



# The RTT Collaborative

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

QUARTLERLY NEWSLETTER » March 2018

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*Photo courtesy of: R Longenecker*

Though sometimes life moves faster than we can keep up with, the predictability and beauty of the changing of seasons remains a steady reminder of what is important.

For more information about joining as a participating program see **Page 6**, or visit our new website at <https://rttcollaborative.net/join-the-movement/>.

## CONNECT WITH US!



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

# Message from the Executive Director



## A Next Step in Place-Based Education

I've been told the average time from introduction of a concept into the legislative process until it actually becomes law is 14 years. I have no idea if this based in firm evidence, but anecdotally, it seems about right!

In 2002 and 2003, a group of rural medical educators labored in person and over email to recommend defining language for an "integrated rural training track," a phrase introduced into legislation by the Balanced Budget Refinement Act (BBRA) of 1999. This was a first step in introducing a place-based policy in rural education and training into the political arena. In fact, at the National Rural Health Association's Rural Health Policy Institute in January 2004, the Rural Medical Educators pre-conference theme was, "Community Anchored Medical Education" We invited Rachael Tomkins, President of the Rural School and Community Trust to present a plenary entitled, "Place-Based Education: Principles and Implementation."

Our suggestions, through NRHA's policy process, were not implemented as we had hoped, but CMS did establish a Final Rule in August of 2003 (for FY2004) that at least explicitly defined an integrated rural training track. To this day, it remains the only official definition by any governmental or accrediting body. Unfortunately, for many reasons unique to our dysfunctional system of GME finance, few programs have been able to leverage that definition to their financial benefit in that time.

Now we've taken another step. With the enthusiastic participation of Senator Cory Gardner (R) of Colorado and his staff, we are in the throes of wordsmithing a bill that would provide a rural alternative payment mechanism within CMS based upon training in a rural place. The concept, called RAP-GME by the GME Initiative task force who has refined the concept over the past two years, would provide participating hospitals with a single national per resident payment (NPRP) for time spent training in a rural location, annually adjusted to cost of living. This payment would be unadjusted by Medicare patient volume or specialty, and would not be subject to a cap. As a minimum, it would require a resident claimed in this way to complete at least 8 weeks of rural training over the course of their initial residency period. As an upper limit, it might also be subject to a maximum appropriation to achieve "budget neutrality," as defined by Legislative Council, the group that approves final bill language. To be eligible geographically, the place of training must be rural, by the definitions clearly outlined in bill language.

Such a bill would benefit rural programs of all types, including RTT's and any new and existing residency wholly located in a rural community. It would also benefit urban programs and encourage them to place residents in rural places for significant portions of

their training and, for many programs already over their cap, off-loading unpaid months. It would benefit programs in specialties that demand more time in tertiary hospital settings (e.g. surgery or obstetrics), without requiring that they achieve the >50% rural threshold for meeting CMS's definition of a rural program.

In a year when the President in his budget has proposed major cuts to traditional GME, perhaps the time has come for an idea in the adolescence of its life, 14 plus years in the making. An eternal optimist with more than my share of experience "tilting at windmills," I can only hope! Watch for more information in the coming weeks, when this bill will hopefully be introduced.

A handwritten signature in black ink that reads "Randall Longenecker".

Randall Longenecker MD  
Executive Director



Photo Courtesy of R. Longenecker

# Rural PREP Corner

## March 2018



Rural PREP Grand Rounds – You are Invited to Participate!

The Collaborative for Rural Primary care Research, Education, and Practice (Rural PREP) is seeking program participants in an innovative online active learning event called Rural PREP Grand Rounds.

This event represents a tremendous opportunity to:

1. Share expertise, tools, and local knowledge across our learning community in rural health professions education,
2. Learn about topics in different rural contexts,
3. And, for those who present or facilitate, acquire skills in preparing and facilitating team based learning events of your own.

Rural PREP Grand Rounds are generally scheduled on the fourth Thursday of each month – August, September, October, November, January, February, March, and April – and timed to accommodate participating sites across several time zones. Generally, the topic and time of a live session will appear on the Rural PREP website 60 days prior to the event and you will be able to register as a participating site. You will be asked to furnish contact information and attest to meeting the requirements for participation. For a sample of this activity, visit: [RuralPREP.org/RuralRounds](http://RuralPREP.org/RuralRounds). Coming on March 22 is “Adverse Childhood Events in Rural Practice,” and on April 26 is “Diabetes in Pregnancy.”

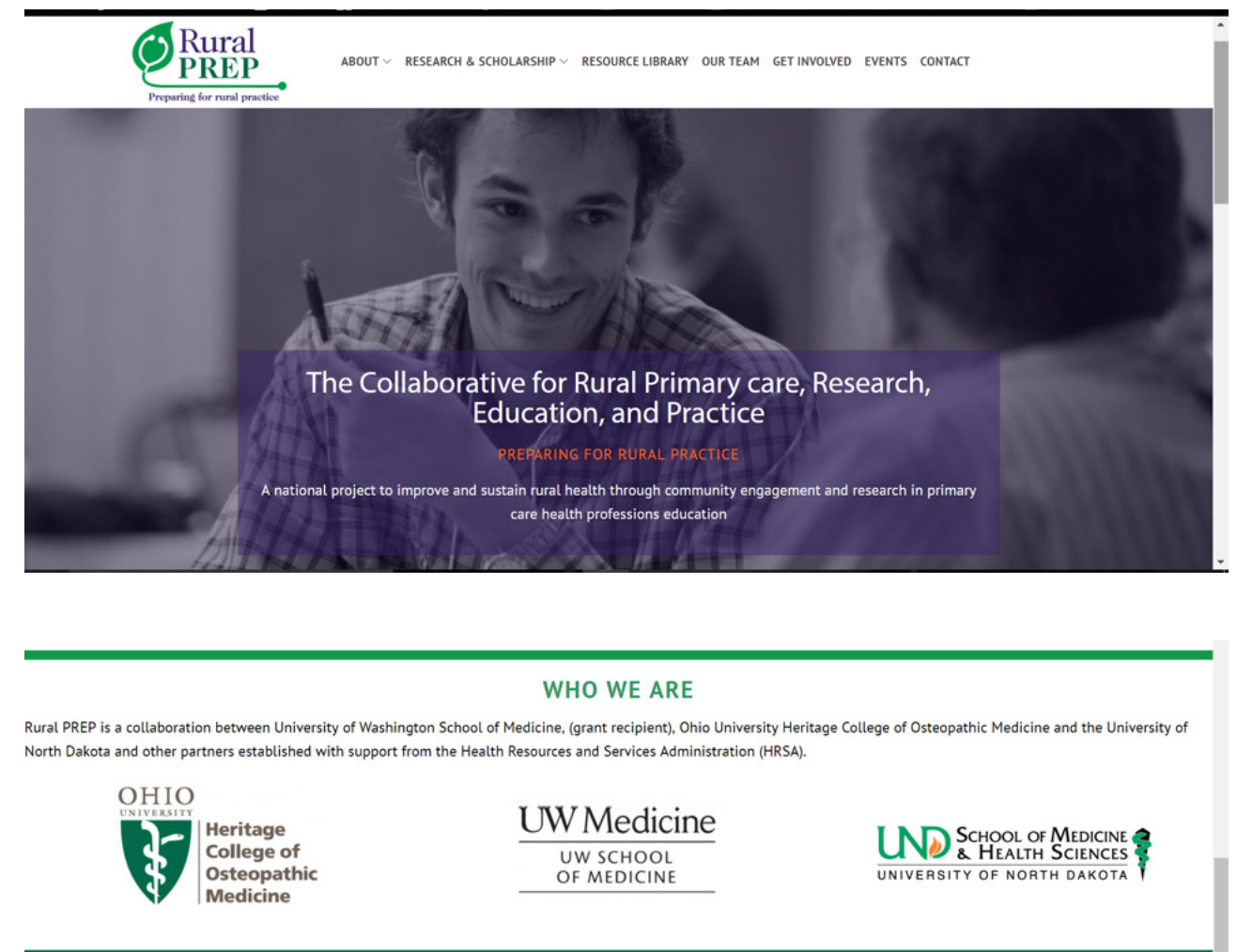
You are invited to propose and present a topic. To learn more about Rural PREP Grand Rounds, or to submit a topic, visit our website: [RuralPREP.org/RuralRounds](http://RuralPREP.org/RuralRounds). Individuals who agree and work with the Rural PREP teams to present a topic are offered an honorarium of \$250.

NOTE: Applications to present are considered on a rolling basis. Once a topic is chosen, a date is set, the event is publicized, and other program sites are invited to participate as teams. If you have questions or comments, please contact us directly.

Regards,

Randall Longenecker, MD, Associate Project Director, Rural PREP/ Community of Practice Lead  
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# 2018 RTT Collaborative Annual Meeting

## "Celebrating Diversity and Complexity in Rural Medical Education"

[Historic Davenport Hotel, Autograph Collection](#), Spokane, Washington

April 11-13, 2018

Sponsored by The RTT Collaborative, in concert with our host, Spokane Teaching Health Center and Rural Program (Colville RTT), and the collaborative for Rural Primary care Research, Education, and Practice (Rural PREP).

Join other rural medical educators from rural training programs around the nation, to achieve the following:

1. Recount the history of RTT's and describe at least three variations of the original prototype that have emerged over the past 30 years
2. Share novel ideas for program development, finance, governance, and curriculum design
3. Adapt innovations implemented by others to their own program
4. Articulate their own vision for the future of rural health professions education and preparation of a quality rural workforce
5. Become part of a growing network of individuals and organizations engaged in rural training, both undergraduate and graduate medical education programs, from around the nation

**Registration closes March 26, 2018.**

For more information, please contact Dawn Mollica ([mollicd1@ohio.edu](mailto:mollicd1@ohio.edu)).

For more information, please [visit our website!](#)



Photo courtesy of Colville.com

# Become a Participating Program

## Join the Movement!

Have you dreamt of joining a network of individuals and programs dedicated to sustaining health professions education in rural places? Your dream is only a hop, skip and a click away! Please visit the rest of our new website at <https://rttcollaborative.net/>.

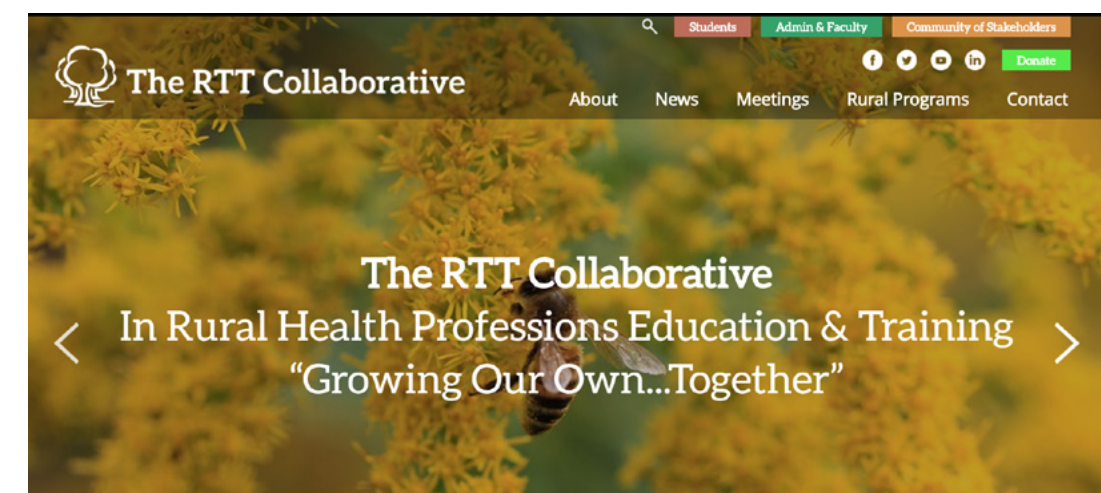
Apply to be a participating program with the RTT Collaborative today!

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
- Assistance with matters of accreditation

**If you have yet to pay your participating program fee, please contact Dawn Mollica.**

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



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

# Meet the New Board Members



Lisa Grill Dodson, MD

**What is your title?**

Campus Dean, MCW-Central Wisconsin, Professor of Family and Community Medicine

**Where did you attend college and medical school?**

Lewis and Clark College, Portland Oregon and State University of New York, Stony Brook

**What drew you to rural medical education?**

My experience as a rural family doctor, which included teaching medical students and residents in my practice, led me to trying to address the huge need for well trained rural docs, as well as wanting to expose learners to the joys that come with breadth of practice and close connection to community.

**What do you think is the biggest advantage of being a part of the RTT Collaborative?**

The RTTC is a great way to stay connected to my "kindred spirits". I love interacting with a group with common interests and goals, and not having to explain what I do!

Jay S. Erickson, MD

**What is your title?**

Assistant Dean for Regional Affairs, Assistant Clinical Dean, WWAMI Montana, Clinical Professor University of Washington School of Medicine.

**Where did you attend college and medical school?**

St. Olaf College, B.A. Chemistry and UMD College of Medicine/University of Minnesota.

**What drew you to rural medical education?**

Attending UMD College of Medicine and completing RPAP at the University of Minnesota exposed me to a program focused on training rural family physicians. When I chose a practice in Montana I chose a group that was a FM clerkship teaching site for the UWSOM/WWAMI program. I have been teaching FM clerkship students for the UW/WWAMI for nearly 28 years. That passion for teaching and educating for rural was enhanced when nearly 14 years ago I became the first clinical dean of the Montana WWAMI program. It has been exciting to mold the medical education program in Montana to focus on training in rural and underserved medicine.

**What is your favorite part of working in rural medicine?**

The breadth and depth of my practice and the longitudinal relationships developed after 28 years of practice in a rural community. Especially among patient, colleagues, staff and the community.



David Scott Kermode, DO

**What is your title?**

FACOS, Residency Faculty General Surgery Mercy Hospital Des Moines, Iowa

**Where did you attend college and medical school?**

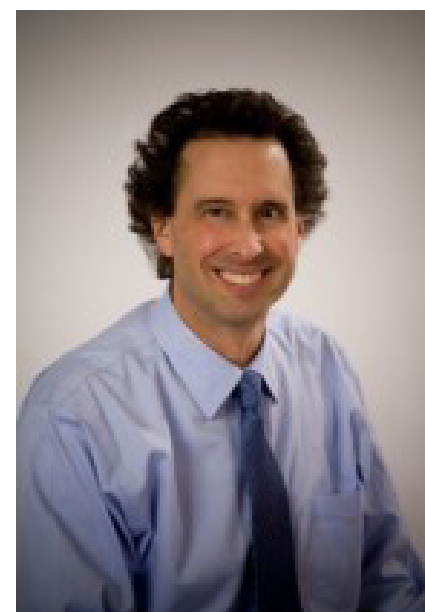
Northeast Missouri State University (Truman University) and Kirksville College of Osteopathic Medicine

**What drew you to rural medical education?**

I grew up in a town with less than 10,000, so it was a natural fit for me. I was also close to my grandfather who grew up in Butte, Montana and regaled me with stories of rural and frontier living. I'm also excited to be a part of a group that is interested in studying the needs of people who live in rural places.

**What do you think is the biggest advantage of being a part of the RTT Collaborative?**

Being a part of a group of people that are concerned with finding solutions for the health disparities seen in rural places. This has been an exciting group to be a part of because of all the positive changes I've seen in rural medical education in the last 5 years. Many of these have been initiated and sustained by this group. Also, it has been fun to be around great people.



Ned F. Vasquez, MD

**What is your title?**

FMR of Western Montana Program Director

**Where did you attend medical school?**

University of Iowa College of Medicine (1983)

**What drew you to rural medical education?**

The immense need in my state.

**What do you think is the biggest advantage of being a part of the RTT Collaborative?**

Sharing innovative ideas with bright, engaged colleagues.

**What is your favorite part of working in rural medicine?**

Knowing that every time one of our graduates leaves us to practice in a rural community that we have touched thousands of lives over many years.

# Other Information

## 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 [www.ruralprep.org](http://www.ruralprep.org) regarding a travel and meeting stipend of \$1,000. You or one of your faculty, students or trainees may qualify!

## Upcoming Meetings and Events:

Program Directors' Workshop, March 23-27, Kansas City, MO

Beyond Flexner, April 9-11, Atlanta, GA  
RTT Collaborative Annual Meeting, April 11-13, Spokane, WA

AACOM Annual Conference, April 18-21, Washington, DC

STFM Annual Meeting, May 5-9, Washington DC

NRHA Annual Conference, May 8-11, New Orleans, LA

AAMC Workforce Research Conference, May 9-11, Tysons Corner, VA

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