

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

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WHA Calendar:

WHA Board Meeting
Cheyenne 1/13

Other Events:

Joint Labor, Health, and Social Services Committee Meeting 12/7-12/8

Urge Congress to Protect Wyoming's Hospitals

Commentary by Dan Perdue, WHA President

Adapted from a guest editorial submitted to newspapers across Wyoming

The work of the so-called Super Committee fizzled to an end in Washington last week.

The committee's inability to come up with \$1.2 trillion in cuts to federal spending over 10 years will trigger an automatic set of reductions, including 2 percent cuts in Medicare payments to hospitals and other providers.

Decreasing Medicare payments to Critical Access Hospitals (CAHs) and other rural hospitals could devastate the delivery of healthcare in Wyoming.

Very simply, cuts of this nature could push some of our hospitals to the brink of closure.

We have been here before. Our friends in Niobrara County know that better than any – their hospital closed in 1999.

The Lusk hospital reopened in 2005, with the help of special payment structures Congress created, such as the Critical Access Hospital program, to stop the flood of hospital closures in the 1980s and 1990s.

That Critical Access Hospital program, which helps support 16 of Wyoming's 27 hospitals, has

been a subject of budget cut conversations by the Super Committee, the President, and others in Washington.

There are many reasons that cutting Medicare payments to critical access and other rural hospitals is just bad policy. Here are four:

Cuts to rural hospitals don't save money. According to The Dartmouth Atlas, rural patients are less expensive to treat in eight of the nine federal regions – including the Mountain Region, which includes Wyoming. Cuts would mean rural patients will have to travel greater distances to receive more expensive care.

Rural cuts harm vulnerable populations. Rural hospitals are vital access points for rural residents and seniors, who tend to be older, sicker, and poorer than their urban counterparts.

Rural cuts will force rural hospitals to close. Currently more than 41 percent of Critical Access Hospitals nationwide operate at a net financial loss. Cuts of even 1 percent in Medicare reimbursement rates will put 50 percent of all CAHs into the red, inevitably causing hospital doors to close.

Hospital closures devastate rural economies. Hospitals are often among the largest employers in rural communities, and healthcare dollars turn over multiple times in those economies. The closure of rural hospitals would devastate the small businesses that drive the economies of Wyoming's communities.

Hospitals and other healthcare providers recognize that Congress faces a monumental challenge in reining in the national debt. And we recognize that we play a key role in ensuring that Medicare dollars are spent effectively and efficiently.

But neither the debt situation, nor Medicare spending more specifically, should be resolved on the backs of our rural hospitals – providers of critical care to our state's most vulnerable populations.

The automatic cuts resulting from the Super Committee's failure will not kick in until 2013. That means there is still time to contact Sen. Enzi, Sen. Barrasso and Rep. Lummis and urge them to protect Wyoming's hospitals.

But we must all act now. The delivery of healthcare in Wyoming, and the health of our communities, may depend on it.



MEMBER SPOTLIGHT



Community Hospital Institutes Daily Quiet Hours

Banner Community Hospital in Torrington has instituted quiet hours from 1 p.m. to 3 p.m. daily.

During this time the main hallway through the hospital is closed to through traffic, and activities related to care will be minimized to allow a critical period of rest for patients.

Studies show that excess noise in a hospital deprives patients of the rest they need to heal and recover.

Noise that deprives patients of sleep can: prolong patients' hospitalization; decrease and slow the process of recovery; produce insomnia after patients are discharged; interrupt normal sleep patterns for up to six months following hospitalization.

"We know that patients recover best in a quiet environment," said Vincent DiFranco, chief executive officer for Community Hospital. "The hospital is a

busy place and can be very noisy. We do our best to keep noise levels at a minimum, but this new initiative takes it a step further with the implementation of specific quiet hours every afternoon.

"This is an initiative shared by the entire facility," DiFranco said.

"Every department is looking at ways to decrease the noise level all the time, and bring it to a minimum during daily quiet hours."

Don't forget to send us a story about your hospital so we can feature you in our Member Spotlight section!

WHA Attends WCCA Healthcare Forum

Representatives of the Wyoming Hospital Association attended a healthcare-focused meeting of the Wyoming County Commissioners Association in Casper last week.

The forum was organized to help county commissioners understand the forces shaping healthcare delivery and the challenges

of delivering healthcare in Wyoming.

The session included an overview of the federal health reform law, a discussion of the future of rural hospitals, and a session on options for commissioners who are grappling with increasing healthcare costs in their counties.

Members of the Wyo-

oming Integrated Care Network also presented at the meeting, providing an overview of their efforts to help drive the delivery of high-quality, cost-effective care in Wyoming.

Commissioners created a sub-committee to further study healthcare issues at the county level and to consider potential solutions.

Governor Names Partner For Health Info Exchange

Governor Matt Mead asked the Wyoming e-Health Partnership, Inc. to take the lead in the Health Information Exchange (HIE) initiative for Wyoming.

The Health Information Exchange facilitates sharing of health information among doctors' offices, labs and hospitals within a community and across the state.

"This technology will serve Wyoming patients and their families as they access healthcare," Governor Mead said. "Connecting providers and patients will help pa-

tients receive better care. I am pleased to see this initiative get underway."

The HIE will eventually allow patients and providers to access health information from other locations in-state and out-of-state, including emergency care.

Patient privacy and the security of health information are tightly controlled to prevent any unauthorized use. Patients will determine who has access to their health information and who does not.

"Bringing a secure Health Information Exchange to Wyoming is a collaborative effort between public and private entities and we are pleased to take the next steps toward connecting the state," Governor Mead said.

The Wyoming e-Health Partnership is a public/private non-profit partnership formed to improve healthcare delivery through the secure exchange of health information between providers and patients.

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