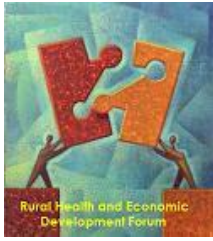


# Rural Health Development Council Meeting Notes



Thursday, December 12, 2013

10:00 a.m. – 2:00 p.m.

*Rural Wisconsin Health Cooperative*

*Sauk City, WI*

## **Present:**

Syed Ahmed, *Medical College of WI (phone)*  
Byron Crouse, *UW School of Medicine and Public Health*  
Joel Davidson, *South Central WI AHEC*  
John Eich, *WI Office of Rural Health*  
David Huffman, *VA Hospital-Tomah*  
Kevin Jacobson, *WI Office of Rural Health*  
Wilda Nilsestuen, *UW Department of Family Medicine*  
Jeremy Normington, *Moundview Memorial Hospital & Clinics (phone)*  
Leslie Patterson, *Medical College of WI*  
Tim Size, *Rural Wisconsin Health Cooperative*  
Phil Stuart, *Tomah Memorial Hospital*  
Jackie Szehner, *Community Care of Central Wisconsin*  
Tom Walsh, *WI Department of Workforce Development*

John Eich convened the meeting at 10:15.

## *Loan Assistance Program*

Kevin Jacobson presented the Health Professions LAP and the Rural Physicians LAP review committee's selection of applications for awards. There was a discussion on what information the committee should have about applicants, including whether they have received a previous award and if they are a physician applying to both programs. This year committees didn't have this information. Kevin asked if it would or should influence the committee's decision if they had this information. Jackie Szehner said it's better to have the information. There was discussion of whether it's better to give a provider another three year award, keeping them in the community, or whether the awards should be "spread around". Jackie said she would choose to spread them around and Tim Size added do whatever keeps them in rural communities. John Eich said that just sharing this applicant information doesn't guarantee how it's used by the committee.

Following the Council's review of the selections there was a discussion of the value of an award as a recruitment or retention tool. Providers can apply for an additional award after fulfilling their contract. Tim asked, if a provider has been there a few years are they likely to stay there regardless of whether they receive an award? Kevin noted that in their personal essays some providers write that they plan to stay in the community for years, probably regardless of whether they receive an award. Byron Crouse suggested that three years seems to be the time it takes to decide if they want to stay. If they are new physicians, they begin families, start looking at schools, etc. Jeremy Normington said, if I can get a physician to stay for three years, I'm happy. It's great if they stay longer but three years is good. Tim noted that there are programs like this all over the country so they must be working to some extent. If we find out if it's working, then we could ask for more

funding. But we need to show that it's effective. Do states that provide more funding have more success in recruitment and retention? Byron added that it's good to know if they don't stay in their community, but also, if they left, did they go to another underserved community. This sounds like a good summer project for a medical student; to look at retention, do some focused interviews. Then come back to the Council before the next application review process. The Council agreed to proceed with this project; Office of Rural Health will take the lead. John Eich suggested further discussion of some issues related to review committees: If an applicant's loan balance is high, do they get priority? If they received an award in the past how are they considered? And if they are a physician that applies to both programs, should that be considered? The Council agreed to discuss this at a meeting later in the year.

The Council approved the awards list as decided by the review committees.

### *Veteran's Health*

Phil Stuart, CEO of Tomah Memorial Hospital, described the Hospital's work with the Veteran's Administration Hospital system. Tomah is a subcontractor to provide care; the VA system provides some equipment. VA staff can't generally provide care at Tomah because they may not be licensed in Wisconsin. Tomah sees veterans in their emergency room with mental health problems. The Hospital refers these patients to the VA because they don't have mental health providers. David Huffman, Associate Director of the Tomah VA Medical Center, [gave a presentation on the VA system](#). The system's goal is to have 70% of veterans having access to primary care within a 30 minute drive. Veterans are disproportionately rural; there is a system of clinics and centers in rural and urban areas throughout the state. They plan to introduce telehealth services to these satellites including mental health care. They contract with other hospitals to reduce wait times. They are implementing new programs, including transporting patients from their home to the clinic, in home telehealth devices, like monitoring blood pressure, and home based health workers. Mental health care can be a problem in a small community and for active duty reserves and guards. They don't want to admit to problems.

Leslie Patterson gave an overview of the Dryhooch program. This is a peer to peer program for veterans to network and receive support from each other, especially for mental and behavioral health issues. It uses a coffee house model. There's a stigma and expense that go with seeking professional help, but conversation and coffee with other veterans is considered safe. They have opened a coffee house in Milwaukee. John Eich said the Office of Rural Health is interested in expanding this program to rural. We provided some funding to open one in Hayward and to develop a tool kit on beginning new programs.

The Council discussed future meeting topics:

- Discuss loan assistance in the fall—the topics above and to review the evaluation.
- Have a discussion about the distribution of pharmacies in rural, the role of the pharmacists in rural health care and training pharmacists in rural specific service. Invite the new Dean of the UW School of Pharmacy. Maybe meet between Madison and Milwaukee to include Concordia University's School of Pharmacy.
- How is health care reform working in rural?
- Mental health.
- How are accountable care organizations working in rural? The interaction of rural and urban providers as partners. Maybe meet at the Coop for teleconferencing.
- For 2015, maybe a trip to Green Bay to see MCW's new program.