

Building Long Distance Relationships Strengthening the Ties that Bind

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Residents of eastern Idaho are used to traveling long distances for everything—and healthcare is no exception. Recognizing that, Eastern Idaho Regional Medical Center (EIRMC), Idaho Falls, ID, developed an outreach strategy focused on strengthening ties with healthcare providers in outlying rural areas in order to capture more of their referrals.

“EIRMC is the only tertiary care hospital in a 40,000 square mile radius, but providers and patients were often bypassing us in favor of larger, more distant facilities in Seattle or Denver,” says Amy Dirks Stevens, Executive Director, Strategic Relations. “To counter that, we needed to make sure that the physicians, emergency medical personnel, and midlevel practitioners who staff outlying hospitals and clinics knew what we had to offer in terms of services, technology, and seamless transitions of patients from their facilities to EIRMC and back.”

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So in August 2002, EIRMC hired an Outreach Coordinator with a background in sales to talk directly with healthcare providers in targeted outlying areas about EIRMC’s programs, and more importantly, to identify ways to help those providers do their jobs better “We talk about their

practices and their needs and what ‘holes’ they have in terms of equipment, training, or specialist consults that keep them from providing the kind of patient care they want to,” explains Stevens.

“We want rural providers to view us as their partner in care, as a different end of the patient care continuum,” Stevens continues. “Rural practitioners are a very important source of primary and emergency care for residents of isolated communities, and we want to improve their ability to provide that care, right there in their own offices or facilities. We also want to ensure that when patients are referred or transferred to EIRMC, we maintain communication with the patient’s physician back home and get the patient back to that physician in as seamless a manner as possible.”

With those objectives in mind, EIRMC’s outreach strategy focuses on the following components:

- CME programs targeting issues that rural practitioners say they need help with. For instance, a neurologist might teach a program on what to do in the first 60 minutes of a neurological incident such as head trauma, or what a hospital should have on hand for neurological emergencies.
- Face-to-face physician visits. “It’s critical to get specialists out in the field,” says Stevens, “because a physician is more likely to refer a patient to a doctor she

knows.” CME programs are one way to make contact, but EIRMC also sends clinical specialists out to talk with rural doctors about its specialty programs and how EIRMC differs from other regional providers in the way services are delivered and communication is maintained.

- Clinical staff visits. Departmental nurses, technicians, or other clinical staff also visit rural providers to share treatment protocols. “This helps improve care in outlying areas, and also lets our staff see first-hand what the capabilities are at the rural facility so that they don’t ask the wrong questions when a patient is brought to us,” explains Stevens. “They won’t ask, for instance, why an MRI was not done when they know that the hospital that sent the patient to us doesn’t have an MRI”
- Equipment donations. Small rural hospitals are strapped for resources and often don’t have the equipment they need to stabilize patients. When EIRMC replaces a piece of equipment, such as a defibrillator, the old, but still functioning, piece is donated to an outlying hospital.
- Shared computer systems. EIRMC has installed its computer system at outlying facilities so that referring physicians can view their patients’ records online. This way, the primary care physician knows what’s going on even though the patient is miles away.

EIRMC’s outreach strategy has succeeded in increasing patient volume from targeted geographic areas. Total patient volume rose 78 percent in one area where efforts were concentrated, 64 percent in another, 19 percent in a third, and 13 percent in a fourth between the first nine months of 2002 and the first nine months of 2003.

“The strategy works very well for our region,” concludes Stevens. “It helps meet the needs of rural residents for high quality emergency response and primary care while ensuring a seamless connection to a broader range of services.”



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