

Greeley, Wallace Counties Combine Efforts to Create Comprehensive System of Care

It takes a concerted effort by many individuals working together to make a difference in health care in rural Kansas. In western Kansas, that dedication is seen in the way providers, community leaders and the general public came together to make Greeley County Health Care Services the quality system of care it is today.

Covering a two-county area of western Kansas with a combined population of 3,283 people, Greeley County Health Care Services has grown from a small community hospital and private practice to a full scope of complementing services and providers.



Left to right: Robert Moser, MD; Julia Myers, MD; and Wendel Ellis, DO; provide quality patient care while guiding a crew of 120 hospital, clinic and long-term care personnel in Greeley and Wallace counties.

For nearly 30 years, patients in Greeley and Wallace counties received their medical care from two physicians who lived and worked in their respective communities of Tribune and Sharon Springs.

When those two physicians both retired in 1991, only Robert Moser, MD, was ultimately left to tend to patients and provide clinical, hospital, emergency room, obstetrical and long-term care between the two communities, some 30 miles apart.

Moser, a native of Tribune, had completed his

residency at the University of Kansas School of Medicine-Wichita (KUSM-W) Family Practice Residency Program at Smoky Hill a few years earlier and returned home with expectant wife, Dalene. The couple was looking forward to the community's family ties and its progressive outlook on lifestyle quality, two factors that aided Moser during the ensuing years of overcoming challenges in local care.

Recognizing the need to find relief for their sole provider, the leaders in both communities of Tribune and Sharon Springs joined together in 1992 to form the Integrated Community Health Development Project, funded by a state grant and formulated with assistance from the Fort Hays State University Docking Institute of Public Affairs.

Through group discussions and surveys, the communities hammered out a vision for a coordinated and integrated health care system. In addition to adding home health, assisted living and behavioral health services, the plan called for the expansion of existing cardiology and urology outreach clinics to include gynecology, orthopedics and neurology.

Implementing the plan, however, created a whole new set of challenges.

When examining avenues for maximizing reimbursements, the Essential Access Hospital/Rural Primary Care Hospital (EACH/RPCH) program revealed limitations that were contrary to the community's plans. Now known as the Medicare Rural Hospital Flexibility (FLEX) Program, EACH/RPCH was designed to link smaller rural hospitals with larger facilities through a special Critical Access Hospital (CAH) licensing.

"But I didn't like the direction the EACH/RPCH program was heading, which was centralization or taking services away from the local population," Moser said. "It would take away what we were already providing, such as obstetrics and surgery, and we wouldn't be allowed to keep an inpatient if they required more than three days of acute care."

Simultaneously, the lack of a mid-level provider resulted in the loss of the Rural Health Clinic status in Wallace County.

Plus, despite the numbers generated by the two-county practice area, Greeley County's population eliminated the ability to qualify for designation as a Health Professional Shortage Area (HPSA). However, this problem was remedied by qualifying the physician-less Wallace County for the designation. Obtaining the HPSA designation ultimately led to many positive results, beginning with efforts to recruit a new physician to the practice.

In January 1992, Wendel Ellis, DO, and expectant wife, Elby, arrived for a recruitment visit, only to find Moser occupied with the birth of his second child.

With only a few minutes to spare, Moser convinced the Ellises that their practice search had ended. Not only were the area's demographics compatible, but the HPSA and medically underserved designations provided Ellis with avenues for fulfilling his National Health Service Corps (NHSC) commitment and for participation in the Kansas Bridging Plan.

Two days after the visit, Ellis accepted the position to begin upon completion of his residency at the KUSM-W Family Practice Residency Program at Smoky Hill, a year and half later. His practice agreement included a guaranteed income contract, an arrangement to pay off expenses based on income and an even split of supplies and equipment after two years.

For Moser, the news provided some relief. "I enjoyed what I was doing because there was a mix of both staff and patients," he said. "But I knew another provider with the same health-care and family-directed attitudes would help us achieve a lot of our goals of providing services locally, plus allow time off."

For Ellis, the practice was the fulfillment of a dream. "It was always my desire to be a rural family physician," he said. "And although I didn't realize how rural my location would be, I was pleased to have found this opportunity."

Still, it was an opportunity with challenges. Ellis' responsibilities included serving as medical director for Wallace County's emergency medical services, senior facility and county health department.

"One of the early difficulties came as Deputy District Coroner, an area that medical students or residents do not typically receive training in. At the scene, you usually know everyone involved and oftentimes there are significant emotions associated with the unexpected death of a loved one, a suicide or an accident.

"I remember in 1993, my first year of practice, being on the way to a scene and wondering what I was doing. But with a few phone calls and the gracious support of my partner and regional pathologists, I was able to obtain the information I needed and take the appropriate measures."

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Robert Moser, MD

With simultaneous loan repayment terms to the NHSC, Ellis was also able to provide care for the underinsured and uninsured on a sliding fee scale. But perhaps more importantly, his arrival allowed for a provider four days a week at Wallace County Family Practice while physician availability in Tribune doubled.

With the increased numbers of patients and provider hours, Greeley County Hospital began efforts in 1997 to develop additional services such as physical therapy and home health. Today, physical therapy encompasses satellite offices in Sharon Springs and Leoti, and home health services cover patients in three surrounding counties.

Additional services have since been secured through grant funding and foundation support and include a prescription drug program, equipment and technology for patient education and an athletic training program for local high school students.

One such grant to the NHSC Commissioned Officer Program in 2001 netted a third physician, Julia Myers, MD, who immediately began to increase access to care for the area's uninsured, Spanish speaking, and feedlot and dairy

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Despite the success of the KORA program, Ellerbeck said there is always room for improvement. “Even though we think that this is a very exciting innovation, the future is probably in more sophisticated information systems technology that provides immediate feedback. In this one-page form, we can’t capture lots of interesting information, such as a family history, that might make it more important to get some extensive screening.”

Physicians participating in KORA can also qualify for Continuing Medical Education (CME) credits through a new program funded and implemented by the Centers for Medicare and Medicaid Services (CMS). Physicians may receive American Medical Association Physician’s Recognition Award Category 1 credit, with up to 10 CME credits in each of KORA’s clinical areas of diabetes, adult immunizations and breast cancer, available in the first year.

The KFMC is a Topeka-based not-for-profit organization that continually works toward improvements in health care for the state’s

Medicare beneficiaries and residents. Designated by the CMS as the state’s Medicare Quality Improvement Organization, KFMC works with Kansas hospitals, physician offices, nursing homes and home health agencies to assist in continual enhancements to their provision of care.

To learn more about KORA or other KFMC programs, contact the organization at 1-800-432-0770.



The simple KORA form prompts conversation between patients and providers.

The image shows a 'Kansas Outpatient Rapid Assessment' form. It includes fields for Patient's Name (Last, First, MI), Age, Sex (Male/Female), Current Date, and Doctor / ARNP / PA (Last Name, Initial). The form contains several screening questions with checkboxes for Yes, No, Not Sure, and radio buttons for Order/Done, Current, Deferred, Declined, and Not Indicated. Questions include: 'Have you ever had a pneumonia vaccination?', 'How long ago was your cholesterol checked?', 'If you are a woman: Have you had a mammogram in the past year?', 'Do you have diabetes?', 'If you have DIABETES: Have you had a hemoglobin A1c in the past year?', and 'Have you had a dilated eye exam in the past year?'. There are also fields for 'Latest LDL level' and 'Latest HbA1c'. The KFMC logo and contact information (2947 SW Wanamaker Drive, Topeka, KS 66614, phone: 1-800-432-0770) are at the bottom.

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worker populations. One of Myers’ innovative answers to increasing access is a “dairy clinic,” where she travels to the local dairy feed yard and provides free medical care to employees and their families.

After a 1998 survey revealed a great deal of satisfaction with the area’s improved quality of care, the Greeley County community went forward with the issue of a \$4.2 million bond for construction of a \$1.7 million retirement home, emergency room and hospital entrance along with the remodeling of the old home into the current clinic.

Finally, one the largest hurdles of the 1993 survey was completed in 2001 through a Community Access Program grant, funded through the Health Resources Services Administration. Known locally as the HealthCAP program, the grant brought about two-fold results in the form of a behavioral health provider and staff and the installation of a wide-area network.

With the behavioral health services provided for by the grant being integrated into the

primary care setting, there has been a reduction in the stigma often associated with mental-health counseling, especially in a rural area. In addition, the new network has integrated care between the facilities, allowing for more efficient access to patient details such as insurance, allergies, medications, current diagnoses and immunizations.

Beyond the obvious improvements, there has been a substantial economic impact on the service area. In 1992, 56 personnel made up the hospital and clinic staff; the average patient census was 1.8; and the hospital’s yearly gross income was \$400,000. Today, care is delivered by a team of 120 hospital, clinic and long-term care employees; the hospital’s average patient census exceeds 3.5; and its yearly gross income is nearing \$6 million.

For the people of Greeley and Wallace counties, the numbers only convey something they have known all along, that people in rural Kansas know how to get things done.

