



# **ACGME Rural Track Program (RTP) Designation: Phase I**

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Accreditation Council for Graduate Medical Education (ACGME)

**AOGME Webinar | July 14, 2021**



# Disclosures

I have no conflicts of interest or financial relationships to disclose.



# Objectives

1. Discuss factors contributing to the development of a new accreditation framework
2. Explain the sections of the ACGME's accreditation framework for medically underserved areas and populations
3. Articulate the ACGME Rural Track Program designation process
4. Describe ACGME's commitment to supporting the development of GME in underserved areas




# ACGME Mission

To improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.



## Population Health and Graduate Medical Education: Updates to the ACGME's Common Program Requirements

Lauren M. Byrne, MPH  ; Thomas J. Nasca, MD, MACP

*J Grad Med Educ* (2019) 11 (3): 357–361.

<https://doi.org/10.4300/JGME-D-19-00267.1>

United States compared to other nations.<sup>5</sup> These poor outcomes are disproportionately concentrated in regions and populations across the country. Using life expectancy as a measure of health status, for example, life expectancy by county in the United States in 2014 ranged from approximately 66 years to 87 years, a more than 20-year difference.<sup>6</sup> The importance of population health in educating the next generation of physicians is critical to addressing these disparities. Physicians need to understand the impact of factors in both the medical delivery system and the social environment that contribute to health outcomes.

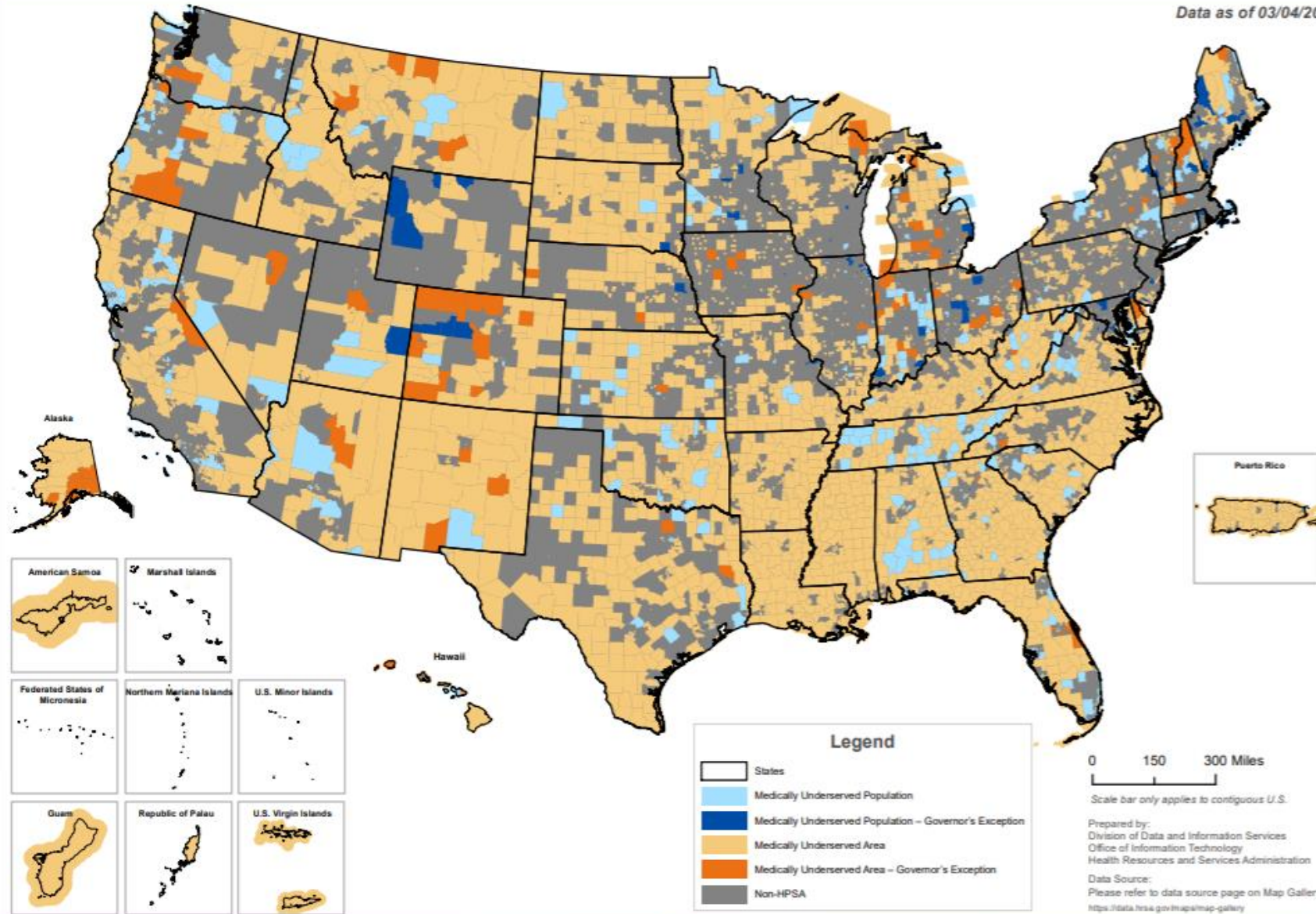


# HRSA

Health Resources & Services Administration

## Medically Underserved Areas/Populations

Data as of 03/04/2021







## Accreditation Council for Graduate Medical Education

[What We Do](#)[Designated  
Institutional Officials](#)[Program Directors  
and Coordinators](#)[Residents and Fellows](#)[Meetings and  
Educational Activities](#)**FEATURED**

July 1, 2020

### ACGME, AOA, and AACOM Usher in New Era of Single Accreditation for Graduate Medical Education

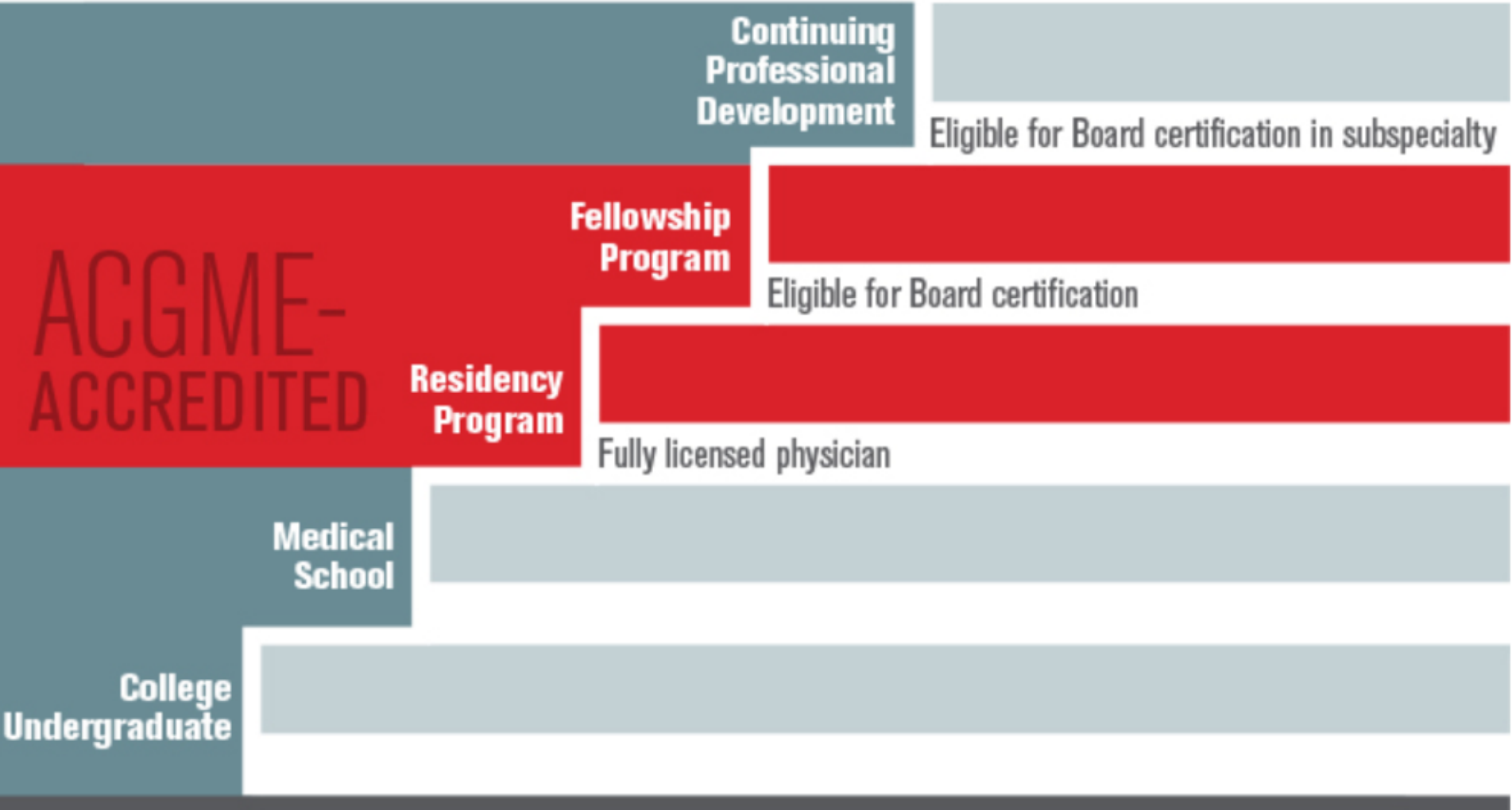
The ACGME, the American Osteopathic Association (AOA), and the American Association of Colleges of Osteopathic Medicine (AACOM) celebrate the successful transition to a single accreditation system for graduate medical education (GME) in the US.

[READ MORE »](#)

[Monitor Our Progress Toward a Single GME Accreditation System »](#)



# STEPS TO BECOMING A DOCTOR





# STEPS TO BECOMING A DOCTOR



Continuing  
Professional  
Development

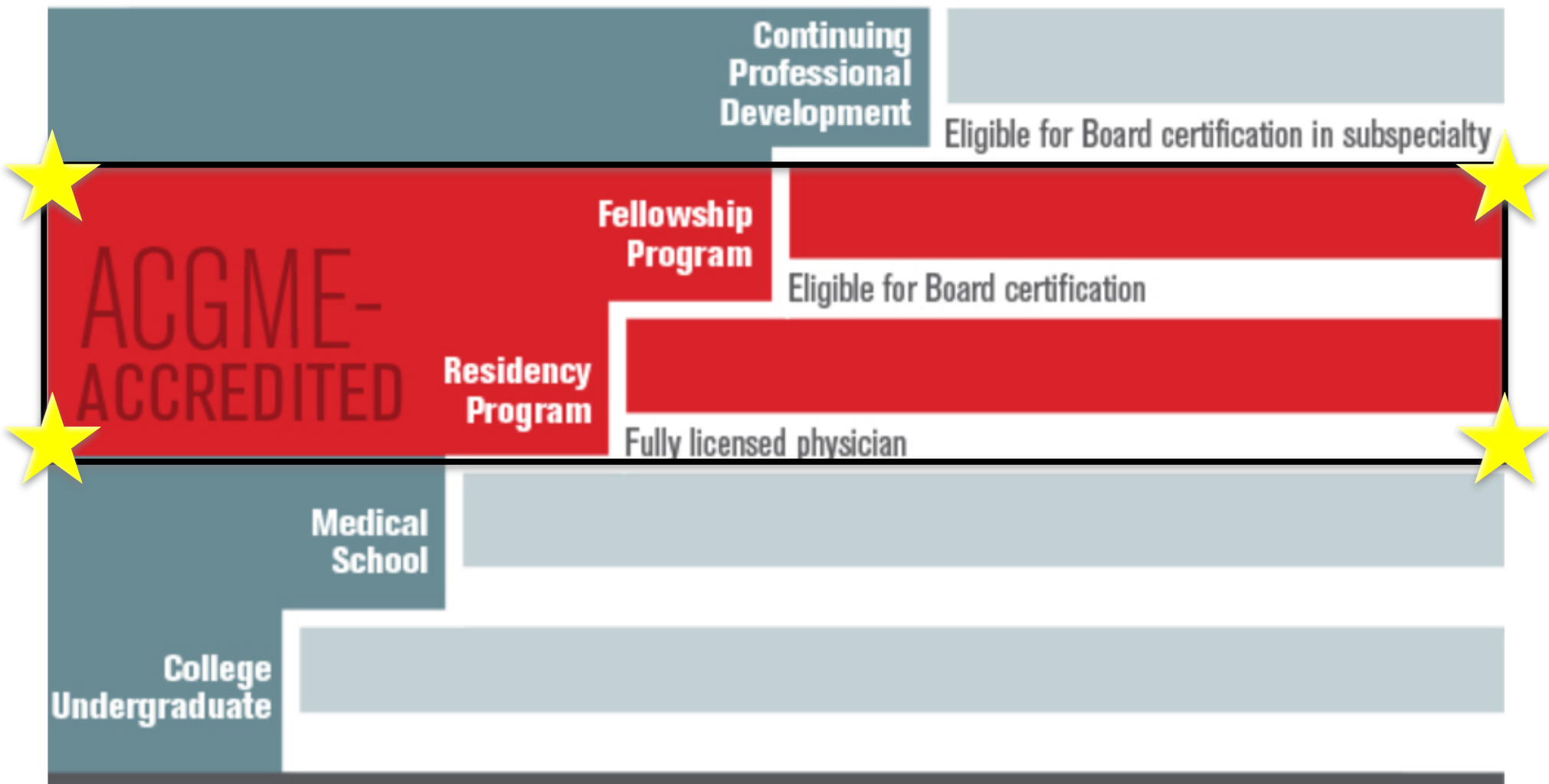
Eligible for Board certification in subspecialty



Medical  
School

College  
Undergraduate

# STEPS TO BECOMING A DOCTOR



# Work Group: Accreditation Framework for Medically Underserved Areas and Populations (External Members)

Name	Title	Organization
Donald Brady, MD	Designated Institutional Official	Vanderbilt University Medical Center
Thomas Hansen, MD	Designated Institutional Official	Advocate Health Care
Robert Juhasz, DO	Medical Staff	Cleveland Clinic
Jeffrey Kirsch, MD	Associate Dean for Clinical and Veterans Affairs	Oregon Health and Science University
Sandeep Krishnan, MD	Fellow, Interventional Cardiology	University of Washington School of Medicine
Lorrie Langdale, MD	Professor & Chief of General Surgery	University of Washington School of Medicine
Karen Nichols, DO, MA	Dean	Midwestern Univ/Chicago Coll of Osteopathic Medicine
Jeffrey Pettit, PhD	Clinical Associate Professor (Public Member)	University of Iowa Hospitals & Clinics
Benjamin Preyss, MD	Medical Director of Population Health	Lawndale Christian Health Center
Claudia Ramirez Sanchez, MD	PGY-2, Internal Medicine (Resident Member)	Cook County Health and Hospital System
Gary Slick, DO	Designated Institutional Official	Oklahoma State University Center for Health Sciences



# Work Group: Accreditation Framework for Medically Underserved Areas and Populations (Internal Members)

Name	Title
Paige Amidon, MBA, MPH	Senior Vice President, Department of Communications
John Combes, MD	Visiting Scholar, Department of Education
Kate Hatlak, MEd	Executive Director, Hospital-Based Accreditation
Paul Johnson, MFA	Executive Director, Institutional Accreditation
Mary Lieh-Lai, MD	Senior Vice President, Medical Accreditation
Lorenzo Pence, DO	Senior Vice President, Osteopathic Accreditation
Paul Rockey, MD	Scholar-in-Residence
Kevin Weiss, MD	Senior Vice President, Institutional Accreditation



# Presenters at Work Group Meetings

Presenter	Presenter Title, Organization	Presentation Title
Lori Mihalich-Levin	Partner, Dentons	Regulatory Mechanisms for GME Financing in Medically Underserved Areas
John Sealey, DO	DIO, Detroit Wayne County Health Authority GME Consortium	GME and Accreditation in Urban Medically Underserved Areas
Roxanne Fahrenwald, MD, MS	DIO, Montana Family Medicine Residency	GME and Accreditation in Rural Medically Underserved Areas
Candice Chen, MD	Director, Division of Medicine and Dentistry, HRSA	HRSA's Support of GME in Medically Underserved Areas
Tom Gearan, MD	Program Director, Internal Medicine, Maine Medical Center	Maine Medical Center, Rural Internal Medicine
Kathleen Klink, MD Edward Bope, MD	Chief, Health Professions Education (Klink), GME Affiliations Officer (Bope), Department of Veterans Affairs	Presentation from Department of Veterans Affairs
Randall Longenecker, MD	Assistant Dean, Rural & Underserved Programs, Ohio University Heritage College of Osteopathic Medicine	Presentation from RTT Collaborative



# Regional Visits: Washington, DC

- America's Essential Hospitals
- Indian Health Service
- National Association of Community Health Centers
- National Rural Health Association
- Unity Health – Anacostia Health Center





# Regional Visits: Jackson, MS



- State Legislators
- William Carey University College of Osteopathic Medicine
- Magnolia Regional Medical Center
- University of Mississippi Medical Center
- Merit Health Wesley
- Mississippi State Medical Association
- EC Health Net
- Forrest General Hospital
- Baptist Memorial Health Systems
- Community Health Center Association of Mississippi
- Central Mississippi Health Services
- Family Health Care Clinic, Inc.
- Jackson-Hinds Comprehensive Health Center
- Coastal Family Medicine Clinic



# Regional Visits: New York, NY

- Institute for Family Health
- Greater New York Hospital Association
- New York City Health and Hospitals Corporation
- Rochester Regional Health
- Memorial Sloan Kettering Cancer Center
- Montefiore Health System
- Iroquois Healthcare Association
- Center for Health Workforce Studies
- Associated Medical Schools of New York



# Regional Visits: Tulsa, OK

- Oklahoma State University College of Osteopathic Medicine
- Cherokee Nation
- Oklahoma State Legislature & Office of the Governor
- Northeastern Health System
- Pawnee Indian Hospital (IHS)
- Physician Manpower Training Commission
- Great Salt Plains Health Center
- Comanche County Memorial Hospital
- Tobacco Settlement Endowment Trust
- OMECO
- Choctaw Nation Health Services Authority
- AllianceHealth Durant

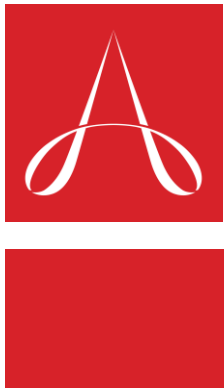




# Regional Visits: Portland, OR

- Legacy Health
- Oregon Health & Science University
- Yakima Valley Farm Workers Clinic
- Good Shepherd Hospital
- Providence St. Peter Hospital
- Providence Milwaukie Hospital
- Providence St. Vincent Medical Center
- University of Washington School of Medicine
- Roseburg Family Medicine
- Virginia Garcia Memorial Health Center
- Oregon GME Consortium
- Elson S. Floyd College of Medicine
- Oregon Health Authority
- Western University of Health Sciences
- Puyallup Tribal Health Authority
- Kaiser Permanente
- VA Portland Health Care System
- Washington State University
- Good Shepherd Hospital
- Wipfli LLP





# Accreditation Framework for Medically Underserved Areas/Populations (MUA/Ps)



I. Enhancing ACGME Support



II. Engaging with ACGME Review Processes



III. Understanding ACGME Compliance Challenges



IV. Facilitating Effective Institutional Oversight and Administration



# Starting Definition

Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.





# I. Enhancing ACGME Support

- Establish advisory group for MUA/Ps and GME
- Enhance systems and data collection to identify and measure GME in MUA/Ps
- Develop learning activities related to MUA/Ps



## II. Engaging with ACGME Review Processes

- Collaborate with ACGME committees to implement framework
- Align accreditation with external regulations and processes
- Monitor progress toward establishing new GME in MUA/Ps



### III. Understanding ACGME Compliance Challenges

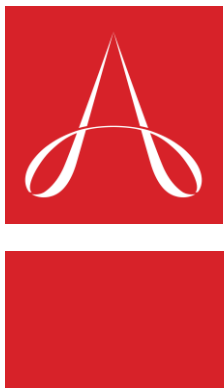
*Important considerations for GME in MUA/Ps:*

- Program personnel
- Supervision
- Educational experiences
- Primary and participating sites
- Retention
- Curriculum



## **IV. Facilitating Effective Institutional Oversight and Administration**

- Consider various successful institutional models
- Streamline accreditation application processes
- Describe learning and working environment infrastructure



# New Programmatic Unit for Medically Underserved Areas/Populations and GME



**Laney McDougal, MS**  
Director, MUA/P and GME  
Department of Sponsoring Institutions and CLE  
Department of Accred, Recog, and Field Activities



**Paul Foster Johnson, MFA**  
Executive Director  
Institutional Accreditation



# Addressing Rural Track Programs

## ACGME exploration of relevant:

- Terms and definitions
- Accreditation data
- Accreditation processes

### Electronic Code of Federal Regulations

[Title 42](#) → [Chapter IV](#) → [Subchapter B](#) → [Part 413](#) → [Subpart F](#) → §413.79

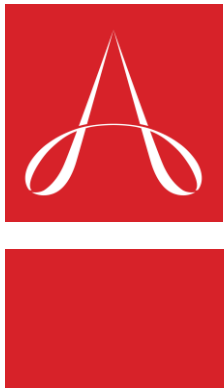
(k) **Residents training in rural track programs.** Subject to the provisions of §413.81, an urban hospital that establishes a new residency program, or has an existing residency program, with a rural track (or an integrated rural track) may include in its FTE count residents in those rural tracks, in addition to the residents subject to its FTE cap specified under paragraph (c) of this section. An urban hospital with a rural track residency program may count residents in those rural tracks up to a rural track FTE limitation if the hospital complies with the conditions specified in paragraphs (k)(2) through (k)(7) of this section.

(1) If an urban hospital rotates residents to a separately accredited rural track program at a rural hospital(s) for two-thirds of the duration of the program for cost reporting periods beginning on or after April 1, 2000, and before October 1, 2003, or for more than one-half of the duration of the program for cost reporting periods beginning on or after October 1, 2003, the urban hospital may include those residents in its FTE count for the time the rural track residents spend at the urban hospital. The urban hospital may include in its FTE count those residents in the rural track training at the urban hospital, not to exceed its rural track FTE limitation, determined as follows:

(i) For rural track programs started prior to October 1, 2012, for the first 3 years of the rural track's existence, the rural track FTE limitation for each urban hospital will be the actual number of FTE residents, subject to the rolling average at paragraph (d)(7) of this section, training in the rural track at the urban hospital. For rural track programs started on or after October 1, 2012, prior to the start of the urban hospital's cost reporting period that coincides with or follows the start of the sixth program year of the rural track's existence, the rural track FTE limitation for each urban hospital will be the actual number of FTE residents, subject to the rolling average at paragraph (d)(7) of this section, training in the rural track at the urban hospital.

(ii) For rural track programs started prior to October 1, 2012, beginning with the fourth year of the rural track's existence, the rural track FTE limitation is equal to the product of the highest number of residents, in any program year, who during the third year of the rural track's existence are training in the rural track at the urban hospital and are designated at the beginning of their training to be rotated





# ACGME Rural Track Program (RTP) Project Steps

## ***June-Sept 2020***

Stakeholder  
interviews  
Policy clarification

## ***Oct-Dec 2020***

Synthesis and  
proposal writing  
Process mapping  
Internal meetings

## ***Jan-Feb 2021***

Policy changes  
BOD update  
ADS intake  
submission

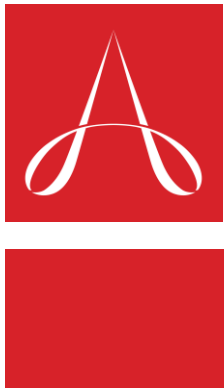
## ***Mar-May 2021***

Internal work  
groups  
ADS build  
Web page build  
RC preparation  
External meetings

## ***June 2021***

RTP designation  
launch





# Interview Findings

- Need for definition of terms
- RC awareness of workforce needs
- RC interest and support for ACGME designation
- Desire to identify/track all rural experiences
- Aware of accreditation challenges



# ACGME Rural Track Program (RTP)

An ACGME-accredited program with a unique 10-digit identifier in which residents/fellows gain both urban and rural experience with more than half of the education and training for each resident/fellow taking place in a rural area (any area outside of a Core-Based Statistical Area (CBSA)).



# **ACGME Rural Track Program Designation**

A classification provided by the ACGME that identifies Rural Track Programs at the time of application for accreditation.



# ACGME Rural Track Related Program

A separately accredited program in the same specialty at the same Sponsoring Institution in which residents/fellows have some overlapping education and training experiences with the ACGME Rural Track Program residents/fellows and may share resources.



# Now Live in ADS!

New Program Application

1. Basic Information

Program State:

Illinois

What is the planned start date for the first class of residents/fellows:

July 1st

X

Length of accredited resident/fellow training (in years):

Please Select

Does this program currently have residents/fellows:

☐ Yes

☐ No

Are you seeking designation as an ACGME Rural Track Program? ⓘ

☐ Yes

☐ No

This designation is intended to be consistent with the CMS definition of a 'rural track,' in the Code of Federal Regulations [413.79(k)].

DIO Comments for the Program Director (optional):

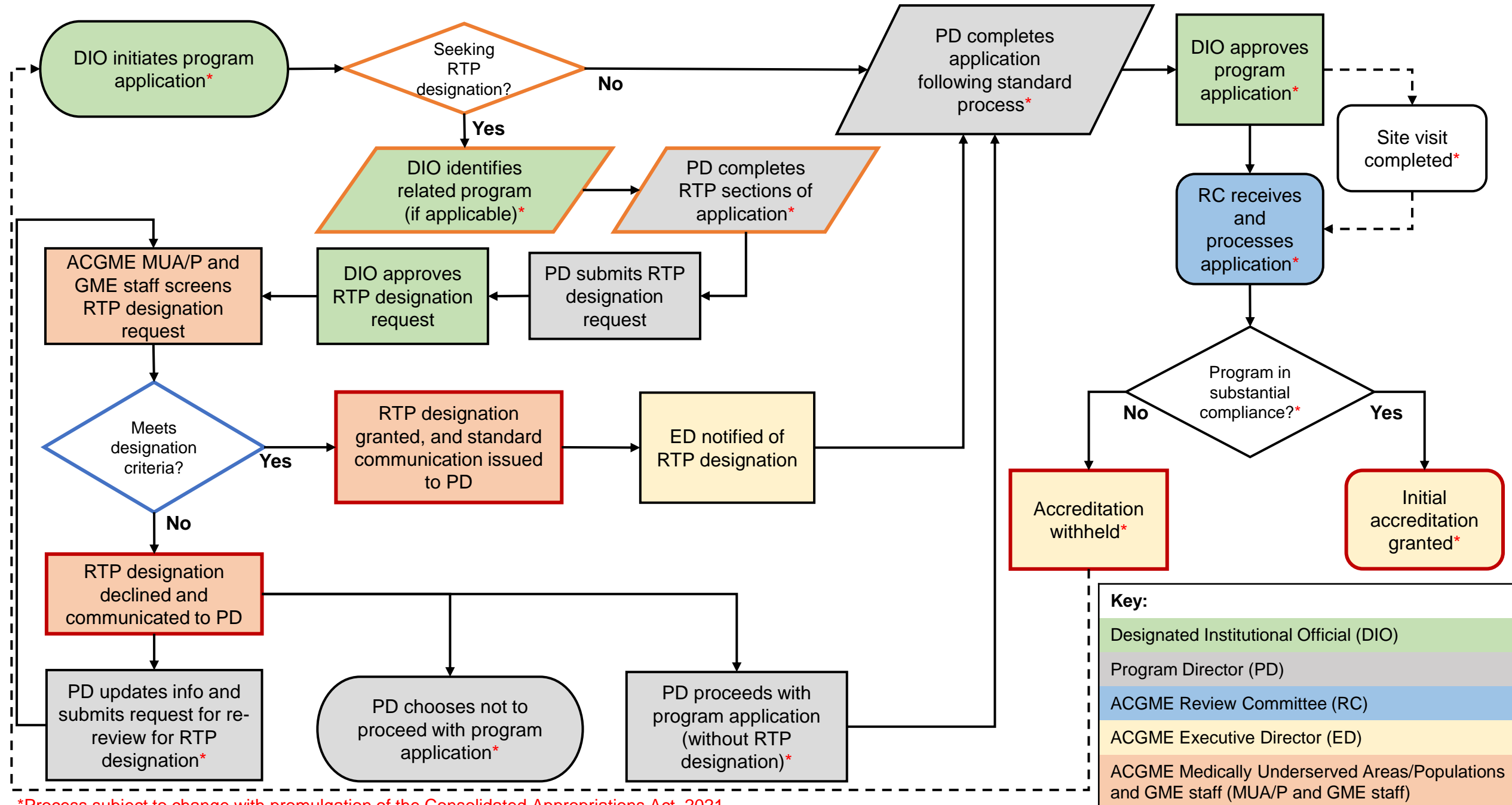
2. Related Programs

Identify any ACGME Rural Track Related Program at your institution (optional): ⓘ

Please Select



# ACGME Rural Track Program (RTP) Designation Process – Program Application (4.21.21)



## **RTP Designation Inputs**

- Seeking ACGME RTP designation
- Program director information
- ACGME Rural Track Related Program (if applicable)
- Participating sites data: site address (including county), Medicare Provider ID for PPS hospital providing financial support for GME at each site, months at each site, block diagram, RTP Rotation Information Form

## **RTP Designation Criteria**

- ✓ More than 50 percent of aggregated rotation months occur at rural Prospective Payment System (PPS) hospitals or non-provider site(s)
- ✓ Rural participating site(s) are in a rural county (outside of any Core-Based Statistical Area) based on the CBSA crosswalk file on most recent IPPS Final Rule Home Page
- ✓ Includes required rotations at a non-rural PPS hospital or non-provider site

## **RTP Designation Outputs**

- Designation process updates: designation declined/approved
- Letter of Notification: ACGME Rural Track Program designation
- Publicly available report of ACGME Rural Track Program designations at application



# “Rural” Criterion for ACGME RTP Designation

- Refer to the CBSA Crosswalk File on the most recent [IPPS Final Rule Home Page](#)
- County considered “rural” if Column F on the Crosswalk sheet is blank (not within a CBSA)

FY 2021 Final Rule and Correction Notice Data Files

1. [Impact File FY 2021 Final Rule and Correction Notice \(ZIP\)](#)

2. [AOR/BOR File FY 2021 Final Rule and Correction Notice \(ZIP\)](#)

3. [Case Mix Index File FY 2021 Final Rule \(ZIP\)](#)

4. [HCRIS Data File FY 2021 Final Rule \(ZIP\)](#)

5. [Cost Center HCRIS Lines Supplemental Data File \(ZIP\)](#)

6. [Standardizing File FY 2021 Final Rule \(ZIP\)](#)

7. [FY 2021 Final Rule County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File \(ZIP\)](#)

8. [Wage Index Public Use Files \(FY 2021 Final Rule and Correction Notice\) \(ZIP\)](#)

9. [FY 2021 IPPS Medicare DSH Supplemental Data File \(Final Rule and Correction Notice\) \(ZIP\)](#)

10. **Lugar Hospitals in Counties that Qualify for an Outmigration Adjustment for FY 2021: Note, this file will no longer be posted as all relevant information is available in Table 2.**

11. [Hospital Readmissions Reduction Program Supplemental Data File \(ZIP\)](#)

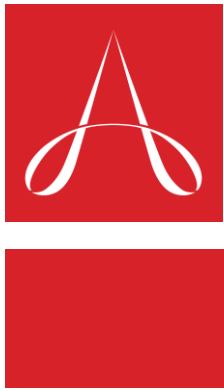
12. [FY 2022 New Technology Thresholds Final Rule and Correction Notice \(ZIP\)](#)

A		B	C	D	E	F
FY 2021 Crosswalk						
County Name	Stat	FIPS County Code	CBSA (Prior Year Delineations)	CBSA Name (Prior Year Delineations)	FY 2021 CBSA (Revised Delineations)	
AUTAUGA	AL	01001	33860	Montgomery, AL	33860	
BALDWIN	AL	01003	19300	Daphne-Fairhope-Foley, AL	19300	
BARBOUR	AL	01005				
BIBB	AL	01007	13820	Birmingham-Hoover, AL	13820	



# Disclaimer

The ACGME RTP designation is independent of any rural track designation by the Centers for Medicare and Medicaid Services (CMS) and does not guarantee that a program will meet CMS eligibility requirements for GME or other financial support. If you have questions about the CMS rural track policy, contact your GME finance staff and/or the Prospective Payment System (PPS) hospital's Medicare Administrative Contractor (MAC).



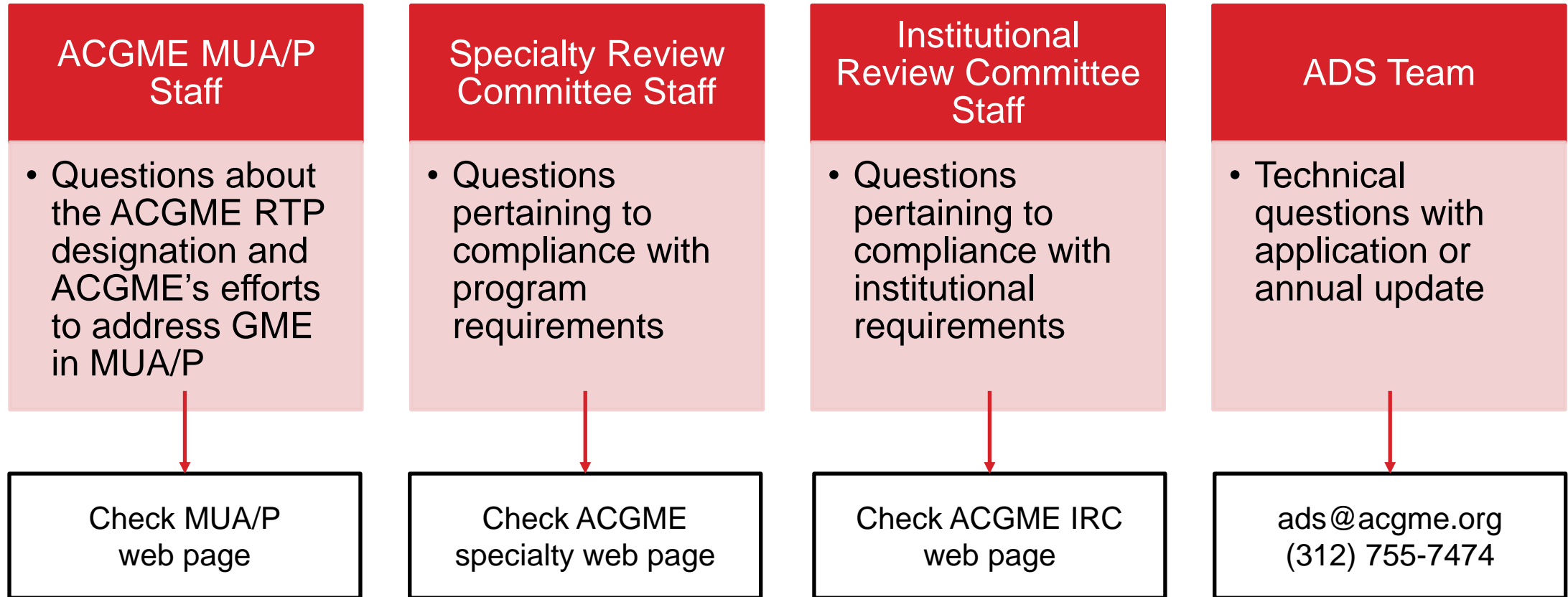
# Legislation Updates

- Section 127 of Consolidated Appropriations Act, 2021
- Proposed changes to rural track policy in [FY 2022 IPPS Proposed Rule](#)  
– ACGME will adjust process accordingly

Current	Future (Oct 1, 2022)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Separate program	<input type="checkbox"/> Program expansion
<input type="checkbox"/> Urban funding only	<input type="checkbox"/> Rural and urban funding
<input type="checkbox"/> 3-year rolling average	<input type="checkbox"/> No rolling average
<input type="checkbox"/> FM-centric	<input type="checkbox"/> All specialties



# Contact





# <https://www.acgme.org/What-We-Do/Accreditation/Medically-Underserved-Areas-and-Populations>

[Home](#) > [What We Do](#) > [Accreditation](#) > [Medically Underserved Areas and Populations](#)

## Medically Underserved Areas and Populations

### Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME has developed an accreditation framework to provide additional support and review accreditation processes to promote the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This new framework outlines initial, high-priority actions needed to address accreditation in MUA/Ps.

### Rural Initiatives

#### *ACGME Rural Track Program Designation*

Consistent with Section II of the MUA/P framework, the ACGME is developing processes addressing ACGME-accredited programs that are also "rural tracks" as defined in rules and regulations of the Centers for Medicare and Medicaid Services (CMS) in 42 CFR §413.79(k).

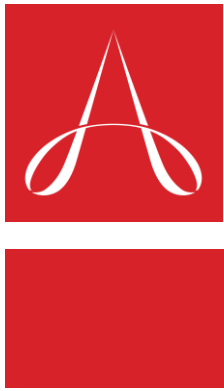
### Quick Links

- [ACGME Newsroom and Blog Updates on Medically Underserved Areas »](#)
- [ACGME Specialties »](#)
- [ACGME Diversity, Equity, and Inclusion »](#)

### Relevant Presentations in Learn at ACGME

[ACGME and Rural Graduate Medical Education »](#)

[What Will the Medical Workforce of the Future Look Like »](#)



# Questions?

[muap@acgme.org](mailto:muap@acgme.org)





**Thank you!**



ACGME

# Appendix



# Duration Threshold

RTP Rotation Information Form\* and rotation months per year listed in ADS must show:

- ✓ more than 50% in rural sites (PPS hospitals and/or non-provider sites)
- ✓ some GME in non-rural sites (PPS hospitals and/or non-provider sites)

\*An RTP Rotation Information Form must be uploaded with the program's block diagram for designation consideration. The template can be found on the [ACGME MUA/P web page](#).

Total Rural	Total Non-Rural	ACGME RTP Designation Criteria?
49%	51%	X
50%	50%	X
51%	49%	✓
75%	25%	✓
100%	0%	X