Rural Health Care Collaboration and Engagement Focus Group Notes

Kristine Sande and Thomasine Heitkamp – facilitators

Wednesday, June 8th, 4:30 pm Room 10 Alerus

5 participants – Health Care Administrators and Supports at Dakota Public and Rural Health Conference

UND serves the state and nation. Appreciation was expressed for the UND Office of Rural Health as they know challenges. “*I am a proud alumnus and love UND. “I hear great things about the new President*”!

UND has a strong mission. “*Healthcare is infrastructure like schools and roads*” It costs over a million dollars to educate an MD – we need to support them in practice.

A concern - UND may have a disconnect with the frontier areas. “*I have not seen anyone from UND in my community in years*”.

The strongest request is for *UND to think more broadly about serving the needs of the rural health care infrastructure by assisting with access to workforce*. This problem is not new but is exacerbated.

Some suggestions were:

more flexible options for interested students to include BRIDGE programs,

less requirement for on-site learning,

more remote education,

efforts that create flexible learning opportunities

do not dismiss Class B students who do not have access to AP classes who apply for admissions for health care careers – they have familiarity with rural communities and are more likely to return to work in a rural community.

As one participant stated, “*If UND has something available to help with the rural healthcare workforce I am not aware of it*”. The training and residencies are not rural/frontier creating a disconnect. The ROME project, for example, does not serve remote communities, like Cando, for example. <https://med.und.edu/rome/>

Suggestions include efforts to *recruit more MDs to work in family medicine*. Concerns exist that there is a misperception that the hours are long, and you are on call 24-7. That is not true.

*Telehealth is going to be the future*. Rural Hospital administrators know, for example, that they are not going to recruit a cardiologist. But they need access to cardiology and hope students are trained and supported in the future with telehealth capacity. Concerns were expressed about long drives to access specialists among patients.

Requests for support in recruitment and retention and partnering with SMHS to do this work.

*Bring back the surgical outreach program,*

*Prepare health care providers that are “rural ready”*

*Establish a mentorship program with a “Rural-Frontier Coordinator”* to support physicians working in rural communities.

If rural hospital administrators could have access to medical students early in their career they could recruit with facts. This could be called a *Rural Health Dialogue*.

Need *more boots on the ground from UND -*Need more nurses

The current approach is to hire people from the Philippians to serve workforce needs in all positions.