



What it Takes for Rural Healthcare to Thrive

By: Benjamin Anderson, CEO

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I am the CEO of Kearny County Hospital (KCH), a southwest Kansas facility very similar in scope to Hiawatha Community Hospital (HCH). I became familiar with Hiawatha when I met the woman who has now been my wife of 11 years; her family has lived in Northeast Kansas for over a century. For the past several months, I have followed with interest the happenings in your hospital and community.

Over the past decade as a hospital CEO, I have studied the vitality of rural healthcare and, from my perspective, the approximately 80 rural Kansas hospitals could fit into three general categories, with some exceptions.

The smallest and most vulnerable organizations usually employ one to three aging medical providers, often have poorly maintained facilities, have almost always discontinued maternity services, and frequently experience outmigration of patients to hospitals in other communities.

The second group of hospitals employ somewhere between four and 12 medical providers, the condition of their facilities is fair, they are continuing to provide maternity services and usually capture the care most of the patients in their communities.

Hospitals in the third category employ more than a dozen medical providers and function more like a regional medical center than a community hospital. They have the resources to maintain their facilities and usually draw in patients from outside their counties – starting with a robust maternity program.

HCH and KCH both best resemble the second category.

Over the past decade, KCH has more than doubled its patient-base and added 100 new full-time employees to its roster. Its number of deliveries has increased from 100 per year to nearly a delivery every day. Our gross revenues have increased from \$8 million in 2005 to over \$34 million now.

Since 2015, we have recruited nine new medical providers. It's worth noting that we were unsuccessful recruiting two very talented Physician Assistants named Brett and Heather Gliem, who instead chose to move to Hiawatha. Since then, we have followed and admired HCH from afar.

In March of this year, KCH was featured in a 14-minute CBS Sunday Morning story about the critical condition of rural healthcare. We were the only hospital featured that was not facing immediate closure. The story was a sobering reminder of the mortality of our county's largest employer.



One essential, stabilizing factor to sustaining our growth is that rather than increasing its support of hospital operations, the county has increased its investment of tax supported funds for capital purchases and physical plant maintenance. Our citizens understand that an investment in their hospital is an investment in the growth of their community.

At a historically difficult time for rural healthcare in the United States, the vitality of each of our hospitals is inextricably bound one another. If one hospital falters, our collective voice is weakened. As community members, we must each invest in our local healthcare delivery system. I encourage you to lend your support to Hiawatha Community Hospital. We at KCH are in your corner.