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Rural heart beats strong

Five community hospitals provide vital service rural residents readily use

FIRST OF TWO PARTS

Monday: *Grants pump much-needed money into rural hospitals*

The parking lots of St. Mary's Hospital and Clinics at Cottonwood and Clearwater Valley Hospital and Clinics at Orofino are seldom empty. People in these rural communities line up to see one of the 17 doctors and six nurse practitioners or physician's assistants. A combined staff of about 360 people operates the two hospitals and clinics in Cottonwood, Orofino, Nezperce, Kamiah and Kooskia. Specialist care, including cardiology and psychiatry, are available on a weekly basis through visiting doctors and state-of-the-art technology. And at the end of the year the hospitals reap about a 4 percent net profit to reinvest in even better equipment and services for their patients.

Registered nurse Julie Church keeps the work flowing through the nurses station at St. Mary's Clinic at Cottonwood.

Chief Executive Officer Casey Meza uses the phrase, "the key to our success," a lot. It's the overall mission to provide quality care at a reasonable cost to anybody who walks in the door, Meza says. It's getting a good staff and keeping people happy at their work. And it's the foresight of hospital administrators who, more than a decade ago, realized it made more sense to combine the administration and resources of the two hospitals rather than try to compete in a volatile and limited market.



Despite the triumphs at St. Mary's and Clearwater Valley hospitals, rural hospitals face special challenges as the nation dives into an overhaul of the medical insurance and health care industries.

Federal legislation addresses rural health-care needs

According to a recent national survey of small community and critical access hospitals, rural hospitals face greater uncollectible balances for private-pay patients and an increase in bad debts, more problems attracting and retaining medical professionals, declines in emergency room visits and limited access to technology and the resources to pay for it.

In recognition of these challenges, some federal legislation recently has been directed toward rural and community hospitals. U.S. Sen. Maria Cantwell, D-Wash., introduced two bills earlier this year aimed at increasing the number of primary care doctors in underserved rural areas. Another bill by Kansas Sen. Pat

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Roberts proposed options for improving the financial status of rural providers, including raising Medicare reimbursement payments to hospitals, clinics and ambulance providers.

Secretary of Veterans Affairs Eric Shinseki announced that \$215 million would be invested in projects for veterans to improve access and quality of mental and physical health care in rural areas. And the Senate veterans committee approved another bill that would expand health care and medical services for all veterans who live in rural America.

Hospitals at Cottonwood, Orofino, Grangeville, Colfax and Pomeroy are all classified as critical access hospitals - meaning they are reimbursed by Medicare for cost plus 1 percent. All these local hospitals rely on Medicare - and to a lesser extent, Medicaid - patients for 75 percent to 80 percent of their income.

Designated hospitals must have 25 beds or less and must not be located within 15 miles of another hospital. The distance between St. Mary's and Syringa General Hospital at Grangeville is just a hairsbreadth over the limit at 17 miles apart.

Despite economy, merger not on the table for Syringa

Combining the two hospitals is nearly a taboo subject in Grangeville where, three years ago after 18 months of discussions along those lines, the Syringa hospital board decided to suspend negotiations. Meza said her staff and board of directors are always open to a merger with Syringa and, in light of the economic atmosphere in which the hospitals and clinics must operate, it makes little sense to continue the separation.

Drs. Ronald Sigler and Jeremy Ostrander use state-of-the-art equipment when examining digital versions of X-rays and CT scans at St. Mary's Clinic at Cottonwood.

"Driving down the cost of health care is what we're supposed to be figuring out," Meza said. "Managing a 70 to 80 percent Medicare margin is tough. We work as efficiently as we possibly can, but we're constantly looking at any which way (to be) more efficient.



"When resources are as thin as they are, when doctors' schedules are as full as they are, there's no reason not to work together. So we're very interested in figuring out how to do that. ... There's a lot of services we could bring to our region if we would all just sit down, pool our efforts and say, 'What's missing?' We need to open our minds to what's possible. It could be even better than what it is."

Twila Hornbeck of Grangeville, who was on the Syringa Hospital Board at the time of the discussions about merging, said the board terminated the talks because it believed Syringa should be a stand-alone hospital and that the community expected that.

"If we ever did merge, which we may have to at some time," Hornbeck said, "it would be with a large facility that would help us with different services, not with another community hospital. I don't think the board is in favor of complete merging with anything, just having help."

Hornbeck said Syringa could benefit from an arrangement with another hospital that would provide services like X-ray reading and additional patient care. But combining with St. Mary's or another local hospital would not help save resources because Syringa already has purchasing agreements and other cooperative ventures with larger hospitals around the state.

Syringa is a taxpayer-supported hospital that is one of the 26 of 37 rural hospitals in Idaho that are critical access hospitals. The Medicare payments that result are the "bread and butter" of the hospital's financial picture, Syringa CEO Joe Cladouhos said.

The hospital offers 24-hour emergency and ambulance service, as well as inpatient and outpatient medical and surgical care with a staff of 130 people. It operates a regular and a women's health clinic in Grangeville and an outlying clinic in Kooskia.

Besides the critical access designation, Cladouhos said the biggest change the past few years has been the employment of three doctors and five nurse practitioners or physician's assistants through the hospital. Having on-staff doctors frees the physicians from having to pay medical malpractice insurance or supporting their own clinics and allows them to spend more time with patients, he added.

Although administrators must manage their resources carefully, Syringa has shown a healthy bottom line in the past few years. Challenges for the future include keeping up with technology and expanding the clinic to house more doctors.

"It's just something that we watch every day - try to be frugal and try to be resourceful on our costs," Cladouhos said. "We have a good board, a good staff and we're not only surviving, you could say we're thriving. We're doing fine. ... When people are confident that they're going to get quality care, safely delivered, and that they're going to get better, then they'll come here."

Addition, renovation show Colfax community's support

Whitman Hospital and Medical Center district at Colfax completed a \$19 million hospital addition and renovation this year, which was in large part funded by a voter-approved bond levy. Administrator John Davis said the construction is evidence the community appreciates and supports medical services close to home. A recent survey gave the hospital a 90 percent approval rating in the community.

"There are so many keys to success that are nonfinancial," Davis said. "To me, the key to success is how you care for the people that come to the hospital to be treated. And if you have employees that like working and enjoy what they do and do it well, that will be felt by patients who will be happier to be where they are. If you have good people working in your hospital you're going to have your patients coming back time and again."

The Colfax hospital has about 140 full- and part-time employees but does not employ its own physicians. There are five medical doctors and four nurse practitioners or physician's assistants in the community. Davis said the clinics are located close to the hospital and the current arrangement seems to work.

"We kind of look at it as a hand-in-glove arrangement," Davis said. "We work with them and help them where we can and they do the same for us. And I think I'm the envy of my peers in the type of relationship (we have) with the doctors and the hospital."

Garfield County hospital concentrates on the basics

The niche for the Garfield County Hospital at Pomeroy is basic services, said its administrator, Andrew Craigie. These include primary care and prevention, emergency care, diagnostic services, physical therapy and long-term care.

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"For a number of years our focus has been on developing a 'health home' within our community," Craigie said. "Coordinating care for our community members, assuring that they have the right care at the right place and right time."

The hospital partners with specialists and larger hospitals such as Tri-State Memorial Hospital in Clarkston, St. Joseph Regional Medical Center in Lewiston and Providence Sacred Heart Medical Center in Spokane for more advanced diagnostic testing and referral when they are needed.

There is one resident doctor in Pomeroy and 97 full- and part-time employees at the hospital. Craigie said the hospital survives "because of the value we bring to the community. We provide consistent, prompt and reliable care in a small community where we really know each other and sincerely care. While it is always difficult for us financially because of our small size, our strength is also in our smallness. We can provide the kind of attention to detail and follow-up that is just not possible in larger urban care settings."

Close to home care important

What these small hospitals have discovered is that, despite the trends and the disadvantages compared to larger, urban hospitals, rural folks generally prefer staying in their home communities for health care when they can.

Yet it takes effort, said St. Mary's Meza, to let people know the services they need and want are still available in their own back yard.

"The key to our success is, we've never sat in Cottonwood or in Orofino and expected the patients to come to us," Meza said. "We go to our patients. We want to be a part of every community that we serve. Quite frankly, if you sit here and wait for people to come to us they will drive right past you."

Doctors at St. Mary's and Clearwater Valley still make house calls and the convenience of getting in to see a professional at one of the outlying clinics has proved popular with poorer, rural folks who might not get to see a doctor otherwise.

"It was the mission of the (Benedictine sisters who founded St. Mary's Hospital and continue to operate the Benedictine Health System) to provide quality health care close to home," Meza said. "And to us 'close to home' is defined as in your communities. So we go to our communities and I think that's the key to our success."