WRPRAP Annual Report

The Wisconsin Rural Physicians Residency Assistance Program (WRPRAP) was established by the Joint Finance Committee in Wisconsin Act 190 of the State budget effective July 1, 2010. This Annual Report to the Wisconsin State Legislature conveys WRPRAP's progress achieved in 2015 through 1) grants funding for individual programs; 2) technical assistance to grantees and organizations; 3) outreach to a broader spectrum of medical specialties; and 4) collaboration with external GME stakeholders.

November 25, 2015

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Executive Summary

Introduction and Background. Since it was established by the Joint Finance Committee in Wisconsin Act 190 of the State budget effective July 1, 2010, the Wisconsin Rural Physician Residency Assistance Program (WRPRAP) has responded to its assigned mission of creating residency training opportunities in rural communities.

To achieve this goal it is key to raise awareness of the need to produce more physicians, especially primary care physicians, and physicians distributed more equitably to underserved areas, especially rural communities. Awareness leads to understanding of what steps are needed, how to achieve them and, ideally, commitment to contributing to the solutions.

As WRPRAP nears the end of its fifth operational year, it continues to make a growing impact on rural Graduate Medical Education (GME) development in Wisconsin.

This Annual Report to the Wisconsin State Legislature conveys progress achieved in 2015 in four main areas: 1) **grants funding** for individual programs; 2) **technical assistance** to grantees and organizations; 3) **outreach** to a broader spectrum of medical specialties; and 4) **collaboration** with external GME stakeholders.

These accomplishments clearly demonstrate WRPRAP's leadership in addressing the widening gap between the existing and projected need for medical workforce in Wisconsin over the coming decades.

1. Grants Funding

Over the 2015 calendar year, WRPRAP awarded 5 grants for a total of $590,589. The awards ranged from $58,224 to $160,427 and include:

- 1 continuing grant from an existing major project (Rural Wisconsin Health Cooperative);
- 2 education development grants (Gundersen Health Systems and Divine Savior Healthcare; and
- 2 new major projects (University of Wisconsin Department of Obstetrics and Gynecology and Aurora Health Care)

GLOSSARY OF TERMS

Fellowship: A period of specialized training (usually one or more years) during which a licensed physician deepens his knowledge of an existing specialty or studies a new one.

Graduate Medical Education (GME): A period of required training after medical school during which a physician qualifies for licensure to practice independently. Takes place primarily in supervised clinical care settings.

Resident: A physician who has graduated from medical school and is completing training required for independent practice in a chosen specialty.

Residency: A GME program that educates physicians who have graduated from medical school for independent practice. Residencies programs usually last 3-7 years, depending on medical specialty, and are subject to national regulation and accreditation standards.

Rural Training Track (RTT): A GME program that specifically prepares residents for rural practice in primary care. The most frequent structure is the "1-2 program," in which the resident spends the first year in an urban/large hospital academic setting, and the remaining two years in a rural setting under the supervision of practicing rural physicians.

Wisconsin Collaborative for Rural GME (WCRGME): A WRPRAP-funded program of the Rural Wisconsin Health Cooperative in Sauk City, WI. WCRGME provides technical assistance for new, developing or potential rural GME programs, including initial site assessment, consulting services, faculty development, professional development for education coordinators and best practices sharing.

2. Technical Assistance

The Wisconsin Collaborative for Rural GME (WCRGME) is a partner organization funded by WRPRAP (see Glossary: WCRGME). It has become the primary technical assistance provider for WRPRAP grantees and rural organizations interested in developing GME opportunities.

Because WCRGME has regular contact with rural community practices and residency programs, it is a valuable link for expanding interest in rural GME initiatives throughout Wisconsin. It facilitates WRPRAP grant implementation through program-level technical assistance, disseminates information and attracts residents to rural settings and points programs to WRPRAP as a funding source. These relationships have greatly enhanced interest in rural training opportunities for residents, and along with sponsored networking and professional development events, have spurred an increase in WCRGME membership from 21 organizations in 2014 to 39 in 2015.

3. Outreach

Outreach to the medical specialties declared eligible for WRPRAP funding by Act 190 is critical to WRPRAP's ongoing success. Of the six named specialties (family medicine, internal medicine, obstetrics/gynecology, pediatrics, general surgery and psychiatry), family medicine demonstrated the most interest early on and the greatest likelihood of developing RTTs. All eligible specialties have received WRPRAP support.

In 2015, active outreach efforts and growing awareness of development opportunities through WRPRAP funding resulted in a grant proposal for a major project in women's health.

4. Collaboration

WRPRAP collaborates with other stakeholders engaged in addressing the critical need for a larger, better-prepared medical workforce for rural Wisconsin. Notable partners in 2015 included the Wisconsin Council on Medical Education & Workforce (WCMEW), the Wisconsin Hospital Association (WHA), and the Wisconsin Department of Health Services (DHS).

Attending the 2015 American Academy of Family Physicians (AAFP) National Conference in Kansas City, WRPRAP joined WCRGME to exhibit rural residency opportunities in Wisconsin. With a national presence of other rural programs along with medical students seeking rural residencies, WRPRAP participated in networking events, information sharing and the support of a rural health interest group.

Further, WRPRAP joined as a member of the RTT Collaborative, a national organization that provides leadership, technical assistance and advocacy for Rural Training Tracks (RTTs) throughout the United States. Participation in this group bolsters our national presence and national expertise to support the fostering and sustainability of medical education in rural Wisconsin.

WRPRAP was invited to host the 2015 RTT Collaborative Annual Meeting in Madison, which resulted in more than 70 participants, including physicians, researchers and legislators. Presenters from CMS and UW-Madison discussed policy on funding and RTT development, while additional presentations explored rural GME issues from differing states and regions. Rural GME initiatives in Wisconsin were highlighted demonstrating novel innovations to grow Wisconsin's rural physician workforce.

Background

National Context

The growing gap between the numbers of new physicians being trained for the nation's future medical workforce and the numbers actually needed over coming decades has long been recognized. Recent convergence of several demographic and societal trends has heightened the urgency of this problem. First, as baby boomers age, the pool of practicing physicians shrinks due to retirement, while the population needing the type and frequency of care that accompanies aging simultaneously expands. In addition, the implementation of the Affordable Care Act has driven up the numbers of those eligible for care. Finally, many underserved populations continue to be disproportionately distributed in rural areas.

History

In the 1990s, Wisconsin's many underserved rural communities prompted policy makers and medical educators to better serve this population by developing RTTs. Although Wisconsin was home to six RTTs during that decade, all but one have disappeared, falling victim to insufficient funding and declining student interest in rural practice. Only the UW Department of Family Medicine's Baraboo RTT still exists today.

Rural GME Needs and Challenges

Now, medical schools are producing more graduates in Wisconsin and elsewhere. Each year, the UW School of Medicine and Public Health's Wisconsin Academy of Rural Medicine (WARM) program graduates 26 physicians who are more likely to practice in rural Wisconsin communities. The Medical College of Wisconsin's (MCW) development of additional rural sites for its community-based medical education campuses will further add to this number.

Unfortunately, there has not been a concurrent increase in residency program capacity for those graduates to complete the training required to become licensed for practice.

The looming physician shortage in Wisconsin has been well documented. In 2011, the Wisconsin Hospital Association reported that Wisconsin has a supply deficit of 100 physicians a year. Most urgently, nearly 80% of Wisconsin's counties are totally or partially underserved in primary care; of these, 70% are rural.

Other studies have supported these grim statistics. According to the 2012 Wisconsin Physician Workforce Report,

> "…it is a certainty that shortages in rural and underserved areas will persist without programs specifically designed to recruit, train and retain students who are likely to practice in these areas. This distribution problem will become much worse if there is greater overall pressure on supply because we have failed to strategically expand training programs or are otherwise unable to recruit enough physicians to meet the need. For the short term, the most important area for expansion is in primary care residency positions overall, and rural residency programs in particular. Without that expansion, Wisconsin faces increasing difficulty in attracting and retaining new graduates."

WRPRAP's Role in Addressing the Challenges

The bright side is that there are at least three reliably predictive factors for identifying individuals who will choose to practice in Wisconsin: 1) a native to Wisconsin, 2) is attending medical school in Wisconsin, and 3) is completing residency in Wisconsin. Individuals who fit into all three categories have an 86% likelihood of joining the Wisconsin healthcare workforce. In addition, individuals who have rural origins, a service orientation and who spend significant time in rural settings during medical school or residency are more likely to choose rural practice.

For these reasons, expanding the number of residency positions in Wisconsin – especially in rural areas – will ultimately yield more physicians for Wisconsin where they are most needed.

Through each of its operational strategies – grant funding, technical assistance, outreach and collaboration – WRPRAP is an important catalyst for addressing this need.

Required Reporting

Section 36.63 (4) of the Wisconsin State Statutes enumerates specific information that is to be reported to the Joint Committee on Finance by December 1:

36.63 (4) (a)

The number of physician residency positions that existed in the 2009−10 fiscal year, and in each fiscal year beginning after the effective date of this paragraph that included a majority of training experience in a rural area.

As of November 30, 2015, we have recorded 83 current rural physician residency positions. This represents approximately a 14% increase from the preceding year. Previous reports show the following number of positions with a majority of training in rural areas:

	RURAL RESIDENCY & FELLOWSHIP PROGRAM POSITIONS PER FISCAL YEAR						
ORGANIZATION	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Marshfield Clinics	48	48	54	63	64	64	70
Monroe Clinic					1	1	4
UW Dept. of Surgery Rural Residency Track							1
UW Eau Claire Family Medicine- Augusta	1	2	2	2	2	2	2
UW Baraboo RTT	5	6	6	6	6	6	6
Grand Total	**54**	**56**	**62**	**71**	**73**	**73**	**83**

TABLE 1: Rural Residency Programs/Tracks and number of physician residency and fellowship positions per fiscal year

36.63 (4) (b)

1. The number of such physician residency positions funded in whole or in part under this section in the previous fiscal year:

Between December 1, 2014, and November 30, 2015, WRPRAP funding contributed support to 77 of the 83 physician residency and fellowship positions (93%) and 48 of the 48 residency rotations (100%):

ORGANIZATION	POSITIONS	ROTATIONS
Marshfield Clinic Internal Medicine	24	0
Marshfield Clinic Pediatrics	18	0
Marshfield Clinic General Surgery	15	0
Marshfield Clinic Internal Medicine-Pediatrics	6	0
UW Baraboo RTT	6	0
Monroe Clinic Rural Residency Program	4	8
UW Eau Claire Family Medicine- Augusta	2	0
Marshfield Clinic Palliative Medicine Fellowship	1	0
UW General Surgery Community Clinic	1	0
Divine Savior Healthcare	0	6
Calumet Medical Center	0	5
Memorial Medical Center	0	4
St. Clare Hospital	0	3
ThedaCare- Waupaca	0	3
Grant Regional Health Center	0	2
Prairie Clinic	0	2
Sauk Prairie Hospital	0	2
ThedaCare- Shawano	0	2
Beaver Dam Community Hospital	0	1
Community Pediatrics	0	1
Community Health Network	0	1
Dean Clinic- Dodgeville	0	1
House of Wellness Clinic	0	1
HSHS St. Clare Memorial Hospital	0	1
Menominee Tribal Clinic	0	1
Monroe Clinic- Brodhead	0	1
Richland Medical Center	0	1
Ripon Medical Center	0	1
Riverside Medical Center	0	1
TOTAL	**77**	**48**

TABLE 2: Rural Residency Programs/Tracks and number of residency/fellowship positions and rotations in FY 2014-2015

2. The eligibility criteria met by each such residency position and the hospital or clinic with which the position is affiliated:

- WRPRAP grants support physician residency positions that are either (1) in a hospital that is located in a rural area or in a clinic staffed by physicians who admit patients to a hospital located in a rural area, or (2) a rural rotation, which consists of at least 8 weeks of training experience in a hospital that is located in a rural area or in a clinic staffed by physicians who admit patients to a hospital located in a rural area. These criteria include the following definitions:
    - "Physician" means a physician who specialize in family practice, general surgery, internal medicine, obstetrics, pediatrics or psychiatry
    - "Rural area" means any of the following:
        - A city, town, or village in this state that has a population of less than 20,000 and that is at least 15 miles from any city, town, or village that has a population of at least 20,000.
        - An area in this state that is not an urbanized area, as defined by the federal bureau of the census.

3. The medical schools attended by the physicians filling each such residency position:

MEDICAL SCHOOL	RESIDENCY PROGRAM(S)
Allama Iqbal Medical College	Marshfield Clinic
Charles University	Marshfield Clinic
Des Moines University School of Osteopathic Medicine	Baraboo RTT, Monroe Clinic, Marshfield Clinic
Dow Medical College	Marshfield Clinic
Dow University of Health Sciences	Marshfield Clinic
Health Sciences of Armed Forces Medical College	Marshfield Clinic
Irsa University Faculty	Marshfield Clinic
Kasturba Medical College	Marshfield Clinic
Lake Erie College of Osteopathic Medicine	Monroe Clinic
Kurnool Medical College	Marshfield Clinic
Maharashtra University of Health Sciences	Marshfield Clinic
Makerere University	Marshfield Clinic
Mamata Medical College	Marshfield Clinic
Mashhad University of Medical Sciences	Marshfield Clinic
Mayo Medical School	Marshfield Clinic
Medical College – Bhavnagar	Marshfield Clinic
Midwestern University Arizona College of Osteopathic Medicine	Monroe Clinic
Medical College of Wisconsin-Milwaukee	Marshfield Clinic
Mysore Medical College	Marshfield Clinic
Nova SouthEastern University College of Osteopathic Medicine	Marshfield Clinic
NTR University of Health Sciences	Marshfield Clinic
Penn State Milton S. Hershey Medical Center	Marshfield Clinic
Pondicherry Institute of Medical Sciences	Marshfield Clinic
Poznan University of Medical Sciences	Marshfield Clinic
Rajiv Gandhi University of Health Sciences	Marshfield Clinic
Rangaraya Medical College	Marshfield Clinic
Rosalind Franklin University of Medicine & Science	UW General Surgery
Ross University School of Medicine	Marshfield Clinic
Saba University School of Medicine	Marshfield Clinic
Saint James School of Medicine – Bonaire	UW Eau Claire Family Medicine- Augusta
Shadan Institute of Medical Sciences	Marshfield Clinic
Shifa College of Medicine	Marshfield Clinic
Smolensk State Medical University	Marshfield Clinic
St. George's University	Marshfield Clinic
St. Matthew University School of Medicine	Monroe Clinic
Sindh Medical College	Marshfield Clinic
Trinity School of Medicine – St. Vincent	Marshfield Clinic
University of Health Sciences, Karnataka	Marshfield Clinic
University of Khartoum	Marshfield Clinic
University of Maiduguri	Marshfield Clinic
University of Minnesota Medical School	Baraboo RTT, Marshfield Clinic
University of Nigeria	Marshfield Clinic
University of Port Harcourt	Marshfield Clinic
University of Wisconsin School of Medicine and Public Health	Baraboo RTT, Marshfield Clinic
Wayne State University School of Medicine	Baraboo RTT

TABLE 3: Medical schools attended by residents and fellows in WRPRAP-supported Rural Residency Programs/Tracks for FY 2014-2015

4. The year the Accreditation Council for Graduate Medical Education (ACGME) certified the residency program:

Marshfield Clinic Department of Internal Medicine

- 2/20/2015 –Continued Accreditation for Academic Years 2014-2016

Marshfield Clinic Department of Internal Medicine/Pediatrics

- 2/20/2015 –Continued Accreditation for Academic Years 2014-2016

Marshfield Clinic Department of Pediatrics

- 1/29/2015 –Continued Accreditation for Academic Years 2014-2016

Marshfield Clinic Department of Surgery

- 2/19/2015 –Continued Accreditation for Academic Years 2014-2016

UW Baraboo RTT

- 2/9/2015 –Continued Accreditation for Academic Years 2014-2016

UW Eau Claire Family Medicine Residency Program

- 2/9/2015 –Continued Accreditation for Academic Years 2014-2016

UW Department of Surgery, General Surgery Residency

- 2/19/2015 – Continued Accreditation for Academic Years 2014-2016

Monroe Clinic Residency Program received AOA initial accreditation in 2014, and the Monroe Clinic Emergency Medicine Fellowship received ABPS initial accreditation in 2015.

***ACGME accreditation data source: <https://apps.acgme.org/ads/Public/Programs/Search>*

5. The reason the residency position had not been funded:

Not Applicable

Budget

For the period of December 01, 2014 through November 30, 2015 (i.e., crossing parts of two budget years), the Wisconsin Rural Physician Residency Assistance Program has spent $421,472 in salary and benefits, and $590,589 in funding to grantees. Beyond dedicated financial assistance funds, WRPRAP's other budget expenses have been minimal.

Accomplishments: 12/01/2014-11/30/2015

The following section summarizes the primary ways WRPRAP influences GME development in Wisconsin: 1) **grants funding** for individual programs; 2) **technical assistance** to grantees and other organizations 3) **outreach** to a broader spectrum of medical specialties; and 4) **collaboration** with external GME stakeholders.

1. Grants Funding

From December 1, 2014, through November 30, 2015, WRPRAP awarded 5 grants ranging from $58,224 to $160,427 each, for a total of $590,589.

Awards included:

- 5 grants to 5 different systems, including UW (and encompassing 14 organizations total when community sites for resident GME experiences are considered);
- 2 eligible specialties: family medicine and obstetrics;
- 3 types of grants:
  - 2 educational development grants
  - 3 major grants (including 1 continuing grant from previously awarded major grants and 2 new major awards)

These funds are to:

- Provide major development support for building a new community-based rural residency program (Aurora Health Care) and a rural residency education track (UW Dept. of Obstetrics & Gynecology);
- Enhance existing curriculum for faculty to include topics on rural health care, with focus on skills, techniques and knowledge specific to rural practice settings (Gundersen Health System);
- Foster general surgery and emergency medicine residency rotations for family medicine residents (Divine Savior Healthcare);
- Build infrastructure and resources, engaging national consultants to provide technical expertise, and providing direct technical assistance (e.g., initial site assessment, faculty development, training and best practice resources for education coordinators, shared marketing) for startup rural GME efforts shared across the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME); and
- Provide national exposure for residency and rotation sites through joint marketing and identity development.

Specifically, individual grants were allocated as follows:

GRANTEE	AWARD	GRANT TYPE	PURPOSE	AMOUNT
Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME)	5/26/2015	Major	Continuing rural GME outreach, training and technical assistance	$160,427.00
Gundersen Health System	6/2/2015	Education Development	Curriculum development	$58,224.00
UW Dept. of Obstetrics & Gynecology	6/4/2015	Major	Rural residency track development	$145,462.00
Divine Savior Healthcare	6/8/2014	Education Development	Resident rotations	$86,311.00
Aurora Health Care	6/30/2015	Major	RTT Development	$140,165.00
			TOTAL	**$590,589.00**

TABLE 4: Grants awarded by WRPRAP in FY 2014-2015

In addition to information above, there were two notable program expenses that carried over into the December 1, 2014, to November 30, 2015 reporting period.

- UW Department of Surgery spent $92,469.41 of their $125,000 grant (awarded 9/25/2014) on the development of a new general surgery residency program, specifically to recruit trainees interested in practicing general surgery in rural communities.
- UW Department of Pediatrics spent $16,547 of their $18,252 grant (awarded 8/26/2014) for residents to train in rural rotations at Prairie Clinic in Sauk City and Community Pediatrics in Beaver Dam.

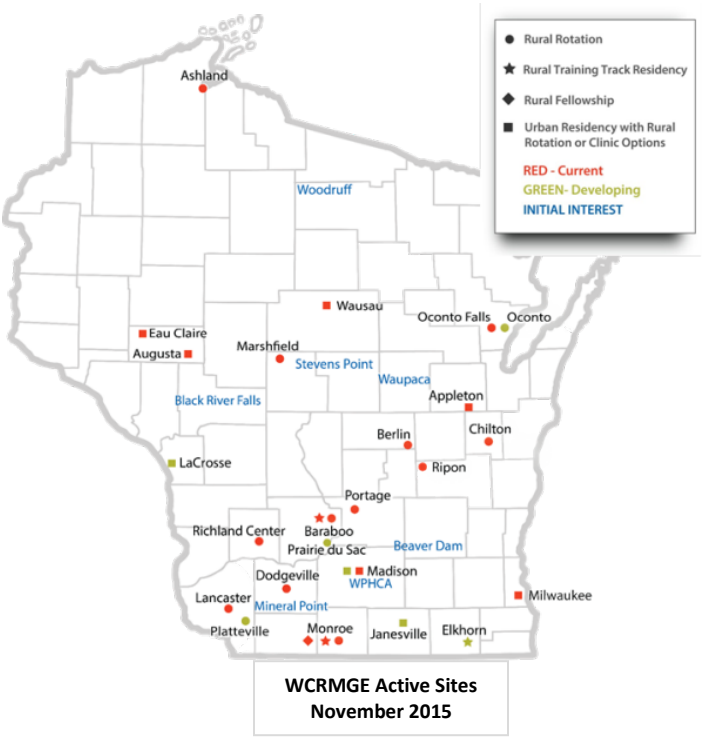
2. Technical Assistance

Technical assistance supplied by WRPRAP is provided most directly through funding the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME). Because WCRGME has regular contact with rural community practices and residency programs, it is a valuable link to expand interest in rural GME initiatives throughout Wisconsin – and offer practical, tangible support at every stage of GME development.

Specifically, WCRGME provides program-level technical assistance, disseminates information and attracts residents to rural settings, and points programs to WRPRAP as a funding source.

As of November 2015, WCRGME has relationships with 39 organizations in 29 communities interested in developing rural GME opportunities. These relationships have greatly enhanced interest in rural resident training opportunities, and along with sponsored networking and professional development events, have spurred an increase in WCRGME membership from 21 in 2014–this increase includes new members in the obstetrics/gynecology specialty as well as members from community hospitals and clinics.

In addition, WCRGME assisted the UW Department of Obstetrics and Gynecology in developing a rural track for residents admitted into the program.



WCRMGE Active Sites November 2015

3. Outreach

Outreach to the WRPRAP-eligible medical specialties (Act 190) is critical to WRPRAP's ongoing success. Of those six specialties (family medicine, internal medicine, obstetrics/gynecology, pediatrics, general surgery and psychiatry), family medicine demonstrated the most interest early on and the greatest likelihood of developing RTTs.

In 2015, active outreach efforts and growing awareness of development opportunities through WRPRAP funding resulted in grant proposals for major projects in family medicine and obstetrics. Throughout the year, all six specialties have received some kind of support.

Repeated overtures to all eligible specialties will continue to expand the number of programs with active or developing rural training for residents.

4. Collaboration

WRPRAP's participation in networks beyond the programs we directly finance is an essential step forward in stakeholder engagement. Together, we can address the long-term challenges of supplying the medical workforce rural Wisconsin demands and deserves.

Collaborative efforts in 2015 included:

- **Improved Communications.** WRPRAP continues to expand awareness of its goals, activities and available funding among individuals and programs interested in GME through participating in conference and networking opportunities and maintaining email marketing, website updates,

and use of new apps and technology. A bimonthly videoconference with WCRGME, in addition to conferences and in-person meetings, contributes to the program's effort to share information and create an effective platform for telecommunications.

- **Family Medicine Residency Program Directors Forum.** WRPRAP, with the assistance of WCRGME and RWHC, held a forum for family medicine residency program directors on February 9, 2015. The event brought together program directors from around the state to share common challenges and potential solutions. Participants valued the opportunity to hear about current activities in other programs and indicated a desire to collaborate on faculty development and training opportunities. WRPRAP is planning a third forum to take place in the winter of 2016.

- **Strengthened State and National Partnerships.** WRPRAP built on active collaborations with regional, state and national groups to address issues related to rural Wisconsin's medical workforce.

  WRPRAP has consistently collaborated with the Wisconsin Council on Medical Education & Workforce (WCMEW), the Wisconsin Hospital Association (WHA), the Rural Wisconsin Health Cooperative (RWHC), the Wisconsin Department of Health Services (DHS) and WCRGME. These groups coordinate meetings, events and other networking opportunities to maintain communications and share information on workforce training and systematic improvement.

  The Wisconsin Office of Rural Health (WORH), Wisconsin Academy of Rural Medicine (WARM), and Wisconsin Area Health Education Centers (Wi-AHEC) are extended collaborators along the statewide pipeline of rural healthcare workforce training and recruitment.

  From July 30-August 1, 2015, the AAFP National Conference provided opportunity for WRPRAP and WCRGME to collaborate as exhibitors and enhance recruitment initiatives to educate medical students and residents on rural residency opportunities in Wisconsin. The National Conference included an AAFP Member Interest Group: Rural Health breakout session, a Wisconsin Rural Health networking event, and displays from more than 330 residency programs with over 400 exhibitors from around the nation.

  Additionally, WRPRAP joined as a member of the RTT Collaborative, a national organization that provides leadership, technical assistance and advocacy for RTTs. The RTT Collaborative hosted the Rural Health Special Interest Group breakfast as part of the AAFP National Conference, while the breakfast was sponsored by WCRGME and administratively supported by WRPRAP.

  Also in alliance with the RTT Collaborative, WRPRAP contributed to the planning and on-site coordination of the 2015 RTT Collaborative Annual Meeting, held May 27-29, 2015, at the Pyle Center in Madison and the St. Clare Hospital in Baraboo. The Annual Meeting included 74 participants, representing 16 states and 4 national rural health organizations. Physicians and researchers from around the nation explored topics including RTT development, while CMS was represented to address questions on policy and funding. The final day of the meeting involved a visit to St. Clare Hospital in connection with the Baraboo RTT.

New Grant Collaboration. WRPRAP has deliberately cooperated with DHS to ensure that the new GME funding it offered in 2015 can be effectively combined by potential grantees to encourage

sustainable GME development. This cooperation has produced several grantees that have received both DHS and WRPRAP funding, most recently including Gundersen Health System (La Crosse). While neither funding source is intended to be unlimited or permanent, the grants can cover some of the more challenging aspects of new large-scale GME programs and extend the development period until more secure funding can be found.

Staff

- Byron Crouse, MD, Program Director
- Kim Bruksch, BA, Program Coordinator

Future Plans

WRPRAP will continue to enable more rural communities to engage in GME and thus help to train their own future medical workforce. It will also continue to encourage all six of the WRPRAP-eligible specialties to identify and pursue rural initiatives that will further expand community capacity and competence to prepare new physicians for rural practice.

Fortunately, the increased interest in and activity devoted to addressing GME needs in just the past year is gratifying. For example, grant requests in 2015 included second-stage development or major projects, as opposed to initial feasibility studies. This clearly demonstrates that more programs are committed to pursuing GME projects as planned.

As we develop more rural sites and GME programs, we are also learning that funding is needed for sustained support beyond development stages and we will contribute to efforts to identify those resources.

In addition, the partnership between WRPRAP and WCRGME continues to strengthen, allowing us to advance GME expansion more quickly, substantially and successfully than either group could do individually.

Finally, through partnerships with state and national groups working to foster change in medical education, WRPRAP will provide leadership for collaborative, strategic planning so that together, we can create the future of rural GME.

Conclusion

Now in its fifth operational year, WRPRAP has strongly influenced the quantity and quality of rural GME—efforts that are having a positive impact on the future rural medical workforce in Wisconsin.

Three-quarters of WRPRAP's funding is spent directly on program development, i.e., enhancing or expanding GME training in rural communities. In 2015, many of those efforts built upon previous WRPRAP grants, demonstrating that early development grants are growing into major rural GME commitment from organizations.

Technical assistance also expanded in community-based facilities and residencies wishing to invest in rural training experiences. Contributing factors include: WCRGME's maturation and expansion of services; elevated awareness of those services and available funding among rural providers and facilities; WRPRAP's cultivation of relationships with more medical specialties; and an increased understanding of the public health and economic consequences of Wisconsin's rural communities having too few health care professionals.

WRPRAP will continue to provide outreach in order to foster interest in funding opportunities and technical assistance. In addition, WRPRAP's active involvement in state and national partnerships, plus its role in gathering stakeholders for ideas exchange and action planning, will contribute to broad-based GME improvement initiatives.

We have confidently identified that collaboration benefits overall GME, and we take every opportunity to express that value in our working relationships. We especially thank the State Legislature for its funding support of these initiatives.

Long-term success for rural GME requires long-term, sustainable funding. This undoubtedly requires the collaboration and investment of multiple partners.