

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?

Probably the largest factor negatively influencing patient outcomes in rural areas is the ongoing hospital closure crisis. With 118 hospitals closed this decade and another 700 under threat, this affects health outcomes in those communities and the surrounding areas, while compromising the system overall. Hospital closures leave residents without access to needed services like emergency or maternity care. Lack of hospitals leads to inability of these towns to support even basic health services as it becomes no longer economically viable to support primary care doctors.

A hospital closure in rural America leads to a death spiral, from which most towns are unable to recover, because the absence of access to medical care is a death knell to any economic development. Without an ER within 30 minutes, towns cannot attract businesses due to increased worker's compensation insurance costs and even simply attracting staff.

The primary cause of rural hospital closures is a low daily census. As health care has evolved, specialist care at urban hospitals has increased, leading to rural patients receiving their acute care procedures at urban hospitals. Recognizing this, the government created the federal swing bed program in 1980, which allows for post-acute care in rural hospitals closer to patients' homes. While the swing bed program results in better patient care for rural patients in terms of readmissions and lengths of stay, as well as more effective utilization of the overall health care system, red tape and outdated bureaucratic procedures are currently limiting full utilization of the program.

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

More effective utilization of the swing bed program has shown to be an effective way to stabilize rural hospitals and improve health outcomes.

Clinch Memorial Hospital (CMH) in Southeast Georgia serves the county with the lowest population density in the state and was facing the likelihood of closure with another unprofitable year. Instead, by increasing its rehabilitative offerings and focusing on its swing bed program, CMH increased its average daily census from 1.6 to 14 in a year and increased

its swing bed revenues from \$760K to \$5.6M. Because of this success with swing beds, CMH was able to go from launch the Clinch Memorial Family Practice in June of this year. CMH was able to hire a new internist who serves as both the Chief Medical Executive at the hospital, as well as the head of the new family practice.

Warm Springs Medical Center, also in Georgia, was able to increase its swing bed utilization and generate an extra \$5M in revenues through establishment of a Total Parenteral Nutrition (TPN) program. This has stabilized the hospital financially and allowed for better utilization of its resources, allowing the hospital to better serve its community.

AdventHealth Wauchula, located in the second poorest county (per capita income) in Florida, is another swing bed success story. In spite of an acute care average daily census of 1.8 patients (672 acute discharges,) it serves 20.2 swing bed patients daily, giving the hospital a lifeline to continue to serve its vulnerable population.

3. What should the Committee consider with respect to patient volume adequacy in rural areas?

The best way to ensure patient volume in rural hospitals is to ensure rural patients can return to their local rural hospital for post-acute care. This could be accomplished by streamlining the current swing bed transfer process and ensuring rural patients receiving acute care at urban hospitals are able to choose swing beds as an option for their post-acute care. Doing so will significantly increase patient volume, generating much needed revenue, while improving patient care. The most recent comprehensive study of effectiveness of swing beds was conducted by the Illinois Critical Access Hospital Network (ICAHN) in February 2019. In this report, swing beds demonstrate better patient outcomes than SNFs for post-acute care despite treating patients at a higher acuity level than do SNFs.

In Illinois, swing bed rehabilitation results in a 5% readmission rate versus 27% for SNFs and an average length of stay of ten days versus 28 days in a SNF. Swing beds are demonstrably better at getting patients home sooner and keeping them out of the hospital than is SNF rehabilitation.

Ensuring adequate patient volume for rural health system survival is the most important aspect in ensuring better health outcomes for the 62 million people who call rural America home.

- 4. What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where —**
- a. patients have the option to transition to alternative care sites, including community health centers and federally qualified health centers?**
 - b. there is broader investment in primary care or public health?**
 - c. the cause is related to a lack of flexibility in health care delivery or payment?**

The key lessons to learn from elimination of services in hospitals is to understand rural hospitals can't offer every service and must make choices on which commitments to make as well as the realistic financial implications of those choices. "If it pays it stays," is a key lesson for rural hospitals. With effective planning, choices can be made for community commitments as long as the revenue base supports those choices. Labor and delivery is not currently an economically viable choice for many rural hospitals, but, if the will is there, other service lines can be used to support this line.

- 5. If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?**

While states and large health systems have formed regional networks of care, these have not been as effective as they could be, generally for different reasons.

States have been involved in Health Information Exchanges (HIEs) (such as the North Carolina HIE) and certain telehealth solutions (such as the Georgia Partnership for Telehealth.) HIEs are typically pull networks, meaning information needs to be accessed by each network node and pulled into that network. While in theory this should have improved health care interoperability, in practice, the standardized, incomplete nature of the data, has not proven to be of great value. The needs of health systems, RHCs, FQHCs and health departments vary to such a degree that these HIEs have not necessarily lived up to the vision.

State run telehealth solutions have generally run up against the issue of trying to be all things to all users. Telemedicine needs can be very specific and a telemedicine solution for cardiology can be very different from one for mental health.

Large health system telemedicine solutions, while more effective, are run for the benefit of that healthcare provider. While telemedicine does play a role in more effectively serving rural and underserved areas, it is not a silver bullet. One key point, often overlooked, is maintaining the value created in the rural or underserved area. Extracting all economic value from the service provider and transferring that benefit to the large health system effectively strip mines the economic benefit of health care from rural and underserved communities.

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

As far as workforce shortages in the rural health system, one result of increased swing bed utilization in rural hospitals has been a decrease in the turnover of employees. The Medical Center of Peach County, a Critical Access Hospital in Central Georgia, saw its employee turnover tumble as MCPC was able to schedule employees without having to ever cut employee hours due to the stable census a solid swing bed census gives

7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

The opioid crisis is hitting rural America even harder than it's hitting urban America. The rate of opioid related overdose deaths is 45% higher in rural areas than in urban areas. Rural hospitals still don't have the tools to really address the problem, beyond just immediate lifesaving measures. One single rural hospital in North Carolina has an average of four opioid emergency patients into their Emergency Department every day. But once that life is saved there isn't much they can do currently to prevent them from returning.

At the same time, rural PPS hospitals continue to close at alarming rates – (from 1048 in 2016 down to 916 in 2019), because of low patient census. We're working on developing a rural opioid recovery program specifically to work within the capabilities of a PPS hospital. With this program, we are able to use the excess capacity in rural PPS hospitals to effectively address the significant challenge of the opioid crisis to rural communities and provide better patient care for those facing opioid addiction. It's an approach that addresses the impact of the massive opioid crisis for rural communities at the same time stemming the crisis of the closures of rural hospitals.

8. The availability of post-acute care and long-term services and supports is limited across the nation, but can be particularly challenging in rural and underserved areas facing disproportionately large burdens of chronic and disabling conditions. What approaches have communities taken to address these gaps in care delivery and the associated challenges of social isolation?

Better utilization of rural hospitals post-acute care assets through the swing bed program can address this issue while stabilizing the overall rural health care system.

One solution which adds value is for rural hospitals to offer differentiated forms of post-acute care. This has positive impacts to both the overall health care system and patients who depend on rural hospitals. A vulnerable hospital in the poorest county in SC is looking to add a service line allowing for rehabilitation with dialysis. Innovative rehabilitative offerings attract patients from the immediate area and from outside the region. Clinch's primary point of transfer for its respiratory therapy is from a hospital in another state two hours away. Creating fields of excellence in specialized areas adds to the economic viability of rural hospitals and increases the effectiveness of the overall health care system.

Regulatory requirements to return patients to rural areas for their sub-acute care are being introduced in the 1115(a) waiver in Kansas's Kancare program. In order to participate in the shared savings program, tertiary hospitals must return some percentage of rural patients back to rural areas for their sub-acute care. Increasing patient choice in returning closer to home for post-acute care should be a focus, especially for rural patients. Exploring a similar national approach requiring large hospitals to provide choice to patients for their post-acute care would help address the crisis of rural hospital closures while improving the care of the patients.

9. There are known, longstanding issues with the availability and integrity of data related to rural and urban community health. What data definitions or data elements are needed to help researchers better identify the causes of health disparities in rural and underserved areas, but are unavailable or lack uniformity?

Increased collection of standardized data is key to improving patient outcomes, especially for vulnerable rural hospitals. While large health systems with thousands of beds can largely rely on the abundance of proprietary data generated within its own walls to improve outcomes, the nation's 1350 Critical Access Hospitals limited to 25 beds each – and

averaging less than 5 patients per day – do not generate the volume of data necessary to have real value.

Creating a standardized data collection tool which, most importantly, does not increase the workload of any individual hospital, is key to generating effective data which can improve patient outcomes. Public health officials working in rural America are dealing with extremely limited, often outdated data.

Developing a system for data collection which does not increase the workload of our already overworked rural health providers is key to improving patient outcomes.

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

The federal swing bed program offers rural hospitals the best way to financial stability and allows them to better serve their communities while improving patient care. However, larger health systems have not been focused on providing the rural patients who access their systems for their specialist care the option of accessing this care. Of the 10 largest health systems treating rural patients in NC from 2014-2017, only .22% of these rural patient patients were able to utilize swing beds. Only 314 of 142,504 rural Medicare patients of these ten large health systems were able to utilize swing bed services.

In contrast, at Hayes Medical Center in Kansas, 7.28% of rural Medicare patients were able to benefit from swing bed care. A rural Medicare patient at Hayes was 33 times more likely to receive higher quality swing bed care than a patient in NC and Hayes is not particularly focused on swing beds.

A rule similar to the approved Medicaid waiver in Kansas requiring large health systems to focus on returning rural patients to rural areas for their sub-acute care can improve patient outcomes, stabilize vulnerable rural hospitals, and improve the overall efficiency of the health care system.

Also, working to ensure opioid settlement money goes towards the communities hardest hit by the crisis can really lead to improved futures for America's rural communities.

Tee Faircloth
CEO
Coordinated Care Inc

75 Fifth St NW, Ste 3407
Atlanta, GA 30308
(404) 941-5610
tee.faircloth@coordinatedcareinc.com