

**Health Resources and Services Administration
Office of Rural Health Policy**

National Advisory Committee on Rural Health and Human Services

**SITE VISIT
Lincoln County Human Services
Hugo, Colorado
September 7, 2023**

Carrie Owens
Chief Operations Officer, Lincoln Health Community Hospital

Rachel Smith
Director, Lincoln Health Nursing Acute Care Services

John Hewing
Vice President, Government Affairs, Colorado Hospital Association

Subcommittee Members: Clifford Hunter (Chair), Isabel Garcia-Vargas, April Anzaldua,
Matthew Probst

Ex Officio Members: Lisa Zingman, Ben Smith, Kellie Kubena

Federal Office of Rural Health Policy: Tom Morris, Sarah Heppner, Lee Steuer

Local Representatives: Meggan Grant-Nierman, Kevin Stansbury, Andrew Lorenson, Kelly
Meier, Candace Myers, Dami Brandy, Mark Olson

The subcommittee returned to the Hilton Garden Inn, in Colorado Springs, Colorado.

Tour of Lincoln Health Community Hospital

Rachel Smith
Director, Lincoln Health Nursing Acute Care Services

Rachel Smith gave the committee members a tour of Lincoln Health Community Hospital. She shared that the hospital was started in the late 1950s by a group of volunteers who returned from WWII and recognize that Lincoln County had no health care facility. The health facility was built with volunteers and donated efforts until the Hill-Burton Act, in 1946, that provided construction grants and loans. Lincoln Health Community Hospital is the only facility within a 75-mile radius, so the catchment area is about the size of Connecticut. The primary care serves about 8,500 people, and the secondary market for people in outlying areas encompasses 12,000 people. The hospital operates 24/7 as an acute care and emergency facility. There are twenty-two beds used for long-term care and twelve beds in the assisted living facility. Lincoln Health has four primary care clinics located in Hugo, Limon, Flagler, and Byers. In addition to primary care, there is also

integrated behavioral health care in the clinics. The hospital utilizes virtual care, home health, and hospice care and provides therapy services for outpatient care, inpatient care, long-term care, and assisted living facilities. Lincoln Health is a medical home for Lincoln County and the surrounding areas and works very closely with public health for access to resources.

Lincoln Health Community Hospital has an EMS Council, a Health Care Coalition and additional agencies that support integration to provide the best opportunities for patients. Lincoln Health would like to increase their ability to serve patients with disabilities, especially with transportation issues. A student from the Dartmouth Program conducted a case study review on a 39-year-old obese patient. It took over one hundred phone calls to find an ambulance to transport the patient to Lincoln Health from a facility about seventy-five miles away. By the time the patient arrived at Lincoln Health, they were in critical condition and not able to be revived.

Lincoln Health provides a full spectrum of care beginning with a patient going to the emergency room, being admitted to acute care, transitioning to a swing bed program, and then with placement in an assisted living facility, their home with services provided, or Hospice care. Lincoln Health has a case management department that supports acute care and recently created patient navigator positions in all the outlying clinics.

Lincoln Health has a residency program but is not a residency site for medical students or third year residents. The hospital also supports other medical students including EMT, paramedics, nurses, and physician assistants. It is recommended that the residents do clinicals in the city so they can experience different situations and have a wide range of training when returning to serve the rural community.

Lincoln County Heritage Living is a long-term facility which is located at Lincoln Health, the next closest long-term facility is sixty-five miles away. Personal care aides help in assisting the day to day needs of the residents, along with daily housekeeping, meal preparation, daily laundry services, and other activities.

Discussion with Local Partners

Local stakeholders discussed difficulties serving people with disabilities in the rural community. The community-based mental health centers struggle with adequate staffing and occasionally bring in providers from Denver who are frequently not Medicaid providers. It is difficult to get Medicaid Certifications because the process is tedious, and the reimbursement rate is much lower than private provider payments. There is a real struggle serving people who have mental disabilities such as borderline intellectual functioning and developmentally disabled populations. People struggling with cognitive disabilities often have compounded issues that may involve substance use, illness, and economic factors. People struggling with mental health issues often require in-home therapeutic services, and direct one-on-one services, in addition to mental health center therapeutic services. Home mental health services are difficult to find and more expensive and a barrier in rural communities because the clients being served are more successful with the traditional therapeutic model. Telehealth is not a good option for many people in rural areas because it cannot take the place of an in-person conversation, and it is difficult to focus on a screen.

The state is focusing on local health care opportunities because it is not viable for people living with a disability or a chronic condition to drive 2 hours or more to a routine appointment. It is important to empower rural communities and rural hospitals so they can be the center of care and some older facilities are not ADA compliant and do not have resources to upgrade.

Medical professionals in rural communities work together to support the community because there are limited resources. When there is a loss of power in the community, the local fire department goes door to door to make sure elderly residents and people with disabilities are safe. The hospital pays for oxygen in the home so it is available for patients when insurance will not cover it. When services are not compensated, the health care community unites to support the citizens. There is no reimbursement for oxygen, or time responding to 911 calls, so health care workers are working more than one job to meet the needs of the rural community.

Parents of children with disabilities and other mitigating circumstances receive safety training to keep the children in the home or reunify families when a child has been removed from a home. Social determinants of health affect the poverty level in Lincoln County so there are food banks, WIC programs, and other social services. Parents with cognitive disabilities struggle due to a multitude of factors and that impacts every aspect of their lives. For example, a mother in the area has an IQ in the mid-seventies, has a four-year-old son, and is a frequent Marijuana user with mental health diagnoses including anxiety, depression, and ADHD. She would benefit from home health services, but it is difficult for the child welfare system to make ADA accommodations for families due to limited resources for home mental health care that promotes behavioral changes. The Nurse-Family Partnership is a program that supports nurses who make home visits for mothers who are pregnant with their first child. The nurses assist the mothers with parenting skills for the first three years of the child's life but there are new stages of development after the age of three services that are not available.

The school system evaluates children to identify those who have disabilities and assists those who need further testing. There are not enough resources to support the parents at home to build upon what they are learning at school. There is a lack of resources for young adults who age out of the school system. It is necessary to have group homes for people to live and programs available for young adults with disabilities so they can socialize, learn, and be active members of the community.

The Hospital Transformation Project Program is state implemented, and the goal is to have more project-based parameters around social determinants of health and managing populations through the Medicaid office. The program assists with scheduling doctor's visits and with transportation but if a person does not go to an appointment, it affects funding, so there is a struggle with management of care. There is a personal responsibility for the clients to follow through, but can be an issue, especially in a disenfranchised population.

Success is based on collaboration and people who are invested in their community. Health care professionals in rural communities know the people they are helping and care about them. The accountability of rule providers, whether it is a health care provider or social services provider, is through ownership over the success of their patients. Rural communities are unique because

people in health and social service professions have personal relationships with the residents. The reason for success with delivering services is not because of resources or systems but because of the people who show up every day to care for the people in their community.