HEALTHY RURAL CALIFORNIA, INC.

Achieving Peak Effectiveness and Education as a Consortium Model

AUTHORS

HRC GME Department

ABOUT US

Beginning in the north state, Healthy Rural California aims to meet the public health needs of California's rural communities by closing the gap in quality, access, and equity and eliminating health disparities. We fulfill our mission through building strong partnerships and coalitions, increasing the number and quality of physicians and other healthcare providers, and addressing rural community health needs such as mental health, opioid use disorder, and excessive alcohol use.

Currently, Healthy Rural California sponsors two residency programs. Our Psychiatry program has completed its first interview season and will be accepting residents in the summer. Our Family Medicine program has completed its first site visit and was awarded initial accreditation.

WHAT IS A CONSORTIUM?

- Consortium models are Sponsoring Institutions composed of a network of hospitals, medical schools, and businesses dedicated to form and maintain GME programs.
- Community-based consortium models, in particular, are created by a community- like the name suggests.
  - Healthy Rural California is a community-based consortium model.

WHY CHOOSE A CONSORTIUM MODEL?

- Consortium models work well in rural communities without medical schools in the immediate area.
- Consortiums can link together partners to create opportunities that wouldn't otherwise be available.
  - For some programs, it's possible to have residents complete a year of their education at a remote partner campus. This allows residents to finish any requirements the community can't supply before returning.

GRANTS

Funding is always an issue, but grants can help with the initial start up fees a program faces. This is no difference for consortium models. In fact, community-based, rural models are eligible for a variety of grants. The following are a subset of the grants Healthy Rural California has obtained:

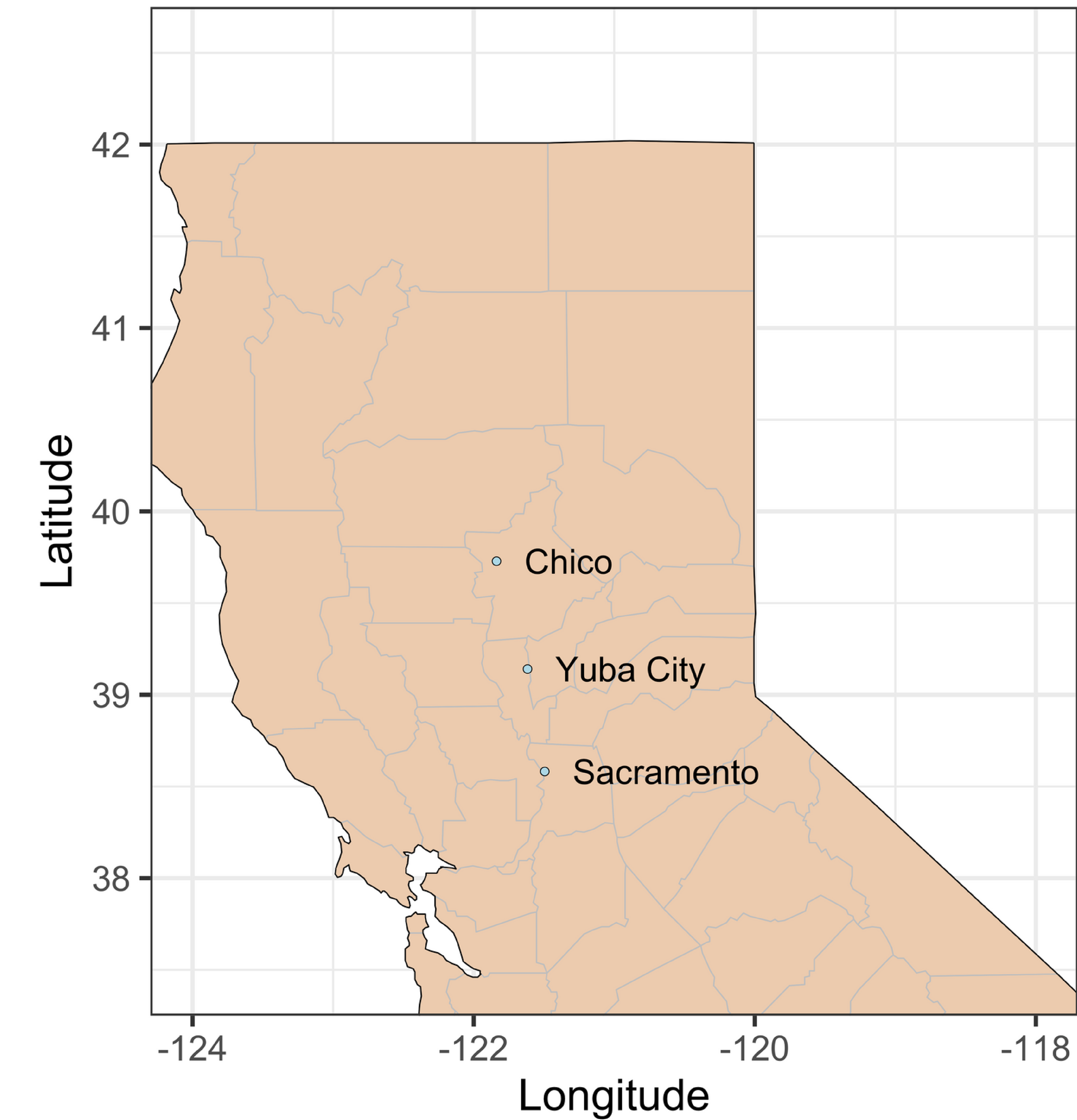
- **The Song-Brown Healthcare Workforce Training Program**
  - **$2 million awarded**
- **THCPD**
  - **$498,000 awarded**

PARTNERSHIPS

Consortium models are a team effort, and require partnerships to thrive. This can be a detriment if partners are uncommunicative, but if team unity is strong, partnerships can boost a residency program to new heights, or allow one to open that otherwise wouldn't.

Healthy Rural California's Psychiatry Residency Program, for example, would not be possible with the resources in the Chico area alone. However, with partners across the north state, the program now meets all requirements, and has been fully accredited.

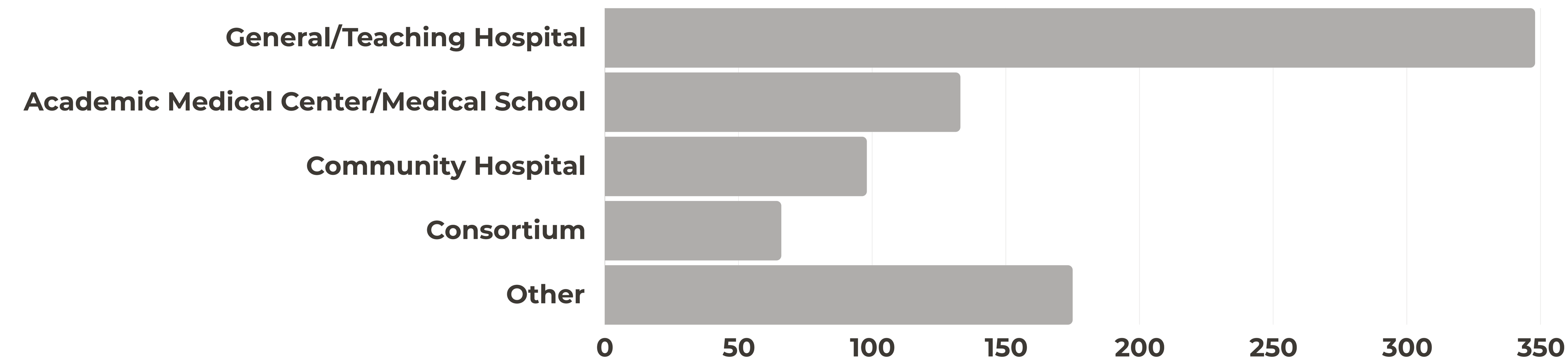
While not true for all programs, partnerships do not always have to be geographically proximate. Our furthest partner for clinical rotations is roughly 87 miles away in the city of Sacramento. Additional partnerships for didactic and faculty development extend even further beyond the north state.



COMMON PROBLEMS CONSORTIUMS FACE

Consortium models make up a small fraction of ACGME accredited Sponsoring Institutions, though the problems they face aren't necessarily unique to them alone:

- Funding- CMS reimbursement rates don't take effect until after a program is already established, and don't cover any fees during the development period. This can make developing a GME program difficult for smaller institutions without access to funding.
- Inexperience- Consortium models, especially community-based consortia, are often located in GME naive areas. Curricula, faculty development, etc. have to be built from scratch. This can be challenging without a reliable, GME experienced partner.



As of the ACGME's 2022-23 Data Resource Handbook, there are 66 Sponsoring Institutions operating under a consortium model. This represents only 8% of the 820 active Sponsoring Institutions.

CONCLUSION

Consortium models face a broad spectrum of challenges, but offer the opportunity for GME in areas that otherwise couldn't support it.

As a consortium grows, so does the community associated with it. Physicians often settle down where they completed their residency. In a program with only four residents: if even two choose to stay in the area, that's two new physicians a year. Not to mention the economic benefits associated with those physicians, too.

It takes a community to raise a physician. But consortium models allow our physicians to raise their communities, too.