University of Iowa Department of Psychiatry
Rural Track Residency Training Program

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Iowa Psychiatry
Supporting ALL of Iowa
Overview

• There is a shortage of mental health providers in Iowa and limited access to mental healthcare (200 fewer providers than needed based on population; 48th 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

• Having psychiatry residents rotate in rural areas for a few months is unlikely to lead to them practicing there
Overview

• 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 reported any treatment
Psychiatrists in Iowa (225 as of 2016)

- Psychiatrists should lead mental healthcare services in Iowa
- 4 years of highly specialized mental health training following 4 years of medical school
- We are 47th in number of psychiatrists per capita
- As is the case nationally, >50% are in private practice
University of Iowa Psychiatry Residency

- Established Dec 27, 1956

- Currently have 7 resident positions per year for four year program (28 total for adult psychiatry)

- 2 residents per year each for 5 year family medicine / psychiatry and internal medicine/psychiatry training programs (20 residents)

- 3 fellows per year for two year child psychiatry training (6 fellows)

- Geriatric fellows and planned Consult-Liaison and Addiction Medicine Fellowships
Proposed Rural Psychiatry Training Track

• Modeled after a successful program at University of Washington – tracks with residents training in Spokane, Boise, and Billings.
• Their outcomes have shown that residents training in less-served areas are much more likely to stay in those areas after graduation compared to just doing a few rotations there.

Proposed Rural Psychiatry Training Track

• The 4 Rural Track Residents would “match” into the rural track
• First two years training in Iowa City
• Last two years training in areas that are less served and have established family medicine training programs (The UI Affiliated Residency Network)
• Last two years of training focused on direct patient care and collaborative care to far-reaching rural communities
Why Partner with Family Medicine?

- Family Medicine physicians are the backbone of mental health services in rural communities.
- There are well-established Family Medicine training programs in Iowa that have been successful in placing physicians in rural areas.
Why Partner with Family Medicine?

IOWA FM GRADUATES PRACTICING IN IOWA (840)*

*Does not include Des Moines General and Des Moines Mercy Graduates
151 Communities

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, November 2018

uihc.org
The Role of Collaborative Care

• A model of care developed at University of Washington and successfully used throughout Washington State
• Collaborative Care involves:

  – Population based screening (a PCPs panel for example)
  – Measurement based treatment and consistent follow-up
  – A consulting psychiatrist, with a day a week, can provide phone based consultation to numerous clinics guiding local team members (nurses, medical assistants, social workers) to support the PCPs mental health treatment

• Now over 80 Randomized Controlled Trials
  — Meta analysis of Collaborative Care for depression in primary care (US and Europe)
  — Consistently more effective than usual care
The Role of Collaborative Care

- While this model has been shown to be effective for decades, it is not traditional fee-for-service medicine – funding psychiatrist consulting time is a major challenge.

- There are new CMS billing codes that provide Primary Care Practices compensation if using this model – but they have to have a consulting psychiatrist.

- This program would ensure 8 psychiatrists in a rural track able to partner with large clinic systems throughout the state.

- Graduating residents would be more likely to continue this work having developed relationships and partnerships.
Summary and Next Steps

- Increase the University of Iowa Psychiatry Residency with a unique 4 resident per year Rural Track

- Partner with UI-Affiliated Family Medicine Programs

- The goal would be to match medical students who are going to school in Iowa (Des Moines University or University of Iowa) and preferably those who grew up in Iowa

- We have reached out to the affiliated family medicine programs in Sioux City, Mason City, Waterloo, Cedar Rapids and Davenport – 4 of the 5 have already expressed support!