Letter to the Secretary: September 18-20, 2005, Jackson, Wyoming

September 22, 2005

The Honorable Michael M. Leavitt Secretary U.S. Department of Health and Human Services 200 Independence Ave, SW Washington, D.C. 20201

Dear Secretary Leavitt,

I wanted to share with you the highlights from the most recent meeting of the National Advisory Committee

on Rural Health and Human Services in Jackson, Wyoming on September 18-20, 2005. At this meeting we had the opportunity to hear from Governor Dave Freudenthal, who sends his regards. At this time of year, the Committee is gathering final testimony from the field for its 2006 report and preparing recommendations on how to improve the health of rural Americans.

The 2006 report focuses on three key issues for rural communities: health information technology, access to pharmaceuticals and pharmacy services, and family caregiver support for rural elderly.

The recent meeting provided us with an opportunity to better understand all of these issues and how they are represented in rural Wyoming towns such as Jackson and Afton. The Committee had the opportunity to hear from pharmacists, elderly caregivers, as well as information technology specialists from Wyoming. The Committee learned of the challenges of mountainous terrain and severe weather in accessing health and human services in the Western part of the country. The information gathered in Wyoming will be integrated into the three chapters and approved at our winter meeting in Washington, DC from January 29 - 31, 2005.

In addition to the Committee's work on the report, there was discussion of the impact of Hurricane Katrina on rural Americans throughout the United States, and particularly in the Gulf Coast region. Through our site visit, the Committee learned of the struggles of rural providers in emergency preparedness. We hope that the Department of Health Human Services will consider the impact these disasters have on rural communities, infrastructure, and workforce. On behalf of the Committee, we also want to commend the Department for addressing a concern raised in our May 5th letter about the Hospital Compare Website. As you may recall, that letter raised the Committee's concern about not allowing the public to compare data from Critical Access Hospitals (CAHs) with non-CAHs in the initial posting of data on the hospital compare website.

In September, the Centers for Medicare and Medicaid Services changed the website and now includes CAH data for all the measures alongside other hospitals. We applaud this change as it allows consumers to check all hospitals to see how they perform on a range of clinical measures. More importantly, it allows consumers in small rural communities to see how their CAHs perform relative to other rural hospitals or larger urban hospitals.

In the coming months we look forward to the opportunity to provide the Department with some analysis of these important rural issues and a number of recommendations on how to better address the challenges facing rural Americans. Thank you again for your support of this Committee and of rural America.

Sincerely,

David M. Beasley Chair