Rural Residency Planning and Development - Technical Assistance Center

NORTH CAROLINA AHEC · WCRGME WISCONSIN COLLABORATIVE for RURAL GME · EHCI EDUCATION HEALTH CENTER INITIATIVE · UW Medicine UW SCHOOL OF MEDICINE · UNC SCHOOL OF MEDICINE · School of Medicine and Public Health UNIVERSITY OF WISCONSIN–MADISON · The RTT Collaborative · UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

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Disclosure

RRPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #UK6RH32513. The contents are those of the presenters and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

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Rural Residency Planning and Development End of 2022 Outcomes

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Objectives

- Compare and contrast characteristics, including developmental progress, across the various programs and practice locations.

- 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=25 programs), the RRPD grantee cohort 2 (n=11), the RRPD grantee cohort 3 (n=9), and the RRPD grantee cohort 4 (n=13).

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Background

As we know...

Doctors are needed in rural and underserved areas

Physicians who train in rural and underserved areas are more likely to stay and practice in those settings

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Background

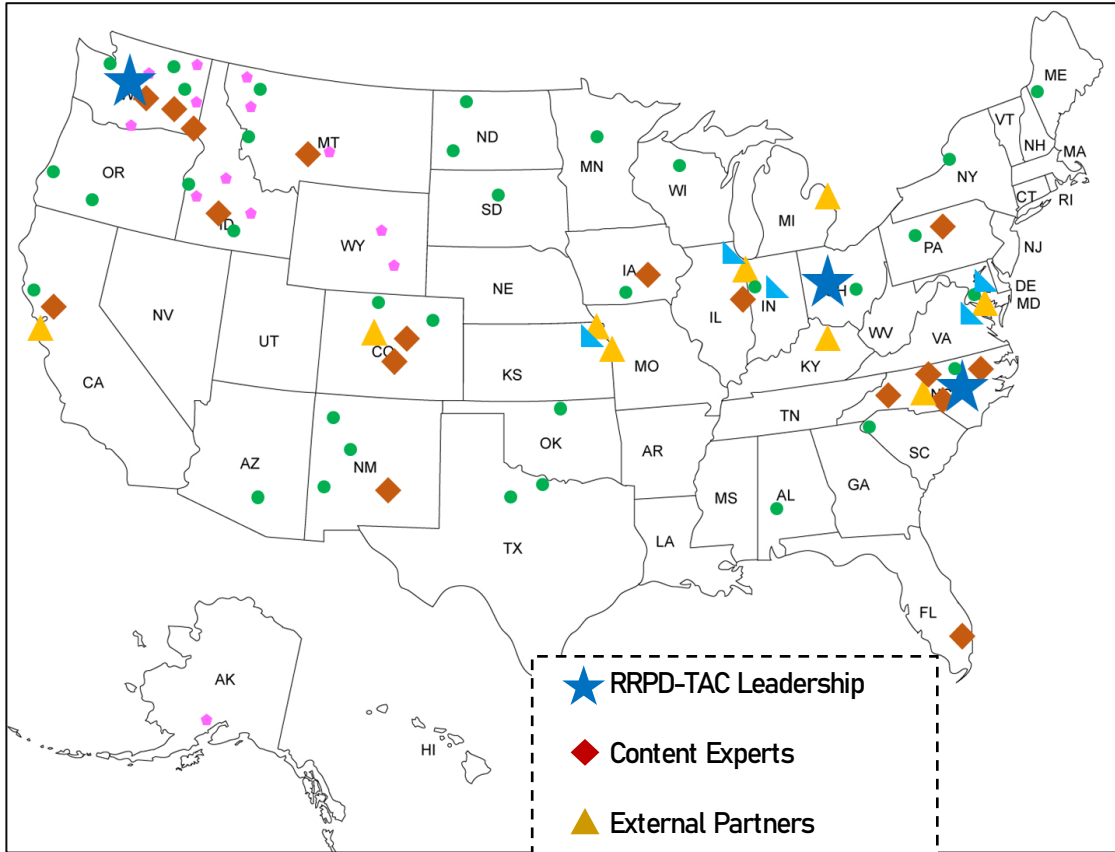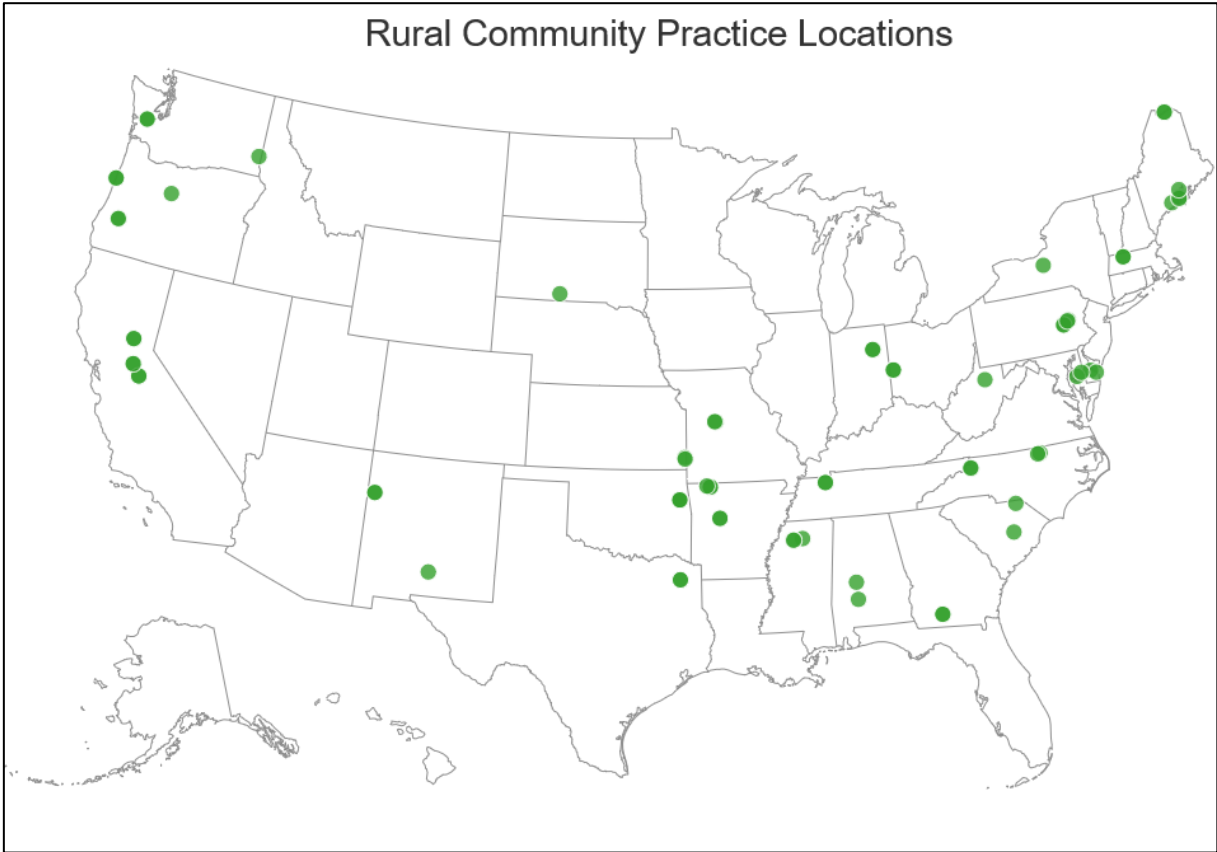In 2019 HRSA funded the Rural Residency Planning & Development program (now on cohort 4!)

In 2021 HRSA funded the Teaching Health Center Planning & Development program (just had applications for cohort 2!)
- building off the successful THC GME program established in 2010, which to date has graduated 1,731 new primary care physicians and dentists trained in community health center/look alike settings

And both times, funded a Technical Assistance Center to help support the grantees and others looking to start residency programs in needed specialties in rural & underserved areas

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RRPD Program and TA Center Maps

Rural Community Practice Locations

Legend:
- ★ RRPD-TAC Leadership
- ◆ Content Experts
- ▲ External Partners
- ◤ Other Key Stakeholders
- ● RTTC Programs
- ⬠ WWAMI Programs

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Program Characteristics Cohort 1-4

RRPD Program Structure

Program Specialty
Family Medicine (n=41)
Psychiatry (n=7)
Internal Medicine (n=4)
General Surgery (n=1)
Multi-Specialty (n=1)

Program Sponsor
Non-profit healthcare organization (n=36)
Public/State Controlled Institution of Higher Education (n=13)
Private Institution of Higher Education (n=3)
For-profit Healthcare Organization (n=2)

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RRPD Program Structure

Class Size Per Year
One (n=1)
Two (n=20)
Three (n=12)
Four (n=8)
Six (n=7)
Eight (n=5)
Twelve (n=1)

Partners
School of Medicine Affiliation (n=48)
Partnership with VA (n=11)
Partnership with IHS, Tribal, or Urban Indian Organizations (n=7)

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Rural Practice Sites

- Inclusion Criteria:

  - Sites identified as a rural practice site by RRPD grantee.

  - Sites with greater than 10% resident training time spent at site.

- 54 RRPD programs (Cohort 1-4) with 91 rural practice sites.

Rural Practice Sites

Ambulatory Care Site
Health-System Affiliated Primary Care Clinics (n=18)
Federally Qualified Health Centers (FQHC) (n=7)
Rural Health Clinic (n=4)
Behavioral Health Clinics (n=2)
Indian Health Service Clinic (n=3)
Hospital owned primary care clinic (n=2)
Health-System Affiliated Specialty Care Clinics (n=1)
Private Specialty care clinics (1)
Tribal-affiliated primary care clinic (n=1)

Hospital Site
Sole Community Hospitals (SCH) (n=12)
Critical Access Hospitals (n=10)
SCH/Rural Referral Centers [RRC] (n=8)
IPPS Hospitals (n=9)
Rural Referral Center (RRC) (n=7)
Medicare Dependent Hospital (n=5)
VA Medical Center (n=1)

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Community Characteristics of Practice Sites RRPD Cohort 1-3

Population Characteristics

Population Characteristic	Non-Metro Counties with an RRPD Program	Non-Metro Counties without an RRPD Program
Average Population (2017)	53,767 (9,339-225,322)	22,674 (88-200,381)
Population Density/Sq. mile (2010)*	73 (6.9-211)	43 (0-2,820)
% Non-white or Hispanic (2017)*	30% (4-92%)	22% (2-97%)
% 65 & over (2017)	20% (7-28%)	20% (6-40%)

* p<.05; **p<.01

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Income Characteristics

Income Characteristic	Non-Metro Counties with an RRPD Program	Non-Metro Counties without an RRPD Program
Median Income (2013-2017)	$44,484 ($22,973-$65,595)	$45,500 ($13,462-$110,190)
Persistent Poverty (% of counties) (2014)	20%	15%
% of population in poverty (2017)*	19% (9-50%)	17% (4-57%)
Medicaid Eligible*	28% (9-61%)	25% (3-67%)

* p<.05; **p<.01

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Provider Facility Characteristics

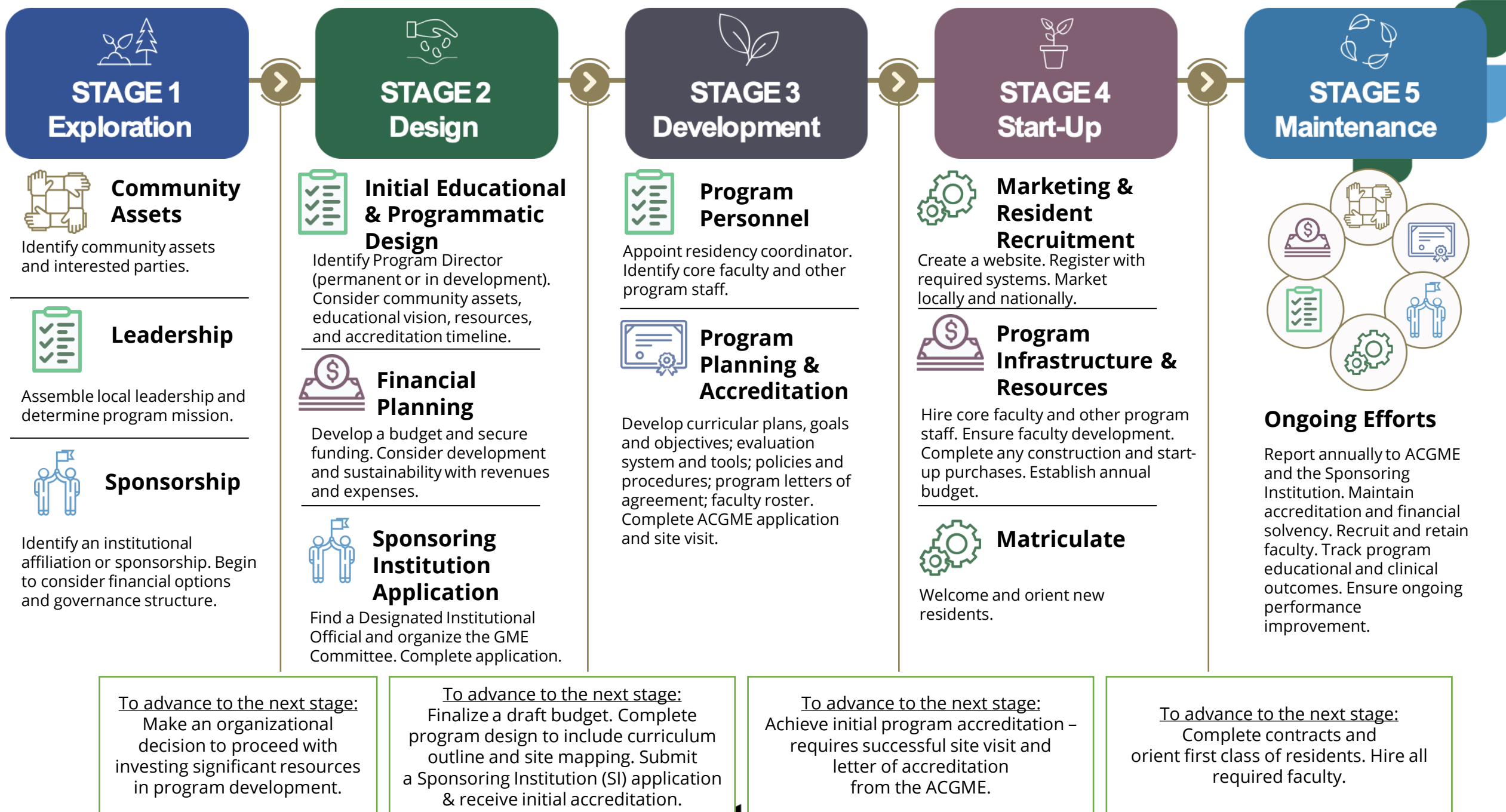| Provider Facility Characteristic	Non-Metro Counties with an RRPD Program	Non-Metro Counties without an RRPD Program
% of counties w/no hospital (2010)*	8%	23%
Average Hospital Bed Size (2017)**	141 (25-524)	79 (2-1,064)
Primary Care Physicians per 10K pop (2017)**	6.0 (2.0-11.5)	4.7 (0-43)

* p<.05; **p<.01

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Logistic Regression Results

- RRPD counties were **more populous** (p<0.01), had a **higher population density** (p<0.05) and a **higher percent of non-white or Hispanic population** (p=0.05) compared to non-RRPD counties.

- RRPD counties were **more likely to have a hospital** (p <0.05), **more hospital beds** (p<0.01) and **more primary care physicians** per 10,000 population (p <0.05).

- Both **higher population** (p<0.001) and **PCP ratio** (p=0.046) were **strong predictors** while the social vulnerability index (p=0.07) was a weak predictor of being a RRPD county.

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Program Development

STAGE 1 — Exploration

Community Assets
Identify community assets and interested parties.

Leadership
Assemble local leadership and determine program mission.

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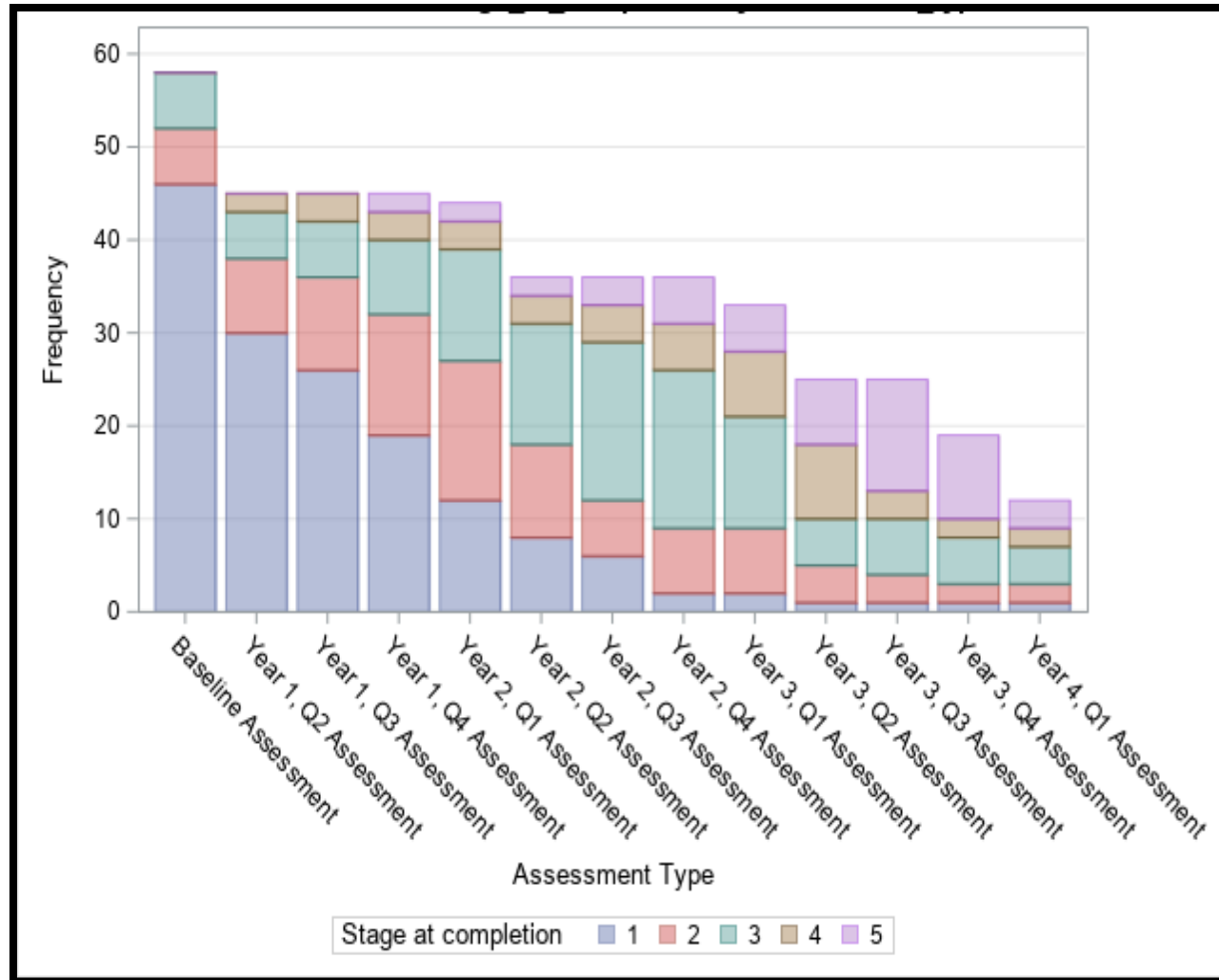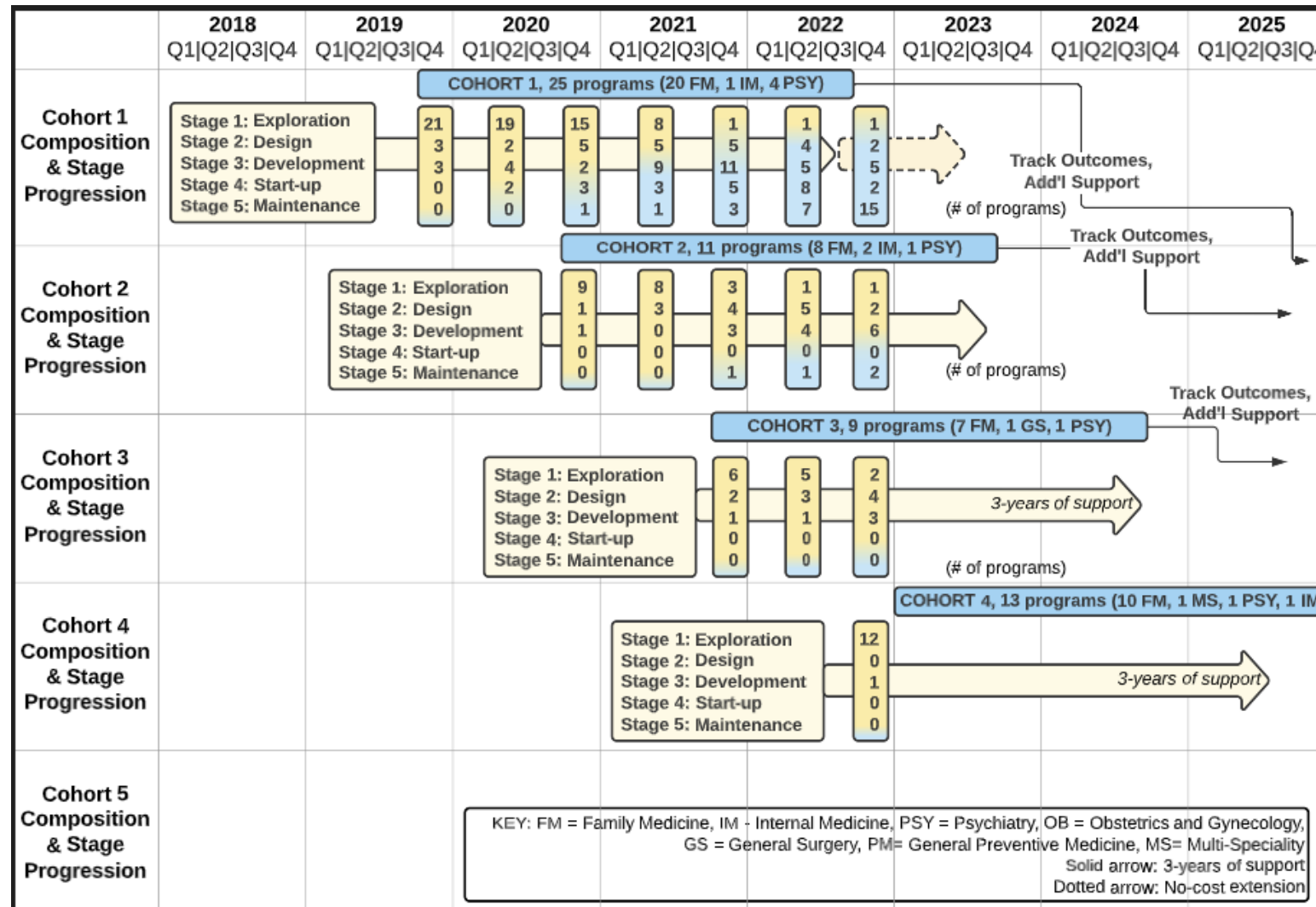Identify an institutional affiliation or sponsorship. Begin to consider financial options and governance structure.

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

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.

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.

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.

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

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.

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

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.

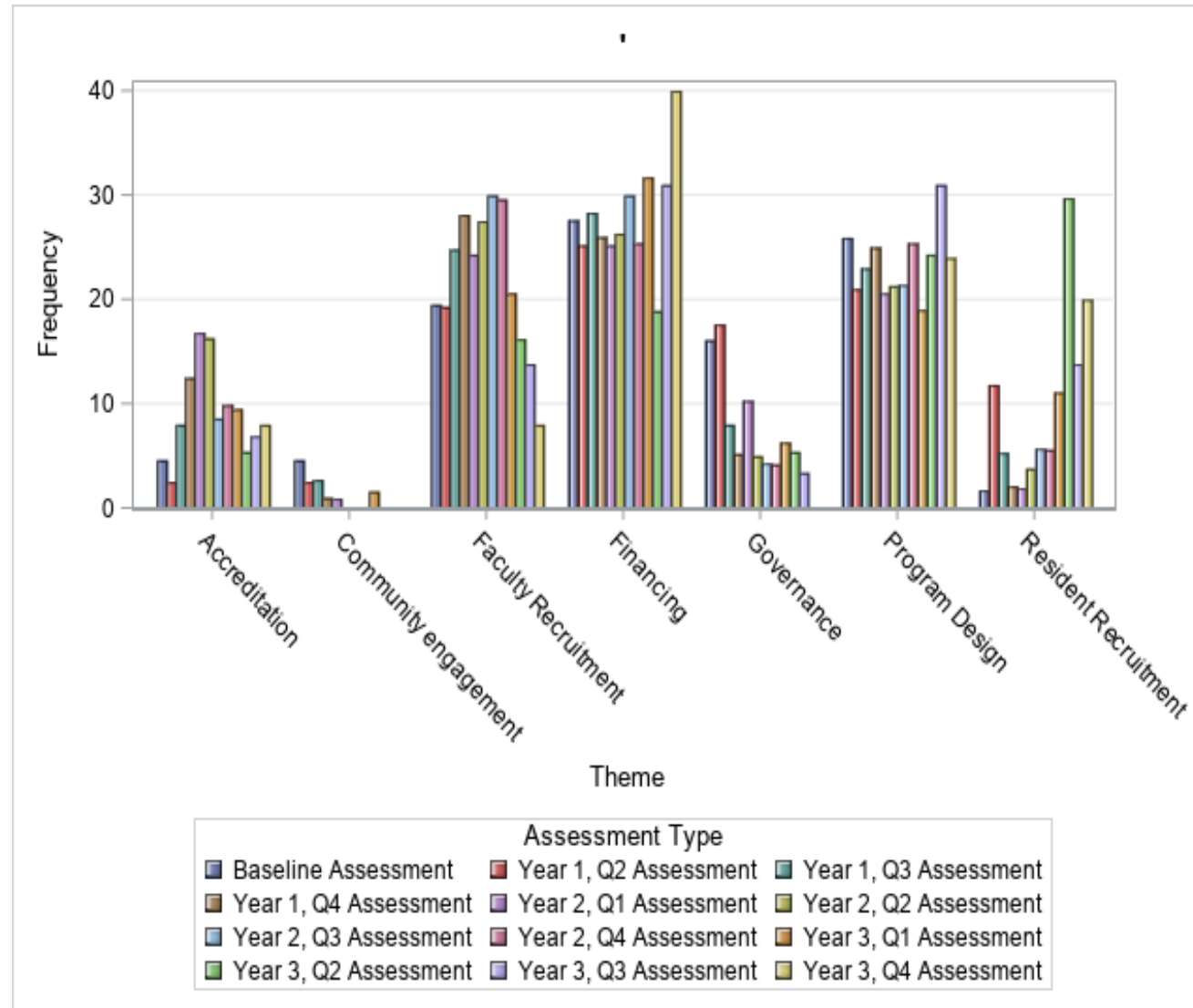# Distribution of Readiness Scores over the Assessment Timeline

Percent of Programs in Each Stage of Completion
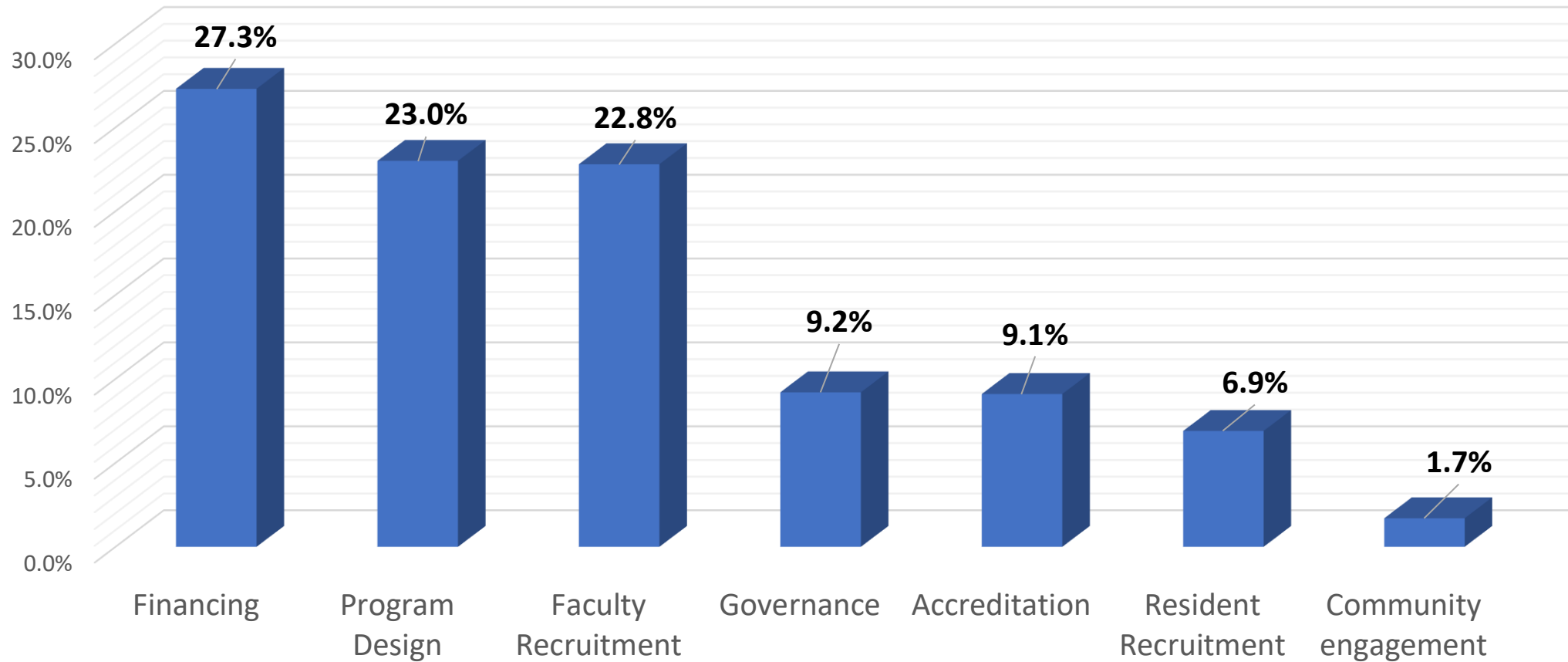

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Overview of RRPD Progress

Barriers to Program Development By Assessment Timeline

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Common Barriers to Program Development

Outcomes of RRPD Program To Date

Outcomes	Frequency
Programs that have submitted an ACGME application	35
Programs that obtained ACGME accreditation	35
ACGME approved resident positions (at full complement)	463
Residents matched into the 22 programs who recruited residents	188
Programs that completed a detailed pro-forma for all phases of program development	34
Programs that have developed a governance structure	43
Programs that obtained Sponsoring Institution accreditation	43
Programs that have recruited a Program Director	43
Programs that have recruited core faculty members	29
Programs that have completed a detailed community asset inventory	43
Programs that have designed the curriculum (including site mapping)	36

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Tools and Resources

Community Engagement	Program Design & Development	Financial Planning
Institutional Sponsorship	Program Accreditation	Program Implementation

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