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 2014 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.

December 1, 2014

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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.

Key to achieving this goal is raising awareness 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 of what steps are needed, how to achieve them and, ideally, commitment to contributing to the solutions.

As WRPRAP nears the end of its fourth 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 2014 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 the projected needed medical workforce in Wisconsin over the coming decades.

1. Grants Funding

Over this required reporting period, WRPRAP awarded 10 grants – 5 during the second half of FY14 and 5 during the first half of FY15 – for a total of $680,227 over the 12 months since November 30, 2013. These awards have ranged from $5,838 to $150,000. They include:

- 3 continuing grants from existing major projects (WCRGME, Monroe Clinic, UW Surgery);
- 5 education development grants (Aurora Health Care-Milwaukee, AHEC, Baraboo RTT, UW Psychiatry and UW Pediatrics);
- 1 new major project (Divine Savior-Portage); and
- 1 early development project, Memorial Medical Center, Ashland).

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.

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. The 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 15 in 2013 to 21 in 2014.

3. Outreach

Outreach to the medical specialties declared eligible for WRPRAP funding by Act 190 is critical to WRPRAP's ongoing success. Of those 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.

In 2014, active outreach efforts and growing awareness of development opportunities through WRPRAP funding resulted in grant proposals for major projects in general surgery and psychiatry, and most recently, obstetrics.

4. Collaboration

Collaboration with other stakeholders engaged in addressing the critical need for a larger, better-prepared medical workforce for rural Wisconsin has strengthened the impact each can have. Notable partners in 2014 included the Wisconsin Council on Medical Education & Workforce (WCMEW), the Wisconsin Hospital Association (WHA), and the Wisconsin Department of Health Services (DHS).

Joint events such as the WCMEW-sponsored Northwest Wisconsin Rural GME Forum, held October 29, 2014, allow all stakeholders to share common goals, insights and implementation plans for addressing GME issues. WRPRAP's continuing participation in the RTT Collaborative bolsters our national presence, as well.

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 Rural Training Tracks (RTTs; see Glossary). 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 communities. The Medical College of Wisconsin's (MCW) development of additional rural sites for its community-based medical education campus 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) native to Wisconsin, 2) attending medical school here and 3) completing residency here. Individuals who fit into all three categories stay in Wisconsin 86% of the time. 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.

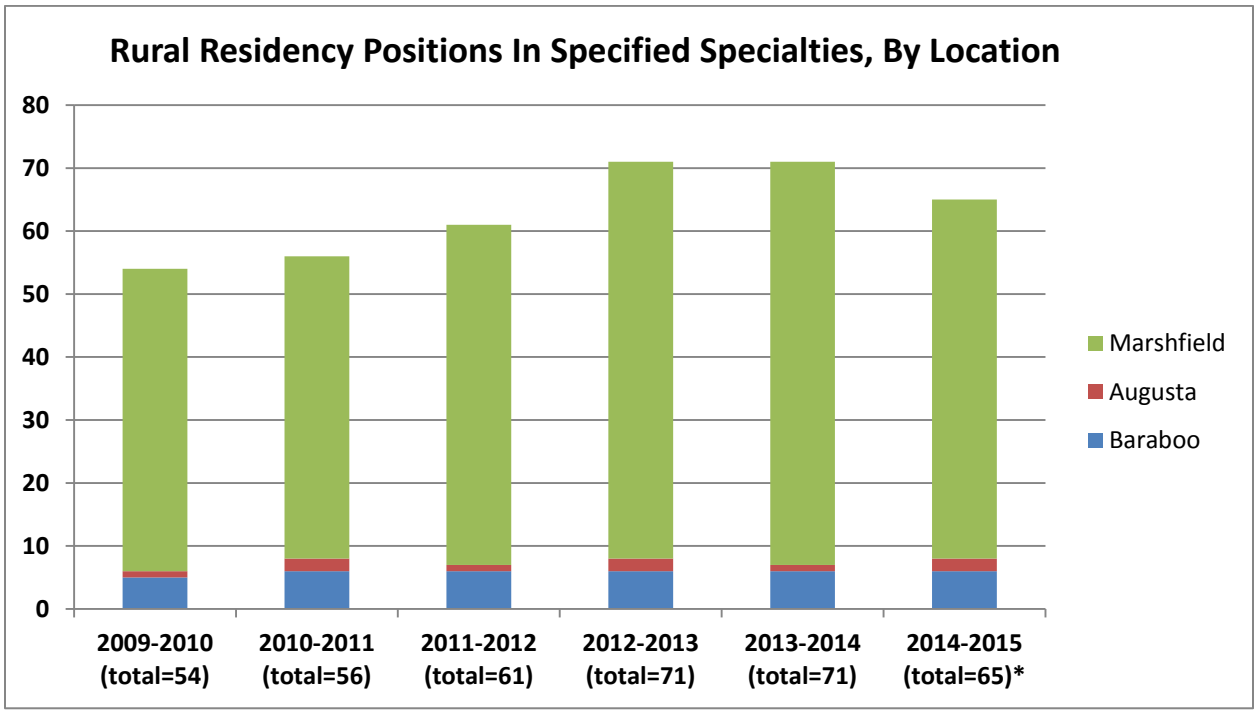
Through each of its operational strategies – grant funding, technical assistance, outreach and collaboration – WRPRAP is an important catalyst for addressing this need.

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.



**2014-2015 also had 1 fellow devoted exclusively to rural training*

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, 2014, in order of distribution:

- Monroe Clinic RTT: 19 rotations: 2 rural family medicine (Brodhead), 12 Rural Surgery, 4 Emergency Medicine, 1 hospitalist
- Divine Savior Hospital, Portage: UW Family Medicine residents for 5 rotations in Emergency Department and 12 rotations in General Surgery
- UW Department of Pediatrics: 3 Pediatric rotations in Beaver Dam, Baraboo and Sauk City
- Marshfield Clinic: 2 Internal Medicine rotations in Rice Lake, Minocqua, and/or Park Falls
- UW-Fox Valley: 1 Family Medicine rotation in Waupaca

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 were met (population size, distance from metro area, duration of rotation, etc.) as condition for receiving a WRPRAP grant.

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

- UW School of Medicine & Public Health
- St. George's University
- New York University School of Medicine
- University of Michigan
- University of Iowa
- Johns Hopkins School of Medicine
- Lake Erie College of Osteopathic Medicine
- University of Sint Eustatius School of Medicine

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

- 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
- Monroe Clinic Rural Training Track: most recent certification: 2013

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

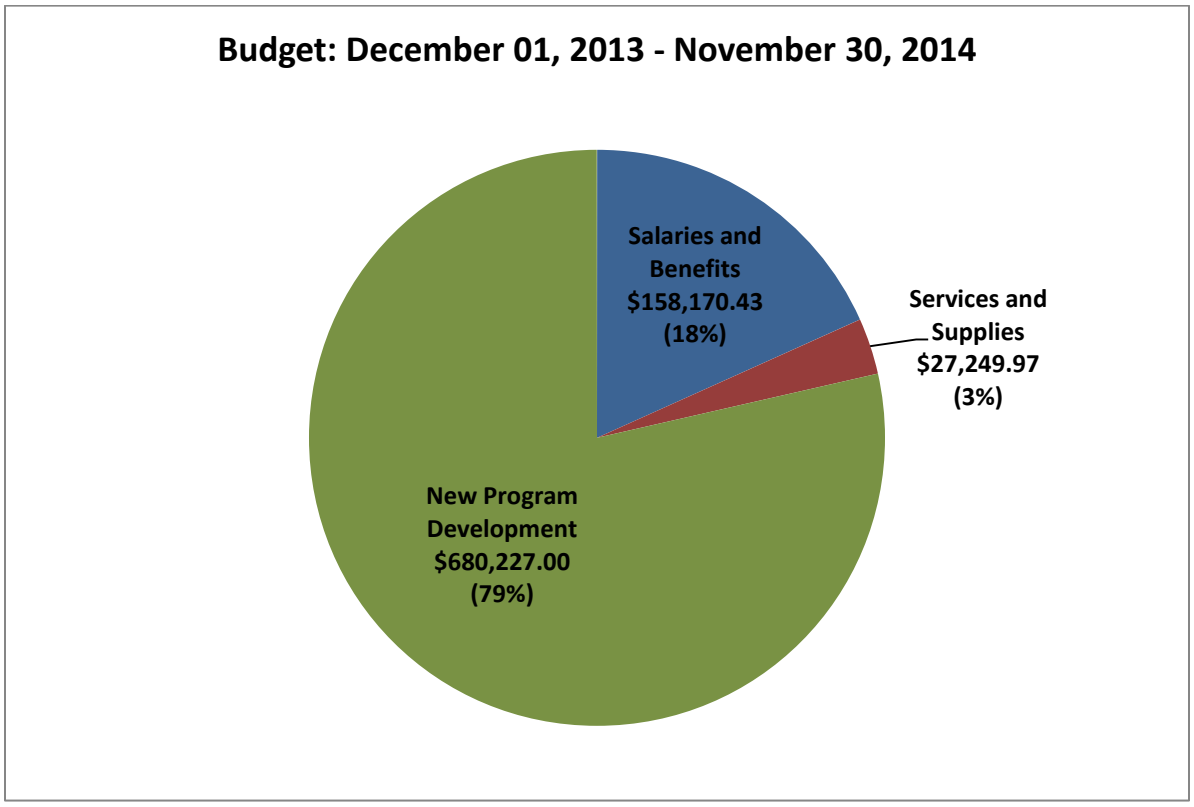
Not Applicable

**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, please note the following: 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, 2013 through November 30, 2014 (i.e., crossing parts of two budget years), the Wisconsin Rural Physician Residency Assistance Program has spent $158,170.43 in salary and benefits, and $680,227 in funding to grantees. Beyond dedicated financial assistance funds, WRPRAP's other budget expenses have been minimal.



Accomplishments: 12/01/2013-11/30/2014

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, 2013, through November 30, 2014, WRPRAP awarded 10 grants ranging from $5,838 to $150,000 each, for a total of $680,227.

Awards included:

- 10 grants to 10 different systems, including UW and MCW (and encompassing 18 organizations total when community sites for resident GME experiences are considered);
- 4 eligible specialties: family medicine, pediatrics, general surgery, and psychiatry;
- 3 types of grants:
    - 1 early development grant
    - 5 educational development grants
    - 4 major grants (including 3 continuing grants from previously awarded major grants and 1 new major award)

Note: not all categories above are mutually exclusive. The distribution of grant types indicates a greater demand for larger grants, which are often the result of smaller, earlier grants that helped to establish feasibility.

These funds are:

- Enabling the UW Department of Surgery to add a rural track to its existing general surgery residency program;
- Providing early development support for building new community-based rural residencies (MCW and Aurora Health);
- Underwriting feasibility studies for exploring GME capacity to justify new resident training involvement (Ashland, Bellin Memorial-Green Bay);
- Supporting elective rural rotations in Baraboo, Portage, Sauk City and Beaver Dam for UW Department of Pediatrics residents;
- Fostering hospitalist and emergency medicine fellowship programs (Monroe);
- Building 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
- Providing national exposure for residency and rotation sites through joint marketing and identity development.

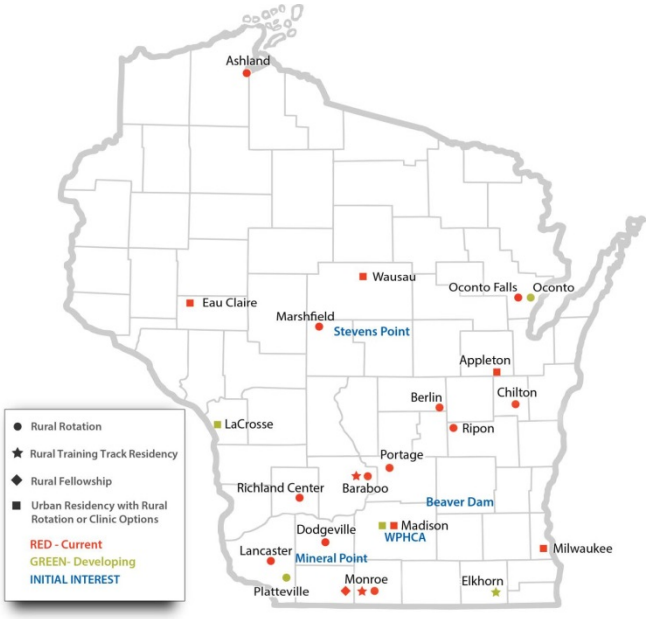
Specifically, individual grants were allocated as follows:

Grantee & Location	Award Date	Grant Type	Grant Purpose	Award Amount
Monroe Clinic, Monroe	04/23/14	Continuing Major Grant	Development of hospitalist and emergency medicine fellowships for family physicians	$100,00
Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME)	04/26/14	Major Grant	Continuing development of statewide consortia for supporting rural GME; outreach, training and technical assistance to hospitals, clinics, residencies	$150,000
Divine Savior Healthcare, Portage	05/12/14	Major Grant	RTT Development	$150,000
Aurora Health Care, Inc., Milwaukee	05/14/14	Education Development Grant	Next steps in planning for future rural sites	$53,267
Memorial Medical Center, Ashland	06/18/14	Early Development Grant	Feasibility study to explore GME options	$32,677
RWHC/NEWAHEC/ WCRGME Joint application, Manitowoc	09/16/14	Education Development Grant	Hire new part-time education coordinator to provide assistance to WCRGME in northern Wisconsin	$46,090
UW Department of Family Medicine Baraboo RTT, Baraboo	09/23/14	Education Development Grant	Purchase 4 MacBook Air computers and cases for exclusive use of residents for access to required online curriculum during their training at Baraboo RTT.	$5,838
UW Department of Pediatrics, Madison	09/25/14	Educational Development Grant	4-week pediatric resident rural rotation in 2015	$5,855
UW Department of Surgery, Division of General Surgery, Madison	09/25/14	Major Grant	Year 2 of grant to develop rural track within existing general surgery residency program	$125,000
UW Department of Psychiatry, Madison	11/19/14	Educational Development Grant	8-week psychiatry resident rotation to Lac Courte Oreilles tribal community in Hayward, WI. Training for providing community mental health services and co-facilitating native mother/infant therapy groups	$11,500
			Total:	**$680,227**

2. Technical Assistance

Technical assistance supplied by WRPRAP is provided most directly through funding of 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 for expanding interest in rural GME initiatives throughout Wisconsin – and offering 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.



WCRGME active sites as of November 2014

As of November 2014, WCRGME has relationships with 27 organizations in 21 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 15 in 2013 to 21 in 2014 – including new members in the specialties of general surgery and psychiatry.

In addition, WCRGME has helped to increase the number of community organizations prepared to accept residents for rotations. Consequently, rural rotations as reported by WCRGME members have grown from 8 to 26 and the number of rural fellowships from 0 to 2 (see map). It has also assisted in the development of the Monroe RTT, the Portage RTT (currently on hold), and an Aurora-sponsored RTT in Lakeland.

Finally, WCRGME assisted the UW Department of Surgery in developing a rural track for general surgery residents and assisted the UW Department of Psychiatry in investigating a similar track.

3. Outreach

Outreach to the medical specialties declared eligible for WRPRAP funding by Act 190 is critical to WRPRAP's ongoing success. Of those 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.

In 2014, active outreach efforts and growing awareness of development opportunities through WRPRAP funding resulted in grant proposals for major projects in general surgery, psychiatry, and most recently, requests for information from obstetrics. In all, 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 2014 included:

- **Improved Communications.** WRPRAP continues to expand awareness of its goals, activities and available funding among individuals and programs interested in GME. Through a bimonthly e-newsletter – now published jointly with WCRGME – stakeholders are kept informed of developments in both organizations, such as funding opportunities, relevant meetings, and policy updates. In addition, a bimonthly videoconference with WCRGME, plus less frequent in-person meetings, helps to keep information flowing and relationships growing.

- **Family Medicine Residency Program Directors Forum.** WRPRAP, with the assistance of WCRGME and the Madison Area Health Education Center (AHEC), held a forum for family medicine residency program directors on February 17, 2014. The event brought together GME professionals from around the state to share common challenges and potential solutions. Participants appreciated the opportunity to meet over mutual concerns and idea sharing, and we are planning a second forum in the winter of 2015.

- **Strengthened State and National Partnerships.** WRPRAP built on active collaborations with regional and state 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. The first three organizations have a recognized national presence in rural GME.

  The most recent collaboration between these groups was the Northwest Wisconsin GME Forum, which was held October 29, 2014, in Chippewa Falls. Principal decision makers from the state's major health systems and academic medical centers met to explore initial joint efforts to better prepare the healthcare workforce in underserved areas.

  In addition, WRPRAP, on behalf of WCRGME membership, continued to support the RTT Collaborative, a national organization that provides leadership, technical assistance and advocacy for RTTs. Participation in this group further bolsters our national presence.

  Finally, as a result of Wisconsin's substantial progress in GME development, WRPRAP was selected to host the 2015 RTT Annual Meeting. The event, which draws a national audience of federal, state and local GME stakeholders, will be held on May 27-29, 2015, in Madison and Baraboo.

- **New Grant Collaboration.** WRPRAP has deliberately cooperated with DHS to ensure that the new GME funding it offered in 2014 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, including Gundersen Medical Foundation (La Crosse); Monroe Clinic (Monroe); and the UW Department of Surgery (Madison). 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
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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, more of the grant requests in 2014 were for second-stage development or major projects, as opposed to initial feasibility studies. This clearly demonstrates that more programs are investing more deeply in GME and pursuing projects already 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. In a climate of rapid change, our separate roles will evolve – even as our goals and vision for rural GME in Wisconsin converge.

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 fourth 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 in rural communities. In 2014, many of those efforts built upon previous WRPRAP grants, which demonstrates that seeds planted earlier are beginning to sprout into organizational commitment to GME.

Technical assistance available to community-based facilities and residencies wishing to invest in rural training experiences also expanded further in 2014. 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.

Clearly, outreach pays off, and WRPRAP will continue 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 know that collaboration benefits GME overall, 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.