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How Academic Medicine Serves America's Rural Communities

Rural communities are home to an estimated 62 million Americans.[1] Rural communities face significant issues accessing health care, including physician shortages, financial challenges, hospital closures, and barriers to transportation, among other concerns, which can lead to poorer overall health outcomes. Rural health facilities also tend to struggle more with recruiting and retaining physicians and other key health care workers, which often results in gaps in care and forces patients to travel far distances for treatment.

To help ensure that there are enough qualified physicians to provide high-quality care to rural communities, AAMC-member institutions are implementing creative solutions, including:

- Partnering with rural clinical sites in developing Rural Track Programs to increase the number of physicians training in rural areas and improve rural health outcomes.
- Bringing mobile clinics to remote areas to serve more patients in need.
- Providing medical students with access to clinical rotations in rural areas.

Educating and Training Physicians in Rural Settings

Rural Track Programs (RTPs) are partnerships between urban teaching hospitals and rural clinical sites where medical residents spend more than 50% of their training. RTPs promote valuable and unique residency training opportunities that integrate quality patient care, education, research, and community partnerships.

RTPs capitalize on the residency training strengths and capabilities of academic health systems to help increase residency positions at rural sites. Many hospitals currently affiliated with RTPs are AAMC-member health systems and teaching hospitals, showcasing academic medicine's broad commitment to increasing training in rural settings.[3]

RTPs are important because they expose more medical residents to rural patients and areas and help expand access to care as future physicians in these communities. Currently, however, many medical specialties are effectively shut out of participating in RTPs because of an existing requirement that residents must train for greater than 50% of their time in a rural area. To increase adoption of these programs, the AAMC recommends lowering the RTP threshold for training time spent in a rural area. This would allow for more specialties (which are in high demand in rural areas) to participate in rural training while preserving the critical time spent in rural areas.

Data show that rural areas historically experience physician shortages more acutely than urban areas.[4] With projections estimating a shortage of up to 86,000 physicians in the United States by 2036,[5] Congress must increase the number of available Medicare-supported medical residency positions. Investing in federally supported graduate medical education (GME) residency positions in rural and underserved areas will help ensure that patients can access care when and where they need it.

Physicians who grew up in geographically rural areas are more likely to practice in rural areas than their peers who grew up in other settings, even after accounting for a myriad of other factors,[6] underscoring the importance of recruiting and retaining rural students for medical school and medical residency.

Serving Patients in Rural Areas

Teaching hospitals treat four out of every five Medicare transfer patients.[7] Patients who live in rural areas are more likely to visit teaching hospitals when they are most in need of care. In fact, AAMC-member teaching hospitals treat 13% of rural Medicare patients, and among those patients these facilities perform[8]:

- **82%** of inpatient transplant services.
- **55%** of inpatient burn services.
- **84%** of cases for an innovative immunotherapy called CAR-T.

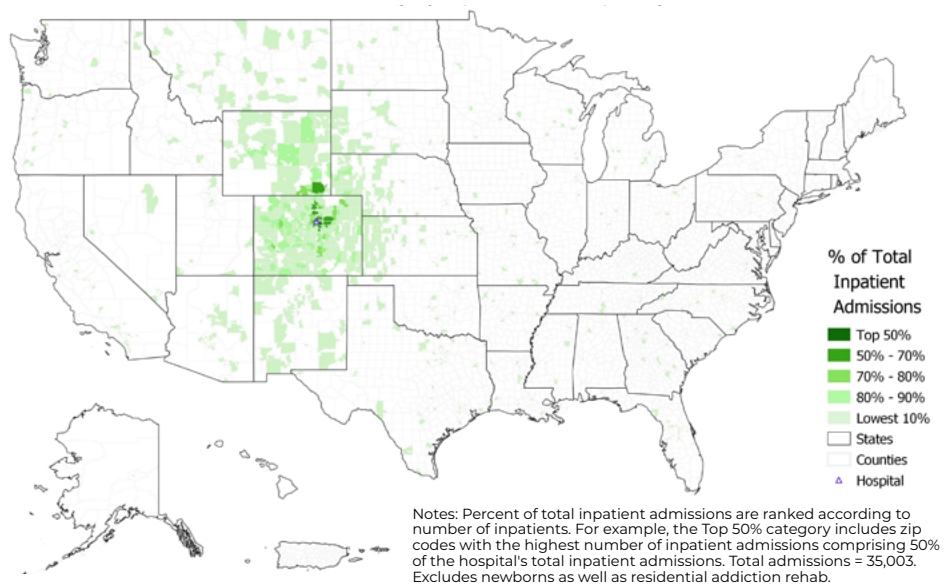
This reinforces academic medicine's unique role in caring for older, sicker patients, which is particularly critical since other facilities may not be able to accommodate those patients.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. The AAMC represents all 162 U.S. medical schools and nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers.

Rural-serving academic health systems and teaching hospitals have a profound reach, treating patients who come from multistate regions to receive high-quality, cutting-edge care they are not able to receive locally. AAMC-member health systems are led by flagship teaching hospitals but also include 182 geographically rural hospitals, 306 critical access hospitals, and 108 sole community hospitals.[9]

This catchment area map for UCHealth University of Colorado Hospital is an example of the vast geography of patients admitted to an AAMC-member health system and teaching hospital.

FIGURE 1. UCHealth University of Colorado Hospital inpatient admissions by zip code of patient residence (July 1, 2020-June 30, 2021).



Notes: Percent of total inpatient admissions are ranked according to number of inpatients. For example, the Top 50% category includes zip codes with the highest number of inpatient admissions comprising 50% of the hospital's total inpatient admissions. Total admissions = 35,003. Excludes newborns as well as residential addiction rehab.

Source: UCHealth University of Colorado Hospital.

AAMC-Member Institutions in Action

University of Colorado Hospital

University of Colorado Hospital (UCH) recently opened a brand new 40-bed inpatient facility, which included a much-needed behavioral health unit providing services that were not otherwise offered in Colorado. Subsequently, leaders at UCH recognized the need to expand the number of psychiatry physicians and residents to help meet the needs of patients, many of whom come from rural and underserved areas.

"We'd love to expand these psych services to other more remote and rural areas throughout Colorado, both in the telehealth space but also allowing psychiatry residents to rotate and work in more rural settings," says Robert Davies, MD, professor of psychiatry-med students at the University of Colorado Anschutz Medical Campus and program director for the psychiatry residency training at UCH.

Strong Memorial Hospital of the University of Rochester

New York's Strong Memorial Hospital of the University of Rochester (UR) is expanding its surgery residency program to allow residents to spend more time during their training program in rotations at its rural hospitals as part of a broader effort by UR Medicine to expand care in communities that face significant health disparities, experience difficulties attracting and retaining physicians, and have historically lacked access to care.

"By exposing residents via rotations to rural communities, we hope to spark an interest in serving underserved populations and provide pathways for careers in rural surgery," says Laurie Chiumento, Director of Federal Relations and Healthcare Policy at the University of Rochester.

More than 30% of medical schools have at least one regional medical campus, many of which allow medical schools to branch out into more remote geographical areas.

Notes

1. Health Resources and Services Administration. Rural health. https://data.hrsa.gov/topics/rural-health. Accessed Aug. 16, 2023.
2. Weisgrau S. Issues in rural health: access, hospitals, and reform. *Health Care Financ Rev.* 1995 Fall;17(1):1-14. PMID: 10153465; PMCID: PMC4193574.
3. RuralGME.org. Rural residency planning and development program summaries. https://www.ruralgme.org/rural-programs. Updated Feb. 27, 2023. Accessed Aug. 16, 2023.
4. AAMC. New findings confirm predictions on physician shortage [press release]. April 23, 2019. https://www.aamc.org/news/press-releases/new-findings-confirm-predictions-physician-shortage. Accessed Aug. 16, 2023.
5. GlobalData Plc. *The Complexities of Physician Supply and Demand: Projections From 2021 to 2036.* Washington, DC: AAMC; 2024.
6. Hu X, Dill MJ, Conrad SS. What moves physicians to work in rural areas? An in-depth examination of physician practice location decisions. *Economic Development Quarterly.* 2022;36(3):245-260. doi: 10.1177/08912424211046600.
7. Kelly B, Iyer P, Xu S. Teaching hospitals are critical providers of care for Medicare hospital transfer patients. *AAMC Analysis in Brief.* July 2019;19(2). https://www.aamc.org/media/10771/download?attachment. Accessed Aug. 7, 2023.
8. Source: AAMC analysis of 100% Medicare inpatient Standard Analytic Files claims data, 2021. Rural is defined as residing in a county outside a Census-defined Core-Based Statistical Area.
9. AAMC analysis of Medicare's FY2026 IPPS Final Rule Impact File and hospital-system linkage from the American Hospital Association's Annual Survey Database FY2023, the Agency for Healthcare Research and Quality's Compendium of US Health Systems FY2023, and the AAMC membership database, July 2025.