THE CONTINUUM OF RURAL MEDICAL EDUCATION

RTT COLLABORATIVE ANNUAL MEETING 2018

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WHY RURAL MEDICINE?

Tonasket, Washington
Leaving Tonasket....
U.S. NEWS AND WORLD REPORT RANKING

• #1 in Rural Medicine for 26 years

• #1 in Family Medicine for 26 years
Finding Elizabeth Stuhlmiller
OFFICE OF RURAL PROGRAMS

• Provides medical students with education and training for careers in rural and underserved healthcare in the northwest region of the U.S.

• Partnership with WWAMI campuses
  • Acts as central hub for all WWAMI campuses

• 3 programs under one leadership: RUOP, TRUST, and WRITE
RURAL UNDERSERVED OPPORTUNITIES PROGRAM (RUOP)

- 6 week curriculum
- Clinical immersion
- Community medicine project
- Over 2200 students completed RUOP
WWAMI Rural Integrated Training Experience (WRITE)

- 22 or 24 week clinical clerkship
- Provides both ambulatory and hospital experience
- 36 WRITE sites
- 67% of WRITE graduates match into primary care (FM, IM, Peds)
Targeted Rural Underserved Track (TRUST)

- Targeted separate admissions process
- Links other UWSOM programs such as Underserved Pathway, RUOP and WRITE
- Key clinical programs occur in continuity community
- Works with communities to identify and promote their needs and resources
RURAL PROGRAMS TIMELINE

1st YEAR Medical School
2nd YEAR Medical School
3rd YEAR Medical School
4th YEAR Medical School

RUOP
WRITE
TRUST
RUOP WORKFORCE OUTCOMES

UWSOM Graduates from 2004 - 2013

- Rural:
  - RUOP: 11%
  - Non-RUOP: 4%

- Primary Care:
  - RUOP: 41%
  - Non-RUOP: 32%
2016 WRITE Graduate Practice Outcomes

- **190** Total WRITE graduates that have matched into residencies
- **67%** Selected Primary care residencies
- **42%** Family Medicine
- **16%** Internal Medicine
- **9%** Pediatrics

Pie chart showing:
- Other: 33%
- Family Medicine: 44%
- Pediatrics: 10%
- Internal Medicine: 14%
# 2016 WRITE Graduate Practice Outcomes

| **101** | WRITE graduate physicians in the workforce |
| **68%** | WRITE graduates practicing **Primary Care Specialty** |
| **35%** | Returned to **Rural Areas** to practice |
| **66%** | WRITE graduates in rural practice are **Family Medicine Physicians** |
| **15%** | WRITE graduates practicing in WRITE communities and are teaching the next generation of WRITE students |

***Note***
- Rural is defined as an area with a Rural Urban Commuting Area (RUCA) score of 4 or greater
<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>Specialty</th>
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<tbody>
<tr>
<td>64</td>
<td></td>
<td>TRUST students have graduated</td>
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<tr>
<td>72%</td>
<td></td>
<td>Primary Care (FM, IM, &amp; Peds)</td>
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<tr>
<td>41%</td>
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<td>Family Medicine</td>
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<tr>
<td>9.5%</td>
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<td>General Surgery</td>
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<tr>
<td>28%</td>
<td></td>
<td>Non primary care specialties</td>
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<tr>
<td></td>
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<td>(OBGYN, Psych, Gen Surg, Ortho)</td>
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Graduates from the University of Washington School of Medicine Practicing in Washington

UW School of Medicine graduates provide medical care to communities across Washington state. This map shows the number of UW-trained physicians practicing in Washington communities.

Numbers of UW-trained physicians in practice per community

- **1090**: 91-105
- **191-205**: 76-90
- **176-190**: 61-75
- **161-175**: 46-60
- **146-160**: 31-45
- **131-145**: 16-30
- **116-130**: 6-15
- **106-115**: 1-5

Where are they now?
RURAL-BASED GRADUATE MEDICAL EDUCATION in EASTERN WASHINGTON from 1985-2018

RTT Collaborative Annual Meeting 2018

Robert K. Maudlin, Pharm.D.
Designated Institutional Official
Associate Director of Medical Education
Providence Sacred Heart Medical Center
Spokane Teaching Health Center
FAMILY MEDICINE GME from 1985 - 1990

- Family Medicine Residency Spokane (6-7 residents/yr)
  - Goal was to train, place and maintain graduates in rural communities throughout the Northwest
  - Curriculum emphasized OB, Emergency Medicine, Acute Care Medicine, Surgery, Procedures and 2 months in rural sites
  - 50+% of graduates practiced in rural communities in WWAMIO
  - Why only 50%?
    - Training was conducted in urban Spokane
    - Non-Family Physicians were the primary teachers and role models
    - Residents & families became comfortable living in Spokane
    - Became established within the urban medical community
FAMILY MEDICINE GME from 1985 - 1990

WHAT TO DO TO ENSURE PROGRAM’S GOALS

- Conduct residency training largely in a rural community
- Utilize the 1-2 model and get the ACGME to approve an “RTT”
- Rural Family Physicians became the primary faculty & role models
- Base residency in an established rural clinic and utilize a rural hospital for inpatient training
- Four RTTs were established from among 17 sites visited:
  - Colville, Goldendale, Ellensburg and Omak WA began training residents in the RTT in 1987
  - Subsequently, three sites were closed and Colville remains a model for rural-based GME
FAMILY MEDICINE SPOKANE
RURAL TRAINING TRACK (1987-2018)

**GRADUATE OUTCOMES:**

- 44 Graduates: Colville (29), Goldendale (10), Omak (3) and Ellensburg (2)
- 39 Graduates (88.6%) Practice in WWAMIO: WA (24), OR (8), AK (3), ID (2), MT (2), WY (0) and Other (5)
- 34 Graduates (77.3%) Practice in Rural Communities (10 in Colville)
HRSA TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM (2014-present)

- THE SPOKANE TEACHING HEALTH CENTER (STHC) IS AN EDUCATIONAL CONSORTIUM (PROVIDENCE HEALTHCARE, WSU, and the EMPIRE HEALTH FOUNDATION) BECAME THE SPONSORING INSTITUTION FOR THE FAMILY MEDICINE, RTT, INTERNAL MEDICINE, TRANSITIONAL YEAR AND SPORTS MEDICINE RESIDENCY AND FELLOWSHIP PROGRAMS

- ENABLED BOTH FAMILY MEDICINE & INTERNAL MEDICINE PROGRAMS TO INCREASE THE NUMBER OF RESIDENTS FROM 7/YEAR TO 10/YEAR. A TOTAL OF 18 NEW RESIDENTS AFTER 3 YEARS.

- THE STHC CLINIC IS AN INTEGRATED COLLABORATIVE CARE CLINIC AND GME MODEL FOR FAMILY MEDICINE, INTERNAL MEDICINE, PSYCHIATRY AND SPORTS MEDICINE PROGRAMS AND INCLUDES MEDICAL, NURSING, PHARMACY, SOCIAL WORK AND PT/OT STUDENTS
5-YEAR GME PLAN (2015-present)

- Evaluate & revise our GME based on regional physician workforce needs with fiscal responsibility a priority:
  - Establish a new family medicine residency based in a hospital with no prior GME history with the goal of starting in July 2019,
  - Establish a new rural training pathway as a part of the new family medicine residency noted above in Pullman WA,
  - Establish a new pediatrics residency with the goal of a 2020 start-up at the earliest,
  - Increase the resident enrollment in the psychiatry residency from 3 per year to 4 per year, and
  - Start a child & adolescent psychiatry fellowship in 2019 with 2 fellows per year.
GRADUATE MEDICAL EDUCATION
ADVOCACY

- WE ARE FORTUNATE TO HAVE ESTABLISHED RELATIONSHIPS WITH:
  - CATHY McMORRIS RODGERS (HOUSE OF REPRESENTATIVES, 5TH DISTRICT)
  - PATTY MURRAY AND MARIA CANTWELL (SENATE)
  - OTHER MEMBERS OF THE HOUSE OF REPRESENTATIVES AND STRONG SUPPORTIVE HEALTH CARE LEGISLATIVE ADVISORS
  - HOPE WITTENBERG (GOVERNMENT RELATIONS, COUNCIL OF ACADEMIC FM)
  - AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS LEADERSHIP
  - PROFESSIONAL and EXPERIENCED LOBBYISTS
  - UWSOM and WSU GME & UME LEADERS

- HRSA THCGME REAUTHORIZATION and IMPLEMENTATION FY18/FY19/?
- RURAL PHYSICIAN WORKFORCE PRODUCTION ACT
COUNTRY DOCTOR RACKS UP MILES MAKING HIS ROUNDS (Spokesman Review 2/25/2018)
UWSOM FAMILY MEDICINE RESIDENCY NETWORK

Frederick Chen, M.D., MPH
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
RTT COLLABORATIVE ANNUAL MEETING 2018
From the mid-1990s to 2010, the number of family medicine residency programs in WWAMI was a constant 16. These “original” WWAMI programs opened between 1969 and 1997.

Since 2010 we have added 6 core programs as well as 4 rural training tracks, a 40 percent increase in programs.

**Planned Expansion**

Five programs in the region that were started as osteopathic-only programs are now working toward ACGME accreditation.

There are also plans to start at least 7 more programs and rural training tracks in communities across WWAMI.
In 2015 (before ESSHB1485), there were 285 Family Medicine residency positions receiving state funding.

As of 2022, we will increase to 500 positions receiving state funding.

This is an increase of 215 new residency positions— a 75% increase assisted by new funding provided by the State Legislature in the 2015 Session (8 million in General Funds (SB6052) & 8.1 million in Hosp. Safety Net Funds (HB 2151 for the biennium).

The total number of new family physicians graduating and entering practice between 2015 and 2022 will be 1,019.
ACGME Family Medicine Residency Positions Prior to State Funding (FY15):
285 total positions

Seattle - 111
Renton - 24
Tacoma - 30
Puyallup - 18
Olympia - 21
Ellensburg - 6
Yakima - 24
Spokane - 24
Colville - 3
Tacoma - 30
Seattle - 111
Renton - 24
Vancouver - 24
Vancouver - 24

Legend:
- Core Programs
- Developing Programs
Projected ACGME Family Medicine Residency Positions by FY22:
500 total positions

- Renton - 24
- Yakima - 24
- Vancouver - 24
- Ellensburg - 6
- Spokane - 54
- Colville - 6
- Puyallup - 18
- Tacoma - 54
- Seattle - 111
- Olympia - 21
- Mount Vernon - 12
- Auburn - 12
- Tacoma - 54
- Puyallup - 18
- Chehalis - 6
- Port Angeles - 6
- Aberdeen - 6
- Bremerton - 24
- Olympia - 21
- Chehalis - 6
- Yakima - 24
- Ellensburg - 6
- Richland - 18
- Grandview - 12
- Kennewick - 12
- Walla Walla - 24
- Colville - 6
- Chelan - 6
- Pullman - 2
- Port Angeles - 6
Newly ACGME-Accredited Programs and RTTs:

- **Sea Mar CHC** (Marysville, WA) -- 6-6-6, will start first class in July 2017. Received ACGME Initial Accreditation March 2016.
- **Port Angeles, WA RTT--1+2** RTT for 2 residents/yr, with the R1 year based at Swedish-Cherry Hill. Received initial ACGME accreditation April 2016. First class planned for July 2017.
- **Centrailia/Chehalis, WA RTT-- 1+2** RTT for 2 residents/year, with R1 year based at Providence St. Peter in Olympia. Received ACGME Initial Accreditation; started first class in 2016.
Rural Training Tracks in Development:

Aberdeen, WA – Early exploration for an RTT with the R1 year based at Tacoma Family Medicine.
Chelan, WA – Active exploration for an RTT with the R1 year based at UWFMR.
Thermopolis, WY – Active exploration for an RTT with core program in Casper.

AOA FM Residencies in the WWAMI Region

Sponsoring Institution Pre-Accreditation

Puyallup Tribal Health (Tacoma, WA) - 4-4-4
Sollus Northwest (Grandview, WA)-4-4-4
Skagit Regional Health* (Mount Vernon, WA) – 4-4-4
Trios Health* (Kennewick, WA) - 4-4-4

Sponsoring Institution Application Submitted, program application in progress

Sponsoring Institution pre-accreditation; program application submitted

Sponsoring Institution approved; program application in progress

Program Pre-Accreditation or Cont’d Pre-Accreditation

Program Accredited

Health Point (Auburn, WA) – 4-4-4
New Program Participation in FMRN Offerings

**Programs:**
- CHC Tacoma
- Kadlec
- SeaMar
- Spokane (Expansion)
- Walla Walla
- Northwest WA
- HealthPoint
- Puyallup THA
- Trios
- Skagit
- Sollus
- Rural Training Tracks (RTTs)
- Chehalis
- Chelan
- Grays Harbor
- Port Angeles

**Resources:**
- Faculty Development Fellowship
- Monthly Webinars
- Quarterly Director Development Sessions
- Quarterly Accreditation Transition Workshops
- Chief Resident Leadership Conference
- RTT Affinity Group
- RTT National Collaborative Conference and WWAMI FMRN Meeting
- Behavioral Scientist Meeting
- Residency Administrators/Cooordinators Meeting
- New Innovations Conference
- FPIN (Scholarship) Simulation Road Shows
- Osteopathic Road Show
- HRSA Geriatric Grant: Project ECHO, QI (Quality Improvement)
- Network Digital Resource Library (NDRL)

**New Innovations Conference**
- CHC Tacoma | Kadlec
- SeaMar | Spokane
- Puyallup THA | Sollus
- Chehalis

**Simulation Road Shows**
- Kadlec
- HealthPoint
- Puyallup THA
- Trios
- Skagit
- Sollus

**Osteopathic Road Show**
- Skagit
- Kadlec
- CHC Tacoma (Scheduled)

**Network Digital Resource Library (NDRL)**
- CHC Tacoma | Kadlec
- SeaMar | Spokane
- Puyallup THA | Sollus
- Chehalis
• 20 percent Americans in rural
• But less than 10% doctors in rural
• Predominantly family physicians
• Comprehensiveness and scope of care
Family Medicine and Rural

- Person – relationships
- Place – geography and community
- Time - continuity
  
- Geographic access
- Isolation
- Economic decline
- Meth and opioid epidemics
Special populations in rural health
Family Medicine and Rural

• Finding common ground
• First world problems in second world settings
• Policy issues
• Workforce
• H1B Visa
• GME fixes
• CAH
QUESTIONS?