Integration of Rural **Psychiatry and Family Medicine Residency** Training

Our Northeast Texas Journey...

Arunditi Xantus, MD 2021 Annual RTTC Meeting April 9, 2021



Objectives

- 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. Discuss how the importance of partnering with existing family medicine practitioners to gain "buy in" from the community is paramount.
- 2. Review the existing rural psychiatry residency training opportunities throughout the US. Discuss the development of a new rural psychiatry program in East Texas and identify the unifying characteristics of medical students applying to this novel program. Explore the relationship between exposure to rural medicine during clinical rotations in medical school, choice of residency programs, and eventual practice locations.
- 3. Discuss how integrated medical and psychiatric services are necessary to tackle mental illness in a rural community. Explore opportunities within a rural community to provide truly intergrative care.



My Background





Born and raised in the Appalachian mountains of WV

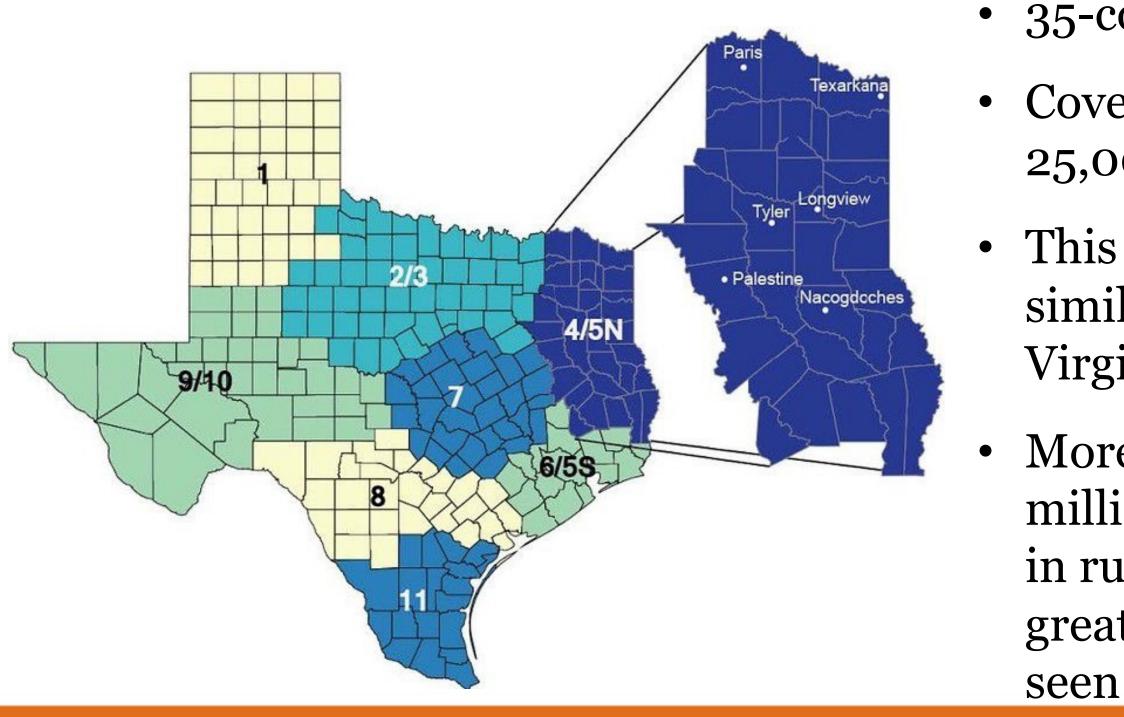
Father = rural general practitioner

Mother = nurse midwife

Afternoons/nights/weekends spent at "the clinic"



Northeast Texas

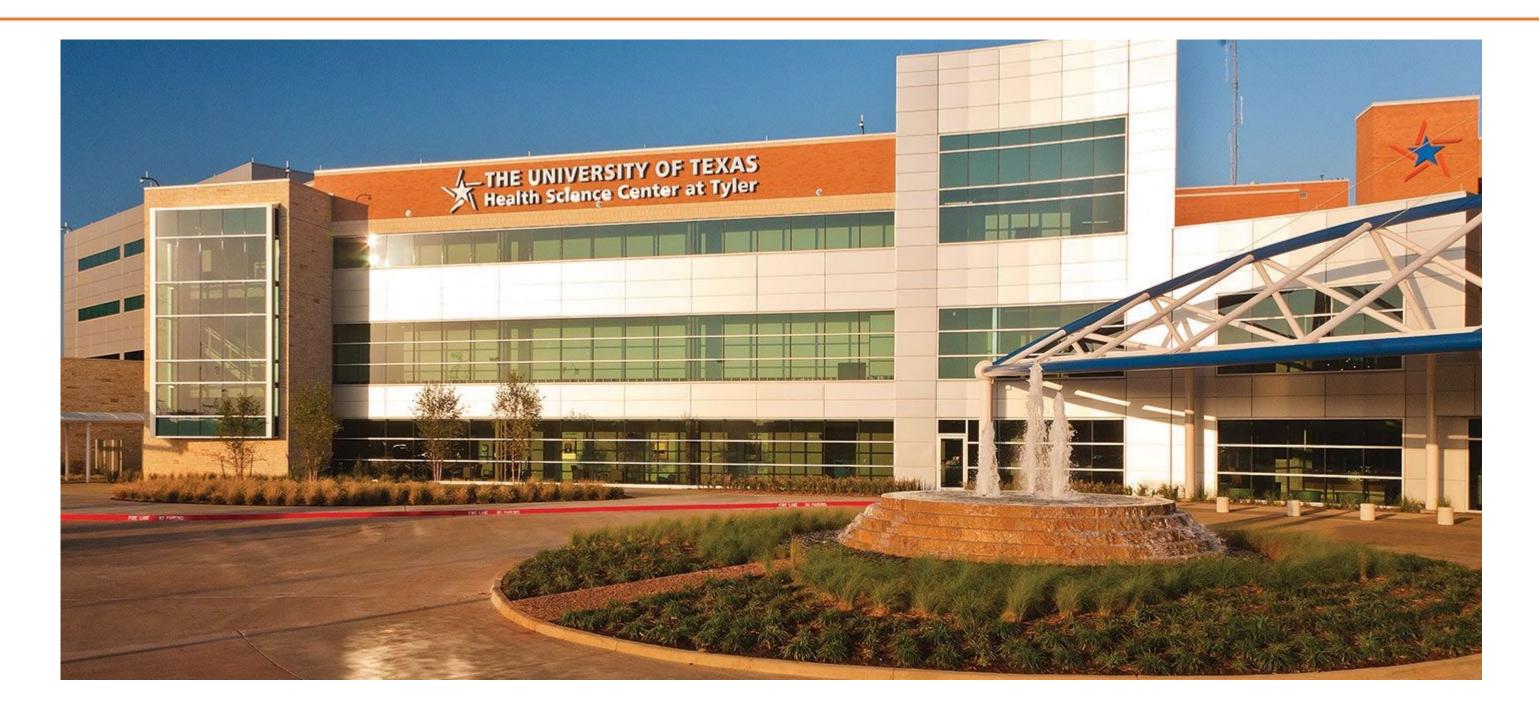




• 35-county area

- Covers more than than 25,000 square miles
- This health service region is similar in size to West Virginia
 - More than half of the 1.5 million people are spread out in rural areas, where the greatest health disparities are seen

History of UTHSCT





History of UTHSCT

The only academic medical center in Northeast Texas

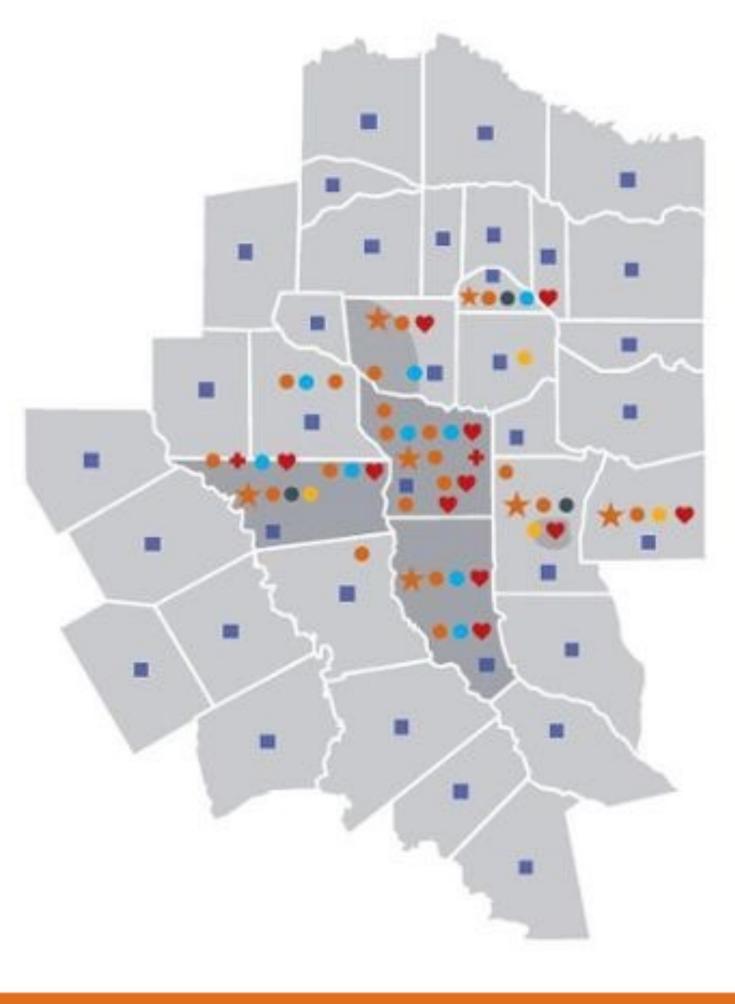
Originally "East Texas Tuberculosis Sanitarium," established in 1947 as a tuberculosis treatment facility

Later became a state hospital known as the East Texas Chest Hospital

Chartered in 1977 by the University of Texas System Board of Regents \rightarrow became The University of Texas Health Science Center at Tyler (UTSHCT)

2018-- major expansion of clinical operations through a merger with the former East Texas Medical Center to form UT Health East Texas





The UT Health East Texas family includes:

UT Health Tyler (formerly ETMC Tyler)

UT Health North Campus Tyler (formerly UT Health Northeast)

UT Health Athens (formerly ETMC Athens)

UT Health Carthage (formerly ETMC Carthage)

UT Health Henderson (formerly ETMC Henderson)

UT Health Jacksonville (formerly ETMC Jacksonville)

UT Health Pittsburg (formerly ETMC Pittsburg)

UT Health Gultman (formerly ETMC Gultman)

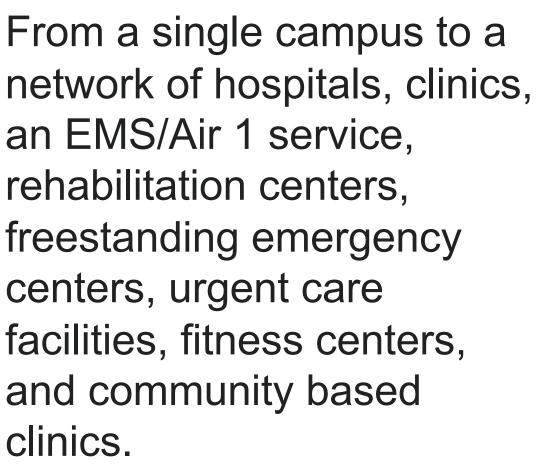
UT Health East Texas Behavioral Health Center (formerly ETMC Behavioral Health Center)

UT Health East Texas Home Health (formerly ETMC Home Health)

UT Health East Texas Rehabilitation Hospital (formerly ETMC Rehabilitation Hospital)

UT Health East Texas Specialty Hospital (formerly ETMC Specialty Hospital)

The Impact of the Merger...



- 10 hospitals
- 52 outpatient facilities

History of GME at UTHSCT



The family medicine residency at Tyler was developed in 1985 as the first graduate medical education training program in East Texas



Approximately 70 percent of our graduates over the years have chosen to stay in Texas **GRADUATE MEDICAL EDUCATION**

Training Tomorrow's Leaders

in Healthcare and Medicine



Graduate Medical Education Expanded Rapidly

Residency Programs

Family Medicine – Tyler (1985) Occupational Medicine – Tyler (1994) Internal Medicine – Longview (2012) Rural Family Medicine – Pittsburg (2016) Psychiatry – Tyler (2017) General Surgery – Tyler (2020) Internal Medicine – Tyler (2020) Rural Psychiatry – Pittsburg (2021) Rural Family Medicine – Athens (2021)

Internships & Fellowships

Psychology Internship (2015) Psychology Fellowship (2016)



Health Crisis in Northeast Texas

Tyler Morning Telegraph

The Health Status of Northeast Texas, 2016

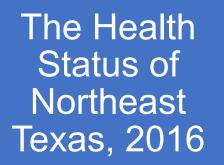
A report spearheaded by The University of Texas System and UT Health Northeast showed if northeast Texas were a state, it would rank among the least healthy states to live

- 45th for its mortality rate from all causes of death
- 47th in chronic lower respiratory disease mortality
- 49th in heart disease mortality
- 50th in stroke mortality





Health Crisis in Northeast Texas



East Texas Community Health Survey

UT Health Northeast Population Health Strategic Plan:

Goal 1 EDUCATION



Goal 2 COMMUNITY SERVICE & RESEARCH

Goal 3 CLINICAL SERVICE

Mental Health Crisis in East Texas

East Texas Community Health Survey

Top 5 Health Problems Identified

Forum		Survey		Forum		Survey	
Diabetes	55%	Diabetes	39.1%	Uninsured/ Underinsured	48%	Low Income Groups	35.8%
Substance Abuse	51%	Obesity (Adult)	38.1%	Working Poor	43%	Working Poor	32.4%
Mental Health Problems	49%	Cancer	36.2%	Persons with Mental Illness	42%	Uninsured/ Underinsured	30.7%
Obesity (Adults)	46%	High Blood Pressure	32.5%	Substance Abuse Populations	37%	Persons with Mental Illness	30.5%
Heart Disease/Stroke	29%	Substance Abuse	32.2%	Low Income Groups	35%	Homeless	28.9%

Table 5. Comparison of the Top 5 Priorities of Forum and Survey Respondents





Top 5 Community Populations in Need

Mental health care emerges at UTHSCT

- Dept of Psychiatry & Behavioral Medicine- founded 2016
- First psychiatry resident class @ UTHSCT Tyler in 2017

Initial funding

- State-issued allocation of funds specifically for mental health workforce expansion in Northeast Texas— For residency start-up, recruitment of psychiatry faculty, and support of psychology initiatives
- Texas Higher Education Coordinating Board-- Legislation "expresses the position of the Legislature that the state should prioritize a substantial increase in funding for graduate medical education (GME)"





General Psychiatry Residents 2020-2021



Ahsiee Biaine, DO Fourth Year A.T. Shii University-Kirkostie College of Osteopathic Medicine



Jeremiah Duncan, DO Third Year The University of North Tesse Health Science Center at Fort Worth Texas College of Osteopathic Medicine



Chitavi Chaudhary, MD Second Year The University of Texas Medical Branch at Galveston School of Medicine



Finan Abdulia, MD First Year The University of Texas Health Science Center at San Antonio, Long School of Medicine



Cal Ches, DO Fourth Year The University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine



Albert "A.J." Elumn, MD Third Year Texas A&M Health Science Center College of Medicine



Arand Jayanti, MD Second Year Texas A&M Health Science Center College of Medicine



Christina Merenda, DO First Year Artsona College of Oxteopathic Medicine at Midwestern University



Andrew Oshiro, MD Fourth Year The University of Texas Health Science Center at San Antonio, Long School of Medicine Chief Resident



Sayyeda "Tooba" Haxan, MD Third Year Texas Tech Health Sciences Center School of Medicine Odeexa



Mary Kaar, DO Second Year Kanasa City College of Deleopathic Medicine



Joshua Morgan, MD First Year Texas ABM Health Science Center College of Medicine



Eyei "Joei" Terete, MD Fourth Year University of Oklahoma College of Medicine



Andrew Malice, MD Third Year Texas Tech University Health Sciences Center School of Medicine



David Poltard, MD Second Year Texas ABM Health Science Center College of Medicine



Haia Mouneimne, DO First Year The University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine









Nusrat Uddin, DO First Year William Carey University College of Osteopathic Medicine

Fourth Year The University of Texas Medical Branch at Galveston School of Medicine



Kendal Smith, MD Third Year University of Arizona College of Medicine at Phoenix

Haven Price, DO Second Year West Virginia College of Oxteopathic Medicine



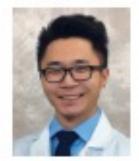
Benjamin Van Leeuwen, MD Fourth Year University of Mami Miller School of Medicine Chief Resident



Igai Tarash, DO Third Year Western University College of Osteopathic Medicine (CA)



Michael Watkins, MD Second Year The University of Texas Health Science Center at San Antonio. Long School of Medicine



Xitong Wu, MD First Year Tessa A&M Health Science Center College of Medicine



Community Impact

- Dramatically improved access to child/adolescent/adult outpatient care— waitlist shrunk from nearly 1,000 individuals to < 100 within 3 mo.
- Improved campus mental health uninsured UT Tyler students able to be seen at the Student Counseling Center
- Partnership with local substance abuse treatment center, Cenikorawarded community partner of the year
- Community psychiatry partnership with local Mental Health Authority to provide increased coverage to un-and under-insured individuals



Community Impact

- Psychiatric ER and consultation services to provide increased support to lacksquaremultiple area hospitals (including telepsychiatry services to rural areas beginning in 2018)
- Involvement with local NAMI support groups \bullet
- Development of jail mental health program ${\color{black}\bullet}$
- Texas Child Mental Health Care Consortium
 - Texas Child Health Access Through Telemedicine (TCHATT)
 - Child Psychiatry Access Network (CPAN)



Shared Clinical Service

1st year psychiatry residents rotate with FM in outpatient, inpatient and ER settings

1st year FM residents rotate with psychiatry on C/L and inpatient services

FM residents provide medical care coverage to the various inpatient psychiatry units on weekends and afterhours

Warm hand-offs for all shared patients (ER, outpatient and inpatient setting)

Brief consultations ("curbsides") throughout the health center, including inpatient medical floors, emergency room, and outpatient clinics

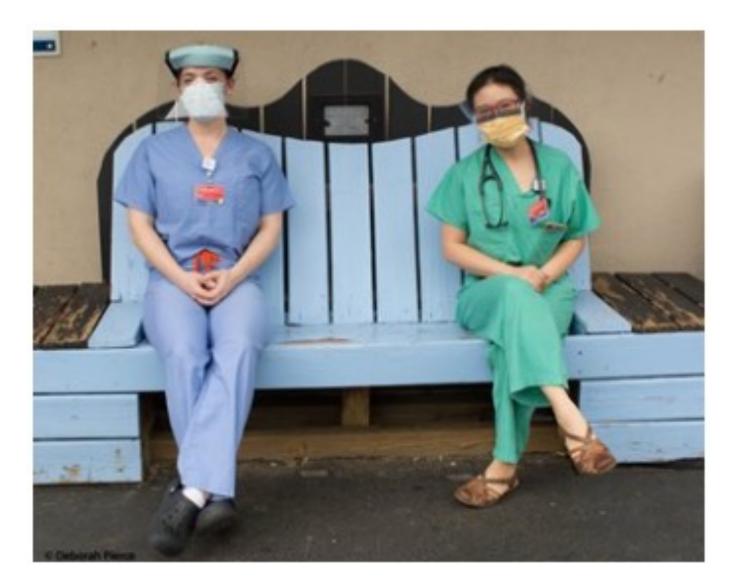


Examples of Need-Based Clinical Collaborations

Covid Care Team

Covid Surge Team

Post-Covid Outpatient Clinic





Shared Community Service and Research

Church Under the Bridge

Health Disparities Committee

Food insecurity screening in outpatient clinics

East Texas Food Bank

Resident Quality and Safety Council

Annual Resident Scholarly Activity Day



Shared Educational Experiences

Didactics

- "Resident education coordinator" appointed from each program
- Fundamentals of psychiatric conditions/treatment is taught to the FM residents
- Dx and tx of routine outpatient medical conditions is taught to psychiatry

Grand Rounds– Psychiatry, FM and IM grand rounds

Patient Safety Conferences

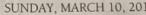
Journal Club

Wellness Curriculum–

- Wellness Committee
- **Resident Garden**







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Strategy for success





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CHELSEA PURGAHN/STAF

We have made a huge impact in the Tyler and surrounding areas, but Northeast Texas is as big as West Virginia...

HASAN, (left) a resident in the psychiatry program, listens as Dr. Arunditi Xantus speaks at The University of Te



Rural Psychiatry Residency @ Pittsburg Inception

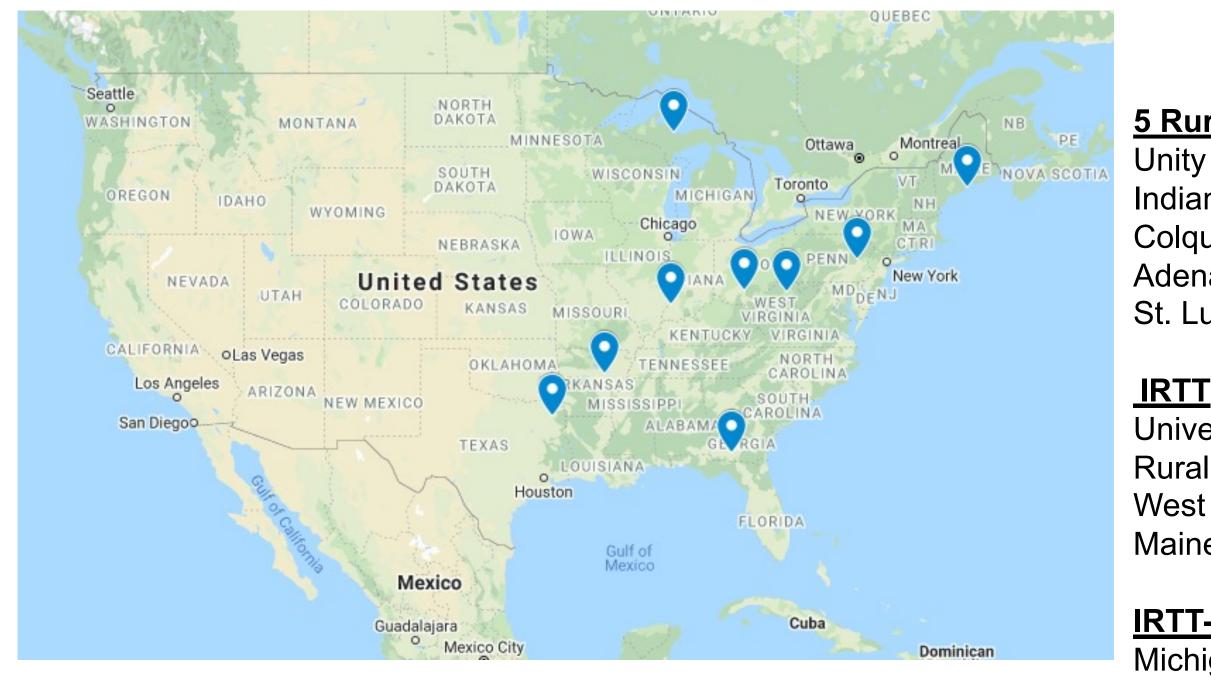
2019-- HHS awarded UTHSCT \$750,000 in grant funding as part of the_Rural Residency Planning and Development Program (RRPD)

Funding over three years to develop a new rural residency program while achieving accreditation through ACGME

Part of \$20 million awarded to 21 different states by HHS for creating new rural residency programs in family medicine, internal medicine, and psychiatry



Only 9 Accredited Rural Psychiatry Programs in the US





5 Rurally Located Program

Unity Health-White County Medical Center Indiana University SOM (Vincennes) Program **Colquitt Regional Medical Center Program** Adena Regional Medical Center Program St. Luke's University Health Network Psychiatry

University of Texas Health Science Center at Tyler **Rural Psychiatry**

West Virginia University Psychiatry Residency Maine Medical Center Psychiatry Residency

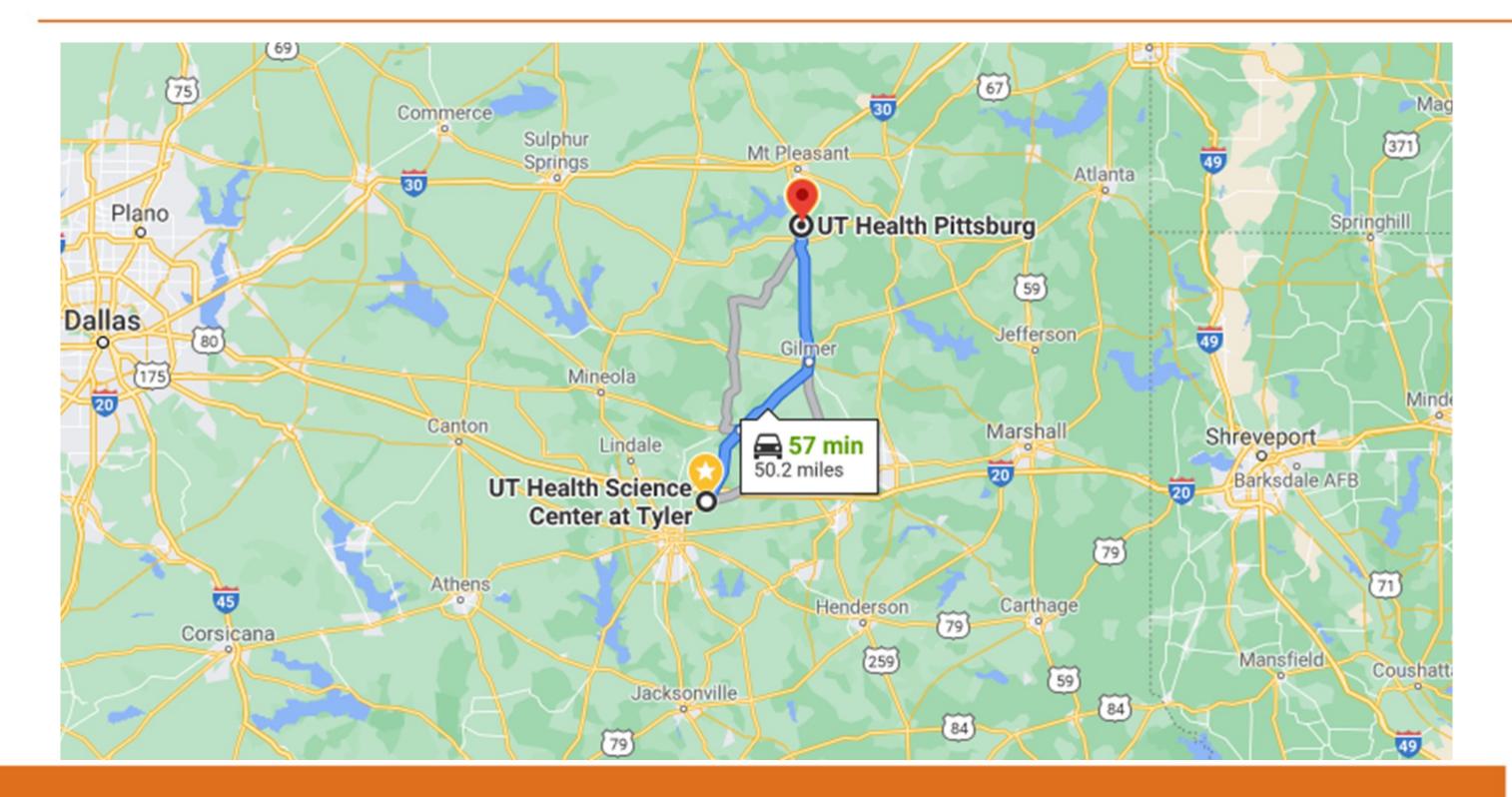
IRTT-like

Michigan State University Program - Rural pathway

By comparison, there are many more FM and IM rural programs

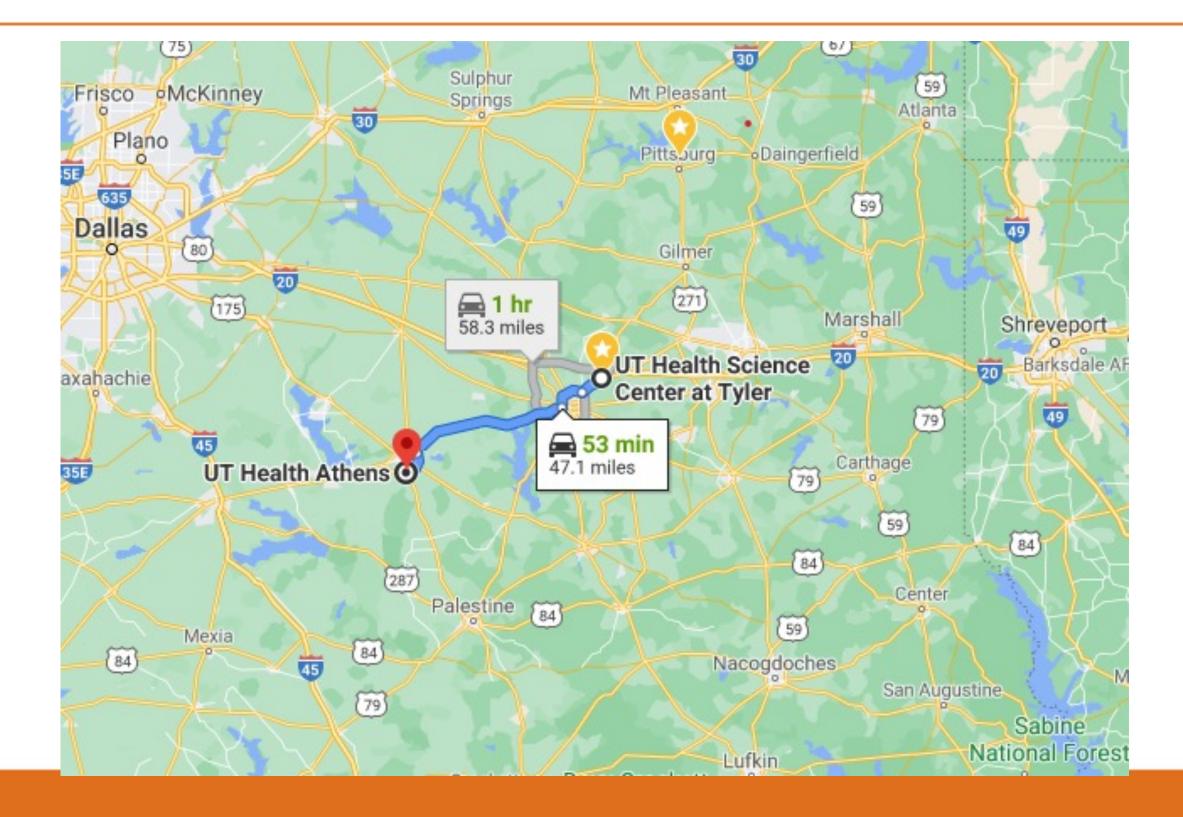


UTHSCT Rural Psychiatry and FM @ Pittsburg





UTHSCT Rural Family Medicine @ Athens, TX







Our Rural Psychiatry Experience Thus Far – **Overview of our Initial Applicants/Interview Season**

Recruitment efforts:

- Videos on our UTHSCT YouTube channel highlighting the strengths of our program and institution, the natural beauty of Northeast Texas, and the perks of "country life"
- UTMB students rotate at UTHSCT for their clerkships advertisement at it's best!
- Virtual open house created/ran by the residents in early Fall tremendous turnout
- Casual virtual "eat and greets" with the residents the evening before their interview



Our Rural Psychiatry Experience Thus Far – **Overview of our Initial Applicants/Interview Season**

Applicants:

- 532 total applicants
- 252 US MD/DO medical school graduates
- 68 Texas MD/DO medical school graduates
- Interviewed 60, ranked 54 ullet

Interviewees:

- Roughly 50% were dual applicants, to both Tyler and Pittsburg
- Over 50% lived in a rural setting for a majority of their childhood
- Nearly 75% stated they choose at least 1 elective rotation in a rural setting to ulletobtain more exposure to rural medicine*
- 15-20% either chose or were assigned to rural rotations for >50% of their clerkship years*





Characteristics We Relied on to Find Our "Ideal" **Rural Psychiatry Residents**

Ties/family in Texas (or better yet, Northeast Texas!)

Has lived in a rural setting previously

Expressed interest in rural medicine through elective rotations, community service, personal statement, or letters of recommendation

Location of medical school (rural setting?)

Quality of interaction with residents and faculty during the interview process

They felt like a "good fit" based on personal characteristics- humble, resilient, hardworking, family- and community-oriented





Inaugural Class of Rural Psychiatry – Class of 2025



Lauren Cargill, DO Edward Via College of Osteopathic Medicine



Daniel Howard, MD The University of Texas Southwestern at Dallas

These residents will be joining us in Tyler in July and will spend the remainder of their residency serving UT Pittsburg and UT Quitman.



Sydney Horton, DO West Virginia College of Osteopathic Medicine



Mohammed Naqvi, MD Ross University School of Medicine



Rural Psychiatry Residency

1st year rotations:

- 3 months of inpatient psychiatry at Rusk State Hospital
- 3 months of inpatient psychiatry at UTHSCT •
- 2 months of geriatric psychiatry at UTHSCT •
- 1 month of outpatient FM @ Pittsburg inpatient, outpatient and ER ullet
- 1 month of outpatient FM @ Overton- rural agricultural community ullet
- 2 months of inpatient IM @ UTHSCT medical care to psychiatric inpatients ●

 2^{nd} year and 3^{rd} year will be spent in Pittsburg in the outpatient, ER, and C/L settings

4th year electives to include community psychiatry, jail and forensic rotations



Future Expansion of Rural Psychiatric Services

Integrated outpatient wellness center in Pittsburg--FM, pediatrics, psychiatry, psychology and social services

Women's integrative health clinic

Expansion of mental health services to Camp County jail

Rural community psychiatry with Lakes Regional MHA

Free psychiatry and FM resident clinic

Health education in Pittsburg schools

Rural medicine tract for medical students (medical school coming in 2023!)



What Can We Do Right Now to Address the **Critical Shortage of Rural Psychiatry?**

- Develop clinical learning environments for rural psychiatric practice or use of telepsychiatry if needed
- Develop integrated care service models that bridge primary care specialties (e.g., family practice and pediatrics) and psychiatry
- Designate/support at least one faculty "champion" for rural psychiatry services, training, and mentorship
- Explore models that enable even urban-based faculty to work part-time in rural settings



What Can We Do Right Now to Address the Critical Shortage of Rural Psychiatry?

- Encourage multidisciplinary grand rounds around the psychiatric and primary care needs of rural communities
- Collaborate with your GME office and local medical community to seek funding opportunities for rural psychiatry training, clinical services development, and workforce development
- Advocate for state and national funding to support the mental health needs of rural communities and outcomesbased research on clinical and social services needed in rural communities



Call to Action– We need more accredited rural psychiatry programs!

- Identify local mental health personnel in schools, hospitals, and community health centers who may serve as liaisons to help introduce and endorse "outside" residents and psychiatrists to the community
- Expand primary care in psychiatry education, to enable psychiatrists to more comfortably manage common medical conditions or medication side effects in rural settings
- Encourage graduates who enter rural psychiatric practice to maintain connections with the academic program (e.g., via volunteer faculty appointments)



Thank you for your attention!





Comments?