

# STATE OF WISCONSIN

SENATE CHAIR  
**Alberta Darling**

317 East, State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882  
Phone: (608) 266-5830



ASSEMBLY CHAIR  
**John Nygren**

309 East, State Capitol  
P.O. Box 8953  
Madison, WI 53708-8953  
Phone: (608) 266-2343

## JOINT COMMITTEE ON FINANCE

### MEMORANDUM

To: Members  
Joint Committee on Finance

From: Senator Alberta Darling  
Representative John Nygren

Date: October 11, 2018

Re: UWSMPH Report to JFC

Attached is a biennial report from the University of Wisconsin School of Medicine and Public Health, pursuant to s. 13.106, Stats.

This report is being provided for your information only. No action by the Committee is required. Please feel free to contact us if you have any questions.

Attachments

AD:JN:jm



October 11, 2018

The Honorable Scott Walker  
Governor, State of Wisconsin  
Room 115 East, State Capitol  
Madison, WI 53702  
**Sent Via Email Transmittal**

OCT 11 2018  
St. Finance

Dear Governor Walker:

I write today to submit the attached report to you on behalf of the UW School of Medicine and Public Health as required under Wis. Stat. § 13.106. This biennial report, due by October 15<sup>th</sup> of even numbered years, includes information that addresses the following:

- Financial Summary
- Minority student recruitment policies and programs of each medical school and the number of minority students enrolled.
- Number and percentages of Wisconsin residents enrolled.
- Average faculty salaries compared to national averages.
- Development of cooperative educational programs with other institutions throughout Wisconsin.
- Placement of graduates of doctor of medicine residency and training programs.
- Financial status of the family practice residency sites.
- The number of family practice residents choosing to practice in medically underserved areas of Wisconsin.
- The number of graduates entering family practice as a career.
- The number of students enrolled in rural or underserved urban medicine programs.
- The medical specialties and residency locations of the students in rural or underserved urban medicine programs.
- The initial postresidency practice locations for graduates of rural or underserved urban medicine programs.

We hope you find this information interesting and useful. Please contact me if you have any questions or concerns.

Sincerely,

/s/Connie Schulze

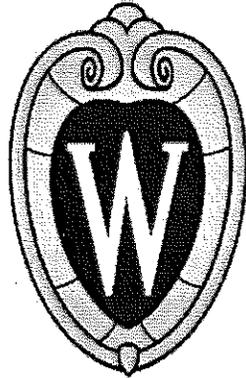
Connie Schulze  
Director, Government Affairs



cc:

Joe Malkasian, Joint Committee on Finance  
Jeffrey Renk, Senate Chief Clerk  
Patrick E. Fuller, Assembly Chief Clerk  
Erin Probst, Legislative Fiscal Bureau  
Megan Cramer, Office of Governor Walker





**School of Medicine  
and Public Health**  
UNIVERSITY OF WISCONSIN-MADISON

**Biennial Report to the  
Wisconsin State Legislature**  
Fiscal Years 2017 and 2018

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# UWSMPH REPORTING REQUIREMENTS

*Reported by the University of Wisconsin School of Medicine and Public Health*

## Introduction

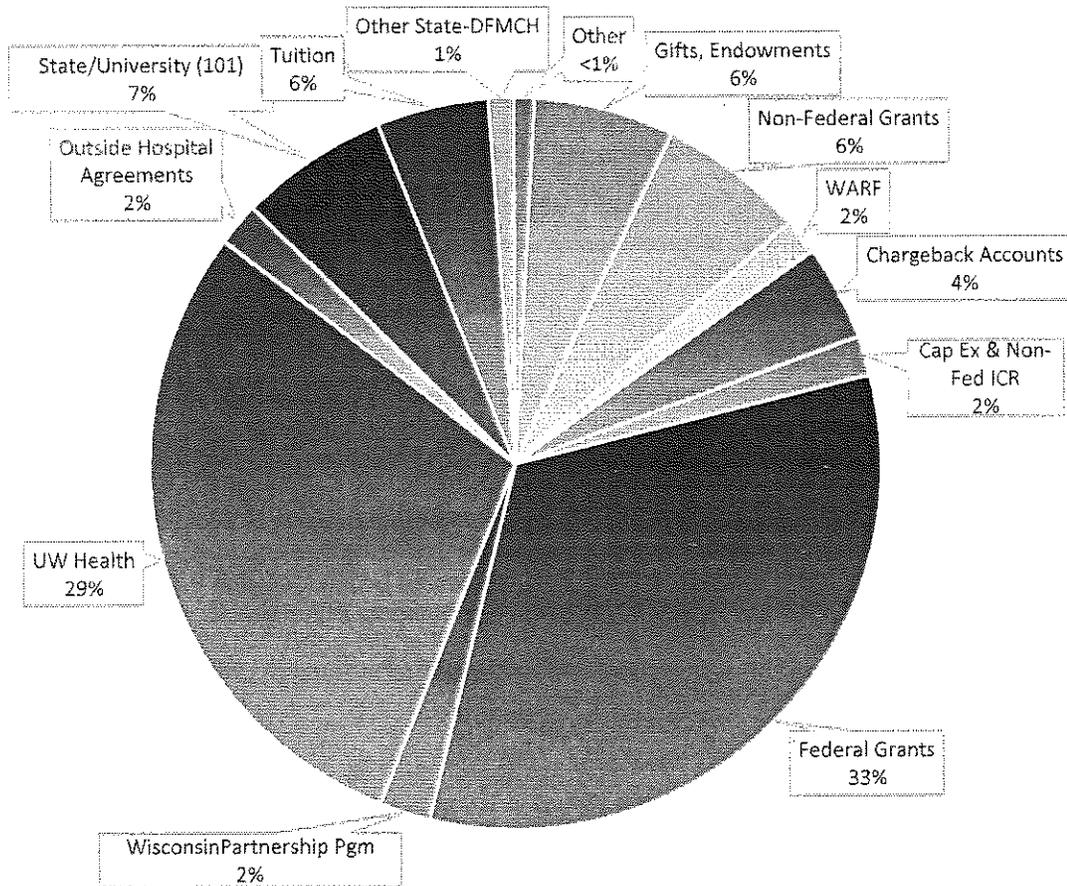
Established in 1907, the University of Wisconsin School of Medicine and Public Health (UWSMPH) remains fully committed to improving the health of the citizens of Wisconsin and beyond through education, research and service. Over the past few years, the UWSMPH with input from faculty, staff and students has developed and begun implementing its innovative ForWard Curriculum for the Doctor of Medicine (MD) Program, which launched in 2016. ForWard offers a model of education that integrates basic sciences, public health and clinical sciences throughout a medical student's education. The School of Medicine and Public Health is further committed to addressing society's evolving health care needs by offering programs specifically aimed at reducing disparities among underserved populations.

As outlined in Wisconsin Statute 13.106, the UWSMPH meets reporting requirements for the 2016-17 and 2017-18 Academic Years in this biennial report, providing information for the following areas:

- Financial Summary
- Minority Student Recruitment
- Enrollment of Wisconsin Residents
- Average Faculty Salaries at the UWSMPH Compared to National Averages
- Cooperative Educational Programs
- Placement of Graduates of Doctor of Medicine and Residency Training Programs
- Financial Status of Family Practice Residency Sites
- Family Practice Residents in Medically Underserved Areas Upon Graduation
- Graduates Entering Family Practice as a Career
- Number of Students Enrolled in Rural or Underserved Urban Medicine Programs
- Medical Specialties and Residency Locations of Students in Rural or Underserved Urban Medicine Programs
- Initial Post-residency Practice Locations for Graduates of Rural or Underserved Urban Medicine Programs

**13.106 (2) (ac) Financial Summary**

UW School of Medicine & Public Health  
 FY 2017-2018 Expenditures by Source of Funds  
 \$645,894,000  
 Includes Operating and Capital Expenditures



**Table 1: UWSMPH FY 2017 and FY 2018 Expenses by Type**

Expenses by Type	FY 17	FY 18
Salary and Fringe Benefits	407,983,096	416,234,252
Supplies and Services	132,411,726	149,475,523
Travel	9,004,660	9,470,372
Capital & Equipment	12,818,038	12,545,748
Indirect Costs	55,693,502	58,167,846
<b>Total</b>	<b>617,911,022</b>	<b>645,893,741</b>

### 13.106 (3) (ac) Minority Student Recruitment

**Diversity, equity, and inclusion** are central to the mission of the University of Wisconsin School of Medicine and Public Health (UWSMPH) in meeting the health needs of the people of Wisconsin and beyond through excellence in education, research, patient care, and service. Diversity at the School is defined within the context of striving for an inclusive and equitable educational and medical community that reflects the diversity of the state. The UWSMPH looks to the mission of the University of Wisconsin-Madison for guidance in defining diversity, and part of that mission is to “serve the needs of women, minority, disadvantaged, disabled, and nontraditional students, and seek racial and ethnic diversification of the student body and the professional faculty and staff.”

The Office of Multicultural Affairs (OMA) takes leadership for the School’s student diversity outreach initiatives, including its recruitment and enrollment activities. The OMA provides guidance to a number of campus-community educational linkages, summer research efforts, and initiatives targeted towards expanding diverse undergraduate participation in the health professions. Furthermore, pre-medical advising, and interaction with merit-based and enrichment programs plus pre-health organizations have been critical in the identification and mentoring of promising medical school applicants.

The Native American Center for Health Professions (NACHP) continues to promote health education, research and community-academic partnerships with Native American communities in the Great Lakes region. NACHP is funded in part by the Indians into Medicine (INMED) five-year federal grant through the Indian Health Service to support the recruitment of American Indians and Alaska Natives (AI/AN) into health careers. NACHP provides pre-college, undergraduate and health professional services and programming to promote health care careers through advising, mentorship and expanding American Indian health-focused educational opportunities.

In 2015, NACHP moved from the Collaborative Center for Health Equity (CCHE) into Academic Affairs under the leadership of the Associate Dean of Multicultural Affairs and Diversity, in collaboration with the Office of Multicultural Affairs (OMA), to leverage outreach and recruitment activities of students to the Doctor of Medicine (MD) program and other health professional programs within UWSMPH. Since its inception in 2012, NACHP established partnerships with several on and off campus programs to enhance recruitment efforts and tribal community-academic partnerships. In 2016, NACHP developed a unique partnership with the Oneida Nation to establish a secondary office at the Oneida Community Health Center to increase tribal community engagement with youth and health professionals in the northern rural parts of the state where many of Wisconsin’s tribes are located.

The specific recruitment initiatives for increasing the pool of diverse competitive applicant’s focus on: (a) *Educational Partnerships and Outreach*, (b) *Targeted Recruitment Activities*, and (c) *Selection*.

#### **Educational Partnerships and Outreach**

**Campus – community – state-wide partnerships** have provided opportunities for the UWSMPH to introduce medicine and the health sciences to a diverse pool of pre-college and undergraduate students. The OMA held a number of one-day programs specifically for pre-college students that included sessions on academic preparation, interactive computer-based science activities such as physical examinations, anatomy demonstrations, and tours of the medical school and hospital facilities. These immersive programs were held in partnership with the (a) UW-Madison Undergraduate Admissions Office campus visit and recruitment program; (b) Pathways to College and MKEGrind; (c) UW-Parkside Doc’s Program; (d) Cream City Medical Society; (e) Dane County School Consortium; (f) UW-Madison Pre-College Enrichment Opportunity Program for Learning Excellence; and most recently the (g) Health Professions Shadowing Program in collaboration with the Center for Pre-Health Advising.

The OMA has collaborated with area community agencies to provide opportunities for students that emphasize the intersection of science and service. Since January 2012, the OMA has helped to coordinate an annual Martin Luther King, Jr. Youth Service Day Program, where more than 200 middle and high school students participate in science workshops and rotate through science and health science demonstration tables at the Wisconsin Institutes for Discovery. The OMA has also participated for the last three years in the Academy of Sciences at South Division High School, Ronald Reagan High School and North Division High School, and the career day in the West Allis / West Milwaukee school district.

The OMA offers outreach programming to high school and middle school students in cooperation with UW-Madison and UWSMPH groups. For example, the Medical Students for Minority Concerns are actively involved in outreach activities for pre-college students and undergraduates. Many of the pre-college activities are held with residents of Allied Drive, an economically challenged community in Madison/Fitchburg. For the last ten summers, the OMA has worked collaboratively with UW-Madison's Pre-College Enrichment Opportunity Program for Learning Excellence (PEOPLE) program to offer science-based enrichment program activities for middle and high school students. Since 2014 OMA has collaborated with the Surgery Clinical Research Experiences for High School Students Program, a pre-college pathway for students of color and low-income students interested in research in the health care field.

Like the OMA, NACHP also conducts several youth outreach events designed to introduce students to careers in health. The most notable event is the annual Indigenous Health and Wellness Day which brings nearly 100 Native American middle and high school students from Wisconsin's tribal communities to the Madison campus to learn about programs, services, and health care related programs to inspire students towards higher education and health careers. This annual program collaborates with several on-campus programs like the Department of Family Medicine, Population Health Institute, Carbone Cancer Center/Cancer Health Disparities Initiative, Undergraduate Admissions, and several other health professional schools outside of UWSMPH. In addition, NACHP conducts several tribal community visits each year to attend career and college fairs and conduct career awareness workshops featuring the online digital mentoring tool, We Are Healers. Some of the visiting communities include Oneida, Milwaukee Indian Community School, Lac du Flambeau, Stockbridge-Munsee, Bad River, Red Cliff, Ho-Chunk, and Menominee. These events are coordinated in partnership with Tribal Education departments and health centers.

NACHP is also an active recruiter and collaborator with other UW-Madison campus and UWSMPH programs including the Pre-College Enrichment Opportunity Program for Learning Excellence (PEOPLE) and Information Technology Academy (ITA) Tribal Technology Institute (TTI), which both serve Wisconsin's tribal communities. These collaborations focus on recruitment of college-bound Native American students to facilitate early health care career pathways programming and planning. In addition, NACHP's partnerships extend beyond the campus to include Wisconsin's tribal communities and inter-tribal serving organizations, such as the Great Lakes Inter-Tribal Council – Native American Research Center for Health (GLITC-NARCH) and Epidemiology Center (GLITC-EC). Since the program's inception, NACHP has entered into several Memorandum's of Understanding (MOU) with tribes to fortify our campus and community partnerships to support NACHP's participation in educational fairs and events, establish clinical rotations for students, and facilitate other health-related activities, projects and research.

**Outreach to undergraduates at UW-Madison** has been critical to increasing the pool of academically promising students interested in careers in medicine. The OMA has a long standing relationship with two UW-Madison merit-based programs: the Chancellor's Scholarship Program and the Powers-Knapp Scholarship Program. This partnership was developed to identify students early in their undergraduate education and inform them of the requirements and expectations for medical school admission. Over the years, scholars have been successful in gaining admissions to and graduating from medical schools. Currently, there are 2 alumni scholars on the UWSMPH faculty; 1 alumni scholar in the UWSMPH's family medicine residency program, and 9 alumni scholars in medical school at the UWSMPH.

The OMA has relationships with UW-Madison undergraduate academic enrichment programs that focus on support for students from multicultural and disadvantaged backgrounds and first generation college students. These programs include: (1) Center for Educational Opportunity (formerly known as the TRIO Program, for first generation and economically disadvantaged students); (2) Academic Advancement Program (primarily for first generation college students); (3) Chemistry Learning Center; (4) Physics Learning Center (5) PEOPLE program; and 6) Multicultural/Disadvantaged support programs in the College of Letters and Sciences and College of Agriculture and Life Sciences.

NACHP has also developed strong partnerships with other UW-Madison campus and UWSMPH programs including the Pre-College Enrichment Opportunity Program for Learning Excellence (PEOPLE), Information Technology Academy (ITA), Tribal Technology Institute (TTI), Rural and Urban Scholars in Community Health (RUSCH), Allied Health Education Centers (AHEC) statewide, Center for Pre-Health Advising (CPHA), and Division of Diversity, Equity and Education Achievement (DDEEA) programs such as Chancellor's Scholars/Power's Knapp programs and POSSE, among others. NACHP provides advising, mentorship, and educational opportunities for undergraduate students in these programs to support their pursuit of health pathways.

**Outreach to undergraduates at other institutions** has been done primarily through the Rural and Urban Scholars for Community Health (RUSCH) program created and implemented by UWSMPH. RUSCH is a premed pipeline program for students from diverse backgrounds interested in eventually practicing medicine in underserved communities. In addition to academic year enrichment activities, students come to UW-Madison for 8 weeks in the summer to work with research mentors, attend workshops and seminars, and participate in community service projects. Currently, students come from UW-Milwaukee, UW-Parkside, UW-Platteville, Spelman College and, most recently, students affiliated to UW through NACHP. The RUSCH program has successfully matriculated 14 into UWSMPH programs. Since 2014 we have been a partner with Marquette University – Health Careers Opportunity Program, another pathway program that focuses on first generation and financially disadvantaged students interested in pursuing degrees in the health care field.

**Pre-Med advising and informational workshops** are key components of the OMA's campus and statewide outreach efforts. In addition to working with merit-based and academic enrichment programs on the UW-Madison campus, the OMA holds workshops each semester for two student organizations: the African American, Hispanic, Asian, Native American (AHANA) Pre-Health Society; Health Occupations Students of America (HOSA); and the Professional Association of Latinos for Medical School Access (PALMA). Furthermore, advising and pre-med workshops are extended to undergraduates at UW System institutions, Wisconsin private colleges and Wisconsin community and technical colleges. The student-led Mini-Medical School is an example of a day-long advising and informational workshop that the OMA has sponsored and coordinated. This outreach activity for undergraduates and pre-college students has been held semi-annually since the 2011-2012 school year.

The Mini-Medical School gives high school and college students from underrepresented-in-medicine groups many opportunities to meet and interact with medical students and minority faculty through participation in workshops on academic preparation for medical school, the application process, life as a medical student, and health disparities. In the spring semester 2016, the program format was changed to provide one day specifically for high school students and one day for undergraduates. The high school program was renamed Family Empowerment Day, and strongly encourages parents to attend with their child. The undergraduate program was renamed Pre-Health Careers Day to better reflect the program's inclusion of all health professions including nursing, pharmacy, and veterinary medicine. These one-day programs have been very successful, and have become an integral part of the outreach activities that the OMA sponsors in collaboration with the Medical Students for Minority Concerns. The events continue to grow as invitations are extended to more schools, particularly in the greater Madison and Milwaukee areas. In the 2017-2018 academic year, there were 84 registrants for the Family Empowerment Day during fall semester, and 59 undergraduates registered for the Pre-Health Careers Day in the spring.

In 2012, OMA and UWSMPH faculty assisted the AHANA Pre-Health Society with their Health Disparities Conference. Undergraduates attending the conference participate in a cross section of faculty led workshops and a medical school informational/career fair conducted by the OMA. Additionally, OMA assists other undergraduate organizations such as PALMA, PULSE, and Southeast Asians Student Group at UW-Milwaukee by publicizing their events, assisting with travel to conferences, and giving informational presentations about medical school to the respective groups.

NACHP also is a collaborator and sponsor of the Great Lakes Applicant Workshop in partnership with Michigan State University, University of Minnesota-Duluth, University of North Dakota, and University of South Dakota. This two-day workshop is for undergraduate students who are 1-2 years from applying to medical school. It provides students with in-depth preparation and overview for the multi-step process required for medical school admissions including essay writing, interviewing, letters of recommendation and financial aid. In its first year, 75% of participating students applied to medical school and 3 out of 4 matriculated to UWSMPH.

### **Targeted Recruitment Activities**

Outreach and Diversity recruitment activities have been developed to personalize the initial step of the admission process and to increase the visibility of the School in minority and under-served communities and with students who would not normally consider UWSMPH. These recruitment activities include: (1) National Association of Medical Minority Educators, Inc. Recruitment Fair & Career Awareness Workshops; (2) Association of American Medical Colleges (AAMC) Minority Student Medical Career Awareness Workshop; (3) Student National Medical Association recruitment fairs at national and regional meetings; (4) National Hispanic Medical Association recruitment fair; (5) Latino Medical Student Association recruitment fair at the national and regional meetings; (6) Association of American Indian Physicians (AAIP) Annual Meeting and National Health Conference; (7) American Indian Science and Engineering Society (AISES); (8) graduate and professional school recruitment fairs at Big Ten and other select institutions; and (8) medical school recruitment fairs at undergraduate alma maters of our students and alumni from diverse backgrounds.

Special outreach efforts are made to prospective applicants from ethnically and racially as well as socioeconomically diverse backgrounds whose MCAT scores are exemplary. The prospective applicants are identified through the Medical Minority Admissions Registry (MedMAR), which is an AAMC publication. Special recruitment letters are sent from January to the latter part of August inviting this targeted group of students to apply to UWSMPH. The letter highlights some of the unique features of the School, its commitment to diversity, and educational and research opportunities for medical students.

The dedicated involvement of many faculty, staff, and students is critical to the recruitment of a diverse student body. Interview Day provides an opportunity for faculty, staff, and students to become involved in the recruitment of a diverse student body. The best ambassadors for recruitment at UWSMPH have been the medical students. Applicants interact with our medical students the evening before and several times during the interview day. At the beginning of the interview day, the applicants are also invited to participate in a Diversity Roundtable discussion with current medical students. Faculty and staff presentations, which are part of the orientation component of interview day, provide applicants with an overview of the institution and curriculum, information on support and financial services, and data on how well our students perform on the boards and place in the residency match.

Special Academic Programs that focus on rural and urban health care are expanding the discussion of diversity in medical education; and they have the potential of increasing the medical workforce in underserved communities in Wisconsin. The Wisconsin Academy for Rural Medicine (WARM) was designed to train medical students who have a strong interest in practicing in Wisconsin rural communities. WARM also has been instrumental in attracting under-represented minority students, namely Native Americans and Hispanics, to apply to the SMPH. The Training in the Urban Medicine and

Public Health (TRIUMPH) program has demonstrated success in attracting under-represented minorities, including African American and Latino students, to the SMPH. Thirty-four percent of TRIUMPH students are underrepresented racial/ethnic minorities. A total of 47% of TRIUMPH students self-identified as coming from a disadvantaged background meaning racial/ethnic minority, low socioeconomic status, or first-generation college students. Both programs help a number of minority and non-minority students feel connected to the under-served and to communities that they want to eventually serve. (The WARM and TRIUMPH programs are covered in detail in the last section of this report.)

For the last 19 years, the OMA has worked collaboratively with the Office of Admissions and the Office of the Associate Dean for Students in sponsoring the Second Visit Program. This recruitment strategy was initially designed to invite candidates from diverse backgrounds, especially those with multiple offers from other medical schools, back to the campus for an in-depth look at the UWSMPH and the University community before they make their final decision. UWSMPH faculty, staff, and students as well as community people were involved in this recruitment effort. Additionally, members of Medical Students for Minority Concerns-UW-Madison and minority physicians and community leaders provided opportunities for the prospective students to learn more about the Madison community and its resources. In the spring of 2011, the Second Visit Program was expanded to include all applicants who had received offers. The UWSMPH invited all accepted prospective students, their parents, and spouses for a one-day program that highlighted the educational program, co-curriculum opportunities, and services for students. This one day-program has been well received by all. Since 2011, the OMA has developed an Extended Second Visit program to invite prospective students from backgrounds under-represented in medicine to arrive on campus the day before the one-day Second Visit Program to attend classes with current medical students, interact with diverse faculty, and learn more about diverse communities within the city of Madison. The number of students who participate in the Extended Second Visit saw an increase over the past years with 18 students participating in 2017 and 31 in 2018. In 2018, 21 of the 31 attendees enrolled in UWSMPH.

### **Holistic Review and Selection Process**

UWSMPH employs a holistic review process to select a cross section of students who will address health equity issues as well as add to the richness of the learning environment. Academic merit and integrity are critical and valued components of the review process, but are not the only factors considered in the selection of the medical school class. The School has a strong tradition of assessing applicants in a variety of areas such as: academic service/volunteerism, leadership, diversity, personal qualities, response to adversity, distance traveled in pursuit of goals, and scholarship. UWSMPH understands how important it is to build upon this tradition to select a medical school class that represents a cross section of the citizens of the state and that will address the health issues of Wisconsin and beyond.

Tables 2 and 3 give an overview of the number of people who applied, were accepted, and enrolled as first year medical students during the fall of 2016 and 2017.

**Table 2: Recruitment and Enrollment Data for 1<sup>st</sup> Year Medical Students – Fall 2016**

	Applied		Accepted		Matriculated	
<b>URM*</b>	815	14.7%	70	24.4%	36	21.2%
<b>Other Asians</b>	1304	23.5%	48	6.7%	31	18.2%
<b>All Minorities</b>	2119	38.2%	118	41.1%	67	39.4%
<b>Unknown</b>	83	1.5%	2	0.7%	1	0.05%
<b>White, Non-Hispanic</b>	3350	60.3%	167	58.2%	102	60.0%
<b>Total</b>	5552	100%	274	100%	176	100%

*\*URM includes: African American or Black; Hispanic, Latino or Chicano; Native Americans or Alaska Natives; Native Hawaiians or Other Pacific Islanders; and Southeast Asian (Cambodian, Hmong, Laotian, and Vietnamese)*

**Table 3: Recruitment and Enrollment Data for 1<sup>st</sup> Year Medical Students – Fall 2017**

	Applied		Accepted		Matriculated	
<b>URM*</b>	735	13.4%	65	22.7%	28	16.1%
<b>Other Asians</b>	1229	22.5%	41	14.2%	24	13.8%
<b>All Minorities</b>	1964	35.9%	106	37.1%	52	29.9%
<b>Unknown</b>	160	2.92%	3	1.0%	0	0.0%
<b>White, Non-Hispanic</b>	3350	61.2%	177	61.9%	122	70.1%
<b>Total</b>	5474	100%	286	100%	174	100%

*\*URM includes: African American or Black; Hispanic, Latino or Chicano; Native Americans or Alaska Natives; Native Hawaiians or Other Pacific Islanders; and Southeast Asian (Cambodian, Hmong, Laotian, and Vietnamese)*

Table 4 provides an overview of the total student enrollment including a breakdown of the number and percentages of minorities for the 2016-2017 and 2017-2018 academic years at the UWSMPH.

**Table 4: UWSMPH Total Medical Student Enrollment Academic Years 2016-2017 and 2017-2018**

Year	URM		All minorities		White or Unknown		Total
<b>2017</b>	113	15.5%	209	29.3%	504	70.7%	713
<b>2018</b>	119	16.4%	214	29.5%	512	70.5%	726

## Student Retention

To create a diverse student body, emphasis must be placed on student recruitment; however, retention and graduation of students are equally valued. Therefore, the offices of OMA, NACHP, Admissions, and the Associate Dean for Students work jointly to recruit, retain, and successfully graduate students from diverse groups.

Student Support Services are critical to the successful matriculation and graduation of students. The UWSMPH is mindful that a comprehensive approach must be used in identification and implementation of appropriate student services. Student advisement and counsel on social, cultural and personal issues,

and how they impact academic performance are key support services offered to minority and other students by the UWSMPH. Students are most concerned about their academic success and the support services that would enhance their success. The OMA, working collaboratively with the Office of the Associate Dean for Students, namely its Student Academic Support Services, monitors academic progress of minority students on a regular and assiduous basis and refers them to other services when appropriate, such as the University Health Services Counseling and Consultation Services. By working collaboratively, UWSMPH's student support services have been successful in identifying students experiencing challenges and in developing appropriate plans of action to help students succeed and comply with medical school academic policy.

Additionally, OMA in 2016 began sponsoring a series of monthly dinners where students gather to hear from a diverse array of interesting and accomplished faculty members. These faculty share stories of their paths in medicine as clinicians, researchers, and educators in a small-group environment where personal connection is the goal. Finally, OMA hosts an alumni reception during homecoming weekend as a means of connecting minority alumni with current students. A special reception allows students the opportunity to create mentoring relationships that last beyond homecoming weekend.

Through the collaborative work of many, students have been successful in graduating and obtaining residency positions. A growing number of minority students have not only graduated from the UWSMPH, but after completing their residency training have accepted faculty positions at the UWSMPH. Currently, eight UWSMPH minority alumni hold faculty positions at the Madison hospital and clinic sites.

## Faculty Leadership in Diversity and Outreach

The **Centennial Scholars Program** was developed in 2009 to develop faculty whose diversity enhances the quality of education and research at the UWSMPH, and who may serve as visible and available role models for students and trainees, especially those from underrepresented minority backgrounds. Scholars are funded for a three-year term with 50% protected time guaranteed for academic pursuits. Academic timelines and mentoring plans are developed, and bimonthly meetings held with all of the scholars focus on a wide variety of professional and academic development themes. An annual symposium is held with an invited speaker to highlight areas in diversity and provide one-on-one mentorship consultations to the scholars.

Currently there are 6 current active Centennial scholars ranging from junior to midcareer faculty (Year 1 N=3; Year 2 N=2; Year 3 N=1). Since the program was initiated in 2009 to the present, a total of 17 faculty alumni from backgrounds under-represented in academic medicine have completed the three year Centennial Scholar Faculty Development program. The retention rate of the alumni Centennial Scholar faculty at the UWSMPH is 88.2%.

The **Advancing Health Equity and Diversity (AHEAD) initiative** is a collaborative effort of the UWSMPH Centennial Scholars Program, the Health Disparities Research Scholars Program, the Building Interdisciplinary Research Careers in Women's Health training program, and two Department of Family Medicine & Community Health fellowship programs. Sponsored by a P-60 supplement to the UWSMPH Clinical and Translational Science Award, this consortium of programs focused on diversity and medical disparities has allowed shared programming as well as the development of a grant program.

The UWSMPH continues to examine practices and opportunities to recruit and retain a more diverse faculty. In recent years, members of the School's faculty have been selected as award recipients of both the UW-Madison Outstanding Women of Color Award and the UW System Outstanding Women of Color Award. Table 5 below reflects a slight increase of minority faculty overall percent of UWSMPH faculty in 2017 and 2018, compared to the faculty data reported in previous years.

**Table 5: UWSMPH Faculty Data\***

Academic Year	Minorities Including Asians	% of Total Faculty	Minorities Excluding Asians	% of Total Faculty	White or Unknown	% of Total Faculty	Total
2014	208	14.18%	55	3.75%	1264	86.16%	1467
2015	225	14.57%	64	4.15%	1319	85.43%	1544
2016	221	14.10%	62	3.96%	1346	85.90%	1567
2017	263	16.11%	65	3.98%	1370	83.89%	1633
2018	277	16.65%	72	4.33%	1387	83.35%	1664

\*Includes Tenure, Clinical Health Science, Clinician-Teacher, Part-time, and Full-time faculty. Minorities include African American, Latino/Latina, Native American and Hmong.

### 13.106 (3) (ag) Enrollment of Wisconsin Residents

The objective of the Admissions Committee, which is supported by the mission statements of the University of Wisconsin-Madison and the School of Medicine and Public Health, is to select a diverse class of medical students who have demonstrated essential academic, personal and professional attributes that will allow them to succeed as clinicians, scientists, educators, and leaders to meet the health care needs of Wisconsin and beyond.

All decisions concerning who is accepted by the University of Wisconsin School of Medicine and Public Health are made solely by the Admissions Committee. (Two subcommittees work with the Admissions Committee: WARM (Wisconsin Academy for Rural Medicine), and MSTP (Medical Scientist Training Program, also known as MD/PhD)).

Admissions committee members include those appointed by the Dean of the Medical School or designee, and include faculty, researchers, students, and community members, as well as elected faculty members. All Wisconsin resident and non-resident applicants are evaluated by the same criteria. Highly qualified and well-prepared applicants from throughout the United States are encouraged to apply. The 176 member Entering Class of 2018 included 171 newly enrolled Doctor of Medicine (MD) degree students and five students who had previously matriculated and were for various reasons restarting their first year.

**Table 6: Wisconsin Residency Status of Medical Students by Class and Academic Year**

Student Level	Non-Resident	Resident	Total
<b>2016-2017</b>	<b>196</b>	<b>529</b>	<b>725</b>
Med1	68	108	176
Med2	41	136	177
Med2 Extended 3*	2	5	7
Med3	42	144	186
Med4	43	136	179
<b>2017-2018</b>	<b>199</b>	<b>523</b>	<b>722</b>
Med1	39	131	170
Med1 Extended 1	3	1	4
Med2	67	108	175
Med2 Extended 2	1	2	3
Med2 Extended 3	1	1	2
Med3	52	139	191
Med3Extended4	1		1
Med4	33	133	166
Med4Extended4	2	8	10

\*Extended classes denote those in which students follow a decelerated curriculum due to personal or academic factors.

**13.106 (3) (a) Average Faculty Salaries at the UWSMPH Compared to National Averages**

The UWSMPH submits fiscal year (FY) faculty salaries to the Association of American Medical Colleges (AAMC) annually in October. Because the AAMC FY 2018 (2017-2018) salary survey figures are not published until January 2019, the UWSMPH figures for this period are not yet available.

**Table 7: Average Faculty Salaries at UWSMPH compared to National Averages: FY 2017 (Academic Year 2016-2017)**

	AAMC Departments	Rank	SMPH Average	All Schools Average
<b>PhD, No MD</b>				
	Total Basic Sciences	Assistant	\$106,368	\$99,600
	Total Basic Sciences	Associate	\$124,500	\$128,100
	Total Basic Sciences	Professor	\$164,741	\$193,300
	Total Clinical Sciences	Assistant	\$121,793	\$107,800
	Total Clinical Sciences	Associate	\$128,457	\$139,700
	Total Clinical Sciences	Professor	\$185,833	\$204,000
<b>MD, may have PhD</b>				
	Total Clinical Sciences	Assistant	\$317,704	\$283,900
	Total Clinical Sciences	Associate	\$378,420	\$333,700
	Total Clinical Sciences	Professor	\$411,873	\$375,200

These data confirm the perceived trends in faculty salary levels compared to national averages. In the case of our PhD Basic Science faculty, we must provide a competitive salary level at the Assistant Professor level in order to hire or be competitive in recruiting faculty in the national marketplace. As is the trend with other UW-Madison faculty, we have not remained competitive at the Full Professor level. Based on the lack of annual pay plan and other base pay increases, compensation for our senior faculty have fallen behind; this "loyalty penalty" makes us particularly vulnerable to losing our most experienced faculty to competing institutions.

Our clinical MD faculty have salaries that are above national averages. Clinical faculty salary is determined primarily by the amount of clinical income generated by the faculty member and the overall profitability of the healthcare system in which they operate. UWSMPH clinical faculty have been very productive in the clinical setting, and the Madison healthcare market has a more favorable payer mix of patients than many other academic medical centers located in major urban settings.

## **13.106 (3) (ap) Cooperative Educational Programs**

### **Overview of Degree and Non-degree Educational Programs in UWSMPH**

#### **Degree Programs:**

- Doctor of Medicine (MD), including WARM and TRIUMPH program students
- Doctorate (PhD) and master (MS) degrees in basic, clinical and population health sciences
- Doctor of Physical Therapy (DPT)
- Master of Genetic Counselor Studies (MGCS)
- Master of Public Health (MPH) and dual degrees (MD/MPH) (MD/MPAS)
- Medical Scientist Training Program (MD/PhD)
- Master of Physician Assistant Studies (MPAS)

#### **Non-Degree Programs:**

- Certificate programs for undergraduate, graduate and professional degree programs
- Graduate Medical Education, including clinical residency & fellowship programs in 60 specialties
- Postdoctoral fellowships
- Professional Development in Medicine & Public Health programs for health care professionals

### **Undergraduate Programs**

#### **Rural and Urban Scholars Community Health (RUSCH)**

The primary aim of RUSCH is to recruit and develop Wisconsin undergraduates, many from underrepresented or disadvantaged backgrounds, who are interested in addressing health inequities and health equity issues by practicing medicine in underserved areas of the state. As a two-year program, RUSCH affords students the opportunity to learn more about careers in medicine, engage in research and community health improvement projects, and develop knowledge, skills and attitudes that will prepare them for admission to the UWSMPH.

This program began in 2009 through affiliations with two UW system institutions (UW-Milwaukee and UW-Platteville), and in 2012, added another campus partner, UW-Parkside. The UWSMPH-sponsored Biomedical Summer Research Program with Spelman College, a historically black college, began in 2009 and merged with the RUSCH program during the 2012-2013 academic year to recruit underrepresented students to our school.

As of 2018, 17 RUSCH students, eight of whom are underrepresented minorities in medicine or first generation college students, have been admitted as medical students to the UWSMPH. Six were admitted to the Wisconsin Academy of Rural Medicine (WARM) program and three to the Training in Urban Medicine and Public Health (TRIUMPH) program. RUSCH alumni have also enrolled in UWSMPH graduate programs, or other medical schools and health professions programs, with the intention to pursue practice in underserved communities.

#### **Surgery Clinical Research Experiences for High School Students**

The mission of the Surgery Clinical Research Experiences is to offer underrepresented students first hand opportunities to experience the rewards of an academic medical career which include providing

cutting-edge patient care in an environment that promotes novel clinical investigation for the purpose of improving care. This opportunity will play an important role in students' future academic choices as they investigate healthcare-related fields. Students actively engage in clinical research by working on existing projects led by surgeons and medical student mentors. The program challenges students in an environment where surgeons are actively integrated into their clinical practices to improve the quality of patient care.

During the internship, students complete a background report on the disease related to the research study they will work on with their mentors. This report will help them familiarize themselves with the topic of their research and help them place their research study into a larger context. Students also give an oral and poster presentation on their research project. In addition to research, structured enrichment activities are provided each week to expose students to a variety of opportunities and experiences in surgery and the academic community at the University of Wisconsin. Students learn about the field of surgery and the training required to become a surgeon as well as other careers in surgery and healthcare. Some of these activities include: tours of our clinical and research facilities, weekly seminars on topics important to clinical research, remote observation of operating room cases, and surgical skills training sessions in our state-of-the-art simulation center. Students also attend research seminars with medical students and see presentations of medical student research projects.

## **Wisconsin Partnership Program**

The Wisconsin Partnership Program (WPP) was created as a result of an endowment provided by Blue Cross/Blue Shield United of Wisconsin and represents the commitment of the UW School of Medicine and Public Health to improve the health and well-being of Wisconsin residents through investments in community partnerships, education and research. The Wisconsin Idea — the principle that the university should improve lives beyond classrooms and research laboratories — is embodied in the activities of the WPP through its commitment to advancing health equity and making Wisconsin a healthier state for all. Established in 2004, WPP has awarded 456 grants totaling more than \$208 million.

### **Community Partnerships**

The Wisconsin Partnership Program has supported work in every county in Wisconsin through its community grant programs and their respective projects.

The Wisconsin Partnership Program offers three major competitive community grant programs to address overall health, health equity and well-being in Wisconsin communities:

**Community Impact Grants:** This grant program was established in 2015 to support large-scale, evidence-based, community-academic partnership initiatives. To date, eleven Community Impact grants have been awarded for \$1 million each. Projects address a broad range of topics including opioid addiction, improving assisted living quality, reducing tobacco use, advancing school-based mental health and more. Two recent projects are:

- The *Southwestern Wisconsin Community Action Program (SWCAP)* is addressing opioid addiction through a model of coordinated access to medical, physical, emotional and social wraparound services, including sober living housing, for people in recovery from opioid addiction, ultimately to improve their chances of sustained recovery. SWCAP will pilot the model in Richland and Iowa Counties.
- The *Improving Assisted Living Quality through Collaborative System Change*, led by the Wisconsin Department of Health Services and the UW-Madison School of Engineering, seeks to improve the quality of life for residents of Wisconsin's rapidly growing assisted living communities by enhancing and expanding access to the Wisconsin Coalition for

Collaborative Excellence (WCCEAL), an established and tested quality improvement infrastructure.

In 2017, the Wisconsin Partnership Program launched two new community grant programs designed specifically to support projects that reduce health disparities and improve health equity through a focus on the social determinants of health:

The **Community Catalyst Grant** program provides funding to support projects with innovative approaches to reduce health inequities. The new grant program provides up to \$50,000 in funding over two years. Eight grants were awarded in 2017. The new projects address a wide range of issues including:

- Expanding mental health services for veterans through a smartphone app built to connect vets statewide
- Bringing opioid addiction awareness to schools through a unique documentary and curriculum that features in-depth interviews with young Wisconsinites fighting to recover from addiction

The **Community Collaboration Grant** program provides organizations with training and technical assistance, as well as funding, to address health inequities stemming from the social determinants of health. This grant aims specifically to support organizations with limited access to resources and high health equity needs in their community. The maximum award for this grant is \$300,000 over four years. Five grants were awarded in 2017. Grantees include:

- *Family Health La Clinica and the Central Wisconsin Health Partnership*: organizations working together to improve health outcomes in the six-county region of Adams, Juneau, Green Lake, Marquette, Waupaca and Waushara Counties
- *Rebalanced-Life Wellness Association*: a community organization committed to reducing health disparities that adversely affect African American males residing in Dane County
- *The Lifecourse Initiative for Healthy Families (LIHF)* addresses disparities in African American infant mortality and morbidity in Kenosha, Milwaukee and Racine counties, where 85 percent of the state's African American babies are born, and are three times more likely to die than a white infant. LIHF aims to improve prenatal care, increase family and community support and improve community conditions so that African American women and their families have healthy birth outcomes. For example, in Racine, Wheaton Franciscan Healthcare – All Saints implemented the Centering Pregnancy Program. The program provides pregnancy-related group education from obstetricians to expectant moms. Over four hundred twenty women completed the program; decreasing the average rate of preterm birth to 4.2 percent in comparison to the national average of 11.5 percent.

## Education

The Wisconsin Partnership Program continues to support strategic education initiatives as well as investments in public health leadership and training. In 2017, the Partnership Program supported the third and final phase of Transforming Medical Education (TME), resulting in a fully-integrated school of medicine and public health and establishing the UWSMPH has a leader and national model for its comprehensive educational approach.

Start-up funding from WPP also launched three unique educational programs:

- *Wisconsin Academy for Rural Medicine (WARM)*: WARM is dedicated to increasing the number of physicians practicing in rural Wisconsin. See prior section for more information.
- *Master of Public Health (MPH)*: To date, more than two-thirds of the 385 graduates of the MPH program have remained in Wisconsin, working for local and government public

health agencies, health care organizations, as well as schools and universities.

- *Preventive Medicine Residency (PMR)*: Established in 2014, the PMR program is a two-year training program for physicians seeking to train across the full spectrum of healthcare and public health. Preventive Medicine is one of 24 specialties recognized by the American Board of Medical Specialties and, at present, the UW PMR is the only accredited residency program in Wisconsin. The UW PMR achieved full, 10-year accreditation by the Accreditation Council for Graduate Medical Education in 2017 and gained additional external funding through a competitive grant from the American Cancer Society.

The Wisconsin Partnership Program supports the training of Wisconsin's future public health leaders through the Wisconsin Population Health Service Fellowship. Fellows are trained in health equity and public health leadership while providing direct service to community partners throughout Wisconsin. To date, 72 fellows have provided service to more than 40 Wisconsin organizations to address a diverse range of public health issues.

### Research

The Wisconsin Partnership Program addresses a wide range of health and healthcare issues across basic, clinical, translational and applied public health research through two competitive research grant programs and strategic opportunity grants.

The **Collaborative Health Sciences Program (CHSP)** grants provide \$600,000 over three years to support established UWSMPH investigators' efforts to initiate new programs of collaborative, interdisciplinary research and education aimed at addressing public health issues that have not yielded to traditional approaches. Topics include cancer, pregnancy and infant mortality, infectious disease, opioid addiction, asthma and more. Recent projects include:

- *Screening in Trauma for Opioid Misuse Prevention (STOMP)*: The project is developing a screening tool to predict risk for opioid misuse and related complications after traumatic injury, when people are at greater risk for misusing opioids. Researchers will pilot the implementation of the tool at University Hospital in Madison and four Wisconsin trauma centers. This work is expected to result in better screening and early intervention.
- *The Wisconsin Surgical Coaching Program*: A project that addresses the importance of a surgeon's technical skill and teamwork in improving patient outcomes. The project paired surgeons with trained surgical coaches to improve their technical, cognitive and interpersonal skills. The grantee recently received a PERC Opportunity grant to support the establishment of the *Surgical Collaborative of Wisconsin (SCW)* and quality improvement projects in breast and colorectal cancer care across the state.

The **New Investigator Program** contributes to the career development of junior faculty in the UW School of Medicine and Public Health. The grant program provides opportunities for early-career faculty to initiate new, innovative educational or research pilot projects that, if successful, can lead to more substantial support from federal and other granting agencies. The awards are typically \$100,000 over two years. Topics include: cancer, infectious disease, diabetes and obesity, aging and falls and Alzheimer's disease. Two recent grants include:

- *Autologous Regeneration in Burn Injured Patients*: In response to the need to develop new methods to treat serious burns, this project aims to reduce the pain and suffering of burn patients by understanding how wound healing can be accomplished without grafting healthy skin. The proposed work will yield insights into wound healing processes that will help people who suffer burn injuries in Wisconsin and beyond.
- *In Advancing Tele-ophthalmology for Diabetic Retinopathy in Rural Wisconsin Health Settings*, researchers at UWSMPH Department of Ophthalmology and partners at the Mile

Bluff Medical Clinic in Mauston, Wisconsin, explored how to reduce vision loss in underserved, rural Wisconsin communities by improving diabetic eye screening rates through tele-ophthalmology, an evidenced-based program that uses eye photos to check for diabetic eye disease. To date, the project has achieved and sustained a 12 percent increase in diabetic screenings over two years.

**Partnership Education and Research Committee (PERC) Opportunity Grants** provide pilot funds of up to \$150,000 over two years to jump-start innovative projects that have potential for transformative impact on health. A recent Opportunity Grant supported researchers at the UWSMPH Department of Pediatrics and partners at La Farge Medical Clinic (Viroqua, WI) to improve health for Wisconsin's Plain communities. The grant focused on improving healthcare delivery for Amish infants, who do not receive required newborn screenings and are at risk for developing genetic disorders. The project was successful in developing culturally appropriate care and providing cost-effective genetic testing, ultimately leading to valuable information about life-saving treatment options.

In addition, WPP's **Strategic Education and Research Initiatives** support infrastructure vital to research and education, as well as initiatives that aim to improve population health, healthcare delivery and new initiatives that target some of Wisconsin's most challenging health issues:

- Since its inception in 2004, the WPP has supported a number of significant research programs that have successfully leveraged federal support. For example, the Institute for Clinical and Translational Research (ICTR) has been supported by the Partnership Program since 2006. Grants support projects that focus on clinical, community and patient-centered outcomes, and dissemination and implementation of evidence-based community-driven interventions. Since 2006, ICTR-supported researchers have leveraged \$410 million from external funders.
- Making Wisconsin the Healthiest State, a project of the UW Population Health Institute supported by the Wisconsin Partnership Program serves as a dissemination, implementation and outreach arm for the UW Madison School of Medicine and Public Health. The Healthiest State Team provides health and equity leadership; shapes state and local priority setting on health issues; and has increased the focus on preventing disparate health outcomes between populations. The project measures, assesses and reports on Wisconsin's health disparities through several publications and report cards; supports local efforts to improve health through *What Works for Health*, a database of policies and programs that can improve health, *County Health Rankings and Roadmaps* and the *Wisconsin Health Communities Designation*.
- In 2017, WPP funded a strategic research grant that explores the role health systems can play in advancing health equity. The project Measuring and Addressing Disparities in the Quality of Care among Wisconsin Health Systems will develop and implement a statewide publicly reported measure of disparity in the quality of care and use the data collected to examine health disparities across the state. The project will measure and publicly report disparities in the quality of care for most health systems in Wisconsin. The successful completion of the project could directly benefit the state's most disadvantaged citizens by raising the visibility of disparities and motivating health systems to undertake targeted improvements that directly address these disparities.
- The Survey of the Health of Wisconsin (SHOW), a unique statewide study, has received funding from the Wisconsin Partnership Program since 2005. Through its novel population health research infrastructure, SHOW gathers information about the health of state residents living in urban and rural areas and offers opportunities for epidemiologic and translational health research and policy development.
  - SHOW surveys residents of all ages, including children. To-date, there have been more than 6200 participants from 62 counties
  - Biosamples from more than 5,000 participants are available in SHOW's biorepository. These data and samples are used by UW faculty and investigators from across UW-Madison and Wisconsin to better understand health across the life course and to support future precision health initiatives.
  - Future efforts of SHOW include a special-focus population sample of 400

participants annually from Wisconsin communities with underserved health needs and that are underrepresented in health research, such as African Americans, persons of Hispanic/Latino ethnicity, socially isolated and disadvantaged rural populations, Hmong of central Wisconsin and Native Americans.

- The Wisconsin Obesity Prevention Initiative (OPI) was launched in 2014 to address Wisconsin's obesity epidemic. Most recently, the initiative:
  - Implemented two pilot community interventions in Menominee and Marathon counties, engaging residents in the implementation of strategies to reduce obesity.
  - Established the *Wisconsin Health Atlas*, an accessible web portal/data resource that connects community groups working to improve health to local area data and information needed to inform their work.
  - Released a detailed ZIP code-level obesity map based on electronic health data, rather than self-reported height and weight measurements. The map is one of the first of its kind and an important step for better targeting resources for obesity prevention and interventions. View the obesity map here: <https://www.wihealthatlas.org/obesity/place>.

### **Health Equity**

In 2015, the Wisconsin Partnership Program made a commitment to improving health equity in Wisconsin. In 2016, WPP brought together national health leaders and local experts for *Advancing Health Equity*, a statewide conference, to explore the best approaches for addressing this important issue. More than 400 people participated. Since the conference, WPP has integrated health equity concepts into its grant programs and requests for proposals. The Partnership Program is currently developing its 2019-2024 five-year plan, which includes a focus on health equity.

The Wisconsin Partnership Program endeavors to have a lasting impact on the health of the people of Wisconsin. It is achieving this goal through engaging with community partners, promoting new research collaborations among faculty, disseminating and implementing research results in communities, transforming the medical student curriculum, and training the current and future public health workforce. Evidence of this impact is demonstrated through grantees' success in leveraging an additional \$600 million from funders and organizations outside of the UW System to expand or sustain their work.

### **Wisconsin Area Health Education Center (AHEC) System**

AHEC works to encourage young people in underserved areas and populations to prepare for careers in healthcare while attracting young physicians, physician assistants, advanced practice nurses, and other health professionals to practice in these areas. AHEC accomplishes this mission through its network of self-governing regional organizations (separate from academic health centers), to develop and oversee programs focused on the unique needs of each region of the state.

The AHEC System is an essential component of Wisconsin's efforts to maintain its competitive advantage in providing high quality, high value health care at reasonable costs, and to assure that those benefits are available to all its citizens. The program currently supports seven regional organizations. With offices located in Manitowoc, Wausau, Milwaukee, Beloit, Cashton, Ashland and Rhinelander, these centers form a statewide network of community and academic partners providing:

- enrichment programs for high school students interested in health careers
- community-based training opportunities for health professions students
- professional development programs for providers
- health promotion programming for consumers

Since 1991, Wisconsin AHEC has developed partnerships with health professions training programs throughout the state and provided programs and services in over 300 communities. The regional centers provide local support for health professions workforce development through partnerships with the SMPH and the UW System campuses in each region, as well as the Wisconsin Technical College System campuses, private colleges and universities, local health departments, and other agencies. These partnerships are critical for the success of AHEC's efforts to enable the health professions programs to recruit well-prepared high school students from communities where health professionals are most needed; to provide the community-based clinical training sites necessary to accommodate increased enrollment in health professions programs and experiences for students in rural and underserved urban areas; and to integrate public and community health, interprofessional and team-based practice into the clinical curriculum.

In FY17 and FY18, AHEC Programs served 625 medical students, 768 other health professions students, 666 pre-professional students, and 15,707 K-12 students, in addition to providing health education outreach programming to hundreds of practicing health professionals and community participants.

**Medical students:** Each year, the AHEC Centers work with all the third year and fourth year medical students at UWSMPH who are completing required clinical rotations at community-based clinical sites throughout the state, and facilitate arrangements with the local organizations where students complete their community health projects. AHEC has been closely involved in the development of two new programs at the UWSMPH: the Wisconsin Academy of Rural Medicine (WARM), and a parallel urban underserved community training track in Milwaukee known as TRIUMPH.

**Nursing:** The AHEC Centers support rural and interprofessional curriculum and development of field experiences for nursing students.

**Other health professions programs:** AHEC provides local facilitation for student field experiences for public health and physician assistant students at SMPH, as well as pharmacy, clinical social work and other health professions disciplines.

**Pre-professional students:** AHEC offers two statewide programs open to pre-professional Undergraduates: Wisconsin Express (a week-long cultural immersion program at 13 sites around the state) and the AHEC Community Health Intern Program (a two-month summer intern placement at public health departments and other community health sites). These programs provide life-changing field experiences with underserved populations for students interested in the health professions. The students in turn provide assistance to over 60 health departments and community agencies in Wisconsin.

**Interprofessional programs:** In January 2017 and 2108, AHEC held Wisconsin's fourth statewide Interprofessional Case Competition in Wisconsin Dells, providing an opportunity for health professions students to work in teams with other students to prepare for professional practice. Since AHEC's mission includes all health professions programs in the state, it is uniquely positioned to develop programs like this that bridge discipline and institutional boundaries.

**Health careers pipeline programs:** AHEC programs provided intensive health careers programming to about 2,000 high school students in FY17 and FY18, with most coming from minority or disadvantaged backgrounds and rural backgrounds, helping to prepare these students to succeed in health professions majors at UW-Madison and other UW System campuses. Another approximately 10,000 students received general health careers information programming in the schools. AHEC also maintains a health careers website, [www.wihealthcareers.org](http://www.wihealthcareers.org), highlighting education and training programs in Wisconsin. The website is heavily used by high school students, with over 150,000 sessions reported for FY17 and FY18. Continued work to expand the health careers pipeline will be challenged during the next biennium

due to an anticipated change of focus for the federal AHEC program, decreasing funding support for AHEC's K-12 programs. The combined impact of this shift and recent state budget cuts will result in decreased ability for AHEC to conduct these health careers preparation activities at the high school level.

**Support for other training, research and outreach activities at UW-Madison:** The presence of the AHEC Program Office on the UW-Madison campus, and the connection it provides to community organizations around the state have been important factors in the successful application by other UW-Madison programs for a variety of health professions grants and contracts. AHEC was a partner in the successful application for a Wisconsin Public Health Education and Training Center (WiCPHET) grant, and assisted in the development of the Public Health and Primary Care Innovations in Medical Education (UW-PRIME) grant awarded in 2012. AHEC has also provided important support for the community engagement component of the University of Wisconsin Institute for Clinical and Translational Research (UW-ICTR) grant from the National Institutes of Health.

AHEC also plays an important role in health workforce planning efforts in Wisconsin. In collaboration with the Department of Workforce Development, Wisconsin AHEC led the State Healthcare Workforce Development Planning Grant in 2010-2012. The seven AHEC regional centers maintain a close working relationship with local workforce investment boards. The AHEC Program Office at the UWSMPH continues to provide health workforce data and analysis to assist in academic planning and state health workforce policy development, building on the work done in 2011-2012 with re-licensure surveys of physicians and physician assistants, and work with the Wisconsin Center for Nursing on LPN, RN and NP workforce surveys. A study of primary care service areas in Wisconsin was completed in 2015, along with a study of projected physician retirement. (See [www.ahec.wisc.edu/workforce](http://www.ahec.wisc.edu/workforce) for details).

Wisconsin AHEC's activity in the area of health workforce research contributed to Wisconsin's selection in May 2014 as one of seven states to participate in the National Governors Association Policy Academy "Building a Transformed Health Care Workforce: Moving from Planning to Implementation." AHEC participated in this NGA Policy Academy effort in 2014-2015 and continues to support implementation of the strategic plan developed through that process.

## Other Relevant Programs and Initiatives

**Ombuds Office:** One ombudsperson is dedicated to student issues and the campus Ombuds Office serves faculty and staff concerns in an impartial manner and strives to see that all people at the School are treated fairly and equitably.

**Collaborative Center for Health Equity (CCHE):** The CCHE connects partners from rural, urban, and tribal communities with UW faculty, research staff and trainees with the aim of improving the health and wellness of Wisconsin's underserved, minority and immigrant populations. The Center also holds a Health Equity Leadership Institute yearly, which attracts scholars from across the country in the area of health equity and diversity. Additionally, CCHE provides a listserv to connect diversity researchers and scholars, as well as sponsors educational programming.

**Office of Continuing Professional Development (OCPD):** Training and education for those working in the medical field continues on well after students complete their formal training. UWSMPH through the Office of Continuing Professional Development in Medicine and Public Health (OCPD) provided a wide range of accredited continuing education activities for health professions caring for Wisconsin's citizens. Of significance, in the last biennium the office joined forces with the continuing education units in the School of Nursing and the School of Pharmacy to offer a robust catalog of interprofessional continuing education programs. Together they have achieved national joint accreditation for interprofessional teaching of health care professionals to promote best practices on health care teams to optimize health of patients and populations. Over the course of the biennium, these units offered more than 400 learning

opportunities, reaching more than 46,000 physicians, nurses, and other healthcare providers annually. OCPD and partner schools continue to expand and transform their offerings to ensure that practicing clinicians have access to high quality, relevant education in order to maintain their license and provide the best possible care.

### 13.106 (3) (at) Placement of Graduates of Doctor of Medicine and Residency Training Programs

Postgraduate year two (PGY-2) specialty selections are used in the following tables for those students who have a PGY first year residency (PGY-1) position in a preliminary or transitional year program. Some residencies begin in the first year after medical school (e.g. surgery, pediatrics, family medicine, and others) while some other specialties (e.g. radiology, anesthesiology, ophthalmology, and others) start in the second year and require students do a preliminary or transitional intern year that usually includes general medicine or surgery training.

**Table 8: Specialty Selections, Class of 2017**

	Out of State		Wisconsin		Total	
	N	%	N	%	N	%
Anesthesiology	6	3.6%	5	3.0%	11	6.5%
Child Neurology	3	1.8%		0.0%	3	1.8%
Emergency Medicine	12	7.1%	2	1.2%	14	8.3%
Family Medicine	19	11.2%	14	8.3%	33	19.5%
Internal Medicine	23	13.6%	10	5.9%	33	19.5%
Internal Medicine/Pediatrics	1	0.6%		0.0%	1	0.6%
Neurological Surgery	2	1.2%	1	0.6%	3	1.8%
Neurology	2	1.2%	1	0.6%	3	1.8%
Obstetrics and Gynecology	9	5.3%		0.0%	9	5.3%
Ophthalmology	1	0.6%		0.0%	1	0.6%
Orthopaedic Surgery	6	3.6%	2	1.2%	8	4.7%
Otolaryngology	1	0.6%	1	0.6%	2	1.2%
Pathology-Anatomic and Clinical	1	0.6%		0.0%	1	0.6%
Pediatrics	12	7.1%	1	0.6%	13	7.7%
Physical Medicine & Rehabilitation	1	0.6%		0.0%	1	0.6%
Plastic Surgery	1	0.6%		0.0%	1	0.6%
Psychiatry	10	5.9%	2	1.2%	12	7.1%
Radiation Oncology	3	1.8%		0.0%	3	1.8%
Radiology-Diagnostic	2	1.2%	1	0.6%	3	1.8%
Surgery-General	8	4.7%	3	1.8%	11	6.5%
Transitional Year		0.0%	1	0.6%	1	0.6%
Urology	2	1.2%		0.0%	2	1.2%
<b>Total Matching</b>	<b>125</b>	<b>74.0%</b>	<b>44</b>	<b>26.0%</b>	<b>169</b>	<b>100.0%</b>
Not entering residency					1	
					<b>171</b>	

**Table 9: Specialty Selections, Class of 2018**

	Out of State		Wisconsin		Total	
	N	%	N	%	N	%
Anesthesiology	4	2.5%	3	1.9%	7	4.3%
Child Neurology	1	0.6%			1	0.6%
Dermatology	3	1.9%	3	1.9%	6	3.7%
Emergency Medicine	14	8.6%	3	1.9%	17	10.5%
Family Medicine	12	7.4%	14	8.6%	26	16.0%
Internal Medicine	12	7.4%	11	6.8%	23	14.2%
Internal Medicine/Emergency Medicine	1	0.6%			1	0.6%
Internal Medicine/Pediatrics	2	1.2%			2	1.2%
Neurological Surgery	3	1.9%			3	1.9%
Neurology	1	0.6%			1	0.6%
Obstetrics and Gynecology	12	7.4%	1	0.6%	13	8.0%
Ophthalmology	3	1.9%			3	1.9%
Orthopaedic Surgery	2	1.2%	1	0.6%	3	1.9%
Otolaryngology	1	0.6%			1	0.6%
Pathology	1	0.6%	2	1.2%	3	1.9%
Pediatrics	17	10.5%	1	0.6%	18	11.1%
Plastic Surgery	1	0.6%			1	0.6%
Psychiatry	3	1.9%	4	2.5%	7	4.3%
Radiology-Diagnostic	7	4.3%	6	3.7%	13	8.0%
Surgery-General	4	2.5%	4	2.5%	8	4.9%
Transitional Year	1	0.6%			1	0.6%
Urology	2	1.2%	1	0.6%	3	1.9%
Vascular Surgery	1	0.6%			1	0.6%
<b>Total Matching</b>	<b>108</b>	<b>66.7%</b>	<b>54</b>	<b>33.3%</b>	<b>162</b>	<b>100.0%</b>
Not entering residency					5	
<b>Total in Class</b>					<b>167</b>	

**Table 10: Historical Specialty Data, Primary Care Specialties (2014-2018)**

	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
Family Medicine	26	15.1	14	9.3	25	15	33	19.5	26	16.3
Internal Medicine	33	19.2	20	13.3	24	14.4	33	19.5	23	14.3
Internal Medicine-Pediatrics	4	2.3	4	2.6	2	1.2	1	0.6	2	1.3
Pediatrics	13	7.6	18	11.8	19	11.4	13	7.7	18	11.3
<b>Total Matched</b>	<b>172</b>		<b>152</b>		<b>167</b>		<b>169</b>		<b>161</b>	
Primary Care Out of Total Matched	76	44.1	56	37.3	70	41.9	80	47.3	69	42.9
Primary Care Out of Total in Class		43.4		36.1		40.9		47		41.3

**Table 11: WARM & TRIUMPH Students Residency Placements (2018)**

	Out of State	Wisconsin			Grand Total
		Unaffiliated	UWSMPH Affiliated	UWSMPH	
<b>TRIUMPH</b>	<b>10</b>	<b>2</b>			<b>12</b>
Dermatology	1				1
Family Medicine	3				3
Internal Medicine	1	1			2
Obstetrics and Gynecology	2				2
Orthopaedic Surgery	1				1
Pediatrics	2				2
Psychiatry		1		0	1
<b>WARM</b>	<b>13</b>	<b>1</b>	<b>8</b>	<b>6</b>	<b>28</b>
Anesthesiology				1	1
Dermatology				1	1
Emergency Medicine	4				4
Family Medicine	1	1	4	1	7
Internal Medicine			2	1	3
Obstetrics & Gynecology	3			1	4
Otolaryngology	1				1
Pediatrics	3				3
Psychiatry				1	1
Radiology-Diagnostic	1				1
Surgery-General			2		2
<b>Grand Total</b>	<b>31</b>	<b>3</b>	<b>9</b>	<b>9</b>	<b>52</b>

## PHYSICIAN ASSISTANT PROGRAM

The UW-Madison Physician Assistant (PA) Program is a nationally respected professional program that offers graduates a Master of Physician Assistant Studies (MPAS). Its mission is to educate professionals committed to the delivery of comprehensive health care in a culturally and ethnically sensitive manner, with an emphasis on primary health care for populations and regions in need.

The program educated 107 students in FY17, and 110 in FY18. It had 45 graduates in FY17 and 46 graduates in FY18. Of those who are clinically employed, 71% and 58%, respectively, entered practice in Wisconsin, and 43% and 33%, respectively, entered primary care.

**Table 1: Practice Plans of PA Program Graduates (Classes of 2017 and 2018\*):**

	2017	2018
Entering Primary Care	43%	33%
Practicing in Wisconsin	71%	58%
Practicing in HPSAs/MUAs	16%	38%

*\*clinically practicing graduates who responded to follow-up surveys*

In addition to its two-year, full-time campus based program, the PA program offers an innovative three year distance education track, which enables students to remain in their communities while completing the majority of their education. It also offers the Wisconsin Physician Assistant Community Based Track (wisPACT), which is designed to educate PA students for practice in northern Wisconsin.

Both options make PA education more accessible, especially for students from rural, urban, and underserved communities. It also gives students a rich clinical experience in their communities, so they may better serve them after graduation.

Starting in FY17 students could also choose a 33 month MPH-PA dual degree track. Students earn master of public health and master of physician assistant studies (MPH/MPAS) degrees.

**Table 2: PA Program Revenue:**

	FY 2015	FY 2016	FY 2017	FY 2018
Total Budget	\$1,698,155	\$1,798,120	\$1,957,088	\$1,829,610
SMPH	59%	53%	47%	46%
UW Credit Outreach	33%	40%	51%	54%
Federal Grant	8%	7%	1%	--

# FAMILY MEDICINE RESIDENCY PROGRAMS

*Reported by the University of Wisconsin Department of Family Medicine and Community Health*

## Introduction

Since 1970, the University of Wisconsin Department of Family Medicine and Community Health (DFMCH) has educated medical students and family medicine residents to care for Wisconsin.

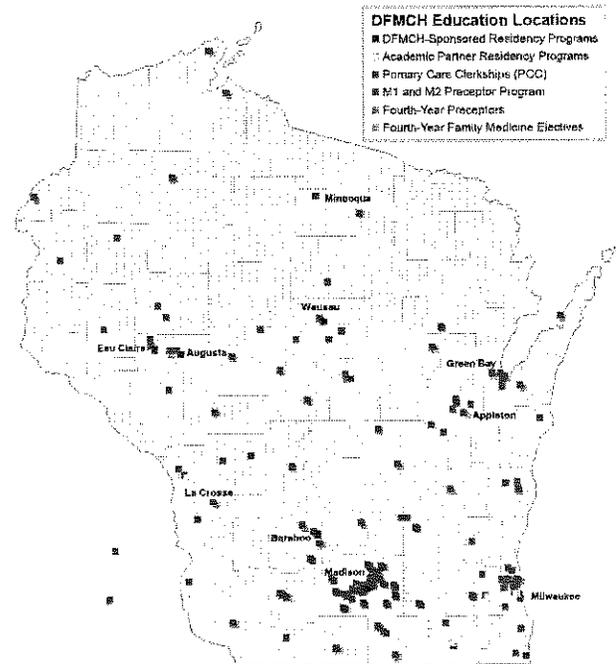
In FY17, we educated 708 medical students and 112 residents. In FY18, we educated 810 medical students and 142 residents.

Of the 77 residents who graduated in 2017 and 2018, 53 (69%) entered practice in Wisconsin. Of the 1,433 residents who have graduated since the DFMCH's inception in 1970, approximately 938 (65%) entered practice in Wisconsin.

Every day, our physicians in training and faculty work to promote healthy individuals, families and communities. In FY18, we provided 359,028 patient visits at our 18 UW Health clinics statewide (111,347 of which were at residency training clinics).

Investigators in our nationally recognized research program focus on such important topics as addiction and substance misuse prevention and treatment, infectious disease surveillance and systems-engineering approaches for improving ambulatory care.

The DFMCH's physical presence throughout the state allows us to forge partnerships with individuals, community organizations, and local governments—and together, we are working to address the unmet primary care needs of Wisconsin. Our presence also supports development of communities throughout Wisconsin.



### Key Facts About the DFMCH

The DFMCH's administrative offices are leased from SSM Health St. Mary's Hospital–Madison. Resident and medical student education, research, and patient care take place throughout Wisconsin.

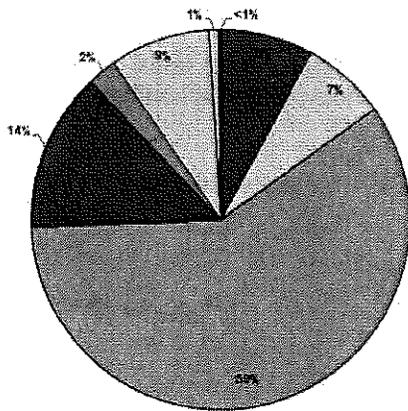
Fiscal Year	# of Employees	Annual Revenue	UW-Madison Block Grant
2017	913 (165 faculty)	\$110 million	\$8,752,483
2018	866 (154 faculty)**	\$101 million	\$8,286,897

\* Excludes faculty from residency programs in Wausau and Milwaukee

\*\* Excludes faculty from residency programs in Eau Claire, Wausau and Milwaukee

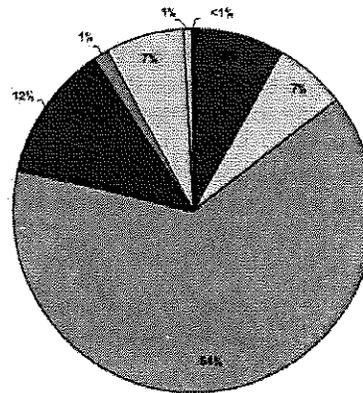
### DFMCH ANNUAL REVENUE

FY17 = \$110,172,006  
 (\$110,410,063 with donations)



- UW-Madison Block Grant (8%)
- Hospital GME (7%)
- Patient Fees Revenue (50%)
- UW Health (14%)
- SMPPH (2%)
- Grants (9%)
- External Contracts (1%)
- Philanthropic Donations (<1%)

FY18 = \$101,263,586  
 (\$101,377,191 with donations)



- UW-Madison Block Grant (8%)
- Hospital GME (7%)
- Patient Fees Revenue (64%)
- UW Health (12%)
- SMPPH (1%)
- Grants (7%)
- External Contracts (1%)
- Philanthropic Donations (<1%)

## Faculty Accomplishments

The DFMCH's 154 faculty are engaged in scholarly projects in support of education, research, practice improvement and community health. In calendar years 2016 and 2017, they published 483 academic publications and gave 574 presentations at state, national and international conferences. Faculty accomplishments in FY17 and FY18 also include:

- Receiving the American Academy of Family Physicians (AAFP) John G. Walsh Award for Lifetime Contributions to Family Medicine (**John Frey, MD**) and the Exemplary Teaching Award for Full-Time Faculty (**John Brill, MD, MPH**).
- Receiving the Society of Teachers of Family Medicine F. Marian Bishop Leadership Award (**Valerie Gilchrist, MD**);
- Being named the Wisconsin Academy of Family Physicians (WAFP) 2017 Family Physician of the Year Medical (**William Heifner, MD**) and 2017 Family Medicine Educator of the Year (**Paul Klas, MD**);
- Receiving the Wisconsin Alumni Association's "Forward Under 40" Award (**Kevin Thao, MD, MPH**);
- Being appointed to the Wisconsin Governor's Commission on Substance Abuse Treatment Delivery (**Aleksandra Zgierska, MD, PhD**);
- Overseeing the first and only statewide addiction consultation hotline for Wisconsin primary-care physicians and other providers (**Randall Brown MD, PhD, DFASAM**);
- Being named to the Centers for Disease Control and Prevention's (CDC) Office of Infectious Diseases Board of Scientific Counselors (**Jonathan Temte, MD, PhD**) and Advisory Committee on Immunization Practices (**Paul Hunter, MD**)

The AAFP also named the UW School of Medicine and Public Health's (SMPH) **Family Medicine Interest Group** a Program of Excellence in both FY17 and FY18.

## The UW-Madison Block Grant

The UW-Madison block grant helps support the DFMCH's academic and research missions, which are ultimately focused on sustaining Wisconsin's primary care workforce and partnering with communities to provide the people of Wisconsin with local, accessible health care.

The UW-Madison block grant has consistently helped support medical student education and family medicine residency programs offered by the DFMCH in collaboration with clinical partners. We recognize the need for more rural physicians in Wisconsin, and with UW-Madison block grant support, offer required rural rotations as part of our residency programs. In FY17, we applied for and received a Wisconsin Department of Health Services (DHS) grant to expand the Madison residency program's rural-focused Belleville site by two positions. Those two new residents started in Belleville in FY18, and are participating in a Rural Health Equity Track that focuses on health disparities in rural areas.

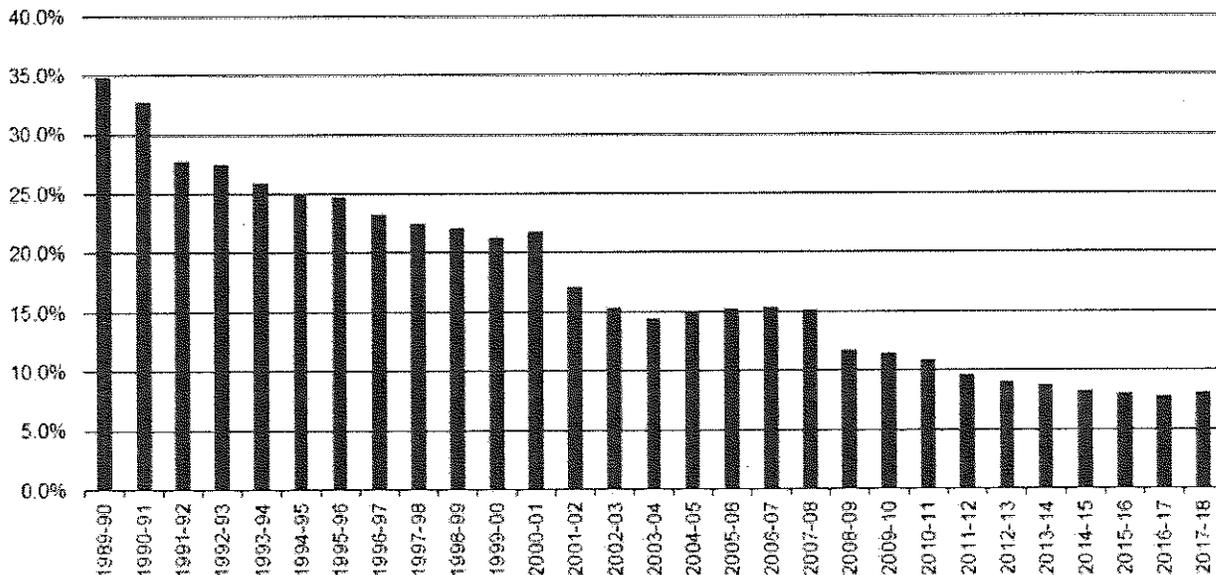
Our addiction medicine fellowship—the only one of its kind in Wisconsin—educates primary care physicians to better care for patients with substance use disorders. Fellowship director **Randall Brown MD, PhD, DFASAM**, is on the board of directors of the American Board of Addiction Medicine (ABAM) and the Addiction Medicine Foundation, and is president of the Addiction Medicine Fellowship Directors Association. In FY18, the DFMCH received a Wisconsin DHS grant that enables the fellowship to continue in the future with state support. Also in FY18, the Accreditation Council for Graduate Medical Education approved program requirements for graduate medical education in addiction medicine, and the DFMCH has applied for ACGME accreditation of its addiction medicine fellowship.

DFMCH faculty play major educational roles at the UWSMPH, leading longitudinal programs, teaching courses and overseeing preceptorships and other clinical experiences. As part of the UWSMPH's MD curriculum transformation, DFMCH faculty oversee a new Chronic and Preventive Care course, lead the Phase 1 preceptorship program and an internship "bootcamp" course that prepares students for residency training, and are coaches in the longitudinal teacher-coach program.

Finally, with our 2015 name change to the Department of Family Medicine and Community Health, we are even more committed to promoting community health in all aspects of our mission. We have improved the Madison residency program's community health curriculum, carried out community health projects in collaboration with local partners and clinics, sponsored conferences that address health equity and promote care for underserved populations and developed a diversity, equity and inclusion initiative that serves as a model for the UWSMPH.

The UW-Madison Block Grant is only a portion of what is required to sustain this work. **From FY09 to FY18, the dollar amount of the UW-Madison Block Grant has decreased from \$10,442,106 to \$8,286,897—a nearly \$2.2 million difference that represents an over 20% decrease in funding support.**

UW-MADISON BLOCK GRANT AS PERCENT OF TOTAL BUDGET: 1990-2018



**13.106 (3) (ax) Financial Status of Family Practice Residency Sites**

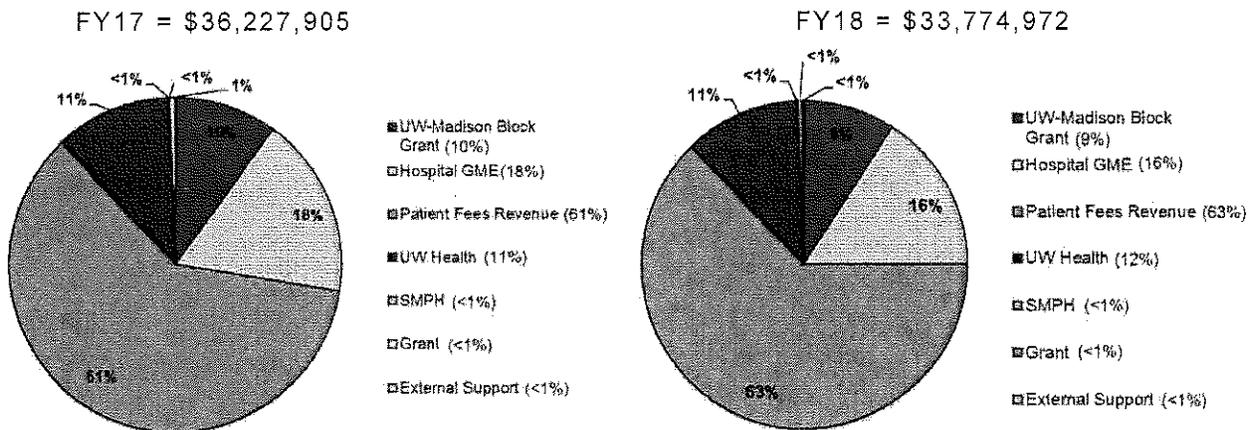
**Overview**

Our statewide residency programs prepare medical school graduates for practice in family medicine. DFMCH-sponsored residency programs are currently located in Baraboo, Eau Claire/Augusta, Madison and Wausau. Academic partner residency programs are currently located in La Crosse, Elkhart (Lakeland RTT), Milwaukee and Waukesha. These programs educated 112 residents in FY17, and 142 residents in FY18. Six of them have received Osteopathic Recognition, an educational designation from the Accreditation Council for Graduate Medical Education (ACGME),

In each program, residents receive their education at sponsoring hospitals and at assigned clinics where they and faculty provide health care for the community. The Wisconsin hospitals and health care systems (see list below) that have formal affiliation agreements with the DFMCH's residency programs each receive federal Medicare Graduate Medical Education (GME) funds for resident education.

- Graduate Medical Education Partners (FY18)**
- Aspirus Wausau Hospital
  - Aurora Health Care
  - Divine Savior Healthcare
  - Gundersen Lutheran Medical Center
  - Gundersen Lutheran Medical Foundation
  - Mayo Clinic Health System–Eau Claire Hospital
  - Monroe Clinic, Inc.
  - Sacred Heart Hospital
  - Sauk Prairie Healthcare
  - SSM Health St. Clare Hospital–Baraboo
  - SSM Health St. Mary's Hospital–Madison
  - UW School of Medicine and Public Health
  - UW Health
  - UW Medical Foundation
  - Waukesha Memorial Hospital

**REVENUE: DFMCH-SPONSORED RESIDENCY PROGRAMS\***



\*Eau Claire/Augusta, Fox Valley, and Madison

## **DFMCH-sponsored Residency Programs**

### **Baraboo Rural Training Track (RTT)**

*Residency program director: Stuart Hannah, MD*

*The Baraboo program is the oldest rural residency site in the state. Residents experience maximal continuity of care with their patients, seeing them in the clinic, hospital, surgical suite, nursing home, and emergency department—providing care in all these sites.*

<b>Number of resident positions:</b>	6 (2 per year)
<b>Supporting hospital:</b>	SSM Health St. Clare Hospital–Baraboo
<b>Clinic visits (provider only):</b>	33,796 (FY17) • 32,734 (FY18)
<b>Area served:</b>	Sauk County (2017 estimated population: 63,981)
<b>Infrastructure support:</b>	\$199,166 (FY17) • \$215,795 (FY18)
<b>Federal GME funding:</b>	\$390,023 (FY17) • \$385,690 (FY18)
<b>Uncompensated care:</b>	Information not available from SSM Health

**Eau Claire/Augusta Residency Program\***

Residency program director: Joan Hamblin, MD

The Eau Claire/Augusta program offers both an urban and rural training site. The Eau Claire residency program is located at Chippewa Valley Technical College, which offers unique, interdisciplinary education and state-of-the-art resources.

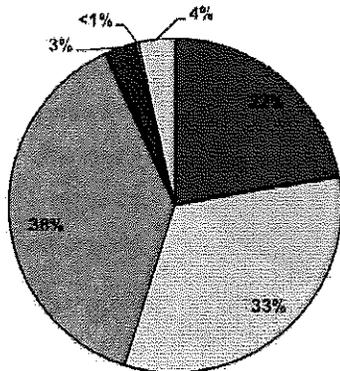
<b>Number of resident positions:</b>	15 (5 per year)
<b>Supporting hospitals:</b>	Mayo Clinic Health System–Eau Claire Hospital, Sacred Heart Hospital
<b>Total clinic visits:</b>	20,041 (FY17) — 14,513 at UW Health Eau Claire Clinic; 5,528 at UW Health Augusta Clinic 10,545 (FY18) — 6,788 at Prevea Health Family Medicine; 3,757 at Prevea Augusta Health Center
<b>Area served:</b>	Eau Claire County (2017 estimated population: 103,671)
<b>UW-Madison block grant support:</b>	\$1,112,691 (FY17) – \$1,044,713 in Eau Claire; \$67,978 in Augusta \$1,000,000 (FY18) – \$1,000,000 in Eau Claire; \$0 in Augusta
<b>Federal GME funding:</b>	\$1,626,590 (FY17) – \$1,583,570 in Eau Claire; \$43,020 in Augusta \$1,060,294 (FY18) – \$1,060,294 in Eau Claire; \$0 in Augusta
<b>Uncompensated care:</b>	\$242,695 (FY17)

\* On July 1, 2017, the DFMCH transitioned ownership of the Eau Claire and Augusta clinics to Prevea Health. Prevea has operational accountability for the clinical practice and employs the faculty and staff there. Through an affiliation agreement, the DFMCH remains the academic sponsor of the residency program and continues to employ the residents and oversee resident education. The DFMCH also provides in-kind support for faculty development, medical student education, research, clinical service consultation, and general administration.

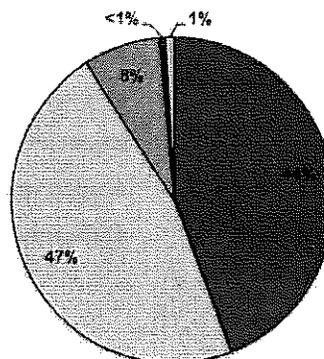
**REVENUE: EAU CLAIRE/AUGUSTA RESIDENCY PROGRAM**

FY17 = \$4,995,113

FY18 = \$2,265,442



- UW-Madison Block Grant (22%)
- Hospital GME (33%)
- Patient Fees Revenue (38%)
- UW Health (3%)
- SMPH (<1%)
- External Support (4%)



- UW-Madison Block Grant (44%)
- Hospital GME (47%)
- Patient Fees Revenue (8%)
- UW Health (<1%)
- External Support (1%)

**Madison Residency Program**

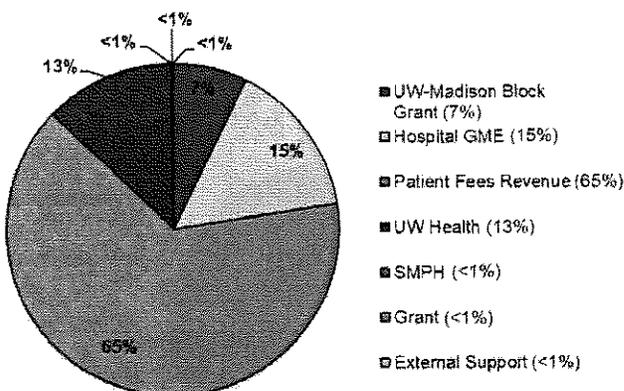
Residency program director: Ildi Martonffy, MD

Founded in 1970 as one of the first 15 family medicine residency programs in the nation, the Madison program is the DFMCH's largest and oldest residency program. It is consistently ranked as one of the top family medicine residency programs in the U.S. It offers urban, suburban, and rural experiences at four Dane County sites: Belleville, Northeast, Verona, and Wingra/Access. First-year education of Baraboo RTT residents also takes place at the Madison campus.

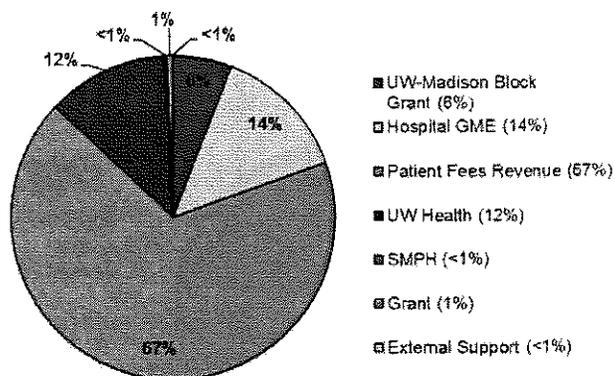
<b>Number of resident positions:</b>	44 (14 per year plus 2 new rural health equity positions in FY18 at Belleville site), plus an additional 2 for first-year Baraboo RTT residents
<b>Supporting hospitals:</b>	SSM Health St. Mary's Hospital–Madison, University Hospital (UW Health)
<b>Total clinic visits:</b>	109,703 (FY17) — 22,625 at Belleville; 25,846 at Northeast; 36,602 at Verona; and 24,630 at Wingra/Access 111,347 (FY18) — 23,284 at Belleville; 25,963 at Northeast; 37,061 at Verona; and 25,039 at Wingra/Access
<b>Area served:</b>	Dane County (2017 estimated population: 536,416) and surrounding counties
<b>UW-Madison block grant support:</b>	\$2,265,029 (FY17) • \$1,868,741 (FY18)
<b>Federal GME funding:</b>	\$4,751,638 (FY17) • \$4,295,021 (FY18)
<b>Uncompensated care:</b>	\$391,401 (FY17) • \$328,883 (FY18)

**REVENUE: MADISON RESIDENCY PROGRAM**

FY17 = \$31,050,294



FY18 = \$31,241,422



**Wausau Residency Program\***

*Residency program director: John Wheat, DO*

*The Wausau program is one of the oldest family medicine residency programs in Wisconsin. It is part of the Aspirus health care system and has its academic affiliation with the DFMCH. It offers a diverse rural/urban experience in a family medical center built with community support. It is also a major education site for the PA Program's WisPACT program.*

**Number of resident positions:** 15 (5 per year)  
**Supporting hospital:** Aspirus Wausau Hospital  
**Clinic visits (provider only):** 23,441 (FY17) — 8,685 at Aspirus Wausau Family Medicine, and 14,756 at Aspirus Weston Clinic  
24,387 (FY18) — 10,906 at Aspirus Wausau Family Medicine, and 13,481 at Aspirus Weston Clinic  
**Area served:** Marathon County (2017 estimated population: 135,732) and surrounding communities  
**UW-Madison block grant support:** \$177,500 (FY17) • \$205,000 (FY18)  
(plus approximately \$230,000 of in-kind support each year)

*\* On July 1, 2012, the DFMCH transitioned ownership of the Wausau Family Medicine Clinic to Aspirus, Inc. Aspirus has operational accountability for the clinical practice, employs the faculty and staff there, and as of July 1, 2013, employs the residents. Through an affiliation agreement, the DFMCH remains the academic sponsor of the residency program and continues to oversee resident education. The DFMCH also provides in-kind support for faculty development, medical student education, research, clinical service consultation, and general administration.*

## Academic Partner Residency Programs

### La Crosse Residency Program

*Residency program director: Paul Klas, MD*

*In FY15, the DFMCH entered into a formal collaboration with Gundersen Lutheran Medical Foundation's Family Medicine Residency Program to serve as the program's academic partner. Core elements of this partnership include support for residency faculty as educators and academic physicians; sharing resources that advance family medicine resident education; promoting medical student interest in DFMCH family medicine residency programs; collaboration in service to our communities; and highlighting the accomplishments of residents, graduates and faculty. This partnership advances our shared mission of increasing the number of family medicine residents, and ultimately, family physicians, in Wisconsin. The La Crosse Family Medicine Residency Program welcomed its first class of residents on July 1, 2016.*

**Number of resident positions:** 8 (4 per year in FY17 and FY18)  
**Supporting hospital:** Gundersen Lutheran Medical Center  
**Area served:** La Crosse County (2017 estimated population: 118,274) and surrounding communities

### Lakeland Rural Training Track (RTT)

*Residency program director: Jeffrey Tiemstra, MD*

*In FY17, the DFMCH formalized an academic partnership with the new Aurora Lakeland Rural Training Track Family Medicine Residency in Elkhorn, Wisconsin. This partnership advances our shared mission of increasing the number of family medicine residents, and ultimately, family physicians, in Wisconsin. The Lakeland RTT welcomed its first class of residents on July 1, 2017.*

**Number of resident positions:** 4 (in FY18)  
**Supporting hospitals:** Aurora Lakeland Medical Center, Aurora St. Luke's Medical Center, Aurora Sinai Medical Center, Children's Hospital of Wisconsin  
**Area served:** Walworth County (2017 estimated population: 103,082) and surrounding communities

### **Milwaukee Residency Program**

*Residency program director: Wilhelm Lehmann, MD*

*The Aurora Family Medicine residency program in Milwaukee has its academic affiliation with the DFMCH. UW UWSMPH students rotating in family medicine, especially those in the Training in Urban Medicine and Public Health (TRIUMPH) program, may also receive clinical education here. Located in Wisconsin's largest city, this dual MD/DO-accredited program offers urban and suburban experiences in ethnically and economically diverse sites.*

**Number of resident positions:** 30 (10 per year)  
**Supporting hospitals:** Aurora St. Luke's Medical Center, Aurora Sinai Medical Center, Children's Hospital of Wisconsin  
**Clinic visits (provider only):** 29,524 (FY17) — 17,440 at Aurora St. Luke's Family Practice Center; 12,084 at Aurora Sinai Family Care Center  
27,185 (FY18) — 15,945 at Aurora St. Luke's Family Practice Center; 11,240 at Aurora Sinai Family Care Center  
**Area served:** Milwaukee County (2017 estimated population: 952,085) and surrounding communities

### **Waukesha Residency Program**

*Residency program director: Michael Mazzone, MD*

*In FY17, the DFMCH formalized an academic partnership with the Waukesha Family Medicine Residency in Waukesha, Wisconsin, which transitioned from Medical College of Wisconsin sponsorship to Aurora Health Care sponsorship as of July 1, 2017. This partnership advances our shared mission of increasing the number of family medicine residents, and ultimately, family physicians, in Wisconsin.*

**Number of resident positions:** 20 total (6 per year)  
**Supporting hospital:** Waukesha Memorial Hospital  
**Area served:** Waukesha County (2017 estimated population: 400,621) and surrounding communities

## Research

The DFMCH has a robust family medicine research program. In FY17, we allocated \$1,111,958 from the UW-Madison block grant to support our research efforts; in FY18, we allocated \$1,046,455. These allocations enabled us to obtain \$8.6 million in grant awards in FY17, and \$6.1 million in FY18—a substantial return on investment.

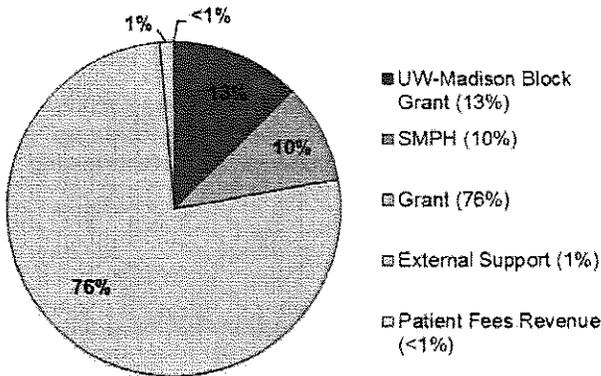
With 18 funded external grants in FY18, DFMCH investigators focus on such important topics as:

- addiction and substance misuse prevention and treatment;
- infectious disease surveillance; and
- systems-engineering approaches for improving ambulatory care.

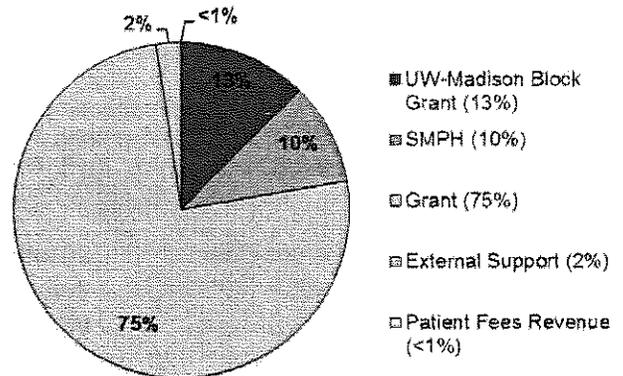
Of note is the addiction medicine education and research program led by the DFMCH's **Randall Brown, MD, PhD, DFASAM**. He and his fellows conduct research on opioid misuse prevention, mobile technology to support recovery and promotion of medication prescribing for alcohol use disorders and opioid use disorders in primary care.

### REVENUE: RESEARCH

FY17 = \$8,832,616



FY18 = \$8,391,803



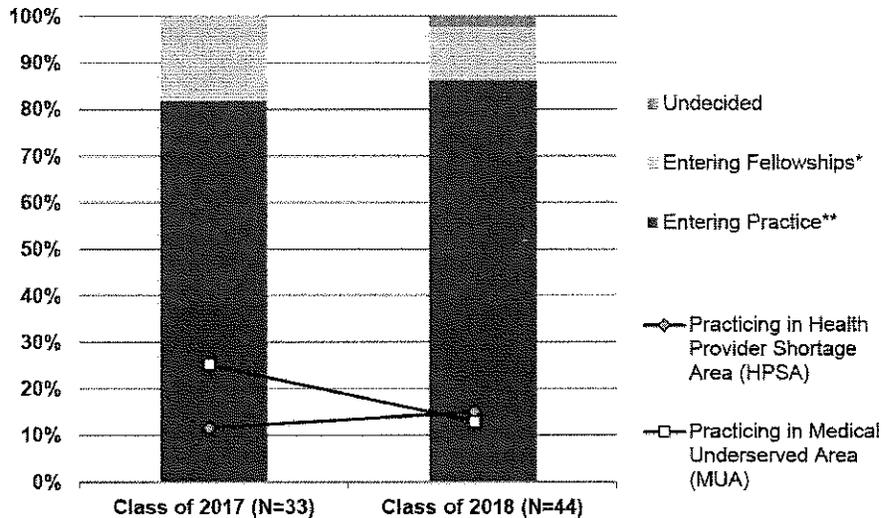
### 13.106 (3) (b) Family Practice Residents in Medically Underserved Areas Upon Graduation

In FY17 and FY18, our residency programs graduated a total of 77 family physicians; 53 (69%) entered practice in Wisconsin.

Since its inception in 1970, the DFMCH has graduated 1,433 residents. Of these, approximately 938 (65%) entered practice in Wisconsin and meet critical health care needs, especially in rural and underserved areas.

The DFMCH's overall retention of two-thirds of its graduates in the state is higher than the national norm of 50%.

PRACTICE PLANS OF DFMCH RESIDENCY GRADUATES  
 (CLASSES OF 2017 AND 2018)



\* In-state fellowships: 4 (12%) in FY17 and 4 (9%) in FY18. Out-of-state fellowships: 2 (6%) in FY17 and 1 (2%) in FY18. Fellowships included academic, sports medicine, integrative health, obstetrics and faculty development.

\*\* In-state practice: 18 (55%) in FY17 and 27 (62%) in FY18. Out-of-state practice: 9 (27%) in FY17 and 11 (25%) in FY18.

**13.106 (3) (c) Graduates Entering Family Practice as a Career**

The DFMCH's Office of Medical Student Education (OMSE) develops and conducts family medicine education for students at the University of Wisconsin School of Medicine and Public Health (SMPH).

In FY17 and FY18, the office supported 708 and 810 UWSMPH students, respectively, throughout all four years of medical school. Although these activities are coordinated from a central office in Madison, in FY17 and FY18, over 300 volunteer family physicians statewide provided students with community-based education.

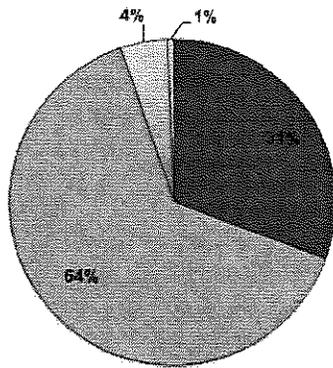
DFMCH faculty play major educational roles at the UWSMPH, leading longitudinal programs, teaching courses and overseeing preceptorships and other clinical experiences. As part of the UWSMPH's MD curriculum transformation, the DFMCH's **Mark Beamsley, MD**, oversees a new Chronic and Preventive Care course; **Christa Pittner-Smith, MD**, leads the Phase 1 preceptorship program and an internship "bootcamp" course that prepares students for residency training; and eight faculty are coaches in the longitudinal teacher-coach program.

DFMCH clinical adjunct faculty **Kjersti Knox, MD**, and **John Brill, MD, MPH**, are leaders for Training in Urban Medicine and Public Health (TRIUMPH), a program within the UWSMPH's MD curriculum. TRIUMPH seeks medical students who are committed to providing health care for urban populations and to reducing health disparities and provides them with Milwaukee-based clinical medicine and community and public health experiences.

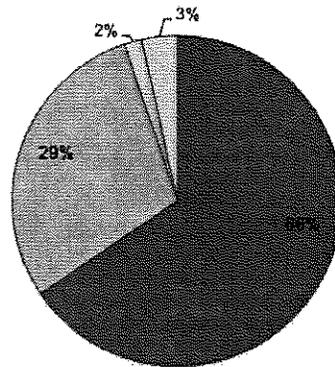
REVENUE: MEDICAL STUDENT EDUCATION

FY17 = \$901,808

FY18 = \$947,297



- UW-Madison Block Grant (31%)
- SMPH (64%)
- External Support (4%)
- Grant (1%)



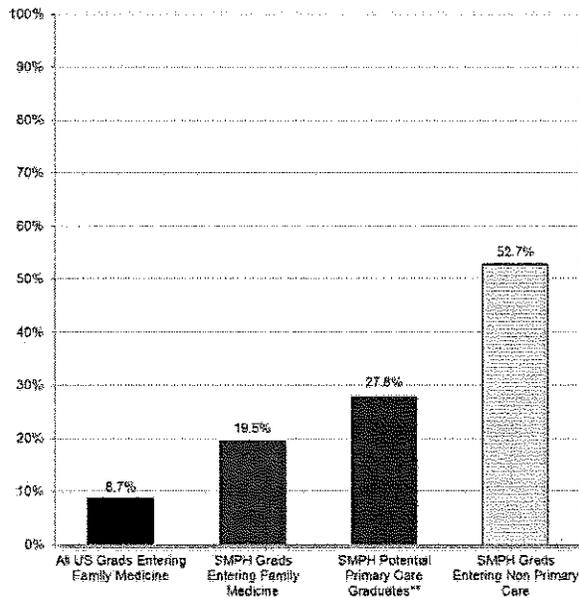
- UW-Madison Block Grant (66%)
- SMPH (29%)
- External Support (2%)
- Grant (3%)

In 2017 and 2018, 8.7% and 9.2% of American medical school graduates who matched in residency programs chose family medicine as their specialty (*source: National Residency Matching Program*). **In those same years, 19.5% and 16% of UWSMPH graduates chose family medicine as their specialty.**

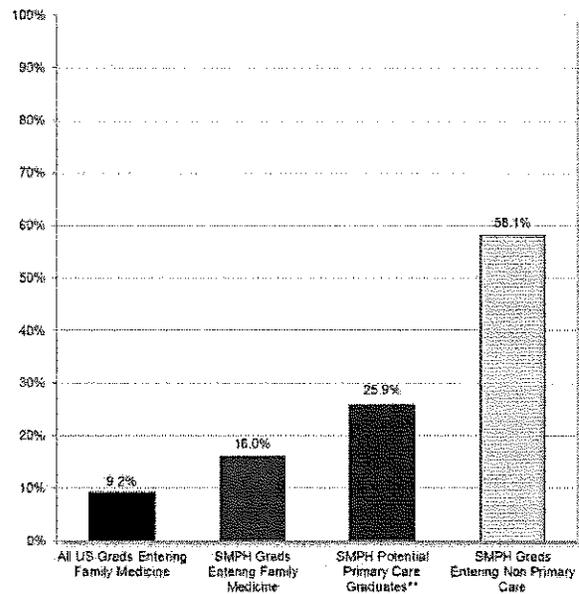
The charts below show UWSMPH students' postgraduate specialty selections compared to that national benchmark. Even though we would like to have even more UWSMPH graduates choose family medicine, our percentages over the past two years are significantly greater than the national match.

In FY17 and FY18, the American Academy of Family Physicians again named the UWSMPH's Family Medicine Interest Group as one of 10 Programs of Excellence nationwide, in recognition of its outstanding activities in generating medical student interest in family medicine.

**SPECIALTY SELECTIONS:  
 SMPH CLASS OF 2017 (N=169\*)**



**SPECIALTY SELECTIONS:  
 SMPH CLASS OF 2018 (N=162\*)**



\* Graduates who matched into residency programs

\*\* First-year match results for UWSMPH graduates entering internal medicine/pediatrics residency programs. Nationally, approximately 20% of internal medicine residents and 40% of pediatrics residents ultimately enter primary care.

**For two of the last three years, family medicine has been the most-matched specialty among UWSMPH graduates.**

## DFMCH Conclusion

The DFMCH is deeply grateful to the State of Wisconsin for financial support. In the DFMCH, these monies fund its residency programs, medical student education efforts and academic and research mission. In FY17 and FY18, we:

- Provided innovative educational opportunities for UWSMPH students (708 in FY17 and 810 in FY18) and family medicine residents (112 in FY17 and 142 in FY18); and
- Graduated a total of 77 new family physicians, 53 (69%) of whom entered practice in Wisconsin.

In FY18, we provided 359,028 patient visits at our 18 UW Health clinics statewide (111,347 of which were at residency clinics).

We are committed to excellence on all fronts—education, patient care, and research—and are continually working to improve all that we offer for the future family physicians, patients, and communities of Wisconsin.

In the future, it will be increasingly difficult, if not impossible, to maintain this level of excellence given federal funding for medical education, new accreditation requirements for resident duty hours and faculty supervision and the overall undervaluation of family medicine and primary care within the U.S. health care system.

There is no doubt that Wisconsin is facing a shortage of primary-care physicians. According to a July 2018 report from the Wisconsin Council on Medical Education & Workforce (<https://www.wcmew.org/publications/>), by 2035, the overall demand for primary care is projected to increase by 20.9%, while there is a statewide projected shortfall of 745 FTE primary-care physicians, or 14% compared to overall supply—with provider gaps distributed unevenly across the state. The report specifically recommends continuing to fund programs that invest in infrastructure development and training in underserved areas, and expanding and increasing coordination of clinical training sites.

Fortunately, family physicians are more prevalent in this state than in many others—because the State of Wisconsin has made an investment in family medicine education. That investment has made a significant difference in the lives of Wisconsinites who depend on family physicians for their health care needs. In the face of Wisconsin's deepening primary care workforce shortage, state support is critical to maintain quality family medicine education—and ultimately, care for the people of our state.

***For more information about the DFMCH, view our annual reports online at:  
[www.fammed.wisc.edu/annual-report](http://www.fammed.wisc.edu/annual-report)***

# RURAL AND UNDERSERVED URBAN MEDICINE PROGRAMS

## Introduction

The University of Wisconsin School of Medicine and Public Health (UWSMPH) has a strong and growing commitment to addressing health inequities in our state, and expanding the physician workforce in underserved rural and urban settings is a key component of our strategy.

This report provides information, as prescribed under Wisconsin Statute 13.106 (4), on the enrollments, medical specialties and residency locations, and initial post-residency practice locations of graduates of the TRIUMPH and WARM programs. Both programs strive to connect students to underserved populations and to communities where their future practices could make a real difference in addressing health inequities.

The Wisconsin Academy for Rural Medicine (WARM) program is a rural education program within the Doctor of Medicine (MD) program curriculum and admits students who have a strong interest in practicing in Wisconsin rural communities. It prepares students for residency in any specialty with an emphasis on primary care. The Training in Urban Medicine and Public Health (TRIUMPH) program immerses students in clinical service within underserved urban communities, exposes them to physician role models and community leaders, engages them in addressing complex community and public health problems, and encourages them to consider primary care or high need specialties to create a medical career that will address urban health needs. Both programs embody the Wisconsin Idea for the 21st century - to share and apply advances in knowledge for the common good in collaboration with the state, its constituents and communities, and its partners around the world.

## 13.106 (4) (b) (1): Number of Students Enrolled in Rural or Underserved Urban Medicine Programs

### WARM

The Wisconsin Academy for Rural Medicine (WARM) is a four-year rural medicine education program within the MD Program curriculum at the University of Wisconsin School of Medicine and Public Health. Applicants apply directly to WARM, which is identified as a distinct program in our medical school admissions process. WARM students are provided with unique curricular elements throughout their four years of medical school that focus on rural practice and health care issues, with an emphasis on health inequities in rural populations. WARM students develop the relevant clinical and community skills through their participation in rural clinics and training at community centers. WARM recruits prospective students who intend to practice rural medicine, provides them with training and education that is tailored to meet the needs of rural communities, and thereby increases the number of physicians who practice in rural Wisconsin.

The UWSMPH's Wisconsin Academy of Rural Medicine aims to significantly increase the number of UW graduates who practice in medically underserved rural areas in Wisconsin, especially in primary care and other high need specialties. Aspiring physicians with a strong interest in rural practice who meet the

UWSMPH admission standards are recruited into WARM cohorts of up to 26 students. With each cohort, the program strives to:

- Maintain their interest in rural practice over four or more years of medical school even as students are exposed to positive rural role-models-tempering challenges of treating patients in rural settings; and
- Provide students with the broad skill set and wide perspective needed to be successful physicians in rural areas with fewer health care providers and resources.

**Table 1: WARM Admissions Data 2008-18**

WARM Enrollments	Fall 2008	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	Fall 2018
AMCAS applications	27	40	40	54	64	57	57	119	124	109	93
Interviews	27	40	29	48	53	51	40	54	54	44	44
Offers	14	21	21	26	26	24	27	31	27	25	28
Number of students admitted	13	18	21	23	25	25*	26	26	26	22	26
Avg GPA admitted	3.65	3.62	3.65	3.57	3.54	3.66	3.64	3.64	3.69	3.74	3.63
Avg MCAT admitted	30	28	28	29	29	30	29.8	30.9	29.9/509 **	27.4/508 **	510

\*Includes deferred from 2012

\*\*Applicants could submit scores from two different MCAT formats.

## TRIUMPH

The Training in Urban Medicine and Public Health (TRIUMPH) Program is a unique urban health track within the MD Program at the UW Madison School of Medicine and Public Health. TRIUMPH selects first year medical student applicants who are committed to providing health care and promoting health equity for urban, disadvantaged communities. The program combines Milwaukee-based second- and third-year clinical rotations in primary care, obstetrics and gynecology, internal medicine, pediatrics, psychiatry, neurology, and surgical specialties; the fourth-year preceptorship; and clinical electives with hands-on community service-learning and public health experiences. In this way, the program integrates clinical medicine with community and public health throughout the second-, third-, and fourth-years of medical school. TRIUMPH attracts students from Wisconsin and across the nation and from populations that are underrepresented in medicine including African Americans, Latinos, Southeast Asians, and Native Americans.

### History of TRIUMPH

The UWSMPH established TRIUMPH in 2008 to recruit, train, and retain physicians to practice in medically underserved urban areas of the state. Initially, faculty leaders selected six highly motivated third-year medical students for a six-month pilot. Based on the overwhelming success of the pilot, the program engaged in its first expansion to accept eight students per year into a fifteen-month long third and fourth year (M3/M4) program in 2010.

Student and community interest continued to exceed program capacity, and TRIUMPH expanded a second time with the addition of an abbreviated six-month third year (M3) program for eight students each year. The program offered both full (fifteen-month) and abbreviated (six-month) experiences during this period. Although the abbreviated program was a success, students and community partners agreed that a longer program was more beneficial for students and communities. When funds became available, the 15-month (M3/M4) TRIUMPH program was expanded a third time to accept sixteen new students per year (double prior capacity) and the abbreviated program was discontinued in 2014.

In 2017, the medical school implemented a curriculum transformation restructuring clinical rotations to start in January of the second year of medical school, allowing students to enter clinical training 6 months earlier than in previous years. TRIUMPH embraced the opportunity to expand a fourth time. Sixteen students are now accepted annually into a two-and-a-half-year TRIUMPH curriculum. TRIUMPH students enter the program nearly one full year earlier than in prior years allowing them to complete all of their clinical experiences in Milwaukee and extending the length of their community health improvement project by a full year. Many TRIUMPH students also elect to complete a Masters of Public Health (MPH) between their third and fourth years of medical school to further develop their TRIUMPH health improvement project. The total number of Milwaukee-based TRIMPH students has therefore increased to approximately fifty-six each year.

**Full TRIUMPH**

Nine annual cohorts, a total of 135 students, have participated in the full version of TRIUMPH from 2010 to 2018. Fifty-six students are currently in the program. Seventy-nine students have graduated and are alumni of the full program. The demographics of graduates of the full program are noted in Table 2.

All TRIUMPH students had prior experience working with disadvantaged populations. In addition, 37 (47%) self-identified as disadvantaged-racial/ethnic minority, low socioeconomic status (SES), or first-generation college students; and 28 (35%) came from the metro Milwaukee region (Dodge, Jefferson, Milwaukee, Ozaukee, Racine, Walworth, Washington, Waukesha counties). Forty-one (52%) of the students in the program speak both English and Spanish. As a whole TRIUMPH students speak 27 languages.

**Table 2: Demographics of TRIUMPH full-program students who graduated from the program in 2010-2018, compared to traditional UWSMPH students from the same classes**

	Gender	Under-Represented Ethnic Minorities	Wisconsin Home State
TRIUMPH full-program alumni, N=79	30% (24) male 70% (55) female	34% (27) URM	67% (53)
Traditional UWSMPH alumni, (N=1,462)	50% (726) male 48% (706) female	10% (145) URM	70% (1,020)

**13.106 (4) (b) (2): Medical Specialties and Residency Locations of Students in Rural or Underserved Urban Medicine Programs**

**Table 3: Graduates from the UWSMPH's MD full programs from 2010-2018 with residencies in Wisconsin and/or in Primary Care specialties (Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, Pediatrics)**

Specialty and Residency Location	WARM	TRIUMPH	Traditional* MD Students	Grand Total
<b>In Wisconsin</b>	<b>48.7% (75)</b>	<b>22.7% (25)</b>	<b>26.5% (347)</b>	<b>30.6% (447)</b>
Primary Care	32.4% (50)	14.5% (16)	11.7% (153)	15.0% (219)
Other specialty	16.2% (25)	8.1% (9)	14.9% (194)	15.6% (228)
<b>Outside Wisconsin</b>	<b>51.2% (79)</b>	<b>77.2% (85)</b>	<b>65.9% (851)</b>	<b>69.4% (1,015)</b>
Primary Care	18.8% (29)	46.4% (51)	25.1% (322)	27.5% (402)
Other specialty	32.4% (50)	31.8% (35)	40.8% (528)	41.9% (613)
<b>Primary Care Total</b>	<b>51.2% (79)</b>	<b>60.9% (67)</b>	<b>36.8% (475)</b>	<b>42.5% (621)</b>
<b>Grand Total</b>	<b>100.0% (154)</b>	<b>100.0% (110)</b>	<b>100.0% (1,198)</b>	<b>100.0% (1,462)</b>

\*Traditional students include MD and MD/MSTP, and do not include WARM or TRIUMPH students

**WARM**

As of May 2018, 154 students have completed the WARM program and graduated from the UWSMPH. 48% of those graduates have entered residency programs in Wisconsin. 51% of graduates have matched into primary care residencies (family medicine, internal medicine, internal medicine/pediatrics, pediatrics). The number of WARM graduates remaining in Wisconsin is well above that of the TRIUMPH and traditional MD students, and the number of graduates entering primary care in Wisconsin is 32.5% compared to 18% for TRIUMPH and 13% for traditional MD students over the same time period.

**Table 4: WARM Medical Specialties and Residency Locations for alumni 2011 – 2018 (n=154)**

Specialty and Residency Location	Residency Count
<b>Anesthesiology</b>	<b>4</b>
University of Buffalo School of Medicine (Buffalo, NY)	1
University of Nebraska Affiliate Hospitals (Omaha, NE)	1
University of Wisconsin Hospitals and Clinics (Madison, WI)	2
<b>Child Neurology</b>	<b>1</b>
St. Louis Children's Hospital	1
<b>Dermatology</b>	<b>2</b>
University of Wisconsin Hospital and Clinics (Madison, WI)	2
<b>Emergency Medicine</b>	<b>16</b>
Geisinger Health System	2
HealthPartners Institute/Regions Hospital (St. Paul, MN)	2
Hennepin County Medical Center (Minneapolis, MN)	1

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Specialty and Residency Location	Residency Count
Madigan Army Medical Center (Tacoma, WA)	1
Medical College of Wisconsin (Milwaukee, WI)	2
Ohio State University (Columbus, OH)	1
University of Wisconsin Hospital and Clinics	1
University of Nebraska Affiliate Hospitals (Omaha, NE)	1
University of Virginia (Charlottesville, VA)	1
Virginia Tech Carilion School of Medicine (Roanoke, VA)	1
West Virginia University School of Medicine (Morgantown, WV)	2
Western Michigan U. Stryker School of Medicine (Kalamazoo, MI)	1
<b>Family Medicine</b>	<b>51</b>
Altru Health System (Grand Forks, ND)	1
Aurora Health Care/ASMC (Waukesha, WI)	1
Aurora St. Luke's Medical Center (Milwaukee, WI)	2
Family Medicine Res of Idaho (Boise, ID)	1
Greenville Hospital, USC (Greenville, SC)	1
Gundersen Lutheran Medical Foundation (La Crosse, WI)	6
Kootenai Health (Coeur D'alene, ID)	1
Mayo Clinic (La Crosse, WI)	4
Mayo Clinic School of Graduate Medical Education (Eau Claire, WI)	1
Marshfield/St. Josephs (Marshfield, WI)	1
Medical College of Wisconsin (Appleton, WI)	1
Medical College of Wisconsin (Milwaukee, WI)	1
Medical College of Wisconsin (Waukesha, WI)	2
Mercy Health System (Janesville, WI)	1
Mountain Area Health Education Center (Asheville, NC)	1
Oregon Health & Science University (Klamath Falls, OR)	2
St. Anthony North (Westminster, CO)	1
Sutter Med Ctr of Santa Rosa-CA (Santa Rosa, CA)	1
University of Minnesota (Duluth, MN)	3
University of Minnesota (Mankato, MN)	1
University of Minnesota (North Memorial)	1
University of Minnesota Medical School (Minneapolis, MN)	1
University of Minnesota Medical School (St. Louis Park, MN)	1
University of North Carolina Hospitals (Chapel Hill)	1
University of Rochester (Rochester, NY)	1
University of Wisconsin School of Medicine & Public Health (Appleton, WI)	3
University of Wisconsin School of Medicine and Public Health (Augusta/Eau Claire)	1
University of Wisconsin School of Medicine & Public Health (Baraboo, WI)	3
University of Wisconsin School of Medicine and Public Health (Fox Valley)	1
University of Wisconsin School of Medicine and Public Health (Madison, WI)	5

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Specialty and Residency Location	Residency Count
<b>General Surgery</b>	<b>16</b>
Bassett Medical Center (Cooperstown, NY)	2
Central Iowa Health System (Des Moines, IA)	2
Florida Hospital (Orlando, FL)	1
Gundersen Lutheran Medical Foundation (La Crosse, WI)	1
Marshfield Clinic (Madison, WI)	1
St. Joseph Mercy (Ann Arbor, MI)	1
Tripler Army Medical Center (Honolulu, HI)	1
University of Minnesota (Minneapolis, MN)	1
University of South Dakota (Sioux Falls, SD)	2
University of Wisconsin Hospital and Clinics (Madison, WI)	3
Wright State University Boonshoft School of Medicine (Dayton, OH)	1
<b>Internal Medicine/Emergency Medicine</b>	<b>1</b>
Hennepin County (Minneapolis, MN)	1
<b>Internal Medicine/Pediatrics</b>	<b>19</b>
Abbott Northwestern (Minneapolis, MN)	1
Aurora Health Care/Aurora Sinai Medical Center (Milwaukee, WI)	2
Central Iowa Health System/IA Methodist (Des Moines, IA)	1
Gundersen Lutheran Medical Foundation (La Crosse, WI)	4
Indiana University School of Medicine (Indianapolis, IN)	1
Marshfield/St. Josephs (Marshfield, WI)	5
Medical College of Wisconsin (Milwaukee, WI)	1
University of Vermont Medical Center (Burlington, VT)	2
University of Wisconsin Hospital and Clinics (Madison, WI)	2
<b>Neurology</b>	<b>2</b>
University of Utah Affiliated Hospitals (Salt Lake City, UT)	1
University of Wisconsin Hospital and Clinics (Madison, WI)	1
<b>Obstetrics/Gynecology</b>	<b>8</b>
Maine Medical Center (Portland, ME)	1
Marshall University School of Medicine (Huntington, WV)	1
Oregon Health & Science University (Portland, OR)	1
St. Vincent Hospital Center (Indianapolis, IN)	1
University of Buffalo School of Medicine (Buffalo, NY)	2
University of Wisconsin Hospital and Clinics (Madison, WI)	1
West Virginia University School of Medicine (Morgantown, WV)	1
<b>Ophthalmology</b>	<b>1</b>
University of Arizona (Tucson, AZ)	1
<b>Orthopedic Surgery</b>	<b>4</b>
Mayo School of Graduate Medical Education (Rochester, MN)	1
University of Wisconsin Hospital and Clinics	1

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Specialty and Residency Location	Residency Count
University of Iowa Hospitals and Clinics (Iowa City, IA)	1
Wright State University Boonshoft School of Medicine (Dayton, OH)	1
<b>Otolaryngology</b>	<b>2</b>
Hospital of the University of Pennsylvania (Philadelphia, PA)	1
University of Kentucky Medical Center (Lexington, KY)	1
<b>Pathology</b>	<b>1</b>
University of Wisconsin Hospital and Clinics (Madison, WI)	1
<b>Pediatrics</b>	<b>9</b>
Children's Hospital (Oakland, CA)	1
Eastern VA Medical School (Norfolk, VA)	1
Mayo School of Graduate Medical Education (Rochester, MN)	1
Oregon Health & Sciences University (Portland, OR)	1
UC Davis Medical Center (Sacramento, CA)	1
University of Wisconsin Hospital and Clinics	3
University of Vermont Medical Center (Burlington, VT)	1
<b>Physical Medicine and Rehabilitation</b>	<b>3</b>
Barnes and Jewish Hospital (St. Louis, MO)	1
Carolinas Medical Center (Charlotte, NC)	1
University of Wisconsin Hospital and Clinics (Madison, WI)	1
<b>Psychiatry</b>	<b>7</b>
University of Washington Affiliated Hospitals (Seattle, WA)	1
Loyola University (Maywood, IL)	1
University of Wisconsin Hospital and Clinics (Madison, WI)	3
University of Washington (Seattle, WA)	2
<b>Psychiatry Child &amp; Adolescent</b>	<b>1</b>
University of Wisconsin Hospital and Clinics (Madison, WI)	1
<b>Radiology</b>	<b>3</b>
Medical College of Wisconsin (Milwaukee, WI)	1
Ohio State University Medical Center (Columbus, OH)	1
University of Wisconsin Hospital and Clinics (Madison, WI)	1
<b>Radiology-Diagnostic</b>	<b>1</b>
Emory University School of Medicine (Atlanta, GA)	1
<b>Urology</b>	<b>2</b>
University of Maryland (Baltimore, MD)	1
University of Nebraska Medical Center (Omaha, NE)	1

## TRIUMPH

Across the nine full TRIUMPH cohorts from 2010-2018, 78/79 (98.7%) of graduates have entered residencies serving urban, underserved populations. One student entered residency training in a non-urban area. The majority (67.1% or 53 out of 79) of students have entered residencies in primary care specialties (Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, and Pediatrics), a percentage substantially higher than for traditional UWSMPH graduates (39.8%) from the same classes. Nineteen graduates (24.1%) have remained in Wisconsin for their residency training, including six at Aurora Family Medicine; seven at the Medical College of Wisconsin/Children's Hospital (3-Internal Medicine, 1-Internal Medicine/Pediatrics, 2-Pediatrics, 1-Psychiatry); and six at UW-Madison (1-Anesthesia, 1-Emergency Medicine, 2-Family Medicine, and 2-Psychiatry).

**Table 5: TRIUMPH medical specialties and residency locations for full TRIUMPH program alumni (N=79) – Graduating classes of 2010-2018**

Specialty and Residency	Residency Program Count	Specialty and Residency	Residency Program Count
<b>Anesthesia</b>	<b>1</b>	<b>Internal Medicine/Primary Care</b>	<b>3</b>
UW-Madison	1		
<b>Child Neurology</b>	<b>1</b>	<b>Obstetrics/Gynecology</b>	<b>7</b>
<b>Dermatology</b>	<b>1</b>	<b>Orthopedic Surgery</b>	<b>1</b>
<b>Emergency Medicine</b>	<b>8</b>	<b>Pediatrics</b>	<b>9</b>
UW-Madison	1	Medical College of Wisconsin	2
<b>Family Medicine</b>	<b>28</b>	<b>Pediatrics/Psychiatry</b>	<b>1</b>
UW-Madison	2		
Aurora Health Care	6	<b>Psychiatry</b>	<b>6</b>
<b>Internal Medicine</b>	<b>10</b>	Medical College of Wisconsin	1
Medical College of Wisconsin	3	UW-Madison	2
<b>Internal Medicine/Pediatrics</b>	<b>2</b>	<b>Research</b>	<b>1</b>
Medical College of Wisconsin	1		
<b>Grand Total</b>	<b>79</b>		
<b>Total in State</b>	<b>19</b>		

**Abbreviated TRIUMPH (6-month)**

The abbreviated 6-month TRIUMPH program was created in 2011 to increase capacity prior to expanding the full program. The abbreviated program ran from 2011 – 2013. Of the 31 students who participated in the abbreviated program, all have graduated. Of these alumni, 13 (42%) are in primary care specialties (5-Family Medicine, 4-Internal Medicine, 1-Internal Medicine/Pediatrics, and 3-Pediatrics). Eighteen (58%) of the abbreviated TRIUMPH program alumni are in other specialties including the following residencies (1-Dematology, 6-Emergency Medicine, 4-Obstetrics/Gynecology, 1-Ophthalmology, 1-Otolaryngology, and 5-Surgery). Five (17%) of these remained in Wisconsin for residency training, three at Medical College of Wisconsin and two at UW Madison.

**Table 6: TRIUMPH medical specialties and residency locations for abbreviated TRIUMPH program alumni (N=31) – Graduating classes of 2011-2013**

<b>Specialty (In-state Residency Location)</b>	<b>Residency Program Count</b>
<b>Anesthesiology</b>	<b>1</b>
<b>Dermatology</b>	<b>1</b>
<b>Emergency Medicine</b>	<b>6</b>
Medical College of Wisconsin	1
<b>Family Medicine</b>	<b>5</b>
UW Madison	1
<b>Internal Medicine</b>	<b>4</b>
<b>Internal Medicine/Pediatrics</b>	<b>1</b>
<b>Obstetrics/Gynecology</b>	<b>4</b>
Medical College of Wisconsin	1
<b>Ophthalmology</b>	<b>1</b>
UW Madison	1
<b>Otolaryngology</b>	<b>1</b>
<b>Pediatrics</b>	<b>3</b>
Medical College of Wisconsin	1
<b>Surgery</b>	<b>4</b>
Medical College of Wisconsin	1
<b>Grand Total</b>	<b>31</b>
<b>Total in State</b>	<b>6</b>

**13.106 (4) (b) (3): Initial Post-residency Practice Locations for Graduates of Rural or Underserved Urban Medicine Programs**

**WARM**

There have been 154 graduates of WARM as of May 2018. Of those, 56 graduates have completed residency and have entered practice. 89% of graduates in practice are in Wisconsin; 47% of them are in rural Wisconsin (as defined by a RUCA code-Rural Urban Commuting Code-of 4 or greater) and 35% of graduates have returned to their hometowns (or within a radius of about 20 miles).

**Table 7: Post-residency Practice Locations for WARM Graduates (n=56)**

<b>Specialty and Residency Location</b>	<b>Count of Specialty</b>
<b>Dermatology</b>	<b>1</b>
Gundersen Health System (La Crosse, WI)	1
<b>Emergency Medicine</b>	<b>8</b>
Aspirus (Wausau, WI)	1
Ascension (Milwaukee, WI)	1
Centra (Lynchburg, VA)	1
Elmbrook Memorial Hospital (Brookfield, WI)	1
Mayo Clinic Health System (Eau Claire, WI)	1
Mayo Clinic Health System (Eau Claire and Menominee, WI)	1
Military	1
Multiple locations (Oconto Falls, WI; Iron Mountain, MI)* also practices family medicine	1
<b>Family Medicine</b>	<b>29</b>
Agnesian Healthcare (Waupun, WI)	1
Aurora Healthcare (Germantown, WI)	1
Aurora Lakeland (Lake Geneva, WI)	1
Centura Health Physician Group (Firestone, CO)	1
Columbia St. Mary's (Milwaukee, WI)	1
Divine Savior Healthcare-Fellowship (Portage, WI)	1
Family Health Center (Sandpoint, ID)	1
Froedtert St. Joseph's Health Center (West Bend, WI)	1
Gundersen Health System (La Crosse, WI)	2
Krohn Clinic (Black River Falls, WI)	1
Mayo Clinic Franciscan Healthcare (La Crosse, WI)	2
Mayo Health System (Rice Lake, WI)	1
Monroe Clinic (Albany, WI)	1
Monroe Clinic (Monroe, WI)	1
Mosaic Family Health (Appleton, WI)	1

<b>Specialty and Residency Location</b>	<b>Count of Specialty</b>
Oconto Falls, WI	1
Prevea Health-St. Clare Memorial Hospital (Oconto Falls, WI)	1
Richland Medical Center (Richland Center, WI)	2
St. Luke's Duluth Internal Medicine Association (Duluth, WI)	1
SSM Healthcare (Janesville, WI)	1
SSM Health Dean Medical Group (Waunakee, WI)	2
ThedaCare (Shawano, WI)	2
UW Health (Beaver Dam, WI)	1
Vernon Memorial Hospital (Viroqua, WI)	1
<b>General Surgery</b>	<b>2</b>
Mayo Health System-Red Cedar Clinic (Menomonie, WI)	1
Sauk Prairie Healthcare (Prairie du Sac, WI)	1
<b>Hospitalist Medicine</b>	<b>3</b>
Aurora Baycare (Green Bay, WI)	1
Essentia Health (Duluth, WI)	1
UW Health (Madison, WI)	1
<b>Internal Medicine</b>	<b>4</b>
Ascension (Neenah, WI)	1
Marshfield Clinic (Marshfield, WI)	1
Mayo Health System-Red Cedar Clinic (Menomonie, WI)	1
Ministry Medical Group (Stevens Point, WI)	1
<b>Internal Medicine/Pediatrics</b>	<b>1</b>
Marshfield Clinic (Rhineland, WI)	1
<b>Obstetrics/Gynecology</b>	<b>1</b>
Ashland, WI	1
<b>Orthopedic Surgery</b>	<b>1</b>
Orthopedic and Sports Medicine Specialists of Green Bay (Green Bay, WI)	1
<b>Pediatrics</b>	<b>1</b>
Marshfield Clinic (Minocqua, WI)	1
<b>Physical Medicine and Rehabilitation</b>	<b>2</b>
Gundersen Health System (La Crosse, WI)	1
Ascension (Rhineland, WI)	1
<b>Radiology</b>	<b>2</b>
Gundersen Health System-fellowship (La Crosse, WI)	1
TRA Medical Imaging (Tacoma, WA)	1
<b>Urology</b>	<b>1</b>
Darlington and Lancaster, WI	1
<b>Grand Total</b>	<b>56</b>

## TRIUMPH

Due to the length of post-graduate residency training (3 or more years) and challenges with alumni follow-up post residency, data is available for a subset of alumni who have completed their residency. Their initial practice areas are indicated in the Table 8 below. Almost half (46.8%) of TRIUMPH alumni have stayed or returned to practice in Wisconsin. All of the forty-seven alumni who have graduated from the program and completed residencies are practicing in urban areas, with sixteen remaining in the Milwaukee Metro area and six located in Madison. Thirteen graduates of TRIUMPH are currently practicing in the City of Milwaukee, and all are serving in high need areas including five practicing in Federally Qualified Health Centers (FQHCs). Nine additional alumni are practicing in other high need urban areas of Wisconsin.

**Table 8: Post-Residency Practice Locations for TRIUMPH Alumni (n=47)**

Practice Location	Count of Alumni by Specialty	Total
Milwaukee, WI	1-Cardiology, 1-Emergency Medicine, 5-Family Medicine, 2-Internal Medicine, 4-Pediatrics	13
Madison, WI	3-Family Medicine, 1-Internal Medicine, 1-Obstetrics/Gynecology, 1-Ophthalmology	6
Racine, WI	1-Pediatrics/Psychiatry	1
Waukesha, WI	1-Psychiatry	1
West Allis, WI	1-Family Medicine	1
Adventura, FL	1-Emergency Medicine	1
Chicago, IL	1-Cardiology	1
Cleveland, OH	1-Obstetrics/Gynecology,	1
Hastings, New Zealand	1-Family Medicine	1
Indianapolis, IN	1-Emergency Medicine	1
Los Angeles, CA	1-Internal Medicine	1
Maplewood, MN	1-Obstetrics/Gynecology	1
Martinez, CA	1-Family Medicine	1
Minneapolis, MN	1-Family Medicine, 1-Pediatrics	2
Mission Viejo, CA	1-Anesthesia	1
New York, NY	1-Emergency Medicine, 1-Family Medicine, 1-Internal Medicine	3
Oakland, CA	1-Family Medicine	1
Palo Alto, CA	1-Emergency Medicine, 1-Internal Medicine	2
Pasadena, TX	1-Obestrics/Gynecology	1
Potterville, MI	1-Internal Medicine/Pediatrics	1
Port Angeles, WA	1-Family Medicine	1
San Francisco, CA	1-Emergency Medicine	1
Saint Paul, MN	1-Family Medicine	1
Stockholm, Sweden	1-Internal Medicine/Pediatrics	1
Ventura, CA	1-Family Medicine	1
Westminster, CO	1-Family Medicine	1
<b>Total In State</b>	<b>22 (47%)</b>	<b>47</b>
<b>Grand Total</b>	<b>47</b>	

At the time of this report (September 2018) a portion of the graduates from the class of 2015, and all from the classes of 2016 – 2018 are still in residency training.

#### **TRIUMPH Benefits to Urban Wisconsin**

Innovative strategies are required to address physician shortages for urban medically underserved populations. Physician shortages persist in Milwaukee, Wisconsin's largest city, where an additional 60 PCPs are required to meet minimal thresholds for primary care physician coverage in 2018<sup>1</sup>. Community partners have welcomed TRIUMPH students and consistently submit more project proposals than the number of students. FQHCs in Milwaukee have also welcomed senior TRIUMPH students for longitudinal preceptorships.

Many Wisconsin counties are designated as Health Professional Shortage Areas (HPSAs). HPSA status is conferred by the US Health Resources and Services Administration to designate service areas, populations, or facilities with shortages of human resources to provide essential primary health care services. In September 2018 the state of WI had 132 primary care HPSAs; 25 (20%) were designated as non-rural, 11 (8%) as partly rural, and 95 (72%) served rural populations. More than 420,066 WI residents live in non-rural HPSAs. Due to the greater density of urban populations, while just 25/133 (20%) of WI HPSAs are non-rural, 37.0% of people living in a HPSA are from non-rural areas<sup>1</sup>. To illustrate the scope of the challenge faced by urban areas it is worth noting that a single HPSA in north Milwaukee accounts for 22% of all Wisconsinites living in a Health Professional Shortage Area. This fact underscores the continued importance of the TRIUMPH program.

TRIUMPH has been successful in recruiting, training and retaining physicians to work with urban medically underserved populations. Participants have been more likely to enter primary care careers as compared to non-TRIUMPH and non-WARM students. Early outcomes confirm graduates who have completed residency are returning to provide health care to the urban underserved in Wisconsin's urban areas.

#### **Citations**

Shortage Areas. In: *Health Resources and Service Administration. Data Warehouse*. Rockville, MD: HRSA Data Portal. <https://data.hrsa.gov/hdw/tools/DataPortal.aspx>. Accessed September 14, 2018.

