



**RURAL POPULATION FUNDING**  
5 Challenges Rural Hospitals Face &  
What Some Are Doing to Overcome Them

## HOW CAN TELEHEALTH HELP OVERCOME COMMON CHALLENGES FACED BY AMERICA'S COMMUNITY HEALTH CENTERS?

Access to care has become a crisis throughout rural America. Shortages of healthcare professionals in many of these rural areas have led the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) to designate them as Primary Care Health Professional Shortage Areas, defined by the presence of 3,500 or more persons per primary care physician. As of June, 2014, the HRSA estimates that there are approximately 6,100 such areas nationwide.<sup>1</sup>

Not only do rural areas face provider shortages; they're also tasked with treating a patient population with greater health challenges than are present in urban areas. A 2011 United Health Group/Harris Interactive survey found that "19.5 percent of rural residents report being in only 'fair' or 'poor' health compared with 15.6 percent of urban residents," with a higher prevalence of chronic conditions like diabetes and cardiovascular disease. "This is particularly the case in the South, and amongst rural minority communities, for whom obesity rates and other risk factors are markedly elevated," the report adds.<sup>2</sup>



In addition to the challenges of geography and patient volumes, rural health centers often face thinner operating margins, along with more pressing demand for patients and fewer resources: "Rural hospitals often act as community anchors and providers of tertiary services, such as ambulatory care, long-term and post-acute care, and community health education, but are more limited in their ability to provide specialized care (e.g. cardiology)," explains a 2013 State Health Information Exchange (HIE) Bright Spots Initiative issue brief.<sup>3</sup>

The challenges facing America's rural community health centers are clear, and they are pressing. Fortunately, a solution may exist in telehealth, or technology-based care, which has been described as having "the potential to transform aspects of

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rural health care, improving accessibility, quality and affordability.”<sup>2</sup> This white paper outlines how one form of telehealth, remote patient management (RPM), can address five specific challenges faced by the nation’s rural healthcare centers.

## CHALLENGE #1: Lack of capital combined with large (and increasing) patient populations

Across the U.S., treatment costs are rising, and have been for years – and, as many community health centers know all too well, those rising costs aren’t always accompanied by concurrent increases in revenue. This leads to perhaps today’s most pressing challenge: lack of capital combined with large patient populations. Reducing costs is paramount today more than ever, as pointed out in the “triple aim” of healthcare a decade ago (defined as improving the experience of care, improving the health of populations, and reducing per capita costs of health care).<sup>4</sup>

The triple aim has evolved the concept of value-based care, which encourages healthcare

organizations to better engage with patients and keep them out of expensive care settings. RPM is uniquely positioned to accomplish this goal by improving the efficiency of care, enabling more consistent communications between patients and caregivers, and inspiring patients to take a more active role in their own care. RPM can reduce hospitalizations, readmissions and emergency room visits, and thereby dramatically reduce overall operational costs.

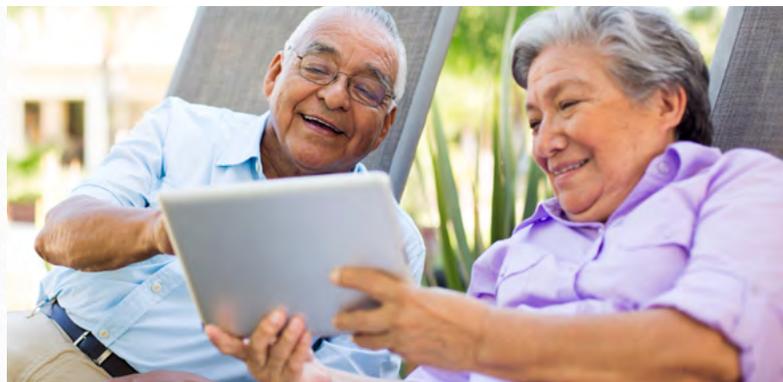


For instance, the Mississippi Diabetes Telehealth Network, formed by the University of Mississippi Medical Center (UMMC) with the help of the Care Innovations® Health Harmony RPM platform, achieved an initial monthly cost savings of \$339,184 by eliminating the need for hospital visits among the 100 patients enrolled in its first year of operation.<sup>5</sup> Assuming 20 percent of the diabetic population to be future program participants, the program has a projected statewide savings of \$180 million.

## CASE STUDY

*St. Vincent Health, a member of Ascension Health, is Indiana’s largest healthcare employer, with nearly 65,000 admissions per year in 22 hospitals across 47 counties. St. Vincent sought to reduce the frequency of readmissions for patients with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). To affect this goal, St. Vincent implemented the Care Innovations® RPM platform to develop clinical protocols and educational materials to help better manage its population. Upon discharge, patients with a primary diagnosis of CHF or COPD were supported at home by a nurse via Care Innovations’ RPM service. In fewer than two years, preliminary results have shown that the program reduced hospital readmissions to 5 percent for program participants – a 75 percent reduction compared to the control group and the national average (both 20 percent).<sup>6</sup>*

*“...replacing the decades-old perception of medical technology as cold and intimidating with one that’s warm and welcoming.”*



## **CHALLENGE #2: Inspiring patients to engage and train with new technologies**

As healthcare—both at home and at healthcare facilities—becomes more and more technology oriented, some community health centers may anticipate difficulties getting patients to engage with what’s perceived as a complex healthcare interface. But today’s technology is actually perfectly positioned to achieve the opposite effect: Smartphones and tablets have become prevalent across all age groups thanks to their versatility and ease of use. By leveraging this consumer-friendly style of technology, leading RPM systems are replacing the decades-old perception of medical technology as cold and intimidating with one that’s warm and welcoming. Innovative RPM programs thus offer the opportunity to increase patient engagement in ways not possible with standard healthcare models.

In addition, RPM programs offer training services to help clinicians assist patients with these new technologies, helping achieve even greater patient engagement. Video tutorials help caregivers better understand how RPM services can improve the patient experience and engagement. And behavior training courses, like Care Innovations [Behavior Change Training for Nurses](#) course, can help clinicians adjust their methods to better deliver

quality coaching to achieve the kind of patient behavior change that drives not only clinical results but financial improvement.

## **CHALLENGE #3: Lack of patient access to facilities**

In rural communities, access to care can be difficult and even nonexistent for many patients. Remote patient management (RPM) addresses this problem by bringing together clinicians and patients via technology, enabling caregivers to communicate instantly with patients, and also to gather a much more comprehensive amount of biometric data.

“Telehealth has long been seen as a tool to increase access to care for isolated rural residents,” reported the U.S. Department of Health and Human Services (HHS) in a 2015 policy brief. “In rural areas, where long distances and provider shortages are barriers to care, telehealth services increase patient access to services such as emergency department care, home health, specialty care, medication adherence, and intensive care monitoring.”<sup>7</sup>

Videoconferencing technology, a key component of RPM, can be instrumental in accomplishing this improved access. A 2014 study reports that use of this technology had “helped participating rural hospitals increase patients’ access to

specialists, increase the use of evidence-based treatment, decrease time to transfer a patient to a facility able to provide a higher level of care, and reduce unnecessary patient transfers.”<sup>8</sup>

This improved connectivity also benefits clinicians: By providing an abundance of accurate and actionable insights about patients, and delivering that data in real time, clinicians are empowered to remotely assess improvements in patients and detect setbacks between actual visits. It also gives caregivers the power to respond quickly to any unexpected issues that may arise—all contributing to improved care and lower operational expenses.

#### **CHALLENGE #4: Aging populations, and a greater need for chronic disease management**

Particularly in rural locations, populations are aging as younger residents increasingly relocate to urban areas for employment and other opportunities. People age 75 and older “are the fastest-growing segment of the elderly population,” reported Cornell University in 2013. “Rural areas have a higher proportion of this age group, who are more likely to have chronic diseases and disabilities.”<sup>9</sup>

Caring for aging populations and the chronic conditions that often accompany this age group



are among the most pressing concerns for rural community health systems. Fortunately, RPM was originally pioneered to treat both of those aspects of patient populations, and has actively worked to overcome resistance to technology traditionally associated with older populations, improving care and engagement.

Recently, the Humana Cares telehealth pilot study strongly suggested that healthcare, in particular, may be a domain in which older adults are even more willing to adopt and embrace technology. The health system gave 2,000 CHF patients—all age 65 or older—an RPM device that included daily biometric monitoring and member education. Near the conclusion of the pilot, participants expressed high satisfaction with the technology and were, in fact, reluctant

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*“...the bill will save the federal government \$1.8 billion over the first 10 years of implementation...”*



to return it. “As we are removing these devices from the home, we are really seeing how connected the members are to their devices and how connected they are to the nurse,” commented Humana clinical operations manager Kate Marcus.<sup>10</sup>

On top of that, home care represents a healthcare method seniors are embracing thanks to the comfort of remaining at home:

- A 2012 national sample of 2,250 American adults age 60 and older found that at least three or four respondents in every market are “very or somewhat confident in their ability to stay in their current home for the next five to 10 years without significant modifications.”<sup>11</sup>
- Another survey indicated that a “majority of American adults expect their doctors to communicate with them proactively—even when they’re well—via texts, emails and proactive smart phone alerts.”<sup>12</sup>
- A report by the AARP indicates that older adults are willing to embrace technology to “gather information, be safe at home, and promote their personal health and wellness” if it allows them to remain independent.<sup>13</sup>

All this points to the power of remote patient management to not only treat but actively engage seniors in ways that go far beyond the capabilities of traditional models of patient care.

#### **CHALLENGE #5: Lack of regulatory & policy support for telehealth programs**

It’s true federal and local laws do not yet accept the widespread use of telehealth and RPM. Reimbursements are sometimes limited in instances where care occurs between patients and clinicians in different states.

But that’s about to change: A groundswell of political support has arisen in recent years to drive expansion of Medicare reimbursement for telehealth services, even across state lines. As of mid-2016, the bipartisan Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act is working its way through both the U.S. Senate and House of Representatives.

The bill “would create a program that would waive for participating providers Medicare’s requirement that telehealth services occur at a qualified site and other restrictions,” as Bloomberg BNA reported. It “would also remove the requirement that to qualify for reimbursement, telehealth services must be provided at a qualified

site.”<sup>14</sup> Lawmakers are claiming that the bill will save the federal government \$1.8 billion over the first 10 years of implementation—a powerful motivator, and one likely to facilitate the increased availability of telehealth in the years to come, no matter what the fate of this particular piece of legislation.

“The Senate Finance Committee’s Chronic Care Working Group is working to improve how Medicare treats beneficiaries with multiple chronic conditions by providing high-quality health care in the home and improving access to interdisciplinary, team-based care, partly through expanding the use of telehealth tools,” the Bloomberg BNA report adds.

## CONCLUSION

Each year, the evidence in favor of telehealth and RPM as legitimate tools for achieving the triple aim of healthcare becomes greater. And this is particularly useful when it comes to solving the crisis of rural areas: Whether a rural healthcare organization’s most pressing concern is access to care, a disproportionately senior population, lack of capital, or a population resistant to engagement in its own health, RPM is uniquely positioned to offer the tools needed to not only confront, but eliminate these challenges. RPM makes it possible to envision a new era of increased efficiency, improved care, and greater financial balance for not only rural health centers, but for healthcare organizations in all corners of the United States.

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*Care Innovations® is your complete solution provider for turnkey remote patient management services that help you lower costs, improve outcomes, and bring health home. For more information, please visit [www.careinnovations.com](http://www.careinnovations.com).*

*Care Innovations® now offers continuing education for nurses to gain the techniques and tools necessary to provide behavioral coaching for patients. For more information, please visit [www.careinnovations.com/behavior-change-training-for-nurses/](http://www.careinnovations.com/behavior-change-training-for-nurses/).*

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