Sustaining Community-based Healthcare in Central Nebraska

BY WILLIAM HENDRICKSON & JOAN LINDENSTEIN

INTEGRATED DELIVERY NETWORKS

Rural Nebraskans' healthcare access is at risk. Since 1986, seven of the state's rural hospitals have closed (all in towns of fewer than 1,500 people and in counties having fewer than 8,000 people). Projections from a 1989 survey conducted by the Nebraska State Department of Health's Office of Rural Health show that 267 physicians intend to leave their practices in rural communities in the next eight years. The replacement of all or even a large percentage of these physicians is unlikely.

Given these facts, Good Samaritan Health Systems, Kearney, NE, realized it needed to consider new models for helping those in its service area. Therefore it has formed a clinic network with the medical staff of Good Samaritan Hospital, Kearney, and three rural towns to ensure that residents have access to community-based primary care.

An Access Crisis

The development of the clinic network grew naturally out of Good Samaritan Health Systems' commitment to providing community-based primary rural healthcare services, as well as its position in the region. The two-hospital, 287-bed system, a member of the Cincinnati-based Sisters of Charity Healthcare Systems, offers the only tertiary care in a 40,000-square mile area, serving more than 300,000 people. Of Good Samaritan admissions, 89 percent come from the hospital's primary and secondary service area, which covers 16,740 miles, serving 248,580 people. Thirteen of Nebraska's eighteen counties with no physician are in Good Samaritan's total service area. Good Samaritan serves a population in which 18.2 percent of the population is older than age 65. (The national average for rural areas is 13 percent.)

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To make matters worse, in the fall of 1990 Sacred Heart Hospital in Loup City, NE (population 1,180), the only hospital in Sherman County (see map), announced that it was closing because it had an inadequate number of nurses and was no longer able to recruit additional family physicians to staff the hospital. Residents of Loup City, Sherman County, and surrounding communities began to worry about how emergencies would be handled and healthcare delivered now that the community's healthcare service hub had closed.

Loup City officials and owners of Sacred Heart Hospital immediately contacted Good Samaritan Hospital (50 miles away), asking for assistance. These two groups wanted to allay residents' fears about access to community-based healthcare, emergency care, hospital medical record storage, and alternative uses for the existing facility. Good Samaritan and city officials decided to explore the feasibility of using the hospital building or an alternative site as a Medicare Certified Rural Health Clinic, with Good Samaritan Health Systems providing the medical and administrative staff to run the clinic.

GOOD SAMARITAN HEALTH SYSTEMS, KEARNEY, NE

Sponsor: Sisters of St. Francis of Colorado Springs, CO
Owner: Sisters of Charity Healthcare Systems, Cincinnati
Governing Board: Local board of directors, with representation from sponsor and owner
Facilities: Good Samaritan Hospital, Kearney, NE; Richard H. Young Hospital, Kearney

At the time of Sacred Heart Hospital's closure, Medicare Certified Rural Health Clinics were just beginning to be established in Nebraska in response to a shortage of healthcare professionals in rural communities. A Medicare Certified Rural Health Clinic is an outpatient clinic with a special certification by Medicare. The benefits of becoming certified as such include improved Medicare and Medicaid reimbursement for providers and the expanded use of physician assistants and nurse practitioners in the provision of primary care.

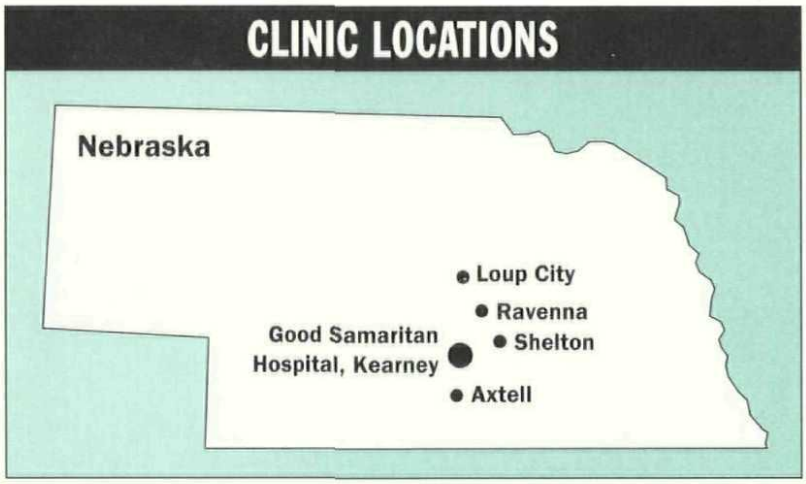
Assessments

Good Samaritan Health Systems explored with Loup City representatives the feasibility of establishing a Medicare Certified Rural Health Clinic in the community through a countywide healthcare survey and a financial feasibility study.

Survey To determine whether Sherman County residents would use a newly established rural health clinic staffed by nontraditional primary care givers, a community-based healthcare task force, with the assistance of Good Samaritan Health Systems, devised a healthcare survey. The survey also assessed residents' awareness and use of existing healthcare services in Loup City and asked where residents planned to seek healthcare services now that the hospital had closed.

Before distributing the survey, Good Samaritan held town hall meetings to educate the community about Medicare Certified Rural Health Clinics and describe the nontraditional care givers' role, educational background, and expertise. All residents of Sherman County and three of its border communities (2,205 households) were surveyed.

Because of the 41 percent rate of return, the results were considered statistically valid. Of those surveyed in Loup City, 70 percent indicated they were aware of the Medicare Certified Rural Health Clinic concept, confirming the value of the town hall meetings and local and regional newspaper, radio, and television coverage. A majority of respondents (73 percent) indicated they would be willing to seek care from a physician assistant or nurse practitioner who is supervised by a physician. The main services desired included stabilization after an emergency; general medical, x-ray, and laboratory services; 24-hour, 7-day coverage; and specialty clinics. In short, the survey revealed that Sherman County residents wanted Good Samaritan Health Systems to establish a Medicare Certified Rural Health Clinic in Loup City.



The rural health clinic network can be modified as needs and resources change.

Financial Feasibility Study While the survey was being conducted, Good Samaritan was doing a financial feasibility study, using actual data from a staff physician who also practiced in Ravenna and Shelton, towns with around 1,000 residents located within 50 miles of Loup City. The ever-increasing administrative burdens placed on solo rural practitioners were causing the physician to think seriously about closing his existing practices. If he left, Ravenna and Shelton would have no community-based healthcare. The physician indicated that if he could form a partnership that would alleviate the administrative hassles of operating his medical clinics, he would stay.

Through the financial feasibility study, Good Samaritan explored three healthcare delivery alternatives: a standard medical clinic, a provider-based Medicare Certified Rural Health Clinic, and an independent Medicare Certified Rural Health Clinic. The study showed that the provider-based Medicare Certified Rural Health Clinic was the most financially feasible.

A consultant then helped Good Samaritan Hospital and the physician assess how they would work together to support a healthcare delivery system that would:

- Ensure access and availability to care in rural communities in Good Samaritan Health Systems' primary and secondary service areas
- Protect Good Samaritan Hospital's market share
- Support channels of distribution to specialists and to the systems' two hospitals

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The solo practitioner serves as the network's medical director.

The Clinic Network

The result was the development of a model for a rural health clinic network that could be modified as needs and resources changed. The solo practitioner was appointed as the network's medical director. In addition, the network contracted with other family practitioners on the medical staff of Good Samaritan Hospital to provide clinic coverage and backup supervision.

Loup City agreed to renovate and expand an existing clinic building to house the new clinic. In return, Good Samaritan Health Systems recruited a physician assistant to live in the community, staffed and equipped the clinic, and agreed to oversee the clinic's ongoing operations.

Sherman County Medical Clinic opened on February 24, 1993, and was subsequently certified as a Medicare Certified Rural Health Clinic. The clinic is open five days a week, with around-the-clock access to emergency assistance. The first specialty clinic established at Sherman County Medical Clinic—cardiology—is conducted twice each month. A second monthly specialty clinic—podiatry—has been added, and more specialty clinics are expected to follow.

In Ravenna and Shelton, Good Samaritan Hospital assumed operation of two clinics previously operated by the network's medical director. The hospital assumed leases for the existing clinic space from the buildings' owners and hired staff.

Since opening, the Ravenna Medical Clinic has become a Medicare Certified Rural Health Clinic and has been selected as a site for the newly developed Rural Family Practice Residency training program implemented by Good Samaritan Health Systems in cooperation with the University of Nebraska Medical Center (UNMC). This program is a component of the rural Health Education Network established by the UNMC in partnership with 93 Nebraska communities to alleviate the state's healthcare shortages.

Good Samaritan's program, based in Kearney, is approved for four medical residents. These residents will complete the first year of their family practice specialty training at an approved family medicine graduate education program, with the remaining two years of their specialty training on site at the Ravenna Medical Clinic, extending healthcare access to persons in Ravenna and the surrounding area.

Service Expansion

In 1994 the Shelton Medical Clinic became eligible for Rural Health Clinic certification. A physician assistant has been recruited to help (part time) the medical director provide primary care services. The physician assistant will spend the other half of her time in a neighboring community—Axtell, NE—in another Good Samaritan clinic. Good Samaritan hopes the clinics in Shelton and Axtell will attain certification as Medicare Certified Rural Health Clinics.

A combination of unique partnerships has sustained access to healthcare on a local basis in four central Nebraska communities that were at risk of losing local access. □

For information on establishing a rural medical clinic network, call Joan Lindenstein, 308-236-4223.