

Building a Sustainable Rural Primary Care Workforce in the United States: The WWAMI Approach

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Objectives:

To describe programs associated with the University of Washington School of Medicine WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) Program that are designed to build and sustain the rural primary care medical workforce in the northwest U.S.

Findings:

The University of Washington School of Medicine's (UWSOM) 45-year old, five-state regional medical education program, WWAMI, was developed to increase the primary care physician workforce and address the maldistribution of physicians in the Northwest region of the U.S. It employs a community-based medical education approach which provides clinical training during the 3rd and 4th year rotations across the five state region which covers 27% of the U.S. landmass and has less than 4% of the population. Three specific programs of the UWSOM have been developed that focus on rural training: the Rural Underserved Opportunities Program (R/UOP), WWAMI Rural Integrated Training Experience (WRITE) and the Targeted Rural UnderServed Track (TRUST). R/UOP students spend one month between first and second year of medical school in a rural community experiencing rural practice by seeing patients with a local physician. Launched in 1989, R/UOP has consistently enrolled over half (approximately 120) of each medical school class. The WRITE program began in 1996 and is a longitudinal integrated clerkship which allows students to receive credit for over half of their required clinical rotations by completing their training in a rural community. To date, there have been 190 graduates of this program with 67% entering primary care residency training and 35% entering rural practice. The TRUST program began in 2008 and has expanded from 3 students the first year to 30 students in the entering class of 2016. The TRUST program matches students to a continuity community for all four years of their medical education, including time before they start medical school. TRUST's annual enrollment has grown from 20 students in 2013 to 32 in 2016. The WWAMI region has a Family Medicine Residency Network with 25 family medicine residency graduate medical education (GME) programs across the five state region. This includes five rural training tracks (residency programs that provide GME to prepare physicians to practice rural family medicine) with more programs planned to open soon. More than 70% of graduates of the WWAMI Family Medicine Residency Network stay in the region to practice after completing residency. MEDEX, the UWSOM's physician assistant training program, began in 1969 and is one of the oldest physician assistant education programs in the U.S. MEDEX now has four campuses, over 2,200 graduates with 43% working in primary care, 20% in rural locations.

Conclusions/Policy Implications:

The WWAMI programs have expanded training and retention of rural and primary care health professionals for the region. Research to be completed by September will further detail rates of practice by specialty in the region. Ongoing challenges to training a rural primary care workforce and solutions implemented by the WWAMI programs will be detailed in the poster and should encourage discussion about their relationship to challenges in other countries as well as other regions of the U.S.