

## NewsWatch

# Via Christi help vital to survival of rural hospitals

By P.J. GRIEKSPoor

**A**FTER 15 years of flying to rural hospitals all over Kansas, Jody Gragg has a strong appreciation for the challenges these hospitals face.

Gragg, a nurse, paramedic and former flight nurse with an air ambulance service, is an outreach services regional manager, covering southeast Kansas for Via Christi Solutions, the outreach services arm of Via Christi Health in Wichita.

"Working as a flight nurse, I got a real eye-opening on what rural Kansas is like, and I still have a soft spot for rural health care providers and a strong empathy for the challenges those providers face," Gragg says.

In his current role, Gragg works closely with a number of Kansas's 83 critical access hospitals, all of which are located in rural communities and have 25 or fewer inpatient beds. He is part of a team of outreach specialists who cover the state of Kansas on behalf of Via Christi Health.

Each of those hospitals must have a "sponsoring" larger hospital. They get a 101% reimbursement on costs of providing care to Medicare patients in areas where Medicare patients are a very large percentage of the overall population. Larger hospitals typically get between 70% and 80% of costs, but often have a much lower percentage of Medicare patients.

Obviously, Medicare reimbursement is vital to the existence of critical access hospitals. Gragg says.

Another big concern is proposed legislation that would remove the "critical access hospital" designation from hospitals that are within 10, or possibly 15, miles of another hospital. If this proposed legislation goes through, several critical access hospitals in Kansas would lose their designation, making it nearly impossible to remain open.

"You have to realize that in most of those areas, first responders are EMTs [emergency medical technicians]," he says. "They are volunteers and have to leave work, get to the station and get on the ambulance and to the scene. That alone takes time. The advanced care they can give is limited. Now, you make the trip

## Key Points

- Via Christi outreach committed to helping rural hospitals.
- Changes in critical access rules could cause hospitals to close.
- Loss of hospitals could mean higher rural mortality rates.

to the nearest emergency room 10 miles longer, and that 10 miles may not be on a major road or even a paved road."

Most rural hospitals count on outpatient services, including imaging services and lab services to provide an operating margin. Many have a very small inpatient census. At the same time, he says, that provides an opportunity for excellent care for patients whose condition allows them to stay in their local hospital.

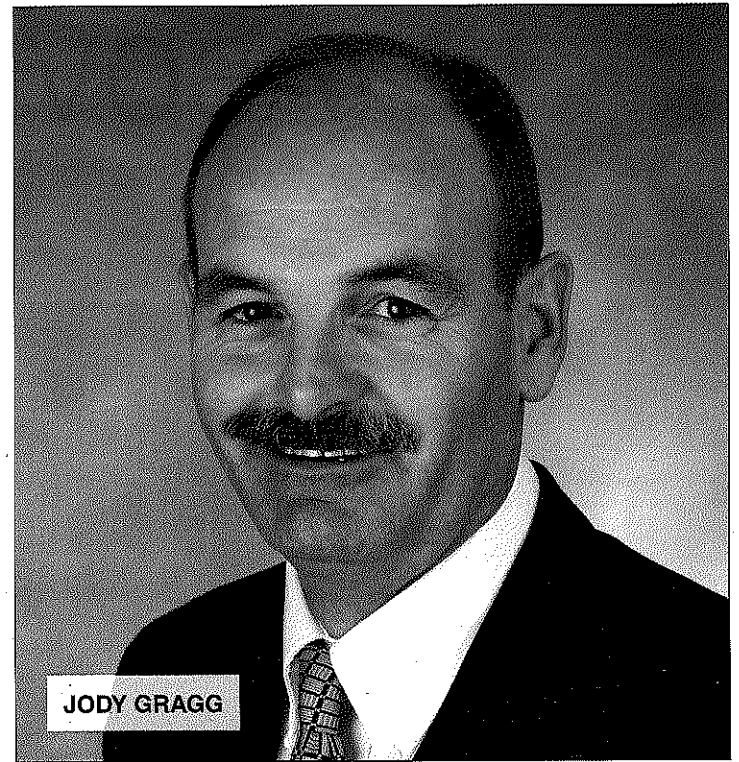
"They get great attention, their families have easy access to visit,

and in most cases, the patients are neighbors, friends and families of the staff. The level of care is extraordinary," he says. "When they can stay in their community hospital, it is better for the patient, the hospital and the local community."

The value of a relationship with a sponsoring hospital is that when patients do require a higher level of care or specialty care that the local doctor cannot provide, there is already a partnership in place to move that patient to a larger hospital.

In addition, health systems such as Via Christi do outreach education, training nurses, doctors and first responders in the latest technology and procedures.

Gragg says he thinks Kansas has an excellent network that links major medical centers to rural communities, and it could



JODY GRAGG

grow even stronger.

"It is difficult for anyone who has spent their whole life in an urban setting to understand what rural life is like," he says. "In much of Kansas, if you are on your way home on a country road and you hit a deer or have a car accident, it may be morning before anyone even finds you, let alone gets you to a hospital."

He says Via Christi is committed to helping rural critical access communities have access to high-quality, affordable care

close to home, and to helping them keep up with continuing education, changes in technology, and new procedures and medications. Via Christi's ePharmacy program is a prime example of how Via Christi offers its technology to improve patient care and safety across communities in Kansas. Using remote technology, Gragg says, ePharmacy provides pharmacy support to hospitals during hours when they may not have a pharmacist on duty or available.

## Outreach benefits doctors, patients and communities

By P.J. GRIEKSPoor

**B**ACK in 1978 when he was just getting started, outreach to rural Kansas was a way to build a medical practice while at the same time serving a rural Kansas need for cardiovascular specialist services, says Dr. Greg Duick, a Wichita cardiologist and co-founder of the Kansas Heart Hospital.

Duick and his partner, Dr. Richard Steckley, founded Cardiovascular Consultants of Kansas in 1983, and Duick was a cardiologist with the practice until his 2010 retirement. He is currently president and chairman of the Kansas Heart Hospital in Wichita. Cardiovascular Consultants still conducts outreach clinics in many rural Kansas communities, as does Galichia Medical Group (see related story on Page 12).

Concerning rural heart-health care in 2011, Duick says there are several drivers of the need for rural outreach.

"You have an aging Medicare

## Key Points

- Outreach started as a way to build business and reputation.
- Rural access to care is heavily dependent on outreach efforts.
- Doctors gain an understanding of rural lifestyle and needs.

population, which presents challenges to access, and a decreasing population, which diminishes social, economic and medical support to rural communities. These factors adversely affect rural health. Outreach clinics provide a welcome health care oasis," he says.

"Outreach clinics allow patients who need cardiac consultation but not specialized, "big city" care to get that care in their own hometown in a very personal way. If they need specialized care, initial contact with their outreach physician can be comforting and reassuring. Continuity between their clinic visit and Wichita can be seamless since they already know

their doctor. This alleviates anxiety and fosters a positive patient experience," Duick says.

He says he quickly found out that outreach rural clinics are also a valuable educational experience for the doctors who participate in such activities.

"From the doctor's point of view, you gain an understanding of what it is to live in a rural area. You see people in their own environment and get an appreciation of what they need in a way you would never otherwise encounter or experience in an urban city practice. You come to realize that patients' access to care is dependent on you providing your expertise locally. It's hard to explain how good it feels to be able to reassure a patient that their heart is OK," Duick says.

Kansas Heart Hospital has a cooperative relationship with St. Catherine's Hospital in Garden City to provide educational sup-



GREG DUICK

port to the hospital's nursing and heart catheterization lab staff, as well as the city's EMT emergency services.

Two years ago, St. Catherine Hospital and Kansas Heart Hospital successfully recruited a locally based cardiologist to provide immediate and improved emergency cardiology service for Garden City and the surrounding towns.

Duick says it is important for community leaders and state leaders to understand that rural health care services are vital to the future of any rural Kansas community.

"I was involved in the effort to float a bond issue for a new hospital in Iola, which fortunately passed," he says. "If you want to be a viable rural town that attracts a new business or retains an existing business, you have to have a solid educational system and solid access to health care ... otherwise, small Kansas towns will face a challenging future."

## NewsWatch

# A story of Caldwell: 'The Little Hospital That Could'

By P.J. GRIEKSPoor

**F**OURTEEN years ago last May, Caldwell, a small town of about 1,200 people in southern Sumner County, was in grave danger of losing its community hospital.

In fact, the auditors for the hospital had already informed the state that it would be closing by the end of the year.

Virgil Watson, who was working in the human resources department of the South Central Kansas Regional Medical Center in Arkansas City, didn't know how dire the situation really was when he agreed to move to Caldwell to take on the job of administrator in May 1997.

"It was my first administrative job. I didn't know what I was walking into — and when I found out, I didn't have a clue what to do," he says. "But I did know that I had support in Arkansas City, and that's where I turned first. Ark City was providing management help for Caldwell, so I was still an employee of that hospital. I leaned on my friends and colleagues to

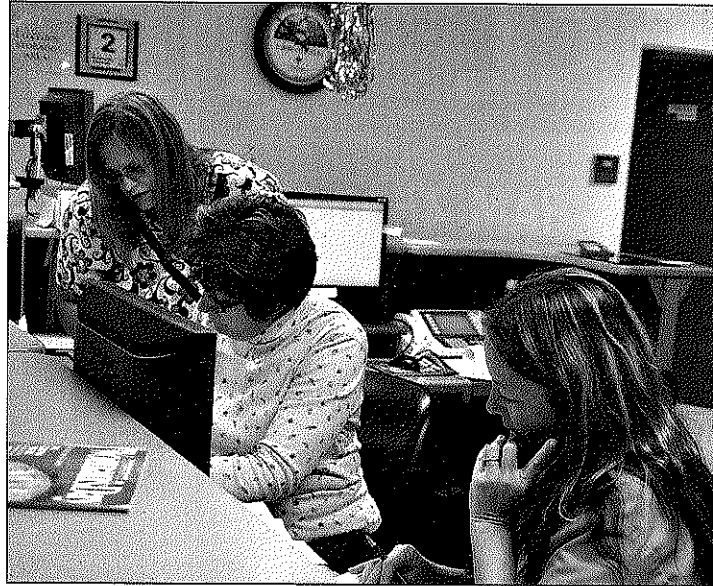
## Key Points

- Caldwell was in grave danger of losing its hospital 14 years ago.
- Help from a neighboring partner hospital was critical.
- The community pulled together to save the hospital.

garner what help I could."

At the time of his arrival, the Caldwell hospital had lost rights to buy supplies through purchasing agreements and had to pay cash for the delivery of everything from food to toilet tissue. The hospital had poor lighting, outdated equipment, no working IV pumps, broken computers and no patients.

"The first deal I worked out was with Ark City to let us buy supplies on their purchasing agreement," he says. "And I knew about a way you could get IV pumps for free with tubing contracts. So we ordered a bunch of IV tubing for Arkansas City, and the company gave them six new pumps, which they in turn gave us. I carried load after load



**ELECTRONIC RECORDS:** Caldwell is one of only five Kansas hospitals to meet the federal mandate for electronic records. Shown here are registered nurse Nancy Lamb (left); Rita White, an advanced registered nurse practitioner; and Nancy Wilchek, R.N.

of computers into the IT department to get them fixed."

He also turned to Sumner County for permission to turn a portion of the hospital into a private-pay, extended-care facility to generate revenue quickly.

Part of the incentive to save the hospital came from the knowledge that if the community lost the hospital, it would also lose a major employer and community partner because the bylaws of KanOkla Telephone require its headquarters to be located in a town with a hospital, Watson says.

"That helped make the community aware of how important it was," he says. "The reality is, a community loses more than just medical services when it loses its hospital. A local hospital provides quality, good-paying jobs. And it improves the quality of life for people in the community."

As the ability to care for people returned to Sumner County Hospital, so did the patients. By August, the board of directors was discussing how best to manage the money in the bank.

"We'd never talked about money management, because until then we had no money to manage," Watson says. "Even then, the manager at Ark City was predicting we'd be closed in six months. Fourteen years later, we're still here and going strong." Strong indeed.

Today's Sumner County Hospital boasts state-of-the-art imaging and laboratory equipment, a fully equipped emergency room, a hospital-based ambulance service, 15 inpatient rooms and a home health agency. It also has a strong working relationship with the Caldwell Care Network,

which helps people get transportation to doctor visits.

Since August 2009, Sumner County Hospital has been independent of its Arkansas City parent. It is now a critical access hospital, one of 83 in Kansas, and is assigned to the Via Christi Wheat Plains Health Network, based about 70 miles away in Wichita.

There are nine hospitals in that system, and Watson says he is happy with the support he gets from Via Christi.

"One thing I really love about Via Christi is that they are very

## The fight is not over yet

In spite of the success story at Caldwell's Sumner County Hospital, the threat of closure still lingers.

Part of the reason the hospital has been able to survive has been Medicare reimbursement to critical access hospitals.

"If reimbursement levels fall, even by a small percentage, it will cost us dramatically," says Jennifer Marcrum, the hospital's chief financial officer. "We don't have a huge operating margin. We are nonprofit."

Virgil Watson says that is true of most of the critical access hospitals in Kansas.

Watson says he is concerned that too many people in Washington, D.C., don't understand the role of small community hospitals and think that just moving patients into cities for hospital care saves money.

"You could save the cost of the infrastructure," he says. "But it comes at the cost of good jobs in small communities, higher overall costs for rural families, and more stress for patients and their loved ones."

supportive of bringing our patients back to our hospital for recovery," he says. "We know they need to go to the bigger hospital for the surgery or intensive treatment, but when they are on the mend, we can actually give them better care and make it easier on their families if we bring them back here. That helps us, and Via Christi supports that. They are a great partner."

## Local hospital boon to families

**C**ALDWELL resident Karen Sturm says her husband, Harold, recently spent four days in the hospital with pneumonia. Because he was hospitalized at Sumner County Hospital in Caldwell, she was able to visit him two or three times a day.

"If he had to go to Wichita, I'd have to either stay at a hotel or drive back and forth. Either way it would cost a lot more money," she says. "If I drove back and forth, I'd have less time with him. And if I stayed in Wichita, I wouldn't be available to the rest of the family back at home."

Caldwell hospital administrator Virgil Watson says he has personally felt the pinch of out-of-town hospital expenses. His wife was hospitalized in Kansas City for 15 days for cancer surgery and treatment.

"It was stay in a hotel with four kids and take turns sitting in the hospital," he says. "It was financially devastating, and nobody factors that kind of expense in when they talk about the cost of health care. But I'm here to tell you, it is part of the bill."

## Meeting mandate is a big plus

**I**N August, Caldwell became one of just 12 Kansas hospitals that fully meets all the mandates of the federal electronic records management rule. This means the hospital is eligible for incentive funds to continue a complete conversion to electronic recordkeeping, as Phase 2 and Phase 3 of the directive are implemented between now and the end of 2013.

"We got a gift from the hospital foundation to complete the program this year," says Jennifer Marcrum, the hospital's chief financial officer. "Only eight-tenths of 1% of small rural hospitals were able to meet the 2011 mandate. We feel very privileged to be among those few."

Marcrum says that the hospital started working toward the 2011 deadline in 2009. It was aided by the fact that the Centers for Medicare and Medicaid Services gave detailed and specific guidelines on the objectives and what was required to meet them.

"We got with our software developers and every department in the hospital to work out how to do it," she says. "With everybody working together, we made it."

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## NewsWatch

# Doctor at forefront of rural outreach

By P.J. GRIEKSPoor

**D**R. Joseph Galichia had already made a name for himself in cardiology when he returned to his home state of Kansas in the late 1970s.

He had studied in Switzerland under Drs. Ernst Schneider and Andreas Gruntzig, inventors of balloon angioplasty, an interventional cardiology procedure, and brought the knowledge back to the U.S., where he was one of the first doctors to perform the procedure.

"My dad was still farming down in the Pittsburg area when I came back to Kansas, so I would go down on weekends to help him on the farm," Galichia recalls. "The third weekend I was down there, Dad and I were out to dinner and a local doctor came up to me and asked if I could help him with a patient who needed a pacemaker. And then if I could see a guy in heart failure. And that was the start of Galichia outreach."

It touched a pent-up demand in rural Kansas: the need for specialized medical services to patients in communities lucky enough to have a general practice doctor, let alone a specialist.

"My first visitation clinic was in Pittsburg and Parsons. I had planned to do one in the morning and one in the afternoon, but there were so many patients that I was there way into the night. The need was just incredible," Galichia says.

The next month he scheduled a full day in Parsons one day and a full day in Pittsburg the next.

Because the local doctors and hospitals lacked modern equipment such as treadmills and echocardiogram machines, Galichia equipped a van and began taking the tools with him.

"Nobody was doing this; it was unheard-of and it grew quickly," he says. "Soon, we had hospitals asking us to come in and do testing and assessment."

In 1984, Galichia founded Galichia Medical Group, a practice specializing in cardiology. Today, doctors from the group

## Key Points

- Joseph Galichia is a pioneer in cardiology outreach to rural Kansas.
- His seminars for doctors and care providers are part of his outreach.
- Outreach clinics will continue even after sale of Galichia Heart Hospital.

hold outreach clinics in 27 Kansas communities.

"From the beginning, the idea has been to take the medicine to the people, to help them avoid having to travel to Wichita. They only need to come to the city when they need a big procedure, and then we get them back home again as soon as possible," Galichia says.

The Galichia group also holds seminars for local doctors, helping them stay abreast of new technology and medications, learn to read ultrasound results and interpret other tests.

"My goal is to never take anything away from a community, but to always add to it," he says. "We are able to receive the critically ill patients at the hospital in Wichita, and the doctors who refer to us know that patient will be coming back to them. And now there are even more tools to help us, with technology like Skype and over-the-Internet imaging."

Galichia says his roots and his heart are in rural Kansas, and he feels a deep commitment to the people who work the state's farms and ranches.

"I love the way of life and the hardiness of rural Kansans," he says. "If they are sick, they want to get treatment and get well and get back to work. As a result, they remain active far longer than a lot of urban dwellers. I know a lot of farmers in their 80s who are still actively working."

Galichia lost his father to pancreatic cancer when he was 76 years old, he says. "And he was out there working right up to a few weeks before he died."

He says he also likes staying in touch



**GOOD NEWS:** Dr. Joseph Galichia tells patient Allene Vaughters that she is recovering nicely from heart bypass surgery during a visit at the Winfield clinic. Vaughters says she had surgery in August and that Galichia is a hero in her eyes. "That man saved my life," she says.

with people. "I can walk into a small-town café almost anywhere in the state and there will be someone I know. A lot of them will shake my hand and say 'You saved my life.' That's a good feeling."

He says it is harder than ever to get doctors to locate in rural Kansas.

"The best opportunity to get someone is to find someone who grew up there and wants to go back and serve that community," he says. "But you can't be a specialist in a rural town. You have to work very hard and do a little bit of everything and try to maintain contact with specialists."

He says most of the time the doctor works out a hospital.

"Oftentimes, in the rural setting, a physician's clinic will be located inside the hospital. More and more, physician practices are being acquired by hospitals and logistically incorporated into a hospital setting, pulling clinic, hospital and ER activity together in one location. It would be great if there were a Marcus Welby kind of guy out there, but in reality they are harder and harder to find."

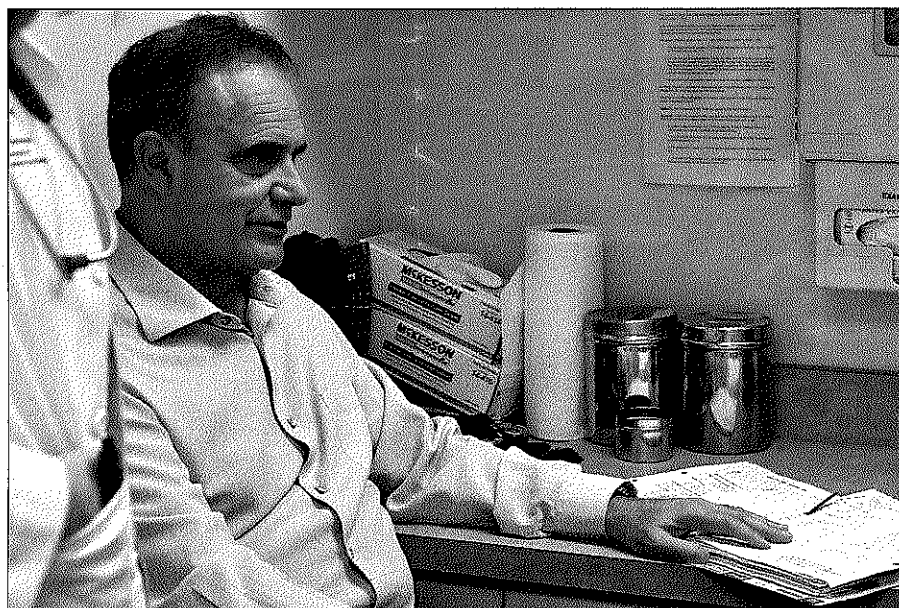
Galichia had promising words for the rural communities that count on services from the cardiology group, even though a deal to sell Galichia Heart Hospital to Wesley Medical Center parent HCA is in process.

"There will be no change in the outreach program, no matter what," he says. "Outreach is part of Galichia Medical Group and it is not being sold. The only change may be that we try to bolster our ability to help in more specialties than cardiology. There is a need for overall health help and for education in healthy living."

Galichia says the clinics are not money-makers. The group owns a Beech Baron that is used to fly medics to longer-distance locations.

"We take the medics on the airplane to locations such as Tribune and Syracuse to make the most of their time. Even though the cost of flying has gone up, we still count on hourly wages and on the availability of those people to be working instead of riding in a van. If the trip is 100 miles or less, we drive. If it is over 100 miles, we fly."

He says it is still workable for the group.



**CHECKUP TIME:** Dr. Joseph Galichia visits with a patient during a cardiac outreach clinic day in Winfield. Galichia and other physicians in the Galichia Medical Group provide cardiac consultation and screening care in 27 rural Kansas communities.

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