

IOWA POST-ACUTE CARE OFFICE HOURS APRIL 15, 2020

SPEAKER: BILL MENNER

WEBVTT

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00:04:57.810 --> 00:04:59.850

Kate LaFollette: Hey everyone this is Caitlin Alec. Can you hear me.

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00:05:02.370 --> 00:05:02.760

Dick Michael: Yes.

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00:05:06.900 --> 00:05:10.440

Kate LaFollette: See, I think I can take over the slides now is whoever's

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00:05:12.390 --> 00:05:14.250

Kate LaFollette: Sharing can back out. I can

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00:05:15.300 --> 00:05:16.230

Kate LaFollette: share my screen.

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00:05:28.500 --> 00:05:29.220

Kate LaFollette: There we go.

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00:05:37.440 --> 00:05:42.900

Kate LaFollette: Okay, my apologies for the delay in our starting we

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00:05:44.220 --> 00:05:48.150

Kate LaFollette: Had just a little bit of technical issue because that never happens to people.

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00:05:56.460 --> 00:06:04.140

Kate LaFollette: Okay, so first of all, I want to thank everybody for joining us today. We know that time is precious. You have a lot of demands on your time so

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00:06:05.460 --> 00:06:10.020

Kate LaFollette: Thank you very much for taking the time to join us and again apologize for the for the delay and start

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00:06:11.220 --> 00:06:19.110

Kate LaFollette: My goal today is to keep this to 30 minutes. A lot of people don't have time for a one hour call maybe not even a 45 minute call

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00:06:20.520 --> 00:06:27.210

Kate LaFollette: So we're going to keep this to 30 minutes if there's things that we don't address our questions that we get in chat that we don't cover.

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00:06:27.870 --> 00:06:40.260

Kate LaFollette: We'll get those caught up in the next, the next, office hours, or if time permits will get those sent out in the Q AMP a format in an email. So we love all questions.

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00:06:41.760 --> 00:06:54.120

Kate LaFollette: Today we are talking to Bill men are from the Iowa Rural Health Association. So if we have those rural health questions in the chat box will answer those first before we move on to any other the general code 19 questions.

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00:06:55.980 --> 00:07:10.050

Kate LaFollette: I also want to acknowledge that Dr. Jane Brock is on the phone with us. She's our medical director here, intelligent, and she is here just to field any clinical or medical questions that might come up that we don't have an answer for

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00:07:13.230 --> 00:07:20.670

Kate LaFollette: So today. This is our disclaimer, because we know that it's just it's static it's moving it's changing all the time.

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00:07:22.140 --> 00:07:27.240

Kate LaFollette: This is the information that we best understand as of today, or yesterday back into slices

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00:07:28.650 --> 00:07:37.170

Kate LaFollette: Of course, we always want you to refer to the CDC most up to date information as well as our Department of Public Health and information that comes from there.

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00:07:38.250 --> 00:07:47.910

Kate LaFollette: Again, this is not the speaker does not necessarily reflect the views of intelligent or the CMS and but this has to be informational and does not constitute medical advice.

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00:07:50.850 --> 00:08:05.100

Kate LaFollette: Our objectives when we thought about objectives, we wanted people we thought about what we want people to do when they hang up from the phone when they hang up from this call and what we really want people to do is to start identifying collaborative opportunities.

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00:08:06.720 --> 00:08:12.180

Kate LaFollette: In the care continuum people that you're working with people, but you need help with people you need help from

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00:08:13.230 --> 00:08:19.290

Kate LaFollette: And the second thing is to strengthen your community network by sharing practices during co Goodman team.

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00:08:20.700 --> 00:08:26.640

Kate LaFollette: You know all the information in the world doesn't doesn't help you if you don't have that relationship and you're committed

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00:08:28.350 --> 00:08:41.100

Kate LaFollette: So this is what this is our call to action. What I'd like to see when we hang up today is I'd like for everyone to go back to their organizations and start identifying opportunities to network and share and and get different people at the table.

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00:08:46.500 --> 00:09:02.010

Kate LaFollette: So today's guest speaker who was so gracious to speak on short notice. His name is Bill Menner who's the executive director for the Iowa rural health Association and the iOS development Council and I believe there are a few others on his resume, but I'll turn the call over to you, Bill.

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00:09:11.730 --> 00:09:13.500

Kate LaFollette: Kristen, can you unmute the line.

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00:09:14.460 --> 00:09:20.160

Bill Menner: Okay, how about now I'm I have myself three phone. Can you hear me now. Okay. Yeah.

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00:09:20.220 --> 00:09:20.970

Kate LaFollette: I can hear you.

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00:09:21.780 --> 00:09:23.970

Bill Menner: Great. Well, hi, everybody. Sorry about that.

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00:09:24.990 --> 00:09:37.020

Bill Menner: When you do 10 to 15 zoom meetings a day. You think you have it all figured out. And I'm actually running my computer through my phone because my home internet is so slow today.

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00:09:38.010 --> 00:09:46.320

Bill Menner: I couldn't download anything so anyway I it's great to be with you. I'm here representing the Iowa Rural Health Association.

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00:09:46.980 --> 00:10:06.030

Bill Menner: Which is a statewide association of folks who care about rural health, not just rural health care but rural health. So everyone from rural hospitals and clinics providers state associations pharmacists dentists PA is

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00:10:07.440 --> 00:10:18.510

Bill Menner: Folks who simply want to see healthcare and healthcare access protected and expanded in rural areas, so you can find our website and I'll type it up in the chat.

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00:10:18.900 --> 00:10:21.900

Bill Menner: At some point, my a rural health

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00:10:23.490 --> 00:10:38.280

Bill Menner: I a rural health dot o RG WWW dot i a rural health dot o RG I also run the I will Rural Development Council, which is a lot like the IRA to me and focuses on rural communities and vitality

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00:10:38.880 --> 00:10:46.590

Bill Menner: One of the interesting things is, is that rural health care and rural economic development go hand in hand. They drive each other.

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00:10:47.520 --> 00:10:56.040

Bill Menner: I spent almost eight years as the State Director of USDA Rural Development, which is sort of a big infrastructure bank for small towns.

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00:10:56.490 --> 00:11:09.240

Bill Menner: During my 10 year we did about \$5 billion worth of loans and grants to small towns of that 5 billion more than 10% was for rural health care.

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00:11:10.080 --> 00:11:20.910

Bill Menner: hospitals, clinics, dental clinics equipment infrastructure, you name it. So that's sort of my, you know, background before that I was a rural economic developer, I live in polishing County.

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00:11:22.140 --> 00:11:36.720

Bill Menner: My, my, my consulting firm that I use leverage to run these organizations is based in Grinnell, I'm a rural hospital trustee. I've been on the unique point health Grinnell board for more than 10 years now.

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00:11:37.200 --> 00:11:51.330

Bill Menner: I'm the chair of that board right now, which means I also sit on the Unity point Des Moines board and I wear lots of hats and all of those hats have something to do with small towns and I have to tell you

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00:11:52.470 --> 00:11:57.660

Bill Menner: If we're able to call up my slides. If not, I can talk forever without them.

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00:11:58.740 --> 00:12:04.920

Bill Menner: Even before we got into this pandemic situation rural health care. Was that a challenging point

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00:12:06.630 --> 00:12:17.280

Bill Menner: Nationwide, we're all Americans make up about 20% of our population in Iowa. We're about 36% and you think to yourself, well that's not that much.

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00:12:17.820 --> 00:12:37.080

Bill Menner: But we have bad demographics. It's kind of like bad genes we are older sicker poor less educated, more chronic diseases. I mean, you name it. We've got it. And there were fewer of us. So when we think about risk mitigation, you know,

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00:12:38.010 --> 00:12:54.960

Bill Menner: The numbers. Just don't help us. We have fewer people. So it's harder to spread out risk, it's harder to get banks to make us loans, it's harder to make a business work. It's harder to make a hospital or a clinic work because we have fewer residents. So that's a challenge.

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00:12:56.100 --> 00:13:10.020

Bill Menner: It's always been a challenge. We recognize that that's why we rely on stronger reimbursement rates in some cases we rely on government assistance we rely on a lot of things to help overcome those disparities that Brian was

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00:13:11.340 --> 00:13:11.940

Jennifer Wirt: We have

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00:13:12.090 --> 00:13:13.650

Bill Menner: We have lower volumes.

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00:13:13.710 --> 00:13:29.250

Bill Menner: We have smaller censuses. We have smaller margins and we have providers. We have shortages. We have health professional shortage areas all over the state in every practice conceivable

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00:13:29.850 --> 00:13:43.890

Bill Menner: It's hard to recruit doctors to small towns, doctors, nurses, PA is nurse practitioners, dentists, pharmacists, it's hard to get them to live in a small town. So we have all these cards stacked against us right now.

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00:13:45.060 --> 00:13:56.040

Bill Menner: And we have all these rural hospitals that before the pandemic kit were at risk in the last 15 years almost 200 world hospitals and close nationwide.

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00:13:56.640 --> 00:14:10.170

Bill Menner: Another 500 or so or at risk of those 500 nationwide at risk 20 of them are in Iowa. We've never lost a rural hospital and I'll or at least not in modern times, but

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00:14:10.560 --> 00:14:24.090

Bill Menner: We have 20 of our 89 rural hospitals right now that are at some level of financial distress that's before coven 19 arm. So we have these challenges that are facing us, and

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00:14:25.350 --> 00:14:42.060

Bill Menner: Many of those challenges had nothing to do with with this pandemic. It had to do with with the volume, issue that I mentioned fewer people for your patience. It has a lot to do with reimbursement rates we don't get paid as much as as urban counterparts and other states get paid.

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00:14:43.170 --> 00:15:00.390

Bill Menner: And we have fewer docks and our workforce shortages are exacerbating, a lot of those other problems. So that's just the state of rural healthcare in Iowa. Now let's take the next step on the next slide and start talking about the implications of this pandemic and what it means for us.

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00:15:01.500 --> 00:15:07.020

Bill Menner: This map comes to us from the rupee at the University of Iowa at the College of Public Health.

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00:15:07.800 --> 00:15:27.870

Bill Menner: It's actually for a dated April 13. So again, not everything is as up to date as I would like it to be. But the green areas are world places that are seeing some cases and the blue are places where there are deaths nationwide.

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00:15:28.950 --> 00:15:41.370

Bill Menner: Over 570,000 cases as of the 13th 22,200 deaths. That's about 4% for the number 4% of all the cases.

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00:15:41.760 --> 00:16:00.000

Bill Menner: And 3.3% of all the deaths nationwide that's coming in rural areas, we have the latest numbers from Iowa from the governor this morning 96 new cases on Wednesday for new deaths, the statewide total is 1900 95 cases.

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00:16:00.450 --> 00:16:08.070

Bill Menner: And 53 deaths. And what we know is that the rate of increase in rural places is different depending on where you are.

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00:16:09.420 --> 00:16:13.860

Bill Menner: If you are a rural suburb of New York City, your rate of increase might be greater

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00:16:15.570 --> 00:16:19.800

Bill Menner: But White what right now, what we know is nationwide rural counties.

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00:16:20.220 --> 00:16:29.250

Bill Menner: Have cases and about 55 coven cases per 100,000 residents, which is nothing compared to what they're seeing in urban areas.

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00:16:29.550 --> 00:16:41.910

Bill Menner: But it's up almost twofold from just a week ago last week it was 33 cases per 100,000 right now it's 55 cases per 100,000 and it's growing.

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00:16:42.420 --> 00:17:02.820

Bill Menner: And the stress that this growth is going to have on our world health care delivery system is significant, but what we're seeing. Up until this point is even more significant because every hospital every clinic every provider, with a few exceptions is losing money hand over fist.

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00:17:04.020 --> 00:17:19.680

Bill Menner: Hospitals are furloughing staff because the code cases haven't hit, but all the non essential surgeries folks aren't coming in and and revenues have dropped in many cases 40 to 60% or more

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00:17:21.150 --> 00:17:34.980

Bill Menner: If you'd go to the next slide. One of the things really driving these these losses in revenues, is the fact that our outpatient service lines have for the most part, been shut down.

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00:17:35.790 --> 00:17:43.200

Bill Menner: This little block here comes from a group TARDIS health services, which sort of tracks rural health care.

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00:17:43.650 --> 00:17:58.410

Bill Menner: And what it does is it looks at states and their reliance on outpatient service lines for revenues, what we know from their studies is that 81 to 85% of Iowa rural hospital revenue.

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00:17:58.830 --> 00:18:14.460

Bill Menner: Comes from these outpatient service lines but national average is 76% so we're slightly above the national average. When it comes to our reliance on these outpatient service lines which have been more or less shut down so

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00:18:15.570 --> 00:18:22.620

Bill Menner: What it's doing is it's putting our hospitals, our clinics are our providers at extreme risk right now.

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00:18:23.670 --> 00:18:34.320

Bill Menner: There was money in that the tears Act. The most recent stimulus package. I know my hospital god of first payment, just a few days ago.

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00:18:35.730 --> 00:18:53.670

Bill Menner: Those payments that came out where Medicare, Medicaid related and amounted to about \$30 billion of the 100 billion that the Congress approved so they're starting to dribble that money out there. I just saw an article this morning that questions whether that

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00:18:54.690 --> 00:19:03.810

Bill Menner: federal support is going to get there in time to save rural hospitals, the question of how quickly can it come

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00:19:04.980 --> 00:19:15.330

Bill Menner: Our hospitals eligible for some of the SBA Loan Programs. If you are a rural hospital and you are struggling to begin with. Does it make sense to take out a loan.

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00:19:16.470 --> 00:19:26.940

Bill Menner: You know with any bank make a loan to a rural hospital that a was struggling beforehand and be seeing this devastating decline in service line revenues.

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00:19:28.800 --> 00:19:36.930

Bill Menner: And also if you even if you take advantage of the accelerated Medicare payments that CMS is allowing again those are loans.

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00:19:37.500 --> 00:19:46.860

Bill Menner: And is that something from a business standpoint that a hospital wants to think about one other point I'll make here and that is a third of rural hospitals nationwide.

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00:19:47.220 --> 00:20:03.870

Bill Menner: Are owned by their city or county, that's a problem because they're not eligible for the stimulus loans they can't get the small business loans from SBA the PPP funds or other small other small businesses are getting to apply toward operating expenses.

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00:20:04.980 --> 00:20:08.940

Bill Menner: They love to. But at this point, they're not allowed. So

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00:20:10.620 --> 00:20:14.610

Bill Menner: It is. It's gloom and doom. I know that that

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00:20:15.030 --> 00:20:16.470

Kate LaFollette: Hospitals are

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00:20:17.130 --> 00:20:24.000

Bill Menner: N clinics and we have we have health care professionals who can't even open their doors right now so

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00:20:25.380 --> 00:20:29.520

Bill Menner: It puts at risk in an entire rural

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00:20:30.570 --> 00:20:39.450

Bill Menner: economic environment for us because small towns have to have health care access to recruit or retain businesses.

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00:20:39.810 --> 00:20:49.230

Bill Menner: People choose to live in communities for, among other reasons, the fact that they have access to health care. So we're at a point right now because of this pandemic.

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00:20:49.800 --> 00:21:10.920

Bill Menner: Where the future of our rural health care delivery system is at risk. So if you were going to look for some or any real lining. Let's go to the last slide which frankly is telemedicine, it would seem to me that the fact that everybody is

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00:21:12.810 --> 00:21:31.980

Bill Menner: Working from home leveraging high speed connectivity, or in places like mine low speed connectivity that that there's a door that is opening now telemedicine is not new, and hospitals and clinics and providers have been using

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00:21:33.510 --> 00:21:44.610

Bill Menner: Telemedicine and Telehealth. For a long time, USDA has a grant program that has helped to put together Tele Health Networks and a lot of world places.

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00:21:45.300 --> 00:21:55.860

Bill Menner: There are other funds out there to do this. And there's a lot of talk about how do we do more of it. There was just an article in the Des Moines Register yesterday with this headline that you can see

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00:21:57.060 --> 00:22:00.570

Bill Menner: But it still points to challenges, especially in rural areas.

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00:22:02.070 --> 00:22:08.520

Bill Menner: Number one is, is your internet speed fast enough to even allow telemedicine to work.

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00:22:10.170 --> 00:22:20.430

Bill Menner: Number two is do you have the money to invest in the equipment to make it happen. And for a long time. Question number three was, why do it when your reimbursement rate is so poor.

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00:22:20.880 --> 00:22:35.640

Bill Menner: Now, the governor has stepped in and take an interim steps to basically create payment parody for telehealth versus face to face medical visits. So now you'll get paid the same

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00:22:36.900 --> 00:22:43.320

Bill Menner: At least for now for providing services, whether it's in person or over a computer screen.

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00:22:44.640 --> 00:23:02.490

Bill Menner: But that's not that's not a permanent fix and it is something that legislature was considering before they went on their hiatus, and it's something to watch and frankly to advocate for because why would any any provider. Well, I mean, I asked that rhetorical question.

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00:23:03.600 --> 00:23:06.660

Bill Menner: How do we make sure that providers who who are

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00:23:08.130 --> 00:23:14.820

Bill Menner: Working with patients remotely via tele health get paid fairly and adequately and

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00:23:16.290 --> 00:23:26.430

Bill Menner: Frankly, CMS recently issued new guidelines that expand access to better to Telehealth and telemedicine for Medicare recipients

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00:23:26.760 --> 00:23:43.440

Bill Menner: So now federally qualified health centers rural health clinics hospices others are being reimbursed as well. So it seems like maybe there's a little bit of a shift that will open doors and improve cash flow for telemedicine, but

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00:23:44.610 --> 00:23:54.060

Bill Menner: Frankly, it's going to need people to advocate on these sorts of topics talk with their legislators at the state and the federal levels and and speak up.

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00:23:55.110 --> 00:24:12.030

Bill Menner: So with that said, I know we wanted to keep this to a half an hour or less and be to allow for some Q AMP a time because I think you all have much. I'm a lay person and I come at this from the perspective of a hospital trustee.

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00:24:13.140 --> 00:24:23.640

Bill Menner: And a former funder of health care. Your the practitioners on the ground. So I'm really interested in a what you're seeing that beer for, especially from a rural community.

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00:24:25.740 --> 00:24:36.000

Bill Menner: You know, how does, how is that impacting how do you deliver your care. And frankly, how is it impacting the future of your, of your operation. So, okay, let me step aside for a moment.

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00:24:36.330 --> 00:24:46.200

Bill Menner: I can answer questions from the group chats, or we can take it in other ways, but I'm happy to happy to respond and happy to think broadly with you all as well.

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00:24:48.180 --> 00:24:49.680

Bill Menner: Thank you so much, Bill, actually.

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00:24:49.890 --> 00:24:53.100

Kate LaFollette: I, I, myself, have a question. So I

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00:24:56.220 --> 00:25:04.860

Kate LaFollette: critical access hospital that doesn't see a lot of business. What happens to my town, hypothetically, if my class little closes.

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00:25:06.270 --> 00:25:08.730

Kate LaFollette: What happened to my town basically

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00:25:10.020 --> 00:25:29.130

Bill Menner: Yo in towns that have lost hospitals businesses go away. People move away or they look elsewhere for health care and the impact is tremendous mean tremendously negative. Now, before the pandemic, kid. I was spending a lot of

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00:25:29.130 --> 00:25:31.230

Bill Menner: Time advocating at the

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00:25:31.230 --> 00:25:40.590

Bill Menner: National level for some legislation that Senator Grassley has put up I think congressman load SEC also has a companion bill in the House.

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00:25:40.980 --> 00:25:54.180

Bill Menner: That would create rural emergency hospitals that would allow a critical access hospital with maybe an census of one or two to basically give up their inpatient beds.

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00:25:55.350 --> 00:25:59.430

Bill Menner: Become a an emergency Center provides of

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00:26:00.840 --> 00:26:02.100

Bill Menner: Family Practice.

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00:26:03.390 --> 00:26:10.290

Bill Menner: And some specialties, but basically say, We're not going to be in the business of doing inpatient care anymore. And they would be

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00:26:10.620 --> 00:26:20.100

Bill Menner: reimbursed. Theoretically, according to this legislation at a much higher rate than they currently are as your critical access hospital. So, in a perfect world, Kate.

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00:26:20.670 --> 00:26:36.750

Bill Menner: Your small town critical access hospital would transition to continuing to be a hub for health care, but it just might get out of the inpatient business and maybe they don't want to be there anyway because they're losing money on it. This gives them a plan B.

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00:26:38.640 --> 00:26:39.210

Bill Menner: Excellent.

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00:26:39.270 --> 00:26:42.900

Kate LaFollette: Thank you so much. Fran, do we have any questions in chat yet.

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00:26:44.040 --> 00:26:51.240

Frann Otte: So the question from Peggy C as what do you feel we in the urban setting can do to help the rural communities.

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00:26:53.040 --> 00:27:06.990

Bill Menner: Why, if you would advocate like like we are for ourselves, that that would be a big deal and and honestly, this isn't an urban versus rural issue in a lot of ways.

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00:27:07.590 --> 00:27:22.260

Bill Menner: Just like urban economies and rural economies have all this interconnectedness. The same thing is true with healthcare. And I think that that if there is a realization that there is strength in numbers and that having

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00:27:23.520 --> 00:27:38.400

Bill Menner: Access to health care for all Iowans is important. The, the long term benefits will trickle up so to speak to urban areas, just like they will down to the rural places. So having you join our voices.

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00:27:39.390 --> 00:28:00.450

Bill Menner: As advocates for policies that benefit rural not at the expense of urban but simply benefit. We're, we're all there's no doubt in my mind that that urban providers are going to benefit you know small town folks are still going to the big city for care when it comes to certain specialties.

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00:28:02.310 --> 00:28:15.780

Bill Menner: Times when their hospital doesn't have the capacity or the the the practitioners to handle a certain situation. So the small town folks are always going to come to urban areas for some level of care.

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00:28:16.260 --> 00:28:28.980

Bill Menner: But to have the immediacy of emergency care to have a family practice of practitioner to have other basics close to us. You're not driving an hour or more to get to a doctor.

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00:28:30.000 --> 00:28:38.490

Bill Menner: Would be important, the issue of OB and maternal care was hot before the pandemic Kip, and it should not be

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00:28:39.510 --> 00:28:59.280

Bill Menner: Missed either that we have a number of growing regions not places but regions of the state where we're losing access to OB and maternal health care and there. There are other opportunities for healthcare advocates rural and urban to come together and say, we've got to fix this.

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00:29:05.100 --> 00:29:06.630

Frann Otte: Thank you. Thank you, Bill.

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00:29:08.760 --> 00:29:10.500

Kate LaFollette: Go ahead brand. Sure.

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00:29:11.400 --> 00:29:21.450

Frann Otte: Sorry to interrupt you, Kate. I wanted to offer an answer that glorious shared on one of the questions. She said, from a rural and small community coven 19 perspective.

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00:29:22.050 --> 00:29:33.600

Frann Otte: Health and Safety activities are impacted by transportation limit the number of elderly meeting or needing help railing a volunteer base and as Bill remarked internet connectivity for Telehealth services.

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00:29:34.590 --> 00:29:44.700

Frann Otte: So thank you, Gloria, good good comment there. We have another question asking do rural hospitals in Iowa have the support supplies and staff that they need to handle

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00:29:49.230 --> 00:29:53.160

Bill Menner: Anecdotally, speaking. I will say,

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00:29:55.920 --> 00:29:56.850

Bill Menner: Maybe

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00:29:58.050 --> 00:30:03.240

Bill Menner: No and yes if you put little slashes between all of that.

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00:30:03.240 --> 00:30:10.740

Bill Menner: Support. I'm going to interpret support and meeting a lot of different things. I think there is support out there.

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00:30:12.420 --> 00:30:24.990

Bill Menner: Maybe not as much as as as they would like especially financial support from the federal government at this point and access to solutions supplies. Absolutely not. It's, it's a challenge.

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00:30:25.830 --> 00:30:38.730

Bill Menner: I mean, in every small town. There are networks of people at home, making masks right now, which is unconscionable that we have people in their homes fabricating masks that that

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00:30:39.390 --> 00:30:49.350

Bill Menner: Are not in 95 but they're doing it because they care and they want to make a difference. So they don't have the supplies they need honestly from a staff perspective.

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00:30:50.580 --> 00:31:01.410

Bill Menner: They do at the moment because we have for the most part, not seen the searches in rural communities and rural hospitals that they've seen in some of the urban areas haven't seen them yet.

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00:31:01.830 --> 00:31:13.710

Bill Menner: There may come a time where we're a surge hits a rural place. The one nice thing. I think there will be is that there will be, I think, assistance that comes from other places.

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00:31:14.070 --> 00:31:24.060

Bill Menner: One of the interesting things I've learned through this is that when when hospitals and clinics and County Emergency management operations do drills.

146

00:31:24.570 --> 00:31:38.040

Bill Menner: They're always drilling for a disaster or a situation that hits a specific place. This is an instance where the place is everywhere. And so when you think about, oh, well, we can lean on

147

00:31:39.300 --> 00:31:41.880

Bill Menner: Oscar lusa to send us some

148

00:31:43.050 --> 00:31:54.840

Bill Menner: ventilators, or maybe Sac City can send somebody over there. If everybody's dealing with the surge of the same time that sort of cooperation and collaboration.



149

00:31:56.070 --> 00:32:09.420

Bill Menner: Can happen now. It doesn't look like everybody's going to have a surge. At the same time, so maybe there is an opportunity for sharing and partnerships and and working together. I think that hopefully will be the case.

150

00:32:10.980 --> 00:32:24.030

Bill Menner: But, but right now I mean we're we're for losing unnecessary I needed staff at our hospital because, with the exception of the the for inpatient coven patients, we have

151

00:32:24.840 --> 00:32:31.860

Bill Menner: There's nobody else showing up right now. So we have a lot of folks that are sitting home waiting to get that call to go back to work.

152

00:32:34.080 --> 00:32:37.890

Kate LaFollette: Bill. Thank you so much for those great answers.

153

00:32:39.270 --> 00:32:53.310

Kate LaFollette: I'm going to encourage people to continue putting questions in chat and we'll compile those. I do want to keep my promise of a 30 minute webinar so people can get on with their day. So just some upcoming events.

154

00:32:54.510 --> 00:33:02.670

Kate LaFollette: On Thursday, the 23rd is the long term care office hours and our next Iowa post acute care office hours is Wednesday, April 29

155

00:33:05.460 --> 00:33:20.100

Kate LaFollette: This is a slide that tells about TV queue I connect. If you find anything that we're sharing or talking about or, you know, having guests speakers are partnering with if you find any event useful and helpful please consider joining our TV queue I connect it's of course free

156

00:33:21.510 --> 00:33:27.390

Kate LaFollette: If you're not from one of our, our queen Q iOS states, you can click here and and find your queen. Q I oh

157

00:33:29.220 --> 00:33:41.370

Kate LaFollette: If you want to join, but you just swap and you can't get to it. Shoot me an email and just in the subject line, but I want to join intelligence you I connect and I'll take care of the rest. That's my email information there.

158

00:33:43.170 --> 00:33:47.280

Kate LaFollette: And of course, if you have a just a general question for us TV.

159

00:33:48.870 --> 00:34:05.670

Kate LaFollette: Contact us on our web pages is always available, Bill, I want to thank you so much for being able to speak for sharing your insights on rural health and just shedding light on on kind of what's happening in our state that we we don't always hear about the rural places so

160

00:34:07.590 --> 00:34:09.240

Bill Menner: Thanks very much for this opportunity.

161

00:34:11.670 --> 00:34:14.670

Kate LaFollette: Thanks, everyone. Have a great afternoon. Bye bye.