

# University of Colorado School of Medicine

# Rural Program:

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# Concept, mission and results

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*Lu Heimerl, Coordinator*

*Melissa Darzins MBA, Coordinator*

*Julia Kendrick MA, Coordinator*



# Colorado's Healthcare Workforce Needs

- **2/3 of Colorado's counties are rural or frontier**

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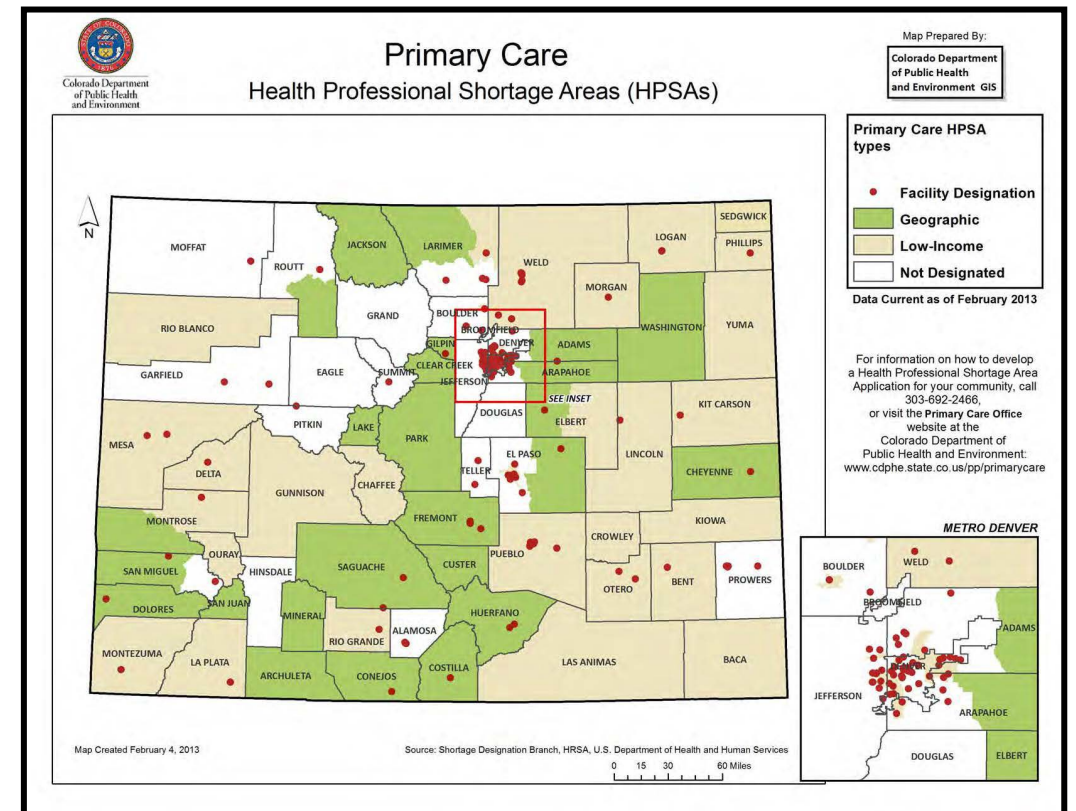
- **Most are fully or partially short of primary care, nursing, behavioral health and dental professionals**
- **Insurance coverage does not equal access to care when the workforce is inadequate**
- **The access problem has at least two dimensions:**
  - **Mal-distribution among specialties**
  - **Mal-distribution geographically**
- **Telehealth is NOT a substitute for face-to-face care**

# Colorado's need – in maps

- 2/3 OF COUNTIES ARE RURAL OR FRONTIER



## MOST ARE PRIMARY CARE SHORTAGE AREAS



# Why does CUSOM need a Rural Program?

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- The SOM has always admitted students from rural backgrounds or with rural interests, but ...
- prior to 2005 there was no organized program to provide a rural viewpoint or in-depth rural clinical experience.
- Four years in an academic health center that is focused on sub-specialized urban healthcare systems causes students to lose their rural interest.
- Academic health centers are known to have a “hidden curriculum” against rural and primary care.

# What is the Rural Program?



- ***The CUSOM Rural Track was*** started in 2005 as an elective “track”.
  - *Goal: increase the number of students who will enter and remain in practice in rural areas of Colorado.*
- About 12% each SOM class
- Emphasizes primary care, particularly FM but we are happy with anyone who goes rural.
- The Rural Track expanded to the Rural Program in 2021 and now is responsible for the core clinical year of our students.

# Overarching goals of the Rural Program

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- Understand the unique **features of rural life** and rural populations that predict health care needs of those populations
- Grow knowledge, **skills and attitudes** about health care for rural populations that will facilitate their ability to live in and serve those populations
- Recognize **health needs and disparities** common to populations living in rural regions
- Develop and solidify features of students' **professional identities** that will test and hopefully support their interest in becoming rural physicians

# Rural Program Curriculum

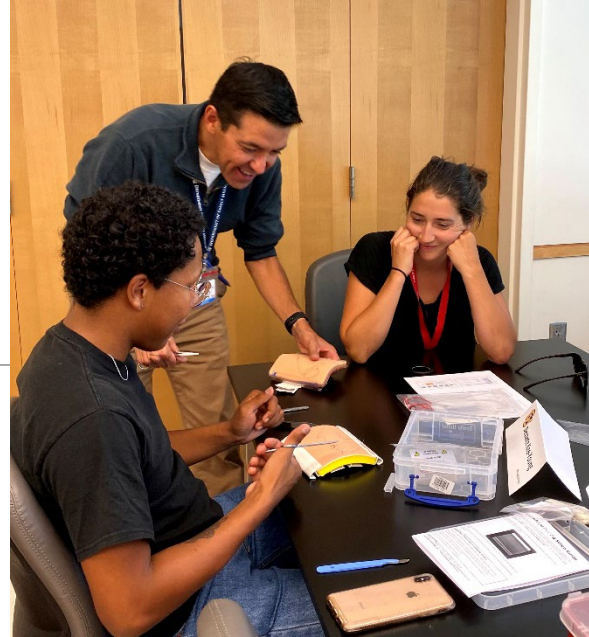
Longitudinal over 4 years



- Pre-matriculation orientation
- Seminars and workshops 2-3 times per month in first year
- 10 month rural longitudinal integrated clerkship
  - Clinical experience spans the entire medical community
  - Usually only one MD student in each location
  - Includes virtual connection with faculty and fellow students at rural locations
- Ongoing mentorship, advising, help with SOM MSA and social events
- Plan rural clinical electives and public health courses in years 3 and 4
- Residency advising and community links for job search



# First year skills workshops







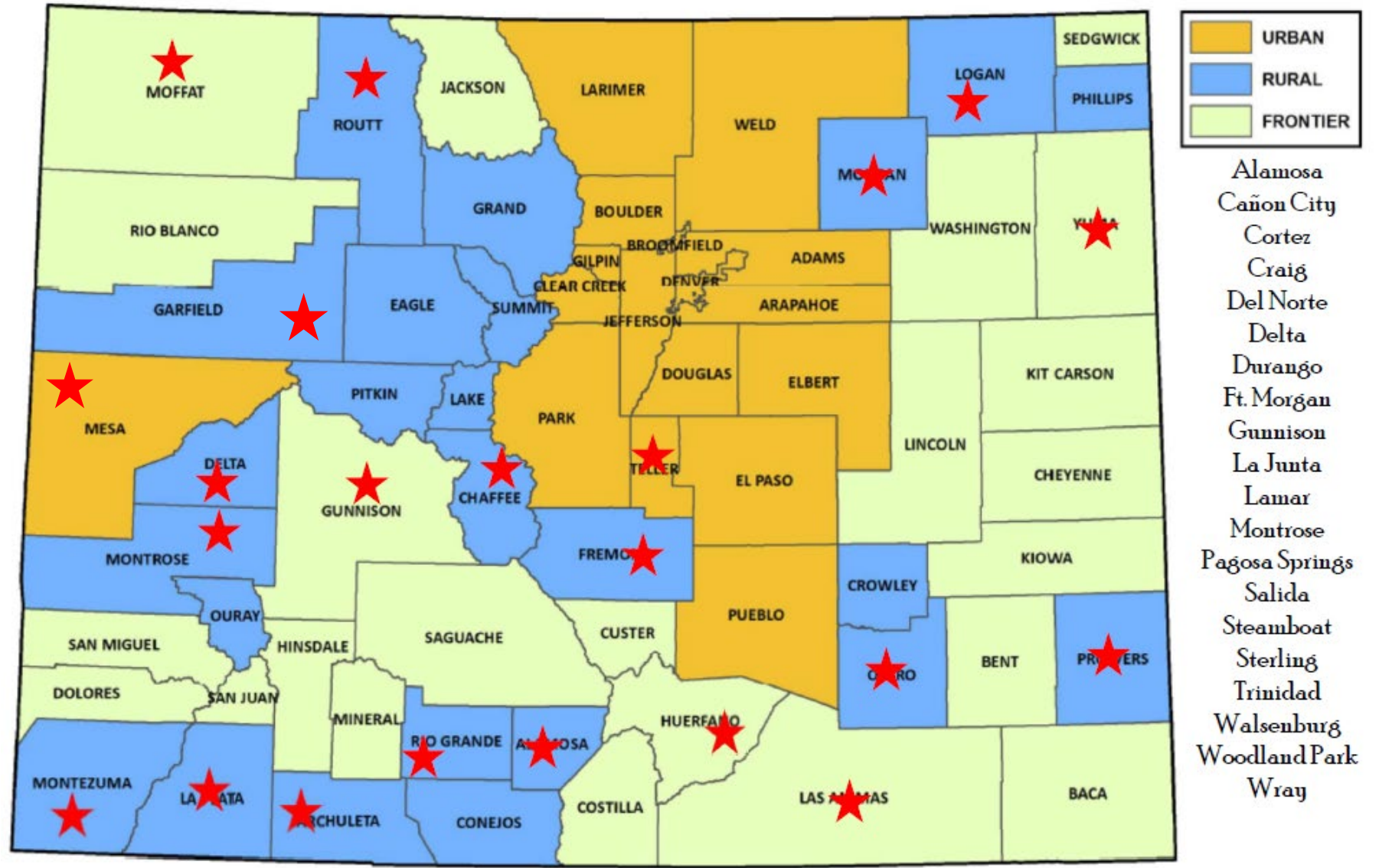
# Rural Program admissions process

- Students apply to the Rural Program as part of their SOM application.
- Many are attracted to CU because of the Rural Program
- Prioritization criteria:
  - Connection to Colorado
  - Knowledge of or interest in living and working in a rural community
  - Interest and experience in working with underserved populations
  - Knowledge of healthcare work through shadowing or employment
  - Evidence of resilience and positive work ethic
  - Interest in primary care or field of medicine suited to rural practice
  - Commitment to fully participate in the Rural Program curriculum including moving to a rural community for the core clinical year



# Rural Longitudinal Clerkship sites

We currently have 21  
students in 18 of  
these sites









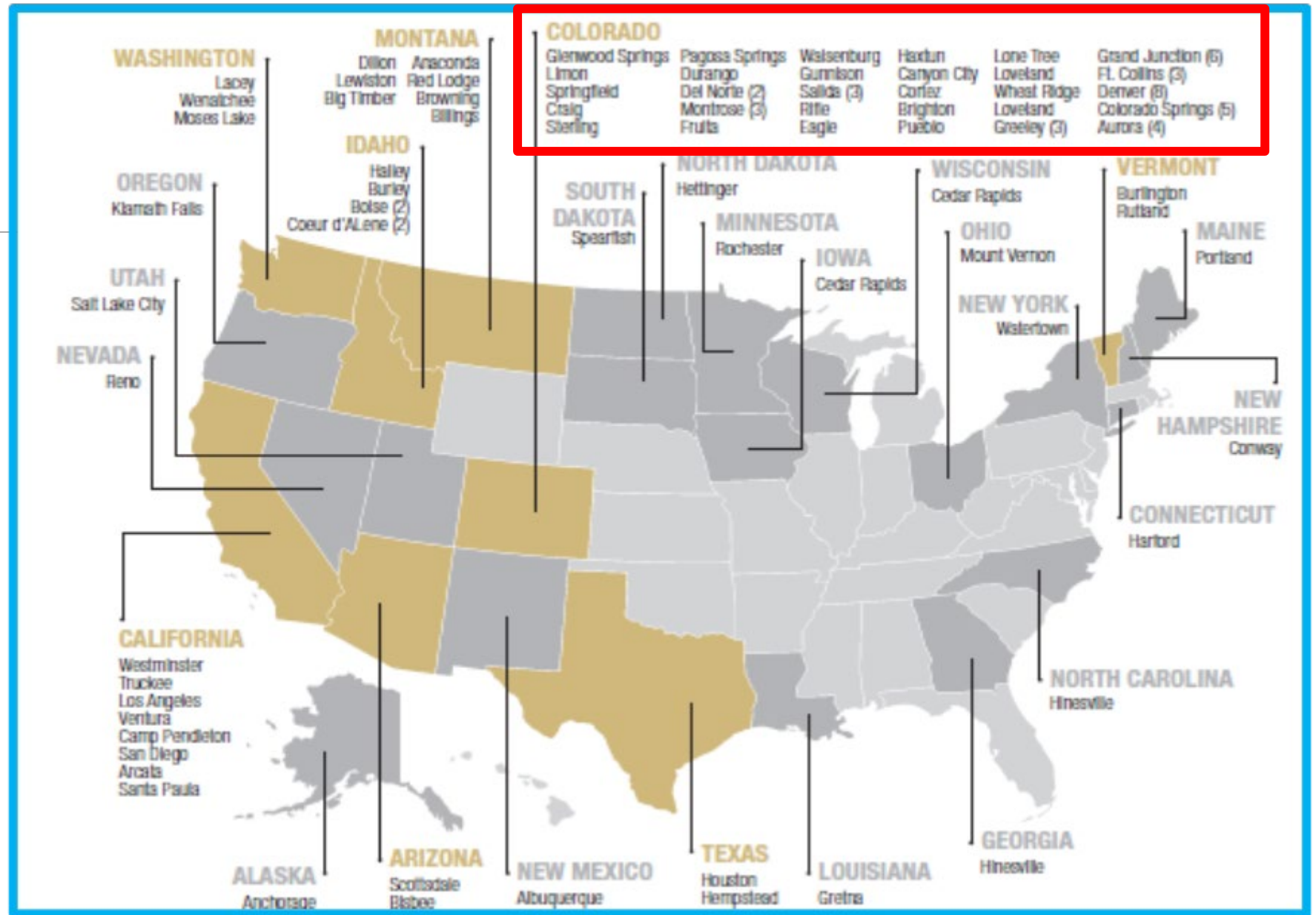
# Results



**Residency  
Match Results  
2009-2024  
(N=271)**

<b>Residency Choices of MD Rural Track Graduates Classes of 2009-2024</b>		
<b>Specialty</b>	<b>#</b>	<b>%</b>
Family Medicine	106	39%
Emergency Medicine	34	12.5%
Internal Medicine	35	13%
Anesthesiology	21	7.7%
Pediatrics	13	4.8%
OBGyn	17	6.3%
Psychiatry	7	2.3%
General Surgery	8	3%
Other	30	11%
Total	271	100%

Practice locations of our graduates



# Entry into Practice (N=115)

- **Primary care: 61/115 = 53%**
  - Family Medicine: 53/61 = 87%
- **Family Medicine: 53/115 = 46%**
  - Rural: 31/53 = 58%
  - Urban: 22/53 = 42%



# Colorado **Rural** Practice Sites of Rural Program Grads

- Sterling (FM)
- Wray (FM)
- Ft. Morgan (Peds)
- Brush (FM)
- Haxtun (FM)
- La Junta (FM)
- Trinidad (FM)
- Del Norte (FM and EM)
- Pagosa Springs (EM)
- Walsenburg (FM/EM)
- Cortez (2: FM and Psych)
- Durango (2: IM and GS)
- Montrose (3 FM, 4 EM, OBGyn)
- Salida (2 FM and Urology)
- Gunnison (2)
- Canon City (FM)
- Glenwood Springs (EM)
- Rifle (FM)
- Eagle (FM)
- Craig (FM)

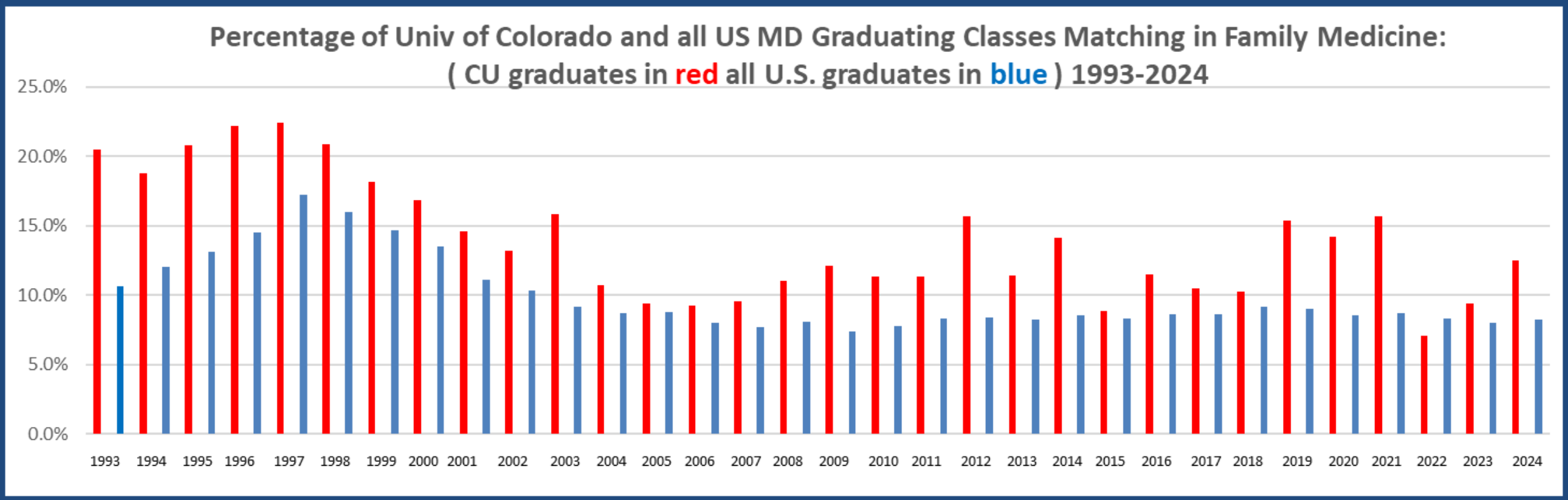
# Rural Program Grads in WWAMI States

- **Montana**

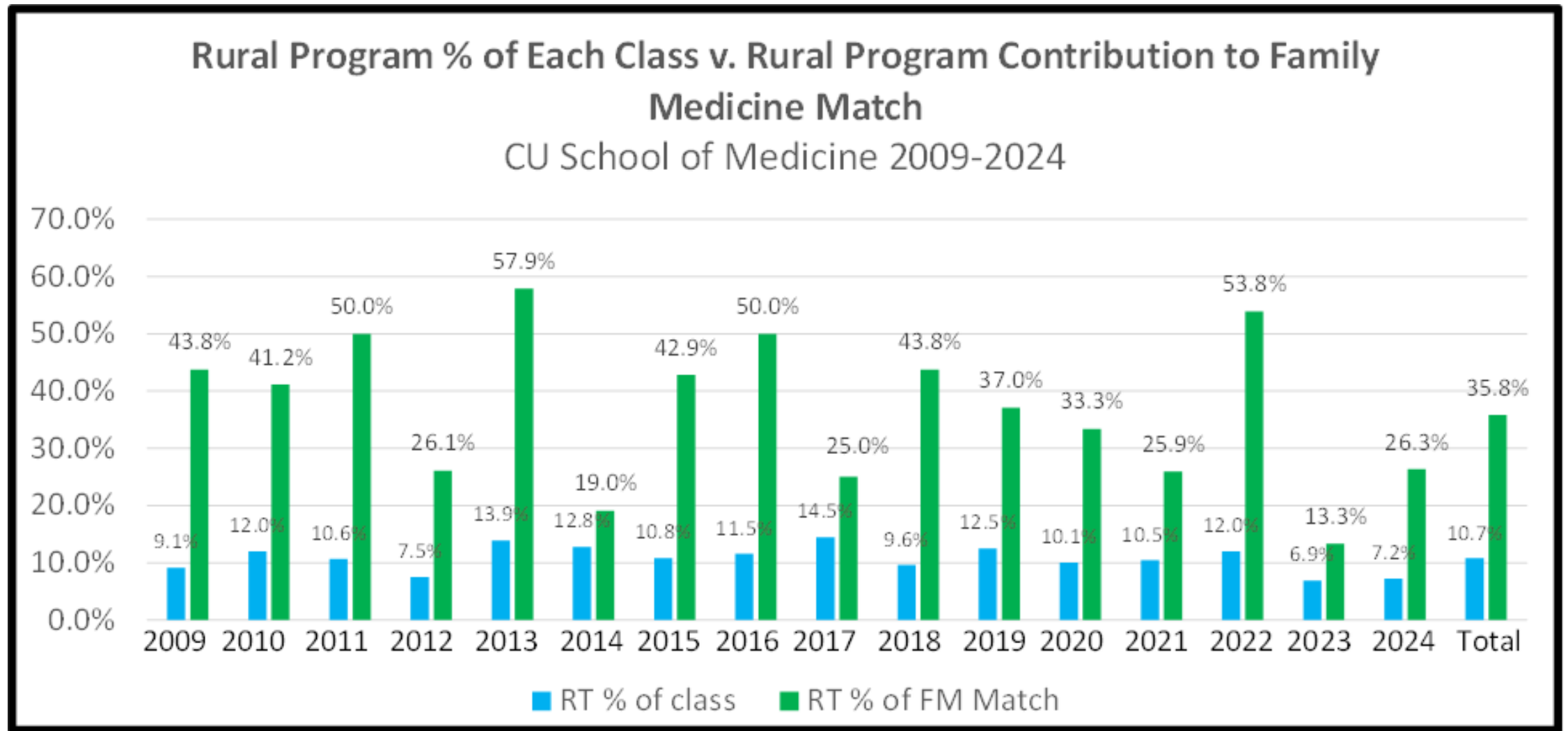
- Anaconda – Family Medicine
- Big Timber – Family Medicine
- Columbia Falls – Family Medicine
- Dillon – Family Medicine
- Lewistown – Family Medicine
- Red Lodge – Family Medicine
- Sheridan (soon) – Family Medicine
- Missoula - IM
- Helena - Orthopedics
- Bozeman - Anesthesiology

- Washington
  - Renton - OBGyn
  - Wenatchee - Anesthesiology
- Alaska
  - Anchorage – Orthopedics
  - Juneau - EM
- Idaho
  - Burley – General Surgery
  - Coeur d’Alene - IM
  - Boise – Pediatric Psychiatry
- Wyoming
  - Cheyenne - Radiology

# US MD match trend (US and Colorado) - FM

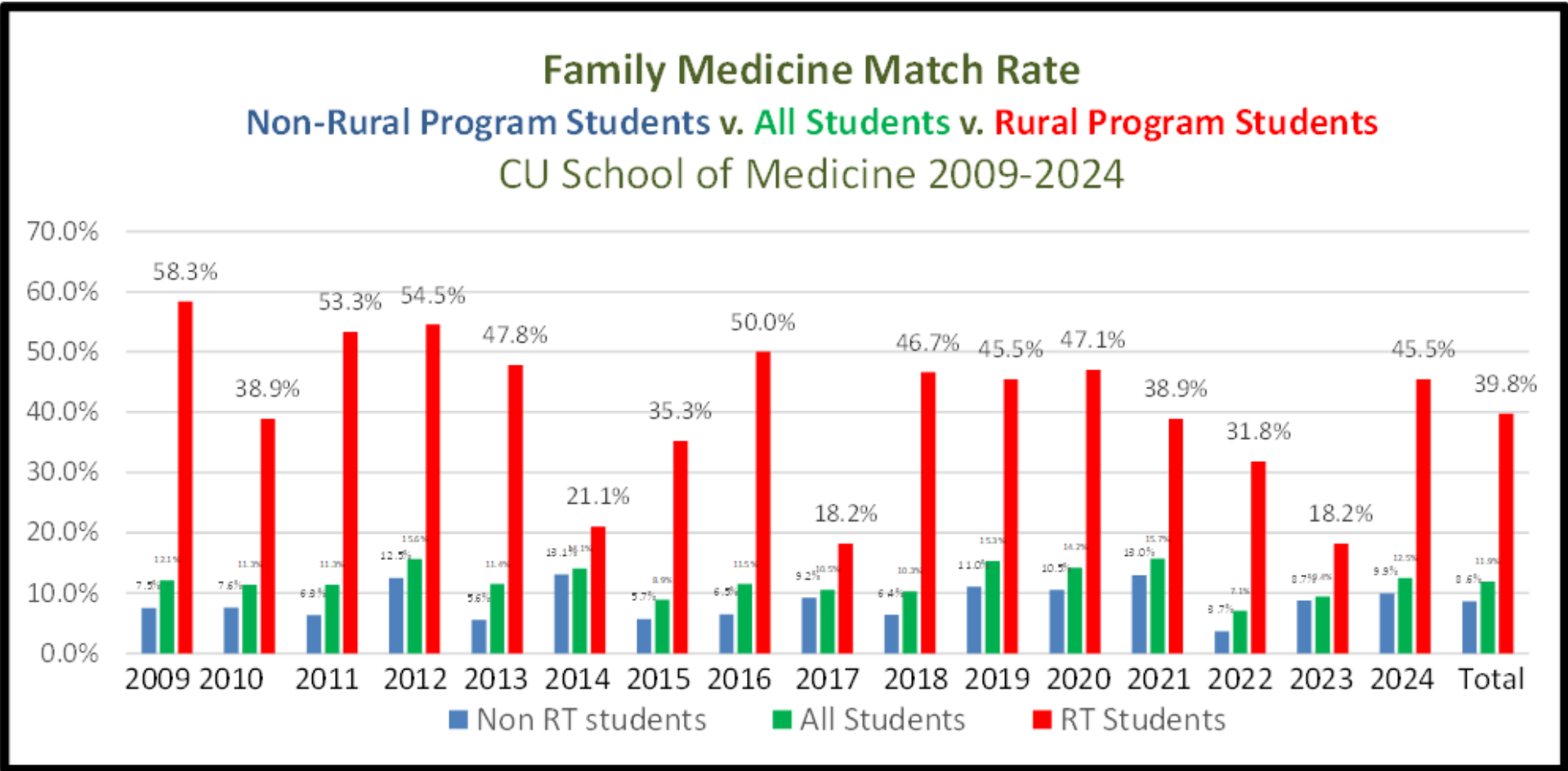


# Importance of Rural Program to Family Medicine at CU





# FM Match Rates of Three Sets of CU Students



# Rural Program academic output

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- 20 National presentations; many with student involvement
  - RME
  - NRHA
  - STFM
  - NAPCRG
  - NAO (AHEC)
  - WONCA international
- HRSA Policy Brief
- 2 National leadership offices
- 3 Peer-reviewed publications
- Numerous student mentored scholarly projects

# Rural Program Operations

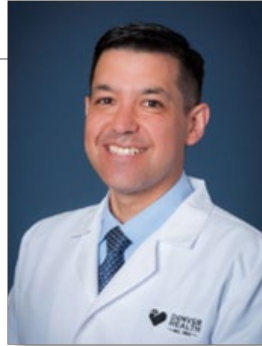
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- Faculty
- Staff
- On-campus (years 1, 3, 4 and SOM service)
- Rural Longitudinal Clerkship (year 2)
- Wide range of other rural-related programming
- Budget
  - SOM support
  - Grants
  - Gifts

# Rural Program Faculty & Staff



**Mark Deutchman, MD**  
Director and  
Assoc Dean Rural Health



**Roberto Silva, MD**  
Asst Director/LIC Director



**Megan Lykke, MD**  
LIC Faculty



**Mandy Swanson, MD**  
LIC Faculty



**Liz Gundersen, MD**  
LIC Faculty



**Melanie DeHerrera**  
Manager



**Melissa Darzins**  
LIC Coordinator



**Lu Heimerl**  
Admin Coordinator



**Julia Kendrick**  
Education Coordinator

# Rural Program Annual Budget

## Rural Longitudinal Integrated Clerkship

### **Costs:**

\$650,000 Faculty 1.6 FTE + Staff 2.0 FTE

\$120,000 Operations and site support

\$ variable Student housing support

### **Funding sources:**

\$ 330,000 School of Medicine

Remainder from other Rural Program sources

## Other Rural Program components

### **Costs:**

\$330,000 Faculty 1.0 FTE + Staff .75 FTE

\$ 20,000 Operations

### **Funding sources:**

\$ 100,000 Dean

\$ 100,000 UPL

\$ 150,000 HRSA grant: (ending now)

\$ 440,000 Endowments, gifts and savings



# Scholarships for Rural Program Students

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- Joanna Sakata Family Scholarship
- National Western Stock Show
- CoBank
- Various community named scholarships (Montrose, Craig, Trinidad, Del Norte etc.)
- UPL/DEF
- Rural program scholarship fund
- Colorado Rural Healthcare Workforce Initiative
- Seeking others

# Long-Term Budget Plans

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- The Longitudinal Clerkship is very costly; needs fuller SOM support
- Protect existing general use endowments
  - Pat and Kathleen Thompson Endowed Chair for Rural Family Medicine \$3.2M
  - Rural Program Endowment
  - Sakata-Garcia endowment
  - FJ Moore endowment
  - Promote gifts from graduates
- UPL/DEF
- Seek additional general use endowments
- Colorado Rural Healthcare Workforce Initiative



