

*Editorial***QUALITY RURAL HEALTH CARE:
THE FUTURE IS TODAY**

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Dr. Jeri Dunkin's excellent letter from the editor on the important subject of "Quality Health Care for Rural Residents" in your Fall 2005 issue was informative and insightful concerning the actions that must be taken by our rural health care industry. It is only natural that our rural health care industry leads the way in improving quality of care. Our rural health care industry has a much greater interest in providing high quality health care since its survival depends on such care being provided. Urban facilities stand to gain a greater share of the health care market by enhancing their quality of care, but many rural facilities will survive only if their local consumers recognize that quality care is being provided.

The National Rural Health Association (NRHA) recently announced that all rural community-based health care delivery systems should cover the continuum of care, achieve optimal quality/performance standards, be financially viable, continuously improve performance and quality, and address population health measures. These requirements are inter-related. NRHA further identified the greatest barriers to providing quality care in rural communities as including resource limitations, the serving in a low-volume environment, challenges with recruiting and retaining health care professionals, and difficulty in paying for and implementing needed technology.

I recently talked with a rural Georgia hospital administrator who described how his facility had remodeled an unutilized room and installed rather inexpensive equipment that would allow a local primary care physician to sit with his/her patient in this room while the patient was being diagnosed by a subspecialist situated many miles away. The local physician and subspecialist only charge for office visits. The hospital collects a small usage fee. The patient (especially elderly patients) avoids having to make a lengthy journey to receive specialty care.

The use of emerging technologies is expanding rapidly in rural Alabama. Rural clinics are providing high-risk patients with limited transportation with rather inexpensive equipment to allow for the monitoring of vital signs by telephone. Most rural hospitals without staff radiologists are using high-speed Internet to have patient's scans quickly read by highly-trained radiologists.

Expanding the use of emerging technologies can provide an answer to several of the requirements for improving quality while removing barriers. Through such technology, rural health care facilities can offer its consumers an expanded continuum of care and possibly offer this at a lower cost. Local consumers receiving such convenient and specialized care at their local health care facility will be more likely to enhance the local facility's financial viability by returning to that facility for other health care needs. The use of emerging health care technologies can also aid in decreasing the tremendous

pressure that rural facilities face in trying to provide subspecialty care for its local consumers.

The recruiting of health care professionals into rural areas has been an issue of growing concern. There are now several innovative and promising approaches to recruiting health care professionals into rural and underserved areas. There is general agreement that the solution to this need is to admit more students from rural areas into medical and other health care professional institutions. Students from rural areas are more likely to return to practice in rural areas.

The medical pipeline established at the Capstone College of Medicine at the University of Alabama has successfully adopted this approach. The success of this program has prompted the establishment of a second such pipeline in East Alabama. Another innovative and rapidly expanding program with a mission of getting primary care physicians to practice in rural and underserved areas of Alabama is the emerging Alabama Medical Education Consortium (AMEC). This consortium consists of 19 Alabama colleges and universities and three osteopathic medical schools. AMEC recommends students for admission to the medical schools based upon need. Approximately 70 medical school slots are allowed for Alabama students each year. Alabama students attend medical school on-campus for the first two years and return to Alabama for their final two years of medical school and their residency.

Perhaps no single component of health care has a greater impact upon the consumer's perception of quality than the service provided by nurses. In most health care visits, nurses have the greatest amount of personal contact with the patient. If this contact is professional, comforting, and satisfying, the patient will have a more positive feeling about the quality of the care, even if the physician or other health care professionals falter. I have inquired about staffing needs at numerous Alabama health care facilities. The shortage of nurses has always been the most critical need identified. This could create a situation where the quality of nurses being trained could be sacrificed for the sake of producing more nurses at a faster rate. Because of the vital importance of nurses to the quality of care, our nursing schools must carefully balance the need for more nurses with the quality and completeness of the training.

The prospect of having Alabama's rural health care facilities lead the way to a higher quality of care is encouraging. There is considerable debate over how quality health care should be defined and measured. Numerous definitions will emerge and standardized measurements will be used in an attempt to measure quality. In the end, local consumers will identify quality through their use or lack of use of local health care facilities, regardless of how quality is defined or measured. Nurses will be of great importance in making this determination.