

Rural Training Track Program Closure and Resilience Study

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Research Objectives

Background

- A study of family medicine residencies from the early 2000s identified several warning signs of program closure, including financial and political factors as well as leadership issues. Given the changes in health care and graduate medical education (GME) since that time, it is important to understand if factors identified in that study are still significant and if so, the extent to which they apply to Rural Training Tracks (RTTs), and if there are new or unique factors affecting RTT viability.
- This study seeks to elucidate both commonalities and differences between RTT programs that close and those that persist.

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Research Objectives

Study Aims

- Identify factors contributing to RTT program closure and resilience and assess their relative importance.
- Inform existing and new RTTs in fostering resilience and avoiding closure.
- Inform policy on the design, implementation, regulation, and sustainability of family medicine residency programs, including but not limited to those with a rural focus.



Study Design

- This study uses mixed methods, including a literature review, facilitated group exercise, and individual interviews:
 - Approximately 20 rural medical educators attending the 2014 Rural Training Track Conclave in Athens, OH, participated in a group process to identify factors that were either threats/vulnerabilities or protective factors for RTTs. Participants prioritized them by voting for the most significant factors.
 - The team interviewed leaders of closed RTT programs to gain a richer understanding of the dynamics, timing, and relative importance of closure factors, as well as suggestions for ensuring the viability of RTTs.
 - Comments from the group process and interviews conducted so far have been categorized into themes that represent challenges and opportunities for RTTs, reported here

Study Design

Planned activities:

- All RTTs (closed and currently existing) are being interviewed to rate the importance of factors associated with program success or failure. Survey respondents include RTT program and site directors.
- All data collected are being content analyzed for common themes and unique experiences, Lessons learned about closure and resilience factors will be illustrated with case examples.

Results

● Challenges

● Opportunities

Financial

- Lack of sustained funding source/funding through hospitals
- Limited GME funding (IME/DME cap or CAH)
- Perception as less than mission critical
- Identify diverse funding sources (beyond core sponsors)
- Acquire Teaching Health Center/Federally Qualified Health Center (FQHC) status
- Frame programs as future source of growth by leadership

Results

- “Money wasn’t the main or only thing, but it was the one more thing. It was the ‘plus, you can’t afford it’ that was the problem.”
- “If Medicaid rates in our state weren’t stuck at 1980s levels, then 35% Medicaid patient mix wouldn’t have been as much of a problem. If Medicaid expansion had happened earlier, it wouldn’t have been as much a problem. The timing was kind of a perfect storm.”

Results

● Challenges

● Opportunities

Political and environmental

- Long-term stability (administration change)
- Control issues/personality conflict
- Residency as a provider recruiting tool
- Local support from physicians and hospital leaders
- State legislator understanding/recognition

Results

● Challenges

● Opportunities

Accreditation

- Complexities of Accreditation Council on Graduate Medical Education (ACGME) milestones
- Small number of residents for ACGME survey
- Documentation burden
- Regulations overly restrictive
- Anticipated ACGME/American Osteopathic Association unified accreditation
- Improvement in alignment of Undergraduate Medical Education standards as it effects GME

Results

● Challenges

● Opportunities

Change in Host Leadership

- FQHC being the institutional sponsor
- Exposure of trainees to unique experiences

Results

● Challenges

● Opportunities

Change in Hospital Mission/Support

● Lack of local champion to sustain mission

Results

● Challenges

● Opportunities

Student Recruitment

- Spousal/significant other alignment
- Restrictions/regulations in match and recruitment
- Unhappy recruitment (desired other placement)
- Medical student rotations (pipeline)
- Individual attention
- Mission-aligned and -driven students

Results

● Challenges

● Opportunities

Faculty/Teaching Resources

- Providing adequate faculty development
- Insufficient financial resources for teaching
- Recruitment of faculty/burnout
- Experienced clinicians/increased satisfaction

Results

“With good residents it’s ‘a thing of beauty’ and with poor residents, it’s a problem. Everyone knows...the entire community knows.”



Results

● Challenges

● Opportunities

Administrative Support

● Lack of Admin support

● Right person with resilience

Results

● Challenges

● Opportunities

Provider Related Clinical Experience

- If specific patient care service not available for teaching
- Broad scope of skills/mentoring

Results

● Challenges

● Opportunities

Patient Related Clinical Experience

- Patient care for learning abundant
- Community based care unique

Results

What's most important?

- “The medical community being really dedicated to residents, a hospital that’s willing to foot part of the bill, and a community as a whole embracing it.”
- “Probably most important is our connection with other programs both emotionally and also from a creative point of view. It was really important to be connected to programs outside of our own.”

Conclusion

- Initial study results have identified both challenges and opportunities related to RTT program closure as well as resiliency and avoidance of closure. Ongoing data collection and analysis can inform the development of existing and new programs, including but not limited to those with a rural focus.

- **Reference**

- Gonzalez EH, Phillips RL, Pugno PA. A study of closure of family practice residency programs. Fam Med 2003;35(10):706-10.

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QUESTIONS?

