

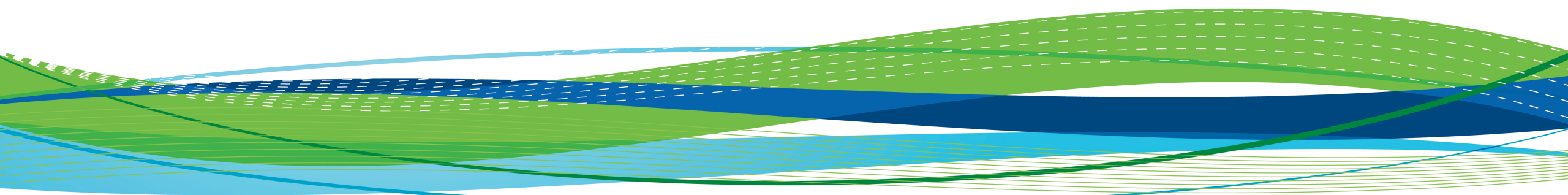


# **IRCP Annual Conference**

**June 15-16, 2019**

**Tommy Barnhart, National Rural Health Association (NRHA) Past-President  
Silverthorne, Colorado, USA**

**Brock Slabach, NRHA Sr. Vice President  
Leawood, Kansas, USA**

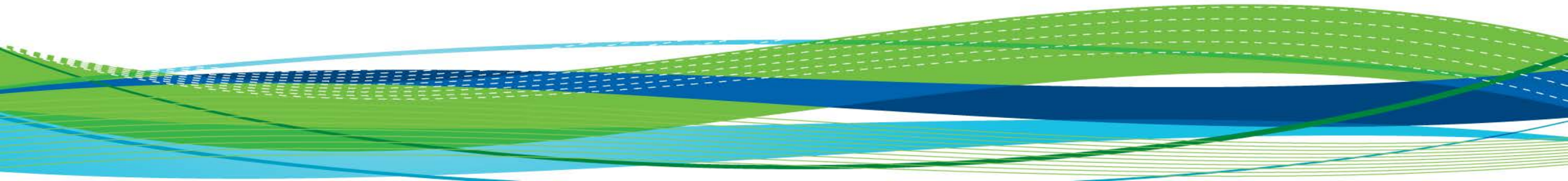


**National Rural Health Association**



# **Improving the health of the 62 million who call rural America home**

**NRHA is non-profit and non-partisan**



# Hope in Rural Health Care

- Rural providers do more with less;
  - Rural work ethic;
  - Rural ingenuity;
  - Fortitude even through the most challenging of times.
- 
- ✓ Higher quality
  - ✓ Higher patient satisfaction
  - ✓ Cost-effective
  - ✓ Fewer Resources
- 
- **Health care is so fundamental in rural America – it is as important as any other form of infrastructure.**





# Let's shape our discussion by understanding our challenges...

- **Workforce Shortages**
- **Vulnerable Populations**
- **Chronic Poverty**
- **Geography**
- **Uninsured**
- **Border Health Challenges**



# ***A Rural Divide in American Death Rates***

## **CDC 2017 Study:**

***“The death rate gap between urban and rural America is getting wider”***

- Rates of the five leading causes of death — heart disease, cancer, unintentional injuries, chronic respiratory disease, and stroke — are higher among rural Americans.
- Mortality is tied to income and geography.
- Minorities, especially Native Americans die consistently prematurely nation-wide, but more pronounced in rural.

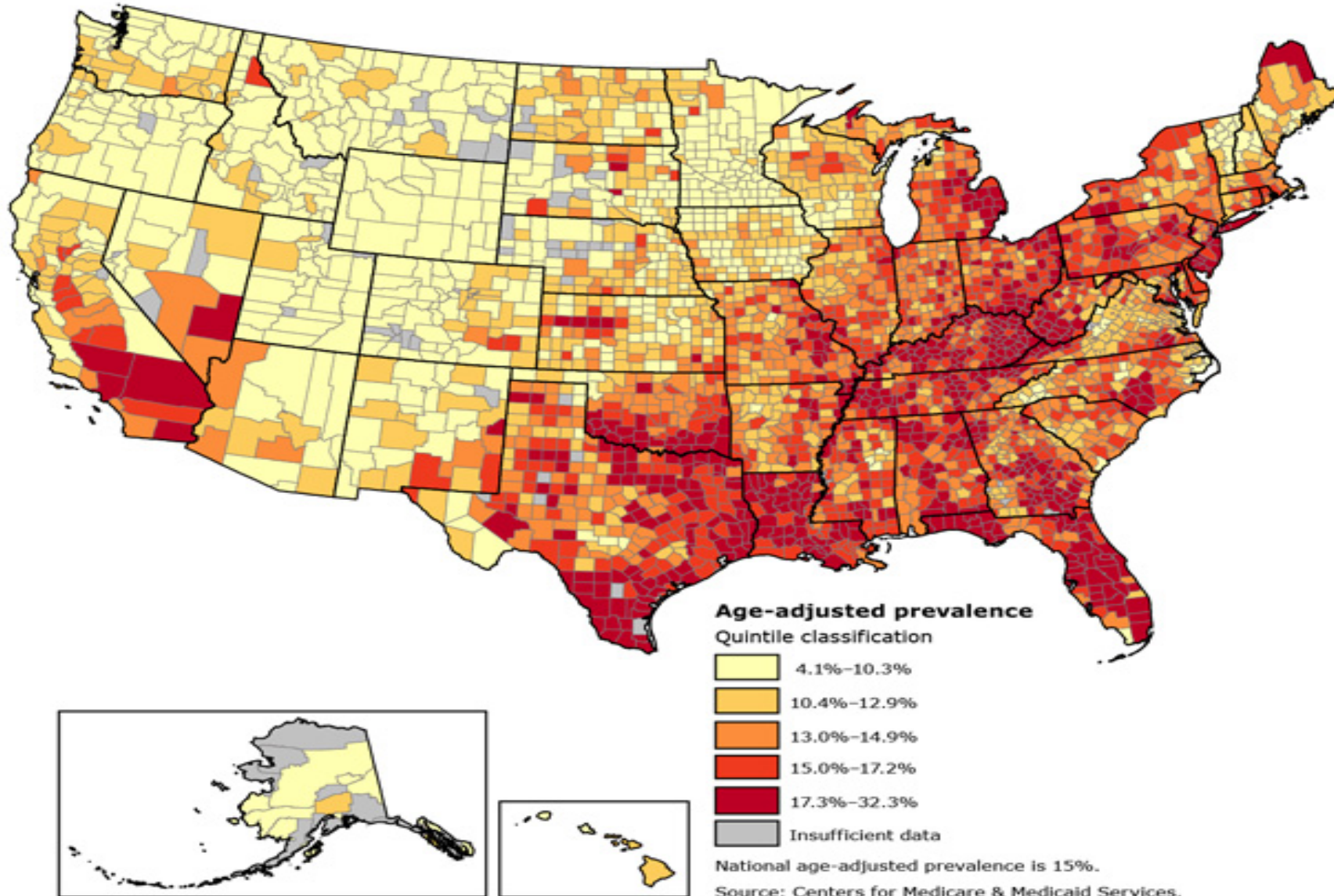
“The rise in natural cause mortality is largely a rural problem and represents a growing threat to quality of life and rural prosperity. If these trends are left unaddressed, the rural population will not only continue to decline but the dependency ratio will increase.”



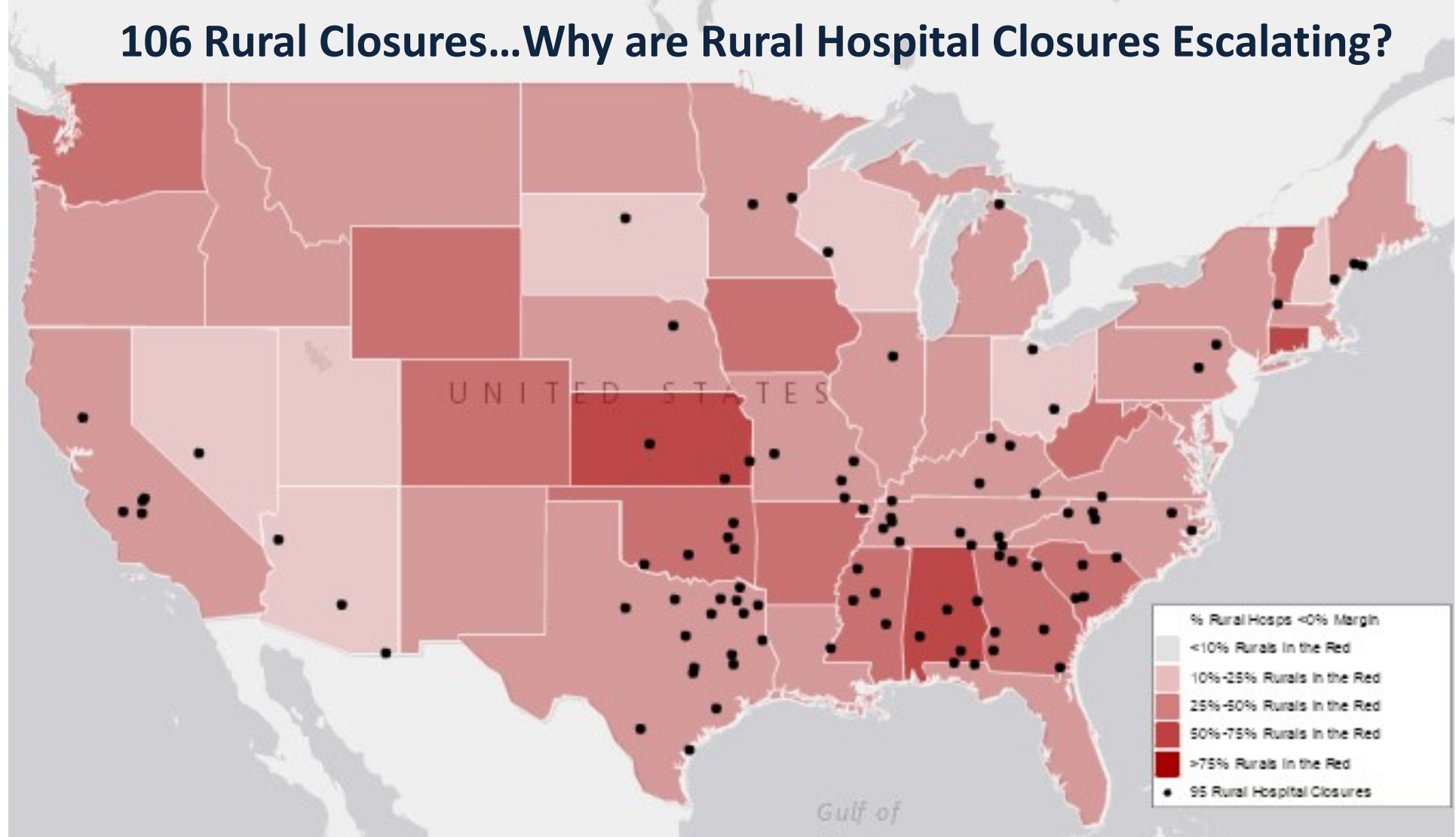


# Prevalence of Medicare Patients with 6 or more Chronic Conditions

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



## 106 Rural Closures...Why are Rural Hospital Closures Escalating?



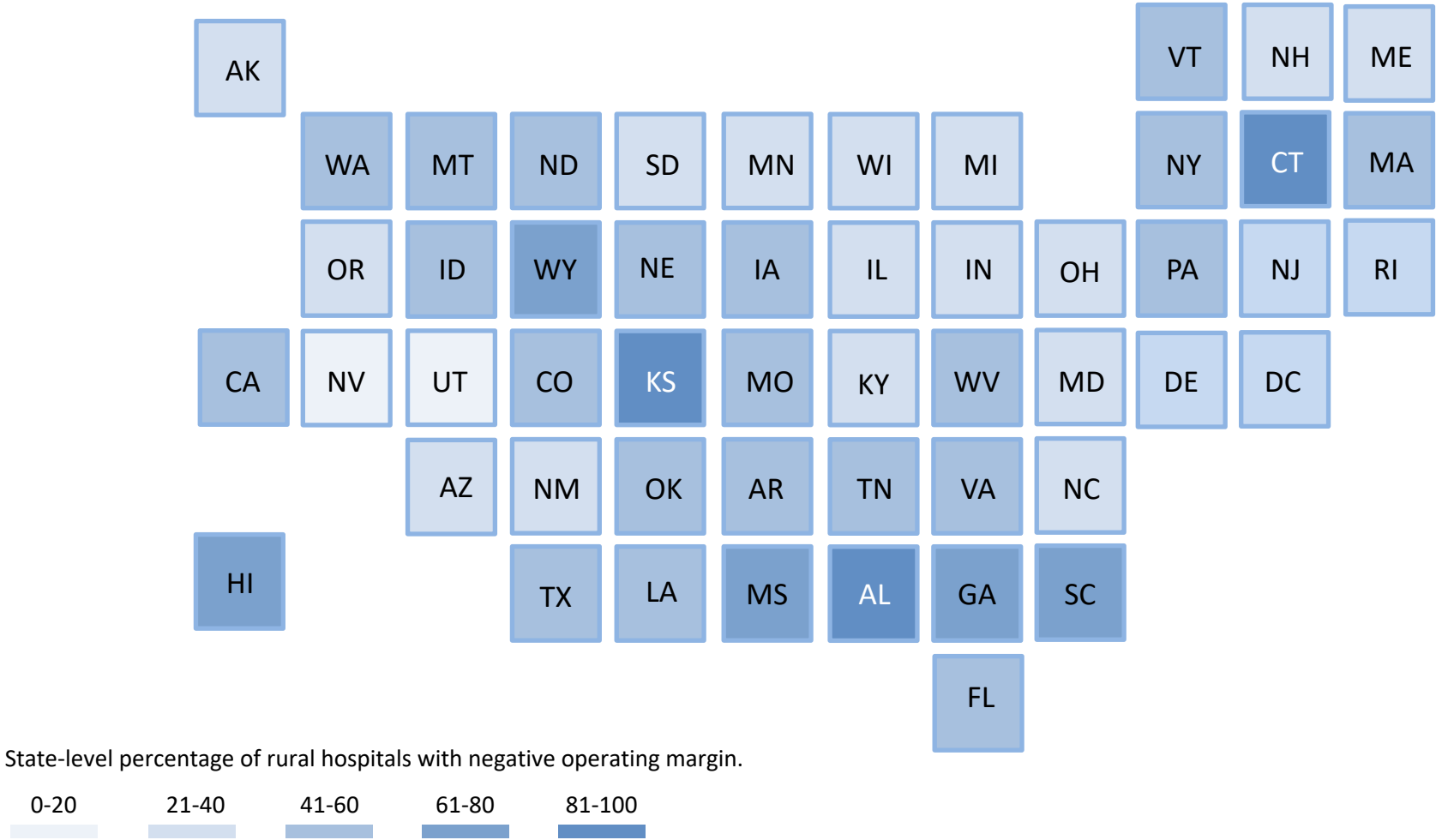
Rural Hospitals Operating at a Loss

2017: 40%



2019: 46%

# 46% of Rural Providers have a Negative Operating Margin



Source: The Chartis Center for Rural Health, 2019.



# Closures...

- 106 rural hospitals closures mean that patients are left without access to emergency rooms and rural communities are left in economic decline.
- 23 closures since last spring.
- When closures occur:
  - Patients suffer;
  - Economies buckle; and
  - Medical deserts form



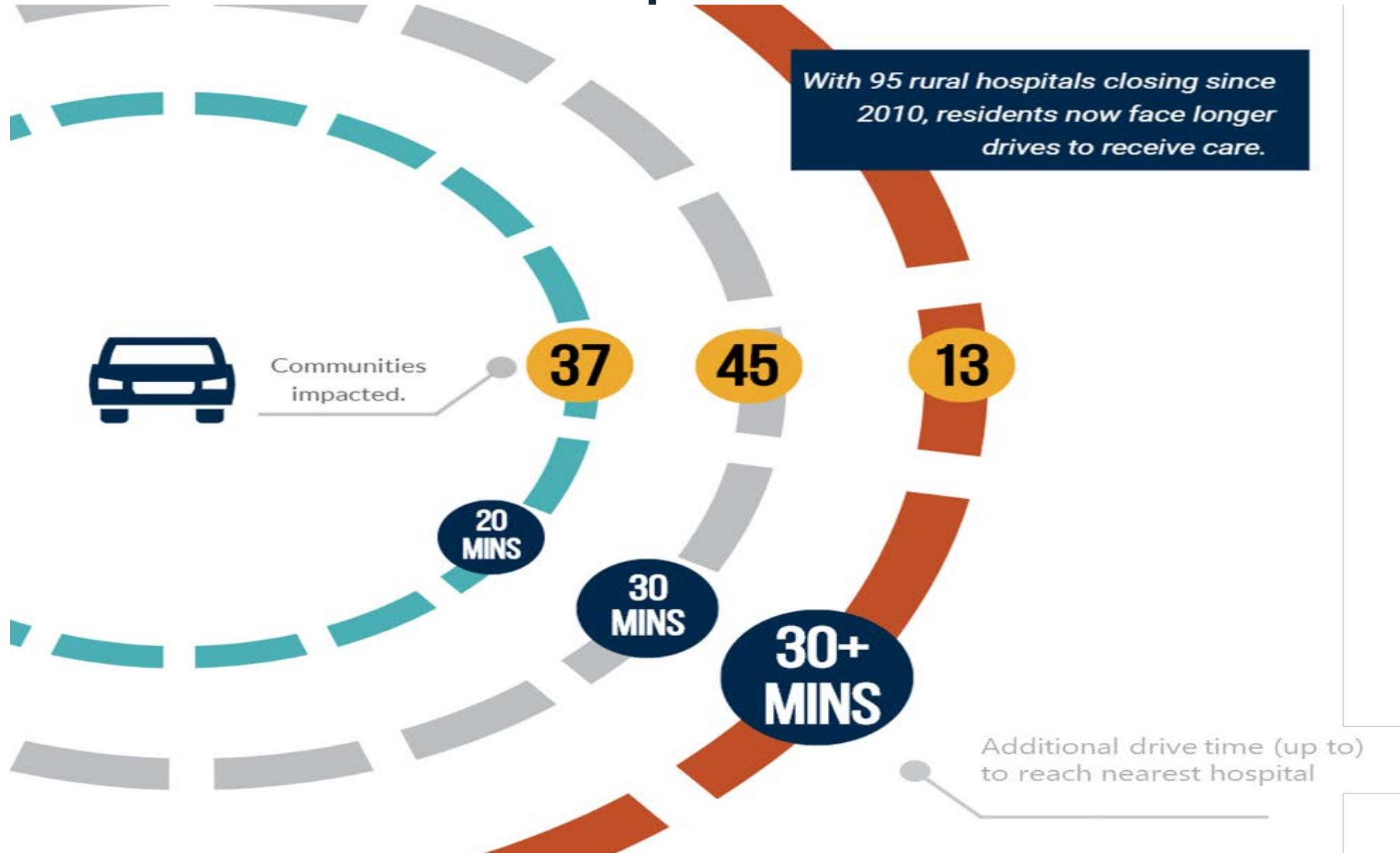
# “We’re running out of rope.”

- Pecos County Memorial Hospital
- Treated 99,000 patients last year.
- “The challenges get worse...As the government and insurance companies pay the hospital less and less, it becomes more and more important for everyone to do their part to keep PCMH a viable service to our community,” said CEO Betsy Briscoe.

*Fort Stockton Pioneer,  
May 8, 2019*



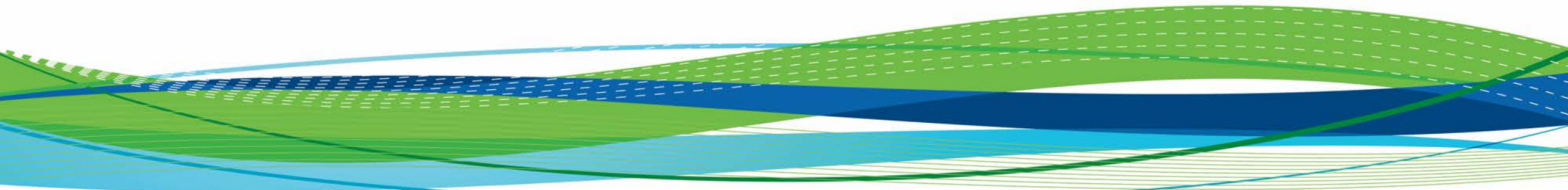
# Rural Closures and Impact on Access to Care





# Maternity Care is Disappearing in Rural America

- **Maternity care disappearing in rural America**
  - In 1985, 24% of rural counties lacked OB services. Today, 54% of rural counties are without hospital based obstetrics
  - More than 200 rural maternity wards closed between 2004 and 2014
  - Rural areas have higher rates of chronic conditions that make pregnancy more challenging, higher rates of childbirth-related hemorrhages and higher rates of maternal and infant deaths
  - Half of rural women in rural communities live more than the recommended 30 minutes from a hospital offering maternity services



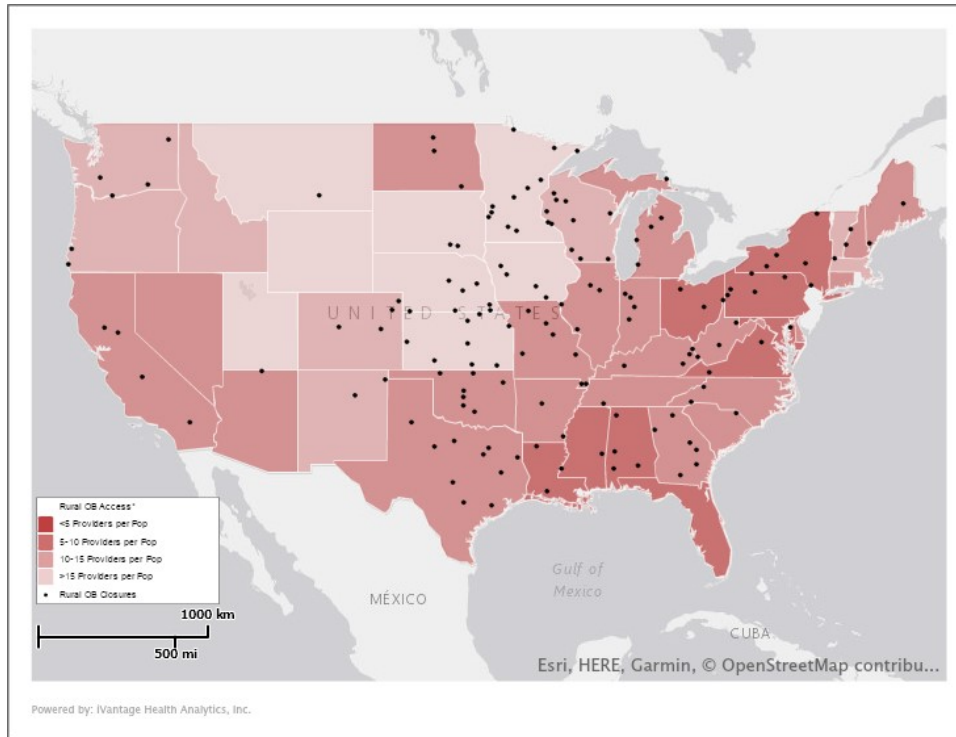
# Maternity Care is Disappearing in Rural America

- More than 200 rural maternity wards closed between 2004 and 2014.
- In 1985, 24% of rural counties lacked OB services. Today, 54% of rural counties are without hospital based obstetrics.



# Offsetting Revenue Pressure:

## *The Decline of Access to OB Services in Rural America*



12%

of all rural hospitals  
offering OB have  
eliminated this service  
since 2011.

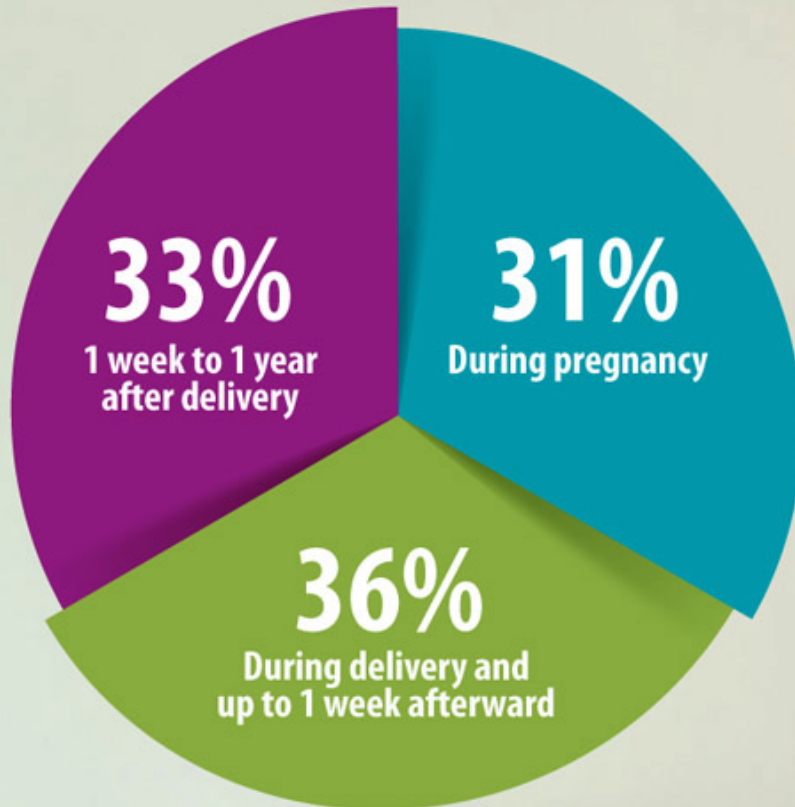
46%

Today, less than half of  
the nation's rural  
hospital provide OB  
today.



# CDC Report

Death can happen up to a year after delivery.



- 50% more likely to die than our mothers.
- Minority women are 3 times more likely to die.

# Offsetting Revenue Pressure: *The Decline of Access to OB Services in Rural America*



Drive time to nearest OB provider.



Added time (up to) for women in  
89 rural communities.



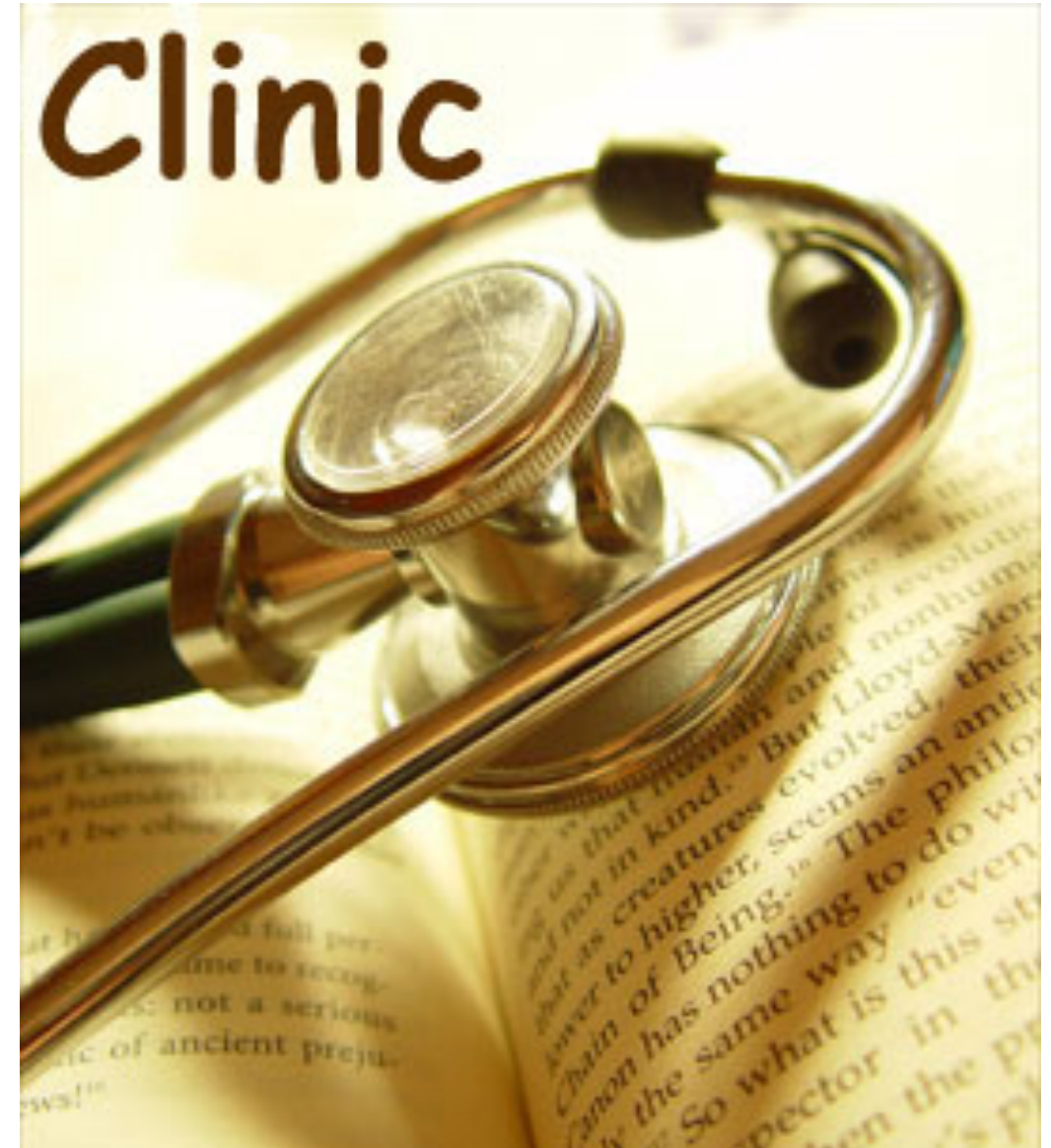
Women in 11 rural communities must now drive  
an additional 60 minutes or more.



Added time (up to) for women in  
52 rural communities.

# Rural Health Clinic Closures New Report

- 4,200 RHCs nationwide furnish primary care and preventive health services in rural and underserved areas.
- Rural health clinic closures are also escalating.
- Since 2012, there have been 388 rural health clinic closures.
- Rural Health Clinics across rural America face long-standing challenges:
  - inadequate reimbursement rates;
  - workforce shortages; and
  - technology challenges.





## “Re-thinking Rural”

- CMS Administrator Seema Verma elaborated on new “rural lens” approach at CMS.
- Administration is “placing unprecedented priority” on rural health.
- Announced CMMI is developing new “innovative model” - - participants will be “required to take on meaningful risk.”



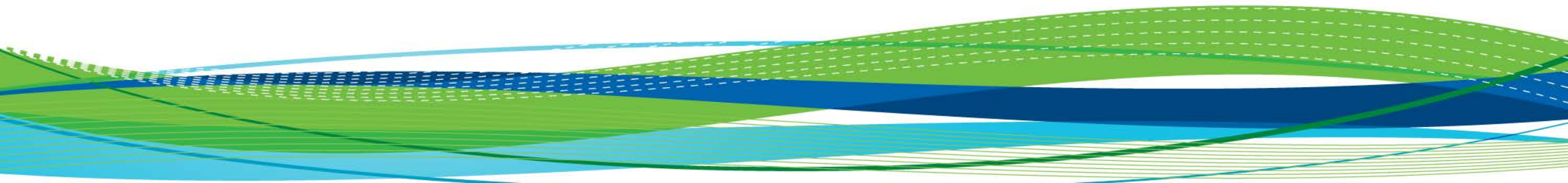
# Continuing Rural Challenges



- Workforce
- Vulnerable populations
- Chronic poverty

These issues combine to make deliver of health care services more challenging, resulting in outcomes looming in rural areas

Innovation necessary to sustain rural providers



# Convergence of Multiple Pressure Points

Local and national pressure points creating downward pressure on rural providers.



Source: The Chartis Center for Rural Health, 2019.



# **The Debate Among New Payment Models**

## **OLDER MODELS**

- **Frontier Extended Stay Clinic (FESC)**
- **Frontier Community Health Integration Project (F-CHIP)**
- **Rural Community Hospital Demonstration Program**

## **NEWER MODELS**

- **REACH ACT S 1130 – Rural Emergency Acute Care Act**
- **MedPac Report to Congress – June 2016**
- **Rural Emergency Medical Center Act of 2018 (Jenkins bill)**

## **NRHA SOLUTION**

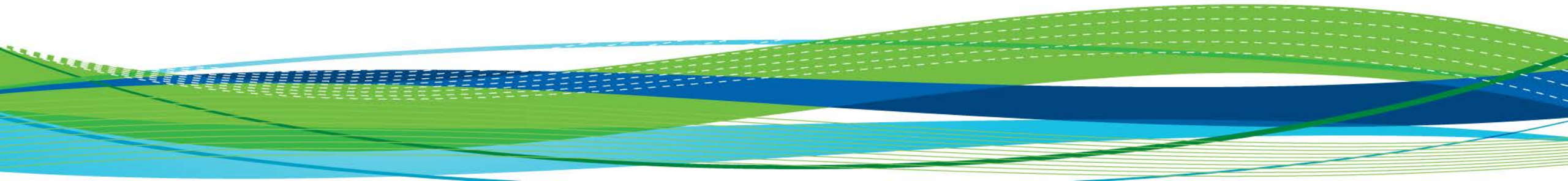
- **Save Rural Hospitals Act – Must first stabilize rural hospital payments, and then advance a new model.**



# Future of Rural Health



- **Payment Innovation**
  - Accountable Care Organizations (ACO)
  - Global Budgets
- **Delivery System Innovation: New Provider Type**
  - Community Outpatient Hospital (COH) based on community need
- **Infrastructure investment**
  - Aging capital in rural, needing renovation or replacement

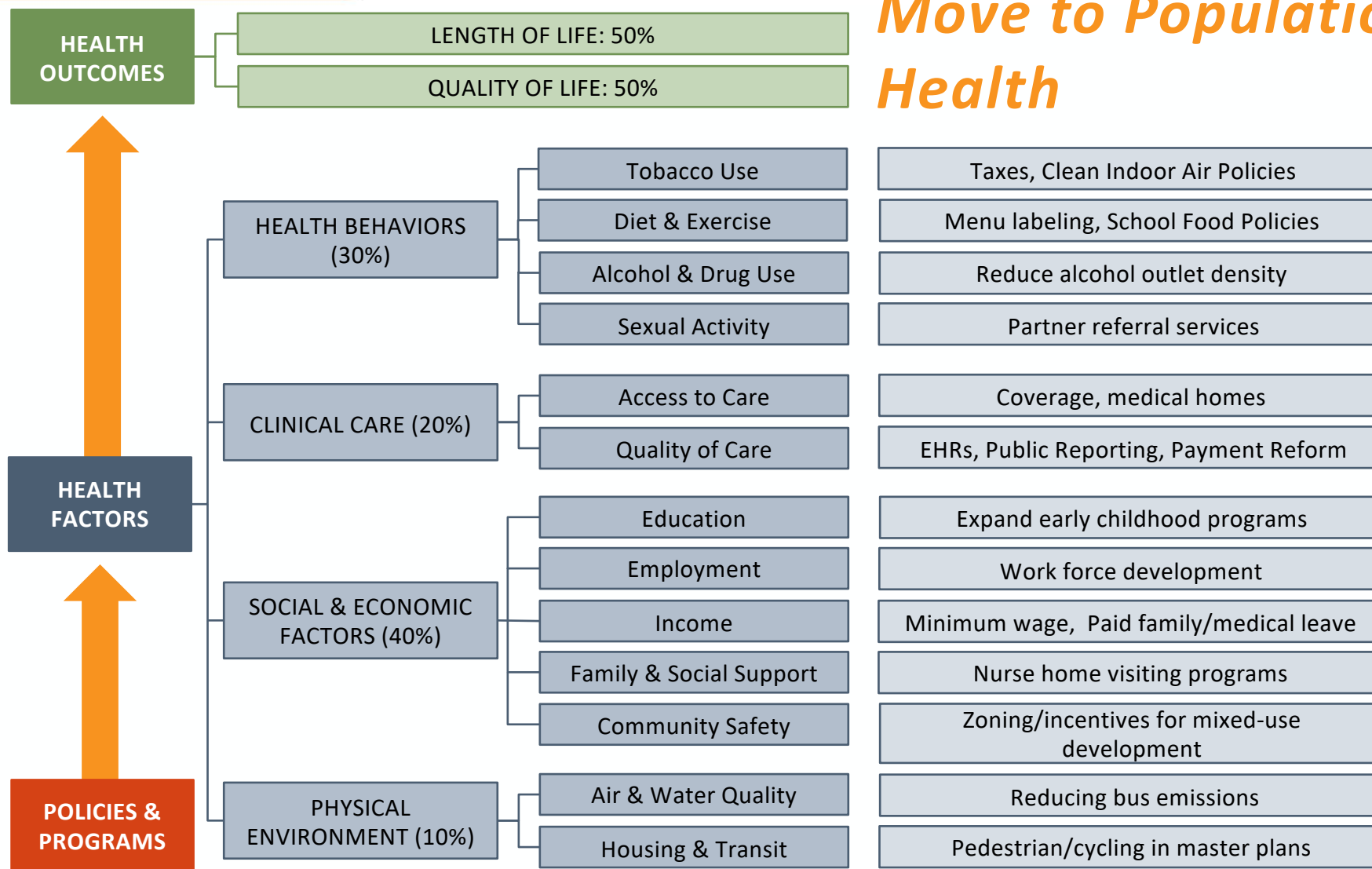


# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

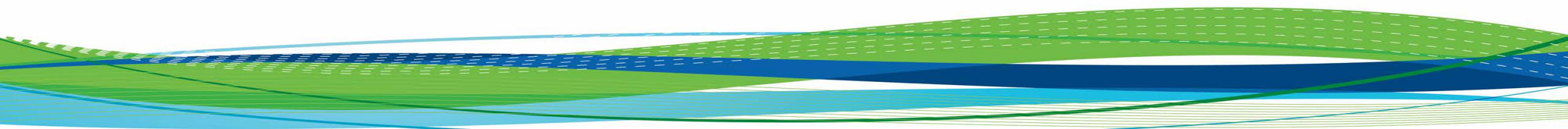
## Move to Population Health





# Role of Community Paramedicine

- Should be included in new models being developed in the US -  
Benefits:
  - Increased access to rural residents for evaluation and coordination of social determinants of health
  - Can operate as an extension of primary care services
  - Increased “value” of emergency personnel in the community therefore increasing their perceived value – not “just” first responders but an integral part of provider group

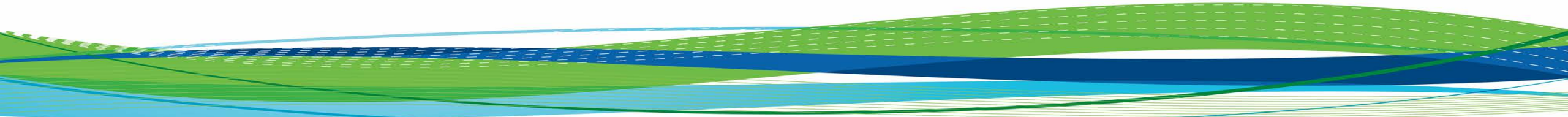


# Role of Community Paramedicine

- **Benefits:**

- With hospital closures increasing, distances for care are increasing. CP can form a bridge for care between the patient and the more distant care site.

- **We'd like your ideas** – how do we expand the role of CP to rural and frontier areas?



# NRHA International Committee

Formed to engage collaboratively to extend the length of life and improve the quality of life of rural populations worldwide.





# NRHA International Committee

- Seeking partners that share our mission in a global context.
- NRHA can offer experience in working with rural populations.
- NRHA can learn from best practices and innovative models from around the world – by example the IRCP





**WRHC 2019**

**Explore rural health in  
the land of enchantment**

**Albuquerque, New Mexico,  
USA**

**Oct. 12-15, 2019**

**[www.wrhc2019.org](http://www.wrhc2019.org)**





# QUESTIONS?



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