

Creating a Rural Physician Workforce for Montana: The Montana WWAMI TRUST Program

~ Targeted Rural Underserved Track

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Montana WWAMI Mission Statement

*Improving the health of Montanans by
educating future physicians
dedicated to providing care for communities
across the state*



UWSOM Mission Statement

~ Two Distinct Missions:

- 1. Meeting the health care needs of our region, especially by recognizing the importance of primary care and providing service to underserved populations.**
- 2. Advancing knowledge and assuming leadership in the biomedical sciences and in academic medicine.**

The WWAMI Program

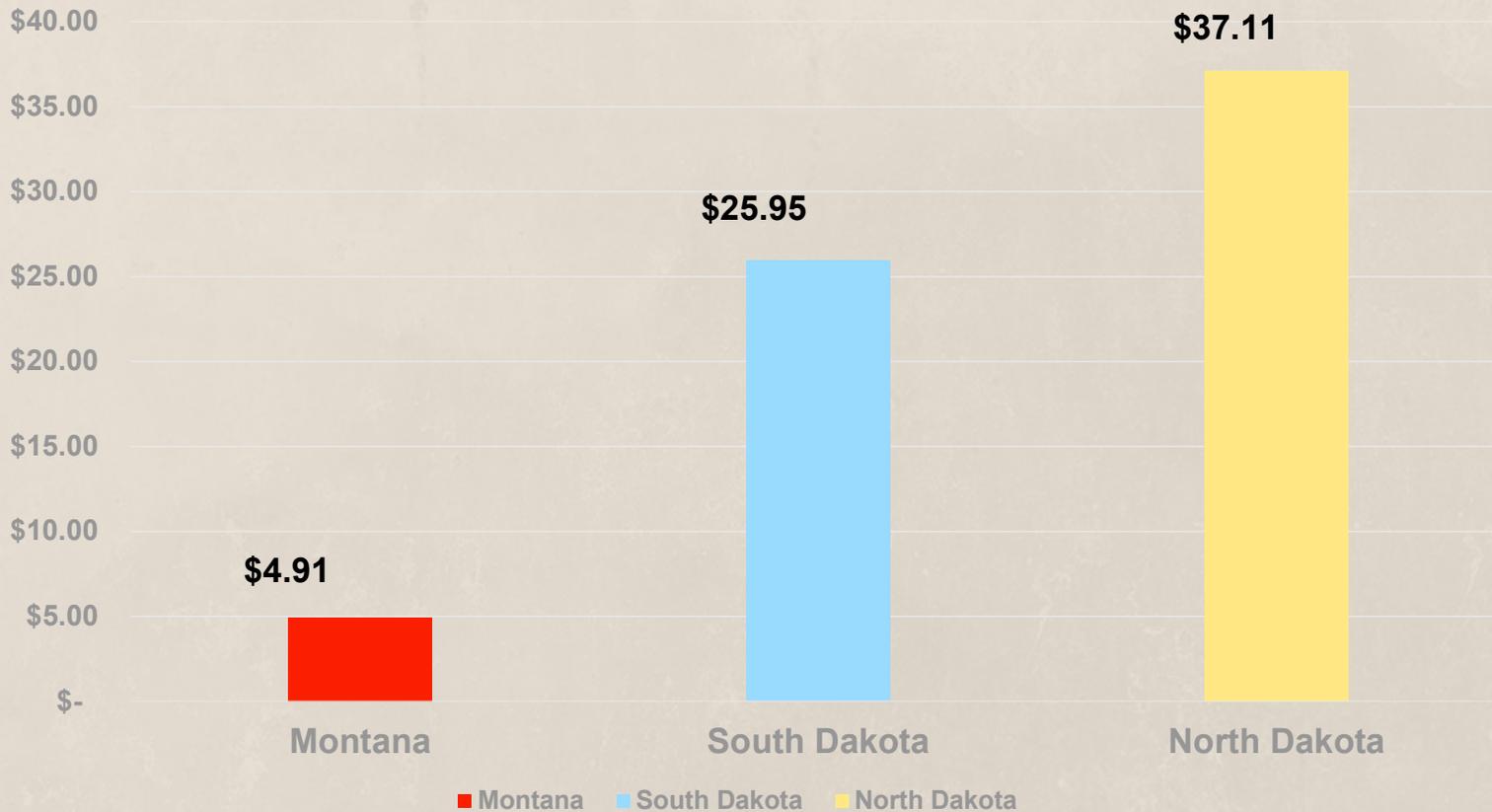
Founding Goals

(1971-73)

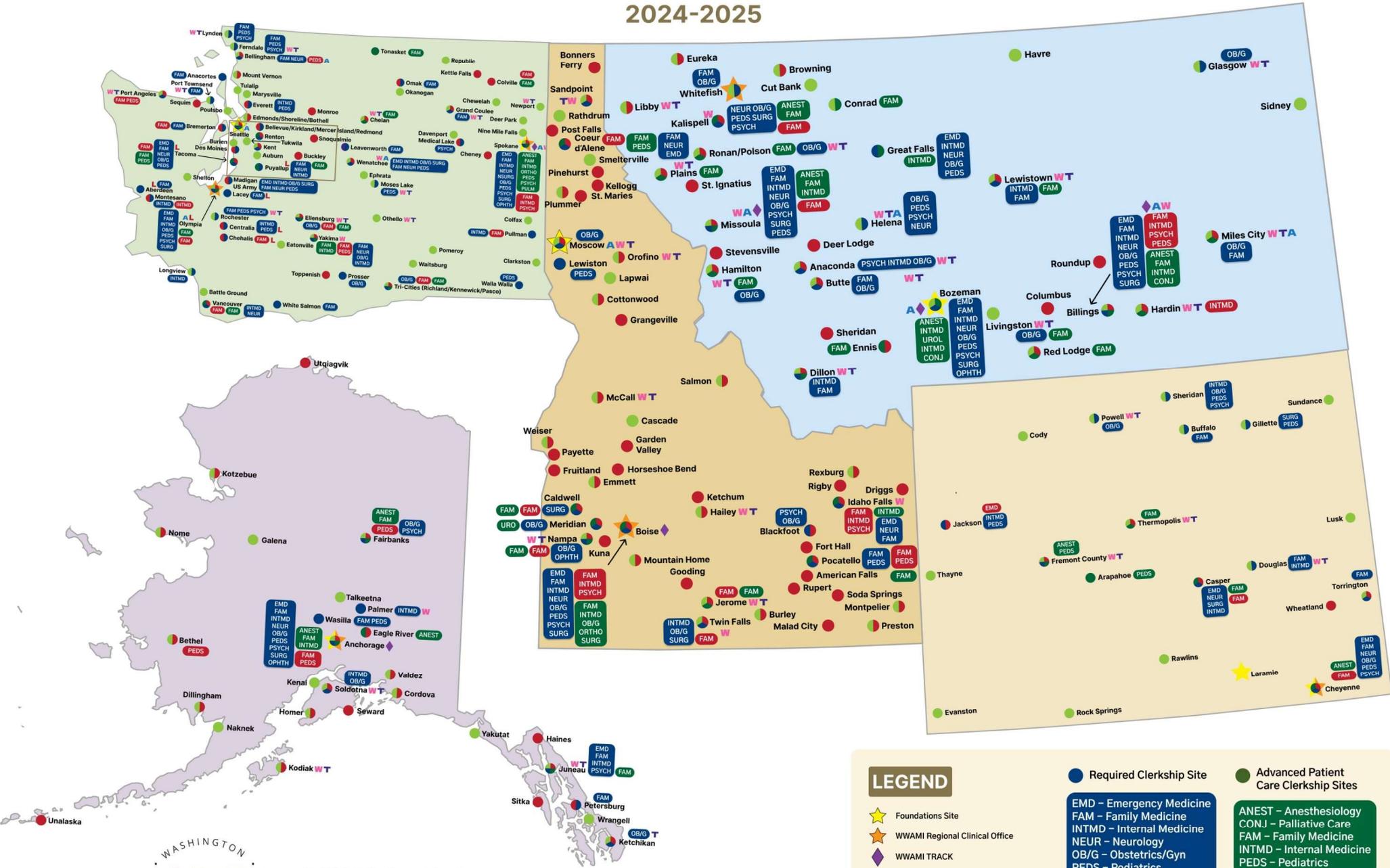
- 1) *Access to Publicly Supported Medical Education*
- 2) *Increase the number of primary care providers (MD)*
- 3) *Create Community-Based Medical Education*
- 4) *Avoid excessive capital costs by using existing educational infrastructure*
- 5) *Address maldistribution of physicians*



Medical Education – Cost per Capita FY19



WWAMI PROGRAM SITE MAP 2024-2025



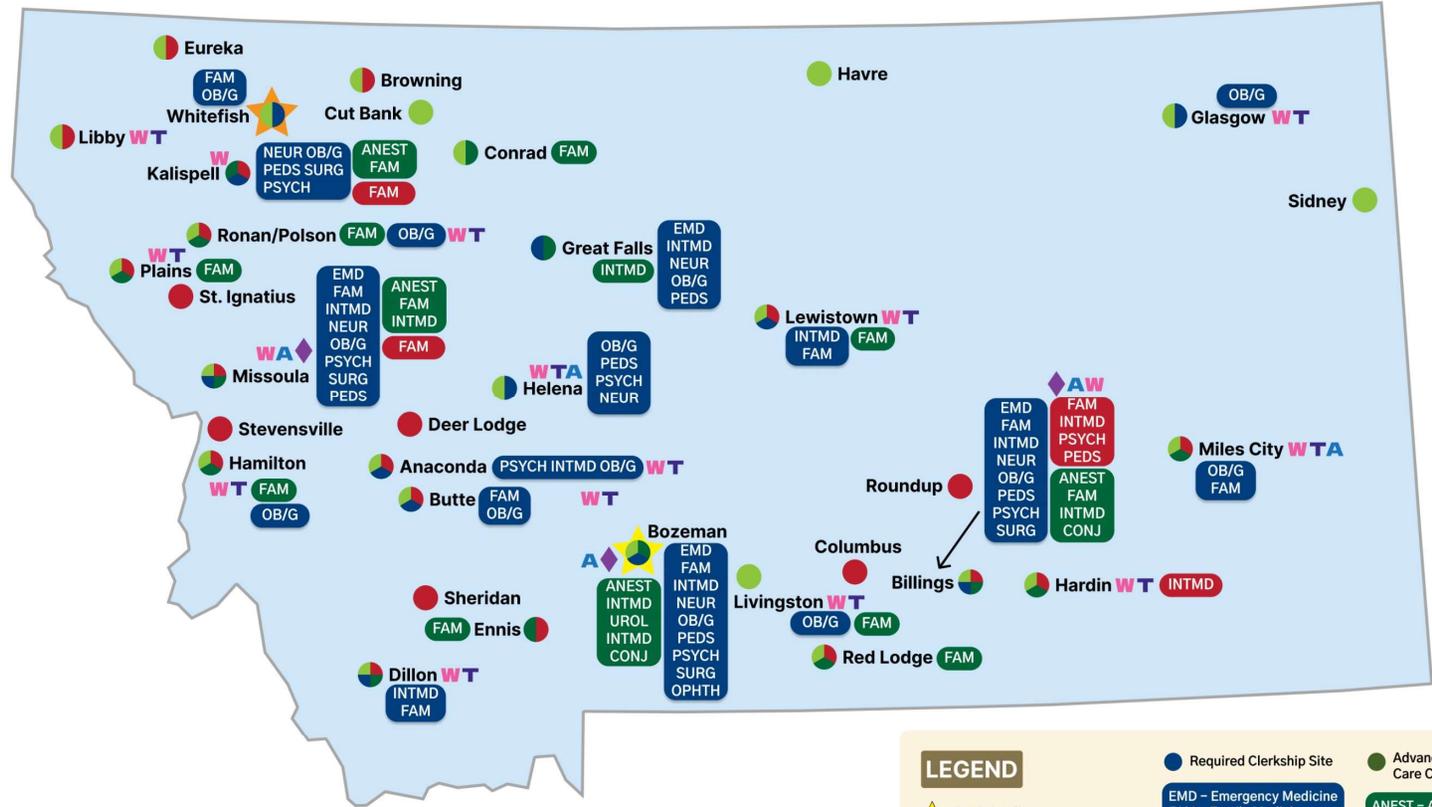
UW Medicine
UW SCHOOL OF MEDICINE

LEGEND

- ★ Foundations Site
 - ★ WWAMI Regional Clinical Office
 - ◆ WWAMI TRACK
 - A Area Health Education Center (AHEC)
 - W WWAMI Rural Integrated Training Experience (WRITE)
 - T Target Rural Underserved Track (TRUST)
 - L Longitudinal Integrated Clerkship (LIC)
 - Rural Underserved Opportunities Program (RUOP)
 - Required Clerkship Site
 - Advanced Patient Care Clerkship Sites
 - EMD – Emergency Medicine
 - FAM – Family Medicine
 - INTMD – Internal Medicine
 - NEUR – Neurology
 - OB/G – Obstetrics/Gyn
 - PEDS – Pediatrics
 - PSYCH – Psychiatry
 - SURG – Surgery
 - ANEST – Anesthesiology
 - CONJ – Palliative Care
 - FAM – Family Medicine
 - INTMD – Internal Medicine
 - PEDS – Pediatrics
 - Residency Rotation
 - FAM – Family Med
 - PSYCH – Psychiatry
 - INTMD – Internal Medicine
 - PEDS – Pediatrics
- ☐ Contact departments for clerkships and residency information for cities within the gold box around the Pierce and King county regions.

MONTANA

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EMD - Emergency Medicine
FAM - Family Medicine
INTMD - Internal Medicine
NEUR - Neurology
OB/G - Obstetrics/Gyn
PEDS - Pediatrics
PSYCH - Psychiatry
SURG - Surgery

ANEST - Anesthesiology
CONJ - Palliative Care
FAM - Family Medicine
INTMD - Internal Medicine
PEDS - Pediatrics
UROL - Urology

FAM - Family Med
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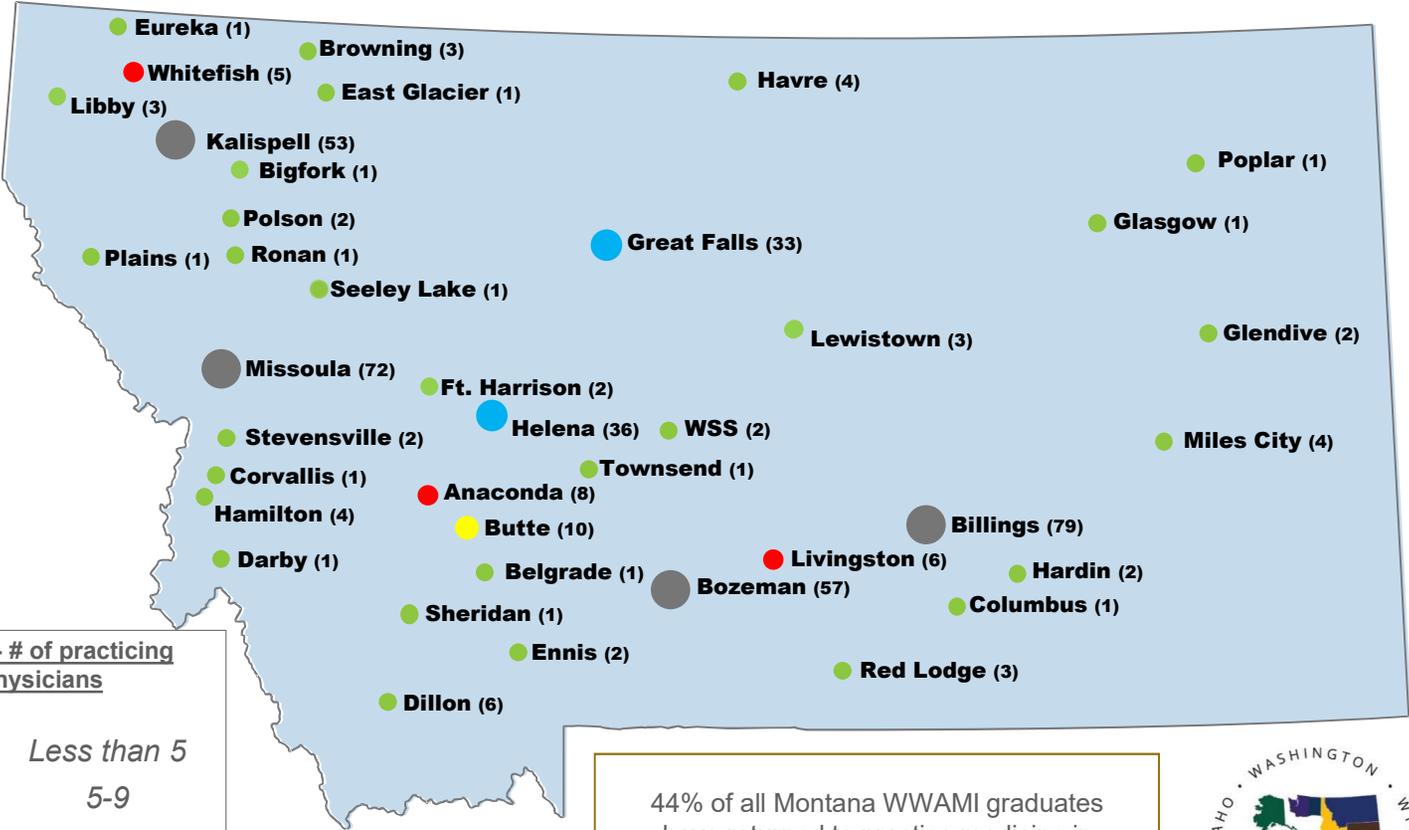
Residency Rotation



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Montana Clinical Sites

WWAMI Graduate Returns – Current Practice Sites in Montana - 2024



Legend- # of practicing physicians

- Less than 5
- 5-9
- 10-24
- 25-49
- Over 50

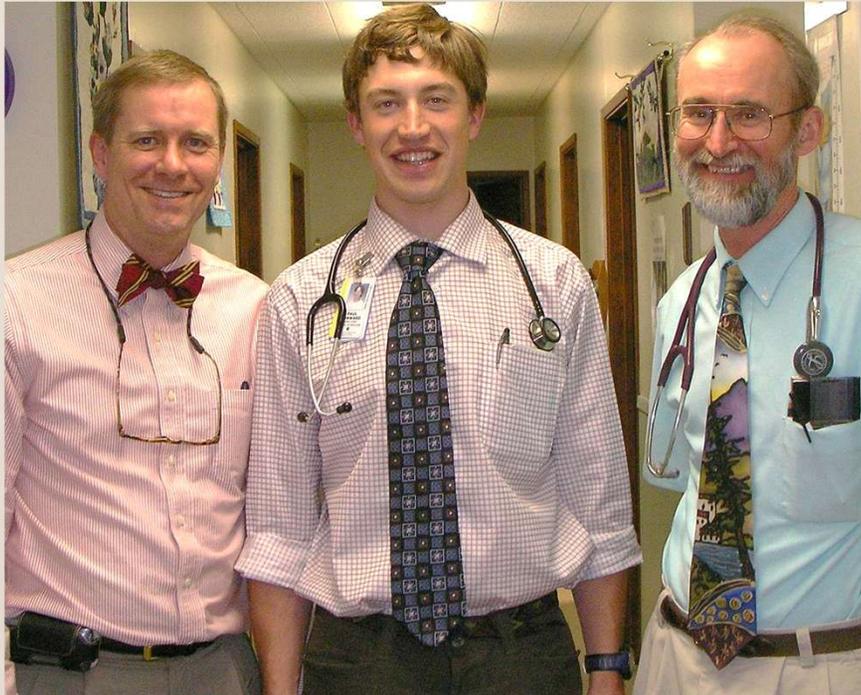
44% of all Montana WWAMI graduates have returned to practice medicine in Montana. With additional non-Montana WWAMI graduates who set up practice in Montana, the state's return on investment goes up to 64%.



Montana WWAMI in 2004

1. MT WWAMI 1971–Excellent access to publicly funded medical education
2. Great medical education and medical students but little focus on physician workforce needs in Montana
3. Little focus on rural

2004 Montana WWAMI added its first Clinical dean



1. Rural Roots in Minnesota
 - U of Minnesota (UMD, RPAP)
 - Rural FM in Whitefish
2. Admissions
 - Committee structure
 - Students (rural vs urban)
3. Develop TRUST
 - UWSOM existing programs
 - U of Minnesota
 - NRHA-Rural Medical Educators
 - Canada/Australia (CLIC)

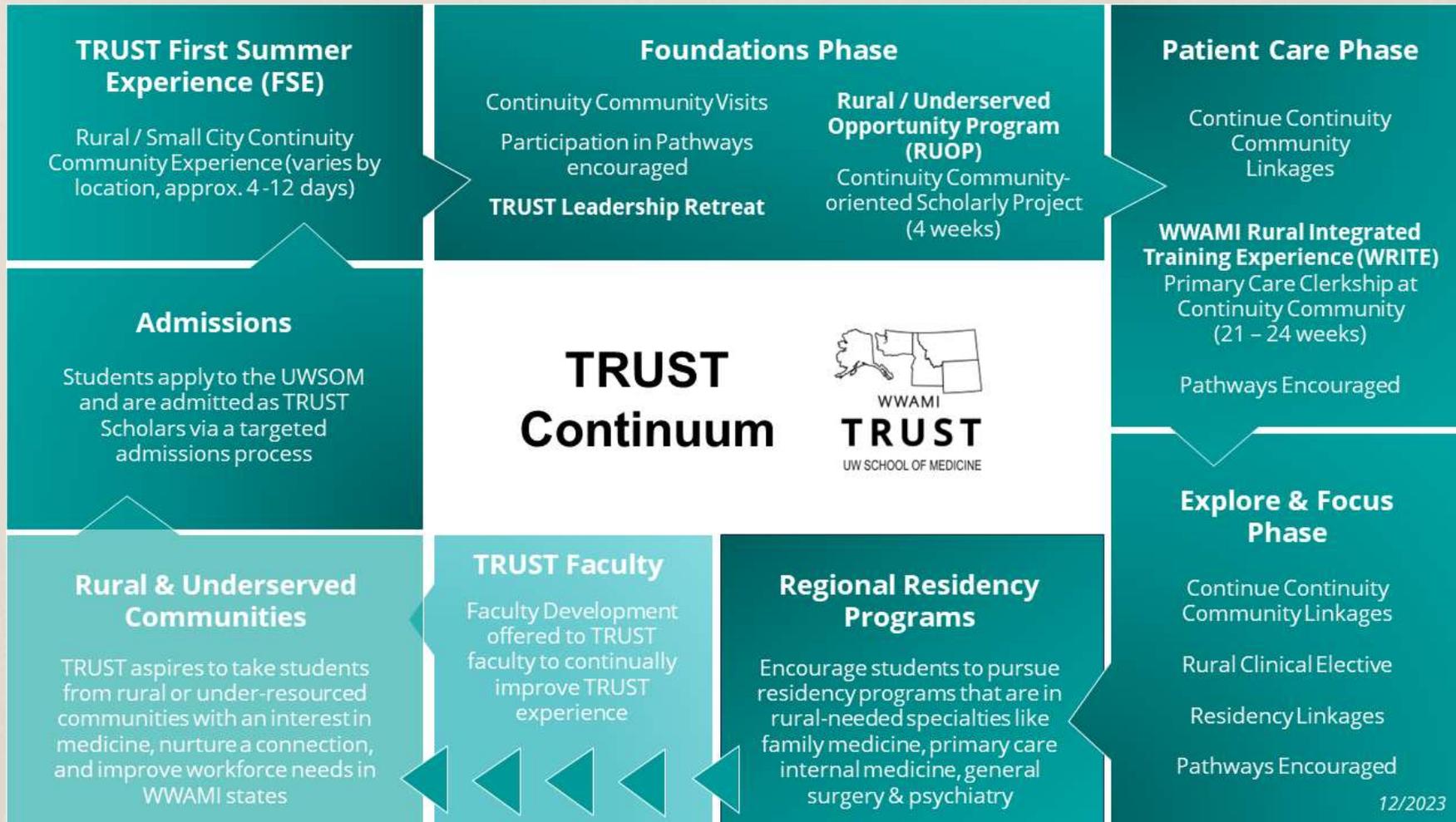
TRUST (Targeted Rural Underserved Track) vision in 2008

TRUST formation

- Focused admission
- 3- 4-year longitudinal continuity experience in a rural TRUST continuity community
- Rural curriculum
- Underserved pathway
- Leadership curriculum, summer retreats
- FSE, RUOP and WRITE, electives in TRUST community
- Focused on rural oriented specialties (FM, IM, Peds, Surgery and Psych)

- **MT TRUST growth (students and budget)**
 - 2008 (3)
 - 2009 (5)
 - 2013 (10) & line-item budget, MT TRUST Director, Lisa Benzel
 - 2017 (12)
 - 2024 additional budget-MT TRUST Coordinator- Ashleigh Dallas

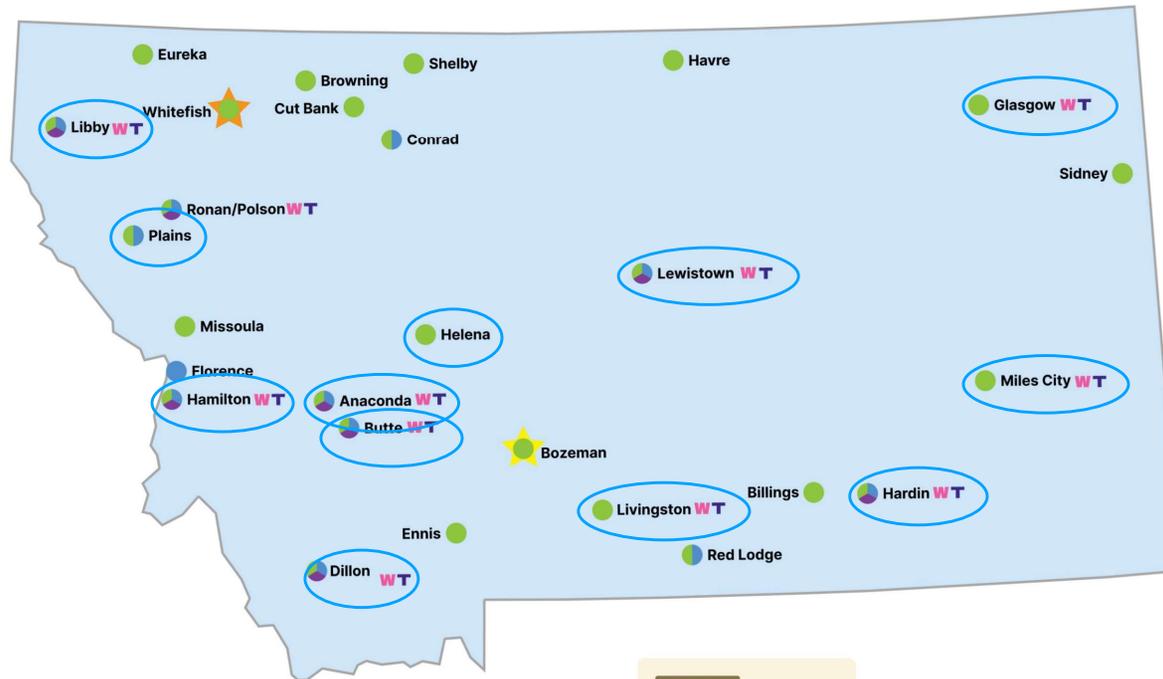
TRUST 2024



12/2023

MONTANA RURAL PROGRAMS

2023-2024 STUDENT PLACEMENT



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- APC FAMED 701
- APC FAMED 702



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 OFFICE OF RURAL PROGRAMS

MT TRUST Outcomes ~ Match Data

Specialty 2011-2024	MT TRUST Specialty Match 2011-2024	MT TRUST Primary Care Match FM, IM- Primary, Peds, Med/Peds
Anesthesia	3	
Derm	1	
EM	6	
FM	26	26
Gen Surg	8	
IM Primary	10	10
IM	5	
Med/Peds	4	4
Neuro	3	
Neuro Surg	1	
OB/GYN	5	
Peds	8	8
PM&R	1	
Psych	6	
Rad	3	
Total	90	48
Total		53% Matched Primary Care

56%

Primary Care: 53% (48)
(Non-TRUST PC 34%)

FM: 29% (26) **141%**
(Non-TRUST FM 12%)
(National FM 8.3%)

Needed Specialties
(FM, IM Primary, Peds,
Surg, Psych,OB): 69% (62)
(Non-TRUST Needed Specialties 50%)

38%

MT TRUST Outcomes Data

Montana TRUST Practice Outcomes 2011-2024	MT TRUST Primary Care Practice Outcomes, MDs as of 2024	MT TRUST Practice Outcomes, MDs as of 2024
Anesthesia		
Derm		
EM	1	
FM	13	11
Gen Surg		
IM Primary	8	1
IM	1	
Med/Peds		
Neuro		
Neuro Surg		
OB/GYN		
Peds	5	2
PM&R		
Psych		
Rad		
Total	26 out of 28	14 out of 28
Percentage Total	93% practicing in Primary Care	50% in Rural Practice

**Rural Practice Outcome:
50% (14/28)**

17 Return to MT: 61%

9 Return to Rural MT: 53%

Total return to rural MT: 32%

Celebrating our recent returnees to Montana!

- **Anaconda:** Ellie Schiedermayer, IM. TRUST site: Dillon
- **Billings:** Chance Stewart, IM. TRUST site: Miles City.
- **Butte:** Kellee Glaus, FM. TRUST site: Hamilton. Kyler Kingston, IM. TRUST site Dillon.
- **Billings:** Julie Middleton, OB/G. TRUST site: Butte
- **Hardin:** Orin Hansen, FM. TRUST site: Hardin
- **Kalispell:** Ali Armstrong, PEDS. TRUST site: Hamilton
- **Livingston:** Caroline Pihl, FM. TRUST site: Libby
- ***Miles City:** Marjorie Albers (Nicholson), FM. TRUST site: Hardin. Brook Murphy, FM. TRUST site Miles City.
- **Ronan:** Kena Lackman, FM. TRUST site: Miles City
- **Missoula:** Abigail Mansch, IM. TRUST site: Livingston. Lauren McGovern (Stanley), Peds. TRUST site: Butte. Julie Campbell, Peds. TRUST site: Dillon. Kegan Cunniff, Physiatrist. TRUST site Lewistown.
- **Sheridan:** Louis Bartoletti, FM. TRUST site Dillon

Must add a huge shout out to **Dr. KayCee Gardner; part of the 2008 pilot program, she completed all TRUST requirements, including WRITE in Lewistown and returned to practice in Miles City where she now teaches the next generation of Montana rural physicians.*

- **Upcoming returns:** Bethany McMaster, Bozeman; Justin Brewer, Billings (fall 2024); Hannah Vigne, Anaconda; Aaron Smith, Helena (fall 2024); Justinn LaHaye, Great Falls (fall 2024); Keenan Kuckler, Glasgow (fall 2024), Marie Elwood, Hardin (July 2025); Katie Hawkins & Kristen White, Dillon (fall 2025); Riley Grogan, Missoula (fall 2025)

Keys to successful Rural Medical Education Program

1. Pipeline- AHEC
2. Focused Admissions
3. Rural Curriculum
4. Rural TRUST Continuity Communities
5. Rural TRUST mentors
6. Rural Career Advising (choose rural specialties)
7. Rural Focused GME (residencies)
8. Recruitment and placement back to Montana
- 9. Retention**

Rural Generalism

Australian College of Rural and Remote Medicine-ACRRM-1996

- <https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf>

Cairns Consensus Statement 2014 at Rural WONCA

A Rural Generalist is a medical practitioner who is trained to meet the specific health care needs of rural communities-in a sustainable and cost-effective way, by providing training in comprehensive general practice, emergency care and advanced procedural and cognitive skills.

Why a rural generalist workforce?

- **Rural Generalism is essential to delivering the safest and highest quality care to rural communities**
- **Reduced health care costs for both governments and patients**
- **Rural generalist model fosters a long-term rural workforce**
- **Rural generalists are especially important for the countries' most health disadvantaged**

Rural Generalist Framework

- Comprehensive Outpatient Primary Care for individuals, families and communities
- Inpatient Care/Outpatient Care
- Emergency Care
- Obstetrical Care
- Behavioral/Mental Health
- Pain/Addiction Medicine
- Population Health/Community Assessment
- Extended Cognitive and/or procedural skill set that is adapted to the community served
- Working as part of a multi-professional team and multidisciplinary team of colleagues both local and distant to provide services within a *system of care*, aligned with community needs...
- Community Advocacy
- Leadership Skills

Rural Generalist

