

Hello, my name is Annie Derthick. I am a clinical psychologist at the Central Maine Medical Center Family Medicine Residency. I am here today to offer my support for LD1311: An Act to expand Maine's Health Care Workforce by Expanding Educational Opportunities.

In addition to my role at the CMMC FMR, I have been involved with the Maine Rural Graduate Medical Education Collaborative, or MERGE, since its inception in 2022. MERGE was funded by a generous grant from the state for the purpose of expanding GME in rural communities. Our initial objective was to establish four rural training sites across the state that would be accessible to all residents in the four sponsoring institution members of MERGE. To date, we have established thirty-five rural rotation sites in sixteen different specialties. Additionally, we have created a statewide learning platform that provides free continuing education resources designed for twenty different healthcare professions. We also host a medical student pipeline internship program that places students in rural communities for a four-week immersive public health research internship. The Rural Educators Leadership Academy, or RELA, supports preceptors in rural communities interested in hosting learners, by teaching them leadership and medical education skills.

We thought we were ambitious with our initial grant application, but we could never have anticipated the rate at which we have grown and the reach we have obtained. It is a testament to the eagerness of communities across the state to partner with educational institutions to bring learners into their communities. This is a bidirectionally beneficial relationship. Learners have the opportunity to gain valuable educational experience unavailable in more urban settings, and communities have an opportunity to expand their health care access and to recruit future providers while they train in their hospitals and communities.

Fifty-three learners have matriculated through different training sites across the state, and we have five additional residents scheduled for the rest of this academic year. This correlates to 5460 clinical hours spent in rural communities. We've only been able to collect one year of graduation data so far, but two MERGE graduates were retained in rural communities in Maine. Four additional graduates were retained in rural communities outside of Maine. We have also garnered attention outside of the state and have started to recruit residents from rural training programs. We have hosted residents from New Hampshire, Vermont, Rhode Island, New York, and Michigan. While family medicine remains our core constituency, we have hosted residents from internal medicine programs, med-peds, emergency medicine, general surgery, and anesthesiology. Our medical student pipeline program just welcomed its third cohort. Eleven of the twelve students we have hosted are from rural Maine.

The funding from LD 1311 would support the continued work MERGE has begun and allow us to expand our reach and sustain the vital infrastructure we have developed. It would be particularly helpful if this proposal explicated funding for the creation of sustainable housing options in rural communities for learners. This is often a rate limiting factor for placing learners in communities, even when opportunities have been created.

Establishing and expanding clinical preceptorships in rural communities is also essential. Often, health care organizations are interested in hosting learners but do not have a graduate medical education department or inherent infrastructure to support faculty or faculty development, and external funding such as would be provided by LD 1311 can support the development of a sustainable solution for compensating full-time clinicians for their time. Providing quality education and oversight is necessary for placing learners within these institutions.

Personally, I would also like to see funding allocated for the assessment and evaluation of best practices in these domains. As MERGE, and hopefully other programming in Maine, lead the nation in addressing rural health care shortages, we have an opportunity to set a standard in the country for how to collaborate across health care and education sectors and with community stakeholders to close the gap in the most vulnerable regions of our state. We should be documenting and disseminating these attempts and strategies, so others can learn from what we're doing.

And others are taking notice. Myself and Dr. Kalli Varakalis, the Principle Investigator for MERGE were invited to write an editorial on the importance of rural education for a peer-reviewed journal, and we have presented MERGE at five national and regional conferences. Other states have contacted MERGE about consulting opportunities, interested in establishing something similar.

Funding from LD 1311 will be invaluable in ensuring that MERGE continues to be a leader in the state, and increasingly, the country, in rural graduate medical education.

Thank you for your time and consideration.