Rural Prep DDS:
Community Apgar Tool for Health Professions Education in Rural Communities

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3RNet Pre-conference: Rural PREP
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Community Apgar Suite of Research Tools
Community Apgar Suite of Research Tools

- **Community Health Center Apgar**
  - Idaho
  - Maine

- **Rural Health Clinic Apgar**
  - Developed for Indiana but not deployed

- **Nursing Critical Access Hospital Apgar**
  - Idaho
  - Victoria, Australia

- **CEO/Administrator Apgar**
  - Final Development/Testing to be done in Montana
Community Apgar Partners

- States Participating in the CAP
- States Interested in Implementing the CAP
Background

• How did we get here – Why research?
  – Boise State University: Ed Baker, PhD
  – University of North Dakota: Dave Schmitz, MD
  – Idaho Bureau of Rural Health and Primary Care: Mary Sheridan
  – An intersection of workforce, education and advocacy
  – Practical knowledge, relationships, experience and investment
  – Answering needs and necessary questions
  – Applied research: Development of tools
  – Partnerships with those with “skin in the game”
    • 3RNet
    • NOSORH
Apgar Score for Newborns

- Devised in 1952 by Virginia Apgar, an anesthesiologist, as a simple and repeatable method to quickly and summarily assess the health of newborn children immediately after birth
- Determined by evaluating the newborn baby on five simple criteria (Appearance, Pulse, Grimace, Activity, Respiration) on a scale from zero to two, then summing up the five values thus obtained
A New Response to the Same Old Problem…

What if there was a similar test for hospitals – quick and repeatable with intervention measures on standby – to assess readiness for recruiting physicians?

• Something new
• Something based on quantifiable data
• Something that incorporates the whole community
• Something that shows people on graphs and charts where they are and how to achieve their goals.
A History of Community Apgar

Year 1 (2007)
Idaho Family Physician Rural Work Force Assessment Pilot Study
[Published in the Journal of Rural Health]

Year 2 (2008)
Critical Access Hospital Community Apgar Questionnaire (CAH CAQ)
[Published in the Rural & Remote Health Journal]

Year 3 (2009)
- Examining the Trait of Grit and Satisfaction in Idaho Physicians
  [Published in the Journal of the American Board of Family Medicine]
- Community Apgar Program (CAP) Pilot for Critical Access Hospitals in Idaho
- Nursing Community Apgar Questionnaire (NCAQ) [Published in Rural & Remote Health Journal]

Year 4 (2010)
- Community Health Center Community Apgar Questionnaire (CHC CAQ) [Published in the Rural & Remote Health Journal]
- Community Apgar Program (CAP) for Community Health Centers in Idaho
- Community Apgar Solutions Pilot Project

Years 5-11 (2011-2017)
- Expansion of the Community Apgar Program (CAP) for Critical Access Hospitals and Community Health Centers
  - Wyoming, North Dakota, Wisconsin, Alaska, Indiana, Utah, Montana, and Iowa (CAHs)
  - Maine (CHCs)
- Rural Community Variation in Physician Recruitment Readiness [Published in Journal of Health Science]
- Nursing Community Apgar Program (CAP) in Idaho
- Assessing Idaho Rural Family Physician Scope of Practice over Time [Published in the Journal of Rural Health]

- Expansion of the Community Apgar Program and Nursing Community Apgar (CAP) to Australia.
The CAH CAQ

- Questions aggregated into five Classes
- Each Class contains 10 factors for a total of 50 factors/questions representing specific elements related to recruitment and retention of family physicians in rural areas
- Three open-ended questions
CAH CAQ Development:
Class/Factor Examples

**Geographic**
- Schools
- Climate
- Perception of Community
- Spousal Satisfaction

**Economic**
- Loan Repayment
- Competition
- Part-time Opportunities
- Signing Bonus

**Scope of Practice**
- Emergency Care
- Mental Health
- Obstetrics
- Administration Duties

**Medical support**
- Nursing Workforce
- Call/practice Coverage
- Perception of Quality
- Specialist Availability

**Hospital and Community Support**
- EMR
- Welcome & Recruitment
- Televideo Support
- Plan for Capital Investment
The Community Apgar Program (CAP)

- **Year 1 of Program**
  - Participants mailed the CAH CAQ survey with consent form
  - CAH CAQ surveys administered in separate structured one hour interviews for each participant
  - CAH CAQ Board Reports
    - Individual data from each critical access hospital reviewed with Board of Directors each year of the program
    - Action plans developed in Year 1 for improvement in areas identified by the CAH CAQ
  - State level results presented at state selected forum

- **Year 2 of Program**
  - Second round of CAH CAQ surveys
  - Year 2 Board presentation focuses on movement towards achieving improvement identified in Year 1
Making the most of the CAH CAQ

Recruiting and Retaining Family Physicians:
• community self-evaluation
• prioritizing improvement plans
• advertising and interviewing
• negotiation strategies and contract construction
The Community Apgar Tool relies on a comprehensive list of factors that most affect the goal for the rural community. In this case, providing an educational campus for health professions education. Each factor is defined but also represented by a “shorthand” term for use in discussion and in presentation.
For the proposed Community Apgar Tool for Health Professions Education in Rural Communities:

Question area #1:
Are the factors below complete?
What should be added?
Should any be expanded from one term to multiple? Should any be removed?

Question area #2:
What are the best term(s) to use as shorthand for each factor?
<table>
<thead>
<tr>
<th>Proposed Factors (not in particular order)</th>
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<tbody>
<tr>
<td>1. Community safety</td>
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<tr>
<td>2. Distance to home campus</td>
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<td>3. Family/Friends</td>
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<td>4. Student accommodations</td>
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<td>5. Recreation</td>
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<td>6. School system</td>
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<td>7. Shopping</td>
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<td>8. Spouse involvement</td>
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<td>9. Clinical opportunities</td>
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<td>10. Community Engagement/support</td>
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<td>11. Continuing education – CME options</td>
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<td>12. Cultural Competency</td>
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<td>13. Cultural Immersion- Activities- festivals-recreation- shopping</td>
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<td>14. Data on practice scope volume</td>
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<td>15. Experience</td>
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<td>16. Funding</td>
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<td>17. Housing</td>
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<td>18. People willing to teach</td>
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<td>19. Professional Mentors</td>
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<td>20. Tuition reimbursement/ sign on bonus</td>
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<td>21. Community health issues</td>
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<td>22. Diversity</td>
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<td>23. Good feedback from prior students</td>
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<td>24. Hours/weekends/on call</td>
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<td>25. Interdisciplinary team</td>
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<td>26. IPE (Interprofessional Education) train with students in other professions</td>
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<td>27. Life experience within the community care</td>
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<td>28. Patient engagement</td>
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<td>29. Resources/technology</td>
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<td>30. Services available in a clinical setting</td>
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<td>31. Types of shadowing resources</td>
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