Health Policy Lessons from Baraboo: One Resilient RTT Changes a State

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Fruits of One RTT Standing Tall

1. Introduction
2. Why RTTs Matter to St. Clare & rural hospitals?
3. WI Academy for Rural Medicine (WARM)
4. WI Council Medical Education & Workforce (WCMEW)
5. State of Wisconsin GME Grant Program
6. WI Rural Physician Residency Assistance Program (WRPRAP)
7. WI Collaborative for Rural GME (WCRGME)
8. RTTs Will Change Washington DC
9. Bottom Line

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Early Milestones “Set the Stage”

1990: WI had 6 rural residency training tracks (by 2003, only 1)
1993: Governor’s Rural Health Development Council recommends the two WI medical schools engage in primary care & rural health.
2000: Legislature “encourages” Dean of the then UWSM to create the position of Associate Dean for Rural and Community Health.
2001: Dr. Byron Crouse become the first Associate Dean for Rural and Community Health at the UWSM, leading to WARM.
2002: Steve Brenton, new CEO of the Wisconsin Hospital Association makes future of physician workforce a top priority.
2004: Seminal report, “Who Will Care For Our Patients?: WI Takes Action to Fight a Growing Physician Shortage,” leading to WCMEW.

2. Why RTT Matters to St. Clare? (1/5)

1996–’05 Physician recruitment to Baraboo

Dr. Cheryl Gehin* (Fam. Med.)
Dr. Jennifer Orkfrizt* (Int. Med., Hospitalist)
Dr. Eric Hamburg (Int. Med./Critical Care-relocated from Missouri)
Dr. Kristin Wells* – Gen. Surg.
Dr. Dave Jarvis* (Fam. Med., Hospitalist)

* Also instructors in the program
Why RTT Matters to St♥Clare? (2/5)
2005-‘10 Physician recruitment to Baraboo

Dr. Tim Deering* (Fam. Med.) – grad. of Baraboo RTT
Dr. Jamie Kling* (Fam. Med.) – grad. of Baraboo RTT
Dr. Christina Hook (Fam. Med.) – graduate of Baraboo RTT, (now with Wildwood Family Clinic, Madison)
Dr. Stuart Hannah* – grad. of Baraboo RTT
Dr. Bridget Delong* – grad. of Baraboo RTT
Dr. Karen Swallen* – grad. of Baraboo RTT

* Also instructors in the program

Why RTT Matters to St♥Clare? (3/5)
Benefit to local medical staff

- Increased career satisfaction – teaching
- CME opportunities
- Billings for clinic
- Ability to “grow your own partners”
Why RTT Matters to St♥Clare? (4/5)

Benefit to the local Community

Community Education
- Skin to skin an important intervention
- Sports injuries
- Medical careers
- Women’s health

Medical staff education
- C-section curriculum
- Diabetes performance in practice
- Preventing cervical cancer
- Framingham Cardiac Risk Scores—patient behavior change

Why RTT Matters to St♥Clare? (5/5)

Increased patient access to healthcare
3. WI Academy for Rural Medicine

- Dedicated to improving the supply of physicians in rural Wisconsin.
- Students have extensive clinical training in rural Wisconsin during years three and four.
- Students address medical issues that are unique to rural areas, and have opportunity to live a rural lifestyle.
- WARM has the unique distinction as being the only rural focused program in the nation that supports a student’s pursuit of any specialty.

Community Partners Planning WARM in ‘04

L to R: Tim Size, Sandy Anderson, Joel Davidson, Marge Stearns and Dr Byron Crouse

From the beginning of WARM, the need to expand RTTs was “on the table.”
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At the RTT Collaborative Annual Meeting, 5/29/15.

WARM Timeline

- Collaboration Planning Grant is awarded
- Strategic Initiatives Grant is awarded
- 7/07: WARM receives funding from the Wisconsin Partnership Fund
- 8/07: Second cohort of WARM students enter medical school
- 7/2011: Second cohort of WARM students relocate to La Crosse and Green Bay

Started with 5 students, now at 26, with further expansion possible.

Source: PPT from UWSMPH Dean Robert Golden, 2/13

WARM Admission Core Values

Applicants must meet the UWSMPH MD Degree Program admission criteria as well as the criteria below:

1. A rural background and demonstrates a commitment to practicing rural medicine - or - an urban background with rural connections and demonstrates a commitment to practice in a rural setting
2. A strong desire to fulfill an unmet need in a rural community
3. A strong preference to live in a rural area and a desire to develop social ties with a rural community
4. A strong record of community involvement/community service and/or a demonstrated commitment to rural community health
5. Family and social support for living a rural lifestyle
6. A strong motivation to pursue a career in rural medicine

From http://ow.ly/JSGKF

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4. WI Council Medical Education & Workforce

- WCMEW outcome of “Who Will Care for our Patients?” by Wisconsin Hospital Association (WHA) and the Wisconsin Medical Society (WMS).

- Serves as platform for dialogue and shared initiatives re physicians, PAs and APNP workforce

- Multi-stakeholder collaborative: WHA, WMS, RWHC, both medical schools, healthcare practitioners and State government
**The WCMEW Mission, Vision**

The WCMEW mission is to ensure a healthcare workforce that meets the needs of Wisconsin citizens by convening a wide breadth of stakeholders to:

- Create & monitor a comprehensive statewide healthcare workforce strategic plan.
- Work with Wisconsin’s education and training organizations to promote an appropriate supply.
- Monitor changes in care delivery, and encourage incorporation of those changes into education.

**Most Recent Results**

- Medical College of Wisconsin announces two new campuses and UW expands WARM – both refer to WCMEW’s “100 New Physicians” as key driver.
- In 2013, WCMEW sponsors Wisconsin’s first statewide GME conference and in 2014 sponsors Wisconsin’s first statewide Team-Based Care conference.
- In 2015, WCMEW has a lead role for Wisconsin’s National Governor’s Association Healthcare Workforce Policy Academy to create a “state” collaborative plan.
- Creates a GME Task Force including both Med Schools.
- $3.5 m for expanded/new GME in ’13-15 State Budget.
5. State of Wisconsin GME Grant Program

- Started in 2014, $1.75 million per year to be used to develop new programs, and $750,000 annually to expand existing accredited GME programs.
- Drawing down the Medicaid match for the expansion grants (for existing programs).
- Targets five specialties in rural and underserved communities: family medicine, general internal medicine, general surgery, pediatrics, and psychiatry.
- Beginning in 2016, Wisconsin will see 60 new residents through this state’s investment of dollars.
- Currently in the 2015-2017 biennial budget to continue.
6. WI Rural Physician Residency Assist. Program

In 2009, WHA and RWHC proposed a hospital assessment to the State that has captured an additional $300 million in Medicaid funding, with a portion reserved for rural GME. WRPRAP was established by the State in 2010 with a mission of growing rural GME.

WRPRAP Focus Areas

1. Grants funding to support early development of individual new starts

2. Technical assistance to grantees and organizations

3. Outreach to a broader spectrum of medical specialties

4. Collaboration with external GME stakeholders.
WRPRAP Grant Funding

Funds the WCRGME. In the 12 months ending 11/30/14, WRPRAP also awarded 10 early development grants for a total of $680,000. These awards have ranged from $5,000 to $150,000. Coordinated with $5 million in new GME funding from the State for expanded or new programs serving rural and other underserved communities.

WRPRAP Technical Assistance

- The Wisconsin Collaborative for Rural GME (WCRGME) is a partner organization funded by WRPRAP.
- WCRGME has become the primary technical assistance provider for WRPRAP grantees and rural organizations interested in developing GME opportunities.
WRPRAP Outreach

- Outreach is critical to WRPRAP’s ongoing success. Among the focused specialties (family medicine, internal medicine, obstetrics/gynecology, pediatrics, general surgery and psychiatry), family medicine has demonstrated the most interest early on and the greatest likelihood of developing RTTs.

- In 2014, active outreach resulted in grant proposals for major projects in general surgery and psychiatry, and most recently, obstetrics.

7. WI Collaborative Rural RGME

Sites: Current, Investigating, and Developing Rural GME and growing!
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WCRGME Technical Assistance

- Initial Site Assessments
- Help with GME Funding Questions
- Administrative & Accreditation Assistance
- Best Practice Resources
- Faculty Development Conferences
- Rural Education Coordinators Training
- Marketing Collaborative’s GME Opportunities
- Statewide Rural GME Website & Directory

8. RTTs Will Change Washington

There is no better advocate for rural GME than a WARM student asking for the chance to train in towns like those he wants to serve.

L to R: Dr. Byron Crouse (UWSMPH) and Jonathan Fricke (WARM), Sandy Anderson (St. Clare Hospital & Health Services, Baraboo), & Tim Size (RWHC) outside Rep. Paul Ryan’s (R-WI) Office.
CMS Plays into Myths about Rural GME

- “Rural primary care physicians are ‘local yocals.’”
- “All they do is wipe kids noses in a rural area.”
- “They’re not really doing real medicine in a rural area”
- “No one needs knowledgeable rural physicians—they just transfer the patients to the city anyway”
- “Our medical school only needs students with an interest in specialties and surgery.”
- “It is not a medical school’s job to worry about where their graduates practice.”

RWHC Eye On Health

Medicare has designed the perfect system to block the training of rural physicians.
WI Priorities for GME Reform

- The Balanced Budget Act of 1997 states that the DHHS Secretary is required to give special consideration to facilities that meet the needs of underserved rural areas.
- CMS should grant rural hospitals the flexibility to adjust caps on their residency training programs so that they can restart or expand these programs.
- CMS should relax the Rural Track FTE Limit which caps the number of Resident FTEs per sponsoring program.

9. Bottom Line: Follow Your Passion

RWHC Eye On Health

“Yes, I’m a generalist. I chose primary care over being a partialist.”
Cooperate In Order to Successfully Compete

“Like it, but ‘Thou Shall Not Fail To Cooperate When Resources Are Scarcely’ makes eleven.”

And It Helps to Be Part of a Great Cause

“I’ll drop ‘what about keeping local care local’ when you stop saying ‘just trust me.’”
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Wisconsin RTT Resources

- Baraboo RTT: www.fammed.wisc.edu/residency/baraboo
- RWHC: www.rwhc.com
- WI Academy of Rural Medicine: http://ow.ly/JSGKF
- WI Rural Physician Residency Assistance Program: www.fammed.wisc.edu/wi-rural-physician-program
- WI Collaborative Rural Graduate Medical Education: www.wcrgme.org
- WI Council Medical Education & Workforce: George Quinn, Executive Director at: gquinn@wcmew.org