The RTT Collaborative

Growing our own...together

Quarterly Newsletter

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IN THIS ISSUE…

Message from the Executive Director

Regardless of your religious tradition this season, I trust you will find occasion in this autumn and early winter to be grateful and to experience hope. I know that I have, and my understanding of gratitude and hope continues to deepen! As a child, my hope was fueled by promises from parents and teachers, and I was grateful when those promises were fulfilled. As an adult, I can be grateful and embrace hope even in the face of for challenges and hardship. The leafless trees outside my window and predictions of a pattern of drastic weather patterns this winter do not leave me despondent. The trees will likely turn green again, and the forecasters of calamity this winter could be wrong!

As my hope has become more "evidence-based," it has become less "evidence-bound." I refuse to be imprisoned by the harsh realities of our broken system for GME finance and governance, and I now have evidence, generated by many of you, upon which to base this hope. I have come to understand in residency education that (1) the assets of rural communities are our strength, (2) longitudinal training experiences in a rural context is our strategy of choice, and (3) our hope is best placed in the next generation of physicians and other rural medical educators.

Over the past three months, Dave Schmitz and I have completed a project for Family Medicine Residency of Western Montana (FMRWM), a tool for assessing community capacity and rural residency development that "begins with what is, and imagines what could be." Inspired by the foundational work of Family Medicine Residency of Western Montana and by the potential for residency education that exists in the communities of that region, we have articulated an "organic, place-based approach" to program design that can be applied to rural communities across the United States – "Community Engaged Residency Education in Rural Places" (CERE-R) – an approach beautifully articulated this past month in *Academic Medicine* by our colleagues and friends in Canada and Australia.[1]

Then, in October, I had the opportunity to attend the Clinical Longitudinal Integrated Clerkship (CLIC) conference in Asheville, NC, and learn more about the strong base of evidence, particularly in rural places, for the effectiveness of longitudinal experiential education in "growing our own." The evidence affirms our motto, and bolsters our argument for extended training in rural communities and will most certainly serve as a firm foundation for aligning our efforts across undergraduate and graduate medical education.

Finally, building upon the success of the NIPDD Rural Fellows scholarships under the RTT Technical Assistance (RTT TA) program these past 5 years and using a seed donation I was blessed to be able to make this month, The RTT Collaborative Board has implemented a restricted account for faculty development. Upon the conclusion of the RTT TA program next summer, the Longenecker Rural Faculty Development Fund will continue to fund NIPDD scholarships and other leadership and faculty development opportunities yet to be named. I hope my example will inspire other acts of gratitude from many of you! As we approach the end of this tax year, you may wish to make a tax-deductible contribution to The RTT Collaborative generally, or to this restricted fund in particular.

Happy Holidays to you and yours! And this season, may you also more fully experience gratitude and hope!

Randall Longenecker MD

Executive Director

Rural Health Policy Institute

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When: February 2-4. 2016

Where: Washington, D.C.

What: Proposal for GME Rural Funding

Dr. Randall Longenecker – RTTC Executive Director – sat down to answer some questions in regards to the 27th Rural Health Policy Institute in Washington, D.C.

What is the Rural Health Policy Institute?

"This is an opportunity for the members of the National Rural Health Association (NRHA) to come together and learn about the legislative environment and issues that are at the forefront that are concerning rural health."

What are some of the benefits in attending the conference?

"The biggest benefit is being informed and putting our own efforts into context. This allows us to learn new things that can make us better physicians and/or educators. You are also able to network with other from around the state and the rest of the country in turn forging some important relationships. A bonus to attending is that on occasion you're able to make different."

Interested in learning more about the 27th Rural Policy Institute? More information can be found by visiting the National Rural Health Association page here.

Time to Register

The RTT Collaborative Annual Meeting

Denver, Colorado

February 24-26, 2016

The meeting will begin Wednesday evening, February 24, with a reception and plenary session at the Denver Museum of Nature and Science. Participants are welcome to bring a guest. Everyone is invited to participate and contribute to this rural training collaborative as we all aspire to new heights in rural medical education. Registration for the RTT Collaborative Annual Meeting is now open. If you are interested in registering or would like more information regarding the conference, click here.

Participating Program Spotlight: Sponsoring Program

Program Name: Colorado Commission on Family Medicine

Location: Denver, Colorado

Contact Information: Kim Marvel, PhD, Executive Director

Phone: 720-626-6244

Email: kim.marvel@cofmr.org

Website: www.cofmr.org

What makes your program unique?

"The Colorado Commission on Family Medicine (COFM) is unique in three ways. First is the diverse membership. COFM is an advisory board that was mandated by the state legislature almost 40 years ago to support and strengthen family medicine education in the state. Members include 7 governor-appointed citizens, 9 family medicine residency program directors, the 2 medical school deans, and 1 representative from the Colorado Academy of Family Physicians. Second is the commitment to rural training. The COFM board requires that all family medicine residents complete a one-month rural rotation and is currently supporting the development of new RTTs. Third is the collaboration among the family medicine residencies and between the residencies and the state legislature."

What do you want people to know about your program?

"We want people to know about our recent effort to establish three new rural training tracks. For over 20 years, Colorado has had one highly successful RTT in Wray. The Wray program, with the core program in Greeley, has a long history of placing graduates in rural communities year after year. However, until recently, we have not had funding to establish additional RTTs. Starting in 2013, the state legislature allocated funds to develop and maintain three more RTTs. With oversight from the COFM board, new RTTs are being developed in Alamosa, Fort Morgan, and Sterling. Each will train two residents per class. Recruiting is underway for Alamosa and Sterling, with new trainees starting in July, 2016. The Fort Morgan RTT is expected to begin training residents in July, 2017."

What do you see as the biggest advantage of participating in the RTT Collaborative?

"The biggest advantage of participating in the RTT Collaborative is the expertise it provides. As we develop the new training programs, we have relied heavily on members of the Collaborative who have direct experience with RTTs. They have addressed our multitude of questions about funding, accreditation, and the local governance of RTTs. For the past two years, representatives from each of the programs under development have attended the RTT Collaborative Annual Meeting. Also, we have used data provided by the RTT Collaborative to support our requests for continued support from the state legislature."

Participating Program Spotlight
Developing Program

Program Name: North Colorado Family Medicine - Sterling Rural Training Track Program

Location: Greeley, Colorado (1st Year); Sterling, Colorado (2nd and 3rd Years)

Contact Information: David B. Smith, MD, Program Director

Phone: 970-810-2817

Email: david.smith@bannerhealth.com

Website: www.ncfm.edu

What makes your program unique?

"Robust longitudinal rural training in Colorado growing out of a core program with a long history of preparing excellent family physicians for rural practice."

What do you want people to know about your program?

"This new 2/2/2 rural training track program is in addition to our long-standing, highly successful 1/1/1 rural training track in Wray, Colorado, which started in 1992. For the program, the first year of training will occur in Greeley with the Core program, utilizing North Colorado Family Medicine for your continuity clinic. The 13 four-week block rotations of the first year will be as follows: Orientation, inpatient medicine, outpatient pediatrics, obstetrics, emergency medicine, inpatient pediatrics, general surgery, another inpatient medicine, 2 weeks of outpatient community and ambulatory medicine, 6 additional weeks of inpatient pediatrics, another block of obstetrics, intensive care nursery and adult intensive care unit. During the second and third years of training in Sterling, Resident Physicians will start each workday with hospital rounds. Adult medicine inpatients will be attended primarily by hospitalists, who are excited to teach resident physicians. Pediatric inpatients will be attended by your core family medicine faculty. The remainder of most workdays will take place in their continuity clinic, The Family Care Clinic, which is attached to the 25 bed hospital. ACGME curricular requirements will additionally be met with longitudinal experiences on cardiology, geriatrics, ENT, orthopedics, sports medicine, gynecology, urology, dermatology and additional emergency medicine shifts. Additional electives are encouraged either away from Sterling or in Sterling with local and visiting specialists. In Sterling, you will have the opportunity to learn cesarean sections, tubal ligations, exercise treadmills, EGD's, colonoscopies, osteopathic manipulation and emergency procedures, to name a few.

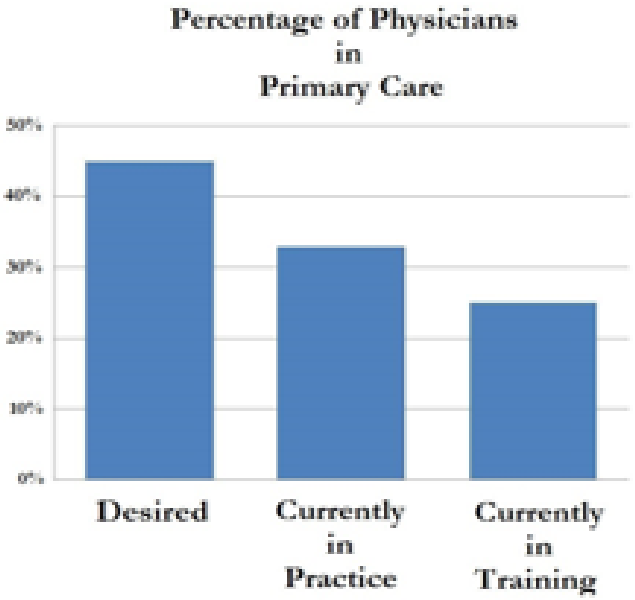
What do you see as the biggest advantage of participating in the RTT Collaborative?

"Programs from all over our nation sharing best practices."

GME SUMMIT

Strategies for Reforming the GME Payment System

The *GME Summit West* was held November 2-3, 2015 in Denver, where a broad audience of roughly 100 participants met to develop strategies for reforming the graduate medical education payment system. "America is investing in doctor training, but with an overemphasis on sub specialists, and not enough emphasis on primary care." Dr. Dan Burke explained. "We must develop a physician workforce that meets the health care needs of the American public at a cost we can afford."



From 2008 to 2012, the entire GME system grew by 7.5% from 109,000 to 118,000 trainees. During that time, the number of family medicine trainees expanded more slowly, at 5%. Meanwhile, dermatology grew at a rate of 10%, emergency medicine and plastic surgery at 17%, then the primary care/sub-specialty ratio can only get worse.

Attendees reached consensus on a number of key points addressing the current GME imbalances, including:

- A strong foundation in primary care and other generalist specialties (e.g. general surgery and psychiatry) is needed to meet the triple aim of better care, healthier communities, and lower costs.
- However, our current graduate medical education (GME) system is producing fewer and fewer primary care and other generalist physicians and more sub-specialists each year.
- New Federal legislation, by way of both short-term fixes and long-term solutions, is needed because the current system is broken and does not produce the physician workforce that America needs.
- Reforming the current GME system does not need more dollars; it needs re-balancing of dollars and more transparency and accountability for how those dollars are being spent, as recommended in the IOM report of 2014.
- Reform should build on the GME Initiative's framing of the problem: **Forty – Five – Flow - Plus** (meaning our goal is FORTY % of the physician workforce being primary care, measured FIVE years after medical school, with GME dollars FLOWING directly to primary care training programs, PLUS a variety of short-term fixes that currently impede rural primary care and generalist physician training efforts)

The GME Summit West was conducted by the GME Initiative, a group of primary care leaders and educators from 14 states primarily in Western and Mid-western regions of the country. For downloads from the meeting visit the Colorado Commission on Family Medicine website.

For more information about strategies to reform the Medicare GME payment system, go to www.COFMR.org or contact Kim Marvel kim.marvel@cofmr.org.

Additional Information

Interested in becoming a participating program with the RTT Collaborative? For more information, contact Dawn Mollica or click here for more information.

Help to Sustain the Work of this Organization

The Collaborative is a 501(c)(3) corporation, and we invite you to seriously consider making a charitable donation . Contributions can be made by clicking on the link below and using PayPal online, or by forwarding a check written to "The RTT Collaborative" to Dawn Mollica, Administrative Director, The RTT Collaborative, Ohio University Heritage College of Osteopathic Medicine, Irvine Hall #126, 1 Ohio University, Athens, Ohio 45701.

Longenecker Rural Faculty Development Fund

The RTT Collaborative (RTTC) is committed to sustaining health professions education of all types in rural places, with an initial focus on physician education. This restricted fund within The RTT Collaborative will be used to prepare Family Medicine faculty who live, clinically work, and teach in a rural place (using any federally accepted definition of "rural") to become even better educators and, preferably, program directors of residency programs located in rural communities. If you are interested in donating, please contact Dawn Mollica.

STAY CONNECTED WITH THE RTTC

The RTT Collaborative wants you to stay connected with everything in the past, present, and future. Click our logo below to visit our website, the Google logo to send an email to Dr. Randall Longenecker to join the RTTC Google list, and the Facebook logo to visit the Rural Training Tracks Technical Assistance Program's Facebook page. If you are a current participating program member and are interested in joining the RTTC private LinkedIn group, click the LinkedIn logo below to send an email to Dr. Randall Longenecker, Executive Director.