Testimony for Senate Health, Education, Labor and Pensions

Primary Health and Aging Subcommittee

"30 Million Patients and 11 Months to Go: Who Will Provide Their Care?"

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It is well known that Wyoming is the eight largest state in the U.S. with almost 100,000 square miles of land, but has the nation's smallest population of a little over half a million people. Wyoming's frontier and rural environment impacts our health care systems. The state is a patchwork of rural health clinics, county-owned critical access hospitals, for-profit hospital networks, and a handful of community health centers. Wyoming does not have a medical college at the University, but through partnerships with other state education programs, medical students can receive their education. In terms of other healthcare educational opportunities, Associate, Bachelor and Advance Practice nursing programs are offered through the Wyoming Community College network and the state's only university.

Wyoming has 25 hospitals, with 16 designated as critical access hospitals. There are also two veteran's hospitals and 16 rural health clinics - half of which are associated with hospitals in their communities. Wyoming has eight community health centers, three are special population health centers and three are satellites of larger health centers. Even with these safety-net providers, many small towns and huge areas of Wyoming are without access to primary care.

Distance to medical care is one of the biggest barriers of access to care for many people in the state. This also includes the considerations of terrain and weather. For instance, Sweetwater County is the largest county, having 10,490 square miles within the county lines. This is approximately the same size as the entire state of Massachusetts. There are two major towns of over 10,000 people, and more than ten "tiny towns" (population under 200.) in this county. These residents have to travel, some over 120 miles to reach healthcare services from a town closes to the eastern border of the county.

Many of Wyoming's residents who live in these small towns have the same issues of needing to travel to care. A small town near the Colorado border had a rural health clinic with an automated pharmacy that provided medications for the common problems like providing antibiotics for ear infections. The residents of this community were used to traveling to a larger Colorado town for care beyond the basics. Last summer the road washed out, resulting in longer travel to other Wyoming towns to access care. The road was under repair for many months.

Wyoming's health care system is fragile. **Outmigration of medical care** to larger regional medical centers within Wyoming and to neighboring states is a common occurrence. A report done for the Wyoming Health Care Commission in 2007 by the Rural Policy Research Institute (RUPRI) Center for Rural Health Policy Analysis stated:

> "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 [surrounding states] 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)."
http://www.wyominghealthcarecommission.com/images/reports/07-24-07RUPRI%20Summary%20Report%20Final%20July%2019,%202007.pdf

The perception that health care delivered in bigger health centers equals quality is not easily overcome. That should not stop leaders at all levels of government from examining ways to support health care systems internal and external to state borders.

As the only non-legislative coalition to address comprehensive health issues in the state, the Wyoming Health Care Commission was legislatively founded in 2003 and sunsetted in 2009. The Commission compiled volumes of research by national experts and heard hours of discussion and testimony by state leaders and stakeholders on important facets of healthcare including patient safety, provider recruitment and retention, including specific nursing shortages, and expanding health insurance coverage in rural health settings. In spite of this work, not one policy recommendation from the Health Care Commission became law.

In spite of many analysts' recommendations that the research and coalition work continue to make Wyoming stronger and more efficient, the Wyoming Legislature has again taken its place as the only organization to tackle health care issues. Wyoming's citizen legislature meets as a body only 60 days in the biennium and has some interim study opportunities. As a result, it should not be surprising that many individual legislators work from a piecemeal understanding of health care. If they do not have the opportunity to serve on a health committee or attend national health focused conferences like National Council of State Legislatures, they often do not understand the complexity of this system.

In the RUPRI report, the following (in order) was suggested as ways "to re-characterize the state's health care delivery system by 2030:

• 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." http://www.wyominghealthcarecommission.com/images/reports/07-24-07RUPRI%20Summary%20Report%20Final%20July%2019,%202007.pdf

Across the state, there is a **shortage of primary care providers**. Using Sweetwater County as an example, the large majority of people who qualify for Medicaid and/or who have Medicare have no access to providers within the county. Much of the research completed by the Wyoming Health Care Commission is still on the Commission's website, but efforts like the statewide Health Professionals Database have not been updated since 2009. The database was one of the first efforts to quantify the availability of providers in each of the 23 counties undertaken by the Commission and is crucial to any ongoing decisions about recruitment and retention of health care providers. Many legislative and ad hoc discussions have centered on what would help small Wyoming communities recruit physicians and mid-level practitioners.

Much like all rural populations and that of Wyoming, the provider population, is aging and nearing retirement age. This runs counter to the increasing needs of a growing older population and a regional or sporadic growth of younger populations. Studies have identified the retirement of providers as one of the obstacles to providing comprehensive care. According to a study by the National Rural Health Association, "nonmetropolitan areas typically can neither afford the duplication necessary to bridge an expected transition in health workforce, such as the retirement of a provider, nor the fluxuation or innovation of new service requirements." http://www.ruralhealthweb.org/index.cfm?objectid=153C1CCF-3048-651A-FEB03612F7316078

Wyoming has a small amount of **state incentive and loan repayment money**, and the dollar amounts do not meet the demand through each biennium. It is less than effective for recruitment when the website announcing the grant program becomes inactive in the second year of biennium because the funds have been expended. Federal incentives for recruitment and retention that focuses on rural states could help in this area.

The Health Care Commission studied nursing staffing issues and in a report in 2008 projected nursing demand:

"Assuming no changes to the current policy scenario, R&P projections show that Wyoming's health care industry will need a total of 3,307 more nurses by 2014 than were employed in 2006 (estimated at 3,145) to fill the projected demand. This represents more than double the number of RNs working in health care between 2006 and 2014. Assuming that growth as a result of recent staffing pattern trends can be held constant at current levels through policy changes, Wyoming's health care industry will need only an additional 2,935 nurses by 2014 to fill projected demand. The policy change scenario

represents a savings of approximately 400 nurses." http://www.wyominghealthcarecommission.com/images/reports/nursing_demand_08.pdf

Wyoming responded to this by creating a funding stream that would assist nurses wanting to continue their education and work as faculty at the community colleges and university. This allowed the nursing programs to increase their enrollment numbers, and thus educate more registered nurses. RN's are encouraged to continue their education into the Advanced Practice Nursing level. The Wyoming Nurse Practice Act does allow Advanced Nurse Practitioners to practice independently in the state, which helps with access to primary care. However, there are still underserved areas and many people that still struggle to find a primary care provider.

Wyoming's **population and demographics do not adequately represent health care barriers** when measured by practices, certifications and federal designations. For example, in the report on recruitment and retention by the National Rural Health Association, quality measurements and Patient Centered Medical Home certifications are different in rural communities:

> "One component of health quality is dependent upon the entirety of the system and is particularly interwoven in a collaborative nature in rural systems. This may be particularly amplified in rural areas due to the relative lack of duplication of services and the coexisting relationships among the local health care providers themselves. For this reason, providers find natural collaboration within models that may look similar to modern concepts such as the Patient Centered Medical Home while the administration of such models may appear different. Creativity and flexibility have been necessary to develop what works best in individual community circumstances while serving similar purposes." http://www.ruralhealthweb.org/index.cfm?objectid=153C1CCF-3048-651A-FEB03612F7316078

The Wyoming Integrated Network (WY-ICN) is one effort to network health care systems and is a hospital and provider driven effort that offers patients in Wyoming information about cost and quality of primary care. This ongoing effort recently received federal funding through the Health Care Innovation grant to expand efforts across the state by educating communities about the Medical Home model. It is anticipated that initial outcomes will provide useful information to our state and other rural states.

Federal designations that provide eligibility for federal programs including HRSA 330 funding, enhanced Medicare and Medicaid reimbursement like Health Provider Shortage Areas, Medically Underserved Areas and Medically Underserved Populations are based on factors that make it difficult to prove the needs of the underserved in rural and frontier areas. For example, one provider (physician or mid-level) per 3,500 people in an urban setting is entirely different than 3,500 people living in Sweetwater County, which is over 10,000 square miles of land mass.

Wyoming is also not ethnically diverse as measured by the federal guidelines. Only one county, which is home to the Wind River Reservation, has a large number of non-white residents. Based on how grants are scored, this would prevent Wyoming from meeting these guidelines.

Wyoming's economy is based primarily on energy production, coal, natural gas, oil, uranium, and even wind, making it a "boom and bust" economy. Many people working in the energy industry make a sufficient salary when they work. In some cases, these salaries are significant

enough that it can skew the average income for families based on statewide data. Though some families do very well financially, there are still a number of people struggling to make ends meet. This income disparity can be another challenge to meeting designation guidelines.

Additionally, younger retirees have an impact on the overall income, which is a measure of underserved designations. Working with rural organizations to better define" rural" as it applies to health care and eligibility for federal designations would be one way to more effectively provide safety-net care.

These are some but not all of the current and past efforts to address access to health care for all Wyoming residents. Considerable time has been put forth to create programs and provide funding in an attempt to meet the needs of the citizens of Wyoming. Progress has been made in some areas and the work continues in many others. The geographical terrain accompanied by the low population is challenging, but not impossible. Work will continue to develop programs and interventions that will provide our citizens with the care they need.