



National Rural Health Association

Rural Health Care Landscape

Texas Rural Health Association Symposium

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#ruralhealth
June 8, 2022

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Chief Operations Officer

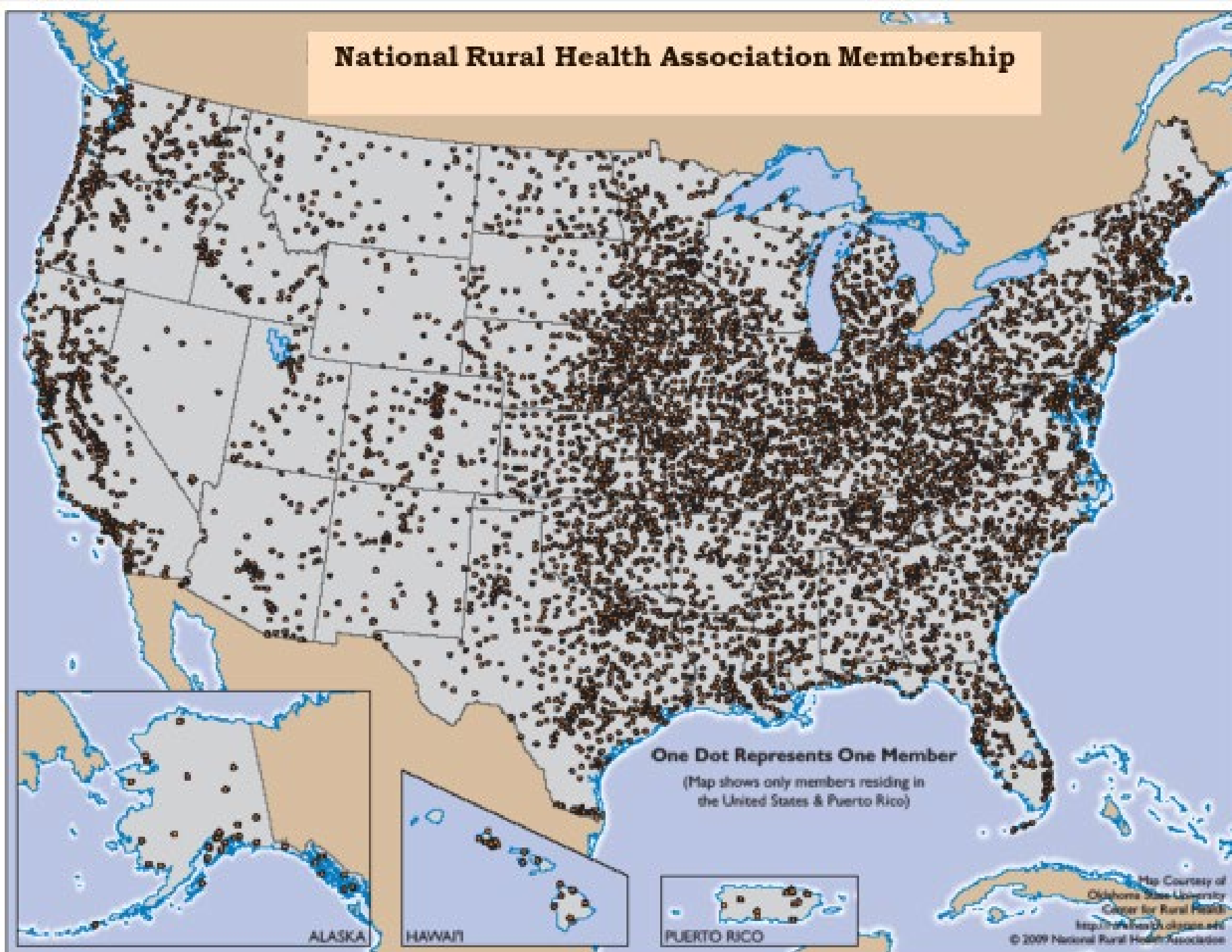


NRHA

Your voice. Louder.

**Our mission is to provide
leadership on rural health issues.**

National Rural Health Association Membership



Destination NRHA

Plan now to attend these 2022-23 events.



Rural Health Clinic Conference	Sept. 20-21, 2022	Kansas City, MO
Critical Access Hospital Conference	Sept. 21-23, 2022	Kansas City, MO
Policy Institute	Feb. 7-9, 2023	Washington, DC
Annual Conference	May 16-19, 2023	San Diego, CA
Rural Hospital Innovation Summit	May 16-19, 2023	San Diego, CA

**Visit ruralhealth.us
for details and discounts.**

Agenda

Today's Presentation

- The Rural Landscape
- COVID-19
- Workforce
- Federal Update
- Innovation
- Questions

Go Rural!

The Rural Landscape

What We Fight for on Behalf of Rural

- Addressing Rural Declining Life Expectancy and Inequality
- Reducing Rural Healthcare Workforce Shortages
- Invest in a Strong Rural Health Safety Net



Carol M Highsmith/Library of Congress

Rural Details



Rural areas make up 80% of the land mass in USA

Rural areas have roughly 17% of the US Population

Rural areas provide the food, fuel and fiber to power our nation

Access to high-quality health care is a requirement to keep these important resources available

An exchange between urban and rural that must not be overlooked

Historically, public policy has disadvantaged health care in rural communities

“Rural hospitals and the rural economy rise and fall together”

“Three years after a rural hospital community closes, it costs about \$1000 in per capita income.”

- Mark Holmes, professor, University of North Carolina

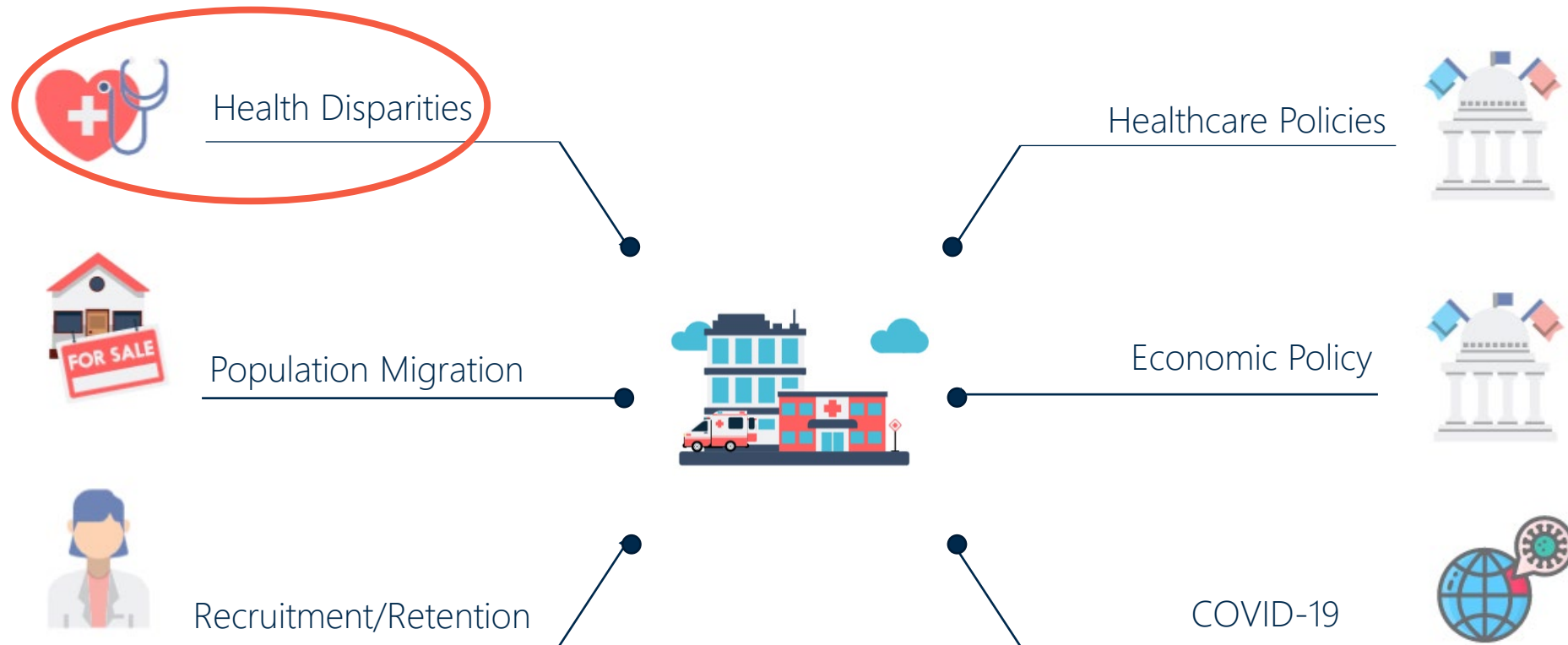
- On average, 14% of total employment in *rural areas is attributed to the health sector. Natl. Center for Rural Health Works. (RHW)*
- The average CAH creates 107 jobs and generates \$4.8 million in payroll annually. (RHW)
- Health care often represent up to 20 percent of a rural community's employment and income. (RHW)
- Medical deserts form in rural communities where hospitals close.

Rural Health Issues We're Tracking

- Rural Healthcare Workforce Shortages
- Rural Hospital Viability
- Rural Health Clinic Modernization
- 340B Program Lifeline
- Telehealth in Rural
- Rural Maternal Health
- Medicare Advantage in Rural
- Rural Health Innovation
- Rural Emergency Hospital (REH) Model
- ...And Others!!!!

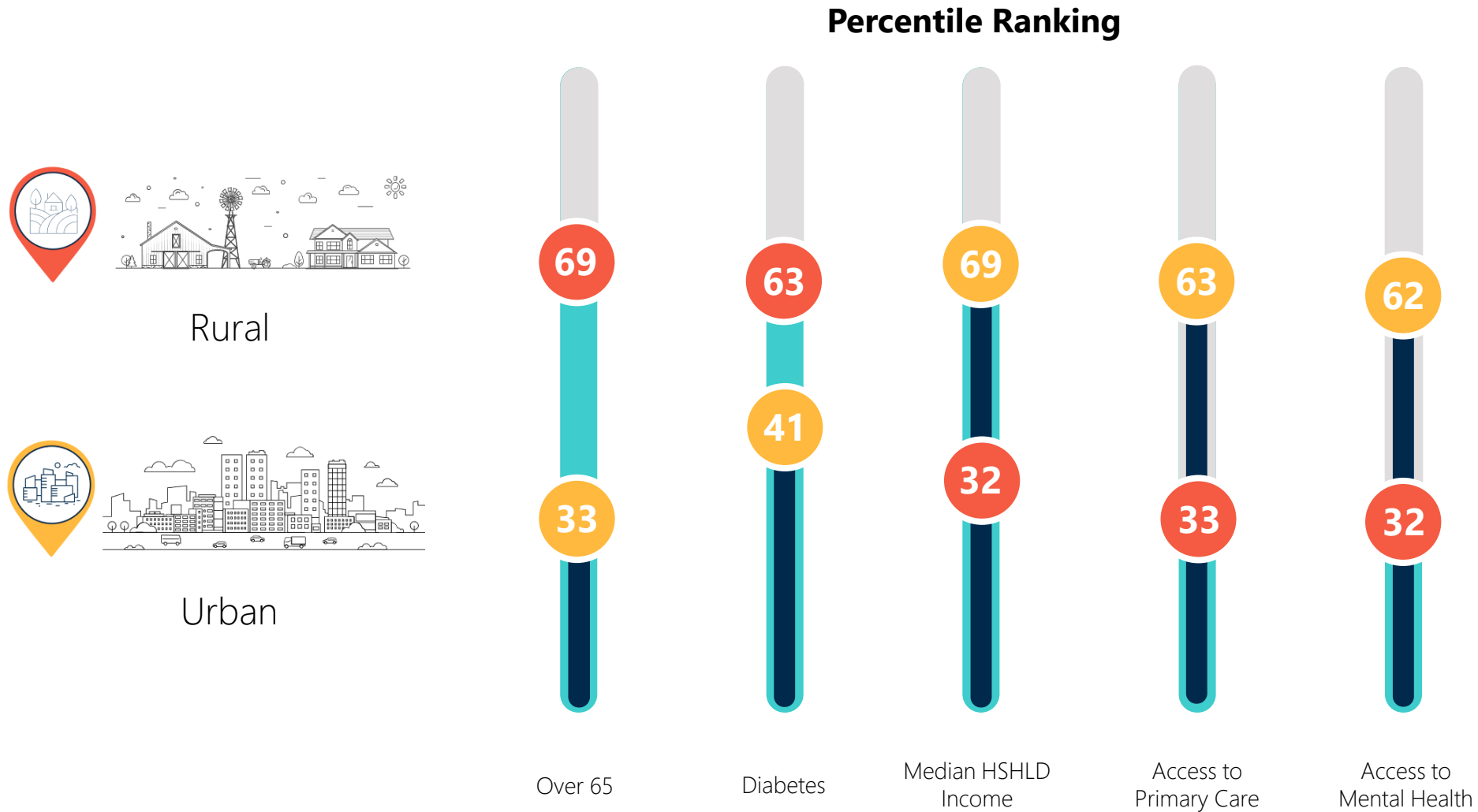


Convergence of Multiple Pressure Points



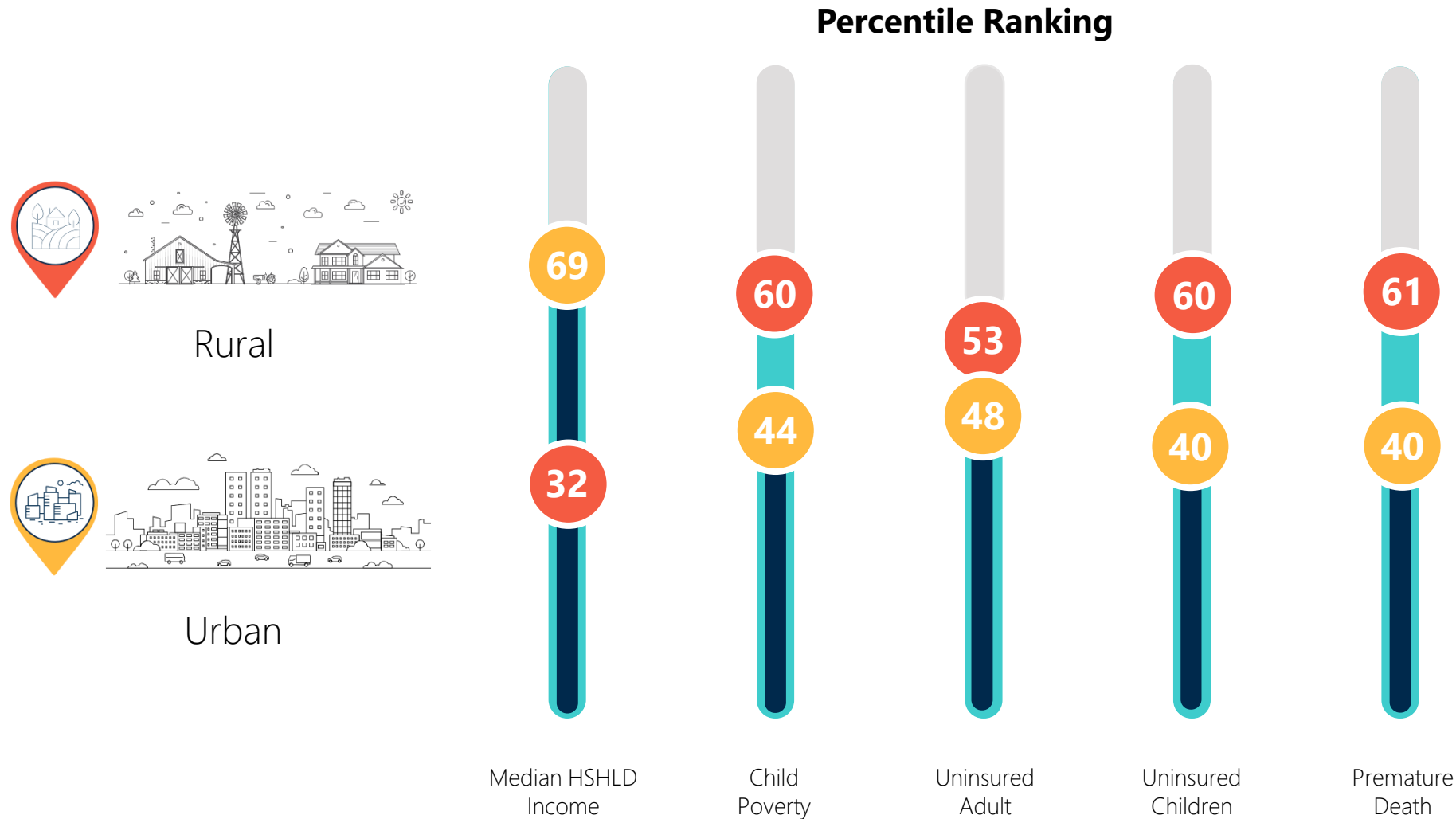
Population Health Disparity

Rural v. Urban

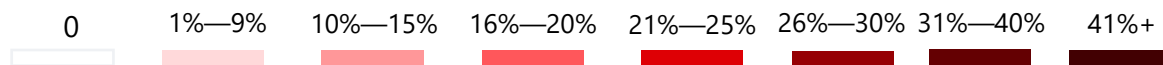
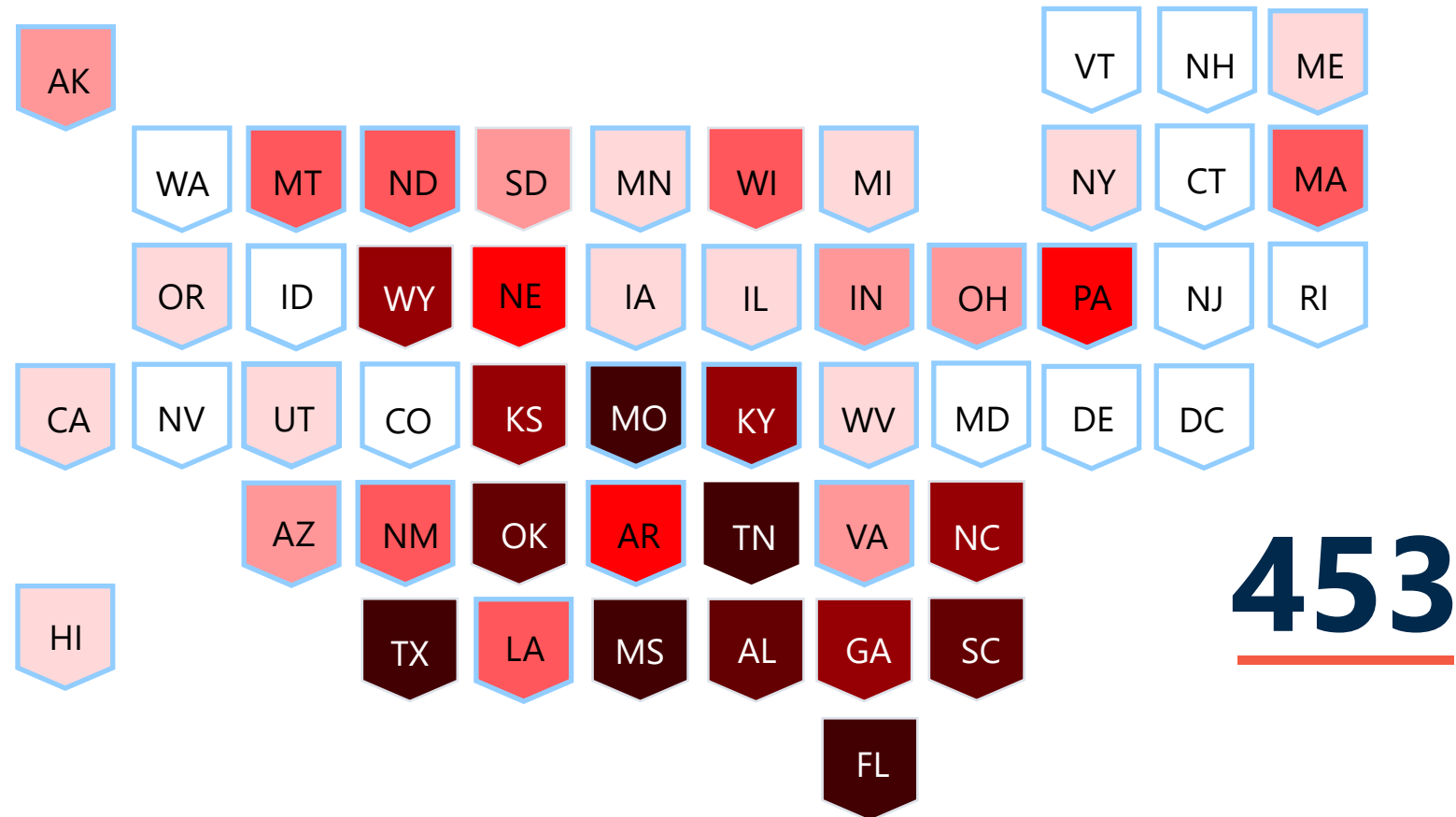


Population Health Disparity


Rural v. Urban



Rural Hospitals Vulnerable to Closure

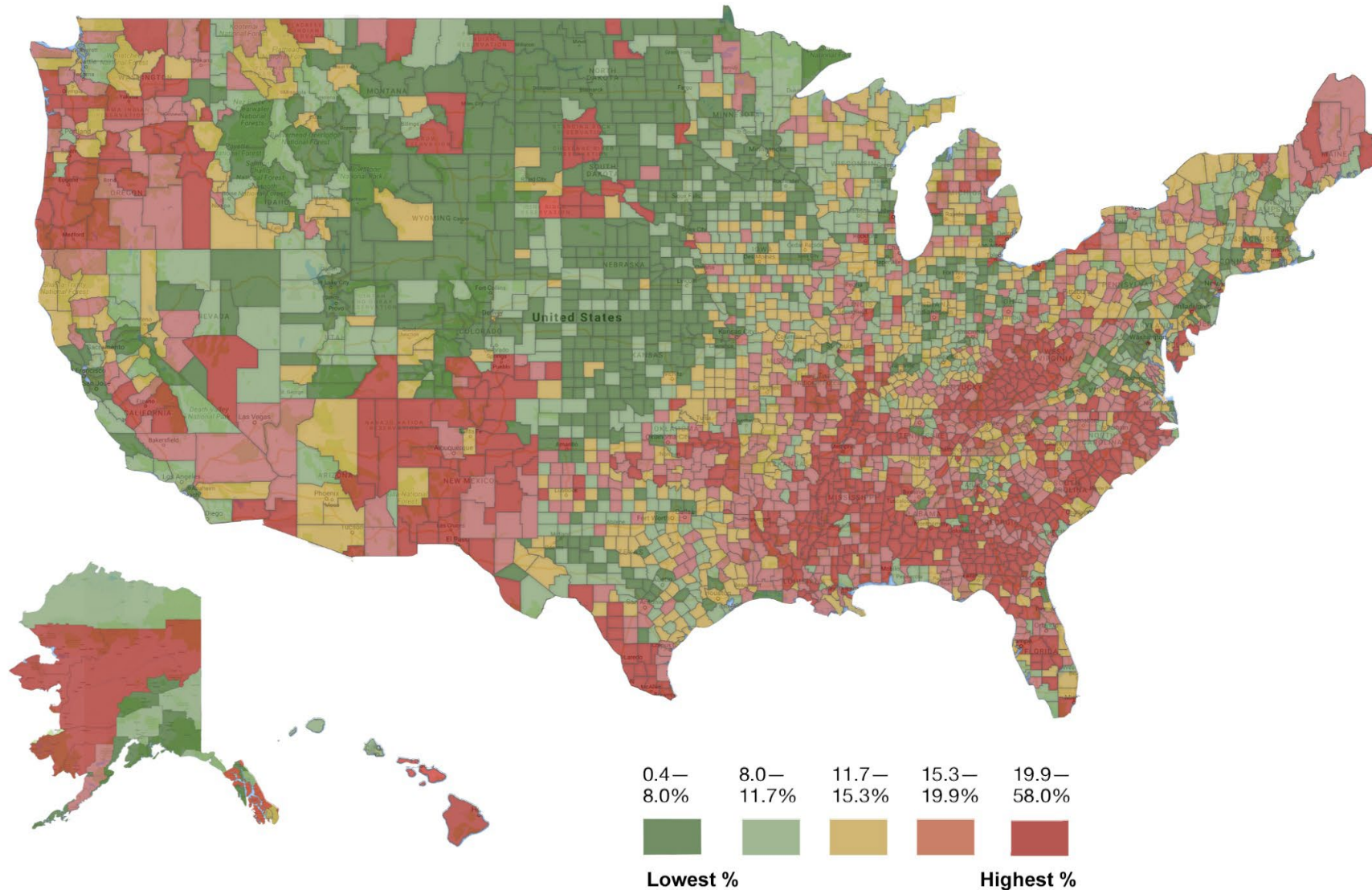


Percentage of State Rural Hospitals Determined to be Vulnerable

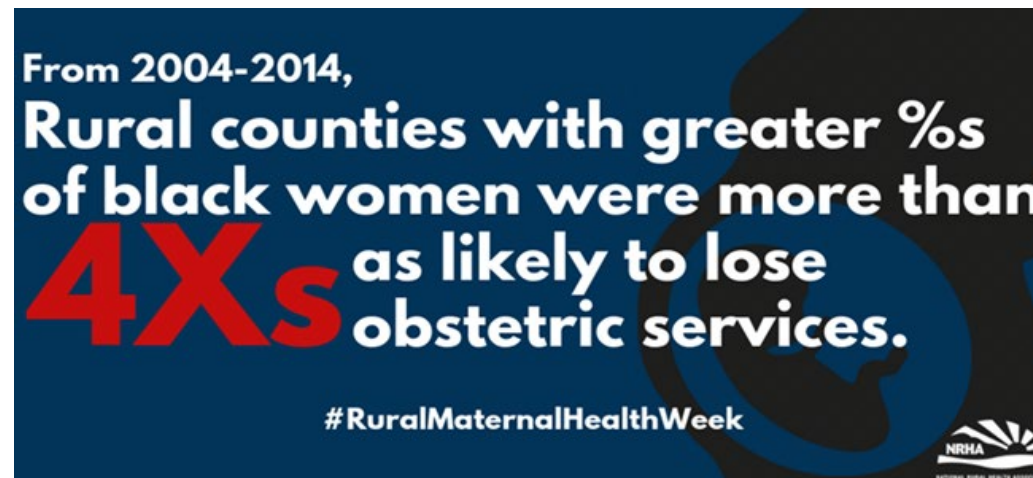
 Medicaid Expansion State

The Geography of Food Stamps

SNAP Enrollment as Percent of County Population

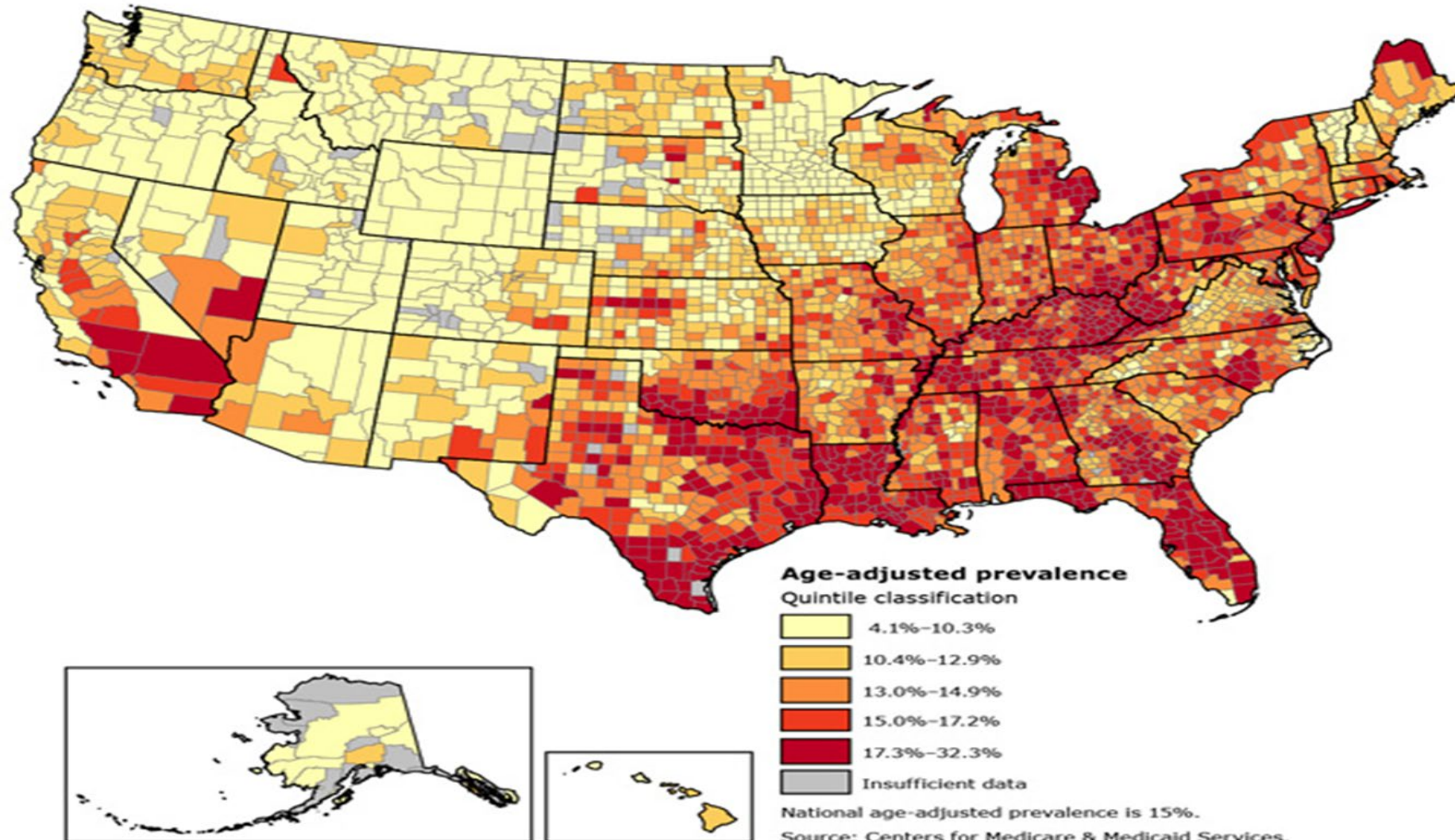


Disparities in Maternal Care Access for Rural Moms



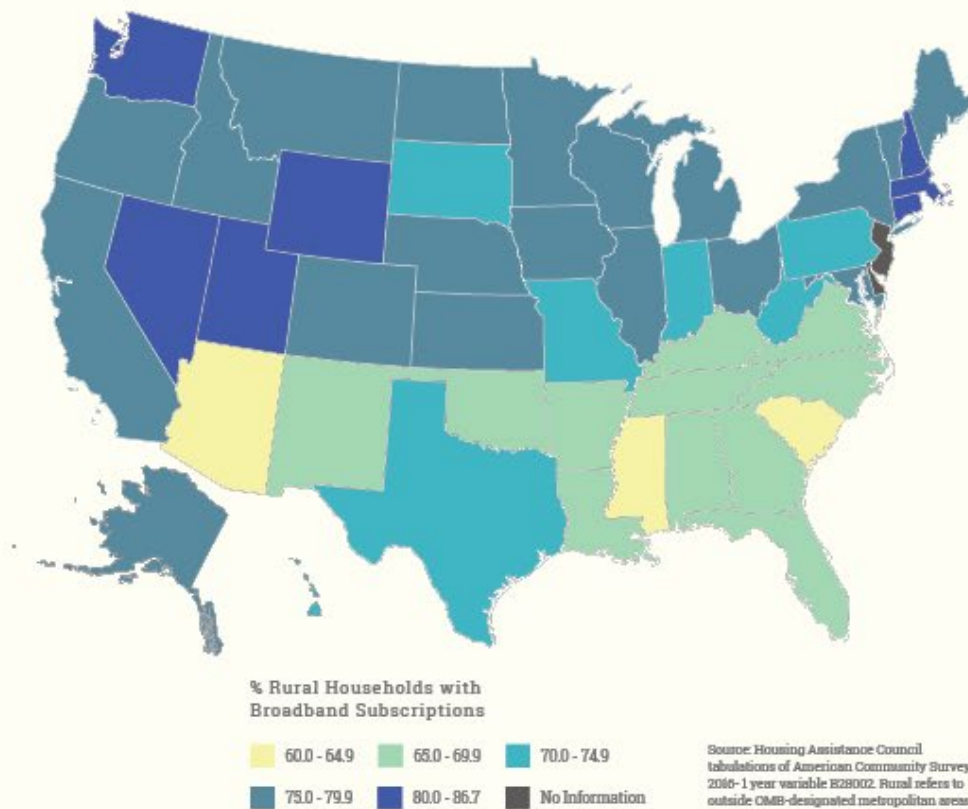
Prevalence of Medicare Patients with 6 or more Chronic Conditions

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012



The Digital Divide in Rural America

RURAL HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS



HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS

Source: Housing Assistance Council tabulations of American Community Survey 2016-1 year.

83%
METROPOLITAN

vs

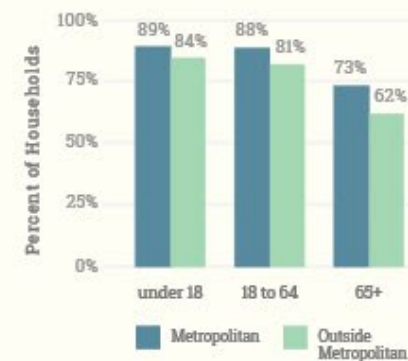
73%
OUTSIDE METROPOLITAN

BROADBAND SUBSCRIPTIONS

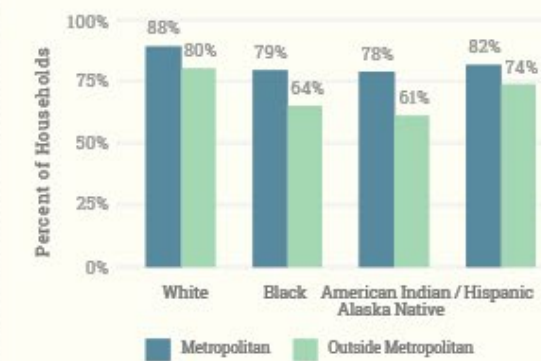
BY INCOME



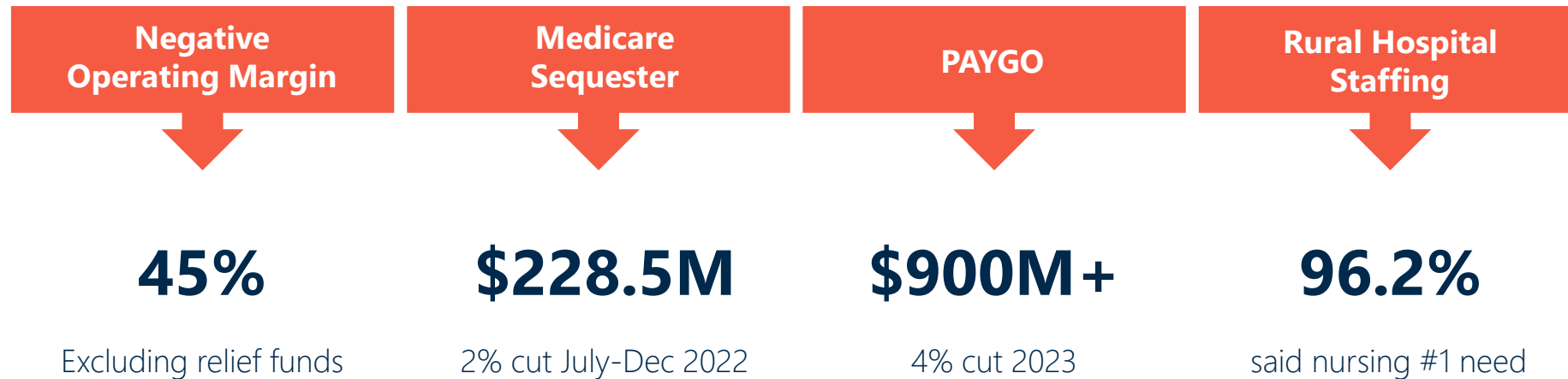
BY AGE



BY RACE / ETHNICITY



Red Sky in Morning, Sailor's Warning



How Unstable is the Rural Health Safety Net?

Operating Margin, Closures and Hospital Vulnerability



»» **\$12.9B**

Pandemic Relief Payments*

»» **41%**

Operating in the Red
(includes relief funds)

»» **2**

Rural Hospitals
Closed in 2021

*CARES Act and CAAP

Pandemic Relief Funds Stabilize Safety Net



CARES Act



\$4.8B

Medicare
Advanced Payments



\$8.2B

American
Rescue Plan



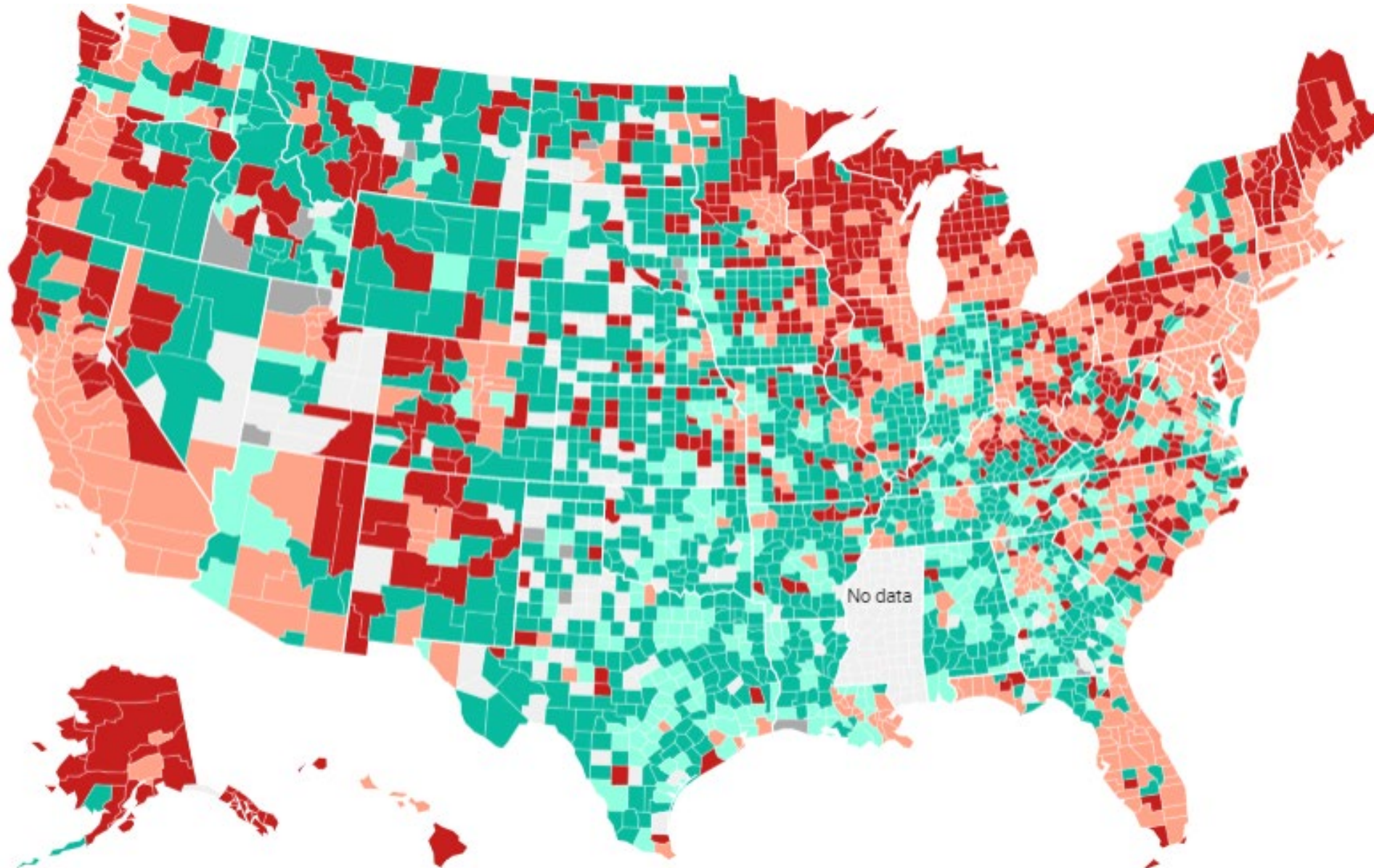
\$887M

Addressing COVID-19

COVID-19 New Infection Rates

Rate of New Cases

Nonmetro (rural), no new cases Metro, no new cases Nonmetro, under 100 cases per 100,000 Metro, under 100 per 100,000 Nonmetro, over 100 cases per 100,000 Metro, over 100 cases per 100,000



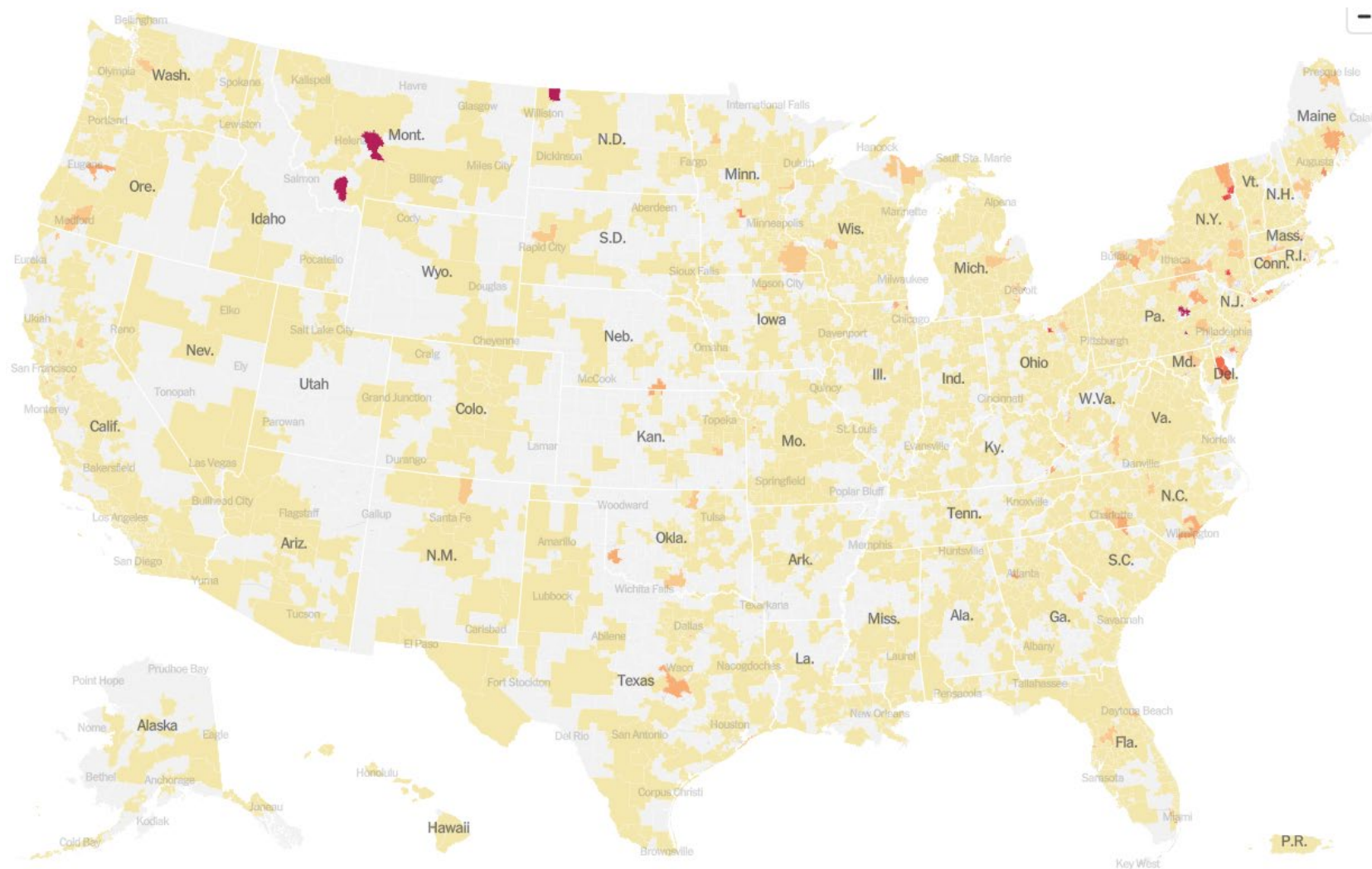
May 23-30, 2022

Source: [Daily Yonder COVID-19 Dashboard](#), 2022.

Covid Hospitalization Rate by County

COVID-19 PATIENTS PER 100,000 PEOPLE

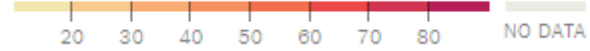
20 30 40 50 60 70 80 NO DATA



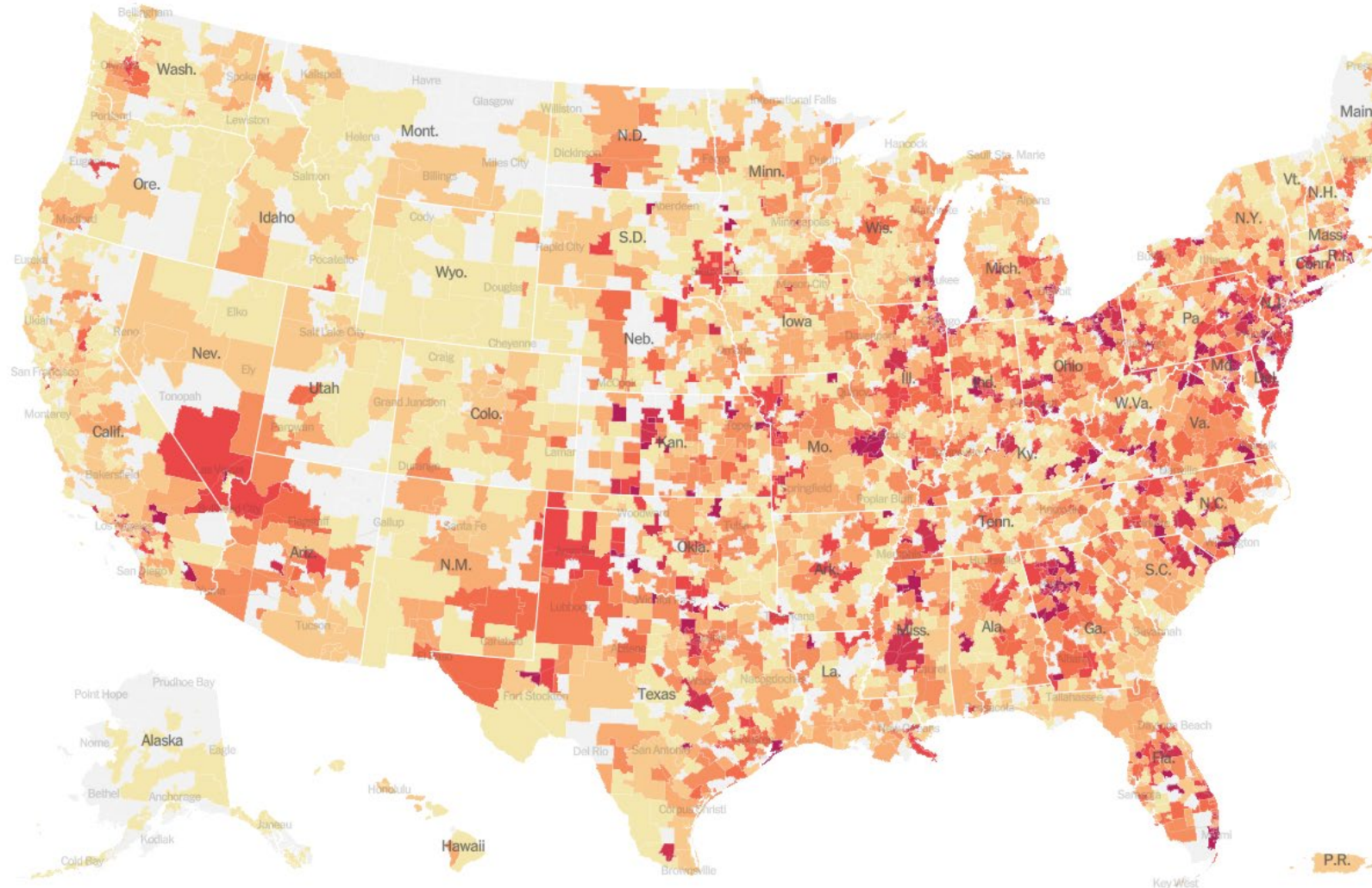
: [NY Times](#) June 3, 2022

Covid Hospitalization Rate by County

COVID-19 PATIENTS PER 100,000 PEOPLE



20 30 40 50 60 70 80 NO DATA

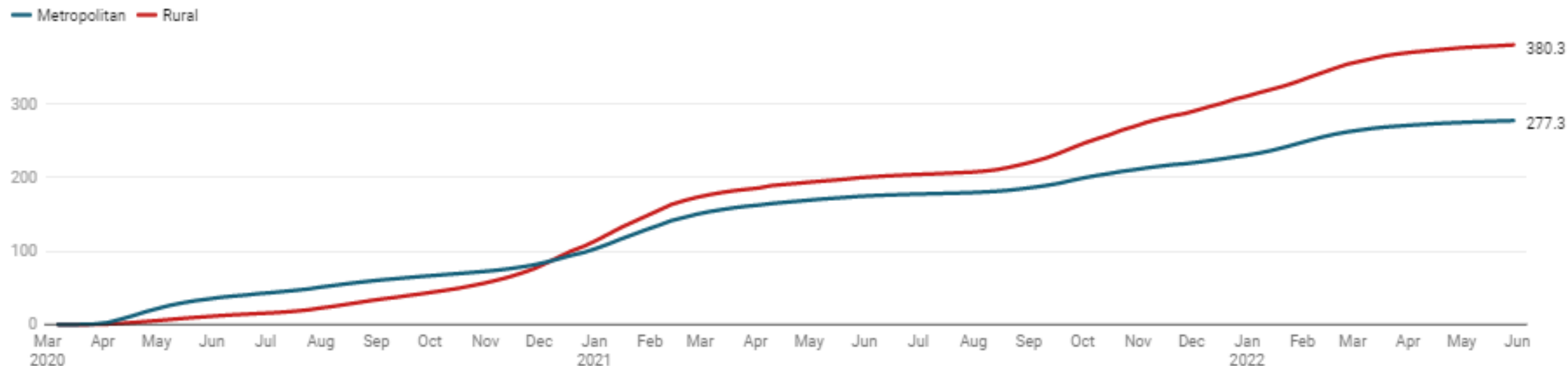


Source: [NY Times](#), Jan. 24, 2022

Rural COVID-19 Death Rate

Cumulative Death Rate (per 100,000), Metro and Rural

The rate of Covid-related deaths per 100,000 population from metropolitan and rural (nonmetropolitan) counties.



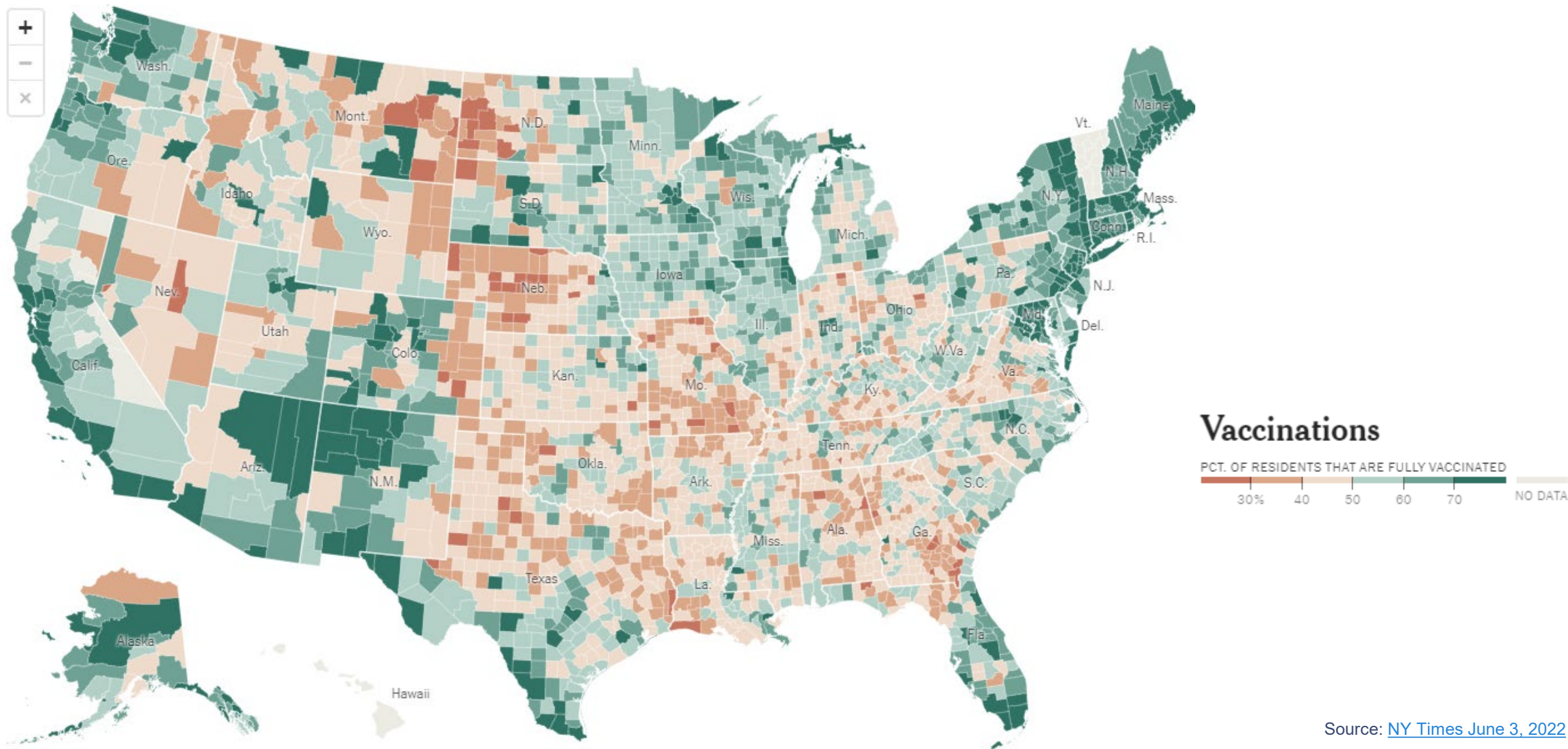
Rural is defined as nonmetropolitan, or counties that are not part of a Metropolitan Statistical Area. (OMB 2013)

Chart: Daily Yonder graphic • Source: #USAFacts, CDC • [Get the data](#) • Created with [Datawrapper](#)

As of June 3, 2022

Source: CDC and selected state departments of health
<https://dailyyonder.com/covid-19-dashboard-for-rural-america/>

Vaccination Rates in US



Source: [NY Times June 3, 2022](#)

NRHA survey shows rural COVID vaccine barriers, needs

- Most rural adults report at least partial vaccination for COVID-19 (61%), as well as half of rural parents (47%) and rural teens (48%)
- Overall, 31% of rural adults, 42% of rural parents, and 50% of rural teens report feeling social pressure about the vaccine – either to accept it or reject it.
- When looking at barriers to vaccination, feeling overwhelmed by the information and misinformation is the most selected barrier to personal vaccination uptake (26% of unvaccinated rural adults) and vaccination uptake for their child(ren) (31% of rural parents)
- Health care providers are the most trusted source of COVID-19 vaccine information across all three groups: rural adults, parents, and teens

COVID-19 Resources

- [NRHA COVID-19 Vaccine Resources](#)
- [NRHA COVID-19 Rural Health Provision Summary](#)
- [NRHA COVID-19 Technical Assistance Center](#)
- [NRHA COVID-19 Resources Page](#)
- [We Can Do This COVID-19 Public Education Campaign](#)



Workforce

Drivers behind rural workforce shortage

- COVID-19 burnout/exhaustion
- Baby Boomers are retiring
- Desire for flexible work schedules/Staffing Agency
- New options like remote work/digital opportunities
- Salary and benefit limitations
- Education opportunities limited
- Rural patients need more services
- Rural practice characteristics
- Rural communities lack spouse opportunities

Rural Hospital Staffing Survey

Which roles are you experiencing the greatest difficulty filling?



Nursing 96.2%

Ancillary Services 66.2%

Facilities

Physicians

Other

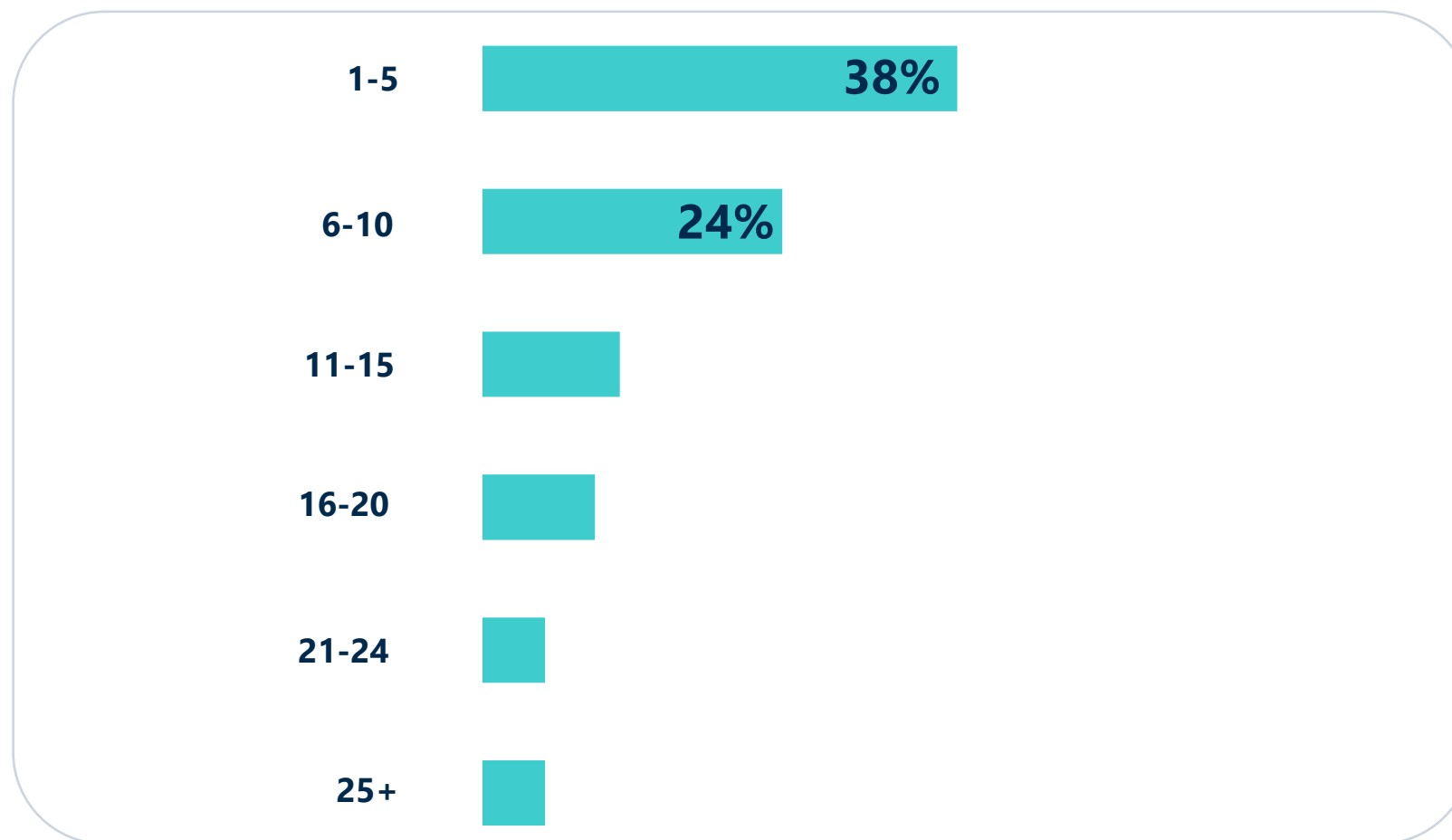
Admin

Nursing was identified by **96.2%** of respondents as a role in which they are having difficulty filling. ***Staffing shortages can directly impact quality of care and access to care for rural communities.***

*Survey respondents were able to select multiple positions for which they are having difficulty filling. As a result, the percentages do not equal 100. Survey conducted September 21, 2021 - October 15, 2021.

Rural Hospital Staffing Survey

In 2021, how many members of nursing staff departed your facility?



*Survey conducted March 2, 2022 – April 15, 2022.

Rural Hospital Staffing Survey

How would you rank the following reasons for nurse staff departures in 2021?

48%



Among survey respondents, **48%** ranked more financially lucrative opportunities at staffing agencies as the #1 reason for nurse staff departure this year.

1

More financially lucrative opportunities at staffing agency

2

More financially lucrative opportunities at another hospital

3

Pandemic Burn Out

4

Retirement

5

Unwillingness to comply with vaccine mandate

6

Other

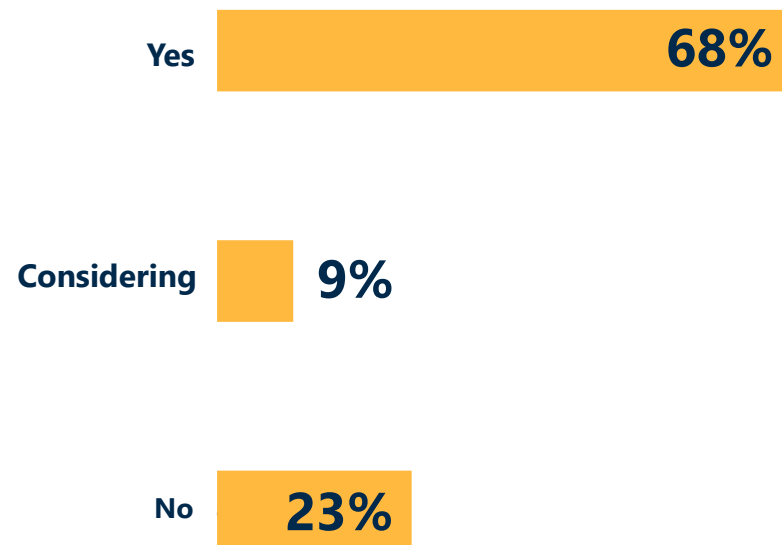
*Survey conducted March 2, 2022 – April 15, 2022.

Rural Hospital Staffing Survey

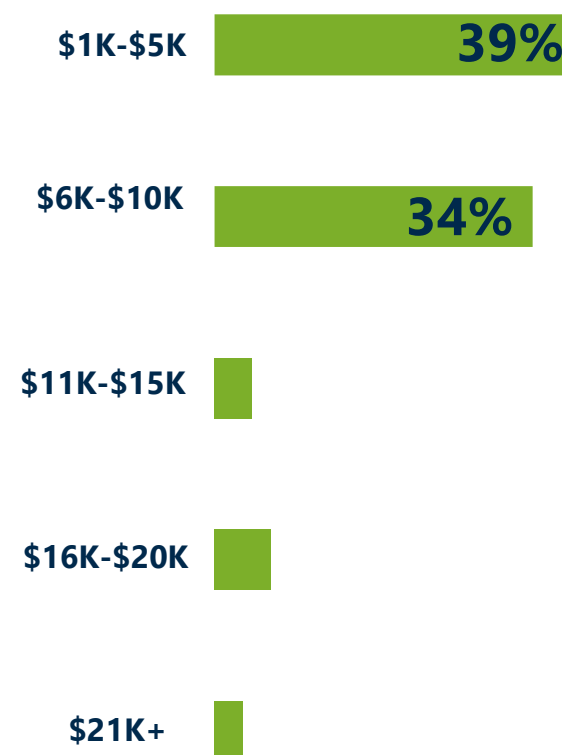
Using sign-on bonuses to attract New Staff



Are you using sign-on bonuses to attract new staff?



Approximately how large are the sign-on bonuses?



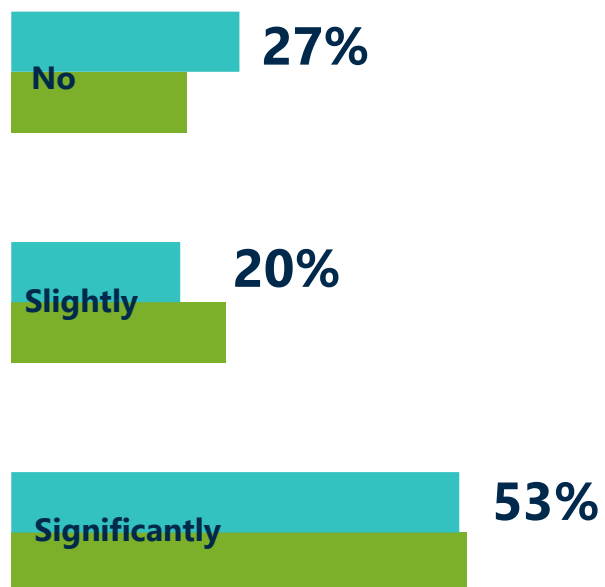
*Survey conducted March 2, 2022 – April 15, 2022.

Rural Hospital Staffing Survey

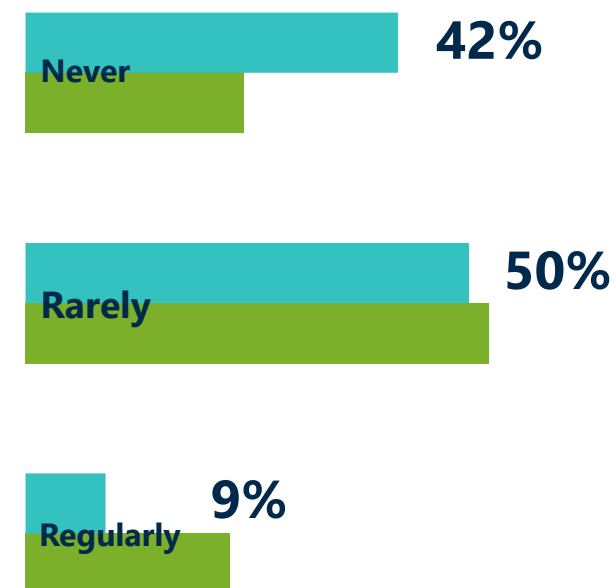
Lack of nurse staffing and the impact on patient care



Has your reliance on travelling nurses changed during the pandemic?



Prior to the pandemic, how often would you estimate that you used travelling nurses?



■ April '22* ■ October '21

These two charts illustrate how a lack of nurse staffing is driving greater reliance on travelling nurses. **A majority of respondents continue to say they rarely used travelling nurses prior to the pandemic and more than 50% say their use has increased significantly as hospitals struggle to fill nursing gaps.**

*Survey conducted March 2, 2022 – April 15, 2022.

Diminishing Access to Services

Vanishing or service pauses even though hospital doors stay open

The Dallas Morning News

BUSINESS > HEALTH CARE

12,000 square miles with no obstetrics unit? It happens in this part of far West Texas

By Charlotte Huff, Kaiser Health News
6:00 AM on Aug 1, 2021 CDT

*"COVID has caused a resetting of market rates
and a reshuffling of nurse staffing."*



311

Rural hospitals ceased to provide
Chemotherapy from 2014-2020.



198

Rural hospitals ceased to provide
Obstetrics from 2011-2019.



St. Luke's Jerome Medical Center temporarily pausing obstetric and operating room services

By Jack Schemmel

Published: Jul. 30, 2021 at 10:42 AM EDT

*"We have had candidates turn down
offers due to housing concerns."*

Rural Health Workforce

Rural Residents Have Access to Fewer Primary Care Providers Per Capita 2019 data

Physicians
MD, DO

- Rural = 52.0/100,000 People
- Urban = 80.5/100,000 People

All Primary Care
MD, DO, NP, PA

- Rural = 153.3/100,000 People
- Urban = 213.9/100,000 People

Note: Rural and urban defined as nonmetropolitan and metropolitan, respectively

Source: HRSA Area Health Resource File, 2020-2021 (2019 data)

Rural Health Workforce

1. Expand the Medicare Graduate Medical Education (GME) Program

- *NRHA urges support for S. 1893, the Rural Physician Workforce Production Act, to ensure rural providers are adequately represented in the Medicare GME program.*

2. Provide supplemental appropriations to National Health Service Corps

- *Support supplemental appropriation funding for workforce programs like the National Health Service Corps and the Nurse Corps Loan Repayment Programs in future COVID-19 relief legislation.*

3. Support the nursing workforce to expand access to care

- *NRHA urges support for S. 246 / H.R. 851, the Future Advancement of Academic Nursing (FAAN) Act.*

The 2022 Budget and 2023 Proposed Budget: Workforce

Addressing rural workforce needs by tapping into other HRSA programs



National Health Service Corps and Nurse Corps

support primary care and mental health providers

> 6,000 serve in rural communities



Public Health Scholarships

\$39 Million available now with applications due June 1, 2022

Community Health Worker Training

\$226 million available now with applications due June 14th, 2022



Area Health Education Centers Program

builds a pipeline of trainees with experience in rural and underserved areas



Teaching Health Center Graduate Medical Education Program

trains in community-based outpatient settings

> 93% train in medically underserved or rural communities



Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene

improves oral health care for those with complex conditions and special health care needs



Nurse Education, Practice, Quality and Retention; Advanced Nursing Education Workforce Program; Nurse Education, Practice, Quality and Retention and Nurse Practitioner Residencies:

A range of programs to support the training of nurses and broader nurse education needs.



Behavioral Health Workforce Development Programs

enhance training for professionals and paraprofessionals

52% gain experience in treating substance use disorders

National Health Service Corps

- 2022 National Health Service Corps (NHSC) New Site Application
 - New site application deadline yesterday, June 7, 2022, check for new application cycle
 - Opportunity is for sites that have never been approved for NHSC!
 - Potential eligible rural sites eligible include Rural Health Clinics, Critical Access Hospitals, Federally-Qualified Health Centers (and look-alikes), Community Mental Health Centers, and State or Local Health Departments
- Interested sites and treatment facilities should review the **Site Reference Guide (SRG)** for additional details on becoming NHSC approved.

National Plan for Health Workforce Well-being

- National Academy of Medicine
- Release date June 24, 2022
- Resources and announcement updates includes:
 - Resource compendium for healthcare worker well-being
 - Insights from the frontlines of care

[Link here](#) for the announcement and to receive updates

Health Services & Services Administration Awards—Well Being Ambassador Program

- Made available through the American Rescue Plan Act of 2021
- Health and public safety workforce resiliency training program
 - \$68.2 million to 34 grantees
- Promoting resilience and mental health among health professional workforce
 - \$28.6 million to 10 grantees
- Health and public safety workforce resiliency technical assistance center
- \$6 million to 1 grantee
- ASHP is the contractor, but open to ALL providers

Those Who Join Receive



- Access to the [ASHP Well-Being and Resilience Certificate](#) and badge for completion
- Support from implementation coaches
- Connection to the Well-Being Ambassador community
- Resources to implement local strategies
- Self-paced, no fee to enroll

Federal Update

FY 2023 IPPS Rule Released

- Increase of 3.2% to PPS rate
- Designation of “Birthing Friendly” Hospitals
- 1,786 pages long
- Link [here](#) to access the NPRM
- NRHA will provide a summary once complete

MDH and LVH Reauthorization

- Medicare Dependent Hospital and Low Volume Hospital program authorization expires September 30, 2022
- NRHA is advocating for reauthorization of these two programs
- Critical lifeline for small rural PPS hospitals to offset harmful effects of prospective payments on low volume hospitals

H.R. 6400, Save America's Rural Hospitals Act

In January, Representatives Graves (R-MO) and Huffman (D-CA) introduced the [Save America's Rural Hospitals Act](#) which included several of [NRHA's](#) rural hospital and rural health clinic priorities.

- Sec. 114: Restore full CBR AIR in exchange for reporting requirements for provider-based RHCs.
- Sec. 101: Elimination of Medicare sequestration for rural providers.
- Sec. 111: Makes permanent increased payments for ground ambulances.
- Sec. 113: Makes permanent telehealth distant site status for FQHCs and RHCs.
- Sec. 401: Reauthorizes the Medicare Rural Hospital Flexibility Program.

Rural Health Clinics

NRHAs advocacy priorities is to modernize and improve the rural health clinic program.

- Legislation to allow provider-based RHCs to receive reimbursement rates not subject to the upper-payment limit cap in exchange for quality reporting measures.
- This proposal is reflected in NRHA's updated [rural health clinic program modernization fact sheet](#).
- NRHA is also advocating Congress permanently extend CARES Act telehealth flexibilities for both RHCs and Federally Qualified Health Centers and allow them to be reimbursed for telehealth services at a rate closer to their in-person rate.

In the long-term, NRHA is working to get legislation introduced to modernize the RHC program by:

- Modernizing staffing requirements to allow for arrangements consistent with state and local law
- Allowing RHCs the flexibility to contract with physician assistants and nurse practitioners, rather than solely employment relationships
- Removing outdated laboratory requirements

Telehealth During COVID-19

- CARES Act provided the largest expansion of telehealth flexibilities in history for the duration of the public health emergency.
- The administration, through the 1135 waiver process also enhanced telehealth access.
- Current telehealth provisions are tied to 151 days past the end of the public health emergency. PHE has been extended to Oct. 15, 2022 by Sec. Becerra, telehealth extended until March 14, 2023.
- NRHA is adamant that telehealth provisions be permanently extended and rates increased beyond the duration of the public health emergency so rural providers and patients can continue an increased access to care.

340B Program Lifeline

- Ensure the 340B Drug Pricing Program remains a critical resource for rural hospitals
 - Attacks on contract pharmacies
 - Medicare payment cuts
 - Pharmacy Benefit Manager's restrictions
 - Scope of patient definition
- 340B Program reforms:
 - Protect rural hospitals
 - Increase HRSA's enforcement authority
 - NRHA urges support for H.R. 4390, the Protect 340B Act of 2021

Mental Health

Congress has held several hearings devoted to the mental health epidemic. A mental health package could possibly pass and provide significant support toward these epidemics.

- The [Senate Finance Committee](#) released a bipartisan [request for information](#) on legislative proposals to that will increase access to health care services for Americans with mental health and substance use disorders.
- NRHA is working with Representative Porter (D-CA) and Senator Smith (D-MN) to advance the *Stopping the Mental Health Pandemic Act* ([H.R. 588](#) / [S. 165](#)).

The President's [fiscal year \(FY\) 2023 budget request](#) includes several initiatives to address the mental health needs of Americans and the opioid epidemic.

FY22 Appropriations & Omnibus

In early March, the House and Senate agreed to fund the government for FY 2022. Included in the package was:





- USDA \$3.45 billion for the Rural Community Facilities Program and \$2 million for the Rural Hospital Technical Assistance Program
- \$62 million for the Medicare Rural Hospital Flexibility Grant Program. This included \$5 million to establish a Rural Emergency Hospital (REH) Technical Assistance Program.
- The continuation of other core rural health programs, including:
 - \$12.5 million for State Office of Rural Health
 - \$135 million for the Rural Communities Opioid Response Program
 - \$10.5 million for the Rural Residency Development Program
 - \$122 million for the National Health Service Corps
 - \$6 million for the Rural Maternity and Obstetrics Management Strategies (RMOMS) program

NRHA is Advocating For...

- Extend relief from Medicare sequestration until December 31, 2022.
- Extend telehealth flexibilities beyond the duration of the public health emergency, including RHCs, FQHCs, and CAHs.
- Reinstate uncapped reimbursement for provider-based rural health clinics in exchange for quality measure reporting.
- Enhance the rural health care workforce.
- Fully fund the Rural Health Safety Net in FY2023 appropriations.

Innovation

Payment Transition Plan: CMS/CMMI

 Category 1 Fee for Service – No Link to Quality & Value	 Category 2 Fee for Service – Link to Quality & Value	 Category 3 APMs Built on Fee-for-Service Architecture	 Category 4 Population-Based Payment
	A Foundational Payments for Infrastructure & Operations B Pay for Reporting C Rewards for Performance D Rewards and Penalties for Performance	A APMs with Upside Gainsharing B APMs with Upside Gainsharing/Downside Risk	A Condition-Specific Population-Based Payment B Comprehensive Population-Based Payment

**Goal: 100% of
Medicare payments to
providers are through
a VBP approach**

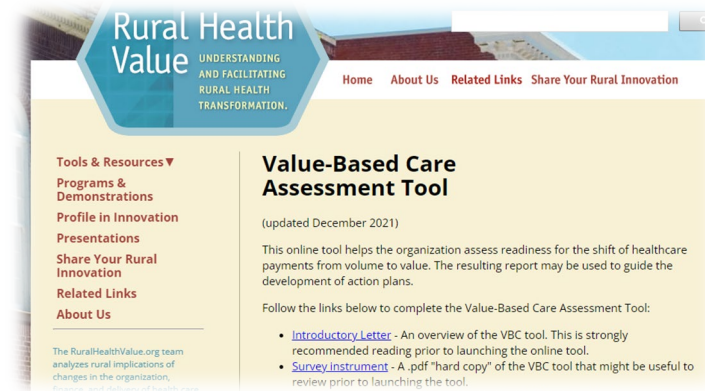
Trends in Rural Accountable Care

- Accountable Care Organizations (ACO)
- Pennsylvania Rural Health Model (PaRHM) and Global Budget

Evaluate your organization's [VBP readiness](#):

[Rural Health Value Catalogue of Models](#)

[Accountable Health Communities Model –
Two Rural Participants' Experiences](#)



New! Rural Emergency Hospital



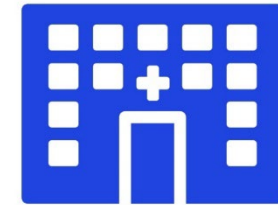
Clinic

Limited hours
No Emergency
Services
No Overnight Stays
Primary Care



Rural Emergency Hospital

Open 24/7
Emergency Services
No Overnight Stays
Primary Care
Telemedicine



Hospital

Open 24/7
Emergency Services
Overnight Stays

Key Elements of the REH Model

- Effective for services as of 1/1/2023
- Current CAHs and rural PPS under 50 beds
- Requires ED staffing levels and transfer rules to Level I or II trauma
- Payment for services at OPPS amounts plus 5% & monthly facility payment
- Allow distinct-part SNFs
- Required implementation plan
- Required quality reporting

Summary

- The Rural Landscape
- COVID-19
- Federal Update
- Innovation
- Questions

Go Rural!

Questions?



NRHA

Your voice. Louder.

Thank you.

bslabach@ruralhealth.us

[@bslabach](#)

[#ruralhealth](#)