

# University of Iowa Department of Psychiatry Rural Track Residency Training Program

*Peg Nopoulos, MD*

*Chair and Professor*

*Alex Thompson, MD, MBA, MPH*

*Residency Program Director*

*Vice-Chair for Education*

*Iowa Psychiatry  
Supporting ALL of  
Iowa*

*Greg Nelson, MA, RN*

*Assistant Dean for Clinical Education Programs*

*Director, Continuing Medical Education*

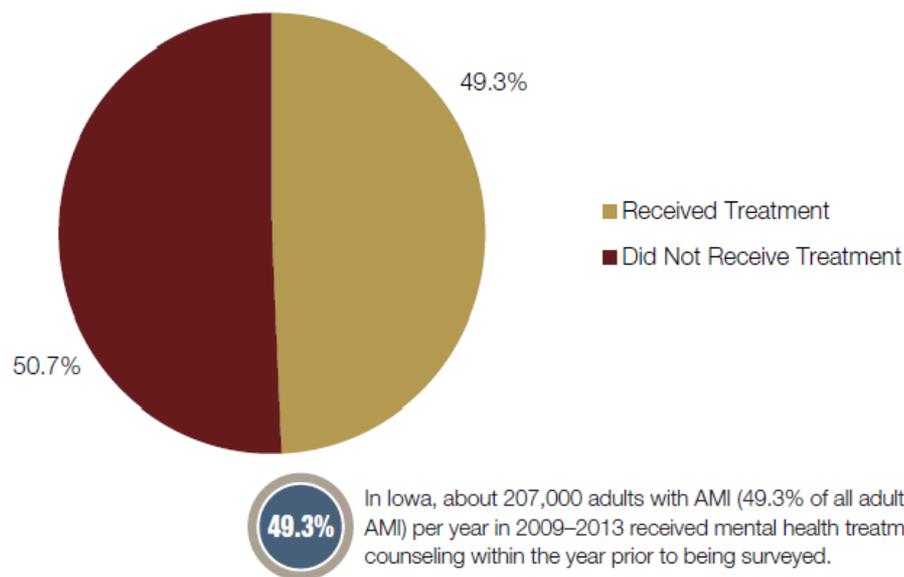
# Overview

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

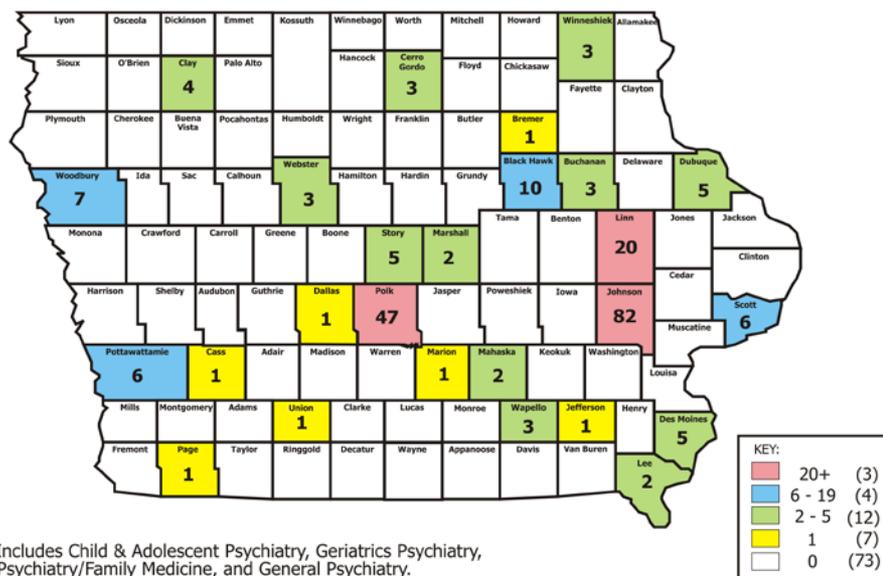
Past-Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Any Mental Illness (AMI) in Iowa (2009–2013)<sup>2</sup>



# 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 47<sup>th</sup> in number of psychiatrists per capita
- As is the case nationally, >50% are in private practice

**GEOGRAPHIC DISTRIBUTION OF IOWA PHYSICIANS  
Psychiatrists\*  
2017**



\* Includes Child & Adolescent Psychiatry, Geriatrics Psychiatry, Psychiatry/Family Medicine, and General Psychiatry.

# 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.

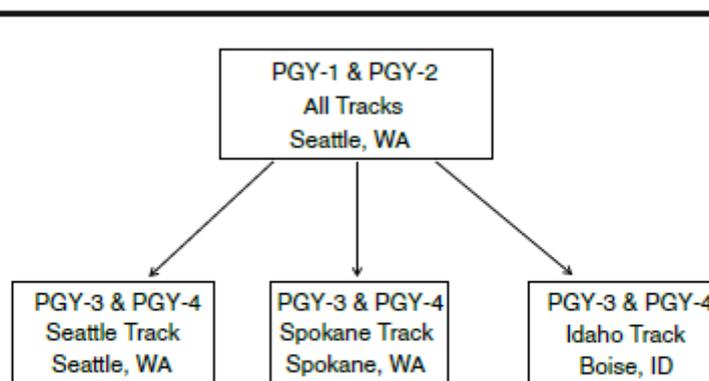
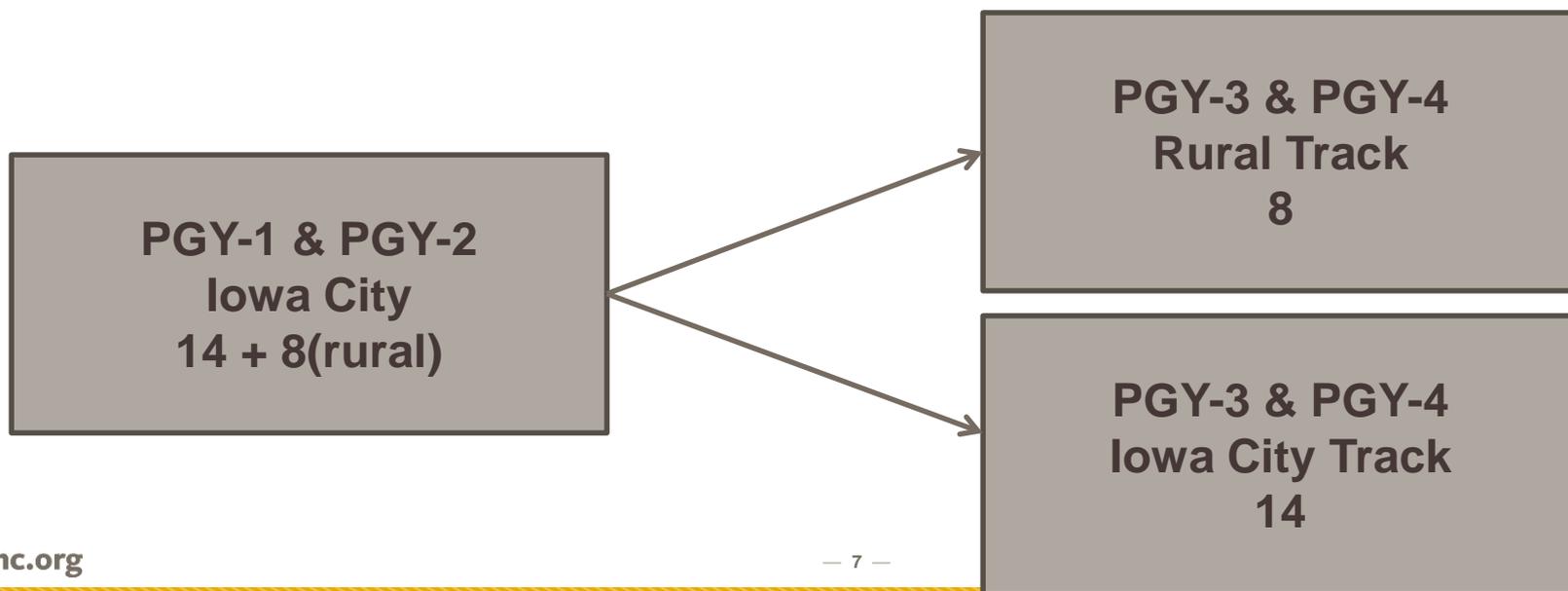


Fig. 1 Program structure

Cowley et al. Educating Psychiatry Residents to Practice in Smaller Communities: A Regional Residency Track Model. Academic Psychiatry April 2016. DOI 10.1007/s40596-016-0558-3

## 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

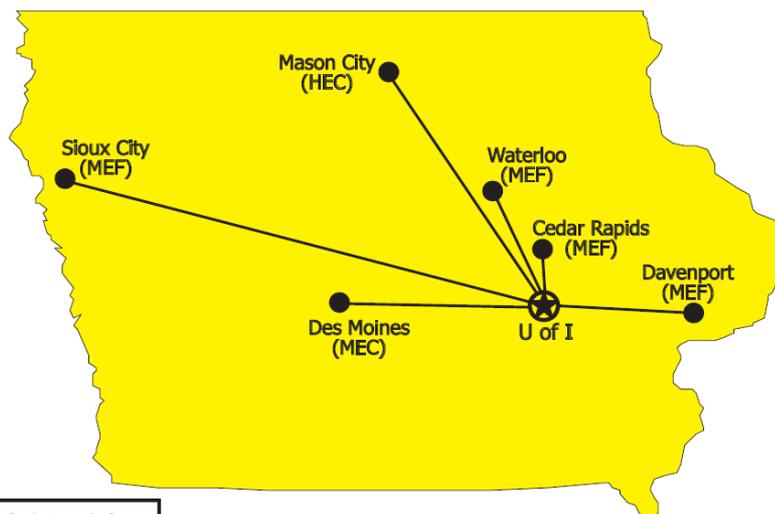


# Why Partner with Family Medicine?

- 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

## REGIONAL MEDICAL EDUCATION CENTERS

— UI Affiliates —

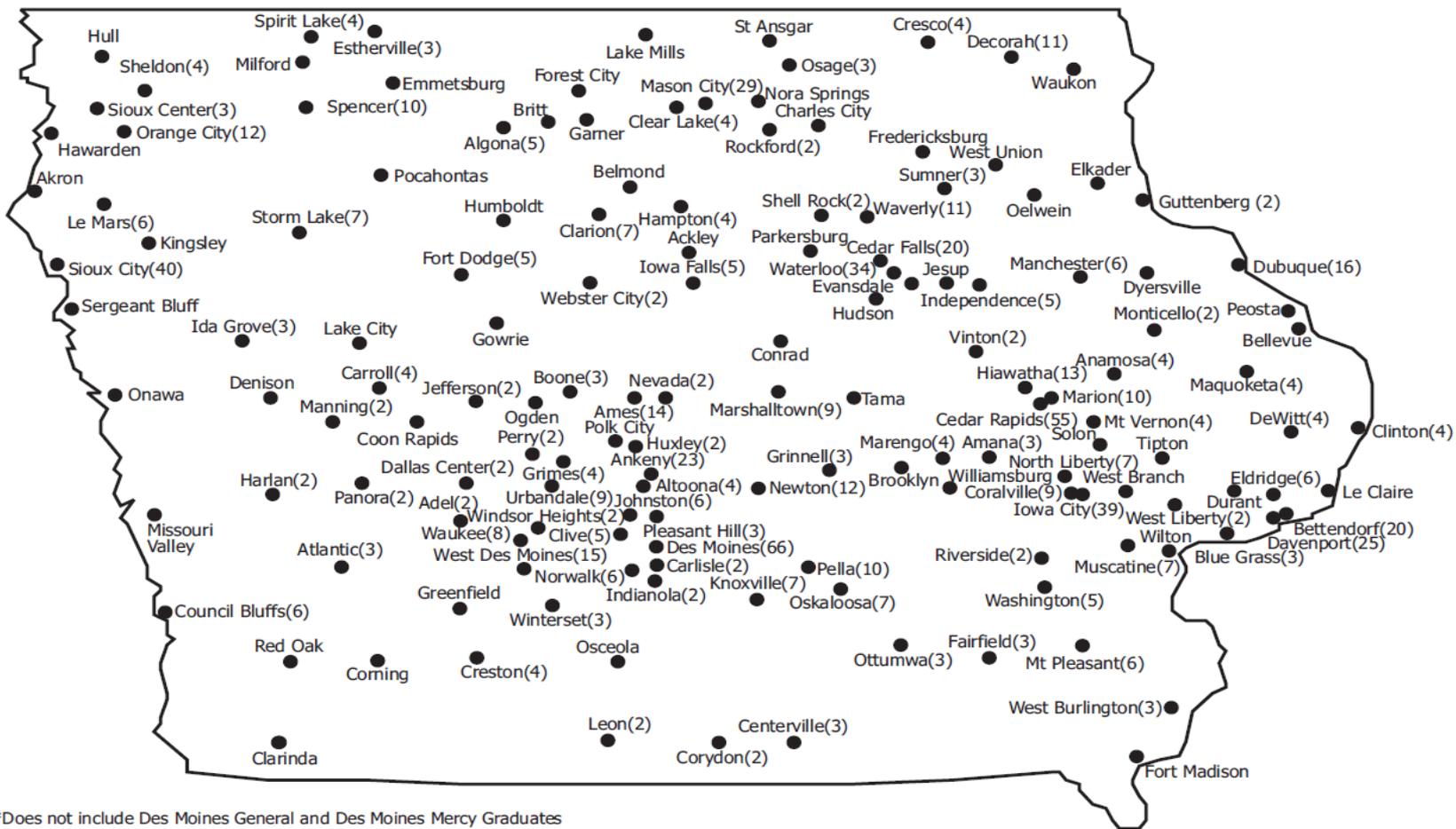


MEF = Medical Ed. Foundation  
MEC = Medical Ed. Consortium  
HEC = Health Ed. Center

MAPS01/SPES108.cdr

# 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

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# 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!