

***West Virginia Rural Health Education Partnerships***  
**Accomplishments and progress to date regarding**  
**Goals of RHI Act 18B-16-4**  
**For Fiscal Year Ended June 30, 2003**

<u>Goal</u>	<u>Progress</u>												
a) Development of at least six primary health education sites	Eight RHI consortia were established in 1992-1993. Of the lead agencies who headed these consortia, 5 were community/ primary care centers and 3 were small rural hospitals. In 1995-1996, with the end of the W.K. Kellogg grant and the reauthorization of the RHI Act, the two programs were merged and an additional consortium was added. This resulted in the following mix of lead agencies: 9 community/primary care centers, and 4 small rural hospitals. As of July 1, 2003 there are 8 community/primary health care centers, 3 small rural hospitals, and 2 non-profit community organizations serving as lead agencies.												
b) Establishment of satellite programs from the primary health care education sites to provide additional opportunities for students and medical residents to serve under role models in rural areas	<p style="text-align: center;"><b>Training sites</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>96-97</th> <th>98</th> <th>99</th> <th>00</th> <th>01</th> <th>02</th> </tr> </thead> <tbody> <tr> <td>187</td> <td>211</td> <td>255</td> <td>295</td> <td>295</td> <td>318</td> </tr> </tbody> </table> <p>These numbers represent the total of all training sites in 47 HPSA/MUA counties. These training sites are categorized as primary (where most students rotate, attend interdisciplinary sessions, have access to the learning resource centers and engage in the full curriculum or secondary (where only specific components of the curriculum are offered). These sites currently are broken down as follows: 55 community health and primary care centers, 30 federally qualified or section 330 clinics, 31 small rural hospitals, 68 single specialty clinics (family medicine, pediatrics, women’s health, etc.), 25 dental offices, 28 pharmacies, 6 home health and hospice agencies, 12 county health departments, 12 physical therapy services, 5 county boards of education that include head start programs and public schools, 10 rural VA clinics and rehabilitation centers, 5 substance abuse centers, and 8 other programs.</p>	96-97	98	99	00	01	02	187	211	255	295	295	318
96-97	98	99	00	01	02								
187	211	255	295	295	318								
c) The provision of training to all medical students under the direction of primary care													

physicians practicing in rural areas	<b>Field Faculty</b>						
		96-97	97-98	98-99	99-00	00-01	01-02
	<b>Medicine</b>	223	240	259	239	295	297
	<b>Total</b>	422	455	494	473	498	594
d) The provision of admission preferences for qualified students entering primary care in needed specialties in underserved areas	<p>All schools give state residents preferences for admission. The medical schools also give preferences for those interested in primary care. The URLs containing information on preferences at admission and rural health and/or primary care focus are included below.</p> <ul style="list-style-type: none"> <li>• West Virginia University <ul style="list-style-type: none"> <li>○ School of Dentistry students under ADC scholarships sign letters of intent to serve underserved populations. The School of Dentistry holds two slots in the entering dental class for Health Careers Opportunity Program (HCOP) students from disadvantaged backgrounds who meet admission requirements. <a href="http://www.hsc.wvu.edu/wvrhpdent_main.html">http://www.hsc.wvu.edu/wvrhpdent_main.html</a></li> <li>○ School of Medicine (Morgantown): “The School also gives priority consideration to state residents. Only those non-residents with excellent academic credentials and strong ties to the state of West Virginia are likely to be given an interview.” <a href="http://www.hsc.wvu.edu/som/students/admissions/admissionfaq.asp">http://www.hsc.wvu.edu/som/students/admissions/admissionfaq.asp</a> Rural medicine curriculum and training sites <a href="http://education.hsc.wvu.edu/ms4catalog/">http://education.hsc.wvu.edu/ms4catalog/</a></li> <li>○ School of Medicine (Eastern Division): “Our mission is to provide WV residents the opportunity to receive a broad-based medical education emphasizing Family Medicine, Primary Care, and Rural Health.” <a href="http://www.hsc.wvu.edu/eastern/">http://www.hsc.wvu.edu/eastern/</a> Admissions for the Charleston and Eastern Divisions of the School of Medicine are handled through the Morgantown campus. The Charleston Division has both faculty and student representation on the Admissions Committee.</li> <li>○ School of Nursing: “Unique characteristics of the state mandate that the health care needs of rural populations and vulnerable groups be a major focus of education, research and service.” Listed as goal number 2 of the school’s goals: “Provide interdisciplinary, rural, community-based, self-directed education. <a href="http://www.hsc.wvu.edu/son/geninfo/">http://www.hsc.wvu.edu/son/geninfo/</a> Information on rural health training for nursing students: <a href="http://www.hsc.wvu.edu/wvrhpdent/nursing/index.html">http://www.hsc.wvu.edu/wvrhpdent/nursing/index.html</a></li> <li>○ The School of Pharmacy in the past held two slots for disadvantaged students</li> </ul> </li> </ul>						

	<p>under the HCOP program. The School changed this policy and does not limit the number of qualified HCOP students.</p> <ul style="list-style-type: none"> <li>○ Physical Therapy: “Preference is given to West Virginia residents.”  <a href="http://www.hsc.wvu.edu/som/pt/">http://www.hsc.wvu.edu/som/pt/</a> The Division of Physical Therapy is committed to the goal of educating physical therapists who are competent, compassionate, and qualified to practice in diverse settings. The Division participates in the Health Careers Opportunity Program (HCOP), which is a federally-funded program to encourage youth from disadvantaged backgrounds to successfully embark on health careers. The Division currently allows two admission slots for applicants who are applying under the HCOP program.  <a href="http://www.hsc.wvu.edu/som/pt/">http://www.hsc.wvu.edu/som/pt/</a></li> <li>● Marshall University School of Medicine: The Joan C. Edwards School of Medicine blends high-quality medical education and graduate education with a distinctive hands-on approach to meeting the health care needs of West Virginians and others who live in the nation's rural areas. Marshall ranks fifth in the United States in the percentage of graduates entering primary care fields, and it produces skilled, confident graduates who are successful in generalist and subspecialty medicine. MU SoM is a primary care school with admissions preference given to West Virginians. <a href="http://musom.marshall.edu/">http://musom.marshall.edu/</a></li> <li>● WVSOM “The West Virginia School of Osteopathic Medicine educates primary care osteopathic physicians for rural communities. The school is dedicated, first and foremost, to service for West Virginia and prepares graduates to care for the special health care needs of West Virginia's elderly”.  <a href="http://www.wvsom.edu/welcome/mission.htm">http://www.wvsom.edu/welcome/mission.htm</a></li> </ul>
<p>e) The creation of medical residency rotation in hospitals and clinics in rural areas and the provision of incentives to medical residents to accept the residencies at these hospitals and clinics</p>	<p>The WVRHEP community based infrastructure has been used to support medical resident rotations in rural communities since 1994. The WVRHEP tracking and schedule system, TRACKER© has reported 60 medical resident rotations since 1998. The support from the WVRHEP funds for these rotations includes: mileage expenses, preceptor time, housing, and/or access to Learning Resource Centers. These residents have been placed both by residency programs directly and/or through specially funded programs. These programs include (but are not limited to):</p> <ul style="list-style-type: none"> <li>● 1994-1997 Rural Health Medical Education Demonstration Project (HRSA) supported</li> </ul>

	<p>63 one-month rotations by primary care residents at 7 rural hospitals in West Virginia (Grafton City Hospital, Potomac Valley Hospital, St. Joseph’s – Buckhannon Hospital, Preston Memorial Hospital, Boone Memorial Hospital, Summersville Memorial Hospital, and War Memorial Hospital). This HRSA grant opportunity was no longer available after 1997.</p> <ul style="list-style-type: none"> <li>• 1998-2003 Recruitable Community Project works with WVRHEP consortia to identify communities in need of recruitment assistance. Local recruitment boards are formed and trained. Medical residents and mid-level trainees are placed in these communities. Fifteen medical resident rotations have been completed since 1999. Fourteen physicians, 8 PAs, and 5 NPs have been recruited into rural communities by local boards. All of these professionals completed WVRHEP rotations and some received financial incentives as listed under item (h) below.</li> <li>• 1998-2003 Eastern WV RHEP in collaboration with the Harper’s Ferry Family Medicine Residency program has sponsored 24 rural rotations in the eastern panhandle, 6 in community or primary care clinics and 18 in small rural hospitals. RHEP funds for these rotations have totaled \$92,813.00 or an average of \$3,867 per resident per month.</li> <li>• 2002-2003 The WV AHEC program has sponsored a total of 4 medical resident rural rotations since July 2002.</li> </ul>
f) The placement of mid-level providers in rural communities and the provision of support to the mid-level providers	<p>Since 1991, 121 mid-level providers have been placed in rural underserved areas: 60 PAs, 59 NPs, and 2 CNMs. Sixty, nearly 50%, received financial incentives, and all completed rotations in rural underserved areas.</p>
g) The extension of rural hospital physician respite loan programs to rural primary health care clinics	<p>The need for a <i>locum tenens</i> program for rural physicians has been discussed by the state’s rural health leaders for years. The WVRHEP staff has been involved in these discussions with groups from the Center for Rural Health Development’s Southern Rural Health Access Project, the West Virginia Hospital Association, the West Virginia Primary Care Association, the Bureau for Public Health, and the medical schools. Barriers to achieving this goal include:</p> <ul style="list-style-type: none"> <li>• Limited resources and physicians associated with rural hospitals and therefore not available for respite loan to primary care clinics</li> <li>• Limited resources within the residency programs to make respite loan physicians available and staff to coordinate the loan program</li> </ul>

	<ul style="list-style-type: none"> <li>• Lack of reimbursement for these types of programs</li> </ul> <p>From 1990-1994, the WVHA sponsored a program for the recruitment of physicians by rural hospitals. This was a recruitment strategy and not a respite loan program. The teaching hospitals in the state participated and the rural hospitals provided funding for incentives as sign on bonuses for residents. Since 1996, DHHR's Division of Recruitment has offered matching grants to communities needing a physician for locum tenens, but funds are limited to meet this need as well as other recruitment and retention needs.</p>
<p>h) The development of innovative programs which enhance student interest in rural health care opportunities</p>	<p>WVRHEP has sponsored various programs at the training sites to enhance health professions students' and residents' interests in public health issues, leadership skills, service-learning, and community based research. WVRHEP is a partner with other state programs providing financial incentives as well as program content and learning experiences to interest students in rural health. In most cases, WVRHEP serves as the infrastructure for trainees in these incentive programs. The larger statewide programs listed below depend on the WVRHEP infrastructure to outreach and disseminate their programs and products and do not have to duplicate a delivery and intervention network in the state's rural underserved areas. Some of the larger scale innovative programs include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• 1996-2003 The WVRHEP central administration manages a cooperative agreement with the Bureau of Public Health from the National Health Service Corps to provide financial incentive stipends to students and residents in rural health. This program is called SEARCH and awards stipends to trainees completing specific leadership projects while on their rural rotations. The following health professionals have received SEARCH stipends, completed WVRHEP rotations, and are now working in rural areas of the state: 30 physicians (15 MDs and 15 DOs), 28 physician assistants, 10 family nurse practitioners, 7 dentists, 7 nurse practitioners, 6 dental hygienists, 2 master's level social workers, and 2 other master's level practitioners.</li> <li>• 1995 to 2003 The Health Sciences Scholarship Program administered by the Higher Education Policy Commission by the state is a financial incentive program to encourage trainee interest in rural practice. Since 1995, 107 trainees have received these state sponsored scholarships and made a commitment to rural practice. Sixty are serving or have completed their service obligation in rural areas. Forty five are still in training programs. WVRHEP rotations give trainees a rural practice experience and, in some</li> </ul>

	<p>cases, have led to job opportunities.</p> <ul style="list-style-type: none"> <li>• 1998-2003 CARDIAC (Coronary Artery Risk Detection in Appalachian Communities) screens 5<sup>th</sup> grade students for serum cholesterol levels. WVRHEP site coordinators provide local coordination of screening, students activities, and some testing supplies. This is an on-going prevention and health promotion project within WVRHEP and involves these children in healthy lifestyle improvements and “Healthy Hearts” education through the public schools. WVRHEP consortiums have contributed 1,476 hours in staff, office support and administrative support in conducting the cardiac study in 43 West Virginia counties thus far.</li> <li>• Mountain State Geriatric Education Center works with seven WVRHEP sites in training students and residents on geriatric content in rural practice. They also provide continuing medical and other health sciences continuing education sessions each year for the WVRHEP field faculty. Since 1997 MSGEC has provided continuing education to 1,542 rural practitioners and geriatric education to 814 students while on rural rotations.</li> <li>• WVRHEP consortia provide mini grant funding to some of the local Health Sciences Technology Academy (HSTA) clubs for specific community service projects and activities. In these projects the health sciences students work directly with the high school and junior high students on community health issues. For example, the Nicholas-Webster RHEP Consortium students worked with the Braxton-Webster HSTA to conduct a diabetes screening in the Webster County School system last November. Screening services were provided to 572 public school students and 46 school staff.</li> <li>• Health Careers Opportunity Program students shadow health professionals on rotation and rural preceptors. This is coordinated by the WVRHEP site coordinators in their respective areas.</li> <li>• McDowell County Initiative sponsored by Marshall University School of Medicine places first year medical students in McDowell County to work on specific health issues. These projects include opportunities for learning about public health needs, community based research, and leadership skills. These students stay in the RHEP housing while at the Tug River Clinic.</li> <li>• A recent grant entitled "Genetic Factors Contributing to Oral Health Disparities in</li> </ul>
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	<p>Appalachia" is an NIH research grant funded to the WVU School of Dentistry and the University of Pittsburgh School of Dental Medicine. This project involves recruiting 500 families from Webster and Nicholas Counties and looking at the oral health disparities in these counties. The Webster-Nicholas RHEP Consortium board is serving as the community advisory board for this project. Students on rotation in this consortium will be involved in many of the steps of this process. Dental staff are currently being hired to help in the collection of oral health data. Once the cause or causes can be identified, strategies will be developed to better treat the population and implement oral disease prevention programs to hopefully reduce the oral health disparities in these counties.</p> <ul style="list-style-type: none"> <li>• Southern Rural Health Access-Project Student Leadership Program is sponsored through a Robert Wood Johnson Foundation grant to the Center for Rural Health Development. The Leadership Development Fellowship provides opportunities for health professions students and medical residents to develop the leadership skills necessary to become future health care leaders in rural, underserved areas of West Virginia. Some WVRHEP students have received stipends for engaging in specific rural health projects.</li> <li>• WVRHEP became a partner in the Midwest Health Professions Service Learning Consortium, Wright State University. Participating field faculty have held several service learning workshops in 2002-2003. Workshop participants at various WVRHEP sites have been awarded faculty development mini grants to develop service learning projects for students in response to health care needs in rural communities.</li> </ul>																				
<p>j) The increased retention of obstetrical providers and the availability of prenatal care</p>	<p>Forty (40) Practitioners by Specialty Providing Obstetric and Prenatal care in rural underserved areas who completed WVRHEP rural rotations from 1991-2002</p> <table border="1" data-bbox="779 1084 2011 1312"> <thead> <tr> <th data-bbox="779 1084 1039 1161">OB/GYNs</th> <th data-bbox="1039 1084 1262 1161">Family Medicine</th> <th data-bbox="1262 1084 1480 1161">Physician Assistants</th> <th data-bbox="1480 1084 1751 1161">Nurse Practitioners</th> <th data-bbox="1751 1084 2011 1161">Certified Nurse Midwives</th> </tr> </thead> <tbody> <tr> <td data-bbox="779 1161 1039 1237">MDs = 5 DOs = 2</td> <td data-bbox="1039 1161 1262 1237">MDs = 9 DOs = 11</td> <td data-bbox="1262 1161 1480 1237">7</td> <td data-bbox="1480 1161 1751 1237">4</td> <td data-bbox="1751 1161 2011 1237">2</td> </tr> <tr> <td data-bbox="779 1237 1039 1276">Totals 7</td> <td data-bbox="1039 1237 1262 1276">20</td> <td data-bbox="1262 1237 1480 1276">7</td> <td data-bbox="1480 1237 1751 1276">4</td> <td data-bbox="1751 1237 2011 1276">2</td> </tr> <tr> <td data-bbox="779 1276 1039 1312"></td> <td data-bbox="1039 1276 1262 1312"></td> <td data-bbox="1262 1276 1480 1312"></td> <td data-bbox="1480 1276 1751 1312"></td> <td data-bbox="1751 1276 2011 1312"></td> </tr> </tbody> </table>	OB/GYNs	Family Medicine	Physician Assistants	Nurse Practitioners	Certified Nurse Midwives	MDs = 5 DOs = 2	MDs = 9 DOs = 11	7	4	2	Totals 7	20	7	4	2					
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<p>k) The increased use of underserved areas</p>	<p>University System, now HEPC, policy required clinical rotations in rural underserved areas of</p>																				

<p>of the state in the educational process</p>	<p>the state for all health sciences students in state supported programs as a degree requirement beginning in 1996. At that time, the Vice Chancellor for Health Sciences developed a list of WV cities in which credit for these rural rotations would not be granted. Data in the Legislative Report Card followed the same reporting criteria. WVRHEP and other rural rotations are completed in rural underserved areas of 47 counties. Proposed expansion of some WVRHEP consortia in 2003 will add three more counties to its coverage area.</p>
<p>l) An increase in the number of support services provided to rural practitioners</p>	<p>WVRHEP provides the following services to rural providers through the site coordinators and local consortia budgets:</p> <ul style="list-style-type: none"> <li>• Access to WVRHEP facilities for Learning Resource Centers for internet searches, books, patient education materials, staff support for inter-library loans, loans of lap-top computers, digital cameras, AV and other equipment. Providers have access to RHEP board rooms and offices for meetings and MDTV and satellite facilities that are located at RHEP sites.</li> <li>• Dental field faculty have received equipment to accommodate student training. These include dental chairs, intra-oral cameras, and hand instruments.</li> <li>• Field faculty receive CME credits when they precept residents and in some cases when they precept students. Some of the WVRHEP sites cover CME costs for rural physicians and some schools cover these fees for the preceptors who hold adjunct appointments with their respective departments.</li> <li>• Funding is available for special health oriented events organized by rural physician community leaders. These events, such as health fairs, special population screenings, sports screenings and camps, etc. are for the general public and involve students while on rotation.</li> <li>• WVRHEP sponsors an annual Faculty Development and Continuing Education Session free for all rural preceptors in the state. The Faculty Development Committee conducts a needs assessment to identify continuing education needs of field faculty. WVRHEP, and recently, WV AHEC and MSGEC assist with sponsorship and content sessions at the Faculty Development Day for addressing these learning needs. Continuing education credits are granted for health professions disciplines.</li> </ul>

<p>m) An increase in the retention rate of graduates from West Virginia medical schools, nursing schools and allied health care education programs</p>	<table border="1"> <thead> <tr> <th colspan="4" style="text-align: center;"><b>2002 PERD Report</b></th> </tr> <tr> <th style="text-align: left;"><b>Retention of Medical School Graduates in West Virginia Total WV Medical School Graduates</b></th> <th style="text-align: center;"><b>Grads 1987-1992</b></th> <th style="text-align: center;"><b>Grads 1992-1997</b></th> <th style="text-align: center;"><b>% change</b></th> </tr> </thead> <tbody> <tr> <td>No. of Graduates</td> <td style="text-align: center;">960</td> <td style="text-align: center;">1033</td> <td style="text-align: center;">7.6%</td> </tr> <tr> <td>No. of Graduates with completed Residency Training</td> <td style="text-align: center;">880</td> <td style="text-align: center;">956</td> <td style="text-align: center;">8.6%</td> </tr> <tr> <td>No. Practicing in WV, All Specialties</td> <td style="text-align: center;">317</td> <td style="text-align: center;">377</td> <td style="text-align: center;">18.9%</td> </tr> <tr> <td>No. Practicing in WV, Primary Care</td> <td style="text-align: center;">168</td> <td style="text-align: center;">242</td> <td style="text-align: center;">44.0%</td> </tr> <tr> <td>No. Practicing in WV, in Non-Urban Areas of WV</td> <td style="text-align: center;">89</td> <td style="text-align: center;">105</td> <td style="text-align: center;">18.0%</td> </tr> </tbody> </table>	<b>2002 PERD Report</b>				<b>Retention of Medical School Graduates in West Virginia Total WV Medical School Graduates</b>	<b>Grads 1987-1992</b>	<b>Grads 1992-1997</b>	<b>% change</b>	No. of Graduates	960	1033	7.6%	No. of Graduates with completed Residency Training	880	956	8.6%	No. Practicing in WV, All Specialties	317	377	18.9%	No. Practicing in WV, Primary Care	168	242	44.0%	No. Practicing in WV, in Non-Urban Areas of WV	89	105	18.0%
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<p>n) The development of effective health promotion and disease prevention programs to enhance wellness</p>	<p>Trainees while on rotation are required to spend up to 20% of their time in community service-learning projects, interdisciplinary case management, and/or community based research. The time that the RHEP trainees spend in this portion of the curriculum is recorded in TRACKER as health promotion and prevention activities with the general public by age ranges. Beginning in 2002, these activities are also recorded by the specific WV Healthy People 2010 Objective that the activity addresses. Since WVRHEP began recording these activities by the number of participants in 1996; 874,853 rural people have participated in these student lead health promotion and wellness activities.</p> <ul style="list-style-type: none"> <li>• Since 1998 CARDIAC (see item (h) above) has screened 12,265 5<sup>th</sup> grade students for cholesterol levels to determine those individuals and families affected by hyperlipidemia. These are the individuals at risk for premature heart disease. This program is proposed to be in all 55 counties by 2004.</li> <li>• Since 1995, dental students and dental hygiene students have provided over \$5.3 million dollars in free dental care while on rotation. Those dental field faculty who have received equipment and preceptor support, track the cost of the procedures performed by students while under their supervision.</li> <li>• Diabetes prevention, education, and control as part of the Prevention Research and the Cooperative Extension Service provide support for training sites to conduct cooking and</li> </ul>																												

	<p>nutrition education classes, patient chart audits, diabetes health fairs, eye screenings, and to develop diabetes support groups. Students have access to patient education materials and staff support in conducting these projects.</p> <ul style="list-style-type: none"> <li>• Students provide health maintenance classes, tobacco cessation education, safety education, exercise programs, diabetes support groups, and other programs of this type for which there is no health insurance reimbursement, nor staff at local rural health facilities to provide them. The public schools and school health centers have come to rely on the WVRHEP health sciences students while on rural rotations to provide programs in their schools for children and parents on a variety of topics.</li> <li>• Please see other examples in item (h) above.</li> </ul>
<p>o) The establishment of primary health care education sites which complement existing community health care resources and which do not relocate the fundamental responsibility for health care from the community to the board of trustees</p>	<p>The synergy of the WVRHEP Partnership statewide has worked to address access to health care issues. WVRHEP provides health promotion and wellness services in rural areas where many of these did not exist prior to the beginning of the partnership. Generally, these are the types of health promotion and disease prevention services that are not reimbursed by third party payers. No services that were provided in agencies or organizations as training sites for W.K. Kellogg, RHI, or WVRHEP training have been discontinued or replaced by the services provided by the students or residents. The missions of WVRHEP and the former W.K. Kellogg Community Partnership Initiative are for the recruitment and retention of health providers in underserved areas through education and training and the change health professions education in the state. While students and residents do provide direct services while in training, these services are not in competition with existing facilities responsible for the local health care of the area.</p>