Rural patient care systems

Jeff Stensland

April 8, 2011

MEDPAC

Counts of office visits per capita are similar in rural and urban areas

Region	Physician office or outpatient facility visits per beneficiary
Urban average	10.1
Rural micropolitan	10.7
Rural adjacent to urban <10,000	10.4
Rural non-adjacent to urban <10,000	10.7
Frontier counties	9.8

Source: 2008 BASF 100% claims data
Note: Visits to physician offices and visits to outpatient facilities such as rural health clinics, federally qualified health centers, and outpatient hospital departments are added together to arrive at the total number of visits. Volumes of visits are not risk adjusted.

Numbers are preliminary; subject to change

Counts of office visits per capita are similar in rural and urban areas

	Distribution of visits per beneficiary			
Region	Mean	25th %	50th %	75th %
Urban	10.1	2	7	14
Rural micropolitan	10.7	3	8	15
Rural adj. <10,000	10.4	3	8	15
Rural non-adj. <10,000	10.7	3	8	15
Frontier counties	9.8	2	7	14

Source: 2008 BASF 100% claims data
Note: Visits to physician offices and visits to outpatient facilities such as rural health clinics, federally qualified health centers, and outpatient hospital departments are added together to arrive at the total number of visits. Volumes of visits are not risk adjusted.

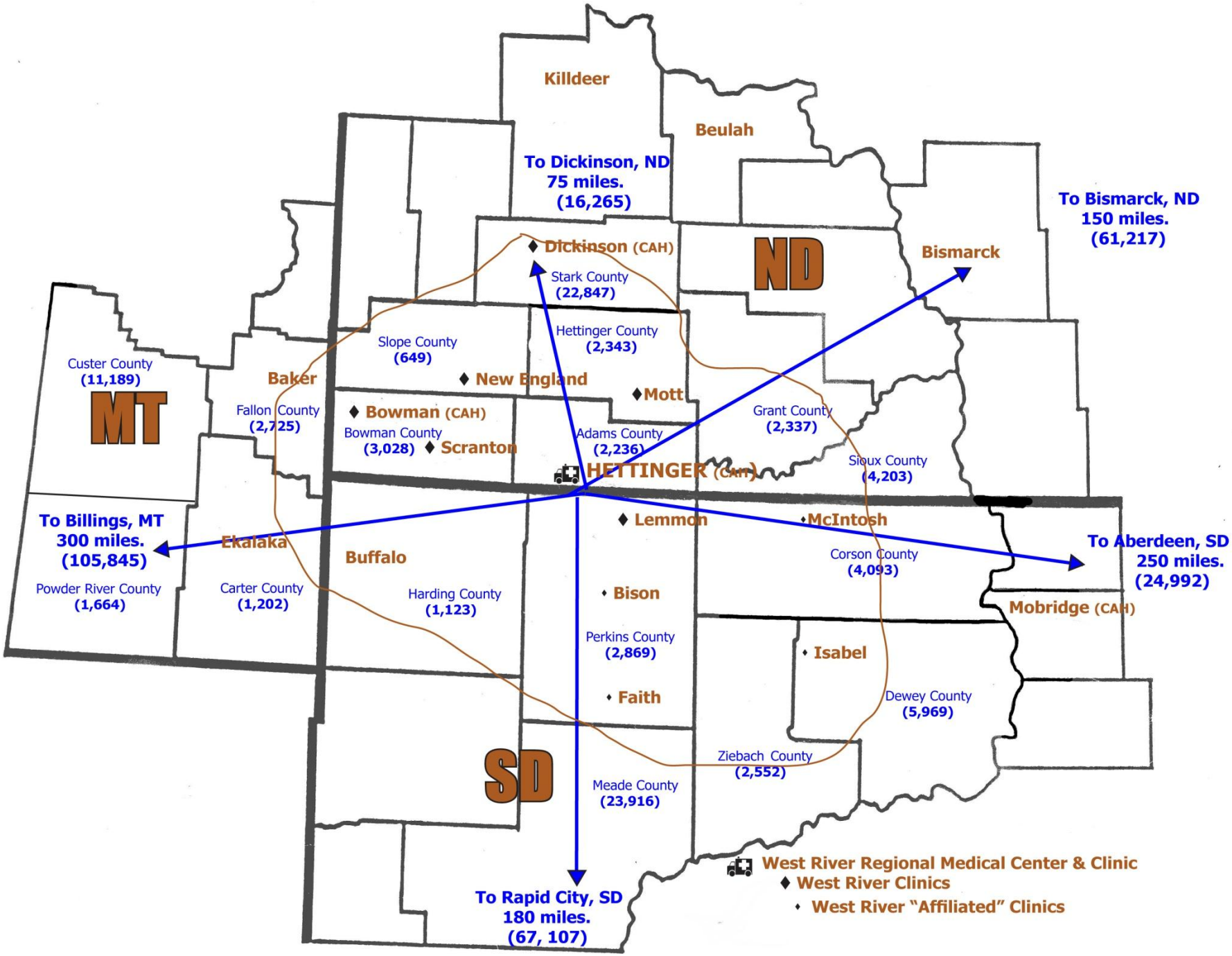
Numbers are preliminary; subject to change

Today's speakers

- Bruce Hamory, MD
  - Geisinger Health System's Chief Medical Officer 1997 to 2008 in Danville Pennsylvania
- Jim Long, CPA
  - CEO of West River Health Services in Hettinger North Dakota

Rural Healthcare From a Frontier/Wilderness Perspective
April 8, 2011

WEST RIVER HEALTH SERVICES®


Killdeer
Beulah
To Dickinson, ND
75 miles.
(16,265)
To Bismarck, ND
150 miles.
(61,217)
Dickinson (CAH)
ND
Bismarck
Stark County
(22,847)
Hettinger County
(2,343)
Slope County
(649)
Custer County
(11,189)
MT
Baker
New England
Mott
Fallon County
(2,725)
Bowman (CAH)
Bowman County
(3,028)
Scranton
Adams County
(2,236)
Grant County
(2,337)
HETTINGER (CAH)
Sioux County
(4,203)
To Billings, MT
300 miles.
(105,845)
Lemmon
McIntosh
To Aberdeen, SD
250 miles.
(24,992)
Ekalaka
Buffalo
Corson County
(4,093)
Powder River County
(1,664)
Carter County
(1,202)
Harding County
(1,123)
Bison
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Perkins County
(2,869)
Isabel
Faith
Dewey County
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SD
Ziebach County
(2,552)
Meade County
(23,916)
West River Regional Medical Center & Clinic
West River Clinics
West River "Affiliated" Clinics
To Rapid City, SD
180 miles.
(67, 107)

Our Service Area

- 25,000 square miles
- Maybe 20,000 people (less than 1/sq mile)
- 150 miles to Bismarck, ND (pop 61,000)
- 180 miles to Rapid City, SD (pop 67,000)
- 250 miles to Aberdeen, SD (pop 25,000)
- 300 miles to Billings, MT (pop 106,000)

Our Home Community

Hettinger, ND – population 1,300

Adams County - population 2,200


GENERAL MERCHANDISE

The Organization

- Hospital: 25 bed CAH with ICU and OB with an average census of 10 acute and 1.5 swing-bed. For last three years have delivered 100 babies per year (One of our docs has delivered over 5,000 babies here).
- Medical Clinics: 6 medical clinics of which 5 are RHCs plus a foot & ankle (Podiatry) clinic and an Eye (Optometrist) clinic.
- FQHCs: Medical staff supervises the midlevels in 4 FQHC sites of Prairie Community Health in SD.
- Family Planning: We staff two Family Planning clinics for the area Community Action Program.

Organization (continued)

- Ambulance: We operate an EMS that serves the residents of Adams County plus provides intercepts and training for other area EMS and First Response units. Our physicians serve as medical advisors to all but one of the area services.
- Nursing Home: 60 Bed Care facility
- Assisted Living: 16 bed unit
- Home Care: Visiting Nurse program offered through our RHCs.
- HME: We operate a Home Medical Equipment service for the benefit of our residents.
- Wellness Center: We provide a Wellness Center for the benefit of the community.
- We believe that we meet 80% of our patients needs for 50% of the dollars.

Our Medical Staff

- 8 Family Practitioners
- 2 General Internists
- 1 Pediatrician
- 1 General Surgeon
- 1 Radiologist
- 1 Podiatrist
- 1 Optometrist
- 9 Midlevels (CRNAs, PAs, NPs, and 1 M&FT)

Dr. Vanessa Berg
Family medicine

Dr. Kent Hoerauf
Internal medicine
Geriatrics

Dr. John Joyce
Family medicine

Dr. Frank Thomgren
Family medicine

Dr. Steven Kilwein
Podiatric medicine

Dr. Cathy Houle
Family medicine

Dr. Terry Mack
Family medicine

Dr. Brian Willoughby
Internal medicine
Geriatrics

Dr. Laura Walker
Family medicine

Dr. Tom Jacobsen
Family medicine

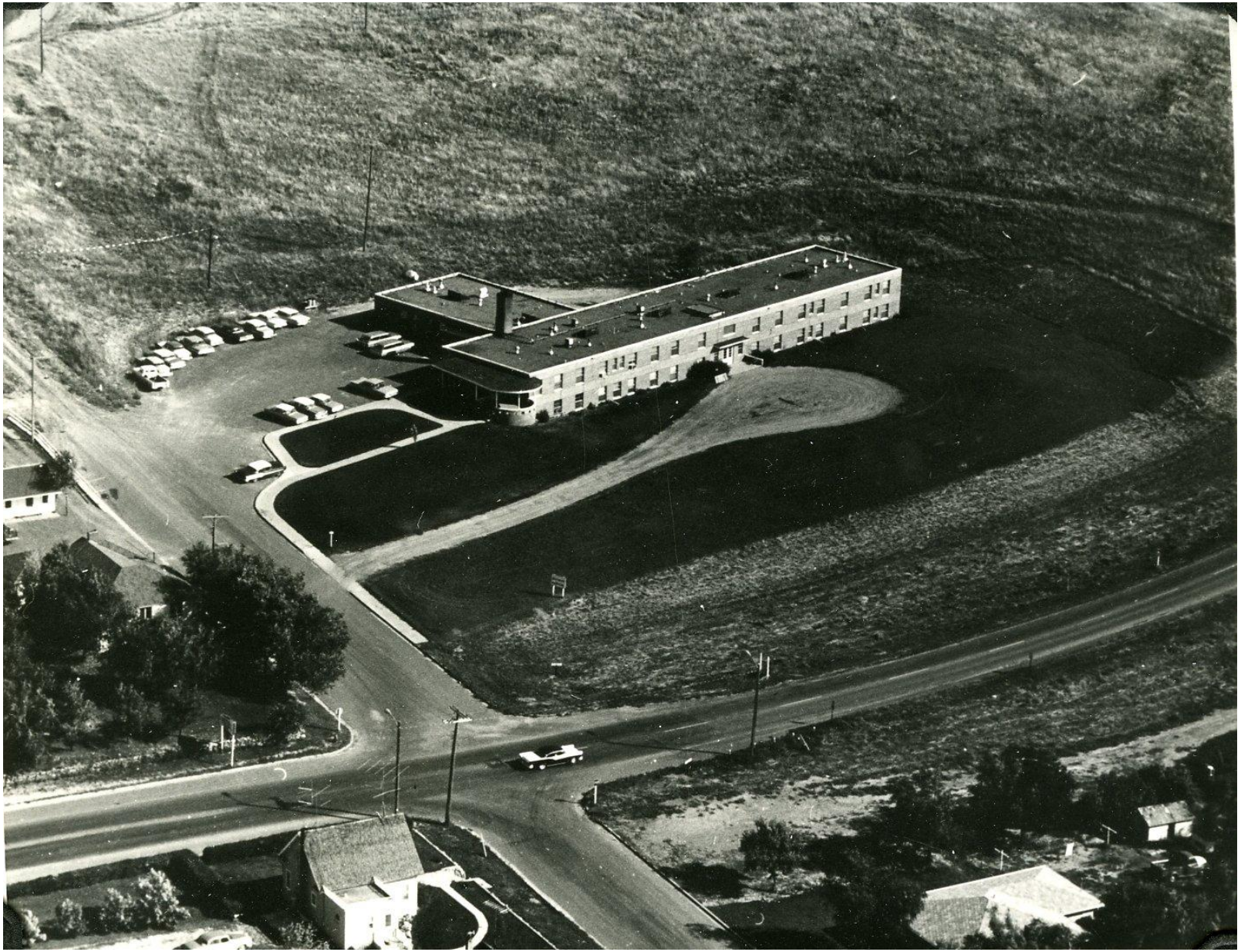
Dr. Ellen Ketterling
Pediatrics

Dr. John Kludt
Optometry

Dr. Mark Kristy
Radiology

Dr. William Elder
General surgeon

Our Home Facility
West River Regional Medical Center
A Pictorial History



What Makes Me Proud & Thankful

- A supportive community.
- A proud and supportive staff.
- Our level of care in a very rural environment.
- For the insight and fortitude of early leaders such as Dr. Gerry Sailer.
- The organization and the opportunity to be part of it. I think it is just short of incredible what has been achieved in a very small and very rural community by committed and dedicated people.

What Keeps Me Awake at Night

- The fear that Primary Care is being eliminated. It's demise is bad for our country, bad for its people and will kill rural health. Replacing Primary Care providers with sub-specialists will significantly increase the cost of care. (20%/50% becomes 100%/300%?)
- The fear that the government believes that Primary Care physicians can be replaced with midlevels.
- The elimination of programs and services to rural communities because they can't operate like those in urban centers. (i.e. Home Health)
- The fear that our rural EMS systems will start closing. Whose responsibility to fill the need if a service closes? Who will pick up the slack?

Keeping Me Awake at Night (cont.)

- EHR “Meaningful Use Incentives” that will not be there.
- Fear of becoming a “Trap Line” of or eliminated by a large subspecialty driven urban health system. It would mean that our locally controlled Primary Care model can’t survive.
- Fear that our country’s medical system will completely lose its purpose and mission of healthcare. The PPS created a focus on “acting like a business”. I think that was wrong.
- Our national debt and what that may mean to our country and our children in the long run.

What I Would Like to See Congress Do

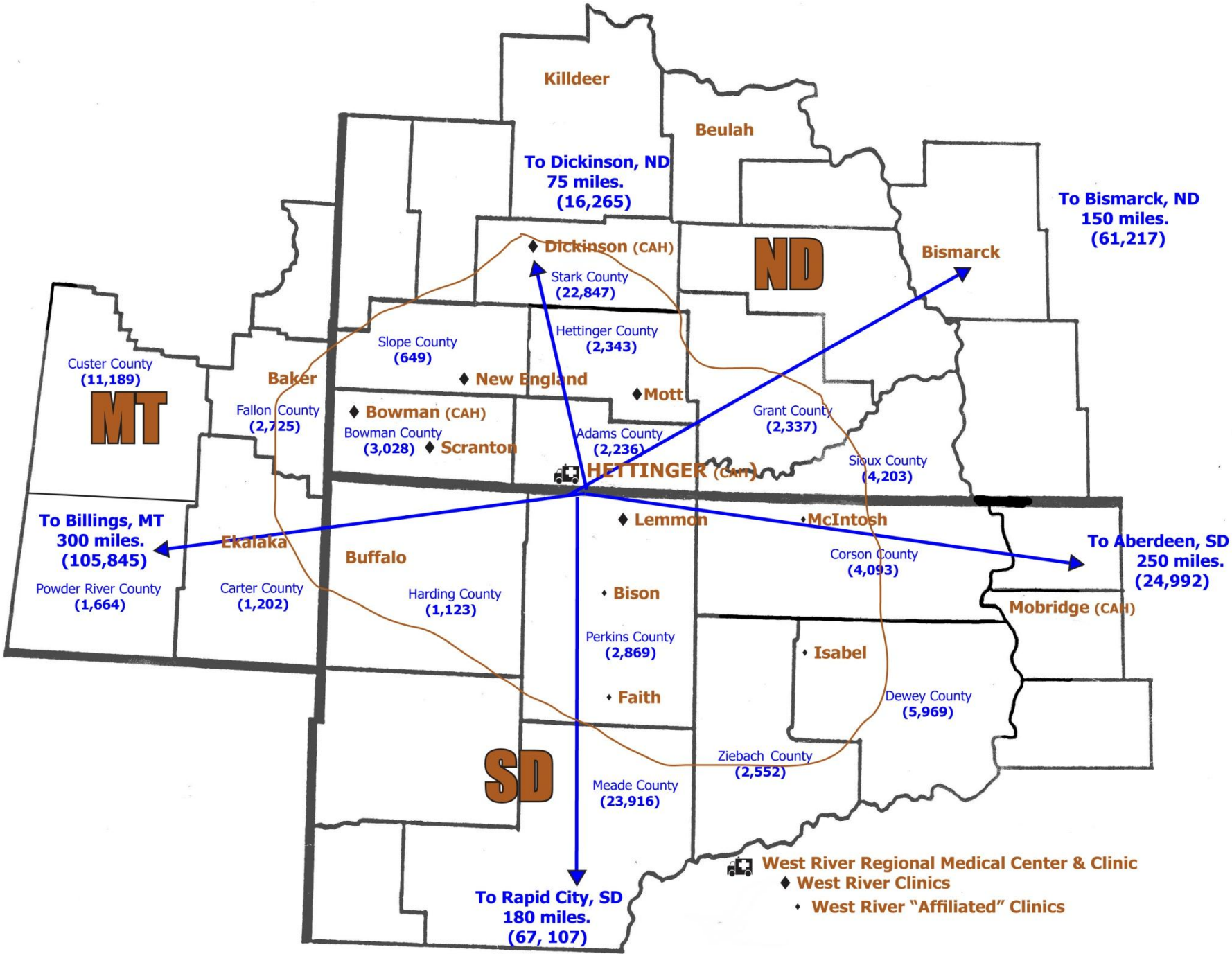
- Pay fairly. Don't make some segments highly "lucrative" and underpaying others. Re-balance the payment system.
- Reward quality and cost effective providers. Too often the system rewards those who have been taking advantage of the system (i.e. Proposal on ACOs).
- Change CAH ambulance mileage restriction to "within 35 miles of an urban or for-profit ambulance service".

I Would Like to See (continued)

- The understanding of Congress that “true rural” CAHs do NOT have an economic advantage. They are NOT profitable.
- Support the training of Primary Care Physicians and support continuation of Primary Care services, especially in rural areas.
- Consider the United Kingdom model for the development of Sub-Specialists. I have been told that they require practitioners to serve in Primary Care for 5 years before they can be accepted into a Sub-Specialty program.

Like to See (continued)

- Provide a clear incentive/financial assistance and advantage to CAHs getting to “Meaningful Use” with Electronic Health Records (EHRs).
- Provide incentives for Meaningful Use of EHRs by Rural Health Clinics (RHCs).
- Protect access to care for the most geographically remote Americans – Congress understands “remote”, “sparsely populated”, “frontier” and “wilderness” in Alaska. Very similar situations exist in the lower 48. We are proof! (i.e. OB in Alaska)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LET'S LEAVE CALIFORNIA. YOU SAID.
I CAN'T STAND THE EARTHQUAKES, YOU SAID.
I'M TIRED OF THE TRAFFIC, YOU SAID.
I CAN'T STAND THE POLLUTION, YOU SAID.
WELL, AT LEAST CALIFORNIA ISN'T
70 BELOW ZERO!
THE PLAINS
MIKE SMITH

Thank You

Jim Long, CEO
West River Health Services
1000 Highway 12
Hettinger, ND 58639
jiml@wrhs.com

WEST RIVER HEALTH SERVICES