

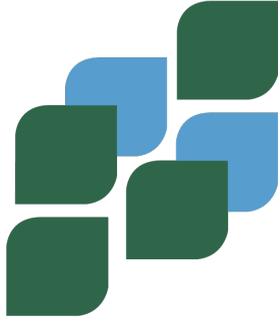
Rural Residency Training as a Strategy to Address Rural Health Disparities:

Outcomes from the HRSA Rural Residency Planning and Development Program

Rural Residency Planning and Development - Technical Assistance Center

A partnership between

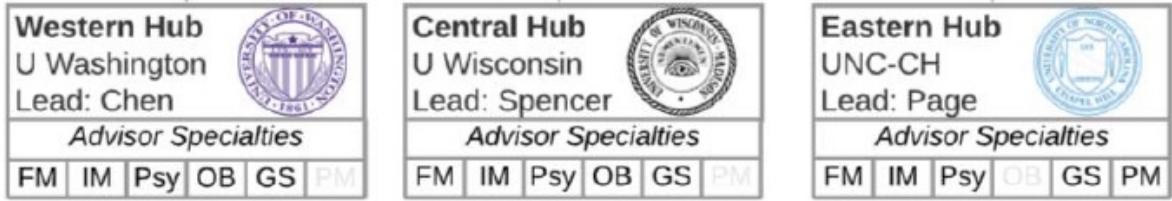
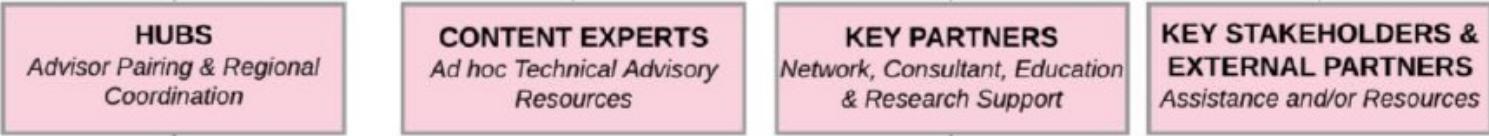
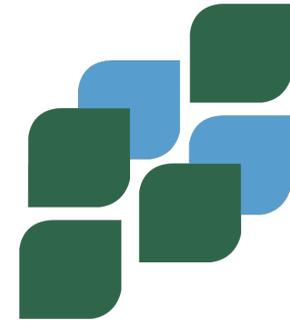




Disclosures

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Rural Residency Planning & Development Technical Assistance Center (RRPD-TAC)
 Lead PI: Cristy Page



- Networks**
- RTTC - The RTT Collaborative
 - WWAMI - Residency Network
 - WCRGME - Wisconsin Collaborative for Rural GME

- Consultant Organizations***
- RTTC - The RTT Collaborative
 - RPS - Residency Program Solutions
 - PKF Health - Perry, Krumsiek, & Francazio, LLC

- Education and Research**
- NC AHEC - North Carolina Area Health Education Centers
 - Sheps - Cecil G. Sheps Center for Health Services Research
 - UWSMPH - University of Wisconsin School of Medicine
 - UWSOM - University of Washington School of Medicine

**Consultant Disclaimer: Other consultant organizations may be considered upon approval by HRSA and TAC.*



STAGE 1 Exploration



Community Assets

Identify community assets and interested parties.



Leadership

Assemble local leadership and determine program mission.



Sponsorship

Identify an institutional affiliation or sponsorship. Begin to consider financial options and governance structure.

STAGE 2 Design



Initial Educational & Programmatic Design

Identify Program Director (permanent or in development). Consider community assets, educational vision, resources, and accreditation timeline.



Financial Planning

Develop a budget and secure funding. Consider development and sustainability with revenues and expenses.



Sponsoring Institution Application

Find a Designated Institutional Official and organize the GME Committee. Complete application.

STAGE 3 Development



Program Personnel

Appoint residency coordinator. Identify core faculty and other program staff.



Program Planning & Accreditation

Develop curricular plans, goals and objectives; evaluation system and tools; policies and procedures; program letters of agreement; faculty roster. Complete ACGME application and site visit.

STAGE 4 Start-Up



Marketing & Resident Recruitment

Create a website. Register with required systems. Market locally and nationally.



Program Infrastructure & Resources

Hire core faculty and other program staff. Ensure faculty development. Complete any construction and start-up purchases. Establish annual budget.



Matriculate

Welcome and orient new residents.

STAGE 5 Maintenance



Ongoing Efforts

Report annually to ACGME and the Sponsoring Institution. Maintain accreditation and financial solvency. Recruit and retain faculty. Track program educational and clinical outcomes. Ensure ongoing performance improvement.

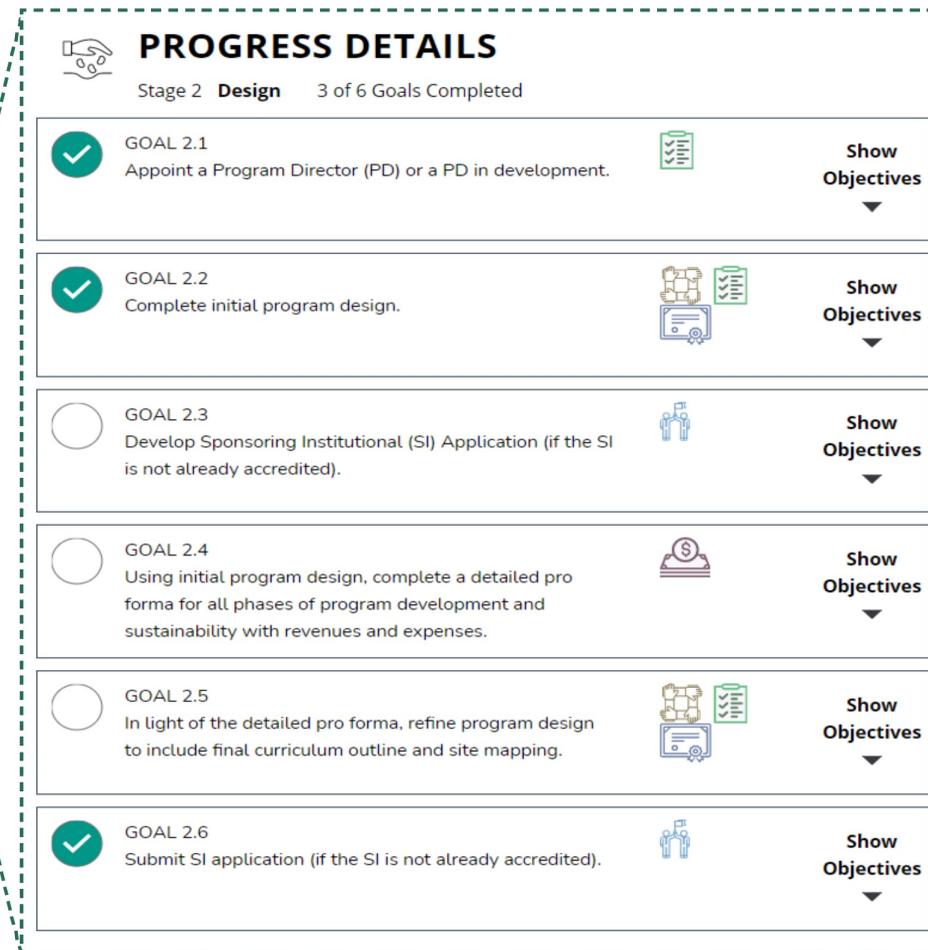
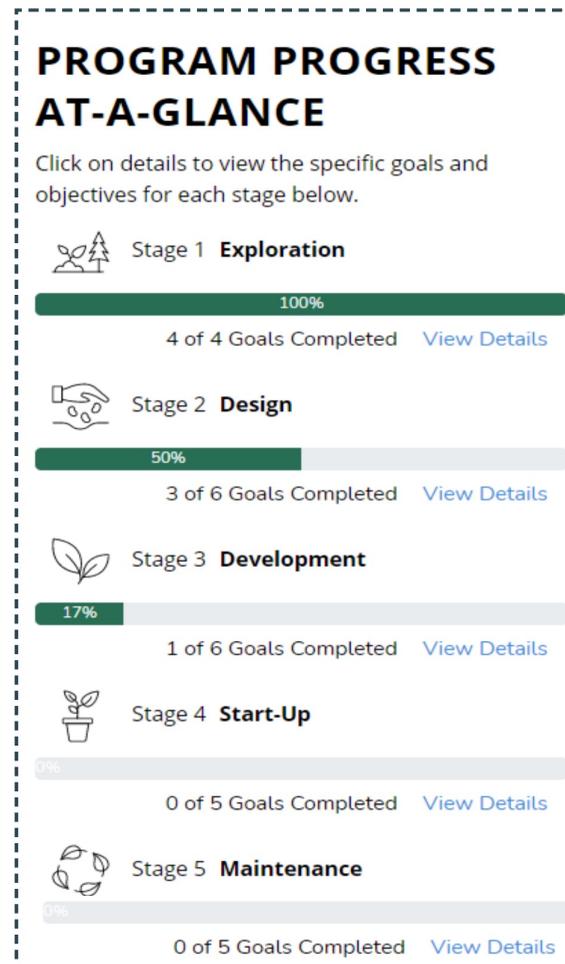
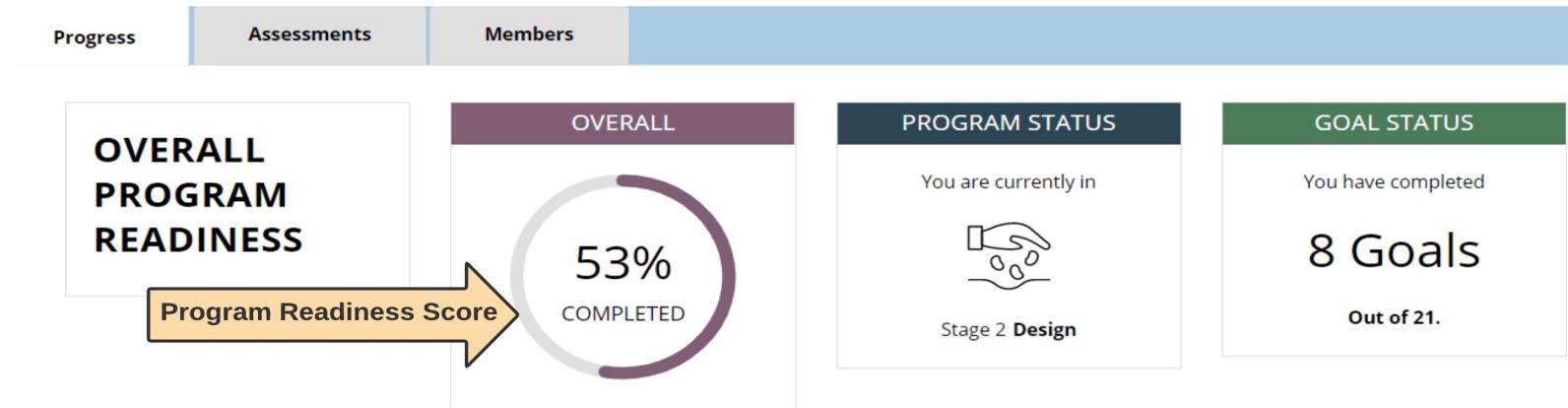
To advance to the next stage:
Make an organizational decision to proceed with investing significant resources in program development.

To advance to the next stage:
Finalize a draft budget. Complete program design to include curriculum outline and site mapping. Submit a Sponsoring Institution (SI) application & receive initial accreditation.

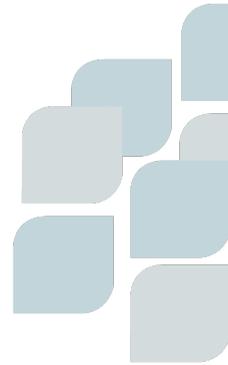
To advance to the next stage:
Achieve initial program accreditation – requires successful site visit and letter of accreditation from the ACGME.

To advance to the next stage:
Complete contracts and orient first class of residents. Hire all required faculty.

Quarterly Data Collection



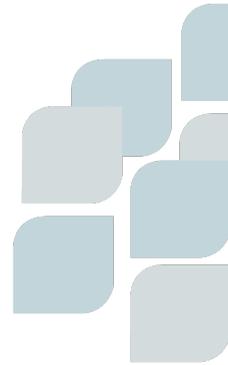
Quarterly Data Collection



Specialty - Location	*STAGES										READINESS SCORE													
	'19		2020				2021				'22		'19		2020				2021				'22	
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1				
COHORT 1																								
FM	○	○	○	○	(relinquished)							11	10	10	10	(relinquished)								
FM	○	◐	◑	◒	◓	◔	◕	◖	◗	65	76	82	85	85	86	86	89	96	98					
FM	○	○	○	○	◐	◑	◒	◓	◔	9	20	29	34	37	45	45	45	47	52					
FM	○	○	○	○	◐	◑	◒	◓	◔	23	26	26	26	75	80	80	81	86	88					
FM	○	○	○	○	○	○	◐	◑	◒	12	38	40	74	74	74	74	82	91	94					
FM	◐	◑	◒	◓	◔	◕	◖	◗	◘	80	88	92	94	94	94	94	94	100	100					
FM	○	○	○	○	○	(relinquished)					29	29	29	28	28	28	(relinquished)							
FM	◐	◑	◒	◓	◔	◕	◖	◗	◘	65	70	93	96	96	96	96	98	98	98					
FM	○	◐	◑	◒	◓	◔	◕	◖	◗	13	38	51	53	77	84	84	86	91	92					
FM	◐	◑	◒	◓	◔	◕	◖	◗	◘	83	88	96	100	100	100	100	100	100	100					
FM	○	○	○	○	◐	◑	◒	◓	◔	76	93	96	96	96	99	99	99	99	99					
FM	○	○	○	○	◐	◑	◒	◓	◔	19	28	30	33	44	50	50	59	62	69					
FM	◐	◑	◒	◓	◔	◕	◖	◗	◘	53	79	83	88	91	93	93	99	100	100					
FM	○	○	◐	◑	◒	◓	◔	◕	◖	22	26	41	54	57	62	62	72	72	88					
FM	○	○	○	○	○	○	○	◐	◑	10	10	18	54	59	59	59	61	77	77					
FM	○	○	○	○	○	○	◐	◑	◒	15	29	36	46	58	68	68	75	76	76					
FM	○	○	○	◐	◑	◒	◓	◔	◕	57	72	74	77	85	88	88	92	96	96					
FM	◐	◑	◒	◓	◔	◕	◖	◗	◘	92	94	98	98	99	99	99	99	99	99					
FM	○	○	○	○	○	○	○	◐	◑	11	15	15	20	26	38	38	38	47	47					
FM	○	○	○	○	○	○	○	◐	◑	15	23	30	41	49	65	65	68	78	79					
FM	○	○	◐	◑	◒	◓	◔	◕	◖	21	29	35	51	68	78	78	80	82	82					
FM	○	○	○	○	◐	◑	◒	◓	◔	66	69	85	85	88	85	85	91	92	92					

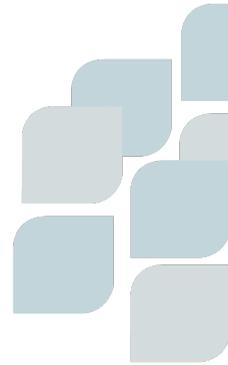
1=red
51=yellow
100=green

Quarterly Data Collection



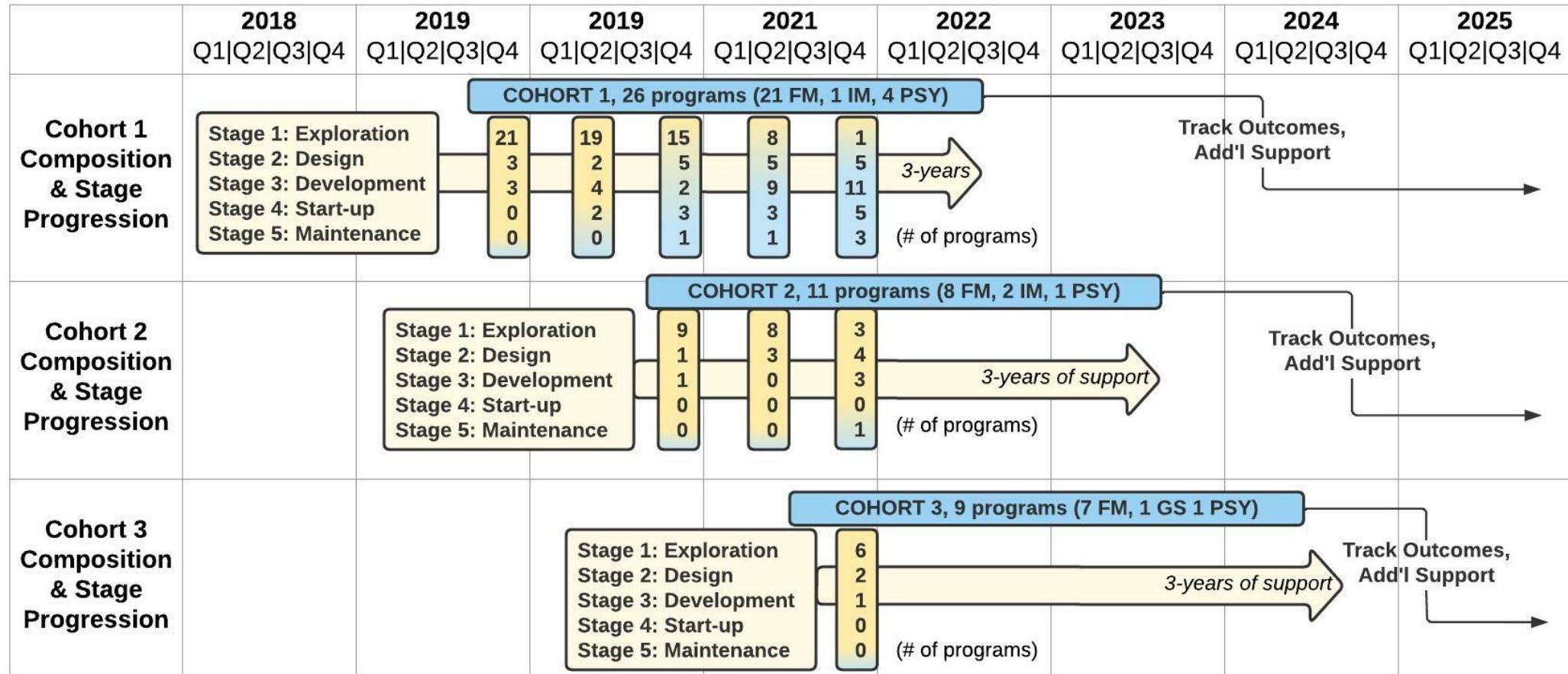
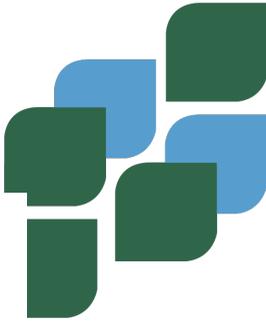
Specialty - Location	*STAGES										READINESS SCORE									
	'19	2020				2021				'22	'19	2020				2021				'22
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
IM	○	○	○	○	○	○	○	○	○	○	11	12	12	15	25	28	28	28	33	46
Psy	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	32	34	39	39	87	88	88	88	90	90
Psy	○	○	○	○	○	○	◐	◐	◐	◐	20	20	33	33	33	56	56	77	79	87
Psy	○	○	○	○	○	◐	◐	◐	◐	◐	35	44	44	44	46	83	83	83	96	100
Psy	○	○	○	○	◐	◐	◐	◐	◐	◐	14	25	36	44	46	53	53	53	65	65
COHORT 2																				
FM					○	◐	◐	◐	◐	◐					41	61	61	73	91	91
FM					○	◐	◐	◐	◐	◐					16	40	40	62	65	70
FM					○	○	○	○	◐	◐					59	74	74	84	89	89
FM					○	○	○	○	○	◐					14	15	15	18	27	55
FM					○	○	○	○	◐	◐					1	3	3	1	53	61
FM					○	○	○	◐	◐	◐					33	47	47	61	69	78
FM					○	○	○	○	○	◐					23	28	28	39	49	63
FM					○	○	○	○	○	○					9	19	19	41	42	42
IM					◐	○	○	○	◐	◐					78	90	90	94	100	100
IM					◐	○	○	◐	◐	◐					40	45	45	67	67	71
Psy					○	◐	◐	◐	◐	◐					65	66	66	66	66	66

Key: FM = Family Medicine, IM = Internal Medicine, Psy = Psychiatry
 *Stages: 1, Exploration = ○; 2, Design = ◐; 3, Development = ◑; 4, Start-up = ◒; 5, Maintenance = ●

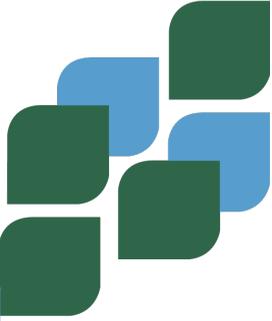


Program Readiness Scoring

Program Readiness Scoring	
Baseline readiness score (Year 1 Quarter 1)	Median Readiness Score: 21% (range 2-91%)
Cohort 1 current readiness score (Year 2, Quarter 4)	Median Readiness Score: 88% (range 10-100%)
Cohort 2 current readiness score (Year 1, Quarter 4)	Median Readiness Score: 66% (range 27-100%)



KEY: FM = Family Medicine, IM - Internal Medicine, PSY = Psychiatry, OB = Obstetrics and Gynecology, GS = General Surgery, PM= General Preventive Medicine



Program Outcomes – Pre-Accreditation

Developmental Outcomes	Count
Programs that completed a detailed pro-forma for all phases of program development to ensure sustainability with expected revenues and expenses	28 (62%)
Programs that have developed a governance structure	39 (87%)
Programs that obtained Sponsoring Institution accreditation	40 (89%)
Programs that have recruited a Program Director	37 (82%)
Programs that have recruited core faculty members	21 (47%)
Programs that have completed a detailed community asset inventory	42 (93%)
Programs that have designed the curriculum (including site mapping)	30 (67%)



Program Outcomes - Accreditation

Developmental Outcomes	Count
Programs that have submitted an ACGME application	27 (60%)
Programs that obtained ACGME accreditation	24 (53%)
ACGME approved resident positions (at full complement) 251 FM, 36 IM, 32 Psych	319
Residents matched into the 12 programs who recruited residents (2022 Match)	94



Common Barriers

Challenge Identified	#
Financial Planning (e.g. Medicare funding for rural hospitals, Medicare cap limitations, GME funding sustainability issues)	94
Faculty Recruitment (e.g. difficulty finding faculty, retiring providers, variable teaching interest in community faculty)	91
Curricular Design (e.g. limited rotation experiences, low patient volumes)	20
Electronic Health Record Adaptation for Residency (e.g. no templates or co-signature)	20
Faculty Development (e.g. faculty with limited academic experience, low admin time)	18
Accreditation (e.g. patient encounter standards, distance traveled for rotations)	13
Resident Recruitment	7



Actions to Address Common Challenges

Actions to Address Challenges

Longitudinal advising and coaching with expert in new program development

In-depth financial consultations, including external consultations

Monthly webinars and online tools targeted to specific areas

In-depth community asset inventory early in development to identify needs and strategize specific local solutions

Connection with peer support networks and specific specialty organizations



Broader Impacts of RRPD

Recent changes to ACGME:

- Creation of new programmatic unit for Medically Underserved Areas/Populations and GME
- Rural Track Program designation



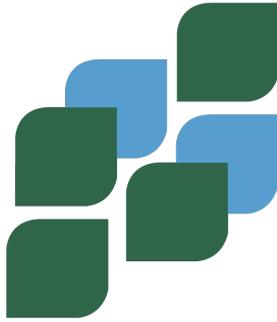
Accreditation Council for
Graduate Medical Education

Recent changes to Medicare: Consolidated Appropriations Act, 2021

- Section 126: Distribution of Additional residency Positions
- Section 127: Promoting Rural Hospital GME Funding Opportunity
- Section 131: Adjustment of Low Per Resident Amounts (Direct GME) and Low FTE Resident Caps (Direct GME and IME) for Certain Hospitals

CMS.gov

Centers for Medicare & Medicaid Services



Toolbox



Community Engagement



Program Design & Development



Financial Planning



Institutional Sponsorship



Program Accreditation



Program Implementation



Contact!

Email us

info@ruralgme.org



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RURAL RESIDENCY RESOURCES

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