AACOM Advocacy Day 2023  
Talking Points and Background

Expand Medical School Rotations in Rural Community-Based Facilities

AACOM Request

- **Sponsor legislation** to create a grant program within the Health Resources and Services Administration (HRSA) to increase medical school clinical rotations in rural community-based facilities.

Talking Points – use these to augment your personal/COM stories.

COM Background

- COMs prioritize training future physicians in rural and underserved areas served by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).
- Half of entering osteopathic medical students intend to practice in rural and urban underserved communities.
- 60% of COMs are located in health professional shortage areas (HPSAs).
- 64% of COMs require their students to go on clinical rotations in rural and underserved areas and 88% have a stated public commitment to rural health.
- 86% of DOs who have their COM and residency in a state, stay to practice in that state.
- **43% of graduating 2021-2022 osteopathic medical students plan to practice in a medically underserved or health shortage area; of those, 40% plan to practice in a rural community,** according to the Graduating Senior Survey.

Clinical Training and Healthcare Delivery

- The Health Resources and Services Administration’s (HRSA’s) Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) [16th Report](#) highlighted a number of trends and concerns in clinical training, including:
  - More than three-quarters of all medical schools report concerns about the number of clinical training sites and the quality and supply of preceptors, especially in primary care.
  - There is a growing trend toward providing care in smaller community-based clinics instead of academic hospitals.
- 80% of patient care is provided in community-based settings rather than academic hospitals. ([Medical Education Online - Study](#))
- Only 11% of physicians choose to practice in rural areas, which are frequently understaffed and experience burden from workforce shortages.
Almost 70% of areas designated as primary medical health professional shortage areas were considered rural or partially rural. (HRSA)

FQHCs and RHCs serve more than 31 million patients at more than 14,000 locations, and provide training opportunities for medical students. (HRSA)

The traditional site of clinical training for students in many health professions has been the teaching hospital, often affiliated with a university or other academic center, but large academic medical centers represent only five percent of all hospitals in the United States and only 20 percent of all hospital admissions, surgical operations and outpatient visits.

DOs and MDs are equal in quality and cost of patient care. An Annals of Internal Medicine study showed no clinically important differences in mortality, readmission, length of stay, and healthcare spending between the two groups.

AACOM Policy Solution

To facilitate long-term, sustainable physician practice in high-need communities, Congress should direct HRSA to create a grant program that establishes a consortium of FQHC, RHCs and COMs to increase medical school clinical rotations in rural community-based facilities. (Draft language)

- Many community health centers are located in rural or other underserved areas that need more physicians.
  - While medical school enrollment is up by 30 percent, the number of students from rural areas entering medical school declined by 28 percent between 2002 and 2017. (Health Affairs)
- The training of medical students has shifted to lower-cost, community-based settings.
  - The overwhelming majority of new medical schools embrace the community-based distributed medical education model of training in ambulatory facilities and physician offices. (Medical Education Online - Study)
- Clinical training in community-based settings exposes medical students to the unique healthcare needs of rural and underserved populations and prepares them to serve these communities after graduation.
- Research shows that medical students who train in rural and underserved areas stay to practice in these communities.
  - Over 73% of DOs practice in the state where they do residency training.
  - Graduates of rural programs are likely to enter rural family medicine and remain in rural practice for decades. (JABFM - Study)
- COMs use a distributed model of training that allows them to partner with FHQCs and RHCs to expand medical student training in rural community-based facilities leading to more physicians practicing in these underserved areas.