

Rural Doctor Experience: A Kansas Pediatrician's Perspective

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Why should we care?

- Taking care of the people who grow our food and obtain our energy
- Some things need to be taken care of locally: Trauma (Golden Hour), Acute Illness, Chronic Disease Management (frequent visits)
- Cost containment for the healthcare system

A Day in the Life

- Each day is unique
- Work in clinic, hospital and emergency department
- Serve as the County Health Department's Health Officer
- Husband is a Family Medicine Physician working full time in the clinic, hospital and emergency department
- He serves as Coroner and EMS director
- Called by first names: Dr. Robert and Dr. Kristie

Things I do in Clinic

- Well Child Checks (Fluoride treatments, Developmental screenings: ASQ and MCAT, TAP-TAM program)
- Sick Visits (most seen by APRN) & Chronic Disease Management
- Allergy testing (using stamps) and allergy immunotherapy formulation
- Asthma management (spirometry)
- Conners Testing for ADHD, ODD, CD
- Genetic Testing: medication metabolism, microarray, fragile X using Buccal Mucosa sampling

Opportunities to Educate

- Preceptor for WSU PA students (Also, nurse practitioner students and the rare medical student or resident)
- Featured on Smoky Hills "Docs on Call" TV show sponsored by KaMMCO, various topics
- Bright Futures update to Health Department nurses at the Kansas Governor's Conference
- Blog for Baby Buffer
- West Kansas educator for Breastfeeding Friendly and Immunizations

Boundaries

- Privacy issues for patients (grocery store: what to do when shown a rash or abnormal toenail? or patient is hurt because Dr. Robert didn't tell me about what is going on with them medically)
- Deciding what is in my domain (HD nurses are also school nurse, so do I need to know about every kid sent home with lice?)
- Social Media gossip (I have decided to avoid)

Why Choose Rural?

- Need for healthcare providers
- Opportunity to practice full-spectrum medicine
- Ability to set own schedule
- But can be a difficult balance

Life outside clinic

- Never Bored!
- Kids can participate in all sports available and other activities: 4H, Scouts, Church, etc.
- Growing own garden to get Kale, Bokchoy, Broccoli Rapini, Basil, Mint, etc. and getting food delivered in a box
- Can have chickens in the city limits (Jetmore but not WaKeeney)

A word about balance

- Is this a myth?
- Inertia and entropy always happening
- Importance of exercise (Yoga, Biking, Swimming, Weights) — attempt daily
- Importance of intellectual/spiritual pursuits (reading)
- Importance of creative pursuits (writing)

Perspective on Referrals

- Limited Resources of equipment and people
- If we call you, then we need help
- Please accept our transfers
- Please do not try to tell us what we can do to manage patient ourselves at the point we need to transfer patient
- Give us clues what to try next in your consult notes please

Recruitment & Retention

- One of our biggest challenges
- Who can do a little of everything well?
- Who wants to take call?
- Not just healthcare providers (MD, DO, APRN, PA) but also other professionals: administrators, accountants, coders, billing professionals, nurses, PT, OT, RT, Lab Tech, Radiology Tech, etc.
- Multiple Hats (Infection Control, Risk Management, QA/QI, etc.)

What animal is it?

- Clinic is a Provider based (aka Hospital based) Rural Health Center (RHC) which is a hybrid of sorts — flat fee for Medicare and Medicaid, fee for service for commercial and private pay
- Hospital is a Critical Access Hospital with maximum of 25 beds (note: currently 20 are in Intermediate Swing Bed, so only 5 Acute beds)

A Word about CAH's

- Approximately 400 hospitals closed in the 80's and 90's in the U.S.
- Balanced Budget Act in 1997 created the Medicare Rural Hospital Flexibility (FLEX) program and ability to set up a Critical Access Hospital (CAH)
- Payment for Medicare is based on cost based reimbursement of 101% (minus sequester)

It sounds good in theory

- Reimbursement rates change yearly based on prior year's audit
- So, if volume increases (increasing payment) but costs are stable or decrease, then reimbursement can be cut; risk of "toilet bowl effect"
- Personal experience: 37% Medicare Acute Care cut in 2017
- Otherwise, it is great if there aren't changes
- Note: Agricultural industry is based off of 5 years — good years and bad years theory

Other Challenges

- Care for a disproportionate amount of uncompensated care (2.98% average in KS which is on par with 3% at my hospital)
- High Deductibles (essentially private pay until deductible is met)
- Increased Cost of Premiums leading some families to forgo insurance
- Shrinking local tax base to fill the gap (our County decides how much to give Hospital a year; however, Hospital Districts can set their own taxation rates (mil levy))

Cannot do everything

- Per New York Times July 2017 article by Healy reported in AMA Morning Report: half of rural hospitals in US do not offer obstetric care
- Note: We all do in event of emergency (EMTALA); manage some issues in clinic too and do prenatal consults
- Issues with cost, equipment, personnel, medical liability, call coverage, etc. led to many rural hospitals giving up OB in last 10-30 years (only 25 babies born to our county a year, need about 100 to break even, from Trego County Community Needs Assessment)
- Note: many young Family Medicine Residents and Physicians want to deliver babies
- Even though there is a need, may not be cost effective to provide a service (example a CEO gave in another rural county about dialysis)

State of Rural Hospitals

- 83 Hospital closures between 2010 and 2018
- Per AMA this was 5% of all rural hospitals (1 in 20)
- 2 were in Kansas: Mercy Hospital in Independence and Central Kansas Medical Center in Great Bend
- Per Kansas Hospital Association (KHA), 1 in 3 rural hospitals in Kansas are at risk

Economic Impact of the 31 KS rural hospitals at risk

- 2,952 Health care jobs
- 235,654 patient encounters
- 4,073 community jobs
- \$8.3 million loss to the GDP (over 10 years)

Hodgeman County KS

- Ranked #2 in Health Factors after Johnson County
- Hodgeman County Health Center is largest employer in County (over 90 employees)
- USD 227 (Schools) is second largest employer
- Next are the farmers, ranchers and other businesses and services that support them

Ways we are improving

- In the Rural Health Center, a quality improvement project using 4DX methodologies and spearheaded by the nurses increased rates of Annual Wellness Exams in Medicare patients from 6% to 75% over a 3 month period, exceeding the original goal of increasing these exams from 6% to 30% in 8 months
- Implementing Lean, Six Sigma, SWOT, etc.
- Applied for the Kansas Health Foundation Impact and Capacity Building Grant to do Strategic Planning

Pilot Programs

- Clinic/ED/Observation bed model: Independence Healthcare Center, an extension of Labette Health out of Oklahoma, Clinic with Emergency Department, USDA loan, note: per KS State law cannot own facility outside of its own county, so it is leased from the foundation
- NRHA Policy Institute: Save Rural Hospitals Act (H.R. 2957) eliminates sequester, improves Medicaid and Medicare payment, allows for elimination of inpatient beds (swing and observation only with ER and outpatient services)

How could the rural hospital crisis affect everyone?

- Increase healthcare business in urban centers
- Increased cost of care overall (transportation)
- Transfers can cost \$60,000 per AMA
- Lack of Chronic Disease Management leading to increased morbidity, mortality and healthcare costs
- Increased cost of growing our own food
- Food Security issues/National Security issues

Closing Thoughts

- Decisions are important
- Everyone needs a goal (especially adolescents per the CDC Youth Risk Behavior Surveillance System)
- Everyone, and I mean everyone is Gifted
- Many thanks to my husband, children, parents and colleagues

References

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- The 4 Disciplines of Execution: Achieving Your Wildly Important Goals
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