

Marquette General Health System and the Upper Peninsula Health Care Network's position on the Universal Service Fund and Telecommunications in Rural America

Testimony of Dan Boyle, IT – UPHCN
February 2nd, 2005

Over the past seven years, Marquette General Health System and the Upper Peninsula Health Care Network have been taking advantage of the Universal Service Fund program. This program has had a significant impact on our ability to deliver quality health care across our vast region in a timely and effective manner. I am here today to let you know how important the current USF program is to our network of healthcare providers and the people we serve.

BACKGROUND

Our area is very rural. Although the majority of Michigan's population and economy reside in its well-known lower peninsula, Michigan also has a second peninsula to the north (the U.P.). In the middle of that peninsula, sitting on the shores of Lake Superior, is Marquette. It's not a large city by any means (22,000 people), yet we have a regional referral center with specialists whose skills parallel those found in many metropolitan areas. To access specialty care, our patients drive as long as three hours one way. When residents of the Upper Peninsula need sub-specialty care beyond the services available at Marquette's regional referral center, they travel to Detroit, Ann Arbor, Mayo Clinic or Milwaukee (the latter two in Minnesota and Wisconsin). A normal drive to seek quaternary care is an 18-hour round trip, most often taken over a two-day period. That's 18 hours of drive time, at least one night stay in a hotel, two days off from work, and meal expenses for a 15-30 minute sub-specialty appointment.

Marquette General Health System and the Upper Peninsula Health Care Network are rural community healthcare providers. Each provider is independently owned and operated. The 16 members that make up the UPHCN include: Critical Access Hospitals (CAH's), county based facilities, a Tribal Health System, a community mental health network, and a Regional Tertiary Care and Trauma Center.

Some interesting facts about the U.P.:

UP Demographics

- 15 Rural Counties
- Total Area = 16,452 square miles
- > 360 miles East to West (6 hours of travel time)
- ~317,616 people (2000 Census)
- 19 people per square mile
- ~ **552,306 deer, 34 deer per sq. mile (DNR 1999 statistic)**
- **Snow is present on the ground 6 months out of the year**

This is important to know because with the vast land mass and the desolate stretches of rural highways, access to health care – particularly during severe winter weather – is a major undertaking. That's why we need to do whatever we can to make it as convenient and safe as possible for our patients.

Prior to the USF program, we only had telephone connectivity between healthcare providers. Our collaborative efforts were limited to fax transmissions and verbal consultations. Our patients had to drive well over one hundred miles, on 2-lane roads (1 lane each direction), often in poor conditions, to see a healthcare provider and/or specialist. Results for their tests took days and sometimes weeks to get back to their primary care provider. In addition, many healthcare providers faced hard economic times because of low reimbursements and an inability to provide services their patients needed. As a result of this, providers were looking at anything that could enhance their practice or trim their costs.

In the early days of our health care network, we tried to make various services available via small data links that were affordable for our small rural facilities. These data links could have been classified as telephone wires on steroids. They were more effective than a phone line, but they still couldn't handle the data load that we needed to pass through it.

Since the start of the Universal Service program for health care, we've been able to extend specialized services out to small community providers and make it economically feasible for healthcare organizations to offer specialty care close to home. With the program, we are now able to take advantage of shared resources/technologies and still remain somewhat competitive with the urban providers. Prior to the program, a small provider could not afford the cost of a T-1 circuit. Now that it is similar to the expense of an urban T-1 circuit, providers can make the justification for having it. To give an example, a T-1 circuit from Marquette, MI (where the tertiary hospital is located) to St. Ignace, MI (location of a critical access hospital) would cost almost \$2,900 per month. However, with the help of the USAC program, the cost of that same circuit drops to under \$500 per month. That's a savings of over \$28,000 per year. With that kind of a savings, you don't have to make a decision on whether or not to retain or hire a nurse for patient care or pay for a circuit that brings you on-time test results and other healthcare information. We are asking for continued equality in line charges with urban areas. To level the playing field here means equal access to quality healthcare resources for rural residents.

As a result of this program, we've been able to explore many avenues of what a healthcare information highway can provide. We've looked at the feasibility of extending many health care services and technologies. Prior to the program, small rural healthcare providers did not have the volume of procedures or patients to justify a \$2,000 a month circuit. With the cost being similar to an urban rate, it takes considerably fewer procedures to justify the cost.

A benefit that cannot be measured in dollars, but is very important decision step in a patient's search for health care, is their ability to have health care provided close to home. Very few people want to drive 3 hours on snow-covered roads to see a healthcare specialist, and in the U.P. that's a fact of life 6 months out of the year.

Some of the patient / physician services we can offer across our data links are:

- ◆ Physician/Patient Examinations and Follow-ups
- ◆ Teleradiology
- ◆ Telepsychology
- ◆ Direct Lab Report printing
- ◆ Tele-EEG's
- ◆ Tele-EKG's
- ◆ Telepathology

- ◆ Remote Information System access
- ◆ Patient Education and Training
- ◆ Shared Clinical Databases
- ◆ Shared Information Systems
- ◆ Shared Collaborative Computing System
- ◆ Professional Education

And the list grows constantly, limited only by our imaginations.

A spin off of this program has been our ability to find the best fit, in applications and system processes, which can be used to create what could become a healthcare information data exchange. The model we have developed in the U.P. can be replicated anywhere in the country as long as the partners are willing to work together in a cooperative fashion. If it weren't for the USAC program, much of what we've done to date would not have happened. USAC made it economically feasible for rural healthcare providers to take a chance on technology and offer increased services for their patients, close to home.

As the demand increases for a method to share patient health information on a national data exchange, it is important to note that rural healthcare providers will be affected the most. Many of our "baby-boomers" are retiring in rural areas and/or are maintaining homes in 2 separate regions of our country. These are the people (patient groups) who have one of the highest demands on our medical information. In order for small rural healthcare providers to be able to stay competitive and be able to contribute to this national health initiative, they need to have reasonable access rates to the information highway that are in line with urban providers.

On January 27th President Bush reiterated his priority for widespread advancement of healthcare information technology. This is a terrific step forward ... all of us in the field concur that IT solutions can increase patient safety and healthcare efficiency. Unfortunately, any efforts toward this national initiative will fall short in rural areas if the infrastructure is beyond the financial means of the small healthcare organizations. In other words, without the continued support of the USF program, health care in rural areas will be unable to participate in, or sustain, patient safety and technology-based healthcare efficiency efforts.

I would like to take this opportunity to thank you for allowing me to present our thoughts and feelings on the USF program. I would urge you, at a very minimum, to continue this program in its current state and even consider expanding services for rural healthcare providers. This program is what small healthcare providers need to help bring services, to their patients, that normally are only available in urban areas and also to help aid them in preparing for a national data exchange.