



UW Health is the integrated health system of the University of Wisconsin-Madison serving more than 600,000 patients each year in the Upper Midwest and beyond with approximately 1,750 physicians and 21,00 staff at seven hospitals and more than 80 outpatient sites.

We appreciate the opportunity to respond to the Rural and Underserved Communities Health Task Force Request for Information.

If you have any follow up questions, please contact Tyler Roberts, Vice President at Venn Strategies at [troberts@vennstrategies.com](mailto:troberts@vennstrategies.com) or 202-466-4458.

Question 6: What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

Wisconsin Academy for Rural Medicine (WARM) program of the University of Wisconsin School of Medicine and Public Health

- WARM is a nationally-recognized initiative that prepares and supports students who intend to practice in rural Wisconsin and help improve the health of those communities.
- The WARM program was created due to the shortage of physicians in rural Wisconsin. While 29 percent of Wisconsin residents live in rural locations, only 13 percent of physicians in Wisconsin have rural practices.
- In WARM, students complete their first 18 months of medical school in Madison and have the opportunity to participate in rural enrichment activities such as the Rural Health Interest Group and the Overview of Rural Health elective. Aurora BayCare in Green Bay, Gundersen Health System in La Crosse and Marshfield Clinic in Marshfield, along with their networks of rural hospitals and clinics, host WARM students for the rest of their education. Students also participate in monthly core days at their sites to focus on a specific topic from a rural perspective and complete a community health project.
- Opportunities exist for students to do electives at away sites and can pursue Global Health opportunities as well as complete the Master's of Public Health program or the Path of Distinction in Public Health.

Increasing Access to Women's Healthcare in Rural Communities

- The University of Wisconsin-Madison Department of Obstetrics and Gynecology offers a rural residency training track - the first in the nation to offer specific training for rural women's health.

- UW Ob-Gyn has developed strategic partnerships with rural Wisconsin hospitals where rural-track residents will train to provide excellent specialty care to rural women.
- Rural ob-gyns also provide important prenatal care, gynecological cancer screenings and management of complicated gynecological problems. Losing easy access to local ob-gyns can widen the disparities between rural and urban women's health.\
- According the American Congress of Obstetricians and Gynecologists, there has been no increase in ob-gyns trained since 1980, but the population of women has increased by 26 percent.

Question 10: Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

#### Increase Access to Care in Rural Communities through Expansion of Rural Physician Training

- The Balanced Budget Act (BBA) of 1997 placed limits on Medicare funded residency positions or slots but included clear intent in both the statute and the report language to treat rural training differently and provide special consideration to meet the needs of underserved rural areas.
- An urban hospital is permitted to increase its cap on residency positions in order to accommodate residents training in rural areas as part of a rural training track (RTT) after the first year of training.
- The purpose was to allow the residents to obtain enough inpatient training at the urban hospital serving a larger and broader patient population in the first year, and then train in rural, community-based settings for the rest of the residency.
- Rural training track (RTT) residency programs are a proven model for addressing rural physician workforce shortages, with over 70% of graduates practicing in rural areas.
- Legislation is needed to allow an urban hospital to receive GME funding for the purposes of establishing a new RTT (training at a new site) whenever they occur and in whatever specialty they train. This is being introduced in the Senate and will need a House companion.
- The establishment of an RTT in a new community should be considered a "new RTT" rather than an expansion of a preexisting RTT, no matter when it is established.