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
- **Richland Med. Ctr.**  Development Grant  $10,000

### FY2012
- **Baraboo RTT**  Resident & Admin Support  $68,000
Wisconsin Rural Training Track Collaborative

UWSMPH and/or other potential sponsoring institutions.

UWSMPH
Sponsoring Institution

WRPRAP
Funding and Development

UWFM
Delegated Sponsorship

Graduate Medical Education Committee
Oversight of GME Programs

Designated Institutional Official
Oversight & Administration

Eau Claire
Residency

Fox Valley
Residency

Madison
Residency

Wausau
Residency

Other Residencies

Baraboo
RTT

New Site A
RTT

New Site B
RTT

New Site C
RTT

RWHC
RTT Shared Administrative and Technical Support

Dotted lines = “1-2” configurations = 1st year urban, 2nd year rural
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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http://www.fammed.wisc.edu/wi-rural-physician-program
For the community’s future health, put a resident in this picture.

A sustainable rural future includes an adequate medical workforce.