Session Starting Shortly

Have a question?

- Click the chat button.
- Type your message into the box and click send.

Accessing today's recording and materials

- As soon as the recording is available, we'll send out a link.
  A PDF of the slides is in the Handouts section of the Control Panel

Audio Problems?

- Make sure you have entered your audio pin if you are using your phone

Hide the Control Panel

Mute your line

Screen preferences

Raise your hand

NATIONAL ASSOCIATION OF Community Health Centers®

Rural America – The Current State of Health Care Access

December 9, 2020
2:00 – 3:00 PM ET
Hosted by Capital Link & NACHC

Meet Today's Presenters

Brandon Jones

Director, Health Center Operations & Human Resources Training - NACHC

Alan Morgan

Chief Executive Officer, National Rural Health Association

Allison Coleman

Chief Executive Officer, Capital Link

Collaborating to Address Rural Health Challenges

- NACHC and Capital Link are collaborating on several HRSA-funded activities to support health centers in sustaining and increasing access to care in rural America. Collaborative activities include:
  - Today's National Webinar
  - A 4-session Learning Collaborative, to launch in early 2021

- Today, we are pleased to host National Rural Health Association (NRHA), another collaborating partner in this important endeavor.

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

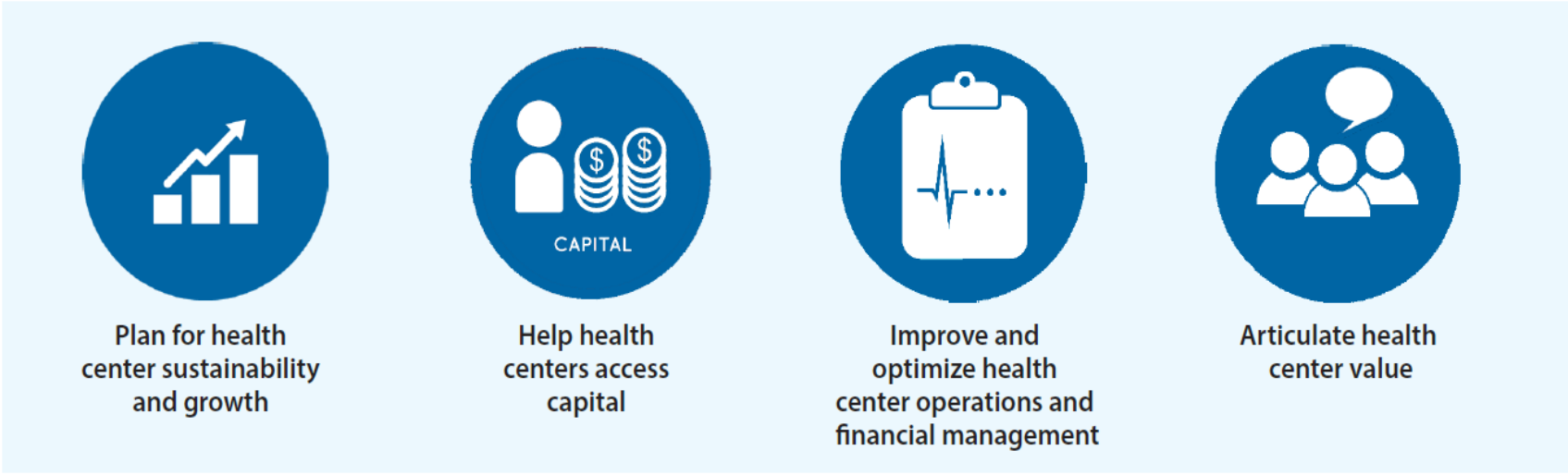
NATIONAL ASSOCIATION OF Community Health Centers®

Our Vision

Stronger health centers, actively building healthy communities

Our Mission

Capital Link works to strengthen community health centers—financially and operationally—in a rapidly changing marketplace. We help health centers:



Let's Get Started!
Rural America – The Current State of Health Care Access

Today's Learning Objectives

- Increase awareness of current health care issues and challenges in rural America
- Consider provocative and innovative ideas with health centers as solution incubators
- Learn about successful rural-centric partnership approaches to improve health outcomes

NRHA…

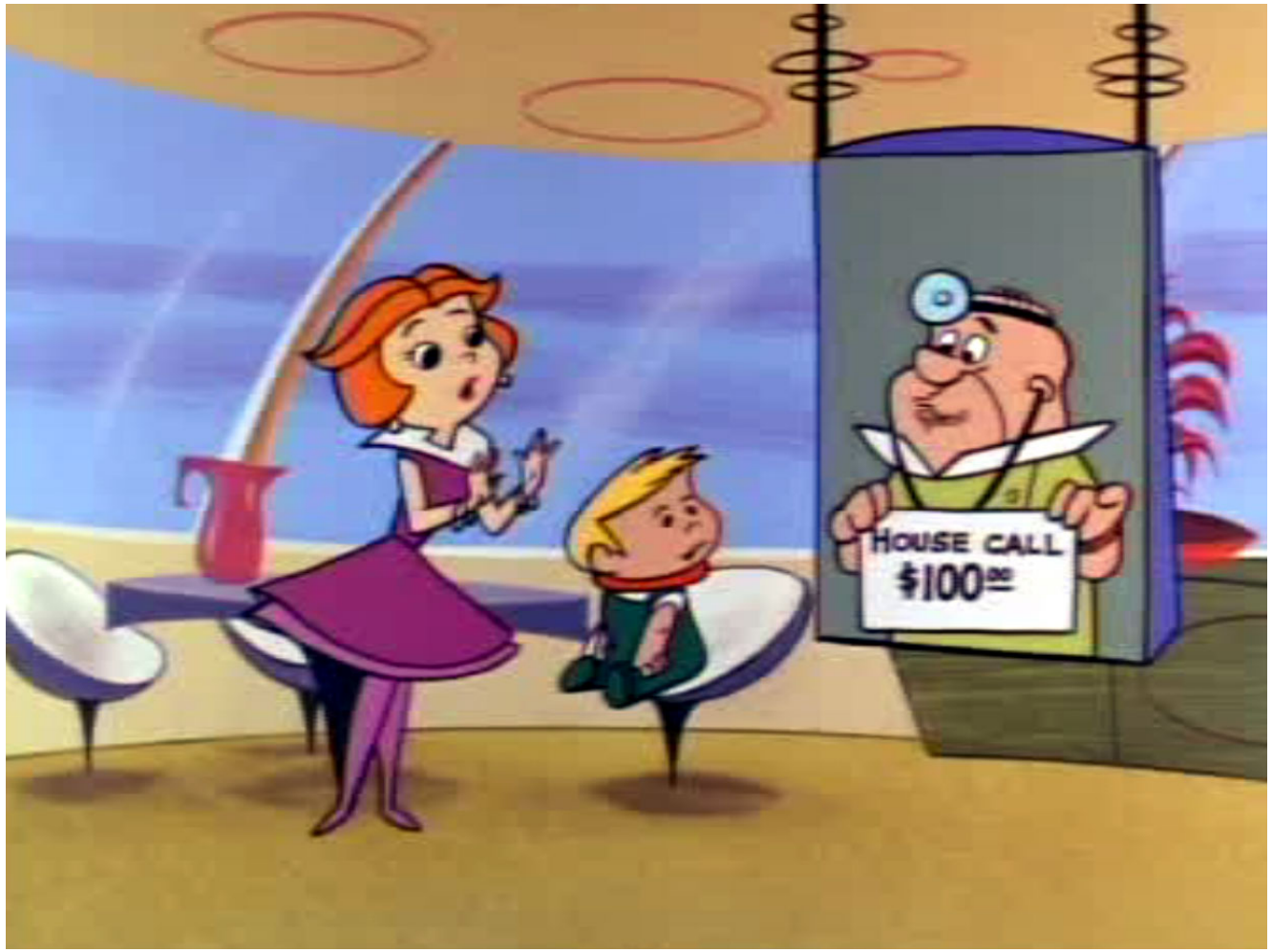
- Improving the health of the 62 million who call rural America home
- NRHA is non-profit and non-partisan
- **NRHA: #ruralhealth**
- **Alan: @Amorganrural**

The State of Rural America

- Telehealth
- Workforce Shortages/Access points
- COVID-19 Impact
- Federal Response
- Health Disparities
- Final Thoughts

Telehealth

1962



Federal responses since March 2020 impacting rural telehealth:

- FCC: $200 million to help provide services to patients at their homes or mobile locations.
- HRSA: $275 million to support rural Critical Access Hospitals, rural tribal health and telehealth programs, and poison control centers.
- HRSA: $2 billion appropriated for Community Health Centers, for multiple purposes, a fourth of which is to enhance telemedicine through actions related to infrastructure and to support transitions to increase care through telehealth.
- USDA: $25 million for rural development to support the Distance Learning and Telemedicine Program, and $100 million to the ReConnect program.
- Indian Health Services $1.032 billion – includes new investments for telehealth.

Workforce Shortages/Access Points

-1400 total Federally Qualified Community Health Centers

(42% rural, serve 1 in 5 rural residents)

-4500 Rural Health Clinics

-1300 Critical Access Hospitals

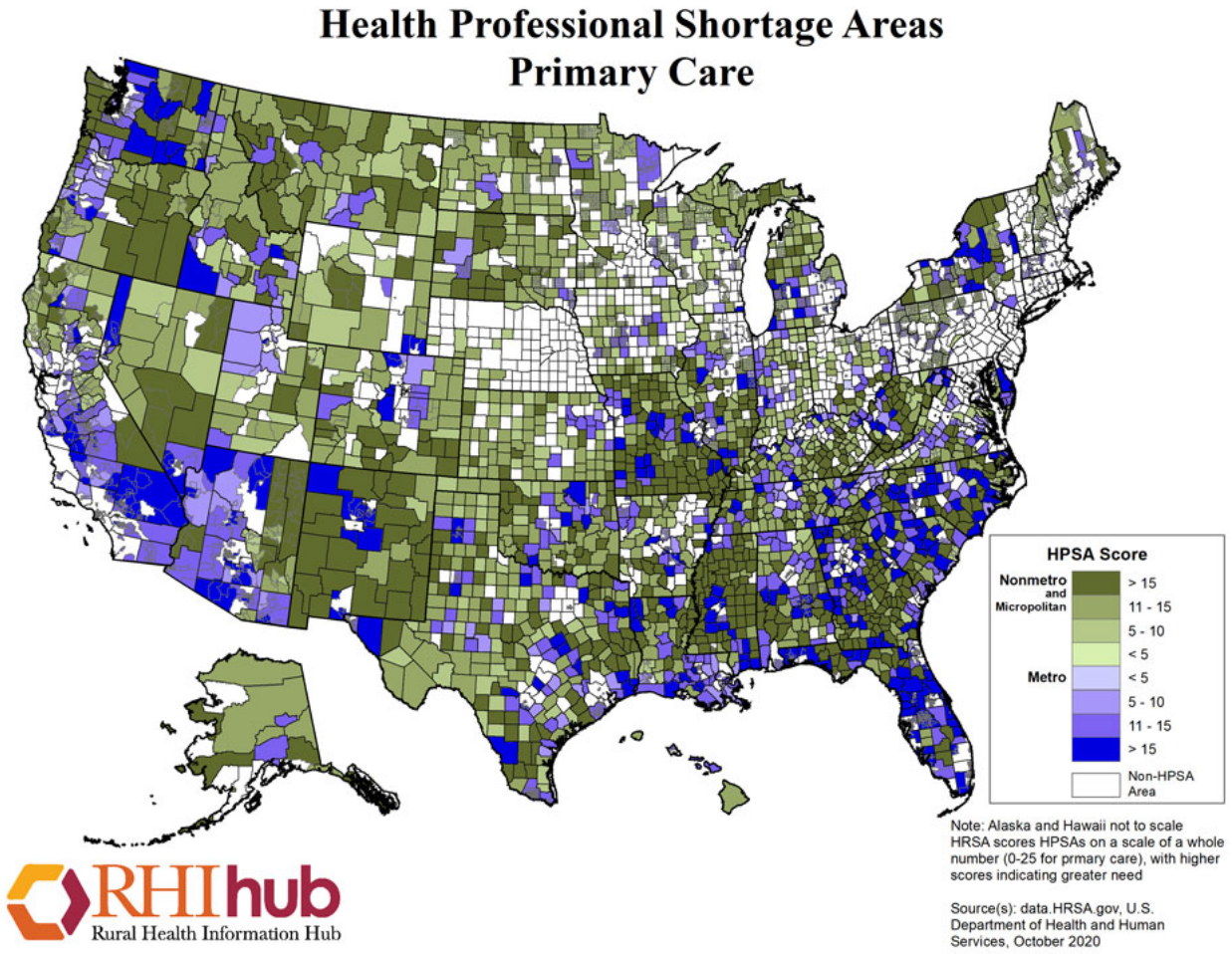
-500 Rural Perspective Payment Hospitals

Workforce Shortages

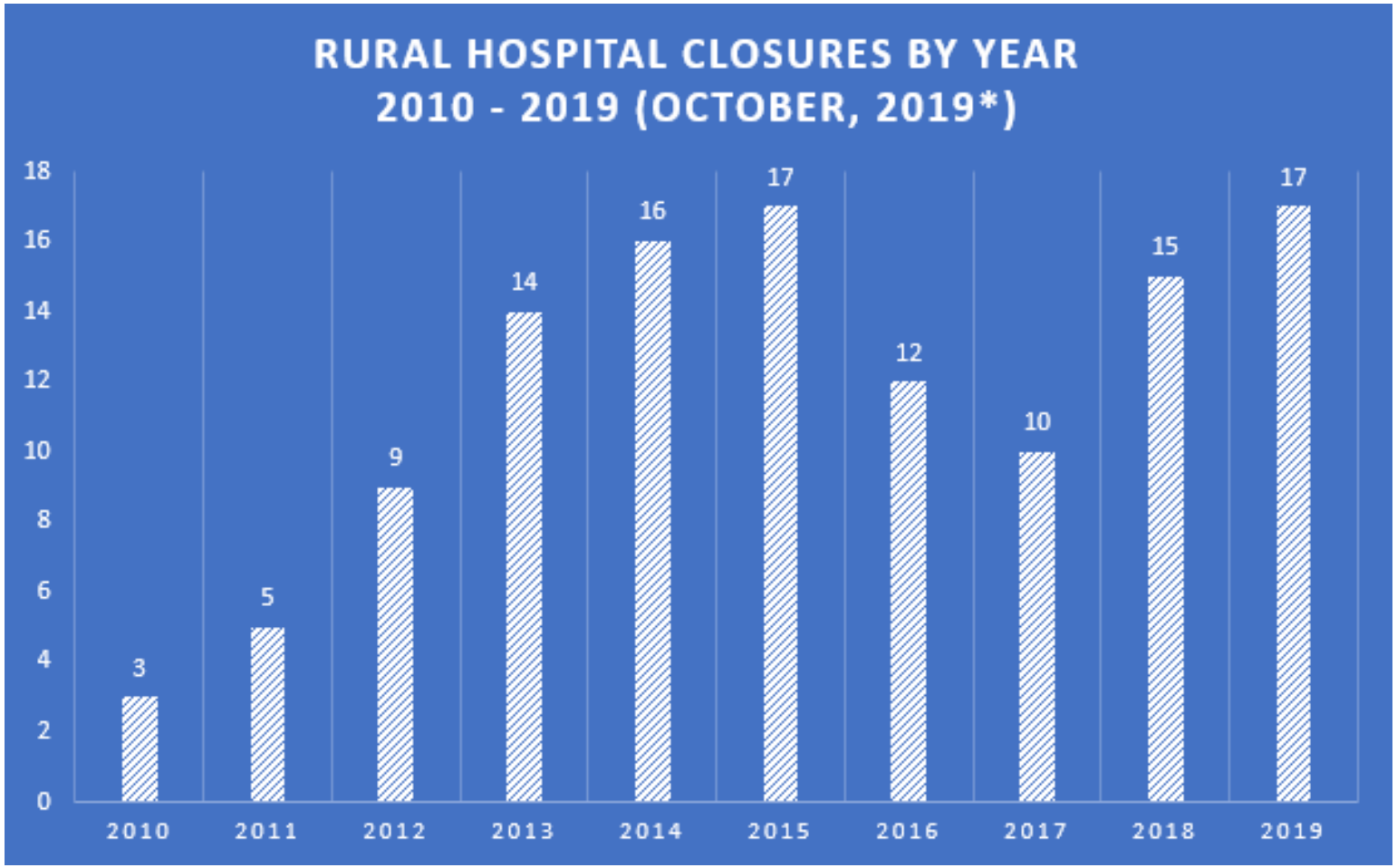
Only 9% of physicians practice in rural America.

77% of the 2,050 rural counties are primary care HPSAs.

More than 50% of rural patients have to drive 60+ miles to receive specialty care.



Pre-COVID19


RURAL HOSPITAL CLOSURES BY YEAR
2010 - 2019 (OCTOBER, 2019*)
18
16
14
12
10
8
6
4
2
0
3
5
9
14
16
17
12
10
15
17
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019

“Coronavirus strains cash-strapped hospitals, could cause up to 100 to close within a year”

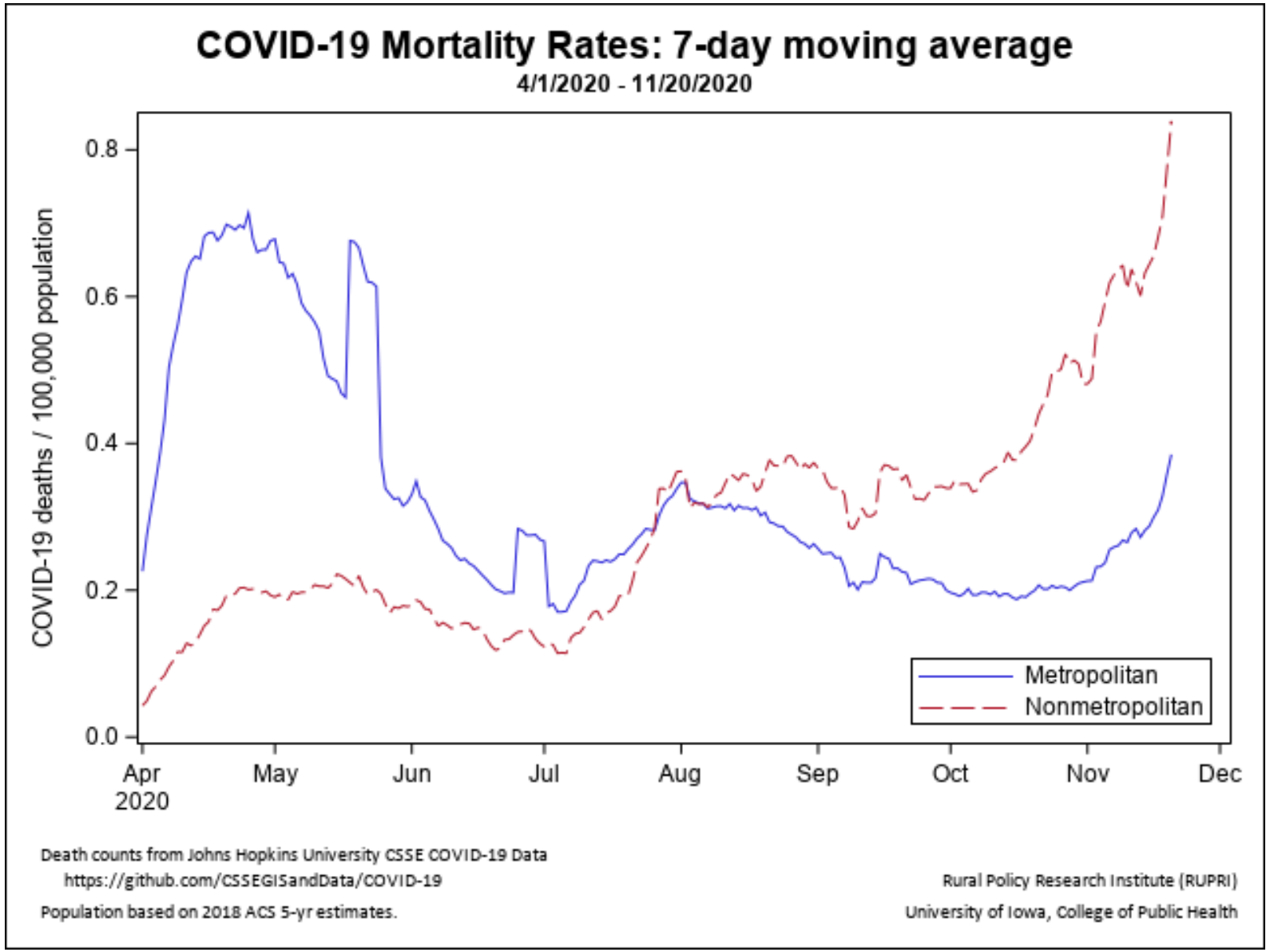
Josh Salman and Jayme Fraser
USA TODAY NETWORK

Unprecedented Rural Health Dollars/ CARES Act Provider Relief Fund

CARES 3.0 - $100 billion

CARES 3.5 – Additional $75 billion added

- $30 billion to Medicare providers ($500,000 to $1.3 million)
- $10 billion carve-out for rural providers
- $15 billion to Medicaid providers and $10 billion to safety net hospitals
- $4 billion to vulnerable and rural hospitals


COVID-19 Mortality Rates: 7-day moving average
4/1/2020 - 11/20/2020
COVID-19 deaths / 100,000 population
0.0
0.2
0.4
0.6
0.8
Apr
2020
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Metropolitan
Nonmetropolitan
Death counts from Johns Hopkins University CSSE COVID-19 Data
https://github.com/CSSEGISandData/COVID-19
Population based on 2018 ACS 5-yr estimates.
Rural Policy Research Institute (RUPRI)
University of Iowa, College of Public Health

Significant Progress in the Past Weeks for Advancing Rural Health Issues NRHA COVID-19 Messaging

Thousands of health care workers have been furloughed or laid off, and overall, rural providers are becoming increasingly financially vulnerable as the COVID-19 virus pandemic spreads to rural communities.

Congress cannot leave rural health care providers behind. The next COVID-19 relief package must include NRHA policy recommendations to ensure *both* immediate relief and long-term stability for rural health care providers.

BRIEF REPORT | Free Access

Half of Rural Residents at High Risk of Serious Illness Due to COVID-19, Creating Stress on Rural Hospitals

Brystana G. Kaufman PhD, Rebecca Whitaker PhD, George Pink PhD, G. Mark Holmes PhD

Washington Examiner

Rural hospitals are on the brink of collapse

y David Hogberg, Healthcare Reporter | | July 23, 2020 11:00 PM

The New York Times

'We're Not an Island': Rural Outbreaks Challenge Oregon's Virus Success

NATIONAL ASSOCIATION OF Community Health Centers®

@NACHC

Federal Response - White House Executive Order on Rural Health

- Requires HHS to announce a new payment model, testing innovations that empower rural providers to transform healthcare on a much broader scale.
- Requires HHS to submit a report to the President on how to increase access to health care in rural areas by reducing regulatory and disease burdens and improve maternal and mental health in rural areas.
- To improve connectivity, the Federal government is directed to launch a joint initiative in 30 days to improve healthcare communication infrastructure and expand rural services.
- Requires HHS to look to review and extend, as appropriate, the current waivers put in place during the COVID-19 public health emergency, which have brought critical flexibilities and telehealth access to millions of Americans.

It is hereby ordered…

- Section 1. Purpose. My Administration is committed to improving the health of all Americans by improving access to better care, including for the approximately 57 million Americans living in rural communities. Americans living in rural communities face unique challenges when seeking healthcare services, such as limited transportation opportunities, shortages of healthcare workers, and an inability to fully benefit from technological and care-delivery innovations. These factors have contributed to financial insecurity and impaired health outcomes for rural Americans, who are more likely to die from five leading causes, many of which are preventable, than their urban counterparts. That gap widened from 2010 to 2017 for cancer, heart disease, and chronic lower respiratory disease.
- Since 2010, the year the Affordable Care Act was passed, 129 rural hospitals in the United States have closed. Predictably, financial distress is the strongest driver for risk of closure, and many rural hospitals lack sufficient patient volume to be sustainable under traditional healthcare-reimbursement mechanisms. From 2015 to 2017, the average occupancy rate of a hospital that closed was only 22 percent. When hospitals close, the patient population around them carries an increased risk of mortality due to increased travel time and decreased access.
- During the COVID-19 public health emergency (PHE), hospitals curtailed elective medical procedures and access to in-person clinical care was limited. To help patients better access healthcare providers, my Administration implemented new flexibility regarding what services may be provided via telehealth, who may provide them, and in what circumstances, and the use of telehealth increased dramatically across the Nation. Internal analysis by the Centers for Medicare and Medicaid Services (CMS) of the Department of Health and Human Services (HHS) showed a weekly jump in virtual visits for CMS beneficiaries, from approximately 14,000 pre-PHE to almost 1.7 million in the last week of April. Additionally, a recent report by HHS shows that nearly half (43.5 percent) of Medicare fee-for-service primary care visits were provided through telehealth in April, compared with far less than one percent (0.1 percent) in February before the PHE. Importantly, the report finds that telehealth visits continued to be frequent even after in-person primary care visits resumed in May, indicating that the expansion of telehealth services is likely to be a more permanent feature of the healthcare delivery system.
- Rural healthcare providers, in particular, need these types of flexibilities to provide continuous care to patients in their communities. It is the purpose of this order to increase access to, improve the quality of, and improve the financial economics of rural healthcare, including by increasing access to high-quality care through telehealth.

Section 2 – New Payment Model

- On Tuesday, CMS announced the details of a new rural health model, the Community Health and Rural Transformation (CHART) Model. The CHART Model aims to, “unleash innovation through new funding opportunities that will increase access and improve quality,” by allowing a limited number of rural provider to participate in either the Community Transformation Track or the ACO Transformation Track.
- The Community Transformation Track will include up to 15 lead organizations. The ACO Transformation Track will select 20 rural-focused ACOs.

Section 5

- Sec. 5. Expanding Flexibilities Beyond the Public Health Emergency. Within 60 days of the date of this order, the Secretary shall review the following temporary measures put in place during the PHE, and shall propose a regulation to extend these measures, as appropriate, beyond the duration of the PHE:
- (a) the additional telehealth services offered to Medicare beneficiaries; and
- (b) the services, reporting, staffing, and supervision flexibilities offered to Medicare providers in rural areas.

Federal Response - CMS Center for Innovation

OLDER MODELS

- Frontier Extended Stay Clinic (FESC)
- Frontier Community Health Integration Project (F-CHIP)
- Rural Community Hospital Demonstration Program

NEWER MODELS

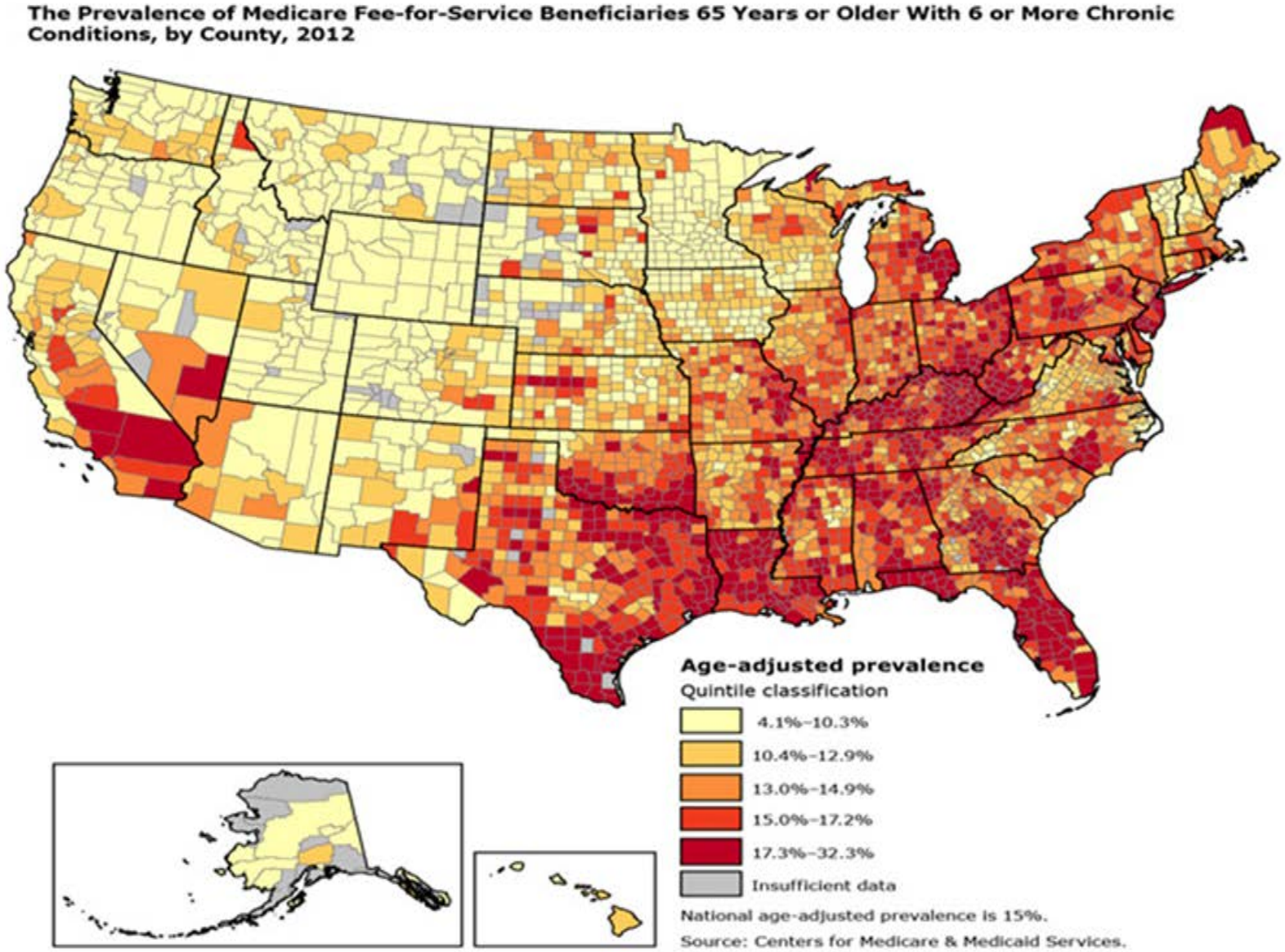
- Global Budget Model
  – Sen. Bob Casey (D-PA)
- 24/7 ER Model with Cost-Based Reimbursement
  – Community Outpatient Hospital
  – REACH ACT

Health Disparities - Rural has an Older, Sicker and Poorer Population

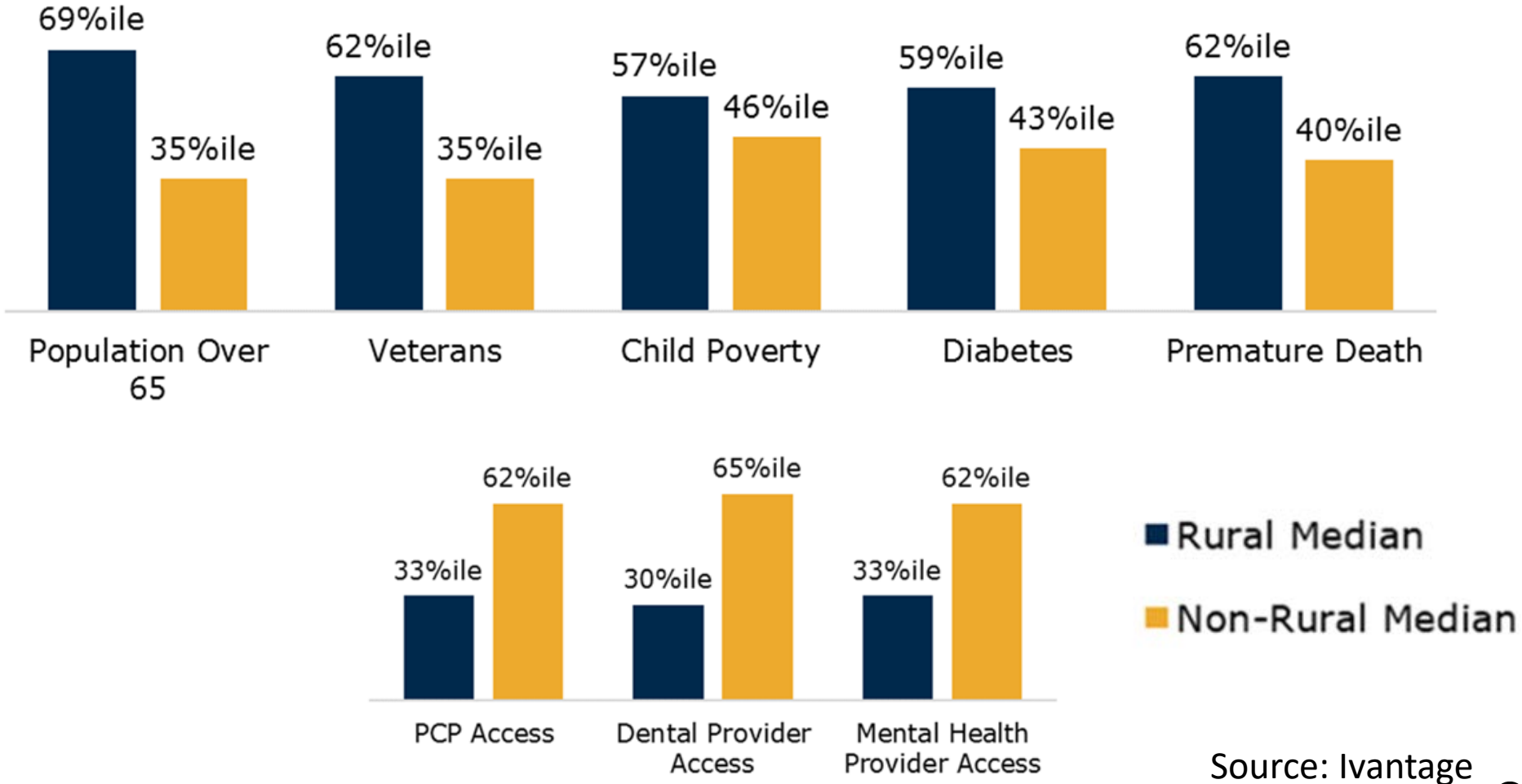
- The median age of adults living in rural areas is greater than those living in urban:
  - Rural: 51 years
  - Urban: 45 Years
- 18.4% of rural residents are age 65+, whereas its 14.5% in urban
- Rural areas have higher rates of several health risk factors/conditions:
  - Obesity
  - Diabetes
  - Smoking

Source: https://www.ruralhealthweb.org/about-nrha/about-rural-health-care

Prevalence of Medicare Patients with 6 or more Chronic Conditions



Summary: Rural Populations are Older, Less Healthy, Less Affluent and Have Limited Access to Multiple Types of Care

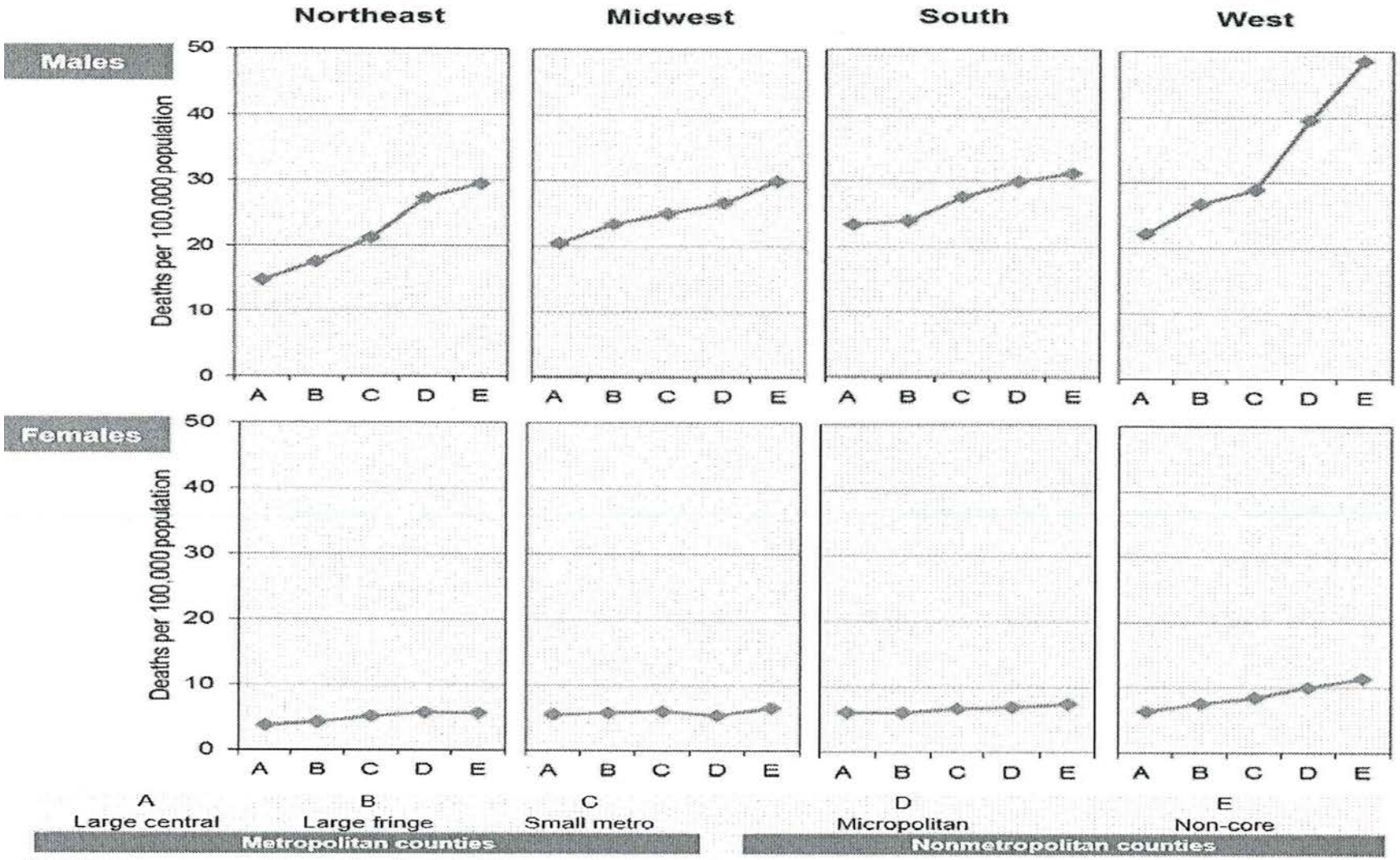


Source: Ivantage

Deaths of Despair: The Rural Opioid Crisis

- The federal government has provided over $2.4 billion in state grants since 2017, in hopes of stemming an opioid epidemic that killed 47,6600 people in that year alone
- Crawford County, Ohio: Received $327,300 from key federal grants designed to curb the opioid epidemic
- Most Federal opioid grants cannot be used to treat meth addiction
- “I don't need more opiate money. I need money that will not be used exclusively for opioids,” said a County Commissioner

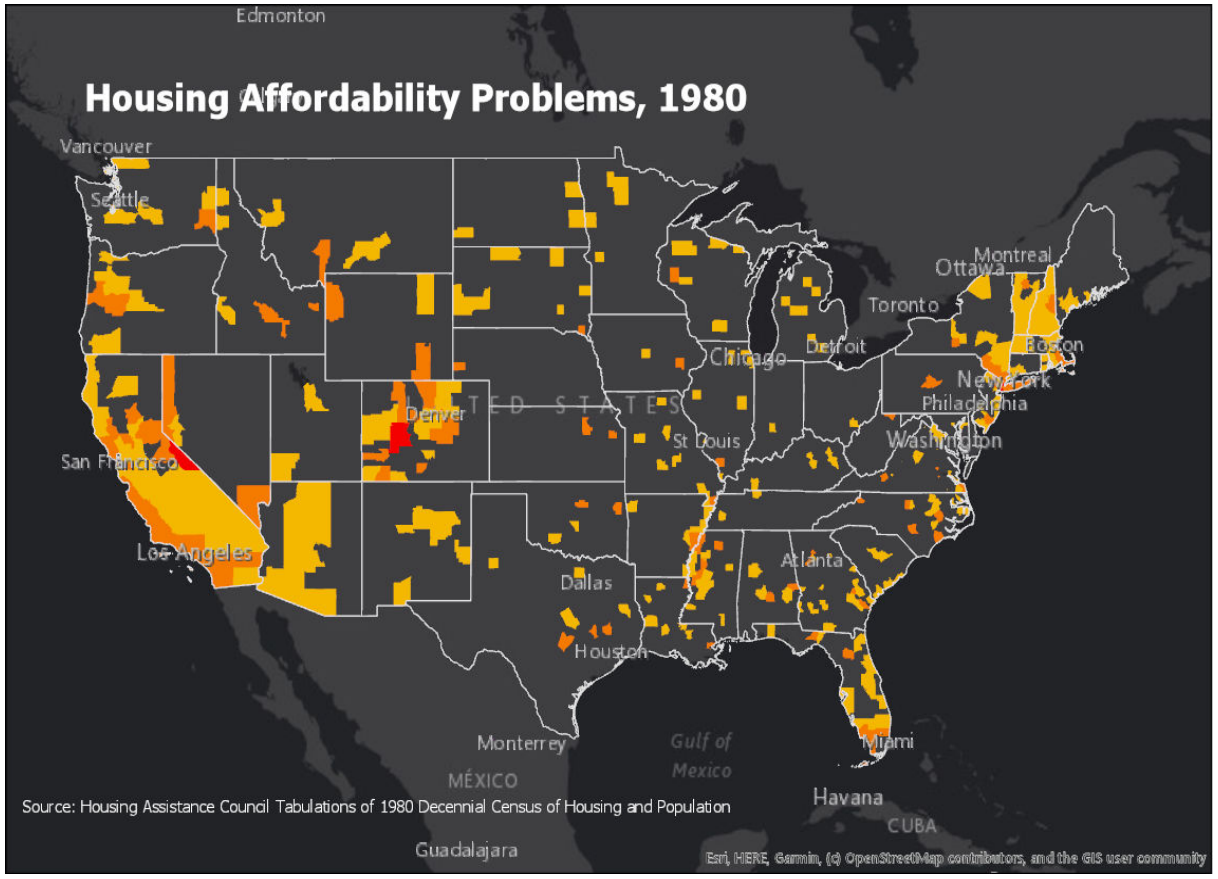
Rural Suicides

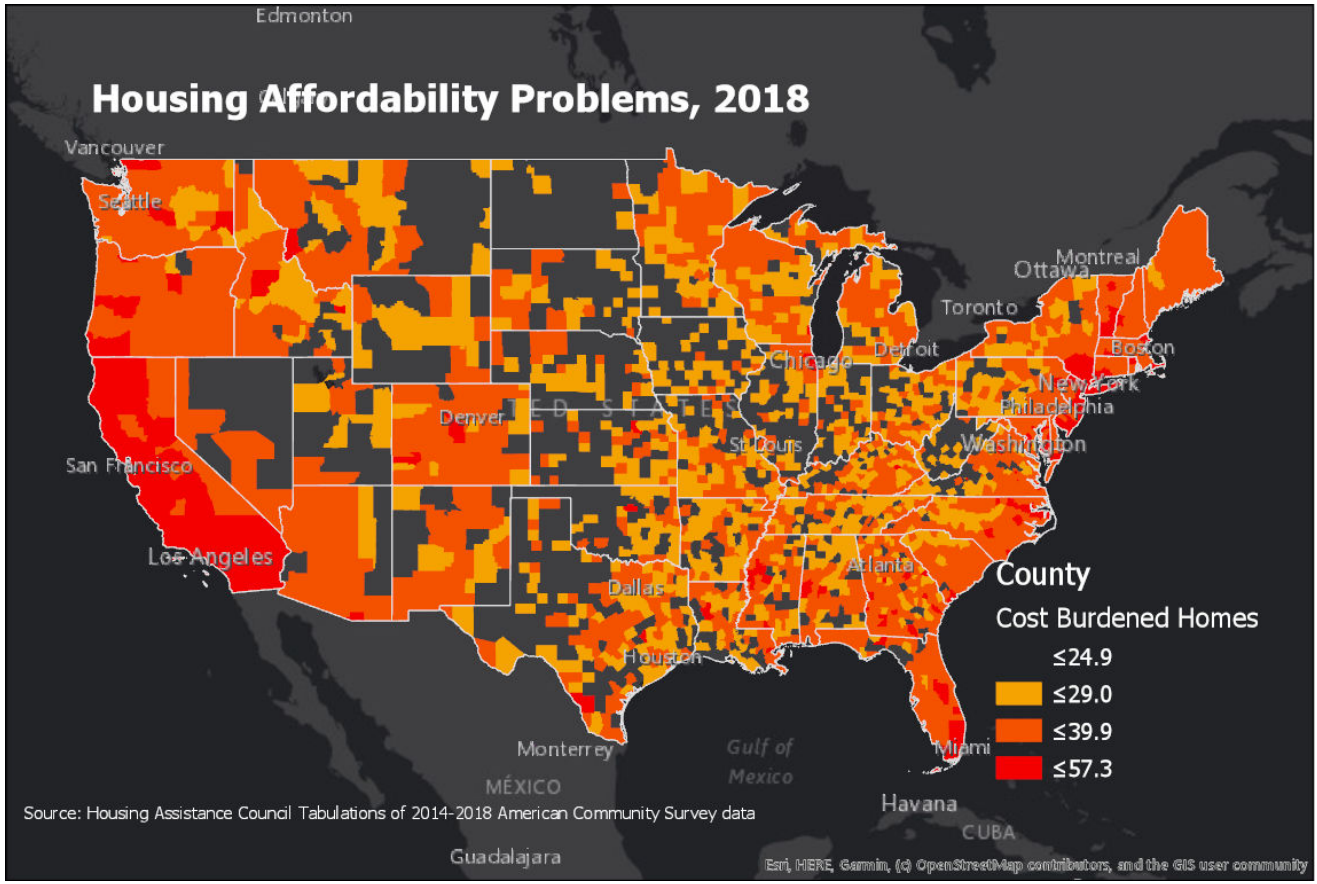


NOTES: Rates are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table 19 for data points graphed.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Rural Housing





The State of Rural America

U.S. Census show that after a modest four-year decline, the population in nonmetropolitan counties remained stable from 2014 to 2019 at about 46 million. (2014-2019 rural adjacent to urban saw growth.)


nytimes.com

The New York Times

SUBSCRIBE | LOG IN

Opinion

Something Special Is Happening in Rural America

There is a "brain gain" afoot that suggests a national homecoming to less bustling spaces.

By Sarah Smarsh

Ms. Smarsh is the host of the podcast "The Homecomers" and the author of the memoir "Heartland."

Final Thoughts:

- Current system is not sustainable
- Current health inequity (rural/urban) increasing, post COVID-19
- COVID-19 impact will accelerate changes to rural health
- Innovations in payment/delivery models require community collaboration
- Change impacting rural communities happening at Federal, State and local levels.

If you are interested in exploring issues related to rural health ….

NATIONAL ASSOCIATION OF Community Health Centers®

CAPITAL LINK

Join Capital Link and NACHC in a Learning Collaborative on:

Sustaining and Increasing Access to Care in Rural Communities

- 4 sessions
  - ✓Applications accepted in January 2021
  - ✓Sessions scheduled from February – April
- Session 1: Lay of the Land – Health Center Challenges and Opportunities in Rural America
- Session 2: FQHC Roles and Opportunities in Connection with Rural Hospital Closure
- Session 3: Enhancing Access through Telehealth
- Session 4: Needs Assessment, Growth Planning and Capital Resources for FQHCs Serving Rural Communities

Coming soon: Today's webinar archive
Available now: FQHC-tailored materials

ARE YOU LOOKING FOR RESOURCES?

Please visit our website **www.healthcenterinfo.org**

HEALTH CENTER RESOURCE CLEARINGHOUSE

Please provide feedback on today's webinar. See your inbox for a short evaluation.

Reach out to us! Discussion/Q&A?

Brandon Jones, Bljones@nachc.org

Allison Coleman, Acoleman@caplink.org

Alan Morgan, Amorgan@nrharural.org

Disclaimer: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $0 with 0 percentage financed with non¬governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.