

COGME 24th Report: Dissemination Materials

One Page Summary

Postcard

Five Overarching Principles:

-  Assessing and planning for the specific needs of rural communities
-  Focusing on generalism and team-based care
-  Integrating the community into the workforce
-  Developing outcome measures that align workforce investments with population health needs
-  Creating financing mechanisms that sustain rural training and practice

Recommendations:

- Federal funding for a **comprehensive assessment of rural health needs to identify gaps in essential care**;
- Federal training investments to **link GME funding to population health needs**;
- Development of a set of **measures that ensure value and return on public investment in GME financing**, with a focus on rural areas;
- Federal investment in **sustainable solutions that focus on building a stable health care workforce in rural communities**, including pipeline programs, relocation and resettlement assistance, and investments in community-based public health infrastructure;
- Collaborative efforts between federal agencies to **identify and eliminate regulatory and financial barriers**, and create incentives to bolster health professional education, training expansion and innovation that will improve rural population health;
- Support for **sustainable and alternative payment models that enhance the delivery of team-based interprofessional education and practice in rural areas**.



The COGME 24th Report Summary Brief:

"Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities"

Residents of U.S. rural communities have significantly worse health outcomes than those in urban settings, including higher rates of unintentional injury, cardiovascular disease, cancer, and suicide. At the heart of these disparities is a lack of access to quality health care that is exacerbated by rural hospital closures, and health workforce shortages. Compounding this long-standing problem, the COVID-19 pandemic placed incredible stress on our nation's health workforce, leading to widespread burnout, workplace violence, and attrition. Stakeholders are reporting widespread shortages of qualified staff, underscoring the critical need to address systemic workforce challenges that jeopardize access to health care, particularly for rural and underserved populations. [COGME's 24th report](#) (April 2022) provides a road map for actions to improve access to care in rural communities, based on five overarching principles.

We have the opportunity to restructure healthcare delivery to build a more robust, resilient, and sustainable healthcare workforce. Coincident with COGME's 24th report release, several national initiatives that emphasized improving access in rural areas were being enacted or proposed to bolster healthcare. The Center for Medicare & Medicaid Innovation (CMMI) launched an alternative payment program specific to rural communities. The National Academies of Sciences, Engineering, and Medicine released reports on implementing high quality primary care and integrating social needs care into health care delivery to improve population health. The Office of the Assistant Secretary for Health's Initiative to Strengthen Primary Health Care seeks to enhance federal-level infrastructure investments to support provision of primary health care, improve population health outcomes, and advance health equity. Such efforts align well with COGME's 24th Report.

Recognizing care inequities and changing needs of rural America, COGME's 24th Report recommends strengthening rural health workforce training and improving access to health care through evidence-based, patient- and community-centered health workforce investments spanning education, training, and practice. While focused on rural communities, many of the recommendations in this report are adaptable to our national healthcare workforce and delivery system as a whole.



The COGME 24th Report Summary Brief:

"Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities"

Residents of U.S. rural communities have significantly worse health outcomes than those in urban settings, including higher rates of unintentional injury, cardiovascular disease, cancer, and suicide. At the heart of these disparities is a lack of access to quality health care that is exacerbated by rural hospital closures, and health workforce shortages. Compounding this long-standing problem, the COVID-19 pandemic placed incredible stress on our nation's health workforce, leading to widespread burnout, workplace violence, and attrition. Stakeholders are reporting widespread shortages of qualified staff, underscoring the critical need to address systemic workforce challenges that jeopardize access to health care, particularly for rural and underserved populations. [COGME's 24th report](#) (April 2022) provides a road map for actions to improve access to care in rural communities, based on five overarching principles.

We have the opportunity to restructure healthcare delivery to build a more robust, resilient, and sustainable healthcare workforce. Coincident with COGME's 24th report release, several national initiatives that emphasized improving access in rural areas were being enacted or proposed to bolster healthcare. The Center for Medicare & Medicaid Innovation (CMMI) launched an alternative payment program specific to rural communities. The National Academies of Sciences, Engineering, and Medicine released reports on implementing high quality primary care and integrating social needs care into health care delivery to improve population health. The Office of the Assistant Secretary for Health's Initiative to Strengthen Primary Health Care seeks to enhance federal-level infrastructure investments to support provision of primary health care, improve population health outcomes, and advance health equity. Such efforts align well with COGME's 24th Report.

Recognizing care inequities and changing needs of rural America, COGME's 24th Report recommends strengthening rural health workforce training and improving access to health care through evidence-based, patient- and community-centered health workforce investments spanning education, training, and practice. While focused on rural communities, many of the recommendations in this report are adaptable to our national healthcare workforce and delivery system as a whole.

Five Overarching Principles:

-  Assessing and planning for the specific needs of rural communities
-  Focusing on generalism and team-based care
-  Integrating the community into the workforce
-  Developing outcome measures that align workforce investments with population health needs
-  Creating financing mechanisms that sustain rural training and practice

Recommendations:

- Federal funding for a **comprehensive assessment of rural health needs to identify gaps in essential care**;
- Federal training investments to **link GME funding to population health needs**;
- Development of a set of **measures that ensure value and return on public investment in GME financing**, with a focus on rural areas;
- Federal investment in **sustainable solutions that focus on building a stable health care workforce in rural communities**, including pipeline programs, relocation and resettlement assistance, and investments in community-based public health infrastructure;
- Collaborative efforts between federal agencies to **identify and eliminate regulatory and financial barriers**, and create incentives to bolster health professional education, training expansion and innovation that will improve rural population health;
- Support for **sustainable and alternative payment models that enhance the delivery of team-based interprofessional education and practice in rural areas**.



Five Overarching Principles:

-  Assessing and planning for the specific needs of rural communities
-  Focusing on generalism and team-based care
-  Integrating the community into the workforce
-  Developing outcome measures that align workforce investments with population health needs
-  Creating financing mechanisms that sustain rural training and practice

Recommendations:

- Federal funding for a **comprehensive assessment of rural health needs to identify gaps in essential care**;
- Federal training investments to **link GME funding to population health needs**;
- Development of a set of **measures that ensure value and return on public investment in GME financing**, with a focus on rural areas;
- Federal investment in **sustainable solutions that focus on building a stable health care workforce in rural communities**, including pipeline programs, relocation and resettlement assistance, and investments in community-based public health infrastructure;
- Collaborative efforts between federal agencies to **identify and eliminate regulatory and financial barriers**, and create incentives to bolster health professional education, training expansion and innovation that will improve rural population health;
- Support for **sustainable and alternative payment models that enhance the delivery of team-based interprofessional education and practice in rural areas**.

Social Media Toolkit

Facebook, Twitter, LinkedIn

Instagram



Social Media Toolkit: Educating the Audience


The COGME 24th Report Summary Brief facts (posts for Facebook)




COGME
Council on Graduate Medical Education



Residents of U.S. rural communities have significantly worse health outcomes than those in urban settings, including higher rates of unintentional injury, cardiovascular disease, cancer, and suicide.



COGME
Council on Graduate Medical Education



Compounding this long-standing problem, the COVID-19 pandemic placed incredible stress on our nation's health workforce, leading to widespread burnout, workplace violence, and attrition.



COGME
Council on Graduate Medical Education



Stakeholders are reporting widespread shortages of qualified staff, underscoring the critical need to address systemic workforce challenges that jeopardize access to health care, particularly for rural and underserved populations.



COGME
Council on Graduate Medical Education



We have the opportunity to restructure health care delivery to build a more robust, resilient and sustainable health care workforce.