Welcome, attendees!

• If you are attending virtually:
  • We are using the SMPH Video Library: videos.med.wisc.edu/live
  • Use the chat feature to send your questions for the Q&A
  • This meeting is being recorded, and your Q&A submissions will also be saved for follow-up as needed

Land Acknowledgment

We acknowledge that the land our university and school stands on is ancestral Ho-Chunk land.
Winter Faculty & Staff Meeting

January 22, 2024
Agenda

• Welcome Remarks

• Panel Discussion: Improving Access to Healthcare in Rural Wisconsin
  – SMPH Commitment to Rural Wisconsin: Programs and Activities
  – Wisconsin Area Health Education Centers (AHEC): Cultivating Pathways to Rural Health Careers
  – The Wisconsin Office of Rural Health (WORH)
  – The Wisconsin Idea in Action: Rural Health and the Wisconsin Partnership Program (WPP)
  – Wisconsin Academy for Rural Medicine (WARM): Mission and Outcomes
  – UW Obstetrics and Gynecology (OB/GYN) Rural Residency Track

• Town Hall: Questions, Comments, & Discussion
SMPH Commitment to Rural Wisconsin: Programs and Activities

Jonathan Temte, MD, PhD, MS
Associate Dean for Public Health and Community Engagement
A Recent Example of Rural Health Disparity

- Rural counties had higher case and death rates in the Delta-Omicron wave.
- Rural counties had up to 51% more deaths per capita than the most urban counties.
- Age, health, and socioeconomic status composition partially explained the rural disadvantage.
- Vaccination was a factor in the rural disadvantage.
- Multiple sources of disadvantage combined in rural areas to produce poor outcomes.

Health Across Multiple Dimensions
Depending on definition, 13% to 30% of Wisconsinites live in rural areas.
Improving Access to Healthcare in Rural WI

• **Service: Wisconsin Area Health Education Centers**
  – Elizabeth Bush, Wisconsin AHEC Director

• **Outreach: Wisconsin Office of Rural Health**
  – John Eich, WORH Director

• **Research: Wisconsin Partnership Program**
  – Amy Kind, WPP Director

• **Education: Wisconsin Academy for Rural Medicine**
  – Joseph Holt, WARM Director

• **Training: Rural Obstetrics Training Track**
  – Ryan Spencer, Rural Track Director – Obstetrics and Gynecology
Wisconsin Area Health Education Centers (AHEC): Cultivating Pathways to Rural Health Careers

Elizabeth Bush

WI AHEC Director
About Wisconsin AHEC

• Established 1991, HRSA-funded

• Health workforce goals
  – Increase diversity
  – Broaden distribution
  – Enhance health care quality
  – Improve health care delivery to rural and underserved areas and populations

• Statewide organizational structure
Cultivating Pathways to Rural Health Careers

- **Rural learner recruitment**
  - Hands on Health: 91% rural
  - Community Health Internship Program: 41% rural
  - AHEC Scholars: 62% rural
  - Continuing Education: 36% rural employed

- **Rural community-based learning experiences**
  - Partner training sites: 46% rural
  - Community Health Immersion experiences: 75% rural
The Wisconsin Office of Rural Health (WORH)

John Eich
WORH Director
Serving the state
From UW School of Medicine and Public Health
The Wisconsin Office...

Federal funding for 50 offices

Improve access to, and quality of, rural healthcare
Rural Healthcare Access

65 small rural hospitals
130 Rural Health Clinics
610 rural and small-town EMS

• Operational improvement
• Quality improvement
• Workforce improvement
• Policy changes
Example Projects

Quality Improvement
• Antibiotic stewardship, falls reduction, care coordination

Operations Improvement
• Hospital finance consulting, revenue cycle assessments
• EMS operations consulting
• Staff and leadership training

Community Health
• Obesity reduction project, Substance Use Disorder project
Workforce Improvement

Physician Recruiting
- Work across the state, in both rural and urban settings

Loan Repayment
- Awards to MD/DO, APP, plus DDS, RDH: $25-$50,000
- Also Rural Physician Awards: $50,000

EMS Workforce
- Various initiatives to help recruit and retain staff
How We Help EMS

• EMS Management Training, using curriculum we commissioned, based on a statewide assessment we developed.

• EMS Outreach Coordinator, works one-on-one with services and municipalities to improve operations.

• Policy Change, through legislative outreach and expert testimony, and a seat on State EMS Board.
Primary Partners

Hospital Support Partners
- WI Hospital Assoc. & Rural WI Health Cooperative
- DHS and CMS

EMS Support Partners
- Several EMS & Fire Assoc’s, League of Municipalities, Towns Assoc.
- EMS Section of DHS

Workforce Support Partners
- Healthcare system, clinic, and hospital employers
- WI physician residency programs
- DHS Primary Care Office, WI Primary Health Care Assoc., AHEC
Information Hub

**The Rural Reporter**

- A curated feed of news, funding opportunities, and events
- A weekly email summary distributed to over 1,400 individuals
- Social conversations on Twitter and Facebook.
Rural Health Data

- Data collection and statewide assessments
- Data-based resources on rural health issues
- Technical assistance on evaluation, survey design, and data visualization
Resources – Reports and Maps
Defining Rural

• Population size?
• Proximity to population centers?
• Commuting patterns?
• “Rural” includes both small towns and countryside
Why It Matters

POPULATION**

- RUCC: 73%
- URCSC: 73%
- UIC: 73%
- RUCA: 71%
- RUCA ZIP: 70%
- MURC: 49%
- HRSA: 69%

172,257 WI residents
- 24%
- 14%
- 14%
- 11%
- 12%
- 27%
- 3%
- 13%
- 13%
- 18%
- 18%
- 24%
- 31%

1,779,992 WI residents
- Rural
- Micropolitan
- Metropolitan
Rural EMS in Crisis
How Did We Get Here?

1960

Rural Population
30% of US

Volunteerism interest

Profession seen as

2020

Rural Population
17.3% of US

Volunteerism interest

Profession seen as
In Other Words

How it started

How it’s going

Hello??
9-1-1...?
Reach out!

John Eich, Director
WI Office of Rural Health
eich@wisc.edu

www.worh.org
The Wisconsin Idea in Action: Rural Health and the Wisconsin Partnership Program (WPP)

Amy Kind, MD, PhD
Associate Dean for Social Health Sciences and Programs / WPP Executive Director
Wisconsin Partnership Program: Embodying the Wisconsin Idea for 20 Years

Mission

To bring about lasting improvements in health and well-being and advance health equity in Wisconsin through investments in community partnerships, education and research.
Wisconsin Partnership Program: 20 Years of Grantmaking and Health Impact

Since 2004
627 grants for $299.4 million

Our grantees have leveraged an additional $776.5 million to sustain their projects
A Focus on Rural Health

$50 million to rural-focused projects

- Allergic Disease
- Alzheimer’s disease
- Blindness
- Cancer
- Health care access and delivery
- Health care workforce development
- Maternal and child health
- Mental health and well-being
- Nutrition
- Stroke prevention
- Substance use disorders
- And others
Vision-Saving Eye Screenings

- Led by Yao Liu, MD
- Mile Bluff Medical Center, Mauston, Wisconsin
- 1,200+ screenings across four health systems
- Expanding to 8 rural health systems nationwide
Oneida Stroke Prevention Program

• Oneida Comprehensive Division of Health, NACHP partners

• Led by Robert Dempsey, MD and Carol Mitchell, PhD

• Monthly health assessments and wellness coaching
Increasing Indigenous Representation in Medicine through Academics, EnGagement and INnovation (IIMAGIN)

- $1.2 million grant to the Native American Center for Health Professions
- Led by Bret Benally Thompson, MD and Danielle Yancey, MS
- Supports expansion of pre-college and college pathways
- Collaboration with tribal colleges
Wisconsin Population Health Services Program

- 97 fellows since 2004
- 51 distinct placement sites
  - Community-based nonprofits
  - Local public health departments
  - Tribal Health Centers
  - Wisconsin Department of Health Services
Community: Focus on Rural Health

A Clinic, Campus Community Partnership

- Marshfield Clinic Health System
- Partners with UW-Eau Claire and UW-Stevens Point
- 140 trained student volunteers
- 53,700 Marshfield Clinic patients screened
Improving Access to Addiction Treatment

- Wisconsin Rural Health and Substance Use Clinical Support (RHeSUS) Program
- Wisconsin Hospital Association
- Academic partner: Randall Brown, MD, PhD
- Provide on-call support and training for addiction health care workers
Improving Health and Well-being for Wisconsin Farmers

- Southwest Wisconsin Community Action Program
- Farm Well initiative
- Addresses farmers’ mental health and rural suicide prevention
Interested in learning more about WPP?

Contact:
Amy Kind, MD, PhD
amy.kind@wisc.edu

Sign-up for our newsletter:

wisc.edu/wpp
Wisconsin Academy for Rural Medicine (WARM): Mission and Outcomes

Joseph P. Holt, MD, FACP
WARM Director
Wisconsin Academy for Rural Medicine

WARM is

• The rural education program within the MD Program curriculum at the University of Wisconsin School of Medicine and Public Health in Madison.

The Mission

• To address physician shortages in rural areas by admitting and training students who intend to practice rural medicine in Wisconsin, ultimately helping to improve the health of rural Wisconsin communities.
WARM Program - Origins

- 2004 statewide call-to-action report, “Who Will Care for Our Patients”, recommendations included the creation of a ‘school within a school’ to address the rural underserved populations of the state

- WARM was created in response in 2007

- 1st Regional Partner, Marshfield Clinic takes 1st WARM class in 2009

- This year the 14th WARM class will graduate
WARM Program - Structure

• WARM Admits 26 students per year.

• About 104 WARM students in training at any given time.

• Admission limited to residents of Wisconsin, and our 4 neighbor states

• WARM and Traditional students meet the same metrics and benchmarks

• WARM follows and enhances SMPH’s MD curriculum
Phase 1; FORWARD Curriculum in Madison with additional rural enrichment including;

- WARM Monthly Rural Seminar Series
- Overview of Rural Health Elective
- Rural Health Interest Group
- Students are assigned a rural preceptor in the Phase 1 Preceptor Program
- WARM Welcome
  - Students participate in an immersive week-long orientation to their regional campus, including additional education provided by leaders of marginalized rural cultural groups

Phase 2/3; Students 2 ½ years training at one of three regional campuses

- Green Bay – Advocate Aurora Health/Eastern Academic Campus
- La Crosse – Gundersen Health System/Western Academic Campus
- Marshfield – Marshfield Clinic Health System/Northern Academic Campus
WARM Graduates in Practice Post Residency

Grads in practice currently

• 82% are practicing in Wisconsin
• 49% are serving rural Wisconsin
• 32% have returned to their hometowns
WARM Graduate’s Residency by Specialty

Total Number of Residencies (as of May 2022)
WARM Outcomes Paper 2024

• First outcomes paper from the WARM program

• Assess the efficacy of the Wisconsin Academy of Rural Medicine (WARM) program

• Including WARM graduates’ practice locations, specialty outcomes, and program elements that most influence rural practice commitment.

• Data collected retrospectively from 2011 -2017 WARM grads (106 in total)

• Data set matched to non-WARM grads, same dates (925 in total)

(Stratified chi-square tests of independence were run to test associations between medical program (WARM or not), practice location, rurality, and specialty. Independent samples T-tests were used to determine differences in response to perceived importance of WARM experiences in influencing selection of practice setting)
WARM Grads in Wisconsin
Odds of Rural, Primary Care, & Rural Primary Care Practice

Just as likely

WARM Odds compared to non-WARM

Rural
Primary Care
Rural Primary Care

WARM non-WARM

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON
WARM Grads Nationally
Overall Odds of Primary Care Practice, WI & Rural Practice

Odds of Practicing compared to non-WARM (Nationally)

- Primary Care: Just as likely
- WI: WARM (National) vs Non-WARM
- Rural: WARM (National) vs Non-WARM
WARM Grads in Specialty Practice
Overall Odds of Practice, WI & Rural Practice

WARM Grads practicing Specialty Care (compared to non-WARM)

- Just as likely
- WARM grads in specialty care, 3 times odds of practice in WI
- WARM grads in specialty care, 3.3 times odds of practice in a rural Area (excluding outreach)
Key Findings from WARM Outcomes Paper

- WARM graduates choose to practice rurally and in Wisconsin with much higher odds than non-WARM graduates

- Independent of specialty choice, WARM graduates have higher odds of practicing in rural areas and in Wisconsin

- Graduates rated ‘Interacting with physicians & staff in rural areas’ as the most important activity in increasing commitment to and readiness for being a rural physician (M=2.58, p<.001)

- Study Limitations
  - RUCA codes used to determine rurality are an imperfect tool
  - Additional specialist rural outreach not captured in study.
Rural Healthcare Disparities Over the Next Decade, Nationally

- National population growth of 10%, over age 65 growth of 48%
- 40% of currently active physicians will be 65 or older within the decade. Rural physician shortages will increase as current physicians retire and the population ages
- Nationwide 48,000 more primary care doctors needed and 124,000 more doctors overall
- Nationwide 68% of communities with federally designated doctor shortages are rural
Rural Healthcare Disparities Over the Next Decade, Wisconsin

- Primary care demand projected to increase by 20.9%, with a primary care physician shortfall of 745+

- 2300 new primary care doctors predicted from training programs, with 2500 primary care doctors retiring

- Significant geographic maldistribution, with ~ 28% percent of the population rural, while only 1 in 10 physicians practice in these rural areas

- 83% of all Wisconsin counties are designated as totally or partially underserved. Of those, 73% are rural
Rural Health Disparities, Rural Wisconsin Obstetrical Care

Number of Rural Hospitals* Providing Obstetric Deliveries

* 11 rural hospitals have closed their obstetric units in the past 10 years
University of Wisconsin Rural OB/GYN Residency Track

Ryan Spencer, MD, MS, FACOG
*Rural Track Director – Obstetrics & Gynecology / Fellowship Program Director – Gynecologic Oncology*
Current Rural Track Partners

- Western WI Health, Baldwin (CAH, FORHP Rural)
- Marshfield Clinic, Marshfield (CBSA non metro, FORHP rural)
- Reedsburg Area Medical Center, Reedsburg (CAH, CBSA non metro, FORHP rural)
- Unity Point Health - Meriter Hospital, 448 beds, 5000 births per year;
- SSM Health Monroe Clinic, Monroe (FORHP rural)
- SSM Health St. Mary’s Hospital, 440 beds, 1800 births per year
Current Rural Track Partners

Western WI Health, 12 beds, 240 births, 2 Ob-Gyns

Marshfield Clinic, 204 beds, 750 births, 150 hysterectomies, 7 Ob-Gyns, 3 MFM, 2 Urogyns

SSM Health Monroe Clinic, 54 beds, 500 births, 4 Ob-Gyns

Reedsburg Area Medical Center, 88 beds, 200+ births, 2 Ob-Gyns
Our Rural Track Learners

PGY4
Kaley Gyorfi, MD
Univ of Wisconsin
WARM

PGY3
Jackie Luthardt, MD
Michigan St Rural Physicians Program

PGY2
Kate Anderholm, MD
Univ of Minnesota
RPAP

PGY1
Olivia Johnson, MD
Univ of Wisconsin
WARM
## Integrated Rural Track Scheduling

<table>
<thead>
<tr>
<th>PGY1</th>
<th>OB</th>
<th>Gyn</th>
<th>OB nights</th>
<th>Clinics</th>
<th>OB</th>
<th>Gyn Onc</th>
<th>Rural</th>
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<tbody>
<tr>
<td>PGY2</td>
<td>OB nights</td>
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<td>MFM</td>
<td>Gyn Onc</td>
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<td>PGY3</td>
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<td>GYN</td>
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## Rural Track Procedures (2017-2022)

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<th>PROCEDURES</th>
<th>PGY1 (5 rotations)</th>
<th>PGY2 (8 rotations)</th>
<th>PGY3 (6 rotations)</th>
<th>PGY4 (2 rotations)</th>
<th>Total by Procedure Type (21 rotations)</th>
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<tr>
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<td>26</td>
<td>27</td>
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<td>Total hysterectomy</td>
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<td>5</td>
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<tr>
<td>Other</td>
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<td>2</td>
<td>1</td>
<td>6</td>
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<tr>
<td>Total by PGY</td>
<td>45</td>
<td>66</td>
<td>82</td>
<td>6</td>
<td>199</td>
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### 5-year Mean Comparative Procedure Volumes (PGY1-2)

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<tr>
<th></th>
<th>Rural PGY1</th>
<th>Main PGY1</th>
<th>Rural PGY2</th>
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<tr>
<td><strong>ABORT</strong>*</td>
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*One PGY-1 rural rotation replaced an ambulatory rotation that offered abortion care.*
## 5-year Mean Comparative Procedure Volumes (PGY3-4)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Rural PGY3</th>
<th>Main PGY3</th>
<th>Rural PGY4*</th>
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<td>44.7</td>
<td>45.3</td>
<td>61.5</td>
<td>72.5</td>
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</tbody>
</table>

*Includes a 3-month medical leave for one Rural Track resident
Thank you!
Open for Questions

• *In person*: Raise hand to receive microphone

• *Online*: Use the chat feature to submit