Creating and Expanding Residency Programs

Wisconsin Rural Health Conferences

June 27, 2013

100 New Physicians a Year
An Imperative for Wisconsin

A Report by the Wisconsin Hospital Association
Wisconsin Physicians - Projected Supply and Demand

Deficit by 2030 is 2,196 physicians...

...means we need to produce an additional 100 physicians per year – if we start today!

Becoming a Physician

Undergraduate Degree – 4 Years

Medical Degree – 4 Years

Residency Training – 3 to 7 Years

...Takes between 11 and 15 Years
Wisconsin Medical Education

- UWSMPH and MCW graduate 340 physicians a year
- 38% ultimately practice in Wisconsin – Export 210
- Wisconsin Imports 720 physicians a year – Ranked in top ten on per capita basis

Wisconsin Physician Shortage Fundamentals

- Wisconsin is dependent on External physician supply
- Retention of Wisconsin physicians directly related to being trained in Wisconsin
Percentage Program Graduates Locating Practice in Wisconsin

<table>
<thead>
<tr>
<th></th>
<th>Wisconsin Medical School Graduates</th>
<th>Wisconsin Residency Program Graduates</th>
<th>Wisconsin Medical School AND Residency Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>38%</td>
<td>47%</td>
<td>70%</td>
</tr>
<tr>
<td>From WI</td>
<td>56%</td>
<td>Unknown</td>
<td>86%</td>
</tr>
</tbody>
</table>


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National Residency Match 2013 Results

<table>
<thead>
<tr>
<th>26,392</th>
<th>First year resident match positions</th>
</tr>
</thead>
</table>
| 34,355 | Match registrants  
9.6% increase 2012-2013  
19% increase US citizen IMG |
| 17,487 | US graduating senior applicants  
960 (5.8%) increase 2012-2013 |
National Resident Match
2013 US Medical Students Results

<table>
<thead>
<tr>
<th>17,487</th>
<th>US Senior student applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,390</td>
<td>Matched seniors (93.7%)</td>
</tr>
<tr>
<td>1,097</td>
<td>Unmatched US seniors</td>
</tr>
<tr>
<td>569</td>
<td>Supplemental Offer and Acceptance Program (SOAP) placements</td>
</tr>
<tr>
<td>528</td>
<td>US graduating medical students without residency position</td>
</tr>
</tbody>
</table>

National Resident Match 2013 First Year Position Results

<table>
<thead>
<tr>
<th>26,392</th>
<th>First year resident positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>26,331</td>
<td>Filled positions 99.4% filled</td>
</tr>
<tr>
<td>61</td>
<td>Unfilled positions</td>
</tr>
</tbody>
</table>
# National Resident Match Unfilled Positions

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>4</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>2</td>
</tr>
<tr>
<td>Child Neurology</td>
<td>17</td>
</tr>
<tr>
<td>Dermatology</td>
<td>1</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>5</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>6</td>
</tr>
<tr>
<td>Pathology</td>
<td>1</td>
</tr>
<tr>
<td>Preliminary General Surgery</td>
<td>10</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>7</td>
</tr>
<tr>
<td>Radiology</td>
<td>1</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>1</td>
</tr>
</tbody>
</table>

## Targeted Residency Program Expansion

- **Primary Care**
  - Family Medicine
  - Pediatrics
  - Internal Medicine
  - Psychiatry
  - General Surgery

- **Rural Experience**

- **Wisconsin Medical School Graduates**
Wisconsin Collaborative for Rural Graduate Medical Education

A Case Study

Kara Traxler
Rural GME Development & Support Manager
Wisconsin Rural Health Conference
6/27/13

Background

“...medical residents who train in rural settings are two to three times more likely to practice in a rural area. This is especially true of residents who participate in rural training tracks (RTTs).” 1
Background

“Programs with rural ‘missions,’ located in more rural states, and with longer rural rotations, seem to produce more rural physicians. Among these factors, the presence and duration of rural rotations appear to be the best predictors of retention in rural areas, a finding that is likely due to students’ being better prepared for what awaits them in rural practice.”
Mission

Addressing the primary care physician shortage by providing vision, leadership, development, and support of rural graduate medical education in Wisconsin.

Collaborative Resources

• Initial Site Assessments
• Help with GME Funding Questions
• Administrative & Accreditation Assistance
• Best Practice Resources
• Faculty Development Conferences
• Rural Education Coordinators Training & Committee
• Marketing the Collaborative’s GME Opportunities at Regional & National Conferences
• Developing Statewide Rural GME Website & Directory
GME Opportunities for Rural Healthcare Organizations

- Rural Rotation Site
- Rural Fellowship Program
- Rural Training Track (RTT) Residency Program

Rural Rotation Site

Short term resident educational experience at a rural hospital or clinic developed to meet the goals and objectives of a residency program.

- Block (3-8 weeks) or longitudinal
- Resident works with one or more preceptors
- Resident experience rural practice first hand
Fellowship Program

A period of advanced medical training after residency focused on a sub-specialty.
• Often 1 year
• Fellow practices as a physician part time and as a learner part time.

Rural Training Track (RTT) Residency Program

An alternate track of an accredited residency program of structured educational experiences with at least 24 of 36 months in a rural setting.
• Generally, “1-2” Format
• 1st year at core urban program site
• 2nd & 3rd years at rural site
Active Sites
11 Communities
13 Organizations
Current, Investigating, and Developing Rural GME
... and growing!

Helpful Resources
Rural Training Track Technical Assistance Program
http://www.raconline.org/rtt/
American Academy of Family Physicians – Residency Program Solutions
Accreditation Council for Graduate Medical Education
http://acgme.org/acgmeweb/
Wisconsin Rural Physician Residency Assistance Program
http://www.fammed.wisc.edu/wi-rural-physician-program
Kara Traxler, Rural GME Development & Support Manager
ktraxer@RWCH.com
References


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So You Want to Start a Residency

-OR-

ANOTHER WAY OF QUESTIONING YOUR SANITY

Kevin O’Connell, MD
Aspirus Wausau Family Medicine Residency
kevin.oconnell@fammed.wisc.edu
Important Questions to be Asked/Answered

- Are we capable, competent, and committed to pulling this off?
- What type of training program fits our situation?
- What are the funding sources available and what amount is necessary?
- How do we get accredited?
- How do we recruit and match/hire the first class of residents?

Capacity and Competence

- The variety of educational experiences to fulfill the program requirements
- Facilities, especially outpatient continuity clinic, that, again, meet minimal standards
- Support staff, educational services, structured GMEC, administrative guidance
- Faculty, core and volunteer, in sufficient numbers
Commitment

- It is imperative that both the administration and the medical staff see the benefits of having a residency program
- If the dialogue is only about profitability, or retention, or cheap labor, it will probably fail

Types of Rural Training Programs

- Rural rotation site required vs. elective, variable length (Antigo vs. LaFarge)
- Rural continuity clinic for a core program (Augusta)
- Rural training track (Baraboo)
- Core program, with rural emphasis, four residents minimum per class
Funding Sources Potentially Available

- DGME (Direct GME Payments)
- IME (Indirect Medical Education Payments)
- DSH (Disproportionate Share Hospital payments)
- Medicaid GME (in Wisconsin, that is only direct GME)
- State Support (such as to UWSMPH/DFM)

Funding Sources

- THCGME (Teaching Health Center GME for FQHCs)
- Title VII Health Professions Grants (managed by HRSA)
- WRPRAP Grants (Wisconsin Rural Physician Residency Assistance Program)
- Local Community Foundation Grants (such as for capital campaign)
Training Costs

- Start up costs before CMS payments begin (3+ years)
- Facilities: clinic, conference rooms, call rooms, library
- Staff: education department staff, core faculty
- Annual educational costs: $100,000 to $140,000 per resident FTE

Accreditation

- Rural rotation site, no specific ACGME action needed
- Alternate FMC needs approval not accreditation, request reviewed independent of RRC meetings
- New RTT or core program processed through ADS, timeline 6-8 months
- New core program will have required site visit prior to first accreditation decision
Recruitment/Match of New Residents

- Once program receives notification of accreditation, PD should contact NRMP to be included in match listing
- If RTT part of dually accredited core program, also contact NMS to be part of D.O. match
- Multiple avenues to get your name out: FREIDA (sponsored by AMA), start your own website, AAFP National Conference

Useful Websites

- Family Medicine RRC
- The Family Medicine Residency Review Committee website with program and institutional requirements, plus link to New Application site

- AAMC
  - https://www.aamc.org/advocacy/gme/
- American Association of Medical College's Advocacy website – updates on all things GME related

- CMS
  - http://www.cms.gov/acuteinpatientPPS/
- Concise source of information from CMS (although still written in legislative language) about DGME, IME, and DSH
Useful Websites

- Title VII
  - https://www.aamc.org/download/131010/data/
  - Very thorough update of Title VII grant process from the AAMC

- WRPRAP
  - https://www.fammed.wisc.edu/rural/applications-funding
  - Wisconsin Rural Physician Residency Assistance Program website with information on application process for grants

- ACGME
  - Helpful guide to the application process plus link to FAQ

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Useful Websites

- AAFP
  - A good primer on the match process, though mostly from the student perspective

- NRMP
  - http://www.nrmp.org/
  - Website for National Resident Matching Program

- FREIDA
  - Contains listing of all GME program and information that students view to get an idea about your program
Baraboo Rural Residency Training Track Program
St. Clare Hospital Baraboo, WI

Wisconsin Office of Rural Health

- **Rural areas** - Two-thirds of the physician job openings in Wisconsin are in rural places
- **Rural areas** in need of maternity care services, including cesarean delivery.
  - Multiple studies link lack of OB services to preterm delivery and infant morbidity/mortality
Advantages of RRTT Resident Report

– Fewer residents, more individual attention
– Skills pertinent to rural practice learned in RRTT and unavailable to learn in academic centers
– Rural faculty role models teaching them
  • Match learners needs with teachers strength

Advantages of RRTT Resident Report

Spouse/partner/family members experience rural life first hand
Advantages of RRTT Resident Reports

• Feeling of being part of a community -- Interacting with patients as neighbors and friends (most critical in retention of physician)

Benefits to the Community
• Rachel Bassett- St. Clare Healing Garden.
• Phil Arnold- Baraboo High School Football/Basketball.
• Stu Hannah- Year Fellowship.
• Bridget Delong- Baraboo High School Career Days, Framingham Cardiac Risk Scores.

Residents enjoy a real community practice

Advantages of RRTT Local Rural Physician Perspective

• Local physicians
  – Increased career satisfaction—teaching
  – CME opportunities
  – Increased patient access to healthcare
  – Billings for clinic
  – Ability to “grow your own partners”
Advantages of RRTT
Rural Hospital Perspective

Rural Hospital Advantages
– Improved image of as an educational institution (culture of education)
– Recruitment of physicians to the community

Dr. Tim Deering
Dr. Christina Hook
Dr. Bridget DeLong
Dr. Stu Hannah
Dr. Jamie Kling
Dr. Karen Swallen

– Tighter Bonds Among Medical Staff & Residents & Nursing
– Reduced Physician Recruiting Expenses

❖ Recruitment – Holds Promise for Addressing problems of Work Force Distribution

❖ Ease of on Boarding

Electronic Health Record
Relationship with Specialists
Relationship with Hospital
Culture of Medical Practice
Questions?