Inspiring Students to Practice in Rural Colorado

Engaging Communities in Education and Research
October, 2016 Breckenridge, Colorado

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Objectives

- Provide background about Colorado’s physician workforce
- Describe a successful program to increase the supply of healthcare providers in rural Colorado
Background

- Colorado is largely a rural state
- 2/3 of our counties are rural or frontier
- Most are full or partial health professional shortage areas
- Medicaid expansion in Colorado has extended coverage to a large number of previously uninsured people.
Colorado has a widespread primary care shortage
More background

- Coverage does not equal access to care when the provider workforce is inadequate

- The access problem has at least two dimensions:
  - Mal-distribution of providers among specialties
  - Mal-distribution of providers geographically
What is the medical education system doing?

- Increased physician class sizes (30% over 15 years)
- Many more osteopathic schools
- Slight increase of residency slots
- Increase in PA programs
- But mostly, does what it has always done: “Admit the best and the brightest and let market forces decide what field they enter and where they locate.”
But, we DO know how to meet the mission ...

- Admit students from the right backgrounds who aspire to the mission
- Provide them with clinical experiences in the mission environment
- Attract and nurture inspiring teachers
- Secure financial and relational support
- Evaluate results and modify accordingly
Medical School Rural Tracks are successful examples …

- Within existing schools
- Attract, admit and nurture students who are interested in future rural practice and primary care
- There are about 30 in the U.S. (out of 141 MD and 30 DO schools)
- Most have about 10% of the total class
- Many are too new to report results

CU SOM Rural Track

- Started in 2005
- Main grants: CO Trust and TCHF
- Goal: increase the number of students who eventually enter, and remain, in practice in rural areas.
- About 10% - 15% of each SOM class
- Emphasizes primary care
SOM RT Curriculum

- Strong, selective admissions component
- Longitudinal over 4 years
- Seminars and workshops 2-3 times per month in first 2 years
- 4-week summer rural preceptorship after year 1
- Intersession meetings in years 3 & 4
- 3-month rural clerkship in year 3
- Residency/community links
  - Home-grown scholarships
  - Help with eventual practice placement
**CU SOM Rural Track Results**

- 132 students in eight classes of Rural Track students have graduated from medical school.
  - 57% entered “nominal” primary care residencies
    - 42% of those are in Family Medicine
- 66 of the 132 have completed residency and entered practice:
  - Primary care: 53%
  - Family Medicine: 50%
  - Rural: 46%
  - Rural Colorado: 26%
- Typical of other “successful” RTs
Where are they (2016)?

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<tr>
<th>17 on the Western side</th>
<th>4 on the Eastern side</th>
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<tr>
<td>Grand Junction (3)</td>
<td>Walsenburg</td>
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<td>Montrose (3)</td>
<td>Springfield</td>
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<td>Del Norte (4)</td>
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<td>3 CO Springs</td>
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<tr>
<td>1 Ft. Collins</td>
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<td>7 Denver Metro</td>
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<td>3 Greeley</td>
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<td>1 Pueblo</td>
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30 out of Colorado
   (12 Rural, 1 Military)
Local Scholarships for RT Students

- 6 towns are participating
- $10K / year; most require practice commitment
- Often for a student of local origin
- Offers chance to meet/recruit RT students on campus and host local clinical clerkships
- Requires very long-term view (7 years)
- $ non-taxable to student
- $ May be continued during residency
- Does not exclude other incentives
The Evidence

- CU SOM Rural Track is producing Physicians (and PA’s) who:
  - Enter rural practice at 5-6 X the rate of non- Rural Track
  - Enter primary care at 4 X the rate of non- Rural Track
The Need

- The Rural Track is NOT a permanent part of the SOM (yet). SOM supports about 25% of the cost.
- Major foundations have indicated that their funding is over
- We are looking for community investment to sustain the Rural Track and access the ongoing supply of physicians that it produces
- We are always in need of rural preceptors who will teach our students and inspire them about rural life and work
What does it cost?

- About $450,000 per year not including scholarships
  - 1.2 FTE faculty
  - 1 FTE coordinator
  - supplies and travel
  - stipends for preceptorships
At what point are we now?

- $100,000 annually from SOM Dean
- Proceeds from a $2M endowment given by the A.F. Williams Foundation in Morgan County
- Residual funding from a TCHF grant that will carry through 2017
Our mission

- Make the Rural Track a permanent part of the School of Medicine through secure funding

- Continue to develop and enhance the curriculum to meet its goal

- Watch: [https://www.youtube.com/watch?v=JseAbvZOgsE&feature=youtu.be](https://www.youtube.com/watch?v=JseAbvZOgsE&feature=youtu.be)