



Track-based Education

Moderator – Barb Doty, MD

Alaska Pediatric Track – Lillian Ho, MD

Billings Clinic Surgery Track – Gordon Riha, MD, FACS

Alaska Internal Medicine Track – Gail Pokorney, MD

Alaska Psychiatry Track – Alexander von Hafften, MD

UW Medicine

UW SCHOOL
OF MEDICINE

ACADEMIC, RURAL AND
REGIONAL AFFAIRS



UW/Seattle Children's Alaska Track

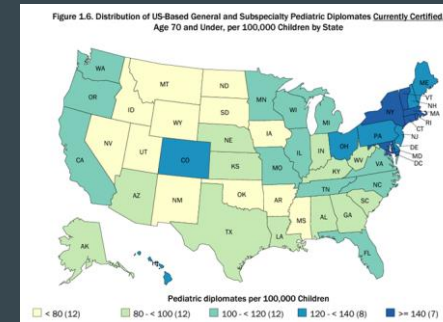
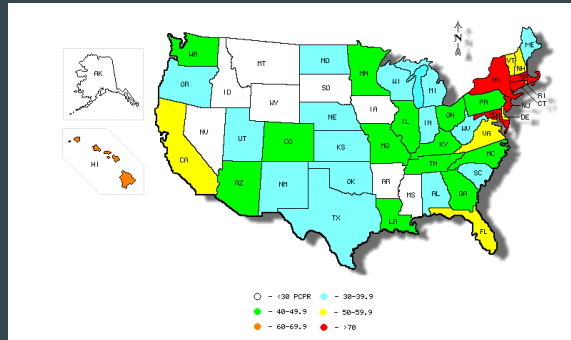


GME Summit 4/25/24
Lilian Ho, MD
Associate Program Director

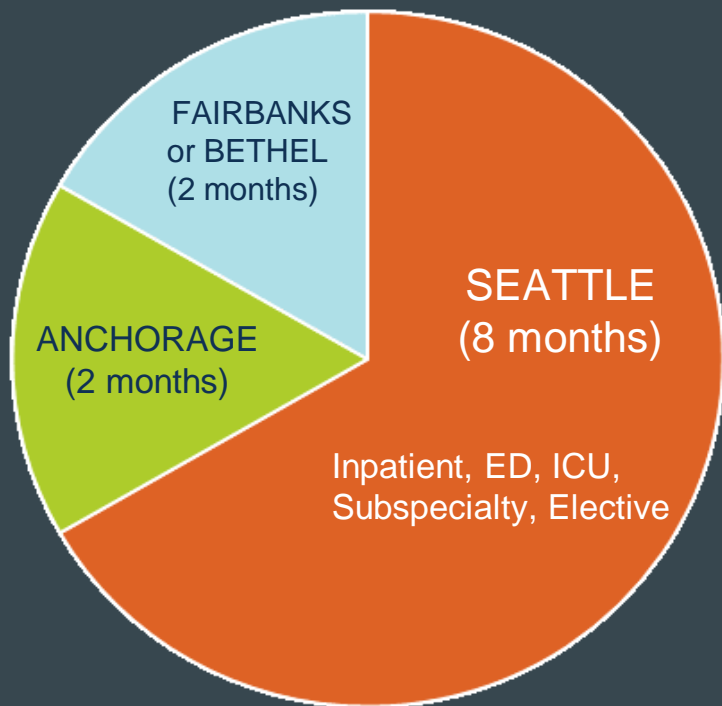


Program History

- Primary care training program with focus on Alaska Native health
- First class started in 2012 and graduated in 2015 - 10th class graduates this year
- Substantial contributions and support from AK Family Medicine Residency and leaders from Providence and University of Washington



Program Structure



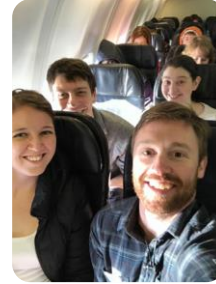
- Goals: primary care with continuity experience in both private practice setting and practice within Alaska Native Healthcare System
- 4 residents per year (12 total)
- 4 month rotations each year
 - R1 February – May
 - R2 October – January
 - R3 July – October
- Training tracks - 4 sites
 - Southcentral Foundation + Tanana Valley (Fairbanks)
 - Yukon-Kuskokwim Health Corporation (Bethel) + LaTouche

Funding

- Each of the 4 training sites contributes to budget each year
 - One-third of resident salary
 - Housing, travel, rental car
 - Events such as resident retreats, graduation
 - Coordinator and APD salary
- UW and Seattle Children's hospital also contributes funding



Outcomes

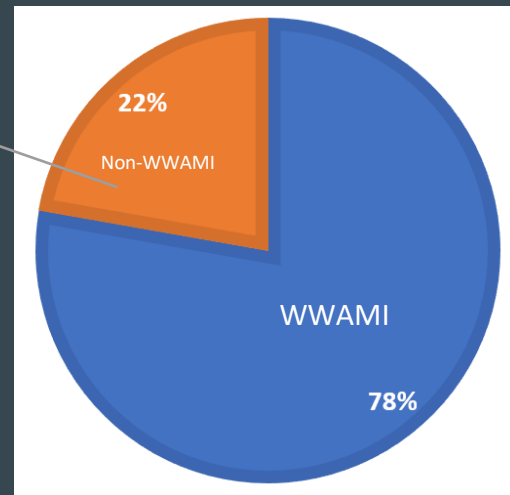


Outcomes - WWAMI retention

- 36 graduates (2015-2023)
- 78% (28) of 36 graduates worked in WWAMI region
- Only 22% (8) of the 36 graduates are originally from WWAMI. 100% have stayed in the WWAMI region.

WWAMI State	Number of Graduates
Any WWAMI	28 (78%)
Alaska	18 (50%)
Washington	8 (22%)
Montana	1
Idaho	1

Rural Oregon
Rural Hawaii
Rural Pennsylvania



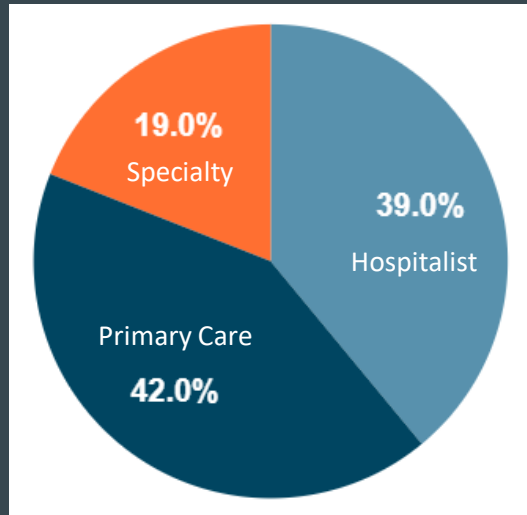
Outcomes - Alaska retention

- All 4 training sites have hired graduates
- Additionally, 6 categorical residents in same timeframe have come to work in Alaska

Employer	Number of Hires
Southcentral Foundation (Anchorage)	12 hires (1 categorical)
YKHC (Bethel)	8 hires (3 locums and 1 categorical)
LaTouche (Anchorage)	2 hires
Tanana Valley (Fairbanks)	2 hires (1 categorical)

Outcomes - Specialty selection

- Nationally, approximately 35% of pediatricians specialize
- 81% of our graduates are in primary care or hospitalist medicine
 - *Pediatric hospitalist medicine is moving towards becoming a subspecialty*



Successes

- People and staff
 - Program coordinator is **#1 most important aspect of our program**
 - Resident satisfaction
 - Licensure and credentialing
 - Logistics (housing, travel, rental car)
 - Volunteer faculty
 - Didactics, social events, recruitment
 - Significant alumni involvement
- Small program
 - Peer-to-peer mentorship
 - Individualization
 - Community
- Didactics
 - Weekly half-day with local and national specialists, including non-physician experts
- Resident projects
 - Opened school based health clinic at Bethel Regional High School
 - Dental health and fluoride varnish program in Fairbanks
 - SIMS for community health aides
- Recruitment
 - Word-of-mouth
 - Reputation of UW/Seattle Children's
 - Focus on Alaska Native and American Indian health
 - Select for specific characteristics attributed to success and happiness in our program
 - Flexible
 - Independent
 - Self-directed
 - Adventurous

Leadership Structure

Amy Schumacher, MD (0.25 FTE)

Associate Program Director
Site Director - SCF
Medical Director Specialty Peds/Southcentral
Foundation Field Health Clinic

Gwen Lieb, MD

Site Director - Fairbanks
Pediatrician at Tanana Valley Clinic

Amanda Soliai (1.0 FTE)

Program Coordinator
Seattle Children's Alaska Track

David Bridgman-Packer, MD MPH (0.1 FTE)

Didactics and Curriculum Lead
Pediatrician at SCF Field Health Clinic

Zoe Storck, MD

Didactics and Curriculum Co-Lead
Pediatric Hospitalist at YKHC

Patti Clay, MD

Projects Lead
Pediatrician at LaTouche
Intermittent Pediatrician at SCF Field Health

Lilian Ho, MD (0.25 FTE)

Associate Program Director
Pediatric Hospitalist at ANMC
Kodiak KANA Field Clinic

Adrian Furman, MD

Site Director - LaTouche
Pediatrician at LaTouche

Lye-Ching Wong, MD

Site Director - Bethel
Pediatrician and Hospitalist at YKHC

Challenges

- Volunteer faculty
 - Transient staff - YKHC with few pediatricians working in clinic
- Struggling residents
 - Limited faculty experience and time to support
 - High mental health needs
- Decrease in students applying to pediatrics and primary care nationwide
 - Perceptions of primary care
 - Lowest paying specialty



Next steps

- Federal grant to support pediatric fellow rotations in Alaska
 - Pediatric critical care
 - Pediatric hospitalist medicine
 - Pediatric neurology
- Enhancing curriculum specific to Alaska Native health



Thank you!

Lilian Ho, MD
lkho@anthc.org



FIRST & ONLY

Level I Trauma Center

in Montana & Wyoming



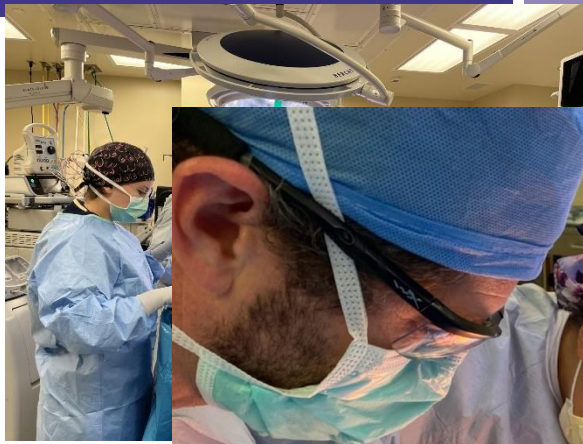
Rural Surgery Training Track

Gordon Riha, MD FACS

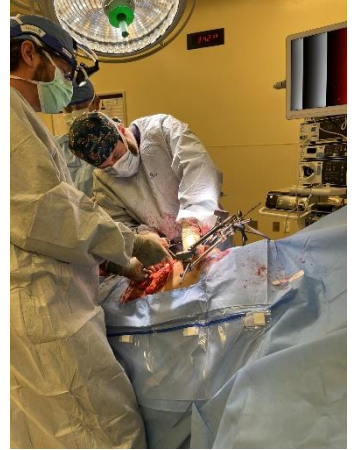
General Surgery, Trauma/Surgical Critical Care
Site Director, Rural Surgery Training Track



Clinical Assistant Professor
University of Washington
University of Arizona-Phoenix



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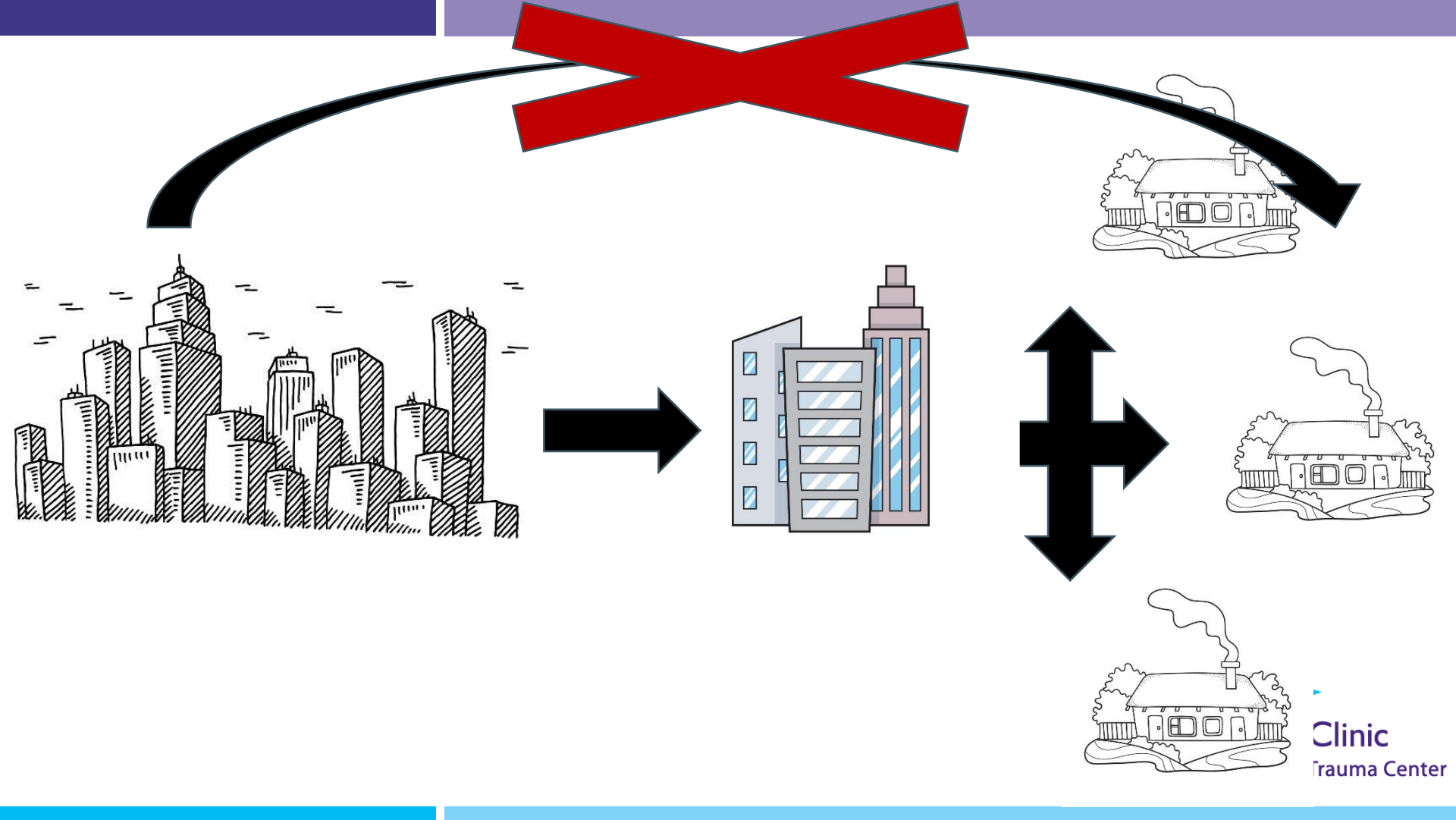
The need for rural surgeons is urgent...

- Optimal access to surgical care:
- 7.5 General Surgeons/100,000
- Urban = 5.44 GS/100,000
- Rural = 3.15 GS/100,000
- Rural areas:
55-60% of surgeons > 50 yrs old



Building Rural Educational Networks

- 20% of US population lives in rural areas
- 2% of accredited surgical programs have a rural setting
- Successful urban surgical training \neq Effective rural practice
- Rural surgical competencies
- Innovative solutions to overcome current limitations in resources and training

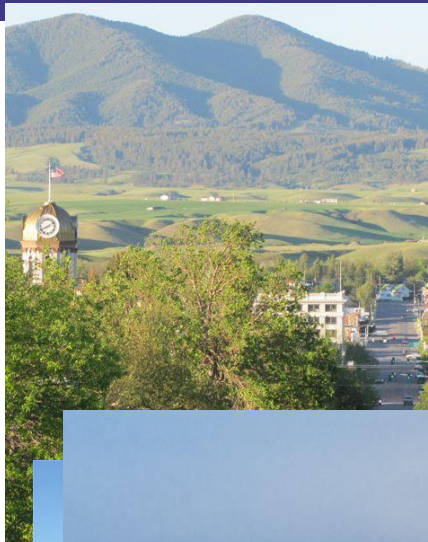


General Surgery Rural Training Track

- University of Arizona
 - July 2022 – Current
 - PGY4
 - 2022-2023: 6 residents/8 week rotations
 - 2023-2024: 1 resident
 - ACGME accredited
 - Participation in interviews/rural track match
- University of Washington
 - Global Health Program
 - July 2023- current
 - PGY4
 - 2023-2024: 1 resident
 - Currently non-ACGME accredited

Rotational Objectives

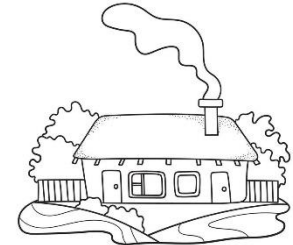
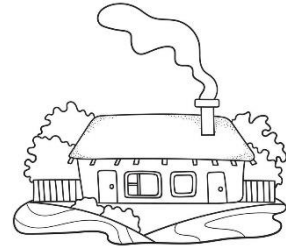
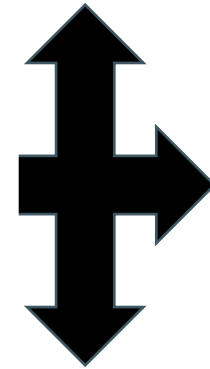
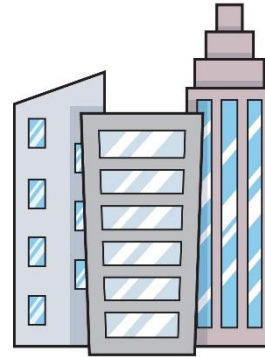
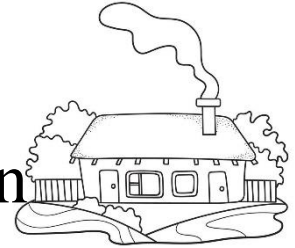
- Wide breadth of experiences
- Confidence in care of patients in rural/frontier setting
- Billings Clinic:
 - Bread and butter General Surgery
 - Trauma/Emergency General Surgery
 - Useful Surgical Sub-specialties:
 - Ortho, Neurosurgery, Urology, OB/GYN
- Critical Access Hospital rotations



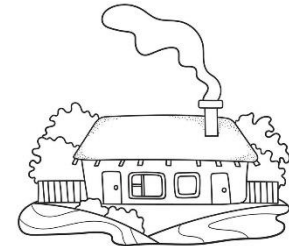
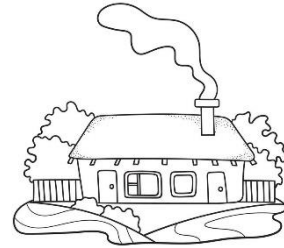
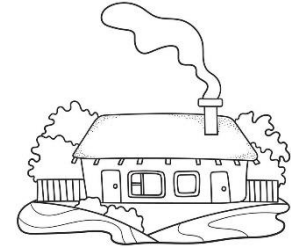
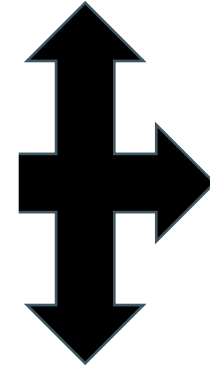
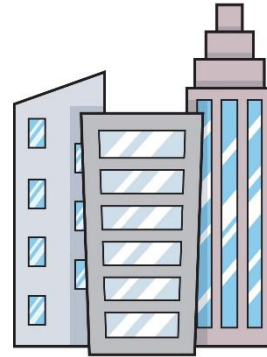
Network of
Collaboration



Network of
Collaboration



Cross
Communication



1. Address Resource Issues
2. Communicate Essential Information
3. Develop Programs that Align with National Standards

Sticking Points....."Issues"

- The idea of residents
- Housing
- PLAs with critical access hospitals
- Funding

Rural Referral Center + Critical Access Hospitals = Unique Surgical Experiences

- Holistic view of rural health care systems
- Ensure confidence practicing in rural environments
- Learn to practice with limited resources
- Inspire residents to rural surgery jobs

Questions?



Gordon Riha, MD FACS

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UNIVERSITY *of* WASHINGTON

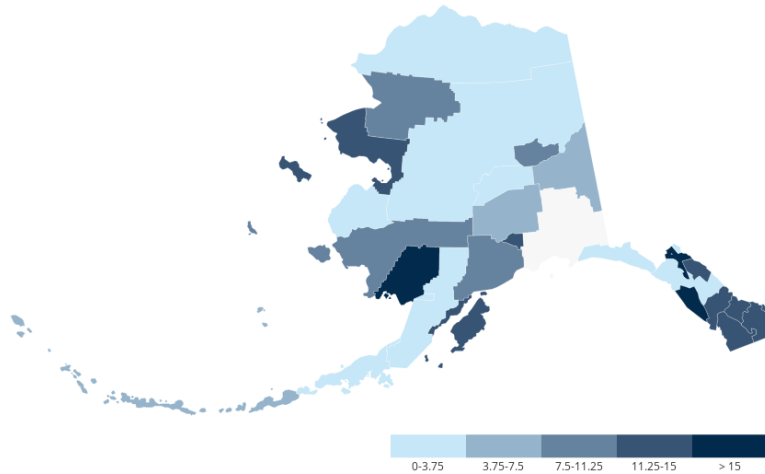
Alaska IM Rural Residency

WWAMI GME Summit 2024

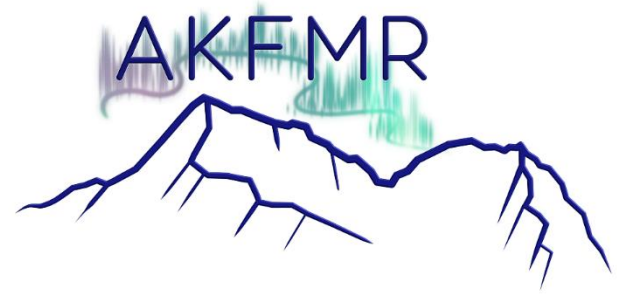
Gail Pokorney, MD, FACP
Associate Program Director

The Problem

Access to PCPs in Non-Metro Alaska

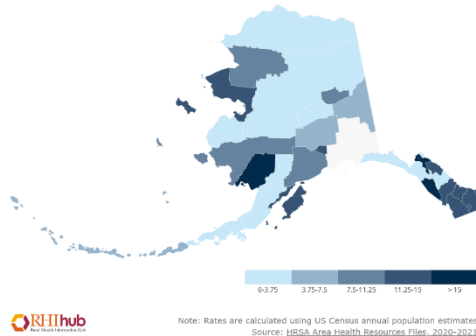


Note: Rates are calculated using US Census annual population estimates.
Source: [HRSA Area Health Resources Files, 2020-2021](#).



The Solution

Access to PCPs in Non-Metro Alaska



Mission Statement

The University of Washington - Alaska Internal Medicine

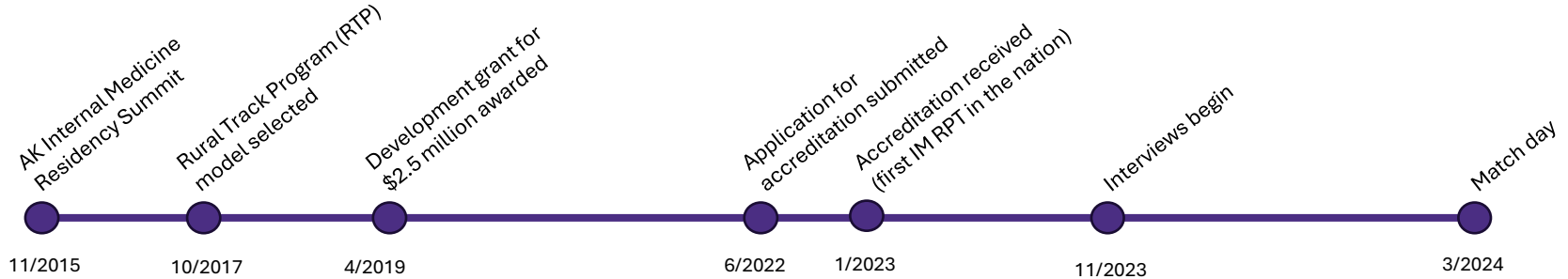
Rural Residency Program will provide outstanding
general internal medicine training, including an intensive

Alaska-based rural primary care experience, with the

goal of recruiting exceptional internists to practice in

high-need Alaskan communities

Program Development Timeline



Program Structure

RTP:

Blend of rural and urban training with >50% time spent in a rural area

R1 Seattle



R2 Alaska



R3 Alaska



Complement =
2 per year
4 in AK
6 in program



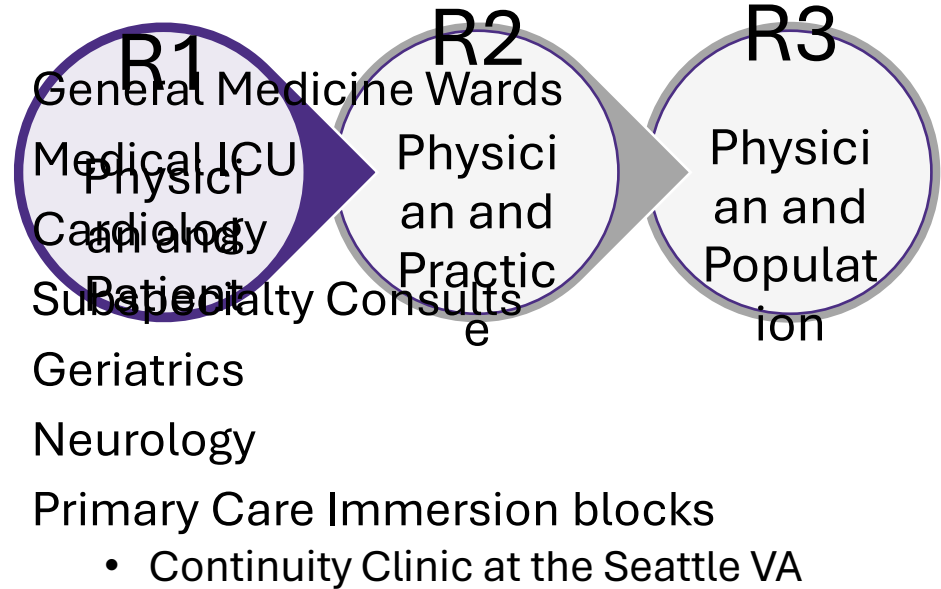
Rural Site Details

Dena'inaq etnen'aq'gheshtnu ch'q'u yeshdu.
I live and work on the land of the Dena'ina.





Curriculum: R1 Seattle



Curriculum: R2 and R3 Alaska

	R2	R3
<ul style="list-style-type: none"> High R 	Continuity Clinic 2 days/week	
	Inpatient Medicine 4 one-week immersion blocks/year	
	QI / Scholarship 1 half-day/week	
	Didactics 1 half-day/week	
	Non-IM Specialty Clinics	Dermatology Podiatry Gynecology ENT Orthopedics Urology
	ER 10 shifts/year	
	IM Specialty Clinics Cardiology, Pulmonology, Oncology	
<ul style="list-style-type: none"> L C E C O D 	Behavioral Health/Addiction Medicine	
	MICU	IM Specialty
	Palliative Care	Elective
	IM Specialty	
	Elective	Elective

Longitudinal Curriculum
Based in Soldotna

Away Rotations
4 week blocks



Additional Program Highlights

Small complement to allow for individualized teaching and curricular design

Unparalleled work-life and service-learning balance

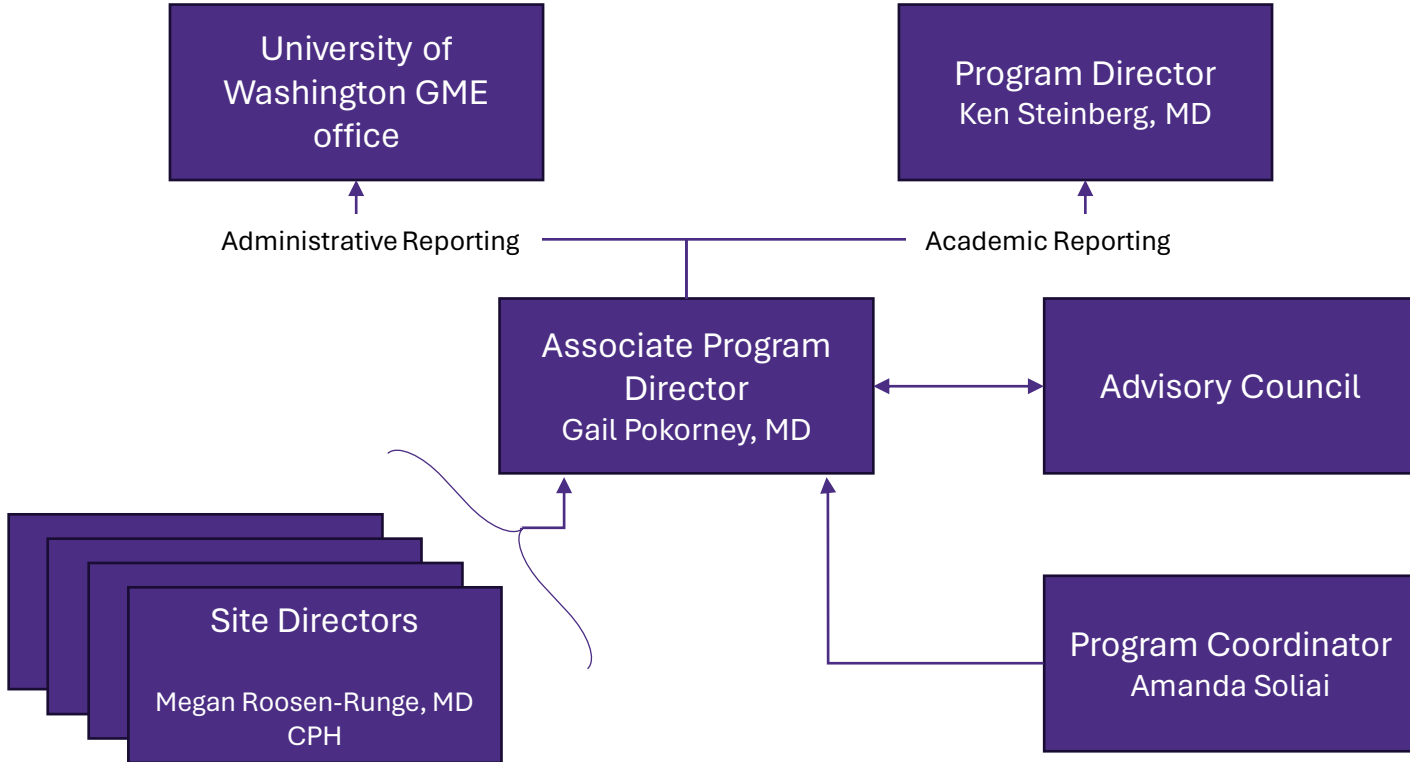
Opportunity to teach UW third-year medical students on their IM core clerkship

Housing, transportation, and travel coverage for away rotations

Support from UW GME office, RFPU-Northwest, Seattle IM program



Program Leadership



Program Challenges

Finances

Central Peninsula Hospital

- SCH
- Non-virgin
- PRA of \$0
- RCH Demonstration

Buy-in

CPH Administration

CPH Board

Federal Policy

Rural Physician Workforce Act

COVID-19 Emergency Relief Package

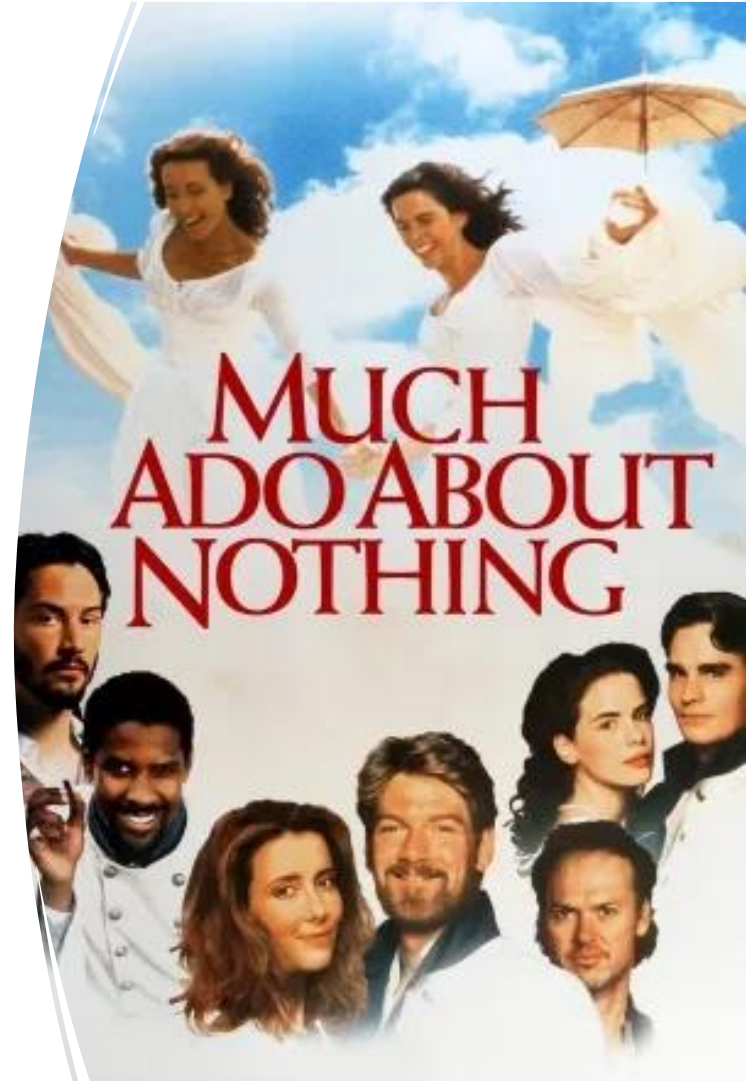
Section 127 of the Consolidated Appropriations Act

Accreditation

Requirements

New program application

Timing





Achieving Lift-Off

Program champions

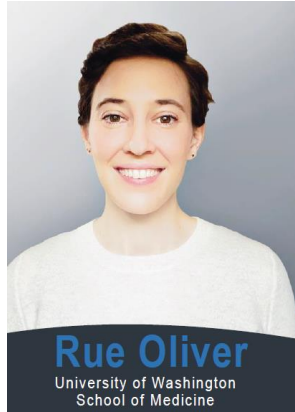
Physician capacity

Content experts

Administrative support

Money

The Future is Bright



Class of 2027

Thank you!

Gail Pokorney | gmp26@uw.edu | akmedres.uw.edu



WWAMI GME Summit 2024

Track-based Education

Alaska Psychiatry Track

April 25, 2024

Alexander von Hafften, MD

alexandervonhafften@gmail.com

Alaska Psychiatry Track

Conflicts of interest

Disclosures

Alaska Psychiatry Track

1. Brief History

Psychiatry Resident Training in Alaska

Alaska Psychiatry Residency

2. Current status

3. Opportunities

4. Message to potential Alaska training sites

5. Beliefs and perceptions about psychiatry/psychiatrists

Psychiatry Resident Training in Alaska

Prior to 1997

Partnership: SOA DHSS – API – UW

- Funding: DHSS and API
- Structure: Anchorage, Fairbanks, Juneau, Ketchikan, Nome, Sitka, Utqiagvik
API, ANMC, DOC, FCMHC, SCC, SCF, Forensics
- Benefits: Psychiatry resident year round (2 x 6 months each)
UW Clinical Faculty (every six weeks)
Clinical consultations (API, Harborview, community agencies)
Ground rounds
- Retention: Post-training 1-2 per year
- Termination: API - new requirement (0.9 FTE UW resident year round)**

Psychiatry Resident Training in Alaska

1999 - 2004

Alaska Psychiatric Resident Education Program (APREP)

Consortium: PHSA, ACMHS, DOC

Funding: Costs shared, apportioned by time at site

Benefit: Continued psychiatry resident training

Challenges: Consortium members only

Loss of psychiatry resident presence at training sites (continuity)

Limited psychiatry resident travel in Alaska

Retention: ?

Termination: Lack of funding sustainability

Psychiatry Resident Training in Alaska

2008 - 2015

Alaska Psychiatric Resident Elective Rotations

- Funding:** **AMHTA** (TPN#: 2114, 2223, 3900)
- Structure:** Any senior psychiatry resident (UW, UW-Idaho, OHSU, UNM, PRS)
Any organization that could provide training c/w ACGME requirements
ACMHS, ANTHC, API, DOC, BRH, Forensics, NSBH, UAA-CH,
UAASHCC, Soteria/Choices, TCC
- Rotation duration:** Ave 2-3 months, range 1-8 months (28 resident months)
- Retention:** 1 x 8 month, 1 x 3 month, at least 1 x 1 month (telemedicine)
- Termination:** **Low retention after graduation, Residency development ↓**

Alaska Psychiatry Residency

2009-2015

- Ramp up: ACMHS, AFHCP, **AMHTA**, APF, FMH, **PHSA**, SCF, **UW**
- Partners: ABHA, ABIN, ACS, **AK-VA**, AKNH, ANTHC, API, AAPA, ARBHC, ARH, ASMA, BRH, CPH, DOC, DOD, NSBH, SEARHC, TCC, UA, others
- Model: UW-Alaska Track (2+2), (2021-2022: 4 years vs track (2+2))
- Funding: 60% Years 1-6, fully operational
40% beyond Year 6
- Focus: Primary care psychiatry, Rural consultation, Telemedicine
- Recruit: Recruited first cohort of residents to accelerate launch
- The Ask: By year 4 SOA funding not to exceed \$500,000
- Wind down: Residency development, elective rotations↓**

Psychiatry Resident Training in Alaska

Current Status



Waves, currently 2-4 (UW, UU)

Funding?

Faculty?

Program Letter of Agreement (PLA)

Active: API-UU, PRS-BRH?

In process: UW-SCF, UW-ABH

Time frames

PLA: 1-2 years to get completed

License/Permit: 6 months

Resident planning cycle: March

Psychiatry Resident Training in Alaska

Opportunities

- 11.90% of Alaska's mental health needs currently being met (HRSA)
- 15.7% of Alaska's population is Alaska Native or Native American
 - 2.1% of Alaska's physicians identify as Alaska Native or Native American
- Recruiting psychiatrists to Alaska is difficult and expensive
- Alaska and Wyoming - no psychiatry residency or elective structure
- Medical students and psychiatry residents want to come to Alaska
- **Build it and they will come, it will take time (2-5 year commitment)**

Psychiatry Resident Training in Alaska

Message to potential Alaska Training Sites

- **Administrative champion** → Organizational commitment
- **Clinical champion** → availability, willingness to mentor & supervise
 - Avoid disincentives for teaching, mentoring, supervising
- **Funding** (Medicare, Medicaid, HRSA, RTP/RTT, GMETHC)
- **Faculty** recruitment/development
- **Build it and they will come, it will take time (2-5 year commitment)**
- Residents tell other residents about their experiences
- Resident continuity at training site(s)
 - Differentiating medical students and residents
 - What do you do with a psychiatry resident, senior psychiatry resident?

Psychiatry Resident Training in Alaska

Beliefs and Perceptions about Psychiatry/Psychiatrists

“Overpaid social workers”

“Not real doctors”

Target when something tragic has happened

Target for frustrations with Alaska’s mental health system

“People just need to behave, take care of themselves, and obey the law”

Non-MD/DOs perceived as being just as qualified and less expensive

Profession	Length of graduate-level education	Years of residency/fellowship training	Total patient care hours required during training
Psychiatrist	4 years	4-6 years	12,000-16,000 hours
Nurse Practitioner	2-4 years	Not required	500-750 hours
Physician Assistant	2-3 years	Not required	2,000 hours
Psychologist	4-6 years	1 year	1 year

Psychiatry Resident Training in Alaska

Thank you!

Questions