Rural Residency and Teaching Health Center Program Development

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A partnership between

Partners and Key Stakeholders

Disclaimer

- RRPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #UK6RH32513.

- THCPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #U3LHP45321-01-00.

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Goals

- Describe the outcomes and needs for targeted GME

- Review the Rural Residency Program Development Program

- Review the Teaching Health Center GME Program

- Describe residency development resources

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Needs

- Social Mission of Medicals Schools
- Improving the health of the population
- Where do they come from
  - Rural Physicians
  - Underserved Physician

Outcomes

- Location of Practice

- Scope of Practice

- Targeted Physician Pathway

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Growth of Programs

RRPD and THCPD Program Locations (5 RRPD cohorts, 2 THCPD cohorts, as of October 2023)
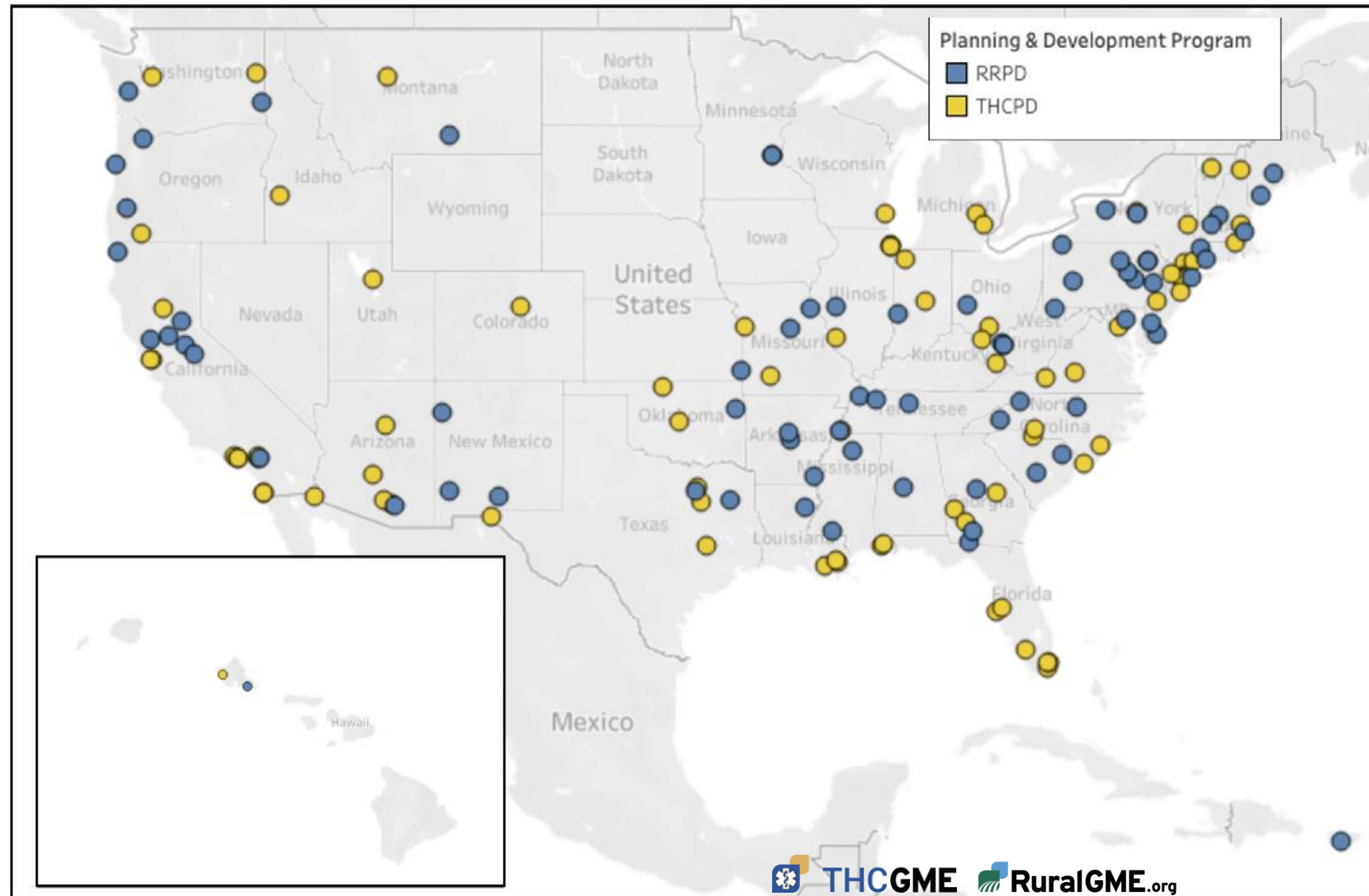
The RRPD/THCPD Program

2019 - Present	HRSA funded the Rural Residency Planning & Development program (**NOW ON COHORT 5!**)
2021 - Present	HRSA funded the Teaching Health Center Planning & Development program (**NOW ON COHORT 2!**)

HRSA also funded a Technical Assistance Center to help support the grantees and others looking to start residency programs in needed specialties in rural & underserved areas

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RRPD & THCPD: by the Numbers

161 grantees	44 states	10 specialties
65 accredited programs	852 resident positions	513 residents in training

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Overview of RRPD and THCGME

Overview of RRPD Grantees (cohorts 1-5)

Program Sponsor
Non-profit Healthcare Organization = 45
Public/State-controlled Institution of Higher Education = 16
Private Institution of Higher Education = 8
For-Profit Health Care Organization = 2

Class Size Per Year
1 (n=1)
2 (n=14)
3 (n=9)
4 (n=9)
6 (n=7)
8 (n=4)
12 (n=1)

Partners
School of Medicine Affiliation (n= 52)
VA Partnerships (n= 18)
I/T/U Partnership (n= 8)

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Overview of THCPD Grantees

Cohort 1 & 2 Grant Recipient Specialty [n=90]
Family Medicine – 46
Psychiatry – 12
Internal Medicine – 4
Pediatrics – 4
Geriatrics – 1
OBGYN – 1
Dentistry – 22

Cohort 1 Program Characteristics

Program Sponsor
Non-profit Healthcare Organization = 45

Class Size Per Year
3 (n=2)
4 (n=11)
6 (n=5)

Partners
Academic Affiliation (n= 14)
VA Partnerships (n= 10)
I/T/U Partnership (n= 10)

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Log In to the Portal

https://www.thcgme.org/
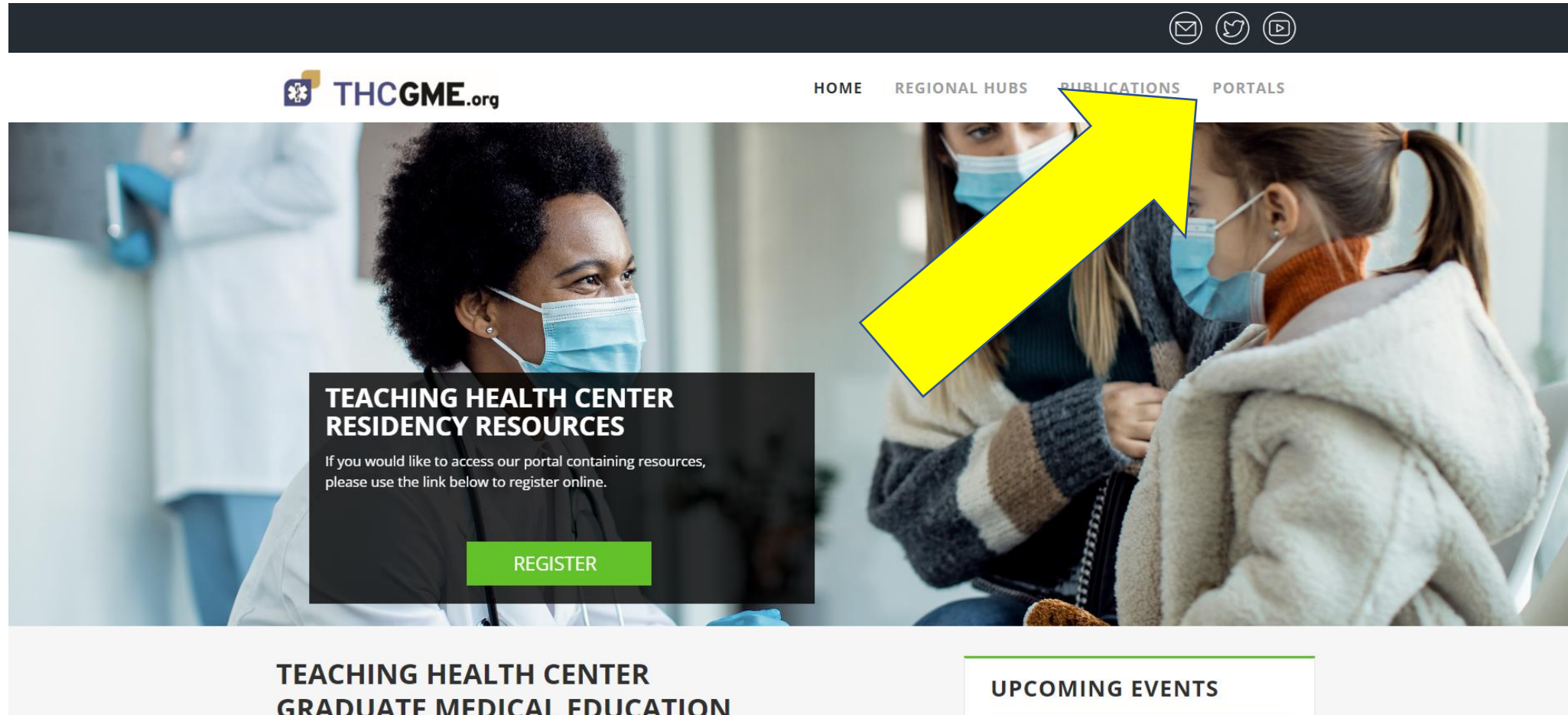
Rural Graduate Medical Education

We are working to reduce physician shortages in rural and underserved areas by supporting the development of rural residency programs. If you are interested in accessing tools and resources to support development of residency training, please get started by clicking the link below.

I Want To Get Started   **I Have An Account**

Our Impact

The U.S. Health Resources and Services Administration (HRSA) funded the Rural Residency Planning and Development (RRPD) Program and our Technical Assistance Center to create new rural residencies. Below are data on RRPD program outcomes to date.

NUMBERS AS OF DATE: 4/18/2024

72
Grant recipients starting new rural track programs

45
New accredited rural residency programs

569
ACGME approved resident positions

Tools and Resources

Community Engagement

Program Design & Development

Financial Planning

Institutional Sponsorship

Program Accreditation

Program Implementation

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STAGE 1 — Exploration

Community Assets
Identify community assets and interested parties.

Leadership
Assemble local leadership and determine program mission.

Sponsorship
Identify an institutional affiliation or sponsorship. Begin to consider financial options and governance structure.

To advance to the next stage:
Make an organizational decision to proceed with investing significant resources in program development.

STAGE 2 — Design

Initial Educational & Programmatic Design
Identify Program Director (permanent or in development). Consider community assets, educational vision, resources, and accreditation timeline.

Financial Planning
Develop a budget and secure funding. Consider development and sustainability with revenues and expenses.

Sponsoring Institution Application
Find a Designated Institutional Official and organize the GME Committee. Complete application.

To advance to the next stage:
Finalize a draft budget. Complete program design to include curriculum outline and site mapping. Submit a Sponsoring Institution (SI) application & receive initial accreditation.

STAGE 3 — Development

Program Personnel
Appoint residency coordinator. Identify core faculty and other program staff.

Program Planning & Accreditation
Develop curricular plans, goals and objectives; evaluation system and tools; policies and procedures; program letters of agreement; faculty roster. Complete ACGME application and site visit.

To advance to the next stage:
Achieve initial program accreditation – requires successful site visit and letter of accreditation from the ACGME.

STAGE 4 — Start-Up

Marketing & Resident Recruitment
Create a website. Register with required systems. Market locally and nationally.

Program Infrastructure & Resources
Hire core faculty and other program staff. Ensure faculty development. Complete any construction and start-up purchases. Establish annual budget.

Matriculate
Welcome and orient new residents.

To advance to the next stage:
Complete contracts and orient first class of residents. Hire all required faculty.

STAGE 5 — Maintenance

Ongoing Efforts
Report annually to ACGME and the Sponsoring Institution. Maintain accreditation and financial solvency. Recruit and retain faculty. Track program educational and clinical outcomes. Ensure ongoing performance improvement.
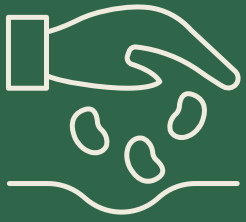
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STAGE 2: DESIGN

Goal 2.1	Appoint a Program Director (PD) or a PD in development.
Goal 2.2.	Complete initial program design.
Goal 2.3	Develop Sponsoring Institutional (SI) Application (if the SI is not already accredited).
Goal 2.4	Using initial program design, complete a detailed pro forma for all phases of program development and sustainability with revenues and expenses.
Goal 2.5	In light of the detailed pro forma, refine program design to include final curriculum outline and site mapping.
Goal 2.6	Submit SI application (if the SI is not already accredited).

Hospital Analyzer

Hospital Analyzer

Financial Tools

Financial Planning | Specialty: Not Specialty Specific | Type: Resource Collection Or Website

Hospital Type & Data Lookup File

Excel file that can be utilized to look up hospital type related to CMS Rule Changes, DME and IME FTE caps and $ claimed, and CAA section 131 HCRIS status (whether or not GME has been claimed) (version updated Mar 2024)

Provider Number	State	Name	URGEO	URSPA	LUGAR	Section 401 Hospital	Resident to Bed Ratio	Beds	Calculated Residents (Beds x IRB)	Average Daily Census	Provider type (Impact 2024)	Provider type (Impact 2022) if differs from 20	Graham Center FY21 calc DME$/FTE residen*	Graham Center FY21 calc IME$/FTE residen*	Graham Center FY21 DME FTE cap	Graham Center FY21 DME FTE claimed	Graham Center FY21 IME FTE cap	Graham Center FY21 IME FTE claimed	CAA section 131 HCRIS status	Medicare Percentage	Medicaid Percentage
020001	Alaska	Providence Alaska Medical Center	OURBAN	OURBAN			0.0523	401	21	295	IPPS		$ 37,639	$ 99,058	22.4	32.4	22.4	28.5	Not Cat A or B	29%	41%
020006	Alaska	Mat-Su Regional Medical Center	OURBAN	RURAL		Y	0	125	0.0	65	SCH								Never Claimer	38%	31%
020008	Alaska	Bartlett Regional Hospital	RURAL	RURAL			0	45	0	20	SCH								Not Cat A or B	39%	25%
020012	Alaska	Fairbanks Memorial Hospital	OURBAN	OURBAN			0	122	0	44	SCH/RRC								Never Claimer	27%	34%
020017	Alaska	Alaska Regional Hospital	OURBAN	OURBAN			0	166	0	115	IPPS								Never Claimer	43%	28%
020018	Alaska	Yukon Kuskokwim Delta Reg Hospital	RURAL	RURAL			0	34	0	11	IHS								Never Claimer	17%	68%
020024	Alaska	Central Peninsula General Hospital	RURAL	RURAL			0	49	0	31	SCH								Never Claimer	47%	22%
020026	Alaska	Alaska Native Medical Center	OURBAN	OURBAN			0	173	0	110	IHS								Never Claimer	25%	49%

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Accreditation Tools

Writing the Program Accreditation Application

There are three parts to the program application: 1) the common application (housed in the ACGME's Accreditation Data System

(ADS)); 2) the specialty-specific application (a Word document the program must complete and upload into ADS); and 3) attachment

documents (policies and sample evaluations that are uploaded into ADS). This checklist from the ACGME includes the required

application documents that must be uploaded into ADS with a program application.

Note that programs interested in seeking ACGME Rural Track Program (RTP) designation must provide additional information during

the application process.

The specialty-specific application includes the description of your program that will be submitted (via ADS) to the ACGME's Residency

Review Committee (C) in your specialty for accreditation of your program. It is critical that the background work of program....

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Accreditation Tools

Section

Program Accreditation ⬍

Type

All ⬍

Specialty

All ⬍

Featured Program Accreditation | Subsection: Submitting the Program Application and the ACGME Site | Specialty: Not Specialty Specific | Type: 👍 2 👎 0
Example Or Sample

Checklist for preparing for the Site Visit

A checklist for all of the tasks to complete and resources to gather in advance of your ACGME site visit

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Program Accreditation | Specialty: Not Specialty Specific | Type: Webinar Or Presentation

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ACGME Site Visits: There's Value in the Prep

Technical Assistance Center webinar (slides) on ACGME Site Visits: There's Value in the Prep featuring Alan Douglass, MD, Amanda Jones, BA, C-TAGME, JoAnn Raines, MA, and Paulette Wehner, MD, FACC, FAHA, FACP (November 2023).

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Program Design Tools

Featured Program Design and Development | Subsection: Complete Initial Program Design | Specialty: Not Specialty Specific | Type: Webinar Or Presentation

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Curricular Design for Rural Programs

Technical Assistance Center webinar (recording) on curricular design with examples from family medicine, internal medicine, and psychiatry (July 2020); faciliatated by Judith Pauwels, MD and with presenters: Carlyle Chan, MD, Joseph Weigel, MD, and Molly Benedum, MD

Program Design and Development | Subsection: Complete Initial Program Design | Specialty: Not Specialty Specific | Type: Webinar Or Presentation

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Governance for Rural Programs

Technical Assistance Center webinar (recording) on governance for rural programs featuring Randall Longenecker, MD (Oct 2019). Dr. Randy Longenecker provides a General Overview of Governance, the Health System Context, the Role of the Sponsoring Institution, Affiliation Agreements, and Key Principles for Shared Governance, followed by a Q&A session.

Common Challenges

Some of GME funding structure may disadvantage rural and underserved programs

Financial viability of rural and underserved facilities
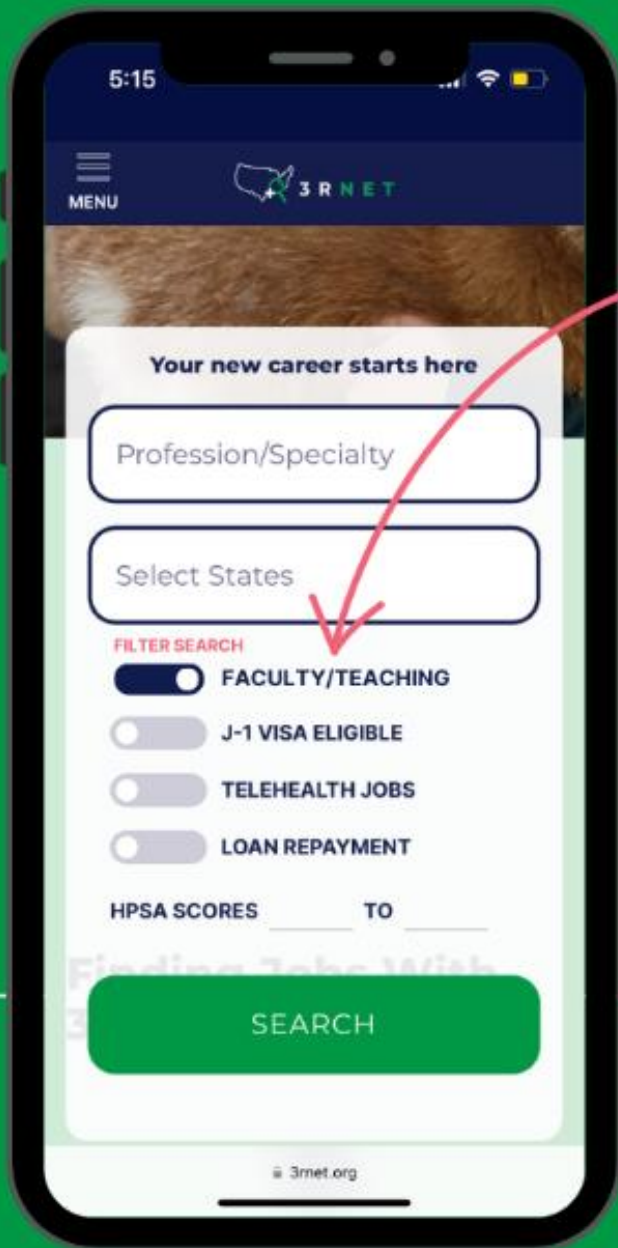
Program director and faculty recruitment

Program Governance – varying missions and needs!

GME accreditation requirements were designed for urban settings

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For additional information about the
RRPD and/or THCPD Programs

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