Blueprint for Redesigning Acute Care in Rural America

Purpose of the Blueprint for Acute Care in Rural America:

The Rural Health Transformation Program (RHTP) in H.R. 1 presents an opportunity to redesign care delivery in rural America, improving access to the full array of services needed by rural residents, including preventive, chronic and acute care. States will serve as incubators and drivers of innovation. There is a great deal of overlap in system design that transcends the spectrum of preventive, chronic and acute care.

The purpose of this Blueprint for Acute Care is to inform States and federal CMS on key challenges and opportunities in addressing access to and delivery of acute care which is essential to saving lives and lowering costs in rural areas. And, if acute care is regionally integrated and embedded within the health ecosystem more cohesively, and driven by meaningful outcome measurement and payment redesign across the acute care spectrum, there is enormous potential for immediate benefit because the effect of improved acute care can be realized more quickly than for longer term prevention or chronic disease management.

Vision:

Transforming the patchwork of siloed and fragmented acute care into a strong, durable and integrated quilt of acute care services that incentivizes cohesion among providers to effectively and efficiently deliver the right care, in the right time, at the right location, and is driven by outcomes based measurement and reimbursement from the 911 call through hospital discharge to ensure efficiency and effectiveness of care delivery, keeping patients as close to home as medically appropriate.

Improving Rural Access to Acute Care:

The leading causes of preventable or early death in rural America are heart disease, cancer, unintentional injuries, chronic lower respiratory disease and stroke.[1] The five most costly medical conditions for adults are trauma, cancer, mental disorders, heart, and arthritis or other non-traumatic joint disorders.[2] Five (5) percent of patients in the US, account for fifty (50) percent of costs to the US health system. Preventing and managing chronic disease is imperative to improving health of individuals and communities across America and in rural areas lacking access to the full array of services. Also essential is addressing the patchwork of acute care that exists in rural America given the lack of primary, specialty and tertiary care services. We can expand access to and reduce the cost of acute care for rural residents by redesigning it as part of regional systems of care in which providers are incentivized to work collaboratively and gaps within the health safety-net are filled by fixed and mobile medical care. And, as we reimagine and redesign acute care in rural America, we suggest three key pillars of transformation:

Fixed health care services -- including rural hospitals, freestanding emergency departments, rural urgent care centers, rural health clinics, FQHCs, physician offices and behavioral health

[1] CDC Rural Health Leading Causes of Death in America, Public Health, August 27 2024.
[2] AHRQ Medical Expenditure Panel Survey, Statistical Brief #471, April 2015.

centers -- must be bolstered to anchor key elements of the health care safety-net in rural areas. Enhancing regional networks of specialty care through the use of technology and telemedicine is one essential component to keeping rural residents in their communities, which in turn will help to provide the volume for rural hospitals to remain financially viable. But providing financial assistance to rural hospitals and telemedicine alone will not provide the access that rural residents need and deserve to the full array of health services that will prevent, treat chronic and acute care conditions.

Mobile acute care services – including emergency medical services, mobile integrated health care, mobile critical care services -- must also be bolstered to fill geographical gaps and provide connectivity between fixed health care services. We must shift from the outdated mode of paying EMS to transport patients to hospitals, to recognizing EMS as health care providers caring for acute care patients where and when they need it, sometimes treating them in place when possible, and treating them during transport when necessary to move them to definitive care, including rural urgent care centers, rural emergency departments, and when needed trauma, stroke, cardiac and burn centers. Further, the innovations already occurring within the EMS enterprise beyond treating and transporting patients to hospitals, should be leveraged and expanded through outcomes based data that informs more efficient and effective care delivery and payment models. Each state rural transformation plan provides a platform for reimagining mobile acute care services (air and ground) to provide a flexible and cost-effective means by which to bring specialty and tertiary care to rural areas through telemedicine and mobile acute care services, and rural patients to specialty and tertiary care when medically necessary and appropriate. Within this context, it is critically important to address pediatric emergency medicine within the larger acute care system. The increasing rates of pediatric unit and bed closures, combined with the increasing acuity of pediatric patients is requiring highly specialized transport to specialized free-standing children's hospitals.

Cohesive, regional systems of care require integration of outcomes driven reimbursement, particularly for acute care between and among providers and for costly emergency conditions from the 911 call through hospital discharge. As the Rural Health Transformation Program has the potential to dramatically reshape and improve rural health care, and each state will form its own locus of transformational change, such change will only be effective if it is informed by meaningful outcomes data that demonstrate what does and doesn't reduce costs at the systemic level, what is and isn't a smart investment, and what does or doesn't improve health and save lives.

<u>Key Components of Blueprint for Acute Care in Rural State Transformation Plans (RSTP):</u>

- ***Fixed Healthcare Services***. State plans should identify how they will bolster the essential "fixed" health care assets as part of a regional system of care. This includes an assessment of the financial viability of hospitals providing care to rural residents (whether in a rural or urban location).
    - First and foremost, the plans should encompass maintaining rural hospitals which anchor care in rural communities. Rural hospitals need sufficient financing for the

care they provide – whatever the payer – and sufficient volume to remain financially viable. Other assets such as freestanding emergency departments, urgent care centers, clinics and physician offices should also be fostered and maintained to fill in gaps in the rural health system. Therefore, the plan should identify how it will help these "fixed" providers to supplement and grow the care they provide to maintain as many rural patients in their community as possible, including through enhanced telemedicine for specialty care and mobile acute care services for treatment in rural areas, and transport higher acuity conditions to tertiary care in urban areas.

- Second, the plan should identify how it will ensure access for rural residents to specialty and subspecialty care. This includes definitive care and life-saving services for life-threatening conditions, such as acute and severe trauma, burn, stroke and cardiac conditions, often located in urban settings. Further, enhancing specialty referral relationships and networks through telemedicine and other relationships can bring specialty care to rural America, if the reimbursement is sufficient for the providing and receiving locus of care, and providers are incentivized to work together beyond traditional silos of care.

    - This is particularly important for specialty and subspecialty pediatric services, given the high rates of preventable death to rural children, the continued shuttering of pediatric units in hospitals, and the fragility of independent children's hospitals that provide life-saving care to all residents of their state, and often other states.

    - Given the substantial impact of obstetric service closures in rural America, a particular focus on referrals and transportation for obstetric care should also be a key priority in State transformation plans to ensure expectant mothers and babies have access to the best possible care regardless of their rural location.

- ***Mobile Acute Care Services***. State plans should identify how they will bolster and integrate the essential "mobile" acute care assets as part of a regional system of care.

    - The plan should identify how it will utilize mobile acute care to fill gaps in the system to address a variety of conditions. It should include a particular focus on acute care conditions that, with a change in delivery system design and outcomes data, can demonstrate more quickly than prevention and chronic disease management, a reduction in the cost of cardiac, stroke and trauma care, and improvement in outcomes. This includes transforming traditional EMS into a more robust provider of acute care, including treatment in place and transport to alternative destinations other than hospitals. It also includes how the plan will incorporate and pay for mobile integrated healthcare, such as to avoid unnecessary hospital readmissions. And it requires ensuring sufficiency of funding for mobile acute care services and the physician medical directors that must oversee their care to ensure patient safety and

efficacy of acute life-saving care, which all too often is done on a voluntary basis in rural America.

- Further the plan should identify how to leverage mobile hospital, critical and tertiary care services in which standards of care are aligned for both ground and air medical transport. This will raise the level of ground mobile care available in rural areas, literally bringing hospital level services through mobile platforms that incentivize the most medically appropriate but least expensive transport mode. The plan may also consider the application of mobile field hospitals, such as Med-1 developed by Atrium Health, to expand hospital level care, mobile surgery and disaster response.

- **Outcomes Data Across the Acute Care Continuum: The Critical Linkage to Successful Transformation.** The plan must include integrated outcomes data that holistically evaluates the continuum of acute care from the 911 call through hospital discharge. This will ensure that the innovations in the plan are effective in improving health, outcomes and lowering costs, and allow states to adjust their delivery systems throughout the five year program accordingly. Outcomes based measurement and payment weaves together the fixed and mobile services to form the health safety net in rural areas and beyond. Without them, the fragmented acute care system will continue and the opportunity for meaningful change will be limited.