



2020 RURAL HEALTH CLINIC NEEDS ASSESSMENT

Wyoming Department of Health
Public Health Division
Health Readiness and Response Section
Rural and Frontier Health Unit
Office of Rural Health

Background

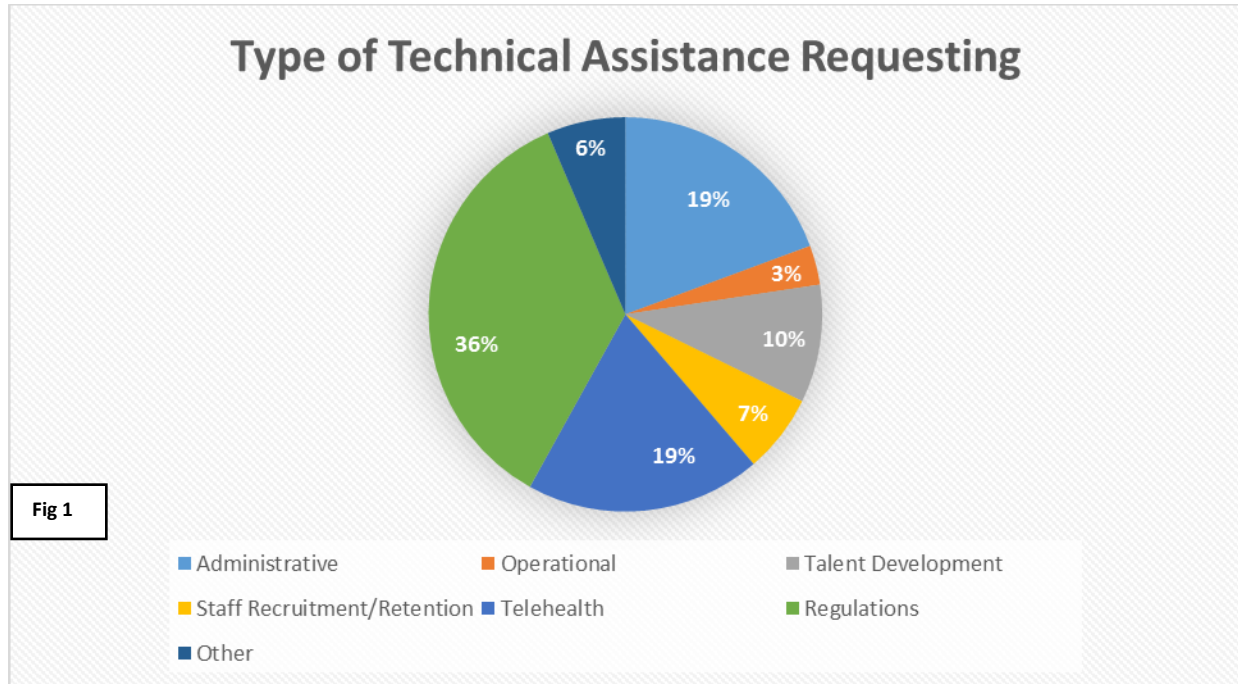
Wyoming is the 10th largest state and maintains the lowest population density in the United States, with a little over a half a million people calling this state home.¹ While fresh air and wide-open spaces are a big draw to live in Wyoming, it can cause barriers for Wyomingites when it comes to accessing medical care. In 1977, the Centers for Medicare and Medicaid Services (CMS) created a program to assist rural areas in need of medical facilities and staff. The Rural Health Clinic (RHC) program aims to increase the amount of primary care and laboratory services offered in areas “that are not urbanized as defined by the Bureau of the Census.”² In order to become certified as an RHC, these facilities must follow special guidelines. The RHC program provides Medicare and Medicaid beneficiaries with the access they need while medical providers receive enhanced reimbursement rates. Wyoming’s rural nature means there are still some barriers RHCs face that clinics in metropolitan areas do not experience such as low staff retention, difficulty recruiting providers, and difficulty providing telehealth services. The Wyoming Department of Health, Public Health Division, Office of Rural Health (ORH) aims to alleviate some of those barriers through developing and providing targeted technical assistance to Wyoming-based RHCs. The purpose of this project was to gather feedback from CMS-certified RHCs in Wyoming to determine how to improve communication between ORH and RHCs, identify services that may be useful to RHCs, and identify barriers to RHCs’ provision of quality, equitable services.

Methods and Objectives

For this project, 22 of Wyoming’s RHCs were contacted to verify mailing addresses and obtain contact information for the office manager or medical director. Some clinics share supervisory duties across multiple clinic locations thus 18 letters reflecting all 22 RHCs were sent out via mail. The letters introduced the ORH, described the purpose for the contact, and explained the main objective of the forthcoming survey was to gain information on how to tailor resources to the needs of the RHCs, improve the accessibility of those resources, and enhance communication between the ORH and the RHCs. An 11-question survey was created and mailed out, asking questions regarding technical assistance, communication, and, at the request of the Wyoming Governor’s Office, the services offered at each clinic and the frequency of those services, and the percentage and types of insurance used. The survey was a mix of open ended, closed, and multiple-choice questions. Clinics that indicated they were interested in a follow-up interview were contacted to organize a telephone meeting. The three objectives of the information interview were to obtain more detail regarding technical assistance desires, discuss some barriers and/or challenges at the clinic, and hear stories of success. There were six open ended questions for each interview, tailored to the way the participants answered the survey questions. Phone interviews lasted approximately 30 minutes and were hosted and monitored by two ORH staff. All data from the surveys and informational interviews were compiled into a spreadsheet, where they were coded and analyzed.

Results

Of the 22 RHCs who were asked to participate, 15 responded back to the ORH, resulting in a response rate of 68%. Seven participants asked for an informational interview with the ORH to discuss technical assistance in further detail. As indicated by the survey, most RHCs are seeking help with regulations and compliance followed by telehealth services and administrative duties (Figure 1).

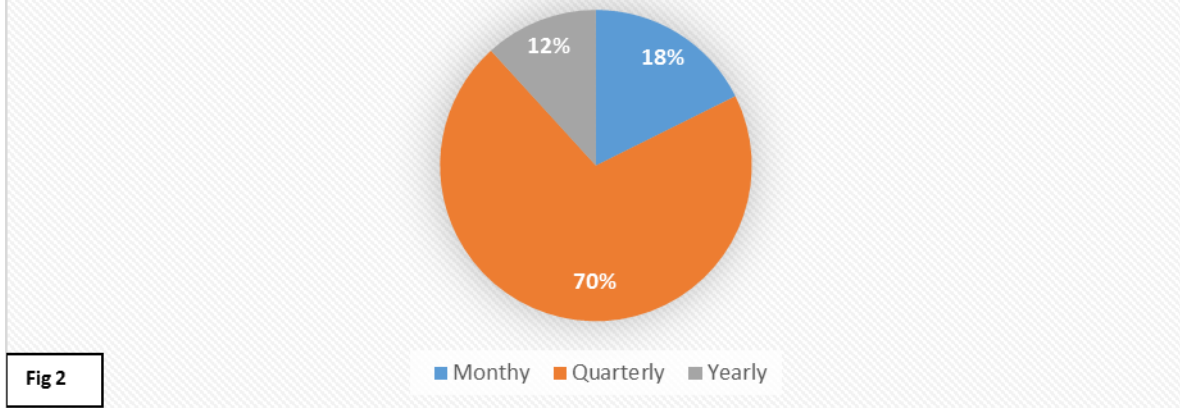


Ten clinics indicated they had no local or state agencies helping with technical assistance nor were any federal agencies involved with thirteen of the clinics reporting. When technical assistance was identified as being used, it was provided by the Wyoming Department of Health, the National Association of Rural Health Clinics, or hospitals in their local area.

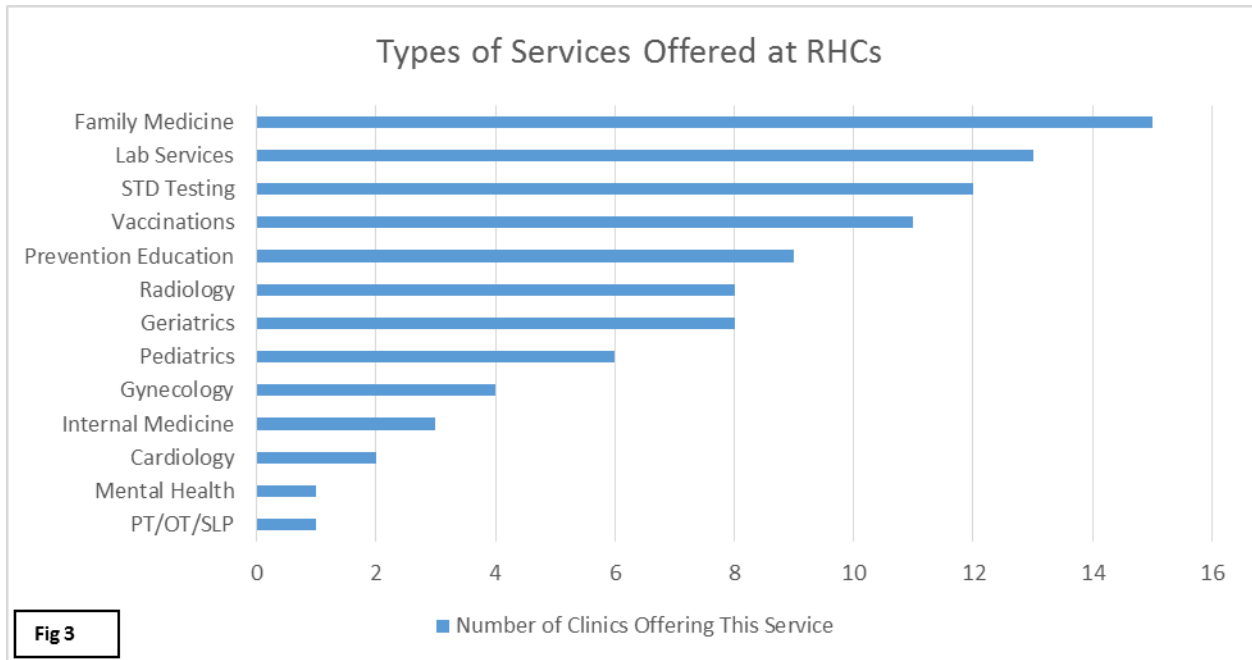
Communication was another area the ORH wanted to address. The survey results showed email as the preferred method of communication by the majority of RHCs, with 80% responding, followed by three clinics who indicated that telephone was their preferred method of communication. Eleven clinics reported wanting contact with the ORH at least once a quarter followed by monthly as indicated by three clinics.

Interestingly, clinics also reported wanting help with technical assistance quarterly (Figure 2). This could indicate a good opportunity for providing technical assistance services during the desired quarterly check-in. Because the majority of RHCs said they had never reached out for technical assistance, there is significant room for improvement in communication between the ORH and Wyoming's RHCs.

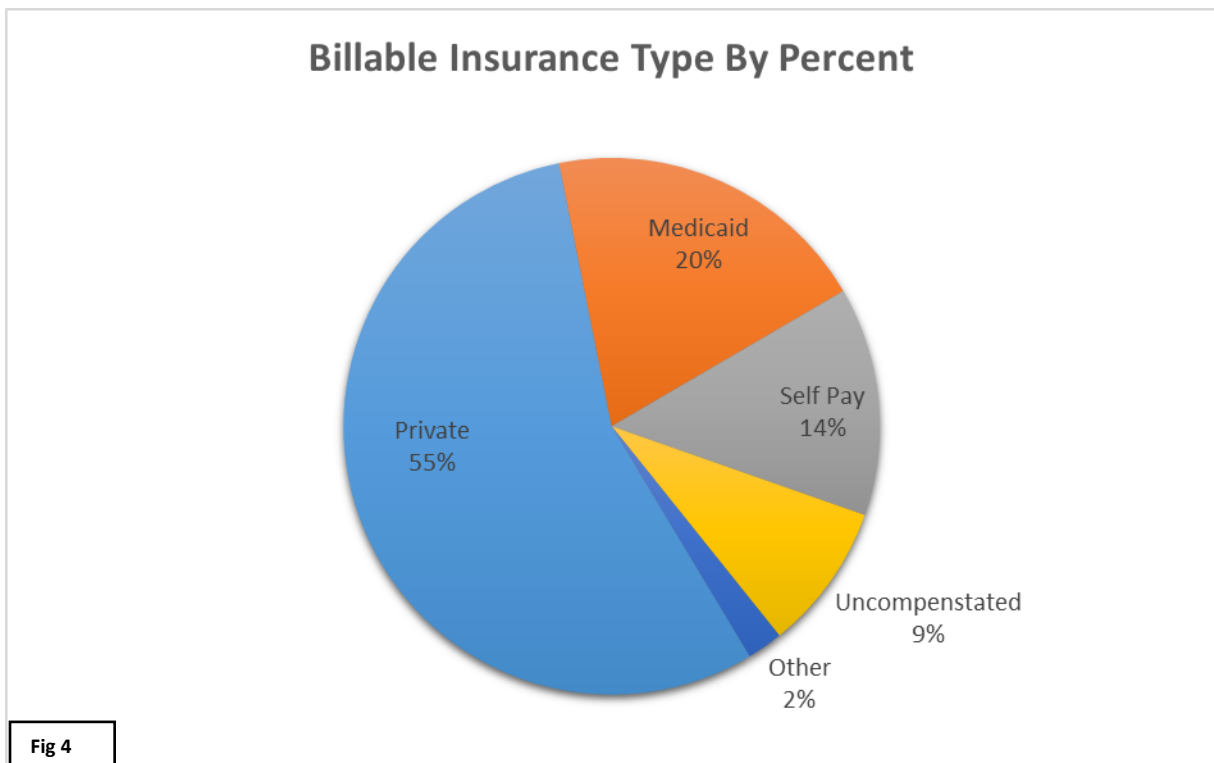
How Often RHCs Want Technical Assistance



Results in Figure 3 demonstrate 100% of the RHCs in Wyoming offer family medicine services to their community. This is followed by 86% of clinics offering lab services, 80% offering sexually transmitted disease (STD) testing, and 73% offering vaccinations. Some of the specialty services offered by Wyoming's RHCs are prevention education, radiology, geriatrics, pediatrics, and gynecology. It is important to note there are some services not provided by any of the RHCs that responded to the survey. Those services are obstetrics, pulmonology, neurology, podiatry, orthopedics, otolaryngology (ENT), optometry, ophthalmology, and substance abuse programs. Healthcare access, including access to specialty and subspecialty healthcare services, is often cited as an underlying factor of rural health disparities;³ therefore, availability of these specialty services could decrease health disparities and improve health outcomes within the community.



Insurance can play a role in access to care in rural communities. The majority of RHCs report (Figure 4) Medicare as their primary payer (38%) followed by private insurance (34%). These results may reflect the aging rural population in Wyoming.



Recommendations

Since the survey results indicated more frequent communication between the RHCs and the ORH is desired, increasing communication should be a top priority. Quarterly communication, whether it be an informal meeting, newsletter, or other information sharing, could be beneficial in ensuring all the RHCs are being supported in a way the ORH is able to facilitate. Another recommendation is to have the RHCs meet together quarterly or yearly to discuss ideas, share experiences, and grow their connection as RHCs collectively. This way, the RHCs who are excelling in one area may be able to help other clinics who may have trouble in that same area. In addition, the ORH should work with the Wyoming Department of Health, Aging Division, Healthcare Licensing and Surveys to assist RHCs with compliance and regulations, since that was a highly indicated area of need. Because Wyoming is naturally rural, telehealth services should also be a point of focus. More information may be needed to determine the type of telehealth technical assistance RHCs need, and the Wyoming Telehealth Network (WyTN) could play a vital role in meeting those needs. The information gathered during this project was vital in finding areas of strength and places for improvement in the relationship between the ORH and RHCs. The ORH is committed to providing the necessary resources and tools to assist RHCs in creating a healthier Wyoming.

Sources

1. Wyoming Department of Health (2018). State Health Assessment. Retrieved from <https://www.astho.org/Programs/Accreditation-and-Performance/Documents/17-18-TA-States/WY-State-Health-Assessment>.
2. Rural Health Information Hub. Rural Health Clinics (RHCs). Retrieved from: <https://www.ruralhealthinfo.org/topics/rural-health-clinics>.
3. Rural Health Information Hub. Rural Health Disparities. Retrieved from: <https://www.ruralhealthinfo.org/topics/rural-health-disparities#causes>.

Acknowledgements

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