Integrating Rural Population with the Medical Community

Kristie L. Bruesch

Ferris State University

Abstract

Rural hospitals play a key role for rural communities to receive healthcare. Rural hospitals are seeing an influx of illnesses and are also seeing financial burdens relating to increased needs for healthcare and the lack of reimbursement strategies. The proposed legislation H.R. 170 will play a role in accuracy of outpatient services for the rural communities and how the access will help decrease enhanced illnesses. Key stakeholders include representatives who have been entrusted to sponsor this bill and enforce the strategy for the rural communities. Assessing and applying political strategies for the rural communities will help the healthcare approach and keep the communities align with better healthcare. Integrating the North Ottawa Community Health Systems community needs in relation to the rural population highlights the need for optimal health care. Correlation is focused on hospitals needing to stay up to date on current medical needs of the community is also addressed.

Integrating Rural Population with the Medical Community

 Rural communities are those which reside outside of a city or town. Rural communities are often found to be in the agricultural business of farming. These communities often live a few short miles to several miles away from the cities which have healthcare. Seventy two million people currently live in rural America and close to 2,000 rural hospitals serve those people (Association, 2011). The rural populations are often seen in the older years of life, income is less than mediocre, and are either underinsured or uninsured. Of this population they often are seen with illnesses far more intense than individuals in the inner city or urban areas.

As with rural hospitals compared to inner city hospitals, healthcare services for rural communities are often performed in a different manner. Rural hospitals are often smaller and offer less services. Rural hospitals services are often outpatient assistance programs which offer extra services such as home care, assisted living and hospice (Association, 2011). In addition to these outpatient services the rural hospitals will typically offer meal programs and community education. The idea is to educate the community on their own health to promote better health and reduce the illness with early detection.

The rural community is often seen with health concerns including hypertension, cancer, and chronic bronchitis (Association, 2011). The younger age population has been noted to be moving out of this area and an influx of older generation is being seen moving into the rural areas. The older generation is often without work from retirement and transportation is often lacking. This creates a bigger problem when health care is of concern, the medical problem is seen to be enhanced and the illness needs more intensive care making the visit more expensive in the end. Establishing easy to access healthcare in rural communities is essential for the people who live in the rural areas and the overall health in which they live. Relevance of Health Care

The need for healthcare has grown, serving approximately 25 percent for rural communities. Employing the rural facilities means the rural community benefits with the employment. Approximately 20 percent of the rural community works in a healthcare setting. Having a school and healthcare services in a community also allows the benefit for individuals to move to the rural area (Healthland, 2015). These individuals who move will have better odds in creating a business of their own and sustaining the business.

Even though rural hospitals are a convenient asset for the community, these hospitals often face challenges. In 25 years, over 470 hospitals have closed due to financial hardships (Healthland, 2015). Majority of the population is under Medicare and Medicaid, and the reimbursement for care is at 13 percent. Employing physicians for the rural hospital can be difficult when only 10 percent practice in rural areas (Healthland, 2015). Physicians pay is substantially higher in inner city areas, making the rural hospital less inviting. Rural healthcare provides 18 percent of individual care and with the average person’s income to be $7,417 less than an inner city individual can financially burden a rural hospital (Healthland, 2015). Rural populations tend to be poorer, and finding the money to pay for the hospital bill after state reimbursements is not likely.

Some rural facilities have chosen to merge or be under the influence of a larger health system. This system has barriers to the rural community. The larger facility may request to cancel certain services and jobs can be eliminated if proposed as insufficient. The rural hospital may have purchased items locally helping the rural economy and the larger facility may now purchase mass quantity from an outside source hurting the rural community. The relevance of healthcare in the rural community has a role in which a price cannot be placed when looking at the health of so many individuals. Finding strategies to maintain rural hospitals and preserve these services are crucial in many ways.

Proposed Legislation

 On January 6th of 2015, the house of representative, Mr. Adrian Smith established the Rural Health Care Provider Relief Act of 2015- H.R. 170 (Congress.gov, 2015). This Act will focus on rural hospitals and the rural population’s access with outpatient services. This bill originated in 2013, and has since been extended for better clarity of the study. The bill is set with definition:

To extend the nonenforcement instruction for the Medicare direct supervision requirement for therapeutic hospital outpatient services insofar as it applies to critical access hospitals and rural hospitals, to require a study of the impact on critical access hospitals and rural hospitals of a failure to extend such instruction, and for other purposes. (Congress.gov, 2015, p. 1)

 The study is to be performed by the Secretary of Health and Human Services (Congress.gov, 2015). Studying will be performed on the impact of the economic needs and the employee needs of the hospital. The focus will pertain to rural hospitals and the impact of not offering outpatient service instruction given in the definition. Once the study is completed for one calendar year, the Secretary of Health and Human Services will submit the findings of the study to Congress. The findings will recommend whether the study should be extended or be concluded to have a permanent result.

For the rural population, success in health care is essential and receiving this care in an appropriate timeframe is critical. Barriers are often the reason for noncompliance in the rural population. These barriers include; financial ways to pay for such service, lack of transportation, language difficulties in whether the client speaks English or is illiterate, and the assurance to have excellent care (Center, 2015).

Implications of Proposed Legislation

Almost 51 million people present to rural hospitals across the nation every year for health care (Association, 2015). Rural hospitals maintain a sleek setup with basic necessities to provide health care. Rural hospitals do not have the funds to provide state of the art technology when high percents of the patients are on government assistance. Reimbursement from the government, when government assisted clients are cared for typically do not cover the entire procedure. This system often leaves the hospital to cover the left over bill.

The proposed legislation to study the outpatient health care services of rural communities is essential for funding. The implications of this bill outweigh the price if this bill is not introduced and passed. Many rural community hospitals have nursing shortages due to low wage premiums, increased liability premiums, and majority of these facilities require improvements to stay fairly up to date on equipment and education (Association, 2015). If the legislation does not pass, it has the potential to counteract expenses and further reductions are a possibility.

Subsequently, prior to 2010 and the Affordable Care Act being implemented, 22 percent of rural clients were underinsured and 18 percent were uninsured. Nationwide, for rural hospitals this means the client load was caring for 19 million people (Foundation, 2014). Now with the Affordable Care Act being implanted rural hospitals are now caring for an estimated 40 million clients by the end of 2015 (Foundation, 2014). The Affordable Care Act has shown to be a great asset to many Americans and them receiving health care. However, for the rural population if the H.R. 170 is not introduced, healthcare for rural clients will continue to be slacked. For rural populations, having the Affordable Care Act (ACA) is a great idea but if the clients do not have transportation or have means to travel to designated health care facilities then the ACA is worthless. The H.R. 170 will enact better ways to provide care to the rural population in which they live in.

Stakeholders

 Key individuals involved in the Rural Health Care Provider Relief Act of 2015 include 24 individuals and any additional individuals who may have an impact on the H.R. 170 bill. The sponsor of the bill is Representative Adrian Smith and co-sponsor is Representative Glenn Grothman (Congress.gov, 2015). The top five House of Representative individuals listed with the bill include Secretary of Agriculture, Tom Vilsack, Department of the Treasury Timothy Geither, Department of Defense, Robert Gates, Department of Justice, Eric Holder, and Department of Interior, Ken Salazar.

 Congressman Adrian Smith is known to help create jobs, increase economic expansion, and help rural population with tax issues in the state of Nebraska. He is vigilant in helping the rural economic grow and surmise the hardships which come with living in rural areas (Smith, 2015). Representative Glenn Grothman performs his duties for the state of Wisconsin for the first time. Mr. Grothman is known to highlight is concerns for tax reform, anti abortion and welfare and education reform (Grothman, 2015).

 Highlighting the primary House of Representatives to be on the team for the H.R. 170 bill is the Secretary of Agriculture. Mr. Tom Vilsack is the 30th Secretary of Agriculture for the United States Department of Agriculture (USDA) and is on his fifth year in service (Vilsack, 2014). Mr. Vilsack work description involves working with the rural communities and making an impact on the economic agriculture of all combined. Being the key stakeholder for the H.R. 170 bill, Mr. Vilsack is also the primary leader with the USDA to partner with the Let’s Move campaign to improve children’s health (Vilsack, 2014).

Political Strategies

 In promoting the Rural Health Care Provider Relief Act of 2015, implementation strategies are of necessity. One of the initiatives to help the rural population in health care is creating confidence in health care delivery. Easy access to medical information by having implemented the electronic health record by 2014, and if not done, do so accordingly to for the rural population. Integrating strategies to provide medical care within the client’s home for better healthcare delivery will help with health care initiatives (Health, 2009). Also, coordinate with other facilities to incorporate better services. If one facility provides mammograms and the other facility provides cancer treatment, integrate the two facilities to promote better services (Health, 2009).

 Healthy people created a strategy for the 2020 goals to help communities in hardship such as those in rural areas (Healthypeople.gov, 2015). The goals created were to prevent disease or injury, improve the overall health, and improve the overall health of people (Healthypeople.gov, 2015). The strategy in providing health education early on in preschools is to help parents realize implications of certain behaviors with smoking, drugs, and abuse. Once the initiative is started in the preschool age, continuing the strategy into middle and high school, and then college will help educate individuals on overall health concerns. Education of health concerns will help decrease overall illness if individuals pay attention and learn from the education.

 The state of Minnesota integrated a strategy after concluding the rural population of the state needed additional health care services. The two categories involve rural health care homes and rural health care delivery (Crowley, et al., 2009). The first category of rural health care homes provide funding for rural providers to initiate a home care setup, include contribution of health care providers, self assessments of the health care in the home, provide education to providers in regards to home health care, and provide alternative ways to gain license’s for home health care (Crowley, et al., 2009). The second category for effective delivery of health care in the home is to provide education to those providing health care, work on communication efforts to better enhance delivery, analyze the financial aspect to provide the health care and the technology which goes along with the care, integrate with other health care facilities to provide better care, include grants and other assistance to make the health care delivery be performed smoothly without interruptions and lastly make the reimbursement policy an easier transaction (Crowley, et al., 2009).

Organizational Leader

 North Ottawa Community Health Systems (NOCHS) lies within an area which provides health care to a wide range of individuals. It supplies health care to rural areas, urban, suburban and inner city areas. NOCHS being a community facility in providing care to the rural population incorporates this in many ways. The rural population travels to NOCHS for care, NOCHS also provides home health care to the rural areas for multiple reasons, and NOCHS also owns its own Emergency Medical Services which are dispatched to any area within the guidelines when an individual calls 911.

 To better understand the needs of the community and how NOCHS integrates the rural population into the health care, an interview with questions for the Chief Executive Officer of North Ottawa Community Health Systems was appointed. Shelleye Yaklin is the current Chief Executive Officer (CEO) of NOCHS. In setting up the interview, the subject was known to focus on the rural population and how NOCHS integrates this population into its service.

Shelleye was informed of the 60 million people, or 19 percent of the total U.S. population, who live in rural areas. They work primarily as farmers, farm workers, ranchers, or agricultural suppliers. Rural populations are more likely to be poorer, sicker, older, uninsured, and medically underserved than urban populations (Association N. R., 2015). Several national and local initiatives are underway to address rural health disparities. In ten years of working for North Ottawa Community Health Systems or NOCHS, the individual care of individuals live in rural, suburban, urban and the inner city population. NOCHS care radius for the Emergency Medical Service lies within a portion of the rural population; Coopersville, Nunica, rural West Olive and Grand Haven. In the Family Birthing Unit, clients from rural areas have been known to drive two to three hours just to have their baby delivered at NOCHS. In the questions to be asked below, careful consideration of the rural population and the needs of these clients are of the focus.

1. What are the main health concerns of this community?

Recently a study which is performed every three years called the Community Health Needs Assessment noted specific data to help the NOCHS focus on what the community needs in relation to better health. Six areas of health were noted; Access to medical care, chronic disease management, mental health access, health literacy and preventative education, sub-population needs and sharing patient data (Yaklin, 2015).

Increasing Medicare and Medicaid clients thwarts a financial concern for any health care facility. With reimbursements not covering the allocated costs of a client’s total medical bill places a burden to cover the left over medical expense. In regards to the rural population who are becoming poorer, sicker, older, uninsured, and medically underserved these clients will be presenting to NOCHS for care.

2. What healthcare goals are in place for NOCHS which will include the rural population?

Since the Community Health Needs Assessment showed an increase need for access to medical care. The plan for NOCHS to address this issue is to integrate with the local North Ottawa Medical Group to stay open to Medicaid patients. Coordination with HMO contracts through Medicaid and recruit new primary care providers to the area to help institute the plan of action is another step to increasing medical care. NOCHS also has a service called the Grand Havens Club MammAide Program, in which the plan is to add to this program to help aid in more underinsured women (Yaklin, 2015).

Throughout west Michigan, rural community hospitals have been known to merge with larger facilities due to financial hardship’s; Gerber Memorial, Zeeland Hospital, Ludington Memorial, and others.

1. What dynamics differentiate NOCHS from other facilities?

The community which surrounds NOCHS embraces the facility as family and as their own personal goal to sustain health care. NOCHS has a reputation in the community as staying up to date with current technology and advances. Trust and loyalty keeps the community strong, healthier, and keeps the community returning for services. Currently, NOCHS is planning on building a new 12,000 square foot emergency department. Through community donations and requesting 2.5 million dollars from the community, NOCHS plans to break ground on this state of the art facility in fall of 2015 (Yaklin, 2015).

It has been known the shortage of Michigan nurses will be at an all-time high of 18,000 nurses during this 2015 year (Snyder & Haveman, 2013). Knowing the rural population will be sicker, and with NOCHS acquiring to build a new emergency department later this year to better serve the community in need of various care;

1. Does NOCHS maintain safe staff ratios to carry out quality care?

As another part of the Community Health Needs Assessment, mental health support showed to be a primary need of the community. As part of the new Emergency Department, the second level will be used to incorporate clients with behavioural needs. The need for nurses who are behavioural health trained will be evaluated as time gets closer to the opening of this facility. In addition NOCHS plan is to employ financial counsellors to help the patients who have financial hardships during hospital stays and these counsellors will also gather other programs to assist these patients with their hospital bills. Lastly, the plan to continue and promote community education will help alleviate those from coming into NOCHS with a more acute sickness and rather find the sickness early on (Yaklin, 2015).

1. Does NOCHS provide skilled implementation and quality improvement?

Yes, participation in the Community Health Needs Assessment plan (CHNA), NOCHS has a mission in achieving community wellness. Implementing programs from the CHNA keeps NOCHS up to date. Every year NOCHS is in need to improve in some aspect of health, which is why action plans are made and addressed. These action plans may address rural populations or the inner city, the young or the old, and at the end of the day every need for every person of this community is assessed (Yaklin, 2015).

Conclusion

 The population which consists of the rural areas of America are in desperate need of attention. Statistically, this population is becoming sicker and poorer has the decades go on. Health care systems who are established in these areas have a high need to focus on strategic initiatives to maintain the health of these individuals. Hospitals who are not in rural areas also have needs to maintain for the rural population when this population presents for services not offered in their area. Maintaining up to date services and technology is essential is adequate care. Nurses and providers need to maintain current medical education. The Chief Executive Officers of these facilities must have optimal education in financial business to health care education to maintain viable facilities. In the end, it takes a whole community to strive for better health and wellness of the rural population.

References

Association, A. H. (2011). The opportunities and challenges for rural hospitals in an era of health reform. *Trendwatch*, 1-16.

Association, A. H. (2015). *Rural health care*. Retrieved from American hospital association: http://www.aha.org/advocacy-issues/rural/index.shtml

Association, N. R. (2015). *Whats different about rural health care?* Retrieved from National Rural Health Association: http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care

Center, R. A. (2015). *Healthcare access in rural communities*. Retrieved from Rural assistance center: http://www.raconline.org/topics/healthcare-access

Congress.gov. (2015). *Rural Health Care Provider Relief Act of 2015- H.R. 170*. Retrieved from Congress.gov: https://www.congress.gov/bill/114th-congress/house-bill/170?q=%7B%22search%22%3A%5B%22Rural+Health+care+provider+relief+act+of+2015%22%5D%7D

Crowley, T., Baerg, J., Boe, T., Carpenter, D., Christensen, R., Freyholt, J., . . . Stratman, N. (2009). *Rural health care: new delivery model recommendations*. Retrieved from Office of rural health & primary care; Minnesota department of health: http://www.health.state.mn.us/divs/orhpc/pubs/delivery.pdf

Foundation, K. F. (2014). *The affordable care act and insurance coverage in rural america*. Retrieved from The Kaiser family foundation: http://kff.org/uninsured/issue-brief/the-affordable-care-act-and-insurance-coverage-in-rural-areas/

Grothman, G. (2015). *About Glenn*. Retrieved from US House of Representatives: https://grothman.house.gov/biography/

Health, G. M. (2009). Rural Health Care: Innovations in Policy and Practice. *Grantmakers in Health*, 1-37.

Healthland. (2015). *Fighting for rural hospitals.* Retrieved from Healthland: http://www.healthland.com/\_asset/wqry7h/FightingForTheFutureofRuralHospials\_HealthlandAdvocacy\_Whitepaper\_Final.pdf

Healthypeople.gov. (2015). *Educational and community-based programs*. Retrieved from Healthypeople.gov: https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives

Smith, A. (2015). *About Adrian*. Retrieved from United States Adrian Smith: http://adriansmith.house.gov/about-me/full-biography

Snyder, R., & Haveman, J. (2013). *Comprehensive summary of michigan nursing corps initiative*. Retrieved from Michigan Department of Community Health: https://www.michigan.gov/documents/mdch/COMPREHENSIVE\_MNC\_FINAL\_REPORT\_FINAL\_439507\_7.pdf

Vilsack, T. (2014). *USDA biographies*. Retrieved from United States Department of Agriculture: http://www.usda.gov/wps/portal/usda/usdahome?contentid=bios\_vilsack.xml

Yaklin, S. (2015, March). Rural Population in Healthcare. (K. Bruesch, Interviewer)