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Rural Focus

Telehealth: The Salvation of Rural Healthcare

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The Challenges That Led to Telehealth

In 2008, Wagner Community Memorial Hospital (WCMH) was in a similar situation as most rural hospitals. It was facing shrinking demographics, having difficulty recruiting and retaining staff, dealing with ever-increasing financial pressures, and searching for a much-needed solution to ensure community access to quality healthcare. After a string of 14 physicians straight who left after being at the organization for three years or less and bleak prospects of finding a long-term physician mainly due to our remote location (120 miles from the major tertiary hospitals, shopping centers, and entertainment opportunities), "on call" requirements, and spouses' reluctance to relocate to a rural/frontier community, the administration, with the acknowledgement and support of the board, determined it was time to review broader, more radical options. This included implementation of telehealth acting as back up for advanced practice providers (APPs).

WCMH is in Wagner, South Dakota, a town of 1,600 that is adjacent and intermingled with the Yankton Sioux Tribe Reservation. The demographics are largely American Indian (49 percent) and Caucasian (49 percent), and around 33 percent of families live below the poverty line.

WCMH is a small rural/frontier critical access hospital licensed for 20 beds with an average daily census (ADC) of less than four. However, WCMH will handle an average of over 2,200 emergency room visits annually (yes, 2,200 in a community of 1,600 and a service area of approximately 3,800). WCMH experiences the breadth of visits that would be seen in an urban/intercity ER: gunshot and stabbing victims, behavioral health/self-harm inclinations (14 intentional/unintentional suicide/ overdoses in 18 days, in a town

Key Board Takeaways

- Take time to discuss how telehealth can help your organization. Rural hospitals cannot survive under the traditional physician delivery model, so these conversations need to start now.
- When implementing telehealth, be prepared for resistance, in some case defiance, from providers, staff, and most importantly, the community. Board members are key promoters towards the understanding and acceptance in the community, so know your facts and start discussions at every opportunity. Remember this is not substituting and/or replacing physicians, it is supplementing your APPs level of education and experience in order to ensure access in areas where physicians can't be recruited and/or retained.
- Be patient. Telehealth will have a positive impact immediately, but the entire process will take years to fully implement, with total quantifiable results not being realized for a few years later.
- Trust and support the administration when the conversations intensify with reluctant stakeholders. Some resistance can be very deep-rooted but can be overcome as programs obtain success and demonstrate sustainability. Don't let the perceived quality and/or need for physicians or naysayers derail the program.
- Keep in mind the end goals: the long-term sustainability of the organization and improving access to healthcare for the community.
- Move past sticker shock. The initial start-up cost can be large, especially if you are in a high-speed Internet desert. With an annual price tag of $50,000–$150,000 for each telehealth service, it can be expensive, but the annual net cost savings of a single FTE, from a physician to an APP, is upwards of $250,000.

of 1,600!), multiple victim motor vehicle accidents, bludgeoning, and assaults, along with the more typical acute myocardial infarctions, strokes, diabetic ketoacidosis, end-stage renal diseases, liver failures, pneumonia, COPD, etc. This makes for extremely interesting dynamics for both WCMH's ED and inpatient area.

To further understand the pressures WCMH faces, our annual expense budget is around $9 million, with $1.25 million in uncompensated care as well as a payer mix that is over 80 percent governmental, creating financial pressure that could potentially close WCMH in a matter of a few years if it is not addressed properly.

WCMH was feeling the strong effects of these challenges, so in 2008 leadership decided to partner with Avera eCARE to deliver telemedicine services to the community. Our organization was one of the very first facilities to sign up for eEmergency followed shortly by ePharmacy, eConsult (mainly in infection control), eStroke (later rolled into eEmergency), and eventually eHospitalist.

The Impact of Telehealth Programs

With confirmation that an APP could be the primary person "on call" (and also the hospitalist) with physician backup via telehealth, WCMH implemented a "Grow Your Own" program, encouraging and sponsoring RNs to advance their degrees to nurse practitioners (NPs).

We have added five NPs since 2008 as a result of these efforts. These providers are now addressing upwards of 70 percent of ER calls with physician backup via telehealth, 120 miles away.

The results are staggering, especially considering the complexity of WCMH ER visits. Since making these changes, the hospital has:

- Increased quality as represented by patient satisfaction surveys, with the overall aggregate score in the 98th percentile for the June 2019 surveys.
- Had no adverse or sentinel events.
- Improved access to extremely needed services (e.g., emergency/trauma services and primary care services).
- Decreased direct ER costs, which are now equal to the organization's 2012 levels. When saving $75–$125 per hour by staffing with APPs (with telehealth as backup) and 75 percent of ER hours are staffed with APPs, the annual savings are over $500,000. At the aggregate level, Avera eCARE provides eEmergency to approximately 180 rural sites. If each site was to implement this APP delivery model, the impact on the healthcare industry spend could exceed $90 million annually!

The impact on recruitment and retention of all employees has been just as impressive. WCMH's turnover rate was less than 5 percent in 2017 and 2018. Telehealth played a major role in this achievement.

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Building a great leadership team is paramount, but when telehealth is there to supplement leadership's efforts, the concerns of being "alone on an island" have a dramatic effect on recruitment and an even greater impact on retention through the reduction of fatigue and burnout. Direct caregivers don't have to second-guess themselves (e.g., the "What Ifs": "Did I do everything I could? Did I miss something?"). Better retention creates an assurance of quality throughout the continuum of care along with correlating efficiencies.

Shortly after implementing the APP delivery model, WCMH's APPs expressed anxiety about their lack of education, experience, and expertise on the acute side and thus their ability to act as hospitalists when on call. With high numbers of chronic, co-morbidity, and complex patients, WCMH once again looked to telehealth as a resource "supplement" for our excellent staff.

WCMH worked with Avera eCARE to develop and pilot an eHospitalist program, providing direct contact with a board-certified hospitalist. Through this program, WCMH's APPs have greater resources to establish a plan of care, allowing them to practice at the top of their licensure while expanding services. This resulted in decreased outbound transfers while increasing inbound higher-acute transfers. The over 50 percent increase in ADC resulted in a major increase in patient revenues, gross and net.

Most recently, WCMH expanded the use of telehealth into the behavioral health arena with eBehavioral Health. Accessed through eEmergency, the eEmergency staff can provide the assessment and initiate the transfer process. A second option is eTriage, a clinic-based access point for immediate

crisis management for those who are not able to or wouldn't travel 60 miles for help. In September 2019, eSANE (Sexual Assault Nurse Examiner) was implemented as well, bringing the unfortunate need of sexual assault examination expertise to WCMH via telehealth.

With the pressures that continue to challenge rural hospitals, we can't continue to "do what we've always done." I employ each and every one of you to feel and learn from our pain and take action before it's too late. It might not be the healthcare your community is envisioning, expecting, or wanting, but telehealth is the salvation of rural/frontier healthcare.

The Governance Institute thanks Bryan Slaba, M.H.A., FACHE, Chief Executive Officer, Wagner Community Memorial Hospital—Avera, for contributing this article. He can be reached at bryan.slaba@avera.org.