



Supporting State Efforts to Improve Health Care in Rural America – The Facts

Fact: Nearly one in five Americans – approximately 62 million people – live in rural areas.

Fact: Rural healthcare systems are in a fragile state. The healthcare needs of rural populations and communities are constantly evolving; they are increasingly affected by accessibility issues, fewer healthcare providers, aging populations and growing numbers of un- and underinsured citizens. Rural communities must have the flexibility, control and support they need to implement systems and approaches that address the healthcare needs of their communities.

Fact: Rural areas are distinctly different than urban areas. Rural areas in each state are distinctly different than those in other states – rural Montana is not the same as Rural Arizona or Rural Florida. Rural areas are also distinctly different *within* states – rural communities in northeastern Pennsylvania are distinctly different than those in southwestern Pennsylvania, for example.

Fact: The Federal Government has a strong public policy interest in ensuring that residents of rural communities have access to quality health care and health information. However, these healthcare needs can't be addressed through a "one size fits all" approach – programs and policies must be flexible enough to enable states to identify and address the unique needs of their rural residents.

Fact: Rural hospitals and providers care for a larger percentage of patients per capita than their urban and suburban counterparts. Therefore, it should come as no surprise that funding cuts in rural health programs would do more damage proportionally than would similar cuts in urban and suburban health programs.

Fact: Various programs administered by the Federal Office of Rural Health Policy (ORHP) – part of the of the U.S. Health Resources and Services Administration in the U.S. Department of Health and Human Services – have played a pivotal role in strengthening the capacity of states and communities to improve the health and well-being of their rural residents. Examples of these valuable programs include:

- **State Office of Rural Health Program:** The State Office of Rural Health Program creates a focal point within each State for rural health issues and links communities with State and Federal resources to help develop long-term solutions to rural health problems.

All 50 states maintain a State Office of Rural Health. These offices have a rich history of developing partnerships; creating and delivering programs; and providing resources and assistance that help meet the healthcare needs of rural Americans. State Offices of Rural Health:

- ✓ Serve as a clearinghouse for collecting/disseminating rural health information;
- ✓ Coordinate health programs and activities within their state to avoid duplication of effort;
- ✓ Help rural hospitals, clinics and other rural organizations seek Federal, state and other resources;
- ✓ Encourage the recruitment and retention of health professionals in rural areas; and
- ✓ Develop and strengthen Federal state and local partnerships that enhance rural health.

SORH provided technical assistance for over 22,817 clients during Fiscal Year 2010-2011.

Medicare Rural Hospital Flexibility Program: The Rural Hospital Flexibility Program (Flex) provides funding to state governments to spur quality and performance improvements; stabilize rural hospital finances; and integrate emergency medical services (EMS) into their healthcare systems. Flex funding encourages the development of cooperative systems of care in rural areas by bringing together Critical Access Hospitals, EMS providers, clinics and health practitioners to increase efficiencies and quality of care. During the 2010-2011 fiscal year 1190 Critical Access Hospitals and EMS agencies directly benefited through these efforts:

- The Medicare Beneficiary Quality Improvement Project participation continues to grow. This voluntary project measure hospital outcomes for hospital compare and other rural relevant quality measures and state grantees target Flex dollars to support quality improvement initiatives to improve on those outcomes, improving care and outcomes for patients at CAHs
 - ✓ 890 hospitals participating (out of 1327) and 11 states have 100% of their critical access hospitals participating.
 - ✓ 42 of 45 Flex States are participating in this voluntary program, with 10 States at 100% and 23 States above 50%
- The Flex grant supported EMS activities impacting 291 communities including:
 - ✓ Training or Recruiting 412 EMS medical directors
 - ✓ Over 2500 EMS personnel trained in leadership and other topics
 - ✓ 65 EMS recruitment/retention projects initiated

Rural Health Network Development Program: The Rural Health Network Development Program addresses the business and management challenges of working with underserved rural communities. These grants help rural providers working in formal networks, alliances, coalitions or partnerships tackle the fragmented delivery of healthcare services in rural areas and achieve economies of scale. Funds provided through this program increase efficiencies for direct delivery of services; they do this by improving the viability of the individual providers in the network and/or improving the delivery of care to people served by the network. During the 2010-2011 fiscal year:

- ✓ Approximately 1.5 million people in rural areas received new or expanded access to health care as the result of Network Development grant funding.
- ✓ Network Development grantees estimated nearly \$1.7 million in cost savings due to participation in a network.
- ✓ Networks saved an average of \$85,890 per patient per year through the joint purchasing of drugs.
- ✓ Network members were able to integrate mental health and oral health services with primary care services as a result of funding support.
- ✓

Rural Health Care Services Outreach Program: The Outreach program supports community-based projects that improve access to care in rural communities. The purpose of the program is to develop creative, effective outreach and service delivery models that deliver new and/or enhanced services in rural areas. According to data collected during the 2010-2011 fiscal year:

- ✓ 88 percent of the 2007 grantees were able to sustain at least one or more of their activities after the grant period.—remains the same. This data is collected every grant cycle only. Data for the 2009 cohort will be available in the summer of 2012
- ✓ More than 3.4 rural Americans were served by 111 Outreach grantees in 2011
- ✓ Nearly 817 new clinical staff and 164 non-clinical staff were placed in rural areas through the Outreach program in 2011.

Given these facts, it is imperative that Congress continue to fund existing Federal rural health programs at their current levels. New rural-specific healthcare policies and programs – and additional funding to implement and maintain these programs – should also be considered so that states can continue to address rural health issues as effectively as possible.

Sixty-two million Americans are counting on it.