



AOGME Webinar, August 25, 2021

THE RTT COLLABORATIVE

Giving voice to rural communities and rural GME Randy Longenecker, Executive Director





- Describe the RTT Collaborative including its mission, scope and role as the only entity in the U.S. solely devoted to developing and sustaining health professions education and training in rural places
- Define a "rural program" for purposes of rural GME
- Present RTT Collaborative resources, which include reliable information, targeted technical assistance and consultation







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A rural health professions education network and a cooperative extension service

"a community of practice"

https://rttcollaborative.net/about/



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Map of Participating Programs





What is Rural?

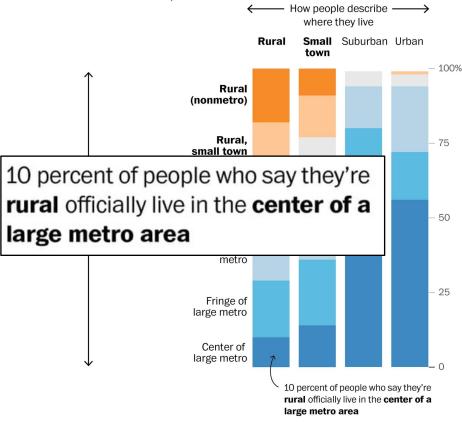






Official classifications vs. people's perceptions

Where people who describe themselves as "rural" or "suburban" in a poll actually live, according to official statistics. (Percentages are based on columns)

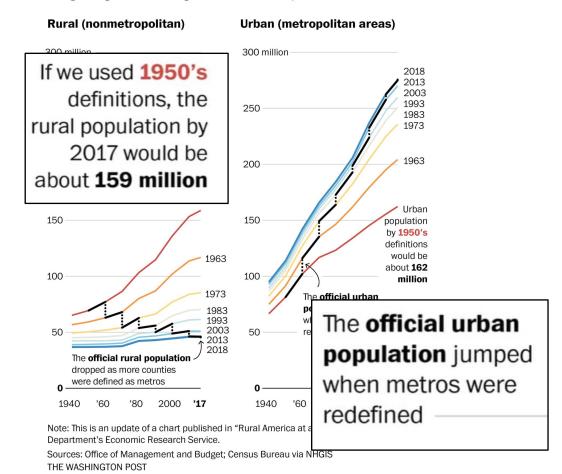


Note: Percentages may not total to 100 due to rounding. Official categories are based on classifications from the National Center for Health Statistics

Source: Washington Post-Kaiser Family Foundation poll conducted in 2017 THE WASHINGTON POST

Where rural America would be under prior definitions

When we break the United States down by older county classifications, we see the entire population shift from rural to urban comes from fast-growing counties being redefined as metropolitan statistical areas.





What is Rural?

Am I Rural?



- 1. More than 75 definitions across all federal agencies
- 2. More than 20 federal definitions used in the area of rural health
- 3. Those commonly used:
 - Metro and Non-metro counties (CBSA and Non-CBSA) Not urban
 - FORHP (Federal Office of Rural Health Policy)
 - RUCC (Rural-Urban Continuum Codes; county level)
 - RUCA (Rural-Urban Commuting Area codes; census block or zip)
 - FAR (Frontier and Remote codes; distance from urban)



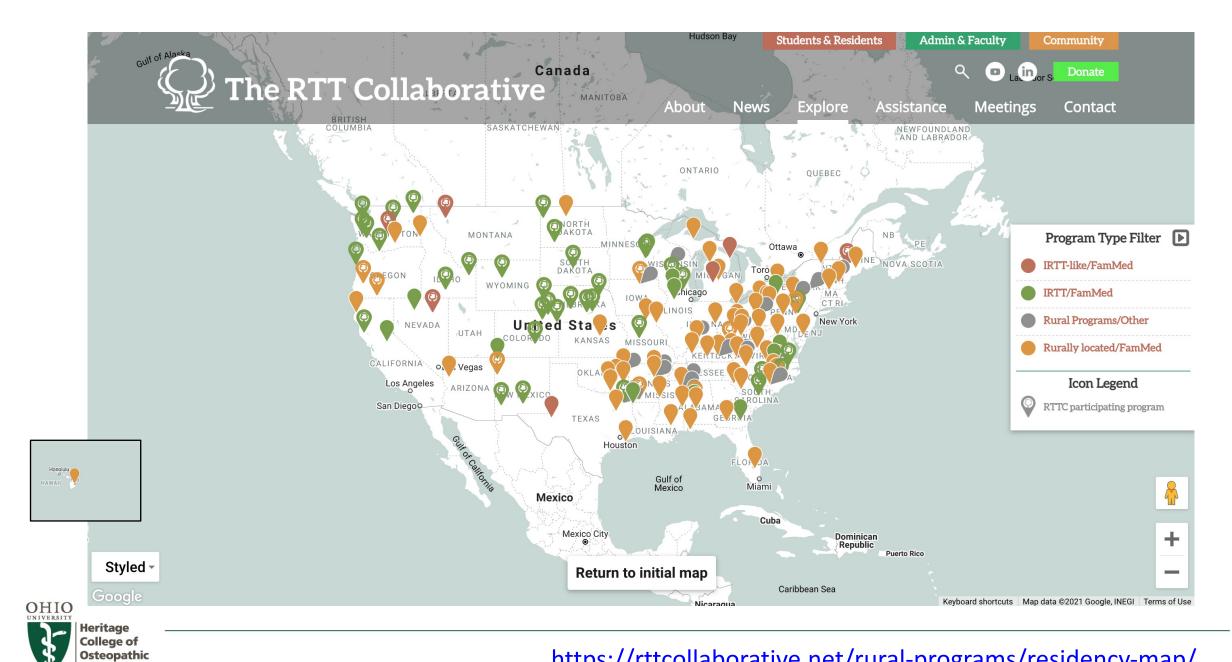


What is a Rural Program?

The RTT Collaborative (2017)

An accredited residency program in which residents spend the majority of their time training (more than 50%, as reported to CMS and/or HRSA) in a rural place. The location of a rural program in Family Medicine is defined by the geographic location of the primary Family Medicine Practice (FMP) where residents meet the ABFM requirement for 24 months continuing practice.





Medicine





- Rurally located program (>50% training in a rural place)
- Rural Track Program (RTP; >50% training in a rural place, with an urban or larger rural partner)
- Rural pathway for individual residents in an urban program (<50%)
- Longitudinal curricula (e.g., one rural month a year for 3 years)
- Rurally focused urban programs ~>35% placement of graduates into a rural place of practice averaged over 3 years, or >3 graduates per year. See RTTC <u>Rural Graduation Recognition List</u>.



CMS Definition for Rural GME

"Am I Rural for GME purposes?"

Two categories:

- Metropolitan county (CBSA)
- Everything else (Rural)

Rural
Hospital
Medicare
Provider
Types

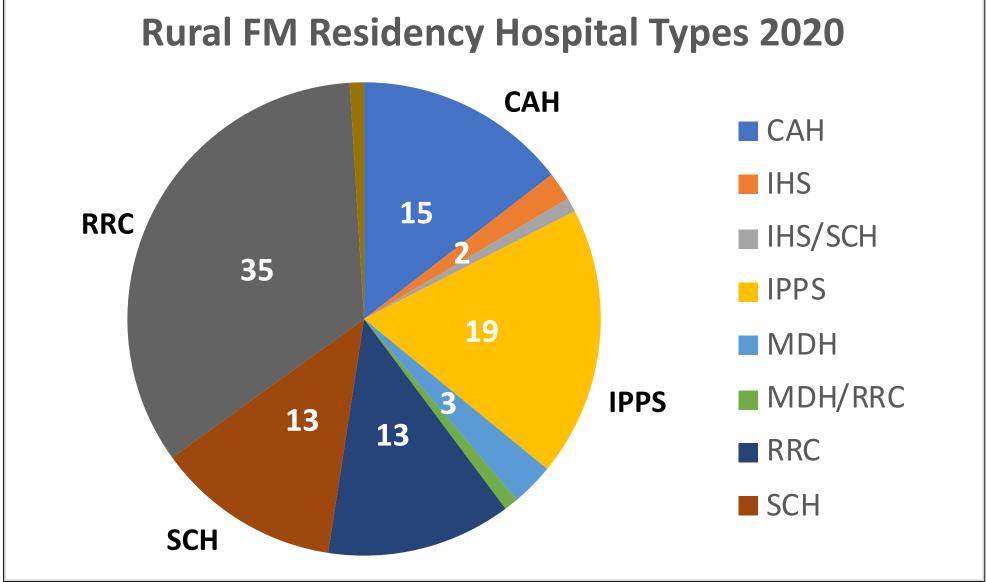
Inpatient Prospective Payment System (IPPS, 1983)

Sole Community Hospital (SCH, 1983)

Medicare Dependent Hospital (MDH, 1983)

Critical Access Hospital (CAH, 1997)

Rural Referral Center (RRC or RRH, updated 2016)







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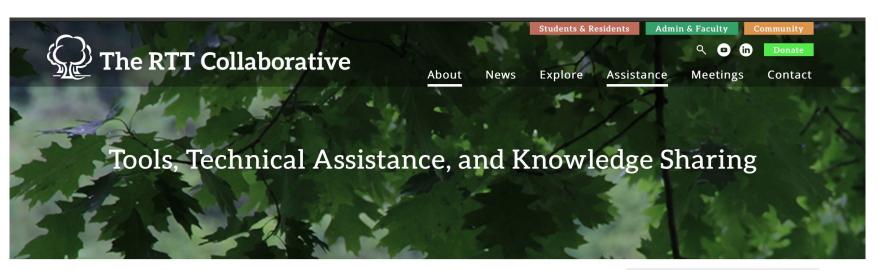


Join the movement



- Attend an annual meeting
- <u>Join the RTT Collaborative listserv as an individual</u> and receive a quarterly newsletter
- Become a participating program by completing and submitting an application and paying an annual participation fee
- Ask for a consultation or other service







The RTT Collaborative provides free and fee-based services to individuals and organizations.

Free Tool for Determining Community Capacity for Residency Education

Planting TREES TREES-2019-Optimized.pdf (2 MB pdf)

Our approach to residency design and development is <u>organic and place-based</u>. For a published commentary on this approach, <u>click here</u>. For an outline of this process for academic-community engagement and collaborative decision-making and a portfolio of tools and links to additional resources download this TREES-2019-Optimized.pdf (2 MB pdf)

. This is a free resource, developed in collaboration with Western Montana Family Medicine Residency and funded in large part by a HRSA Residency Training in Primary Care grant #D58HP23226 and the RTT Technical Assistance Program has been refined in use over the past 3 years. Initially named CERE-R it has been renamed "TREES" for Training and Rural health professions Education that is community Engaged and Sustainable.

Formal and Informal Consultation

Start with an email to request a 15-30 minute free phone call, or complete and email an RTTC

Consultation Request.

As a network of programs and individuals with experience in professional education and health practices in rural areas, one of our most important assets is the distributed knowledge and technical expertise represented by our participants. Such knowledge is integral to the sustainability and improvement of education for health professionals in rural places, and the RTT Collaborative is committed to making that knowledge easily accessible in both formal and informal ways.

Communications and Knowledge Sharing

Learn more about our consultative services and fees

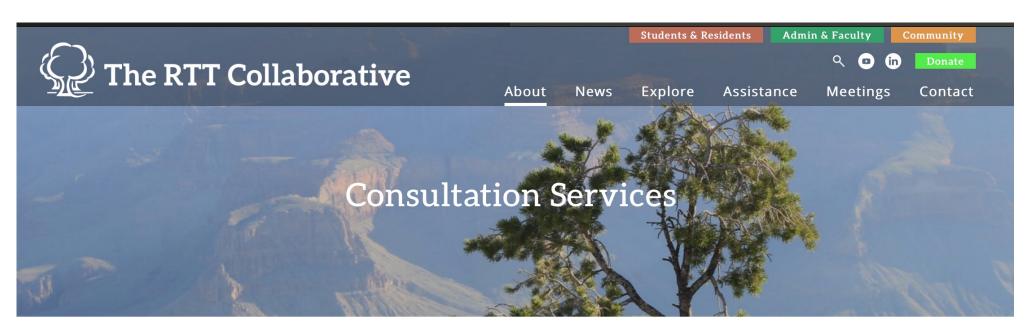
A formal consultation may aid in accreditation, curriculum design, and/or sustainability planning, and can be conducted through telephone, videoconferencing, and on-site visits. This service is important for programs that are designing and developing a new residency or other rural programs, need help with strategic planning, are trying to develop community initiatives, are having difficulty with sustainability or conflict, or are simply looking to improve the performance of an existing program.

To initiate a conversation regarding your options, contact Dr. Longenecker by email at longenec@ohio.edu.

About our Consultants

Each of our consultants has personal experience in the design, development, and direction of rural residency programs and as such is a "near-peer" to others engaged in the same work.







Growing and Sustaining Rural Programs

Design first, then build and sustain

A design consult and paired peer visit, either in person or online, is an important first step on the Roadmap to Rural Residency Program Development. Only after careful attention to building for sustainability can recommendations be made regarding financial estimates, necessary capital improvements, the process of accreditation, faculty recruitment and development, further community engagement, and promotion of the program to prospective trainees. Like building a house, success depends upon good design. The RTT Collaborative team brings deep knowledge on matters of accreditation, finance, governance and community engagement to this task. We conduct consultations in pairs, with expertise tailored to the community's and program's needs.

Brief videoconference consultations and targeted technical assistance (\$300* per hour)

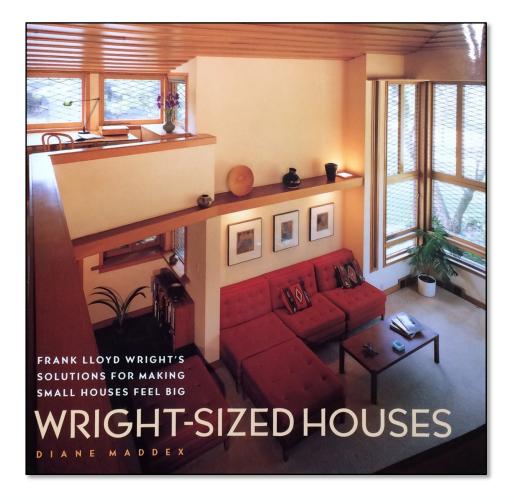
Meet our Consultants The RTT Collaborative provides brief, targeted assistance in the form of videoconference consultation billed at an hourly rate.



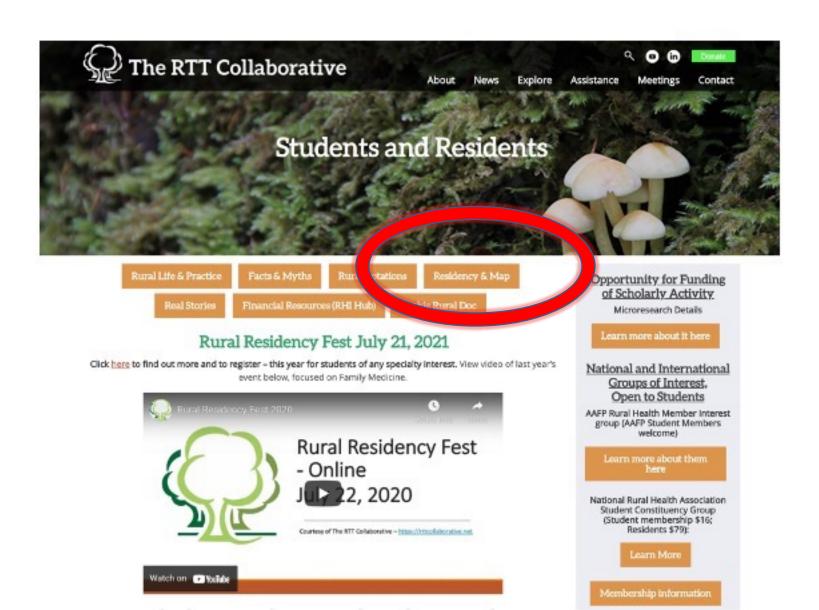




- Designed to fit the assets and capacity of the rural community, all within the rules of accreditation and finance, but creatively adapting those rules to local realities
- Grown over time, not imposed
- One size does not fit all





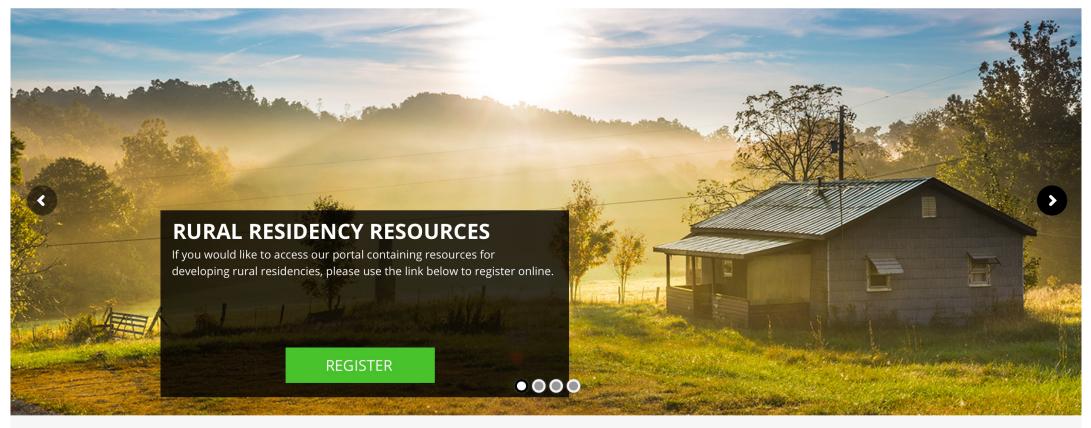






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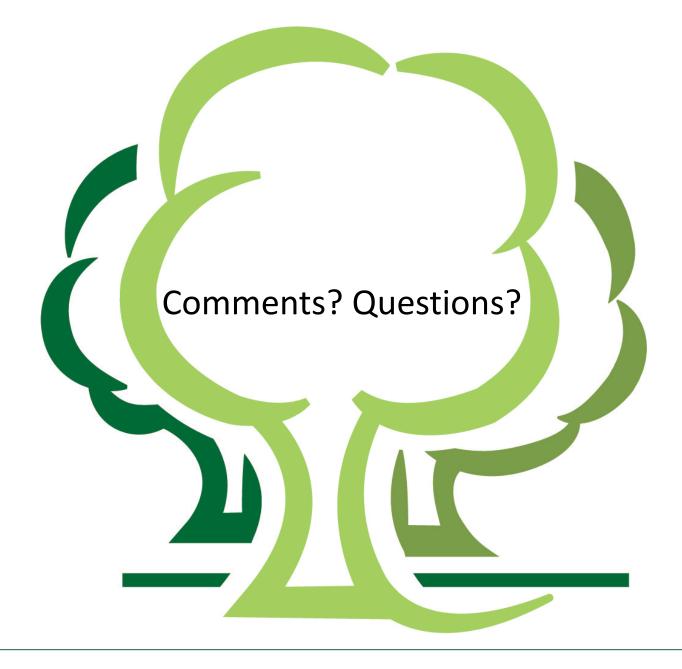




RURAL GRADUATE MEDICAL EDUCATION

UPCOMING EVENTS







References



Longenecker R. An Organic Approach to Health Professions Education and Health Equity: Learning In and With Underserved Communities, *J Health Care for the Poor and Underserved*, November 2020, Supplement;31(4):114-119.

Planting Trees: Free Tool for Determining Community Capacity for Residency Education; https://rttcollaborative.net/about/tools-and-assistance/

Hawes EM, Weidner A, Page C, Longenecker R, Pauwels J, Crane S, Chen F, Fraher E. A Roadmap to Rural Residency Program Development, Journal of Graduate Medical Education August 2020;12(4):384-7. https://doi.org/10.4300/JGME-D-19-00932.1

Longenecker R, Hawes E, Page C. Cultivating Healthy Governance in Rural Programs, J Grad Med Educ (2021) ;13(2):174–176. https://doi.org/10.4300/JGME-D-20-00825.1

Rural Residency Planning and Development - Portal of resources: https://www.ruralgme.org



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Thanks!