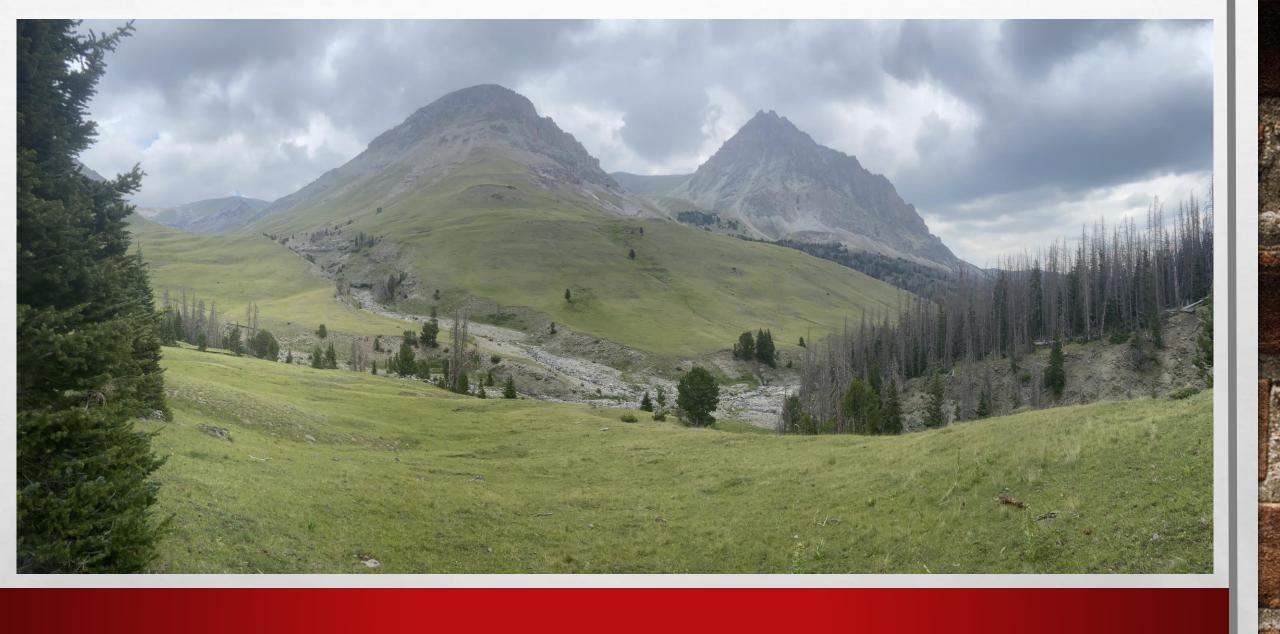
BLAZING A TRIAL IN THE WILDERNESS— WYOMING'S FIRST RURAL TRAINING TRACK

THE JOURNEY, TRIALS, AND REWARDS





THE PROBLEM

- AN AGING PRIMARY CARE WORKFORCE IN WYOMING'S RURAL COMMUNITIES WITH LOSS OF SERVICES
- DIFFICULTY FINDING AND RECRUITING PROVIDERS DESIRING TO PRACTICE FULL SPECTRUM RURAL/FRONTIER MEDICINE



THE JOURNEY INTO THE WILDERNESS

EXPLORATION--- 2015

- THE INFRASTRUCTURE WAS IN PLACE
 - SUCCESSFUL HUB AND SPOKE MODEL WITH PROVEN PROVIDERS
 - WE HAD MEDICAL STUDENTS FROM MULTIPLE DIFFERENT SCHOOLS ROTATING WITH US
 - RESIDENTS FROM WYOMING FM RESIDENCY ROTATING WITH US
- DISCUSSION ABOUT RURAL TRAINING TRACK RESIDENCY WITH SHAREHOLDERS
 - LOCAL PROVIDERS, HOSPITAL BOARD AND ADMINISTRATION, UWFMR CASPER RESIDENCY, UNIVERSITY OF WYOMING
- REQUESTED RTT TECHNICAL ASSISTANCE VISIT
 - 5/16 PHONE CONSULT
 - 11/16 IN PERSON VISIT AND SITE/COMMUNITY ASSESSMENT

UNIQUE CHALLENGES

- WYOMING HAS NO FEDERAL GME FUNDING AVAILABLE BECAUSE OF DECISIONS MADE IN THE 1970S
- NO INCREASE IN FINANCIAL SUPPORT FROM THE UNIVERSITY/STATE IF WE WERE TO APPLY FOR A RTT
- NO MEDICAID GME IN WYOMING
- SMALL COMMUNITY WITH LIMITED PATIENT VOLUMES ADEQUATE TO SUPPORT ONLY 1 RESIDENT/YEAR

APPLICATION TO ACGME

- EXPLORATION STARTED FALL 2015
- WORKING WITH WWAMI, RTTC RESOURCES, AND SITE VISITS TO OTHER RTT PROGRAMS
- PIF APPLICATION SUBMISSION 11/2018
- ACGME ACCREDITATION 6/2019
- MATCHED FIRST RESIDENT 3/2020

RTT EXPLORATION RESOURCES

- RURAL TRAINING TRACK COLLABORATIVE (RTTC)
 - FREE TOOL FOR DETERMINING COMMUNITY CAPACITY FOR RESIDENCY EDUCATION--PLANTING TREES
 - FORMAL AND INFORMAL CONSULTATION
- RURALGME.ORG
 - RURAL RESIDENCY PLANNING AND DEVELOPMENT TECHNICAL ASSISTANCE CENTER
 - THE RURAL RESIDENCY PLANNING AND DEVELOPMENT (RRPD) TECHNICAL ASSISTANCE CENTER ROADMAP
- HRSA GRANT --RURAL RESIDENCY PLANNING AND DEVELOPMENT (RRPD) PROGRAM
 - FUNDING OPPORTUNITY NUMBER: HRSA-24-022

THE TRIALS

WORKING TO DEVELOP A SUSTAINABLE FINANCIAL MODEL IN A STATE VOID OF GME FUNDING



FINANCIAL SUSTAINABILITY

HRSA GRANT

WE APPLIED FOR 2 GRANTS, FIRST ONE WE FAILED AND THEN IN MAY 2020 WE WERE AWARDED A HRSA GRANT

--RESIDENCY TRAINING IN PRIMARY CARE GRANT--

GRANT TO SUPPORT EXPENSES IN THE FIRST 5 YEARS

CAH COST BASED REIMBURSEMENT

CRITICAL ACCESS HOSPITALS CAN CLAIM ALLOWABLE EXPENSES ON THEIR ANNUAL COST REPORT.

USING THE GME COST CALCULATOR
YOU CAN USE THE RESIDENTS TIME IN
DIFFERENT LOCATIONS AND THEN
APPLY THE % MEDICARE AND
MEDICAID TO DETERMINE THE
REIMBURSEMENT

RESIDENT PRODUCTION

CLINIC VOLUMES—NUMBER OF PATIENT VISITS FOR 2 RESIDENTS IN 1 YEAR =2,243

HOSPITAL VOLUMES—NUMBER OF PATIENT VISITS FOR 2 RESIDENTS 1 YEAR INPATIENT-1,030, OBSERVATION-418, SWING BED-125, OB-84

ER VOLUMES- NUMBER OF PATIENT VISITS FOR 2 RESIDENTS 1 YEAR IN THE ER-872

CAH COST BASED REIMBURSEMENT -BASED ON #'S FROM COST REPORT

- NEED TO DETERMINE MEDICARE %'S FROM THE CAH HOSPITAL
- THEN HOW THE RESIDENT TIME THAT IS CLAIMED IS DISTRIBUTED
- THIS PROVIDES AN OVERALL % THAT WOULD BE APPLIED TO ALL ALLOWABLE GME COSTS CLAIMED BY THE CAH HOSPITAL
- GME ALLOWABLE COSTS BASICALLY INCLUDE ALL ADMINISTRATIVE AND TEACHING TIME AS WELL AS SOME EDUCATIONAL EXPENSES, BUT NOTHING DIRECTLY RELATED TO CLINICAL CARE TIME OR EXPENSES

CRITICAL ACCESS HOSPITAL COST REPORT COST BASED REIMBURSEMENT

| CAH Cost Report Calculator | % resident time* | % medicare | % medicare calculated by | Multiplier | % medicaid | % medicaid calculated by | Multiplier |
|---|---------------------|------------|--------------------------|-----------------|------------|--------------------------|------------|
| inpatient adult and pediatrics | 0.2 | 0.545 | % of bed days | 10.900% | | % of bed days | 0.000% |
| intensive care | 0 | 0 | % of charges | 0.000% | | % of charges | 0.000% |
| labor and delivery | 0.035 | 0 | 0 | 0.000% | | % of charges | 0.000% |
| newborn nursery | 0.025 | 0 | 0 | 0.000% | | % of charges | 0.000% |
| emergency department | 0.2 | 0.425 | % of charges | 8.500 % | | % of charges | 0.000% |
| outpatient family medicine clinics | 0.5 | 0.45 | % of charges | 22.500 % | | % of charges | 0.000% |
| outpatient specialty clinics | 0.14 | 0 | % of charges | 0.000% | | % of charges | 0.000% |
| | | | | 41.900% | | | 0.000% |
| | | Plus 1% | | 0.00419 | Plus 1% | | 0 |
| | | | | 42.319% | | | 0.000% |
| | | | | | | | |
| * at this facility for a particular fiscal ye | ear | | | | | | |

SO WHAT DOES THIS % NUMBER MEAN?

- ESSENTIALLY THE NUMBER 42% IS THEN APPLIED TO THE TOTAL ALLOWABLE GME COSTS IDENTIFIED IN THE ANNUAL CAH COST REPORT.
- ON OUR COST REPORT, OUR FINANCIAL DEPARTMENT DETERMINED THAT WE HAD \$212,503 OF ALLOWABLE EXPENSES.
- THEN TAKE THE 42% AND MULTIPLY BY THE ALLOWABLE EXPENSES TO DETERMINE AMOUNT TO BE REIMBURSED. 212503 X .423 = 89,888.77

REVENUE AND EXPENSES

DIRECT AND INDIRECT INCOME AND COSTS

| | FY2023 |
|-------------------------------------|---------|
| Sources of Revenue: | |
| Resident Clinic Pro Fees | 278,138 |
| Critical Access Reimbursement | 89,889 |
| GME | |
| Total | 368,027 |
| | |
| Expenses: | |
| Faculty/Staff Salaries and Benefits | 130,800 |
| Resident Salaries & Benefits | 188,403 |
| Dues & Memberships | 3,750 |
| Travel Costs | 9,800 |
| Materials & Equip | 4,000 |
| | |
| Publication Costs | 500 |
| Recruitment Costs | 6,800 |
| | 344,053 |
| Total Expenses | |
| | 23,974 |

DIRECT INCOME AND COSTS

| | FY2023 |
|-------------------------------|-----------|
| Sources of Revenue: | |
| | |
| Grant | - |
| Critical Access Reimbursement | 89,889 |
| GME | |
| Total | 89,889 |
| | |
| Expenses: | |
| Resident Salaries & Benefits | 188,403 |
| Dues & Memberships | 3,750 |
| Travel Costs | 9,800 |
| Materials & Equip | 4,000 |
| | |
| Publication Costs | 500 |
| Recruitment Costs | 6,800 |
| | 213,253 |
| Total Expenses | |
| | |
| | (123,364) |

EXPLANATION DIRECT AND INDIRECT REVENUE AND EXPENSES

- CFO PERSPECTIVE
- GME FUNDING
- ISSUES OF OPERATING RURAL HEALTH CLINICS

INDIRECT FINANCIAL BENEFITS

- REDUCED RECRUITING COSTS
- ENHANCED RECRUITMENT AND RETENTION OF FAMILY PHYSICIAN FACULTY
- "CONTRIBUTION MARGIN" AND DOWNSTREAM REVENUE TO HOSPITALS (ALTHOUGH DIFFICULT TO QUANTIFY DIRECTLY, MANY HOSPITALS USE THIS CALCULATION IN BUDGETING)
- LEADERSHIP DEVELOPMENT OF EXISTING MEDICAL STAFF
- INDIRECT EFFECT OF A LEARNING CULTURE

- INCREASED PRIMARY CARE CLINICAL CAPACITY AND COMMUNITY ACCESS TO CARE
- OTHER HEALTH PROFESSIONS EDUCATION AND TRAINING
- ECONOMIC BENEFIT TO THE COMMUNITY
- REPUTATION AS A TEACHING HOSPITAL

RTT REWARDS



RTT REWARDS

PATIENT/COMMUNITY
BENEFITS

PROVIDER BENEFITS

RESIDENT BENEFITS

IMPROVED PATIENT ACCESS
EXPANDED SERVICES
INCREASED RESOURCES

RETENTION RECRUITMENT

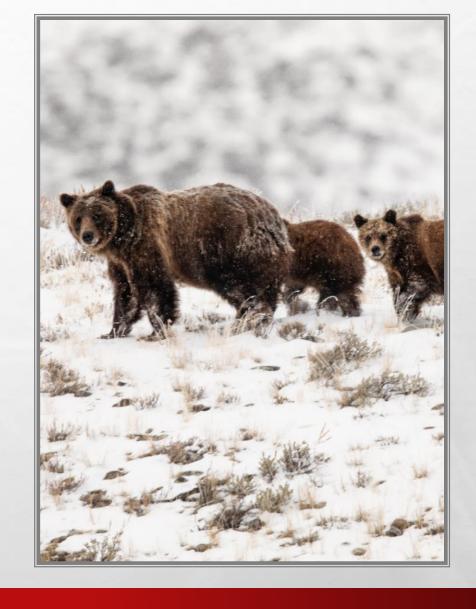
WYOMING RECREATION
LONGITUDINAL CURRICULUM
FULL SPECTRUM
PREPAREDNESS

PATIENT BENEFITS

340B PHARMACY PROGRAM
HOSPITAL MULTIDISCIPLINARY TEAM
PROVIDER CONSISTENCY

CHRONIC CARE AND TRANSITION CARE MEDICINE PROGRAM

MEDICATION ASSISTED TREATMENT PROGRAM
EXPANDED TELEMEDICINE SERVICES
EVIDENCE BASED CARE



PROVIDER BENEFITS

IMPROVED WORK/LIFE BALANCE

EASE OF RECRUITMENT

PROVIDER RETENTION

JOB SATISFACTION

ENERGY

UP TO DATE EVIDENCE BASED MEDICINE



COMMUNITY BENEFITS

- INCREASED PATIENT ACCESS
- CONSISTENCY IN PROVIDERS
- INCREASED RESOURCES AND EXPANDED CARE
- CUTTING EDGE TECHNOLOGY
- COMMUNITY EDUCATION
- COMMUNITY SERVICE

- IMPROVED QUALITY OF CARE (DIRECT INVOLVEMENT OF FACULTY AND RESIDENTS IN QUALITY EFFORTS)
- COMMUNITY LEADERSHIP BY PHYSICIANS AND THEIR FAMILIES
- CIVIC ENGAGEMENT BY FACULTY, STAFF, AND RESIDENTS AND THEIR FAMILIES
- CREATIVITY AND INNOVATION IN HEALTH CARE AND COMMUNITY DEVELOPMENT

RESIDENT BENEFITS FROM THE RTT

- PROVIDES THE OPPORTUNITY FOR FULL SPECTRUM PREPAREDNESS FOR PHYSICIANS WHO HAVE THE DESIRE TO PRACTICE IN RURAL/FRONTIER AMERICA
- RURAL LIVING EXPERIENCE
- COMMUNITY INVOLVEMENT IN NON MEDICAL ARENAS
- LONGITUDINAL CURRICULUM TO ALLOW ACCLIMATION TO CHANGING VENUES MULTIPLE TIMES A DAY

UNIVERSITY OF WYOMING THERMOPOLIS RTT

ESTABLISHED 2019

GRADUATED FIRST RESIDENT 2023

350 APPLICANTS FOR 1 SPOT

PLACED FIRST 2 RESIDENTS IN RURAL

COMMUNITIES POP<5,000



QUESTIONSPPP



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