

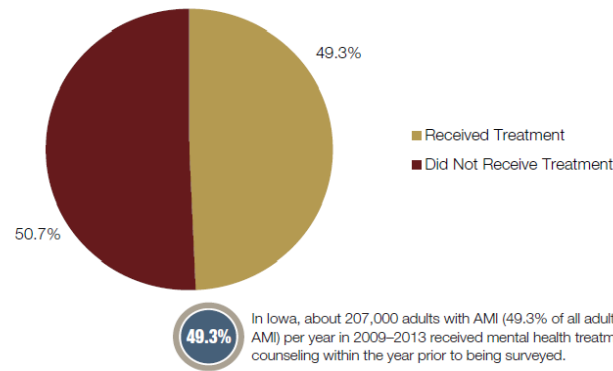
## Background

- There is a shortage of mental health providers in Iowa and limited access to mental healthcare (200 fewer providers than needed based on population; 48<sup>th</sup> in beds per capita)
- Untreated mental health conditions worsen medical outcomes and increase costs
- There is evidence that training programs with rural tracks increase the number of mental health providers in less served areas (see reference)
- Having psychiatry residents rotate in rural areas for a few months is unlikely to lead to them practicing there

## Current Conditions

- Over half the adults in Iowa with any mental illness receive no treatment
- Between 2009 – 2013, 4.2% of all Iowa adults (96,000) had serious thoughts about suicide in the year prior to survey.
- Between 2009-2013, only 48% of adolescents aged 12-17 with Major depression

Past-Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Any Mental Illness (AMI) in Iowa (2009–2013)<sup>2</sup>



## Current Situation

- Governor Reynolds has recommended increasing the UI psychiatry residency by four positions per year to improve rural access to mental healthcare
- Psychiatrists do not typically choose to practice in rural areas
- A formal rural track in the University of Iowa Psychiatry Training Program could lead to more psychiatrists practicing in less served areas

## Plan

- Create a rural residency program track as part of the University of Iowa Psychiatry Training Program
- Rural Track residents would spend their first two years at UI in Iowa City training in psychiatry with experiences in adult, child, geriatric, chemical dependency, and community psychiatry
- The last two years of training would be spent in a less served community partnered with UI Affiliated Family Medicine Training Programs

## Details

- Eight total 3<sup>rd</sup> and 4<sup>th</sup> year rural track residents spend third and fourth years of training away from Iowa City
- Training is focused on outpatient psychiatry and evidence-based collaborative care to rural communities
- The residents live in those communities
- The rural track match for four residents is separate from the Iowa City categorical psychiatry matching program
- Preference is given to UI and DMU graduates with an interest in practicing in rural Iowa communities

## Timeline

**(Feb – March 2019):** coordinate with family medicine programs

**(March – May 2019):** work with UIHC GME and ACGME for approval

**(May – Dec 2019):** advertise and recruit for Rural Track Residents

**(March 2020):** Match first class of Iowa Rural Track Residents