Rural Rx

Health care in the count doctors, uninsured patie

By Kathy Warbelow

When a friend recruited Shane Kernell to a hospital in the Texas Panhandle about a decade ago, he jumped at the chance. "I knew the guy and wanted to work for him," said Kernell, whose experience had been only in urban hospitals. "A hospital is a hospital, right? Little did I know. The challenges are vastly different — not even close."

Kernell quickly got an education in rural health care. Stagnant or falling rural populations, high rates of uninsured patients and cuts in reimbursements under Medicaid and Medicare — the federal insurance programs for low-income people and those over 65 — mean many hospitals struggle to keep their doors open.

fast forward

SERIES: How growth is shaping Central Texas' future

It's difficult to recruit doctors to rural areas, he said, where pay is lower, hours longer and career opportunities for spouses limited.

In mid-2013, Kernell became CEO of St. Mark's Medical Center in La Grange. He considers himself lucky: The 10-year-old, 65-bed, 100,000-square-foot hospital draws patients from an area of about 50,000 residents — primarily Lee and Fayette counties, but also Bastrop and other surrounding areas. The 25 staff doctors include two orthopedic specialists, an obstetrician and a pediatrician. A nonfinancial relation-

Photos by Jay Godwin

ry struggles with fewer ents and dwindling resources

A patient's view of the new CAT scan machine at Seton Edgar B. Davis Hospital in Luling, complete with a smiling Mike Wheeler, CT technologist and X-ray tech. The lovely mountain scene at the top is part of the machine, something to help patients relax during a procedure. The hospital covers a 523-square-mile area and provides $12 million in charity care a year.

ship with St. David's HealthCare, the Austin-based medical network, means St. Mark's can send patients who need advanced care to one of St. David's larger urban hospitals.

"We're not typical," Kernell said. He compared running a rural hospital to flying a fighter jet with no squadron to provide protection.

The 14 counties in Bluebonnet Electric Cooperative's service area include independent hospitals such as St. Mark's and others that are part of larger hospital systems, such as the 25-bed Scott & White Hospital in Taylor. But there are also areas with limited access to primary care doctors and advanced emergency care.

Shane Kernell, CEO of St. Mark's Medical Center in La Grange

There are only two pediatricians in Caldwell County, which has about 41,000 residents, and about 11,000 of them are younger than 19, according to the Texas State Data Center. Burleson County, with about 17,500 residents, has only three primary care doctors, and no pediatricians or ob-gyns, according to the Texas Medical Board.

The shortage of doctors is a national issue. Rural areas have 17 percent of the nation's population, but only 10 percent of its doctors, according to the National Rural Health Association.

"Texas is not seeing many new physicians going into ru-

Continued on next page

Inside THIS MONTH

WIN A YETI COOLER 24
Create an online account to enter

CANCER AWARENESS 25
Co-op goes pink in October

SAFETY FIRST 25
Call us if you're unsure about workers

MONTHLY MEETING

Bluebonnet's Board of Directors will meet at 9 a.m. Oct. 20, at Bluebonnet's Headquarters, 155 Electric Ave., (formerly 650 Texas Hwy. 21 East), Bastrop. Find the agenda and last-minute updates Oct. 16 at **bluebonnet.coop**. Hover your cursor over 'next board meeting' on our home page.

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ABOUT THIS ISSUE

Bluebonnet Electric Cooperative produced the blue-bordered pages 18-25 in this issue of the magazine with content that is of specific interest or relevance to Bluebonnet members. The rest of the magazine's content is distributed statewide to any member of an electric cooperative in Texas. For information about the magazine, contact Janet Wilson at **512-750-5483** or email **magazine@bluebonnet.coop**.

‘We don’t have enough doctors, period, in Texas, and when rural and urban areas compete, rural areas generally lose.’

DON MCBEATH,
Director of government relations for the Texas Organization of Rural and Community Hospitals

Continued from previous page

ral areas, especially primary care,” said Don McBeath, director of government relations for the Texas Organization of Rural and Community Hospitals.

“Rural doctors are getting older, and there’s no backfill to replace them,” he said. A medical school graduate with debt of $100,000 or more is likely to go to an urban area to make more money. “We don’t have enough doctors, period, in Texas, and when rural and urban areas compete, rural areas generally lose,” McBeath said.

With a shortage of primary care doctors, rural hospitals often are the front line of care for the counties they serve. St. Mark’s, for example, runs a weekday satellite clinic in Flatonia southwest of La Grange, staffed by a family medicine nurse practitioner and an orthopedic clinic near the hospital. But economic challenges have forced a growing number of rural hospitals to close, McBeath said.

The 15-bed Lakeside Hospital in Bastrop struggled financially before closing in 2010. The nearest alternative was Seton Smithville Regional Hospital, about 15 miles way. In mid-2012, St. David’s HealthCare took over the vacant Bastrop facility and runs it as a stand-alone emergency care center, with outpatient services only.

Patients with more serious injuries are sent to its St. David’s South Austin hospital.

Cuts in federal Medicare reimbursement rates several years ago hit rural hospitals hard, because they operate in areas with older populations. They took another hard hit in 2011, when the Texas Legislature cut nearly $35 million in Medicaid reimbursements to rural hospitals — rates that were already not enough to cover the cost of providing care. Legislators restored about $29 million of that in the 2013 session, but the cuts were too much for some hospitals, McBeath said.

The reimbursement cuts were the final blow for some hospitals. Since the start of 2013, at least 13 Texas rural hospitals have closed, McBeath said, leaving 168 across the state. Nationwide in that

Nurse Jennifer Torres plugs the Luling hospital’s Care-a-Van mobile health clinic into a power outlet after driving it to Prairie Lea. Every weekday, the clinic travels to schools, churches and community centers in the Caldwell County area to provide inexpensive, basic care for kids, including immunizations, medicine, lab tests and check-ups. Physician assistant Tiffany McDonald-Marsh, right, examines a child during the stop.

Primary care doctors in area counties

A big challenge for rural health care is the shortage of primary care doctors, including family physicians, pediatricians and ob-gyns.

The federal government defines a shortage as any area with a population-to-physician ratio higher than 3,500-to-1, or a ratio of 3,000-to-1 if the area has a high demand for primary care services.

Five of the 14 counties served by Bluebonnet Electric Cooperative exceed the 3,000-to-1 standard, and nine have a ratio higher than the statewide average.

The figures do not reflect where doctors are located within a county, but doctors tend to work in urban or suburban areas, where there are more patients.

The data is from the Texas Medical Board, as of September 2014.

County	Primary care physicians	Population per doctor
Austin	7	4,490
Bastrop	26	3,214
Burleson	3	6,074
Caldwell	16	2,638
Colorado	17	1,270
Fayette	12	2,164
Gonzales	12	1,739
Guadalupe	48	3,135
Hays	109	1,731
Lee	5	3,524
Milam	10	2,555
Travis	1,094	1,023
Washington	28	1,261
Williamson	389	1,280
State of Texas	19,277	1,409

Dr. Martin Weiner, right, represents a vanishing breed: independent primary care doctors in rural areas. He recently retired after a decades-long career as a family physician and an ER doctor in Luling. The difficulties of running a private practice — complete with insurance hassles, federal mandates and soaring costs of drugs and lab tests — made his work increasingly difficult.

period, about 65 rural hospitals closed. This year alone, at least three Texas hospitals have closed their in-patient services and remain open only as emergency facilities. McBeath said it's possible that 10 or 12 more rural hospitals will close within a year.

The shutdowns affect more than health care. They have an economic impact as well, because local hospitals often are among the largest employers in their communities, Kernell of St. Mark's said.

A career devoted to rural health care

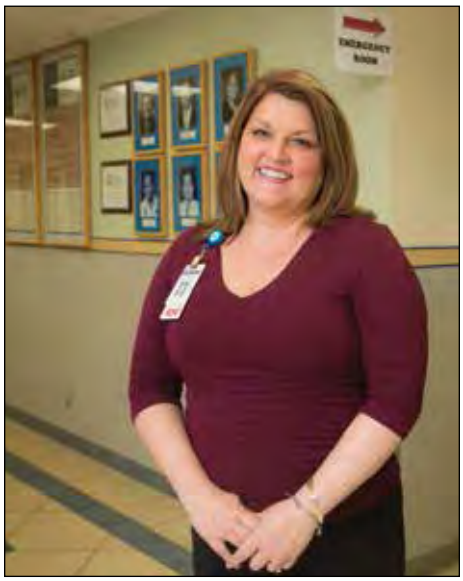
Martin Weiner is a classic country doctor who for 35 years delivered babies, set broken arms and visited elderly patients in nursing homes. At 73, he closed his Luling practice earlier this year to travel with his wife and spend more time with his six children and 13 grandchildren.

Weiner came to rural health care via an unusual route. In the 1970s, he worked for Hewlett-Packard in Silicon Valley, researching light-emitting diodes, the technology used in LED lighting. But the work didn't satisfy him.

"The corporate life was just not for me," Weiner said. "People will have slightly brighter light bulbs. Is that what I want to do with my life?"

Weiner's real passion was to be a country doctor. So he went to medical school, got a degree in 1979 and looked for jobs near San Antonio, where his wife, Phyllis, was starting graduate school in psychology. He saw an ad for a position in Luling, came to town for the interview and got the position at then city-owned Edgar B. Davis Hospital.

Weiner had a family practice, with his office on the hospital grounds, and worked part-time in the emergency room. The better-paying ER work offset the lower income as a primary care doctor.



Resources were scarce when Apryl Haynes started working as a volunteer at the Edgar B. Davis Hospital in 1988, and the issue remains. Today, Haynes is the CEO of the Seton hospital.

There were other tradeoffs that reflect the difficulty of recruiting doctors to rural areas. His wife gave up her career — a sacrifice not many dual-career couples would accept. It was hard to find a house that fit his family's needs, although Weiner said they eventually moved into "a McMansion that we got very inexpensively." The Weiners sent three of their children to private schools to get the quality of education they wanted.

Weiner loved the close bond he formed with patients and the community. But the growing complications of running an independent practice frustrated him. It was such a hassle to deal with private insurance companies that Weiner eventually accepted only Medicaid and Medicare. He preferred to keep patient charts on paper, but federal mandates require doctors to switch to electronic medical records — another issue that would take time away from face-to-face time with patients. The skyrocketing costs of drugs and laboratory tests were a heavy burden for his lower-income patients.

Last December, Weiner started telling his patients he was retiring and helped them make appointments with Dr. Jamilla Stone, a family practitioner in Luling who grew up in the area.

Amid doctor shortfall, hospital steps in

Independent primary care doctors like Martin Weiner are a thing of the past in rural areas, said Apryl Haynes, chief operating officer and head of nursing at the Luling hospital. She started her medical career there after high school as a volunteer emergency medical technician, and followed Weiner on calls for cardiac emergencies.

"I fell in love with health care," she said, and earned degrees in nursing and health administration. "Resources were very slim" when she started at the hospital in 1988, she said. "Thirty-three years later, we are dealing with some of the same issues," along with new complications such as the federal Affordable Care Act and low Medicaid reimbursements.

The hospital is the health care safety net for a county that covers 523 square miles. It provides

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How the health insurance law has affected rural counties

The federal Affordable Care Act resulted in a significant drop in the number of Texans without health insurance, including in rural areas. For example, the percentage of residents with health insurance in Gonzales County grew by 11 percentage points from 2013 to 2014.

However, some plans may have high co-pays or deductibles, and do not fully cover patients' health care needs.

The chart is based on data from Enroll America, a Washington, D.C.-based coalition of health care providers, faith organizations and small businesses that works to increase the number of people receiving health care through the federal law.

The figures — the most current available — are estimates based on previous enrollment data and analysis from surveys.

County	Uninsured 2013	Uninsured 2014
Austin	19%	14%
Bastrop	21%	14%
Burleson	22%	15%
Caldwell	26%	18%
Colorado	24%	16%
Fayette	19%	13%
Gonzales	29%	18%
Guadalupe	17%	12%
Hays	18%	13%
Lee	19%	14%
Milam	24%	16%
Travis	19%	13%
Washington	19%	14%
Williamson	13%	10%
State of Texas	22%	17%
United States	16%	11%

Continued from previous page

$12 million in charity care a year in Caldwell County. Many of the hospital's patients earn too much to qualify for Medicaid but not enough to afford private insurance, Haynes said, adding that most work for small businesses or in service jobs that don't include health coverage. The hospital offered to help people find coverage under the Affordable Care Act, but fewer than 10 of the 100 people who used the help bought coverage. For the rest, it was cheaper to pay the law's fine for going without coverage, which varies but is at least $95 for an individual per year.

The 25-bed hospital operates the only mammography center in the county and sends its Care-a-Van mobile health unit to schools, churches and community centers five days a week to provide basic childhood care, such as immunizations, medicines and lab tests, and well-child checkups.

"There are a lot more kids than two pediatricians can see," Haynes said.

There's a sliding-scale fee, with the maximum charge of $20 for patients with no insurance.

The hospital also provides a free diabetes education program for adult patients. But some uninsured patients with diabetes skip medications or use a lower dose to make their prescriptions last longer, Haynes said. Then they show up in her emergency room "really sick."

Flying trauma patients to city hospitals

Rural hospitals face additional hurdles when it comes to emergency care. ERs must be open 24/7, but a rural hospital may get two emergency patients one day, none the next and 10 the day after that, said McBeath, of the hospital association.

"How do you staff for that?" he asked, adding that many rural hospitals lose money on emergency room operations.

In addition, rural hospitals don't have capacity to provide more sophisticated — and profitable — emergency services. Most rural hospitals are Level IV trauma centers, the second lowest rating in a system that reflects the level of care the facility can provide. In acute cases, such as a massive heart attack or stroke, Level IV hospitals provide basic life-support services but must transfer patients to a larger facility that can provide advanced procedures.

In Central Texas, the only Level I trauma centers — the highest rating — are University Medical Center Brackenridge and Dell Children's Medical Center in Austin. The 60-bed Scott & White Hospital in Brenham, which has a Level III rating, serves patients from Bluebonnet's service area, including Austin, Burleson, Colorado, Lee, Fayette and Washington counties.

But in rural emergencies, getting to a hospital that may be 30 miles away is challenging.

In many areas, EMS services rely on volunteers and may lack advanced life support equipment. Getting to patients and taking them to a hospital

Private companies such as PHI Air Medical transport those in immediate need to urban areas with top-level trauma centers. Above from left, flight paramedic Phil Ward, flight nurse Michael Riffle and the pilot, Capt. Mark Mueller, near their yellow helicopter. The company serves Bastrop and surrounding counties, including along Interstate 10.

may take too long by ambulance. In those cases, an air ambulance may be the only option.

In La Grange, St. Mark's has a trauma services relationship with St. David's HealthCare. Kernell used the example of a patient with congestive heart failure who urgently needs advanced treatment. "We can airlift that patient" to the appropriate St. David's facility in Austin, he said.

Travis County's StarFlight EMS service can respond to calls in 11 Bluebonnet Cooperative-area counties. Private companies such as Air Evac and PHI Air Medical also provide service in the region. PHI provides ambulance services in situations such as when someone suffers a major heart attack or stroke, when it's crucial to get the patient to a hospital quickly.

Phil Ward, who manages the PHI base in Cedar Creek southeast of Austin, said emergency room doctors, paramedics or other first responders decide whether it's necessary to airlift a patient. Remote areas or rush-hour traffic waste valuable minutes.

"If a patient walks into the ER with a severe heart attack, they call us to (quickly transport) them directly" to a larger Austin hospital where doctors can perform needed emergency procedures.

Each helicopter crew includes a pilot, a flight paramedic and a flight nurse as well as advanced life-support equipment. The company primarily serves Bastrop and surrounding counties, but also responds to calls along the Interstate 10 corridor, Ward said.

Rural care needs attention, awareness

There is no easy fix for the rural health care crisis, said McBeath, from the rural hospital organization. Restoring Medicare and Medicaid reimbursement levels would help stabilize hospitals financially. Expanding the number of physician residency slots in rural areas also would help, because doctors tend to establish their practices close to where they do their residencies. Greater awareness by urban legislators, for whom rural health care is a low-priority issue, is a must.

"Urban elected officials feel this is not really an issue for their constituents," McBeath said. "We try to remind them that the food and fuel and fiber your constituents depend on all come from rural Texas. Urban areas depend on rural areas to survive." ■

This is the second in an occasional series about projected growth and its challenges and opportunities in Bluebonnet's region.