

Friday, November 29, 2019

Response to the Request for Information (RFI) For the Rural and Underserved Communities Health Task Force (Task Force)

CHI St. Joseph Health is a Catholic Healthcare System located in Bryan Texas, and includes two full-service acute care hospitals in Bryan and College Station, and three Critical Access Hospitals (CAH) serving the rural counties of Madison, Grimes and Burleson. As a system dedicated to caring for patients throughout the Brazos Valley, a seven-county region comprised of both rural and urban patients, we greatly understand the needs of our rural communities, and are dedicated to ensuring access to safe and high-quality care for all. CHI St. Joseph Health is a part of the newly formed CommonSpirit Health, a merger of Catholic Health Initiatives and Dignity Health.

The CHI St. Joseph Health team is grateful to submit our response to the Task Force's questions regarding rural and underserved communities and the healthcare implications that we face each day. As we fulfill our Mission to provide exceptional care to all in our service area, we also acknowledge that there are significant challenges facing rural healthcare, and we believe that strong legislative leadership and decision making will be needed to protect the health and wellbeing of America's rural communities.

Additionally, we want to ensure that our legislators are aware that there is a true crisis facing rural hospitals across the country, and we are seeing a significant impact in Texas as we take the lead in closures. While we understand the need to make changes to healthcare from a national perspective, these past, current and future changes such as Medicare cuts, reductions in bad debt allowance, Medicare Advantage plan's payment and lack of cost-report settlement for CAH facilities, and other cost savings measures have a more significant impact in rural communities, where our services are needed the most.

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?

Healthcare-related factors that impact patients in rural and underserved areas include higher instances of comorbidities and chronic illnesses, higher rates of elderly patients who need extensive care, and oftentimes drug and alcohol abuse. Additionally, non-healthcare issues that also have a significant impact on patients in these areas include a lack of transportation to make appointments, lower economic standings and limited income, significant rate of uninsured and under-insured patients, shortages of physicians and lack of specialty care, and poor nutrition and food insecurity which can lead to other healthcare issues and diseases.

Developing and maintaining appropriate levels of care in these rural areas have significant impact on the overall healthcare of a population and the utilization of healthcare resources.

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?

There are a number of models that show a positive impact on health outcomes in rural areas such as the establishment and maintenance of the Critical Access Hospital program that allows for hospitals to serve the critical care needs of patients in these communities. Additionally, telehealth programs are another model that can have a positive impact as it allows patients to have access to specialty care, specifically related to mental health, cardiac, and other needed specialty care services that would not be available without the utilization of these technology. The availability of substantial broadband is required for this to be maintained.

Another model that is also beneficial is for communities to establish and maintain are health resource centers which are community programs established in rural and underserved communities to provide access to health resources that would not normally be available. These programs can assist in community transportation, establishing patients with insurance or government assistance programs, facilitate food delivery services for seniors and disadvantaged residents, and other healthcare needs that cannot be met through hospitals or clinics in the area.

Health Resource centers are available in the rural counties that the CHI St. Joseph Health system serves, and these small organizations, in coordination with the local county and city governments, are a great resource for these residents who need additional support

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

It is imperative that this Committee understands that there are significant challenges regarding volume adequacy that are directly related to the payer mix and uninsured and under-insured residents in the communities that we serve. With a high rate of Medicaid and uninsured patients, all care delivered significantly impacts the ability for facilities to continue to provide services considering the vast majority are not paying at a level to cover the cost of the care.

Additionally, the need to maintain highly modernized facilities and equipment, and the cost to provide care can cause a reduction of services provided as well as declining volumes as patients are forced to utilize other facilities for higher levels of care.

We would ask the committee to take a significant look at other delivery models, such as the proposed “Step Down Hospital” model, that would allow for critical hospitals to serve patients without the need to operate expensive and underutilized inpatient beds, while still qualifying for hospital and CAH reimbursement to cover the cost of care in these communities.

While it is difficult to quantify what an adequate volume is for rural and underserved community hospitals, a more detailed report on our organization’s operations and volume details can be provided upon request

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 CHI St. Joseph Health system is proud of its network and systemized approach to ensuring that patients receive the appropriate level of care, regardless of their location. While we ensure safe and effective transport, we also recognize that we are not able to offer all services in our rural communities due to reimbursement and cost barriers. In the three CAH facilities that we oversee, we currently only offer 24x7 ER, Imaging, Laboratory, Physical Therapy and Primary Care through a partnership with our local Federally Qualified Health Center (FQHC) Health Point.

It is also imperative for hospitals operating in these rural and underserved areas to maintain successful partnership and relationships with EMS providers to ensure patients are transported to alternative and higher level of care sites appropriately.

Due to the declining reimbursement models, services such as general surgery, obstetrics, and others are no longer offered as the cost to provide is created than the return. These service reductions not only have an impact on the patients who need the care, but also on the urban facilities who must take on the patient care when the rural facilities are no longer able to provide the service.

5. **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?**

Specifically in the Brazos Valley we operate a number of services to assist in the specific challenges of behavioral health. We have an extensive partnership with Texas A&M University to offer telehealth counseling services to patients as needed in our rural counties of Madison, Grimes and Burleson. Patients are able to schedule telehealth counseling through our health resource centers and speak to trained clinicians through the Texas A&M Health Science Center. We also offer a geriatric outpatient psychiatric program to assist our rural seniors with mental health and lifestyle changes through a series of extensive group and individualized therapy programs.

While these programs are very successful, we also acknowledge that there are still a number of other needs, especially related to substance use, that are still not met.

6. **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?**

One opportunity that is available to serve patients for post-acute care in rural and underserved areas is the utilization of the Swing Bed Services for hospitals that qualify for CAH status. This service is instrumental in ensuring that patients in these rural areas, specifically our Medicare population, have access to post-acute services, under the care of a physician and RNs with staffing ratios of 1 to 4/5.

Additionally, in our Swing Bed programs, we believe strongly that these high levels of post-acute services available are successful in reducing readmissions and medically managing patients with many comorbidities.

7. 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?

We believe that ensuring that the link between a patient's rural and socioeconomic status, as well as their insurance status and their general level of health would be beneficial in understanding how these factors impact their utilization of healthcare and their likelihood of readmitting to a hospital after significant procedures. It would also be important to understand the level of drug and substance use/abuse in these underserved areas and mental health screenings.

8. 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 utilization and spread of Medicare Advantage plans in rural communities has increased significantly, and while there are concerns with these plans paying appropriately for services, there is also concern with patients getting access to the care they need for post-acute and rehabilitation stays. There are major challenges to getting patients approved for care that is recommended by clinicians and needed to reduce readmissions and improve quality and safety metrics.

While the question is focused on quality and patient safety, ensuring the success and long-term availability of rural and Critical Access Hospitals is the best way to ensure that patient safety and quality are met for the community members who need it the most.

Closing

While healthcare continues to be a major topic of conversation and focus, we ask that our legislative leaders make rural healthcare a priority, and continue to explore and discuss solutions with rural healthcare leaders across the country. Specifically looking at new sustainable models, such as the "Step Down Hospital" model, and also exploring infrastructure funding for these rural hospitals that have significant facility and capital challenges, will be a step in the right direction to allow us to continue to provide life-saving care for rural Americans.

In closing, we want to thank the Rural and Underserved Health Task Force for reaching out and allowing our organization to participate in this Request for Information, and for taking into consideration our concerns or stabilizing and securing rural healthcare for our most vulnerable citizens.

Contact Information

Any questions, follow up needs or additional information can be obtained by contacting the following:

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