# The RTT Collaborative

*Growing our own...together*

**Quarterly Newsletter**

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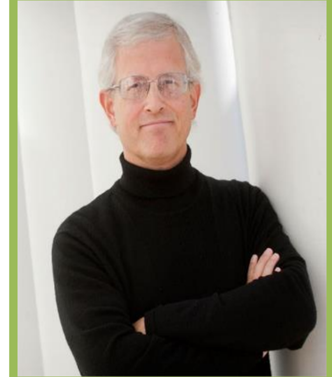
# Message from the Executive Director

**Same, Same, but Different!**



You've probably heard the maxim, "The more things change, the more they stay the same." Several years ago, a friend of mine was conversing with someone who was not a native English speaker and was having difficulty expressing a concept from his own country in English terms. He burst out in frustration, "Same, same, but different!" My friend now has a tee shirt with that phrase!

Rural programs, although they have increased in diversity over the past several decades, face the same challenges they have faced for years. They are a minority in program number and resident capacity and as such have little leverage with accrediting bodies or government payers. As outliers, they have had to adapt the rules generated for the accreditation and ongoing certification of larger programs to the disparate context, strengths and capacity of rural communities and institutions. The rules of GME finance are stacked against them, and these programs continue to be challenged with recruitment of residents and faculty. It seems nothing has changed.

Small rural programs with less than 4 residents per year over the past couple decades have had to squeeze themselves into the "1-2 format" and, until the recent past, had to complete 2 separate "PIF's" to apply for accreditation. Yet, like it has for the past 40 years, the ACGME does not separately define or identify these programs in their database or on their public site. The prototypical "1-2 RTT" is treated as any other program, and there are no longer any specific requirements to apply, other than a one-page explanation as to how the RTT relates to the larger usually urban program sponsor. Programs that meet less than the four resident minimum in class size are still deemed to be in "substantial compliance," provided they are able to demonstrate the makings of a quality program and show "substantial integration" with a larger program or groups of programs. It seems nothing has changed.

And yet, much has changed. Programs are now addressed in their letter of accreditation as "rural programs," without further definition. Various strategies have effectively been used by these programs to meet, if not the letter of the law, at least its intent. The diversity among these programs has blossomed, and, freed from a strict interpretation of the 12 month/24 month format, they are free to adapt. Residents in some rural programs spend as little as 4 months or as many as 15 months in the urban location. Numbers of residents range from one to three per year. Once the exception, the "integrated rural training track" – defined by CMS in 2003 as any residency program in which at least 50% of a program's residents training time is reported on the cost report as occurring in a rural place – has now become the rule.

Interest in "rural tracks" in both medical school and residency, has increased exponentially in the last 5 years. Just this past week, I was consulted by a major Midwestern university wanting to develop rural tracks in multiple health professions. RTT has now become a moniker for rural education and training of all types, and the future for The RTT Collaborative looks bright! Even if things stay the same!

Have a great summer!
**Randall Longenecker MD**
**Executive Director**

# Continuing the Momentum in Transition


## RTT Collaborative Board of Directors

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**Transition from the RTT TA Program**

Randall Longenecker MD, Senior project advisor of the RTT Technical Assistance program and executive director of The RTT Collaborative

The RTT Technical Assistance (RTT TA) program and consortium was launched in 2010 as a cooperative agreement with the Federal Office of Rural Health Policy in an effort, under the President's Rural Initiative, to sustain rural training tracks in medical education. Over the past 5 years, the consortium has succeeded in its stated objectives: (1) Supporting established and newly developing RTTs, (2) Increasing medical student interest in these programs, and (3) Demonstrating the effectiveness of this strategy through a minimum dataset and registry of RTT trainees.

From a low of 21 programs in 2012, the number of accredited rural training tracks in the 1-2 format has grown to 32, accounting for a total of 79 initial residency positions propagated through each of three years of training. Three programs closed in the early years of the consortium, two transitioned to free standing residency programs (i.e. no longer 1-2 RTTs), and one was reclassified to a "1-2 like" RTT since it had actually not been separately accredited. Since 2012, ten new programs have opened with three more ready to open in July 2016. Student interest has grown and the match rate to these programs has increased, with a match rate of 82% in spite of a record number of 65 positions offered through the AOA and NRMP matches this past year. And all but two of these positions filled in the supplemental residency match (SOAP). Finally, graduate outcomes demonstrated under this project show placement rates in rural practice two to three times that of other family medicine residencies and sustained placement rates of 50% in health professions shortage areas.[8]

This program, initially funded for 3 years, was extended to six years and now will expire August 31, 2016. The RTT Collaborative, the non-profit board-directed cooperative that has emerged from this program, will continue its work, funded through participant fees, meeting revenue, a variety of direct services including consultations and technical assistance, and grants. The RTT Collaborative has chosen to expand its focus to all medical education programs in rural places, undergraduate and graduate, and hopes in the future to include all rural health professions – "Growing our own...together."

For those programs who have benefited from the RTT TA program through technical assistance, meeting stipends, NIPDD rural scholarships, and others, what are your options going forward? There are several: (1) join the RTT Collaborative list serve and newsletter distribution list, and stay informed; (2) continue to attend the Annual Meeting; (3) become a participating program, helping to support an infrastructure for the important work of this organization and benefitting from significant discounts; or (4) continue to access fee-based services as needed. Be assured that the RTT Collaborative will continue to advocate for rural programs and educate accrediting institutions, state and local governments, and other stakeholders in growing a quality rural workforce. We welcome your participation at any level you choose!

For further information regarding your participation, visit our website at www.rttcollaborative.net or send an email to mollicd1@ohio.edu.

# Participating Program Spotlight: Participating Program

**Program Name:** Central Maine Medical Center, Rural Track

**Location:** Rumford, Maine

**Contact Information:** Sharon Rickards, RT Coordinator

**Email**: rickarsh@cmhc.org

**Website:** http:/www.cmmcfmrp.org

**<u>What makes your program unique?</u>**
Full spectrum rural Family Medicine, 1:1 attending to resident ratio, resident retreats

**<u>What do you want people to know about your program?</u>**
Significant amount of obstetrics and pediatrics exposure, longitudinal learning, fantastic working relationship with clinic and hospital staff, including MA's, nurses, therapists, consultants, etc., strong ties to the main program in Lewiston where the RT residents join them every Tuesday afternoon for didactics

**<u>What do you see as the biggest advantage of participating in the RTT Collaborative?</u>**
Connections to other programs and educational offerings

# Become a Participating Program

Formal participation in The RTT Collaborative through an annual fee of $2,500* supports an important infrastructure in addition to the following benefits: Technical assistance; reduced conference fees; advocacy at the national level; promotion of participating program on website and at conferences and more.

The participation fee is intended to apply to a single organization, to a single medical school, or to a single accredited training program. However, some participants may in fact represent an aggregate of accredited programs (e.g. multiple programs under a single consortium sponsor, or a state association of programs). In that case and in an effort to encourage consortia formation within a single State, the fee for each accredited program after the first under such a consortium and in a particular State is $1,000.

*Upon request, qualifying programs-in-development may fully participate for two years at a discounted rate.

APPLY NOW!

# Participating Program Spotlight: Sponsoring Program

**Program Name:** Cahaba Family Medicine Residency

**Location:** Centreville, Alabama

**Contact Information:** Brittany Shanks, Program Coordinator

**Email**: brittany.shanks@cahabamedicalcare.com

**Website:** http://www.cahabamedicalcare.com

**What makes your program unique?**

CFMR is a three-year rural residency training program. It is a closely mentored, procedurally heavy program, featuring a three-year longitudinal curriculum that allows a resident to act as a full-spectrum rural doctor in a supervised manner for three years.

**What do you want people to know about your program?**

Alabama's only Teaching Health Center and newest Family Medicine residency training program. It is a dually accredited program by the Accreditation Council on Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) that was created to address the state and nationwide shortage of primary care physicians and to train physicians to provide care to those in underserved areas.

It was established to help train those interested in dedicating their life to serving people in an underserved rural, urban, or international location by providing full-spectrum care in a resource-poor area. We believe this best happens if the training is also in a rural resource-poor area while being mentored and taught by family medicine doctors who provide a full spectrum of medical and procedural services to their patients.

Over three years, residents have the opportunity to interact and treat a full spectrum of patients from newborn to end of life, including managing chronic diseases; performing preventative care measures; caring for prenatal patients, homebound patients, and patients with mental health diseases; and learning a broad spectrum of procedures including vaginal and cesarean deliveries, circumcisions, joint injections, casting and splinting of fractures, colposcopy and LEEP, and full-spectrum ultrasound. This curriculum is supplemented with rotations at the UAB Hospital system and Children's of Alabama in the second year in areas including adult medicine, ICU care, inpatient pediatrics, obstetrics and gynecology, and orthopedics.

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

Getting to compare notes with other rural programs, mentorship provided to new programs just getting started, formal consultation, RTT conclave and workshop, and the emails and phone calls helping us formalize our program.

# National RTT Conference Call

**National RTT Leaders Group for Education Coordinators**

*Communication: The Ins and Outs of Communicating between Core/Residency Program and Rural Programs* was the topic of the first National RTT Leaders meeting on April 18th in which 22 coordinators representing 18 different rural programs from around the nation participated. Guest speakers shared their viewpoints and experiences with communication and a Q&A followed addressing questions such as, "What does your current communication look like?" and "How do you coordinate interview day with the core program?"

The videoconference was hosted by the WI Collaborative for Rural GME (WCRGME) whose goal is to bring together RTT coordinators from around the country to discuss RTT program best practices, explore accreditation, and address other special topics exclusive to RTTs. Being part of a RTT is an experience with unique challenges and successes that only those involved might fully realize and these discussions are an opportunity to learn from each other and make RTT programs stronger nationwide.

The response to the first National RTT Leaders meeting was overwhelmingly positive and participants suggested continuing to meet on a national level twice a year and to also establish a National RTT Leaders listserv. If you are interested in participating in future National RTT Leaders meeting and/or joining the listserv, please contact Kara Traxler ktraxler@rwhc.com or Jennifer Crubel jcrubel@rwhc.com.

SAVE THE DATE: **Monday, October 17th, 12:30 pm – 1:30 pm CST**
**Topic – Helping Rural Residents Feel Engaged with Urban Program**

# Broadening Our Focus

The RTT Collaborative Board has elected to stick with the "RTT" moniker for now, but to extend our name in order to match our expanding focus. We want to welcome, as participants in our Collaborative, individuals and programs in undergraduate as well as graduate education and training, even other health professions. Our purpose is "to sustain health professions education in rural places," and we intend to deliver!

**The RTT Collaborative**
in rural health professions education and training
*Growing our own...together*

# Additional 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.