Engaging Communities & Transforming Health Care

Minnesota Critical Access Hospital & Rural Health Summit
Ray Christensen 24 June 2008
Rural Communities

• Rural - frontier to micropolitan
• Each community has local health care priorities
• Community healthcare priorities must be addressed by the local health care system
• Education of Healthcare professionals should reflect community needs
Rural Healthcare Delivery

• Traditionally the GP - Now FM+
• Individuals comfortable with uncertainty
• Able to make do with available resources
• Members of the Healthcare team generally practice with expertise outside own discipline
• Able to work in isolation
Rural Practice Realities

• National quality standards must be met
• Increasing pressure for technology by the public
• Rapidly expanding sphere of practice - knowledge needs, new professions, etc
• Demographic changes - aging, disability
• Geographical challenges and economies of scale
Rural Care is Changing

• Traditional reliance on FM in MN
• Rural practitioner base evolving - reliance & need of other disciplines and professions
• Specialty Choices - High student debt, life style, income - RVU (re-basing reimbursement system)
Student Selection

• Selection - Small community, rural background
• Non-traditional student
• Altruism
• AHEC identification - in schools K-12 (esp middle school) community work
• Support in college and med school - financial and emotional (recruit & retain)
• Open your organizations to experiential learning programs
Rural Experiential Programs

• All medical students should participate in rural rotations - many at main campus interested in rural MN - sites needed
• Identification of strong rural mentors
• Opportunities to observe and live and function as a rural healthcare professional (SIM)
Rural Experiential Programs

- Longitudinal experiences
- IPE experiences
- Educational culture that supports and models the value of rural care
- Experience to allow student to acquire the confidence needed
- Community/cultural involvement
- Education to include hi-touch and tech rotations
Existing Rural Experiential Programs

- RPAP
- SIM
- RCAM
- Prematriculation programs
- Preceptroships year one and two
Rural Programs in Development

- Rural rotations for every U of M Medical Student
- Implementation of the Duluth New DR (new Duluth rural curriculum)
Student Support

• Loan forgiveness and scholarships
• Community support/mentoring/retention
• Re-basing the reimbursement system
• Medical homes
• Healthcare Professional education costs - rural community housing
• AHEC
• Addressing life style, MD-MD marriages, etc.
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