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**LEGISLATORS JOIN RURAL HEALTH ADVOCATES TO VOICE CONCERNS OVER DISCREPENCIES IN RURAL & URBAN CARE**

Springfield, IL  – In conjunction with National Rural Health Day, state legislators joined rural health advocates today to raise public awareness of the unique challenges facing rural providers as well as policy solutions.

            “Imagine you are in an accident and you have to wait 30 minutes for an ambulance.  Imagine further that there is only one ambulance for your entire county. Imagine if there was not even one dentist in your county.  Imagine if your hospital did not have an obstetrician.  To an urban resident, these scenarios may be unimaginable but for the majority counties in Illinois, these are everyday reality for rural residents,” explained Margaret Vaughn, Executive Director of the Illinois Rural Health Association.

            While 25% of the population reside in rural areas only 10% of physicians practice there. Compared to an urban setting, rural communities suffer from a higher percentage of uninsured residents, higher poverty rates and much longer travel distances to access care.

“Rural and downstate residents face unique challenges when accessing healthcare. The Illinois Rural Health Association has increased coordination between healthcare providers and lawmakers—helping serve patients’ needs,” State Senator Bill Haine (D-Alton) said.

           Robin Jones Allen, Clinic Operations Manager for Sarah D. Culbertson Memorial Hospital in Rushville explained how to help address these challenges, the Federal Government created special designations for rural healthcare facilities that meet certain criteria.

            The Rural Health Clinics (RHC) program is intended to increase primary care services for Medicaid and Medicare patients in rural communities. RHCs can be public, private or non-profit. The main advantage of RHC status is enhanced reimbursement rates for providing Medicaid and Medicare services in rural areas. RHCs must be located in rural, under-served areas and must use one or more physician assistants or nurse practitioners.

Critical Access Hospital (CAH) is a specific federal designation that allows the rural facility to receive cost-based reimbursement from Medicare instead of a fixed rate. In order to be certified as a Critical Access Hospital the facility must meet certain criteria which includes: a 25 bed limit, average patient stay limited to 96 hours and 24-hour emergency care provided to the community.  The goal is to focus on care for common conditions and outpatient care and refer more complex care to bigger facilities.

“To help address the rural physician shortage, the University of Illinois at Rockford established the Rural Medical Education Program in 1993 to specifically recruit and train medical students to practice in rural settings upon graduation. The program has since graduated over 260 students, the majority of whom are graduating in rural Illinois.  The RMED Program has recently expanded to include rural pharmacy (RPHARM) and rural nursing,” explained Dale Flash, Retired Assistant Dean, University of Illinois College of Medicine - Rockford, and Past Interim Director of RMED Program.

“Expanding and improving access to health care is a critical issue for my mostly rural district,” said McCarter (R-Lebanon). “One way to achieve this goal is to improve recruitment of physicians. I am working on legislation that would grant credits to hospitals to assist doctors in repaying the heavy school debt they incur during their education, in return for working in underserved areas. In order to make real progress toward making rural health what it should be for our citizens, we need to create opportunities to recruit and keep highly-educated and well-trained professionals.”

Lack of specialists is also an extreme hardship in rural areas.  One of the ways to address this through the use of telehealth services, which provide access to care by permitting two-way, real time interactive communication between a patient and a healthcare professional at a distant site.  Rural patients in some areas of the state are able to be treated by specialists in dermatology, diabetes, hematology, oncology, psychiatry, pulmonology, and stroke thanks to telehealth. However increases in Medicaid/Medicare reimbursement are needed to make it sustainable.  SB 647 passed last session to help address parity in private insurance coverage for telehealth and though it established criteria for insurance providers who already cover telehealth services, additional legislation is needed to require insurance companies who are not providing telehealth coverage to do so at the same rate as face-to-face visits. SIU School of Medicine has been a leader in the expansion of telehealth services.

“An increased and steady supply of primary care physicians and general surgeons, supported by specialty consultants available through a robust, state-wide telemedicine system, are essential to developing and sustaining a strong healthcare system in rural Illinois.  Support is needed by the Illinois General Assembly of telehealth as well medical student grant and loan repayment programs or our rural health care system will continue to degrade,” said David Steward, MD, MPH, SIU School of Medicine Associate Dean for Community Health and Service.

“All or part of over 62 counties in Illinois are Federally Designated Dental Health Professional Shortage Areas. When someone doesn’t get proper dental care, the resulting disease can impact their overall health and be much more expensive to treat in the long run. Significant progress has been made nationwide in increasing utilization of preventive oral health care by Medicaid-eligible children.  In spite of this progress, only half of all children eligible for Medicaid are receiving routine preventive care, and only 1 in 5 are receiving treatment services.  The use of collaborative supervision arrangements, which would allow a registered dental hygienist to provide preventive oral health services without a dentist physically present, can substantially increase Medicaid-eligible children's access to basic oral health care,” said Amanda Minor, Douglas County Health Department Administrator.

“Rural Emergency Medical Service providers are facing very complex issues such as a dwindling workforce (many of whom are volunteer), budget challenges due to a lag in dedicated funding and changes within the healthcare arena.  It is of critical importance for the elected officials to join with the Emergency Medical Service community to identify solutions to these growing complex issues.  There is a growing number of rural Emergency Medical Services that have closed or facing closure due to the lack of funding and dwindling workforce.  As a result, there are longer response times and more demand being placed on neighboring response agencies.  These longer response times can have a devastating impact on the outcome of a critically injured or ill person,” said Greg Scott, Director McLean County Area EMS System.

“Being from Gilson, population less than 200, I understand firsthand the uphill struggles rural residents face with access to quality healthcare. I commend the Illinois Rural Health Association in their efforts to bring rural providers together to form a unified voice at the Statehouse to fight for improved access to care,” said Don Moffitt (R-Gilson) who was named 2014 Legislature of the Year for his strong advocacy from the Illinois EMS Alliance, Illinois EMT Association and Illinois 911 National Emergency Number Association.

Pictured right to left State Rep. CD Davidsmeyer (R-Jacksonville), Dr. David Hagan, Retired RMED Dean Dale Flach, IRHA Director Margaret Vaughn, Culbertson Memorial Hospital Clinic Operations Manager Robin Allen, Douglas County Health Department Adminstrator Amanda Minor, Dr. Robert Wesley of SIU School of Medicine and IRHA Board Member Greg Scott.

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***ABOUT ILLINOIS RURAL HEALTH ASSOCIATION*** First organized in 1989, the Illinois Rural Health Association (IRHA) is a collaborative association of medical schools, hospitals, health clinics, health departments, practitioners, consumers and public officials, whose mission is to strengthen health systems for rural residents and communities through advocacy, education, networking and leadership.

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