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November 29, 2019

The Rural and Underserved Communities Health Task Force
The Committee on Ways & Means
U.S House of Representatives
Washington DC

RESPONSE TO RURAL AND UNDERSERVED COMMUNITIES HEALTH TASK FORCE REQUEST FOR INFORMATION

Intermountain Healthcare is a not-for-profit system of 24 hospitals, 215 clinics, a Medical Group with 2,500 employed physicians and advanced practice clinicians, a health insurance company called SelectHealth, and other health services in Idaho, Utah, and Nevada. Intermountain is widely recognized as a leader in transforming healthcare by using evidence-based best practices to consistently deliver high-quality outcomes and sustainable costs.

It is important to realize that “rural” health care does not mean the same thing across the country. In the West, rural more often equates to frontier – with far greater distances and far fewer people/lower population density than rural areas in the East and Midwest. Here in the West, those extreme distances and the very low population density create significant access issues, including the challenge of recruiting highly trained providers and the financial challenges of operating very small hospitals in these frontier areas. The limited number of high-paying jobs that often do not provide employer sponsored insurance also creates economic challenges that often lead to significant uninsured rates.

At Intermountain Healthcare, we have developed robust telehealth programs that are helping provide better access and improved care in these rural/frontier areas. Our direct-to-consumer-focused telehealth program, called Connect Care, allows people, regardless of location, to access medical consults directly from their computer, tablet or mobile device. This helps solve the challenge of scheduling hard-to-get appointments and driving significant distances for non-emergent consults and can direct the patient to higher acuity care when needed.

Connect Care Pro, our provider to provider telehealth service connects providers in remote hospitals and clinics - both Intermountain and non-Intermountain facilities alike - to specialists at Intermountain’s highest-level facilities for consults and direct treatment coaching. Providers at our small rural hospitals are finding that they can appropriately treat many patients that previously would have been transferred on to a more expensive higher acuity setting, necessitating separation from family and significant travel. Connect Care Pro provides services in a variety of specialties, including mental health/crisis care, newborn critical care, stroke care and many others.

Workforce recruiting is a challenge in the frontier West. Communities are so isolated, and distant from many services, that few providers seek the opportunity to practice in those areas. Programs to recruit good students from these rural communities into educational opportunities leading to health care professions would provide great assistance for staffing of these rural facilities. At several of Intermountain's smallest and most remote hospitals, many of the physicians, nurses and other medical staff are from that community. They grew up in the town, understand the lifestyle with its attendant challenges and benefits, and are eager to return to that community after receiving their education and stay there through their careers. Programs that provide loan forgiveness or other financial benefit in return for short-term commitments to work in underserved areas are helpful, but usually not long-lasting.

Suggestions:

- Generally speaking, programs that will provide stability for telehealth services – including appropriate funding and a liberalization of originating site requirements – would dramatically improve quality care in rural areas. In many rural and frontier areas there is a challenge with bandwidth. Intermountain would urge the government to work across agencies to enhance bandwidth so rural communities can receive care via digital means to bring specialized care to rural facilities through telehealth.
- Careful consideration should also be given to making sure 'direct supervision' and length of stay requirements for small rural hospitals are updated to account for the new realities that telehealth brings to bear appropriately supporting higher acuity care in small remote hospitals.
- Programs to encourage rural students to participate in, and complete degrees and training in medical fields, including, but not limited to Medical School and Nursing School, would help staffing issues.
- Programs that provide stability in funding for rural facilities, like the 340B Drug Discount Program and the Critical Access Hospital program, should be strengthened.
- Adjusting rural hospitals' financial incentives to reward value-based care approaches would help hospitals better meet the needs of their community. Ways should be considered to encourage new payment models in rural settings. CMMI has been piloting rural payment models in conjunction with state governments, a federal model that recognizes the unique nature of each rural communities. Rural payment models in Maryland, Pennsylvania and Vermont are good examples of the pilots underway. Some of the important characteristics of these models include multi-payer involvement, predictable revenue, and regulatory flexibility.
- Statutes and regulations should be identified that limit rural hospitals' flexibility in the types and setting of services they offer. For example, with some adjustments to

EMTALA, rural hospitals might be able to co-locate urgent care centers and/or mental health crisis centers with their emergency departments. This could create more accessible, affordable care for patients in rural communities.

Rural health care facilities are not just health care centers – they are usually one of the top employers in these communities, and their existence in these communities are essential economic development tools. They don't just keep people healthy, they keep communities healthy.

Please reach out if you have any questions. I can be reached at bill.barnes@imail.org or at 801.442.3240 (office) or 801.718.9265 (cell).

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Barnes", with a long horizontal flourish extending to the right.

Bill Barnes
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