

**Wyoming Healthcare Commission
Rural Healthcare Delivery Subcommittee**

**Meeting Agenda
November 20, 2006
8:10-10:00AM**

I. RUPRI -- Conference call and discussion

The committee had a conference call with members of the RUPRI team to discuss the recent site visits and their next steps.

Site visits:

- ❖ 63 interviews over a 6 day period, only 2 dropped interviews – 28 interviews in one community, 30 in the other community, doubled interviewees up in some communities (mayor/city manager, CEO/CFO of hospital, etc.).
 - Goal is to have everything from interviews transcribed by December meeting
- ❖ Major themes included a concern about the lack of primary care physicians, assisted living facilities and mental health/substance abuse capacity
- ❖ Communities were very different in terms of leadership development, decision-making, and how health care sector functions within the communities.
 - Powell has well developed leadership infrastructure, community is involved in community-level decision-making (services, beautification, funding decisions, etc.).
 - Rawlins looks more toward elected officials to make decisions, community members less empowered. May be based on transitory nature of community. People question the health care they receive in the community though they are proud of the trauma system. There was a lack of trust in the primary care in the community.
- ❖ Demographics: Both communities are conscious that they are aging very quickly. It could be an opportunity with Powell, with a new population of retirees but in Rawlins, the local population is growing older and there is a potential for resource strain. Rawlins also has 2 different Hispanic populations are somewhat disconnected to the community as a whole.
- ❖ Other healthcare conditions facing the communities included meth, the environment (Powell water pollution that is now resolved), specialized care, recruitment of nurses, access/affordability, uninsured, obesity, sedentary lifestyles.
- ❖ Specialized care an issue – orthopedics, cardiac, neurology
- ❖ Hospitals – Powell interviewees had many positive things to say about their facility: they feel the care is outstanding, community members feel they have a large stake in hospital decisions and services, director is a

leading community leader, well-staffed, well-educated staff, only reason to leave is for specialized care (Billings). Powell is very open about their quality ratings.

- ❖ Rawlins hospital has good trauma system, approximately ¼ of interviewees said it has adequate care, but leave community for surgery (even simple surgery) in Casper, Ft Collins, Salt Lake, etc. Other ¾ were very critical of hospital; know about current lawsuit. Hospital is not as open about quality ratings, not as transparent.
- ❖ Rawlins worried about retirement of physicians, what community will do.
- ❖ In Rawlins, a lot of people want change. If the community believes in the opportunities associated with the boom, they have great potential to create positive change.

Next steps:

- ❖ RUPRI staff will now pull out consistent themes as well as outliers; develop lists of concerns, what works/doesn't work. They will develop models for best approach to healthcare delivery, given community size and dynamics.
- ❖ Plan to come in December and give a mid-term report, Health Works numbers look good (will send numbers mid-week next week). They have run preliminary outmigration data for Nebraska, Colorado, Utah. They have been working with HPTC for workforce analysis.

II. HPTC Database – Contract position update

The committee discussed the contract position and made recommendations for the recruitment and hiring of this individual, including:

- ❖ Need to get this out more, potentially raise salary – consider language such as, “The potential exists for increase in salary as workload increases.”
- ❖ Link with “Certificate of Need”/specialty hospitals discussion to strengthen information and planning infrastructure.
- ❖ Narrow the job description to focus on setting up an infrastructure to verify the data and market the information. IT responsibilities can be managed by HPTC.

III. Review Draft Databook

The committee made specific suggestions to content and format on many of the report pages. They suggested potential new survey questions:

- ❖ How malpractice insurance is covered
- ❖ Including PAs and APNs in asking about hospital privileges

IV. HPTC Database use policies

Jack and Beth will research potential language for use policies and present drafts to the committee in December. The committee agreed on the following guiding principles:

- ❖ The project should be as self-sustaining as possible
- ❖ There should be research done on separate fees for for-profit, non-profit, governmental, etc.
- ❖ There should be research done to see how to handle requests where it could potentially hurt survey responses, create potential for profitability with our data, etc.