

Letter to the Secretary: September 8-10, 2002, Pray, Montana

September 2002

The Honorable Tommy G. Thompson
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Hubert H. Humphrey Building
Washington, DC 20201

Dear Secretary Thompson,

The National Advisory Committee on Rural Health met in Pray, Montana September 8-10th 2002, and I wanted to share with you some of the findings from that meeting. The Committee continued work on its yearly report, which will focus on rural health quality as well as a White Paper that looks at allied health workforce needs.

The trip to Montana helped the Committee gather information for each of its projects. As you well know, the issue of health quality and reduction of medical errors has garnered a great deal of attention in the past few years. Montana has developed a statewide Quality Improvement Network (QIN) that is working with critical access hospitals to educate providers, develop objective quality measures and to pool performance data. In addition, the QIN has taken the logical step of also collaborating with the Medicare Quality Improvement Organization on a variety of projects. This is a truly innovative model for working on quality issues in a rural context that we believe could be a model for other states. Over the course of the meeting, the Committee also toured hospitals in Livingston and Big Timber and met with administrators and staff to discuss a range of quality issues facing these facilities.

It is our hope that the Committee report will help identify important rural issues for you to consider as the Department moves forward in its efforts to improve the quality of care in the nation's health care system.

We also learned that the hospital in Livingston has developed a teleradiology practice that has allowed it to increase access to these needed services and also to provide radiology services to several of the other small rural hospitals in the area. This has greatly added to the diagnostic abilities of these hospitals and greatly enhanced their quality of care.

In addition to the work on quality, the Committee also used the Montana meeting to learn a great deal about the workforce issues facing rural communities. The Committee heard testimony from a former Montana State legislator who chaired the Montana Governor's Task Force on the Health Care Workforce. This presentation was extremely valuable as it reinforced what the Committee has been hearing about the challenges faced by rural areas across the country as they struggle to train, recruit and retain needed health care workers.

The Committee will continue work on its ongoing projects at its next meeting in Washington, D.C. March 2-4th, 2003 meeting in Washington, D.C. I hope you can join us for that meeting.

Sincerely,

The Honorable David M. Beasley