Rural Healthcare

Walter Panzirer preparing to distribute AEDs to first responders in Montana

An Interview with Walter Panzirer, Trustee, The Leona M. and Harry B. Helmsley Charitable Trust

EDITORS' NOTE *Walter Panzirer is a grandson of Leona Helmsley. Raised in California, he adopted South Dakota as his home. Having worked as a first responder in both states, he witnessed personally the significant disparities in quality healthcare available close to home – disparities that demanded attention. Serving as a paramedic, firefighter, and police officer also made him acutely aware of the range of situations encountered by these professionals – from cardiac and stroke events to individuals facing a mental health crisis. Upon the death of his grandmother, he was, to his great surprise, named a Trustee of the Helmsley Charitable Trust. He realized the opportunity for investing in better healthcare for Americans in rural communities as well as for supporting communities across rural Africa to build resilience. A passionate advocate for telehealth, Panzirer is committed to shortening the distance between a medical emergency and life-saving treatment, including outfitting first responders with modern equipment for managing emergencies. An inductee to American Telehealth Association's College of Fellows as well as the South Dakota Hall of Fame, he has served on a number of nonprofit and educational boards. He, his wife, and their family own and operate a hunting lodge in rural South Dakota and multiple commercial properties. Panzirer studied business and history at Black Hills State University, and pursued pastoral studies at MidAmerica Nazarene University.*

Walter Panzirer

TRUST BRIEF *The Leona M. and Harry B. Helmsley Charitable Trust (helmsleytrust.org) aspires to improve lives by supporting exceptional efforts in the U.S. and around the world in health and select place-based initiatives. Since beginning active grantmaking in 2008, the Trust has committed more than $3.5 billion for a wide range of charitable purposes. Helmsley's Rural Healthcare Program funds innovative projects that use information technologies to connect rural patients to emergency medical care, bring the latest medical therapies to patients in remote areas, and provide state-of-the-art training for rural hospitals and EMS personnel. To date, this program has awarded more than $600 million to organizations and initiatives in the states of North Dakota, South Dakota, Nebraska, Wyoming, Minnesota, Iowa, Nevada, and Montana.*

Will you highlight the history of the Helmsley Charitable Trust and its mission?

The Helmsley Charitable Trust started active grantmaking in 2008, soon after the passing of my grandmother, Leona Helmsley, in mid-2007. At the time, I was living in South Dakota, serving my community as a sheriff and living a simple, quiet life with my young family. While processing the loss of my grandmother, I learned that she'd left just about everything to the Trust for charitable purposes and had named me as one of five Trustees to figure out what that would mean in practice.

Like John D. Rockefeller and Edsel Ford before her, my grandmother left no specific instructions for how we should direct the Trust's funds, only a general direction to benefit humanity. It was the opportunity of a lifetime, and also a bit daunting – the four other Trustees and I needed to figure out a strategy, and it's worth noting that collectively we had exactly zero experience in philanthropy.

I thought we should look at how my grandparents had directed their charitable giving during their lifetimes. One theme that emerged was healthcare, and that really resonated with me. From there, each Trustee made a case for why we should invest in certain areas. I knew that I wanted to start a program to help improve healthcare in rural communities because I'd been a first responder in California's Bay Area and in South Dakota, and the difference in access to care just floored me and wasn't right.

I will always hold the conviction that where you live should not dictate the kind of care you can receive. I also knew that to have an impact we'd need to focus on a specific geographic area. I had a hunch that would be the deep South, but I wanted Helmsley to be a philanthropy that made data-informed decisions, so I asked Rockefeller Philanthropy Advisors to do some analysis about where needs were the greatest.

I was surprised when they reported that the rural, Upper Midwest received the smallest percentage of philanthropic funding for healthcare compared to every other region – and the majority of what did flow in went to the Mayo Clinic in Minnesota. So, it was a very easy decision to build a rural healthcare program that initially focused on South Dakota, North Dakota, Iowa, Nebraska, Minnesota, Montana, and Wyoming. In 2021, we expanded to Nevada.

It was easy for my brother, David, to offer an area for focus. As he'll tell you, his oldest daughter was diagnosed with Type 1 diabetes just a few months before our grandmother passed. When he was named a Trustee, he took it as a very clear sign and proposed that the Trust start a Type 1 Diabetes Program, which we did.

Our other programs include Crohn's Disease, Israel, Vulnerable Children in Sub-Saharan Africa, and New York City. Today, more than 90 percent of our grantmaking is directed to support health in some way.

How do you focus your efforts as a Trustee of the Helmsley Charitable Trust?

It's all about impact, and for me, that means how we can help save lives. To do this, I'm focused on closing the gap in access to healthcare and emergency treatments available in rural compared to urban communities. I want everyone to have top care close to home, so I spend a lot of time going out to communities, talking with people on the front lines, and asking a lot of questions to understand what can make a difference for them.

Will you highlight the Helmsley Charitable Trust's initiatives in its work on rural healthcare?

Helmsley's Rural Healthcare Program has evolved since our earliest days. A great example is telemedicine and virtual care; it seems everyone is adopting this technology today due to the pandemic, but that wasn't the case early on. In the first years of the Helmsley Charitable Trust, we made significant investments in telehealth through Avera, which is now Avel eCare, and developed what became the gold standard of telemedicine delivery that I believe virtually all others in the space now emulate.

We've worked with hundreds of hospitals on equipment upgrades to help modernize care in the region because, in this century, nobody should get an x-ray on a machine from the 60s. We also believe that nobody should have to travel hours for treatment or care, which is why we've reached out to small hospitals in fairly remote communities to see about outfitting them with radiology

technology to support CT scans. We did the same thing with mammography so that women could get screenings closer to home. We knew that making it easy would make it happen and that would save lives. We supported oncology services in counties that didn't have them, and the same with cardiac care. Cody Regional Hospital in Wyoming became home to the first catheterization lab in the state with Helmsley support.

Starting around 2018, we began looking at ways to respond to the mental health crisis that is particularly acute in rural communities, where 60 percent of people live without access to behavioral care and there's one psychiatrist for every 30,000 people.

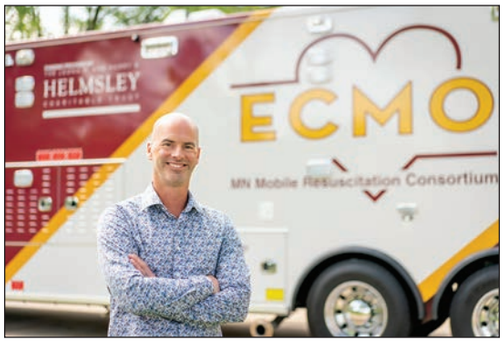
We've made a number of investments, and I'm particularly excited about Virtual Crisis Care (VCC), which we piloted in South Dakota and more recently launched in Nevada. It equips law enforcement officers with tablets that connect to psychiatric telehealthcare. I can tell you that responding to calls when someone is in crisis is incredibly challenging and in far too many cases people end up in jail where they don't belong. A mental health emergency is the only medical condition I know of that can land someone in jail. Think about that. It's an awful outcome in so many ways. Now, with the touch of a screen, an officer can link someone in crisis to a trained professional who can talk with them, assess how best to help, and provide follow up recommendations. We supported the Crime and Justice Institute to evaluate the program in South Dakota, and learned that eight of every ten people who used VCC were successfully diverted from involuntary hospitalization or jail. It also eases pressure on emergency rooms which are often ill-equipped to support mental health crises. That's a significant improvement in getting people the care they need and deserve closer to home. We expect similar success with the program in Nevada and now other states are looking to replicate these initiatives.

What do you see as the keys to driving lasting change in addressing the significant disparities in quality healthcare?

The key is meeting people where they are. It ultimately doesn't matter what my team or I think could be beneficial – if a potential grantee doesn't really want it for themselves there will be no change, let alone lasting change. That said, I've also learned that some places have been neglected for so long and people there never think about having something better, so helping them understand what's possible is revelatory and really inspiring. When they understand we are for real, that we care, and that we'll be a partner, they start to get excited – that's a sign that we can have a lasting impact.

How has your time working as a first responder influenced your views on healthcare disparities and the need to become involved in this issue?

My time working as a first responder completely influenced my outlook as a grantmaker, especially having had the experience of serving in that role in both urban and rural communities. There's not just the difference in what hospitals can offer, which is significant, there's what's available to communities outside of the hospital. Here's one example: When someone is in cardiac arrest and a 10-minute drive to a hospital, that person has a significantly better chance of a good outcome than when there's a 60-minute drive. So that's one reason why it's vital for law enforcement in rural areas to have modern AEDs in their cars, because they are often the first ones on the scene, usually before an ambulance. We've made the latest technology with connected device AEDs available to every law enforcement officer in our eight-state region. All in, that's nearly 25,000 AEDs and a $60 million investment from Helmsley. These AEDs will help first responders save countless lives. We've also equipped ambulances in that same footprint with LUCAS devices which are machines that can perform chest compressions and help people stay alive on long drives to a hospital. Helmsley's AED and LUCAS initiatives are just two of our many programs that strive to improve the survivability of cardiac patients by providing the best technology through the entire continuum of care.



Panzirer in front of the ECMO-equipped truck, a first in the world mobile unit, based in the Twin Cities metropolitan area and opening a new frontier in cardiac arrest care. An $18.6 million grant from Helmsley made this a reality. The first cannulation took place in July, and represents a coordination across multiple health systems through the Minnesota Mobile Resuscitation Consortium.

I'm also acutely aware of the countless responsibilities that law enforcement has. We ask so much of our officers, yet don't often think about what they need to succeed. AEDs help, and so do initiatives like Virtual Crisis Care. As in all things, we need to make sure we're taking care of the people who take care of us.

You are a passionate advocate for telehealth. What do you see as the role of telehealth in the future of healthcare?

Telehealth is the future of healthcare. We knew this more than a decade ago when we started investing in it, and then everyone else caught on early in the pandemic. For individuals, it greatly accelerates access for those who live far from specialty care. For hospitals, it connects them with services that they can't always staff 24/7, like e-pharmacy and emergency care. Even in places like New York, Helmsley is supporting telepsychiatric care in shelters where we know mental health needs are high. There's no end to the possibilities that telehealth offers. Now the challenge is to make sure that it's done right and that there are quality assurances in place, just like in every other aspect of healthcare. We're supporting Avera, which really pioneered telehealth, and Harvard Medical School to develop standards around that.

How critical are metrics to measure the impact of the Helmsley Charitable Trust's programs?

Very, although our metrics aren't always traditional. For instance, at least once a month I learn about a life saved through our AED initiative. Each time it affirms that the initiative is having an amazing impact. It's an easy-to-measure, easy-to-understand, clear-cut metric. The peace of mind that these AEDs give to first responders is harder to measure, yet the mental shift for every one of them, knowing that they are better equipped for a positive outcome in a life-or-death situation, is invaluable and has a massive impact on its own. Similarly, for communities to know that the equipment is there signals that others care about them. That has to have an impact, too.

We have to take both a short- and long-term view when looking at metrics and impact. I am driven by urgency – that gets wired in you as a first responder – and at the same time, I know that most change takes time.

I also pay close attention to our internal metrics. Helmsley's ability to drive impact externally depends on how we are doing internally. I'm really proud that in our second decade, with an endowment of more than $8 billion, Helmsley has managed to stay small in terms of staff size because as our endowment grew, we've focused on deepening support to our existing programs rather than starting new ones. We are now around 100 people, and half have been with us for more than five years. These metrics – size, retention, focus – mean that we know our employees, they know each other, and we all share a strong commitment to collaborating in service of our mission. Tools like employee engagement surveys also offer useful metrics for better understanding our strengths and what we might need to change. Especially these days, with burnout across industries because of the pandemic and so much competition for top talent, it's more important than ever to be attentive internally.

What are your priorities for Helmsley Charitable Trust's work in addressing rural healthcare as you look to the future?

We are just getting started in our mental health investments. We are facing a national crisis. The next wave of the pandemic is the mental health fallout, particularly among children and teens – even more so for the 200,000 who lost a parent or caregiver to COVID. We are listening and learning to determine how we can have the greatest impact. We've also been exploring the role that remote, robotic surgery might play in extending specialty surgical care in rural communities. You see the theme here – the constant for me is always finding new ways to support quality healthcare close to home, no matter where that is. ●