

Advantageous Alliances

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Small towns in Wyoming face huge challenges when it comes to providing medical care for their residents. When those residents need specialized care from an oncologist, a surgeon or an obstetrician, it usually requires a trip to a larger city – and quite often, that city is on the other side of the Wyoming line.

That leaves the state's smaller communities in a difficult position. In the past, it meant either giving up control of their community-owned hospitals to large healthcare systems or watching their residents leave town to find medical care.

Even the former wasn't always a viable solution. While large corporations can offset the cost of healthcare in small communities with profits made in metropolitan hospitals, they still have to monitor their bottom lines. Very few corporations will allow a small hospital to operate for long at a loss, even if the services it provides are vital to a community.

In an effort to offer the healthcare needed, several hospitals in the state have begun forging various alliances with larger systems. In some cases, those alliances come in the form of a bigger organization – like a multi-state hospital system or a medical school – sending medical staff to the smaller hospital on a regular basis or providing telehealth services.

Or they can be more structured partnerships, in which the smaller hospital's administrators are employees of the larger hospital, while the smaller hospital retains its community ownership. While the methods of the partnerships may differ greatly, one characteristic remains constant; everyone benefits from the alliance.

"The types of agreements are all over the board," said Eric Boley, president of the Wyoming Hospital Association. "Each facility has to figure out what works best for them. ... A big concern is that without a way to keep people in their communities, (medical) care will go out of state. For the most part, these agreements are working well, and they're keeping people close to home for medical treatment."

Boley said affiliate agreements are a solution several hospitals in Wyoming have found successful. For instance, Coram Health has affiliate agreements with the Rawlins and Cody hospitals, as does UCHealth with Iverson Memorial Hospital in Laramie.

The administrators of these hospitals are employees of Coram Health or UCHealth, but the hospitals themselves are still community facilities.

This allows more options to the doctors and patients when specialized care is necessary. In the past, a patient who needed care the smaller hospital couldn't provide would have had to

travel to receive that care. Under these agreements, the hospital may bring a specialist to the smaller hospital to treat that patient.

In situations where the patient still has to travel to a larger facility, the doctors are better able to communicate when they're working within the same system, and the patient often can get continuing care back in his or her home community.

Under these affiliate agreements, specialists often travel to the smaller communities on a regular schedule, or they may be sent to the Wyoming hospital immediately in the case of an emergency. A surgeon may travel to Rock Springs, for instance, so a patient no longer has to travel to Salt Lake City to undergo a procedure.

"There are still some areas where the providing hospitals can't do everything," Boley said. "Small communities can't hire specialists, but the larger systems can provide them. It creates continuity of care, keeping patients close to home."

There are even partnerships between hospitals within the state. Boley said the Riverton and Lander hospitals are both owned by SageWest, and they share one management team between the two hospitals. Torrington and Wheatland operate with a similar arrangement under Banner Health.

"It creates continuity," Boley said. "The staffs of both hospitals collaborate better than they would if they were run independently."

Another example is telehealth. Advances in technology now make it possible for a doctor in Casper to examine a patient who is in a telehealth-equipped exam room in a different hospital hundreds of miles away. Boley said the doctor can use cameras and other medical equipment to treat the patient, even though they are physically in separate locations.

"Health care is pivotal," Boley said. He explained that communities can't exist without access to medical care. Yet facilities that provide that care are expensive, especially when they employ specialists.

"These agreements are a way to provide that care to people in their own communities," he said. The patients benefit by being able to get medical care close to home; the smaller hospitals benefit by remaining viable in their communities; and the larger systems benefit from the referrals that come through the partnerships.

"Affiliate agreements keep care from leaving our state, and through these agreements, smaller hospitals are able to bring more resources to bear," Boley said. "There are some real innovative, smart things going on around the state when it comes to partnerships between hospitals."