



Becoming a Teaching Health Neighborhood

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The RTT Collaborative

in rural health professions education and training

Growing our own...together

A rural health professions education network and non-
profit cooperative
“a community of practice”

<https://rttcollaborative.net/about/>

The RTT Collaborative: Growing Our Own, Together

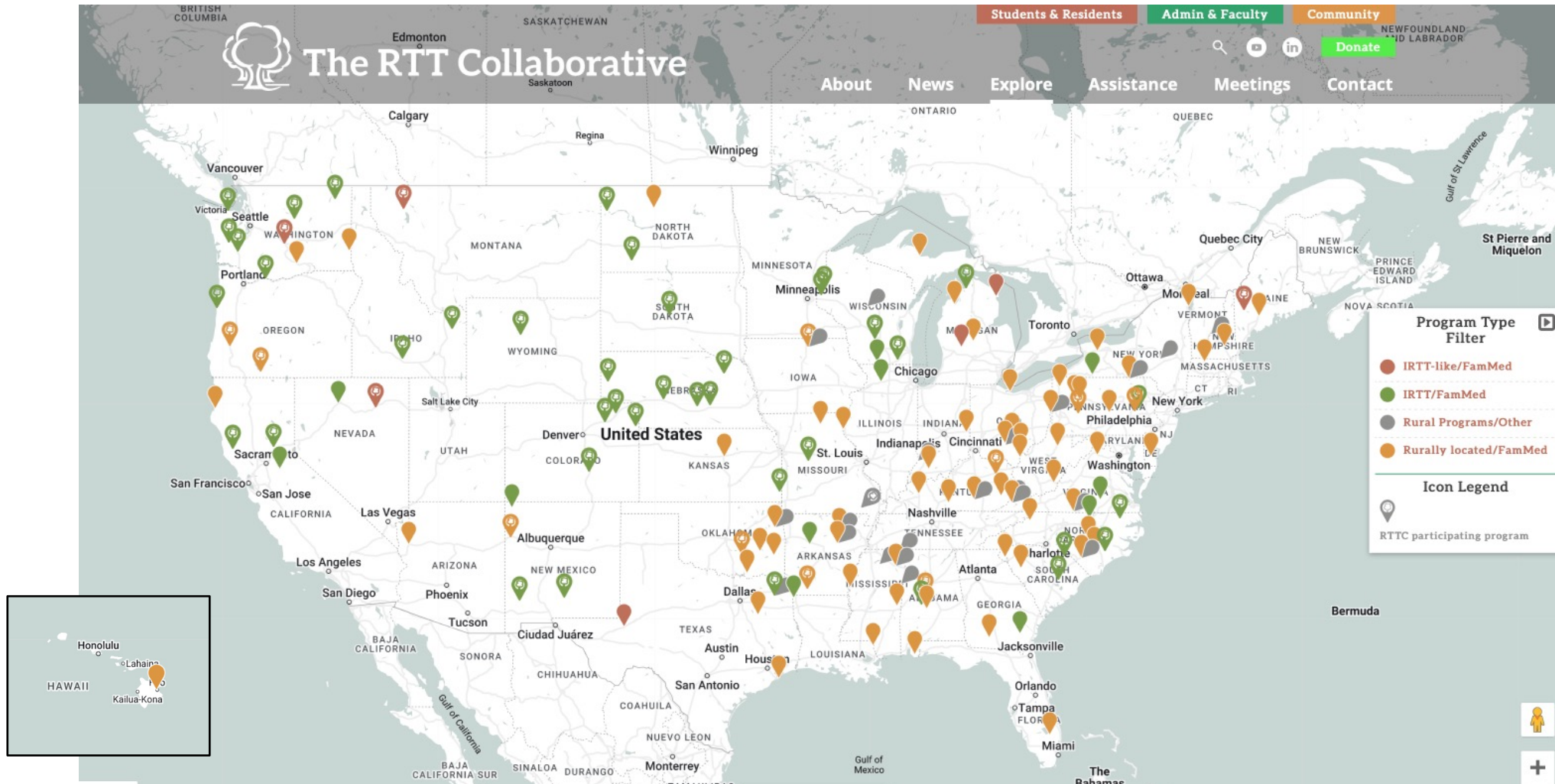


Map of Participating Programs



<https://rttcollaborative.net/rttc-participating-programs/>

The RTT Collaborative: Growing Our Own, Together



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





Objectives



Describe an organic, place-based approach to health professions education

Explain the concept of the ‘teaching health neighborhood’

Implement a ‘teaching health neighborhood’ in your community

Promote the concept as a frame for funding rural and urban underserved graduate health professions education in the future

Challenge #1 – Reframing the 'pipeline'

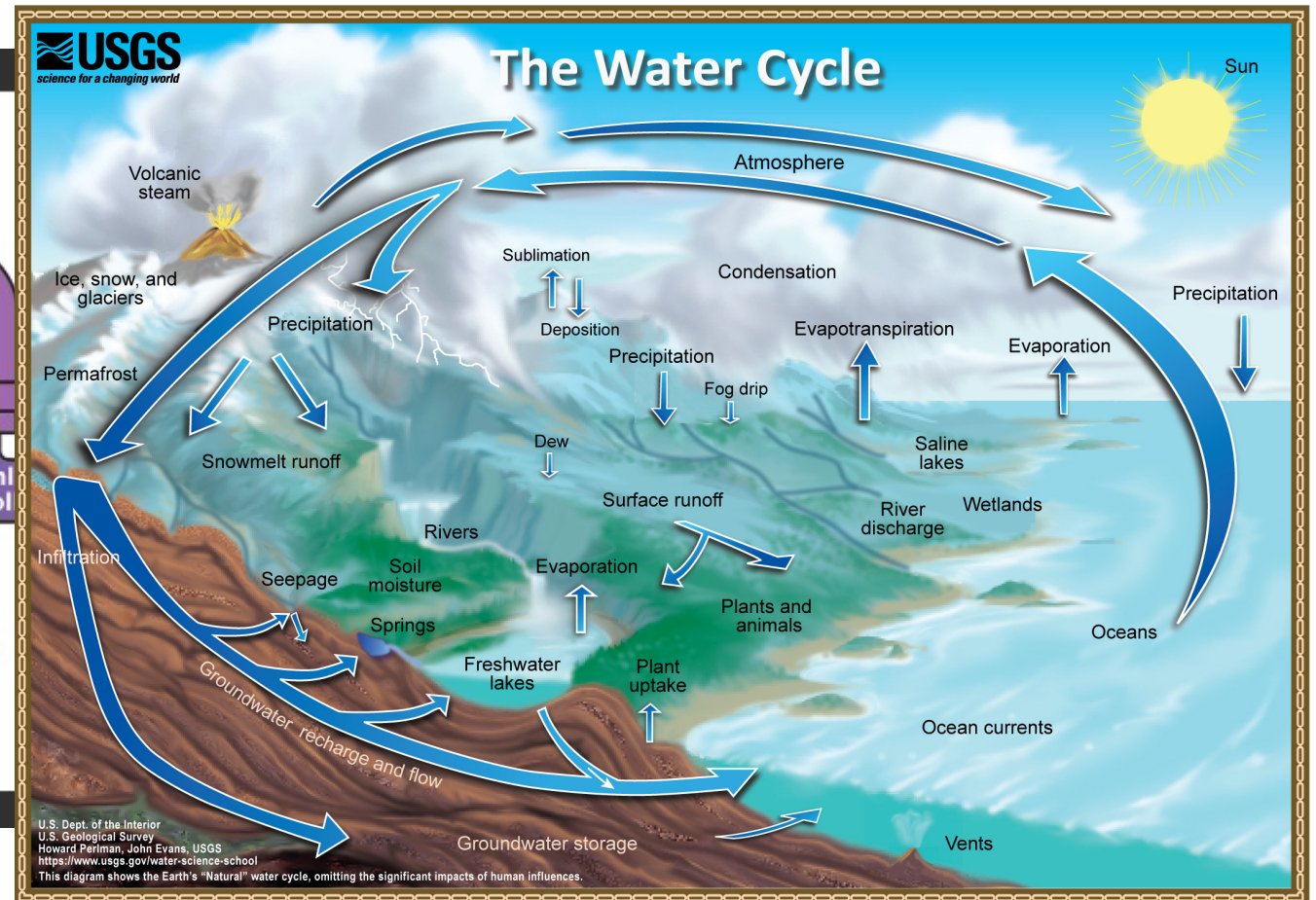
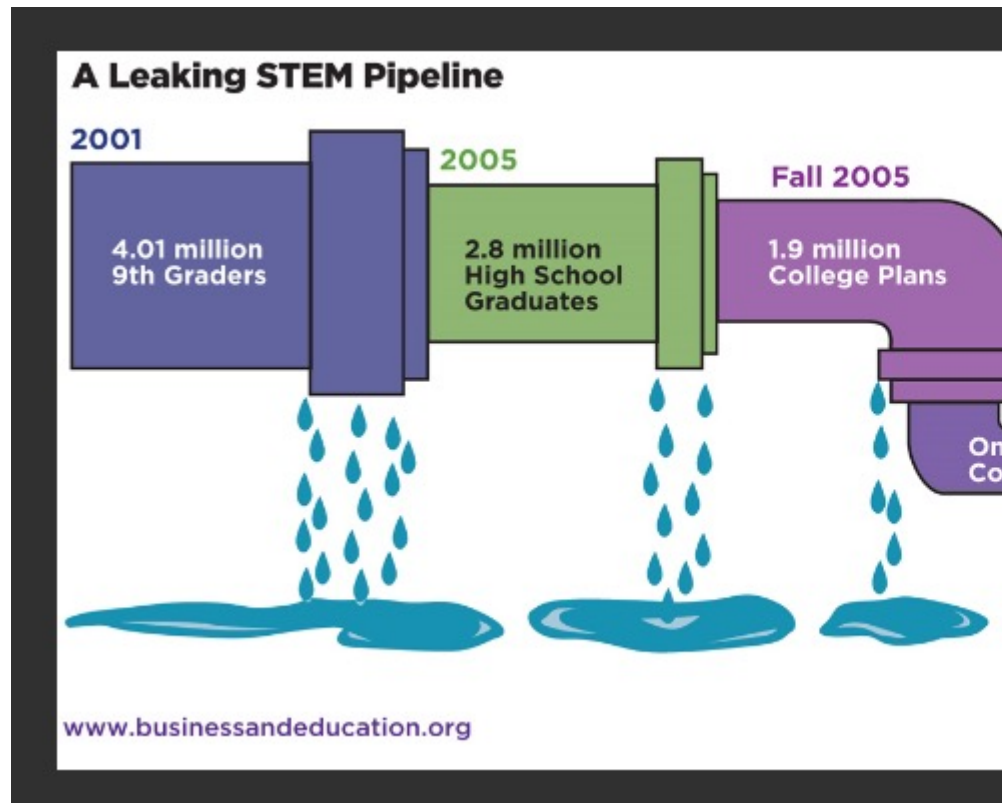


The pipeline metaphor has been a useful construct in rural medical education

Despite individual program success the overall rural physician workforce picture remains unchanged – the pipeline leaks and drips

We need a new way of thinking – outside and beyond the 'pipeline!'

Beyond the Pipeline to a Water Cycle



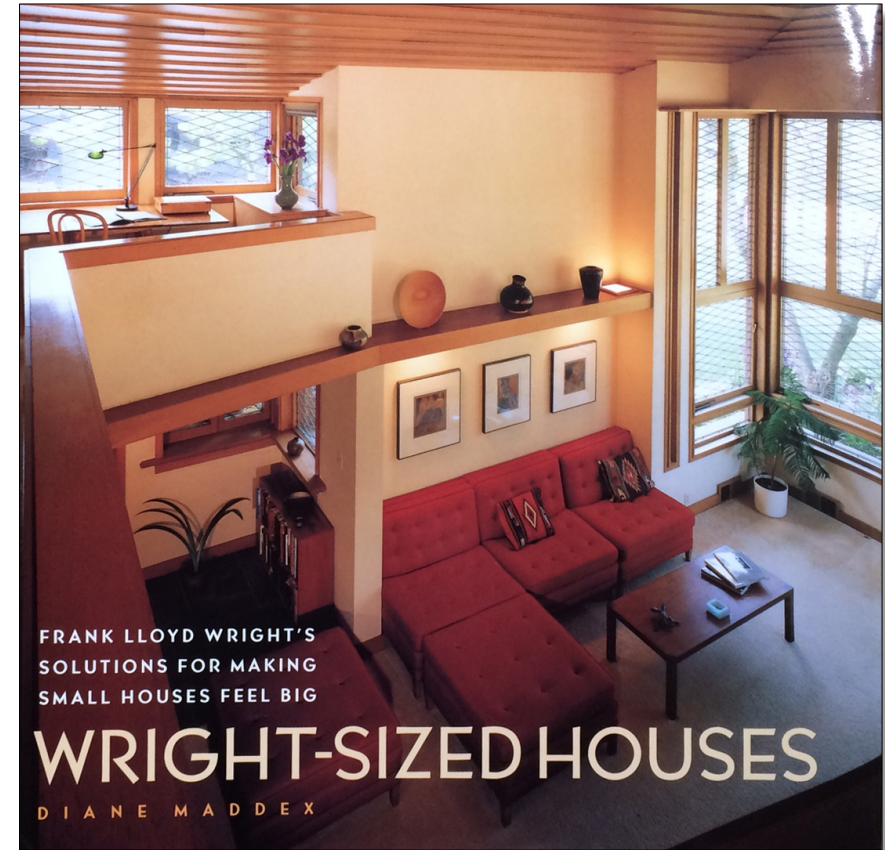
An Organic Place-Based Approach

“...place-based, relationship-centered, and community-engaged”

Designed to fit the assets and capacity of the rural community, all within the rules of accreditation and finance, but creatively adapting those rules to local realities

One size does not fit all.

[JHCPU, Longenecker 2020](#)



An Organic Place-Based Approach

Place and asset-
based

Emergent, rather
than imposed

Strategically
adaptive, following
simple rules to
elaborate great
complexity



ACGME Accreditation, GME Finance, US Healthcare System

A Distributed Peer Network of Rural Medical Educators



Community Engaged Residency Education

A 100-year history of GME



Before
Flexner



Medical School (AHC)



Teaching Hospital



THC



Teaching Health Neighborhood

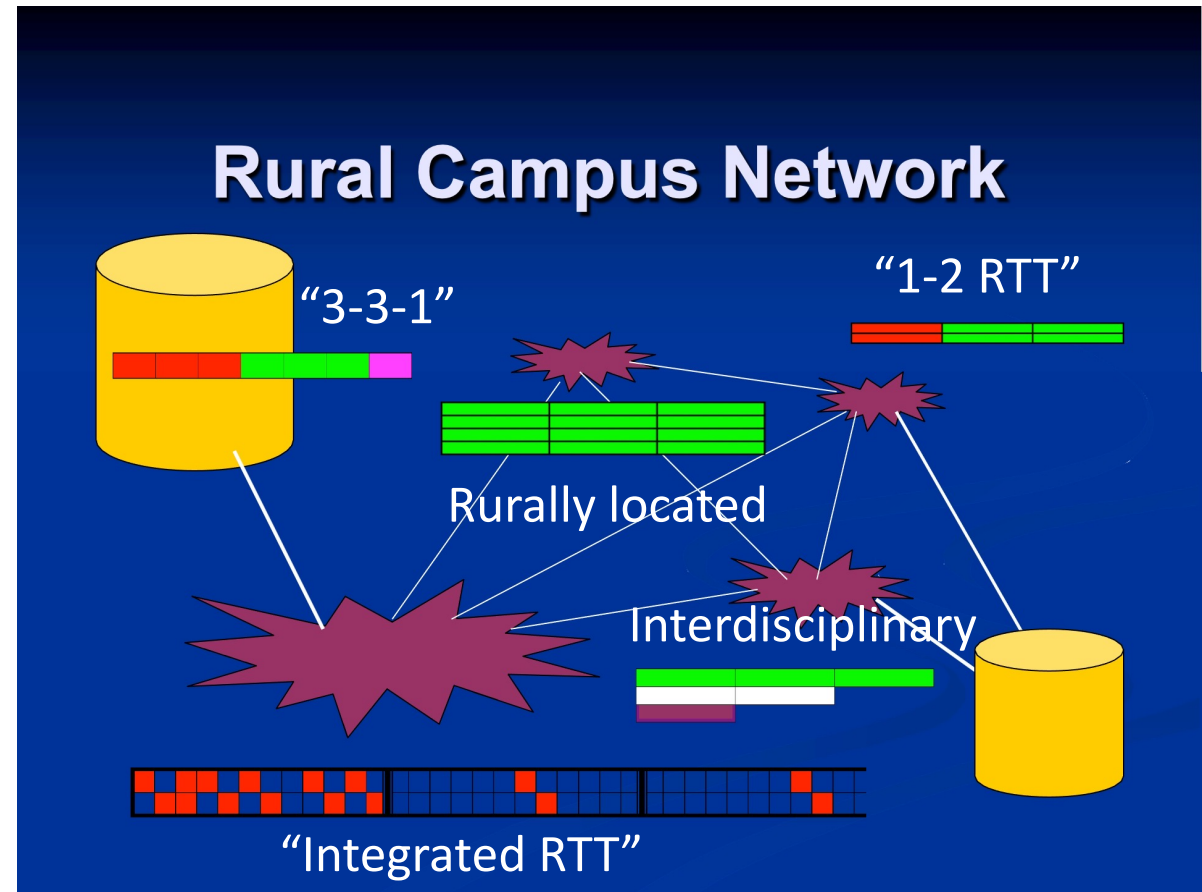


NDSU Quentin Burdick
Center for Cooperatives

HRSA Quentin-Burdick PROGRAM FOR RURAL INTERDISCIPLINARY TRAINING

Funded 2001-2005

HRSA Advisory Committee on Interdisciplinary,
Community-Based Linkages



Longenecker 2004

Teaching Health Neighborhood



A “Place-based” Strategy

- Moves away from parallel programs that fragment our efforts
- Integrates our efforts instead around the assets and needs of local communities
- Pairs the innovation of rural graduate medical education with the power of interprofessional collaboration

A “Place-based” Strategy

- Aligns workforce strategy with regional and local funding, encouraging regional planning and accountability with local control
- Moves beyond the pipeline metaphor toward a more ecological and sustainable framework



Teaching Health Neighborhood

- 1998 Prototypical RTT in the '1-2 format' with student rotations
- 2001 2-2-2 Integrated RTT, with RHS program
- 2003 Nurse practitioner students; Collaborative Practice presentations at OSU College of Nursing
- 2006 Ohio Northern University College of Pharmacy
- (2008) Rural teaching fellowship





Challenge #2 – Bringing it home

What might this look like in your place?

What is happening now?

What disciplines, what specialties in your neighborhood might be candidates for future collaboration or interprofessional pathways in health professions education and training?



Challenge #3 – Funding

Our current system for funding graduate medical education, and any rural health professional education and training, is badly broken ([IOM Report on GME, 2014](#))

And... there is little money for pursuing a new way of thinking

Funding rural graduate medical education is proposed, but only for physicians ([S1893 Rural Physician Workforce Production Act of 2021](#))

Funding ‘teaching health neighborhoods’ for multiple disciplines in both rural and urban places is a funding mechanism that may appeal to a wider stakeholder group



Teaching Health Neighborhood (THN-GME)

- ❖ A rural and/or urban underserved community payment mechanism for graduate education in a Teaching Health Neighborhood with at least three or more specialties or disciplines and including a deliberate interprofessional component to the curriculum (e.g., a dental residency, an internship in clinical psychology or pharmacy, or a nurse practitioner residency)
- ❖ Direct, per-resident payment linked to training > 24 weeks in a rural place and/or training in an FQHC, RHC, or other underserved facility – for post-doctoral training in all physician specialties and selected health disciplines, unadjusted for geography or Medicare patient volume



Teaching Health Neighborhood (THN-GME)

- ❖ CPI-adjusted \$160K /FTE resident /year paid to the sponsoring institution
- ❖ Entire residency funded if > 50% training is rurally located and/or in an underserved facility (FQHC, RHC)
- ❖ Any residency program, new or established program can become eligible for this alternative funding mechanism, but may also lose eligibility and return to traditional GME funding as part of an annual application/reporting process that includes program outcomes
- ❖ Federal funding (potential model for State-based funding as well)
- ❖ Implemented in a ten-year pilot under CMMI

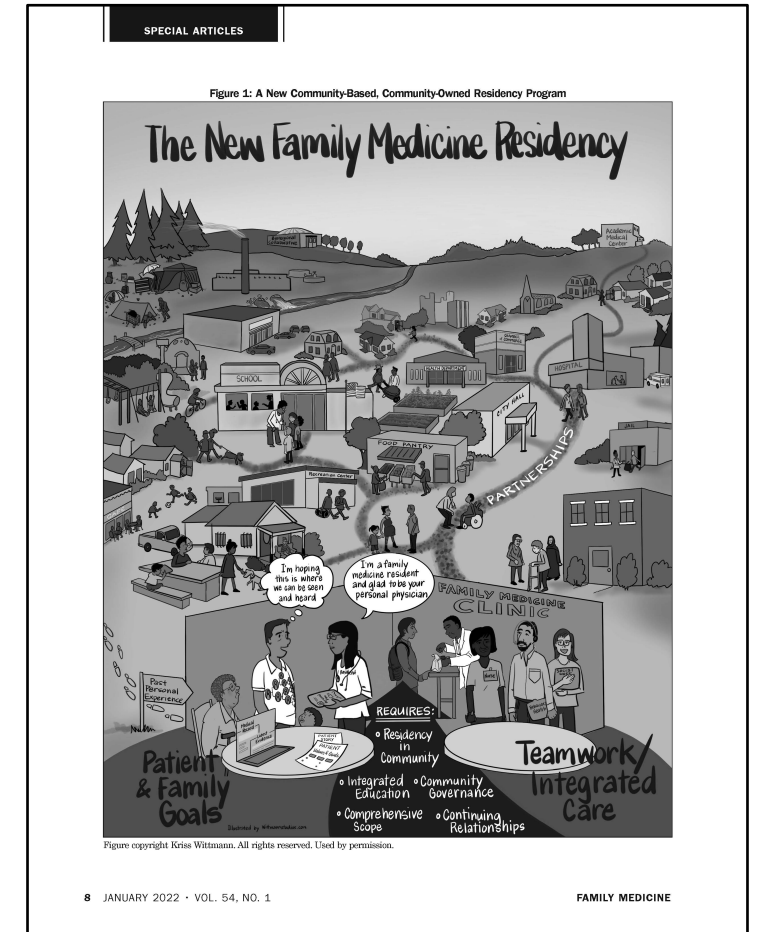


The Time is Now

❖ *Family Medicine:*

Green LA, Miller WL, Frey JJ, Jason H, Westberg J, Cohen DJ, Gotler RS, DeGruy FV. The Time Is Now: A Plan to Redesign Family Medicine Residency Education, *Fam Med* July 2022;54(1):7-15.

doi: 10.22454/FamMed.2022.197486

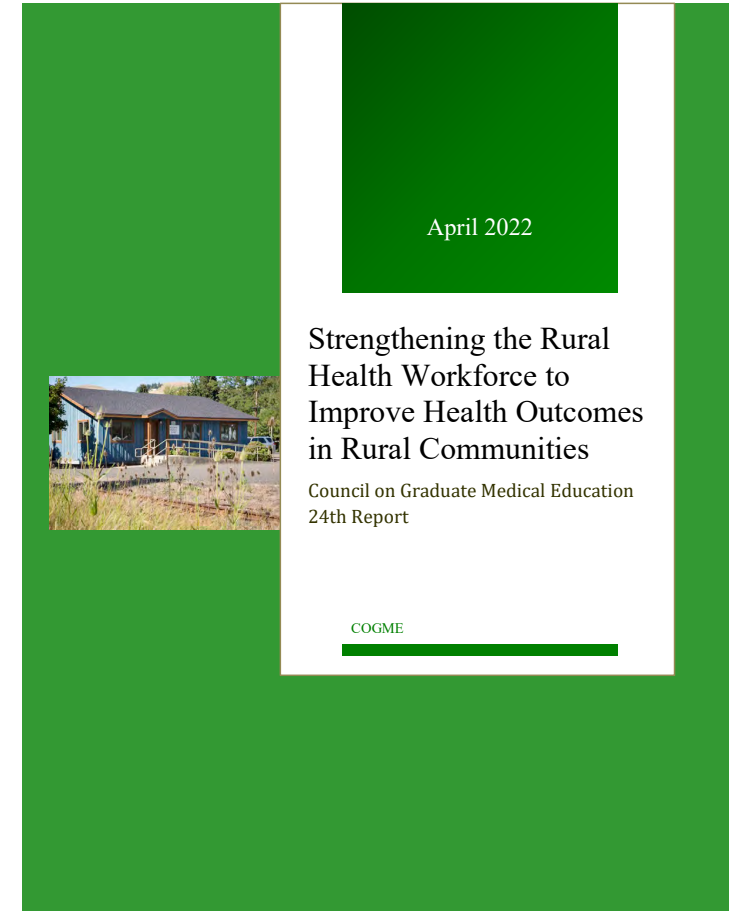




The Time is Now

- ❖ **Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities,**
Council on Graduate Medical Education
24th Annual Report, April 2022.

<https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/cogme-april-2022-report.pdf>





Comments or Questions?



References

Longenecker R. An Organic Approach to Health Professions Education and Health Equity: Learning In and With Underserved Communities, *J Health Care for the Poor and Underserved*, November 2020, Supplement;31(4):114-119.

Committee on the Governance and Financing of Graduate Medical Education; Board on Health Care Services; Institute of Medicine; Eden J, Berwick D, Wilensky G, editors. Graduate Medical Education That Meets the Nation's Health Needs. Washington (DC): National Academies Press (US); 2014 Sep 30. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK248027/> doi: 10.17226/18754



References

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