WRPRAP Annual Report

WI Rural Physicians Residency Assistance Program 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 progress achieved in 2013 through funding grants to individual programs; technical assistance; outreach to a broader spectrum of specialties; and encouragement of Graduate Medical Education rural in Wisconsin.

December 1, 2013

TABLE OF CONTENTS

Executive Summary

As the Wisconsin Rural Physician Residency Assistance Program (WRPRAP) nears the end of its third operational year, there is strong evidence of its growing impact on rural Graduate Medical Education (GME) development in Wisconsin. Through the resources supplied by the Wisconsin State Legislature, it has provided start-up funding for new projects from earliest exploration of GME options to ambitious programs for new fellowships, RTT's and residencies as well as expansion of existing programs. WRPRAP has fostered collaborative networks, facilitated technical assistance, and provided leadership in addressing the widening gap between the existing and the projected needed medical workforce in Wisconsin over the coming decades.

Since established by the Joint Finance Committee in Wisconsin Act 190 of the State budget effective July 1, 2010, WRPRAP has responded to its appointed mission by seeking to create residency training opportunities in rural communities. Key to achieving this primary outcome is raising awareness among the public and the medical community of the existing and deepening need to produce more physicians, especially primary care physicians, and physicians distributed more equitably to underserved areas, especially rural communities. Awareness leads to understanding what steps are needed and useful, how to achieve them and, ideally, commitment to contributing to the solutions.

This Annual Report to the Wisconsin State Legislature conveys progress achieved in 2013 through funding grants to individual programs; technical assistance; outreach to a broader spectrum of specialties; and encouragement of collaboration across systems and other traditional barriers.

Briefly, WRPRAP has awarded ten grants in the second half of Fiscal Year 2013 and six thus far in FY 2014 for a total distribution of $872,726 over the twelve-month reporting period. Two of these were continuation grants of $125,000 each; one for ongoing development of a fellowship program and new RTT and one for ongoing support of the informal coalition of rural hospitals, providers and residencies known as the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME or "The Collaborative") housed at the Rural Wisconsin Health Cooperative (RWHC). Collaborative members are WRPRAP grantees or groups exploring their options for developing future residency training with WRPRAP support.

Other grants have paid for residency program director training, rural rotations, video equipment for sharing didactics from residency to distant residents on rotation, early development of a residency program and expansion of another, two RTT's, and a new track within a residency program. WRPRAP has also contributed to a developing national rural GME partnership.

WCRGME has become a close and valuable partner for facilitating WRPRAP grant implementation and furthering its goals as the administrative center, source of program level technical assistance and generator of interest and information for attracting residents to rural settings and connecting programs to WRPRAP as a funding resource. These linkages have provided a solid base for network building among those with rural community locations or practices. A rapidly growing membership (currently at fifteen) is evidence of both the resurgence of resident interest in rural experiences and the level of awareness about available funding WRPRAP has achieved over the past three years.

Outreach is also central to WRPRAP's continuing success. ACT 190 specified six eligible specialties for WRPRAP grant monies: family medicine, internal medicine, OB/GYN, pediatrics, general surgery and psychiatry. Given both the significant need and expressed interest, family medicine has received the bulk of early WRPRPAP funding. In 2013, outreach efforts have successfully attracted general surgery, pediatrics and psychiatry applications.

In addition, WRPRAP has partnered with the Wisconsin Council for Medical Education and Workforce (WCMEW) to draw medical decision makers from around the state to a meeting (October 24, 2013) to learn from each other and contemplate what collaborative proficiencies might enhance rural GME over the long term. Plans are in development to align WRPRAP's mission and resources with those of the recently released Department of Health Services (DHS) GME funding to produce coordinated and expansive results for growing GME potential in rural communities.

Background

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. In recent years, convergence of rapidly developing demographic and societal trends has heightened the sense of urgency to gear up for the demand. Obvious trends like the growing population of aging baby boomers diminishes the pool of practicing physicians while simultaneously expanding the population needing care and multiplying the kinds and frequency of care that accompany aging. The imminent implementation of the Affordable Care Act drives up the numbers of those eligible for care. As usual, underserved populations are disproportionately distributed in rural areas and inner cities.

In the early and mid-'90's, Wisconsin's many underserved rural communities prompted policy makers and medical educators to step up to the challenge of better serving this population through the development of Rural Training Tracks (RTT's). This model usually provides for first-year family medicine residents to spend most of their time in an academic/large hospital-based setting and the two remaining years to be based in rural hospitals and clinics in community settings under the mentorship of clinical preceptors. Providing residents with rural exposure over considerable time prepares them for the unique challenges and broader practice scope of rural practice with experiences not available in more traditional settings. During that decade, Wisconsin was home to six RTT's. All but one have disappeared, falling victim to insufficient funding and insufficient student interest in rural practice. Only the Baraboo RTT family medicine residency program under the sponsorship of the UW Department of Family Medicine remains.

While more medical schools are producing more graduates in Wisconsin and elsewhere – including the UW-Wisconsin's Academy of Rural Medicine (WARM) program adding 25 rurally inclined graduates annually – there has not been a concurrent growth in residency slots for them to complete the training required to be licensed for practice. The Medical College of Wisconsin's (MCW) current development of additional rural sites for its community-based medical education campus will further add to the number of medical school graduates each year.

The needs have been well documented, notably in the 2011 Wisconsin Hospital Association report that demonstrated a supply deficit for the state of 100 physicians a year. Most urgently, nearly 80% of Wisconsin's counties are totally or partially underserved in primary care and 70% of these are rural. New studies continue to support 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."

Seventy percent of those completing both medical school and residency in Wisconsin practice in Wisconsin. Efforts should be made to expand the number of GME positions in Wisconsin to afford more Wisconsin medical student graduates opportunities to do their residency education in Wisconsin. These efforts will provide the greatest yield in getting more physicians for Wisconsin.

The bright side is that predictive factors for identifying those individuals who will choose to practice in Wisconsin have been identified: native to Wisconsin; attending medical school here and completing residency in the state. The individual who fits into all three categories will choose Wisconsin for practice 86% of the time. For rural practice, it is important to recruit the right personalities to begin with, i.e., there is strong correlation between rural origins, a service orientation and significant time in rural settings during medical school or residency.

Further, there is a noticeable uptick in the number of medical students and residents who are interested in at least testing the waters in a rural environment. Residency programs are reporting they are interviewing record numbers of candidates for the class starting July 2014.

The Baraboo RTT, for example, is now interviewing (so far) 23 candidates among the 127 applications it received for only two slots. Last year they received 108 applications and in the years before that 73 and 56, respectively. Similarly, the Fox Valley Family Medicine Residency received 122 applications and will interview up to 58 for eight slots in the current recruitment season. These are representative of a developing pattern. There is also discernible interest (e.g., Monroe Clinic, Divine Savior Hospital in Portage, others) in developing new RTT's in WI.

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.

- 2009-2010: **54 =** 5 Baraboo residents, 1 Augusta resident, and 48 Marshfield residents in the specified specialties
- 2010-2011: **56** = 6 Baraboo residents, 2 Augusta residents and 48 Marshfield residents in the specified specialties
- 2011- 2012: **61** = 6 Baraboo residents, 1 Augusta resident, and 54 Marshfield residents in the specified specialties
- 2012-2013 : **71** = 6 Baraboo residents, 2 Augusta residents, 63 Marshfield residents in the specified specialties

- 2013-2014 : **71** = 6 Baraboo residents, 1 Augusta resident, 64 Marshfield residents in the specified specialties

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:

- As of November 30, 2013 in order of distribution:
  - UW Department of Pediatrics: Two Pediatric rotations in Beaver Dam and Portage
  - Marshfield Clinic: One Internal Medicine rotation in Rice Lake, Minocqua, and/or Park Falls
  - Marshfield Clinic: One Pediatric rotation in Rice Lake, Minocqua, and/or Park Falls
  - UW Fox Valley Family Residency Program: Four Family Medicine rotations: Waupaca, Berlin, Ripon and Chilton
  - UW Department of Pediatrics: One Pediatric rotation in Beaver Dam and Portage

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

- All criteria specified by Wisconsin Act 190 met (population size, distance from metro area, duration of rotation, etc.)

3. The medical school attended by the physician filling each such residency position:

- UW Department of Pediatrics - University of Wisconsin School of Medicine and Public Health and University of North Dakota Medical School
- Marshfield Clinic – University of Wisconsin School of Medicine and Public Health
- Marshfield Clinic – St. George University School of Medicine, Grenada
- UW Fox Valley Family Residency Program - University of Wisconsin School of Medicine and Public Health; and University of Minnesota Medical School
- UW Department of Pediatrics – New York University School of Medicine

4. The year the Accreditation Council for Graduate Medical Education certified the residency position:

- UW Madison School of Medicine and Public Health Pediatrics
  - Pediatric Program originally certified 09/01/1933; most recent certification: 03/25/2007
- Marshfield Clinic
  - Internal Medicine Program originally certified 09/11/1999; most recent certification: 10/01/2009
  - Pediatric Program originally certified 09/01/1933; most recent certification: 04/15/2013
- UW Fox Valley Family Medicine Program originally certified 01/22/1996; most recent certification: 01/23/2012

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

Not Applicable

***Note that facts cited in 36.63 (4) (b) reflect WRPRAP's reporting calendar year: December 1-November 30 in any given year.*

In interpreting the above data, the following should be noted:
WRPRAP's efforts to build awareness of not only the need for, but also the "how to" of GME offerings have begun to bear fruit through the programs now in development. However, given the time required to develop a residency program or a RTT (at least three years), plus the number of years (3-5) required for individual residents to complete their residency training, the census of licensed physicians practicing in Wisconsin as the result of WRPRAP-funded residency programs will take time to flourish.

Budget

For the period of December 01, 2012 through November 30, 2013, the Wisconsin Rural Physician Residency Assistance Program has spent approximately $166,496.32 salary and benefits, and $837,847.29 in financial assistance to grantees. Beyond dedicated financial assistance funds, WRPRAP's other budget expenses have been minimal. These budget figures reflect the WRPRAP reporting calendar of December 1-November 30, crossing parts of two fiscal years.

Expenses	Salaries	Fringe Benefits	Services & Supplies	New Program Development	**TOTAL**
Calendar Year 2013	$119,153.54	$47,432.48	$25,725.00	$872,726.29	$1,030,158.31

WRPRAP Accomplishments – 12/01/2012-11/30/2013

Since December 1st of 2012, WRPRAP has awarded a total of $872,726, ranging from $8,951 to $150,000 depending on the scale of the initiative. The grants can be summarized as follows:

- 16 grants to nine different systems (including UW and MCW) encompassing 12 organizations
- 4 eligible specialties (family medicine, pediatrics, general surgery, psychiatry)
- 4 types of grants
    - 6 Early Development Grants for exploring/initiating new programs (including new rural psychiatry residency, expanded rural rotations among regional sites, program director training, RTT development [2], psychiatry residency program)
    - 6 Educational Development Grants (10 rural rotations, equipment to facilitate didactics participation for residents at remote rotation assignments)
    - 3 Major Grants (including 2 continuing grants of previously awarded major grants; and 1 new rural track within general surgery residency)
    - 1 Unsolicited Grant (initiating a new RTT)

Collectively, these represent significant progress toward our goals of reaching more specialty types with more GME initiatives over a wider geography. Note that not all these categories are mutually exclusive.

WRPRAP is currently funding two early developing RTT's and two other programs exploring their options for the same. Members of the WCRGME have attracted residents for rotations in their rural hospitals/clinics. Other WRPRAP grantees have sought rural rotation sites outside the Collaborative membership.

The WCRGME Collaborative organized and funded by WRPRAP in 2011 is a concrete expression of success. Its growing network now serves fifteen organizations each with some role in GME and is rapidly expanding. Technical assistance provided to members through WRPRAP-sponsored expert consultations, but particularly through WCRGME staff, has nurtured and continues to support capacity to develop rural training opportunities from rotations to RTT's to full residency programs.

The Collaborative provides information, coaching, common resources, faculty development and regular meetings for deepening the shared learning and networking connections. Early stage developers need support in all aspects of navigating the planning and administration of residency training and the interwoven effects on physicians, staff, residents and community. New demands for training including "GME 101," accreditation rules, partnering with residencies or institutional partners, recruiting residents and curriculum planning – all part of gearing up to create credit-worthy learning experiences for residents – can be complex and daunting. The accumulated benefits to original members and the continual addition of new, less sophisticated members will soon necessitate separate services to each group to make their experiences most beneficial to each group.

WCRGME is currently conducting a membership survey to create a detailed picture of the extent and kinds of GME activities underway in their organizations. The result should describe the current scope of WCRGME activities and achievements.

Grant Awards

Specifically, individual grants were allocated as follows:

Program	Notice Date	Grant Type/Purpose	Award Amount
January 2013			
Divine Savior Health Care Portage	01/07/13	Unsolicited Proposal: Early Development of Independent RTT	43,636.00
UW Department of Pediatrics Madison	01/30/13	Education Development: 2 Rural Rotations in Pediatrics	26,639.64
May 2013:			
Wisconsin Rural Health Cooperative Sauk City	05/13/13	Continuing Grant ($125,000): In Support of Rural GME in Ten Hospitals and Nine Communities. Educational Development Grant: $66,306.43	191,306.43
Monroe Clinic Monroe	05/24/13	Early Development: Establish RTT	35,000.00
Monroe Clinic Monroe	05/06/13	Continuing Grant: RTT and Fellowship Development	125,000.00
Upland Hills Health Dodgeville	05/17/13	Education Development: Initial Support Facilitating Rural Resident Rotations	8,951.28

Program	Date	Grant Type/Purpose	Award Amount
UW-Fox Valley Family Medicine Residency Program Appleton	05/02/13	Education Development: Integrate Access to Distance Learning for Rural Rotations	47,934.94
UW-Fox Valley Family Medicine Residency Residency Program Appleton	05/20/13	**Rural Rotations Grant**: 4 Rural Rotations in Primary Care Specialties	30,981.00
Marshfield Clinic Marshfield	05/20/13	Education Development: 2 Rural Rotations in Primary Care Specialties	49,063.00
June 2013			
UW-Fox Valley Family Medicine Residency Residency Program Appleton	06/10/13	Early Development: RTT	34,879.00
August 2013			
Gundersen Health System	8/21/13	Early Development: Program Director Training	11,000.00
Aurora Health Care Milwaukee	8/21/13	Early Development: Rural Training Track	34,644.00
September 2013			
UW Department of Surgery Madison	9/24/13	Major Grant: Development New Rural General Surgery Residency Program	150,000.00
UW Department of Pediatrics Madison	9/24/13	Education Development: 1 Pediatric Rural Rotation	13,695.00
October 2013			
Medical College of Wisconsin Department of Psychiatry and Behavioral Medicine Milwaukee	10/16/13	Early Development: Planning ACGME accredited psychiatry residency program in Central Wisconsin.	34,996.00
November 2013			
Bellin Memorial Hospital, Inc. Green Bay	11/06/13	Early Development: Feasibility study to assess expanding graduate medical education (GME) and potential RTT in Northeast Wisconsin	35,000.00
Total Awards Granted:			872,726.29

Outreach

In addition to the WCRGME Collaborative, whose members thus far are predominantly involved in Family Medicine, WRPRAP has cultivated interest from other specialties. To date, these efforts have resulted in grants for start-up efforts in residencies preparing future physicians for rural practice in Pediatrics, General Surgery and Psychiatry. These are new initiatives ranging from rotations to adding a rural-specific track to an existing residency to beginning an entire new residency program to address an acute need in underserved rural communities.

WRPRAP has sought to expand awareness of its goals, activities and available funding for GME development by continually expanding its database of individuals and programs involved or potentially interested in some aspect of GME. Through regular communications, especially a bimonthly e-newsletter, stakeholders are kept informed of developments within the WCRGME, learning opportunities, changes in policy or accreditation rules, funding opportunities, relevant meetings or the like.

An engaged relationship with WCMEW has created regular access to informed medical education leadership across the state, across systems, roles and constituencies. Shared goals and commitment to developing GME in underserved areas within WCMEW produced an important forum through joint planning and presentation (UWSMPH, MCW, WHA and WRPRAP) of the strategic and, it is hoped, consequential statewide GME conference in Neenah on October 24, 2013. Opportunities for triggering more widespread investment in Wisconsin's future medical workforce and in potential collaborations are anticipated as a result of the forum.

WRPRAP has also contributed to and benefited from a developing national rural GME partnership. Such associations have served us well in bringing attention to our fledging programs and raising awareness of Wisconsin as a leader in rural GME development. One example of cultivating a larger presence is WRPRAP's sponsorship of the RTT Technical Assistance Program – a national project seeking to develop sustainable RTT's throughout rural America.

Networking connections and materials distribution through staff participation in state and national meetings, links to other websites or ongoing information sharing between our respective organizations also connect WRPRAP to a broader audience. Partners thus linked to WRPRAP at various levels of cooperation include: WCRGME, Wisconsin Office of Rural Health (WORH), Rural Wisconsin Health Cooperative (RWHC), Rural Assistance Center (RAC), Wisconsin Hospital Association (WHA) and the national RTT Technical Assistance Program.

The recent announcement of another State-sponsored Graduate Medical Education Residency Grant administered through the Wisconsin Department of Health Services (DHS) has provided an opportunity to enhance the impact and increase the likelihood of success of GME funding for developing the rural medical workforce. WRPRAP and other stakeholders have met several times with DHS staff responsible for the design and deployment of this new funding and will continue to do so as we seek to collaboratively construct pathways to funding most beneficial to potential grantees – for both new and existing resident training programs. The intent is to allow for both start-up and sustainable funding over a six- to ten-year development period.

Future Plans

WRPRAP will continue to reach out to both residencies and community facilities and to help them "find each other" for creating new or expanding existing GME models. Because of current and pending change across health care in the US, WRPRAP's roles and relationships with partners and grantees will inevitably evolve depending on what rules, funding or accreditation changes emerge. The same is true of WRPRAP's working relationship with WCRGME. As the Collaborative matures and creates more diverse resources and serves more diverse specialties in a wider geographical range, our program focus will evolve as well.

WRPRAP's collaboration with WCRGME will continue. The success enjoyed so far through our mutual efforts enables us to seek and support interest from other groups and other regions of the state. Intended

cooperation with the DHS funding described above is meant to extend each of our resources to both existing and new programs and together reduce the up-front risk to programs that are interested in but intimidated by the cost of developing or expanding GME.

The many Early Development grants WRPRAP has issued predict that when recipients have satisfied themselves about the process, requirements, challenges and opportunities for the kind of GME development they are best suited for, these same grantees will need funding to actually implement their plans. At that point, the many seeds that have been planted will begin to take root in soil rich enough to produce for long-term benefit to Wisconsin's medical workforce.

Conclusion

Over its three-year history, WRPRAP has significantly raised awareness of both the acute need for more rurally based GME in Wisconsin and of our ability to provide start-up funding to springboard the process. In that time, there has been substantial growth of program development and involvement of new organizations and individuals interested in contributing to meeting the needs of chronically underserved populations. More opportunities for rural rotations, beginning steps toward new RTT's, fellowships and residencies, and networking and professional development events for novice and veteran programs have emerged. To date, four of six specialties eligible for WRPRAP funding have received grants: family medicine, pediatrics, general surgery and psychiatry.

In partnership with the WCRGME Collaborative, WRPRAP has increased the number of potential partners and interest in broader collaboration. As WRPRAP promotes new partnerships and encourages coalitions spanning organizations, systems, locations and specialties, it is contributing to the health of rural residents and the economic sustainability of their communities.

WRPRAP has stimulated renewed interest in RTT and other GME development in small communities and provided leadership in moving thinking from "GME is sorely needed, but too daunting" to more and more, "What will it take and how can we get involved?"

The State Legislature has acknowledged the need and demonstrated support for funding initiatives that will address Wisconsin's future health care needs. Meeting those needs will require substantial cooperation among diverse stakeholders who will be needed to supply ideas, build infrastructure and provide effective education for new doctors.

It can be fairly said the WRPRAP has helped to "prime the pump" to advance those goals and is eager to play a continuing role in working with others to achieve them.

Attachment A: Program Staff and Advisory Committee

Staff

Byron Crouse, MD, Program Director

Wilda Nilsestuen, MS, Program Coordinator

Paula Mansholt, Program Assistant

Advisory Committee

Tim Bartholow, MD,
Senior Vice President of Member Services,
Wisconsin Medical Society

Mark Belknap, MD, (Ashland)
Former President,
Wisconsin Medical Society

Mark Deyo-Svendsen, MD, (Menomonie)
Family Physician,
Red Cedar Medical Center

Valerie Gilchrist, MD, (Madison)
Chair, Department of Family Medicine,
University of Wisconsin School of Medicine and Public Health

Joseph Kilsdonk, Au.D. (Marshfield)
Administrator, Division of Education,
Marshfield Clinic

Bill Schwab, MD, (Madison)
Vice Chair of Education, Department of Family Medicine,
University of Wisconsin School of Medicine and Public Health

Charles Shabino, MD, (Wausau)
Senior Medical Advisor,
Wisconsin Hospital Association

Tim Size, (Sauk City)
Executive Director,
Rural Wisconsin Health Cooperative