Rural Training Tracks: A way forward

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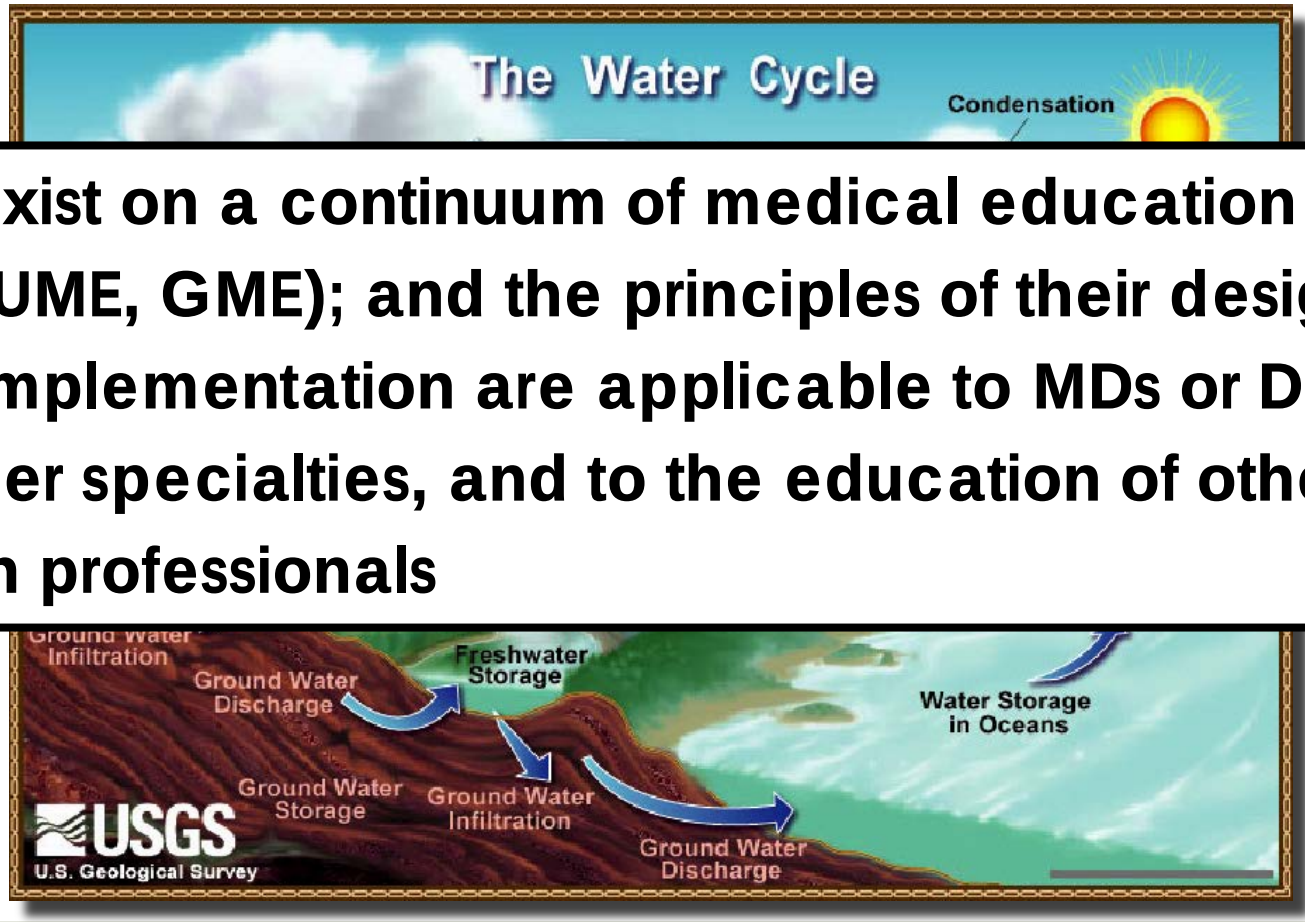
Part of an interrelated world…



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:

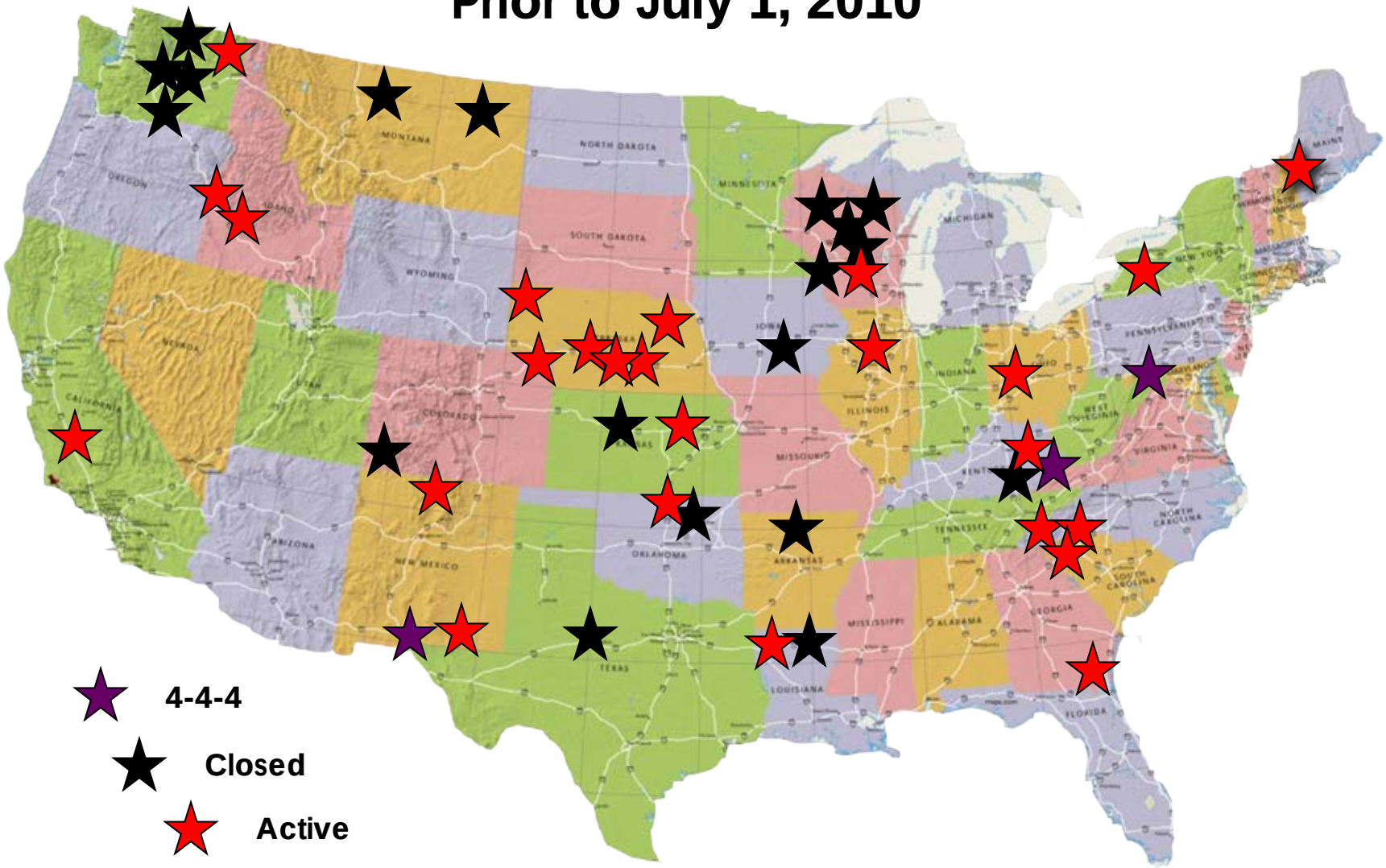
“ ‘1-2’… and other integrated rural training tracks…”

“…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)

Prior to July 1, 2010



RTT Technical Assistance Program

"A consortium of organizations and individuals committed to sustaining RTTs as a strategy in rural medical education"

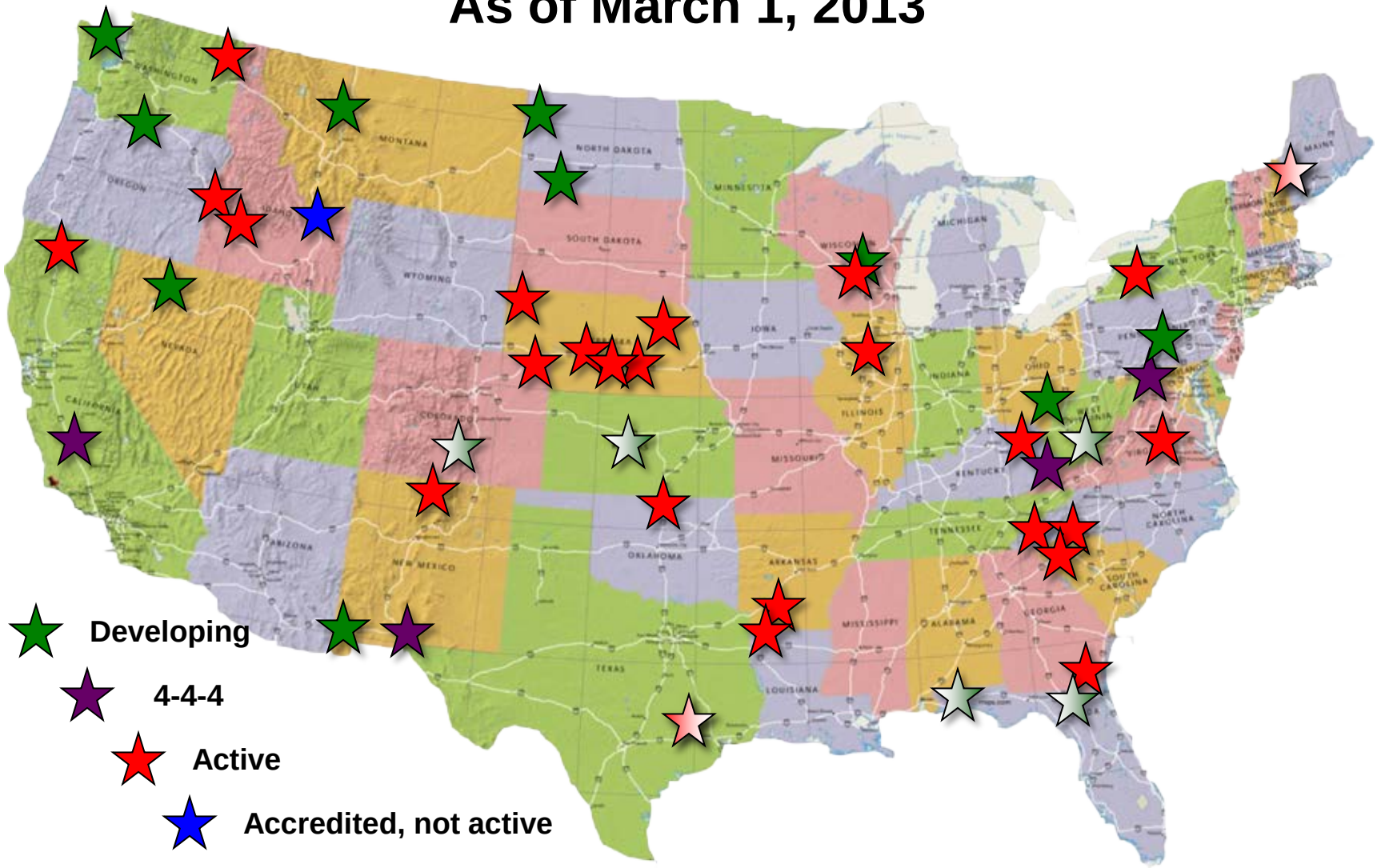
Office of Rural Health Policy

http://www.raconline.org/rtt/

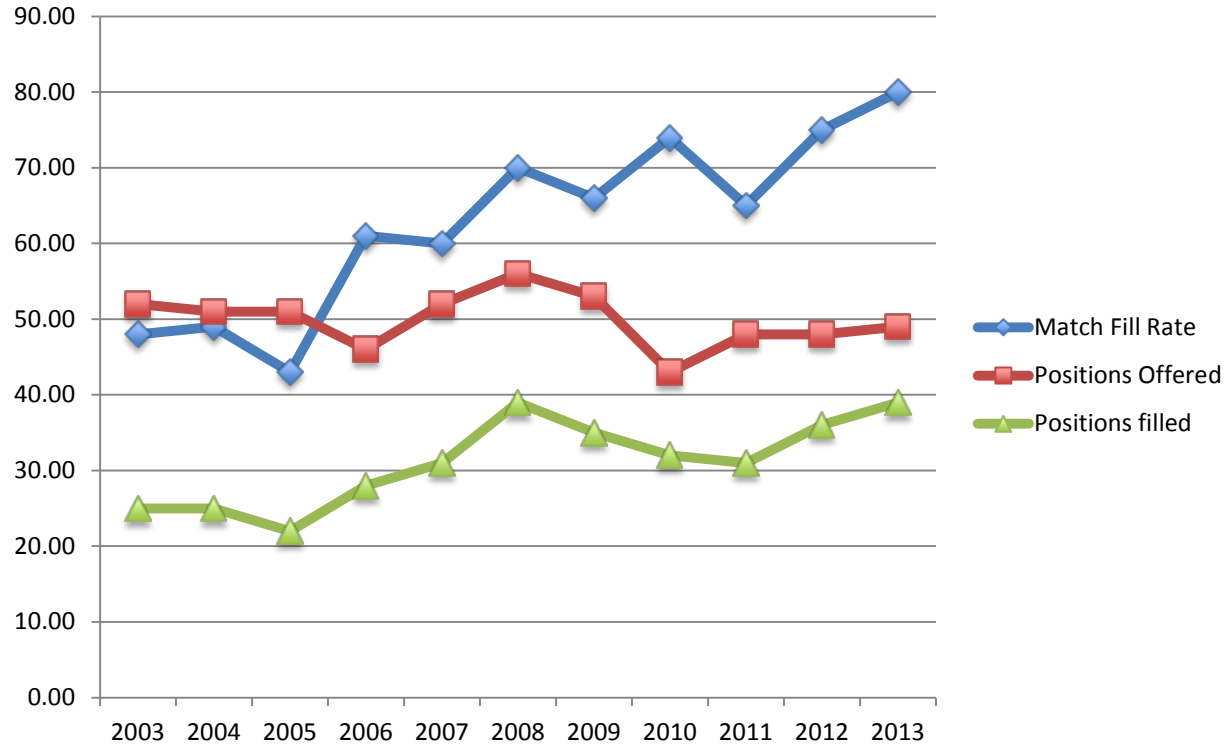
RTT TA – 2010-2013

- **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



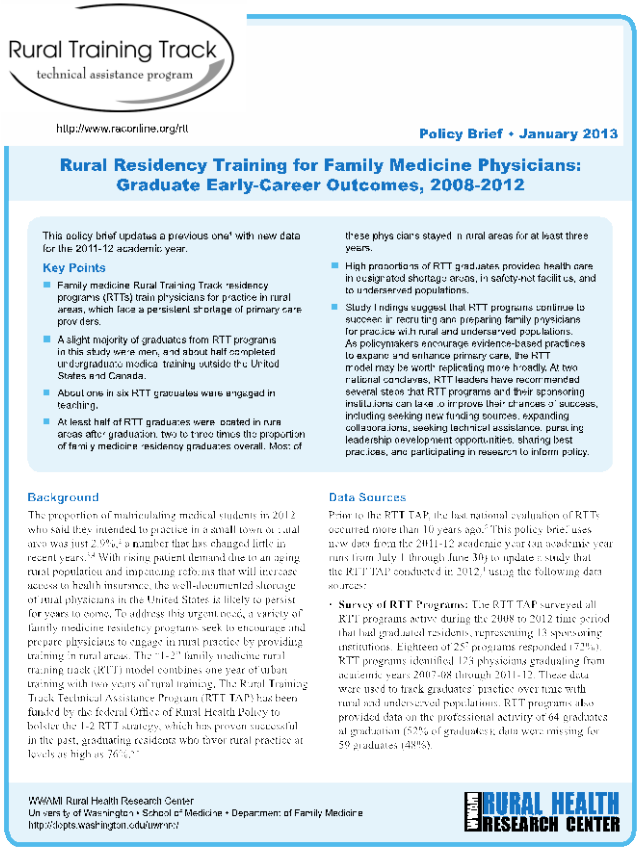
RTT NRMP Trends 2003-2013



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**



Rural Training Track
technical assistance program
http://www.raconline.org/rtt

Policy Brief • January 2013

Rural Residency Training for Family Medicine Physicians: Graduate Early-Career Outcomes, 2008-2012

This policy brief updates a previous one with new data for the 2011-12 academic year.

Key Points

- Family medicine Rural Training Track residency programs (RTTs) train physicians for practice in rural areas, which face a persistent shortage of primary care providers.
- A slight majority of graduates from RTT programs in this study were men, and about half completed undergraduate medical training outside the United States and Canada.
- About one in six RTT graduates were engaged in teaching.
- At least half of RTT graduates were located in rural areas after graduation, two to three times the proportion of family medicine residency graduates overall. Most of these physicians stayed in rural areas for at least three years.
- High proportions of RTT graduates provided health care in designated shortage areas, in safety-net facilities, and to underserved populations.
- Study findings suggest that RTT programs continue to succeed in recruiting and preparing family physicians for practice with rural and underserved populations. As policymakers encourage evidence-based practices to expand and enhance primary care, the RTT model may be worth replicating more broadly. At two national conclaves, RTT leaders have recommended several steps that RTT programs and their sponsoring institutions can take to improve their chances of success, including seeking new funding sources, expanding collaborations, seeking technical assistance, pursuing leadership development opportunities, sharing best practices, and participating in research to inform policy.

Background

The proportion of matriculating medical students in 2012 who said they intended to practice in a small town or rural area was just 2.9%,[1] a number that has changed little in recent years.[2] With rising patient demand due to an aging rural population and impending reforms that will increase access to health insurance, the well-documented shortage of rural physicians in the United States is likely to persist for years to come. To address this urgent need, a variety of family medicine residency programs seek to encourage and prepare physicians to engage in rural practice by providing training in rural areas. The "1-2" family medicine rural training track (RTT) model combines one year of urban training with two years of rural training. The Rural Training Track Technical Assistance Program (RTT TAP) has been funded by the federal Office of Rural Health Policy to bolster the 1-2 RTT strategy, which has proven successful in the past, graduating residents who favor rural practice at levels as high as 26%.[3]

Data Sources

Prior to the RTT TAP, the last national evaluation of RTTs occurred more than 10 years ago.[4] This policy brief uses new data from the 2011-12 academic year (an academic year runs from July 1 through June 30) to update a study that the RTT TAP conducted in 2012,[5] using the following data sources:

- **Survey of RTT Programs:** The RTT TAP surveyed all RTT programs active during the 2008 to 2012 time period that had graduated residents, representing 13 sponsoring institutions. Eighteen of 25[7] programs responded (72%). RTT programs identified 123 physicians graduating from academic years 2007-08 through 2011-12. These data were used to track graduates' practice over time with rural and underserved populations. RTT programs also provided data on the professional activity of 64 graduates at graduation (52% of graduates); data were missing for 59 graduates (48%).

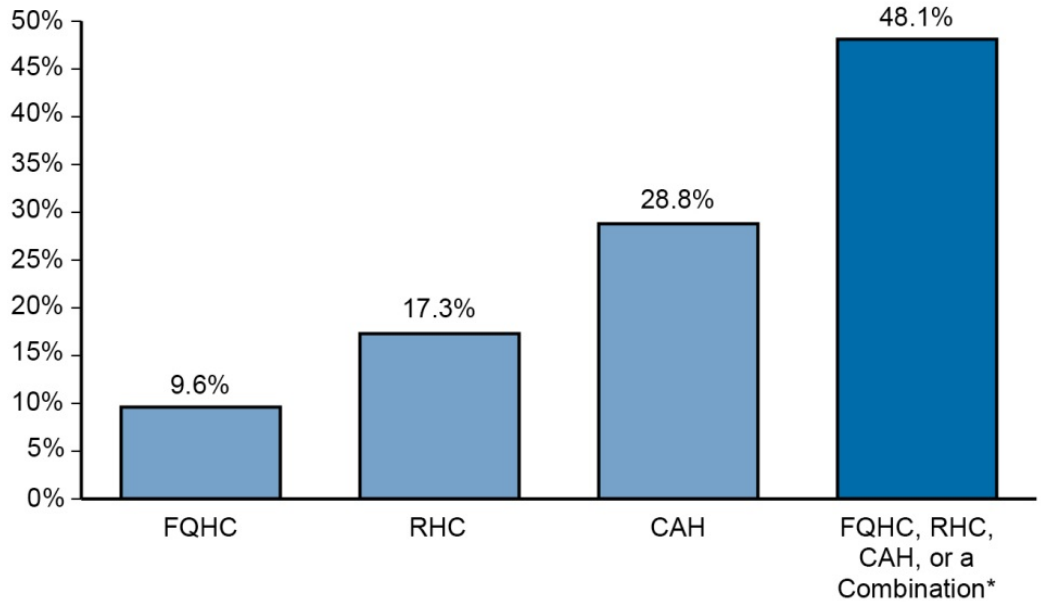
WWAMI Rural Health Research Center
University of Washington • School of Medicine • Department of Family Medicine
http://depts.washington.edu/uwrhrc/

WWAMI RURAL HEALTH RESEARCH CENTER

http://www.raconline.org/rtt/pdf/rural-family-medicine-training-early-career-outcomes-2013.pdf

RTT Masterfile and Policy Briefs

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)

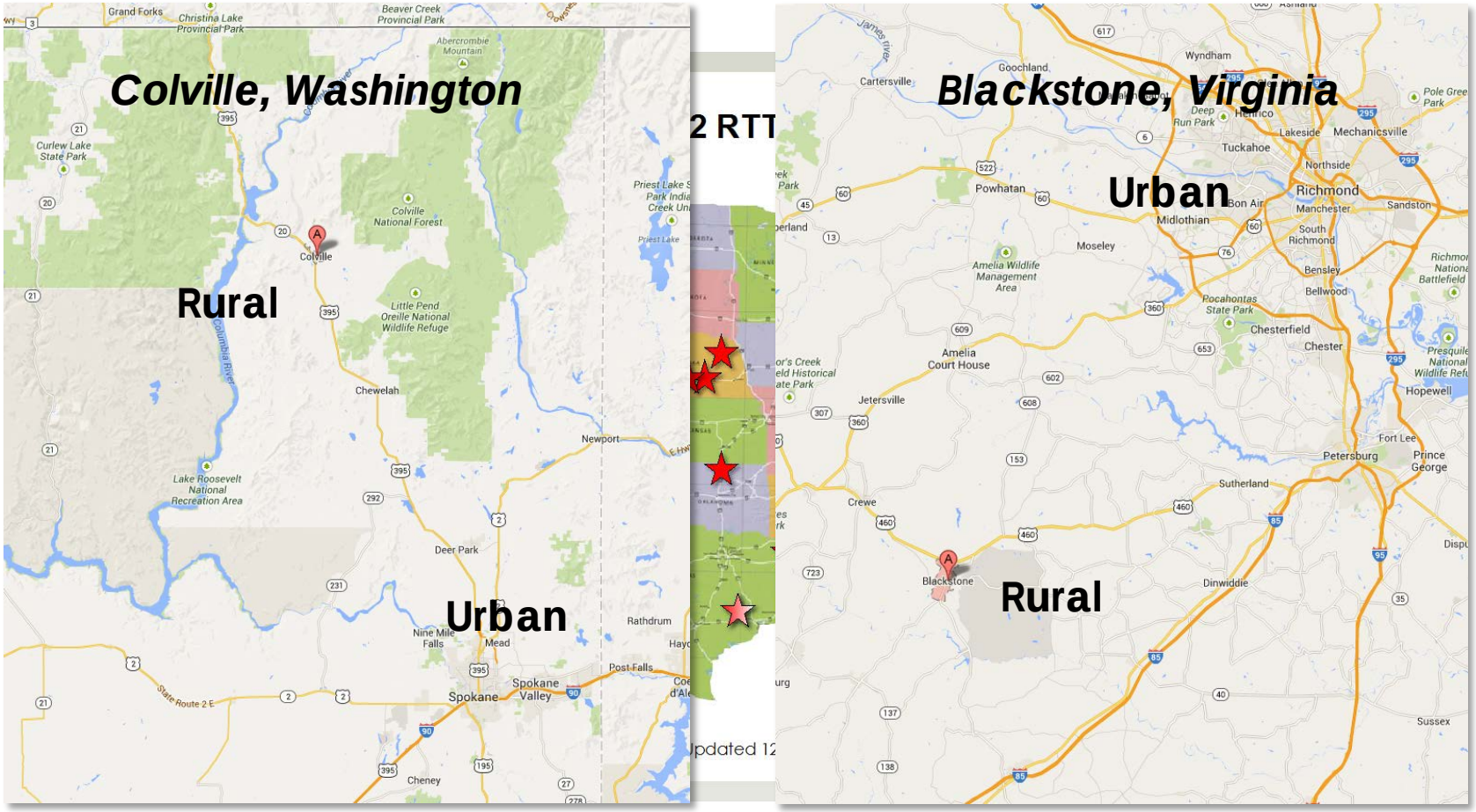


* Some practice in more than one facility type.
Data sources: graduates identified by 18 RTT programs, CMS, Robert Graham Center.

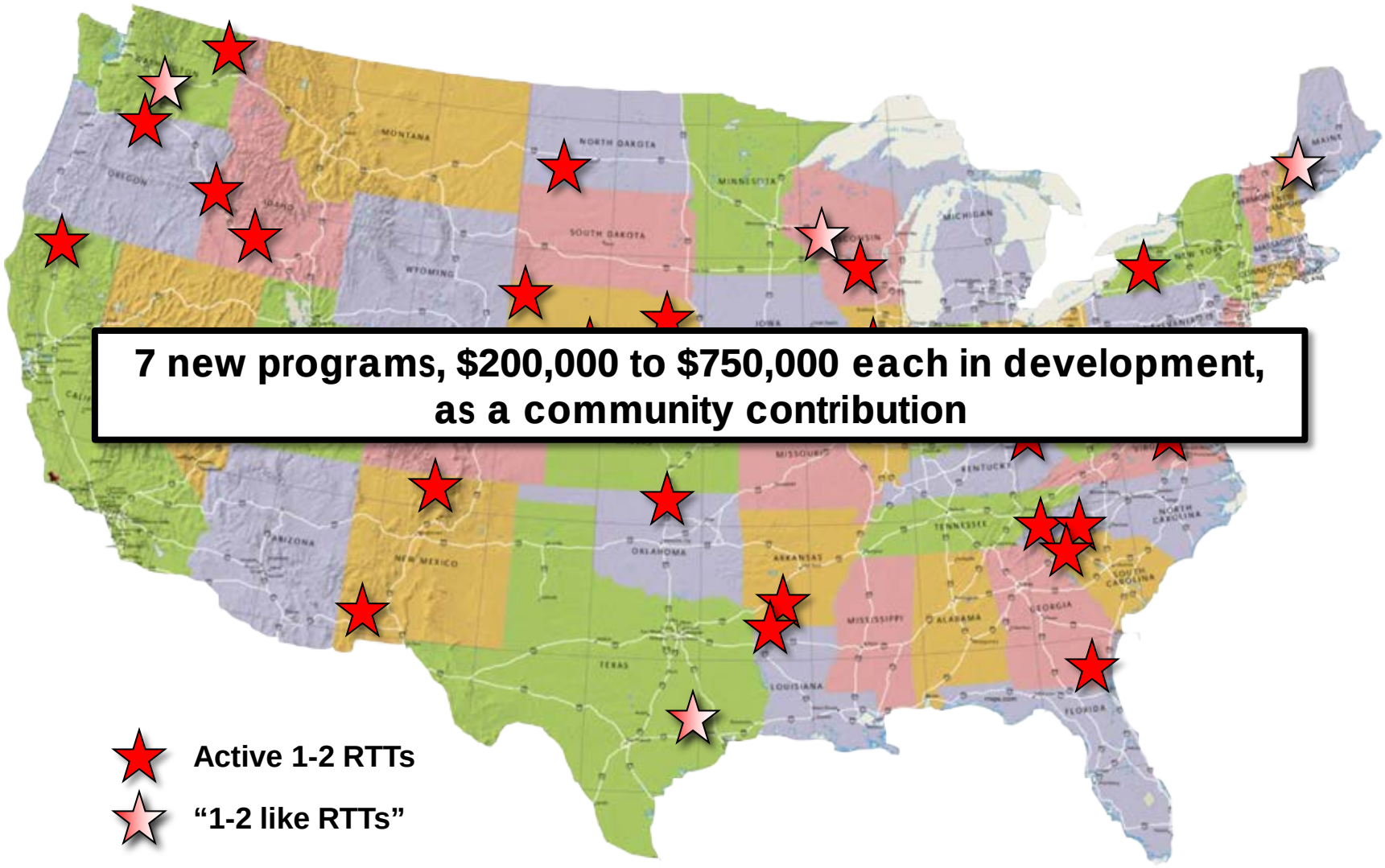
Creative Variations

- **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 RTT Conclave; peer consultation
- **Emerging Support Network:** The RTT Collaborative www.rttcollaborative.net

Adaptability and Resilience



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



RTT Technical Assistance Program – Updated 12-30-2013, Randall Longenecker, Senior Project Advisor

RTT TA 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 (RTT TA)

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

Continuing Definition (RTT TA)

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 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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