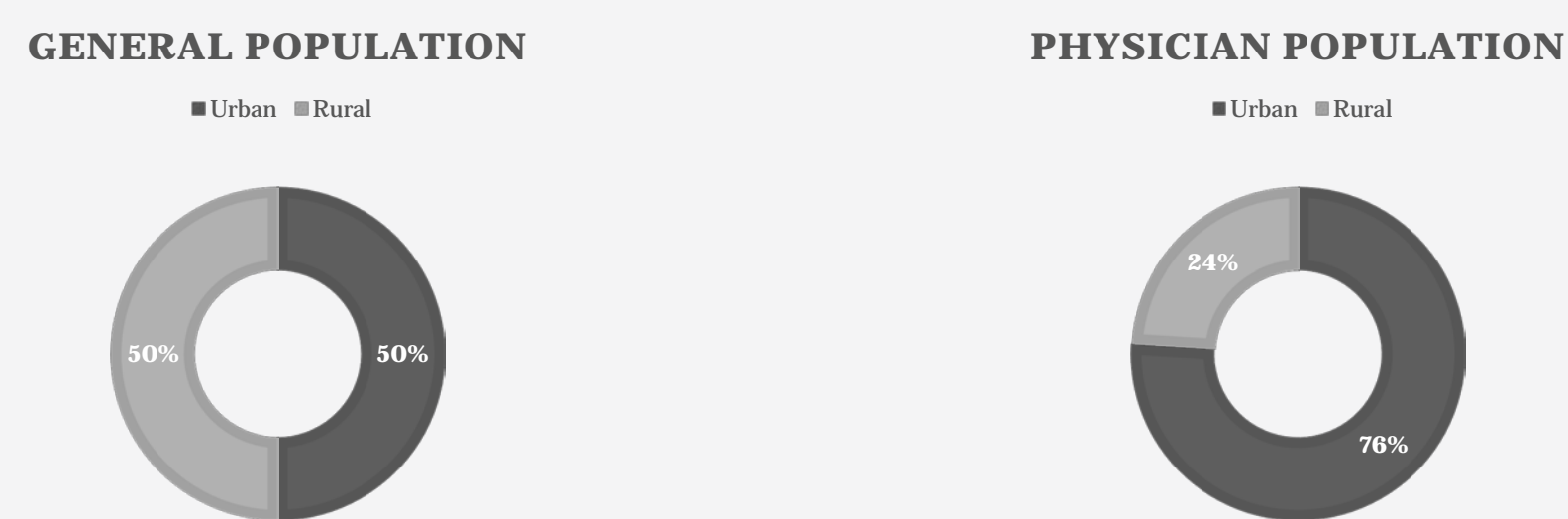


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INTRODUCTION: Background

Access to healthcare providers is a geopolitical issue that causes healthcare disparities for rural communities. Many of the strategies that the World Health Organization recommends to increase the number of healthcare professionals in rural communities are educational in nature¹. However, across the micro (e.g., Critical Access Hospital (CAH) to macro (e.g., policy makers in Washington) continuum, there can be limited awareness and disjointed knowledge gaps that are essential to address in successfully implementing many of these strategies.

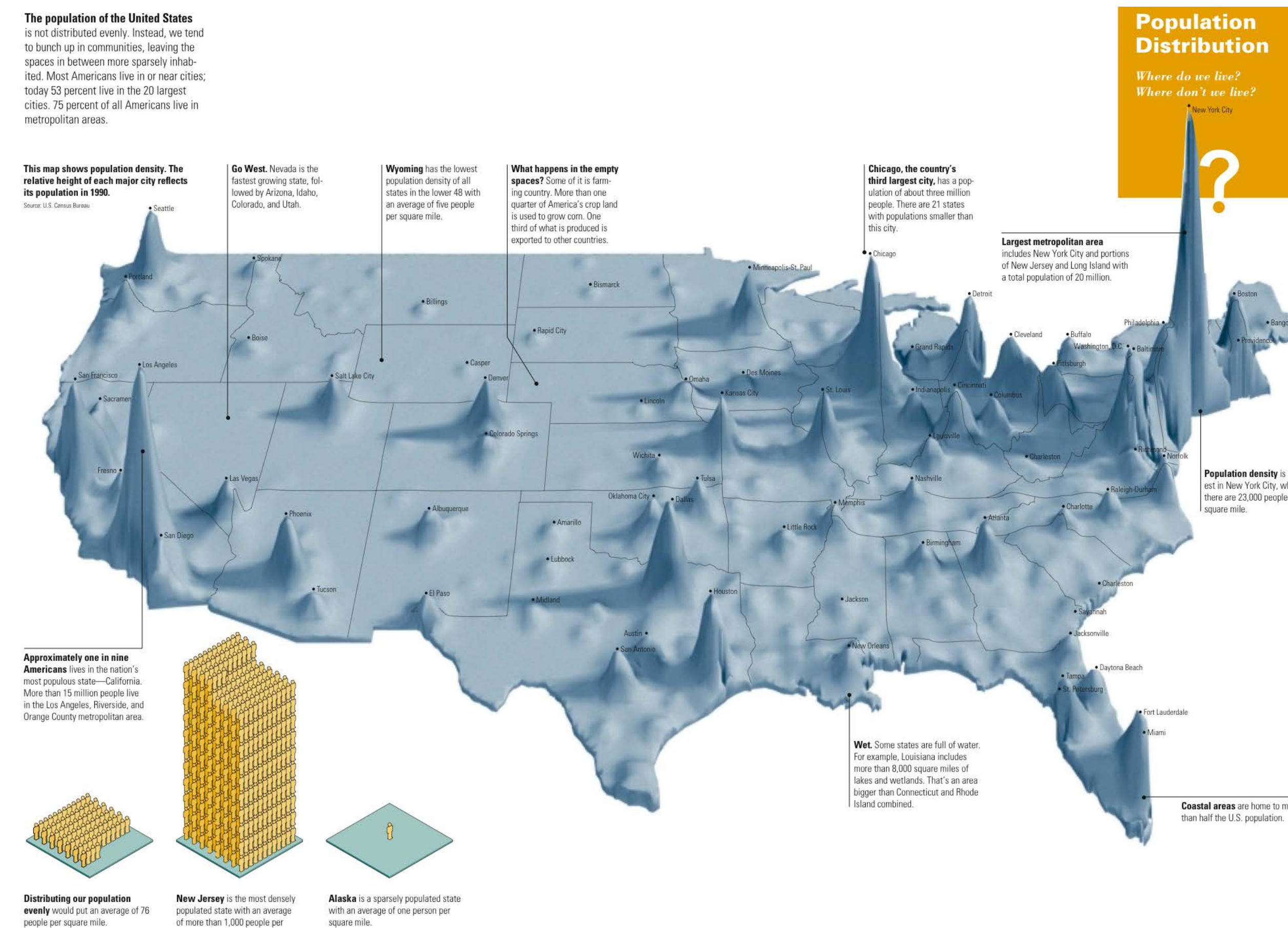
Urban/Rural Split by general population and physician population worldwide¹



Billings Clinic is Montana's largest health care system, serving patients in Montana, Wyoming and the Western Dakotas. Billings, MT, is considered one of the midsize towns in the USA farthest away from a large metro area and supports small towns across the region that are considered some of the most remote in the USA. Therefore remote and rural issues are of key consideration for our organization.

Aim/Purpose/Objectives

This poster aims to highlight two strategies that have recently been implemented to bridge such gaps. The first focuses on engaging the C-Suite of rural hospitals in healthcare education through the development of a Rural Healthcare Education Conference. The second focuses on teaming healthcare policy experts, educators, and politicians (e.g., Montana Sen. Jon Tester) across multiple organizations to successfully advocate for a federal program rule change that allows Medicare to reimburse for the time medical residents spend training at critical access hospitals.



Methods

Rural Healthcare Education Conference: In July 2018, we decided to develop a Rural Healthcare Education Conference. To enhance engagement, we followed a multidimensional approach: 1) Sought advice from key regional healthcare education leaders; 2) set up an open call for proposals; 3) asked key leaders in our C-Suite to give feedback on the conference focus.

Medicare Reimbursement: Our healthcare policy advocates have been working with Montana Senator Tester's office and the Montana GME Council for many years to reverse the CMS ruling on the counting of rural resident rotations to CAHs. Last Fall, Senator Tester tried a different tactic and contacted CMS Director Verma directly to reconsider the CMS position. We followed up the Senator's letter with a letter of our own.

References

World Health Organization. (2010). Increasing access to health workers in remote and rural areas through improved retention: Global policy recommendations. World Health Organization.

Results

Rural Healthcare Education Conference: The aims for the conference were developed as follows: highlight regional educational programs/models that work and support dissemination of scholarly work. In reviewing the conference agenda our C-Suite leaders felt the conference was relevant to rural hospital CEOs and other key leaders in our region. They promoted the conference and aligned a regularly scheduled meeting with the conference date so that C-Suite leaders could attend. Ultimately, a fifth of the conference attendees (n = 11) were individuals with senior administrative roles in a region covering approximately 80,000 square miles. Although a small conference, the feedback we received was overwhelmingly positive. Leaders had an opportunity to connect with key regional, national, and international healthcare educators, learn about best educational practices, and consider how education could address important issues such as recruitment and retention.

Medicare Reimbursement: One year later, Director Verma has directly responded to our letters, and CMS has reversed its position on counting residents at CAHs.



Discussion: Barriers & Strategies

- To address rural healthcare disparities through education takes a team of individuals and organizations across the micro (e.g. CAH C-Suite leaders) to macro continuum (e.g. Politicians in Washington). Developing strategies to connect these individuals and organizations is essential to address the geopolitical complexities that surround rural healthcare education.