



National Rural Health Association

Rural Health Care Landscape

Alabama Rural Health Association

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#ruralhealth
April 15, 2022

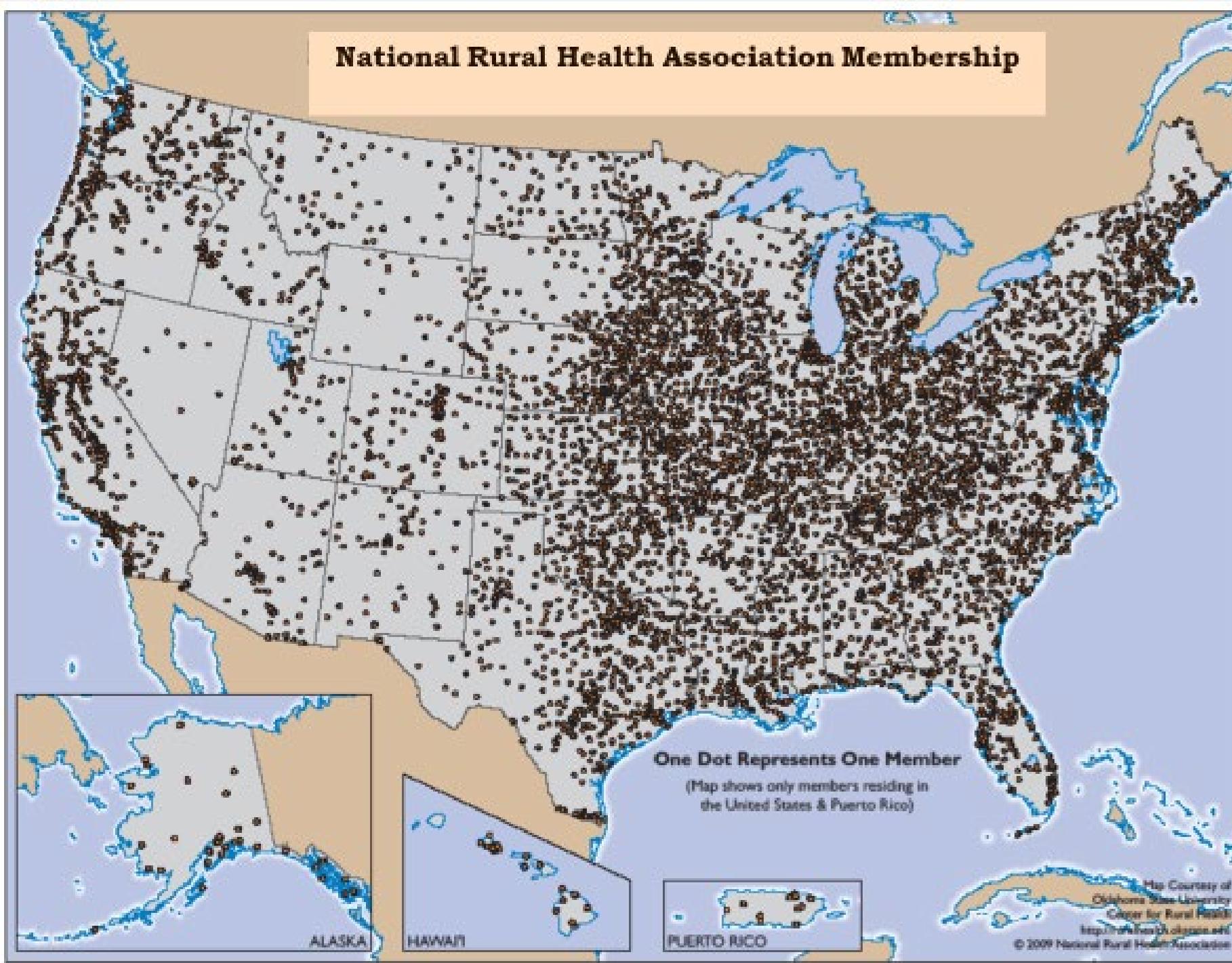
Brock Slabach, MPH, FACHE
Chief Operations Officer



NRHA
Your voice. Louder.

**Our mission is to provide
leadership on rural health issues.**

National Rural Health Association Membership



Destination NRHA

Plan now to attend these 2022 events.



Annual Conference	May 10-13, 2022	Albuquerque, NM
Rural Hospital Innovation Summit	May 10-13, 2022	Albuquerque, NM
Rural Health Clinic Conference	Sept. 20-21, 2022	Kansas City, MO
Critical Access Hospital Conference	Sept. 21-23, 2022	Kansas City, MO

Visit RuralHealthWeb.org
for details and discounts.

NRHA Rural Hospital Certification Programs

The NRHA Rural Hospital Certification Programs launched our certification programs for these categories:

CEO Certification

CNO Certification

If someone you know or someone on your team would benefit from either of these programs, please share this information with them or feel free to connect us via email! To view webinars on these programs, click [here](#).

Our enrollment period is officially open, click [here for the CEO Application](#) and [here for the CNO Application!](#)

Sydney Grant, MHA: sydney@crhleadership.com

Bill Auxier, Ph.D.: bill@crhleadership.com

Agenda

Today's Presentation

- Rural scan of issues
- COVID-19
- Executive Branch
- Congressional Branch
- Innovation
- Questions

Go Rural!

The Rural Landscape

What We Fight for on Behalf of Rural

- Addressing Rural Declining Life Expectancy and Inequality
- Reducing Rural Healthcare Workforce Shortages
- Invest in a Strong Rural Health Safety Net

Carol M Highsmith/Library of Congress

Rural Details



Rural areas make up 80% of the land mass in USA

Rural areas have roughly 17% of the US Population

Rural areas provide the food, fuel and fiber to power our nation

Access to high-quality health care is a requirement to keep these important resources available

An exchange between urban and rural that must not be overlooked

Historically, public policy has disadvantaged health care in rural communities

The Mantra of the Rural Health Leader....

“We the willing, led by the unknowing, have been doing so much with so little for so long that we are now qualified to do anything with nothing.”

--David Rakel, MD

University of New Mexico

Convergence of Multiple Pressure Points



Population Health Disparity

Rural v. Urban

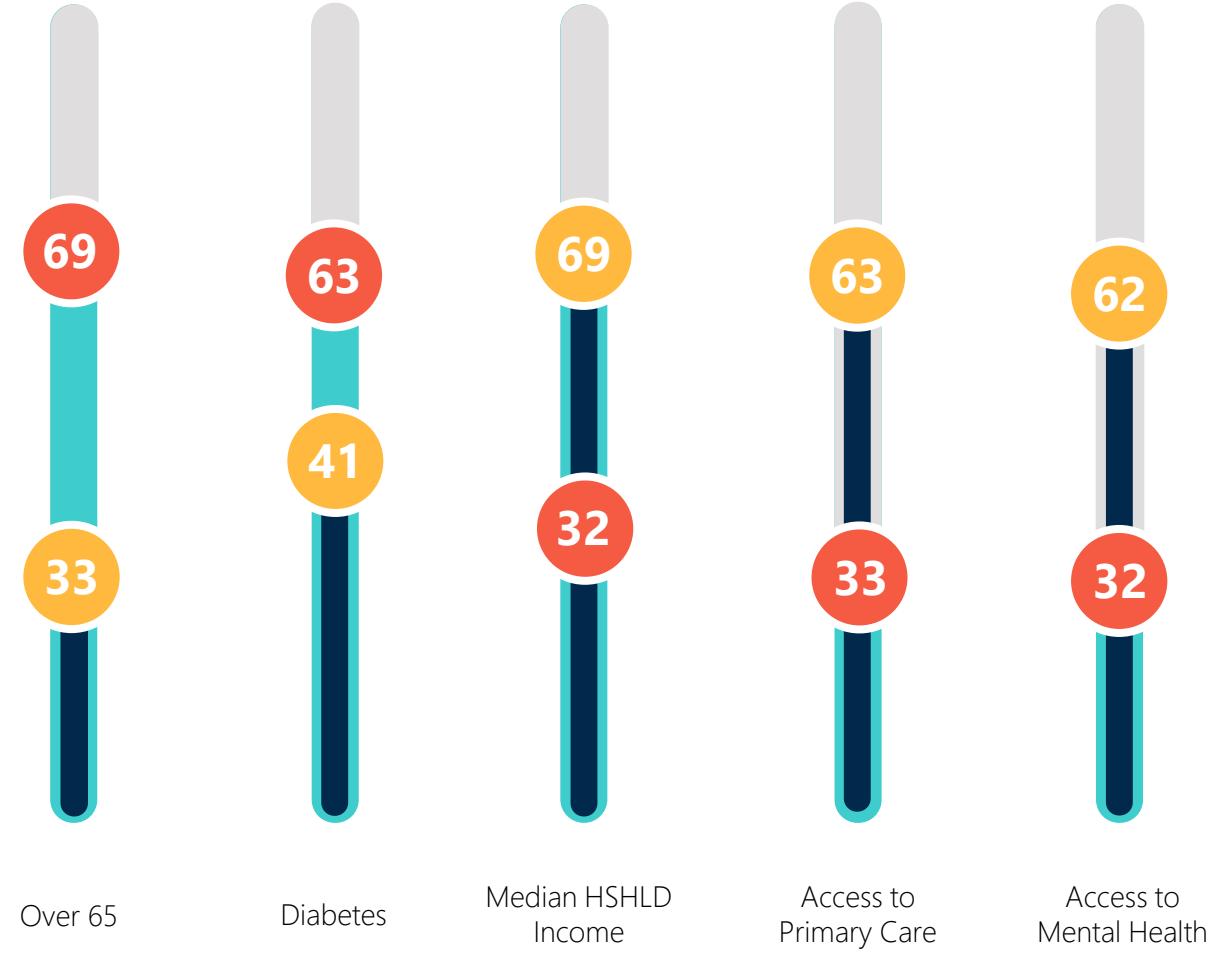


Rural



Urban

Percentile Ranking



Population Health Disparity

Rural v. Urban

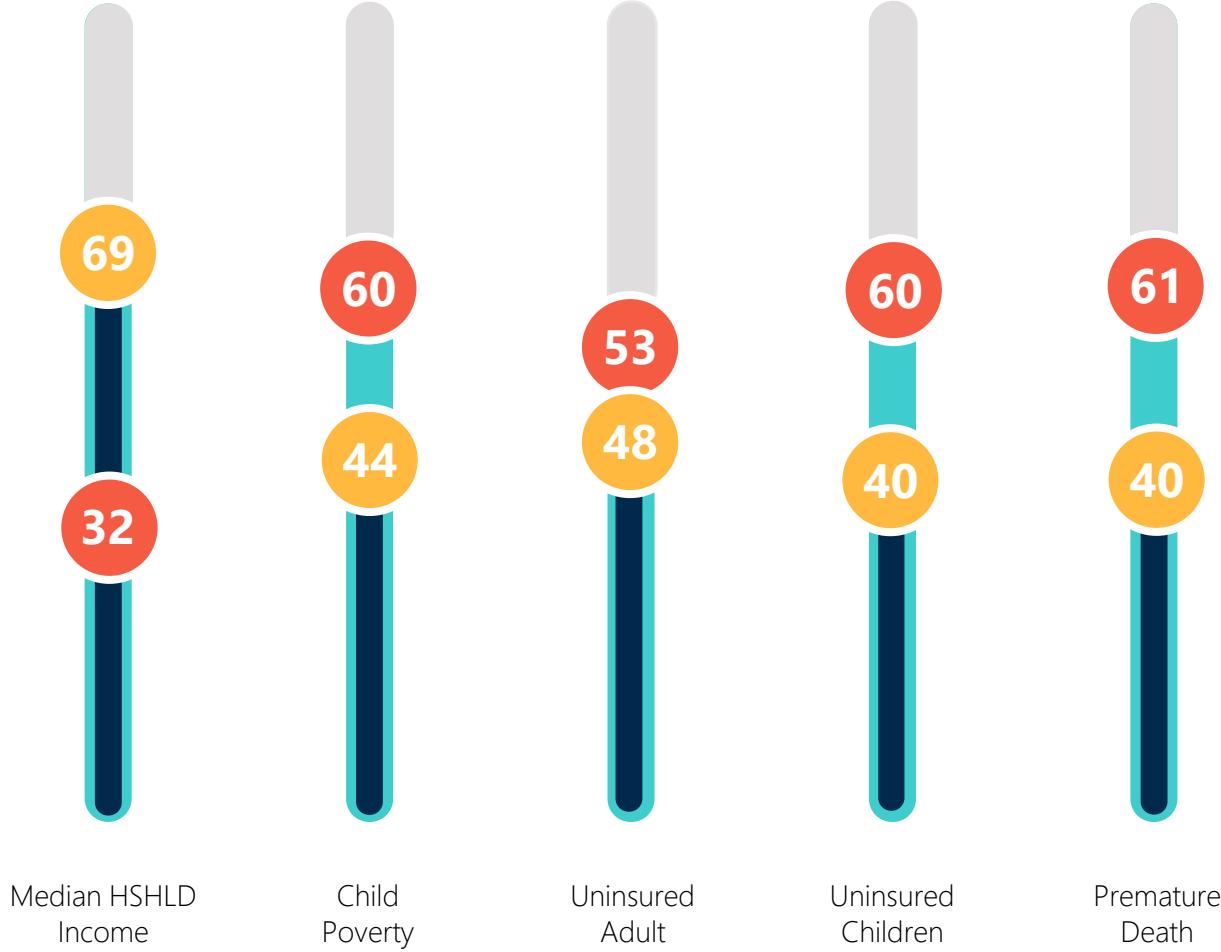
Percentile Ranking



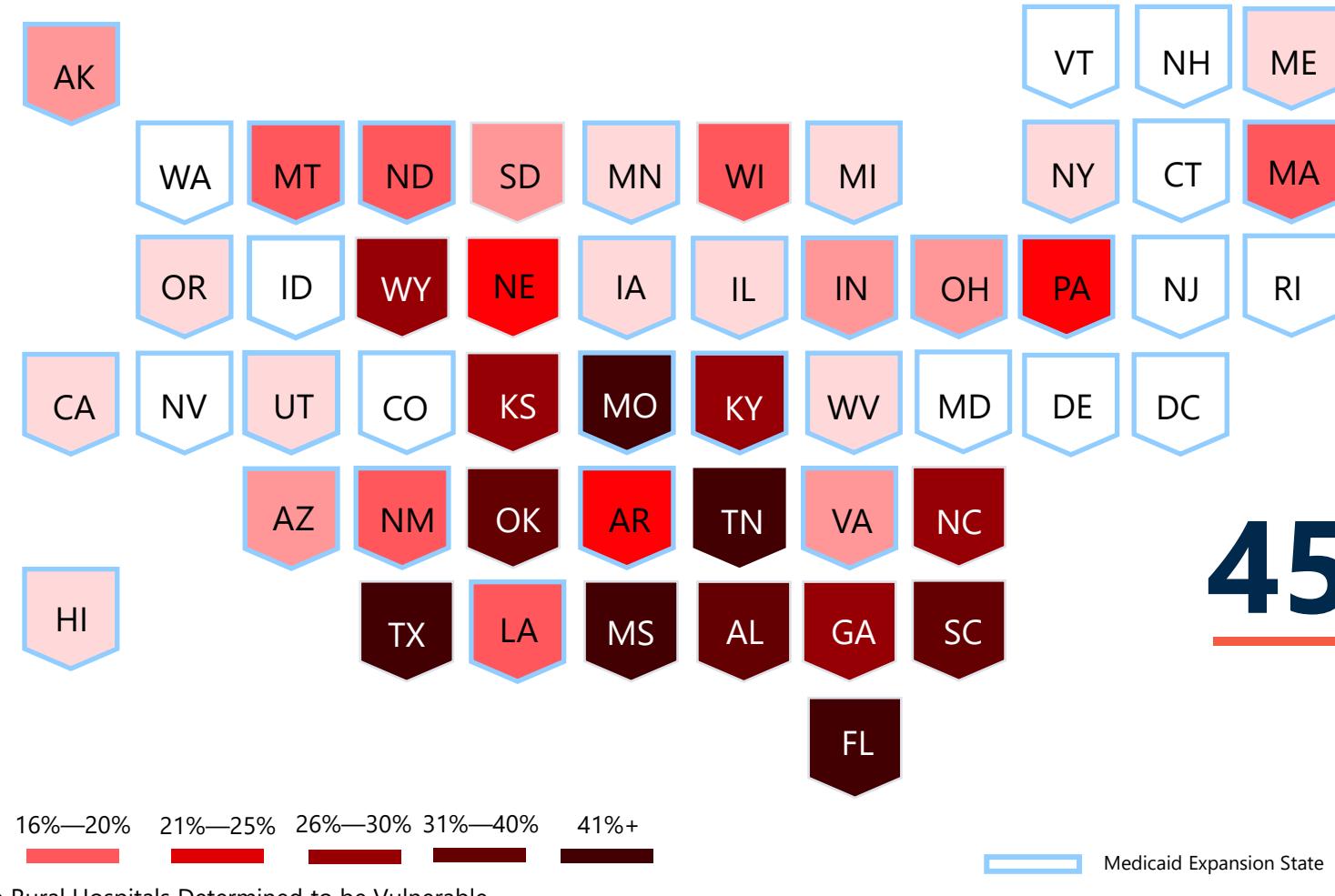
Rural



Urban



Rural Hospitals Vulnerable to Closure



Where the Safety Net is Weakest

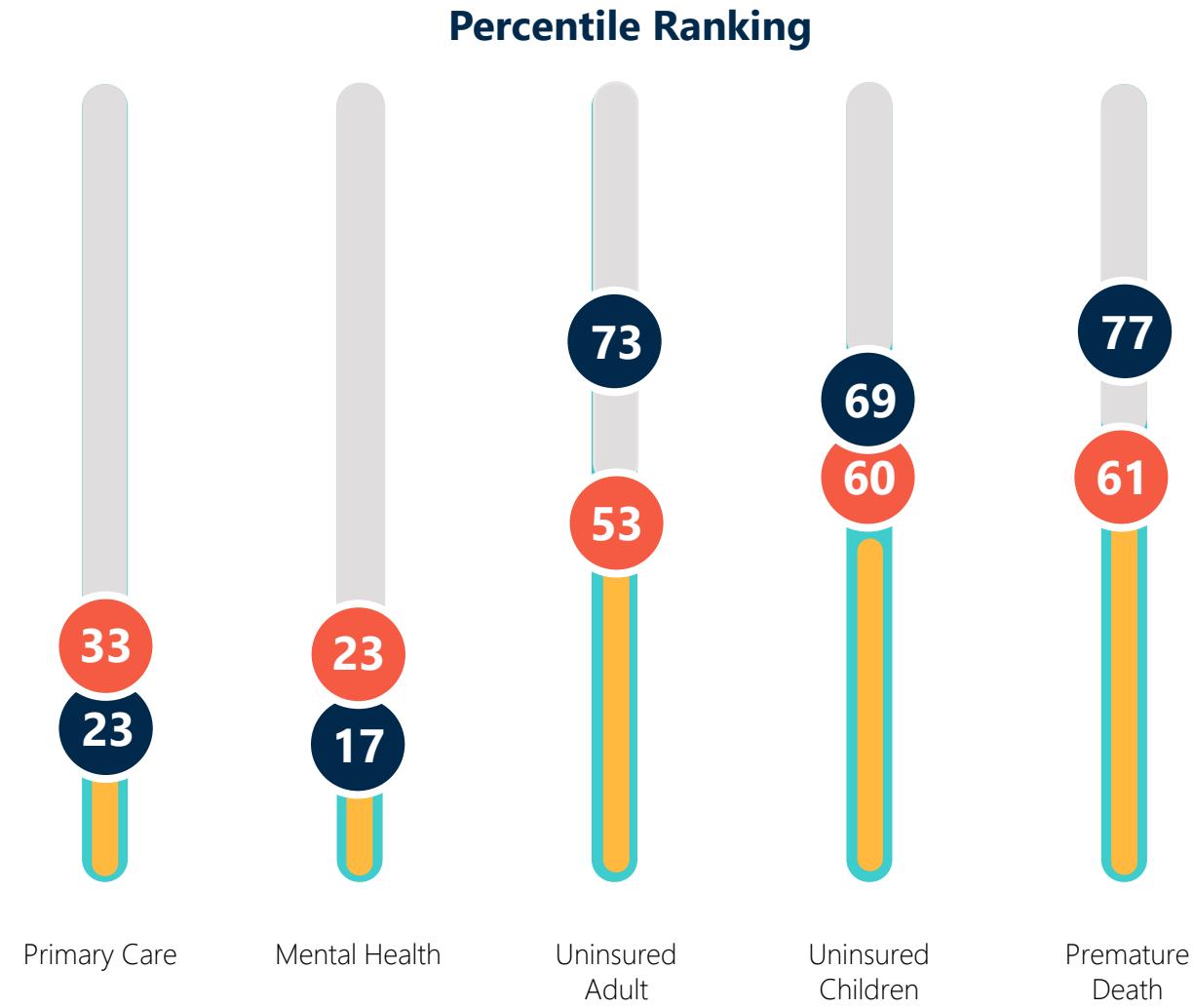
Vulnerable Rural Communities v. Rural



Vulnerable Hospital
Community

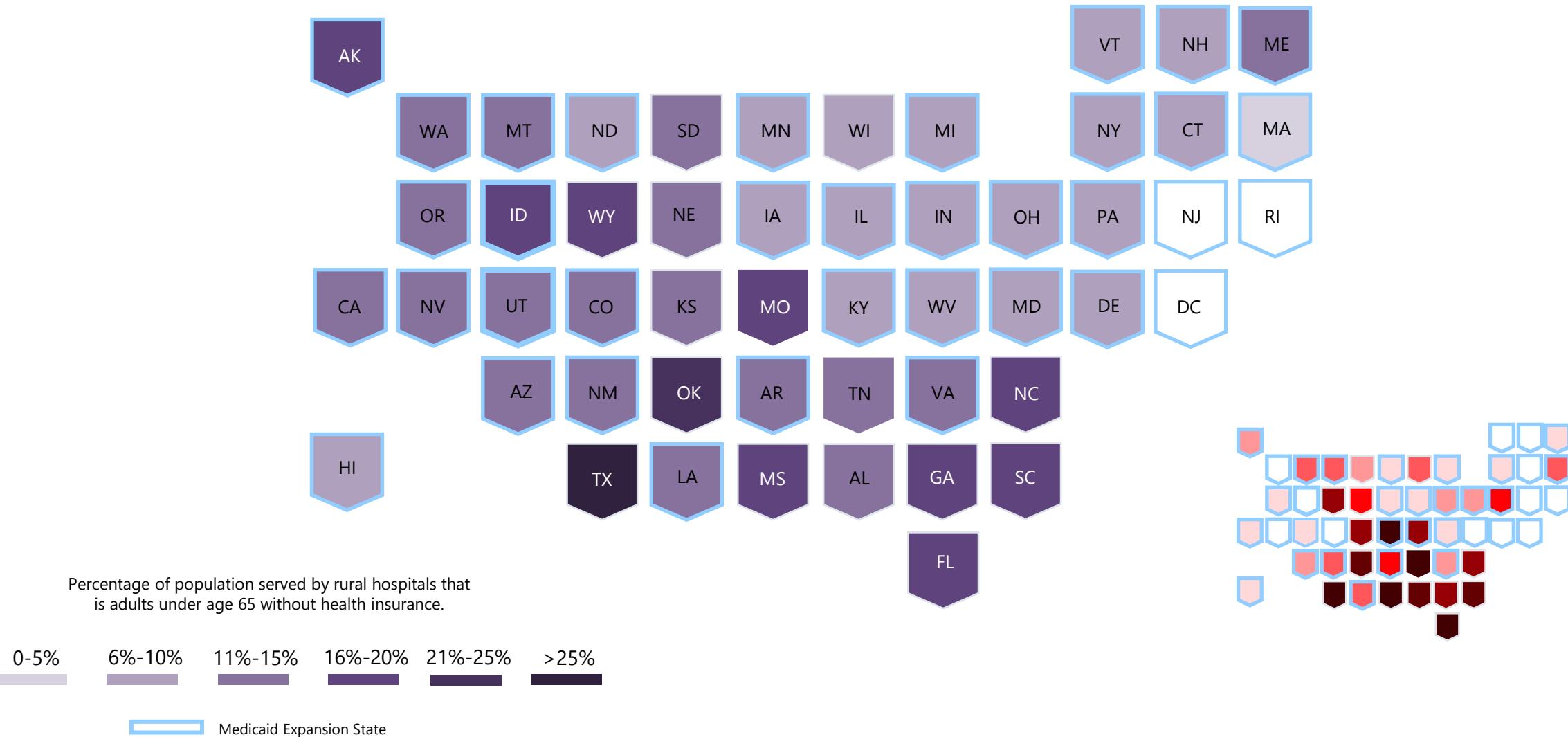


Rural



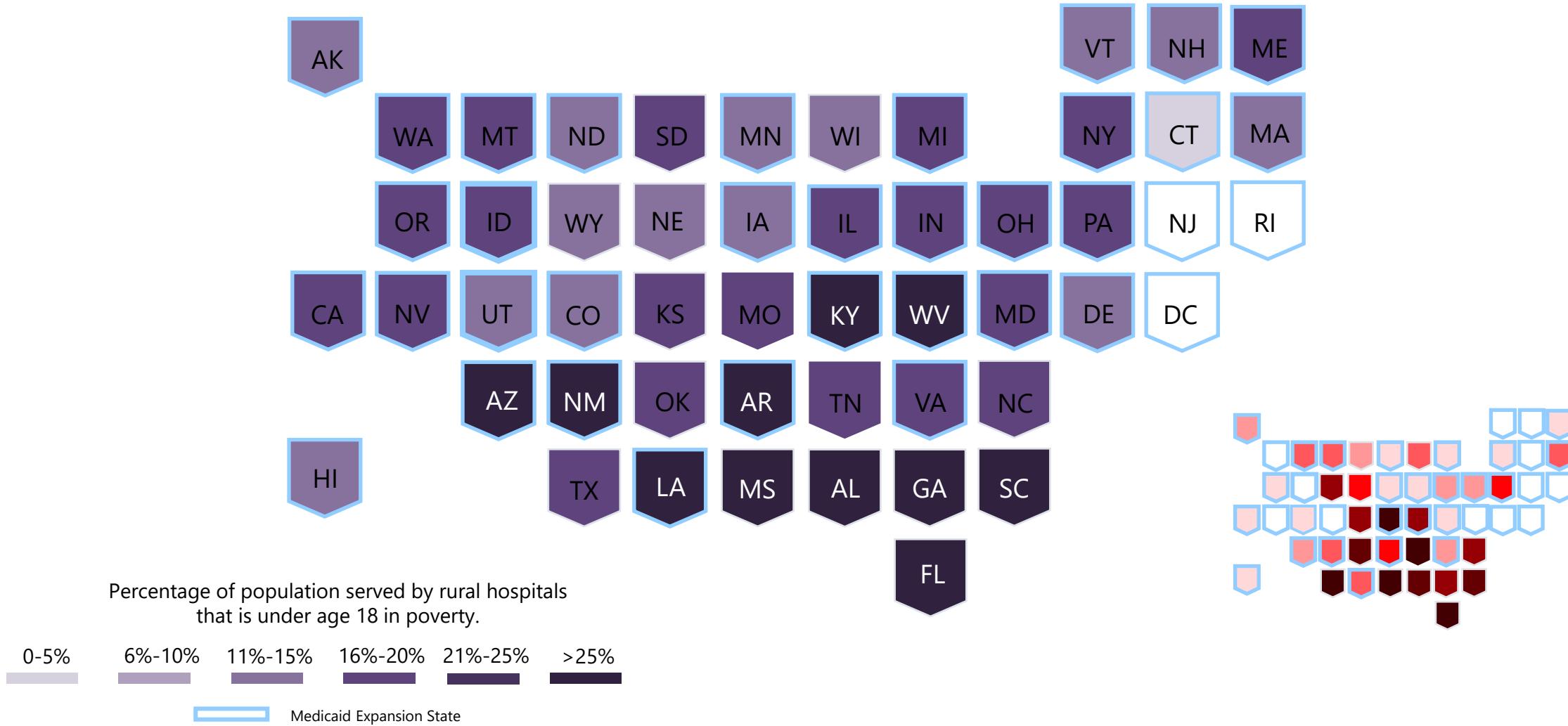
Rural Population Disparity

Adults Uninsured



Rural Population Disparity

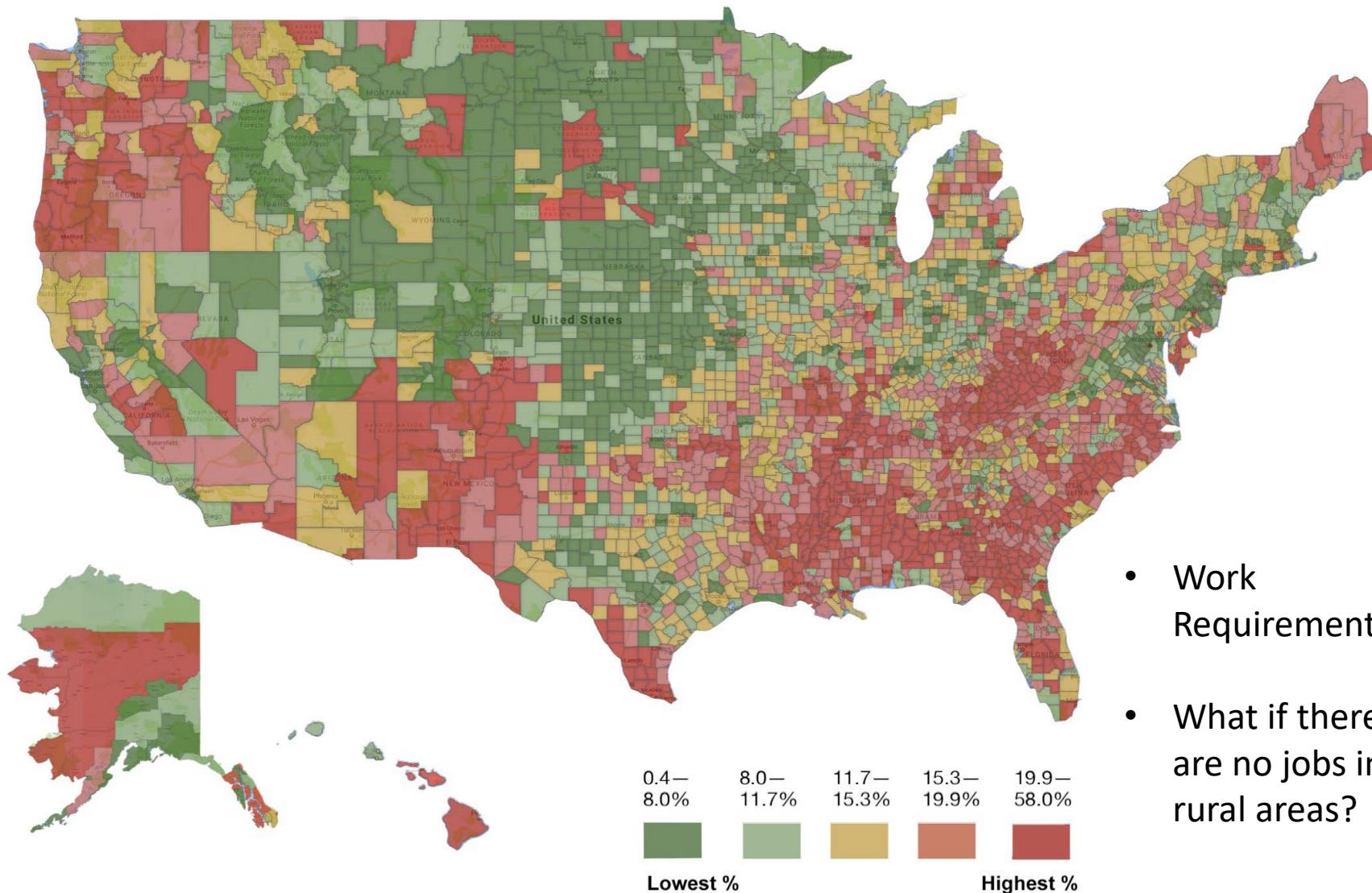
Child Poverty



The Geography of Food Stamps

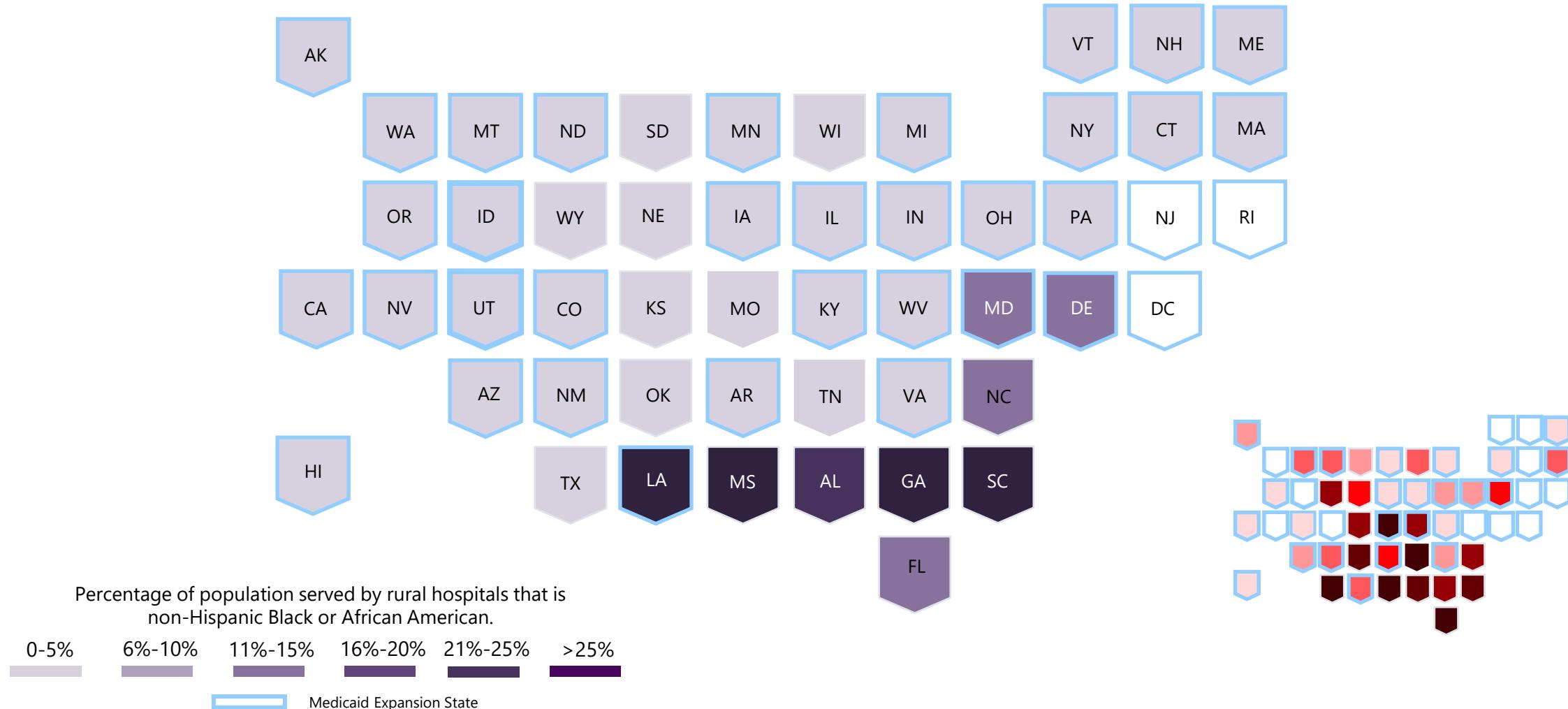


SNAP Enrollment as Percent of County Population



Rural Population Disparity

Non-Hispanic Black



Urban/Rural Divide for Black Americans

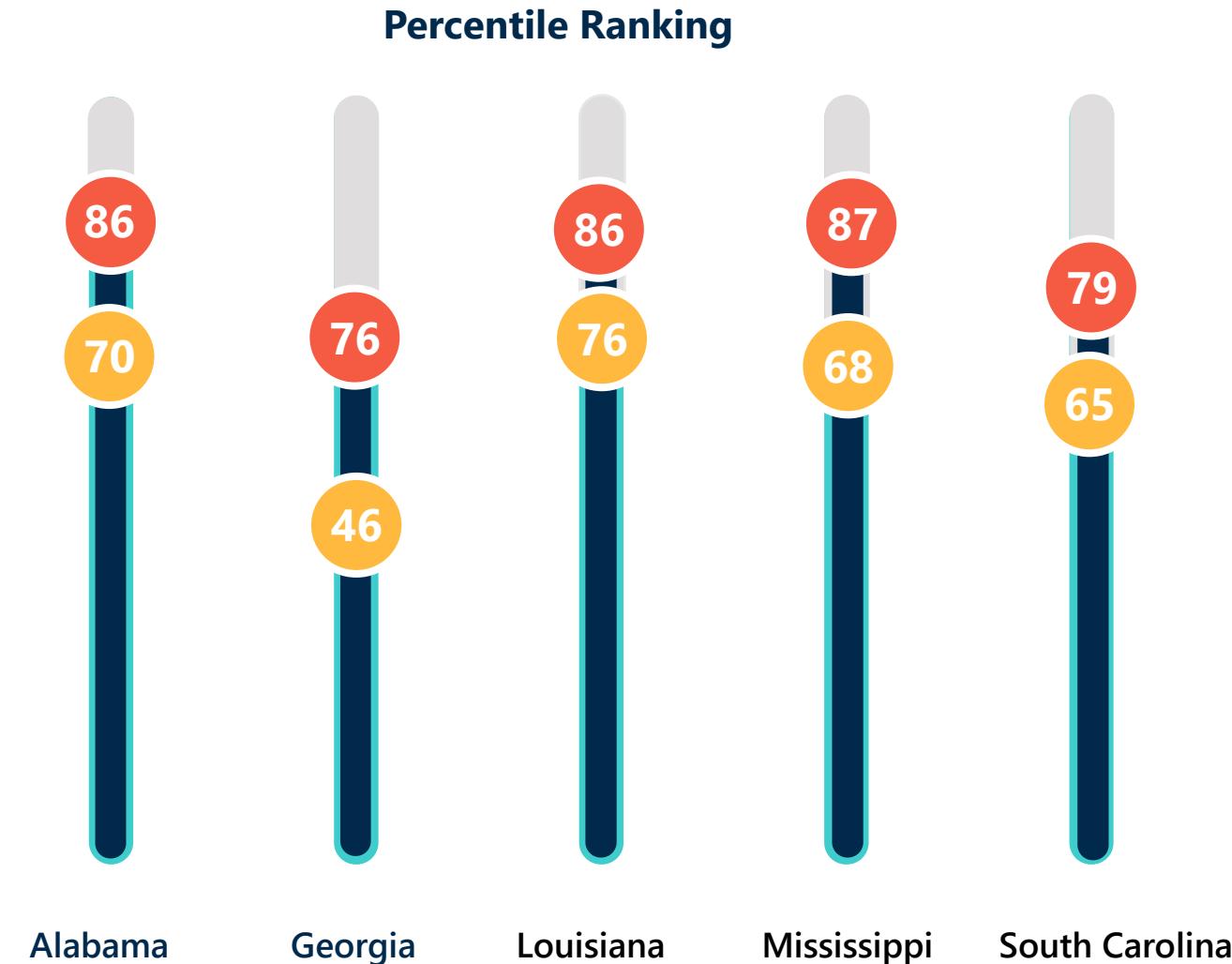
Rural Health Inequity – Premature Death



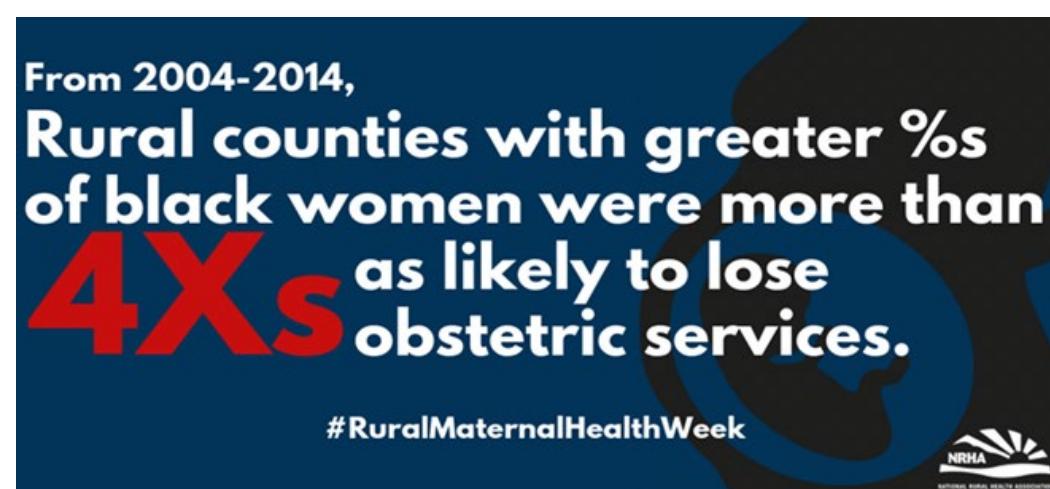
Black Americans Living
in Rural Communities



Black Americans Living
in Urban Communities

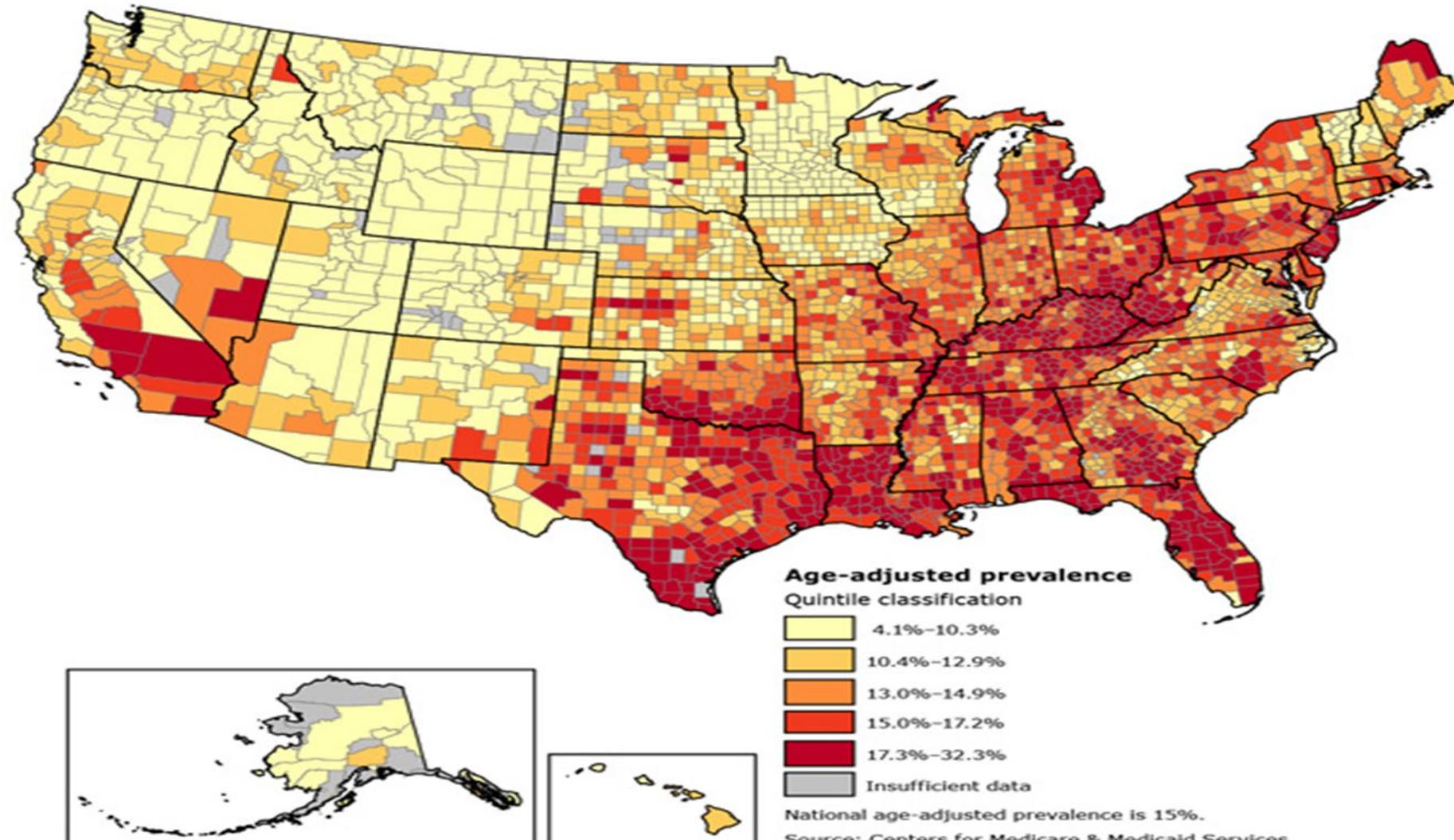


Disparities in Maternal Care Access for Rural Moms



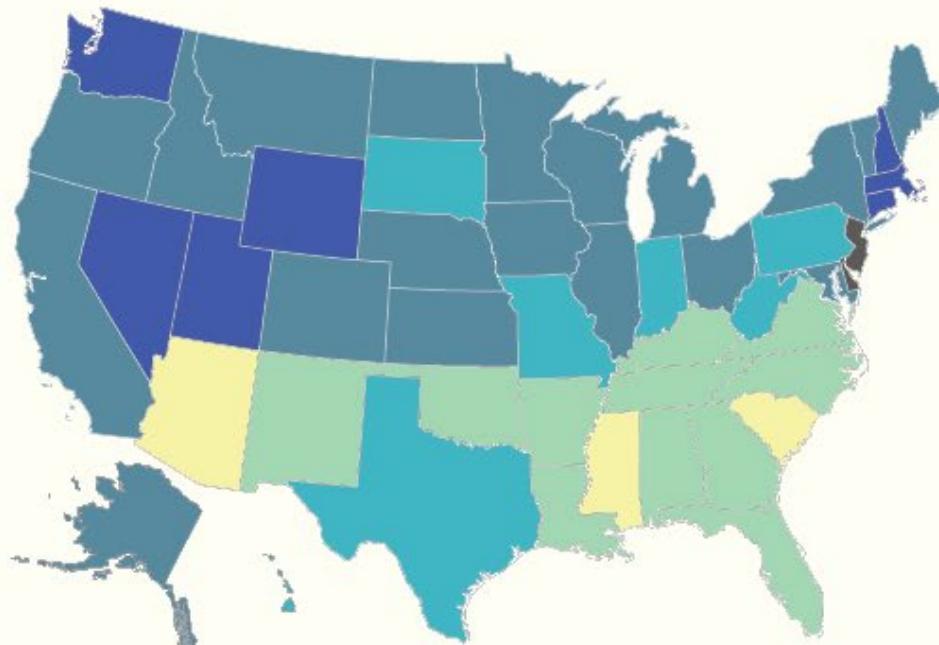
Prevalence of Medicare Patients with 6 or more Chronic Conditions

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012



The Digital Divide in Rural America

RURAL HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS



HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS

83%
METROPOLITAN

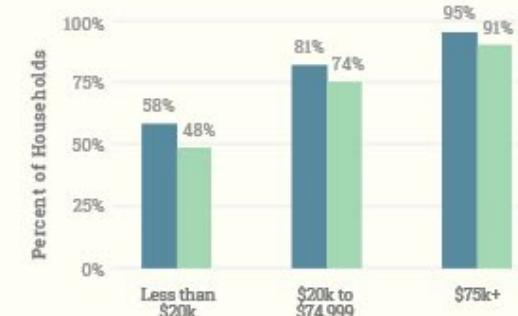


73%
OUTSIDE METROPOLITAN

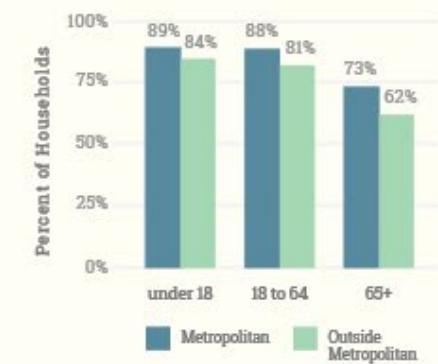
Source: Housing Assistance Council tabulations of American Community Survey 2016 - 1 year.

BROADBAND SUBSCRIPTIONS

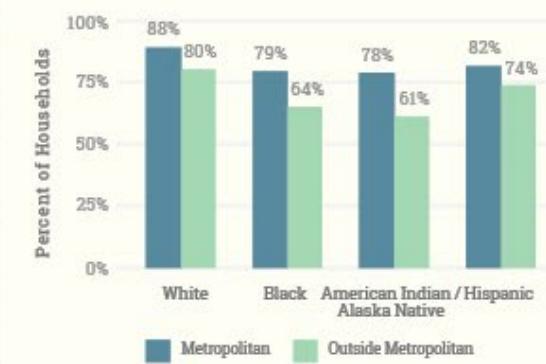
BY INCOME



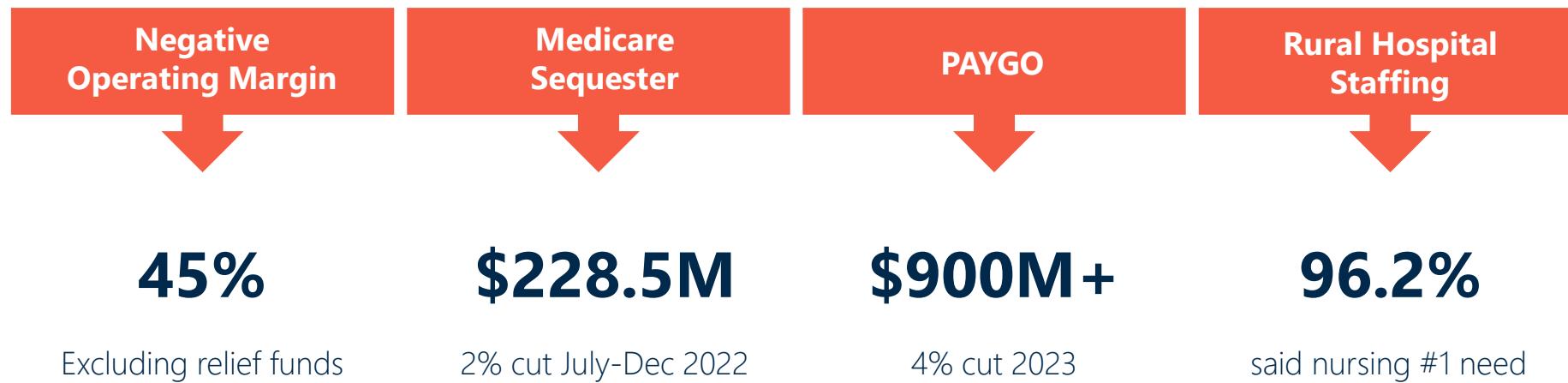
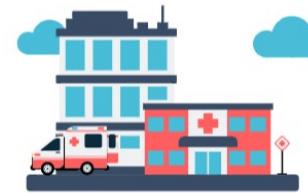
BY AGE



BY RACE / ETHNICITY



Red Sky in Morning, Sailor's Warning

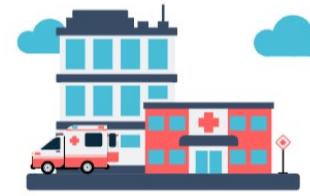


How Unstable is the Rural Health Safety Net?

Operating Margin, Closures and Hospital Vulnerability

 **\$12.9B**

Pandemic Relief
Payments*

 **41%**

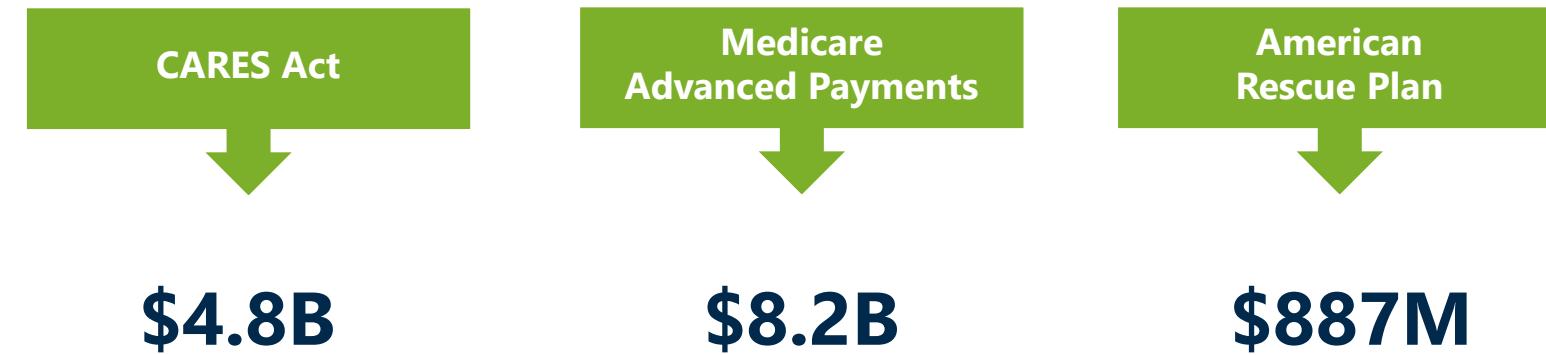
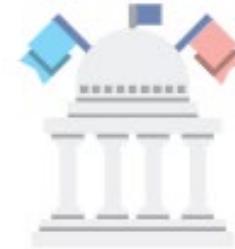
Operating in the Red
(includes relief funds)

 **2**

Rural Hospitals
Closed in 2021

*CARES Act and CAAP

Pandemic Relief Funds Stabilize Safety Net



Addressing COVID-19

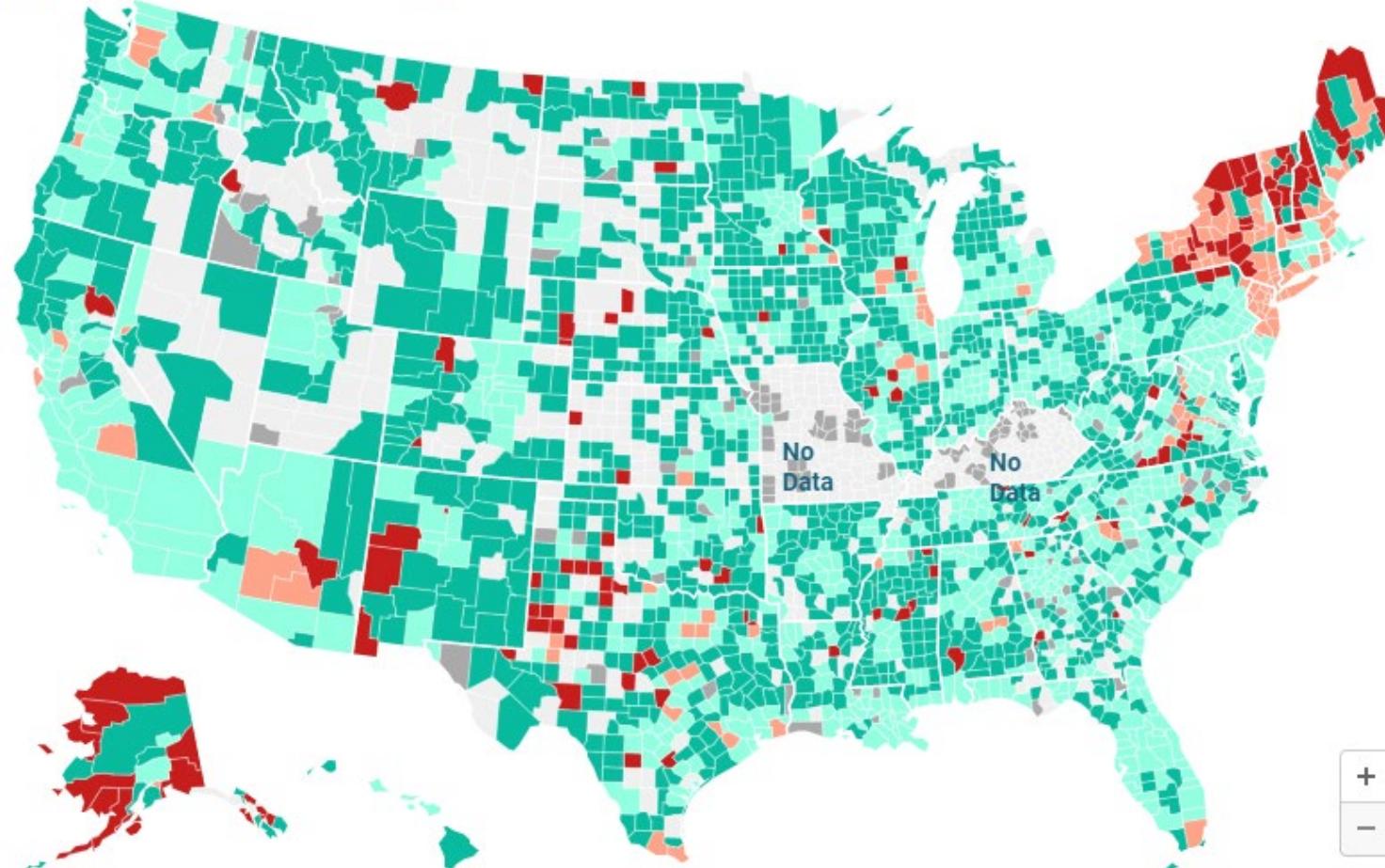
COVID-19 New Infection Rates

Covid-19 New Infection Rates, April 4-10

Rural and urban infection rates over a seven-day period, Monday, April 4, through Sunday, April 10, 2022

Rate of New Cases

Nonmetro (rural), no new cases Metro, no new cases Nonmetro, under 100 cases per 100,000 Metro, under 100 per 100,000
Nonmetro, over 100 cases per 100,000 Metro, over 100 cases per 100,000

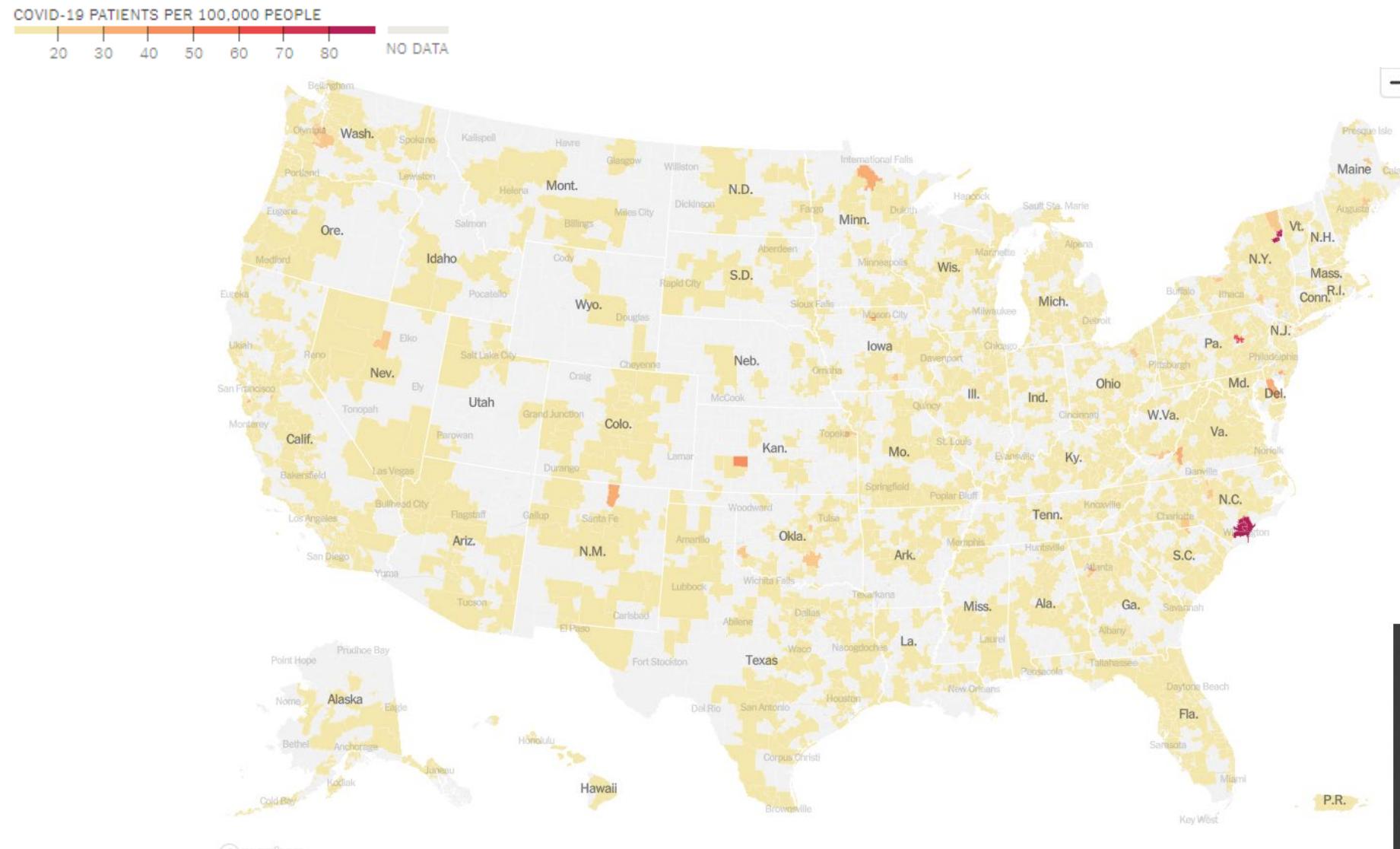


Map: Daily Yonder • Source: [CDC](#) • Get the data • Created with [Datawrapper](#)

April 13, 2022

Source: [Daily Yonder COVID-19 Dashboard](#), 2022.

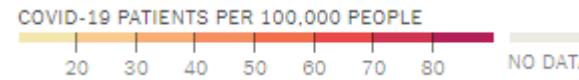
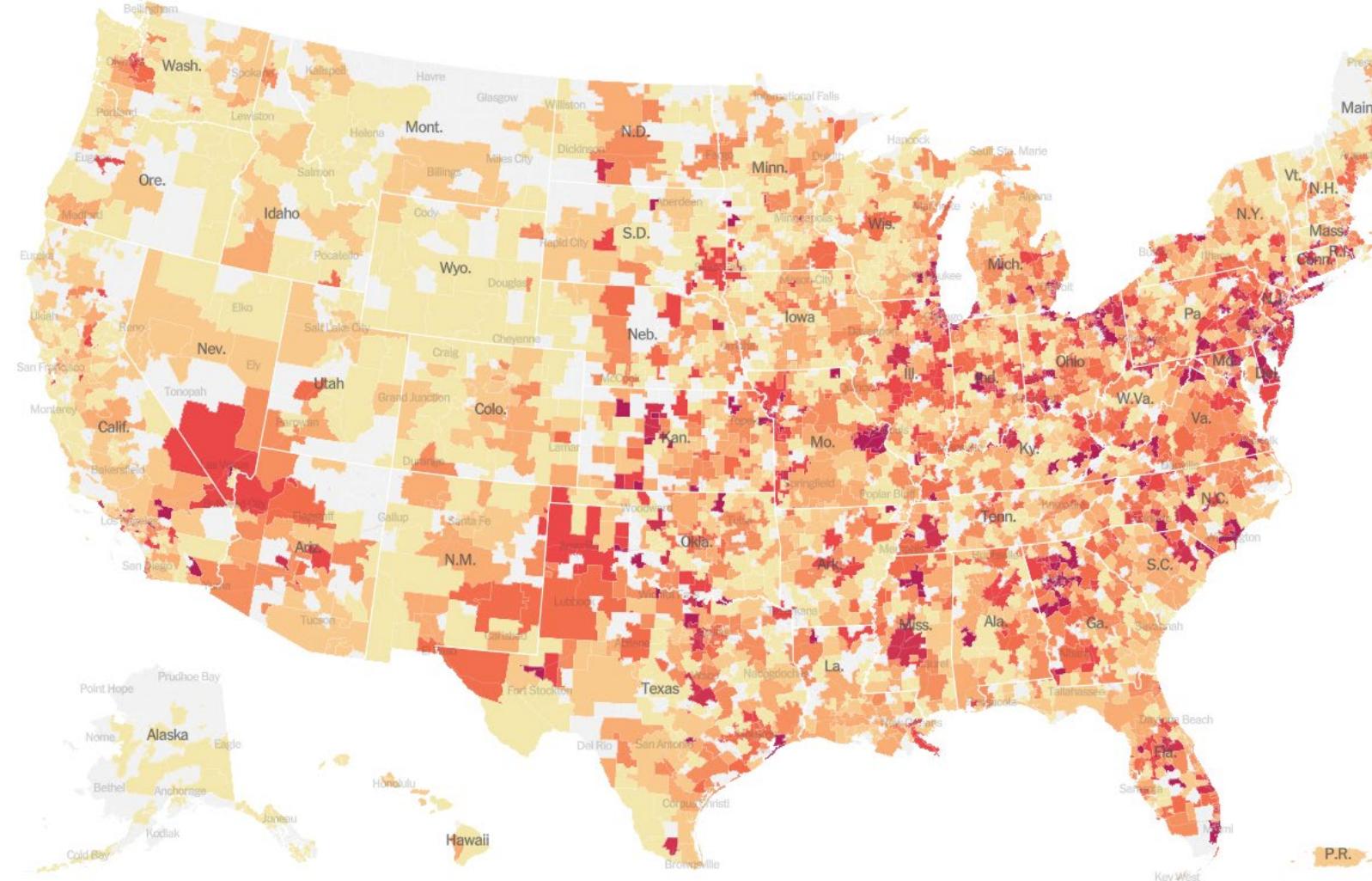
Covid Hospitalization Rate by County



Source: NY Times April 13, 2022

Covid Hospitalization Rate by County

COVID-19 PATIENTS PER 100,000 PEOPLE

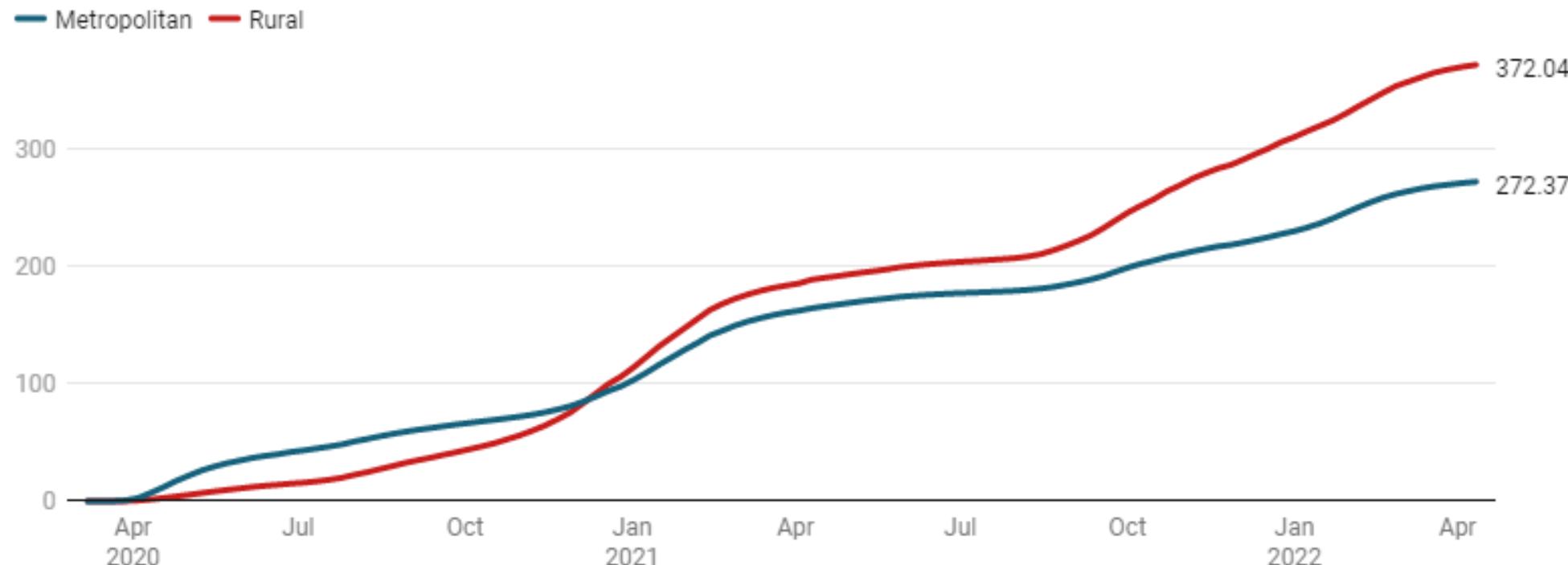



Source: [NY Times](#), Jan. 24, 2022

Rural COVID-19 Death Rate

Cumulative Death Rate (per 100,000), Metro and Rural

The rate of Covid-related deaths per 100,000 population from metropolitan and rural (nonmetropolitan) counties.



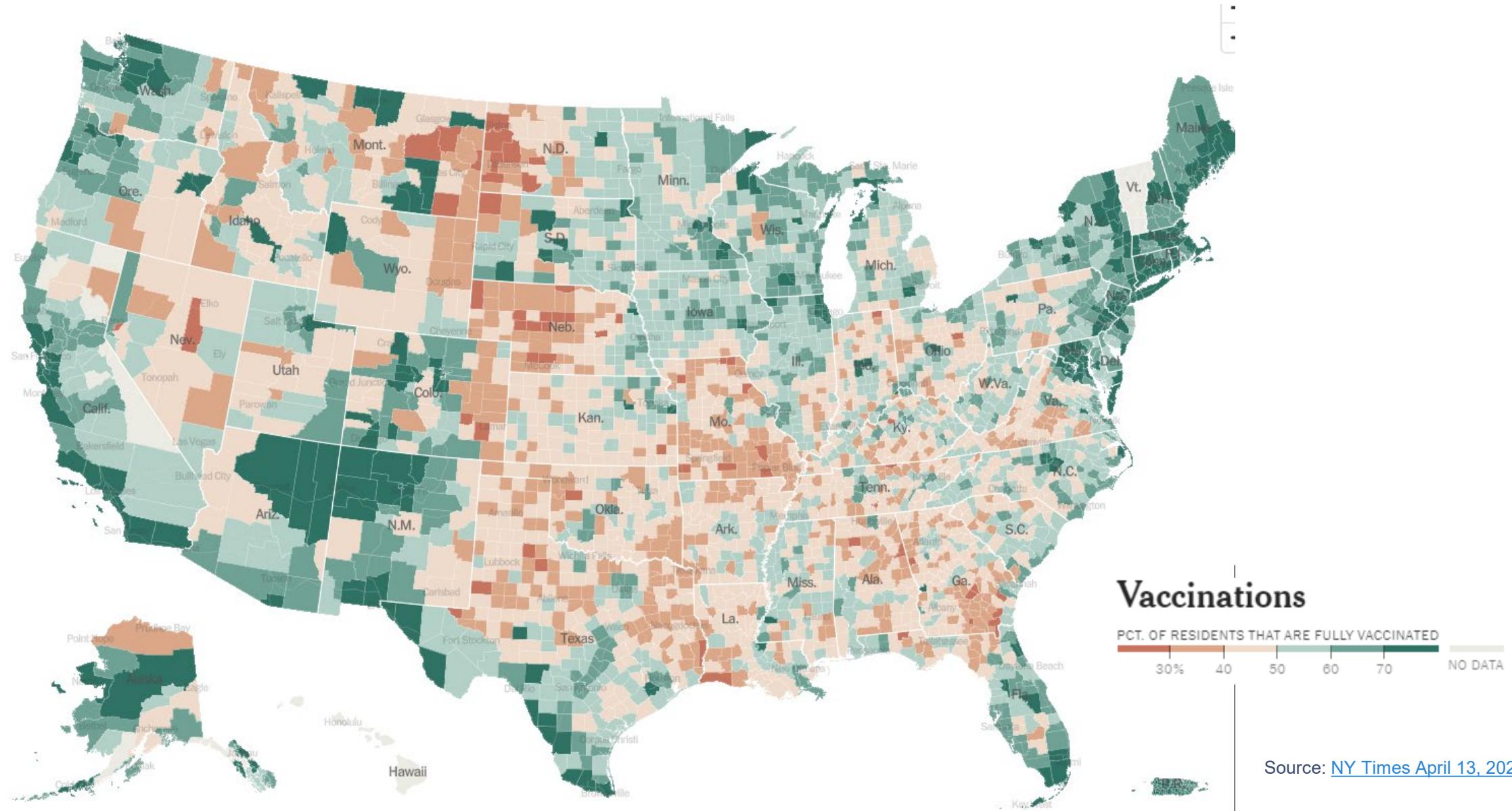
Rural is defined as nonmetropolitan, or counties that are not part of a Metropolitan Statistical Area. (OMB 2013)

Chart: Daily Yonder graphic • Source: #USAfacts, CDC • [Get the data](#) • Created with [Datawrapper](#)

As of April 13, 2022

Source: CDC and selected state departments of health
<https://dailyyonder.com/covid-19-dashboard-for-rural-america/>

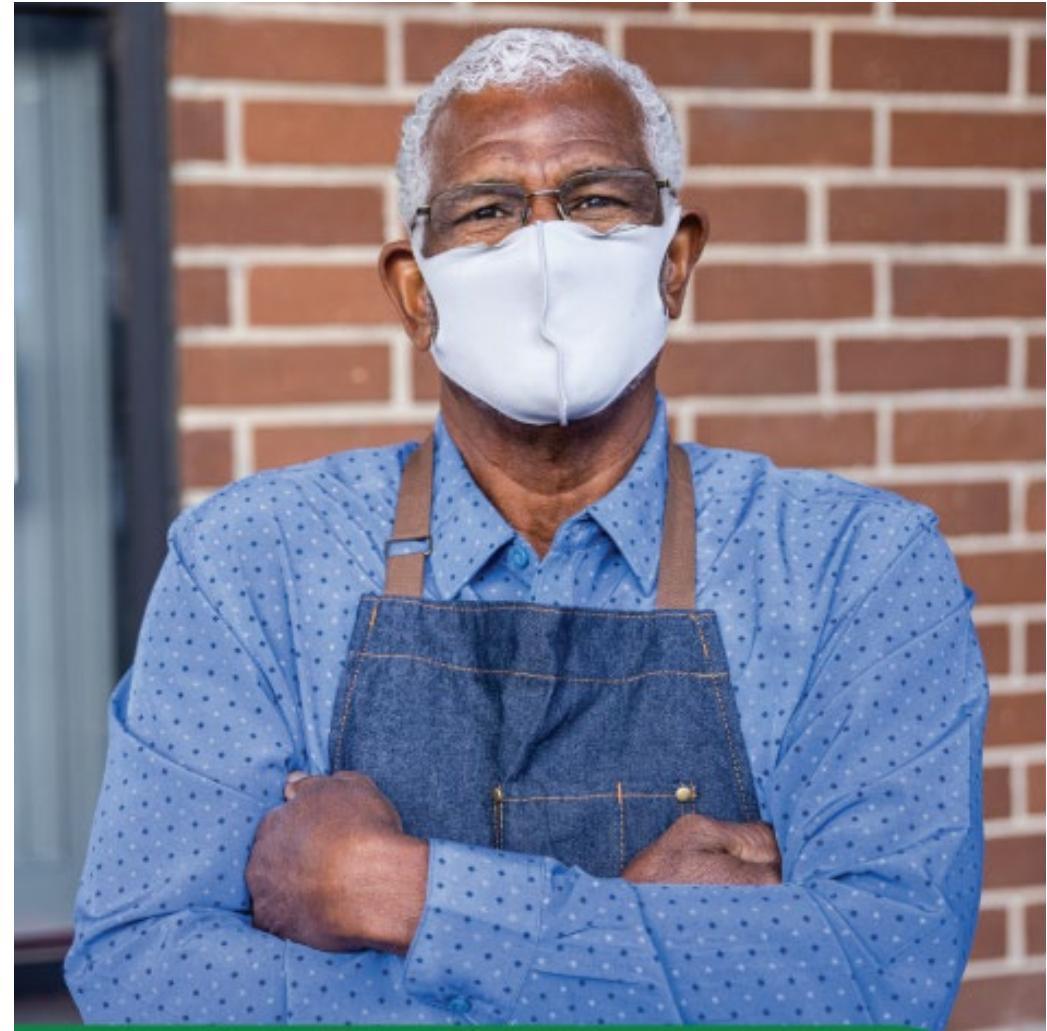
Vaccination Rates in US



Rural Vaccine Confidence: Key Messages

- Sharing **THE FACTS**: safe, effective, free of charge, development
- Protecting **LOCAL BUSINESSES** while strengthening economy: *local healthcare works, keeping workers safe, stay open*
- Protecting **YOURSELF**: hospitalizations/death, personal choice

NRHA: COVID-19 Vaccine Talking Points



COVID-19 Resources

- [NRHA COVID-19 Vaccine Resources](#)
- [NRHA COVID-19 Rural Health Provision Summary](#)
- [NRHA COVID-19 Technical Assistance Center](#)
- [NRHA COVID-19 Resources Page](#)
- [We Can Do This COVID-19 Public Education Campaign](#)



Updates from the Administration

Recent Activities

- NRHA met with CMS/CMMI in a roundtable on rural participation in accountable care
 - Focus on lessons learned from AIM ACO model integration into MSSP
 - Findings from that discussion can be found [here](#)
- NRHA letter to HRSA regarding HPSA's proposed for withdrawal
 - Requesting 1) improved transparency, flexibility, and technical support, 2) additional time for redetermination before de-designation occurs
 - A copy of the letter can be found [here](#)

Upcoming COVID-19 Activities

- OSHA Reopens [Comment Period](#) on COVID-19 Healthcare ETS
 - Focused on healthcare workers most likely to have contact with people infected with the virus; does not include those paid under Medicare
 - Topics include alignment with CDC guidelines, exemptions, flexibility for employers, support for employees, record keeping, etc.
 - Comments due April 22, 2022
- CMS Comprehensive Access Strategy for [Medicaid & CHIP RFI](#)
 - Topics related to health care access: enrolling in and maintaining coverage, accessing health care services and supports, and ensuring adequate provider payment rates to encourage provider availability and quality.
 - Comments due April 18, 2022

State of the Union

- Key Highlights from Biden SOTU on March 1, 2022
 - New Strategy to Address our National Mental Health Crisis
 - COVID-19 “test to treat” program to receive antiviral pills on the spot
 - Addressing the cost of prescription drugs
 - Continuing to advance maternal health care in America
 - Veterans health and addressing toxic exposure
 - Creating of ARPA-H, the Advance Research Projects Agency for Health

Of potential concern, new nursing home quality initiative including minimum staffing levels and increased inspections.

2023 President's Budget

- Key rural elements of [President's 2023 budget](#) released March 28, 2022:
 - New! Rural Health Clinic behavioral health initiative for \$10m
 - Increases in funding for rural opioid response, rural residency development, National Health Service Corps, telehealth, and 340B
 - Level funding for most critical rural health programs (Flex, SHIP, SORH)
- Areas to continue advocating for include:
 - CDC Office of Rural Health
 - USDA Rural Hospital Technical Assistance
 - Rural carveout for broader behavioral health resources
 - Rural maternal health through Rural MOMs authorization

Updates from Congress

H.R. 6400, Save America's Rural Hospitals Act

In January, Representatives Graves (R-MO) and Huffman (D-CA) introduced the [Save America's Rural Hospitals Act](#) which included several of [NRHA's](#) rural hospital and rural health clinic priorities.

- Sec. 114: Restore full CBR AIR in exchange for reporting requirements for provider-based RHCs.
- Sec. 101: Elimination of Medicare sequestration for rural providers.
- Sec. 111: Makes permanent increased payments for ground ambulances.
- Sec. 113: Makes permanent telehealth distant site status for FQHCs and RHCs.
- Sec. 401: Reauthorizes the Medicare Rural Hospital Flexibility Program.

Rural Health Clinics

NRHAs advocacy priorities is to modernize and improve the rural health clinic (RHC) program.

- Legislation to allow provider-based RHCs to receive reimbursement rates not subject to the upper-payment limit cap in exchange for quality reporting measures.
- This proposal is reflected in NRHA's updated [rural health clinic program modernization fact sheet](#).
- NRHA is also advocating Congress permanently extend CARES Act telehealth flexibilities for both RHCs and Federally Qualified Health Centers and allow them to be reimbursed for telehealth services at a rate closer to their in-person rate.

In the long-term, NRHA is working to get legislation introduced to modernize the RHC program by:

- Modernizing staffing requirements to allow for arrangements consistent with state and local law
- Allowing RHCs the flexibility to contract with physician assistants and nurse practitioners, rather than solely employment relationships
- Removing outdated laboratory requirements

Telehealth During COVID-19

- CARES Act provided the largest expansion of telehealth flexibilities in history for the duration of the public health emergency.
- The administration, through the 1135 waiver process also enhanced telehealth access.
- Unfortunately, recent telehealth provisions are tied to 151 days past the end of the public health emergency (end of calendar year 2022), assuming a July, 2022 end to PHE.
- NRHA is adamant that telehealth provisions be permanently extended and rates increased beyond the duration of the public health emergency so rural providers and patients can continue an increased access to care.

FY22 Appropriations & Omnibus

In early March, the House and Senate agreed to fund the government for FY 2022. Included in the package was:

- USDA \$3.45 billion for the Rural Community Facilities Program and \$2 million for the Rural Hospital Technical Assistance Program
- \$62 million for the Medicare Rural Hospital Flexibility Grant Program. This included \$5 million to establish a Rural Emergency Hospital (REH) Technical Assistance Program.
- The continuation of other core rural health programs, including:
 - \$12.5 million for State Office of Rural Health
 - \$135 million for the Rural Communities Opioid Response Program
 - \$10.5 million for the Rural Residency Development Program
 - \$122 million for the National Health Service Corps
 - \$6 million for the Rural Maternity and Obstetrics Management Strategies (RMOMS) program

FY22 Appropriations & Omnibus

Additional critical rural health provisions included in the package:

- Ensure providers maintain their 340B status by waiving the DSH percentage qualification requirement during COVID-19 cost report years
- Substantive maternal health legislative language, including the Rural Maternal and Obstetric Modernization of Services (Rural MOMS) Act.
- Extension of telehealth flexibilities beyond the duration of the public health emergency for 151 additional days
 - Allowance for RHCs and FQHCs to continue serving as distant site providers at their current reimbursement methodology and furnishment of audio-only telehealth services.
 - Waivers provided to CAHs through the 1135 waiver process, mainly for behavioral health, were not continued.

Additional COVID-19 Funding

- The Biden Administration pushed for the inclusion of \$22 billion in additional COVID-19 funding to be included in the FY 2022 Omnibus package.
 - Removed from the package due to pay-for disagreements
- A \$10 billion funding agreement was reached in the Senate for booster shots, therapeutics, and other COVID-19 related items. NRHA will work with HRSA to see the UIP stood up, once again.
- NRHA does not expect Congress to consider this package until after the two-week Easter recess. We will advocate the inclusion of stability provisions, such as Medicare sequestration relief.

HELP Committee Introduces PREVENT Pandemics Act

- PREVENT Pandemics Act acts on lessons learned from the pandemic response and improve the nation's preparedness for future public health emergencies
- Senate HELP Committee passed PREVENT Pandemics Act out of committee
- NRHA views this as another legislative vehicle, particularly focused on public health preparedness.
- On February 4, **NRHA provided comments** on the proposal. NRHA is urging the committee to:
 - Use this opportunity to create an Office of Rural Health within CDC;
 - Bolster the health workforce, including for infectious disease experts and nurses;
 - Provide capital funding for rural providers;
 - Ensure a rural set aside is provided for all grant programs included in the package.

NRHA is Advocating For...

- Extend relief from Medicare sequestration until December 31, 2022.
- Extend telehealth flexibilities beyond the duration of the public health emergency, including RHCs, FQHCs, and CAHs.
- Reinstate uncapped reimbursement for provider-based rural health clinics in exchange for quality measure reporting.
- Enhance the rural health care workforce.
- Fully fund the Rural Health Safety Net in FY2023 appropriations.

Other Issues We're Tracking

- Behavioral/Mental Health
- Rural Emergency Services
- [National Pediatric Readiness Quality Initiative \(NPRQI\)](#)
- CMMI and Innovation—state-based solutions around total cost of care
- Definition of Primary Care and 50% rule
- Workforce shortages
- National Health Service Corp (NHSC) [scholarship window](#) open through May 5
- [NQF Core Set of Rural Health Measures](#) – April 11 Comment Period

Innovation

Payment Transition Plan: CMS/CMMI

Category 1	Category 2	Category 3	Category 4
 Category 1 Fee for Service – No Link to Quality & Value	 Category 2 Fee for Service – Link to Quality & Value	 Category 3 APMs Built on Fee-for-Service Architecture	 Category 4 Population-Based Payment
A Foundational Payments for Infrastructure & Operations B Pay for Reporting C Rewards for Performance D Rewards and Penalties for Performance	A APMs with Upside Gainsharing B APMs with Upside Gainsharing/Downside Risk	A Condition-Specific Population-Based Payment B Comprehensive Population-Based Payment	A Condition-Specific Population-Based Payment B Comprehensive Population-Based Payment

**Goal: 100% of
 Medicare payments to
 providers are through
 a VBP approach**

Trends in Rural Accountable Care

- Accountable Care Organizations (ACO)
- Pennsylvania Rural Health Model (PaRHM) and Global Budget

Evaluate your organization's [VBP readiness](#):



[Rural Health Value Catalogue of Models](#)

[Accountable Health Communities Model – Two Rural Participants' Experiences](#)

REHs in Regulation

[NRHA comments](#) on the [CY 2022 Hospital Outpatient Prospective Payment System \(OPPS\) & Ambulatory Surgical Center \(ASC\)](#) proposed rule

- Approx 68 rural hospitals (or 5%) of rural hospitals are predicted to consider conversion.
 - The hospitals most likely to transition to this designation are in already poor financial standing.
- Continuation of existing CoPs for rural PPS and CAHs as much appropriate.
- Strong reimbursement and financial payments are critical to success.
- Pathway to conversion needs to be seamless through a simplified application process.
- Technical assistance is needed to support robust planning and community engagement.

Case Studies and Resources

- [Database of Best Practices Toward Healthier Communities](#)
- [What Works for Health: County Health Rankings, RWJF](#)
- [Southern Illinois University Statewide Rural Health Summit Planning Committee](#)
- [Center for Community Health and Development](#)
- [Community Engagement Toolkit for Rural Hospitals—WSHA](#)
- [Mobilizing Community Partnerships in Rural Communities: STRATEGIES AND TECHNIQUES—NACCHO](#)
- The [Hospital as a Convener in Rural Communities--AHA](#)

Questions?



NRHA
Your voice. Louder.

Thank you.

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@bslabach
#ruralhealth