WISCONSIN STATE JOURNAL

A double standard for medical care

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LOCAL
Finding riches in the spiritual life

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WIAA EXTRA
A very busy Saturday of prep tournaments

State gymnastics. State
tennis. Boys basketball.
Regional finals in all four divisions.
State
time for boys and girls.
Find everything you need to know
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An uneven recovery

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This remote North Woods town tells a larger story: Good, consistent health care is hard to come by in rural areas across America. The consequences can be devastating.

PARK FALLS — Jocelyn Jacobs and Mark Musolf were driving into a snowstorm last winter when the driver of a pickup truck lost control and hit their car head-on near Park Falls, a small town in the shadow of the Chequamegon National Forest.

The couple suffered grave injuries, but medical helicopters were grounded by the storm. An ambulance took Musolf, 67, to Park Falls and then to the nearest trauma center — in Marshfield, nearly 100 miles away. He died en route, three hours after the crash.

Jacobs, 57, with more than a dozen broken bones, had to be pulled from the wreckage without pain medication because the volunteer medics weren’t trained to use it.

“It was torture,” she said.

The Madison woman wonders if the outcome would have been different if the crash hadn’t happened in the North Woods.

“I think that is one of the reasons why my husband died right in front of me,” she said. “What if we had been near a major hospital?”

Emergency care is one of many ways in which the health care system can fall short for the 50 million Americans in rural areas. From a shortage of doctors and specialized services to an abundance of patients who are poor, elderly or have little or no insurance, health care in rural areas such as Park Falls can be precarious.

Photo by CRAIG SCHREINER

Stories by DAVID WAHLBERG | Photos by CRAIG SCHREINER
PARK FALLS | ‘You can’t get from here to anywhere in 90 minutes’

The Wisconsin State Journal, which is undergoing a special project to report on health care in the state this year, found that rural towns across the state are facing serious challenges in providing health care services.

In Park Falls, a town of 2,200 along the Flambeau River about 50 miles northwest of Superior, hundreds of residents have few options for getting medical care, even for a simple checkup.

“I’ve been living here my whole life and I’ve never had to go to the emergency room,” said one resident. “But if I need anything more than a basic checkup, I have to drive 90 minutes to the nearest hospital.”

The town of Park Falls, like many other rural communities in Wisconsin, suffers from a shortage of health care providers. There are only two doctors in the town, and one of them is due to retire soon.

“People here are used to living with pain,” said Dr. John Smith, the only full-time doctor in Park Falls. “But the lack of access to care is becoming a real problem.”

The situation is not unique to Park Falls. Across the state, rural communities are facing similar challenges in providing health care services.

“I’ve been seeing an increase in patients coming to my clinic who are in pain and have no other options,” said Dr. Jane Doe, a family practice physician in another rural town. “It’s a real problem.”

Some communities have taken steps to address the issue. In Oneida County, for example, the local health department has begun offering telemedicine services to residents who live too far away from a hospital.

But even with these efforts, the problem remains. In Park Falls, for example, the nearest hospital is 90 miles away.

“It’s just not feasible for many of our patients to make the trip,” said Dr. Smith. “We’re seeing people suffering needlessly because they can’t get the care they need.”

The lack of health care providers and facilities is especially acute in rural areas like Park Falls, where many residents are elderly and have chronic health conditions.

“We’re seeing a real need for additional health care services in our area,” said Ms. Doe. “We need more doctors and nurses to provide care to our residents.”

The shortage of health care providers and facilities is a nationwide problem, but it is particularly acute in rural areas like Park Falls.

“It’s a real challenge to provide care to our residents,” said Dr. Smith. “We need more support from the state and federal government to address this issue.”

But for now, residents like Ms. Doe and Ms. Smith will have to make do with what they have, and hope that things get better in the future.

“Things are tough here,” said Mr. Doe. “But we’re doing our best to provide care to our patients.”

In Park Falls, and across Wisconsin, the struggle to provide health care to rural residents is a real and pressing issue.
Risk factors

Park Falls, a city of 2,300 in northern Wisconsin, is a case study in rural health care challenges. In the meantime, the State Journal will explore in depth many of the ways that rural health services can come up short...
A Wisconsin State Journal special report

Wanted: Doctors for rural clinics

Wisconsin’s small clinics and hospitals, like those nationwide, are in desperate need of primary care physicians. UW and others are taking steps to help fill the gap.

Moundview Memorial Hospital in Friendliness lined up four recruiters last year to replace a doctor who is leaving in May. Rumors have come from only three doctors — one who didn’t return the hospital’s calls, and two who can’t work until next year. It’s so hard to attract doctors, Moundview has kept its medical director even though he is a felon who is not allowed to treat Medicare patients.

“There aren’t many doctors willing to consider my little hospital, and when they do, there always seems to be a reason,” said Jenny Normming, chief executive officer.

One of the biggest challenges in rural health care, experts say, is a shortage of doctors willing to give up the convenience, technology, prestige and typically higher salaries of metropolitan areas to practice in rural settings. That means rural patients can have trouble getting health care — waiting longer for primary care and traveling to larger cities for specialty care.

But medical student Clay Dean is a pioneer in a new program to increase the number of rural doctors in Wisconsin. Raised on a beef farm near Blue I cart, a town of 400 people about 15 miles west of Madison, Dean is in the first class of the Wisconsin Academy for Rural Medicine at the UW School.

It was a political dream week for Obama

Despite several major victories, the president faces many obstacles as he moves ahead.

By Ben Feller, Special to the Post-Dispatch

WASHINGTON —. Doubtful and deeply mistrustful of a comeback, President Barack Obama had the week he probably had been longing for: a historic remaking of America’s health care system, a vast overhaul of how student pay for college and a groundbreaking deal with Russia to disarm nuclear arsenals.

The biggest foreign and domestic policy victories of Obama’s presidency positioned him to keep extending his lead. He has fresh results to back up his argument that personnel changes. The White House’s thinking is the heat of success, particularly in extending health coverage to millions more people, will carry over to other

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### Doctors | Med school grads face large debt

**About this project**

David Schnurr

In 2012, medical school graduates felt the pinch of high student debt. This project examined the changing landscape of medical services and rural health care services in recent years.

Today’s piece focuses on the doctor shortage in rural areas. Installments in a series of rural health stories will follow in the year ahead.

Jami Wagner on

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Normington said. But then they don’t always follow through. After the last search turned up only one doctor candidate, who wasn’t board certified, the hospital hired a physician assistant.

With just those doctors on staff now, including the departing Sulpizio-Leons, the hospital must hire another doctor to replace her, Normington said. If none is found, they might use a temporary physician service.

Continued on next page.

### Rural communities looking for doctors

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Continued on next page.

### Struggles in friendship

The upcoming vacancy in Friendship is a cause for concern at the University of Wisconsin-Madison. The faculty is worried about the potential impact of losing a faculty member, who has worked for 18 years at the university, on the department. The department has seen a significant decrease in funding, and the loss of a faculty member could have a significant impact on the department's ability to conduct research.

### The rural health care gap

The rural health care gap is a significant issue in the United States, particularly in rural areas. Many rural areas lack access to basic medical services, including primary care and emergency care. This has led to a higher incidence of preventable illnesses and a lower life expectancy in these areas.

### Doctors face large debt

One doctor with no plans to leave the Madison area anytime soon to its medical director, said Dr. William Brown. Brown said that the clinic is planning to hire additional physicians and nurses to help manage the increasing demand for its services.

### Friendship health gives chance to doc with record

Dr. John Bell is looking for a new practice in rural Wisconsin. He is concerned about the lack of access to primary care services in rural areas, and is considering moving to a different state.

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Dr. John Bell is looking for a new practice in rural Wisconsin. He is concerned about the lack of access to primary care services in rural areas, and is considering moving to a different state.
The Wisconsin Academy for Rural Medicine, or WARM, could give more doctors to choose from.

But while doctors certainly help high-tech specialists in big cities to be more pres-.

The rural doctors believe there are not enough rural doctors to treat people in small towns near three of those.

The medical school has offered some rural training for years. But WARM great-.

The WARM directors say they have to know about rural cul-

The barbs of two of the program’s other in-

After training in Rice Lake and Madison.

Physician assistants provide a broad range of care

Some rural clinics in Wisconsin offered jobs to Dr. Tim Flament and Dr. Angela Gustafson, a nurse practitioner.

Six rural clinics in Wisconsin offered the following job offers. Dr. Tim Flament, and Dr. Angela Gustafson, a nurse practitioner.

In Minnesota, the trainees are citizen.

The clinic’s heat of the pursuit of the most -

The clinic is located in a four-story building.

The medical school, located in downtown.

The clinic’s heat of the pursuit of the most -

Rice Lake and Madison.

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Some rural clinics in Wisconsin offered.

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Special training programs help place rural doctors

About 17 percent of graduates of rural training programs at medical schools work in rural areas, nearly five times more than among all graduates, say Dr. Howard Kalm now, professor of Thomas Jefferson University in Philadelphia, one of the programs.

The impact of the Wisconsin Academ-

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Madison police to expand gang unit

The story goes like this: 

... and no one believes it.

But if you don’t believe it, you might as well ignore the rest of the story.

The problem is that the Madison police department is being asked to find more money to expand its gang unit, and that’s a problem.

The Madison police department is already the largest in the state, and it’s already been asked to find more money to expand its gang unit.

But the problem is, the police department doesn’t have enough money to do that.

So what are they going to do?

They’re going to ask the state for more money.

The state is already giving them enough money to expand their gang unit, but they want more.

They want more money to expand their gang unit.

But the state doesn’t have enough money to do that.

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WEB EXTRA

Videos: Watch Bob Humerding talk about the base and after the dental exam. See dental registrant Denise Thoman work on students in Pullman, Iowa.
Interactive map: Find Wisconsin dental clinics that target Medicaid patients and the uninsured.
Go to: www.mackinnon.com/eng

Dr. Bob Humerding in Elkin, northeast of Wisconsin, serves patients for Medicaid for 5 years--until January.

About a third of his patients had the government insurance, some coming from 50 miles away. While stopped participating in Medicaid after losing $10,000 on the patients last year, he said:

No other general dentist in the Elko area takes Medicaid patients; few dentists do, because they say they lose money.

Working with the counties to find Medicaid patients differently--giving them double-time $5.50 eyes instead of a full month scan to save money or polling teeth instead of doing root canals.

"I know it was time to quit the program," he said. "I felt bad about it, but under the circumstances, it's what I had to do."

Dental Medicaid rates: part of problem

Dr. Bob Humerding, who works at a dental clinic in Elkin, northeast of Wisconsin, served patients on Medicaid for 5 years until going it up this year—because, he said, the state doesn't pay enough for that care.

Percent of Total Population served by Fluoridated Water

- 0-24
- 25-49
- 50-69

Fluoride could help, advocates say

Nearly half of adult residents in Wisconsin have lost teeth from decay, compared to just over a third of urban adults.

Adding fluoride to drinking water could close this gap, health officials say. Public water systems in the state—about 15 of them rural—have fluoride levels below what is recommended.

A third of residents drink water from wells, mostly in rural areas, and most wells don't have enough fluoride.

Water fluoridation reduces decay by 14 percent to 40 percent, according to the Centers for Disease Control and Prevention. Children who drink water deficient in fluoride should take supplements, said Dr. Warren Ledebo, chief dental officer for the state Department of Health Services.

"It's the best way to prevent tooth decay," he said.

The Kantor, N.Y.-based Fluorides Action Network, which opposes fluoridation, counters that too much fluoridation can cause methed tooth, reduced intelligence, a rare kind of bone cancer and other conditions. The group says topical fluoride treatments should be emphasized instead.

Critics point to a National Academy of Sciences report in 2006 that says the country's limit on fluoride in drinking water—4 milligrams per liter—should be lowered.

Levels that high generally occur naturally. For drinking water systems with little or no natural fluoride, the government recommends adding the chemical to reach levels of 0.7 to 1.2 milligrams per liter. That's what many municipalities do.

Cost or public opposition has prevented many rural communities from adding fluoride to their water.

Instead, a village of about 700 people west of Madison, considered fluoridation about 13 years ago, but "it was too expensive," said Dave Kulkos, maintenance supervisor.

"Voters in Temah rejected adding fluoride 20 years ago," he said. "Nobody has really pushed it since." John Williams, water department foreman.

Peyote restored fluoridation last year when voters supported it, after halting it the year before.

A referendum to add fluoride to Pruisen in Due West two years ago was defeated by a 4-2 margin.

"It was very polarizing," said Aaron Kramet, city administrator. "It pretty much ended the discussion."
Continued from previous page

can only afford to buy that though.”

Most states pay dentists more to treat Medicaid patients than the fee for service, according to a report this year from the State接听 Center for the Medicaid and CHIP, a project that tracks rates paid to the Wisconsin Hospital Association. Nearly all of the 11 states, including Wisconsin, pay the fee for service rates for dental problems, costing close to $84 billion a year, compared to $15 billion for medical problems.

Wisconsin has 25 of the 1,000, up from 15 in 2017, but the number of clinics to more than double again in April.

The clinics get roughly 70 percent to 80 percent of their funds for Medicaid patients, and that’s “far from enough,” said Sheehan.

The clinics’ higher Medicaid payments are often the only way they can afford to treat patients, said Sheehan.

Dr. Julie Rodrigues, a private dentist in Madison and the owner of a dental office, said she has a “rare” patient who’s willing to pay whatever she calls the “cost of doing business.”

Homer said the American Dental Association and the Academy of General Dentistry are reaching out to their members to improve care, and the last time she heard that the ADA would take “a different approach” she heard it last year.

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Questions remain in deal for Overture

The city will examine every aspect of the proposal before agreeing to take over the financially struggling arts center.

By CLAY MOORE clmoore@madison.com

Before signing off on a deal for city ownership, some Madison City Council members are asking for a full financial accounting from the company that built and runs Overture Center, and that decided — including W. Jerome Van de Bogaert, who donated $205 million to build the facility — not to proceed with a nonprofit that would operate it.

Meanwhile, Mayor Toy Ciccotelli has announced an independent group of business and community leaders to help create a plan for the future of Overture.

The moves to better understand Overture and prepare for its future follow an announcement by Overture officials and banks on Tuesday to eliminate $26.6 million in Overture debt if the city accepts ownership of the landmark arts facility on the 200 block of downtown State St. The city must approve the deal, and it is expected to receive City Council approval over the next months.

The deal also requires the city to enter into a lease agreement with a nonprofit organization to run Overture, contribute the annual $1.5 million plus inflation surcharge and assume responsibility for capital maintenance costs.

Please see OVERTURE, Page 19

TRAVEL

Irish isles are smiling

A trip to take photographs on Ireland’s Aran Islands yields beautiful images and memories.

By JULIE WILLIS willisj@madison.com

High Point believes interim minister led the way out of turmoil.

By DOUG EMMICK demmick@madison.com

On a recent Sunday morning, about 450 people filled Madison’s High Point Church for its sole weekend service.

It was a good-size crowd — many churches would be thrilled with such a number — but a decline from the days when the sanctuary, which seats 950, was full and the evangelical church led near-

Sunday services. Once filled as Madison’s largest church, High Point has unquestionably stumbled. An

After decline, church seeks a revival

By JULIE WILLIS willisj@madison.com

The Rev. Bill Lesher, who led High Point Church through a two-year healing process, receives a hug from a parishioner during the gosp-

Please see HIGH POINT, Page 86

A Wisconsin State Journal special report

‘I don’t know how we lived through it’

Mary Zoepfle came home from her bartending job in far north-

Please see HEALING, Page 84

GOING, GOING, GHANA

U.S.-led weather hur, and this time there’s no miracle

123 CONDOMS STARTING $2

African Wildlife

77 SQUARE

Drive and dine

No need to hit the fast-food chains when travel-

Please see 77 SQUARE, Page 1

OUT OF REACH

The rural health care gap

Stories by DAVID WALDHUR | Photos by CRAIG SCHREINER

Despite a greater need, mental health services are hard to come by in rural areas, especially for children, which can mean long waits for those who need help.

M ary Zoepfle left, and her mother, Mary Zoepfle, enjoy a walk near Shelby’s apartment in Eagle River. Shelby, 19, who started hearing voices and cutting herself at age 12, was in and out of several institutions far from the family’s Land O’Lakes home while on a waiting list to see a child psychiatrist. After her prescription medication that helped, she and her mother said.

Please see HEALTH, Page 84

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HIGH POINT

Over 450 people filled Madison’s High Point Church for its sole weekend service.

Please see HIGH POINT, Page 86

State Journal ATHLETES OF THE YEAR PREPS EXTRA

WORLD CUP | LEAGUE II SOCCER | SPORTS

GOING, GOING, GHANA

U.S.-led weather hur, and this time there’s no miracle

123 CONDOMS STARTING $2

African Wildlife
Health
Finding help for mental illness

Long distances to help

10. Minneapolis/ St. Paul, MN

8. Rohneland, MO

9. Minneapolis/St. Paul, MN

7. Milwaukee, WI

6. Frederic, WI

5. Winnebago, WI

4. Oconomowoc, WI

3. Little Falls, MN

2. Green Bay, WI

1. Appleton, WI

Dr. Richard Immler is a child psychiatrist at Methodist Hospital in Green Bay, WI. He specializes in treating children and adolescents with mental health issues.

Mental health units closing

Two hospitals in southwest Wisconsin shut their mental health units to stop the spread of COVID-19.

- Renowal Area Health Care closed its unit in 2016. They lost 205 beds in 2018 due to the COVID-19 pandemic.
- St. Clare Hospital in Baraboo closed its unit in 2020 to stop the spread of COVID-19.

3. Rohneland, MO

4. Elk Lick, MO

5. Winnebago Mental Health Institute

6. Frederic, WI

7. Milwaukee, WI

8. Minneapolis/St. Paul, MN

9. Minneapolis/ St. Paul, MN

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Child psychiatrist shortage in rural Wisconsin

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23 counties use videoconferencing

Dr. Ronald Allen, chief of psychiatry at the University of Wisconsin School of Medicine and Public Health, said videoconferencing is an effective way to provide mental health services.

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Phil Robinson, clinical services director for human services in Adams County, said it would be hard to attract a doctor to a rural area like Concord, former medical director at Mendota Mental Health Institute.

Dr. Richard Immler, a child psychiatrist in Rohneland, MO, said he has reservations about treating some patients via video sessions. "I don’t think I could do an assessment of a young child that way," he said.

Cullen said he diagnoses mental health conditions, makes treatment plans and manages medications. "These roles are well suited for communication, whether it be 500 miles away or 5 feet away," said Robinson.

Dr. Ronald Allen, chief of psychiatry at the University of Wisconsin School of Medicine and Public Health, said videoconferencing is an effective way to provide mental health services.

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Who should prescribe medications?

Toni Hay, a psychologist in Baraboo, said he would likely to prescribe medications for mental illnesses to improve a patient's well-being.

In Dr. Jerry Haberdash, a psychiatrist and board member of the Wisconsin Psychiatric Association, said ratifying psychologists-prescribe drugs could endanger patients.

A bill introduced last year in the state Legislature would let psychologists prescribe drugs if they undergo additional training. Legislators in New Mexico and New Hampshire are the only states that now give psychologists that authority. Oregon's governor vetoed a bill passed this year, and bills have died in Congress.

Psychiatrists, who have medical degrees, treat mental disorders, substance abuse and pain. Psychologists monitor patients who need medication to pacify drugs or family physicians for drugs but often cannot

Use prescribed medications. By prescription, psychologists prescribe drugs that help stabilize mental illnesses.

For her research, Psychologists say the move won't have a significant impact on their everyday practice.
SUNDAY STATE JOURNAL

OCTOBER 17, 2010

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SUNDAY STATE JOURNAL

OUT OF REACH

The rural health care gap

Frontier medicine in Big Sky Country

Montana is a national test site for ways to solve rural health challenges.

Stories by DAVID MAHLBERG | Photos by CRAIG SCHREIBER

C IT RANK, Mont. — Three weeks before Val Eaton’s baby was due, she started shaking and seeing black spots.

The husband rushed her to the emergency room in this Great Plains town of 1,200 people and of the Rocky Mountains. She needed a cesarean section, but the hospital had just stopped doing them.

“A medical expertise flow chart her to Great Falls, 110 miles away, where her son was stillborn,” said Eaton, 25.

“B If Bank had been more equipped, my baby could have been saved,” said Eaton.

Val Eaton and her daughter, Havia, 4, sit in their backyard in Cat Bank, Mont. Eaton had a stillborn baby last year in Great Falls, 110 miles away, after Cat Bank’s hospital stopped delivering babies and doing cesarean sections. Maternity care is one of several services that can be harder to come by in rural Montana than in rural parts of other states, in part because Montana population is so sparsely populated.

But the sparsely populated state—fourth largest in area but with just 976,000 people—has become a testing ground for finding solutions to rural health problems. Montana’s increasing use of physician assistants, experimental payment methods for small hospitals, proposals for expanding the role of paramedics and efforts to control malpractice insurance rates are ideas being considered by other states, including Wisconsin.

“Where I thought we were practicing rural medicine in Wisconsin,” said Karrin Thurston, a physician assistant from Brookville, south of Madison, who now lives in Great Falls, Mont., “Now I think we’re in Montana.”

Please see MONTANA, Page A12

MATC’s energetic leader faces tough task

Bettsey Barhorst, college president, will shepherd efforts to get voter approval of a $125M referendum.

By DEBRA SOEDER

dsoeder@madison.com

No coffee today for Bettsey Barhorst. She’s off to a reception for new minority employees, followed closely by a small meeting with five or six people who try to keep up with her — and an eye on the sometimes outspoken president.

Barhorst is counting on her boundless energy to shepherd through what is undoubtedly a tough sell with a $125 million referendum on a facilities expansion for the col-

Please see BARSTAD, Page A3
Small and ill-equipped, remote hospital is still a key resource

Montana | A testing ground for rural health solutions

Continued from Page A2

works at seven small Montana hospitals, including the one in Cut Bank. "But this is really rural medicine. It’s frontier medicine."

Makoshika medicine

Shortly after Thornton arrived in the Big Sky State four years ago, he met a patient’s aortic aneurysm was excised. He was eight hours from the nearest hospital where a doctor could operate, Thornton told him.

The man decided to stay with his family, and he died two hours later. In Wisconsin, he would have received surgery, he said.

One August evening two years ago, Cline Jenkins was riding a horse on a mountain south of Flathead Lake in western Montana when the horse bucked and sent him flying.

"As soon as I hit the ground, I knew my pulse was broken," said Jenkins, 46, who owns a welding supply business.

The nearby hospital in Polson, where Thornton was working, had only four units of blood available for transfusion. His internal bleeding was getting worse, and the hospital had no regular equipment to stop it. Soon, the 46-year-old was on the verge of dying.

Thornton had two hospital beds brought around Jenkins as he lay on a hammock and arranged to have one flown to a hospital in Butte, nearly 100 miles away. He had surgery the next day and survived.

Makoshika medicine comes from the heart of Thornton said.

With 5% of Montana’s 55 counties in the county’s personal health care "frontier" as she prefers to call it. Many of the rural hospitals are one of the few places in the country looking at community parameters, who could make home visits and provide other care during down times between emergency calls.

"This isn’t the best way to practice," Thornton said, "but it becomes the way you have to practice."

Frontier networks

In Cutler, a town of 800 people south of Cut Bank, Liberty Medical Center closed its nursing home three years ago because the ser-

vice was losing money, said chief medical officer Ron Glaceon.

Glaceon said Medicare, the federal health plan for seniors and the disabled, didn’t pay his small hospital enough to sustain the nursing home, so now some pa-

tients must travel an hour away.

"We need more flexibility to meet the demands of our isolated population," he said.

That’s the goal of a federally sponsored study and model in Montana looking at creating

Hutterites in the area. The Hut-

terites, Anabaptists similar to the Amish, rely on the hospital for care.

One week in June, the hos-

pital’s small lab was especially busy.

A man vomiting at Glacier came in with a rash and a head-

ache. Hospital staff, suspecting meningitis, drew blood and sent him for tests.

The man was part of a mени-

gitis outbreak that killed two fel-

low hockey players after a suc-

cessful fungal disease in Colorado, where he is recovering.

Another traveler at Glacier

came in with malaria. The Cen-

 ters for Disease Control and Pre-

vention warned microscopic plaques of his blood, but the lab’s microscopes aren’t equipped with cameras as microscopes at larger labs are.

Soup Ran, lab director, set up her tripod and put her camera against the microscope’s lens. Her photos won first place in the CDC, and the man was soon medicated.

"You never know what you’re going to see out here," Run said.

The X-ray machine is fall-

ning apart, and only two patients live on the world’s most distant, but the hospital still serves a busy emergency room, an important service for a rural community dominated by cattle and livestock.

The hospital, in Cut Bank, Montana, also trains Blackfeet Indi-

nians, Hutterites and travelers at near Glacier National Park, who sometimes carry diseases from far away.

"If you have a heart attack out there, you need us," said Rick Bll-

linton, a hospital board member, who signed a bond guarantee for a few years ago to keep the hospital open.

Many patients come in without any insurance, and the out-

put is less than the input.

The job of the emergency room, an X-

ray of her ankle found broken bones, aortic aneurysms, Thornton said.

Thornton made a case using old,

Shelley McDonald. She hurt her ankle in a tractor accident last winter while searching for mines on her ranch.

"At the emergency room, an X-


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In rural areas, there aren’t enough providers,” Wilcox said. “Policies could increase their role to do patient care.”

Maternity care

One of the most reliable services that can be hard to come by in Montana is maternity care. About 40 percent of the state’s hospitals deliver babies, compared to about 75 percent of hospitals in the rest of the country. High malpractice insurance also makes it hard for obstetricians, hospital officials say. Montana and Wisconsin are among about 20 states with malpractice caps that many lawyers say is capped, which some says puts pressure on malpractice rates down. The new health re-