Training Physicians for Rural Practice

Rural Training Track Technical Assistance Program

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Meeting Challenges to Rural Primary Care

Rural America is facing a shortage of primary care physicians.
Family medicine training in rural settings has declined.
Rural Training Tracks (RTTs) are a successful training model, although limited in scale.
RTTs face unique challenges.
Opportunity exists for assistance to sustain and grow RTTs.

Physicians in Primary Care

Family Medicine Positions Offered & Filled with US Seniors in March (2000-2011)
RTTs Are Successful

- Resident physicians trained in rural settings:
  - 2-3x more likely to enter practice in rural areas
  - Especially true of residents in RTTs, as they spend 2+ years in full-time rural continuity settings
  - 75% of RTT graduates enter rural practice

But RTTs Face Challenges

- Only 140 residents in RTTs
- 2000: 35 RTTs
- 2011: 26 RTTs
- Geographic gaps in RTT sites

Rural Match Rates are Low

- Recruiting residents to rural family medicine programs can be difficult. From 2002 to 2004 the match rate was:
  - 60.1% for rural residencies (RTTs)
  - 72.5% for urban residencies
- In 2011, the match rates were:
  - 68.9% for the 25 RTTs
  - 94.4% for all family medicine residencies
**Financial Challenges**

- Medicare GME does not cover all RTT training costs
- Many programs are either capped below their actual resident count or get no Medicare GME at all
- Rural hospital margins are strained

**Human Resource and Organizational Challenges**

- RTT-medical school champion and coordination is needed
- RTTs are low priority for faculty recruitment, "core" program takes precedent
- RTTs are vulnerable to physician and staff disruptions
- RTT founders are nearing retirement

**Despite This, A Resurgence in RTTs May Occur**

- Rural imperative (20% U.S. population)
- As health care costs increase, value of primary care recognized
  - Senate Finance Committee
  - Affordable Care Act
  - Patient-centered medical home
- Increased medical student interest in family medicine and in a broadened scope of practice
RTT Technical Assistance Program

A cooperative agreement under the President’s “Improving Rural Healthcare Initiative”

- Sustain existing RTTs
- Increase the number of students matching to RTTs
- Facilitate the development of new RTTs

A targeted investment over 3 years can make a measurable difference

RTT Technical Assistance Program

- “Distributed Expertise: Sustaining Rural Training Tracks (RTTs) as a Strategy in Rural Medical Education”
- Rural Training Track Technical Assistance Program established by HRSA to utilize local expertise in sustaining the “1-2” RTT as a national model for training family physicians for rural practice
- RTT program directors, faculty, staff, and residents in collaboration with a consortium of organizations can help one another ramp up rural training

RTT Technical Assistance Program

U.S. Rural Training Tracks in Family Medicine, October 2016

WWAMI  RAC  NOSORH

National Rural Health Association
Distributed Expertise

- National Organization of State Offices of Rural Health
- Rural Assistance Center
- ORHP

Western Field Office (ID)
  - Assistant Project Director and Staff
  - Organizational development consultant

Eastern Field Offices (OH, DC)
  - Project Director and Staff
  - Data consultant

AFMRD: NIPDD

WWAMI Rural Research
  - Graham Center

RTT Technical Assistance Program

- Establish a strong national network of programs and supporting organizations through meetings and other interactions
- Build a web portal with a virtual library of tools, information, and timely access to technical assistance
- Initiate a process for identifying and training a next generation of leaders
- Grow the data regarding existing and developing RTTs (Create an “RTT Masterfile”) to better inform accreditation, financing, and policy

2011 RTT - SORH Conclave
February 16-18, Columbus, Ohio
Scaling up

- New RTTs are not limited by the current cap in Medicare GME payment (BBRA 1999)
- The ACA redistributed unused physician residency training slots
- Primary care and rural geography prioritized

Scaling up

- ACA creating “Teaching Health Centers” under Title VII to train primary care medical and dental residents in FQHCs and a few other settings
- New National Health Service Corps Loan Repayment Program requirements permit recipients to repay their loans through part-time clinical service
- A mechanism for allowing NHSC recipients to serve as residency preceptors at rural training sites
Future Directions

- Web portal refinement - http://www.raconline.org/rtt/
- Town Hall strategy - Create a presence for RTTs
- Targeted technical assistance (RTTs in development in 16 states)
- Stimulus funding of recruiting efforts
- Annual RTT Conclave - Next year in Nebraska, focused upon network development
- NIPDD-R
- Research focused on baseline and intervention outcomes

Research Goals

- RTTs – definitions, modifications and function
- RTT value and deliverables
- State of RTTs – strengths and vulnerabilities
- RTT best practices and common challenges
- Outcomes of RTT TA interventions and sustainability

Research that frames and asks the right questions for practicality, policy and productivity

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- Rural Assistance Center - RTT Technical Assistance Portal www.raconline.org/rtt/