Training a Physician Workforce for Rural America

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LMU-DCOM
Disclosure

Full Time Employee of LMU DCOM
Objectives

• The learner will be able to discuss trends in medical education, including an analysis of medical school graduation rates vs the availability of graduate medical education (residency) positions.

• The learner will examine models for providing rural medical school student rotations and physician residency training programs.

• The learner will be able to provide a knowledge-based briefing on the need for community-based, rural physician training.
• Medical School Output vs GME Capacity
• GME Funding
• A Coming Crisis
• Trends in Medical Education
• Rotation Development; a Solution to GME Shortage?
Recipe for Cooking a Physician

• Begin with one overachieving college graduate
• Simmer on Medium Heat for two years of Basic Sciences
  – Mix all the basic sciences together into a systems-based casserole
  – Taste your product often, check the temperature, reheat as necessary
  – Use a pressure cooker
  – Add one drop of COMLEX or USMLE (or both)
• Next send your product out for two-years of field testing and further fermentation (clinical rotations)
  – Add more COMLEX and/or USMLE
• Next, send off for 3-5 years of flavoring and seasoning (residency training)
  – Final drop of COMLEX and/or USMLE
Traditional Differences in Training Models

DO
OPTI Model - Community Based

MD
Tertiary Medical Center Model
In the 2015-16 academic year osteopathic medical colleges are educating over 26,100 future physicians – more than 20% of US medical students.
Class of 2018 Rotation Sites (229 positions)
Where are LMU Graduates Training?
2014, 2015, and 2016 placement locations
Projected 1st Year GME Entrants

- **Projected 1st Year GME Positions**
- **Projected 1st Year DO GME Entrants**
- **Projected 1st Year IMG GME Entrants**
- **Projected 1st Year MD GME Entrants**

Approximately 7,000 IMGs also entered first-year GME in 2009. Projects 1% annual growth in number of first-year GME positions.

Data compiled by AAMC Center for Workforce Studies, 7/2009 from 2008 AACOM and AAMC sources.

Chart reimaged by OSU Center for Rural Health

Impact of ACGME Single Accreditation System
# GME Training Programs

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACGME-Accredited Training Programs (2015-16)</td>
<td>9,792</td>
</tr>
<tr>
<td>AOA-Accredited Training Programs (2012)</td>
<td></td>
</tr>
<tr>
<td>• Residencies and Fellowships</td>
<td>998</td>
</tr>
<tr>
<td>• Internships</td>
<td>121</td>
</tr>
<tr>
<td>Residents in ACGME Programs</td>
<td>125,269</td>
</tr>
<tr>
<td>Approved Positions in AOA Programs (13-14)</td>
<td></td>
</tr>
<tr>
<td>Filled Positions</td>
<td>12,763</td>
</tr>
<tr>
<td></td>
<td>8,210</td>
</tr>
</tbody>
</table>
• In the 2015-16 academic year osteopathic medical colleges are educating over 26,100 future physicians – more than 20% of US medical students.
Traditional Differences in Training Models

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Rotations:
The Gateway to GME
What does TOMEC do for the Residency programs?

- Reviews the curriculum, affiliation agreements, and the institutional core competency plans.
- Monitor resident feedback.
- Supports the programs through AOA specialty college inspections as well as assists programs to address deficiencies.
- Ensures trainee and faculty access to learning resources.
- Provides ready access to research mentors.
- Provides faculty development modules.
- OMM training.
The Care and Feeding of Training Programs

- Faculty Development
- Accreditation Consultation
- Library and Learning Resources Access
- Research Mentorship
- Mobile Simulation Labs
- Special Courses
- CME
- Faculty Appointments
- Program Administrator (Coordinator) training and development
Shift Happens

AOA
ACGME
AACOM

Single Accreditation System
Memorandum of Understanding (MOU) announced

Provides for a period of transition, July 1, 2015 – June 30, 2020

Creates a pre-accreditation pathway for AOA programs accredited by July 1, 2015.

Osteopathic physicians in AOA training programs during the transition can use either the common program requirements of 2013 or 2016 for eligibility standards for advanced training.

Creates two new ACGME review committees, the Neuromusculoskeletal Review Committee and the Osteopathic Principles committee.

Source: The Executive Summary of the MOU
GME Financing Methods
Traditional GME Model

Accreditation

Teaching Hospital/Academic Health Center (inpatient)

Residency Program (continuity clinic)

Medicare GME $

Community Training Site
THC Model

Community Training Sites

Hospital/AHC

Teaching Health Center

Clinic-Based Residency

Accreditation

HRSA GME $
Barriers to GME Development

• CMS GME Caps
• Start-up Costs
• ACGME Application Process
• Perception that an Academic Medical Center is Needed
Other Funding Sources

• Hospital Operations
• Local Foundations & Healthcare Partners
• VA
• Military
• Teaching Health Centers Grants
• Practice Plans
• Other Grants
Trends in GME

- Medical Schools being held more accountable for GME
- Simulation
- Case-Based and Systems-Based Learning
- Adult Learning Theory
- Technology
- Lessening the differences between “basic sciences” and “clinical rotations”
- Student portfolios
- Pressure for alternative to CMS payment methodology
Community-Based Training
Community-Based Teaching

• Core Site Development for 3\textsuperscript{rd} and 4\textsuperscript{th} year rotations
  – DSME
  – Coordinator
  – Adjunct Faculty (Rotation Preceptors)

• Residency Program Development
  – GME Infrastructure, Policies, committees
  – Adequate scope, volume and teaching faculty
  – “Protected Time”
  – Continuity Clinic
### Required Rotations

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>8 weeks</td>
</tr>
<tr>
<td>General Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

### Selective/Elective Rotations

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Selective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgical Selective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Other Selective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective I</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective II</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

### Required Rotations:

Students are assigned to a core hospital for required rotations. Core sites typically offer one-to-one clinical teaching and hands-on learning.

### Selective Rotations:

Allows some choice and flexibility in choosing areas of interest. Rotations are chosen by students from designated specialties:

- Medical Selective: completed in general internal medicine or a medical subspecialty
- Surgical Selective: completed in general surgery or a surgical subspecialty
- Other Selective: a medical or surgical subspecialty or other rotation approved by the Clinical Dean (i.e. dermatology, radiology, anesthesiology)

### Elective Rotations:

Elective rotations may be completed in any specialty at any medical facility approved by the Clinical Dean. Students are encouraged in schedule electives in a variety of clinical practice areas for broad based clinical exposure.
### Required Rotations | Electives/Vacation
---|---
• Rural Hospital | 4 weeks | Elective I | 4 weeks | Elective V | 4 weeks
• Rural/Underserved Primary Care | 4 weeks | Elective II | 4 weeks | Elective VI | 4 weeks
• Emergency Medicine | 4 weeks | Elective III | 4 weeks | Elective VII | 4 weeks

**Rural Hospital:**
Students are assigned to a community-based rural hospital where they are involved in all aspects of patient care, from admissions to discharge. Students often serve as a sub-intern.

**Rural Underserved Primary Care:**
Completed in a rural or underserved outpatient medical practice. Students choose from family medicine, internal medicine or pediatrics.

**Electives:**
Completed in a specialty of the students’ choice. Options for electives:
• After completing core rotations, students may complete up to two international rotations.
• After completing core rotations, students may complete up to two research electives with sponsorship by a member of the LMU-DCOM clinical faculty.

**Vacation:**
Students have one 4-week rotation free from clinical duties. This time may be used for residency interviews, preparation for national board exams, personal activities, etc. Students may be required to use vacation time for remediation or repeating a rotation when student performance does not meet required standards.
Why do Community-Based Training

• You’re training your own. They stay!
• They’re comfortable in your community and medical staff
• Better outcomes
• Teaching hospital prestige & PR
• They are less likely to be wooed into subspecialization
• Physician academic appointments and CME
Questions?