

Western Washington Rural HealthCare Collaborative

Headquarters: Virtual - Partners as of September 2004 include: Forks Community Hospital, Jefferson General Hospital - Port Townsend, Mark Reed Hospital - McCleary, Morton General Hospital, Ocean Beach Hospital - Ilwaco, Willapa Harbor Hospital - South Bend and CHOICE Regional Health Network-Olympia
Partnership Established: 2003
Employees: N/A
Primary Business: Rural HealthCare

For years, rural healthcare providers have struggled to meet the medical needs of their communities. Some have begun using technology to provide access to specialized services, staff development and shared information technology support. Traditionally, this has involved a rural facility linking with a large urban provider to secure these services. Thanks to innovators like Roger Harrison, Forks Community Hospital and Mike Rand, CHOICE Regional Health Network, a group of six critical access hospitals on the Olympic Coast created the Western Washington Rural HealthCare Collaborative (WWRHCC) to change that paradigm.

“We realized our rural hospitals were competing against each other for the same grant funds, had the same service needs, same shortages, same recruitment and retention issues, similar service areas—basically, we were trying to accomplish the same things,” explains Harrison. As the group came together to look for solutions, they focused both on needs and strengths. While one hospital had an incredible Spanish speaking diabetic educator, another had a terrific pharmacist and still another had outstanding IT support. Once the inventory was complete, the group began identifying ways to share expenses and expertise amongst each other.

Development of this hub-less network will allow any site to connect to another. The network leverages existing tele-health expertise and connectivity and services provided between rural hospitals as well as with metropolitan medical centers. Instead of competing as they have in the past, these hospitals partnered with the University of Washington (using Qwest settlement funds) and contributed some of their own funds to install equipment and the necessary telecommunications infrastructure. The University of Washington Medical Center Tele-Health Department also assisted by helping install videoconferencing equipment and lines.

Initially, the WWRHCC tele-health network will be used for staff education, saving rural providers the time and expense of traveling to Seattle for training. This however, is only the beginning according to Harrison and Rand. “Now when one of our rural hospitals has an issue to solve we can first look amongst our group and explore the capabilities of our rural tele-health network,” says Harrison. The possibilities are endless—from cost savings for shared IT support and medical equipment to education opportunities to keeping healthcare jobs in rural areas. WWRHCC is rural regional innovation as its best.

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