



NEWSBRIEFS

Informational Newsletter for Wyoming Hospitals

Volume 48, Number 42

December 1, 2017

SAVE THE DATE

WHA Annual Meeting
& Convention
September 5-6, 2018
Laramie, WY

PAC CONTRIBUTORS

Shelby Nelson
Eric Boley
Doug McMillan
William Stangl
Charlie Button
Neil Hilton
Andy Fitzgerald
Barry Burkart
Maureen Cadwell
Vickie Diamond
Yvonne Wigington
David Gardner
Carol Solie
Ryan Smith
Doug Faus
Jeremy Davis
Michele Chulick
Mike McCafferty
Ron Purcell
Margie Molitor
SageWest Health
Care
Eileen Dinneen
Dana Barnett

Annual Goal—\$8400
Achieved - \$7300

Rural Hospital Recruiting

A recent article in the online publication RevCycleIntelligence notes that since 2010 there have been 82 rural hospital closures in the U.S., while many more rural hospitals are on shaky financial ground. In 2016, 41 percent of rural hospitals operated with negative margins.

A major challenge facing rural hospitals is the characteristics of the patients they typically serve. According to RevCycleIntelligence, “rural hospitals overwhelmingly treat more patients who are 65 years old, more veterans and larger numbers of diabetics than their non-rural peers.

Their patients are also significantly more likely to experience childhood poverty, premature death, and increased childhood mortality rates. With fewer employed resi-

sponsored health plans account for a smaller portion of rural hospital payer mix, and uninsured patients unable to afford health insurance coverage are common.”

Adding to these challenges is the physician shortage, which is particularly acute in rural communities. While 20 percent of Americans live in rural areas only nine percent of physicians practice “out in the country.”

In Merritt Hawkins’ 2017 Survey of Final-Year Medical Residents, only one percent of residents in their final year of training expressed a preference for communities of 10,000 people or fewer, while only three percent expressed a preference for communities of 25,000 people or fewer.

Merritt Hawkins has been partnering with rural hospitals, Federally

Qualified Health Centers (FQHCs) and other rural healthcare facilities for 30 years. Based on this experience they have developed a white paper entitled Rural Physician Recruiting: Challenges and Solutions.

The white paper begins with the premise that rural facilities can offer a style of practice that many physicians still seek, featuring both clinical and operational autonomy and the emotional rewards that attract physicians to the medical field.

It also outlines how rural facilities can use the factors they can control, such as financials, style of practice, and a sense of urgency, to their benefit when recruiting doctors.

To view the white paper visit the Wyoming Hospital Association website at www.wyohospitals.com



WHA Calendar	
WHA Trustee Education Session Lander	5/17



Evanston Hospital Receives Quality Recognition

In honor of National Rural Health Day Evanston Regional Hospital announced it has been recognized by The Chartis Center for Rural Health/iVantage Health Analytics and the National Organization of State Office of Rural Health (NOSORH) for overall excellence in Quality, reflecting top quartile performance among all rural hospitals in the nation.

The Hospital Strength INDEX captures performance metrics for all rural and Critical Access Hospitals. Leveraging data from public data sources, INDEX aggregates data

from more than 50 individual metrics into three major categories and eight pillars to derive a single strength overall rating for each facility.

“Our responsibility to our community is to offer quality healthcare close to home,” said Jeremy Davis, CEO of Evanston Regional Hospital. “Our physicians, nurses and staff get all the credit for this outstanding recognition.”

“On this important day, as we celebrate the power of rural, it’s great to recognize these top performers who are excelling in managing risk, achieving higher quality, securing better outcomes, increasing patient satisfaction, or operating at a

lower cost than their peers,” said Michael Topchik, National Leader of the Chartis Center for Rural Health. “These leaders serve as a benchmark for other rural facilities as they strive to achieve similar results and provide a blueprint for how to successfully run a hospital and serve their communities amidst today’s uncertainty and mounting pressures.



340B Recertification Deadline is December 6

The Health Resources and Services Administration is reminding hospitals that participate in the 340B drug savings program that they must recertify by December 6 or they will be terminated from the program.

HRSA is required to recertify annually all participating covered entities

enrolled in the 340B program to ensure they are appropriately listed on the 340B database and that covered entities remain compliant with the 340B program requirements.

This year, HRSA unveiled a new recertification process, and any hospital that recertified or started the recertification process before November 3 must complete a new

recertification by December 6.

For questions about the recertification process, please visit <https://www.hrsa.gov/opa/340b-opais/index.html> or contact the 340B Prime Vendor Program at (888) 340-2787 or at apex-usanswers@340pvp.com.

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

January—Blood Donor Month

Blood is typically in short supply during the winter months—especially January—due to the holiday, travel schedules, inclement weather and illnesses.

A reduction in donor

turnout can cause blood shortages around the country.

January has been designated as National Blood Donor Month to encourage people to give or pledge to give blood. For more information, contact Ameri-

ca’s Blood Centers at www.americasblood.org

