



Published on *Business, Political, and Cultural News in Fort Smith and Northwest Arkansas*
(<http://www.thecitywire.com>)

Health care closely linked to regional economy

Submitted by The City Wire Staff on Thu, 04/05/2012 - 6:41pm

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ROGERS - One in four people across the "Natural State" is uninsured and a higher number also lack the financial wherewithal to cover out-of-pocket costs associated with coverage that may be provided by an employer.

It's a problem that affects local hospitals to the tune of more than \$150 million in uninsured costs annually and local insured workers who also shell out an average \$1,000 each through higher costs of their own. The sum impact to Northwest Arkansas is more than \$323 million annually, according to conservative estimates.

These were just a couple of the topics discussed by a panel of local health professionals at a Chamber of Commerce luncheon in Rogers on Thursday (April 5).

U.S. Sen. Mark Pryor, D-Ark., provided the group's opening remarks to more than 100 health care professionals and the concerned business community. He talked briefly about the challenges ahead with fixing a broken system.

"Health care is complicated, hard to fix and if you don't believe me, ask the U.S. Supreme Court," Pryor said in his opening remarks.

He was referring to the constitutionality of the health care reform law that was passed by Congress and signed by President Obama in March, 2010. Pryor said best-guess estimates on Capitol Hill predict a high court ruling sometime in June.

While Northwest Arkansas ranks the healthiest and most prosperous region in the state, local emergency rooms at three area hospitals report more than 100,000 annual emergency room visits last year. And roughly 40% of those were uninsured folks who could have been seen by community clinics or other primary care facilities.

Dan McKay, CEO of [Northwest Health Systems](#) [2], said the local hospitals under his watch provided \$70 million in care to the uninsured in Benton and Washington counties and another \$14 million, which was deemed charity cases.

He said recruiting enough primary care doctors is also an ongoing challenge, which exacerbates the access to quality care problem for so many residents.

Dr. Dan Rahn, chancellor for [University of Arkansas Medical Sciences](#) [3], says more than half of

family physicians in Arkansas got their training here. He said the more doctors, pharmacists and nurses the region can train, the more they will likely keep, which grows more important each year with the aging population demographic.

Health care provides more than 13,220 local jobs for professionals, which is equal to about 6.7% of the local workforce, according to Viktoria Riiman, research associate at the Center for Business and Economic Research at the UA.

She said health-related jobs grew by 2.16% between May 2010 and May 2011. Since 2005, this job sector has increased 3.14% or 3,160 jobs in the local metro area. New numbers will come out in May.

UAMS employs 10,000 people across the state with an estimated economic impact of \$3.9 billion, according to Rahn.

Training more doctors, pharmacists and nurses requires more hospital revenue, which doesn't jive with lower health care costs. You can't have it both ways," Rahn said.

In 2011, UAMS provided \$175 million in uncompensated care — which was 16% of the hospital's total operating costs. The teaching hospital ranked fourth in the nation for the highest amount of unreimbursed care. There were 95 hospitals in the group.

Mark Bever, executive with Washington Regional Medical Center ^[4] in Fayetteville, says until health care providers do a better job of equipping society to manage their own quality of life, the demand problem cannot be solved.

He said the best way to reduce the health care costs is to become a healthier society and that is done with great primary care, screenings and other preventative measures. Bever said the hospital looked at its own staff and hired an outside firm to provide an added layer of preventative care and services for its 2,100 employees.

Bever shared that others said the turnover rate is too high to make that kind of investment. But he said the hospital is already seeing an improvement in its own health care expenditures.

The panel agreed prevention is the best medicine and certainly the most economical in the long run.

Kathy Grisham, director for Community Clinic, is the stop gap for thousands of local uninsured residents. She said the local clinics see 25,000 patients a year and still turn away 60 per day because the region lacks the infrastructure to help.

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Community Clinic ^[6] is a sustainable business model where patients are charged on a sliding scale based on their income for the services they get.

“We are working in an interdisciplinary approach in our clinics, for instance if someone comes in with the flu, they may also be depressed. We seek to treat both of those conditions on site,” Grisham said. “This is a very different approach but one that is gaining traction in the local medical community with the advent wide usage of electronic medical records.”

All of the local panelists agreed health care reform needs to happen. But there is certainly no one way to fix a broken model.

“We must get more people under the tent, so they can get the primary care to lead healthier lives,” Rahn said.

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