the weighted objectives x 100

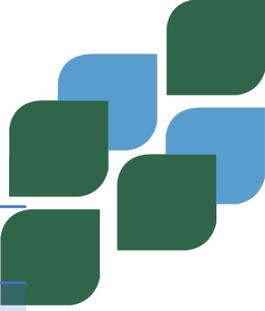


# Program Readiness – Cohort 1



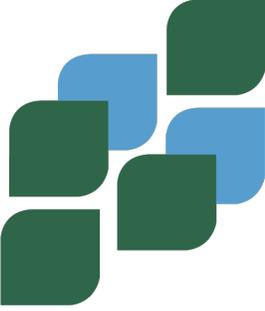
	Goal	Y1Q3	Y1Q4	Y2Q1
Stage 1	Complete community asset/capacity inventory.	63% (n=17)	65% (n=17)	81% (n=21)
	Assemble a local leadership team.	70% (n=19)	77% (n=20)	88% (n=23)
	Define preliminary stakeholders, finances, and structure.	59% (n=16)	65% (n=17)	73% (n=19)
	Make an organizational decision to invest in program development.	59% (n=16)	69% (n=18)	85% (n=22)
Stage 2	Appoint a Program Director in development.	81% (n=22)	85% (n=22)	88% (n=23)
	Complete initial program design.	48% (n=13)	58% (n=15)	77% (n=20)
	Complete a detailed pro forma.	33% (n=17)	42% (n=18)	50% (n=19)
	Refine program design, including curriculum and site mapping.	37% (n=10)	46% (n=12)	58% (n=15)
	Obtain Sponsoring Institution Accreditation.	93% (n=25)	92% (n=24)	96% (n=25)

# Program Readiness – Cohort 1



	Goal	Y1Q3	Y1Q4	Y2Q1
Stage 3	Identify key staff support and core faculty members.	37% (n=10)	38% (n=10)	46% (n=12)
	Complete specific program planning.	33% (n=9)	38% (n=10)	50% (n=13)
	Submit ACGME application.	33% (n=9)	46% (n=12)	58% (n=15)
	Complete ACGME site visit.	33% (n=9)	35% (n=9)	38% (n=10)
	Finalize financial plan.	19% (n=5)	27% (n=7)	35% (n=9)
	Obtain ACGME Accreditation.	33% (n=9)	35% (n=9)	38% (n=10)
Stage 4	Develop plan for resident recruitment.	15% (n=4)	23% (n=6)	23% (n=6)
	Complete program infrastructure.	7% (n=2)	8% (n=2)	8% (n=2)
	Establish annual budget.	22% (n=6)	31% (n=8)	35% (n=9)
	Fill program positions through the match.	22% (n=6)	23% (n=6)	23% (n=6)

# Program Readiness – Cohort 2



Cohort 2	Baseline n=programs
Stage 1	82% (n=9)
Stage 2	9% (n=1)
Stage 3	9% (n=1)
Stage 4	0% (n=0)
Stage 5	0% (n=0)

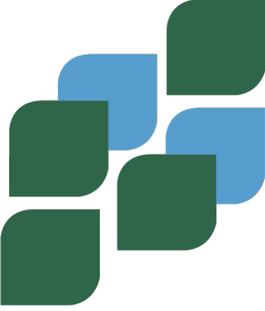
Median Readiness Score	Baseline: 33%
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# Program Readiness – Cohort 2

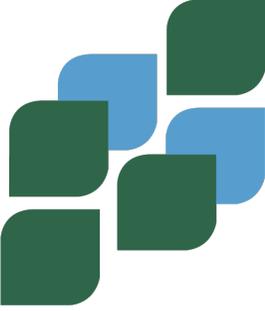


	Goal	Baseline
Stage 1	Complete community asset/capacity inventory.	45% (n=5)
	Assemble a local leadership team.	36% (n=4)
	Define preliminary stakeholders, finances, and structure.	36% (n=4)
	Make an organizational decision to invest in program development.	36% (n=4)
	Appoint a Program Director in development.	73% (n=8)
Stage 2	Complete initial program design.	18% (n=2)
	Complete a detailed pro forma.	27% (n=3)
	Refine program design, including curriculum and site mapping.	18% (n=2)
	Obtain Sponsoring Institution Accreditation.	73% (n=8)

# Program Readiness – Cohort 2



	Goal	Baseline
Stage 3	Identify key staff support and core faculty members.	9% (n=1)
	Complete specific program planning.	9% (n=1)
	Submit ACGME application.	18% (n=2)
	Complete ACGME site visit.	18% (n=2)
	Finalize financial plan.	0% (n=0)
	Obtain ACGME Accreditation.	0% (n=0)
Stage 4	Develop plan for resident recruitment.	0% (n=0)
	Complete program infrastructure.	0% (n=0)
	Establish annual budget.	9% (n=1)
	Fill program positions through the match.	0% (n=0)



# Tools and Resources



**Community Engagement**



**Program Design & Development**



**Financial Planning**



**Institutional Sponsorship**



**Program Accreditation**



**Program Implementation**

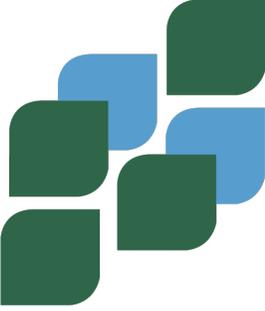


## RURAL RESIDENCY RESOURCES

If you would like to access our portal containing resources for developing rural residencies, please use the link below to register online.

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