Building Blocks for Healthy Rural Communities

2021 Pennsylvania Community and Public Health Annual Conference

April 8, 2021

What we will be talking about

- Principles and Guidelines to Consider When Addressing Rural Health Issues
- Health Versus Health Services
- A Set of Foundational or Building Block Services for Clusters of Rural Communities
- Public Health as an Essential Bridge Between Acute Health Services and Community Health

What if We All Worked From A Shared Set of Assumptions?

- **If enough agreement can be built around the set of assumptions, guidelines, and services, and they can be more universally applied, we would make much greater progress in addressing rural needs.**
  - ***Reduce the Noise***
- **We would have a touchstone for communities, rural health providers and advocates, and health-related organizations, as well as local and State governments.**
  - ***Align resources and strategies; reduce fragmentation***

Origin of Concept and Vetting Processes

- Pennsylvania Office of Rural Health
- Ohio Office of Rural Health
- Maine Rural Health Association
- Virginia Rural Health Plan
- Maine Rural Health Plan
- North Carolina Rural Health Plan
- National Rural Health Association
- Maine's Rural Health Action Network

Principles/Guidelines—Truths?

- Rural is more than 50 shades of gray.
- Rural residents should have access to treatment, prevention, and educational resources as close to their homes as possible.
- Community Health does not equal Health Services
  - Only 20% of the health of the population can be addressed without considering Social Determinants of Health, personal behavior choices, and a variety of public health factors.

Number 1 Leading Cause of Poor Health and Disparities?

POVERTY

Principles/Guidelines

- In rural areas residents are often poorer, older, sicker, and have:
  - More chronic illness than non-rural residents
  - High levels of substance use and mental illness
  - Very suboptimal oral health
- Smoking, obesity, and other public health problems cause, or significantly exacerbate, poor health status and compel higher costs.

Principles/Guidelines

- Health services should be provided equitably.
- Not every cluster of communities will be able to have ready access to all services.
  - Collaboration among clusters of communities and regional strategies will be critical.
- Payment policies and models for financing health services are dominant driving forces.

Principles/Guidelines

- The mix of services should be data driven and built on clinical efficacy and cost effectiveness. But…

- Communities and clusters of rural communities have the significant responsibility for determining workable models for rural health improvement and the scope of services to be delivered locally.

Principles/Guidelines

- Direct clinical and associated preventive and educational services can be offered by a variety of providers practicing at the full extent of their licenses;
- Within varied organizational structures and in a variety of physical settings.

Principles/Guidelines

- Technology (e.g., telemedicine and associated broad band capacity) is essential to assuring timely, efficient, and effective access to multiple services.

- Workforce pressures must be considered, not only to address immediate needs but to staff future models of care.

Principles/Guidelines

- The economic viability of most rural communities is intimately linked to assuring adequate access to basic health care and the health of the population.
- Particularly in rural areas, the most effective way to address access and cost issues is to reduce needs for services.

Foundational Building Block Services

- **Comprehensive Primary Care—the Essential Cornerstone of Rural Health**
  - Point of Entry Services including diagnosis and treatment of acute and chronic conditions, and the provision of a continuum of services that include prevention, care coordination, and referral mechanisms
- **Comprehensive Primary Care includes**
  - Primary medical care
  - Basic behavioral health
  - Basic substance use disorder services
  - Basic oral health services and
  - Care management and ancillary services

- **Primary Services extend to several other services**
  - **Emergency and urgent care services**
  - **Primary care-associated surgery e.g., general surgery**
  - **Appropriately scaled inpatient facilities**
  - **Public health services**

Primary Medical Care

- May be provide through a mix of:
  - Family Medicine
  - Internal Medicine
  - Pediatrics
  - Obstetrics and General Medical Gynecology
    - In communities where there are no obstetricians and/or delivery services, recommended primary care access includes local pre-natal and post-natal care, as well as support for securing necessary referral relationships for deliveries.
  - Note: Considerable basic Mental Health and sometimes Oral Health are provided by primary medical care providers.

- **Basic Mental Health Services and Substance Use Disorder Services**
  - **Crisis intervention, diagnosis, primary outpatient treatment, prevention, and referral, including services for adults, children, adolescents, and families**
  - **Recovery communities that support outpatient treatment**
  - **When care exceeds local capacity, referral mechanisms to outpatient and inpatient care**

- **Basic Oral Health Services**
  - **Preventive dental services including prophylaxis, appropriate use of fluorides, dental sealants, oral health education, and oral health promotion activities**
  - **Extractions and basic restorative treatment**
  - **Referral mechanisms to more specialized services (orthodontics, restorative care, oral surgery, and prosthodontics, e.g., crowns)**

Primary Essential Service Emergency/Urgent Care

- Mobile Emergency Medical Services—EMS (ambulance services, emergency medical technicians, paramedics)
- Hospital Emergency Departments (including an appropriate scope of medical/surgical/mental health/substance use services, as well as triage and referral, with telehealth linkages)
- Urgent care capacity

Primary Specialty Services

- **General Surgery**
  - **Full-time in many rural hospitals but increasingly part-time, with predominant emphasis on outpatient surgery (including colonoscopies) and must include coordinated referral services**
- **Orthopedics**
  - **Full-time in some rural hospitals, at least part-time in many, but highly variable by size of service area; and must include coordinated referral services**

Other Limited Specialty Services

- Other specialty-physician services are generally not considered to be "core" or fundamental services on a full-time basis in most rural communities.
- But they are often available at least on a part-time basis, and broader services may be appropriate and sustainable depending on local conditions.

Telemedicine/Telehealth

- **Telehealth is not a service unto itself; it is a mechanism for delivering services and for expanding access.**
- **It will be essential to providing some primary services and it will change and perhaps redefine most rural communities access to other services.**

Inpatient Hospital Services

- **Basic inpatient care *consistent with the mix of primary care, general surgery, obstetrics and gynecologic services* that are locally supportable**
- **Services may include skilled nursing services provided in swing beds.**
- **Definitive inpatient mental health, substance abuse and physical rehabilitation programs are not considered core services.**

Inpatient Hospital Services

- Some traditional clusters of rural communities will not be able to support any inpatient care (population, utilization, quality/patient safety, cost, staffing, decisions of non-local controlling entity)
- Whether or not inpatient services should be included in a community health system has traditionally been a community decision; but, in many places, it is the decision of a corporate entity not local to the community.

Support Services

- **Support for Primary Care and Other Primary Services**
  - **Diagnostic Imaging (Radiology) (local and/or remote-teleradiology access)**
  - **Basic laboratory services**
  - **Pathology (local or remote access)**
  - **Anesthesia (anesthesiologists or nurse anesthetists)**
  - **Therapeutic services (e.g., OT, PT, RT, speech, and audiology)**

Other Building Blocks of Rural Systems

- Eye Care Services
  - Optometry and Optical Services
- Home Health Services and Hospice Care
- Pharmacy Services
- Long-term Institutional Care
- Non-acute, Assisted Living and Residential Care

Public Health and Educational Support

- ***Many Services should always be provided as components of primary care practices*, but there is a need for more specific State, regional, and community initiatives.**
- **Essential to population health**
- **Priorities vary according to the characteristics and desires of communities in each rural cluster and the nature of public health systems.**

Public Health

- Ten Essential Public Health Services/Capacities and Action Steps
- More Clinical and Educational Public Health Needs
  - CDC Recommendations for Reducing Rural Disparities
  - Pennsylvania Rural Health Plan

Clinical/Educational Public Health Services

- Patient, family, and community health education—greater health literacy
- Domestic/child violence prevention and intervention
- Immunizations and other personal health risk prevention strategies, such as
  - Blood pressure screening*
  - Early cancer prevention*
  - Nutrition services
    - Access to healthy food and 0besity reduction*
  - Firearm and hunting safety
  - Smoking cessation support*
  - Motor vehicle safety safety*

Public Health Services

- Safer prescribing of opioids*
- Environmental protection issues
- Immigrant and migrant health
- Occupational health/work risk exposure
- Sanitation and clean water supplies
- Communicable disease prevention
- Support for individuals with disabilities
- Bio-terrorism and pandemic disease prevention and mitigation strategies

Public Health Services

- Basic affordable housing
- Transportation
- Public health leadership and policies
  - For example, support for the development of multi-community, Community-Based Public Health Systems and strategies
    - APHA defines CBPH as "the belief that Community lies at the heart of public health, and that interventions work best when they are rooted in the values, knowledge, expertise, and interests of the community itself"

Summary Points

- We can nudge our way toward a more universally recognized set of principles, definitions of services and concepts of integration.
- If we can forge agreement on the fundamentals of what we want to achieve, the discussions about how we can achieve appropriate outcomes can be more focused.
- If we can agree that "This is what must achieve" then we can refine how we consistently address questions about access, quality, cost, systems development, priorities for resource allocations.

- **Progress will require greater multidisciplinary community engagement.**
- **This is really hard work that requires extensive, committed collaboration.**

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