Walking the Talk of the Wisconsin Idea

The following is from a talk given by RWCH Executive Director Tim Size to the UW Department of Family Medicine at their Annual Renner/Hansen Awards Ceremony on 11/14/12.

Walking the Talk of the Wisconsin Idea

“The Wisconsin Idea is now a century old. Reflecting on this milestone, University of Wisconsin Chancellor David Ward has said: ‘I think the Wisconsin Idea does remind you not to forget the local and the regional. However global you may be, you come back to that original idea…. There’s got to be something local and regional in this, otherwise it’s not the Wisconsin Idea.’ I couldn’t agree more—the boundaries of the University being the boundaries of the World is OK, as long as we include rural Wisconsin in that world.”

“Many of us believe that Wisconsin is about to face a critical shortage of physicians, particularly in primary care. The longstanding maldistribution of physicians in underserved areas of our state, both rural and inner city, is likely to go from bad to worse if we don’t continue to change how and where we educate medical students and train residents.”

“There are cynics who say that young doctors just aren’t interested in rural family medicine. But the growth in demand for too few Rural Training Tracks tells a different story. Around the country the trend in demand is beginning to outstrip the supply. Typical is Wisconsin’s only Rural Training Track, in Baraboo. This year they are interviewing 28 well qualified applicants (with 13 more on a waiting list) for just two open positions. This is twice the level of interest compared to last year.”

“The success of the Wisconsin Academy of Rural Medicine and the planned expansion of the Medical College of Wisconsin are major and most welcomed events. But expanding medical school graduates will make little difference to rural Wisconsin, if we do not also expand the opportunities for these and other medical school graduates to experience and learn about rural medicine in Wisconsin through new or expanded rural residencies, rotations and fellowships.”

“On behalf of the WI Collaborative for Rural Graduate Medical Education based at RWCH, we hope that the Department of Family Medicine and other academic partners will:

Include Rural as a Priority—Acknowledge the need to address the health of the whole state by preparing physicians to serve in both rural and urban communities.

Lead By Example—Work with us to create alternative models for funding graduate medical education in Wisconsin.

Encourage the major health care systems to collaborate in graduate medical education even while they compete with each other.

Ingrain a team approach to care delivery as you help to prepare the medical delivery system for the future.

Enhance Collaboration—Identify champions within the Department for increasing the commitment to expanding rural graduate medical education.

Foster collaboration between residency programs
and rural health providers; encourage exchanges between residency programs and new rotation sites to mutually better understand what each offers.

Pursue stronger relationships among the Department of Family Medicine, the Medical College of Wisconsin and the Wisconsin Academy of Rural Medicine (WARM) to take better advantage of the rurally focused WARM Program as a path for increasing the number of physicians committed to rural health.”

Transitions

Paul Howl, WRPRAP’s Administrative Assistant for the past year has moved on to his next career step as a full-time financial specialist in another University office. Paul’s skills and dedicated support were invaluable to WRPRAP and we wish him all the best in his new role.

Recruitment Underway for WRPRAP Assistant

A new Program Assistant is being sought to assume support responsibilities for general administration, grant tracking, communications and especially budget management tasks. A full job description will be posted on the UW Human Resources site and on the WRPRAP site and a link will be supplied to you when that occurs.

Please feel free to forward this announcement to your networks to help identify prospective candidates.

Lori Baumgart Joins Collaborative Staff

The WCRGME has a new Rural Graduate Medical Education Assistant. Lori Baumgart will provide assistance with administrative and GME-related tasks. Her background is in Education and Health Informatics. She has taught in high school and grade schools, developed training materials for a reading program for a private company, and worked as a Tumor Registrar. Welcome to the team, Lori!

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Year in Review

WRPRAP’s 2012 Annual Report to the Legislature was submitted December 1st. The full report is posted at http://www.fammed.wisc.edu/rural/annual-reports. Following is a summary of some highlights of WRPRAP’s efforts this year.

Looking back over 2012, we can see that WRPRAP has made substantial progress. The nature of our mission – building the rural medical workforce through increasing GME opportunities in rural areas – assures that achieving the goal will be a long-term, multi-step process. It will require resources, commitment, collaboration and the contributions of many stakeholders through community, academic, individual and health system partners. We acknowledge a long learning curve between the stages of initial interest in providing clinical training for residents, to understanding the many complexities of GME delivery to becoming an efficient and educationally sound learning environment for residents. Nonetheless, first steps have shown first fruits and WRPRAP’s role in encouraging, educating, funding and organizing has been central to the movement we see in addressing the critical need to prepare more primary care physicians for rural practice.

Development Grants
The Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME or “Collaborative”) has been a major focus of WRPRAP’s attention this year. Since our first organizing meeting in February when we talked about what GME is, how a collaborative arrangement might facilitate implementation and who might be interested, able and willing to participate, WRPRAP has provided eight individual grants to programs in various parts of the state. These range from $32,000 - $150,000 and span projects from early development feasibility projects to long-range infrastructure building to considerable technical assistance.

In all, more than $500,000 has been awarded to: Aurora Health Care (Milwaukee-developing rural partners); Baraboo Rural Training Track (Baraboo); Calumet Medical Center (Chilton); Community Health Network (Berlin); Grant Regional Health Center (Lancaster); Monroe Clinic (Monroe); Upland Hills Health Center (Dodgeville); and Wisconsin Rural Health Cooperative – umbrella organization for the Collaborative (Sauk City).

Technical Assistance
WRPRAP recognizes the need for unique training for those who will practice in rural settings and also training for those who will provide quality experiences for them. It involves a complex process that requires coordinated efforts of clinical staff, hospital and clinic administration along with community and educational program support. This is one of the reasons WRPRAP is prepared for sustaining growth.

WRPRAP has provided workshops to introduce prospective grantees to GME and to the advantages and challenges of bringing resident training to rural community settings. We have provided regular group meeting opportunities and individual site consultations to members of the Collaborative both via video conference and in person.

WRPRAP has engaged national consultants with expertise in rural GME to provide instruction, consultation, and individual coaching to Collaborative members to inspire confidence and develop competence to take on GME. In three separate visits between July and September this summer, Drs. Ted Epperly and Dave Schmitz, both from the Family Medicine Residency of Idaho and both highly regarded Rural Training Track experts, helped to motivate action and commitment among Collaborative members both in group settings and at individual
facilities of grantees. Their efforts produced observable advances in development progress.

**Outreach**
WRPRAP has pursued a strategy of building communication channels through identification of likely audiences, e.g., academic residencies in any of the funding-eligible specialties; facilities with a record as current or previous host of residents or medical students; or hospitals or clinics located in a rural area that meets the Act 190 definition of “rural.” Helping to connect possible compatible partners to explore potential synergistic GME relationships has been important to early development.

**Resources: Check This Out!**

**Articles of interest …**

**Economic Impact of Rural Health Care**
by Gerald A. Doeksen, Cheryl F. St. Clair, and Fred C. Eilrich, National Center for Rural Health Works

**Most Internists Don’t Plan to Stay in Primary Care**

**Will High-Caliber Doctors Practice in Low-Appeal Places?**

**What’s Different About Rural Health Care?**

**News Notes**

**Kudos to Wisconsin Idea Award Winner!**

Tim Size, Executive Director, Rural Wisconsin Health Cooperative - home to the Collaborative - was honored by the UW Department of Family Medicine on November 14th as the 2012 recipient of the John H. Renner, MD Wisconsin Idea Award.

It is particularly fitting that Tim should have received the Renner Award as it recognizes a Wisconsin citizen who has demonstrated an exemplary, long-standing commitment to family medicine and the health needs of the people of Wisconsin, especially in underserved areas. Tim has used his knowledge of the broad scope of rural health and exceptional skills in coalition building and advocacy to provide dedicated, visionary leadership that has served rural Wisconsin for decades.

With regular newsletters, editorials and blogs, board memberships, and multiple leadership roles, Tim connects rural providers and rural communities, RWHC member hospitals, policy makers, and state and national decision-makers in rural health care. He provides diverse stakeholders an essential link to current information, policy positions, advocacy and networking opportunities. Wisconsin benefits from both his national voice and local impact. Congratulations, Tim!
Self-Help Consultations
Some Collaborative members are using WRPRAP grant monies to contract consulting services to address their individual needs. This includes a return trip to Lancaster by Dr. Schmitz to work with Grant Regional Health Center in February 2013.

WRPRAP Funding
WRPRAP continues its support of existing resident training programs in rural communities as well as of new initiatives. (See http://www.fammed.wisc.edu/rural/applications-funding.) Except when an RFP is issued for a specific purpose, proposals are accepted under rolling deadlines and we will also accept unsolicited proposals for ideas that meet the intent of our funding authority and will add to GME training in a rural community. We are happy to discuss your ideas with you in advance of your submission.

Looking Ahead

New Relationships with Other Primary Care Specialties

Under the capable management of Kara Traxler, the Collaborative is well situated through the staffing and infrastructure it now has in place to provide strong support and to sustain forward momentum with existing Collaborative members. WRPRAP is thus able to contemplate how to engage other grant eligible specialties in rural GME expansion.

Recent conversations with academics in Pediatrics, General Surgery and Psychiatry hold promise for duplicating some of the progress already achieved in Family Medicine. Inquiries and responses from representatives of a number of the major health systems in Wisconsin are also encouraging.

Mindful of the widespread need across the country for better medical access and quality of care among the underserved, especially rural populations, WRPRAP has also cultivated connections with national leaders in rural GME development. This allows us to take advantage of others’ successful strategies and to share ours.

This and previous editions of the WRPRAP Newsletter are available at:
http://www.fammed.wisc.edu/rural/program-updates

Happy Holidays to All!