



# 2016 Annual Report

Wisconsin Rural Physician Residency Assistance Program



DEPARTMENT OF  
Family Medicine and  
Community Health  
UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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## Introduction

### Annual Budget

As part of the State's Critical Access Hospital Assessment to raise additional funding to match Medicaid reimbursement, Wisconsin Act 190 became effective July 1, 2010. This Act provides an annual \$750,000 to fund a rural physician residency assistance program, which was established in the Department of Family Medicine and Community Health (DFMCH) in the University of Wisconsin School of Medicine and Public Health (UW-SMPH). Wisconsin Rural Physician Residency Assistance Program (WRPRAP) has been renewed each biennium since originally enacted. The Department oversees and approves the administrative budget in an annual review process and administers sub-awards to receiving organizations. A Grant Review Committee was initiated as a formal process to strengthen and continuously improve the number and size of awards to be approved for allocation toward rural graduate medical education (GME), based on anticipated available funds and existing commitments.

### Accomplishments

From December 1, 2015, to November 30, 2016, WRPRAP awarded 7 grants for a total of \$528,866. The awards ranged from \$4,888 to \$156,624 with projects including faculty development, planning and implementation of a new women's health curriculum, and the development of two new rural residency tracks (See Exhibit 1 WRPRAP Awards). The Aurora Lakeland Rural Training Track Family Medicine Residency Program is recruiting its first four residents to start in 2017 with plans to sustain a full program of twelve residents starting in July 2020. UW Obstetrics & Gynecology Residency Program initiated the nation's first rural track in the specialty; with about one hundred applicants competing for one position, it is prepared to match its first rural track resident in 2017. Since 2010, WRPRAP has invested its human capital and grants to develop eight new programs,

support fourteen existing programs, and open eight rural positions for the residents and fellows who fill them today.

## Program Information

### Policy Guidelines

To ensure compliance at the University, State and national levels, individual grant applicants are required to attest to complying with Accreditation Council for Graduate Medical Education (ACGME) and/or American Osteopathic Association (AOA) accreditation requirements, adhering to Centers of Medicare and Medicaid Services (CMS) guidelines and demonstrate that the awarded funds do not supplant existing funding.

WRPRAP monitors grant eligibility through an approval process prior to submitting a grant application. Eligibility involves programs that are in a "rural area," meaning a city, town or village that has a population of less than 20,000 and that is at least 15 miles from any city, town or village that has a population of 20,000 or more, and support a physician who specializes in family medicine, general surgery, internal medicine, obstetrics and gynecology, pediatrics or psychiatry. Funding is eligible to cover activity costs including, but not limited to, resident salary for rural rotations, curriculum development, technical assistance for rural programs, pilot studies and development of new rural GME initiatives.

### Fiscal Management

In 2016, 80% of the WRPRAP budget was allocated to grants and the remaining 20% was allocated for program administration. Grants were competitively awarded to programs that share the goal to expand opportunities and prepare new physicians to practice in rural Wisconsin communities. Individual grant recipients were required to complete a midterm progress report and final summary report during each 12-month term, in order to meet requirements of the Contract Agreement. WRPRAP staff monitors the grants throughout their funding terms, and may request a site visit to

review achievements or make recommendations in support of positive outcomes.

## Strategic Initiative

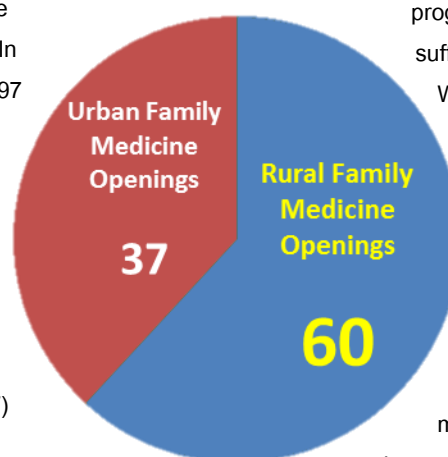
As WRPRAP nears the end of its sixth operational year, it is consistently enhancing rural GME activities in Wisconsin. The shortage of physicians in rural Wisconsin communities continues to be a prevalent statewide public health problem. According to a report from the Wisconsin AHEC Program Office in October 2016, 26% of the Wisconsin population lives in rural and mixed service areas (where “mixed” includes areas made up of rural and urban services), while only 14% of all physicians practice in these communities. In August 2016, the New Physicians for Wisconsin reported 97 family medicine openings across the state, while 60 of those position locations fit the WRPRAP definition for “rural.”

As the nation nears full recovery from the Great Recession, rural America is now seeing positive trends in significant economic recovery indicators (Vilsack, 2016). Both UW-SMPH and Medical College of Wisconsin (MCW) are graduating an increasing number of medical students each year and pushing the frontline to meet our state’s medical workforce needs. The UW-SMPH Wisconsin Academy for Rural Medicine (WARM) program and two new MCW campuses in Wausau and Green Bay select students who demonstrate a strong potential to practice in rural Wisconsin communities and provide medical training to support this outcome. WARM students participate in a rural core curriculum along with rural clinical experiences at regional sites, and the program graduates 26 students each year. MCW Central Wisconsin and Green Bay campuses are now offering a three-year MD program, training primary care physicians, surgeons and psychiatrists with a focus on public health.

The 2011 Wisconsin Council on Medical Education and Workforce (WCMEW) report *100 New Physicians a Year: An Imperative for Wisconsin* identified that 86% of Wisconsin’s students who attend a Wisconsin medical school and Wisconsin residency program will practice medicine in

Wisconsin (WCMEW, 2016). It has also been found that students with exposure to rural medicine learning communities are more likely to practice in rural communities, especially if they continue their residency education at a rural medical center. It is critical that a concurrent increase in residency program capacity is developed for those medical school graduates.

The 2016 WCMEW report *A Work in Progress: Building Wisconsin’s Future Medical Workforce* projects a deficit of 2,196 physicians by 2030, and recommends an increase in the amount of state GME funding while monitoring GME



**New Physicians for Wisconsin (Aug 2016)**

program development to ensure sufficient opportunities to place Wisconsin medical school graduates in Wisconsin residency programs. WRPRAP continues to demonstrate leadership in addressing the maldistribution of primary care physicians through managing the bottleneck between medical school graduates and primary care physician demand in rural Wisconsin communities.

WRPRAP’s outreach, inclusive partnerships and funding strategies allow for continuously improving rural GME programs and increasing development of Wisconsin’s rural medical workforce.

## Technical Assistance

The Wisconsin Collaborative for Rural GME (WCRGME) is partnered with WRPRAP to provide technical assistance for WRPRAP grantees and other organizations interested or involved in developing rural GME programs and tracks.

WCRGME has regular contact with rural community hospitals, clinics and residency programs in Wisconsin. The program facilitates WRPRAP grant implementation and nurtures interest in developing rural GME. WCRGME additionally sponsors networking and professional

development events throughout the year, increasing program membership from 21 organizations in 2014 to 42 in 2016 (see Exhibit 2 Rural GME Sites Supported by WRPRAP Funding). Along with growth in membership, there has also been an increase in rural rotation opportunities from 27 in 2014 to 46 in 2016 (WCRGME, 2016).

## Collaboration

Notable WRPRAP partners involved in preparing a stronger medical workforce across rural Wisconsin communities include Rural Wisconsin Health Cooperative (RWHC), Wisconsin Area Health Education Centers (AHEC), Wisconsin Council on Medical Education and Workforce (WCMEW), Wisconsin Department of Health Services (DHS), Wisconsin Hospital Association (WHA) and Wisconsin Office of Rural Health (WORH).

January 2016 marked the first **Rural Programs Annual Review** in Madison, where WRPRAP hosted members from AHEC, WARM, WCRGME and WORH, as organizations involved in the Wisconsin rural physician workforce pipeline. The third annual **Wisconsin Family Medicine Residency Program Directors Forum** was held in Sauk City in March 2016. Speakers from UW-SMPH and MCW reviewed advances and new initiatives in Wisconsin's medical school curriculum, and residency program directors examined priorities and strategies for resident recruitment and faculty development. New and established programs were represented by directors in Amery, Appleton, Baraboo, Eau Claire, La Crosse and Monroe. Rural residency experiences

are influenced by program leadership, and WRPRAP aims to facilitate networking and professional development opportunities for program directors with rural GME priorities.

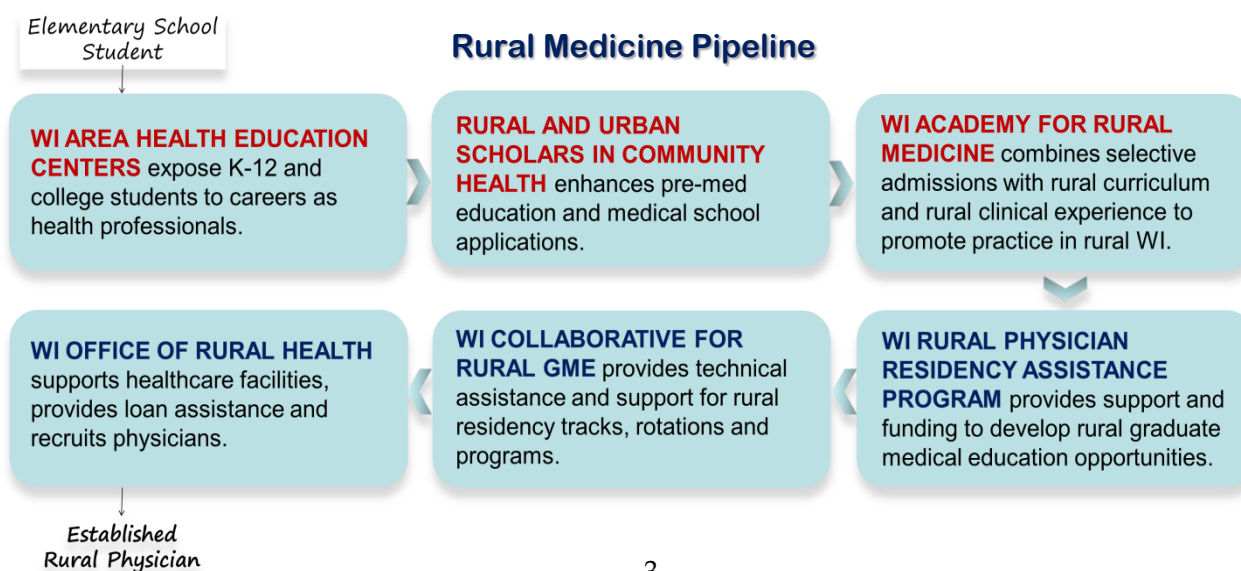
WRPRAP continues to be a sponsoring member of the **RTT Collaborative**, a national organization that provides leadership, technical assistance and advocacy for rural residency program throughout the United States. Participation in this group leverages national expertise to foster and sustain rural GME programs in rural Wisconsin communities.

## Outreach and Education

Outreach to medical specialties serves as the foundation for WRPRAP's ongoing success. WRPRAP has provided support for each of the six specialties declared eligible for funding— family medicine, general surgery, internal medicine, obstetrics/gynecology, pediatrics and psychiatry.

In 2016, organizations received WRPRAP funding in the specialties of rural family medicine, pediatrics and obstetrics/gynecology.

Networking and increasing awareness of WRPRAP activities is also central to the level of impact created by the program. WRPRAP participated in UW-sponsored events including the Teaching and Learning Symposium and Medical Education Day, both in May 2016. These events expanded the reach of the program to faculty, staff and students across all UW departments and also focused its role within SMPH.



## Grants

### Categories

The 2014 Health and Medicine Division (HMD, formerly IOM) of National Academies of Sciences, Engineering and Medicine report on *Graduate Medical Education That Meets the Nation's Health Needs* identified recommendations to improve the current state of GME financing. One of the recommendations was to create two subsidiary funds from a primary GME fund; WRPRAP adopted the recommendation and definitions.

**Rural GME Operational Grants** support enhancement of current, accredited rural GME programs in Wisconsin, including the funding of rural rotations.

**Rural GME Transformation Grants** support the initiation and early development of new rural GME programs in Wisconsin, including new rural tracks within an existing urban residency program.

## Awards

WRPRAP awarded 7 grants from December 1, 2015, to November 30, 2016, totaling \$528,866. (See Exhibit 1 WRPRAP Awards).

- **5 Operational Grants**

- Gundersen- La Crosse Family Medicine Residency Program
- Monroe Clinic
- RWHC/Northeast Wisconsin AHEC
- Wisconsin Collaborative for Rural GME
- UW Baraboo RTT Family Medicine Residency Program

- **2 Transformation Grants**

- Aurora Lakeland RTT Family Medicine Residency Program
- UW Obstetrics & Gynecology Residency Program – Rural Track

## Required Reporting

Section 36.63 (4)(a) of the Wisconsin State Statutes requests “the number of physician residency positions that existed in the 2009-2010 fiscal year, and in each fiscal year beginning after the effective date of this paragraph that included a majority of training experience in a rural area.”

As of November 30, 2016, we have recorded a total of 87 Wisconsin residents in accredited rural-focused residency programs. These programs show a 10% gain in residents from the previous year. Recent reports identified revised information to provide the most accurate data for the current year. Highlighted in Table 1 below, seven of Wisconsin’s ten rural residency programs and tracks have received WRPRAP funding to support new initiatives, rural rotations, curriculum improvement or faculty development.

Total # of Residents/Fellows in Rural GME Programs, Wisconsin								
Organization	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Marshfield Clinic General Surgery Residency	15	15	15	15	15	15	15	15
Marshfield Clinic Internal Medicine Residency	19	18	19	23	24	24	24	26
Marshfield Clinic Med-Peds Residency	8	8	9	8	7	7	7	8
Marshfield Clinic Pediatrics Residency	11	12	14	16	18	18	18	18
Monroe Clinic Family Medicine Residency	-	-	-	-	-	-	2	4
Monroe Clinic Fellowship (Emergency Medicine, Hospitalist)	-	-	-	-	-	1	1	2
UW Augusta Family Medicine Residency	2	2	2	2	2	2	2	2
UW Baraboo RTT Family Medicine Residency	6	6	6	6	6	6	6	6
UW General Surgery Residency - Rural Track	-	-	-	-	-	-	1	2
UW Psychiatry Residency - Public Health Track	-	-	-	-	1	2	3	4
<b>Total # Wisconsin Residents/Fellows in Rural GME Programs</b>	<b>61</b>	<b>61</b>	<b>65</b>	<b>70</b>	<b>73</b>	<b>75</b>	<b>79</b>	<b>87</b>
Note: Rural programs/tracks do not account for rural rotations								

Table 1: Wisconsin GME programs supporting rural training, and number of total physician residency positions per year

36.63 (4)(b1): The number of such physician residency positions funded in whole or in part under this section in the previous fiscal year.

Since 2010, WRPRAP has contributed to the development of new rural residency programs and tracks, increasing the number of open slots for residents and fellows who aim to practice medicine in a rural community. New data shows that 68% of the 28 rural slots in FY16 have received WRPRAP funding in the past. Between December 1, 2015, and November 30, 2016, WRPRAP awarded new funding to support 4 residents in the existing residency programs in Baraboo and Monroe. Table 2 highlights programs that received WRPRAP funding to develop new residency and fellowship positions and marks the year these positions were created.

# of Open Positions Per Year in Rural GME Programs, Wisconsin								
Organization	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Marshfield Clinic General Surgery Residency	2	2	2	3	3	3	3	3
Marshfield Clinic Internal Medicine Residency	6	6	8	8	8	8	8	9
Marshfield Clinic Med-Peds Residency	2	2	2	2	2	2	2	2
Marshfield Clinic Pediatrics Residency	4	4	6	6	6	6	6	6
Monroe Clinic Family Medicine Residency	-	-	-	-	-	-	2*	2*
Monroe Clinic Fellowship (Emergency Medicine, Hospitalist)	-	-	-	-	-	2*	2	2
UW Augusta Family Medicine Residency	1	0	1	0	1	0	1	0
UW Baraboo RTT Family Medicine Residency	2	2	2	2	2	2	2	2
UW General Surgery Residency - Rural Track	-	-	-	-	-	-	1*	1*
UW Psychiatry Residency - Public Health Track	-	-	-	-	1	1	1	1
<b>Total # Openings in Rural GME Programs</b>	<b>17</b>	<b>16</b>	<b>21</b>	<b>21</b>	<b>23</b>	<b>24</b>	<b>28</b>	<b>28</b>
Note: *New slot(s) that received WRPRAP funding								

**Table 2: Number of open slots for rural physician residency/fellowship positions per year**

Looking ahead, WRPRAP's funding of the new Aurora Lakeland Rural Training Track Family Medicine Residency projects to train 12 total residents starting in 2019, and the new UW Department of Obstetrics & Gynecology Rural Track projects to train 3 total residents in the same year. WRPRAP awarded a feasibility study grant to MCW Department of Psychiatry, which initiated the development of the MCW Central Wisconsin Psychiatry Residency and MCW Northeast Wisconsin Psychiatry Residency. These programs will train a total of 12 residents in Wausau and 16 residents in Green Bay, respectively, by 2020.

Organization	2017-2018	2018-2019	2019-2020	2020-2021
Aurora Lakeland Rural Training Track Family Medicine Residency	4*	4*	4*	4
MCW Central Wisconsin Psychiatry Residency (Wausau)	3*	3*	3*	3*
MCW N.E.W. Psychiatry Residency (Green Bay)	4*	4*	4*	4*
Methodist Hospital Rural Family Medicine Residency	-	2	2	2
Monroe Clinic Family Medicine Residency	2*	2	2	2
UW General Surgery Residency - Rural Track	1*	1*	1*	1
UW Obstetrics & Gynecology Residency - Rural Track	1*	1*	1*	1
Note: *New slot(s) that received WRPRAP funding				

**Table 3: Future rural GME programs/tracks and number of open slots for physician residency positions per year**

Monroe Clinic Family Medicine and UW General Surgery Rural Track are both existing programs that received WRPRAP funding and will collectively create 5 additional resident openings between 2017 and 2019.



### 36.63 (4)(b2): The eligibility criteria met by each such residency position and the hospital or clinic with which the position is affiliated.

WRPRAP grants support physician residency positions that are either (1) in a hospital that is located in a rural area or in a clinic staffed by physicians who admit patients to a hospital located in a rural area, or (2) a rural rotation, which consists of at least 8 weeks of training experience in a hospital that is located in a rural area or in a clinic staffed by physicians who admit patients to a hospital located in a rural area. These criteria include the following definitions:

- “Physician” means a physician who specializes in family medicine, general surgery, internal medicine, obstetrics, pediatrics or psychiatry.
- “Rural area” means any of the following:
  - A city, town, or village in this state that has a population of less than 20,000 and that is at least 15 miles from any city, town, or village that has a population of at least 20,000
  - An area in this state that is not an urbanized area, as defined by the federal bureau of the census.

### 36.63 (4)(b3): The medical school attended by the physician filling each such residency position.

#### **Marshfield Clinic General Surgery Residents**

American University of the Caribbean School of Medicine  
Creighton University  
Kansas City University of Medicine and Biosciences  
College  
Mayo Medical School - Rochester, MN  
Medical College of Wisconsin - Milwaukee

Ross University School of Medicine  
St. George's University  
University of Minnesota - Minneapolis  
University of Wisconsin School of Medicine and Public Health  
Wayne State University School of Medicine - Detroit

#### **Marshfield Clinic Internal Medicine Residents**

College of Medical Sciences of Nepal  
Dow Medical College  
Irsa University  
Kurnool Medical College  
Makerere University  
Mamata Medical College  
Manipal College of Medical Sciences  
Medical College of Wisconsin - Milwaukee  
Mysore Medical College  
Poznan University of Medical Sciences

Rangaraya Medical College  
Ross University School of Medicine  
Saba University School of Medicine  
Sindh Medical College  
The University of Nigeria  
University of Khartoum  
University of Maiduguri  
University of Port Harcourt  
University of South Dakota Sanford School of Medicine

#### **Marshfield Clinic Internal Medicine-Pediatrics Residents**

American University of Antigua College of Medicine  
Charles University (Czech Republic)  
University of South Dakota Sanford School of Medicine

University of Wisconsin School of Medicine and Public Health

#### **Marshfield Clinic Pediatrics Residents**

Kasturba Medical College  
Mashhad University of Medical Sciences  
Medical College of Bhavnagar  
Penn State Milton S. Hershey Medical Center

Pondicherry Institute of Medical Sciences  
Ross University School of Medicine  
Saba University School of Medicine  
Shadan Institute of Medical Sciences



Shifa College of Medicine  
Smolensk State Medical University  
St. George's University  
St. Matthew's University School of Medicine  
Sun Yat-Sen University of Medical Sciences

Universidad Catolica Boliviana San Pablo  
University of Minnesota - Minneapolis  
University of Wisconsin School of Medicine and Public Health

**Monroe Clinic Family Medicine Residents and Fellows**

Arizona College of Osteopathic Medicine, Midwestern University  
Des Moines University - School of Osteopathic Medicine

St. George's School of Medicine  
St. James School of Medicine – Bonaire

**UW-Augusta Family Medicine Residents**

St. George's University - Grenada  
St. James School of Medicine - Bonaire

**UW-Baraboo RTT Family Medicine Residents**

Des Moines University - School of Osteopathic Medicine  
Oregon Health & Science University School of Medicine  
Rush Medical College of Rush University Medical Center

University of Wisconsin School of Medicine and Public Health  
Wayne State University School of Medicine - Detroit

**UW-Madison Community General Surgery Residents**

Rosalind Franklin University of Medicine and Science  
University of Kansas School of Medicine

**UW-Madison Psychiatry – Public Health Residents**

Creighton University School of Medicine  
University of Wisconsin School of Medicine and Public Health

36.63 (4)(b4): The year the Accreditation Council for Graduate Medical Education certified the residency program.

**Marshfield Clinic General Surgery Residency Program**

**Original ACGME Accreditation Date:** July 01, 1975  
**Accreditation Status:** Continued Accreditation  
**Renewed:** January 07, 2016  
**Accredited Length of Training:** 5 years

**Marshfield Clinic Internal Medicine Residency Program**

**Original ACGME Accreditation Date:** September 01, 1974  
**Accreditation Status:** Continued Accreditation  
**Renewed:** January 15, 2016  
**Accredited Length of Training:** 3 years

**Marshfield Clinic Internal Med-Peds Residency Program**

**Original ACGME Accreditation Date:** July 01, 2006  
**Accreditation Status:** Continued Accreditation  
**Renewed:** January 15, 2016  
**Accredited Length of Training:** 4 years

**Marshfield Clinic Pediatrics Residency Program**

**Original ACGME Accreditation Date:** November 07, 1974

**Accreditation Status:** Continued Accreditation

**Renewed:** January 28, 2016

**Accredited Length of Training:** 3 years

**Monroe Clinic Family Medicine Residency Program**

**Original AOA Accreditation Date:** July 31, 2014

**Accreditation Status:** Continued Accreditation

**Renewed:** September 15, 2016

**Accredited Length of Training:** 3 years

**UW Augusta Family Medicine Residency Program**

**Original ACGME Accreditation Date:** March 26, 1975

**Accreditation Status:** Continued Accreditation

**Renewed:** January 25, 2016

**Accredited Length of Training:** 3 years

**Osteopathic Recognition:** Initial Recognition

**Osteopathic Recognition Effective Date:** July 01, 2015

**UW Baraboo RTT Family Medicine Residency Program**

**Original ACGME Accreditation Date:** July 01, 1996

**Accreditation Status:** Continued Accreditation

**Renewed:** January 25, 2016

**Accredited Length of Training:** 3 years

**UW Psychiatry Residency Program**

**Original ACGME Accreditation Date:** March 19, 1954

**Accreditation Status:** Continued Accreditation

**Renewed:** February 05, 2016

**Accredited Length of Training:** 4 year

**UW Surgery Residency Program**

**Original ACMGE Accreditation Date:** *No Information*

**Accreditation Status:** Continued Accreditation

**Effective Date:** January 07, 2016

**Accredited Length of Training:** 5 years

*Accessed 1 Nov. 2016 (ACGME, 2016), (AOA, 2016)*

36.63 (4)(b5): The reason the residency position had not been funded.

No funding has been requested by Marshfield Clinic General Surgery Residency Program, Marshfield Clinic Pediatric Residency Program or UW Augusta Family Medicine Residency Program.

## Conclusion

### Future Growth and Opportunities

WRPRAP continues to influence the quantity and quality of rural GME and positively impact the future rural medical workforce throughout Wisconsin. With major new and continuing projects in process, WRPRAP is committed to organizations that demonstrate sustainable plans for growth and proven records of achievement. Technical assistance is provided for all community-based facilities and residencies that seek investment in rural training experiences for Wisconsin's current and future residents, because collaboration and education are necessary in order to achieve lasting results. The maturation of WRPRAP and WCRGME has amplified the understanding of Wisconsin's rural health disparities, and increased the awareness of opportunities that advance the State toward rural health equity. With the pronounced need to continue developing major projects including the Aurora Lakeland Rural Training Track, UW Obstetrics & Gynecology's Rural Residency Track and invest in major upcoming projects and partnerships in the Central and Northern parts of the state, we are confident that WRPRAP's funding will continue to champion long-term, viable solutions that address the shortage of physicians in rural Wisconsin communities.

This program is proud to create opportunities for better access to quality healthcare, and is eager to continue developing paths for Wisconsin's future healthcare leaders in the communities they aim to serve.

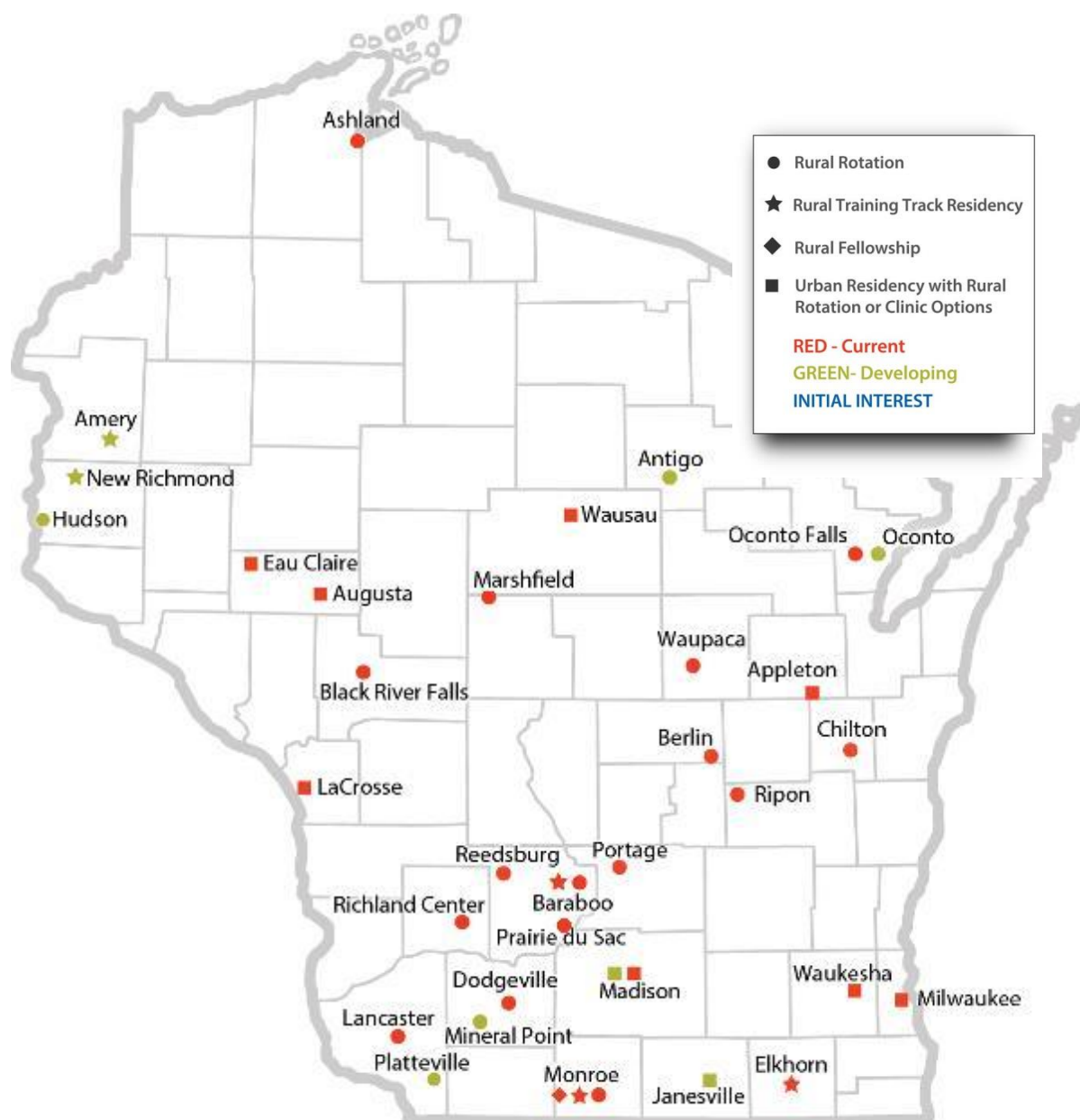


## Exhibits

### Exhibit 1 WRPRAP Awards

ORGANIZATION	AWARD DATE	PURPOSE	AMOUNT
Gundersen Health– La Crosse	12/22/2015	Education development for rural family medicine faculty and residents	\$4,888
Monroe Clinic	12/22/2015	New development of “Women’s Health Curriculum” for family medicine residents	\$72,153
RWHC/Northeast WI AHEC (Joint Award)	12/22/2015	Continued support to develop community-academic partnerships for rural GME in northeast Wisconsin	\$36,118
UW Baraboo RTT	12/22/2015	Education development for ongoing rural training track program	\$9,170
Aurora Lakeland RTT	04/26/2016	Second phase of developing a rural training track in southern Wisconsin	\$125,000
UW Department of Obstetrics and Gynecology	04/26/2016	Second phase of developing a new rural track within the urban residency program	\$124,913
Wisconsin Collaborative for Rural GME	04/26/2016	Continued development and operations to expand rural GME programs statewide	\$156,624
<b>TOTAL</b>			<b>\$528,866</b>

## Exhibit 2 Rural GME Sites Supported by WRPRAP Funding



WCRGME Member Sites (Nov. 2016)

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