Northwest Rural Health Network
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November 29, 2019

The Honorable Richard Neal
Chairman
House Ways and Means Committee

The Honorable Kevin Brady
Ranking Member
House Ways and Means Committee

The Honorable Danny Davis
Co-Chair
Rural and Underserved Communities
Health Task Force

The Honorable Terri Sewell
Co-Chair
Rural and Underserved Communities
Health Task Force

The Honorable Brad Wenstrup
Co-Chair
Rural and Underserved Communities
Health Task Force

The Honorable Jodey Arrington
Co-Chair
Rural and Underserved Communities
Health Task Force

Sent to Rural_Urban@mail.house.gov

Dear Chairman Neal, Ranking Member Brady and Co-Chairs Davis, Sewell, Wenstrup and Arrington:

The Northwest Rural Health Network (NWRHN) appreciates the opportunity to submit information to the Rural and Underserved Communities Health Task Force regarding priority topics that affect the health status and outcomes of residents in rural communities.

The NWRHN is a network of 14 independent rural health systems serving communities in eastern Washington State. Our members deliver comprehensive health care services to more than 255,000 residents in a region covering more than 15,000 square miles.

Attached are our reflections on the ten questions you posed, based on our experiences working in a wide variety of rural communities. We would be happy to answer further questions and to engage in discussions and development of solutions to the challenges facing rural residents across the U.S.

Regards,

Jac Davies

Jac Davies
Executive Director
Northwest Rural Health Network

Northwest Rural Health Network
Response to Rural and Underserved Communities Health Task Force

1. Main factors influencing health care outcomes

Residents of rural communities often have difficulty getting access to needed specialists such as cardiologists, endocrinologists or psychologists. While increasingly care of complex patients with multiple chronic conditions is being managed by primary care teams, there still is a need for patients with serious chronic conditions as well as their primary care team to have access to appropriate specialists. Lack of this access to care can result in delays in treatment, which exacerbate health conditions.

A further challenge is coordination of care, especially when some care is delivered in an urban center while the rest is delivered in the rural home community. The addition of a dedicated care coordinator to the primary care team has proven to be a major benefit both to patient outcomes and to the efficiency of the health care providers on the team. However, current fee-for-service payment models do not cover the cost of a care coordinator and emerging value-based contracts have not yet been shown to cover all costs of care including the addition of new team members such as care coordinators.

Social determinants of health, especially housing and transportation, are factors that influence health outcomes. Transportation to and from medical appointments or home after an emergency room visit or hospitalization can be very challenging in rural communities. Many rural residents live in inadequate housing that needs repair which the residents can't afford. That contributes to chronic conditions such as asthma and presents fall hazards, which could lead to expensive medical encounters.

2. Models showing positive impact on health outcomes

Telehealth has been demonstrated to improve access to care in rural communities, especially for certain types of specialties. However, the success of telehealth programs is tied to several factors that are often not in place: 1) a fully staffed primary care team in the rural community; 2) availability of appropriate specialists with technology that allows full integration (including health information exchange) with the local primary care team; and 3) effective reimbursement mechanisms to cover the cost.

The addition of care coordinators to the primary care team has proven to be very effective at improving health outcomes. This individual, often a nurse or social worker, helps fill in the gaps in follow-up between the patient, family members, the care team. A complementary model is the community health worker, who may be an individual with less training such as an older adult who works at a senior citizen center. The community health worker provides easy access to information and helps

look out for individuals who may be having trouble navigating the insurance and health care systems.

Home visits by a multi-specialty team have been shown to be very effective at addressing multiple challenges faced by rural residents. The team may include a nurse, a pharmacist, an occupational therapist and a handyman. In one visit, this group can check on a person's health status, review all the medications in the home to look for contraindications, identify hazards that may increase the likelihood of illness or injury, and fix small problems right away.

3. Patient volume adequacy

Research has shown that health outcomes for certain procedures are improved if the providers and the health organization performing the procedure do it frequently enough to ensure they are well-trained and their skills are current. This can be a challenge in smaller communities where there are not many patients who would need the procedure each year. For these communities, it is important to make sure there is reasonable access to appropriate care at another location. At the same time, it is critical to ensure that rural patients who have procedures performed in other locations are able to come home and receive rehabilitation in their home communities as this improves their access to their families and local support systems. This, in turn, improves the overall health outcome.

A challenge for the issue of patient volume adequacy is defining the minimal volume necessary to ensure the providers and care teams performing the procedures have sufficient expertise. Currently, many decisions and recommendations about patient volume adequacy are made by or based on information from academic medical centers. These centers do not reflect the reality of practice in all care settings and may give a skewed perspective on what truly is needed for high quality care. When defining minimal patient volume it is important to look at quality of care and outcomes delivered across a variety of setting with different patient volumes.

4. Service line reduction

For most communities the members of the Northwest Rural Health Network serve, the rural health system that includes the hospital is the only source of health care available. These rural health systems deliver primary, urgent, long-term, emergency and acute care. They deliver these services in an integrated manner, both to ensure patients are getting appropriate care and also to make the most efficient use of their staff.

Eliminating one line of service in this scenario does not save money for the overall health system, but does risk the viability of the rural health system and its community. By eliminating a line of service, the health system has less revenue to

support its integrated services, while still needing to maintain a minimal level of staffing to support urgent, acute and emergency care services.

Rather than eliminating or reducing services, rural health systems should receive more support for work they are already doing to keep people healthy, including care coordinators, home visits, patient education, and palliative care programs. The strategy of increasing emphasis on preventive care and maintaining key services will ensure those services are available locally while at the same time reducing the overall cost of care.

To do this, more flexibility is needed in payment models. Currently the services that have the most long term benefit in terms of patient care and cost reduction, such as palliative care programs, are not directly reimbursable. Payment models that provide the flexibility to meet local needs will be critical.

5. Regional systems of care

No examples in this region.

6. Workforce shortages

Several models are in development in our region that show promise for addressing workforce shortages. Washington State University (WSU) is actively recruiting students from rural communities in the region for their different health education programs including nursing, pharmacy and medicine. This recruitment strategy increases the likelihood that students will practice in their home or similar communities after graduation. WSU is also beginning development of a rural residency program that will help residents practice in rural communities. Expansion of both the recruitment efforts and the residency program would increase the pool of candidate for rural health care positions.

Attracting health care providers to rural communities can be a challenge. Rural health systems need the flexibility and the financial ability to provide competitive salaries and offer loan repayment programs. Rural communities have also become very creative about promoting the natural and social elements of their communities that may be appealing to candidates for health care provider positions.

Telehealth can play a role in promoting both recruitment and retention. A specialist may want to live in a rural community but not have sufficient patient volume locally to sustain a practice. However, that specialist can build a practice by delivering services to other rural communities via telehealth. This model is being used by members of the Northwest Rural Health Network. In addition, staff in rural health systems can receive training and support via telehealth, decreasing their sense of isolation.

7. Access to oral or behavioral health providers

Partnerships have proven to be the most effective method for improving access to oral and behavioral health services in rural communities. Primary care clinics have made space available for visiting dentists and behavioral health providers. This approach also helps with integration and coordination of care. Where space is not available in the clinic, other organizations such as schools and public health agencies have been able to step up. The rural communities where this has been successful have good working relationships between all key organizations, with collaborative planning and implementation of strategies to address care gaps.

Telehealth can also help with access to behavioral health services. Our members are exploring models where telehealth is used to support Medication Assisted Treatment and counseling for individuals struggling with substance use disorder. However, these methods are only successful if they are fully integrated with the primary care services delivered locally.

8. Post-acute and long-term care

Post-acute and long-term care delivered in a patient's home community is the most effective and supportive for the patient and their family. In smaller rural health systems, swing beds that are used for skilled nursing services are a very important part of the model as they provide flexibility to meet local community needs. Increasingly our members are looking for ways to provide services in the home, as this has proven very effective at helping people sustain health. In Washington State, the state's Health Home program supports home visits for high acuity Medicaid patients. This program has been very successful at reducing overall health care costs, and ideally would be expanded to individuals with a lower level of acuity and beyond Medicaid.

Home health services can be a major challenge in rural communities. Typically home health agencies in urban centers hold the Certificate of Need for large geographic regions. In general, home health workers for these agencies are not paid for the time driving between appointments. Consequently it is not cost effective to deliver care in rural communities where there are long drive times between houses. More flexibility is needed in the Certificate of Need model so that local rural health care or community organizations can deliver home health services.

9. Data issues

The primary data challenge affecting research and policy making on rural health issues is the lack of good analytical methods to address small population numbers. In any small population, illnesses and death occur relatively infrequently so that a single new case can affect calculated rates dramatically. This makes it very hard to track trends or assess the effectiveness of new interventions. The lack of good

analytical methods for small numbers also means that rural communities often find themselves represented in health reports by an asterisk, meaning insufficient data is available to present results. This is frustrating for health organizations trying to do planning and for community members that seek to understand the real challenges faced by their populations. More research needs to be done in developing better methods for measuring and monitoring health data in rural communities with small populations.

10. Patient safety and care quality

While much has been done over the past two decades to increase access to electronic health records (EHRs), available systems are still less than satisfactory. There are multiple challenges associated with EHRs that affect patient safety and care quality. A primary challenge is that EHR vendors have no incentive to promote real interoperability between systems. Consequently rural health systems can have a very difficult time accessing data about a patient of theirs who has received care in an urban center. This has significant impacts on coordination of care between health care settings.

The complexity of EHRs is also a huge challenge. More and more staff time is spent entering data at the point of care. While this does allow for some standardization of the care process, such as making sure patients are asked about key preventive health measures, it significantly disrupts that process.

EHRs are extremely expensive, and a mistake in selection or implementation can bankrupt a small rural health system. Consequently rural health systems are reluctant to make a change and may hang on to inefficient EHRs much longer than they should, further hampering their sustainability. Ideally policy makers would take a step back and look at what has been accomplished with EHRs and identify strategies to address the current problems. This is not an issue that can be solved with market forces alone, at least for rural health systems, as they do not have the financial flexibility to try out different solutions and make mistakes.