

Brief Statement of Rationale:

Syllabus

MDID 6555 - Rural Health Care Systems, Delivery & Resources

Credit Hours: 1.0

Contact Information

Name	Position	Phone/Pager	Email
David Sandweiss	Director	801-581-4873	David.sandweiss@hsc.utah.edu
Olivia Spencer	Coordinator		Olivia.spencer@hsc.utah.edu

Course Information

Brief Description of Course

Developing a broad understanding of rural populations and their health-related issues, challenges and determinants is important for all physicians but is especially needed for those who intend to enter a rural, tribal, or underserved (RTU) practice. Designed to complement MDID 6550 – Introduction to Population Health in the Rural United States, this course will expound upon the foundation of knowledge, attitudes and opinions that are essential to contextualize subsequent and more advanced RTU health education. However, this course has no prerequisite requirements and can be completed by any medical student who desires to explore RTU medicine and health care.

This course represents the second course in a continuum of education to support the Graduate Certificate in RTU Medicine. It complements *MDID 6550 - Introduction to Population Health in the Rural United States* that is currently offered to UUSOM medical students and is aimed at medical students who want to further explore or who intend to pursue a medical career in a rural, tribal or underserved community.

Course Topics

1. Rural Health Systems: Models & Innovations
2. Human Resources for Rural Health: Workforce Development, Recruitment & Retention
3. Emergency Medical Services and Preparedness in Rural Utah
4. Palliative Care & Hospice in Rural Areas
5. Primary Care Practice Transformation in Rural Utah
6. Overview of Health & Human Services in Utah
7. Health Information and Communications Technology: Opportunities and Challenges for Rural & Remote Health Care
8. Domestic Violence: Child Abuse, Intimate Partner Violence, and Elder Abuse in Rural Communities
9. Surgical Services in Rural Settings

Course Goals

As a result of successfully completing MDID 6555, students will be able to:

1. Describe and discuss various models and modalities for healthcare delivery in RTU communities, including inpatient and outpatient care models as well as financing and reimbursement.
2. List common health-related services in RTU settings, including emergency care, palliative & hospice care and social services and describe how these services are integrated into regional and community health systems.

3. Describe how RTU health systems are linked to regional health systems, including patient referral mechanisms and telehealth modalities.
4. Discuss the current status of RTU health workforce services and needs in rural Utah and list and describe initiatives to enhance the health workforce.
5. Describe the role of primary care physicians in rural Utah and discuss examples of how primary care medical homes can enhance health services integration and improve patient outcomes.

Course Format & Schedule

Timeline

- Spring Semester 2021
- The course is taught in 8, 2-hour classroom-based modules
- Location: EHSEB - Classroom TBD
- Class Time: Tuesday evenings, 5:30-7:30 PM
- Class Dates: (Still available 1/26, 2/9, 2/16, 2/23, 4/13, 5/4)

Educational and Instructional Modalities

- Lecture & Online Learning
- Required & Supplemental Readings
- Peer-to-Peer Education through large & small group activities

Role of the Student in this Course

- Students will complete all required readings and be able to display understanding of the information via passing scores on multiple choice quizzes
- Students will display understanding and the ability to integrate concepts, ideas and information related to the course by successful completion of homework assignments with satisfactory scores
- Students will actively participate in group discussion and display the ability to relay information via oral presentations

Required Textbook(s)/Readings

- There is no required textbook for the course.
- Required readings and multimedia are noted on the syllabus and in the course Canvas page.

Assessments

Assessment Name	Weight toward Final Grade	Course Goal Assessed	Due Date
Written Assignments, to include 2-3 questions posed after 5 lectures	Pass – must complete all assignments	Review and comprehension of required readings, lectures, and multimedia sources	Each assignment due by 11:59 Fri evening of the week it is assigned
Final writing assignment: <ul style="list-style-type: none"> • Summarizing & Communicating Issues in Rural Health: The Op-Ed Article 	Pass – must complete	Display a deep understanding of a rural health issue by locating, organizing, analyzing, evaluating, synthesizing and communicating a message about a particular issue.	Final day of the Course

Grading Criteria

Students who achieve an overall course score of at least 70% for quizzes and the op-ed assignment will receive a grade of PASS for the course.

Grading System

Students will receive a final letter grade of PASS (P), or FAIL (F) for this course.

PASS: A student who achieves the criteria, will be assigned a grade of PASS for the course.

FAIL: A student who fails to achieve the criteria for PASS, will be assigned a grade of FAIL for the course.

Student Feedback

Student feedback is an important aspect of curriculum quality improvement. Thus, students are expected to complete all assigned feedback surveys specific to a course by the due date.

Standard Policies

Please refer to the Student Handbook (on the Student Affairs website) for these policies:

Accommodations

Addressing Sexual Misconduct

Dress Code

Examination and Grading Policies

Grade or Score Appeal

Professionalism, Roles & Responsibilities

Mistreatment

Infectious, Environmental and Bloodborne Pathogen Exposures Policy

Alternate Name and/or Personal Pronoun

Class rosters are provided to the instructor with the student's legal name as well as 'Preferred' first name (if previously entered by you in the Student Profile section of your CIS account). While CIS refers to this as merely a preference, we will honor you by referring to you with the name and pronoun that feels best for you in class, on papers, exams, group projects, etc. Please advise us of any name or pronoun changes (and please update CIS) so we can help create a learning environment in which you, your name, and your pronoun will be respected.

Center for Disability & Access Services

The School of Medicine seeks to provide equal access to its programs, services and activities for all medical students. The Center for Disability and Access (CDA) provides accommodations and support for the educational development of medical students with disabilities. Medical students with a documented disability and students seeking to establish the existence of a disability and to request accommodation are required to meet with the CDA Director for recommended accommodations. The CDA will work closely with eligible students and the Academic Success Program to make arrangements for approved accommodations. The School of Medicine and CDA maintain a collegial, cooperative, and collaborative relationship to ensure compliance with federal and state regulations for students with disabilities.

Steven Baumann EdD, School of Medicine Senior Director of Academic Success Program, serves as the liaison between the School Of Medicine and the CDA.

Contact Information:

Dr. Steven Baumann, Senior Director of Academic Success Program

1C047 SOM Office: 801-587-9797

Email: Steven.Baumann@hsc.utah.edu

University of Utah Center for Disability and Access

Olpin Student Union Building, Room 162 Phone (Voice/TDD): (801) 581-5020

<http://disability.utah.edu>

Safety Statement

The University of Utah values the safety of all campus community members. To report suspicious activity or to request a courtesy escort, call campus police at 801-585-COPS (801-585-2677). You will receive important emergency alerts and safety messages regarding campus safety via text message. For more information regarding safety and to view available training resources, including helpful videos, visit safeu.utah.edu.

Course Topics

1. Emergency Medical Services and Preparedness in Rural Utah

- Instructor
 - H. Hill Stoecklein, MD, Assistant Professor, Division of Emergency Medicine, Associate Director, EMS Fellowship, University of Utah, Medical Director, Mountain West Ambulance
 - Peter Taillac, MD, Division of Emergency Medicine and State Director of EMS Services
- **Date:** 1/19/21
- Expected Learning Outcomes (ELOs)
 - As a result of participating in this class, the learner should be able to:
 - Briefly describe the origins and the evolution of emergency medical services (EMS) systems in the United States.
 - List the four basic levels of care provided by pre-hospital providers in the U.S., describe the type of training required and the typical role for each level of provider.
 - Discuss the core elements of EMS systems in Utah and describe the benefits and limitations of the systems.
 - Identify the role(s) of rural physicians in Utah in relation to the state's EMS system.
- Required Reading
 - <https://www.youtube.com/watch?v=BUJSDP774GM&feature=youtu.be> (3 Hours From The Hospital When Every Moment is Critical)
 - <https://www.jems.com/operations/how-police-officers-can-save-rural-ems/>
 - <https://pubmed.ncbi.nlm.nih.gov/15050754/> (International EMS systems: The United States: past, present, and future)
 - <https://www.nbcnews.com/news/us-news/ambulance-companies-breaking-point-after-receiving-little-covid-aid-n1249586> (Ambulance companies at 'a breaking point' after receiving little Covid aid)
 - https://nasemso.org/wp-content/uploads/White-Paper.Engaging-Communities-to-Preserve-Access-to-Emergency-Medical-Services-in-Rural-Maine.October-2020.FINAL_.pdf (Engaging Communities to Preserve Access to Emergency Medical Services in Rural Maine)

2. Information and Communications Technology: Opportunities and Challenges for Rural & Remote Health Care

- Instructor
 - Matt McCullough, Associate Director, Utah Telehealth Network
 - Terry Box, MD, Medical Director, Project ECHO
 - Stephanie Lyden, MD
- **Date:** 2/2/21
- Expected Learning Outcomes (ELOs)
 - As a result of participating in this class, the learner should be able to:
 - Describe the benefits and challenges of technology-enabled collaborative learning resources for patient care from the perspective of primary care providers in rural or underserved communities
 - Cite evidence regarding how project ECHO can improve patient health outcomes and provider confidence in treating both common and complex conditions in their communities
- **Required**
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3795614/> (Expanding Access to HCV Treatment - Extension for Community Healthcare Outcomes (ECHO) Project: Disruptive Innovation in Specialty Care)
 - <https://www.youtube.com/watch?v=IY5nlJxac0g> (Changing the World, Fast: Dr. Sanjeev Arora at TEDxABQ)
 - <https://srhrc.tamhsc.edu/docs/rhp2020-volume-2.pdf> (Rural Health Information Technology Challenges, pages 109-115)
 - https://www.ncqa.org/wp-content/uploads/2020/09/20200914_Taskforce_on_Telehealth_Policy_Final_Report.pdf (Taskforce on Telehealth Policy)
- **Reference Material**
 - <https://www.ruralhealthinfo.org/toolkits/telehealth> (Rural Telehealth Toolkit)

3. Palliative Care & Hospice in Rural Areas

- Instructor
 - Dominic Moore, MD, Assistant Professor of Pediatrics, Associate Medical Director of Palliative Care for Intermountain Healthcare

- Benjamin Moresco, MD, Assistant Professor, Pediatric Palliative Care
- **Date: 3/9/21**
- Expected Learning Outcomes (ELOs)
 - As a result of participating in this class, the learner should be able to:
 - Briefly describe the origins and the evolution of hospice and palliative care services in the United States and the distinctions between hospice care and palliative care.
 - List some common disparities between urban and rural populations in relation to hospice and palliative care access and describe at least four factors which contribute to these disparities.
 - Describe at least one model for hospice and palliative care service delivery.
- Required Reading
 - Lynch S. Hospice and Palliative Care Access Issues in Rural Areas. *Am J Hosp Palliative Care*. 2013 Mar;30(2):172-7.

4. Human Resources for Rural Health: Workforce Development, Recruitment & Retention

- Instructor
 - Sri Koduri, Director of Strategy, GME (Sri.Koduri@hsc.utah.edu)
 - Nate Gladwell, UHealth (Nate.Gladwell@hsc.utah.edu)
 - Ashley Moretz, Director, Office of Primary Care of Rural Health (amoretz@utah.gov)
- **Date 3/16/21**
- Expected Learning Outcomes (ELOs)
 - As a result of participating in this class, the learner should be able to:
 - Describe the current state of Utah's rural physician workforce.
 - Describe recruitment and retention challenges for the rural health services workforce in Utah
 - List and briefly describe three rural workforce training and development initiatives in the State of Utah
- Required Reading
 - [National Rural Health Association Policy Brief: Healthcare Workforce & Shortage Issues in Rural America, 2012.](#)
- Supplemental Reading
 - [Recruitment and Retention for Rural Health Facilities](#)
 - [Education and Training of the Rural Healthcare Workforce](#)
 - [National Rural Health Association. Providing Hospice and Palliative Care in Rural and Frontier Areas, 2005.](#)

5. Primary Care Practice Transformation in Rural Utah

- Instructor: Danielle Pendergrass, NP (danielle@easternutahwomenshealth.com)
- **Date: 3/23/21**
- Expected Learning Outcomes (ELOs)
 - As a result of participating in this class, the learner should be able to:
 - Describe the origins and evolution of the Primary Care Medical Home and the potential benefits of such a care delivery model.
 - Briefly describe the three key features of a PCMH, including the integration of health information technology, multi-professional team-based care and patient-centered engagement in care.
 - Describe an example of a primary care practice transformation initiative in Utah.
- Required Reading
 - Okie, S. The Evolving Primary Care Physician. *N Engl J Med* (2004), 366;20:1849-1853.
 - Klein DB, Miriam JL, Liu N. The Patient-Centered Medical Home: A Future Standard for American Health Care? *Public Administration Review* 2013, Vol. 73, Iss. SI, pp. S82-S92

6. Rural Health Systems: Models & Innovations

- Instructor
 - Greg Rosenvall, Rural Hospital Development Director, Utah Hospital Association (Greg@utahhospitals.org)
 - Clayton Holt, CEO of the San Juan Hospital (cholt@sanjuanhealth.org)
- **Date: 3/30/21**
- Expected Learning Outcomes (ELOs)
 - As a result of participating in this class, the learner should be able to:

- Discuss the current status of rural health systems, including the impact of rural hospital closures in the last decade as well as factors which led to closures.
- Describe currently available health services delivery options under existing Federal and State laws that govern health care structures and payments.
- Compare and contrast potential inpatient care alternatives proposed by various policy stakeholders in response to the rural hospital closure crisis.
- Using the Medicare Frontier Extended Stay Clinic (FESC) demonstration project as an example, describe the benefits and the challenges of widely implementing the FESC model.
- Required Reading
 - [RUPRI Health Panel. After Hospital Closure: Pursuing High Performance Rural Health Systems without Inpatient Care. 2017.](#)

7. Overview of the Department of Human Services in Utah

- Instructor:
 - Lana Stohl, LCSW, MBA - Deputy Director, Utah Department of Human Services (lstohl@utah.gov)
 - Bonnie Taylor, Dept of Human Services (bonitaylor@utah.gov)
 - Alisa Lee, Dept of Human Services
- Date: 4/6/21
- Expected Learning Outcomes (ELOs)
 - As a result of participating in this class, the learner should be able to:
 - Describe the role of the Utah Department of Human Services in strengthening the health and well-being of rural and underserved Utah communities.
 - List some of the most widely accessed human services in Utah and discuss the benefits and challenges related to these services.
 - Discuss the benefits and challenges of human services integration in rural and underserved community.
 - Describe an example of successful integration of human services in a rural or underserved community.
- Required Readings
 - Pennel CL, Clark HR, Rahn RN. Rural Health Education and Community-based Programs. In: Bolin JN, Bellamy G, Ferdinand AO, et al. eds. Rural Healthy People 2020. Vol. 2. College Station, TX: The Texas A&M University Health Science Center, School of Public Health, Southwest Rural Health Research Center; 2015:15-27.

8. Family Violence: Child Abuse, Intimate Partner Violence, and Elder Abuse in Rural Communities

- Instructor
 - Kristine Campbell MD, Associate Professor of Pediatrics, Division of Safe and Healthy Families
 - Kara Byrne PhD, Assistant Professor, College of Social Work
- Date: 4/20/21
- Expected Learning Outcomes (ELOs)
 - As a result of participating in this class, the learner should be able to:
 - Define the different forms of domestic violence
 - Discuss the prevalence of domestic violence in rural communities compared to urban centers and factors that play into this burden
 - Discuss the interplay between mental health and domestic violence
 - Describe successful interventions at both the patient and community level to respond to and help prevent future episodes of domestic violence
- Required Reading
 - TBD

9. Surgical Services Delivery for Underserved Populations: Challenges in access to care

- Instructor
 - Jade Nunez, MD, Assistance Professor, Dept of Surgery (jade.nunez@hsc.utah.edu)
 - Marta McCrum, MD, MPH, Assistance Professor, Dept of Surgery (marta.mccrum@hsc.utah.edu)
- Date: 4/27/21
- Expected Learning Outcomes (ELOs)
 - As a result of participating in this class, the learner should be able to:

- Review known disparities in access to surgical care for underserved and vulnerable populations
- Understand the concept of regionalization for delivery of emergency care
- Discuss potential solutions for improving access to care and delivery of surgical care for underserved populations
- Required Readings
 - <https://pubmed.ncbi.nlm.nih.gov/29787533/> - High-volume hospitals are associated with lower mortality among high-risk emergency general surgery patients
 - <https://pubmed.ncbi.nlm.nih.gov/31090565/> - Trends in the Geospatial Distribution of Inpatient Adult Surgical Services across the United States