



December 12<sup>th</sup>, 2011

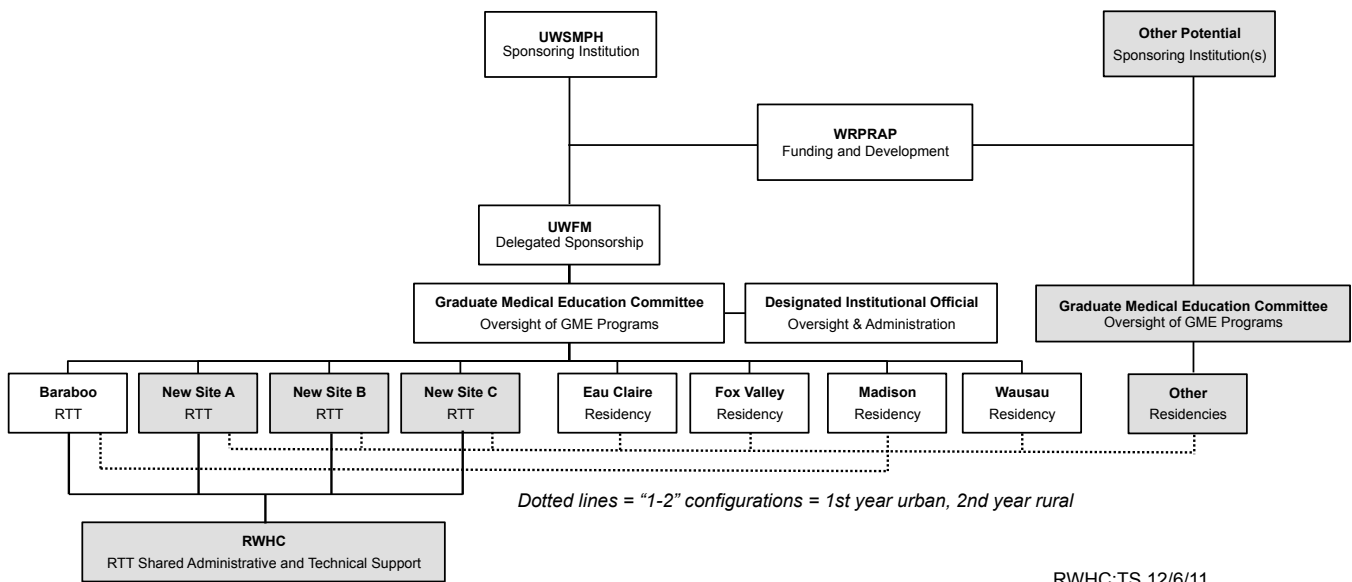
Wilda G. Nilsestuen, Program Coordinator  
 Wisconsin Rural Physician Residency Assistance Program  
 1100 Delaplaine Court  
 Madison, WI 53715-1896

**Re: Wisconsin Rural Physician Residency Assistance Program (WRPRAP) Request for Proposals (RFP) to Develop New or Expand Existing Rural Residencies or Rural Training Tracks**

Dear Wilda:

Subsequent to a unanimous motion of the Rural Wisconsin Health Cooperative (RWHC) Board of Directors, I am writing to formally express our intent to develop the Wisconsin Rural Training Track Collaborative (WRTTC) in partnership with the Baraboo Rural Training Track, the University of Wisconsin School of Medicine and Public Health (UWSMPH) and several individual rural hospitals. A visual overview of potential partnerships is shown below; new entities and capacities are shown in grey. (As the UW Department of Family Medicine (UWFM) may not agree to add additional RTT sites, the model is intended to be fungible, allowing for additional or an alternative sponsoring institution or institutions.)

**Wisconsin Rural Training Track Collaborative**  
*UWSMPH and/or other potential sponsoring institutions.*



RWHC:TS 12/6/11

### **WRTTC Long-term Goals:**

- In partnership with the Baraboo RTT, WRPRAP, UWFM and/or another sponsoring institution(s) and three to five individual rural hospitals, RWHC would sponsor/staff the Wisconsin Rural Training Track Collaborative (WRTTC or Collaborative).
- Baraboo RTT would “anchor” the WRTTC with its unique experience and advice to share.
- RWHC would provide institutional administrative functions and assistance to WRTTC.
- WRTTC would help identify potential new RTTs or expansions.
- WRTTC would help local RTT coordinators to deal with day-to-day operations and resident issues.
- WRTTC would establish an Education Committee that represents all RTTs in the Collaborative. RTT representatives would agree to shared resources for things such as:
  - ✓ Duty hours monitoring
  - ✓ Local program policies
  - ✓ Evaluation Forms
  - ✓ Resident Recruitment
  - ✓ Didactic Seminars
  - ✓ Faculty development sessions
- Identify the sponsoring institution/institutions for new RTTs
- UWFM Graduate Medical Education Committee (UWFM GMEC) or a GMEC(s) from an additional sponsoring institution or institutions could manage accreditation visits within their existing structures with assistance to this process provided by WRTTC.
- WRTTC could also work with sites not yet ready to form a RTT but who were willing to take an interim step of becoming a clinical training site for third- and fourth-year medical students.
- WRTTC may wish to subsequently consider exploring if this model could be used to help with other critical residency needs such as in general surgery.

**Description of the proposed graduate medical education (resident) training program**—In fall of 2011, Tim Size, executive director, RWHC, had a series of exploratory discussions at UWSMPH with WRPRAP and others in pursuit of a partnership to create the Wisconsin Rural Training Track Collaborative. Participants at one or more meetings included Dr. Byron Crouse, Paul Howl, Wilda Nilsestuen and Chris Viney from UWSMPH and Phyllis Fritsch representing the RWHC Board. The November 11<sup>th</sup> meeting notes well summarizes the context for this proposal: “The maldistribution of family physicians in Wisconsin with disproportionate shortages in rural counties is a critical and growing problem. WRPRAP exists to help solve this problem. **Ample evidence points to the fact that several factors predict greater success in recruiting new physicians to rural practice and to success in practicing in a small community, among them: growing up in a rural setting, a service orientation, and spending considerable portion of the resident training in rural areas.**”

They go on to say: “RWHC is a neutral party with a constituency of rural hospitals and smaller rural communities. RWHC pursues many health-related initiatives. It would like to partner with the UWSMPH to create more rural residency experiences in South West Wisconsin. Interest among other facilities and programs to create such a collaborative has been established. **The intent would be to take advantage of efficiencies of scale and relieve Baraboo and other to-be-developed local programs of some of the administrative burden of achieving and maintaining accreditation compliance that resident training requires. Funding could be accessed through the WRPRAP RFP or similar process.**”

This need for this approach was reinforced by a recent report from the Wisconsin Hospital Association (WHA). At its January 2010 meeting, the WHA Board of Directors created a five person workgroup (including Sandy Anderson and Tim Size) and charged it with studying Wisconsin’s future physician workforce, to determine whether the projected numbers of physicians would adequately meet the needs of Wisconsin residents, and to identify areas that would need to be addressed together with potential options. The resulting report “100 New Physicians a Year: An Imperative for Wisconsin” was released on November 29<sup>th</sup>, 2011.

The Report named “The Need to Expand Wisconsin Graduate Medical Education” as its top priority. “When graduates of a Wisconsin medical school also have their residencies in a Wisconsin program, there is a 70 percent chance that they will practice in Wisconsin. Given the impact that the combination of these two factors appears to have on physician retention for Wisconsin, both medical schools should identify and implement programs that enhance communication between their undergraduate and residency programs and residency programs should better inform undergraduate medical students about the benefits of their programs.” Dean Robert Golden was reported as in the Wisconsin State Journal as saying that “the medical school would further expand if more residency positions and clinical training sites for third- and fourth-year students were available.”

### **A brief description of a two-year work plan conveying our vision of how the program will develop over a 2-5-year period:**

1. *Before February 10<sup>th</sup> Submission:* Confirm willingness of the Baraboo RTT Leadership to share their experience to WRTTC as a whole as well as participating in the WRTTC Steering Committee to help propagate new RTTs. (Baraboo’s role would effectively be to train a trainer who in turn would help develop the new sites.) It is the explicit intent of this proposal that WRTTC be a mechanism for the Baraboo to reduce their current administrative and accrediting work load.
2. *Before February 10<sup>th</sup> Submission:* Identify potential WRTTC partners.
3. *Before February 10<sup>th</sup> Submission:* RWHC convenes the key principals. The purpose of the meeting would be to validate the intentions of the proposed partnership and intended program structure as well as lay out a plan to implement the other key next steps to create/duplicate the Baraboo model in multiple sites with Baraboo providing mentoring, counseling for fledging new programs with a 1-2 framework (first year in large university or urban hospital center and years 2 & 3 in rural setting).
4. *Before February 10<sup>th</sup> Submission:* Create the WRTTC Steering Committee.
5. *Before February 10<sup>th</sup> Submission:* Finalize application for WRPRAP funding.
6. Assuming that the new sites follow the Baraboo 1-2 model (1<sup>st</sup> year in Madison-based rotations; 2<sup>nd</sup> and 3<sup>rd</sup> years in Baraboo), determine whether UWSMPH Dean and DFM Chair have the interest and capacity to be the sponsoring institution. If not, seek alternatives.
7. Investigate the models developed by Randy Longnecker and Robert Bowman and their relevance and feasibility to serve as interim steps towards developing new RTT sites as part of WRTTC.

8. Recruit key personnel.
9. Develop a detailed work plan based on WRPRAP funded expert input for the one to two-year set-up process for the first generation of new RTTs which at a minimum does the following:
  - a. Clarify partnership roles and a funding agreement that would serve all parties.
  - b. Determine how much funding from CMS may be possible.
  - c. Clarify feasible logistics (e.g., travel time for residents between RTT and continuity clinics (*applies to R-1 residents who have commitments to patients at home site as well as rural rotation site*)).
  - d. Determine the ACGME rules for RTTs.
  - e. Outlines the path for ACGME and GMEC approvals for each new RTT and their Program Directors.
  - f. Determines available community preceptors for resident rotations.
  - g. Initiate the WRTTC Education Committee and develop shared resources noted above.
  - h. Replicates necessary local program infrastructure.
  - i. Train local Preceptors.
  - j. Recruit initial cohort of Residents.

#### **Assets available to support the proposed program:**

**The Baraboo Rural Program, established in 1996, is a one-two program affiliated with the University of Wisconsin–Madison Family Medicine Residency Program.** Two residents per year for a total of six residents are now accepted into the Baraboo program. “Their program offers strong unparalleled training in maternity care and medical/surgical procedures. Residents experience total continuity of care, following patients from office to hospital to nursing home and back to the community. Their flexible curriculum emphasizes a positive teaching methodology, gradually increasing responsibility, and lifelong learning. The Baraboo training experience is rural medicine.” More information is available at:

<http://www.fammed.wisc.edu/residency/baraboo>).

Baraboo residents spend the first year doing traditional first year rotations in Madison with the 42 Madison-program based residents. First year Baraboo residents drive to Baraboo one day per week to begin their outpatient practice at Baraboo Medical Associates. During the second and third years, residents move to Baraboo and spend most of their time in Baraboo in an apprenticeship rural practice with opportunities for specialty rotations in Baraboo and Madison. They are excused from all practice duties on Wednesday mornings and have the option of traveling to Madison for weekly Wednesday morning educational conferences or they can use the telecom system that functions in Baraboo to participate in these required conferences.

**RWHC has a long and productive history of working with the UWSMPH, starting with the incorporation of RWHC in 1979** subsequent to an outreach initiative from Tim Size, who was then an Associate Superintendent at University of Wisconsin Hospital and Clinics. RWHC has grown into a member-owned network of 34 rural and community hospitals with eight affiliates (urban hospitals and integrated networks) and four strategic partners (the Wisconsin Hospital Association, Wisconsin Medical Society, Wisconsin Office of Rural Health, and Wisconsin Primary Health Care Association.) RWHC is considered to be one of the earliest and most successful models for collaboration among rural health providers in the country. RWHC provides a wide range of programs and services to members and non-members alike, including: advocacy, education, professional roundtables, financial consulting, legal services, coding

consultation, quality programs, workforce development, health information technology resources, and various clinical services. See [www.RWHC.com](http://www.RWHC.com) for more information.

Specific to the focus of this response to the WRPRAP RFP, in response to rural health workforce issues raised by RWHC and others, then UWSM Dean Philip Farrell created in 2000 the position of associate dean for rural and community health. In 2001, Dr. Byron Crouse agreed to take on that leadership role. Since then, RWHC has worked closely with Dr. Crouse, to support the creation and growth of the Wisconsin Academy of Rural Health (WARM). In particular, Sandy Anderson, CEO, St. Clare Hospital, Baraboo and Tim Size, RWHC Executive Director served in multiple roles and continue actively engaged with WARM. Foreshadowing the need for WRTTC, it was in the early days of the development of WARM that Sandy Anderson repeatedly noted that we would need to significantly expand the number of rural residency and rural training track slots beyond those in the Baraboo RTT. That time is obviously now upon us as WARM will soon be graduating 25 new physicians a year, with many to most of them wanting a residency experience in Wisconsin. Even without the large jump in demand from WARM graduates, Baraboo typically interviews 15 applicants for their two slots.

The RWHC board met with the then new UWSMPH Chair of the Department of Family Medicine, Dr. Valerie Gilchrist in April of 2009 and requested help in expanding the number of RTT slots. At that meeting, the need to find new funds to facilitate the expansion was identified as a key barrier. Consequently, as part of the State's CAH Assessment to raise additional match for Medicaid funding, Wisconsin Act 190 was enacted April 19<sup>th</sup>, 2010 and became effective July 1, 2010. It provides an annual \$750,000 to fund WRPRAP in the Department of Family Medicine. The statute also requires that annually the Department submit a plan for increasing the number of physician residency programs that include a majority of training experience in a rural area to RWHC, WHA, and the Wisconsin Medical Society.

**Names and titles of key staff who will play a principle role in implementing the program:**

- At RWHC for WRTTC –Tim Size, RWHC executive director, in kind support
- For WRTTC, a consultant from Baraboo—to be determined
- At RWHC for WRTTC, a RTT development expert—to be hired
- For WRTTC, a person who understands RTT accreditation systems/processes—to be contracted
- For WRTTC, a person who can provide expertise about local RTT administration—to be contracted
- At RWHC for WRTTC, administrative and facility staff support—reimbursed overhead

**Partners/facilities to develop the Collaborative as a work group or steering committee:**

Baraboo— Sandy Anderson, Dr. Jim Damos and Dr. Stuart Hannah

Dodgeville—Phyllis Fritsch

Monroe—Mike Sanders

Portage—Craig Telega, Jackie Sill

RWHC—Tim Size

UWSMPH—Dr. Byron Crouse, Paul Howl, Wilda Nilsestuen and Chris Viney

Other Sponsoring Institution(s)—to be determined

Other RTT Sites—to be determined as additional potential RTT sites state an interest to get involved

**Provide a budget overview for principle allocations—**

In addition to substantial in kind support from multiple participants, this initiative will need at least \$150,000 in its first year and at least \$125,000 in its second year for the staff and services noted above. We would also anticipate that new support would also be needed by the sponsoring institution(s). We are requesting to

develop a specific budget in collaboration with WRPRAP before the February 10<sup>th</sup> application for funds is finalized.

**Outline of a sustainability plan for how the program will be maintained beyond the grant funding—**

We are proposing the development of a significant growth in the number of residency slots current in rural Wisconsin. This is being called for by many parties and is a major priority of RWHC and WHA and many individual hospitals. Given the forecast shortage of physicians statewide, and particularly in rural Wisconsin, we believe that monies will be made available from multiple sources. The development and quantification of these sources will be a priority of this initiative.

RWHC has a 30+ year history in developing partnerships and successfully competing for and implementing private and public sector grants. We fully intend to continue to do what we can to assist Wisconsin's rural communities to become the healthiest in the nation.

Please let us know if any additional information might be helpful.

Sincerely,

A handwritten signature in cursive script that reads "Tim".

Tim Size  
Executive Director