



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 a
cooperative service

“a community of practice”

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

The RTT Collaborative: Growing Our Own, Together



Map of Participating Programs

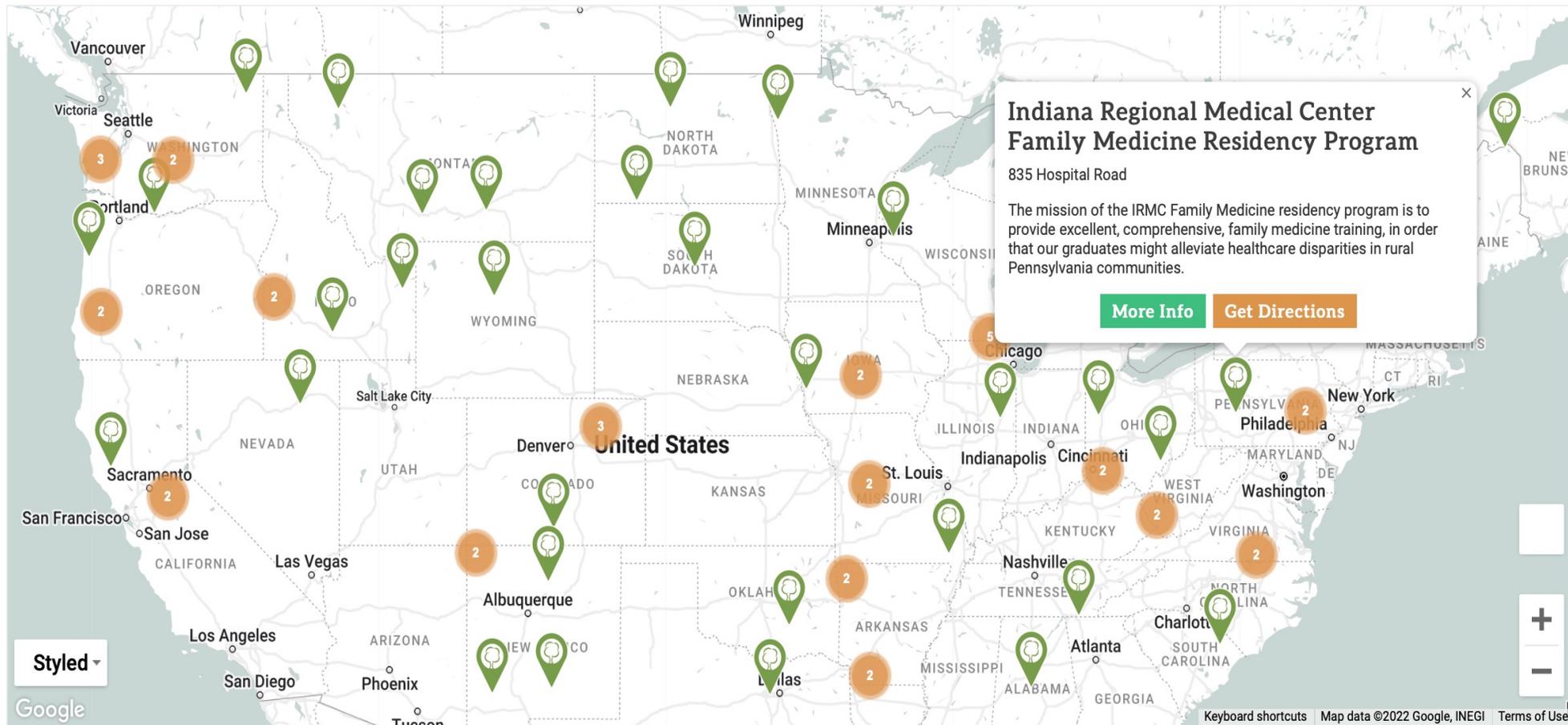


<https://rttcollaborative.net/rttc-participating-programs/>

The RTT Collaborative: Growing Our Own, Together

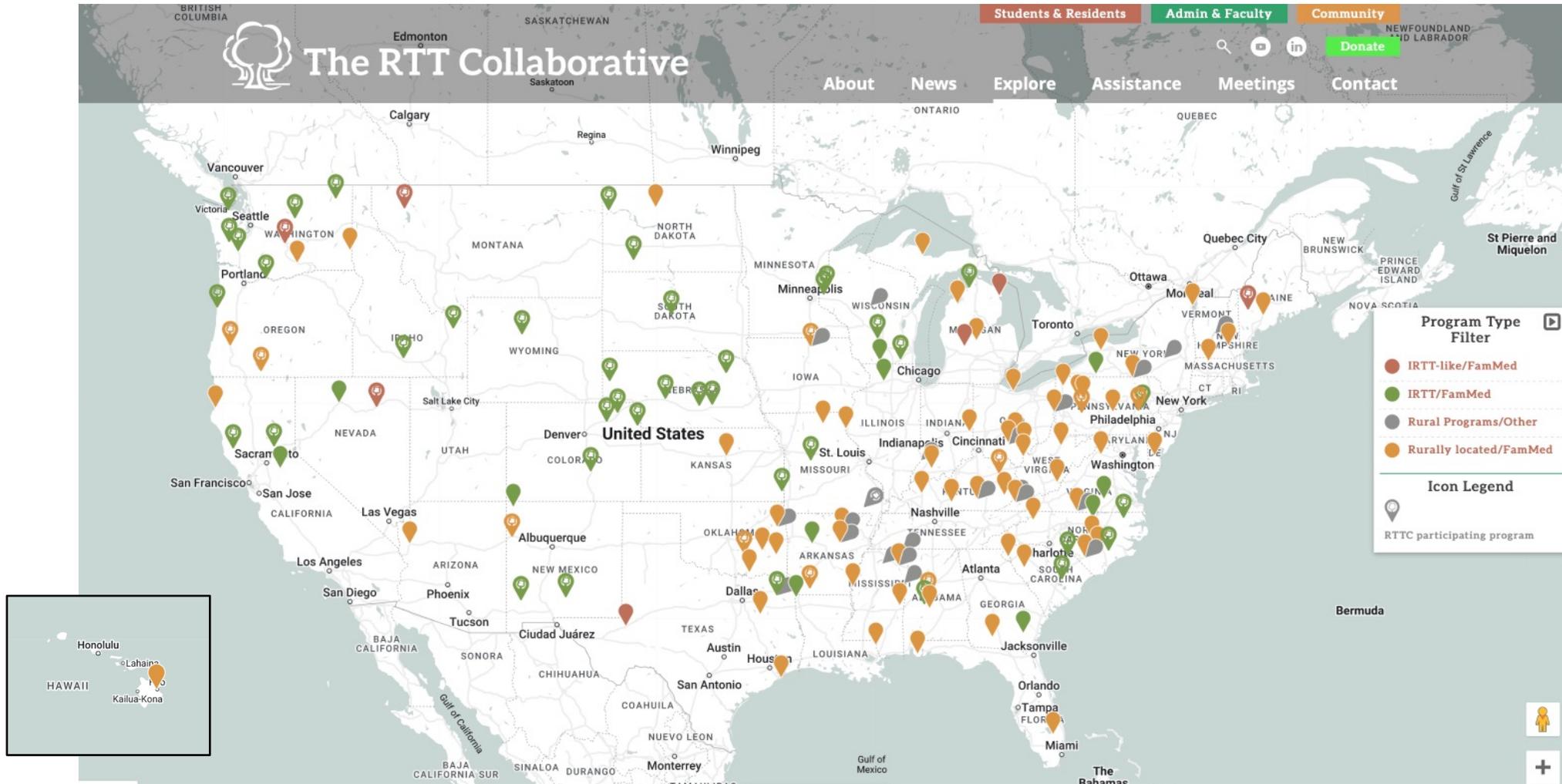


Map of Participating Programs



<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 rural health professions education

Explain the concept of the ‘teaching health neighborhood’

Encourage the development of a ‘teaching health neighborhood’ in Indiana, Pennsylvania

Raise a few questions and recommend a few practical steps to that end

The First Challenge

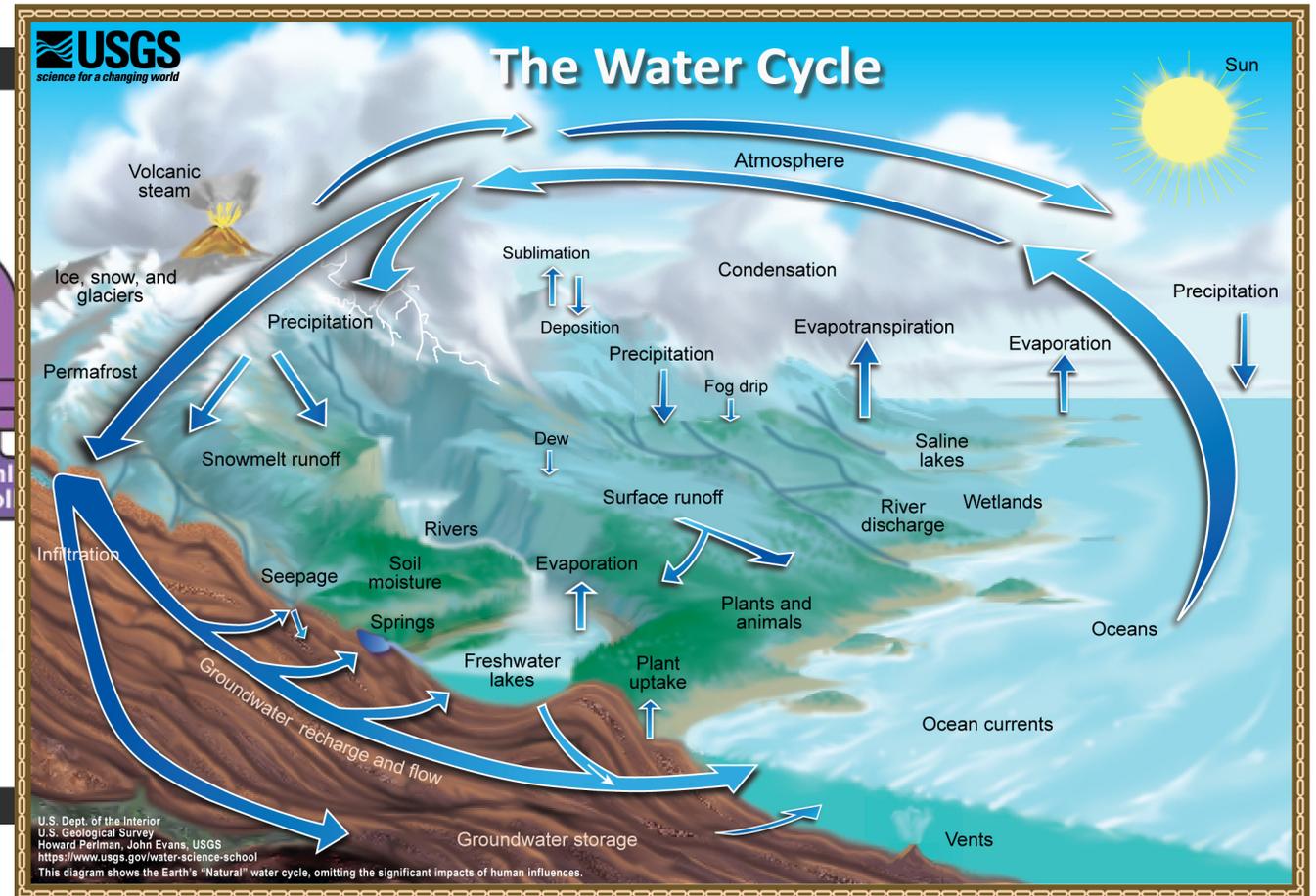
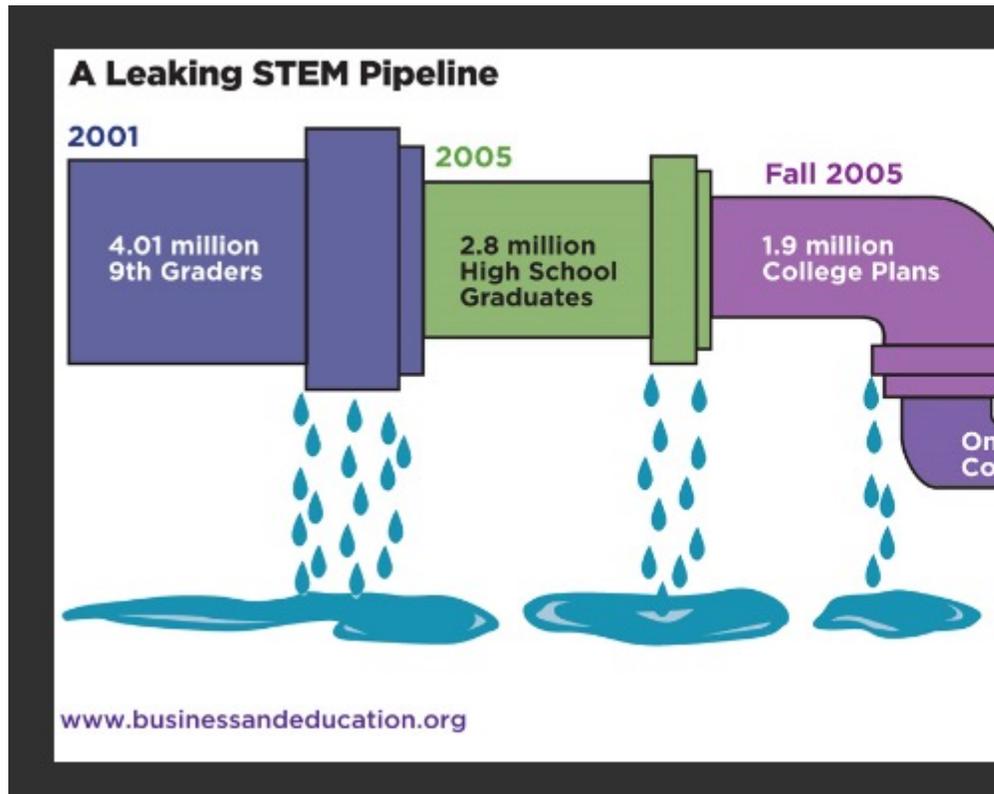


The pipeline metaphor has been a useful construct in rural medical education

However, despite individual pipeline program successes, the overall rural physician workforce picture remains unchanged – the pipeline leaks and drips

We need a new way of thinking

Beyond the Pipeline to a Water Cycle



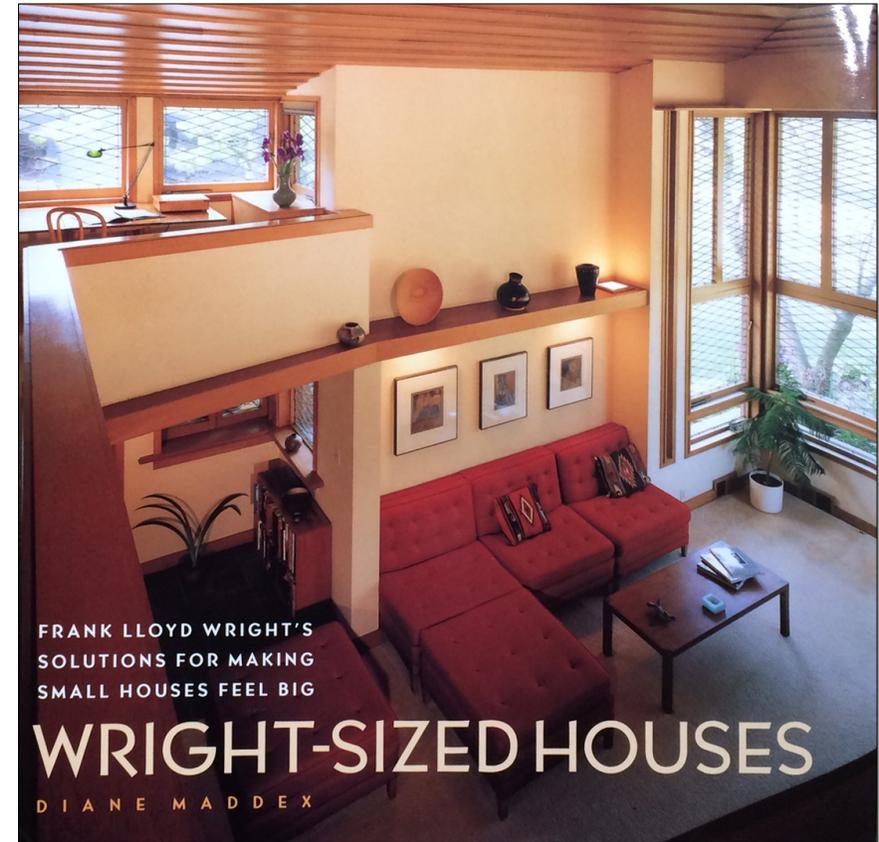
An Organic Place-Based Approach

“...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

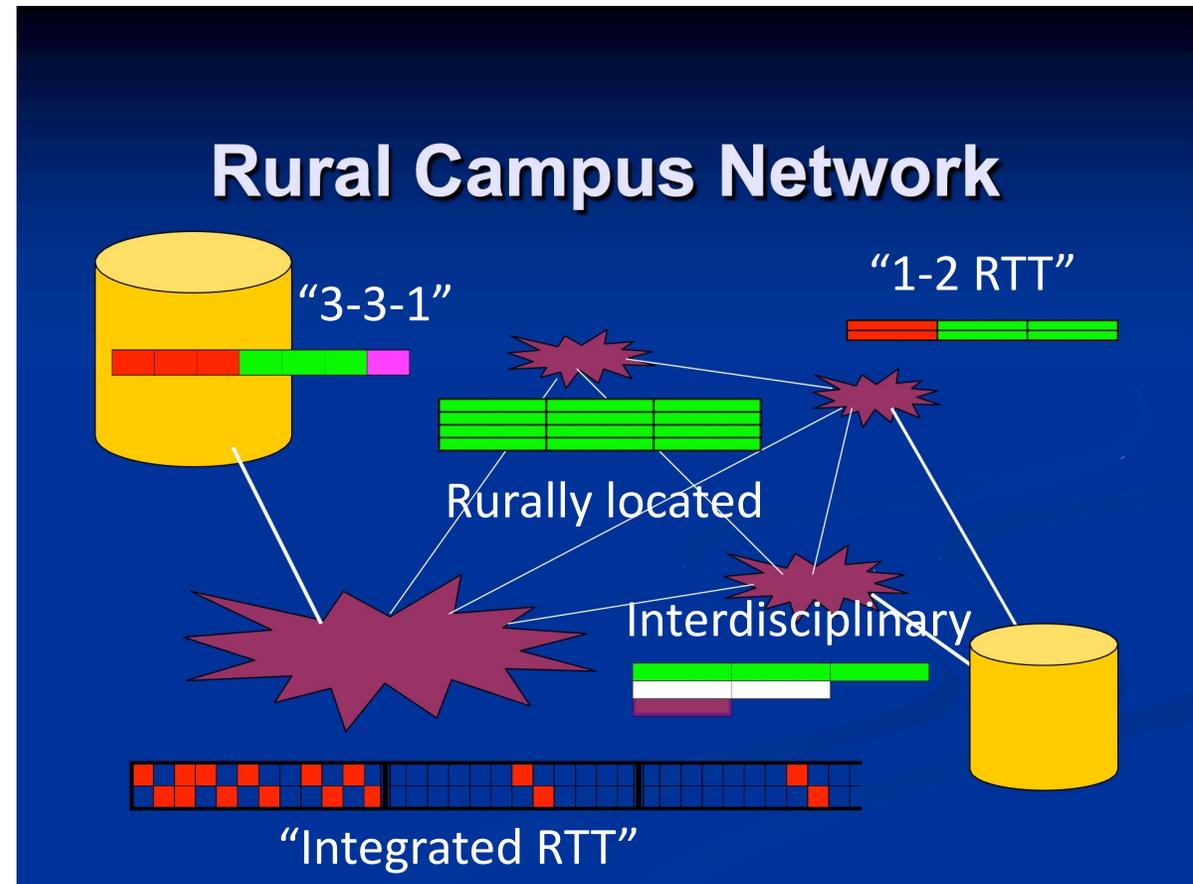


NDSU Quentin Burdick
Center for Cooperatives

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



A Second Challenge



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

There is little money for pursuing any 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, in rural and urban underserved communities, for multiple disciplines is a potential future mechanism that appeals to a wider stakeholder group



Teaching Health Neighborhood (RUSP-GME)

- ❖ RUSP = a Rural and/or Underserved Populations payment mechanism for graduate education in a Teaching Health Neighborhood of at least three or more specialties or disciplines and including an interprofessional component (e.g., could include a dental residency, pharmacy residency, or 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 all specialties and selected health disciplines, unadjusted for geography or Medicare patient volume



Teaching Health Neighborhood (RUSP-GME)

- ❖ CPI-adjusted \$175K /FTE resident /year paid to the participating hospitals as a new THN (or RUSP)-GME payment, and reported in a new section of the participating hospitals' cost reports
- ❖ Entire residency funded if > 50% training is rurally located and/or located in an underserved facility (FQHC, RHC) in an underserved place
- ❖ Federal funding (potential model for State-based funding as well)
- ❖ Implemented in a ten-year pilot under CMMI



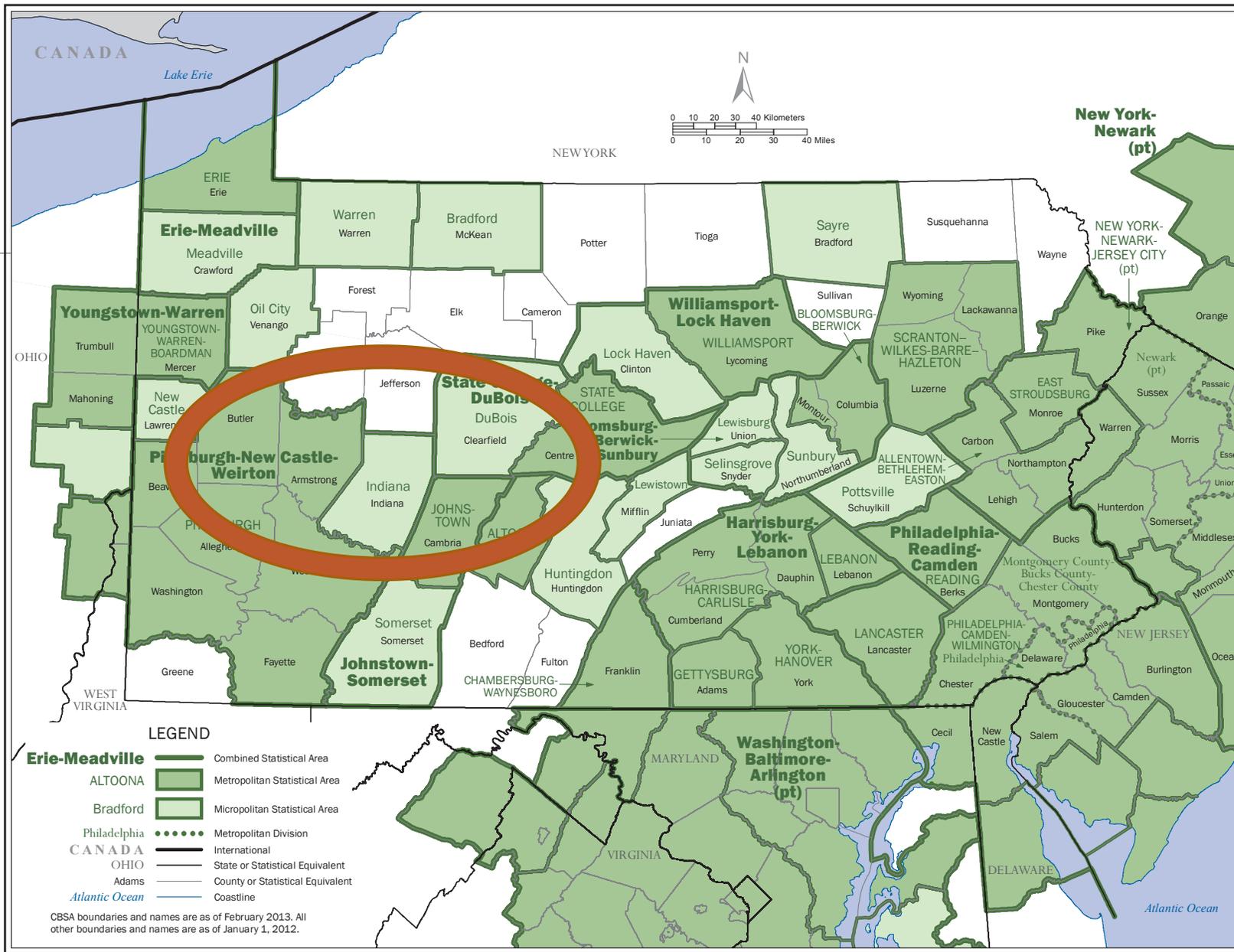
What might that look like here?

What is already happening in this community?

What's happening at Indiana University of Pennsylvania?

How might the new residency program join in with what is already going on?

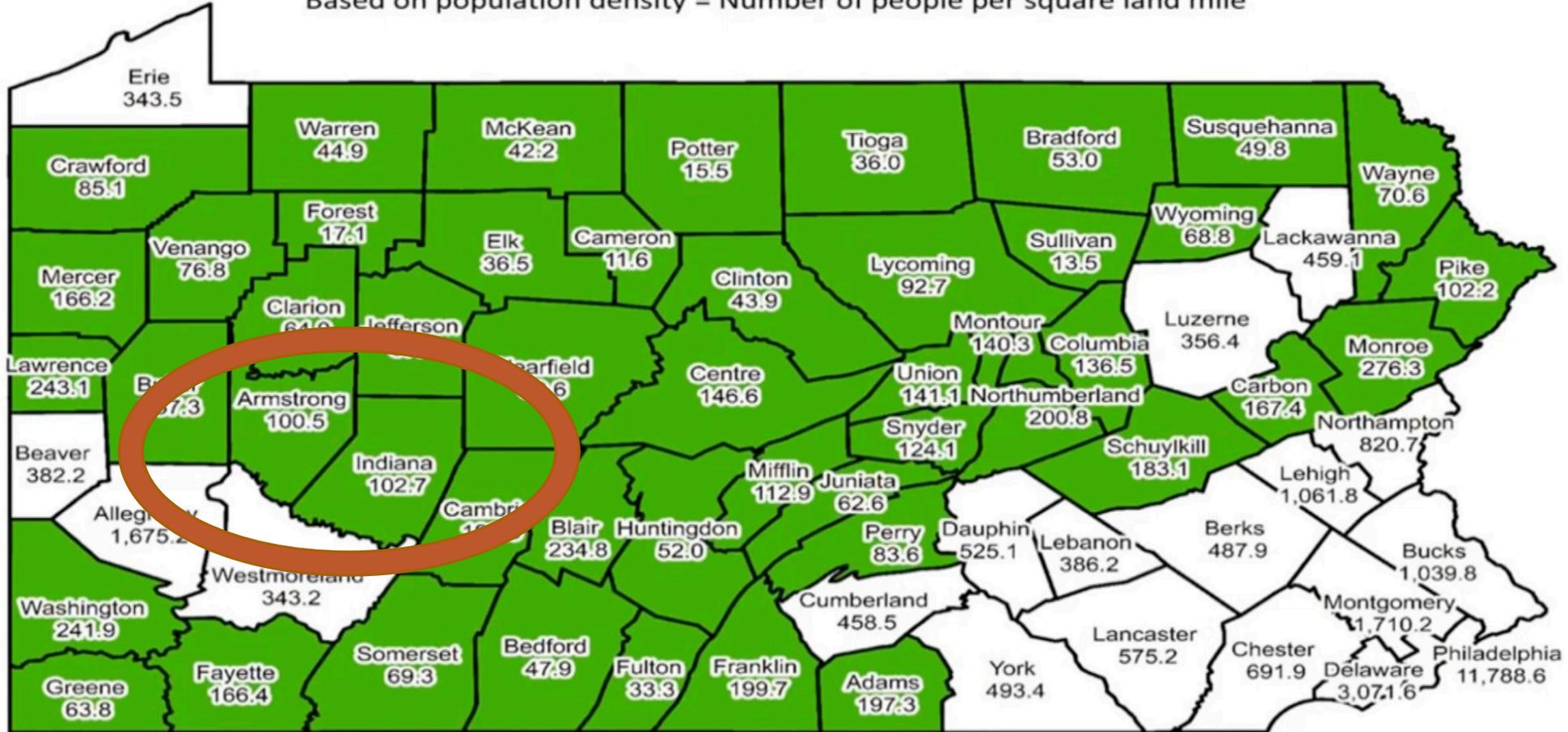
What disciplines, what specialties might be candidates for future collaboration or interprofessional training pathways?



This is Rural Pennsylvania



Based on population density = Number of people per square land mile



- Urban Counties (n=19)
- Rural Counties (n=48)

According to the Center for Rural Pennsylvania's definition, a rural county has a population density below the statewide average of 284 people per square mile. Urban counties have a density at or above the statewide average.

Data source: 2010 Census, U.S. Census Bureau.



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What disciplines, what specialties might be candidates for future collaboration or interprofessional pathways?



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

