

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.



Building Community
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Every person.
Every action.
Every time.

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

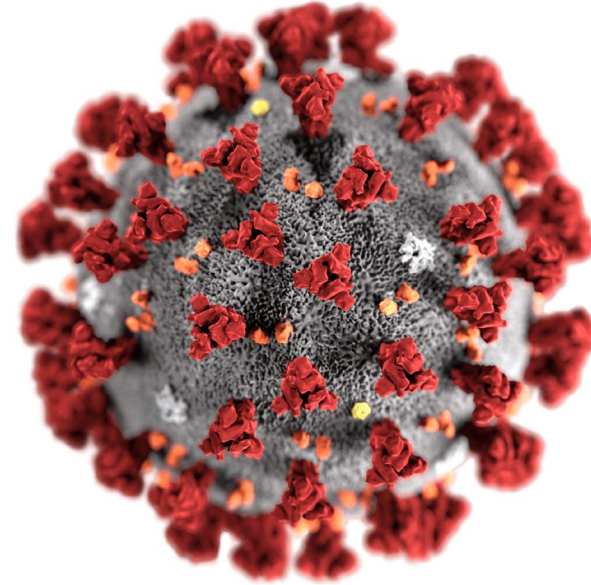
Jonathan Temte, MD, PhD, MS
*Associate Dean for Public Health and
Community Engagement*



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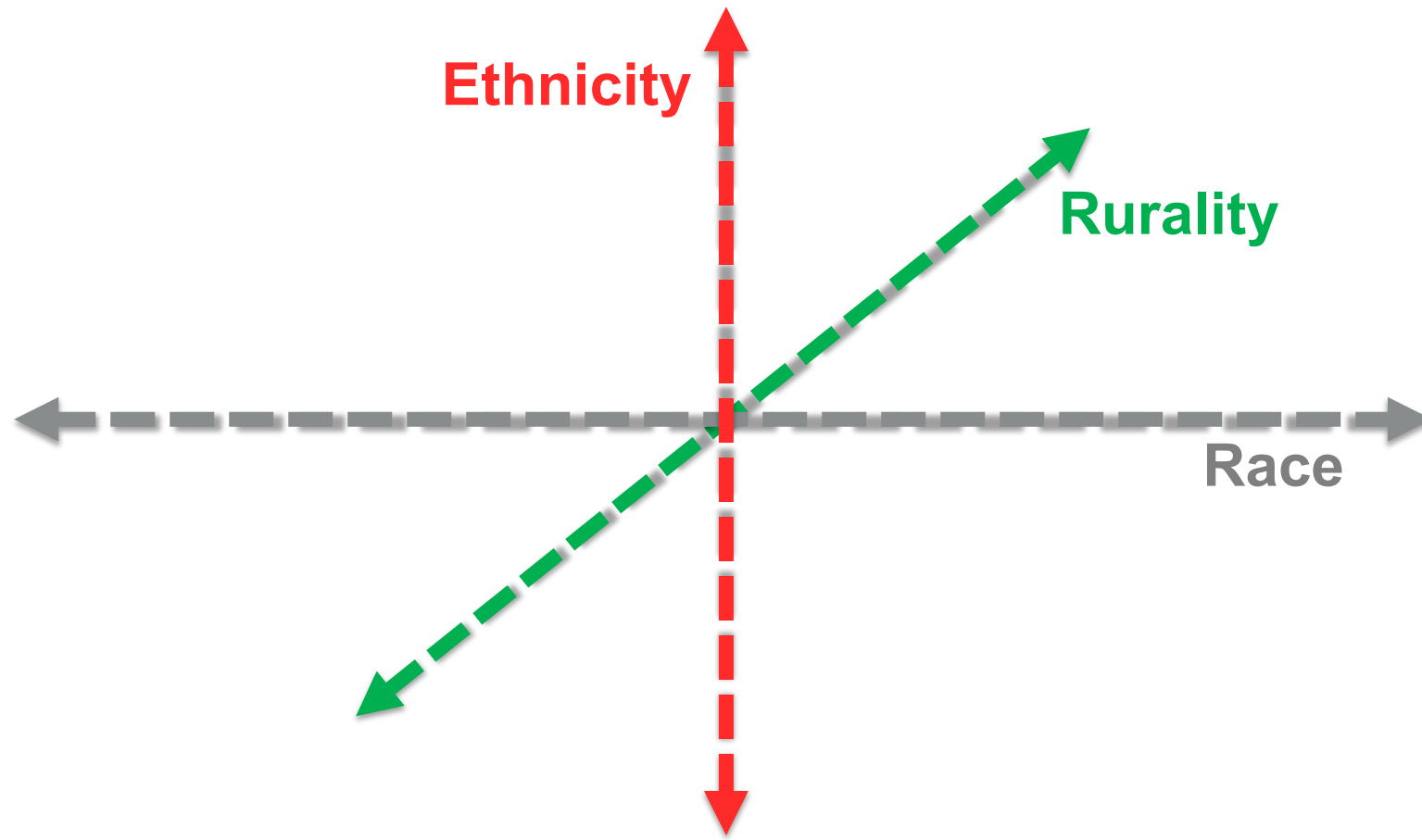
A Recent Example of Rural Health Disparity

- 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.



Jones M, Bhattar M, Henning E, Monnat SM. **Explaining the U.S. rural disadvantage in COVID-19 case and death rates during the Delta-Omicron surge:** The role of politics, vaccinations, population health, and social determinants. Soc Sci Med. 2023 Oct;335:116180. doi: 10.1016/j.socscimed.2023.116180. Epub 2023 Aug 17. PMID: 37713775; PMCID: PMC10557078. [Department of Community & Environmental Sociology, UW-Madison](#)

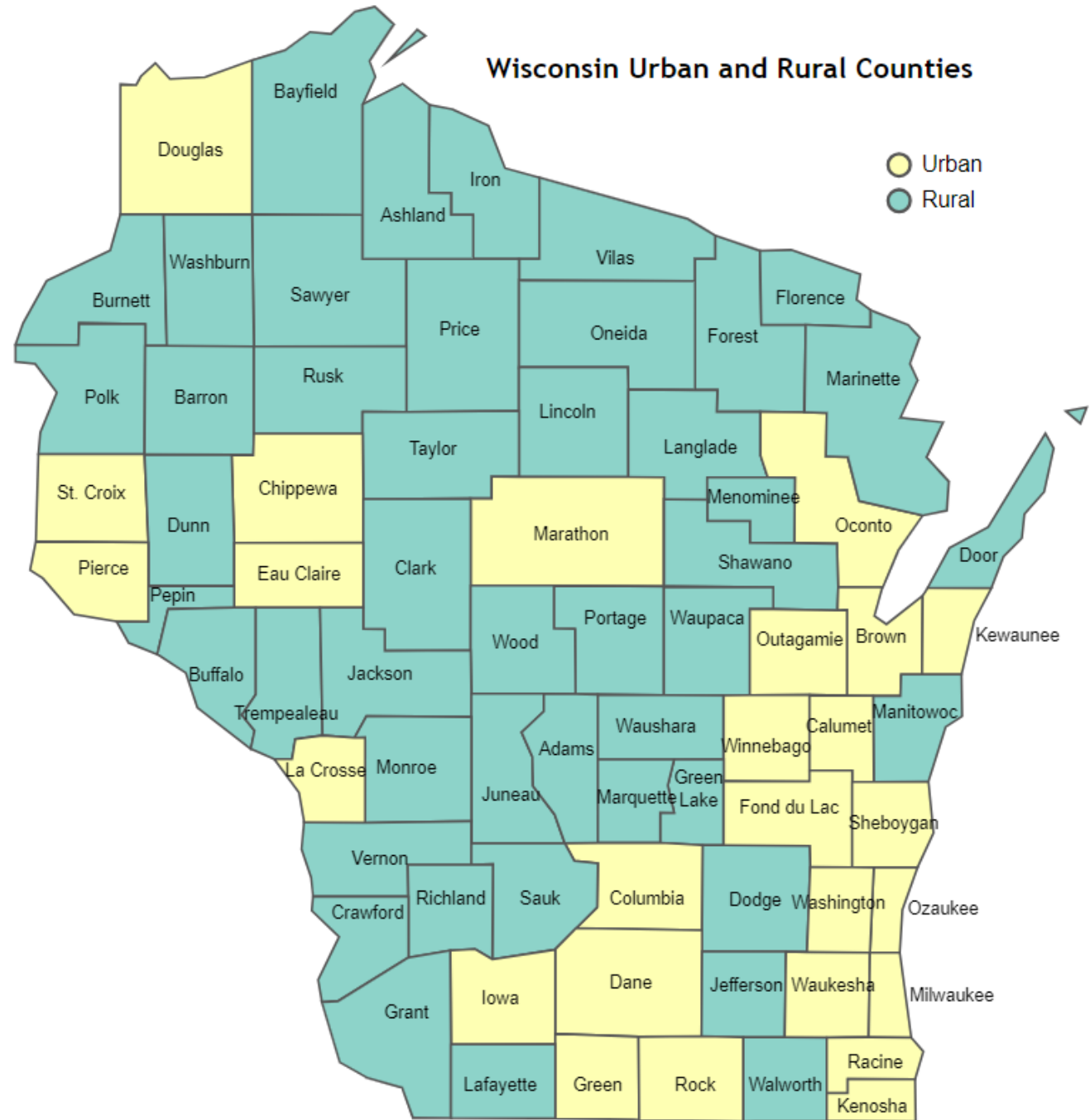
Health Across Multiple Dimensions



Wisconsin's Rural Counties

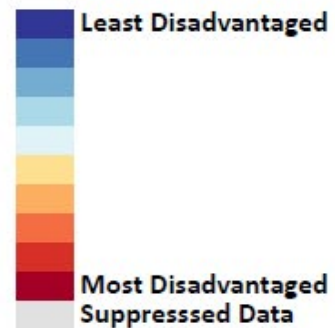
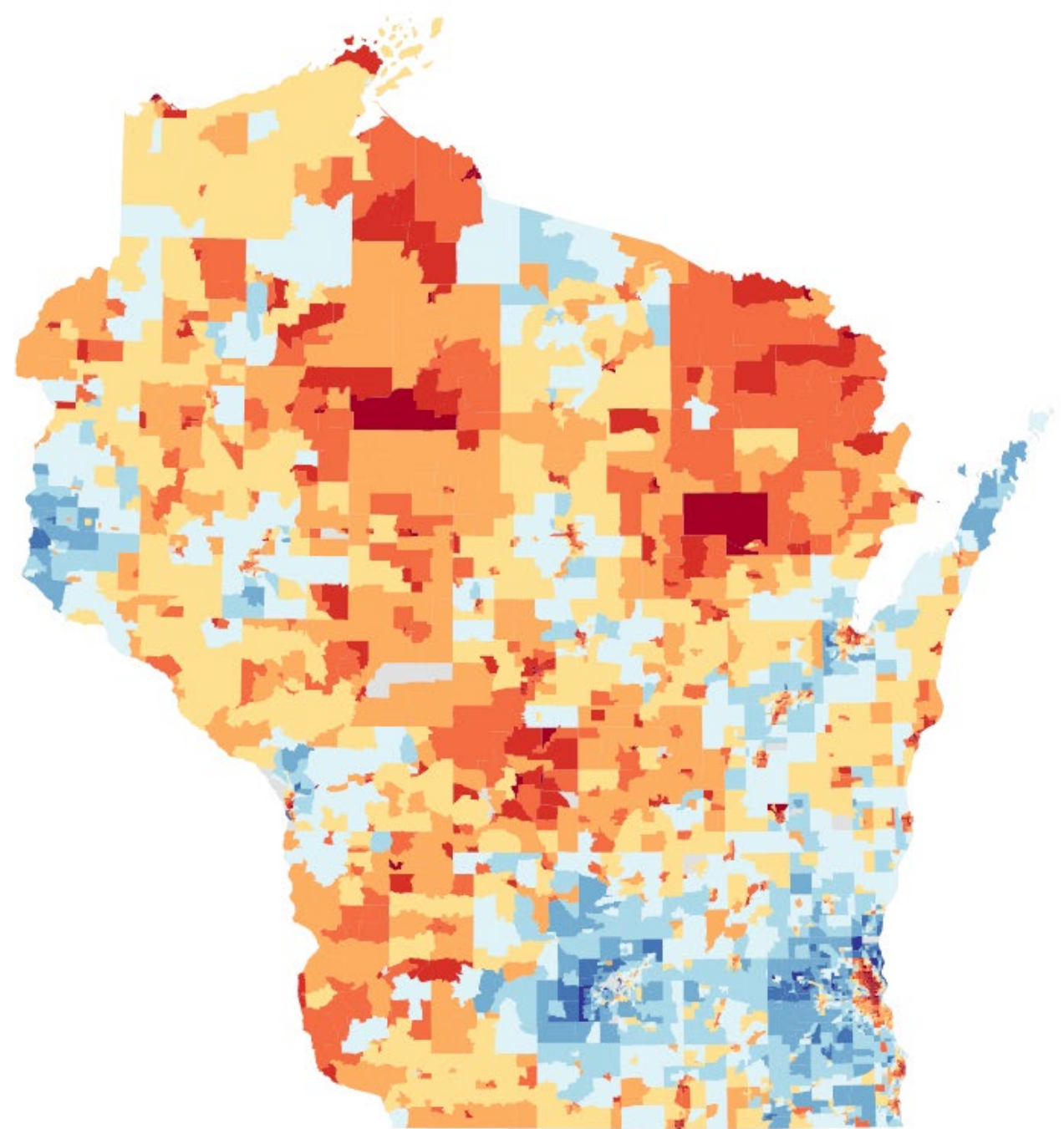
Depending on definition, 13% to 30% of Wisconsinites live in rural areas

<https://www.dhs.wisconsin.gov/wish/urban-rural.htm>



Deprivation

Wisconsin - 2021 ADI
National Rankings



Center for
Health Disparities Research
UNIVERSITY OF WISCONSIN
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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

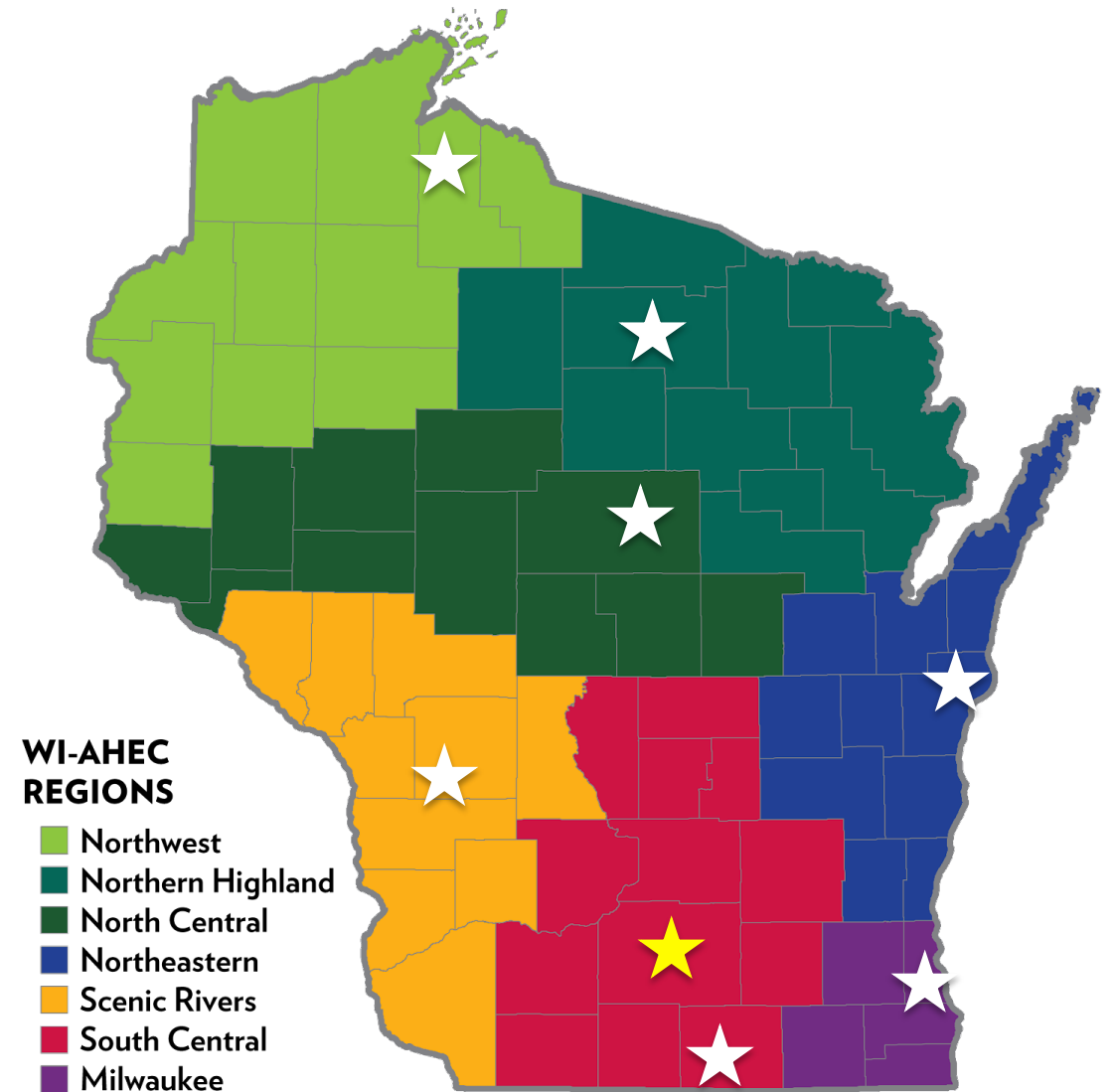
Elizabeth Bush
WI AHEC Director



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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



High school learners

Pre-health professional learners

Health professional learners

Practicing health professionals

- **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

Connect with AHEC



WISCONSIN AHEC

Area Health Education Centers

Elizabeth Bush, Director

ebush2@wisc.edu

www.ahec.wisc.edu

**Join our AHEC
newsletter!**



The Wisconsin Office of Rural Health (WORH)

John Eich
WORH Director



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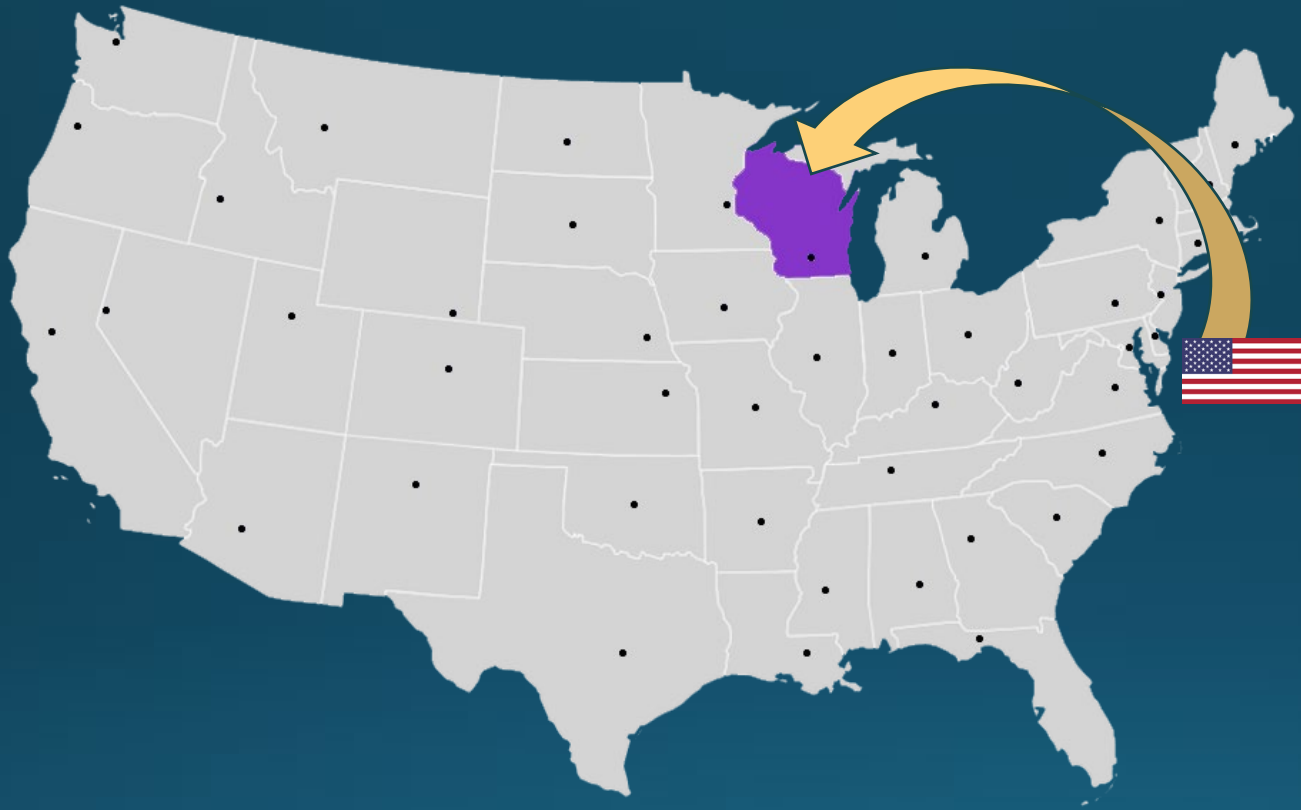
WISCONSIN OFFICE OF
Rural Health

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

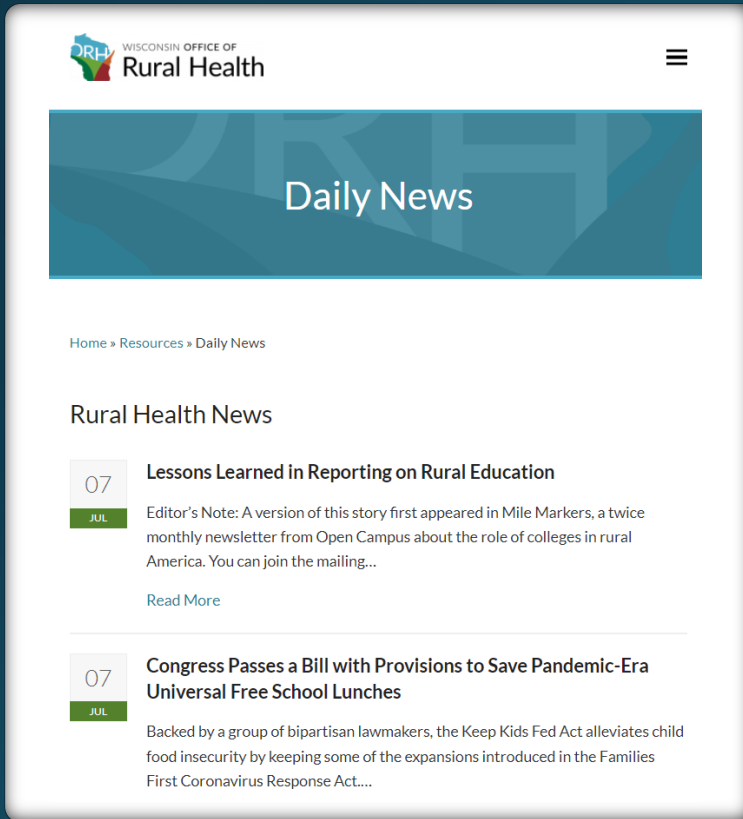
EMS Support Partners

- 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

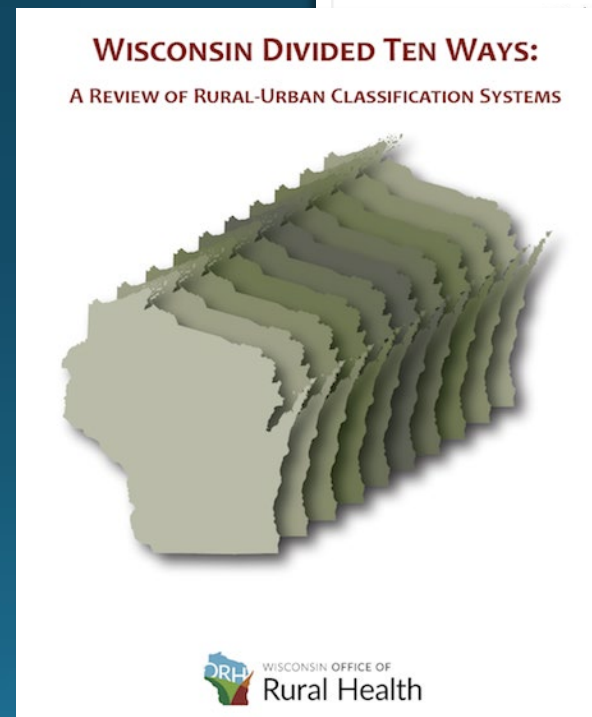
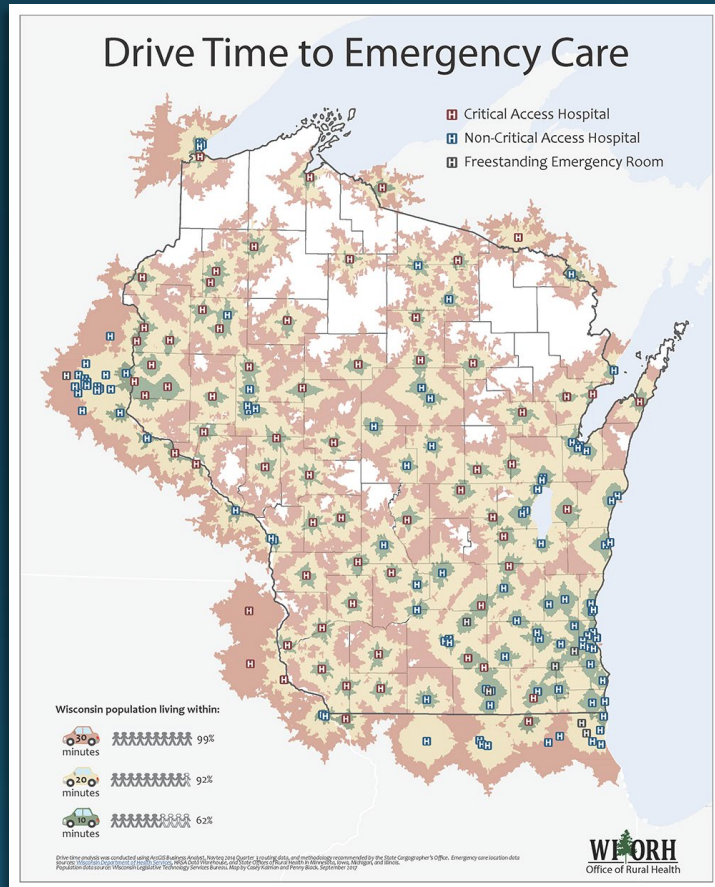


Data-based resources on rural health issues



Technical assistance on evaluation, survey design, and data visualization

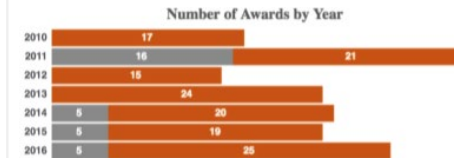
Resources – Reports and Maps



Loan Repayment Dashboard

Loan Assistance Program Awards 2010 - Present

WIORH
Office of Rural Health



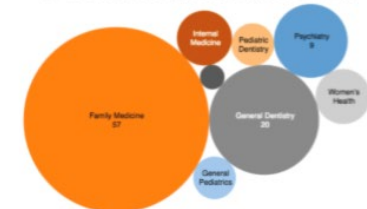
Select one of the bars under Number of Awards by Year to filter information on this page.

Hover over elements on page for more information.

HPLAP Health Professional Loan Assistance Program
RPLAP Rural Physician Loan Assistance Program

and Sites

Number of Awards by Discipline (2013-Present)



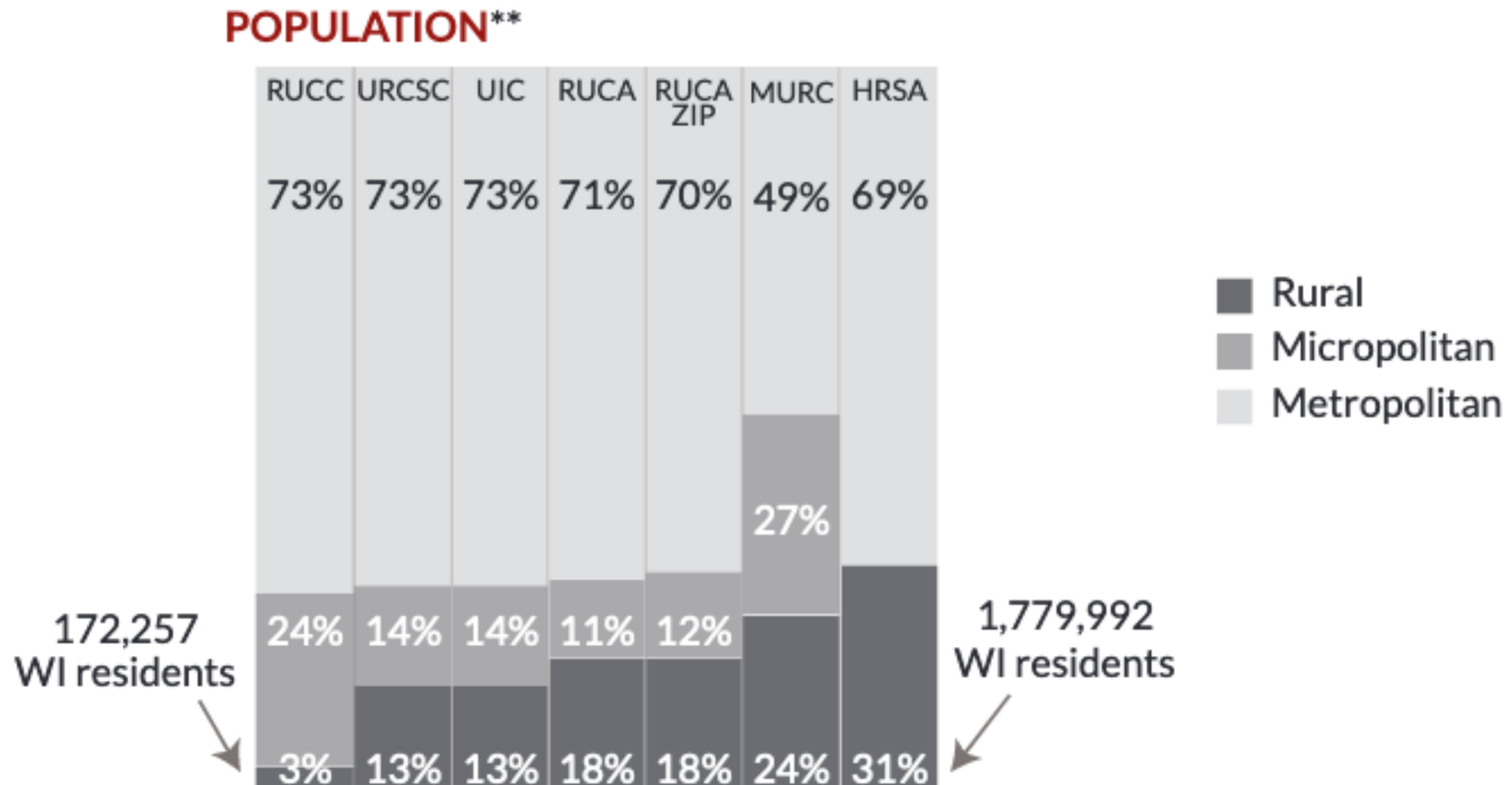
Number of Awards by Practice



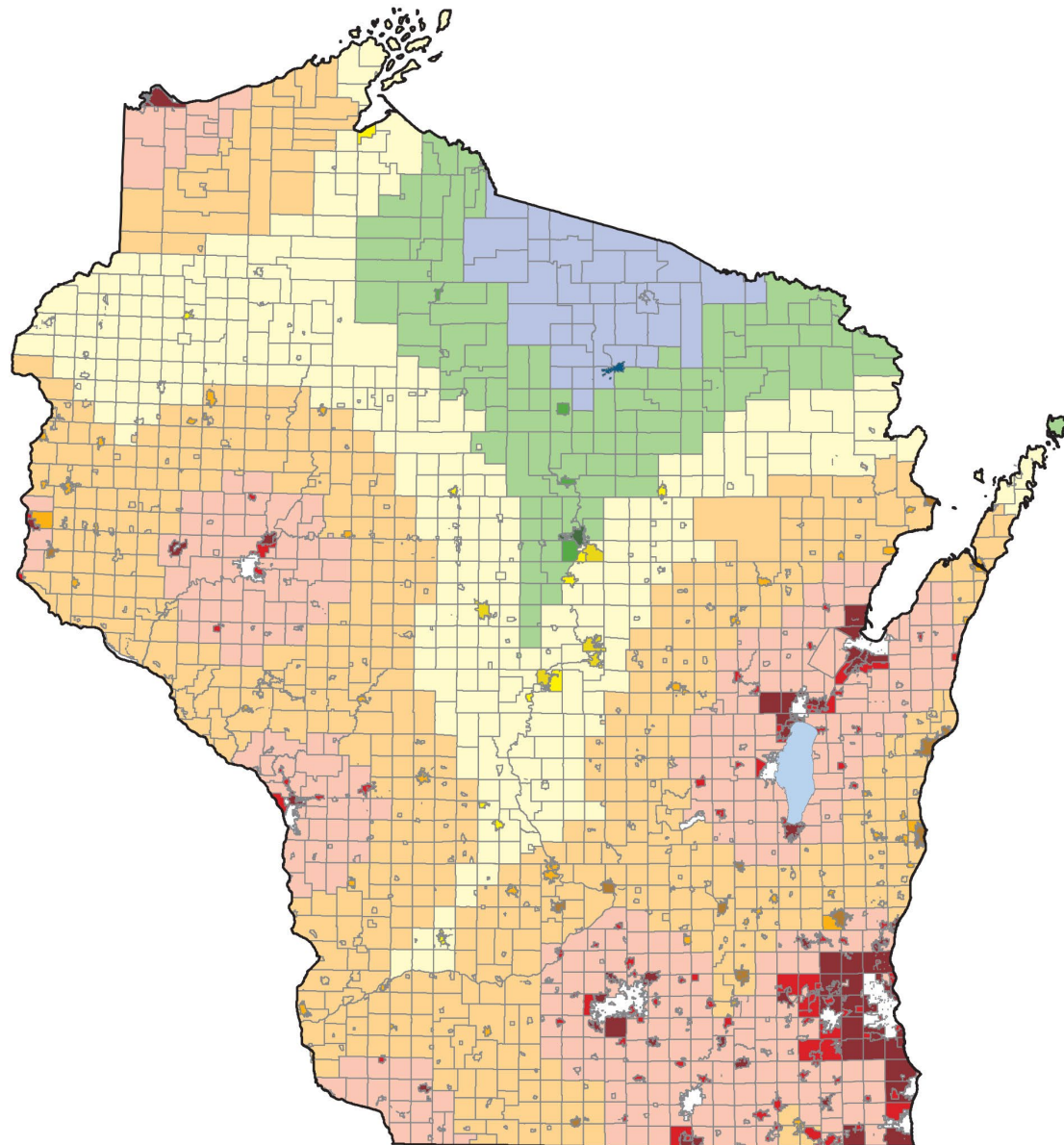
Defining Rural

- Population size?
- Proximity to population centers?
- Commuting patterns?
- "Rural" includes both small towns and countryside

Why It Matters



Municipal Urban-Rural Classification (MURC)



≥100 miles from a 6

- 1a <2,500 residents or <250 residents/mile²
- 1b 2,500-9,999 residents and >250 residents/mile²

75-99 miles from a 6

- 2a <2,500 residents or <250 residents/mile²
- 2b 2,500-9,999 residents and >250 residents/mile²
- 2c 10,000-49,999 residents and >250 residents/mile²

50-74 miles from a 6

- 3a <2,500 residents or <250 residents/mile²
- 3b 2,500-9,999 residents and >250 residents/mile²
- 3c 10,000-49,999 residents and >250 residents/mile²

25-49 miles from a 6

- 4a <2,500 residents or <250 residents/mile²
- 4b 2,500-9,999 residents and >250 residents/mile²
- 4c 10,000-49,999 residents and >250 residents/mile²

<25 miles from a 6

- 5a <2,500 residents or <250 residents/mile²
- 5b 2,500-9,999 residents and >250 residents/mile²
- 5c 10,000-49,999 residents and >250 residents/mile²

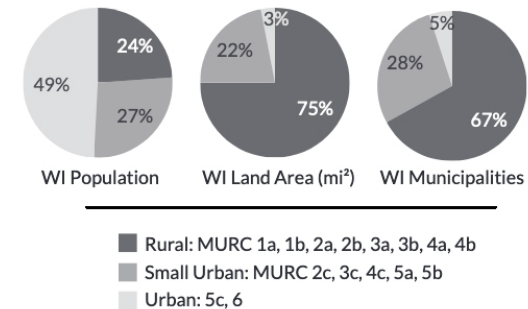
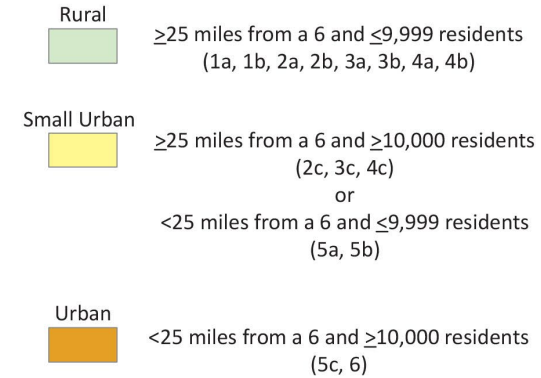
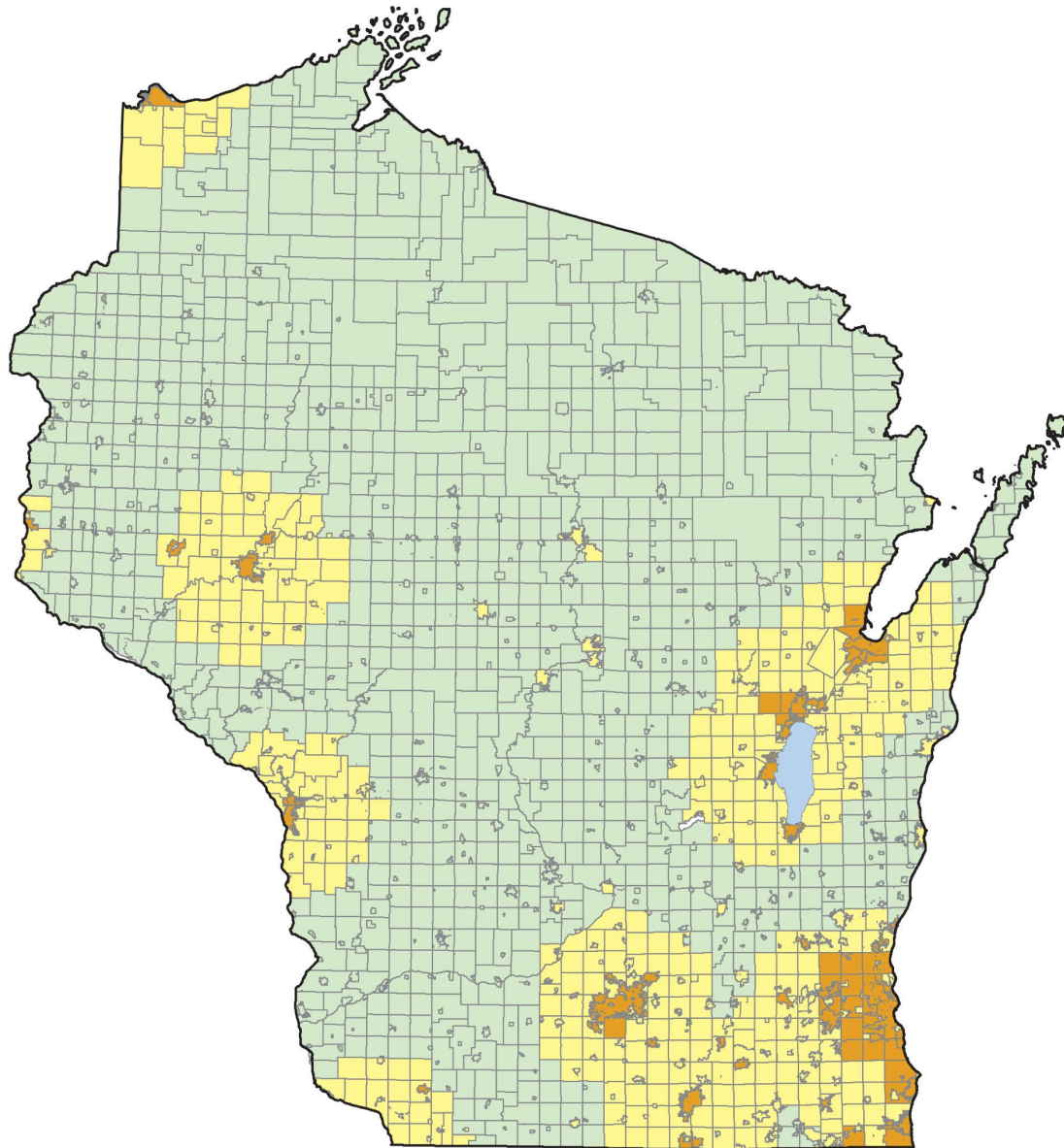
- 6 ≥50,000 residents



WISCONSIN OFFICE OF
Rural Health

August 2016

Municipal Urban-Rural Classification 3-class version (MURC3)



WISCONSIN OFFICE OF
Rural Health

August 2016

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



Reach out!

John Eich, Director

WI Office of Rural Health

eich@wisc.edu

www.worh.org



WISCONSIN OFFICE OF
Rural Health



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*



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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

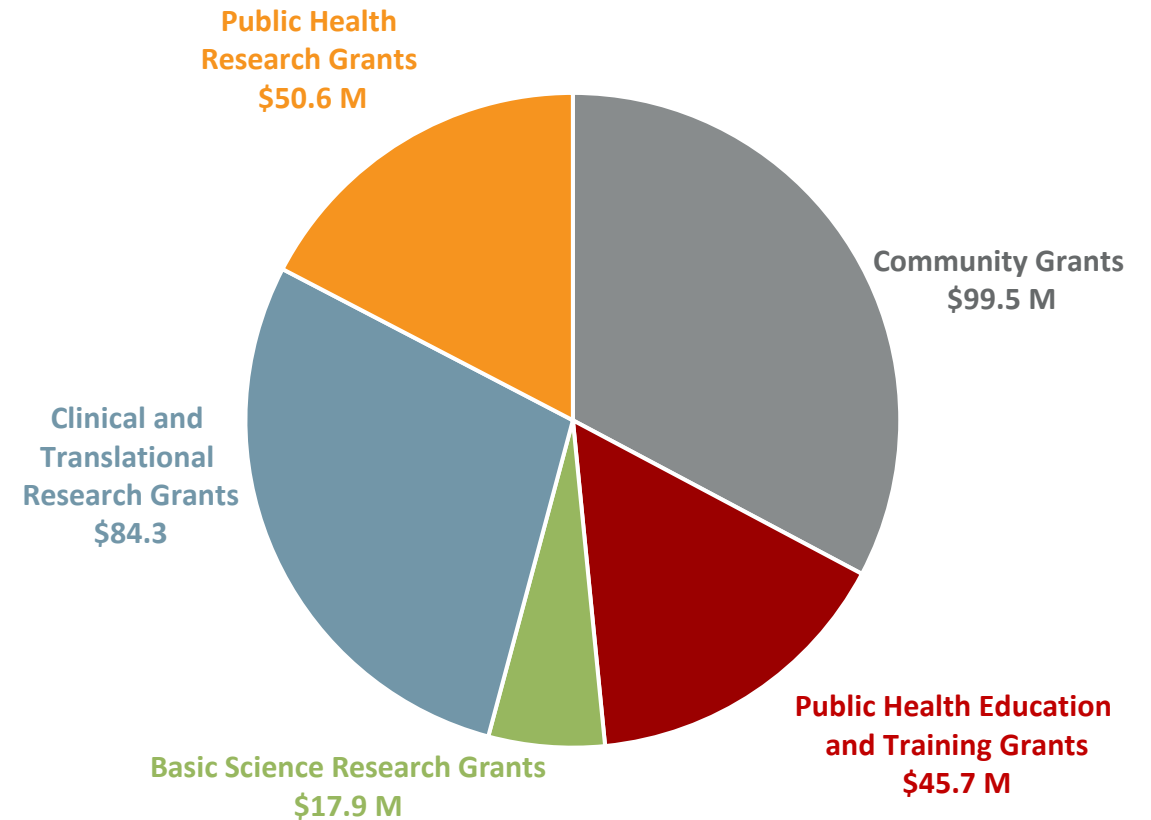


Wisconsin Partnership Program: 20 Years of Grantmaking and Health Impact

Grants Awarded by Type
2004 – January 2024



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

Research: A Focus on Rural Health

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



Research: A Focus on Rural Health

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



Education: A Focus on Rural Health Care and Workforce Development

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



Education: A Focus on Rural Health Care and Workforce Development

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



University of Wisconsin
Stevens Point

University of Wisconsin
Eau Claire

Community: A Focus on Rural Health

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



Community: A Focus on Rural Health

Improving Health and Well-being for Wisconsin Farmers

- Southwest Wisconsin Community Action Program
- Farm Well initiative
- Addresses farmers' mental health and rural suicide prevention



Stay Connected

**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



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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

WARM Program - Structure

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

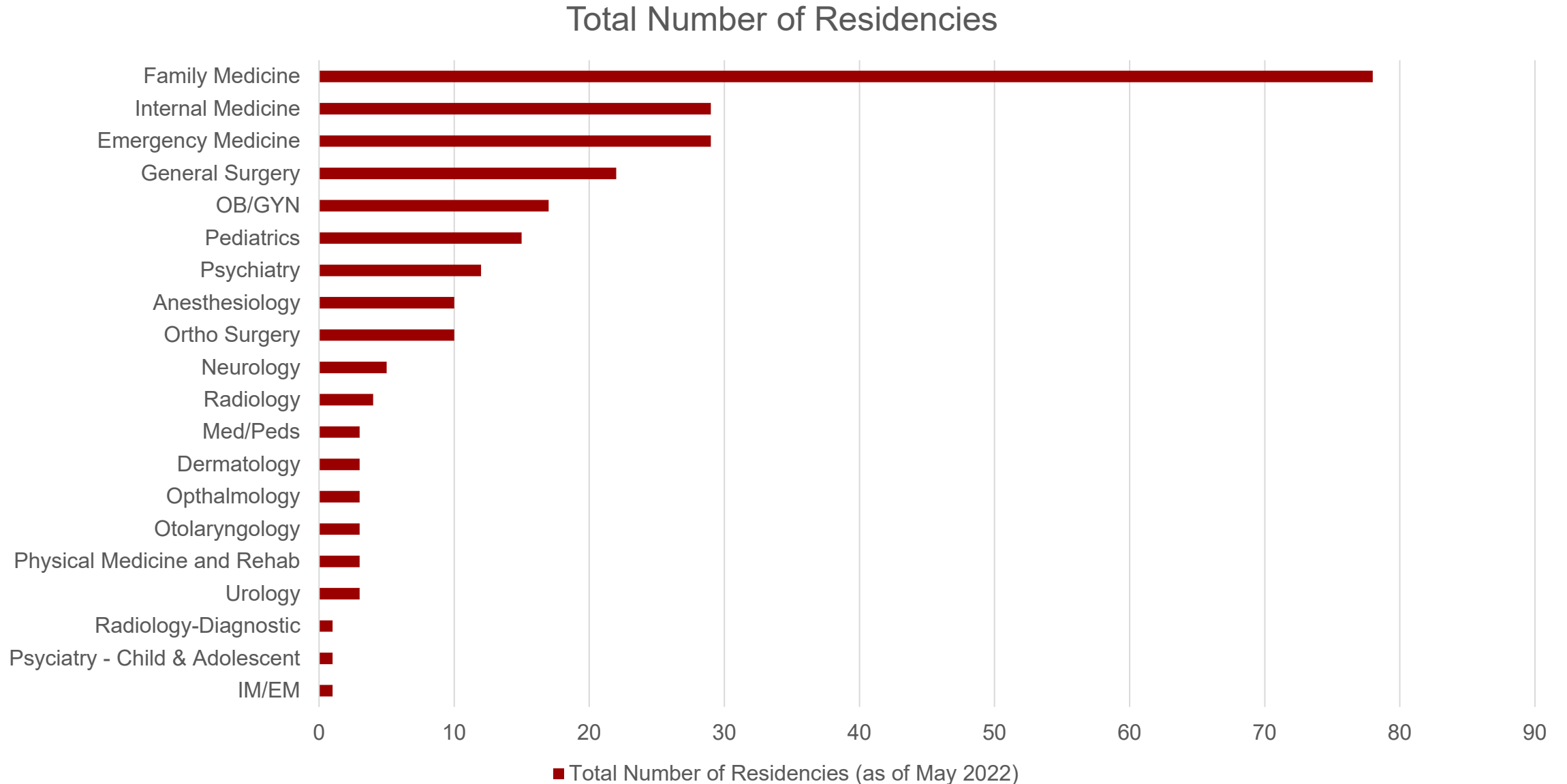
WARM Graduates in Practice Post Residency



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



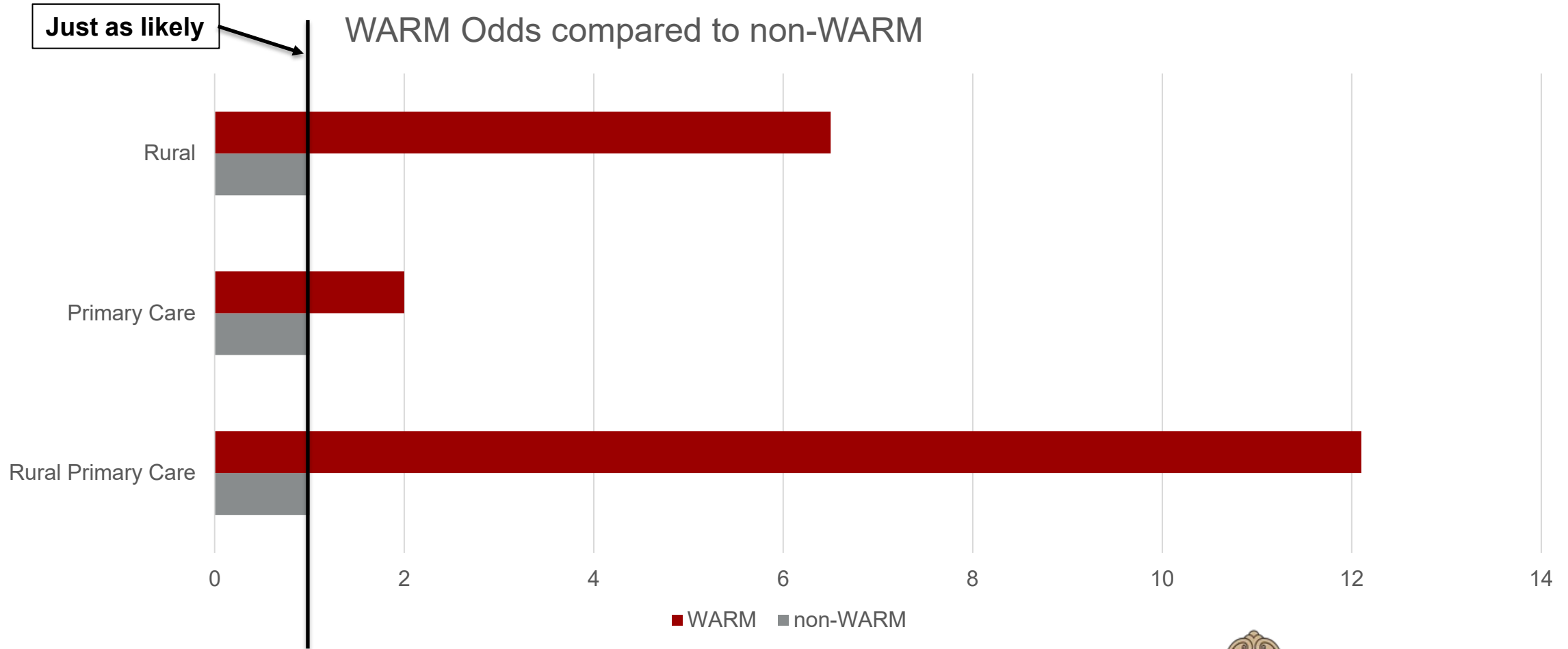
WARM Outcomes Paper 2024

- 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)

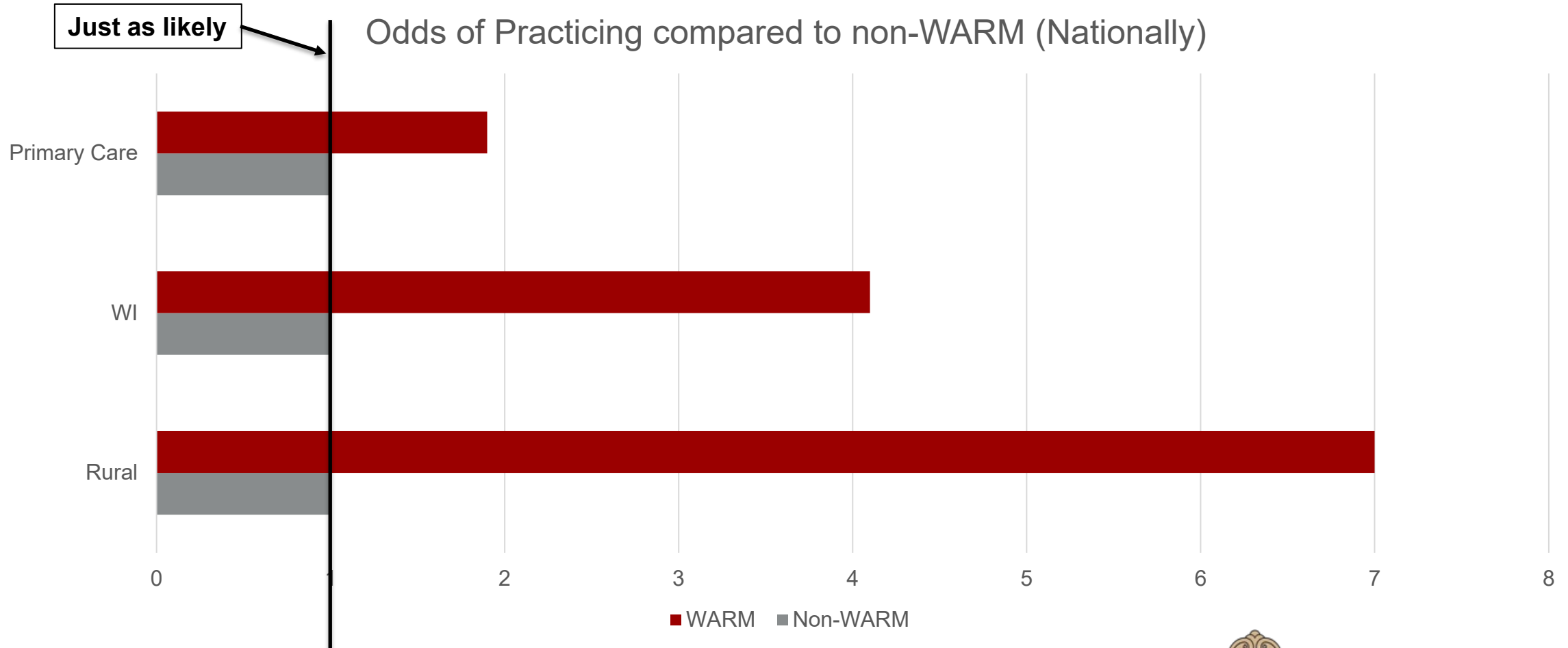
WARM Grads in Wisconsin

Odds of Rural, Primary Care, & Rural Primary Care Practice



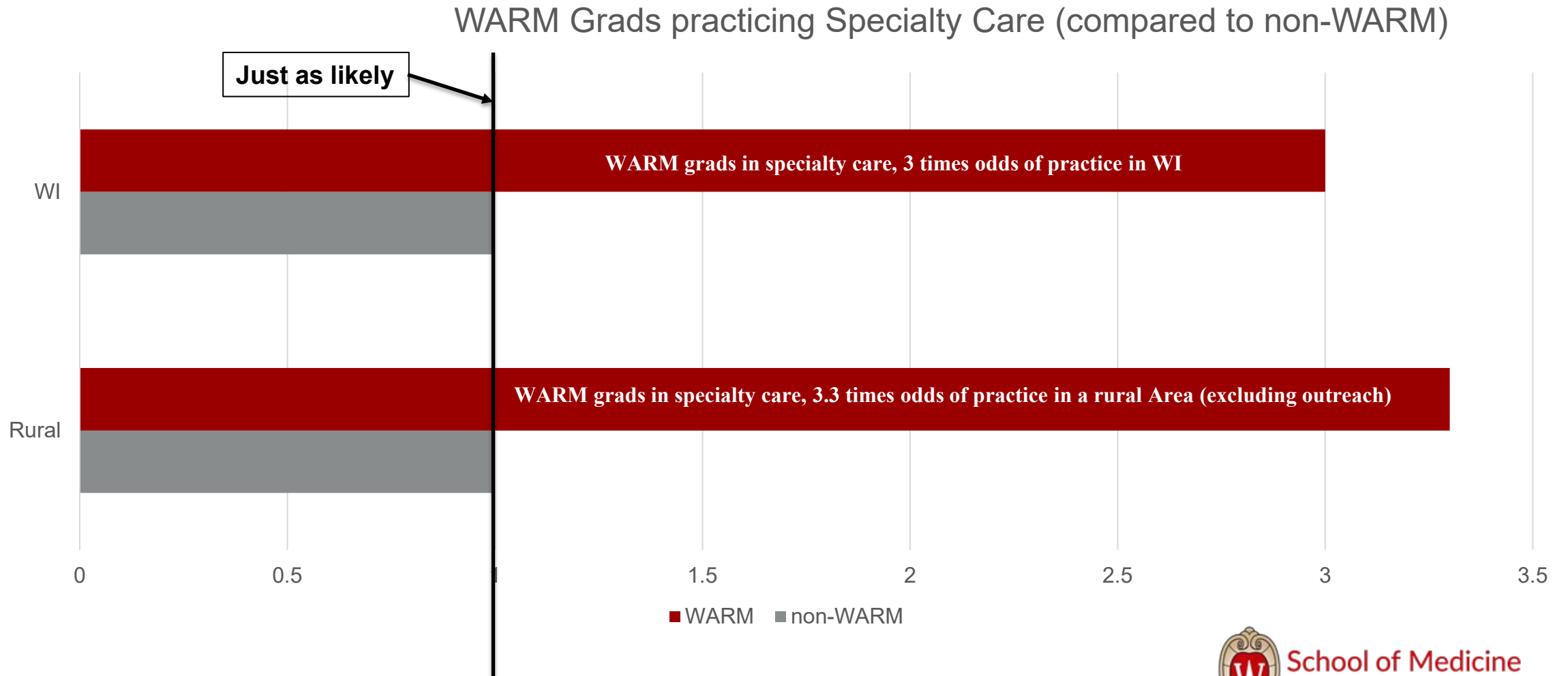
WARM Grads Nationally

Overall Odds of Primary Care Practice, WI & Rural Practice



WARM Grads in Specialty Practice

Overall Odds of Practice, WI & Rural Practice



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.

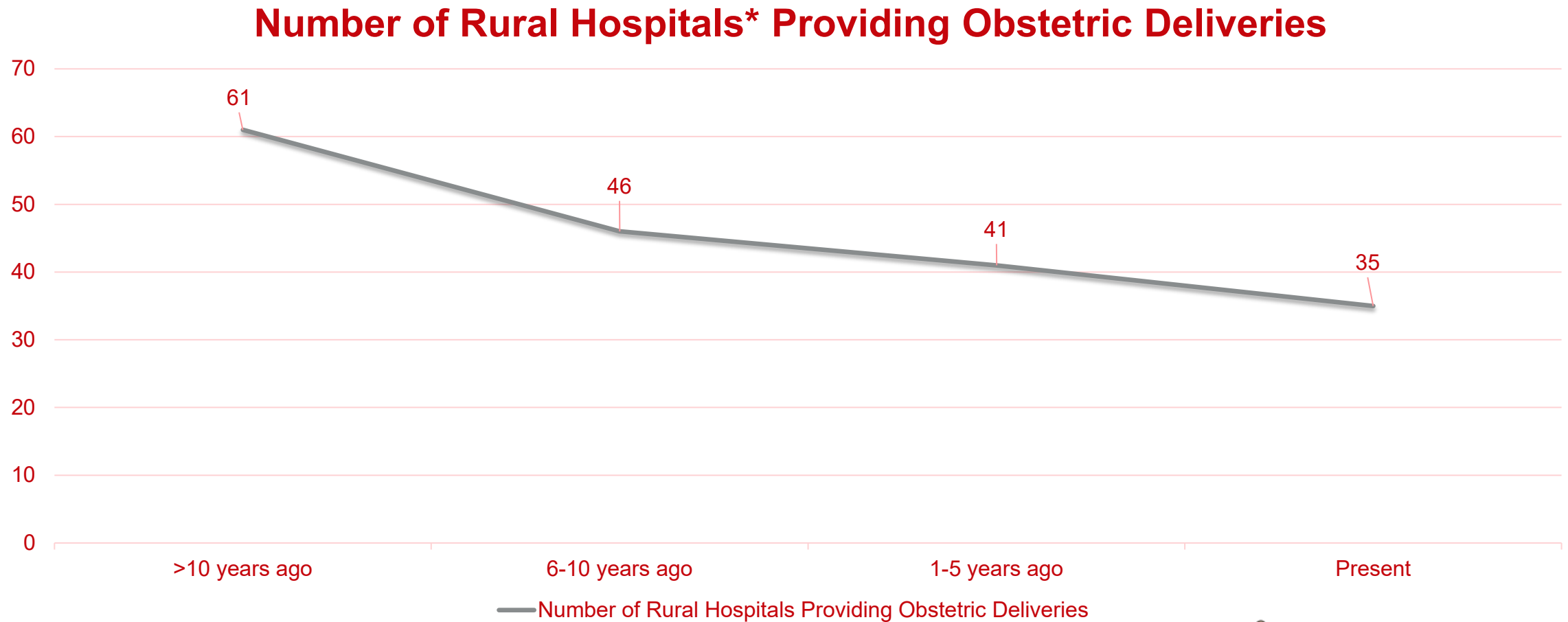
Rural Healthcare Disparities Over the Next Decade, Nationally

- 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



*** 11 rural hospitals have closed their obstetric units in the past 10 years**

University of Wisconsin Rural OB/GYN Residency Track

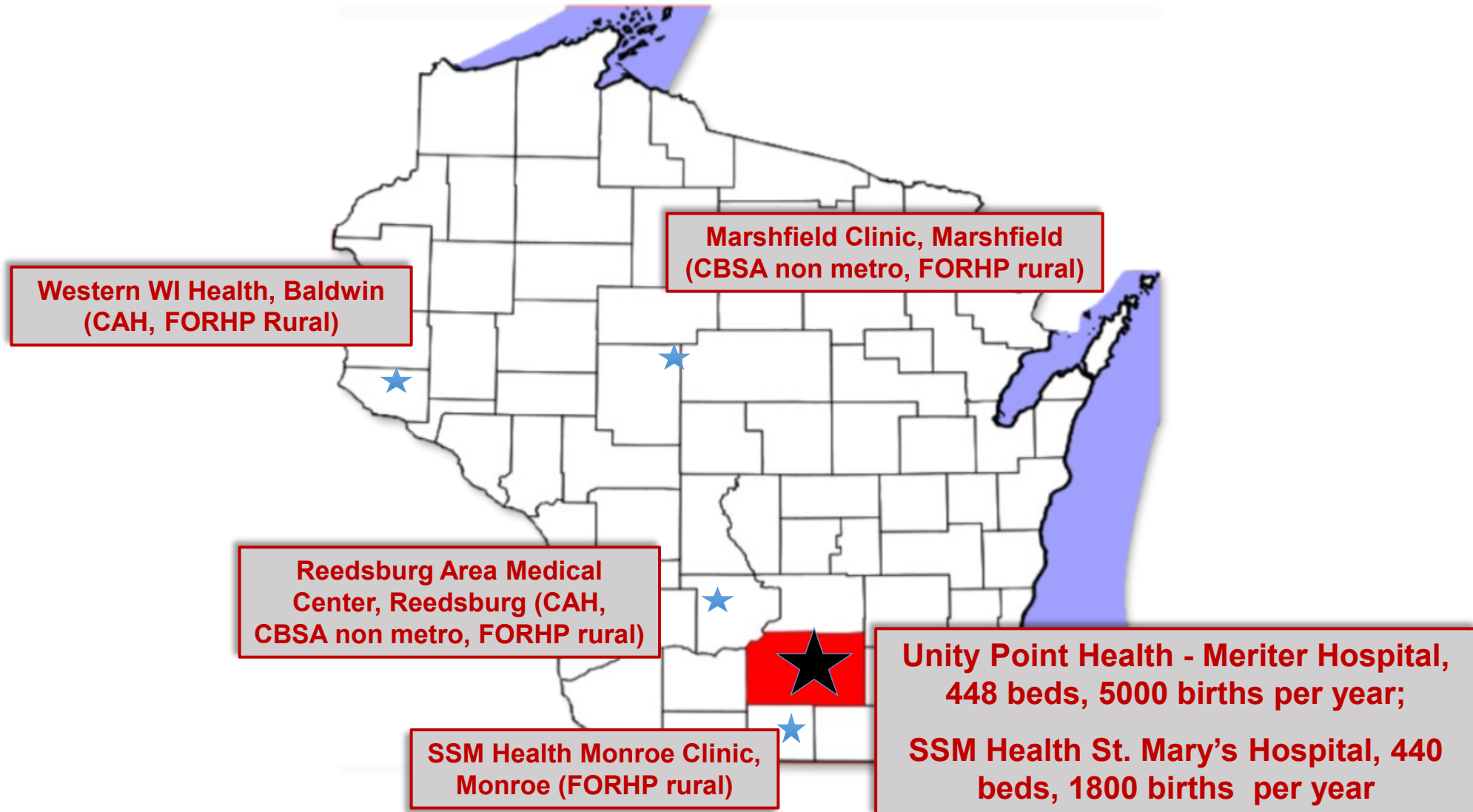
Ryan Spencer, MD, MS, FACOG

*Rural Track Director – Obstetrics & Gynecology
/ Fellowship Program Director – Gynecologic
Oncology*



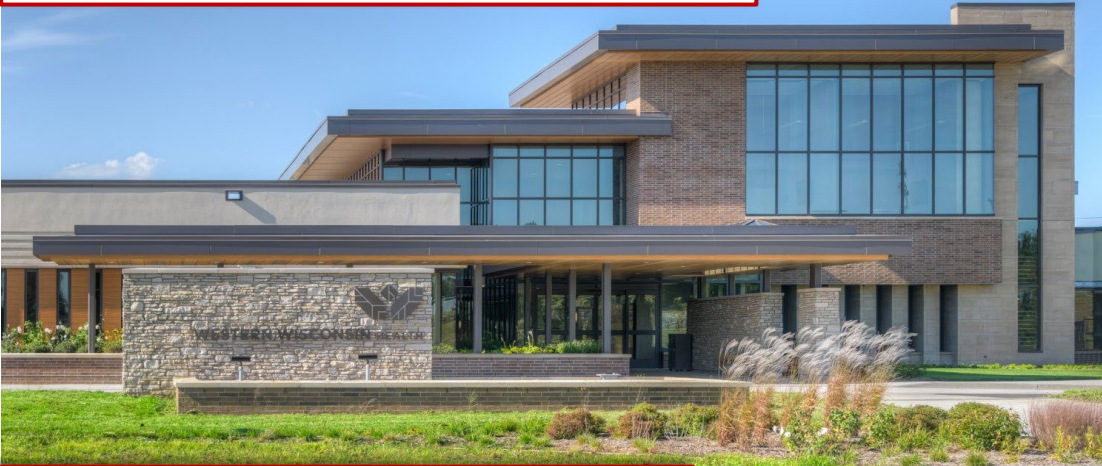
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Current Rural Track Partners



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 MFMs, 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

PGY1	OB	Gyn	OB nights	Clinics	OB	Gyn Onc	<u>Rural</u>
PGY2	OB nights	<u>Rural</u>	MFM	Gyn Onc	<u>Rural</u>	REI	Gyn
PGY3	<u>Rural</u>	Urogyn	GYN	<u>Rural</u>	MFM	Family Planning	Gyn Onc
PGY4	Clinics	OB	<u>Rural</u>	Gyn	Gyn Onc	OB nights	Gyn

Rural Track Sustainability



Rural Track Procedures (2017-2022)

PROCEDURES	PGY1 (5 rotations)	PGY2 (8 rotations)	PGY3 (6 rotations)	PGY4 (2 rotations)	Total by Procedure Type (21 rotations)
Spontaneous deliveries	16	26	27	2	71
Cesarean deliveries	13	7	19	2	41
Operative deliveries	1	3	5	0	9
Total hysterectomy	0	5	7	0	12
ISPF/Cystoscopy	0	5	5	0	10
Laparoscopy	5	5	5	1	16
Hysteroscopy	7	8	10	0	25
Uterine evacuation	2	5	2	0	9
Other	1	2	2	1	6
Total by PGY	45	66	82	6	199

5- year Mean Comparative Procedure Volumes (PGY1-2)

	Rural PGY1	Main PGY1		Rural PGY2	Main PGY2
SDEL	199.8	194.8		233.3	228.3
CDEL	59.8	58.8		135	141.8
ODEL	4.4	4		10.3	12.3
OBUS	53.4	53.2		61.3	65.5
AHYST	0	0		0.8	1.3
VHYST	0.4	0		4	1.3
LHYST	0.8	0.3		7.5	8.9
MIH	1.2	0.3		11.5	10.2
THYST	1.2	0.3		12.3	11.4
ISPF	0	0.1		2	0.9
CSYTO	0.8	1		5.8	8.8
LAPS	4.8	5.4		29.5	31.5
OHYST	38	38		61.8	61.5
ABORT*	35.6	49.8		46.5	64.5
TVUS	18.6	17		35	39

*One PGY-1 rural rotation replaced an ambulatory rotation that offered abortion care.

5- year Mean Comparative Procedure Volumes (PGY3-4)

	Rural PGY3	Main PGY3		Rural PGY4*	Main PGY4
SDEL	251	240		261.3	264.5
CDEL	184	191		232.5	279
ODEL	20.3	20		33.5	42
OBUS	73.3	78		85.5	92
AHYST	13.3	14.3		19	24.5
VHYST	15.3	8.7		29.5	23.5
LHYST	36.7	38.7		84	88
MIH	52	47.3		113.5	111
THYST	65.3	61.7		132.5	136
ISPF	25	18.7		42.5	49.5
CSYTO	36.7	35		71.5	86.5
LAPS	47.7	53		73	85
OHYST	69.3	69.3		88.5	98.5
ABORT	61.7	111		92.5	154.5
TVUS	44.7	45.3		61.5	72.5

*Includes a 3-month medical leave for one Rural Track resident

Thank you!



Town Hall

Open for Questions

- *In person*: Raise hand to receive microphone
- *Online*: Use the chat feature to submit