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TO: Members of the House Rural Revitalization Committee

FROM: Carrie Saia, CEO, Holton Community Hospital,

DATE: February 11, 2019

Mr. Chairman and Members of the Committee,

On behalf of Holton Community Hospital and our board of directors, I appreciate the opportunity to speak with you today. I have served as the chief executive officer for Holton Community Hospital for the past six years. Our hospital is located Jackson County, which encompasses more than 656 square miles in northeast Kansas and has a population of over 13,000 residents. Our organization, established in 1938, is a 12-bed Critical Access Hospital with three Rural Health Clinics located in Holton, Hoyt and Wetmore. We employ approximately 182 individuals and operate solely based on income from services provided without revenues generated from mill levies, city or county tax dollars.

Across the state of Kansas small rural facilities are struggling to remain financially viable. I have personally been involved with task force work both at the state (Kansas Hospital Association) and at the national (American Hospital Association) levels looking at a variety of models of care that would offer options for communities to consider. These models include, but are not limited to, an Inpatient/Outpatient Transformation Strategy, an Emergency Medical Center model, or a Rural Hospital-Health Clinic model. These and other options are available at [www.aha.org/ensuringaccess](http://www.aha.org/ensuringaccess). I would encourage this committee to review what next steps could be taken legislatively that would support proactively options for rural hospitals to consider that would support sustainment of access to healthcare within their communities.

I am fortunate to work for an organization that supports proactive steps to embrace the challenges and opportunities within the complex healthcare system. Our organization was recently awarded a USDA Loan. This loan will assist Holton Community Hospital in being able to grow and offer services to meet the needs of our community, as well as continue to increase revenue streams. With shrinking payment for services, healthcare organizations have to look at methods to increasing reimbursement. A few of those recent changes at Holton Community Hospital include implementing new services, such as, intensive outpatient group therapy programs, in-house nuclear medicine studies, and pulmonary function testing equipment. We have also been successful in contracting with specialty providers to provide outpatient gastroenterology, urology and rheumatology services, often on a weekly basis.

***Quality Care Close To Home***

As recruitment for healthcare professional staff becomes more and more challenging, Holton has collaborated with a variety of partners to look at not only recruitment, but retention of qualified staff. In 2018, we contracted with eAveraCare to provide telehealth supervision of our Emergency Department patients thru a virtual ED in Sioux Falls, South Dakota. At one touch of a button nursing and medical staff have access to a board certified Emergency Physician, or another set of hands to document on an acutely ill patient, or arrange transfer to another facility.

Our organization has also collaborated with Washburn University in two separate HRSA grants looking to better prepare the Advanced Nurse Practitioner for practice in the rural setting, and another grant looking to better prepare the bachelorette prepared RN for practice in the rural setting. Both of the grants take energy and resources, but our organization understands and supports the need to expose healthcare professionals to the differences of practicing in a rural setting.

Holton Community Hospital has had to make difficult decisions regarding what services we provide, and in 2018 we ceased to offer Obstetrical Services. Difficulties in recruitment, expense of training staff, as well as low volumes to keep staff efficient were all considered in this decision. To this day, we continue to hear concerns from our community that they feel this is a void in services that need to be offered.

I do not feel that our organization is unique to other rural hospitals across the state and appreciate the committee's devotion and time to hear from healthcare providers. Narrowing, or nonexistent profit margins are not allowing for reinvestment back into healthcare facilities. One immediate action that would impact our organization and many others across the state would be to allow the expansion of the Medicaid program. Since the passage of the Affordable Care Act in 2010, Medicare payments to hospitals have had significant reductions. One of the offsets of reduction in Medicare payments was to fund the Medicaid expansion. Within the state of Kansas, this has not occurred and is impacting our ability to serve our patients and community.

Thank you