



# The RTT Collaborative

in rural health professions education and training

*Growing our own...together*

## QUARTLERLY NEWSLETTER » DECEMBER 2016

### IN THIS ISSUE

Message from the Executive Director .....	2
The GME Initiative .....	4
GMEI "Save the Date" .....	6
Become a Participating Program .....	7
Participant Spotlight.....	8
\$1,000 Stipends.....	10
Year End Giving.....	11
Other Information .....	12



*Photo courtesy of:  
North Colorado Medical Center — Wray Rural Training Track*

The RTT Collaborative engages a diverse blend of people helping people and programs helping programs. One way we promote this is through **aggregating** participating programs in a particular State under one roof and offering a volume discount for participant fees.

Continue reading on **Page 8** for details about the Colorado Consortium.

## CONNECT WITH US!

[www.RTTcollaborative.net](http://www.RTTcollaborative.net)

# Message from the **EXECUTIVE DIRECTOR**



## **Time to Be Still**

The past 10 weeks have for me been a blur – of time zones, urban and rural places, and acronyms (ACE MedEd, CLIC, WCRGME, FMEC, AAMC) – all the while spinning through a tumultuous presidential campaign and election! It's time to be still, to be quiet, to be present, and to be thankful, even as we contemplate an uncertain future.

I've gone beyond Flexner to Miami, across the Chicago river to Accelerating Change, by Old Man's Cave to the Rural Health Scholars Retreat, alongside the Niagara River and Falls to Toronto's international conference on longitudinal integrated clerkships, over videoconference to Wisconsin, up the interstate to Pittsburgh, through Navajo Nation to Gallup, NM and Window Rock, AZ, and have flown over a nation of rural and urban places to Learn, Serve, and (be) Inspire(d) in Seattle. The frenetic and potentially disorienting pace of it all has left me breathless.

But not discouraged. In each place I've encountered a resilient community of neighbors and peers, and in quiet moments with friends and colleagues have come to understand that it is in the very place of uncertainty that hope lies. As I sit this morning and contemplate the state of medical education in rural places, in the stillness behind this morning's storm that has literally just passed by, I've decided it's time to walk, not run, ...even sit and wait.

I am just completing a directory of rural programs, using the nomenclature endorsed by the RTT Collaborative Board.<sup>1</sup> There are nine (9) rurally-located medical schools, plus an assorted number of rural campuses, and approximately 40 medical schools with rural tracks. There are 72 rural residency programs, both allopathic and osteopathic, for a total of 264 first year positions, or 6.2% of the 4,255 family medicine positions offered in 2016 NRMP and AOA match. Twenty-eight (28) of those rural programs are "integrated rural training tracks," who because of their smaller size have integrated in substantive ways with a larger program. If, as demonstrated by RTTs, the rurally located programs are producing two to three or more times the number of physicians to rural practice that urban programs produce, then they may account for 15-20% of all family physicians entering rural practice. At least 5 new programs are accredited and scheduled to open next summer.

---

1. A rural program is an accredited residency in which trainees spend >50% of their time learning in a rural place (by any federal definition of rural). For a complete definition, contact [longenec@ohio.edu](mailto:longenec@ohio.edu).

There is no need to panic, no need to wring our hands. It's time to be still, actively waiting, quietly taking inventory, repairing our nets, and steadily creating "the conditions in which surprise is possible," so that when the opportunity next comes, we will be ready to run.

*"One can create the conditions in which surprise is possible. But even when surprise is not forthcoming, nothing has been lost by creating the conditions for it."*

*G. Gayle Stephens, MD, presenting The First G. Gayle Stephens Lecture at the Second National Conference on Primary Health Care Access, Beaver Creek, Colorado, April 1991.*  
<http://coastalresearch.org/1991/04/> (Accessed 11-19-2016)

A handwritten signature in black ink, reading "Randall Longenecker". The signature is written in a cursive, flowing style.

**Randall Longenecker MD**  
**Executive Director**

# THE GME INITIATIVE

By: Mannat Singh

## The GME Initiative, “If things stay the same, then they will only get worse”

[The GME Initiative](#) has taken a lead role in advocating reform of the government’s support of GME programs. Participants include primary care leaders, educators, and advocates who are passionate about reforming graduate medical education through payment reform, strategic partnerships, state level initiatives, advocacy, and education.



Starting in 2010, the Colorado Commission on Family Medicine (COFM) has been committed to reforming the Graduate Medical Education (GME) payment system to increase the primary care physician workforce, and in 2011 organized to create the GME Initiative with representation in Western and Midwestern states, to evaluate the Medicare GME payment system. This resulted in a request that the Institute of Medicine (IOM) study the GME payment structure, and a published article in the March 2013 issue of Family Medicine ([Voorhees, KI, et al. "A Proposal for Reform of the Structure and Financing of Primary Care Graduate Medical Education. Family Medicine 2013; 45\(3\): 164-170](#)). The first summit organized by the GME Initiative came in 2014, when GMEI participants met with legislative health aides in Washington DC to educate policy makers on the critical importance of reforming the GME payment system, and why it is not working to increase the primary care workforce. The hope was to mobilize legislative action and reform, with the just released 2014 [IOM report](#) on GME reform, as a catalyst for change.

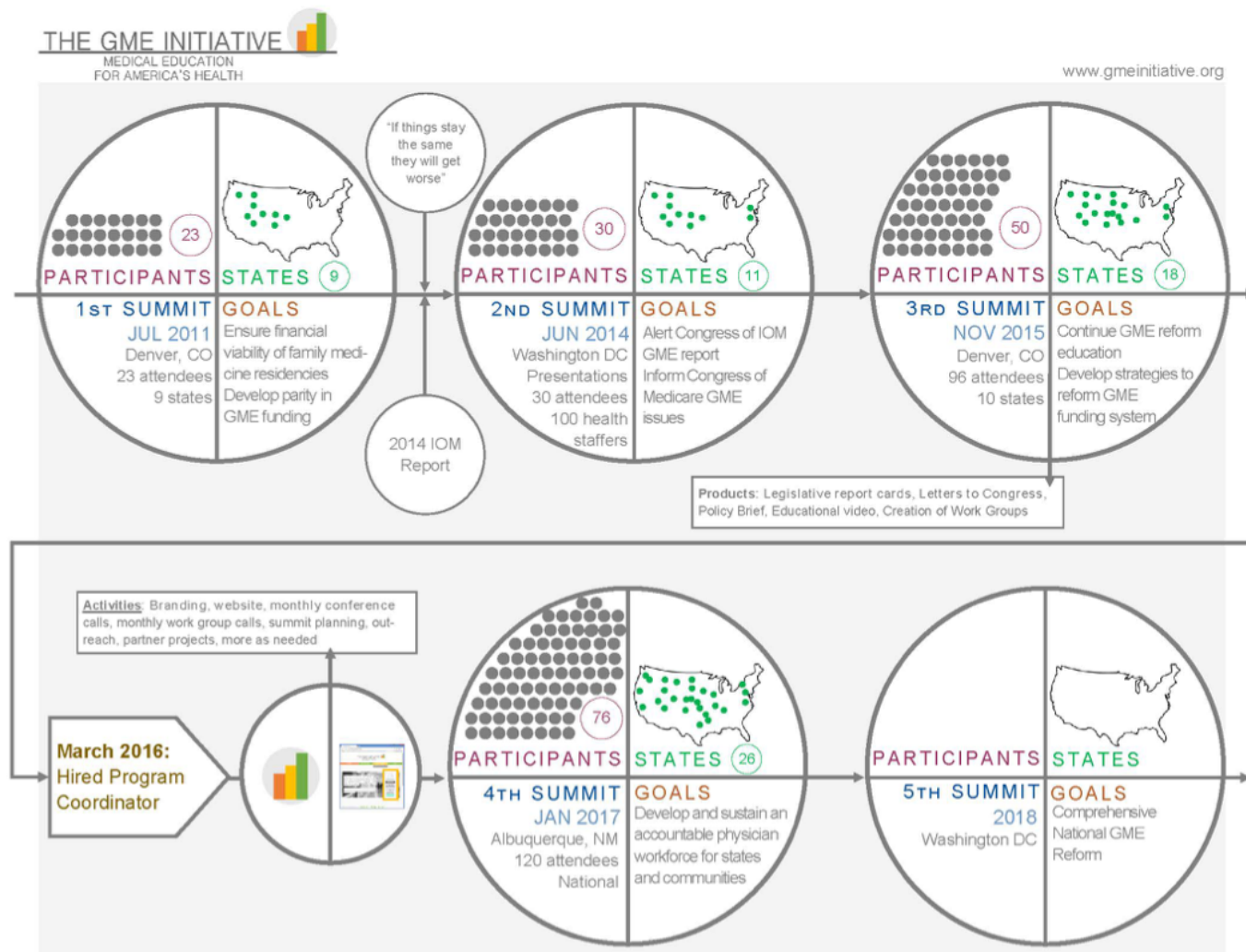
“If things stay the same, they only get worse” refers to the fact that the current primary care physician workforce comprises about 33% of all practicing physicians, but less than 25% of physicians-in-training are entering primary care. Without reform, America won’t have enough primary care physicians – with this knowledge, the GMEI produced a [Policy Brief](#) that outlines the problems, the need, and potential solutions.

Since that first summit in 2014, where the message to policy makers included setting goals, measuring primary care accurately, and changing the routing of GME payments – the GME Initiative has come together to host the [GME Summit West](#) in 2015, created distinct [work groups](#) to tackle GME activity in the areas of Legislation, Partnerships, State Initiatives, and

Comprehensive National GME Reform (CoNGR), and in the beginning of 2016 hired a Program Coordinator to facilitate and manage the GME reform activity occurring regionally and nationally, to create new [branding](#) for this national grassroots effort, and a [website](#) to share its progress.

Where we go next is driven by the GMEI participants, partners, allies, and those impacted by graduate medical education problems, solutions, and strategies. Our next efforts include the [2017 GME States Initiatives Summit](#), and the creation of the newly formed CoNGR work group which will be tackling Comprehensive National GME Reform through stakeholder engagement, key partnerships, leadership opportunities, federal advocacy, and legislative strategy.

To join our efforts, please contact [Mannat Singh](#), Program Coordinator for the GME Initiative.





More details and registration information coming soon

## 2017 Summit on State GME Initiatives

*Educate, Embrace, Energize*

Organized by the GME Initiative  
Hosted by the New Mexico Primary Care Training Consortium

save *the* date  
JANUARY 22-24 2017  
Albuquerque, New Mexico  
Venue to be determined

JOIN US FOR OUR ANNUAL NATIONAL SUMMIT  
Featuring state level innovations in  
Graduate Medical Education program development and financing

Welcome Reception Sunday, January 22, 2017: 6pm-7:30pm  
Conference Start Monday, January 23, 2017: 8am-6pm  
Final Conference Sessions Tuesday, January 24, 2017: 8am-12pm

### Attend this conference to

- Be *educated*: learn from experts working on GME financing at the state level.
- *Embrace* others working on the same issues related to GME and state workforce production and accountability.
- Be *energized* to go home and implement innovative approaches to GME funding in your state
- Learn from each other and experts working on accountability and governance, focusing on measures and outcomes.
- Learn about how activity at the state level can impact state and Federal GME financing policy.

### Who Should Attend

- Leaders, educators, and advocates in primary care
- State and federal policy makers
- Leaders from allopathic and osteopathic academic institutions and training programs
- Anyone committed to GME programs, innovations, workforce issues, and financing

### Featured Speakers

Warren Newton, MD, MPH  
Vice Dean and Director of AHEC  
Senior Policy Advisor  
North Carolina Dept. of Health & Human Services

*Other featured speakers yet to be named*

For more information: [www.gmeinitiative.org](http://www.gmeinitiative.org)  
Ardis Davis, Dept of Fam Med, WWAMI Residency Network, University of WA at [ardisd2@uw.edu](mailto:ardisd2@uw.edu)  
Mannat Singh, GMEI Program Coordinator at [mannat.singh@gmail.com](mailto:mannat.singh@gmail.com)

# Become a Participating Program

Have you dreamt of joining a network of communicators dedicated to sustaining health professions education in rural places? Your dream is only a hop, skip and a click away.

Apply to be a participating program with the RTT Collaborative today!

Formal participation in the RTT Collaborative requires an annual fee of **\$2500\***. These funds support an administrative infrastructure for the entire cooperative of rural programs, in addition to many benefits including:

- Reduced Conference Fees
- Promotion among medical students
- Technical assistance by phone or. upon request for an on-site visit, at a reduced fee
- Shared research
- Faculty development
- Nominations to the Board
- Assistance with matters of accreditation

\*Programs-in-development should contact [Dr. Randall Longenecker](#) regarding their particular circumstances, adapting your participation and fees to your particular program needs.

## Participant Spotlight:

# COLORADO CONSORTIUM

The RTT Collaborative engages a diverse blend of people helping people and programs helping programs. One way we promote this is through aggregating participating programs in a particular State under one roof and offering a volume discount for participant fees. Our “participant” spotlight for this December newsletter happens to be one of these “consortia,” or group of program participants, located in beautiful Colorado.

Kim Marvel, Executive Director of the Colorado Family Medicine Residencies, explains that the general group of residencies in Colorado is called the Colorado Association of Family Medicine Residencies (CAFMR). There are nine of these family medicine residencies that work together, and of the nine, three host rural programs and a fourth will open next summer. These four are Wray, Sterling, Fort Morgan and Alamosa and they are all participants in the RTT Collaborative under the CAFMR umbrella.

Federal funding is not easily accomplished, and often these programs turn to state legislatures for help. In 2013, the Colorado state legislature approved funds to develop and maintain these four rural residencies in Colorado. Since 2014, the CAFMR has worked together with the RTT Collaborative, a source of program guidance and support. Marvel says, “The biggest advantage [of participating in the RTTC] is the expertise the RTT Collaborative provides. They can provide guidance on curriculum, funding, and governance of these programs.”

Each of the program directors from Wray, Sterling, Fort Morgan, and Alamosa agree that being a part of the RTT Collaborative has proven beneficial to the overall success of their programs. Dave Smith, PD for the [Sterling and Wray](#) rural training programs, says working with the RTTC is “great to utilize multiple experts in rural family medicine education.” Dan Burke, PD for Fort Morgan, adds to this saying, “RTT’s are fragile and unwieldy entities and the expertise of the Collaborative has been invaluable. The Collaborative has provided important consultative services as well as more generally providing a broader community with perspectives from around the country on how to do these things well.” Furthermore, Emillia Lloyd, PD for [Alamosa](#), explains, “The Colorado consortia helps our programs to join together not only financially but in a collaborative working relationship to strengthen our RTT’s in Colorado.”

One way the RTT Collaborative aids these organizations is by hosting an annual conference each year. Marvel comments on the annual meeting saying, “The networking and presentations have been excellent educational experiences for those involved in the three new RTTs.” Burke continues this sentiment by saying, “Participating in the Collaborative’s annual meeting has been tremendously helpful. Sharing experiences with others that have created and sustained RTTs has been very de-mystifying.”





Although the programs work together, each is different and has its own sponsoring institution. The Wray program, sponsored by North Colorado Medical Center in Greeley, was started in 1992 and is one of the longest-running rural training programs in the country. Smith says of this program, “Wray resident physicians benefit from a tremendous amount of independence in clinic and ER coverage with abundant experience learning C-sections, colonoscopies, EGD’s and emergency procedures.” Modeled on the Wray program, the Sterling program is a brand-new program that started in 2016 and takes two residents per year.

According to Burke, the Fort Morgan program, sponsored by the University of Colorado in Denver, will “offer the best of both worlds” in terms of rural medical training. This program will not begin until 2017, but when it does, will accept two residents per year. Burke says it is an “innovative university-based program” that works closely with the University of Colorado Department of Family Medicine, and still allows for the development of close relationships in a smaller community setting.

The Alamosa RTT is in the largest rural town of all of the Colorado training opportunities. It is sponsored by St. Mary-Corwin Medical Center in Pueblo and is located within a hospital setting in San Luis Valley. As Lloyd says, it “will allow residents a unique opportunity to train in an optimal environment to strengthen (their) skills at full scope family medicine.” This program began this past year and takes two residents per year. In addition, Marvel says the setting for the Alamosa program “offers more outdoor recreation than the other sites.”

As the RTTC expands and more programs join the RTT Collaborative, the RTTC’s hope is that State programs will begin to work together in consortia. Creating such a consortium allows for connections and relationships that are immensely valuable to the growth and continuity of rural training programs.

Dr. Longenecker, Executive Director of the RTT Collaborative, says, “The Colorado consortium group of rural programs is an excellent example of the kind of networking and cross-linkages the RTT Collaborative wants to promote. [...] Residency programs are encouraged to aggregate with other rural programs in their State, supporting one another’s program development and, through peer interaction, sustaining one another.”

If your program or group of programs wishes to participate in the RTT Collaborative, please review the eligibility requirements on the [RTTC website](#) or contact [Dawn Mollica](#), Administrative Director, with any questions.

# \$1,000 Stipends!

## **Travel & Meeting Stipends Available!**

The collaborative for Rural Primary care Research, Education, and Practice (*Rural PREP*) is offering two types of travel and meeting stipends this academic year.

### **For research presentations in multiple venues:**

A \$1000 travel and meeting stipend is now available for (1) health professions students or residents engaged in a rurally located education or training program or a structured rural education or training pathway who complete an oral presentation of scholarly work at a regional (multi-state), national or international meeting and (2) faculty who present the results of rural health professions education research, all for the purpose of dissemination of rural health professions education research and scholarship. For more information and an application visit <https://rttcollaborative.net/travel-and-meeting-stipends-rural-prep-aim-2-dissemination/>

Applicants must submit evidence that an oral presentation or seminar (no posters) has been accepted. Within a week of submission, applicants will receive confirmation that they qualify and can make travel and meeting registration plans accordingly. Following the presentation and (1) appropriate verification of attendance, (2) completion of the agreed upon deliverables to Rural PREP, and (3) permission to post or link the scholarly work to the Rural PREP website with contact information for anyone wishing to know more or collaborate in further research, payment will be made to the individual.

### **For participation in a preconference workshop at the RTT Collaborative Annual Meeting, in April:**

Rural PREP is launching its efforts in building a community of practice around research in rural primary care education and training with a community-based participatory research workshop. The workshop will start with lunch on Wednesday, April 19 and finish by 5 PM, before the welcoming reception dinner that evening in Anderson, South Carolina. Anyone attending the Annual Meeting is welcome to participate – including program directors, faculty (UME or GME), program staff, researchers and trainees – and will also be asked to participate in the Research Design and Dissemination Studio the following morning. For more information and updates regarding the annual meeting visit <https://rttcollaborative.net/annual-meeting/>

The RTT Collaborative is an active participant in Rural PREP, through Dr. Longenecker's role as associate project director and Dawn Mollica's role as community of practice coordinator.

# It's Almost Time For...

# Year End Giving

**Trying to decide who to send that end-of-year donation to? Consider donating to The RTT Collaborative General Fund or the Rural Faculty Development Fund.**

## **THE RTT COLLABORATIVE GENERAL FUND**

The role of sponsors is to financially support The RTT Collaborative in its mission through program expansion, increased member benefits, and additional or lower cost services.

Individual sponsors – individual contributors (Charitable contribution of any amount) will receive a regular newsletter and announcements of meetings

Graded level sponsors – individual, corporate and foundation sponsors and social investors (With cumulative levels of sponsorship)

## **THE 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.

For more information on this fund,                      Donations for either fund are welcome at <http://rttcollaborative.net/give/> or click the donate button at the bottom.

If you have items you would like to be included in the upcoming edition of the newsletter, please submit these ideas by February 1 to Dawn Mollica at [mollicd1@ohio.edu](mailto:mollicd1@ohio.edu).

# Other INFO.

## Need Travel and Meeting Support?

In case you missed it, if you are making a research or scholarly presentation at a health professions education related conference this year, visit pages 10 and 11 regarding a travel and meeting stipend of \$1,000. You or one of your faculty, students or trainees may qualify!

## Upcoming Meetings and Events:

### **GME State Initiatives Summit**

Albuquerque, NM

January 22-24, 2017

[www.gmeinitiative.org/2017Summit](http://www.gmeinitiative.org/2017Summit)

### **NRHA Policy Institute**

Washington, DC

February 7-9, 2017

<http://www.ruralhealthweb.org/go/events/28th-rural-health-policy-institute>

### **Rural Medical Educators Conclave**

Tuscaloosa, AL

March 1-3, 2017

Contact Dr. James Leeper for more information:

[jleeper@ua.edu](mailto:jleeper@ua.edu) or [register](#) online now!

### **The RTT Collaborative Annual Meeting**

Anderson, SC

April 19-21, 2017

<https://rttcollaborative.net/annual-meeting/>

## **The RTT Collaborative BOARD OF DIRECTORS**

Michael Woods, President

Stu Hannah, Vice President

Kara Traxler, Secretary/Treasurer

Andrew Bazemore

John Bowling

Mark Deutchman

Ted Epperly

Ed Evans

Stephanie Hansen

Joyce Hollander-Rodriguez

Robert Maudin

Darrick Nelson

Frank Reed

Mike Shimmens

## **EXECUTIVE DIRECTOR**

Randy Longenecker

[longenec@ohio.edu](mailto:longenec@ohio.edu)

## **ASSOCIATE DIRECTOR**

David Schmitz

[dave.schmitz@fmridaho.org](mailto:dave.schmitz@fmridaho.org)

## **ADMINISTRATIVE DIRECTOR**

Dawn Mollica

[mollicd1@ohio.edu](mailto:mollicd1@ohio.edu)