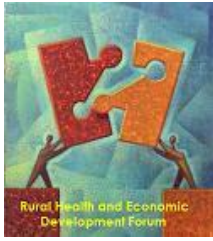


Rural Health Development Council Meeting Notes



Thursday, January 12, 2012

10:00 a.m. – 2:00 p.m.

UW Pyle Center

Madison, Wisconsin

Present:

Syed Ahmed, *Medical College of Wisconsin*
Rita Black-Radloff, *WI Department of Workforce Development*
Byron Crouse, *UW School of Medicine and Public Health*
Joel Davidson, *South Central WI AHEC*
John Eich, *WI Office of Rural Health*
Valerie Gilchrist, *UW Department of Family Medicine*
Kevin Jacobson, *WI Office of Rural Health*
Joseph Kerschner, *Medical College of Wisconsin*
Alison Klein, *Wisconsin Academy for Rural Medicine*
Gail MacAskill, *WI Economic Development Corporation*
Cheryl Maurana, *Medical College of Wisconsin*
Rick McClafin, *UW Department of Family Medicine*
Kathryn Miller, *WI Office of Rural Health*
Randy Munson, *WI Office of Rural Health*
Wilda Nilsestuen, *UW Department of Family Medicine*
Jeremy Normington-Slay, *Moundview Memorial Hospital & Clinics*
Lisa Olson, *WI Primary Health Care Association*
Liz Petty, *UW School of Medicine and Public Health*
Brian Potter, *WI Hospital Association*
George Quinn, *WI Hospital Association*
Kathy Schmitt, *WI Department of Agriculture, Trade and Consumer Protection*
Tim Size, *Rural WI Health Cooperative*
Nancy Sugden, *WI Area Health Education Center*

By Phone:

Tim Bartholow, *WI Medical Society*
Margaret Bau, *USDA Rural Development*
John Chastain, *Affinity Medical Group*
Cookie Fielkow, *Affinity Medical Group*
Rebecca Thompson, *WI Medical Society Foundation*
Alicia Witten, *Medical College of Wisconsin*

John Eich convened the meeting at 10:05 and gave an overview of the Council and its history since being created in the late 1980s as a forum for rural health care and development interests to talk to each other. The Council recently decided to change this format and to have more public meetings, bringing other organizations and interests into the conversation. Physician workforce was the first choice for this new model. The Medical College of Wisconsin is expanding their rural training

opportunities, the UW School of Medicine has the WARM program and the Rural Physician Residency Assistance Program (RPRAP) is just getting off the ground. The Council thought this was a good time for the Schools to explore collaboration.

Rural Medical Education

Byron Crouse presented an overview of the UWSMPH's rural physician training programs, including WARM. AHEC and RUSCH (Rural and Urban Scholars in Community Health) provide student pipelines into medical school and other training programs. The value of WARM and similar training programs is that those participating tend to end up working in the areas they do their training more often than those who don't. Targeted admission is another important aspect of WARM; it's important to get the right people into the program, those more likely to practice in a rural area. (see [the presentation](#) for more information) Syed Ahmed asked if WARM is tracking students over their careers? And what are the challenges in recruiting faculty? Byron said the Office of Rural Health may be an avenue to track graduates, for example, through the recruitment process. Regarding faculty, there's sometimes a disconnect between staff interest in training and their ability to do it. Limitations can include appropriate qualifications and the lack of needed IT. Liz Petty noted that we can graduate more medical school students but if there aren't enough residency sites then we're not producing more physicians. They would like to expand the number of sites and positions but capacity is an issue. Some sites are interested but they need faculty.

Joseph Kerschner talked with the Council about MCW's Community Medical Education Program. (see [the presentation](#) for more information on MCW programs) Over the past several years, less than half of MCW residency program graduates have remained in Wisconsin and less than half of those practice primary care. The College is committed to increasing residency positions, including recruiting faculty. He also reviewed several solutions introduced in the recent Hospital Association report, [100 New Physicians a Year](#). These include a third Wisconsin medical school, satellite campuses, increasing residency slots and loan forgiveness to graduates who stay in the state.

Cheryl Maurana reviewed current medical education models. She identified several components of programs that successfully move graduates into rural practice. These include recruitment programs that include a pipeline approach, modified admission policies, alternative learning models and the use of IT. (see [the presentation](#) for details) Joseph Kerschner outlined the College's community medical education program. The program will address the physician shortage by encouraging medical residents to remain and work in underserved areas. Options to achieve this include expanding the College's class size, building a satellite campus and developing a multi-community model, similar to the WARM program. This program would be phased in over time. Residents' time would be split between the community and the main campus. The response from community hospitals, third party payers and local government leaders has been positive. The admissions process will be an important factor in retaining resident graduates in Wisconsin—looking at where they went to high school, extra-curricular activities, etc.—to find those most likely to work in rural.

Byron Crouse said SMPH is working with the WI Medical Society to encourage physicians to become a faculty member in a residency program. They'll work to promote the value of teaching and mentoring and the value of developing relationships with the students who may want to stay or return when they've completed their training

Gail MacAskill asked how many openings there are in rural medicine and how Wisconsin compares with other states. Randy Munson said there are 92 openings in family medicine. Every state would

say primary care is the highest need, but there are also shortages in psychiatry and general and orthopedic surgery. Wisconsin is about average in openings.

Byron Crouse talked about the recently created residency assistance program (WRPRAP). While the number of medical students is increasing, due in part to off shore schools, the number of residency positions is not. WRPRAP was created in 2010 through critical access hospital assessments to increase the number of rural residency sites and enhance current sites. Goals include creating a rural training track model with shared administrative support and fostering relationships between providers and residency programs. They have awarded several planning and implementation grants to expand programs. Several years ago there were 6 rural training tracks and now there is only one, Baraboo. Several sites have expressed interest. The program is located in the UW but there is room for additional sponsoring institutions. (see [the presentation](#) for more information)

Council Business

John Eich led a discussion on the Council's role in the annual Rural Health Summit, specifically input on selecting a theme. He presented three suggestions:

- Rural training and workforce,
- The role of gathering and using data on the future of healthcare; how data can be used for improvement,
- Being a rural legislator in partisan times. What is the rural health agenda and how is it influenced by party politics? What role does the rural caucus play in state government? What do rural health organizations and providers want their legislators to know?

Tim Size suggested that the Hospital Association focuses on health care and the data theme sounds like something they would cover at their conference. And the politics theme could be sensitive. Jeremy Normington-Slay suggested a population health theme developed around the county health rankings. Perhaps a case study, such as Mauston. Tim said the rankings can be a good conversation starter and that may be a good theme. There was consensus that population health and the role of organizations and providers would be a good Summit theme.

The meeting adjourned at 2:15.