

National Organization of State Offices  
of Rural Health

Regional Meeting  
Bar Harbor, Maine  
June 2011

Building Multi-Party Collaboration  
to Strengthen Rural (and Small  
Hospital) General Surgery

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A Quick Review of the Basics

- A word about "rural"
- A decrease in surgical residents choosing general surgery, with an associated increase in those choosing to specialize
- The number of surgeons in training who can be anticipated to practice general surgery in rural areas is insufficient to meet probable losses due to retirements and other reasons that surgeons leave rural communities.
- Surgeons recently completing residency are unlikely to be fully aware of or well-prepared for the type of practice that rural general surgery requires.

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Increasing *Shortages* Are Or Will Be  
Exacerbated By

- Older, sicker, poorer, less insured, rural patients with multiple co-morbidities
- Evolving quality expectations of patients, payers, quality advocates and linked payments
- Malpractice Risks and Insurance Cost
- Surgeons' Risk Avoidance
- Physicians' career goals and lifestyle expectations
- Difficulties for surgeons accessing continuing education (especially clinical experience)
- Changing practice patterns influenced by technology and physician education (video-assisted surgery, laparoscopy, C-Sections)

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**Shortages Are Or Will Be Exacerbated by**

- Urban-rural competition
  - Centers of Excellence
  - The 850 rule
- Inadequate reimbursement (Despite “health reforms” 10% kick)
- Increasing costs related to sustaining associated services (technology, facilities, and people)

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**The Basics**

- With these declines, the gap between supply and currently perceived and actual “needs” are widening. The number of general surgeons “in-the-pipeline” is insufficient to replace those retiring or otherwise leaving rural practices.
- In the next decade, we can not train our way or recruit our way out of the problem!!!!!!!
- This is far more than “just” a workforce development issue.
- Given the know factors, changes in delivery models will increasingly be necessary.

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**Stimulating Statewide and National Collaboration**

- Overview of Initiatives
- We will primarily focus on:
  - National Organization of State Offices of Rural Health Rural General Surgery Workgroup
  - Rural General Surgery Studies in Maine and Wisconsin
  - Developing Rural General Surgery Coalition
  - Some Practical Discussion of the Experiences of Mt. Desert Island Hospital

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### But Here Are Some Others

- National Rural Health Association's Rural General Surgery Workgroup
- American College of Surgeons
  - Health Policy Research Institute
  - Rural General Surgery Website and Network
- Mithoefer Center for Rural Surgery
- Center for Rural Health Works
- Other Rural Research Center Projects
- Minnesota Office of Rural Health

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### Some Core Findings Across NRHA, NOSORH, and RGSC Discussions

- Rural general surgery is a "primary" or fundamental building block of sustainable rural health systems and this should be a core advocacy principle across all organizations
- There is a minimal sense of urgency and priority
- Too much "siloining"
- Rural surgeons have far too little voice
- There is a need for substantially expanded dialogue and multi-party strategies and partnerships
- There is a need to create a multi-organization "movement"
  - While focusing on short-term projects

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### The Maine and Wisconsin Projects

- Innovative Partnerships for Planning Involving: Hospitals, State Offices of Rural Health, the Veterans Administration, and the Rural Wisconsin Health Cooperative
- Two basic purposes:
  - To assure that rural hospitals have the right strategies to sustain appropriate general surgery services, or to otherwise assure patient access, in the face of significant national workforce shortages, changing technologies, quality expectations, and financial pressures
  - To strengthen rural delivery systems, consistent with demonstrable quality parameters and anticipated trends

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**To Date, The Combined Projects Include:**

- Twenty-three hospitals, represented by approximately 300 individuals who include:
  - Over 50 rural general surgeons and additional surgeons from non-rural medical centers
  - Primary care physicians and associated providers
  - Emergency department physicians
  - Hospitalists
  - Nursing representatives
  - Anesthesiologists and CRNAs
  - Quality managers
  - All of the hospitals administrators, financial managers, other representatives of hospital administration
  - Representatives from the Veterans Administration, and
  - Staff from two State Offices of Rural Health and the Wisconsin Rural Health Cooperative
  - And other national experts

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**The Maine and Wisconsin Projects  
Overview of Process and Findings to Date**

- The Process
- The Probable Impacts (Without Intervention)
  - Many hospitals may need to dramatically reduce or cease surgery services
  - Reduced access for patients and their families
  - Deferred care (most specifically colonoscopies) and long-term increases in health care costs
  - A decrease in health status
  - Patient migration and erosion of local systems
  - In many locations there will be unsustainable hospital operating losses.
  - In some cases, this will be the difference between overall hospital profit or loss, success or failure.

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**Probable Impacts**

- Even partial losses of surgical volumes can lead to difficulty in sustaining remaining services.
- More difficulty sustaining services that are either clinically dependent on surgeons' availability or subsidized by surgical revenues
- Decreased ability to financially support primary medical care
- More difficulty in recruiting and retaining primary care physicians
- Declining ability to subsidize programs important to community health
- Direct and indirect losses of revenues and jobs related to surgery and other hospital services

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**Probable Impacts**

- The future of any hospital's general surgery program is too important to be left entirely to the general surgeons and/or management.
- Addressing the issues that affect general surgery can be highly disruptive to current patterns of care and relationships
- Intimate Links with Primary Care, Obstetrics and Emergency Services
- Call-coverage and the future of 24/7 Services
- Medical Versus Surgical Management of Patients

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**Maine and Wisconsin Projects  
Key Areas of Recommendations**

- Determining the scope of Local Practice
- Emergency Departments and General surgery Call-Coverage
- Interim and Part-time Staffing
- Anesthesia
- The Quality Package
- Colon Cancer Screening and Endoscopy/Colonoscopy Services

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**Recent Headline**

- Cancer-Sniffing Dog May Lead to Less Invasive Test for Tumors

"A dog trained to sniff out colorectal cancer was almost as accurate as a colonoscopy in a study that suggest less invasive tests for the disease may be developed."

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**Maine and Wisconsin Projects  
Overview of Core Findings to Date**

- Recruitment and Retention
- Financial Issues
  - Value-Based Purchasing, Managed Care, Selective Contracting, "Tiering", ACO's
- Multi-Hospital and Regional Systems

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**NOSORH's Work Group**

- Background and Process
- Some Recommendations For State Offices of Rural Health
- Where are we going

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**State Office of Rural Health Initiatives**

- Promote rural general surgery as a service to be included in state rural health planning and state, workforce development initiatives.
- Contact state chapters of the American College of Surgeons and meet with chapter representatives interested in rural surgery.
- Bring together multi-disciplinary groups to discuss the importance of rural general surgery and consider developing state-level work groups that parallels the national RGSC.

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**State Office of Rural Health Initiatives**

- Identify state-specific stories of the impacts of general surgeons' availability on rural people.
- Assure that this topic is discussed by state FLEX/CAH groups and engage the state hospital associations.
- Address how rural general surgery fits into developing primary care integration and medical home models.
- Establish contact with surgical residency programs, especially in states with rural general surgery residency.
- Promote inclusion of the topic in state rural health meetings and at state-level health planning meetings.

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**State Office of Rural Health Initiatives**

- Using FLEX or other funding, develop-state level planning projects such as Maine's and Wisconsin's
- Include rural general surgery as an eligible service in state-level loan repayment programs, advocate for inclusion in the national loan repayment programs.

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**National Initiatives**

- **National Rural General Surgery Coalition**
  - American College of Surgeons
    - Individual members and residency programs representatives
    - Health Policy Research Institute
  - Office of Rural Health Policy
  - Health Resources and services Administration
  - American Association of Medical Colleges
  - National Organization of State Office of Rural Health
  - National Rural Health Association

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**Participants**

- Rural Health Works
- Rural Recruitment and Retention Network
- Veterans Administration Office of Rural Health
- Rural Wisconsin Health Cooperative
- American Hospital Association
- Rural Research Centers
- **In the process of adding**
  - Indian Health Service
  - American Academy of Family Practice
  - American Association of Nurse Anesthetists Anesthesiologists
  - Others interested individuals and organizations

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**National Strategies—Creating A Movement**

- Support the Development of the Rural General Surgery Coalition
- Support the concept that rural general surgery is a “primary” or fundamental building block of sustainable rural health systems
- Further promote greater understanding of rural general surgery issues and the significant implications for rural communities

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**Creating a Movement**

- Promote awareness and engagement of more organizations and individuals.
- Identify or create, and then advocate for strategies that will enhance incentives for medical schools and surgical residency programs to address rural surgery.
- Identify all members of Congress with surgery relevant backgrounds (including primary care) and work with partners to engage their support.
- Work with ORHP and other partners to promote attention to the topic within HRSA.

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**Creating a Movement**

- Promote attention to need for adequate reimbursement of rural surgical services.
- Promote the need for rural delivery systems reform, **not just workforce development solutions**, and support the identification of best systems practices or delivery models.

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**Some Projects**

- National Health Service Corps
- Establish an expanded dialogue with the American College of Surgeons
- The National Advisory Committee of Rural Health and Human Service
- Develop strategies to engage primary medical care providers and their respective associations in support of rural general surgery.

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**Projects**

- Improve information dissemination and understanding of and approaches for communicating "best practices".
- Collaborate with the American College of Surgeons on the development of website linkages between NRHA and ACS and on the construction of a rural surgery website.
- Promote educational strategies for and engagement of state rural health organizations.
- Identify expanded funding sources

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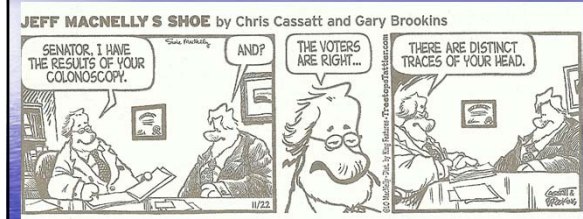
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Not Very PC, but,  
or is it butt...



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