



Creating and Sustaining Rural Training Programs

Rural GME Training
7th WWAMI GME Summit

Bozeman, MT

October 10, 2022

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ACGME and Rural Graduate Medical Education

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Accreditation Council for Graduate Medical Education (ACGME)

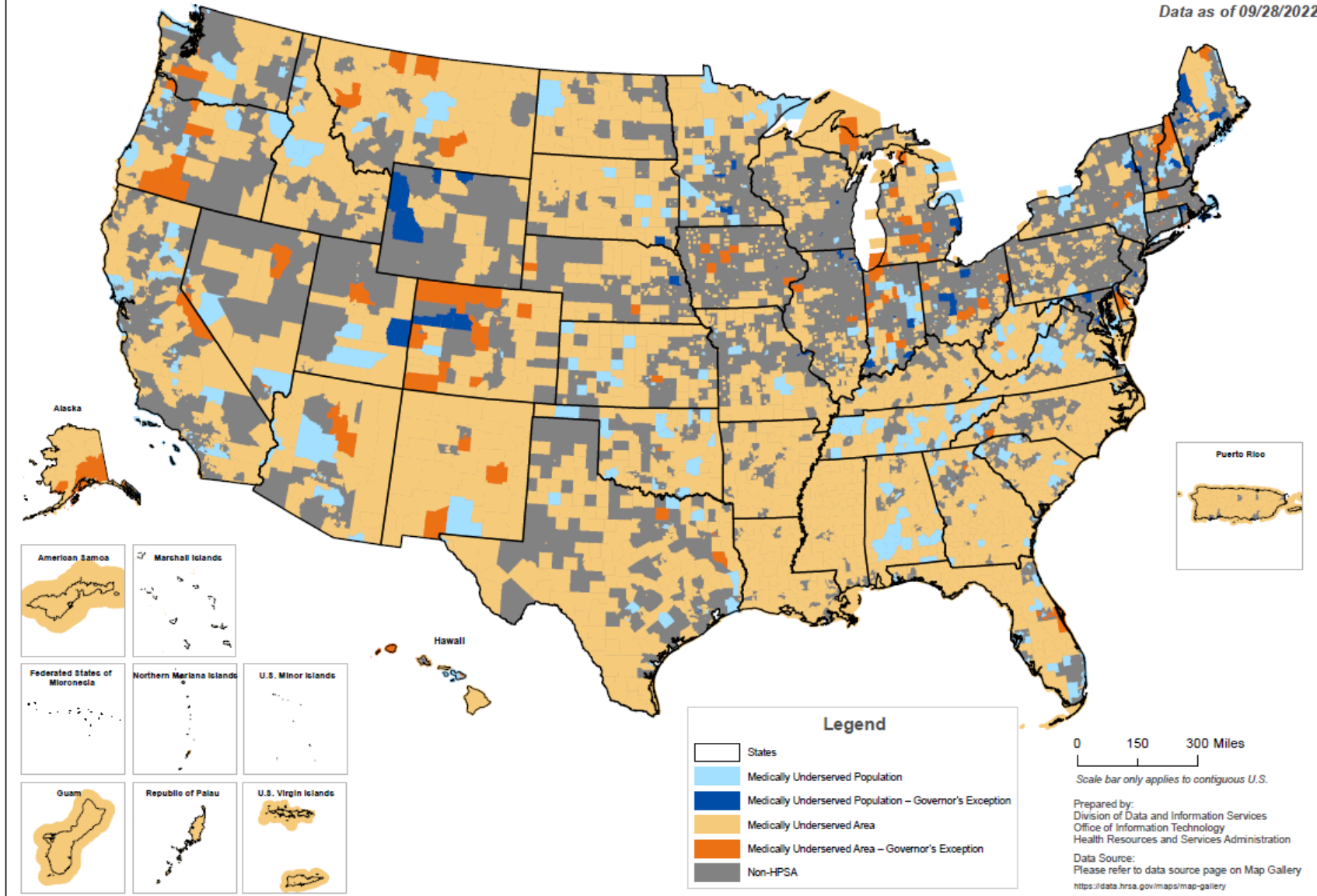
WWAMI GME Summit | October 10, 2022



ACGME Mission

To improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

Data as of 09/28/2022



GME Exposure is a Factor

A Roadmap to Rural Residency Program Development

Emily M. Hawes, PharmD, BCPS, CPP
Amanda Weidner, MPH
Cristen Page, MD, MPH
Randall Longenecker, MD

Judith Pauwels, MD
Steven Crane, MD
Frederick Chen, MD
Erin Fraher, PhD, MPP

“More than half (57.1%) of the individuals who completed residency training from 2011 through 2020 are practicing in the state where they did their residency training”

AAMC 2021 Report on Residents, [Executive Summary](#)

Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review

Goodfellow, Amelia; Ulloa, Jesus G. MD, MBA; Dowling, Patrick T. MD, MPH; Talamantes, Efrain MD, MBA, MSHPM; Chheda, Somil; Bone, Curtis MD, MHS; Moreno, Gerardo MD, MSHS

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Academic Medicine: September 2016 - Volume 91 - Issue 9 - p 1313-1321
doi: 10.1097/ACM.0000000000001203

Rural communities face a pressing need for primary care, behavioral health, and obstetrical care services, yet rural hospitals around the country are closing, and the gap between mortality rates in rural and urban areas is widening.^{1,2} While there is some debate about whether the nation faces a shortage of physicians, there is general consensus that the workforce is maldistributed.³ Estimates suggested we face a shortfall of 14 164 practitioners in primary care health professional shortage areas.⁴ While efforts to address rural workforce shortages need to be targeted along multiple points in a physician’s career trajectory, exposure to rural and underserved settings during training has been shown to increase physicians’ sense of preparedness for rural practice and retention in rural communities.^{5,6} Despite this evidence, graduate medical education (GME) in rural areas remains very limited, and the US Government Accountability Office estimates that only 1% of residents across all specialties train in rural areas.⁷⁻¹⁰ This is due in part to the unique challenges that face rural health



Accreditation Framework for Medically Underserved Areas/Populations (MUA/Ps)



I. Enhancing ACGME Support



II. Engaging with ACGME Review Processes



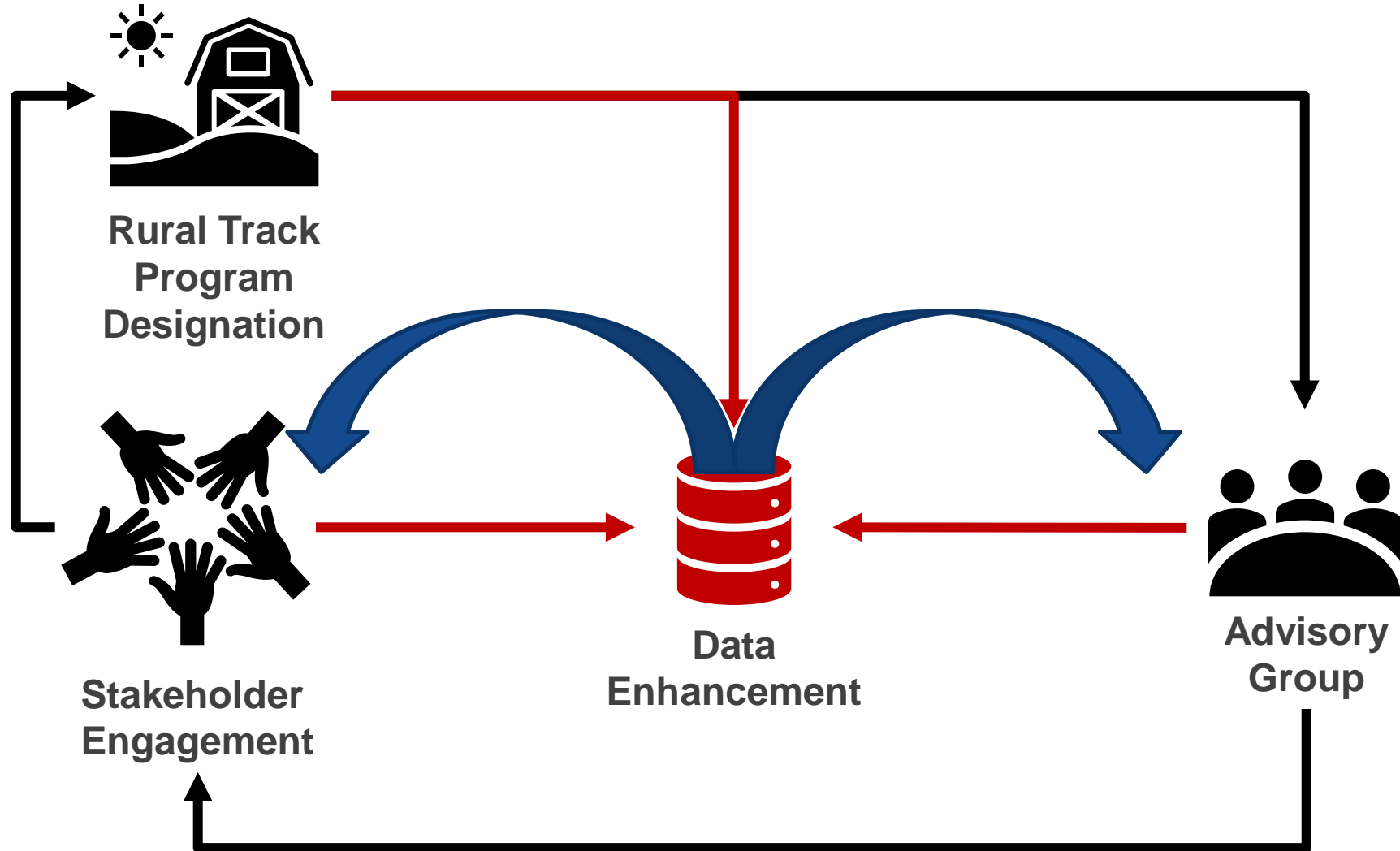
III. Understanding ACGME Compliance Challenges



IV. Facilitating Effective Institutional Oversight and Administration



Projects and Priorities





ACGME Sponsoring Institution and Program Data (as of 8/29/22)

- 854 ACGME-accredited Sponsoring Institutions
- 12,715 ACGME-accredited programs
- 158,196 residents and fellows in ACGME-accredited programs
 - Where they train, the extent to which they train there, and the types of rotations/experiences are not as straightforward



Data Project Aim

To enhance GME location data to measure exposure of GME within rural and underserved areas/populations, support ACGME strategic objectives and departmental needs, and align with the MUA/P and GME framework as approved by the ACGME Board of Directors.



Understand the GME footprint:
location, duration, and type of experiences

Review Committee Considerations

- Distant Sites
 - Resources provided (e.g., travel costs, lodging, etc.)
 - Separate match/resident awareness
 - Residents from other institutions rotating at the site
 - Peer-to-peer interaction
 - Is site director over more than one site?
 - Local support systems
- Revised specialty-specific program requirements
 - IM changes to minimum required complement (effective 7/1/2022)

III.B.1.	All complement increases must be approved by the Review Committee. <small>(Core)</small>
III.B.1.a)	<u>There must be a sufficient number of residents to allow peer-to-peer interaction and learning.</u> <small>(Core)</small>
III.B.1.a).(1)	<u>The program should offer a minimum of nine positions.</u> <small>(Detail)</small>
III.B.1.b)	<u>A program must have a minimum of 15 residents enrolled and participating in the training program at all times.</u> <small>(Detail)</small>

Specialty-Specific Background and Intent: The Review Committee believes that peer-to-peer interactions and learning are extremely important components of residency education and has set the minimum number of residents to nine. While three residents per educational year is suggested, it is not required as long as there is relative balance per level. To ensure that resident education is not compromised by having too few residents, the number of residents in a program will be monitored at each review, particularly for those programs with significant decreases in complement. However, this requirement is categorized as a “detail” as there may be programs that have specific circumstances that allow them to function with a smaller resident complement. This categorization allows the establishment of residency education programs in rural and medically underserved areas and populations when the Review Committee determines that the program has sufficient resources to ensure substantial compliance with accreditation requirements.

Internal Medicine Requirements, Tracked Changes Copy (effective 7/1/22)





ACGME Rural Track Programs



ACGME-accredited programs with ACGME Rural Track Program Designation by specialty and state

Specialty: All Specialties
All States

State	Program Code / Name	Specialty Name	Address	Program Director	Accreditation	Accreditation Effective Date	ACGME RTP Designation Type	ACGME RTP Designation Date
Nebraska	[1403021222] Creighton University School of Medicine (Omaha) Program	Internal medicine	Creighton University Education Building 7710 Mercy Road, Suite 301 Omaha, NE 68124-2354 United States	Joseph Nahas, MD	Continued Accreditation	01/21/2022	Type 2	08/29/2022
Nebraska	[4003021116] Creighton University School of Medicine (Omaha) Program	Psychiatry	Department of Psychiatry Creighton University Education Building 7710 Mercy Road, Suite 601 Omaha, NE 68124-2370 United States	Jyotsna S. Ranga, MD	Continued Accreditation	02/11/2022	Type 2	09/09/2022
North Carolina	[4003600001] Mountain Area Health Education Center (Linville) Program	Psychiatry	436 Hospital Dr Suite 235 Linville, NC 28646 United States	Stephen Buie, MD	Initial Accreditation	04/29/2022	Type 1	04/29/2022
West Virginia	[4405500002] Marshall Community Health Consortium Program	Surgery	1600 Medical Center Drive Suite 2500 Huntington, WV 25701 United States	Farzad Amiri, MD	Initial Accreditation	04/14/2022	Type 1	04/14/2022

4 record(s) found.

Medically Underserved Areas and Populations

Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME developed a framework to promote the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This framework outlines initial actions addressing graduate medical education in MUA/Ps.

Quick Links

[Medically Underserved Areas and Populations](#) >>

[Advisory Group](#) >>

[Rural Track Program Designation](#) >>

[ACGME Newsroom and Blog Updates on Medically Underserved Areas](#) >>



Questions?

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Thank you!

Council on Graduate Medical Education (*COGME*)

Federal Advisory Panel to Secretary of HHS and Congress

- Supply and distribution of physicians in the U.S.
- Current and future shortages or excesses of physicians
- Policies around funding of UME and GME
- Changes in UME / GME programs in U.S.
- Changes in GME programs to decrease health care disparities.



COGME 24th Report Recommendations

1. **Comprehensive assessment of rural health needs**
2. **Link GME funding to population health needs**
3. **Develop measures that ensure value and return on investments in GME (Rural)**
4. **Build a sustainable/stable rural healthcare workforce**
5. **Eliminate regulatory and financial barriers and create incentives for rural workforce**
6. **Support and test alternative payment models (APM's) that increase the delivery of team based interprofessional healthcare**



April 2022

Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities

Council on Graduate Medical Education
24th Report

COGME

Additional COGME Work

- **THC GME**
- **General Surgery**
- **Telehealth**



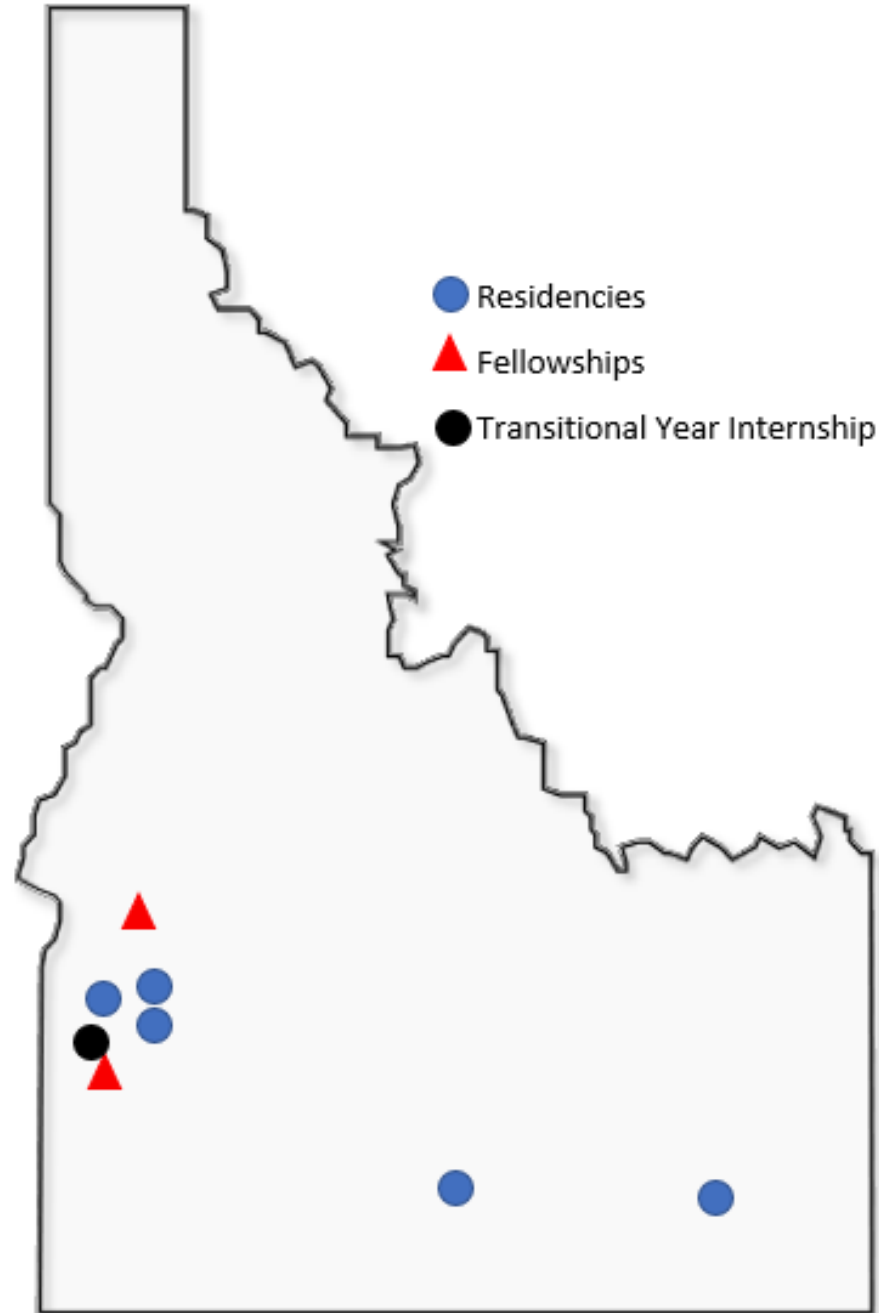
The Idaho Experience

The Ten-Year GME Plan

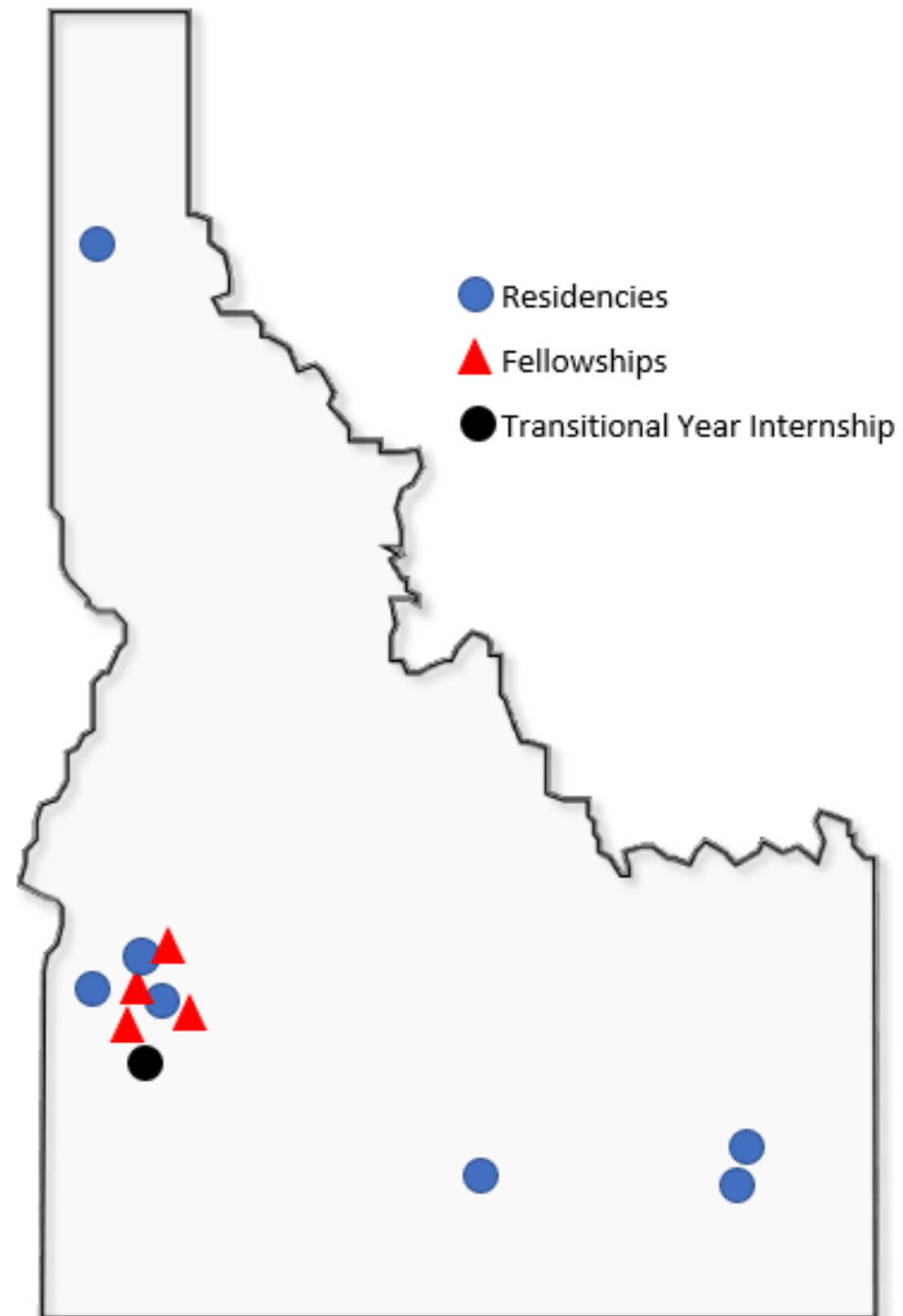
- 50th of 50 physicians per capita
- 50th of 50 residents and fellows per capita
- 50th of 50 psychiatrist, pediatricians, general surgeons per capita
- Go from 9 → 35+ programs
- Go from 126 R/F's training in Idaho/year → 401



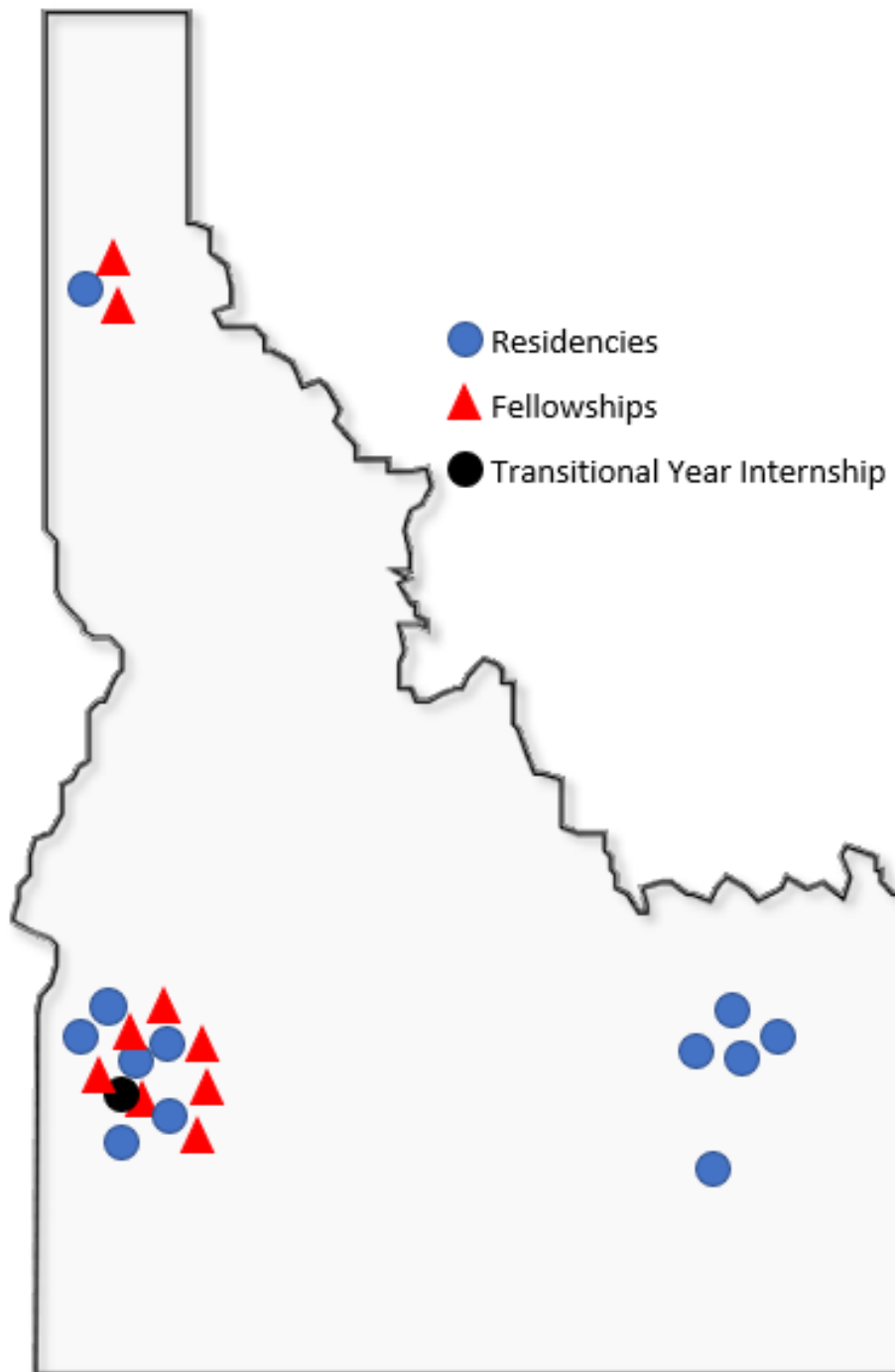
Idaho GME (2007)



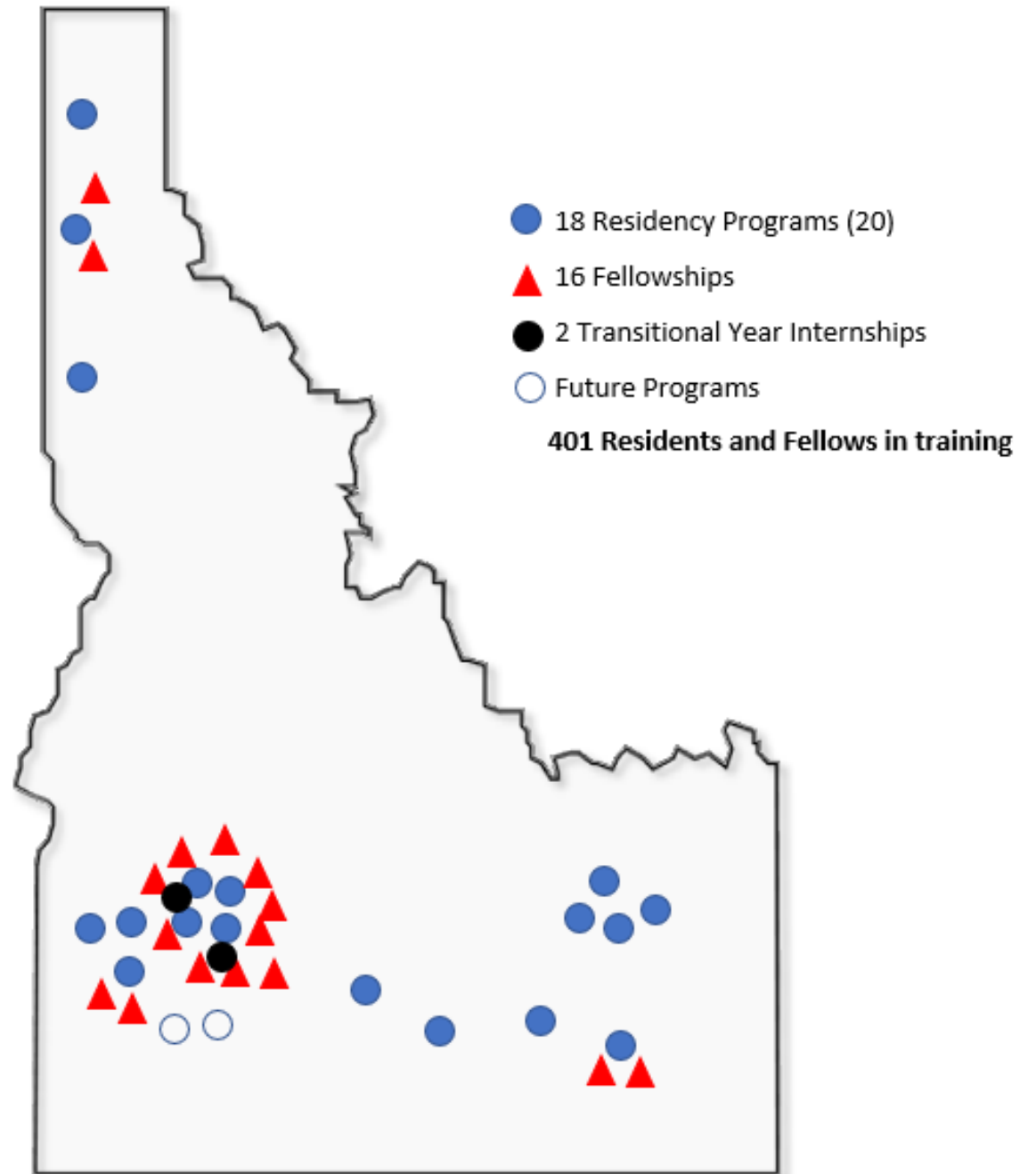
Idaho GME (2017)



Idaho GME (2022)



Idaho GME (2030)



Full Circle Health

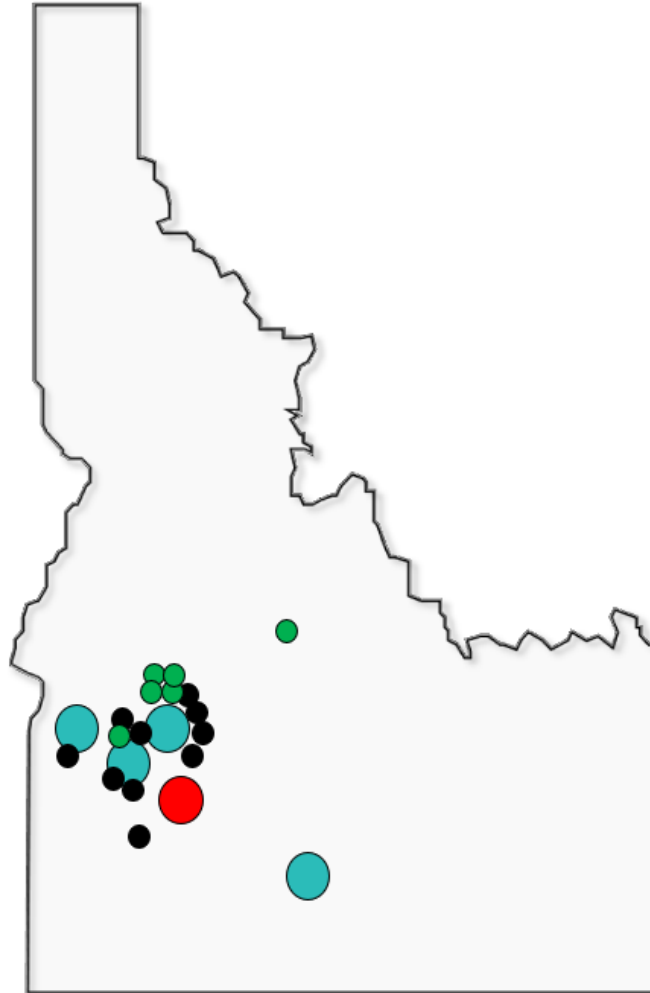
(Formally Family Medicine Residency of Idaho)

- **Family Medicine – 4 Programs**

- Boise (12-12-12)
- Nampa (6-6-6)
- Caldwell (4-4-4)
- Twin Falls (2-2-2)

- **Pediatrics Residency (4-4-4)**

(84 Residents)



- **Fellowships (7)**

- Sports Medicine
- HIV/Viral Hepatitis
- Obstetrics (2)
- Geriatrics
- Addiction Medicine
- Rural Medicine
- Primary Care Psychiatry
(8 Fellows)



The RTT Collaborative

in rural health professions education and training

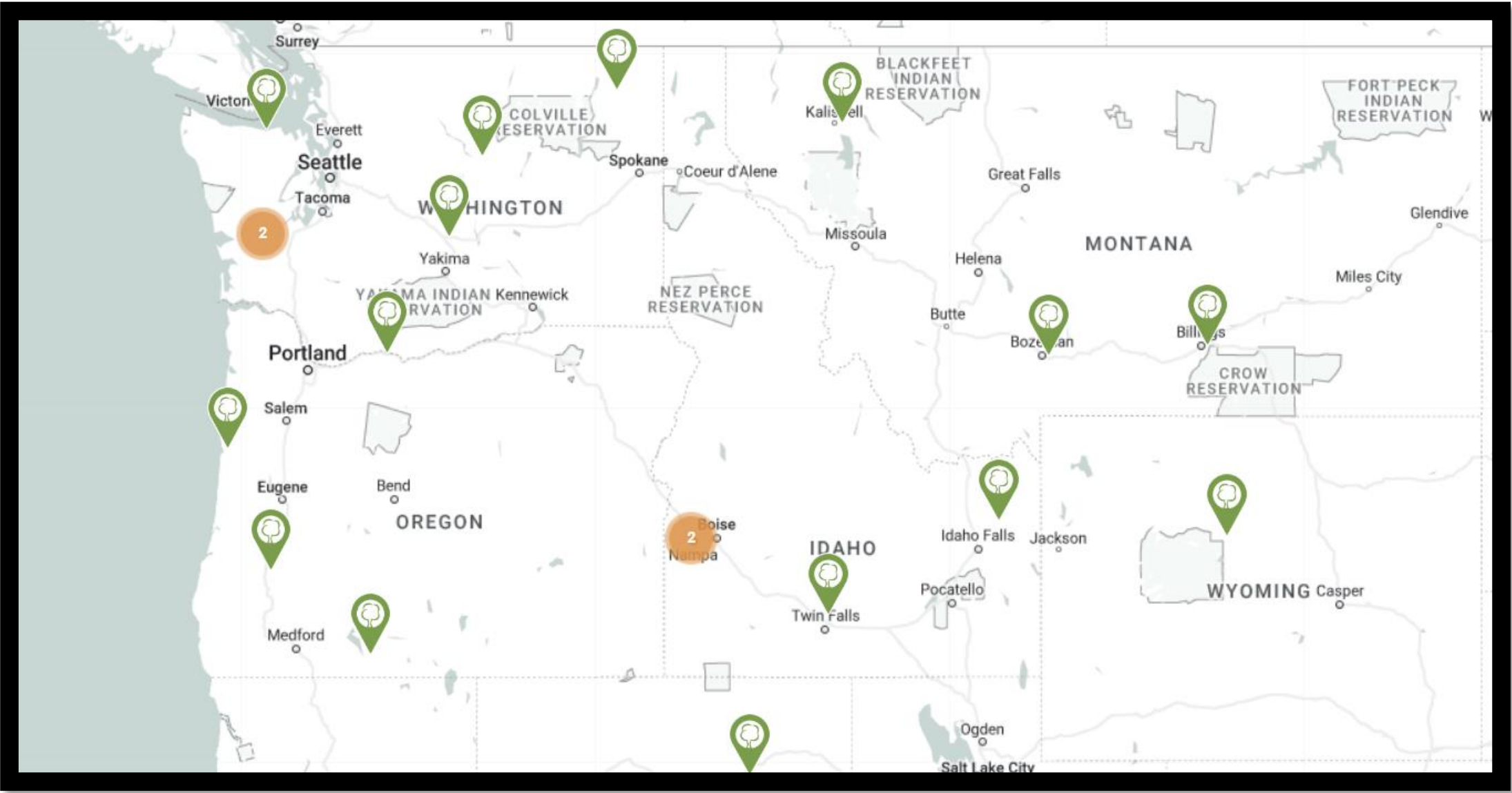
Growing our own...together



RTT Collaborative

Map of Participating Programs





Program Development

- Tools
- Technical Assistance
- Knowledge Sharing



RTT COLLABORATIVE NEWSLETTER

— September 2022 —

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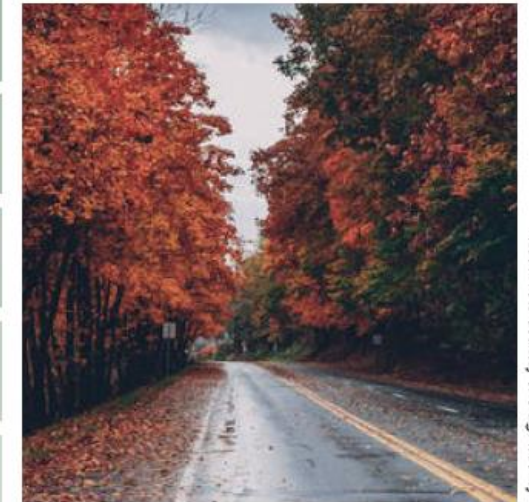
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The RTT Collaborative
in rural health professions education and training
Growing our own...together



Stock Photo Courtesy of Craig Adderley

Happy first official week of autumn, and welcome to our newsletter. Please be sure to stop by page six for information regarding new board member applications!

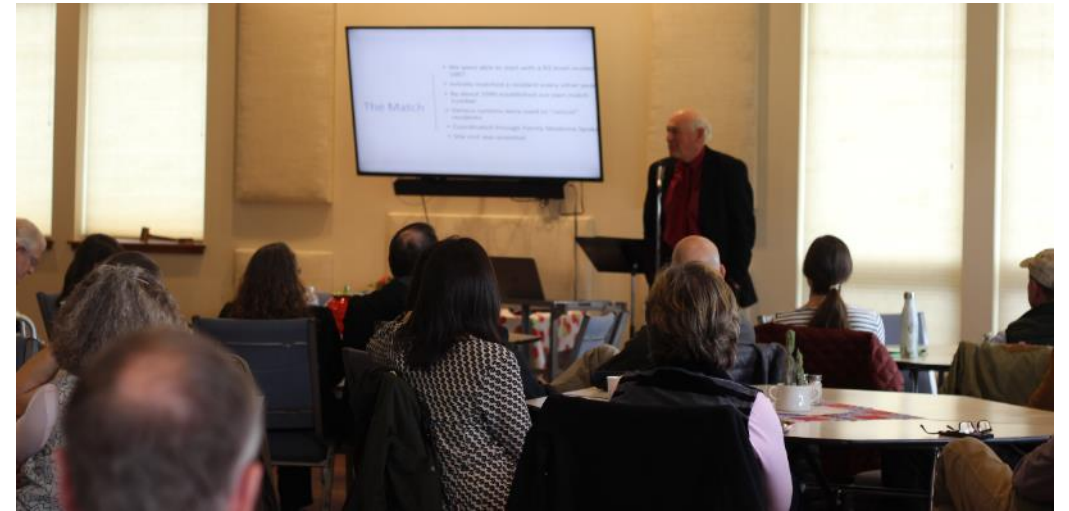
If you aren't already one of the many dedicated participating programs that participate in our cooperative of rural programs, visit rttcollaborative.net/join-the-movement to learn more.

Contribute to our mission to sustain rural health professions education in rural places by making a [donation!](#)

Further, if you have items you would like to be included in the next newsletter, please submit ideas to [Dr. Hana Hinkle](#).

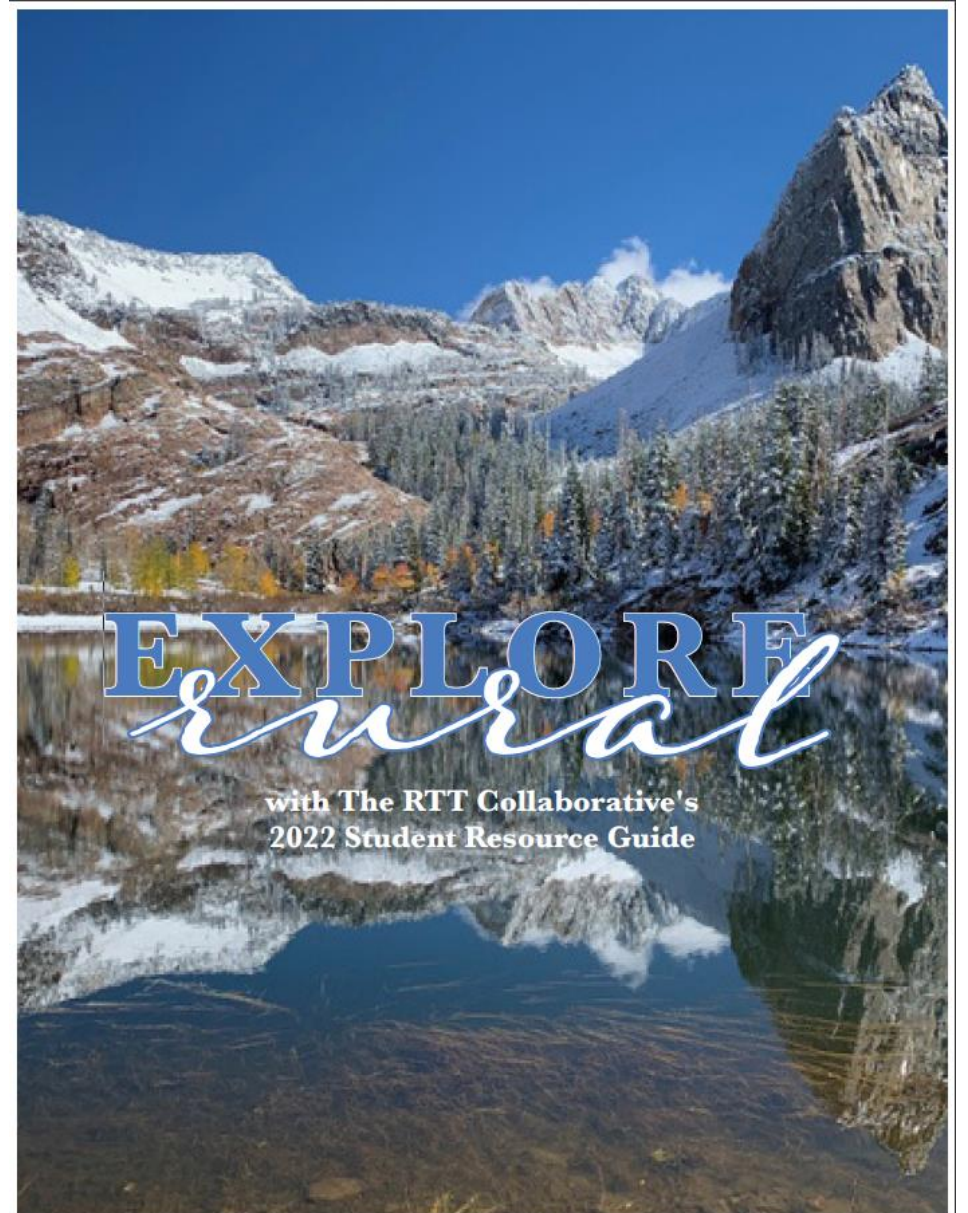
Program Support

- Annual Meeting
- Rural PDU
- Scholarly intensive
- Scholarships



Student Engagement

- National Conference
- Rural Residency Fest and Fair
- Presentations to student groups
- Annual student guide
- Student outreach



Western Montana

- Hybrid training options
- RTT/RTP
- Rural continuity clinic
- Rural Focus Track
- Rural Education Network & Rural Advisory Council





Thanks

Questions / Discussion