



rural policy research institute

**RUPRI Center for Rural Health Policy Analysis**

**Status and Future of Health Care Delivery  
in Rural Wyoming**

**A Summary Report**

The mission of the RUPRI Center is to provide timely analysis to federal and state health policy makers, based on the best available research. The research of the RUPRI Center focuses on rural health care financing/system reform, rural systems building, and meeting the health care needs of special rural populations. Specific objectives include conducting original research and independent policy analysis that provides policy makers and others with a more complete understanding of the implications of health policy initiatives, and disseminating policy analysis that assures policy makers will consider the needs of rural health care delivery systems in the design and implementation of health policy.

The RUPRI Center is based at the University of Nebraska Medical Center, in the College of Public Health. For more information about the Center and its publications, please contact:

RUPRI Center for Rural Health Policy Analysis  
University of Nebraska Medical Center  
984350 Nebraska Medical Center  
Omaha, NE 68198-4350  
Phone: (402) 559-5260  
Fax: (402) 559-7259  
[www.unmc.edu/ruprihealth](http://www.unmc.edu/ruprihealth)

Health care leaders in Wyoming are well positioned to respond to the challenge put forth by Karen Davis, president of the Commonwealth Fund that is supporting the Commission on a High Performance Health System. Dr. Davis' October 16, 2006, speech to the National Academy for State Health Policy Annual Policy Conference was titled "Why Not the Best? How States Can Lead Us Toward a High Performance Health System." Wyoming is already in the second highest quartile ranking on a set of 22 quality indicators using Medicare data<sup>1</sup> and ranks in the lowest quartile of per capita spending.<sup>2</sup> The state is experiencing significant changes in population and resources that create an opportunity to redesign a health care delivery system that can respond to those changes. The work of the Wyoming Health Care Commission has created a knowledge base of alternatives for delivering services and financing health care. An integrated strategy for achieving long-term goals is missing. The strategy should include the measure and reporting of outcomes in individual and population health, vitality of the health care delivery system, and sustainable communities. This report provides the structure for implementing such a strategy.

## **The Vision . . .**

Why not the best? Wyoming should set a goal of being a state that attracts employers and health care providers because of its rankings in health indicators and the stability of the health care infrastructure. This is a "stretch goal" because other states will compete for that recognition. For example a current campaign in Kansas is, by 2020, to make it the best state to raise children in. The Kansas Health Foundation has committed \$3.1 million to a campaign to facilitate discussions in the state about how to achieve that goal.<sup>3</sup> Wyoming should develop a similar focus that requires grass-roots dialogue leading to changes in the health care system that will interact with other community developments to improve the quality of life throughout the state, place by place.

Based on what we learned during the past year of data collection and discussion with community and state stakeholders in Wyoming, the following goals should be achieved to re-characterize the state's health care delivery system by 2030 (we use a 20-year time horizon):

- A stable supply of health care professionals to support primary and secondary care everywhere in the state (including dental, behavioral, and geriatric health providers)
- Appropriately located tertiary care services in Wyoming that are preferred (as compared to the same services in neighboring states) by residents of the state
- Integration of services at the point of care; all providers involved in any episode of care are fully informed of the actions of other providers and disparate services are bundled for purposes of patient-centered care and reasonable payment
- Collaborative planning and policy implementation within regions of the state that include all services affecting health, including but not limited to education, criminal justice, transportation, economic development and land use planning
- Effective use of pooled financial resources to extend financial access to all citizens
- Shared responsibility for achieving goals for individual and population health among public and private organizations and with individuals who are responsible for their own health

- Organized leadership, through a public-private partnership, that keeps the state responsive to changes in national policy, health care practice, and the demographics of the state.

Achieving the optimal system by 2030 will require considerable effort. Our full report details many areas for improvement of the current system, starting with filling immediate needs for certain health care professionals. A visionary response to those immediate needs would assure that all actions build toward the desired long-term outcome.

## **The Status Quo . . .**

The future delivery system must be responsive to the basic health needs in each of Wyoming's communities. A fundamental concern, then, is that there be an adequate workforce to meet those needs. We recommend that a coalition of organizations engaged in health professions training in Wyoming establish a coordinated, multifaceted approach to health care provider recruitment and retention. Our report identifies areas of the state in which there are shortages of key personnel such as primary care physicians, behavioral health providers, and dentists. The state should use existing programs, including family residency training programs coordinated with the University of Washington and behavioral health programs coordinated with the Western Interstate Commission for Higher Education, to produce graduates who could be recruited to shortage areas. Those educational programs should be complemented with recruitment incentives such as loan repayment and assistance to either set up new practices or update existing practices as they turn over from retiring practitioners to the next generation.

Wyoming is undergoing significant changes in population, with some areas of the state experience extraordinary growth while others are in decline. Like many predominantly rural states, Wyoming is seeing a dramatic increase in the number of persons aged 65 and over. However, Wyoming is also experiencing substantial growth in the working age population that supports the growth in extraction of natural resources. The two population shifts will put different pressures on the health care system. The increase in persons aged 65 and older will create more demand for geriatric care and care management of patients with multiple chronic conditions associated with the elderly. The increase of working age persons will increase demand for dental services, preventive services, and primary care services associated with young families. The coalition of organizations involved in meeting workforce needs will need a source of consistent and frequently repeated analysis to project need as determined by the changing population. An element of the strategy evolving from the long-range goal will be to encourage children in early grades to take class work in the sciences and get excited about health careers. Another element will be to encourage high school students to consider health professions training programs (including pre-medicine). The high school summer program previously funded by the federal government should be reinvigorated with state support.

One of Wyoming's advantages in health care delivery is an adequate array of facilities offering inpatient services, hospitals and skilled nursing facilities (nursing homes). Despite the availability of these institutional services and the presence of qualified clinical personnel, our analysis shows that many Wyoming residents are using health services in Colorado and Nebraska (we were unable to obtain data for Montana and Utah) who could have been served in

Wyoming. We recommend convening a health care provider group to assess patient migration patterns and implement a plan to achieve optimal use of services in Wyoming (including across locations in the state).

In our visits to Wyoming communities, and in our review of data showing distribution of resources in the state, we learned of the critical nature of public health, emergency services, and primary care in meeting local needs. Our mapping shows the current locations of primary care providers and emergency medical services. Given the changes occurring in the state's population and the aging-in-place of some of the health professionals, we recommend that the state continue to assess access to core services and design cost-effective strategies to deliver those services to all Wyoming residents. We learned of an existing acute shortage of providers to treat behavioral health problems. We recommend that the state specifically address rural mental health and substance abuse issues, initially by monitoring the effectiveness of current system investments.

When ranked in comparison to other states on a set of 24 quality indicators tracked by quality improvement organizations, Wyoming ranked tenth in 1998-1999, but twenty-first in 2000-2001. Wyoming's change in ranking was because its improvement between those two time points was less than some other states; however, all states show room for further improvement.<sup>4</sup> Data will be available by the end of 2007 (from the Commonwealth Fund Commission on a High Performance Health System) that will show Wyoming's performance on a set of 37 indicators, including comparison to other states and nations.<sup>5</sup> Decision makers in Wyoming should use the data from quality and performance reports to continually assess the delivery system and consider improvements.

### **The Means to Change . . .**

A crucial step toward change in Wyoming is to establish a public-private partnership capable of reviewing results of continuous assessment of the delivery system and population change. We recommend establishing and funding a Wyoming Health Planning Commission (WHPC). A first step is to obtain consensus from health provider groups, state government, and major economic interests in Wyoming to pursue this recommendation. The purpose of this group will be identifying opportunities to improve access to services, contributions of health care services to quality of life, and quality of care. This group must include health care providers, public policy makers, large businesses active in Wyoming, consumers not representing other special interests, and public agencies providing health and human services.

The WHPC should operate using a consensus approach, being sure that the stakeholders expected to implement change agree to the change. Each participating organization will use its own internal process to carry out recommendations of the WHPC, for example when public action is needed, the Wyoming governor and legislature would enact appropriate policies, and public agencies would be responsible for implementation. Members of the WHPC would be appointed by the governor and approved by the legislature. More detail concerning members is provided in the full report. Funding for the WHPC would initially come from a state appropriation and in subsequent years a combination of appropriations, grants, and contributions from stakeholders in Wyoming.

The WHPC will work with other entities in Wyoming to conduct ongoing analysis of the health care delivery system and develop recommendations for improvement. For example, we recommend that a coalition of state leaders, health care insurers, and major Wyoming employers focus efforts on developing joint strategies that improve population health and worker productivity. A state-based effort would help attract new employers to the state based on desire to locate in healthy communities. The WHPC would also be the organizational resource supporting other targeted efforts, such as a state committee on patient safety, a coalition promoting public health, and/or task forces examining particular services such as behavioral health, geriatric care, etc.

The principal task of the WHPC will be to implement a blueprint for changing the health care delivery system in Wyoming, including modifying the initial strategy as appropriate. Based on the analysis in the full report, the design of the blueprint would integrate medical care and public health services in each community to address the full continuum of care, develop service regions in the state that would support delivery of tertiary care services, create a framework for pooling resources in each region of the state so that financial barriers to access could be diminished (e.g., community foundations that use revenues from health care delivery to lower the per-person cost of care), and provide a framework for demonstrating and implementing new approaches to delivering health care services that improve quality and minimize costs. The WHPC is expected to commission and synthesize analysis of the system, provide the forum for stakeholders to discuss new approaches to elements of the system (e.g., direct service delivery, location of services, sustaining the appropriate workforce), oversee demonstrations, and monitor changes in the delivery and finance of health care services. Specific recommendations related to these general functions include the following:

- Use a work group to conduct comparative analyses of treatment protocols and medication use.
- Work with providers and insurance carriers in Wyoming to implement demonstration projects to test potential improvements to the health care system designed to increase health care value (improve quality, improve service, and/or decrease cost).
- Implement a plan to assess health information and communication needs and then prioritize resources for health information and communication needs.
- Work with the Wyoming Office of Rural Health to develop critical access hospital networks and foster collaborative linkages between Wyoming's primary, secondary, and tertiary hospitals.
- Consider health care service development as one facet of a multisector approach to economic development.
- Within demonstration projects, investigate development, implementation, and outcome evaluation of a health care funding strategy that places at least partial resource allocation authority within a representative community foundation.

The WHPC will require resources to support a modest staff and contract for specific services to implement the recommendations included in this report. The annual budget should be thought of as an investment in improving health care delivery to improve the value of services to Wyoming

residents. In that context, and using the multiple sources of funding discussed earlier, a reasonable budget would be a minimum of \$350,000. The target should be reconsidered every three years, based on the results from WHPC work and the trends in health care spending on behalf of the state's residents.

Wyoming has an opportunity to be a national leader in developing an improved healthcare delivery system. The state starts from a position of strength based on cross-state comparisons of quality and cost. A framework for moving forward, as specified in a blueprint agreed to by members of the WHPC, would include providing high quality services across the entire continuum of care through a system that integrates all elements of care into a seamless series of specific services all designed to make unique and necessary contributions to resolving any episode of illness. The underlying principle is that all services have *value*, defined as high quality outcomes for the lowest possible cost. Various ideas are being discussed in national policy debates and literature that should be considered by the WHPC. For example, one approach appropriate to Wyoming because of its population distribution (no large concentrations) would be patient-centered primary care practices, as suggested by Davis, Schoenbaum, and Audet, that include the following elements:

- Superb access to care
- Patient engagement in care
- Clinical information systems that support high-quality care, practice-based learning, and quality improvement
- Care coordination
- Integrated, comprehensive care and smooth information transfer across a fixed or virtual team of providers
- Ongoing, routine patient feedback to practice
- Publicly available information on practices<sup>6</sup>

The specific recommendations contained in this report are building blocks toward achieving a system with those characteristics.

The success of changes in Wyoming can be measured by two sets of metrics. First, the data in this report suggest indicators related to the distribution of health care resources in the state, the share of patient care received by Wyoming residents from Wyoming providers, the economic impact on communities and the state, and measures of health used by all states (e.g., those derived from the Behavioral Risk Factor Surveillance System). Second, the measures used to create a national scorecard of health system performance will be applied to the states, making those measures logical choices for monitoring Wyoming's progress.<sup>7</sup>

---

<sup>1</sup> S.F. Jencks, E.D. Huff, and T. Cuerdon, "Change in the Quality of Care Delivered to Medicare Beneficiaries, 198-1999 to 2000-2001." *Journal of the American Medical Association* 289, no. 3 (January 15, 2003) 305-312.

<sup>2</sup> Fisher, E.

---

<sup>3</sup> S.P. Tobias. "Ads ask: Can Kansas be best place raise children?" The Wichita Eagle. Posted on April 2, 2007. [www.kansas.com/21q2/v-print/story/34364.html](http://www.kansas.com/21q2/v-print/story/34364.html).

<sup>4</sup> SF Jencks, ED Huff and T Cuerdon. Op. cit.

<sup>5</sup> For a discussion of the indicators and international comparisons see: The Commonwealth Fund Commission on a High Performance Health System. "Why Not the Best? Results from a National Scorecard on U.S. Health System Performance." New York, New York: The Commonwealth Fund. September, 2006. available at [www.cmwf.org](http://www.cmwf.org).

<sup>6</sup> K Davis, SC Schoenbaum and A-M Audet. "A 2020 Vision of Patient-Centered Primary Care." *Journal of General Internal Medicine* 2005; 20: 953-957.

<sup>7</sup> C Schoen, K Davis, SKH How and SC Schoenbaum. "U.S. Health System Performance: A National Scorecard." *Health Affairs Web Exclusive* 25 (2006): w457-2475: 10.1377/hlthaff.25.w457.