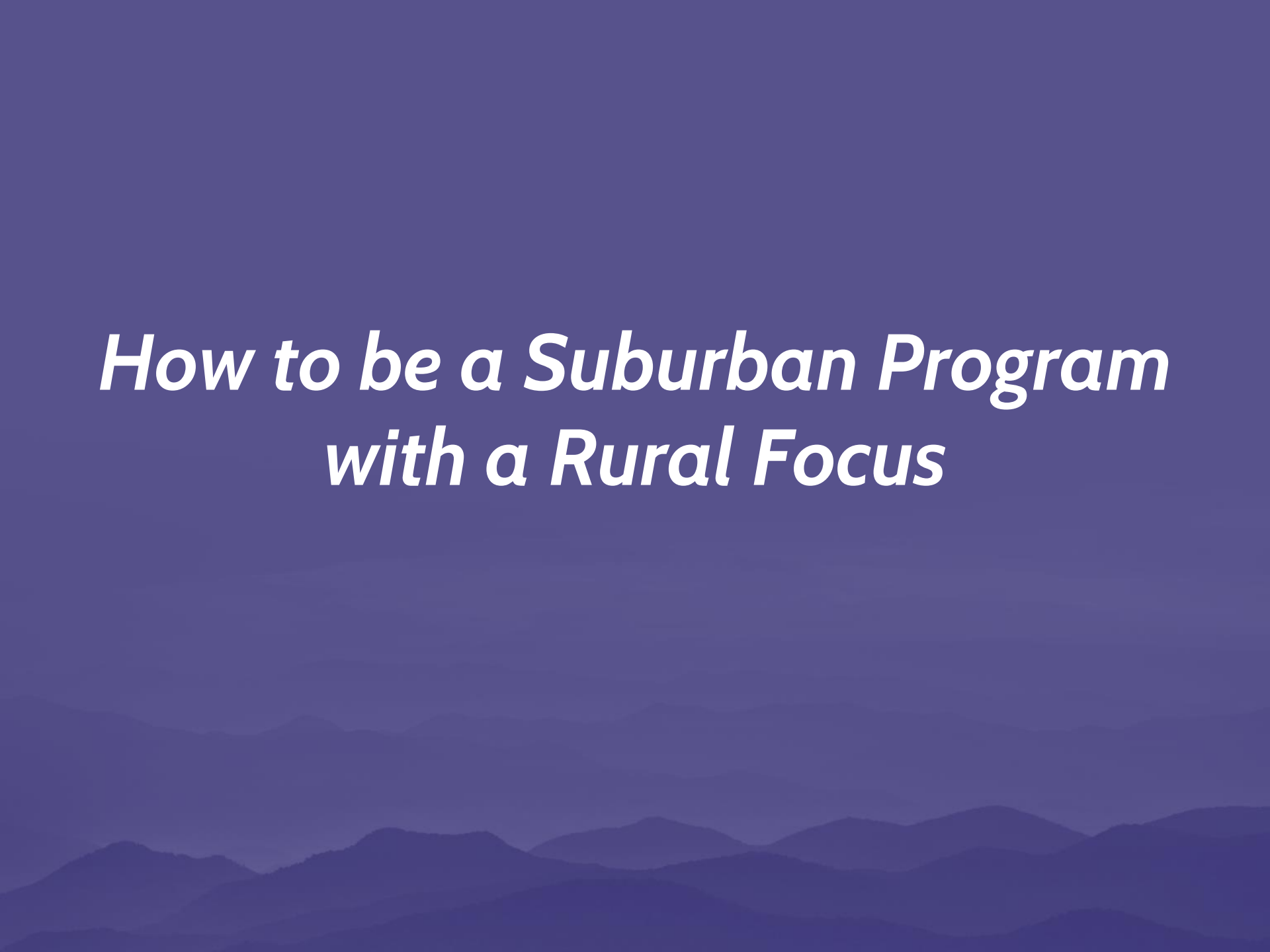




**MOUNTAIN AREA HEALTH
EDUCATION CENTER**

***Rural Longitudinal Curriculum in
Western North Carolina:
A 15 Year Perspective***

Bryan Hodge, Daniel Yoder, Russell Pace

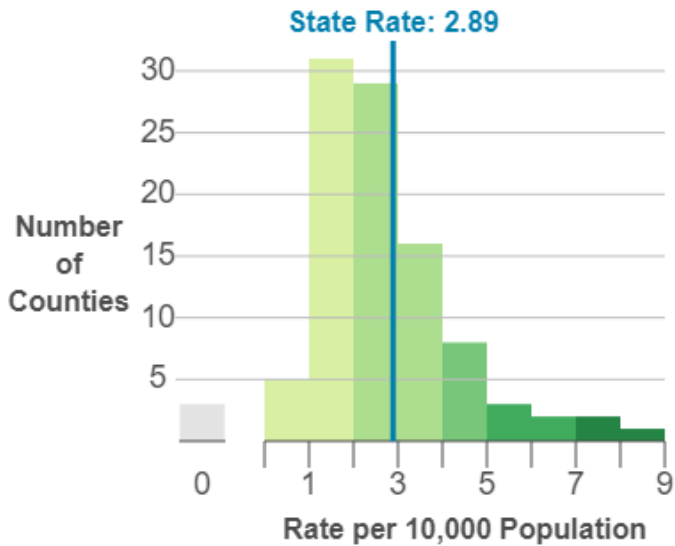
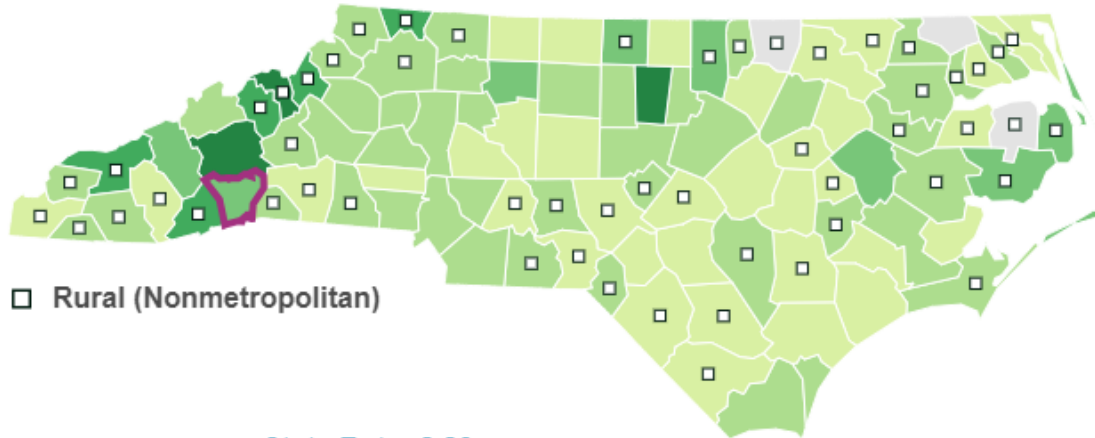


***How to be a Suburban Program
with a Rural Focus***

Objectives

- Describe how to remain rural-focused in a suburban environment
- Explain how we adapted a curricular model over time
- Illustrate the importance of ongoing preceptor education
- Summarize our outcomes for resident placement

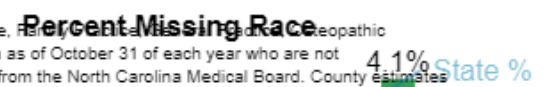
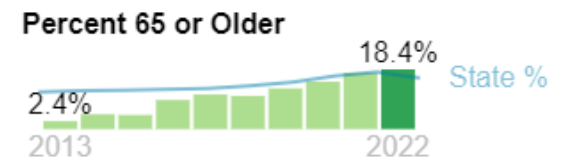
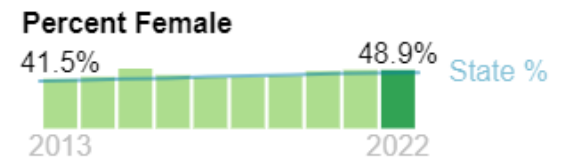
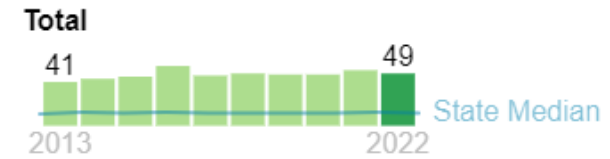
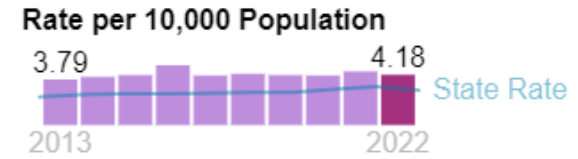
Physicians with a Primary Area of Practice of Family Medicine per 10,000 Population by County, North Carolina, 2022



SHEPS HEALTH WORKFORCE NC

Physicians with a primary area of practice of Family Medicine include the following: Family Medicine, Family Medicine and Geriatrics, Geriatric Psychiatry, Geriatric Neurology, Geriatric Orthopedic Manipulative Medicine. Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Rural/nonmetropolitan counties are defined using the 2017 Office of Management and Budget Core Based Statistical Areas (CBSAs). Rural/nonmetropolitan counties include micropolitan counties and counties without CBSAs. Using this definition, NC has 64 nonmetro counties. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created April 08, 2024 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

Profession Demographics for Henderson County



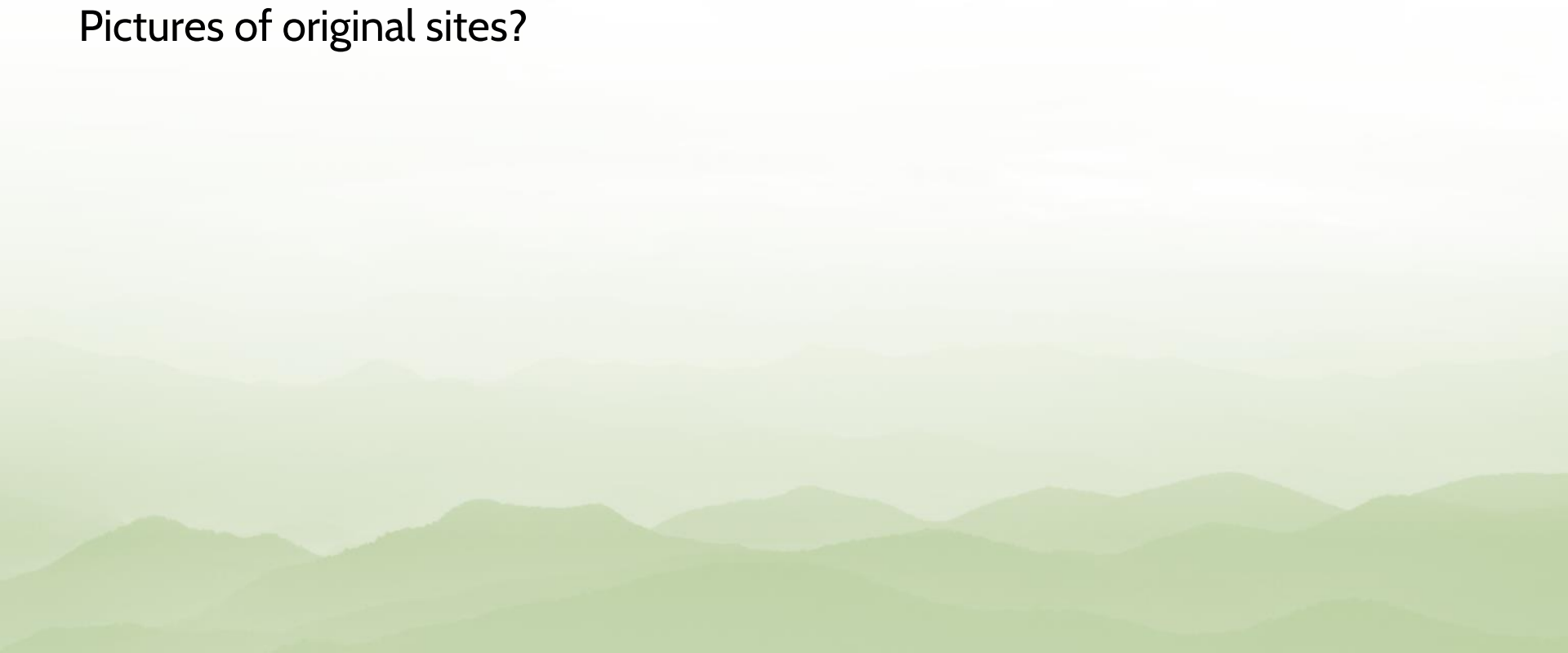
Remember the P4 Project?

Our original model

The P4 project

- Place based opportunities
- Preceptor development

Pictures of original sites?



Our current rural sites

All within a 30-45 minute drive

Resident has full day of clinic time

Typically, one day per month
unless precluded by call or PTO



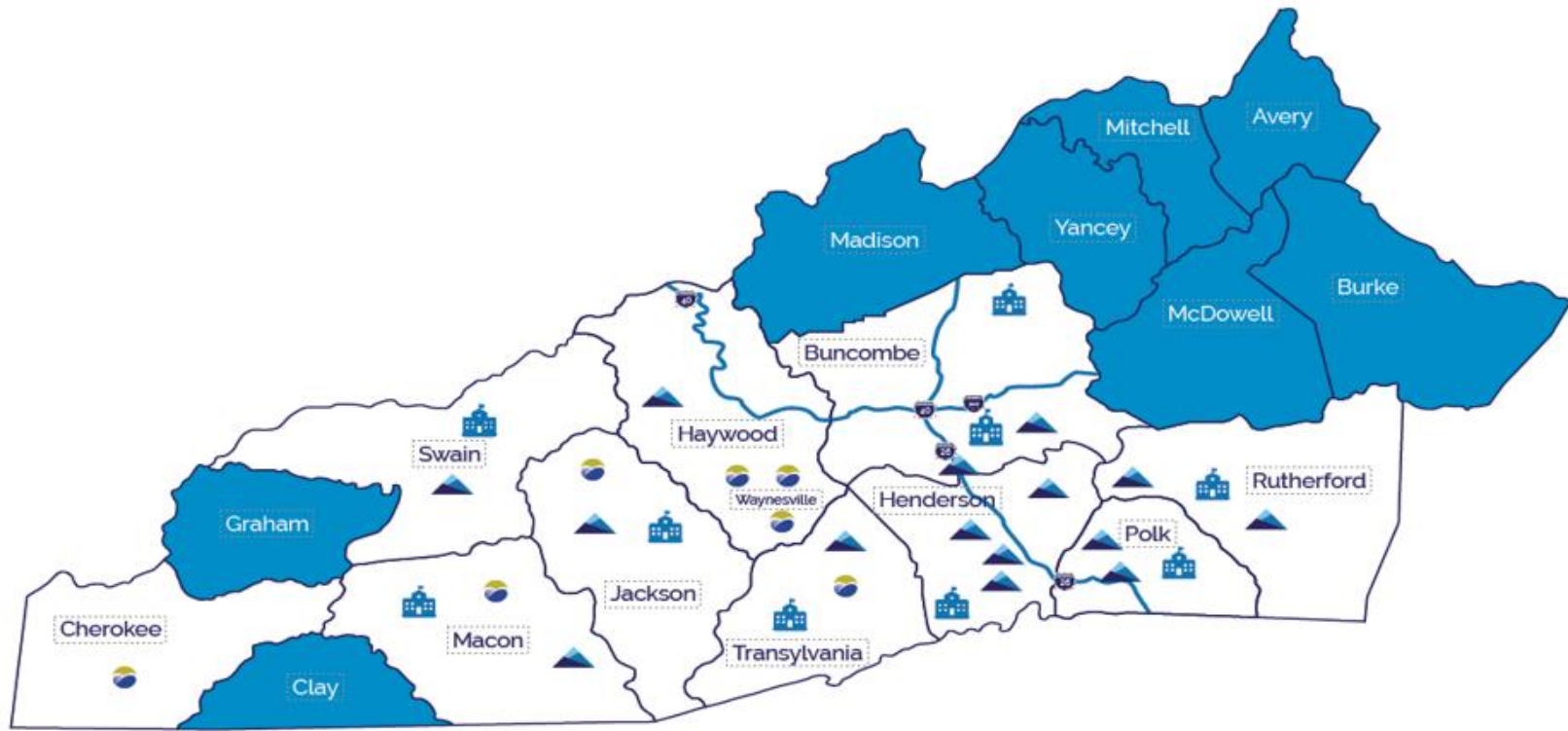
Blue Ridge Health - Service Area



10 Counties with 55 Locations, including BRH Clinics, MBH Clinics, and SBHC's

Henderson | Transylvania | Haywood | Jackson | Polk

Buncombe | Rutherford | Swain | Macon | Cherokee



33 School Health Locations in Buncombe, Henderson, Jackson, Macon, Polk, Rutherford, Swain, and Transylvania Counties

Evolution of our rural site model

New sites/THC merger in 2013

MAHEC rural fellowship

Adding a yearly rural summit

Same EMR, same providers, reachable practice managers!

Continued Preceptor development

Why?

- Benefits to resident and clinic staff
- Increased Clinic capacity
- Rural provider benefit (integration, burnout prevention, collaboration)
- **Regional transformation!!**



Nuts and Bolts

Key considerations

- Easier to accomplish in an FQHC
- Scheduling issues
- Transportation assistance

Conditions for success

- Annual reengagement (i.e. rural summit)
- Preceptor development
- Regional partners with aligned goals



Our outcomes

- Hendersonville's WNC rural Placement rate (33%)
 - Our National Rural placement = 60%
 - For all NC FM residencies the rural placement rate is 3% for 2008-2011
- Resident stories

Our outcomes!



