

WCMEW

Wisconsin Council on Medical Education and Workforce

June 2021 Newsletter

LAST CHANCE TO REGISTER! WCMEW 2021 Clinical Training Forum

WCMEW's 2021 Clinical Training Forum: Challenges and Best Practices

June 24, 9-11:30 AM - Virtual - [Register Today](#)

If you haven't already, be sure to register for the 2021 Clinical Training Forum. View the [full agenda](#) for speaker lineup and topics and [register](#) by the end of the day tomorrow, June 18 to be a part of this free forum!

If you have questions, contact George Quinn at gquinn@wcmew.org or 608-333-4335.

Interview with Carlyle H Chan, MD, Professor of Psychiatry, Medical College of Wisconsin

June marks the celebration of the Medical College of Wisconsin's (MCW) first graduating classes of its Northeastern and Central Wisconsin Psychiatry Residency Programs. The two programs are graduating a total of five residents, four of whom will be practicing in rural Wisconsin. Two other fourth year rural residents moved to Milwaukee and are in the middle of their 2-year Child and Adolescent Psychiatry Fellowship.

From the beginning, Dr. Chan has spearheaded this initiative, which started nearly a decade ago. Dr. Chan sat down with George Quinn, WCMEW Executive Director, for a discussion on who was involved, what it means for Northern and Northeastern Wisconsin, and what we can learn about public-private partnerships.

Dr. Chan, can you give us a little background on yourself?

I was born in Mississippi and my family moved to Milwaukee when I was four. With the exception of my residency and fellowship, I have lived in Wisconsin for over 60 years. I attended UW as an undergrad and MCW for medical school. I did my psychiatry residency at the University of Chicago and a Robert

Wood Johnson Clinical Scholars Fellowship at Yale before returning to join the MCW Psychiatry faculty in 1980.

Tell us about this initiative and how you became involved.

MCW started two new rural medical school campuses in Green Bay and Wausau. If we were going to keep physicians in rural communities, it was clear that not only were rural medical schools needed but also rural residencies. Having been the Psychiatry Residency Program Director in Milwaukee for almost 18 years, I was tapped to lead the initiative to form new rural psychiatry residencies.

In addition to yourself, who were some of the main actors?

MCW President John Raymond and MCW Dean Joseph Kerschner were the driving forces behind the new rural medical school campuses. They directed Psychiatry Department Chair Jon Lehrmann to start new rural psychiatry residencies. We were fortunate to recruit Rob Gouthro and Ed Krall to become the inaugural Program Directors. They were the “boots on the ground” to finalize and implement the programs. Then there were the numerous rural psychiatrists and other practitioners who agreed to become our clinical faculty.

What were some of the major challenges?

Initially, it was finding both financial and affiliate support. Feasibility and development grant funding from the Wisconsin Rural Physician Residency Assistance Program (WRPRAP) and the Wisconsin Department of Health Services (DHS), respectively, was essential. Psychiatry is somewhat unique in that, even in large cities, multiple affiliates are often necessary to fulfill all the training requirements. In Central Wisconsin, we held multiple meetings with 14 potential partners before seven committed to participating in the residency. Even then, we needed a Milwaukee affiliate to provide neurology training. In Northeastern Wisconsin, although there was significant early commitment from the Veterans Administration, Winnebago Mental Health Institute, and the Wisconsin Resource Center, it still took 18 months and again, multiple visits, to secure support for one additional trainee.

Then after the programs were initially accredited, we faced continuing situations where potential faculty either retired or relocated. This left us in the position of having affiliates with funding and clinical services but no supervisors. If DHS and WRPRAP hadn't stepped in to provide some continuing fiscal support, we would not have been able to reassign residents to other partners that did have clinical and supervisory resources, but had already maximized their ability to provide financial support. MCW also helped address the financial shortfalls.

What are the benefits to patients in this area of Wisconsin?

Rural communities face shortages of both availability of, and access to, mental health and addiction services. A recent study found that the difference in rural and urban death rates from chronic illnesses, including alcoholism, substances abuse and suicide has tripled over the past 20 years. Of Wisconsin's 72 counties, 20 have zero psychiatrists and 55 have a “significant shortage”. Also, over half the psychiatrists in our country are 55 years and older and thus approaching retirement.

Our new programs are not only providing a pipeline for new rural psychiatrists, but also, during their training, residents are providing needed behavioral health care. The Northeastern Wisconsin program, in response to a residents' initiative, even started a free monthly mental health clinic on Saturday for the community.

Are there lessons we can learn?

Training more rural psychiatrists is only part of the answer. We are also initiating efforts to collaborate with rural Family Medicine Residencies to train their residents to become more comfortable with and proficient in treating the more routine mental health and substance use issues that arise in their practices. This could be viewed as a force multiplier effect for the provision of mental health care. Working as part of a mental health team with other health professionals will be crucial.

What's next for these and related programs?

The need for ongoing fiscal support for our existing programs cannot be over-emphasized. The challenges and threats to the programs are ongoing. Even though the new classes of 7 residents a year represents a 40% increase in the number of new Wisconsin Psychiatrists, it is not sufficient to meet the state's workforce needs. We would like to be able to expand the current complement of rural residents in each program even further. This will require more financial support. We are also in the midst of expanding our Milwaukee-based Child and Adolescent Psychiatry Fellowship Program to include a track in Northeastern Wisconsin. The intent, again, is to increase the number of rural Child Psychiatrists, another critical shortage area.

In addition, our department is attempting to expand our Child Psychiatry Consultation Program, Periscope Project, and Addiction Consultation Program. These programs provide rapid telephone responses to child, pregnancy and addiction related psychiatric problems encountered by other clinicians.

It takes and will continue to take a collaborative effort to meet the mental health needs of our state. Our journey is really just beginning.

Thank you, Dr. Chan... A great success story!

Alphabet Soup

Following are highlights from the June call:

Randy McElhose – DHS

Randy McElhose, Program and Policy Analyst at the Department of Health Services (DHS) introduced himself as the newest Alphabet Soup participant. Randy replaces Linda McCart, who is retiring after a long and accomplished career. All wished Linda a happy retirement and welcomed Randy to the discussion.

Randy reported that the request for Applications for the GME Residency Expansion Grants will be released in July, with the grant effective July 1, 2022 (SFY 2023). DHS does not anticipate any immediate changes to grant requirements or payment processing for the program development or expansion grants.



Jennifer Crubel – WCRGME

WCRGME welcomed Lori Rodefled as their new Director of Rural Development and Support. Lori is also employed at Monroe Clinic where she helped develop their RTT, EM, and Hospitalist Fellowships. Lori will split her time between WCRGME and Monroe Clinic.

Registration is now open for the 8th annual *Rural and Community Medical Educators Conference and Spotlight on Rural Poster Fair*. The poster fair will be in-person on Thursday evening, September 30th, at the Glacier Canyon Conference Center in Wisconsin Dells which will be followed by the conference on Friday, October 1st. The conference is offered virtually, or participants can join for in-person viewing at the Glacier Canyon Conference Center. Visit the WCRGME website for registration information at wcrgme.org.

Julie Richards – WiNC

Along with the Prevea Health Family Medicine Residency Program-Eau Claire, WiNC will be sponsoring three FM residency programs totaling 35 residents for this new academic year. WiNC also announced that as of the middle of June, the official start of the state's newest family medicine residency will take place with the onboarding of four MCW-Prevea Health Family Medicine Residents in Green Bay. WiNC will also be taking over the ACGME sponsorship of the Aspirus Family Medicine Program in Wausau.

In addition, WiNC is working with WCRGME on first drafts of a rural GME Leadership Academy. This program will be targeted at training new resident graduates in core rural faculty roles and training physician faculty for future rural GME leadership roles.

If you have any questions regarding this information, please contact George Quinn at gquinn@wcmew.org or use the information provided below.

Liz	Bush	ebush2@wisc.edu	AHEC
Jennifer	Crubel	jcrubel@rwhc.com	WCRGME
Briana	Kleinfeldt	Briana.Kleinfeldt@fammed.wisc.edu	WRPRAP
Randy	McElhose	Randy.McElhose@dhs.wisconsin.gov	DHS
Julie	Richards	jrichards@rwhc.com	RWHC/WiNC
Larry	Pheifer	larry@wafp.org	WAFP
Bill	Schwab	william.schwab@fammed.wisc.edu	UWWMF/WRPRAP

WORKFORCE IN THE NEWS

[Gamechanger: Virtual Nursing Model Creating Positive Outcomes for MercyOne](#) – HealthLeaders

MercyOne Des Moines' virtual nursing program was installed to offset nurse shortages and, when the pandemic hit, to protect staff and patients, but outcomes have yielded so much more: improved quality; decreased falls; decreased medication duplication; decreased missed care; and zero catheter-associated urinary tract infections (CAUTI) rates.

[Coronavirus Pandemic Drives Growth of Hospital at Home Programs](#) – HealthLeaders

The coronavirus pandemic has improved reimbursement for hospital at home services and opened up opportunities for virtual hospital at home programs.

Find this newsletter online at: www.wcmew.org/newsletters

Questions about content, or have a resource to share? Email gquinn@wcmew.org.