

## ***Mad River Family Practice***

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Presented to the Mary Ruten Hospital Board, April 2009;  
Updated for the RTT Conclave February 2011; The Health Path  
Foundation of Ohio April 2011;  
2011 Statewide Rural Health Conference

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26 - 1-2 Rural Training Tracks in the US

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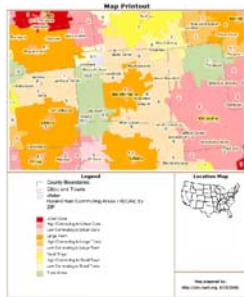
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Logan County (Bellefontaine), Ohio

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### How is our investment doing?



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### More than a residency...

- Clinical practice
- Other community benefits
- Other health professions education
- Faculty personal and professional development (physician retention)
- Visibility among potential physician recruits
- Advocacy

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### A Healthy Clinical Practice

- Productivity – patient visits, births, hospital admissions; faculty physicians have met their MGMA benchmarks for clinical productivity in each of the past 10 years
- Charitable care (e.g. unassigned OB – provides justification for DSH funding)
- Downstream revenue - \$2 million/FTE primary care physician (2 to 2.5 FTE, caring for an active primary care population of approximately 4,500 individuals)
- Quality of medical care and patient safety

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## Other Community Benefits

- Amish group prenatal visits
- Community Medicine curriculum and Community Intervention
- Community Leadership



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## Health Professions Education

- Medical, nursing, and pharmacy students
- Bioethics education for OSU residents, hospital staff and community
- Collaborative practice education at the College of Nursing
- Interprofessional education at The Ohio State University

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## Visibility



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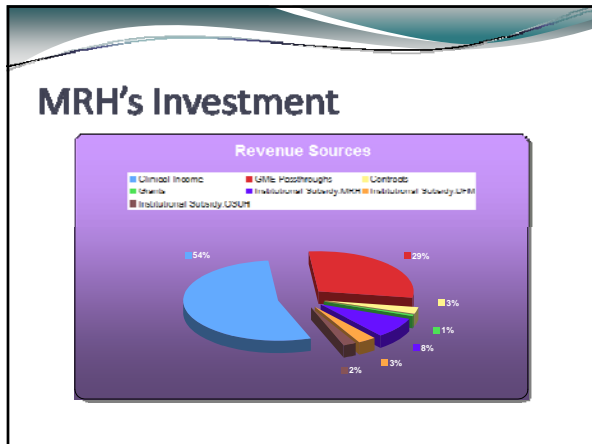
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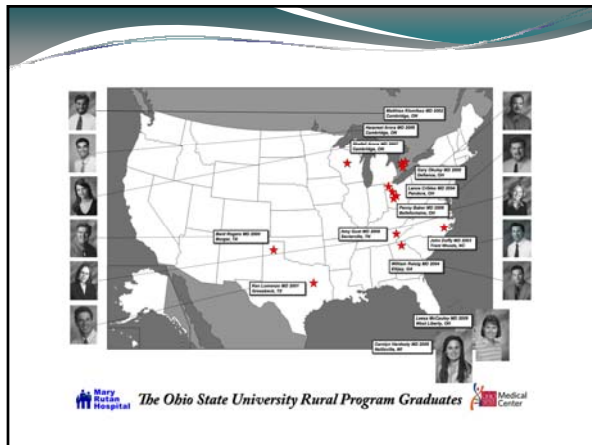
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- ### Ongoing Challenges
- Student recruitment (competing for 2 of the 15-20 students in the world who desire a RTT education in the US)
  - Faculty recruitment, retention, and regeneration
  - Funding the educational mission - ~\$110,000 per resident per year (compared to benchmarks of \$125,000 to \$250,000 in direct expenses)
  - Program adaptation - number of residents, demands of patient care, economic realities, change in faculty

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### Our challenge to the Board...



Invest for the long-term  
in people and education...  
the lifeblood of a healthy institution.

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### So what happened in 2011...?

- Clinical practice has become more heavily Medicaid
- OB volume has decreased
- Faculty turnover
- Recession - a hospital that has been in the black for 30 years is facing red ink (combination of declining investment income, inpatient revenues, OB tragedy...)
- Ohio hospital tax
- Transition to Sole Community Hospital reimbursement
- Consultant came

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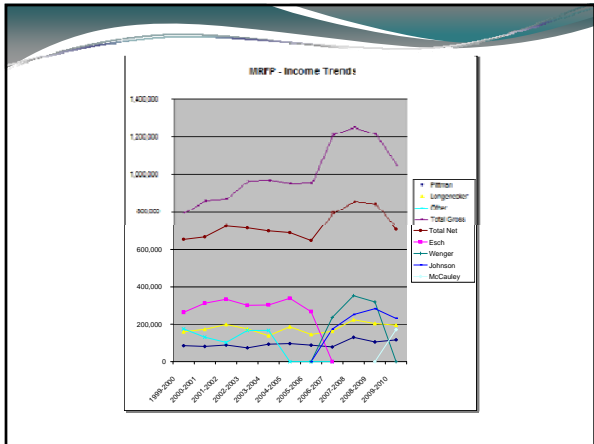
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### Other factors...

- Adjacent medical practice, with who we share call, has decided to no longer care for patients in the hospital, no longer share call with MRF faculty
- Recruiting a Family Medicine hospitalist, to help with call and Duty Hour supervision of interns was not seen as financially possible
- Recruiting a family physician with OB skills in Ohio is virtually impossible
- Introduction of EHR

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### New Directions...

- Morph MRF into a Rural Health Professions "Campus"
  - Rural Health Center
  - Community Health Center
  - Teaching Health Center
- Rural Training Track Technical Assistance Program
  - Sustain and increase RTT residency programs
  - Establish a national network
  - Identify and inform regarding key policy issues related to RTT programs and Rural GME

[www.raconline.org/rtt](http://www.raconline.org/rtt) 

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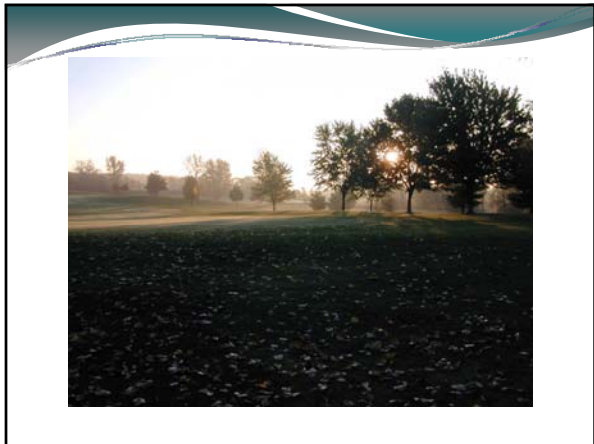
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