Rural Training Tracks: A way forward

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Part of an interrelated world…

RTTs exist on a continuum of medical education (PPE, UME, GME); and the principles of their design and implementation are applicable to MDs or DOs, to other specialties, and to the education of other health professionals.
Operational Phrase:

“‘1-2’… and other integrated rural training tracks…”

“…Section 407(c) of Public Law 106–113 which allows an urban hospital that establishes separately accredited approved medical residency training programs (or rural training tracks) in a rural area or has an accredited training program with an integrated rural track….”

*Federal Register August 1, 2000 (BBRA 1999)*
CMS Definitions

- ACGME accredited program in the 1-2 format (alternative tracks, available only in allopathic family medicine residencies – established by final rule in 2000)

- Integrated RTT – any accredited residency program, MD or DO, established in collaboration with an urban residency, where greater than 50% of the resident’s training occurs in a rural place (e.g. 19 months out of 36 months total months in a 3-year residency; established by final rule in 2003)
RTT Technical Assistance Program
“A consortium of organizations and individuals committed to sustaining RTTs as a strategy in rural medical education”

http://www.raconline.org/rtt/
RTTTA – 2010-2013

- Sustain established RTTs
- Assist in the development of new RTTs
- Increase the number of students who match to RTTs
- RTT Masterfile – Data on program characteristics and outcomes; building an evidence base for effectiveness
As of March 1, 2013

- Developing
- 4-4-4
- Active
- Accredited, not active
RTT NRMP Trends 2003-2013

Source: Personal communication from Randall Longenecker MD, Senior Project Advisor, the RTT Technical Assistance Program, March 26, 2013
RTT Masterfile and Policy Briefs

- Initial and sustained practice in rural communities (2-3 times traditional residency training)
- A significant contribution to the next generation of rural physician faculty (16% of graduates)
- Service in areas of primary care physician shortage

Figure 4. Family Medicine Rural Training Track Residency Graduates, 2007-08 to 2008-09: Proportion Practicing in FQHCs, RHCs, and CAHs in 2009 (N = 52)

- FQHC: 9.6%
- RHC: 17.3%
- CAH: 28.8%
- FQHC, RHC, CAH, or a Combination*: 48.1%

* Some practice in more than one facility type.
Data sources: graduates identified by 18 RTT programs, CMS, Robert Graham Center.
Creative Variations

- **Structure:** Varying degrees of integration, from 4-15 months in the urban place; “Spider plant” configurations

- **Funding:** Teaching Health Centers (e.g. Boise, ID; Silver City, NM; Redding, CA)

- **Faculty Development:** NIPDD Rural Fellows; annual RTTConclave; peer consultation

- **Emerging Support Network:** The RTT Collaborative [www.rttcollaborative.net](http://www.rttcollaborative.net)
Adaptability and Resilience

Colville, Washington

Blackstone, Virginia

Urban

Rural
26 (30) Active 1-2 RTTs as of January 2014

7 new programs, $200,000 to $750,000 each in development, as a community contribution
RTTTA 2013-2016

- Continue to provide technical expertise and assistance to established and developing 1-2 RTTs
- Expand the RTT Masterfile to include financial data, and align with medical school rural tracks and pipeline programs (AAMC Data Commons pilot)
- Conduct retrospective and concurrent analysis of any programs that close
- Continue student recruiting initiatives and alliances
Continuing Definition (RTTTA)

A residency training program that is either:

- An alternative training track integrated with a larger more urban program and separately accredited as such, with a rural* location, a rural mission, or a major rural service area, in which the residents spend approximately two of three years in a place of practice separate and more rural or rurally focused than the larger program.

*Rural by Rural Urban Commuting Area (RUCA) code of 4 or greater, except 4.1, 5.1, 7.1, 8.1, and 10.1, which are urban
Or:

- An identified training track within a larger program, not separately accredited (i.e. without a separate accreditation program number), in which the tracked residents meet their 24-month continuity requirement** in a rurally located continuity clinic or Family Medicine Practice site (FMP).

**Continuity requirement as defined by the ACGME Family Medicine Review Committee and the American Board of Family Medicine.
RTTs: A way forward

Providing an anchoring, comprehensive primary care physician presence is foundational to discussions of:

- Accountable Care Organizations and a value-based health care system
- Telehealth – “Requires an expert on both ends of the webcam!”
- Interprofessional practice
RTTs: A way forward

- Community embedded
- Teaching health practices
- Uniquely adapted and relevant to the needs of their particular community
- Interprofessional out of necessity
- And because of their small size and simplicity, easily accountable to funders and accrediting bodies
Questions

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