



Challenges

In 1997, to make sure Americans in isolated areas would still have access to health care after a wave of rural hospital closures, Congress created the critical access program. Hospitals with 25 or fewer beds that are at least 35 miles away from another facility, or 15 miles across secondary roads to account for difficult terrain such as mountains, rivers or snow, could qualify. Ferry County Public Hospital District (FCPHD) is a critical access hospital (CAH). As of January 25, 2017, Felexmonitoring.org reported 1,339 CAHs existed in the US including 39 in our state.

Recent alarming reports, such as from “iVantage Analytics”, that 673 rural hospitals—one out of three—are under financial duress, and that 210 are at high risk of closing are of great concern. These hospitals provide care access to about 11.7 million people, employ 100,000 healthcare workers, and account for \$277 billion in economic activity. Of the 79 rural hospitals closed since 2010, 22 were CAHs, none in the northwest.

One of the ways FCPHD is working to achieve our vision “To be our community’s lifelong partner in health” and not join the 22 ceased CAHs is by providing quality services through hiring and retaining high quality people. This is becoming increasingly difficult for frontier rural CAHs like ours as we compete for dwindling human resources and rising needs against the larger urban setting organizations. Following are some of the challenges we face currently and will be facing.

Our nation’s population is both growing (60 million people in the past 25 years) and aging (10,000 baby boomers turn 65 every day). The American Association of Medical Colleges, in projecting supply and demand for physicians from 2014-25, shows the

population under 18 is expected to grow by 5% and the over age 65 by 41%, (+10,000 each day) which will continue creating an uptick in physician demand. Even under the “most optimistic” of assumptions, there will be a physician shortfall in 2025, it’s just a matter of how large that shortfall is. The report projects there will be between 61K-94K fewer physicians than needed by 2025. The largest impact on supply will be the retirement of currently practicing physicians. Just as the aging of the baby boomers will have a drastic effect of the age diagram of the American population over the coming decade, many physicians are members of the baby boom generation. Today 11% of the physician workforce is age 65-75. That fraction will increase to one-third by 2025.

The physician shortage is expected to remain especially problematic in rural areas, where more than 20 percent of the U.S. population resides but only 10 percent of physicians practice. Since family physicians comprise only 15 percent of the U.S. outpatient physician workforce nationwide, but they provide 42 percent of the care in rural areas, the shortage is magnified in rural areas.

Even though we are staffed with providers to meet our needs at this moment, because of expected and unexpected changes, we are constantly working to continue providing quality services and care while expanding our client base to encourage utilization of our services by more clients from our service area. We hope that this article increases understanding of some challenges we face as we move forward on our mission “To strengthen the health and well-being of our community through partnership and trust”.

Dave Iverson, Sarah Krausse, DiAnne Lundgren, Ron Bacon, Nancy Giddings