

ENGAGING INDUSTRY PARTNERS RURAL HEALTH PROFESSIONS




Presenters: Heather Cappabianca
Gertrude O'Sullivan, Tricia Harrity

OBJECTIVES

You will be able to:

- Identify and communicate need
- Identify partners
- Convene working team
- Develop competencies and curriculum
- Recruit students
- Measure success

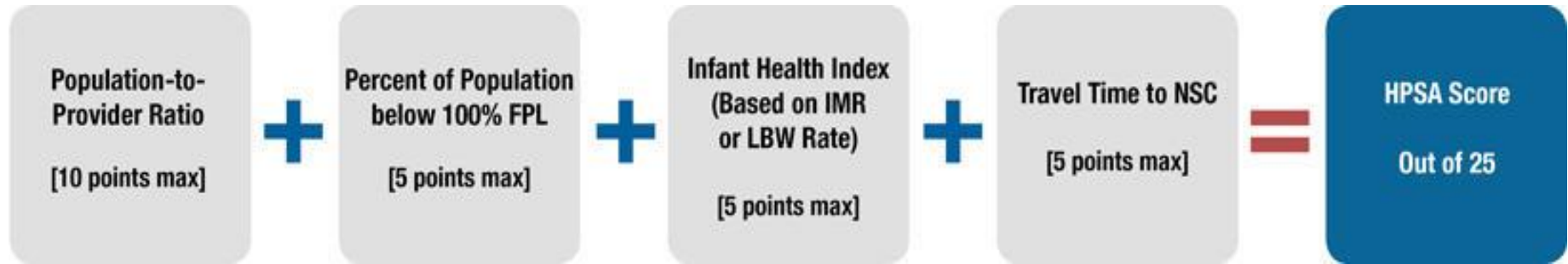
NEED  **GOAL**

- **SHORTAGE OF PRIMARY CARE PHYSICIANS**

DUE TO AGING WORKFORCE AND NO PIPELINE OF YOUNG PHYSICIANS COMING TO AREA.

- **TO ATTRACT PHYSICIANS TO PRACTICE IN OUR RURAL COMMUNITIES**

HPSA – PRIMARY CARE



Litchfield County: 16

Eastern Dutchess County: 15

Unique Model

1. Collaboration between two states
2. Steering Committee/Conveners

PARTNERS - CONVENERS



FOUNDATION
for
COMMUNITY
HEALTH

Prevention, Access, Collaboration



Northwestern Connecticut
Community College

CONNECTICUT OFFICE of RURAL HEALTH – 2015-2016

Unique Model

1. Collaboration between two states
2. Steering Committee/Conveners
3. Healthcare Partners

HEALTH PROVIDERS



CONNECTICUT'S BEST KEPT SECRET




MOUNTAINSIDE

Sharon
HOSPITAL

MAIN
ENTRANCE
OUTPATIENT
SERVICES
VISITORS
ADMITTING



Hudson River Health Care - FQHC



GEER NURSING & REHABILITATION CENTER

99





Unique Model

1. Collaboration between two states
2. Steering Committee/Conveners
3. Healthcare Partners
4. Multiple medical schools
5. Lifestyle partners

Multiple Medical Schools



Touro College of Osteopathic Medicine
Middletown, New York



FRONT FACADE
60 Prospect Avenue | Middletown, NY 10940



QUINNIPIAC
UNIVERSITY
FRANK H. NETTER MD
SCHOOL OF MEDICINE

Lifestyle and Community Partners

- Housing – private school provided dorm rooms

- Restaurants –
gift certificates for meals



- Local physicians met with students over dinner

- Enlisted help of the Chamber of Commerce
- Entertainment - movie tickets, tickets to a play.
- Bank - financial program for medical practices
- Local areas of interest



Unique Model

1. Collaboration between two states
2. Steering Committee/Conveners
3. Healthcare Partners
4. Multiple medical schools
5. Lifestyle partners
- 6. Low cost – 0 budget
in-kind contributions**

Summer 2016



PROGRAM DESIGN

CLINICAL

- Rurality
- Competencies
- Interprofessional
- Community Service Project

LIFESTYLE

- Chamber of Commerce
- Local Theaters
- Restaurants
- Outdoor Activities

Personal and Business Finances

- Bank of America Practice Solutions

Summer 2017



LEARNING OBJECTIVES

Developed in collaboration with the medical schools and health care providers.

EXAMPLES: (PARTIAL LIST)

- Identify barriers to healthcare for a rural population.
- Demonstrate understanding of physician influence and professional responsibility to advocate on public health issues of the rural community.

LEARNING OBJECTIVES (con't)

- Recognize that rural physicians wrestle with professional boundary issues in everyday interactions, and their situation differs from experiences of their urban colleagues.
- Demonstrate understanding of unique relationship with patients, families and members of the health care team in rural communities.

Learning Objectives related to IPCP Interprofessional Collaborative Practice

Participants will:

- Enhance their knowledge about IPCP
- Understand the drivers of interprofessionality
- Identify the 4 core competency domains recommended for interprofessional collaborative practice
- Identify characteristics and behaviors essential for interprofessional collaborative practice



CURRICULUM RELATED TO INTERPROFESSIONAL COLLABORATIVE PRACTICE

Session Agenda

- Rural Emergency Medicine
- Interprofessional Collaborative Practice
 - Introduction and Learning Objectives
 - Interprofessionalism and IPE
 - Group Activity
 - Reflection and Wrap Up
- Program Orientation
- Recreational Activities

IPCP – Community Health Provider Participants led by Bruce Gould, MD and Tricia Harrity

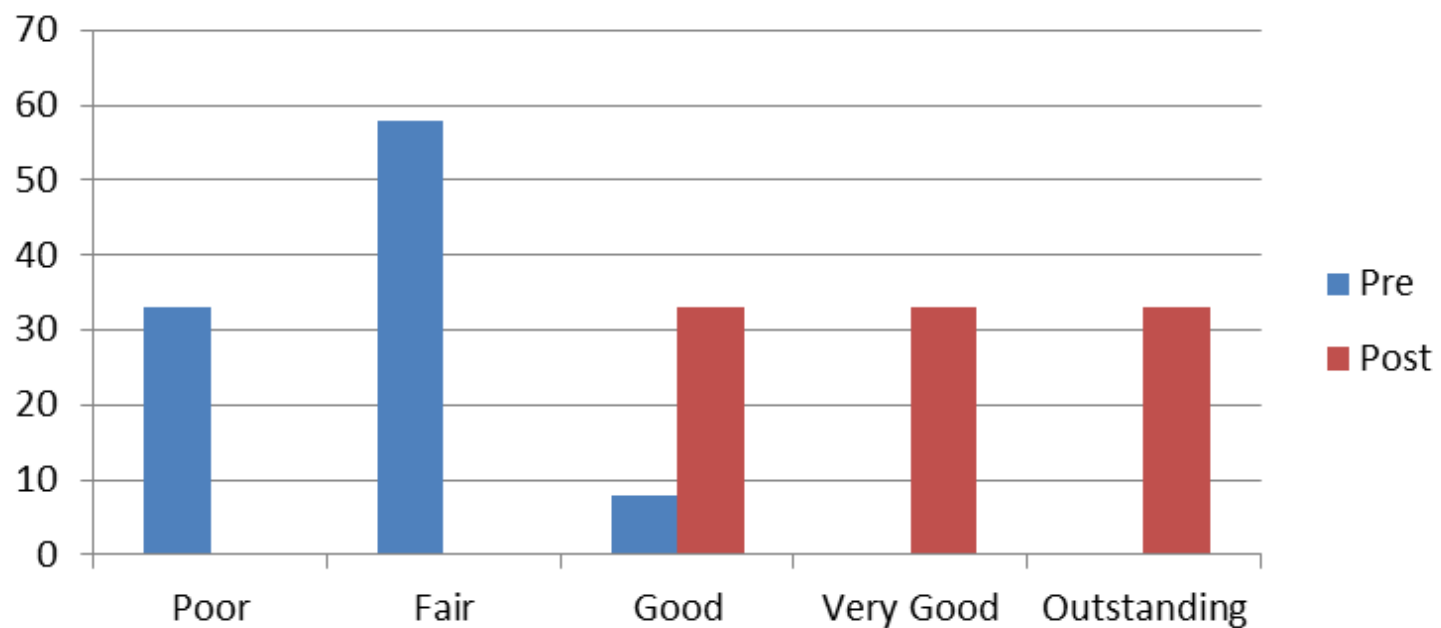
- Paramedic North Canaan EMS
- Nutritionist HRH Care
- Social Work Sharon Hospital
- Physical Therapy Geer Rehabilitation
- SA Counselor McCall Behavioral Health
- Family Practice UConn



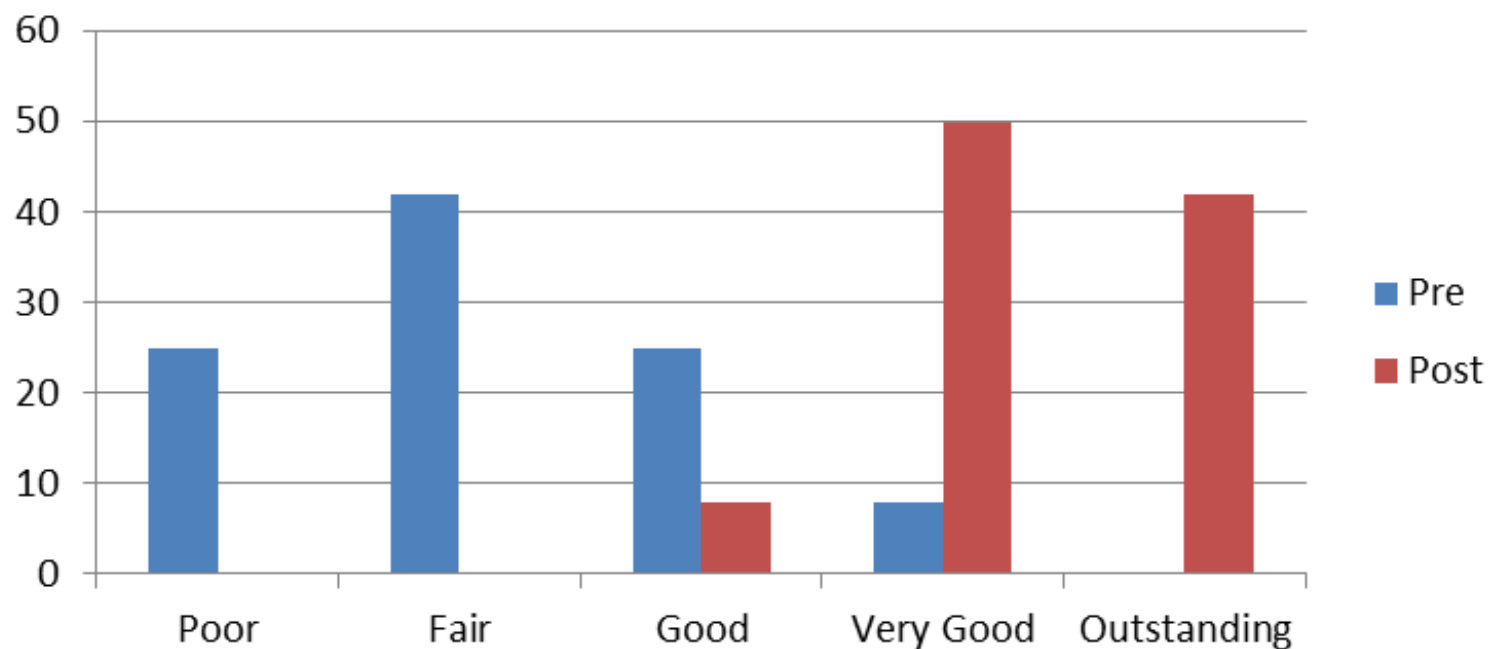
COMMUNITY SERVICE PROJECT



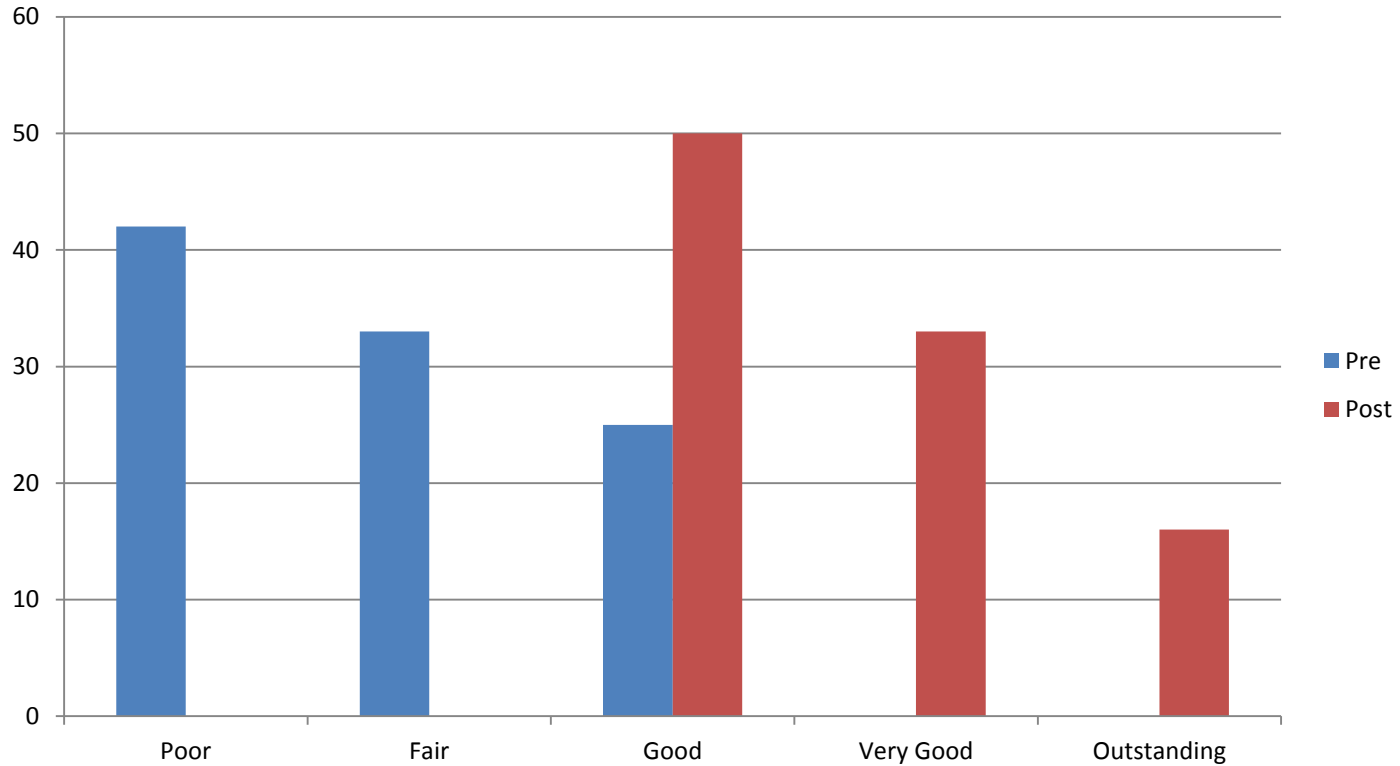
Rate your knowledge of healthcare systems in rural settings



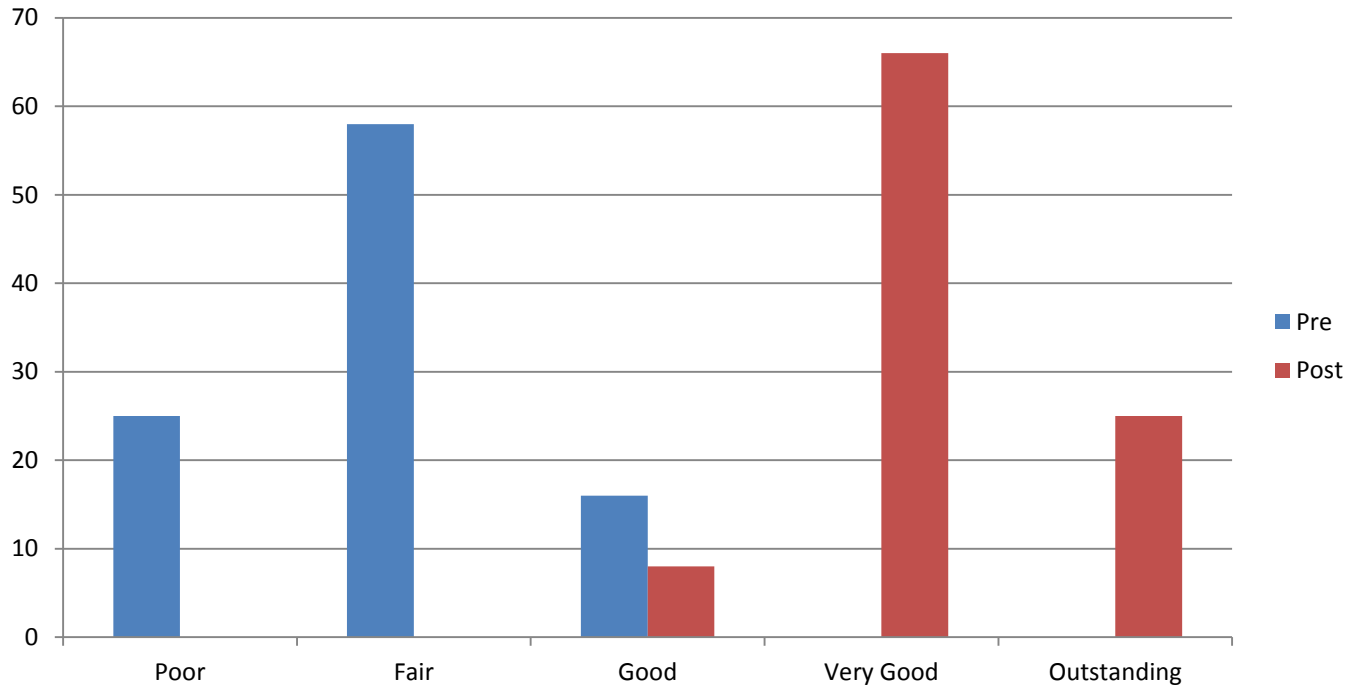
Rate your knowledge of health care access barriers faced by rural



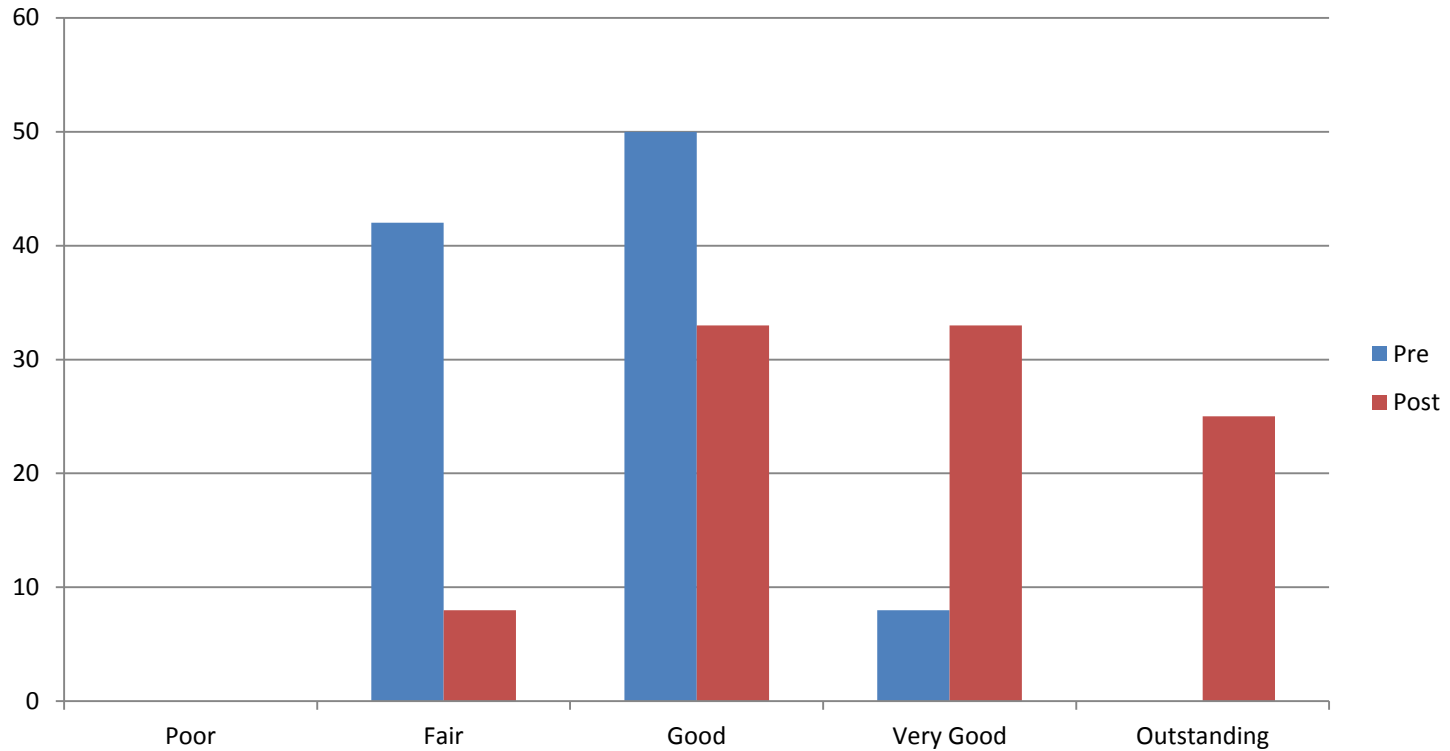
Rate your knowledge of pre-hospital emergency service in rural areas.



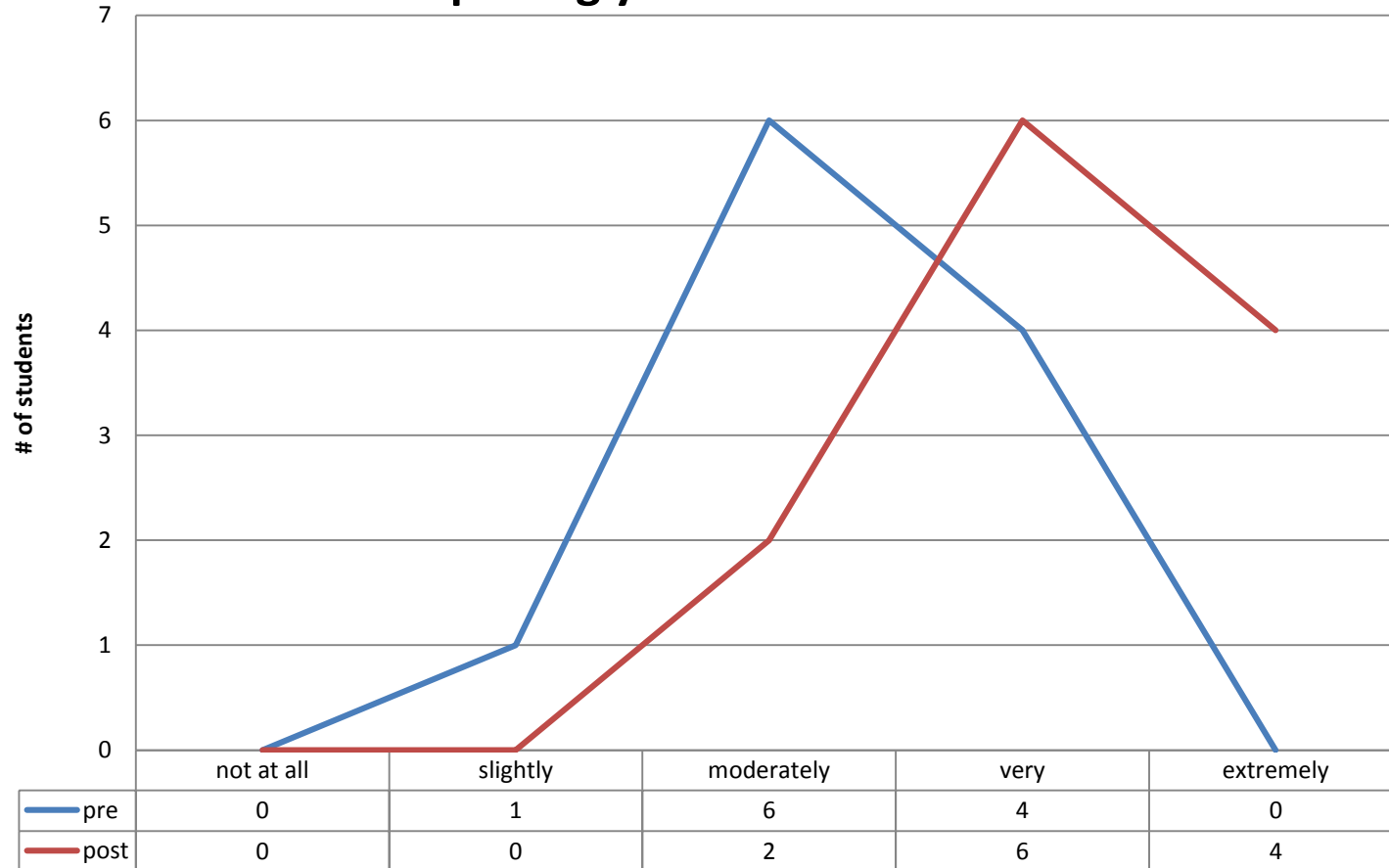
Rate your knowledge of the social service system in rural communities.



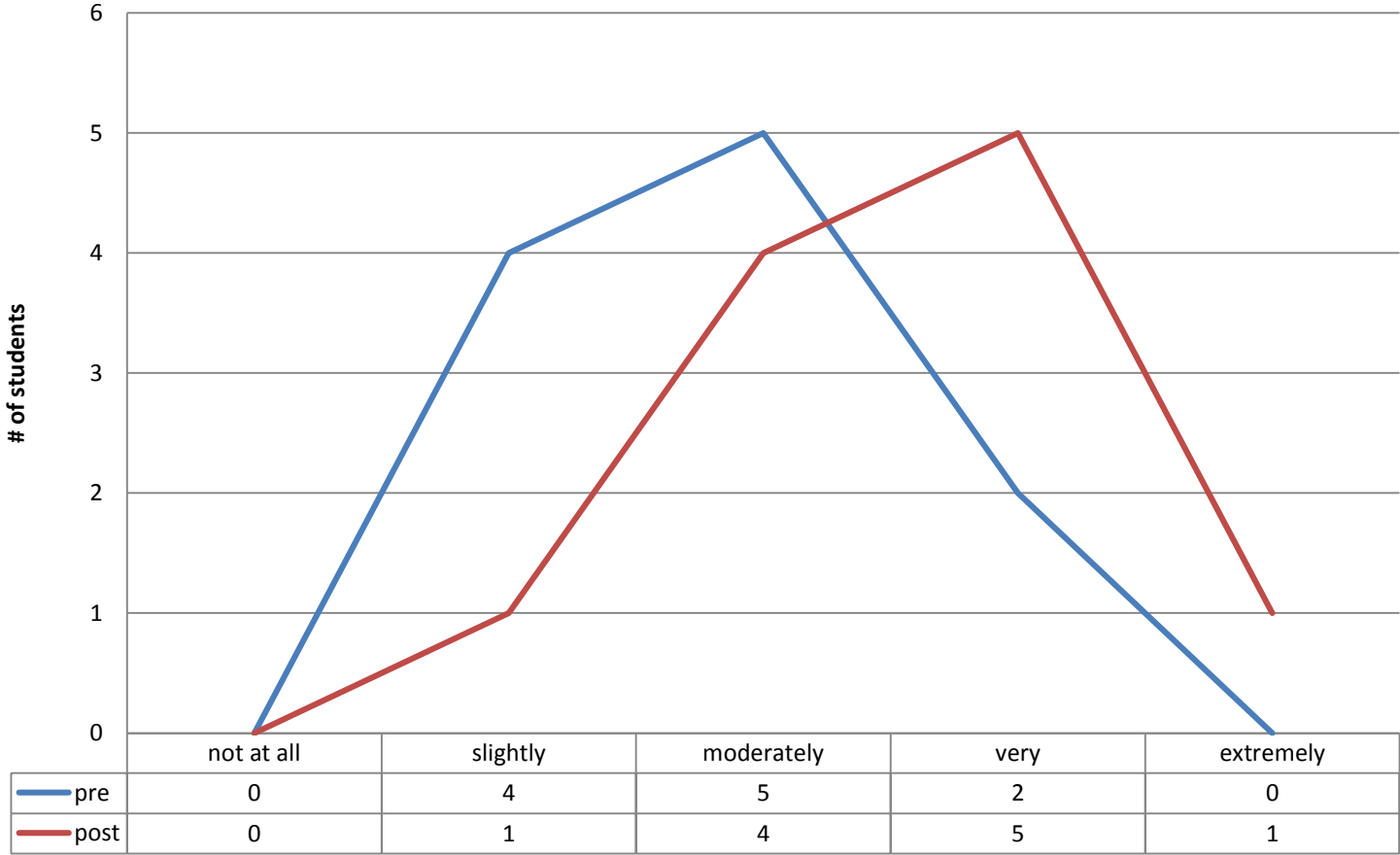
Rate your knowledge of recreational activities in rural areas.



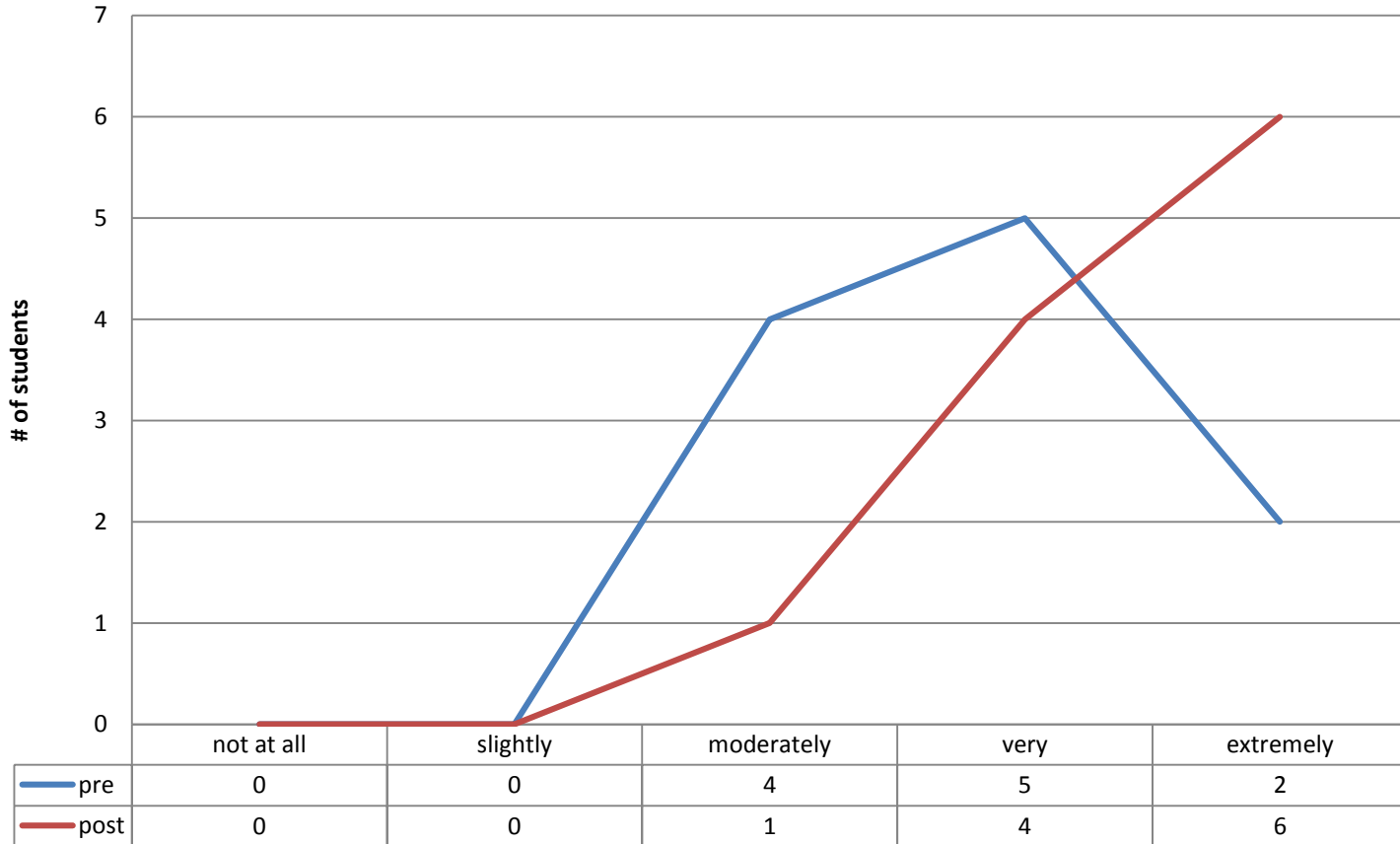
How likely is it that you will work in a rural area after completing your medical education?



How likely is it that you will work in rural CT or NY?



How likely is it that you will work in a medically underserved area?



ANECDOTAL EVIDENCE OF IMPACT

- Strengthened residency pipeline to rural hospital by increasing student interest.
- Year 1 participant returned with wife to explore community.
- Student changed practice intention and now plans to return to her rural community.
- Five year projection of 30 medical students exposed to rural practice and these specific communities.
- Expanded scholarship opportunity.

Q & A

“If there is one thing the program has made clear for me, it is the fact that in rural areas, physicians always have a reason to make grueling hours of study, training and practicing worthwhile, and that is the feeling of being needed.”

Yamini Chalikonda, OMS-II, Touro College of Osteopathic Medicine