

# Training Wisconsin's Future Primary Care Physician Workforce

Due to the nation's aging population, increased access to healthcare with the passage of the Affordable Care Act, a large percentage of the current physician workforce entering retirement age, and the relatively low percentage of medical students choosing primary care, the need for rural primary care physicians has never been higher. **Graduate Medical Education (GME) training opportunities in rural communities offer a proven solution to both preparing and attracting residents to rural practice.**

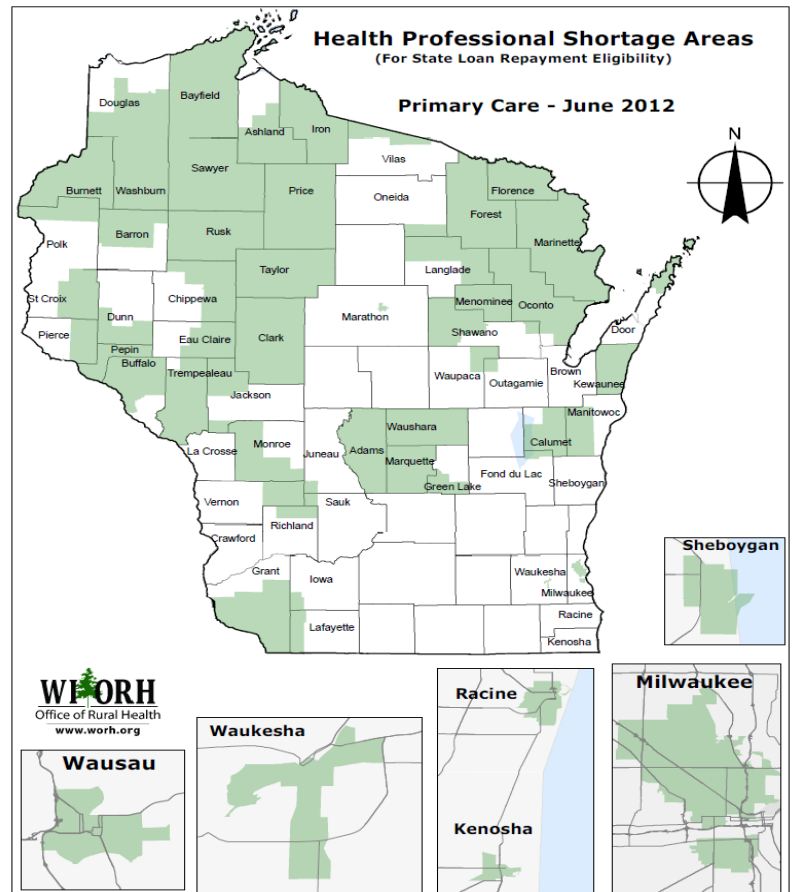
## The Need for Rural GME

### Shortage & Mal-distribution

- "Only about ten percent of physicians practice in rural America despite the fact that nearly one-fourth of the population lives in these areas" <sup>1,2,3</sup>
- Communities in Wisconsin with populations less than 2,500 have the lowest primary care physician to population ratio averaging 3,432:1 compared to communities with a population of 10,000-50,000 where the ratio is 862:1<sup>4</sup>

## Rural Training Works

- "...medical residents who train in rural settings are two to three times more likely to practice in a rural area; especially those who participate in rural training tracks."<sup>5</sup>
- "56% of Graduates Practice Within 100 Miles of Training After Family Medicine Residency"<sup>6</sup>
- "[Residents trained in rural areas are] better prepared for what awaits them in rural practice<sup>7</sup>."



This Primary Care HPSA map is valid as of June 2012. The map illustrates the general location of shortage areas eligible for state loan repayment; please see the WI Primary Care Office web site (<http://dhs.wisconsin.gov/health/primarycare/ShortageDesignation.htm>) for more detailed information on shortage areas and associated benefits.

## Benefits to Hospital & Clinics

- "Grow your own" practice partners
- Attract and retain physicians who have a heart for teaching
- Save on recruitment & on-boarding costs
- Potential to increase patient access & specialist referrals
- Faculty Development and other staff education opportunities
- Support mission & culture of education
- Elevate image as an educational institution
- Community becomes invested in training future physicians
- Resident service opportunities in the community

"RTTs are a greatly underutilized strategy for ensuring an adequate rural primary care physician workforce."<sup>8</sup>

## How Rural Hospitals & Clinics Can Participate

Rural Rotation Site	Integrated Rural Training Track	Rural Training Track	Rural Fellowship Site
<p>Short term resident educational experience at a rural hospital or clinic developed to meet the goals and objectives of a residency program.</p> <ul style="list-style-type: none"> <li>• Block (3-8 weeks) or longitudinal</li> <li>• Resident works with one or more preceptors</li> <li>• Resident experience rural practice first hand</li> </ul>	<p>A track within a residency program with varying degrees of integration between urban and rural sites.</p> <ul style="list-style-type: none"> <li>• 4-18 months in the rural site</li> <li>• Training in the rural site is in blocks or longitudinally over 3 years</li> <li>• May have continuity clinic at rural site</li> </ul>	<p>An alternate track of a residency program with at least 24 of 36 months in a rural setting.</p> <ul style="list-style-type: none"> <li>• Generally, “1-2” Format</li> <li>• 1st year at core urban program site</li> <li>• 2nd &amp; 3rd years at rural site</li> </ul>	<p>A period of advanced medical training after residency focused on a sub-specialty.</p> <ul style="list-style-type: none"> <li>• Often 1 year</li> <li>• Fellow practices as a physician part time and as a learner part time.</li> </ul>

### Assistance Available to Help Grow Rural GME

- **Wisconsin Collaborative for Rural GME (WCRGME):** Technical assistance with basic GME questions & presentations, site assessments, administration & accreditation, help with funding questions, best practice resources & faculty development [www.WCRGME.org](http://www.WCRGME.org)
- **Wisconsin Rural Physicians Rural Assistance Program (WRPRAP):** Grants for Early Development/Feasibility Studies, Educational Development, and Major Development <http://www.fammed.wisc.edu/wi-rural-physician-program>
- **Department of Health & Human Services:** Grants for development and expansion of rural GME <http://www.dhs.wisconsin.gov/rfp/index.htm>

### For more information on developing rural GME at your organization contact:

Kara Traxler, Director Rural GME Development & Support [ktraxler@RWHC.com](mailto:ktraxler@RWHC.com), Jennifer Crubel, Rural GME Program Assistant [jcrubel@RWHC.com](mailto:jcrubel@RWHC.com) or Jill Niemczyk, Rural GME Program Assistant [jniemczyk@RWHC.com](mailto:jniemczyk@RWHC.com); <http://wcrgme.org> RWHC 608-643-2343

### Notes

<sup>1</sup>Gamm, Larry D., Hutchison, Linnae L., Dabney, Betty J. and Dorsey, Alicia M., eds. (2003). *Rural Healthy People 2010: A Companion Document to Healthy People 2010*. Volume 1. College Station, Texas: The Texas A&M University System Health Science Center, School of Rural Public Health, Southwest Rural Health Research Center.

<sup>2</sup>Rosenblatt RA, Chen FM, Lishner DM, et al. *The future of family medicine and implications for rural primary care physician supply*. Final Report #125. Seattle, WA: WWAMI Rural Health Research Center, University of Washington; August 2010. Available at: [http://depts.washington.edu/uwrhrc/uploads/RHRC\\_FR125\\_Rosenblatt.pdf](http://depts.washington.edu/uwrhrc/uploads/RHRC_FR125_Rosenblatt.pdf) Accessed May 6, 2014.

<sup>3</sup>Council on Graduate Medical Education. Tenth Report: Physician Distribution and Healthcare Challenges in Rural and Inner-City Areas. Rockville, MD: Health Resources and Service Administration; 1998.

<sup>4</sup>2012 Wisconsin Physician Workforce Report <http://www.ahec.wisc.edu/sites/default/files/2012-WI-Physician-Workforce-Report-REV-12-28-12.pdf> Access May 6, 2014.

<sup>5</sup>Patterson DG, Longenecker R, Schmitz D, Skillman SM, Doescher MP. *Policy brief: training physicians for rural practice: capitalizing on local expertise to strengthen rural primary care*. Collaboration of Rural Training Track Technical Assistance Program and WWAMI Rural Health Research Center; 2011.

<sup>6</sup>Fagan, E. Blake, MD, Sean C. Finnegan, MS, Andrew W. Bazemore, MD MPH, Claire B. Gibbons, PhD, MPH, and Stephen M. Petterson, PhD. Migration After Family Medicine Residency: 56% of Graduates Practice Within 100 Miles of Training. *Graham Center*. N.p., 15 Nov. 2013. Web. 8 May 2014.

<sup>7</sup>Brooks RG, Walsh M, Mardon RE, Lewis M, Clawson A. The roles of nature and nurture in the recruitment and retention of primary care physicians in rural areas; a review of the literature. *Acad Med*. 2002;77(8):790-798.

<sup>8</sup>Training Physicians for Rural Practice: Capitalizing on Local Expertise to Strengthen Rural Primary Care 2011, Available at: [http://www.raconline.org/rtt/pdf/policybrief\\_jan11.pdf](http://www.raconline.org/rtt/pdf/policybrief_jan11.pdf) Accessed May 8, 2014