

2008 North Dakota Flex Program & Critical Access Hospital State Rural Health Plan Summary

Report Completed by:

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Purpose

The purpose of the state rural health plan is to assess and identify pressing current conditions of rural health services and systems, with a focus on critical access hospitals. To address the conditions, Flex Program resources must then be aligned with the needs of critical access hospitals and the rural healthcare arena. **Use of information from the full report** (available at ruralhealth.und.edu/publications) **is encouraged** by others to inform their rural health efforts and to identify others with common purposes that strengthen rural health care delivery in ND.

North Dakota Conditions

Conditions shaping the rural health delivery system affect potential solutions to rural health issues and resource allocation. From a demographic perspective, North Dakota can be characterized as a state with a small population that is geographically rural and frontier. This presents a unique set of circumstances that confront the economic expansion of the state, the viability of rural health systems, and the sustainability of rural communities. With small population growth overall,

declining population in most non-energy counties, an aging population with increasing chronic health conditions, and a decline in the youth population – the demographic challenge is a major factor in a complex economic equation. In order for the economy to continue to grow, it needs assurance of a stable health care system in place to serve businesses, employees and families in rural communities.



Strategic Approaches to Strengthen Rural Health Care Delivery

Nine themes were identified and considered priority areas of focus due to their prevalence and impact to rural health care delivery in North Dakota. For each theme, an overview of the *Flex Program's initiatives through 2010 is provided*.

1. Access

Collaborate with other statewide initiatives to educate CAHs about funding opportunities, explore alternative models of health delivery systems, provide technical assistance to CAHs that strengthens their ability to meet local and area access issues.

2. Community and Economic Development

Promote the visibility of CAH contributions to the economy, provide technical assistance to strengthen community relations, develop education around legacy planning and foundation development/support.

3. Emergency Medical Services and Trauma

Support educational opportunities related to finance, providing technical for EMS units and financial support CAHs with trauma designation and medical director training.

4. Finance

Support policy development that addresses financial issues, collaborating with stakeholders, and providing assistance to CAHs including financial analysis and performance improvement planning.

5. Health Information Technology (HIT)

Promote HIT initiatives through networking, increase awareness of link to quality and patient safety, financially support CAH efforts, and collaborate with the ND HIT Steering Committee.

6. Networking

Promote sharing of resources between CAHs and regionally with tertiary facilities, fund CAH networks, provide technical assistance to networks, and support peer mentoring.

7. Quality

Provide support to the CAH Quality Network, support opportunities to involve providers and board of directors, and work collaboratively with statewide organizations.

8. System Reform

Share rural health issues with other stakeholders to create awareness, promote leadership opportunities, and monitoring the implementation of new healthcare delivery models.

9. Workforce

Support CAHs through funding and technical assistance, collaborate with other regional and statewide programs to address workforce challenges.



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