

Rural Healthcare Delivery Systems Subcommittee
July 11, 2006
9-11am

Members Present: Jack Glode, Jerry Calkins, Larry Kirven, Jack Speight, Dixie Roberts, Susie Pouliot, Dan Perdue, Brent Sherard, Beth Worthen

Guests Present: Keith Mueller, Mike Shambaugh-Miller, Representative Pete Jorgensen, Lori Jaspersen, Lynne Weidel, Penny Hunt, Lorraine Saulino-Klein, Wendy Curran

The meeting began with introductions and a description of the objectives for the meeting. Keith Mueller and Mike Shambaugh Miller joined from the UNMC RUPRI Center to review the goals of their study of rural healthcare delivery systems in Wyoming.

Discussion items:

1. Population analysis:
RUPRI uses RUCAs instead of specific county delineations to examine the geographic/demographic component of the study. Will include consideration of minority populations and temporary workers.
2. Economic impact analysis
Discussion included how IMPLAN works, as well as its advantages and disadvantages.
3. Case studies: Two communities
Communities will include resource analysis and interviews. We should choose communities that are representative of Wyoming and have health care delivery vulnerabilities. Choices should be made by end of July. Committee will work with RUPRI to choose these communities.
4. Resource Analysis – the following components were discussed, as well as the sources for obtaining the data.
 - a. Workforce: HPTC data
 - b. Transportation/EMS
 - c. IT: WyHIO¹
 - d. Education and training: UW/CCs, etc.
 - e. Services including mental health and substance abuse

¹ Current study to assemble an “inventory of current and planned capacity of healthcare stakeholder; inventory of access to high speed internet connections; assessment of capability of stakeholders to participate in information exchange; assessment and inventory of existing infrastructure” (Report deadline: 3/31/07).

5. Delivery System Design – the following concepts were discussed regarding the design of the systems.
 - a. Moving patient to doctor vs. doctor to patient
 - b. Population health and community-based prevention
 - c. Delivery integration: how will it work/be maintained?
 - d. Education and training integration
 - e. Financing (public vs. private)
 - f. Public reporting/transparency
 - g. Medical error/patient safety
 - h. Implementation
 - i. Pilot projects
 - ii. Building support

Meeting adjourned at 11:10am.