



## Wisconsin Rural Physician Residency Assistance Program

Wisconsin Rural Physician Residency Assistance Program (WRPRAP) is a resource assisting health programs to expand opportunities and prepare new physicians to practice in rural areas.

A state-funded program administered by the University of Wisconsin since 2010, WRPRAP collaborates with statewide partners and competitively awards grants to develop new and existing sites for rural GME.

Grant eligibility includes Wisconsin residency programs in family medicine, general surgery, internal medicine, obstetrics, pediatrics and psychiatry, and involves GME experiences in communities with a population less than 20,000, at least 15 miles from a community population of 20,000 or more.

### Past and Present Projects

#### Aurora Health Care (Elkhorn, WI)

2012 – 2017

- Designed 3-year curriculum for metro and rural sites
- Created Aurora Lakeland Rural Training Track to extend Aurora Family Medicine Residency Program
- Planning to recruit first resident to start 2017

#### Baraboo Rural Training Track (Baraboo, WI)

2012 – 2017

- Implemented online program for primary and acute care residency education
- Received funding for curriculum development

#### Monroe Clinic (Monroe, WI)

2012 – 2017

- Created hospitalist and emergency medicine fellowship program
- Implemented new rural residency program
- Received funding to facilitate first phase of Rural Family Medicine Curriculum on Women's Health

#### UW Dept. of Surgery (Madison, WI)

2013 – 2015

- Established new rural general surgery residency track
- Matched first resident in 2015

#### Gundersen Health System (La Crosse, WI)

2013 – 2017

- Designed new residency program curriculum
- Started new Family Medicine Residency Program
- Enhancing curriculum and rural faculty development



#### Active Sites for Rural GME

Wisconsin Collaborative for Rural GME (November 2015)

#### Wisconsin Collaborative for Rural GME (Statewide)

2013 – 2017

- Provides ongoing assessments, data analysis and technical assistance for rural sites interested in developing or expanding GME opportunities
- Developing partnerships with academic and community organizations in northwest Wisconsin

#### UW Dept. of Obstetrics & Gynecology (Madison, WI)

2015 – 2017

- Developing new rural OB/Gyn residency track
- Planning to recruit first resident to start 2017

#### 2014 - 2015 Grant Funding

- Wisconsin Collaborative for Rural GME: \$160,427 *Continuing Rural GME Outreach, Training and TA*
- UW Dept. of OB/Gynecology: \$145,462 *New Rural Residency Track*
- Aurora Health Care: \$140,165 *RTT Development*
- Divine Savior Healthcare: \$86,311 *Resident Rotations*
- Gundersen Health System: \$58,224 *Curriculum Development*

TOTAL = \$590,589

## WISCONSIN HOSPITAL ASSOCIATION, INC.



**Date:** February 17, 2016

**To:** Senate Committee on Universities and Technical Colleges

**From:** Kyle O'Brien, Senior Vice President Government Relations

**Subject:** WHA Supports SB 662 – WI Rural Physician Residency Assistance Program Funding

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The Wisconsin Hospital Association (WHA) supports Senate Bill 662, legislation that would provide an additional \$250,000 in one-time funding to the Wisconsin Rural Physician Residency Assistance Program (WRPRAP). The bill would provide \$250,000 in general fund dollars in addition to funding already allocated to WRPRAP from the Critical Access Hospital (CAH) Assessment.

Currently, the CAH Assessment funds an annual appropriation to WRPRAP of \$750,000. The additional funding in SB 662 would be provided for one fiscal year, beginning July 1, 2016.

During the 2013-15 biennial budget, Governor Walker and the state legislature made an unprecedented state commitment to Graduate Medical Education (GME) funding. The budget bill included a WHA-led initiative to invest \$5 million in additional GME training opportunities, with financial match requirements for hospital and health system program sponsors. This example of a partnership between the state of Wisconsin and WHA member hospitals has led to impressive results. In a little over two years, the program has already provided funding to establish seven new residency programs serving 34 Wisconsin counties and training 73 new physicians. In fact, the new GME program has been so successful that it may require a reallocation of this funding in the next state budget to ensure that the seven newly created residency programs can expand into the future.

According to WHA's widely cited *100 New Physicians a Year: An Imperative for Wisconsin*, state funding to support residency programs continues to be a wise investment to keep Wisconsin-trained physicians in this state. The data in WHA's *100 Physicians Report* shows that a medical student from Wisconsin that is educated in this state and also does their residency in Wisconsin has an 86% likelihood of staying to practice here. If the student is from another state, the likelihood that the physician practices here is still an astounding 70%.

The *100 New Physicians a Year* report was originally authored because of a physician shortage being experienced in all parts of Wisconsin, both urban and rural. That report found that by the year 2030, Wisconsin will need to educate and train an additional 2,000 physicians to practice in our state – resulting in 100 new physicians every year from 2011 to 2030.

More physician specialists in the areas of family medicine, internal medicine, general surgery, pediatrics and psychiatry are all needed to replace the aging physician workforce in our state. The GME program funded by Governor Walker in the 2013-15 state budget and supported by the state legislature targeted these specialties to help meet our state's current and future physician workforce needs.

Please contact Kyle O'Brien at [kobrien@wha.org](mailto:kobrien@wha.org) or by phone at (608) 274-1820 with any questions.



# EDWARD BROOKS

STATE REPRESENTATIVE

Testimony – Assembly Bill 797/Senate Bill 662  
Assembly Committee on Mining and Rural Development

February 17<sup>th</sup>, 2016

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Chairman Harsdorf and Members,

As an advocate for rural communities, I know there are many advantages to living life in a less crowded, less condensed community. Open spaces are important, but when medical care is necessary, we all want to be able to see the doctor as quickly as possible.

A few years ago, legislators from both sides of the aisle, including myself, Representative Danou, and Representative Milroy, came together to support the creation of the Wisconsin Rural Physician Residency Assistance Program (WRPRAP). Since 2010, WRPRAP has been working to ensure that quality physicians train and remain in rural Wisconsin. The program funds residency opportunities in rural communities, with the understanding that a physician is more likely to practice medicine in a setting similar to the one where they received their training.

In 2015, the program awarded nearly \$600,000 in grants to rural hospitals, and had a hand in funding 77 of the state's 83 rural physician residency and fellowship positions (93%).

With the impending retirement of the baby boom generation, health care access will increase in importance for a large segment of the population, many of whom will be seeking an ideal place to spend their retirement years.

AB 797 increases program funding by \$250,000. This increase will allow the program to maintain its current service base, while expanding to provide even more residency programs in rural Wisconsin. I know that one of WRPRAP's goals is to establish OB-GYN residencies throughout Northern Wisconsin, and this funding could go a long way toward making that goal a reality. I will accept questions at this time.

TO: Members of the Senate Committee on Universities and Technical Colleges

FROM: Laurel W. Rice, MD  
Chair and Professor, Department of Obstetrics and Gynecology  
Ben Miller Peckham, MD, PhD Chair in Obstetrics and Gynecology  
University of Wisconsin School of Medicine and Public Health

Byron J. Crouse, MD  
Professor of Family Medicine  
Associate Dean for Rural and Community Health Director, Wisconsin Academy  
for Rural Medicine (WARM) Director, Wisconsin Rural Physician Residency  
Assistance Program University of Wisconsin School of Medicine and Public  
Health

DATE: February 17, 2016

RE: Support for SB 662 - Wisconsin Rural Physicians Residency Program

Chairwoman Harsdorf and members of the committee, thank you for the opportunity to testify in support of SB 662, which would provide a one-time funding increase to the Wisconsin Rural Physicians Residency Assistance Program, or WRPRAP.

This program was established in 2010 with state funding to help address physician shortages in underserved areas of the state. Through the University of Wisconsin, this program aims to expand opportunities and prepare new physicians to practice in rural areas. We also collaborate with statewide partners and competitively award grants to develop new and existing sites for rural Graduate Medical Education, or GME.

Grant awards include Wisconsin residencies in family medicine, general surgery, internal medicine, pediatrics, psychiatry, and others. The GME experiences occur in communities with a population of less than 20,000.

We have partnered, or are continuing to partner, with Aurora Health Care in Elkhorn, the Baraboo Rural Training Track, the Monroe Clinic, and Gunderson Health System, among others. There has been significant growth in the number of communities engaged in offering rotations and in the number of resident rotations occurring each year.

As of July 2016, with support from WRPRAP, residency programs across the state have added ten positions and three more are under development.

We also participate in the Wisconsin Collaborative for Rural GME, which is a statewide effort. This effort provides ongoing assessments, data, and technical analysis for rural sites interested in developing new GME opportunities.

We must also mention our gratefulness that the legislature retained our funding in the most recent biennial budget, a total of \$750,000. It was briefly threatened by the UW System cuts, but was restored by you and we are very grateful!

Senate Bill 662 would award \$250,000 in one-time funding. This investment could help overcome limitations in providing rural OB/GYN services. Thirty percent of the counties in Wisconsin do not have any practicing Obstetrician to provide maternity services. This funding will support the burgeoning UW OB/GYN rural residency track training program, which would be the first in the country, and will help us overcome state shortages.

We are enthusiastic to explore further opportunities. In the 2014-2015 funding cycles, we were simply unable to fund all requests at the level they deserved -- and requests for funding have been increasing each year. We are grateful for our current WRPRAP funding, and for this new one-time increase. Total funding will not currently meet the demand we have and, as a result, we will grant awards at levels lower than requested in order to keep the largest number of applicants funded. We look forward to working with you through this funding process -- and in the future -- to determine more ways we can expand access to health care for our underserved rural and urban areas of the state.

Thank you again for the opportunity to testify and I would be happy to answer any questions you may have.



# TOM TIFFANY

STATE SENATOR • 12TH SENATE DISTRICT

## Testimony on Senate Bill 662

### Senate Committee on Universities and Technical Colleges

February 17, 2016

I would like to thank Chairwoman Harsdorf and members of this committee for hearing Senate Bill 662 (SB 662) today.

This bill is a part of the Rural Wisconsin Initiative that aims to provide focus and leadership to the discussion about how to expand the opportunities in rural Wisconsin. Access to quality healthcare is an important issue to rural Wisconsin. As the baby boom generation retires, this access will only become more important. With this in mind, the Wisconsin Rural Physician Residency Assistance Program was created in 2010. This program funds residency opportunities in rural Wisconsin, with the understanding that the physician would be more likely to practice medicine in a setting similar to the one where they received their training.

In 2015, the program awarded \$600,000 in grants to rural hospitals, and had a hand in funding 93% of the state's rural physician residency fellowship positions. Assembly Bill 797 would increase the program funding by \$250,000 to allow the program to maintain its current service base and expand opportunity for doctors pursuing specialty areas of medicine.

I would like to thank Representative Ed Brooks for his work on this bill. I also would again like to thank the Chairwoman and members of this committee for hearing Senate Bill 662 today, and I ask for your support of this bill.

Tom Tiffany  
Wisconsin State Senator  
12<sup>th</sup> Senate District