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TO: Joint Committee on Finance
Wisconsin State Legislature

FROM: Wisconsin Rural Physician Residency Assistance Program
Byron Crouse, MD, Director; Wilda G. Nilsestuen, MS, Coordinator
Department of Family Medicine
University of Wisconsin School of Medicine and Public Health

DATE: December 1, 2011

SUBJECT: Annual Report of the Wisconsin Rural Physician Residency
Assistance Program

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Executive Summary

This Annual Report to the Wisconsin State Legislature establishes the background, purpose and need recognized by the Joint Finance Committee in establishing funding for the Wisconsin Rural Physician Residency Assistance Program (WRPRAP). It summarizes activities and progress achieved in 2011 toward the long-range goals of creating more Graduate Medical Education (residency) training positions in small community settings to build the future medical workforce in underserved rural areas.

In addition to reporting on mandated questions, it details WRPRAP accomplishments granting awards to programs seeking to enhance residency education quantity or quality; outlines outreach efforts to stakeholder groups; demonstrates development of new expanded funding opportunities for long-term rural residency training development; and points to future plans to build upon progress achieved thus far.

In brief, WRPRAP awarded four grants for the 2010-11 fiscal year and two for the 2011-12 fiscal year, thus far. Grants were issued in all three categories of WRPRAP funding: Rural Training Track/Resident support; sponsorship of a rural rotation; and education development projects. WRPRAP has focused considerable effort on creating awareness of funding options to eligible potential grantees. Presenting information sessions for residency program directors and coordinators at the annual Rural Health Conference of the Wisconsin Hospital Association in June 2011 is one example. Individual site visits to seven program directors to explore interest and suitable funding options for their programs is another. Website enhancements have more accessible information for likely grant applicants and other interested organizations and programs. Efforts to build networks among stakeholders have been pursued through partner organizations and their newsletters and web links for their constituent groups. The addition of two staff has enhanced program productivity and potential.

On November 15, 2011, WRPRAP issued a Request for Proposals (RFP) to encourage development of new residencies or rural training tracks or to add additional resident positions to existing programs. This approach is in direct support of WRPRAP's mission to lay the groundwork for an education pipeline that will supply the current and future medical service needs of rural communities

Background

The significant and growing shortage of physicians practicing in rural Wisconsin has been well documented including by the Wisconsin Council on Medical Education & Workforce (WCMEW). Counties designated as totally or partially underserved constitute fully 83% of all counties (60/72). Of these, 77% are rural. Projections for the next 20 years indicate an increasing deficit without serious intervention. Unaddressed, economic and population health consequences would be stark.

Factors drawing physicians to practice in small communities have been identified by research. Among the most relevant are a rural upbringing, a service orientation and significant rural experiences in medical school and residency training. Among those who have benefited from substantial rural training opportunities, there is a 75% rate of choosing rural practice.

Among the evidence-based approaches favored by rural health advocates in Wisconsin for growing the medical workforce is the Wisconsin Academy for Rural Medicine (WARM), a comprehensive medical

education program established in 2007 in the University of Wisconsin School of Medicine and Public Health (UW SMPH), which enrolls 25 students per year.

Currently, the availability of rural Graduate Medical Education (residency) education experiences in Wisconsin falls far short of the need. The Baraboo Rural Training Track (RTT) residency program sponsored by UW Department of Family Medicine (DFM) is the only remaining RTT of Wisconsin's seven programs a decade ago – and it has capacity for only two residents per year. Other RTTs in Wisconsin and elsewhere disappeared primarily for two reasons: 1) financial and logistic barriers and 2) insufficient student interest. Family Medicine programs have fared the worst from the patchwork of rotations offered in small rural hospitals and clinics and the inconsistencies in structure and operational practice among them.

Given the clustering of specialists in suburban and urban settings, it is family medicine physicians with their broad range of practice skills who are most in demand in small communities. It follows that more rural learning experiences are needed to prepare them adequately for the practice requirements, challenges and community engagement unique to rural practice. The rapidly aging rural demographic will create more demand for medical services; disproportionate distribution of the medical workforce to more urban regions will exacerbate the shortages in rural areas.

On July 1, 2010, the state legislature enacted Act 190, and thus established the Wisconsin Rural Physician Residency Assistance Program. The Department of Family Medicine of the University of Wisconsin School of Medicine and Public Health was designated to administer this program which annually provides \$750,000 to the planning and implementation of rural Graduate Medical Education (GME) experiences. Eligible specialties include family medicine, internal medicine, obstetrics-gynecology, pediatrics, psychiatry and surgery. On July 1, 2011, the legislature continued the funding in the new budget biennium.

Required Reporting

Section 36.63 (4) of Act 190 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: **53** = 5 Baraboo residents + 48 Marshfield residents in the specified specialties
- 2010-2011: **54** = 6 Baraboo residents + 48 Marshfield residents in the specified specialties
- 2011-present: **62** = 6 Baraboo residents + 55 Marshfield residents + 1 Augusta 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 11/30/ 2011:
 - 1 rural residency – Wesley Harden, MD, Baraboo
 - 1 rural rotation – Lindsay Berkseth, MD, La Crosse-Mayo

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

- All criteria met (population size, distance from metro area, duration of rotation, etc.)
 - Baraboo Family Medicine Associates
 - La Crosse-Mayo Residency Program: to Lake Tomah Clinic (8-week rotation)

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

- Wesley Harden, MD – University of Texas Medical School in San Antonio
- Lindsay Berkseth, MD – Medical College of Wisconsin

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

- Start date for Harden: 07/01/2010 (*added to resident roster off-cycle; no additional resident spot required*)
 - Baraboo Program originally certified 07/01/1996; most recent certification: 03/11/2008
 - La Crosse-Mayo Program: Program certified in 1979

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

Not Applicable

In interpreting this data, the following should be noted:

WRPRAP is still in development stage. Given that it was in operational status for only 5 months in 2010; that it was initiated out of sync with the annual resident assignment calendar; and staffing of WRPRAP only recently being complete, the program has been challenged to create awareness among the programs and institutions eligible to apply for WRPRAP funding. Therefore, in the first full operational year we are pleased to have been able to issue grants in all three categories of WRPRAP funding, including placing a resident full time in a rural training track (RTT), initiating a new rotation in a rural site and providing development grants in support of long-term resident education goals for three programs (see below).

Given the outreach achieved in 2011, we are pleased to report all residency program directors and education staff (60) of eligible specialties throughout the state, as well as partner institutions and clinics, have received multiple opportunities for gathering information about funding options and invitations to apply. Within the past two weeks, 6 unique inquiries have been received in response to a December 15th WRPRAP Request for Proposals expressing interest in applying for substantial multi-year funds specifically designated for developing new RTTs or the number of residents in an existing residency program.

Budget

36.63 (3)

Annually by December 1, the department shall submit a plan for increasing the number of physician residency programs that include a majority of training experience in a rural area to the Wisconsin Council on Medical Education and Workforce Rural Wisconsin Health Cooperative, the Wisconsin Hospital Association, the Wisconsin Medical Society, the UW School of Medicine and Public Health, and the Medical School of Wisconsin). The plan shall include a detailed proposed budget for expending the moneys appropriated to the board under s. 20.285 (1) (qe) and demonstrate that the moneys do not supplant existing funding. The department shall consider comments made by the organizations in formulating its final budget.

As of November 30, 2011, the Wisconsin Rural Physician Residency Assistance Program has spent approximately \$91,000 in salary and benefits, \$16,000+ in financial assistance to grantees and encumbered another \$488, 500 for aggressive development in the second half of fiscal year 2011-12. A recently issued Request for Proposals (Attachment C) is intended to support development of up to four new programs in a multi-year sequence to create new rural training tracks or residency programs or to add residency positions to existing programs. Considerable interest has been expressed in the RFP announcement and the opportunity it represents for expanding residency education to programs that have not previously been able to consider this option. Beyond dedicated financial assistance funds, WRPRAP's other budget expenses have been minimal.

- Please refer below for further budget detail:

Expenses	Salaries	Fringe Benefits	Services & Supplies	New Program Development	Program Enhancement	TOTAL
Budgeted Funds FY 2012	\$175,799.91	\$44,693.15	\$26,680.01	\$400,000.00	\$102,826.93	\$750,000.00

WRPRAP Accomplishments – 12/01/2010-12/01/2011

Based on active participation by the WRPRAP Advisory Committee (Attachment A) and input from the stakeholder group (rural health advocates, medical providers, health system representatives, hospital administrators, residency educators) assembled in August 2010, WRPRAP has established a structure for administrating the program and developed criteria for funding activities that will advance the goals and mission of WRPRAP as envisioned by the enabling statute.

Funding opportunities were grouped into three grant categories: 1) Rural Rotations 2) Rural Residency Programs and 3) Rural Residency Education Development. Eligibility for each type was posted on the WRPRAP section of the DFM website as were application forms from which interested programs could directly apply. As a result of this process, WRPRAP awarded support funds in each of these categories for a total of four awards in FY 2010-11 and two in the current budget year.

GRANT AWARDS

Award recipients include:

<u>Program</u>	<u>Grant Type/Purpose</u>	<u>Award Amount</u>
Baraboo Rural Training Track* 2010-11	RTT/Resident Support	\$72,466
Baraboo Rural Training Track* 2010-11	Education Development Grant Software Package for Resident & Faculty Professional Development	\$33,000
La Crosse-Mayo Residency*	Rural Rotation – 8 weeks at Lake Tomah Clinic and Hospital	\$23,050
Richland Medical Center*	Education Development Grant Faculty and Curriculum Development	\$10,000
Baraboo Rural Training Track* 2011-12	RTT/Resident Support (continuing)	\$67,989
Wisconsin Rural Health Cooperative* 2011-12	Education Development Grant	\$488,500

*Attestations by each program that funding requested from WRPRAP would not supplant existing funding for the same purpose were confirmed in writing by each grantee in the application process that resulted in their respective awards.

WHA OUTREACH

On June 16, 2011, WRPRAP collaborated with the Wisconsin Hospital Association (WHA) in an outreach effort to introduce a significant number of key stakeholders to WRPRAP, the critical needs it is meant to address in Wisconsin's rural physician shortage, and the types of funding that can be accessed through the program. WHA offered two program slots at its annual rural health conference in Elkhart Lake, WI for these information sessions.

WRPRAP invited all program directors of residency programs statewide (six eligible specialties) to attend these sessions at our expense, including lunch and an interactive session with program staff to pursue individual questions. As a result, ten programs were represented in the audience as well as other conference attendees who were eligible to attend as part of their conference registration. More than 25 health care organizations (70 individuals) from all parts of the state attended one or both sessions. They constituted a very important group of WRPRAP's targeted audience.

An on-site informal survey and subsequent communications produced a dozen participants who indicated some level of interest in pursuing further information about how to qualify for WRPRAP funding and to move their organizations toward development or enhancement of new or expanded rural rotations, residency training or development in graduate medical education. Of these, substantive conversations have occurred with five organizations that have or could potentially have the assets, facilities, partners and resources to create a new RTT or residency program. More could likely host rotations.

SITE VISITS

WRPRAP staff have pursued these expressions of interest with follow-up site visits to answer questions, exchange information about development resources and capacity and to encourage strategies toward successful implementation planning for one or more development goals. So far, staff have met with La Crosse-Mayo Residency Program; Baraboo RTT; Eau Claire Residency Training Program; Fox Valley Residency Training Program, Richland Medical Center, Community Health Network in Berlin and Monroe Clinic and Hospital. Such outreach and attempts to nurture networks will continue.

STAFF EXPANSION

WRPRAP has expanded its capabilities to develop and implement the program goals by adding new staff.

Program Director, Byron Crouse, MD

On October 1, 2011 Dr. Crouse (see Attachment B) replaced Dr. William Schwab as program director. Dr. Crouse's depth of knowledge and experience in rural medicine and his position as director of the Wisconsin Academy of Rural Medicine (WARM - the UW School of Medicine and Public Health's medical school program designed to prepare students for rural practice) are valuable to WRPRAP. These experiences as well as his leadership roles with the SMPH and national rural health organizations make him uniquely qualified to provide leadership and direction for this nascent and critical attempt to build the medical workforce in rural Wisconsin. (Contact: 608-265-6727; byron.crouse@wisc.edu)

Program Coordinator, Wilda Nilsestuen, MS

This position was created to provide day-to-day management of the program, considerable outreach to potential and awarded grantees and promotion of network building among graduate medical education

providers in the state. These efforts are in the interest of systems change and future capacity to produce well trained and motivated rural practitioners. Ms. Nilsestuen has considerable experience in program planning, leading professional development programs, and in Wisconsin-based rural development in areas such as immigrant integration, rural health care and community sustainability. (Contact: 608-262-2764; wilda.nilsestuen@fammed.wisc.edu)

Program Assistant, Paul Howl, BS

Mr. Howl joined the program in October 2011 and provides a broad range of administrative assistance. His academic preparation includes a business degree and his skill strengths include budget monitoring, website development, organization and skillful management of details – all of which are assets for WRPRAP management and development. (Contact: 608-265-5670; paul.howl@fammed.wisc.edu)

WEB ENHANCEMENT

The WRPRAP website has been enhanced. Expansion and development of new content will be an ongoing process as the site becomes a central source of WRPRAP information, stakeholder networking, funding opportunities and resources on broader rural health interests. Most recently, revised and user friendly application forms that simplify the submission process for applicants are being posted to the site. Future plans include the use of social media to communicate with and among WRPRAP stakeholders.

Request for Proposals (RFP) Issued

While WRPRAP's flexible funding can be accessed by any residency program in the state in family medicine, internal medicine, obstetrics-gynecology, pediatrics, psychiatry, and general surgery, it is most likely that development of new or expanded rural residency programs will occur in family medicine – the greatest need for rural communities.

On November 15, 2011, WRPRAP issued a Request for Proposals (RFP) inviting submissions describing implementation plans for developing *new* residencies or rural training tracks (RTTs) or for expanding existing residencies or RTTs by adding additional residents to their programs. The intention is to jump start larger efforts with more reliable sustainable start-up funds to seed “permanent” rural resident training opportunities.

This alternative differs from existing WRPRAP grant options in that it:

- Provides greater seed money (up to \$150,000 for an initial year of programming; up to \$125,000 for a second year with third-year funding to be determined).
- Specifically targets new development and/or expanded capacity in existing programs vs. enhancement of current programs.
- Encourages growth of education pipeline for long-term source of residents trained for rural practice.
- Emphasizes program/organizational commitment via financial or in-kind contributions to the proposed new development.

The RFP targeted all statewide program directors and coordinators in eligible specialty residencies and programs with known or expressed interest in and capacity for development. It was posted on the WRPRAP website and emailed to the WRPRAP Advisory Committee, partner organizations, programs that have expressed previous interest in WRPRAP funding, programs and newsletters that have been linking to program updates on our website. All were requested to disseminate the RFP within their own networks to provide the largest possible coverage for the notice of these newly available funds.

To allow for ongoing communication, coaching and mentoring of grantees throughout the grant period, payment arrangements with grantees will be through Cooperative Agreement.

It should be noted that the RFP route to WRPRAP funding does not eliminate any of the previous options for resident, RTT or educational development support. Applications for each of these are accessible via the WRPRAP website (<http://www.fammed.wisc.edu/rural/applications-funding>).

Future Plans

On January 12, 2012, the UW School of Medicine and Public Health (SMPH) and the Medical College of Wisconsin (MCW) will offer a joint presentation at the meeting of the Wisconsin Rural Health Development Council. This will be the first in a series of explorations by the Council of issues relevant to rural health as it defines a role for the Council as incubator for rural solutions. Dr. Crouse, representing WPRPAP and WARM, will lead a presentation that will include MCW and others and focus on rural medical education – issues, options and opportunities for collaboration.

WRPRAP's efforts to build the numbers of residencies and resident positions will continue to evolve. Identifying projects with the interest and capacity or potential to plan for detailed implementation steps, and establish and maintain new or expanded RTTs or residencies will be a priority. The cooperative agreement structure contemplated in the funding arrangements for these grants will allow ongoing technical advice and consultation from staff or other experts throughout the grant cycle, thus enhancing prospects for success. Grant options to support rural rotations and other resident education development will continue, including for specialties that are challenged to develop full RTT or residencies. Together, these measures will help to build the long-term graduate medical education infrastructure that will be needed to meet increasing health services demand in rural areas, renewed interest among medical students in family medicine and the growing number of WARM graduates (25 annually as of 2015) who will need slots in appropriate resident training programs.

Conclusion

The need to address the shortage of physicians in rural Wisconsin exists today and will continue to worsen if not specifically addressed. The funding through WRPRAP is providing opportunities to address the shortage of physician residency educational experiences in rural Wisconsin, a factor that has been shown to significantly increase the probability of practicing in rural settings. This funding and the work of the staff of the WRPRAP are promoting new partnerships and collaborative efforts to address the rural Wisconsin physician workforce shortage.

The process by which grantees are identified will sort out the organizations most prepared, most capable or with the greatest potential to develop sustainable rural resident educational programs. This requires commitment, diligence, compliance with the details of accreditation and institutional requirements; willingness to collaborate with partner organizations and attention to financial viability; a sense of purpose in contributing to alleviation of medical workforce shortages and to community development. The projects selected for funding will thus be positioned to take on the considerable challenges of RTT or residency development and in turn will receive ongoing coaching or technical assistance to enhance the likelihood of success beyond the grant window.

Attachment A: Advisory Committee

Program Staff and Advisory Committee

Staff

Byron Crouse, MD, Program Director

Wilda Nilsestuen, MS, Program Coordinator

Paul Howl, BS, 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

Attachment B: Program Director's Bio**Crouse, Byron J. MD**

Associate Dean for Rural and Community Health

Professor of Family Medicine

University of Wisconsin School of Medicine and Public Health

EDUCATION

St. Olaf College, Northfield MN	BA	1969-73	Biology and Psychology
Mayo Medical School, Rochester, MN	MD	1973-77	Medicine
Duluth Family Medicine Residency, Duluth, MN		1977-80	Family Medicine
American Council on Education/ STFM Bishop Fellowship		2003-04	Medical Education Administration

PROFESSIONAL EXPERIENCE

2011-pres	Director, Wisconsin Rural Physician Residency Assistance Program
2005-pres	Director, Wisconsin Academy for Rural Medicine
2001-pres	Associate Dean of Rural and Community Health Department Leadership Team, Department of Family Medicine Clinical Practice – Belleville, Wisconsin University of Wisconsin, Madison School of Medicine and Public Health
2009-2011	Interim Senior Associate Dean, Academic Affairs
1996-2001	Director, Minnesota Rural Health School
1994-2001	Associate Professor with tenure and Head, Department of Family Medicine, University of Minnesota, Duluth, School of Medicine, Duluth, MN
1986-1994	Assistant Director, Duluth Family Practice Residency Program, Duluth, MN
1986-1994	Assistant Professor, Department of Family Practice & Community Health, University of Minnesota, Minneapolis, Minnesota
1980-1986	Private Practice, Spooner, Wisconsin

PUBLICATIONS - Selected

Ahmed S, Size T, Crouse B, Patterson L, Gass E, Karon S, Lund L, Abert C, Wergin A, Hegranes K, Bishop L, Duffy S, Jacobson K. Wisconsin's Strong Rural Communities (SRCI) Initiative: Challenges in Promoting Healthier Lifestyles. Wis Med Journal. 2011; 110(3): 119-126

- Crouse, BJ. Wisconsin Academy for Rural Medicine—An Initiative to Increase Physician Workforce in Rural Wisconsin. *Virtual Mentor*. May 2011; 13(5):287-90.
- Rieselbach RE, Crouse BJ, Frohna JG. Teaching Primary Care in Community HealthCenters: Addressing the Workforce Crisis for the Underserved. *Ann Intern Med*. 2010;152:118-122. This article was published at www.annals.org on 15 December 2009.
- Pathman DE, Crouse BJ, PadillaLF, Horvath TV and Nguyen TT. American Recovery and Reinvestment Act and the expansion and the streamlining of the National Health Service Corps: A great Opportunity for Service-Minded Family Physicians. *JABFM*. 2009;22(5): 582-4.
- Crouse, BJ. Preparing Physicians for Rural Practice: The Role of Medical Student Education. *Journal of Agromedicine*. 12(4):3-5, 2008.
- Crouse BJ, Klein A. Wisconsin Academy for Rural Medicine and Wisconsin AHEC: A Team Approach. *National AHEC Bulletin*. XXIV(1):17-18, 2007.
- Kimball EB, Crouse BJ. Attitudes of Women Physicians in Rural Wisconsin Practice. *Wisconsin Medical Journal*. 2007; 106(5):256-259.
- Carufel-Wert DA, Younkin S, Foertsch J, Eisenberg T, Haq CL, Crouse BJ, Frey JJ. LOCUS: Immunizing Medical Students against the Loss of Professional Values. *Family Medicine* 2007;39(5):320-325.
- Crouse BJ, Munson RL. Physician J-1 Visa Waiver Program: Wisconsin's Experience. *Wisconsin Medical Journal*. 2006; 105(7):16-20.
- Elliott TE, Elliott BA, Regal RR, Renier CM, Haller IV, Crouse BJ, Witrak MT, Jensen PB. Improving rural cancer care patients' outcomes: a group-randomized trial. *Journal of Rural Health* 2004; 20:26-35.

GRANT ACTIVITY

- Wisconsin Model State-Supported Area Health Education Centers Grant.
 - HRSA Model AHEC #93.107. 2002-2005,,2005-2008, 2008-2011.
- Co-Director, Strong Rural Communities.
 - Wisconsin Partnership Fund. Academic Partner 2007-2009.
- Co-op Care, Wisconsin Partnership Fund, Academic
 - Partner working with the Wisconsin Federation of Cooperatives. Implementation Grant 2005-08..
- Wisconsin Academy for Rural Health, Wisconsin Partnership Fund,
 - Principle Investigator Planning Grant, 2004-5,
 - Implementation Funding 2006-9
- Education to address the health needs of communities.
 - HRSA Predoctoral Training in Primary Care CFDA 93.896. 2002-2003. Co-Director

PROFESSIONAL ACTIVITIES

- National Health Services Corps National Advisory Committee, 2007 – present
 - Chairperson, 2009 - present
- Wisconsin Rural Health Development Council, Governor's appointee, 2002-present
- National Rural Health Association, Rural Medical Educators
 - Co-Chair, 2002-2004, Executive Committee 2002 - 2006
- American Academy of Family Physicians
 - AAFP Representative, Primary Care Organization Consortium (PCOC), 1998-2007
 - Commission on Education 1998-2002
 - Chair 2001-2002
 - Committee on Rural Health, 1994-1997
 - Chair 1996-1997

Attachment C: Request for Proposal

Wisconsin Rural Physician Residency Assistance Program (WRPRAP) REQUEST FOR PROPOSALS

Source of Funding

The Wisconsin Rural Physician Residency Assistance Program is the result of Wisconsin Act 190, passed and funded by the state legislature in June 2009 to address acute and growing shortages in Wisconsin's rural medical workforce. The legislation allocated \$750,000 in each year of the current biennium and designated the University of Wisconsin Department of Family Medicine to administer these funds, which are to be specifically utilized to support graduate medical education in rural areas.

Funding Goals

WRPRAP is requesting proposals leading to the development of new or expansion of existing Rural Training Tracks (RTTs) or Rural Residencies in Wisconsin. Proposals must describe an *implementation* plan toward one of these ends. (Application forms for smaller grants – e.g., for supporting rural rotations or feasibility planning only – are available on the WRPRAP website at <http://www.fammed.wisc.edu/rural/applications-funding>. Feasibility studies are eligible for a maximum of a one-year, one-time grant of \$35,000).

Grant Eligibility

WRPRAP funds are available to any Wisconsin residency program in family medicine, general surgery, internal medicine, obstetrics, pediatrics or psychiatry, or to institutions, facilities or organizations supporting a residency program, provided they meet the eligibility requirements described in the legislation and on the WRPRAP website. Legislation also provides that first consideration be given to programs that actively recruit graduates of the UW School of Medicine and Public Health and the Medical College of Wisconsin. Previous recipients of WRPRAP funding are also eligible to compete for these designated funds.

Timeline

November 15, 2011:	Request for Proposals Release
December 15, 2012:	Letters of intent for 2012 proposals are due
February 10, 2012:	Proposals are due
March 5, 2012:	Awardees will be notified by this date

Application Requirements/Guidelines

Letter of Intent

(Must be filed and approved before an implementation proposal will be invited.)

The Letter of Intent will:

- Consist of a 3-5 page overview of the applicant's intentions for developing new or expanding existing rural resident training opportunities
- Articulate long-term goals and plans for implementing a new or expanded RTT or Residency Program
- Indicate the graduate medical education (resident) training programs you are proposing
- Supply a brief description of a two-year (minimum) work plan conveying your vision of how the program will develop over a 2-5-year period
- Outline the assets available to support the proposed program
- Provide names and titles of key staff who will play a principle role in implementing the program
- Identify any partners who will collaborate on the program
- List facilities available for the proposed program
- Provide a budget overview for principle allocations
- Outline a sustainability plan for how the program will be maintained beyond the grant funding

Proposal Submissions

When the Letter of Intent is approved, a more detailed proposal will be requested. Proposals should expand upon the information provided in the Letter of Intent with further detail and should include all of the elements named in the Application Requirements above. Proposals may also include an abstract or project summary to highlight key elements of the proposal narrative. Generally, proposals need not exceed 12-15 pages, not including letters of support.

- Articulate long-term goals and plans for implementing a new or expanded RTT or Residency Program
- Describe the assets available to support the proposed program
- Describe in detail the graduate medical education (resident) training programs you are proposing
- Name key faculty and staff, their responsibilities and qualifications. In addition, provide a CV/resume for the Program Director or lead physician and the Program Coordinator or lead staff person
- Describe facilities available for the proposed program
- Detail the number of patients served and geographic service area
- Share existing consortium arrangements (if any)
- Provide a detailed budget and budget justification for key items

- Explain any previous history of collaboration with proposed or other partners
- Detail a work plan of a minimum of two years describing your vision of how the program will develop over a 2-5-year period
- Include a defined sustainability plan for how the program will be maintained beyond the grant funding
- Submit with your application at least three letters of support from knowledgeable parties endorsing your application

Available Funding

WRPRAP has funding available for distribution over a two-year period. We are anticipating up to four grant-worthy applications through the RFP process (plus smaller grants accessible through the existing application process on the WRPRAP website; see above).

Grants for an initial year of programming are available **up to** an anticipated maximum of \$150,000. Funding for a second year is available **up to** an anticipated maximum of \$125,000 based on successful completion of approved and mutually agreed benchmarks between WRPRAP and the grantee. Total funds awarded are dependent upon the number and merit of applications received. Availability of funding for a third year at lesser levels is yet to be determined.

Funds will be awarded through a cooperative agreement* between WRPRAP and the grantee, enabling WRPRAP to provide technical assistance to facilitate successful program implementation throughout the funding cycle. Collaboration/consortium development between primary applicant and other providers is encouraged.

*A cooperative agreement is a form of assistance relationship where grantor is substantially involved during the performance of the award (guidance, support, consultation or training).

Funding Restrictions

Funds awarded through this RFP process:

- May be used only in support of Wisconsin-based programs
- May supplement but not supplant existing state or federal funds for activities described in the budget
- Must be used to substantially contribute to the development of new programs or expansion of existing long-term rural graduate medical education efforts or entities (i.e., residency program or rural training track)
- Must not be used primarily for research, planning or feasibility studies; rather the goal is for implementation of well-considered plans
- Must support the work plan submitted in the Letter of Intent

Review Process

Letters of Intent and Proposals will be reviewed and evaluated by WRPRAP staff according to criteria that reflects the requirements and values stated and implied in the Request for Proposals.

Vision

- ◆ Extent to which proposal implementation would address WRPRAP's primary mission: building and more equitably distributing Wisconsin's medical workforce throughout the state
- ◆ Degree to which proposal implementation would create new or expanded resident training in rural Wisconsin
- ◆ Relevancy of proposed implementation plan to long-term as well as short-term goals

Impact

- ◆ Projected number and type of resident rural training slots added and time frames expected to yield anticipated results
- ◆ Likelihood of extending medical workforce to currently underserved areas
- ◆ Indications that proposed new or expanded residency training will have community as well as strategic residency education benefits

Supporting Assets

- ◆ Leadership commitment
- ◆ Organizational culture that honors and rewards innovation
- ◆ Number and contributions of collaborating partners
- ◆ In-kind contributions of applicant and partners
- ◆ Depth of curriculum
- ◆ Quality and commitment of teaching staff
- ◆ Uniqueness of resident training experiences offered
- ◆ Evidence of collaborative experience with external partners

Feasibility

- ◆ Evidence that the applicant has clear understanding of strategic, process and accreditation issues involved in creating or expanding resident training – or means of achieving this status
- ◆ Clarity of planned/desired outcomes vs. “planning to plan”
- ◆ Likelihood that the plan and projected use of funds will lead to the desired outcomes as expressed
- ◆ Stated deliverables and realistic timeline: What constitutes “success”?
- ◆ Evidence of sustainability planning

Reporting Requirements

An annual formal report detailing progress toward goals, measured against stated proposal intentions and responding to specific WRPRAP provided questions is required within 21 days of the annual anniversary date of the awarded grant. Assume that reporting documents will be considered public information.

In addition, a minimum of two site visits per year will be conducted by WRPRAP program staff.

Submission Instructions

Submit Letters of Intent and Proposals by the deadlines indicated above to WRPRAP Coordinator, Wilda Nilsestuen via US mail, fax or as an attachment to email.

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