

# Wisconsin Rural Physician Residency Assistance Program “WRPRAP”

Wisconsin Rural Health Development Council  
January 12, 2012



# History

- WRPRAP created by WI State Legislature in 2010
- A response to documented acute need for more rural physicians

## Goal:

**To address future medical workforce needs  
in RURAL areas**

## Methods:

- **Increase** number of GME training sites and
- **Enhance** existing training sites in RURAL WI

# Act 190

- Provided \$750,000 for each of 2 years in biennium (2010)
- Funding renewed in most recent budget
- Requires an annual plan to Legislative JFC Committee for growing number of rural residency programs with budget that does not supplant existing funding

## Definitions:

- **Physician** = specialist in **family medicine, general surgery, internal medicine, obstetrics, pediatrics or psychiatry**
- **Rural** = Town of fewer than 20,000 at least 15 miles from any other town of 20,000 or more in an un-urbanized area of the state

# Strategic Goals

Expand technical assistance to promote rural GME to:

- Foster relationships between residency programs and rural health providers
- Create new pilot experiences
- Define and explore a RTT consortium model with shared administrative support
- Align WRPRAP with rural medical school education programs

## Strategic Goals, Con't.

- Promote partnerships among GME programs in WI to support recruitment of residents to rural health
- Plan periodic meetings of stakeholders to develop implementation strategies
- Connect with national efforts in rural GME
- Develop evaluation strategies to assess WRPRAP effectiveness over time

# ACT 190 Funding

**Provided to qualifying program applicants to:**

- Support additional Rural Resident positions above a program's usual capitated level
- Support Rural Rotations
- Rural Residency Education Development
- New rural residency and rural training track program development

# Grants Awarded

## FY2011

- Baraboo RTT                      Resident & Admin Support      \$75,000
- Baraboo RTT                      Development Grant                      \$33,000
- La Crosse-Mayo                      Rural Rotation  
    \$23,000  
    FM Residency Prog.
- Richland Med. Ctr.                      Development Grant                      \$10,000

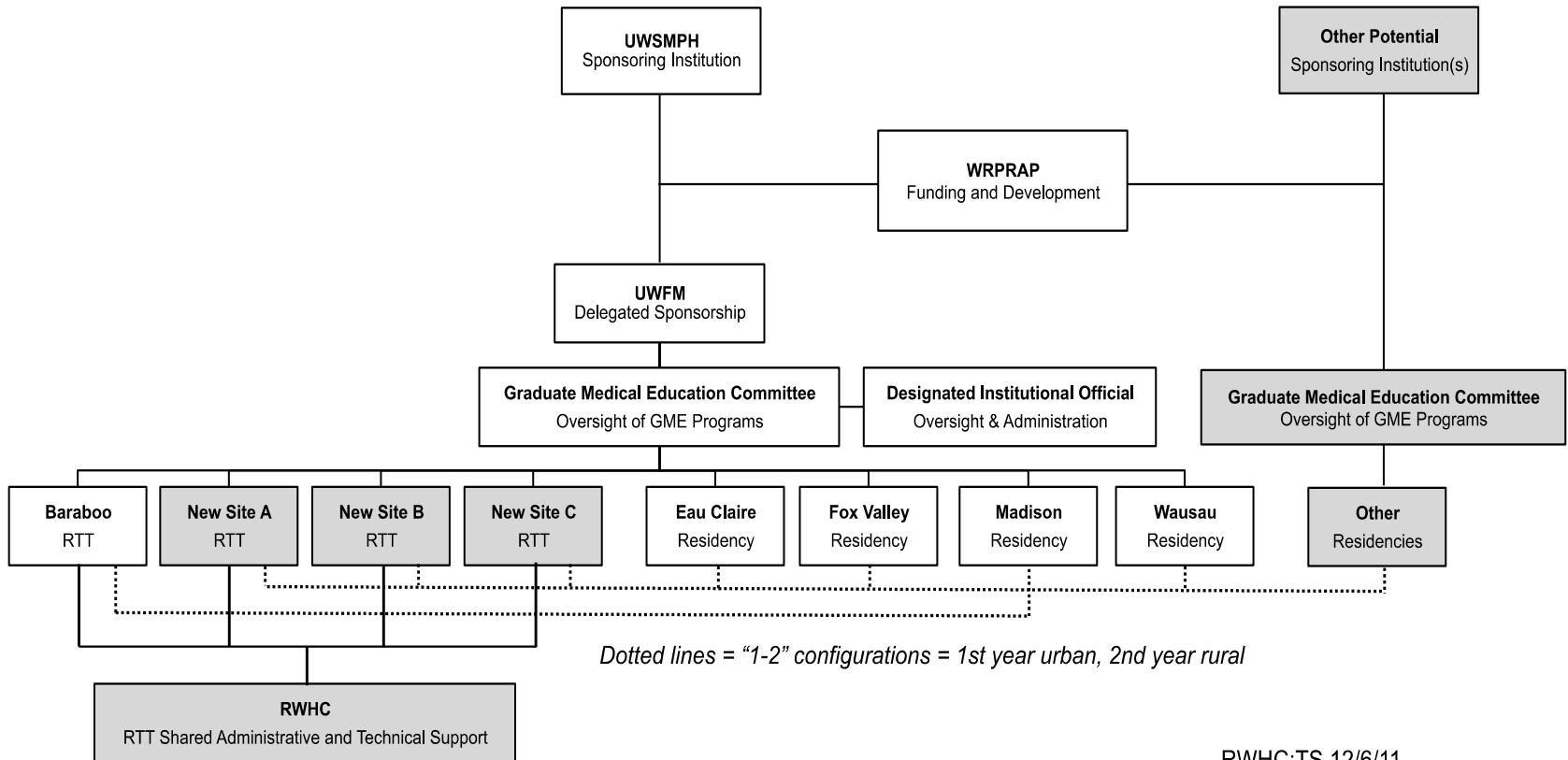
## FY2012

- Baraboo RTT                      Resident & Admin Support      \$68,000

# Rural Training Track Collaborative

## Wisconsin Rural Training Track Collaborative

*UWSMPH and/or other potential sponsoring institutions.*





# What We Are Learning...

- RTT is a long road and stiff climb. Some advise to start with rural rotations.
- Availability & willingness of local preceptors is key to capacity for student/resident rotations
- WRPRAP requirement for 8-week rotations is an obstacle (*flexibility in sequencing available*)
- Programs need help with administrative burdens of sponsoring rotations for students/residents
- ACGME changes to duty hour requirements strain program capacity & complicate resident supervision

## What We Are Learning, Con't.

- Recruitment of “right” people & effective techniques essential to building future rural workforce
- Close relationship with strong urban resident program key to RTT success
- Potential rotation sites and RTT candidates need to see “What’s in it for us?”
- Rural exposure during residency very important;  
But *requiring* a rural rotation is counterproductive

# Challenges

- Uncertainty about CMS funding and existing GME caps at some rural sites
- Partners coalescing around common understanding of needs and actions
- Development time required to launch a RTT
- Limited awareness of the rural health issues in both public & general health care community
- Defining expectations of what consortium membership entails

## Next Steps: WRPRAP

- Outreach to increase awareness of resources WRPRAP can provide and identify other ways to address barriers to rural GME
- Increase collaboration between rural medical school education programs and WRPRAP
- Solicitation of partners for building collaborative efforts to provide capacity to meet rural medical workforce

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For the  
community's  
future health,  
put a resident in  
this picture

A sustainable  
rural future  
includes an  
adequate  
medical  
workforce

