The Rural Health Option: Increasing interest in rural primary care using an innovative elective curriculum

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March 30, 2012
The problem:
Persistent physician shortages in rural areas
Primary Care Health Professional Shortage Areas by Priority Score
January 2012

Legend

Designated Primary Care HPSA Facilities
- Correctional Facility
- Comprehensive Health Center
- Rural Health Clinic
- Indian Health Service Facility
- Native American Tribal Population

Primary Care HPSA Priority Score
- 15-18
- 11-14
- 7-10
- Non-HPSA

About HPSA Priority Scores
HPSA Priority Scores are developed for use by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental. The higher the score, the greater the priority. All Federally Qualified Health Centers and those Rural Health Clinics that provide access to care regardless of ability to pay receive automatic facility HPSA designation. These facilities may have a HPSA score of 0.
For more information on HPSAs and priority scores, visit: http://bhpr.hrsa.gov/shortage/hpsas/hpsaglossary.html
FTEs Needed to Remove Primary Care Health Professional Shortage Area Designation
January 2012

Legend

- Correctional Facility
- Comprehensive Health Center
- Rural Health Clinic
- Indian Health Service Facility
- Native American Tribal Population

# of FTEs Need to Remove HPSA Designation
- 5.4 to 10 FTEs Needed
- 1 to 5 FTEs Needed
- Less than 1 FTE Needed
- Non-HPSA

Miles
What we know . . .

- Growing up in a rural area increases the probability that a physician will practice in a rural area (nature).
- However, length of clerkship in non-metropolitan area appears to be a more significant predictor of eventual rural practice (nurture).

Orzanco et al., 2011
All OSU COM students are required to complete clinical training in rural areas.
OSU COM Rural Clinical Requirements

• ALL third and fourth year medical students are currently required to complete 5 rural-based clinical rotations including
  – Rural Clinic
  – Community Clinic
  – Community Hospital I & II
  – Emergency Medicine
The Rural Health Option

• **Program requirements**
  – Membership in StORM
    • OSU CRH provides membership to NRHA
  – Early clinical experience
    • 3 weeks in length
    • Completed after first year
  – Elective courses
    • Perspective in Rural Health
    • Rural Medical Care
  – Rural based core rotation
  – Rural elective rotations (3 required)
Perspectives in Rural Health

Students hear presentations by rural physicians and hospitals and well as policy representatives.

“Great intro to important topics we don’t get classes on – loan repayment, additional sources of income, lawsuits, etc.”
Rural Medical Care

Students receive early hands on clinical skills training using standardized patients and simulation, including chest tube insertion, intubation of adult and pediatric models, birth simulation, and geriatric evaluation using standardized patients.

“Makes me more excited and confident to practice in the future”
Perspectives in Rural Health Enrollment Trends

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollment</th>
<th>% Female</th>
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<tbody>
<tr>
<td>2009</td>
<td>13</td>
<td>77</td>
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<tr>
<td>2010</td>
<td>19</td>
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<td>2011</td>
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<td>2012</td>
<td>34</td>
<td>59</td>
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<tr>
<td>Total</td>
<td>91</td>
<td>64</td>
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Rural Medical Care Enrollment Trends

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollment</th>
<th>% Female</th>
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<tbody>
<tr>
<td>2009</td>
<td>17</td>
<td>65</td>
</tr>
<tr>
<td>2010</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>2011</td>
<td>32</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>72</td>
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“Great real life situations and gives me a reason to keep studying”
StORM Officers attend NRHA Policy Institute

Students also have the opportunity to attend the NRHA Clinical Conference and the RHAO and NRHA Annual Meetings.
Charles “Chuck” Jantzen, a third-year student at the Oklahoma State University College of Osteopathic Medicine, was recently appointed to the National Rural Health Association’s Rural Health Congress.

“There are big changes going on at the national level, and we have to make sure the voice of rural areas is heard. The needs of rural areas are much different from the needs of large cities. . . We have a big advantage in Oklahoma because OSU-COM already has this as a major goal and has initiated programs to place doctors in rural areas.”
## Results

### Rural Health Option Demographics

<table>
<thead>
<tr>
<th>Class</th>
<th>Number</th>
<th>% Female</th>
<th>% Native American*</th>
<th>Mean Age (yrs)</th>
<th>% Bridge**</th>
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<tbody>
<tr>
<td>2011</td>
<td>6</td>
<td>100</td>
<td>33</td>
<td>32</td>
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<td>2012</td>
<td>4</td>
<td>75</td>
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<td>28</td>
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<tr>
<td>2013</td>
<td>10</td>
<td>70</td>
<td>20</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>2014</td>
<td>12</td>
<td>67</td>
<td>17</td>
<td>26</td>
<td>8</td>
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<tr>
<td>TOTAL</td>
<td>32</td>
<td>78</td>
<td>25</td>
<td>28</td>
<td>16</td>
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*All other enrollees are white with the exception of one Asian participant in the class of 2013.

**Bridge is an alternative admissions program for under-represented racial/ethnic minorities and economically or educationally disadvantaged applicants.
Next Steps

- Early enrollment offered to undergrads at OSU and regional universities who commit to primary care in rural areas.
- September 2011 – HRSA funds a Rural Medical Track with the first cohort scheduled to begin 3rd year clinical rotations in July 2012
  - The first cohort of 13 students are an eclectic mix including 9 women and 4 men and most grew up in rural areas of Oklahoma. More than a third \((n = 5)\) of the students, however, were raised in urban areas near Tulsa or Oklahoma City but are committed to practicing medicine in rural areas.
- July 2012 – OMECO obtained Teaching Health Center grants to fund 60 new primary care residency slots with 18 located in rural areas of Oklahoma.
For Additional Information

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