November 29, 1969

To: Members of the Utah Rural Health Services Study Committee

Enclosed is a copy of the Final Report of the Committee as sent to Governor Rampton today, together with a copy of the letter of transmittal. Copies of this Report also have been forwarded to the Legislature, the Board of Higher Education and the University of Utah Medical School, as directed by the Governor.

Again, I wish to thank each of you for your faithful service and contribution to the development of this Report.

Sincerely,

Dennis McCarthy, Chairman

DMcC:er
Encl.
November 29, 1969

Honorable Calvin L. Rampton
Governor of the State of Utah
State Capitol
Salt Lake City, Utah

Dear Governor Rampton:

By Executive Order dated August 25, 1969, you created a Utah Rural Health Services Study Committee, and named the undersigned as Chairman. You will recall that the first meeting of the Committee was held on September 5, 1969.

In your Executive Order you asked the Study Committee to make recommendations to you, the Legislature, and the Board of Higher Education, and the University of Utah Medical School as to the adoption of programs designed to alleviate the shortage of medical services in the rural areas of the State of Utah. Among other things, you requested the Study Committee to respond to certain specific questions, as well as to report on any other methods and procedures which might appear to offer prospects of relief from the problem involved. You requested the final report of the Study Committee to be submitted by December 1, 1969.

The Study Committee has labored diligently to carry out the terms of the responsibility with which it was charged, within the less than three (3) months period available. The Study Committee has found the subject matter assigned to it to be complex and difficult, and has felt itself severely handicapped by lack of adequate time. Nevertheless, we are pleased to submit herewith our report, and trust that it will be of some assistance to you and the other interested state institutions.
Honorable Calvin L. Rampton  
Page Number Two  
November 29, 1969  

This Report is divided into three parts: First, the Report attempts to provide tentative Answers to the Questions included in your Executive Order; second, the Report makes certain Short Term Recommendations and Suggestions, and third, the Report makes some Long Term Recommendations and Suggestions.

As directed by you, copies of this Report have been sent to the Legislature, the Board of Higher Education, and the University of Utah Medical School.

On behalf of the entire Study Committee, I wish to thank you for the opportunity you have afforded us to serve and make some contribution to this vitally important subject.

With great respect and best wishes,

Sincerely,

DMcC:er  
Encls.

Dennis McCarthy, Chairman  
Utah Rural Health Services  
Study Committee
REPORT OF
THE UTAH RURAL HEALTH SERVICES STUDY COMMITTEE

ANSWERS TO QUESTIONS SET FORTH IN GOVERNOR'S EXECUTIVE ORDER:

Q. (a) Should the State provide stipends for medical, dental, or nursing students who will agree to practice for a period of time in a rural community.

A. The Committee does not recommend this as a useful solution, so far as medical and dental students are concerned, since already the federal government provides 100 percent forgiveness of health profession loans if a medical student agrees to practice for a period of seven years in a rural area. To date, this has not had a marked influence on attracting medical school graduates to rural practice. Similar programs on a state level in Wyoming, Kansas and Illinois have not proved effective.

The Committee believes, however, that there may be some merit to such a program for nursing students. It is recommended that an in-depth study of the value of such a program might profitably be undertaken by the Continuing Rural Health Coordination Committee, the establishment of which is recommended in another portion of this Report.

Q. (b) Should a given number of admissions to University of Utah Medical and Nursing Schools be allocated to students with rural backgrounds or other students who agree to practice for a given time in rural areas of the State of Utah.

A. In connection with getting students to agree to practice in rural areas of the State at the time of admission, this has proved ineffective in Illinois, and the Committee does not feel that this would have any great impact on attracting physicians or nurses to the rural areas. In respect to the desirability of admitting students who were brought up in rural areas, the Committee does feel that this would have some merit, and that a greater emphasis on ad-
mitting more students from the rural areas to medical and nursing schools should be considered by the admitting committees of both the Medical and Nursing Schools.

However, the Committee is equally firm in its recommendation that standards for admissions should not be lowered, rather the admissions committees should pay careful attention to the qualifications of the applicants. In the case where a rural applicant and an applicant from an urban area have identical scholarship records and are thought to be of identical quality by the Admissions Committee, the student from the rural area should receive preference. It is the belief of the Committee that such is not the case at present. To the contrary, it is probably a fact that students from urban areas with equal quality to the students from rural areas receive preference.

The Committee also considered the impact of the Medical Aptitude Tests for premedical students. The Committee recommends that less emphasis be placed by admitting committees on the MCAT scores. It was the belief of this Committee that the quality of applicants would not be lowered in any significant degree, if less attention were paid to the MCAT results in admitting premedical students.

Q. (c) Should the State subsidize medical practice in rural areas through cash payments, financing of facilities, or other means to encourage practice in rural areas.

A. The Committee is of the opinion that this would not result in any substantial increase of physicians in the rural areas. Rural physicians are able to make a good living. This would not appear to be a major factor explaining the lack of physicians in the rural areas.

Q. (d) Does the University of Utah Medical School overemphasize the importance of specialization?

A. The Committee, based on interviews with the Chairman of the Department of Medicine and Department of
Surgery, and medical students, does not feel that the University overemphasizes specialization. The Committee believes, on the other hand, that there is definitely a lack of exposure of the medical students to faculty members who have an interest in rural practice. For this reason, the Committee strongly recommends that a Department of Community and Family Medicine be established at the University of Utah Medical College. It would be very important to attract, as the head of such a Department, an individual of high academic stature so that he might be able to develop a dynamic department that would be competitive for the interest of the medical students with the existing Departments of Surgery, Medicine, Psychiatry, Pediatrics and Obstetrics.

A Department of Community and Family Medicine should include a Division of Health Care Delivery Systems, which would include on its staff general and family practitioners, as well as individuals capable of mounting imaginative and effective pilot programs in rural areas. Careful studies of systems of delivery of health care should be developed, attractive to physicians and patients alike. Initially at least, the major support and emphasis of the Department should be devoted to such a Division.

One of the objectives of a Department of Community and Family Medicine should be to actually set up demonstrations, pilot projects, and make a vigorous effort to find a system to meet the above deficiencies and thus make rural practice more attractive to medical students.

The Committee believes that medical students have an overly pessimistic view of rural practice and that if they were exposed directly to it via preceptorship programs, they might find rewards in rural practice which are not now apparent to them. Such a preceptorship program would consist of medical students working directly with a rural physician for a defined period of time.

Q. (e) If so, does such overemphasis on specialization tend to reduce the number of graduates of our medical school who are willing to practice in rural areas.

A. Question (e) has been answered under (d) above.
Q. (f) Should the Legislature of the State of Utah provide for a limited Medical Practice license for which the academic, internship, and residency requirements will be less than those now required for a license to practice medicine and surgery in all of its branches, and if so, what should be the requirements for such limited license.

A. The Committee believes that a proper answer to this question involves an in-depth study which would require more time and study than this Committee has been able to devote to the subject. It is suggested that the question is one that should be referred to the Continuing Rural Health Coordination Committee for careful consideration.

It is the sense of this Committee, however, that people who live in rural areas are entitled to as high quality medical care as those who live in urban areas. Therefore, Legislative authorization for a limited Medical Practice license should not result in second-class care for people in the rural areas. On the other hand, it may be possible to work out a system whereby persons with a limited Medical License could be authorized to practice as assistants to and under the direction of fully licensed physicians.

Q. (g) Should the University of Utah Medical School establish such an abbreviated medical course.

A. This has been answered to the extent that this Committee is capable under (f) above, so far as medical students are concerned. With respect to para-medical personnel, however, it may be that a limited medical certification would be desirable. (See (i) below.)

Q. (h) Should the State of Utah establish an emergency air ambulance Service, and if so, how should such service be financed, keeping in mind that the cost to the user should be high enough to discourage over-utilization, but not so high as to be prohibitive as to its use.

A. This Committee supports the concept of an air ambulance program. It is recommended that the Continuing
Rural Health Coordination Committee develop a study or demonstration project to determine the feasibility of such a service. The Committee is informed that such a study probably could be supported by federal and private funding.

Q. (i) Can para-medical personnel from the military services be utilized to provide medical services.

A. The Committee believes that para-medical personnel from the military services and other sources should be utilized. However, it is the sense of this Committee that such utilization cannot be made intelligently without an in-depth study of the number of discharged and available para-medical personnel, including their background, specific training, and interests. It is recommended that such a study should be undertaken by the Continuing Rural Health Coordination Committee. Utilization of para-medical personnel as assistants to physicians probably would involve training programs, as well as legislation to define the scope of legally permissible duties which could be entrusted to such personnel. Also, as previously noted, it may be that a limited medical certification would be desirable.
SHORT TERM RECOMMENDATIONS AND SUGGESTIONS:

1. The Medical College should establish a Department of Community and Family Medicine. Initial emphasis of such a Department should consist of a Division of Health Delivery Systems, which would include general practitioners on its staff.

The Committee is advised that the establishment of such a Department would require a Legislative appropriation of approximately $91,000. Such an appropriation is recommended by the Committee.

2. The Medical College should expand its entering class by 15 percent. Although it cannot be proven that this would result in a greater number of physicians going into the rural areas, the need for additional physicians is so acute that the Committee recommends expansion of the Medical College. The Committee is advised that the cost of such an expansion would require a Legislative appropriation of approximately $80,000. Such an appropriation is recommended by the Committee.

3. An elective preceptor program, whereby medical students train with physicians in the rural areas, should be significantly expanded from the existing program at the Medical College.

4. The Medical College should include a general practitioner on its Admissions Committee, with voting power.

5. The Committee notes that there are only two rotating internships offered at the Medical College. It is suggested that a study be made with a view of increasing the number of rotating internships offered at the Medical Center, in the hope that this would provide a more suitable training vehicle for physicians who are interested in going to rural areas as family physicians or general practitioners.
6. Specific financial support should be provided for the University of Utah College of Nursing to support a program of continuing education, including postgraduate education. The Committee makes this recommendation with the knowledge that out of some 4000 RN nurses in the State, approximately 1000 are inactive. The Committee recommends that from the outset, such a continuing education program should be concentrated in the rural areas.

The Committee is informed that such a program for nurses would require a Legislative appropriation of approximately $40,000. Such an appropriation is recommended by the Committee.

7. The State Division of Health, the Medical School and Nursing School should concentrate on a close exchange of communication with the leaders of the rural communities to prevent them from taking steps which are unwise and sometimes costly and ineffective in attracting physicians and nurses to their community. An example of this would be a decision, on the part of a community to build a hospital, only to find it impossible to staff the hospital with competent physicians and nurses.

8. The Committee recommends the repeal of the present law requiring a Basic Science examination. It is noted that the present State law requires all physicians and dentists to take the Basic Science examination, even though they have passed national boards or may be licensed in other states. This Basic Science examination requirement is a deterrent facing new physicians attempting to locate in this State, and it does not appear to add anything to the quality of the medical care.

9. This Committee recommends that a Continuing Rural Health Coordination Committee be established. The membership would consist of representatives of a number of organizations within the State, including the University of Utah College of
Medicine, Nursing and Pharmacy, the Intermountain Regional Medical Programs, the Utah State Hospital Association, the Utah State Medical Association, the Utah State Dental Association, Utah State Nurses' Association, State Division of Health, State Division of Family Services, and the Utah Chapter of the American Academy of General Practice, along with other groups representing health personnel and persons with health experience in rural areas. The duties of such a Continuing Committee would be investigation, development, and promotion of rural health studies and programs, leading to appropriate recommendations for consideration of the Governor and the Legislature. A budget of $4500 for supplies, travel and related expenses is recommended for the fiscal year ending in 1971 (FY71).

It is further suggested by this Committee that the Office of Comprehensive Health Planning of the Utah State Department of Social Services could assume the administrative task of forming and activating such a Continuing Committee.

10. The Committee supports the establishment of a Utah State-Wide Communications Network now being developed by the Department of Highways and the Department of Public Safety. It recommends that hospitals, ambulances, law enforcement vehicles, physicians, and emergency aircraft be included as soon as the system is developed. The Committee further supports the request for funds by the Department of Public Safety and Department of Highways for the development of this system.
LONG TERM RECOMMENDATIONS AND SUGGESTIONS:

It is suggested that the Continuing Rural Health Coordination Committee should consider the following concepts for improvement in rural health delivery service:

1. Establishment of rural health centers in geographically and demographically selected areas for certain specific advantageous considerations, such as:

   A. Population

      a. Density needed to support such a center, including seasonal fluctuations in resort areas.

      b. Economic ability to support the facility.

      c. Desire for such services.

      d. Correlation with and utilization of existing health facilities and available manpower.*

   B. Geography

      a. Physical location.

      b. Climate considerations.

      c. Arteries of transportation.

         i. Accessibility during all seasons.

      d. Natural business, social or relig-

* Data exists in the "Rural Health Manpower Study" of the Utah Department of Social Services, July, 1969, which may be of assistance in this connection.
ous drawing centers brought into consideration.

C. Facilities.

These should be built, supplied, staffed and supported on a rational basis with overall considerations, rather than on an emotional or competitive basis.

D. Communications.

Existing communication facilities, audio (of all types, i.e. telephones and radio) and visual (TV) can increase the efficiency and extend specialized consultative services where the need exists.

E. Transportation.

a. This is probably the sine quâ non of the proposed rural health center concept. One needs to consider the out-reach capacity in the delivery of health care services from fundamental points of view. It may be desirable to make compass circles of various diameters from the rural health center to determine the practical mileage extension for the delivery of such services to given points. Such rural health centers should be designated by practical considerations for the ability of the center to deliver remote effective health care.

b. The obverse consideration also needs similar consideration, i.e., whether with the usual modes of transportation, the ability of the patients to get to a health center exceeds the
extension capacity of the facility.

c. The transportation concepts and the utilization of hardware already in existence in the military services medical department merits an in-depth study.

2. Consideration should be given to certain new and untried concepts in regard to any given localized health facility. One can then envision an extension of these services to various areas of the state which do not have medical coverage, and also to areas which have lesser degrees of health services available to them which may be more specialized in nature. It is necessary in this regard to plan both for emergency and continuing care.

Logically, one thinks of the University of Utah College of Medicine as the prime example of an intramural activity, and the extension of whose services could be classified as an extramural relationship to the community medical needs. However, one must also be mindful of the fact that other localized areas of medical practice in this state could also be considered in this same connotation. For example, to mention only a few: Cedar City, Monticello, Richfield, Vernal, Provo, Logan, Ogden and Salt Lake City. All new and untried concepts need not originate in Utah. There is a need for extraterritorial state boundary involvement in some cases, for example: Page, Arizona.

3. The role of the computers in relation to the delivery of health care services continues to unfold in many new ways and areas. Any projected plan for better health service for the rural areas requires extensive consultative involvement of experts in this field. The potential value for the use of this new
scientific achievement should be a matter for continuous concern and evaluation by the Continuing Rural Health Coordination Committee.

The computer program in Salt Lake City, Utah, under the direction of Homer R. Warner, M.D., is essentially research oriented at this time. It is one of the most enlightened projects of its kind, and augurs great hope for more effective utilization of this medium to the benefit of all participants in the health care service.

4. It is suggested that a Locum Tenens Leave System should be considered to make available a physician(s) for coverage of a practice(s) for a specific period of time in rural areas. Such a system would have a pool of physicians capable of handling the practice of a rural physician through specific guaranteed financial arrangements probably overseen by the State Medical Society. The system could be organized and reimbursed as follows:

a. Negotiation with guidelines.

b. Insurance program with basic payments supplemented by practice income. Insurance could also cover overhead by option of practicing physician. Purpose would be to develop coverage for patients and provide time for education and vacations for practicing physicians, particularly rural physicians.

5. The Committee recommends that, if possible, a rural ambulance system be established in cooperation with present ambulance operators. A recent survey by the Utah State Division of Health indicated that there are a substantial number of ambulances in the rural areas of the State, but that many of these are poorly equipped, and some lack essential
equipment pertinent to first aid. The survey also indicated a lack of proper training of ambulance attendants.

Because of the problems of topography and weather, the Committee recommends that major emphasis be placed on ground mobile units. It is believed that ground mobile units with specific standards and coordination connected by a radio network would enhance rural medical care. This system would also serve the large number of tourists and visitors to the State.

The Committee believes that the expense may be substantial, but less than providing a new system, because there is existing equipment which could be brought up to standard in many areas. In other areas it may be necessary for State subsidies or outright purchase of equipment by state or federal funds for the implementation of such a system.

It is further recommended that a standards setting organization for ambulance services should be established which organization could develop a certifying program, perhaps enhanced by a subsidy or some other means of bringing about cooperation.

6. The Committee recognizes the necessity of developing means to improve and coordinate existing health care data sources in the state. It recommends the development of a centralized system collecting data for planning, development of new concepts, showing need for new programs, economic considerations, guiding governmental appropriations, and providing the means of altering the design and activities of existing health care programs. It is believed that a major data system will be an absolute necessity in the future. The Committee recommends working towards this goal by improving our present system of data collection.
7. The Committee recommends the development of a sophisticated study with respect to the possible use of a mobile, multiphasic clinic program for remote or very small centers of population.

8. The emergency room facilities in rural areas of Utah merit additional consideration. One needs to consider such facilities from the point of view of those already existing in a given area:

a. Hospital.

b. Doctors office or clinic.

c. Areas without either facility.

Consideration of a system of emergency care should include an evaluation of such facilities as currently exist as indicated in a, b and c above. In regard to "areas without either facility" the capsule emergency facility that is part of military medicine should be investigated. This could encompass both the "Corpsman Concept" used in conjunction with hardware available and a correlation of these with transportation modes which are already or potentially available.

A significant measure of the successful casualty care experienced in combat conditions could with the cooperation of military advisors and consultants be brought to bear for translation of care in the rural areas.

9. It is recommended that consideration should be given to the establishment of a Department of Dentistry in connection with the University of Utah Medical School.