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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective - November 1, 2023

AI Predicts Its Impact on Health Care

Below commentary written by the Artificial Intelligence (AI) driven website Chat-GPT3.5 on 9/21/23:

"**Can AI solve the forecast healthcare workforce shortages driven by aging baby boomers?**"

"AI can be a valuable tool in addressing forecasted healthcare workforce shortages, particularly in the context of an aging population. However, it's important to understand that AI is not a complete solution on its own. It can complement and enhance the efforts of healthcare professionals, but it cannot entirely replace the need for skilled human workers."



"Here's how AI can contribute to mitigating healthcare workforce shortages:

Workforce Optimization: AI can help healthcare organizations optimize their workforce by analyzing patient data, scheduling appointments, and assigning tasks based on staff availability and skills.

Predictive Analytics for Workforce Planning: AI-powered predictive analytics can assist in forecasting patient demand and healthcare service needs, allowing organizations to plan staffing levels accordingly.

Skill Enhancement and Training: AI-driven platforms can offer training and skill development for healthcare professionals, helping them acquire new competencies and adapt to evolving healthcare practices.

Telemedicine and Remote Care: AI-supported telemedicine platforms can extend the reach of healthcare professionals, allowing them to provide care to patients in remote or underserved areas, reducing the need for physical presence.

Clinical Decision Support: AI algorithms can provide healthcare professionals with evidence-based recommendations, aiding in diagnosis and treatment planning. This can enhance the efficiency and accuracy of care delivery.

Automated Documentation and Administrative Tasks: AI can automate routine administrative tasks like documentation, billing, and record-keeping, allowing healthcare professionals to focus on direct patient care.

Remote Monitoring and Chronic Disease Management: AI-powered remote monitoring systems can track patients' vital signs and health indicators in real-time, enabling proactive interventions and reducing the need for frequent in-person visits.

Language Translation and Communication Assistance: AI-powered language translation tools can facilitate effective communication between healthcare

professionals and patients who speak different languages or have communication difficulties.

Research and Data Analysis: AI can analyze large datasets to identify trends, patterns, and insights that can inform workforce planning and resource allocation.

Health Education and Patient Engagement: AI can provide patients with educational resources, reminders for medications or appointments, and guidance on self-care practices, reducing the burden on healthcare professionals."

Capacity Building in Underserved Areas: AI-supported telehealth initiatives can help extend healthcare services to underserved regions or areas with limited access to skilled healthcare professionals.

"While AI can be a powerful tool in addressing workforce shortages, it's important to approach its implementation with careful consideration of ethical, legal, and regulatory considerations. Additionally, **maintaining a balance between technological advancements and the human touch in healthcare is crucial for providing high-quality, patient-centered care**."



32nd Annual $2,500 Monato Essay Prize
Best Rural Health Paper by a
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or recent graduate. Submit by June 1st.
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"Their individual stories reflect a larger reality: American physicians have been abandoning traditional primary care practice–internal and family medicine–in large numbers. Those who remain are working fewer hours. And fewer medical students are choosing a field that once attracted some of the best and brightest because of its diagnostic challenges and the emotional gratification of deep relationships with patients."

"The percentage of U.S. doctors in adult primary care has been declining for years and is now about 25%–a tipping point beyond which many Americans won't be able to find a family doctor at all."

"Already, more than 100 million Americans don't have usual access to primary care, a number that has nearly doubled since 2014. **One reason our coronavirus vaccination rates were low compared with those in countries such as China, France, and Japan could be because so many of us no longer regularly see a familiar doctor we trust**."

"Another telling statistic: In 1980, 62% of doctors' visits for adults 65 and older were for primary care and 38% were for specialists, according to Michael L. Barnett, a health systems researcher and primary care

100 Million Without a Healthcare Home

From "Shrinking Number of Primary Care Physicians Is Reaching a Tipping Point," *KFF Health News*, 9/9:

"I've been receiving an escalating stream of panicked emails from people telling me their longtime physician was retiring, was no longer taking their insurance, or had gone concierge and would no longer see them unless they ponied up a hefty annual fee. They have said they couldn't find another primary care doctor who could take them on or who offered a new-patient appointment sooner than months away."

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare… assists Members in partnerships to make their communities healthier… generates additional revenue by services to non-Members… ongoing use of strategic alliances in pursuit of its Vision. Tim Size <**timsize@rwhc.com**>, Editor, 880 Independence Lane, Sauk City, WI 53583

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doctor in the Harvard Medical School system. By 2013, that ratio had exactly flipped and has likely 'only gotten worse,' he said, noting sadly: 'We have a specialty-driven system. Primary care is seen as a thankless, undesirable backwater.' That's 'tragic,' in his words–studies show that a strong foundation of primary care yields better health outcomes overall, greater equity in health care access, and lower per capita health costs."

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One explanation for the disappearing primary care doctor is financial. The payment structure in the U.S. health system has long rewarded surgeries and procedures while shortchanging the diagnostic, prescriptive, and preventive work that is the province of primary care. Furthermore, the traditionally independent doctors in this field have little power to negotiate sustainable payments with the mammoth insurers in the U.S. market."

"Faced with this situation, many independent primary care doctors have sold their practices to health systems or commercial chains (some private equity-owned) so that, today, three-quarters of doctors are now employees of those outfits."

"One of them was Bob Morrow who practiced for decades in the Bronx. For a typical visit, he was most recently paid about $80 if the patient had Medicare, with its fixed-fee schedule. Commercial insurers paid significantly less. He just wasn't making enough to pay the bills, which included salaries of three employees, including a nurse practitioner. 'I tried not to pay too much attention to money for four or five years–to keep my eye on my patients and not the bottom line,' he said by phone from his former office, as workers carted away old charts for shredding."

"He finally gave up and sold his practice last year to a company that took over scheduling, billing, and negotiations with insurers. It agreed to pay him a salary and to provide support staff as well as supplies and equipment."

"The outcome: Calls to his office were routed to a call center overseas, and patients with questions or complaining of symptoms were often directed to a nearby urgent care center owned by the company–which is typically more expensive than an office visit. His office staff was replaced by a skeleton crew that didn't include a nurse or skilled worker to take blood pressure or handle requests for prescription refills. He was booked with patients every eight to 10 minutes."

"He discovered that the company was calling some patients and recommending expensive tests–such as vascular studies or an abdominal ultrasound–that he did not believe they needed. He retired in January. 'I couldn't stand it,' he said. 'It wasn't how I was taught to practice.' Of course, not every practice sale ends with such unhappy results, and some work out well."

"But the dispirited feeling that drives doctors away from primary care has to do with far more than money. It's a lack of respect for non-specialists. It's the rising pressure to see and bill more patients: Employed doctors often coordinate the care of as many as 2,000 people, many of whom have multiple problems."

"And it's the lack of assistance. Profitable centers such as orthopedic and gastroenterology clinics usually have a phalanx of support staff. Primary care clinics run close to the bone."

" 'You are squeezed from all sides,' said Barnett."

"Many ventures are rushing in to fill the primary care gap. There had been hope that nurse practitioners and physician assistants might help fill some holes, but data shows that they, too, increasingly favor specialty practice. Meanwhile, urgent care clinics are popping up like mushrooms. So are primary care chains such as One Medical, now owned by Amazon. Dollar General, Walmart, Target, CVS Health, and Walgreens have opened 'retail clinics' in their stores."

"Rapid-fire visits with a rotating cast of doctors, nurses, or physician assistants might be fine for a sprained ankle or strep throat. But they will not replace a physician who tells you to get preventive tests and keeps tabs on your blood pressure and cholesterol–the doctor who knows your health history and has the time to figure out whether the pain in your shoulder is from your basketball game, an aneurysm, or a clogged artery in your heart."

"Some relatively simple solutions are available, if we care enough about supporting this foundational part of a good medical system. Giving doctors more face time with their patients would be good for their customers' health and loyalty if not (always) the bottom line."

"Reimbursement for primary care visits could be increased to reflect their value so these doctors won't have to butt heads with insurers. And policymakers could consider forgiving the medical school debt of doctors who choose primary care as a profession."

"**They deserve support that allows them to do what they were trained to do: diagnosing, treating, and getting to know their patients**."

"**The average life span in America is decreasing, even as it increases in many other countries**. If we fail to address the primary care shortage, our country's health will be even worse for it."

Our Rural Ambulance Crisis

From: "Life in a Rural 'Ambulance Desert' Means Sometimes Help Isn't on the Way," *The Daily Yonder, Keep it Rural,* 9/11:

"Annie Jackson can't know whether her sister Grena Prude might have survived had an ambulance been more readily available when she went into cardiac arrest on May 10. But Jackson is convinced her sister would have at least had a chance."

"Prude, 55, died at the steps of Carrollton City Hall, less than a half-mile from her county's only ambulance station. When someone called 911 to get her help, two ambulances were on duty: One was transporting a patient to Tuscaloosa, AL, 45 minutes away, and the other a patient to Columbus, MS, a 30-minute drive."

" 'It was a horrible situation,' said Vicky McCrory, supervisor of the nonprofit Pickens County Ambulance Service, but not an isolated one. There have been multiple similar tragedies."

"That single ambulance station in Carrollton serves all of Pickens County, dispatching one and sometimes two ambulances to serve just under 20,000 residents spread across 900 square miles. The farthest reaches of the county line are 25 to 30 miles away on two-lane country roads."

"In rural areas where hospitals have shuttered, like Pickens County, the nearest surviving facilities are long drives away, ambulance coverage is sparse, and residents in the throes of medical emergencies often find their situations even more precarious."

"In May, the Maine Rural Health Research Center documented coverage gaps in the availability of ambulance services across the country–what the researchers refer to as 'ambulance deserts.' They define those deserts as places where people live more than 25 minutes from the nearest station."

"The study found that in the 41 states for which data was available, 4.5 million people lived in an ambulance desert. Six in 10 lived in the South. Alabama had 315,000 people living at such a distance, ranking second highest behind North Carolina."

"Those living along the periphery of Pickens County must wait nearly a half-hour for an ambulance to arrive. Patients must then ride up to an hour to reach a hospital, in either Tuscaloosa or Columbus."

" 'Everybody here knows everybody,' said Terrence Windham, mayor of Aliceville, a town roughly 10 miles south of Carrollton. And, seemingly, everyone has heard of the death of Grena Prude."

"Julia Boothe is a longtime family physician in the town of Reform, situated about 10 miles north of Carrollton, and a recent president of the state medical association."

"Boothe said it's not uncommon for people to decide there's no point in calling 911. Some instead show up in her office in a condition well beyond what 'a family medicine practice in a rural area of 1,500 people' is equipped to handle."

" 'People don't understand the severity of what's going on' in these rural areas, she said."

"At one time, the county had the resources to deploy three ambulances. 'Now,' McCrory said, 'we're lucky to have one unit.' "

"Further, Boothe said, 'the stress and strain' of working in the county make it difficult to recruit emergency medical crews–not to mention health care providers of any specialty."

"This critical shortage of services reflects what's happened to so many rural communities across the U.S. after decades of dwindling resources."

"In 1979, when Bill Curry returned home to Pickens County to practice medicine, funeral homes provided the only ambulance service."

" 'A hearse, literally, would come to the scene of an auto accident or to somebody's house or wherever there was a need for somebody to get transported to a hospital,' recalled Curry, now a professor emeritus of medicine at the University of Alabama-Birmingham. 'The training was pretty minimal, and the interventions were almost none. It was just pick up and go.' "

"The issues related to the need for rural emergency care highlight another concern. The authors of the May report on ambulance deserts wrote that the 'declining numbers of rural hospitals and ambulance services imply that remaining ambulance services are being tasked to play a greater role in delivering more sophisticated emergency services.' "

" 'Ambulance services were never intended to take the place of emergency departments,' McCrory said. 'I just feel like health care all the way around is failing here, and in other rural areas, too.' "

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"EMS is only 'essential' when we say it is, and we haven't."

"The researchers also noted the fragmented nature of ambulance services, particularly in rural areas."

"Boothe talks of a potential solution whereby three ambulance stations would be spaced across Pickens County and Lamar County, on its northern border. But that's not an easy maneuver."

" 'Of all the poorly designed aspects of our health care system,' said Alan Morgan, CEO of the National Rural Health Association, 'EMS is tops.' "

"Morgan, of the rural health association, has witnessed the ripple effects of the loss of essential rural health care services–the consequences for a community's health and the health of its economy. 'Rural health care,' he said, 'is like a tundra. You trample on it, it's really tough to get it to come back.' "

Bi-Partisan Hope in U.S. House

From "Rural America a focus for bipartisan health caucus formed in U.S. House," by Samantha Dietel, in the *Wisconsin Examiner*, 10/3"

"The Bipartisan Rural Health Caucus had its first meeting Sept. 20 and serves as a forum for U.S. representatives to promote legislation and policy actions regarding rural health. Members came together to discuss the issues their rural communities face. There will be opportunities for members of the caucus to hear from patients, providers and health advocates about this issue, according to a press release from Rep. Mark Green. **Carrie Cochran-McClain, chief policy officer of the National Rural Health Association, spoke at the first meeting**."

"The caucus will highlight potential policy solutions, including 'stemming hospital closures, ensuring fair and adequate reimbursement rates, strengthening the health workforce, reducing health inequities and expanding telehealth and other innovative care delivery models' according to Green's press release."

" 'A bunch of us decided it was time to pay closer attention to our rural communities, especially in terms of health,' said Rep. Andrea Salinas, a founding member of the caucus."

Struggling rural communities–"The COVID-19 pandemic brought greater attention to the obstacles rural communities face when it comes to health care. Many people in rural areas experience health care shortages and have to travel long distances to receive care."

"Salinas said that amid Oregon's mental health and substance use crisis, 'it's even more critical that we address these issues now.' "

" 'Mental health is a big issue for me, and I know in some of our rural counties, we don't see the type of culturally and linguistically responsive care, especially when it comes to mental health care,' Salinas said."

"Green emphasized the importance of removing barriers to emergency room care, as it 'can mean life or death.' Tennessee is plagued by rural hospital closures and limited access to emergency medicine."

Bipartisan goals–"Rep. Susan Wild said in a press release that she is excited to work with both her Democratic and Republican colleagues to address these barriers in rural America."

" 'Whether it's advocating for fair reimbursement rates for rural hospitals or pushing to protect the 340B drug pricing program, I'll continue pushing to make sure that everyone–no matter where they live–can access the quality, affordable care they need to stay healthy,' Wild said."

" 'From increasing mental health needs to expanding broadband to support telehealth and addressing provider shortages, it's clear that while our districts vary in location and demographic, we are united in the fight to improve health care access,' Rep. Jill Tokuda said in a press release."

"Salinas said she is encouraged that so many representatives share a desire to combat the consequences of workforce shortages."

" 'I'm just hoping to work with my colleagues on both sides of the aisle,' Salinas said, 'so no matter who is in power in the House, whether it's Democrats or Republicans, we can continue to move our rural communities forward.' "

WORH Earns National Innovation Award

From the *WORH Rural Reporter*, 9/28:

"The Wisconsin Office of Rural Health (WORH) has been honored with the 2023 Innovation Award by the National Organization of State Offices of Rural Health (NOSORH), in recognition of its outstanding Rural EMS Outreach program. The Innovation Award is presented to a State Office of Rural Health that has exemplified creativity and dedication in their community outreach, programs, and activities aimed at advancing rural healthcare."

"Wisconsin's Rural EMS Outreach program, launched in July 2022, has garnered acclaim for its efforts to enhance access to Emergency Medical Services in the state's rural communities. The program formulates tailored strategies to local governments and their EMS services through one-on-one technical support, works collaboratively with industry associations, and brings 30+ years of expertise to the legislature upon request."

"A pivotal study conducted by the EMS Outreach program revealed the extensive strain placed on Wisconsin's emergency response system, with a staggering 41% of emergency services struggling to maintain 24/7/365 ambulance staffing."

"The program also includes comprehensive leadership training for EMS personnel, ongoing initiatives to expand the EMS workforce, and dedicated advocacy for the needs of our invaluable emergency responders."

For information and inquiries, reach out to James Small, Rural EMS Outreach Program Manager, at 608-265-8221 or via email at ***small5@wisc.edu****.*

Leadership Insights: "Belonging Naturally"

The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at **www.RWHC.com**.

My colleague (and dear friend who nurtures my belonging) Cella Hartline and I stopped at the beautiful Copper Falls for a hike to break up a long work roadtrip this month. I kept seeing so many metaphors in nature for leadership that it almost felt trite, but at the risk of appearing so, I'm going ahead with this. The natural world presented a template for exploring how leaders can increase a sense of belonging. Here is what I saw and some questions for you to ponder as a leader:

Dried up earth is still in movement. Even in the drought conditions this summer, the crusty and cracked earth is always shifting, VERY slowly, but it continues to expand and contract in miniscule ways. The earth, like people, moves at its own pace.

- Who moves too slowly for you? Who needs a little more time to learn things? Are you impatient with those younger or older than you who move on a different timeframe? Are there times that you *push* when an *invitation* would be more engaging?

- What would matching their learning pace look like so that they could feel your empathy? When employees feel like you *"get"* them, they feel more like they are a part of things.



- What does this person need? If you add the right amount of nourishment (encouragement, recognition, skill-building, etc.) you can free up movement. Ask, *"What do you need to take the next step, and how can I support you?"*

- What has moved already? Can you point out small accomplishments for the person to build upon, and to recognize that they have made some progress, even if not on your speed?

Diversity and equality are evident throughout nature. Some things in the natural world may be more appealing to my eyes, but nature doesn't have any way of advocating, *"Hey, I'm the tree (or stream, falls, rock, mud, etc.) and I'm most important here."* Everyone wants to feel like their contribution is integral to the big picture.

- What opportunities do you have to take off the name tags? How do you show equal regard for doctors, housekeeping, nurses, registration, food service, CEO, etc.?

- Can you facilitate more interaction across the organization in recognition of the interdependence that makes it all work? Hold the discussion, *"What would a day without a _____ be like here?"*

Nature adapts. A tree doesn't scream out, *"Oh no, it's too windy, stop or I'll break!"* Nature responds to the conditions that present themselves and then adapts. How leaders adapt paves the way for whether employees experience either more trust or more fear.

- Think about your own response to danger. How does your reaction to threats–real, potential, or imagined ones–impact others around you?

- How are you leading in showing that you can be adaptable and flexible? People may not know you are adapting if you don't tell them about it.

- How does your ability to adapt–or not–impact your employee engagement? Hold *"just culture"* debriefings on what didn't go so well focusing on what was learned (not on blame) and how to prepare for the next thing.

Seasons offer different perspectives. You may love or hate winter, but it is coming. Like all the seasons, it does have its upside, which some I know may find hard to see, just like it can be hard to see the best in some individuals at times.

- Are you honing in on the uniqueness of each employee? Every one of them has something that is their own spark; do you know what that is?

- Do you have employees who are ready for a change or looking for opportunities to grow? How could you be watching for the signs of the "season changing" that would clue you in to this readiness? People feel engaged and connected where others understand them, encourage their development, and provide just the right nudge to try something new.

Get yourself outside, be still, and just notice. *I'd love to hear what speaks to you*.

Contact Jo Anne Preston for individual or group coaching at ***jpreston@RWHC.com*** *or 608-644-3261. For info re the RWHC Leadership Series go to* **www.RWHC.com/Services.aspx** *or contact Carrie Ballweg at* ***cballweg@RWHC.com*** *or 608-643-2343.*

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