



2019 Annual Report

Wisconsin Rural Physician Residency Assistance Program



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Introduction

Annual Budget

Effective July 1, 2010, Wisconsin Act 190 provided an annual \$750,000 to fund a rural physician residency assistance program as part of the State's Critical Access Hospital Assessment to raise additional funding to match Medicaid reimbursement. The program was established in the University of Wisconsin's Department of Family Medicine and Community Health (DFMCH) and named the Wisconsin Rural Physician Residency Assistance Program (WRPRAP). It has been renewed each biennium since originally enacted. The program administration created a Grant Review Committee as a formal process to strengthen and 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.

In the beginning of Fiscal Year 2018 (July 1, 2017) the State of Wisconsin allocated an increase of \$100,000 to the annual WRPRAP budget to total \$850,000.

Accomplishments

From January 1, 2019, to December 31, 2019, WRPRAP awarded 15 grants for a total of \$1,178,662.31. There were two cycles of grants awarded throughout this period: in April 2019 awards were provided with remaining FY 2019 funds and in October 2019 awards were provided by initial FY 2020 funds. The awards ranged from \$3,127 to \$340,662 with projects including rural rotations, feasibility studies and the continued

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development of three new rural residency tracks and programs (See Exhibit 1 WRPRAP Awards).

Since 2010, WRPRAP has directly invested in creating 24 new first-year rural positions and 45 new total residency slots 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 demonstrating that the awarded funds do not supplant existing funding.

WRPRAP monitors grant eligibility through a screening process prior to the submission of a grant application. Eligibility involves programs that are in a “rural area” as defined in the legislation, 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, feasibility studies and development of new rural GME initiatives.

Fiscal Management

In fiscal year 2019, 84% of the WRPRAP budget was allocated to grants and the remaining 16% was allocated for program administration with a focus on capacity development activities. Grants were competitively awarded to programs that share the goal of expanding opportunities and preparing 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 agreement. WRPRAP staff monitor 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 eighth operational year, it continues to enhance rural GME activities in Wisconsin. The shortage of rural physicians continues to rise across the nation¹ and in Wisconsin. In November 2019, The Provider Placement Program, previously known as New Physicians for Wisconsin

program, reported that participating sites had 75 family medicine openings across the state, 35 of which are located in rural communities.

According to County Health Rankings & Roadmaps, 76% of Wisconsin's unhealthiest counties are rural¹. To address this growing demand for primary care physicians, both UW-SMPH and Medical College of Wisconsin (MCW) are graduating an increasing number of medical students each year in rural-focused learning environments. The UW-SMPH Wisconsin Academy for Rural Medicine (WARM) program and MCW regional campuses 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. As of May 2017, more than 120 students have graduated from WARM and 92 percent of those graduating from residencies are practicing in Wisconsin. Of them, 52 percent are practicing in rural Wisconsin, and 28 percent are practicing in their hometowns. MCW Central and Northeastern Wisconsin campuses are each enrolling 25 students per year, with both campuses following a three-year MD program model.

Reports identify that 70% of residents from Wisconsin who attend both an in-state medical school and in-state residency program will also go on to practice medicine in Wisconsin,² and medical schools that admit students of rural backgrounds are more likely to graduate students that go into rural practice.³ Developing rural residency program capacity is a strategy to retain new physicians in Wisconsin and adequately prepare them for the demands of rural practice.

 School of Medicine and Public Health

Rural Physician Development Continuum

WI AREA HEALTH EDUCATION CENTER (AHEC) exposes K-12 and college students to careers as health professionals.

RURAL AND URBAN SCHOLARS IN COMMUNITY HEALTH (RUSCH) selects and mentors pre-med students in rural or urban underserved medical practice.

WI ACADEMY FOR RURAL MEDICINE (WARM) is a rural education program within the MD Program that combines selective admissions, rural curriculum and rural clinical experience.

WI RURAL PHYSICIAN RESIDENCY ASSISTANCE PROGRAM (WRPRAP) provides support and funding to develop rural graduate medical education opportunities.

WI OFFICE OF RURAL HEALTH (WORH) supports healthcare facilities, provides loan assistance and recruits physicians to rural communities.

¹ University of Wisconsin Population Health Institute. County Health Rankings State Report 2019.

² WCMEW. (2016). *A Work in Progress: Building Wisconsin's Future Physician Workforce*. Madison: Wisconsin Council on Medical and Education Workforce

³ Matsumoto, M., Inoue, K., & Kajii, E. (2008). *Characteristics of Medical Students with Rural Origin: Implications for Selective Admission Policies*. Science Direct, Health Policy

The 2018 WCMEW report *Mapping Our Way to Success: Wisconsin's Physician Workforce*⁴ projects a deficit range of 883 - 3,759 Wisconsin Medical Doctors by 2035, and recommends an increase in the amount of state GME funding while monitoring GME program development to ensure sufficient opportunities to place Wisconsin medical school graduates in Wisconsin residency programs. WRPRAP continues to demonstrate leadership in mitigating the maldistribution of primary care physicians by addressing the GME bottleneck between graduating medical students and meeting recruitment demands for primary care physicians in Wisconsin's rural hospitals and clinics. WRPRAP's strategic outreach activities and partnerships aim to enhance a consortium of interest in rural GME in Wisconsin and to prepare more resident physicians to be leaders in our state's rural healthcare workforce.

Technical Assistance

In 2011 the Wisconsin Collaborative for Rural GME (Collaborative) was developed through a partnership between WRPRAP and the Rural Wisconsin Health Cooperative. The program provides needed technical assistance and professional development opportunities for rural GME programs, faculty and residents. Now largely involved in developing infrastructure for rural rotations at hospitals and clinics, the Collaborative hosts a database of rural rotation opportunities and markets these as an important first step to prepare the hospital, practice and patients for resident learners. The Collaborative additionally hosts educational conferences and faculty development events throughout the year, increasing its program membership from 21 organizations in 2014 to 62 in 2019 (see Exhibit 2 Rural GME Sites Supported by WRPRAP Funding).

Collaboration

Notable WRPRAP partners involved in preparing a stronger medical workforce across rural Wisconsin communities include the Rural Wisconsin Health Cooperative (RWHC), Wisconsin Office of Rural Health (WORH), Wisconsin Council on Medical Education and Workforce (WCMEW), and Wisconsin Hospital Association (WHA). The Wisconsin Department of Health Services (DHS) GME Initiative provides similar though more restricted funding opportunities to advance rural GME, and many programs have found that WRPRAP and DHS are able to provide complementary grants to help them reach their goals.

In 2018 staff from WRPRAP, WCMEW, DHS and RWHC co-authored an article in the Wisconsin Medical Journal (WMJ), *Graduate Medical Education Initiatives to Develop the Physician Workforce in Rural Wisconsin* describing⁵ their collective achievements and impact on GME in Wisconsin. This report addresses the increasing physician shortage across rural communities in Wisconsin, and identifies

⁴WCMEW. (2018). *Mapping Our Way to Success: Wisconsin's Physician Workforce*. Madison: Wisconsin Council on Medical and Education Workforce.

⁵ Bruksch-Meck, K., Crouse, B., Quinn, G., McCart, L., & Traxler, K. (2018). Graduate Medical Initiatives to Develop the Physician Workforce in Rural Wisconsin. *Wisconsin Medical Journal*.

potential initiatives that demonstrate success in increasing residency and fellowship training opportunities in Wisconsin. The successes of these programs saw higher recruitment and retention of graduates to practice in rural Wisconsin. The manuscript was published by WMJ as part of a special communication on the state of medical workforce training in rural Wisconsin.

The sixth annual **Wisconsin Family Medicine Residency Program Directors Forum** was held in Sauk City in April 2019. Speakers presented on topics including *Time Management: Building Resilience in Times of High Demands*, *Dealing with Difficult Residents: Facilitated Group Discussion*, and *Communicating the Value of Residency Programming*. . Forum attendees represented family medicine residency programs in Amery, Appleton, Baraboo, Eau Claire, La Crosse, Madison, Milwaukee, Monroe, Waukesha and Wausau. WRPRAP facilitates networking and professional development opportunities for program directors to advance statewide and rural family medicine 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. WRPRAP now facilitates a statewide consortium of participating rural residency programs.

Outreach

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

In 2019, organizations received WRPRAP funding in seven of these specialties: family medicine, general surgery, obstetrics/gynecology, emergency medicine, primary care, pediatrics and psychiatry.

Grants

Categories

The 2014 Health and Medicine Division 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.⁶ One of the recommendations was

⁶ Institute of Medicine. (2014). *Graduate Medical Education That Meets the Nation's Health Needs*. Washington DC: National Academic Press.

to create two subsidiary funds from a primary GME fund. WRPRAP adopted the recommendation and definitions from this report.

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 15 grants from January 1, 2018, to December 31, 2018, totaling \$1,178,662.31. (See Exhibit 1 WRPRAP Awards).

- **13 Operational Grants**
 - Gundersen Health System – La Crosse (2 awards)
 - Marshfield Rice Lake
 - Mayo Clinic – Eau Claire
 - Medical College of Wisconsin Department of Psychiatry
 - Monroe Clinic
 - Rural Wisconsin Health Cooperative (Wisconsin Collaborative for Rural GME—WCRGME)
 - University of Wisconsin Department of Obstetrics & Gynecology
 - University of Wisconsin Department of Pediatrics
 - University of Wisconsin Department of Psychiatry
 - University of Wisconsin Department of Family Medicine and Community Health (2 awards)
 - University of Wisconsin Department of Surgery

- **2 Transformation Grants**
 - Ascension St. Mary's
 - Medical College of Wisconsin Department of Psychiatry (Feasibility Study)

Required Reporting

Section 36.63 (4)(a)

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 2019, we identified 181 residents and fellows in Wisconsin's rural-focused GME programs (see Table 1). This 29.29% increase from 2018 (140) is the result of expanding emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, pediatrics, and psychiatry residency programs.

Table 1

Wisconsin GME programs supporting rural training: number of total filled physician residency and fellowship positions.

PROGRAMS	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Family Medicine	14	14	14	14	16	18	21	32	46	58
General Surgery	10	10	11	12	13	15	17	19	21	23
Emergency Medicine (fellowship)	0	0	0	0	0	0	0	0	0	2
Internal Medicine	26	28	30	32	32	32	33	34	35	36
Ob-Gyn	0	0	0	0	0	0	0	1	2	3
Pediatrics	12	14	16	18	18	18	18	18	18	28
Psychiatry	0	0	0	0	0	1	2	10	18	31
TOTAL	62	66	71	76	79	84	91	114	140	181

Table 2

Wisconsin GME programs supporting rural training: number of filled first-year (R1) residency positions.

PROGRAMS	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Family Medicine	5	4	5	4	7	8	10	17	23	20
General Surgery	2	2	3	3	3	4	4	5	5	5
Internal Medicine	8	10	10	10	10	10	11	11	11	12
Ob-Gyn	0	0	0	0	0	0	0	1	1	1
Pediatrics	4	6	6	6	6	6	6	6	6	8
Psychiatry	0	0	0	0	0	1	1	8	8	10
TOTAL	19	22	24	23	26	29	32	48	54	56

NOTE: Rural programs/tracks do not account for rural rotations.

Section 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. To date, 38 (67%) of the eligible 56 first-year (R1) slots have received WRPRAP funding.

These new and developing rural residency programs will continue to expand opportunities for medical school graduates in the next few years. The Aurora Lakeland Rural Training Track Family Medicine Residency projects to have a full 3-year program with 12 total residents starting in 2019. The MCW General Surgery Residency will train up to three total residents by 2019. The MCW Department of Psychiatry initiated two 4-year programs—MCW Central Wisconsin Psychiatry Residency and MCW Northeast Wisconsin Psychiatry Residency—and projects to train a total of 12 residents in Wausau and 16 residents in Green Bay, respectively, by 2020. The UW Department of Family Medicine & Community Health (DFMCH) Madison Family Medicine Residency will grow its Rural Health Equity Track to six total residents by 2019, and will begin development of a rural pathway in fiscal year 2020.

The UW General Surgery Rural Track projects to have a full 5-year program with five residents in 2019, and the UW Department of Obstetrics & Gynecology Rural Track projects to have a full 4-year program with four total residents in 2020. Table 3 identifies the new and developing rural residency programs in Wisconsin and projects the year these programs will reach capacity. By 2020, all of these programs will be at capacity, with an estimate of 72 residents training in new programs that focus on rural medicine (see table 3).

Table 3

New rural GME programs: number of total resident physician positions

RESIDENCY PROGRAM	2018	2019	2020
Aurora Lakeland Rural Training Track Family Medicine Residency ^α	8	12	12
MCW Central Wisconsin Psychiatry Residency (Wausau) ^α	6	9	12
MCW General Surgery Rural Track	2	3	3
MCW Northeast Wisconsin Psychiatry Program (Green Bay)	8	12	16
Health Partners Western WI Rural Family Medicine Residency	2	4	6
UW DMFCH Rural Health Equity Track/Pathway ^α	4	7	7
UW General Surgery Rural Track ^α	4	5	5
UW Obstetrics and Gynecology Rural Track ^α	2	3	4
UW Pediatrics Residency Rural Rotation ^α	2	3	3
UW Psychiatry Residency Rural/Public Health Track ^α	4	4	4
TOTAL	42	62	72

^α indicates programs that received WRPRAP funding

Section 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.

Section 36.63 (4)(b3)

The medical school attended by the physician filling each such residency position for Academic Year 2019-2020.

α indicates programs that have received WRPRAP funding.

Aurora Lakeland Family Medicine Rural Training Track Residents^α

PGY- 1

American University of the Caribbean
Medical College of Wisconsin – Milwaukee
University of Missouri – Kansas City School of Medicine
University of Wisconsin-Madison

PGY- 2

Ross University School of Medicine
St. George's University
University of Minnesota-Duluth (RPAP rural program)
University of Wisconsin

PGY- 3

American University of the Caribbean
Ross University School of Medicine
Ross University School of Medicine
St. George's University

Gundersen La Crosse Family Medicine Residents^α

PGY-1

University of Wisconsin School of Medicine & Public Health – WARM program
University of Wisconsin School of Medicine & Public Health – WARM program
University of Pikeville, Kentucky College of Osteopathic Medicine
St. George's University School of Medicine
University of Wisconsin School of Medicine & Public Health – WARM program
University of Kansas School of Medicine – Kansas City

PGY-2

University of Wisconsin School of Medicine & Public Health – WARM program
Des Moines University School of Osteopathic Medicine
University of Wisconsin School of Medicine & Public Health – WARM program
University of Wisconsin School of Medicine & Public Health
University of Wisconsin School of Medicine & Public Health – WARM program
Midwestern University Chicago College of Osteopathic Medicine

PGY-3

University of Wisconsin School of Medicine & Public Health

University of Minnesota
Chicago Medical School - R. Franklin University of Medicine and Sciences
University of Wisconsin School of Medicine & Public Health - WARM program
University of Wisconsin School of Medicine & Public Health

HealthPartners Western Wisconsin Rural Family Medicine Residents

PGY-1

Mysore Medical College and Research Institute – India
Tulane University

PGY-2

Des Moines University College of Osteopathic Medicine

Marshfield Clinic General Surgery Residents

PGY-1

Universidad Autonoma de Madrid Facultad de Medicina
St. George University School of Medicine
University of Medicine and Health Sciences, St. Kitts

PGY-2

American University of the Caribbean School of Medicine, SXM, Sint Maarten (Dutch part)
University of Wisconsin-Madison
University of Minneapolis Medical School

PGY-3

A.T. Still University of Health Sciences – Kirksville College of Osteopathic Medicine
Ben Gurlon – University of the Negev Faculty of Health Sciences
University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine

PGY-4

Kansas City University of Medicine and Biosciences
Wayne University School of Medicine
Ross University School of Medicine

PGY-5

Medical College of WI
Medical College of WI
Tulane University

Marshfield Clinic Internal Medicine Residents^a

PGY-1

Allama Iqbal Medical College
Jawaharlal Nehru Medical College
Ross University

King Edward Medical University
IRT-Perundurai Medical College
American University of Antigua College of Medicine
College of Medicine, University of Negeria,
Kamineni Institute of Medical Sciences,
Zhongshan School of Medicine
NTR University of Health Sciences

PGY-2

Medical College Baroda,
Medical College Thiruvananthapuram,
Mahatma Gandhi Mission's Medical College
Allama Iqbal Medical College,
F.M.H. College of Medicine and Dentistry
NRI Medical College
Deccan College of Medical Sciences
University of Wisconsin-Madison
Geisinger Commonwealth School of Medicine

PGY-3

University of Wisconsin-Madison
Kamineni Institue of Medical Sciences,
NRI Medical College,
University of Khartoum,
Poznan University of Medical Sciences
Allama Iqbal Medical College
Mahatma Gandhi Medical College & Hospital
Government Medical College,
Obafemi Awolowo University
Sun Yat-sen University

Marshfield Clinic Internal Medicine-Pediatrics Residents^a

PGY-1

American University of the Caribbean School of Medicine
University of Medicine and Health Sciences Campus Basseterre

PGY-2

Wright State University
Des Moines University

PGY-3

University of Minnesota

PGY-4

American University of Antigua College of Medicine,
University of South Dakota

Marshfield Clinic Pediatrics Residents^a**PGY-1**

American University of Antigua College of Medicine
American University of the Caribbean
Fatima Jinnah Medical College for Women
K.J. Somaiya Medical College
Medical University of the Americas (Nevis)
Nepal Medical College

PGY-2

American University of Antigua College of Medicine
American University of the Caribbean
Chicago Medical School at Rosalind Franklin University of Medicine and Science
St. George's University
University of Illinois College of Medicine – Peoria
Western University of Health Sciences College of Osteopathic Medicine of the Pacific

PGY-3

Avalon University School of Medicine
Deccan College of Medical Sciences
Karnataka Institute of Medical Sciences
Lekarska Fakulta 1, Univerzity Karlovy
St. George's University School of Medicine
University of East Ramon Magsaysay Memorial Medical Center University Karlovy

MCW Central Wisconsin Psychiatry Residents^a**PGY-1**

Central Michigan University College of Medicine
Medical College of Wisconsin
West Virginia School of Osteopathic Medicine

PGY-2

Bharati Vidyapeeth Medical College
Des Moines University of Osteopathic Medicine
Kansas City University of Medicine and Biosciences

PGY-3

Saint James School of Medicine
St. George's University School of Medicine
University of Wisconsin – Madison

MCW Fox Valley Family Medicine – Rural Track Residents^α

PGY-2

West Virginia School of Osteopathic Medicine

PGY-3

Ross University of school of Medicine

MCW General Surgery – Rural Track Resident

PGY-1

Loyola University Chicago Stritch

PGY-2

Medical College of Wisconsin

PGY-3

Medical College of Wisconsin

MCW Northeast Psychiatry Residents

PGY-1

Medical College of Wisconsin

Medical College of Wisconsin

Rush Medical College, Rush University Medical Center

University of Wisconsin – Madison

PGY-2

Medical College of Wisconsin – Central Wisconsin (Green Bay)

Medical College of Wisconsin – Central Wisconsin (Green Bay)

Medical College of Wisconsin—Milwaukee

St. George's University of London

PGY-3

Liaquat National Hospital & Medical College

Nova Southeastern University College of Osteopathic Medicine

St. George's University of London

University of Texas Medical Branch School of Medicine

Monroe Clinic Family Medicine Residents^α

PGY1

A.T. Still University- Kirksville College of Osteopathic Medicine

Des Moines University School of Osteopathic Medicine

Lake Erie College of Osteopathic Medicine

Nova Southeastern University

PGY-2

Des Moines University School of Osteopathic Medicine
Chicago College of Osteopathic Medicine of Midwestern University
Touro University California

PGY-3

Des Moines University School of Osteopathic Medicine
Des Moines University School of Osteopathic Medicine

Monroe Clinic Emergency Medicine Fellows

Chicago College of Osteopathic Medicine
The University of Toledo Medical Center

UW Augusta Family Medicine Residents

PGY-2

University of North Dakota School of Medicine and Health Sciences

UW Baraboo RTT Family Medicine Residents^α

PGY-1

Touro University Nevada College of Osteopathic Medicine
West Virginia University School of Medicine

PGY-2

University of Wisconsin – Madison
University of Wisconsin – Madison (WARM)

PGY-3

Des Moines University College of Osteopathic Medicine
University of Wisconsin – Madison (WARM)

UW Madison Rural Health Equity Track (RHET) and Rural Pathway^α

PGY-1

University of Wisconsin – Madison
Medical College of Wisconsin Central Campus

PGY-2

University of Wisconsin – Madison
University of Cincinnati College of Medicine
Tulane University School of Medicine
AT Still University Kirksville College of Osteopathic Medicine

PGY-3

University of Wisconsin – Madison
University of Wisconsin – Madison

UW Madison General Surgery Residency Rural Track^α

PGY-1

University of Illinois College of Medicine - Rockford

PGY-2

University of Wisconsin – Madison

PGY-3

University of Wisconsin – Madison

PGY-4

University of Kansas School of Medicine

PGY-5

Chicago Medical School at Rosalind Franklin University of Medicine and Science

UW Madison Obstetrics-Gynecology Residency Rural Track^α

PGY-1

Tufts University

PGY-2

University of Wisconsin-Madison

PGY-3

University of Minnesota

UW Madison Pediatrics Residency^α

PGY-2

University of Washington School of Medicine

Geisel School of Medicine at Dartmouth

PGY-3

University of Rochester School of Medicine

UW Madison Psychiatry Residency (Public Health Track)^α

PGY-1

University of Wisconsin – Madison

University of Miami School of Medicine

Western University of Health Sciences/College of Osteopathic Medicine of the Pacific

PGY-2

University of Wisconsin – Madison

University of Washington School of Medicine

Creighton University School of Medicine

PGY-3

Rush University Medical Center
People's Friendship University of Russia Faculty of Medicine
Universidade Federal Fluminense Faculty of Medicine in Rio de Janeiro

PGY-4

University of Wisconsin – Madison

36.63 (4)(b4)

The reason the residency position had not been funded.

The following programs have requested no funding: HealthPartners Western Wisconsin Rural Family Medicine Residency Program, Marshfield Clinic General Surgery Residency Program, Medical College of Wisconsin General Surgery Residency Program, Medical College of Wisconsin Northeast Psychiatry Residency Program, Monroe Clinic Emergency Medicine Fellowship Program, and UW Augusta Family Medicine Residency Program.

36.63 (4)(b5)

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

Aurora Healthcare Elkhorn RTT Family Medicine Residency Program

Initial ACGME Accreditation Date: 07/01/2016

Accreditation Status: Initial Accreditation

Renewed: 10/16/2017

Marshfield Clinic General Surgery Residency Program

Initial ACGME Accreditation Date: 07/01/1975

Accreditation Status: Continued Accreditation

Renewed: 01/17/2019

Marshfield Clinic Internal Medicine Residency Program

Initial ACGME Accreditation Date: 09/01/1974

Accreditation Status: Continued Accreditation

Renewed: 09/28/2018

Marshfield Clinic Internal Med-Peds Residency Program

Initial ACGME Accreditation Date: 07/01/2006

Accreditation Status: Continued Accreditation

Renewed: 09/28/2018

Marshfield Clinic Pediatrics Residency Program

Initial ACGME Accreditation Date: 11/07/1974

Accreditation Status: Continued Accreditation

Renewed: 01/28/2019

Medical College of Wisconsin Central Wisconsin Psychiatry Residency Program

Initial ACGME Accreditation Date: 04/29/2016

Accreditation Status: Continued Accreditation

Renewed: 02/15/2019

Medical College of Wisconsin Fox Valley Family Medicine Residency Program

Initial ACGME Accreditation Date: 02/13/1979

Accreditation Status: Continued Accreditation

Renewed: 01/30/2019

Medical College of Wisconsin General Surgery Residency Program

Initial ACGME Accreditation Date: 07/01/1972

Accreditation Status: Continued Accreditation

Renewed: 01/17/2019

Medical College of Wisconsin Northeastern Wisconsin Psychiatry Residency Program

Initial ACGME Accreditation Date: 04/29/2016

Accreditation Status: Continued Accreditation

Renewed: 02/15/2019

University of Illinois College of Medicine Monroe Clinic Family Medicine Residency Program

Initial ACGME Accreditation Date: 07/01/2017

Accreditation Status: Initial Accreditation

University of Wisconsin Eau Claire / Augusta Family Medicine Residency Program

Initial ACGME Accreditation Date: 03/26/1975

Accreditation Status: Continued Accreditation

Renewed: 01/31/2018

University of Wisconsin Baraboo RTT Family Medicine Residency Program

Initial ACGME Accreditation Date: 07/01/1996

Accreditation Status: Continued Accreditation

Renewed: 01/30/2019

University of Wisconsin Hospitals and Clinics Obstetrics and Gynecology Residency Program

Initial ACGME Accreditation Date: 10/15/1962

Accreditation Status: Continued Accreditation

Renewed: 02/06/2019

University of Wisconsin Hospitals and Clinics Pediatrics Residency Program

Initial ACGME Accreditation Date: 09/01/1933

Accreditation Status: Continued Accreditation

Renewed: 01/28/2019

University of Wisconsin Hospitals and Clinics Psychiatry Residency Program

Initial ACGME Accreditation Date: 03/19/1954

Accreditation Status: Continued Accreditation

Renewed: 02/15/2019

University of Wisconsin Hospitals and Clinics Surgery Residency Program

Initial ACMGE Accreditation Date: No Information

Accreditation Status: Continued Accreditation

Effective Date: 01/17/2019

University of Wisconsin Madison Family Medicine Residency Program

Initial ACGME Accreditation Date: 12/03/1968

Accreditation Status: Continued Accreditation

Renewed: 001/30/2019

Conclusion

Future Growth and Opportunities

WRPRAP continues to enhance rural GME and positively impacts Wisconsin's future rural medical workforce. Thus far, 2019 has seen ongoing major development in Central Wisconsin's psychiatry residency programs and the growing success of new rural tracks in obstetrics and gynecology, psychiatry and general surgery. There is anticipated expansion in Northern Wisconsin as new alliances begin to strengthen. Along with our partners, WRPRAP will continue to champion long-term, viable solutions that address the shortage of physicians in rural Wisconsin communities.



Exhibits

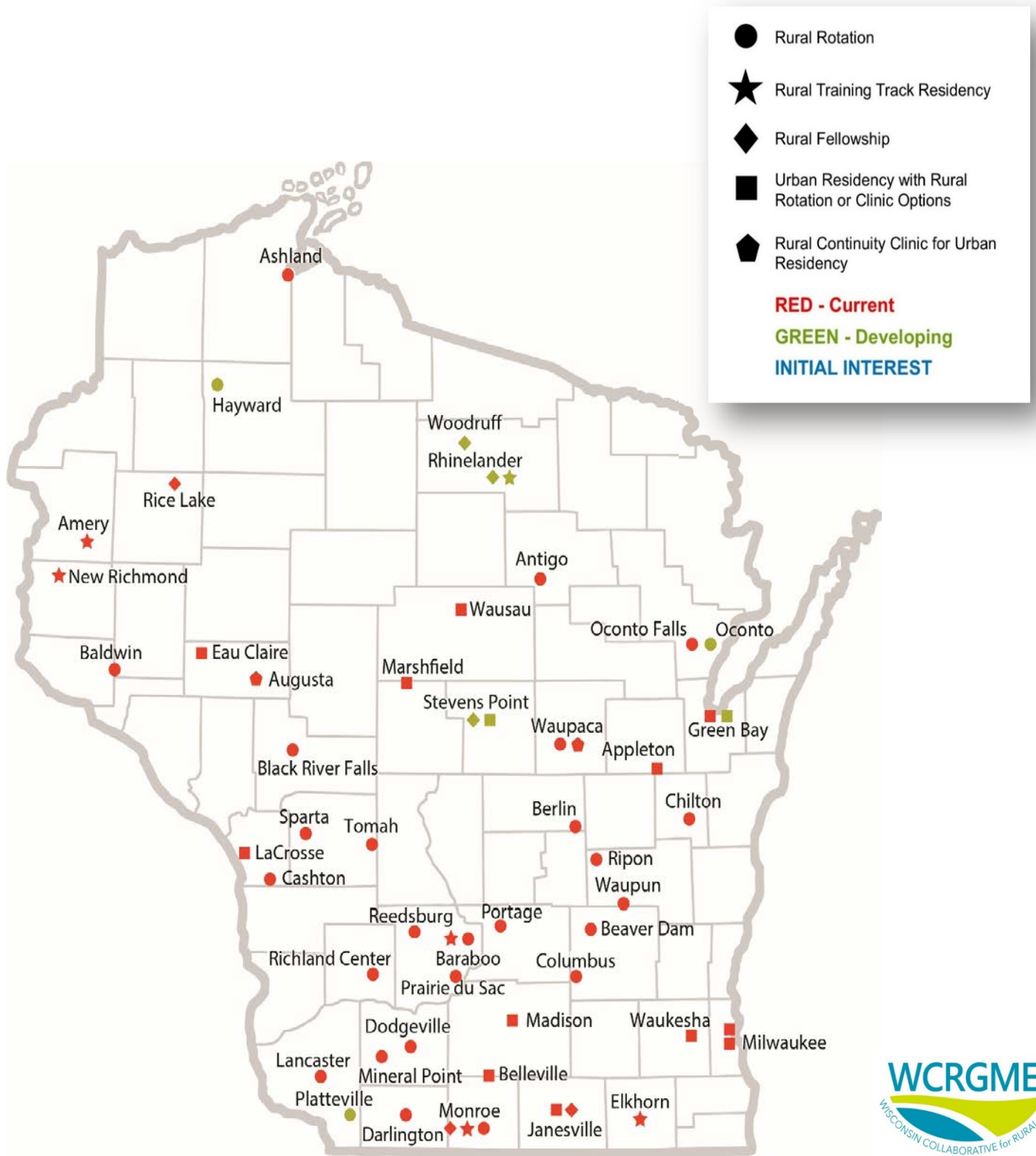
Exhibit 1

WRPRAP Awards

Organization	Start Date	Purpose	Amount
MCW Dept. of Psychiatry	1/1/19	Feasibility study to develop a Child Psychiatry rural rotation or rural training track.	\$11,357.00
Ascension St Mary's Rhinelander	4/1/19	Support development of a Rural Training Track and Primary Care Fellowship Program in Northern Wisconsin.	\$54,772.00
Rural Wisconsin Health Cooperative	6/1/19	Provide consultations and technical assistance for rural GME programs	\$340,662.00
Mayo Clinic Eau Claire	6/1/19	Support rural faculty development for the Family Medicine Residency Program.	\$27,641.00
Marshfield Rice Lake	6/1/19	Support an Emergency Medicine Fellowship Program.	\$104,076.00
Gundersen Health System La Crosse	6/1/19	Support rural faculty development for the Family Medicine Residency Program.	\$9,340.00
MCW Dept. of Psychiatry	6/1/19	Support the rural Psychiatry Residency Program.	\$198,000.31
UW DFMCH Rural Pathway	7/1/19	Support the development of a rural rotation for the Family Medicine Residency Program.	\$15,045.00
UW DFMCH RHET	7/1/19	Support the Rural Health Equity Track, a rural training track for the Family Medicine Residency Program.	\$105,157.00
UW Dept. of Obstetrics and Gynecology	7/1/19	Support the rural OB-GYN residency program, and development of an ultrasound simulation curriculum.	\$66,040.00
UW Dept. of Psychiatry	7/1/19	Support Public Health Track, a rural training track for the Psychiatry Residency Program.	\$84,133.00
UW Dept. of General Surgery	7/1/19	Support rural surgery residency program	\$74,225.00
UW Dept. of Pediatrics	12/1/19	Support a resident in a rural elective rotation.	\$21,196.00
Monroe Clinic	12/1/19	Support development of a Critical Care Curriculum for the Family Medicine Residency Program.	\$63,891.00
Gundersen Health System La Crosse	12/1/19	Support development of a telemedicine for the Family Medicine Residency Program's rural residents.	\$3,127.00
Total			\$1,178,662.31

Exhibit 2

WCRGME Active rural GME sites – 10/17/2019



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