

## MRHA MEMBERSHIP SURVEY SUMMARY OF RESULTS

<b>Total Responses:</b>	<b>56</b>	
<b>Membership Type:</b>	<b>Corporate</b>	<b>53.6%</b>
	<b>Individual</b>	<b>42.9%</b>
	<b>Student</b>	<b>1.8%</b>
	<b>Benefactor</b>	<b>1.8%</b>
<b>Rural Health Representation:</b>	<b>Hospital/Health System</b>	<b>36%</b>
	<b>Academia</b>	<b>22%</b>
	<b>Clinics</b>	<b>22%</b>
	<b>Long-Term Care</b>	<b>8%</b>
	<b>Vendors</b>	<b>6%</b>
	<b>Private Professional</b>	<b>4%</b>
<b>Reason for Joining:</b>	<b>Rural Health Focus</b>	<b>79%</b>
	<b>Networking Opportunities</b>	<b>57%</b>
	<b>Education</b>	<b>43%</b>
	<b>Advocacy</b>	<b>37.5%</b>
<b>Past/Present Involvement:</b>	<b>Rural Health Conference</b>	<b>59%</b>
	<b>Cyber Conference</b>	<b>34%</b>
	<b>No active involvement</b>	<b>34%</b>
	<b>Board Member</b>	<b>18%</b>
	<b>Day at Capitol</b>	<b>16%</b>
	<b>Committee Member</b>	<b>14%</b>
<b>Satisfaction of services/activities:</b>		
<b>Networking:</b>	<b>Very satisfied</b>	<b>44%</b>
	<b>Somewhat satisfied</b>	<b>41%</b>
	<b>Not satisfied</b>	<b>11%</b>
<b>Education:</b>	<b>Very satisfied</b>	<b>49%</b>
	<b>Somewhat satisfied</b>	<b>40%</b>
	<b>Not satisfied</b>	<b>4%</b>
<b>Advocacy:</b>	<b>Very satisfied</b>	<b>33%</b>
	<b>Somewhat satisfied</b>	<b>48%</b>
	<b>Not satisfied</b>	<b>11.5%</b>

<b>Preferred Communication:</b>	<b>Email</b>	<b>96%</b>
	<b>Online Newsletter</b>	<b>34.5%</b>
	<b>Networking Meetings</b>	<b>29%</b>
	<b>Website</b>	<b>18%</b>
	<b>Social Media</b>	<b>13%</b>
	<b>Hard Copy Newsletter</b>	<b>11%</b>

### MRHA MEMBERSHIP RESPONSES (QUESTIONS 5, 6, & 8)

#### **PRIORITY RURAL HEALTH CONCERNS**

- Family practice physician recruitment/retention
- Aging workforce
- Too much regulation
- High cost of capital improvements
- Dental care
- Mental health issues
- ACO's & Healthcare Reform – what does this mean for rural facilities
- Budget cuts and how it will affect CAH's.
- Health Care Access - both physical availability and insurance coverage.
- Primary care physician recruitment
- Reduced payments from payers
- Cost of electronic medical record system
- Long-term workforce viability
- Nursing home integration into the planning for Rural Health Care. I was disappointed that there was very little at this conference concerning the inclusion of nursing homes and other long term care facilities in the planning and integration models presented.
- Rural workforce – staffing - availability of quality employees in rural areas
- Access to health care
- Pay for Performance
- Declining reimbursement.
- Influx of large corporate systems taking over.
- "Meaningful" EHR implementation;
- Sustainability (survival) due to various federal/state healthcare mandates
- Sustainability of rural hospitals over the next 10-15 years
- Low interest in exercise, high smoking rates, poor nutrition, lack of interest in education coupled with poverty and limited to no health care coverage.
- Stroke and STEMI Heart Attack systems based approaches. Prevention work, such as the Statewide Health Improvement Program (SHIP)
- Affordable Care Organizations and insuring that they do not end up being exclusive to large organizations

- Survival of independent medicine. How will rural clinics operate in new h/c reforms.
- Lack of consistency by counties; their interpretations of laws and disability programs vary widely. In rural counties may never come across a situation and either delays or limits services available to disabled population.
- Chronic care issues.
- Access to pharmaceutical care/medication therapy management. Access to a pharmacist. Access to 340B program without the orphan drug exclusion.
- Cuts to the elderly waiver program will leave those trying to live in their own homes without a safety net. Recruitment and retention of staff as we are in our third year of a wage freeze
- Aging demographics
- Disparity between reimbursements in Twin Cities & Greater MN and consequential access issues for rural Minnesota.

### **WHAT CAN MRHA DO TO OFFER SUPPORT AND ASSIST YOU:**

- Continued information and education
- Networking with other organizations with priorities that align with MRHA.
- Continue partnership and assistance with linkages
- Include us in your planning and presenting. Remember that sometimes the nursing home is the biggest employer in the rural community let alone a community focal point.
- Continue to add other disciplines as a focus besides medicine
- Better cyber conference topics, better networking opportunities
- Help with campaigns.
- More networking opportunities.
- Communications.
- Continue your education and advocacy
- Work for an increase in rural trained providers
- Advocate for statewide standards and less county interpretation.
- Keep offering the informative webinars!
- Support efforts to add/keep pharmaceutical care in Health home/ACO models. Advocate for 340B improvements.
- Provide information and perspective unique to rural Minnesotans
- Facilitate networking opportunities by involving legislators in ongoing education.
- Connecting with the members more often. Updating the website. Connecting through social media (Facebook and Twitter)
- Take a more active role in public policy advocacy on behalf of Greater MN.

**SUGGESTIONS FOR IMPROVEMENT:**

- More visibility; More regional contact/networking system
- Please have a wider range of topics for the cyber conferences. Also, you have almost no networking opportunities for our business.
- We would just like to see more chances to participate, perhaps web cam conferencing.
- Perhaps improved regional/local connectivity would help that my concerns are being addressed.
- The members are not well connected. Last time I looked the member list on the website has not been updated. You need a Facebook page where members can connect. I also have not seen any invites for meetings for members to attend. I only get invites for the cyber conferences.