



BIPARTISAN POLICY CENTER

Rural Health Care: Lessons Learned

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In 2017, the Bipartisan Policy Center and the Center for Outcomes Research and Education (CORE) spoke with over 90 national thought leaders, health care providers and other key stakeholders about the current state of rural health care in the Upper Midwest region, including Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, and Wyoming. BPC used these discussions to assess the ongoing health care challenges, real-world implications of existing federal policies, and opportunities for improving rural health care access and delivery.

Rural health challenges affect more than just the Upper Midwest region and the seven states BPC examined. Furthermore, issues related to health care in rural areas do not exist in isolation—they are interdependent and build off each other. Issues can not be addressed in siloes; the whole system needs to be addressed.

BPC's work identifies four specific areas for developing recommendations:

1. **Right-sizing Health Care Services to Fit Community Needs**

Not every rural community needs to have a Critical Access Hospital; communities should tailor available services to the needs of the community, which for many rural areas are driven by changing demographics.

BOTTOM LINE: In order to build tailored delivery services, policies need to be flexible and not just a “one-size-fits-all” approach.



2. **Creating Rural Funding Mechanisms**

Once the right system and services have been identified for a community, funding mechanisms and payment models should reflect the specific challenges that rural areas face—such as small population size and high cost to operate. Sparse populations mean a smaller number of patients, so reimbursement metrics must take into account low patient volumes. Rural health care providers are eager to participate in value-based alternative payment models, but they need workable approaches and metrics.

BOTTOM LINE: Policymakers should consider the unique challenges faced in rural areas when developing metrics and funding mechanisms. Rural health systems should work together in order to secure appropriate funding mechanisms and implement innovative models.

3. **Building and Supporting the Primary Care Physician Workforce**

With the appropriate services and funding, rural communities can build sustainable and diverse workforces. Rural health can no longer survive on the back of one physician serving an entire community 24/7. Building and supporting the primary care physician workforce should be a high priority, and the expectation of care quality should be the same in rural as in more urban areas of the country. Also, alternative providers practicing at the top of their licenses, such as nurse practitioners and physician assistants, can fill vital primary care roles in the community. The health care workforce of rural communities should reflect the complex physical, behavioral, and social needs of their members. Communities should “start young” and “think local” for recruitment by using pipeline programs to encourage interest in the health sector in local middle and high-school students. Universities and colleges should reserve spots in medical programs for rural residents.

BOTTOM LINE: Communities should focus on right-sizing the health care workforce for their needs. Systems are starting to think creatively by employing case managers, community health workers, and in-home providers to help meet the needs of the community; policies should support these efforts.

4. **Expanding Telemedicine Services**

Health professionals working in rural areas need the right tools for success. Telemedicine is one tool that can be used to support both rural patients and rural providers. Not only do these services improve access by connecting remote patients with specialists located elsewhere, but they provide much-needed peer support to rural health professionals who often work in professional isolation. Telemedicine may prove to be critical in improving provider recruitment and retention, despite challenges with broadband availability and reimbursement.

BOTTOM LINE: As workforce models change, rural health systems need to equip health professionals with the tools necessary to provide quality care to patients. Telemedicine is a promising way to increase patient access and create a peer network for rural providers.

Learn more about the health care challenges facing rural areas at bipartisanpolicy.org.

