

Some rural hospitals to choose between merging services and closure, professor warns

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(Medical Xpress)—For the 32nd consecutive year, The University of Alabama's Office of Media Relations offers [predictions from faculty experts](#) for the coming year.

In 2013 and beyond, [rural hospitals](#) in Alabama will need to combine and coordinate their services – or some will close, a University of Alabama expert in rural and [family medicine](#) says.

"We have several rural hospitals that are hanging on by a thread because they are trying to maintain the old, autonomous model of hospital, provide full service and be on their own," says Dr. Richard H. Streiffer, dean of UA's College of Community Health Sciences.

"Rural hospitals need to change to a [new model](#) – to provide the first level of local [health care](#) that people need, and then coordinate effectively with a larger regional health system, such as one that DCH (Health System in west Alabama) would be well situated to develop, to support the next level of services and avoid duplicate services.

"If communities were to get together and coordinate with a regional center, we could have a much more efficient, effective and rational approach to providing health care in rural areas."

Having rural hospitals focus more on primary care and appropriate first-level care is one part of an even broader trend Streiffer predicts for health care across the state and the nation.

Through technology, doctors, in coordination with a team of health-care providers, will be able to provide patients with more services in the office and at home – meaning you may even see doctors restart making [house calls](#) – which will decrease the need for hospital stays.

"Within three to five years, we will be doing care in people's homes and in outpatient settings that we only can dream of doing today," Streiffer says.

"Hospitals will become only intensive care units, operating rooms and procedure rooms. People won't be hospitalized for much other than those types of major services. With [telemedicine](#) and [internet technology](#), we can monitor and treat people in their homes, keep track of their blood pressure or blood chemistries, visually observe them, and deliver services to them while keeping them from getting institutional-borne infections.

"That will be a huge direction," Streiffer says. "While technology will never replace the personal physician who knows you, it will allow

physicians to be much more effective, especially in remote or less populated areas."

Refocusing care from hospitals to homes will mean big changes in the ways institutions, like UA's College of Community Health Sciences, the Tuscaloosa branch of The University of Alabama School of Medicine, train physicians.

"Medical education will have to respond to this ecology of medical care," Streiffer says. "We still disproportionately train people in hospitals, which will become a smaller part of the health-care delivery system."

Streiffer also predicts that Gov. Robert Bentley eventually will accept federal help to expand eligibility for Medicaid in Alabama under the Affordable Care Act.

Increased access to primary care health care through Medicaid coverage will allow currently uninsured patients to have their own physician rather than just seek care when ill in emergency rooms, which are far more expensive and often less effective for advanced disease process while taxing the resources of hospitals, he says.

The Federal Medicaid match will provide an additional \$6 billion in federal funds for a state investment of about \$100 million, according to recent published reports.

With Medicaid funding to hospitals for care of the uninsured set to decline, hospitals will receive less compensation, yet, will still be obligated to treat uncovered patients who present for care. This will threaten their economic viability, Streiffer says.

"My hope is that Gov. Bentley will find a way to take the Medicaid

funds, realizing it's for the benefit of the people of Alabama," Streiffer says. "That will drive the needed expansion of coverage of people and improve primary-care service. The funding will help 350,000 Alabamians who would get coverage because of expanded coverage."

Provided by University of Alabama in Tuscaloosa

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