

# Innovative Approaches to Rural Graduate Medical Education

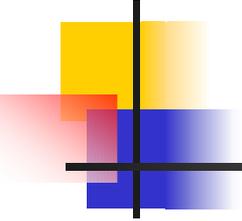
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# Need

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**Citizens of Rural America come later to care and have worse health outcomes than their urban and suburban counterparts.**



# Need

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**The GME system in the United States has had enormous impact on health care access and quality in its inner cities.**

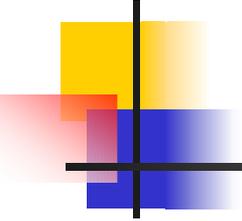
**Rural America has been denied this asset.**



# Need

**What would an infusion of bright energetic young physicians, working up to 80 hours per week accomplish for rural communities?**





# Barriers

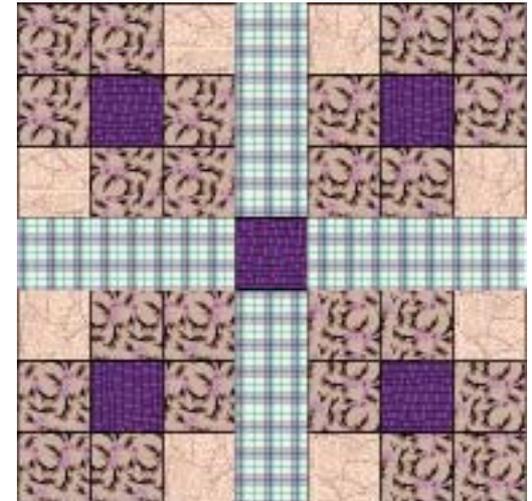
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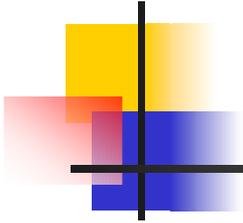
**Regulating Bodies**

**The GME financing system**

**Facilities and faculty**

**Recruitment**





In-state medical education is a significant recruiting factor, but in-state residency education is even more powerful. This is especially true for rural states.

*The Physician Workforce*  
National Conference of  
State Legislatures

# Assets

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Politics

Electronic Medical Education

Cost-based Reimbursement (Federal 330)

Growing Concern

Waivers



# Models

Free Standing Rural Residencies

Rural Residency Extensions

Innovative Models (Waivers)

Fellowships



# Observations

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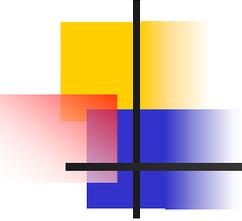
**Defined communities compliment GME**

**Recruitment need not be a barrier**

**Community selection is vital**

**“Models of excellence” are badly needed**

**Communities adapt better than academia**



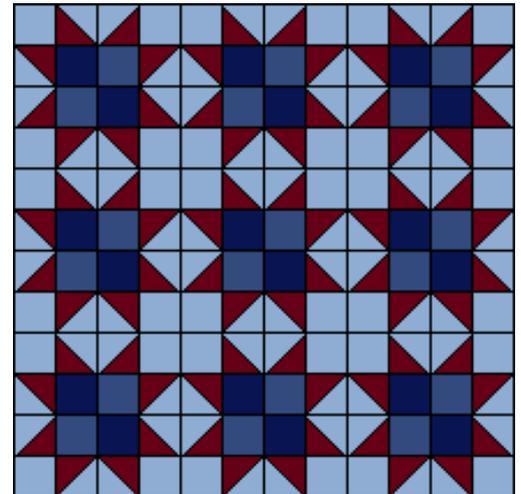
# Suggestions

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**Residency extensions are easiest**

**Fellowship may have greatest impact**

**Waiver Programs are most exciting**



# The Recruitment Cascade

ENTERING MEDICAL STUDENTS (226)

CHOOSE PRIMARY CARE (105)

REMAIN IN-STATE (57)

← CHOOSE RURAL (25)

← UNDERSERVED (12)

