

# Letter to the Secretary: September 10-12, 2000, Hazard, Kentucky

October 3, 2000

The Honorable Donna Shalala  
Secretary,  
Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

Dear Secretary Shalala,

The National Advisory Committee on Rural Health recently completed its September meeting in Hazard, Kentucky September 10-12, 2000 and I would like to share with you some highlights of our discussion. The Committee continued its year-long focus on Medicare reform and its potential impact on rural health care. We also learned a great deal about how this Appalachian community has developed an innovative approach to improving its local health care delivery system.

As you know, the Committee has a continuing interest in Medicare reform. The Committee believes this issue will generate a considerable amount of debate during the next year and that the concerns of rural beneficiaries and rural providers need to be taken into account in any potential redesign of the Medicare program. During the September meeting, the Committee developed a framework for a report on the rural dimensions of Medicare reform. We expect that the report will be presented to the Committee for the February meeting and may serve as the basis of a series of potential recommendations.

On behalf of the Committee, I also want to share with you what we learned about an innovative approach to rural health care delivery in Southeastern, Kentucky that might serve as a model for other communities. As you know, central Appalachia is one of the poorest regions in the country with some distressing health indicators and a long-standing problem attracting and retaining health care professionals to provide adequate access to care. Despite these challenges, this area of Kentucky has found a way to begin addressing these problems by tapping into a variety of sources. The core of the local health care system is Appalachian Regional Healthcare Inc., a not-for-profit integrated system operating hospitals, clinics and home health agencies in poor coal towns of Kentucky and West Virginia. The Pikeville (KY) College School of Osteopathic Medicine recently graduated its first class of physicians trained in and for rural Appalachia. The

University of Kentucky Center for Rural Health, now in its tenth year in Hazard, trains place-committed rural people in advanced practice nursing, physical therapy, clinical lab sciences and family practice. More than 90 percent of its graduates remain in rural practice. The Center just received a DHHS Community Access Program ("CAP") Grant based on its experience in community organization and the training and employment of lay health workers. The combination of Federal, State and local resources under aggressive rural leadership, is making a difference and the Committee felt this model might be replicable in other areas.

Thank you again for your support of rural health. We appreciate your active support of important rural health issues during your tenure as Secretary and we look forward to working with you and the Department to improve health care services in rural areas. I look forward to hearing from you soon.

Sincerely,

Nancy Kassebaum Baker