

Comments for Solutions for Supporting Rural Healthcare Reform

Avera Health is the exemplar rural health system. Avera serves one million people across 72,000 miles with 330 locations. Additionally, Avera provides the largest rural telehealth footprint in America serving 15% of all critical access hospitals (CAHs) in more than 30 states.

Avera's credibility and practical expertise allows us to provide extreme insights on the Bipartisan Policy Center's 2018 "Reinventing Rural Health Care, A Study of Seven Upper Midwest States." In short, Avera supports the findings of the study. We respectfully submit additional comments focused on the three areas identified by the Rural Health Task Force as substantial opportunity for improvements.

Transformation of rural health care to meet community needs

- Beyond a hospital model.
 - Health care must meet the needs of the community and be right-sized for financial sustainability:
 - Establish an emergency medical center designation under the Medicare program for rural hospital/CAH conversion
 - Focus on primary care and preventative services with ability to use advanced practice providers to fill vital primary care roles. Enable access to providers through every digital medium possible
 - Provide cost-based reimbursement for rural ambulance services and virtual health
 - Support a Hill-Burton 2.0 that would allow for federal funding to support CAH 'right-sizing' in their respective communities—potential service nuances may include:
 - Fitness opportunities
 - Renal services
 - Obstetrics
- Save us from antiquated requirements that do not improve patient care, such as:
 - Arbitrary distance definitions—move to a defined service area based on population and demographics of the community
 - Remove the physician certification requirement from the 96-Hour Rule
- Ensure stable funding model(s)
 - Create incentives for CAHs Accountable Care Organization participation with larger health systems to facilitate the move to value-based payment models while accounting for low volumes in CAHs

- Provide financial resources to support organizational investment and transformation into coordinated care models—a key driver for cost savings and population health management
- Pursue the National Quality Forum’s initiative to develop a core set of rural measures that will be rural-relevant and potentially serve as a basis for tying health care provider quality to payment and new delivery models
- Equalize co-pays for Medicare beneficiaries regardless of whether care is received in a local rural center or at a Prospective Payment System hospital
- Support Physician-focused Payment Model Technical Advisory Committee (PTAC) recommendations for demonstration projects

Address barriers and opportunities for rural participation in new delivery models

- Enshrine telehealth/virtual care into the fabric of rural health care delivery
 - Fair reimbursement—did we say fair reimbursement?
 - Federal payers should expand coverage and provide payment parity with services delivered in-person:
 - At patient’s site of care (originating site)
 - Provider/patient to provider sites
 - In-home monitoring including cost-based reimbursement for qualified peripheral devices
 - Provide support for start-up costs
 - Assess compliance requirements to ease the burden on rural hospitals
- Involve community leaders in the conversation and transformation of their community assessments to establish the health care services that are right-sized and accepted by the community
- Support Federal investment in broadband connectivity

Build on successful rural workforce and graduate medical education proposals

- Target workforce programs in rural areas that are hard hit by provider shortages
 - Ability for all licensed healthcare professionals to work at the top of their licenses
 - Provide incentives for licensed healthcare professionals to work in rural health centers (e.g. lift cap on Medicare-funded residency slots for rural settings)
 - Provide reimbursement for extended caregivers, including paramedics and community health workers
- Address education and training on telemedicine
 - Collaborate with Avera eCare, the nation’s largest provider of telehealth services, to explore and develop certification for providers on telehealth
 - Facilitate a public-private initiative to integrate telehealth training and education in health care provider training and requirements

Respectfully submitted to the Ways and Means Rural and Underserved Communities Health Task Force.

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