RURAL HEALTHCARE: A PANDEMIC TO PROSPERITY WHITE PAPER

Prepared for Resilient Louisiana Commission by the Rural Development Task force

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CHALLENGES

All populations must be healthy in order to live a full, satisfying, and productive life. In 2019 there were over 740,000 people living in rural Louisiana communities, representing 16% of Louisiana's population. However, rural communities face various healthcare access barriers that contribute to a disproportionate level of disease and mortality. The people living in rural communities tend to be sicker and older than urban communities. They have higher rates of cigarette smoking, high blood pressure, and obesity[i]. The older populations, existing prevalence of underlying diseases and lack of access to healthcare services make rural communities more vulnerable to the novel coronavirus.

The Washington Post highlighted the effects of the coronavirus in rural communities in an April 2020 article titled *"In rural Louisiana, 'a serial killer on the street that we cannot see'."* The title was a quote from St. John the Baptist Parish President, Jacyln Hotard. In April, St. John the Baptist parish had the highest per capita death rate from COVID-19 in the country.

Above average death rates in rural communities are not unique to COVID-19. CDC's *Morbidity and Mortality Weekly Report* from November 2019, found that Americans living in rural areas are more likely to die from the five leading causes of death than their urban counterparts[ii]. The trends in Louisiana are consistent with the national findings. For example, rural Louisiana parishes have a heart disease mortality rate of 292 per 100,000 vs. 225 in urban parishes. Rural cancer mortality is 231 per 100,000 vs. 193. Stroke mortality rate is 59 per 100,000 vs. 49 and chronic lower respiratory disease is 55 vs. 47 per 100,000 in urban parishes. Accidental injury is 55.6 per 100,000 in both urban and rural parishes[iii].

While this report will focus on rural healthcare access, the task force acknowledges many factors beyond access play a substantial role in the health outcomes of communities and should be further explored. The County Health Rankings & Roadmaps program of the University of Wisconsin Population Health Institute estimates the impact of the social determinants of health, such as education and socioeconomic status may explain 40% of the variation in health outcomes[iv]. Compared to urban communities, rural communities in Louisiana have higher unemployment rates (6% vs. 4.6%), higher poverty levels (25.2% vs. 17.5%) and lower levels of educational attainment (no high school degree 20% vs. 14.3%)[v].

Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans[vi]. Access to health services can be defined as "the timely use of personal health services to achieve the best health outcomes [vii]. Health services are provided in many different settings in rural communities.

A few examples of facilities in Louisiana include:

- 27 Critical Access Hospitals
- 160 Rural Health Clinics
- 80 Federally Qualified Health Center sites located outside of urbanized areas
- 33 Short term hospitals located outside of urbanized areas

From mobile dental units and telemedicine counseling to school-based health centers and critical access hospitals, rural communities are working together to identify and provide the services that fit their communities but access remains limited in some areas. Bullets below highlight some of the key challenges to healthcare access in rural communities.

- **Workforce Shortages.** Although 20 percent of the U.S. population lives in rural areas, only nine percent of physicians practice in rural areas. The U.S. Health Resources and Services Administration (HRSA) has designated 438 Health Professional Shortage Areas (HPSAs) in Louisiana. HPSAs indicate healthcare provider shortages in primary care, dental health, or mental/behavorial health. Louisiana needs 91 primary care practitioners, 254 dental health practitioners and 161 mental health care practitioners to remove designations. Nationally 61% of primary medical HPSAs, 62% of dental HPSAs and 58% of mental health HPSAs are in rural areas. Rural communities experience shortages in most healthcare service lines and struggle with recruitment and retention of health professionals. The current opioid crisis has added to the behavioral health shortages, especially for access to Medication Assisted Treatment providers and addiction counselors in rural communities. Some common recruitment challenges are that urban facilities and practices may offer higher salaries, better working conditions and more opportunities for career advancement. Also, small, rural communities may offer fewer job opportunities for spouses and fewer amenities and programs for families[viii]. The shortages in all areas are expected to increase as the economic recession continues. New demands are expected for providers that accept Medicaid as more people become eligible for the program. Additionally, rural communities have a larger portion of retirement age providers than urban areas. More than 25% of providers in rural areas are 60 or older, compared with 18% in urban areas[ix]. Without adequate numbers of medical, dental and mental health providers, access to treatment, screenings, preventive services and disease management will not be available in a timely manner.

- **Transportation.** Residents of rural communities often have to drive long distances to access services, particularly subspecialist services. Travel time, cost, and time away from the workplace can place a significant financial burden on low-income families. Twenty-five percent of lower income patients cancel or miss appointments due to transportation barriers[x]. The rural characteristics of elderly populations and high levels of chronic disease increase the frequency of visits patients need to manage health conditions. Transportation barriers can lead to missed appointments, delayed care and delayed medication use and ultimately to poorer health outcomes.

- **Telehealth Barriers**. Telehealth can help rural communities access services and improve the quality of services by reducing travel time, improving remote patient monitoring and communications within the healthcare system. However, there are many challenges to fully utilizing telehealth services within rural communities. Many rural communities either do not have adequate broadband infrastructure or individuals cannot afford the services. Patients also lack access to computers and smart phones and remote monitoring equipment. Even if patients do have access, some are not comfortable using the technology. Healthcare staff also lack training on patient portals and telehealth services. Reimbursement rates for telehealth do not always cover cost of services or services are not eligible for reimbursement if provided through telehealth.

- **Lack of stable funding for the Rural Healthcare System**. The health system in Louisiana is in constant danger of severe budget cuts any time there is a shortfall in the state's budget. In Louisiana, healthcare has no constitutional protection from budget cuts. Because of the payor mix in rural communities, relying on service-generated revenue alone is not enough to provide consistent, quality care. Every year, public-private partnership hospitals that are providing services to uninsured and

Medicaid enrollees have to face the uncertainty of the funds not being available to provide quality healthcare services to the most vulnerable Louisianans.

Rural hospitals also struggle to stay open. As of September 2019, Louisiana had 57 rural hospitals of which 16% were considered vulnerable to closures.[xi] Elective procedures often represent a large portion of revenues for rural hospitals. The coronavirus mitigation efforts will likely have a drastic impact on the financial stability of rural hospitals. If these facilities close, not only will the communities lose essential healthcare services, they will also lose jobs. Nationally the healthcare sector makes up 14% of employment in rural communities, with rural hospitals being one of the largest employers[xii].

Over the past decade the Louisiana Office of Public Health has had multiple budget cuts and reductions in workforce which led to closures of public health units in rural communities or limited hours of operations. In some rural communities the Regional Office of Public Health was the local lead agency in the response to COVID-19. However, the continued defunding of public health services in rural communities left some of these offices understaffed and lacking the resources to provide an immediate response to the health crisis.

OPPORTUNITY AND RECOMMENDATIONS FOR STATE ACTION

1. TELEHEATH INNOVATION. STUDY, SCALE, AND FUND WHAT WORKS

Study telehealth expansion. In response to the coronavirus, legislative and regulatory actions were taken to expand access and reimbursements for telehealth services. **Allow changes to continue while conducting an evaluation of what works. (e.g. teledentistry, Medicare waivers.)**

Expand telemedicine services capacity. As workforce models change, rural health professionals should be equipped with the tools necessary to provide quality care to patients[xii]. **Support equipment and staff training for telemedicine.**

Continue to increase patient access to broadband in rural areas to allow patients to access telehealth services.

Coordinated Care Team Support. During the pandemic, all healthcare staff have had to work differently and take on new responsibilities in order to continue to care for their patients. **Some of the changes were well received, effective and should be considered for reimbursements.** For example, Community Health Workers and Patient Navigators provided patient education and support to help patients navigate online portals to increase access to care and services. Certifications for this type of support staff and sustainable financial methods are needed.

2. SUPPORT THE DEVELOPMENT AND FULL UTILIZATION OF THE HEALTHCARE WORKFORCE IN RURAL COMMUNITIES

Provide or increase incentives for medical and dental schools to develop special admissions criteria likely to produce providers interested in rural practice, such as admitting more students from rural communities. Provider shortages are unevenly distributed in rural areas. This maldistribution is a persistent problem that schools could help address by admitting more students likely to practice in rural areas.

Identify and remove barriers that prevent healthcare workers from fully utilizing their skill sets and practicing at the top of their license. For example, review licensing, credentials and scope of

practice for dental hygienist, nurse practitioners, physician assistants and behavioral health providers to ensure fully utilizing their skills.

Provide tax credits to encourage physicians, psychiatrists, dentists, advanced practice clinicians, physician assistants and nurse practitioners to stay in rural communities.

Expand funding and support for rural workforce recruitment and retention initiatives, such as grants, loan repayment/forgiveness programs, scholarship programs and HRSA's rural workforce programs.

3. CREATE A STABLE FUNDING ENIVORMENT…

Protect healthcare in the Louisiana budget.

Prioritize funding for public health services in rural communities.

Support rural hospital's efforts to innovat and transition into models that are customized to meet the needs of their individual communities. For example, following a comprehensive community needs assessment, a hospital might transform into a stand-alone emergency department with new outpatient capacity. A one percentage increase in the proportion of outpatient revenue decreases the likelihood of closure by five percent on average[xi]. A community that lost its hospital might see a new emergency department as part of its existing Federally Qualified Health Center.

Create Rural Funding Mechanisms. Funding mechanisms and payment models should reflect the specific challenges that rural areas face, such as small population size and high operating costs per unit of service.

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Disclaimer

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