



# The RTT Collaborative

in rural health professions education and training

*Growing our own...together*



Photography by Janelle Lee, Photo Contest winner

# Executive Director's Message



## Making a Difference

In 2020-2021 The RTT Collaborative made a difference.

How do I know? Well, a preponderance of evidence supports my belief. We didn't conduct a prospective randomized control trial, and like so many things you and I do every day, it is difficult if not impossible to show a direct connection to outcomes in some distant future. The fruits of our labor are often only apparent 10 to 20 years after the fact and many other factors, sentinel events, individual and organizational efforts, even chance contribute to the outcomes we seek.

After 20 years of working with my colleagues in the rural medical education community to effect positive change in student and other stakeholder interest, accomplish changes in accreditation, and craft new rules and regulation around rural graduate medical education, change is happening, and it is hard not to take some credit.

In the past decade and even in the past year, there has been a clear increase in interest in rural education and training – from students to researchers, to faculty and administrators, to legislators and policy makers, and to the media. In a complex world it's hard to measure our 'butterfly effect.' But every day now The RTT Collaborative hears from someone: a student who has used our map, but is wanting more information or looking for a speaker for any one of an increasing number of rural student interest groups; a researcher asking to collaborate on a project; a program director or residency coordinator for a developing program in a specialty other than family medicine asking for clarification or guidance navigating the confusing worlds of accreditation and GME finance; a congressional staffer or policy person at the state or federal level wanting a count of rural residencies or projecting how many might be possible; a host from NPR or a Fox News anchor. This was not happening 10 years ago. Until the HRSA grant-funded RTT Technical Assistance program (2010-2016) and The RTT Collaborative (the sustainable non-profit that emerged from that program), rural residencies were declining and were doing poorly in the match. The ACGME had gotten rid of their guiding document for RTTs, and the Balanced Budget Refinement Act of 1999 failed to produce a large crop of new rural residencies. In fact, from 2000-2010 many closed.

Now the ACGME has created a new division and this past year has introduced a new accreditation framework for endorsing and naming rural track programs in multiple specialties. CMS published a proposed rule in April and is even now finalizing a Final Rule around rural GME provisions unexpectedly included in the Consolidated Appropriations Act of 2021, signed into law by the President the week before Christmas. It was The RTT Collaborative and I in my role as executive director who got the call a couple weeks earlier from the chief staffer for the House Ways and Means Committee. He was seeking credible information in crafting the final language for what got dropped into the combined COVID stimulus and end-of-the-year appropriations bill. Miracles of miracles, the ACGME and CMS, in the last 4 months of last academic year, began problem-solving together to align their actions in a way that would not adversely affect rural residencies.

This is all documented in this past year's series of quarterly newsletters, and I encourage you to follow the links to those newsletters in this report. Read them if you haven't already done so, and perhaps review them again even if you have.

The RTT Collaborative is thriving. We've delivered on our strategic vision as noted in my Executive Director message in last year's report. And as I had hoped, "the harvest" has come. Rural programs continue to increase, and over the last five years in family medicine, we have kept up with our urban program colleagues. May academic year 2021-2022 be as productive and the Board as prescient as in the past, as they work with emerging leadership in setting our vision for 2025.

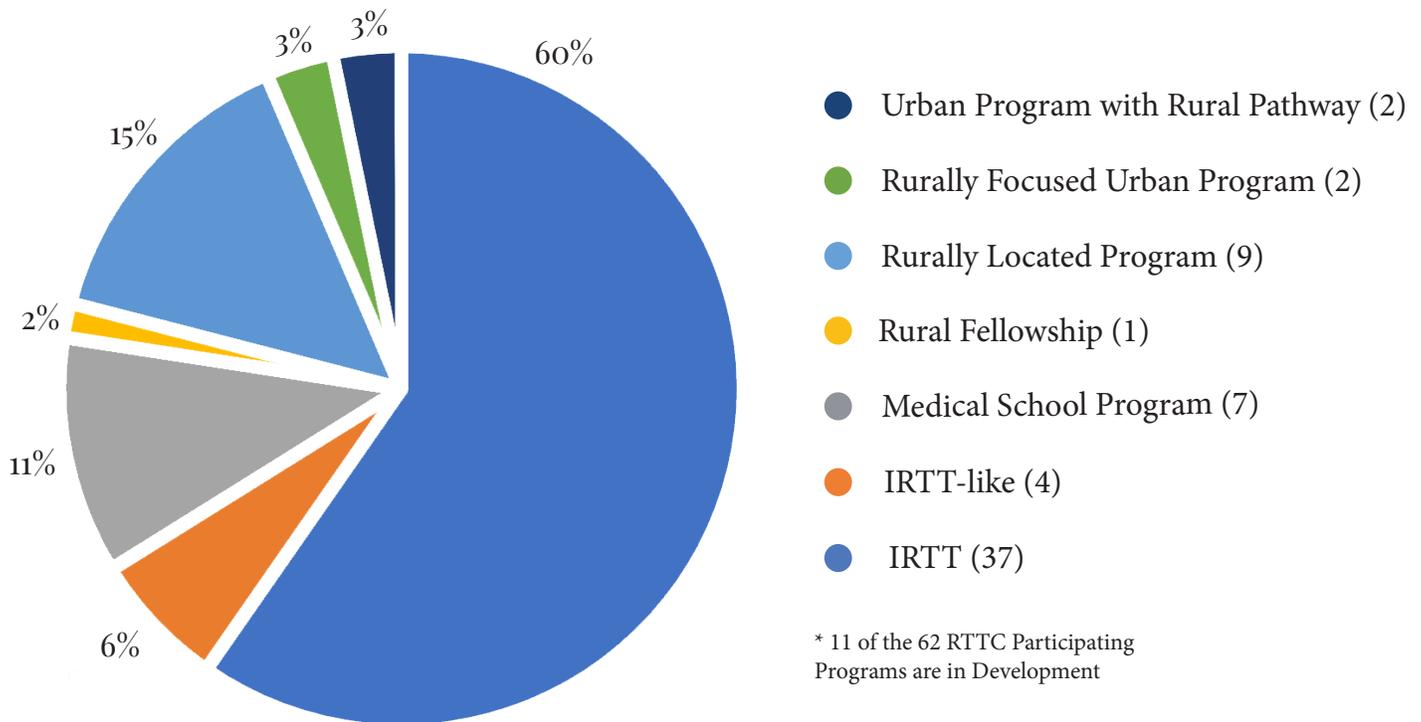
***We are making a difference.***

A handwritten signature in black ink that reads "Randall Longenecker". The signature is written in a cursive, flowing style.

Randall Longenecker MD

*"The best way to predict the future is to create it," – Abraham Lincoln*

## 2020 - 2021 Participating Programs



## Become a Participating Program *Join the Movement*

Participant fees support an infrastructure for this national co-op of peer programs for rural health professions education and training. These fees are invoiced in May of each year and paid annually as a participant for the academic year July 1 through June 30. For a single annual fee, participants also receive these benefits:

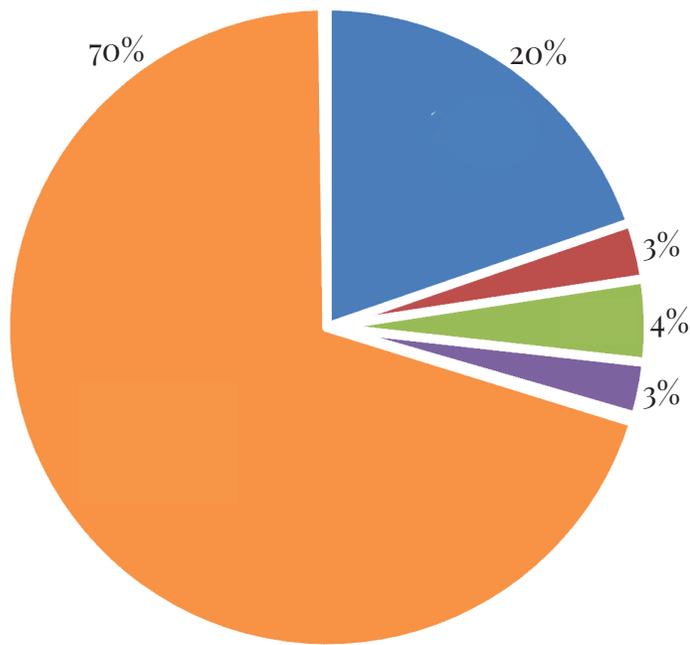
- Periodic technical assistance by phone or email at no charge, 50% charge for in-person
- Reduced Annual Conference Registration fee for two program faculty, administrators, or staff.
- Promotion of participating programs to potential students and faculty
- Access to our Research Network
- Communication: Quarterly newsletter, event notifications and other platforms.
- Preference for Board nominations
- Faculty Development through our annual meeting and online learning communities.
- Opportunity for NIPDD Rural Fellows scholarship
- Policy: Content expertise and testimony to national accrediting bodies and federal and state government for the accreditation, finance, and governance of rural programs

[Detailed information](#)

[Current Program List](#)

[Program Requirements](#)

# Financial Graphs

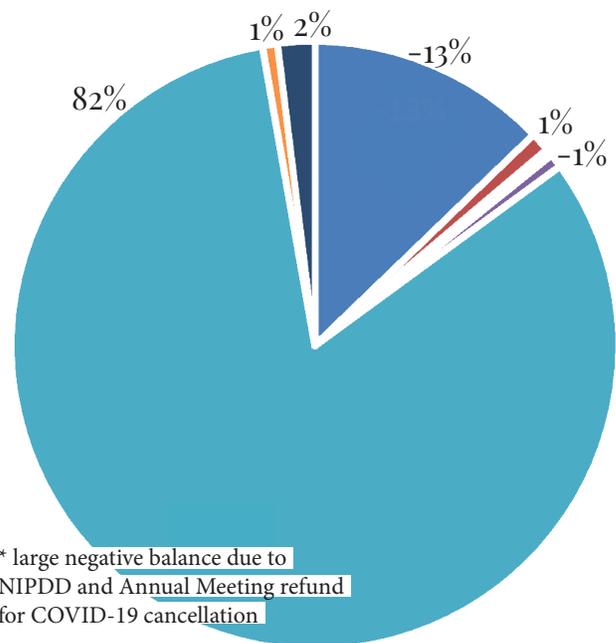


## Income

- Annual Meeting Income (\$36,138)
- Charitable Contributions (\$5,250)
- Consulting (\$7,650)
- Contracts (\$5,000)
- Interest Income (\$574)
- Participating Program Fee (\$128,300)
- Direct Services (\$400)

## Expenses

- Annual Meeting Expense (-\$20,524)\*
- Communications (\$1,636)
- Consulting and Training (\$600)
- NIPDD Scholarships (-\$1,190)\*
- Personnel (\$131,853)
- Travel and Meetings (\$1,285)
- Other (\$3,147)



# Newsletter Highlights

### September 2020

- Becoming Adaptable
- AAFP National Conference Summary
- Rural Residency Fest Summary
- Rural Residency Fair Summary
- Rural Program Recruiting Tips
- Q&A with RTT's New Associate Director: Kara Traxler

### December 2020

- A Way of Engaging
- Rural Residency Consultant Learning Community (CLC) Highlight
- Rookie Rural Doc Link Announcement

### March 2021

- Announcement for Technical Assistance and Consulting Services section of RTTC website
- Rural PREP: New Articles Published on Health Equity in Primary Care Health Professional Education
- Photo Contest Winners Announcement

### June 2021

- Demonstrating Excellence
- What is a Rural Program?
- The Consolidated Appropriations Act of 2021
- Family Physicians Inquiries Network (FPIN)
- RRPD Corner: Grantees

# The RTT Collaborative



## Members of the Board

**Michael Woods**, Retired Program Director, University of Oklahoma-Rural Residency Program (IRTT), Ramona, OK (President)

**Robert Gobbo**, Program Director, Providence Hood River Family Medicine Rural Training Program and One Community Health, Hood River, OR (Vice President)

**Dave Kermode**, General Surgeon and director of a surgical skills enhanced family medicine fellowship, Des Moines, IA (Secretary-Treasurer)

**Andrew Bazemore**, Director, American Board of Family Medicine, Washington, DC

**Keri Bergeson**, Program Director, Chelan Family Medicine Residency, Chelan, WA

**Dan Burke**, Program Director, University of Colorado Morgan County Rural Training Track, Denver, CO

**Lisa Dodson**, Regional Campus Dean, Medical College of WI, Central WI Campus, Wausau, WI

**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 Lakes Family Medicine Residency Program (IRTT), 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

## Resident & Student Representatives

**William French**, MED1 student, University of Washington School of Medicine, Bozeman, MT

**Araminta Ray**, MS2, ETSU Quillen College of Medicine, Johnson City, TN

**Kaily Baer**, PGY2, North Colorado Family Medicine Residency, Wray, CO

## Directors

**Randall Longenecker**, Executive Director, RTTC; Professor and Assistant Dean, Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, Athens, OH

**Kara Traxler**, Associate Director, RTTC; Rural GME Development and Support, Sauk City, WI

**Dave Schmitz**, Associate Director, RTTC; Professor and Chair, Family and Community Medicine, University of North Dakota School of Medicine and Health Sciences, Grand Forks, ND

**Dawn Mollica**, Administrative Director, RTTC; Administrative Director of the Office of Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, Athens, OH

**Thank you for your support over the years!** The RTT Collaborative is a national board directed 501(c)(3) non-profit cooperative of programs in rural health professions education registered in Ohio and anchored at Ohio University in Athens, Ohio. Our purpose is to sustain health professions education and training 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" moniker in our name is a tribute to our earliest participating integrated rural track residency programs, but also speaks to our expanding community of practice representing other rural education and training pathways and programs in other specialties and professions. Charitable contributions to The RTT Collaborative are 100% tax deductible.