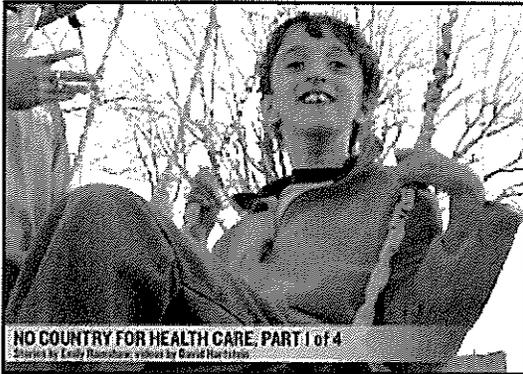


THE TEXAS TRIBUNE

No Country For Health Care, Part 1: Far From Care

by [Emily Ramshaw](#)
January 4, 2010



credit: David Hartstein

VAN HORN -- No matter what lawmakers in Washington do to expand access to health care, 10-year-old “Little Mo” Badillo will spend his childhood far away from it.

The nearest neurologist who can treat Mo’s brain disorder is 200 miles from this West Texas town. Specialists who monitor his failing eyes and atrophied muscles are four hours away. And the best children’s hospital for his condition is 500 miles across the state. Even the “local” pharmacy, the only place to get Mo’s anti-seizure medicine, is 90 miles away.

Mo’s situation, while severe, is hardly uncommon. Giant swaths of West Texas and the Panhandle have little or no medical care to speak of — not just because their residents are under-insured, but because it simply doesn’t exist.



Dozens of rural Texas counties have no primary care doctors, no hospitals, no pharmacies. Many Texans live more than an hour from basic medical care. Some border communities have so little health care that U.S. citizens cross over into Mexico to get it.

It's a void medical experts say contributes to poor health and even death, as rural residents succumb to preventative diseases that they don't have the doctors, money, or transportation to treat.

"Out here, you don't have any choice. You lose at least a whole day when you have to see the doctor," said Mo's father, Moises Badillo, a construction contractor who has missed months of work and spent tens of thousands of dollars on gasoline and hotels rooms for Mo's doctors appointments. "We'll go as far as it takes to get care for him, but we wish we had more here."

In rural Texas, their options are slim. Sixty-three Texas counties have no hospital. Twenty-seven counties have no primary care physicians, and 16 have only one. Routine medical care is often more than 60 miles away — and specialty care is almost unheard of. Most of Texas' 177 rural counties, home to more than 3 million people, are considered medically underserved.

This health care gap can partly be explained by what experts call the "payer mix" problem. Rural Texans, who are older and poorer on average than urban Texans, are often uninsured or on Medicare. Some are undocumented, particularly along the border. They aren't profitable patients for doctors, pharmacists or hospitals struggling to stay in business in isolated communities.

In the last two decades, as rural Texas has increasingly lost skilled jobs and industry to the cities, 80 small community hospitals have shut their doors, and many pharmacists have followed suit. In Van Horn, the community's 40-year-old, 14-bed regional hospital nearly went out of business five years ago, and was rescued at the last minute by an Oklahoma-based hospital company. The only pharmacist in town died four years ago and still hasn't been replaced.

And then there's the recruitment problem. It takes a special kind of doctor, nurse or pharmacist to leave the comforts of practice in a big city — routine hours, higher pay, few surprises — for frontier clinics some lovingly refer to as "war zones." Rural doctors make smaller salaries and work longer hours than their urban peers. They deliver babies one minute and treat rattlesnake bites the next. And they're perpetually on call; everyone in town knows where they live.

Even where there are clinics and hospitals, rural Texans struggle to access them. Many can't afford gas money to get to the clinic or pharmacy one town away; the chances of them seeing a specialist 200 miles away are slim. Even for those lucky enough to have insurance, co-pays and prescriptions are often out of the question.

When Luis Quinones started to get sick 10 years ago, he recognized the symptoms of diabetes, which is endemic in his border community of Presidio. His vision went blurry. His teeth got loose. He was hungry all the time, but had to take his belt in several notches.

But without insurance, and with little gas money to travel to the nearest in-state clinic, Quinones put off care, occasionally crossing over the border into Mexico for insulin. His condition deteriorated so much he had to have all of his teeth pulled, and he lost sensation in his feet.

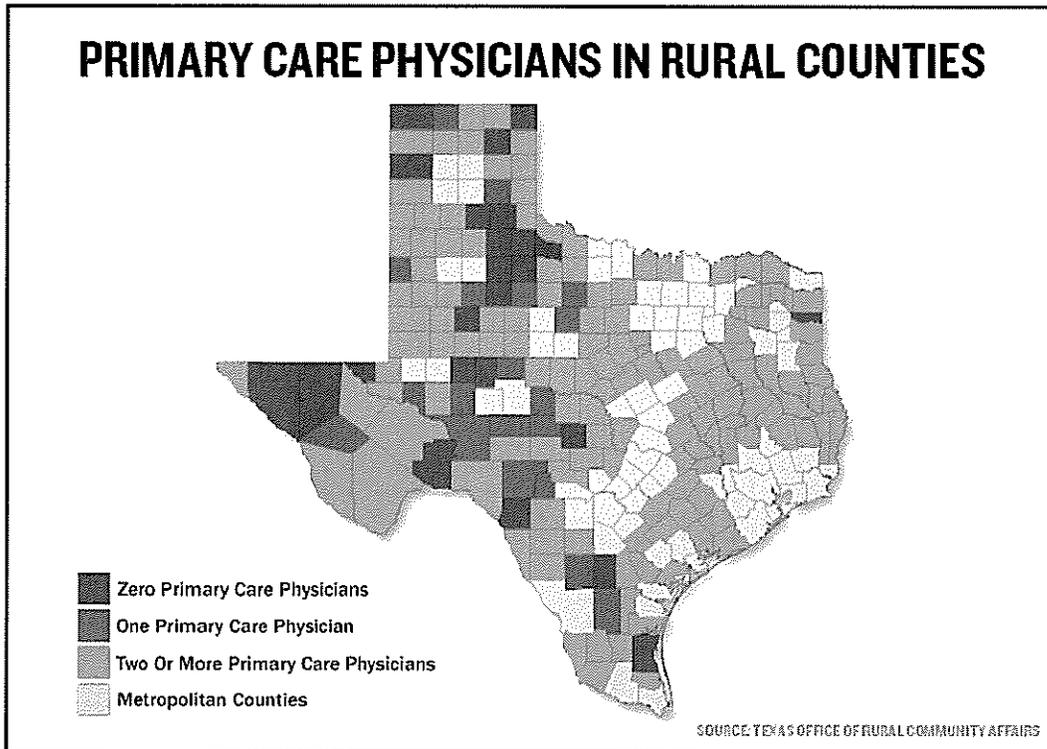
Quinones got lucky. First, his wife got a job with health insurance. Then, a federal health clinic opened in Presidio, where he started receiving routine check-ups and high quality insulin. His vision improved, he gained weight, and he's now back at work as a butcher in the local meat market. But he says many of his friends and family still don't have the resources to get care — particularly if they have complicated conditions that require specialists.

"There's not so many doctors here, so many clinics," he said. "Most of them have to go all the way to Odessa or Midland or El Paso — or else they go back into Mexico."

Rural lawmakers have fought hard to address these problems. With their leadership, the Legislature has established

recruitment programs, scholarships, and loan repayment programs for young doctors who go into rural medicine. Health agencies have set up EMS and nurse training programs in rural communities. And state budget writers have funded transportation services to get patients to doctors' appointments.

But the reality is, until the last legislative session, the loan repayment programs hardly took a bite out of the average medical student's debt. Incentives don't change the fact that these small town medical jobs are hours away from the nearest Wal-Mart. And transportation programs for patients can't conceal the inconvenience of boarding a shuttle at 4 a.m. for an all-day trip to a doctor in El Paso, or waiting two weeks for a prescription to be delivered by Greyhound bus.



Many U.S. citizens in border communities piece together health care by crossing over into Mexico, where doctors and pharmacies are more plentiful and affordable. Presidio's reliance on Ojinaga, Mexico, for medicine is so heavy that, when floods shut down the border crossing in 2008, there was a frightening run on antibiotics and insulin.

"It was a real extreme emergency for a while," said Presidio County Judge Jerry Agan, who called the health care void in his county — a 3,800-square-mile area that includes Presidio and Marfa — one of the biggest challenges in his 10 years in office. "We're very, very dependent on Mexico. Up until a couple of years ago, we had no doctor in the whole county."

Some rely on small community hospitals, where available, or on volunteer ambulance services, which are sometimes the only health care "professionals" around. In Borden County in the Panhandle, [State Rep. Joe Heflin](#) said, a single ambulance is all they've got for medical care — "and that's if they can find a crew to staff it."

"All the increased health insurance coverage in the world isn't going to help those people," said Heflin, D-Crosbyton.

Others get creative: One cancer patient living on a remote ranch outside of Van Horn was known to signal to border patrol helicopters that she needed care by hoisting a bright flag up over her house.

But many simply go without care — and pay the price. Texas' rural counties have statistically higher rates of death from heart and respiratory diseases, diabetes, pneumonia and the flu than their urban counterparts.

“Many of them haven’t had medical care in years. They haven’t had the money or insurance or transportation to control their conditions,” said Dr. Darrell Parsons, physician at the Presidio County Medical Clinic, and, for the last decade, the only internal medicine doctor in a three-county region. “It never ceases to amaze me how chronically ill the patients are when they walk into our clinic for the first time.”

For Badillo, going without care for his namesake Little Mo is out of the question. But so is moving somewhere more convenient. His construction business is in Van Horn. So is his entire extended family.

And as Little Mo digs happily in the backyard, grinning proudly over his ever-growing dirt pile, it’s clear this is where he belongs.

“We can’t start over,” Badillo said. “This is our home.”

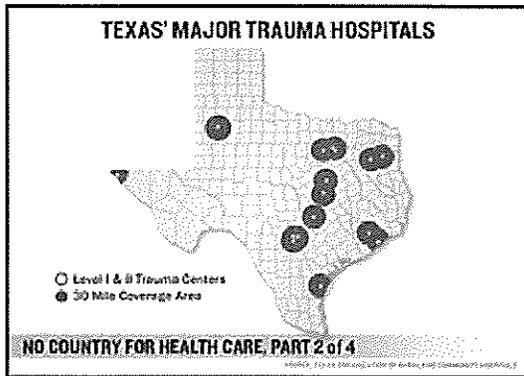
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THE TEXAS TRIBUNE

No Country For Health Care, Part 2: The Trauma Hole

by Emily Ramshaw

January 5, 2010



credit: *Jacob Villanueva*

PRESIDIO — There’s a saying down in Presidio: If you’re going to have a heart attack, you better be first.

With a single ambulance and a 100-mile ride to the nearest hospital, the prognosis is already grim. If you have an emergency while that ambulance is out on a run, you’re plum out of luck.

Across much of rural Texas, emergency or trauma care is simply nonexistent, or limited to one ambulance and a part-time EMS crew.

Emergency medicine doctors say trauma victims must receive care within the “golden hour” in order to survive. But many Texas counties aren’t anywhere near a level 1 or level 2 trauma center — those best suited to handle complex injuries or illness.

Roughly half of the state is covered by the trauma centers in El Paso and Lubbock. In remote counties in West Texas, South Texas and the Panhandle, residents are often more than an hour from any trauma care at all. The golden hour is wasted.

“If you’re out on the ranch, an hour passes just waiting for the ambulance to arrive,” said Dr. Jim Luecke, one of just a handful of family practice doctors working in West Texas. “It’s really a stress on the health care out here, and the risk you take living in an isolated area.”

These isolated areas come with their own brand of injuries: hunting and ranch accidents, four-wheeler crashes. Most common are the car wrecks: late-night rollovers on highways with 80 mph speed limits. While just a third of the country’s motor vehicle accidents occur in rural areas, two-thirds of deaths attributed to these accidents happen on rural roads.

“We have rollovers, ejections, fatalities all the time out here,” Presidio County Judge Jerry Agan said. “Often, you have to wait 40 minutes just for the ambulance to get to you.”

The waits can get a lot longer than that. In Junction, one paid EMS worker and two ambulances cover a 3,800-square-

mile area. Presidio and Marfa each have one ambulance, and a second out of commission for repairs.

Luecke, who runs the Fort Davis Family Practice, said he's seen it take two and a half hours for EMS to arrive at the scene of an accident; in inclement weather, the time can creep up even higher.

In much of rural Texas, the reality is that care may not come in time. National statistics show rural residents are nearly twice as likely to die from accidental injuries than their urban peers — and that anywhere from 57 to 90 percent of rural first responders are volunteers.

State Rep. Joe Heflin, D-Crosbyton, said it took an ambulance an hour and 15 minutes to reach a man having a heart attack in his rural Panhandle district because there weren't enough certified EMTs to make the call. The man survived the initial attack, but his heart was so damaged by the delay that he later died.

It took a gunned-down border patrol agent 12 hours to get to an El Paso trauma center a few years ago, Agan said. First, bad weather grounded the emergency helicopter. Then, the ambulance transporting the agent broke down.

"There are large portions of this state where you're easily well over an hour from critical care," Heflin said. "I don't mean to be crude, but sometimes we just need somebody to throw the body in the van and get them to the hospital."

In recent years, trauma care conditions have improved slightly, the result of advocates' work to keep rural hospitals and ambulance services afloat.

Today, Agan said, border patrol helicopters and some private ambulance services will fly trauma patients out of isolated areas.

Pam Dalzell, a former army medic now working as a nurse practitioner at the Fort Davis Family Practice, said she recently helped stabilize a man who fell off of a cliff in a four-wheeler accident, breaking his neck, two arms and his pelvis. He was at the hospital in Midland within three hours — considered a speedy transfer.

Don McBeath, director of advocacy for the Texas Organization of Rural and Community Hospitals, said the best thing lawmakers can do to improve trauma care in rural Texas is to keep small local hospitals afloat, so they can triage trauma patients and transport them to major trauma centers.

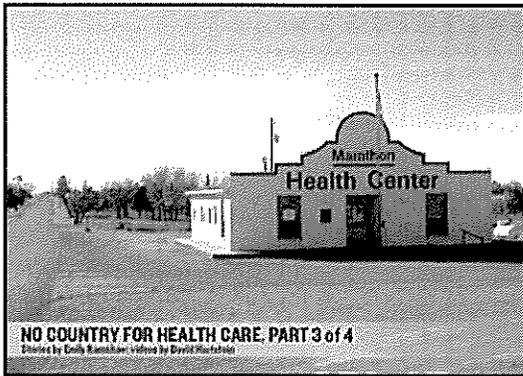
"The type of services they can provide may be limited, but at least they can stabilize the patient and get them where they need to be," McBeath said.

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THE TEXAS TRIBUNE

No Country For Health Care, Part 3: Shrinking Rural Ranks

by Emily Ramshaw
January 6, 2010 | 2



credit: David Hartstein

AUSTIN — Politically speaking, it's no time to be an advocate for rural health care.

In the last House Speaker's race and on the state's health care regulatory boards, rural lawmakers say they've been outnumbered and under-represented. The looming redistricting battle will only shrink their ranks.

They're finding it more and more difficult to teach an increasingly urban Legislature about the crisis in rural health care.

"Every seat we lose, that's one more person we have to convince," said State Rep. Joe Heflin, D-Crosbyton, whose 15,000-square-mile Panhandle district includes six small rural hospitals and one county with no medical care at all. "It's just a giant uphill battle."

Rural lawmakers felt safe with former House Speaker Pete Laney, whose Panhandle district was undeniably rural. Laney's successor, former House Speaker Tom Craddick, was seen as an ally too: His Midland district is partly rural, and he appointed rural lawmakers to key committee posts.

But with last session's election of San Antonio Rep. Joe Straus as Speaker, a big city lawmaker now holds the House's top post. And urban House members replaced many rural ones as committee chairs, a hit to rural lawmakers' cumulative influence.

Straus' staffers say though he's from an urban district, he's committed to strengthening health care delivery statewide. In his interim charges, he asked the House Committee on County Affairs to compare urban and rural health delivery models — and to make recommendations for reducing disparities.

"Speaker Straus listens to and is respectful of the views and concerns of all House members," spokeswoman Tracy Young said.

But Straus' commitment doesn't necessarily change the political landscape for rural lawmakers.

Under Craddick, rural lawmakers chaired the House State Affairs and Appropriations committees, two of the most powerful legislative posts. Now, lobbyists for rural Texas say the most influential advocate they have left is Sen. Robert Duncan, R-Lubbock, who represents much of the Panhandle and chairs the Senate State Affairs committee.

They expect to lose even more clout next year, when lawmakers convene and begin redistricting. Health care experts estimate rural Texas will lose up to five Legislative seats — three or four in the House and one in the Senate. This means legislation improving rural health care will fall on fewer sympathetic ears, and that measures threatening rural health care will take more work to defeat.

Meanwhile, advocates for rural health care say they've felt besieged by the state's medical regulatory boards, which have considered rule changes that are unworkable in rural clinics and hospitals.

"The difference between urban and rural medicine is the difference between an NFL football team and a six-man high school team — one that's playing offense, defense, and playing in the band at halftime," said Don McBeath, director of advocacy for the Texas Organization of Rural and Community Hospitals. "Nobody's against higher standards of care. But we have to make sure we don't inadvertently put so much burden on the rural providers that they can't survive."

Late last year, the Texas Medical Board considered requiring all health care professionals using videoconferencing to treat patients to be licensed as a doctor, a physician assistant or an advanced practice nurse — eliminating rural paramedics and many lower level nurses from the equation. Then the Texas State Board of Pharmacy considered requiring pharmacy technicians to be overseen by licensed pharmacists at all times, either in person, or via videoconferencing.

In both cases, the measures were designed to ensure patients were receiving professional, standardized care, regardless of whether they lived in urban or rural communities. The reality, health care experts say, is that these new rules would've restricted access to what little medical care exists in rural Texas. In some counties, EMTs and entry-level nurses are the only health care professionals available. Banning them from explaining a patient's symptoms to a doctor over videoconferencing makes little sense to rural Texans. And many Texas communities are lucky to even have a part-time pharmacy technician — let alone a pharmacist to oversee that technician. Requiring them to be monitored by a pharmacist at all times is completely unrealistic, these experts say.

Both boards put the rule changes off for further study, following immediate outrage from rural health care providers.

"You scratch your head, because they say they want to promote health care in rural Texas," Heflin said. "But then they're doing everything they can to eliminate it."

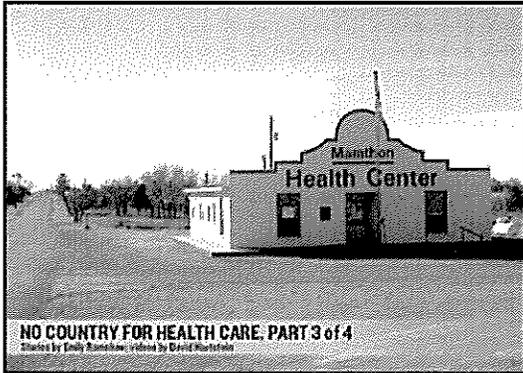
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THE TEXAS TRIBUNE

No Country For Health Care, Part 3: Shrinking Rural Ranks

by Emily Ramshaw

January 6, 2010 | 2



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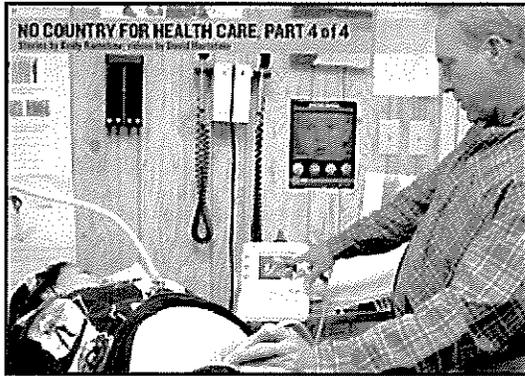
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THE TEXAS TRIBUNE

No Country For Health Care, Part 4: Rural Recruitment

by Emily Ramshaw
January 7, 2010



credit: David Hartstein

PRESIDIO -- When doctors call Elva Torres about the opening at the remote Presidio County Medical Clinic, the first thing she does is send them a map. She rarely hears back.

“Somebody once told me, ‘Just don’t tell them how much you pay first,’” said Torres, the clinic administrator. “I told them, ‘I never even get that far!’”

Across Texas’ rural counties, recruiting doctors is the single biggest health care challenge. Twenty-seven Texas counties have no primary care physicians; 16 have just one. An elderly doctor’s retirement is enough to shutter a rural hospital; a nurse practitioner’s relocation can send a community into crisis.

Much of the recruitment trouble is due to distance. The communities that need doctors are far from urban centers — and little luxuries like shopping malls and grocery stores. The salaries and loan repayment programs for young doctors who practice in underserved areas aren’t generous enough to make up for these inconveniences. Many rural patients are underinsured, chipping away from doctors’ profit margins.

“It’s easy for us to get out-recruited,” said Presidio County Judge Jerry Agan, an advocate for rural health care. “We’re an isolated area. Medical students who want their loans repaid can do it in Laredo or Del Rio — even El Paso — and live a better life.”

But some health care providers point to another hurdle: a state law that prohibits Texas hospitals from hiring doctors. They say the ban, which has been lifted in almost every other U.S. state, hinders recruitment. More and more, debt-strapped doctors are trading private practice for the ease and security of working for a hospital. The ban is particularly troublesome in rural Texas, advocates say, because there are so few established practices young doctors can join if they can't afford to set up their own.

"To the younger doctors just out of medical school, and the older doctors nearing retirement, they don't want to be responsible for the billing staff, the nursing staff," said State Rep. Joe Heflin, D-Crosbyton, who endorsed a bill last legislative session that would've allowed rural hospitals to hire doctors. Gov. Rick Perry vetoed the measure, which was tacked onto legislation he opposed.

"They just want to do the job they were trained to do," Heflin said.

Van Horn's Culberson Hospital nearly closed five years ago, after the lone doctor who had served the community for five decades passed away. A private, Oklahoma-based health care company rescued the hospital, but Ladelle Bates, the facility's administrator, said finding qualified staff is a constant challenge. Today, the hospital has two physicians and 14 nurses — most of whom live more than 100 miles away.

"You see a lot of interesting things out here, from rattlesnake bites to a horse rolling over you or a four-wheeler accident, or even getting kicked in the head by a cow or a goat," Bates said. "But there's the difficulty of not having a dry cleaners, not having grocery stores. There are a lot of differences from being in a metropolitan area."

Dr. Darrell Parsons knows this firsthand. The Kansas native, who now practices in an impoverished three-county area in West Texas, said recruiting nurses, billers, medical assistants — even receptionists — is a nightmare. Couple that with low reimbursements from treating under-insured patients, and high travel time between remote clinics and hospitals, he said, and there are very few incentives to make the effort.

"The biggest challenge to practicing medicine out here is to keep your business viable, to keep your doors open," Parsons said. "You've got to stay in the black. Doctors who can't come and go all the time."

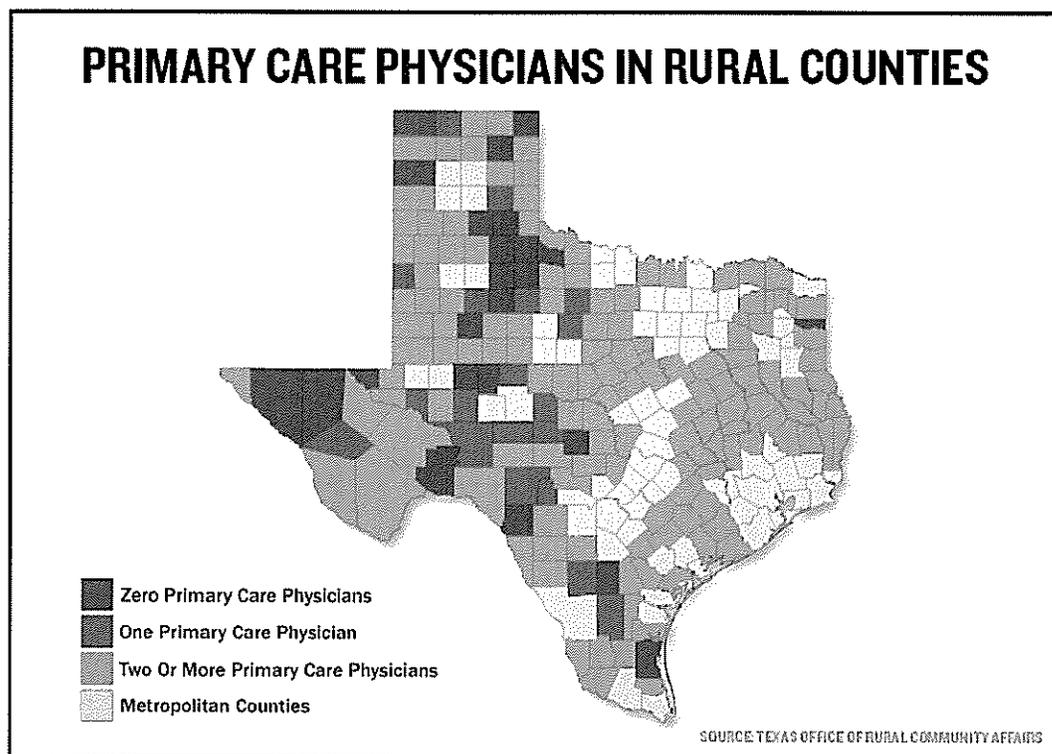
For those that can stay in business, the workload is tremendous. They don't have other doctors to share "call" with. They spend hours of their day figuring out where to refer patients to specialists — and then how to transport them to their appointments. Patients know where doctors live, and show up at their houses after hours.

Dr. Jim Luecke, a family practice doctor based in Alpine and Fort Davis, said on a typical day, he'll drive 100 miles

round trip to deliver a baby, perform a half dozen other medical procedures, and then make four hours of rounds in the Big Bend hospital's emergency room.

When these patients can't pay, rural doctors are often out of luck. Luecke said he's been known to barter; he once traded an appendectomy for a truck engine, and a Caesarian section delivery for a lifetime of haircuts.

"Yes, it's possible to make a living out here," Luecke said. "It's not as good as in the cities, but what you trade is the quality of life, the quality of the people."



Dr. Weldon Green, who has spent the last 30 years practicing in rural Childress, said his living would've been far better if not for Texas' "corporate practice of medicine" law, which bans hospitals from hiring doctors.

The law, which has long since been lifted in most other states, was designed to prevent hospitals from asserting improper influence over doctors and their treatment decisions. Opponents like Green say the measure harms doctors who want to work in rural communities, and can't afford the overhead of private practice. Green has watched his revenue decline year after year, though his patient roster hasn't dwindled.

Working for a hospital "would've allowed me to take care of patients and not have to worry with the business end of it," said Green who, at 59, still works almost every day of the week — including one 24-hour shift at the local hospital. "Instead, I've ended up at the bottom of the barrel, with a lot less for retirement than I hoped."

Proponents of the law, including the [Texas Medical Association](#), say it still serves an important purpose. And they note there are already ample exceptions to it in Texas. Medical schools and federal health clinics can hire doctors. So can non-profit health care corporations — cooperatives of doctors that can be established for almost any hospital, including those in rural Texas. Some rural Texas doctors even say lifting the law isn't necessary.

"There are deterrents to coming to work out here," Dr. Parsons said, "but the [hospital hiring ban] isn't one of them."

But rural health care supporters say the non-profit cooperatives aren't always feasible for small town doctors. They're costly, they're complicated, and it takes three physicians to start one, said Don McBeath, director of advocacy for the [Texas Organization of Rural and Community Hospitals](#). That's a luxury some rural communities don't have.

“These days, doctors want a guarantee, a steady income. They don’t want to have to worry about the particulars,” Luecke said. “I think letting hospitals hire them, bring them in, set them up — it’s the way of the future.”

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