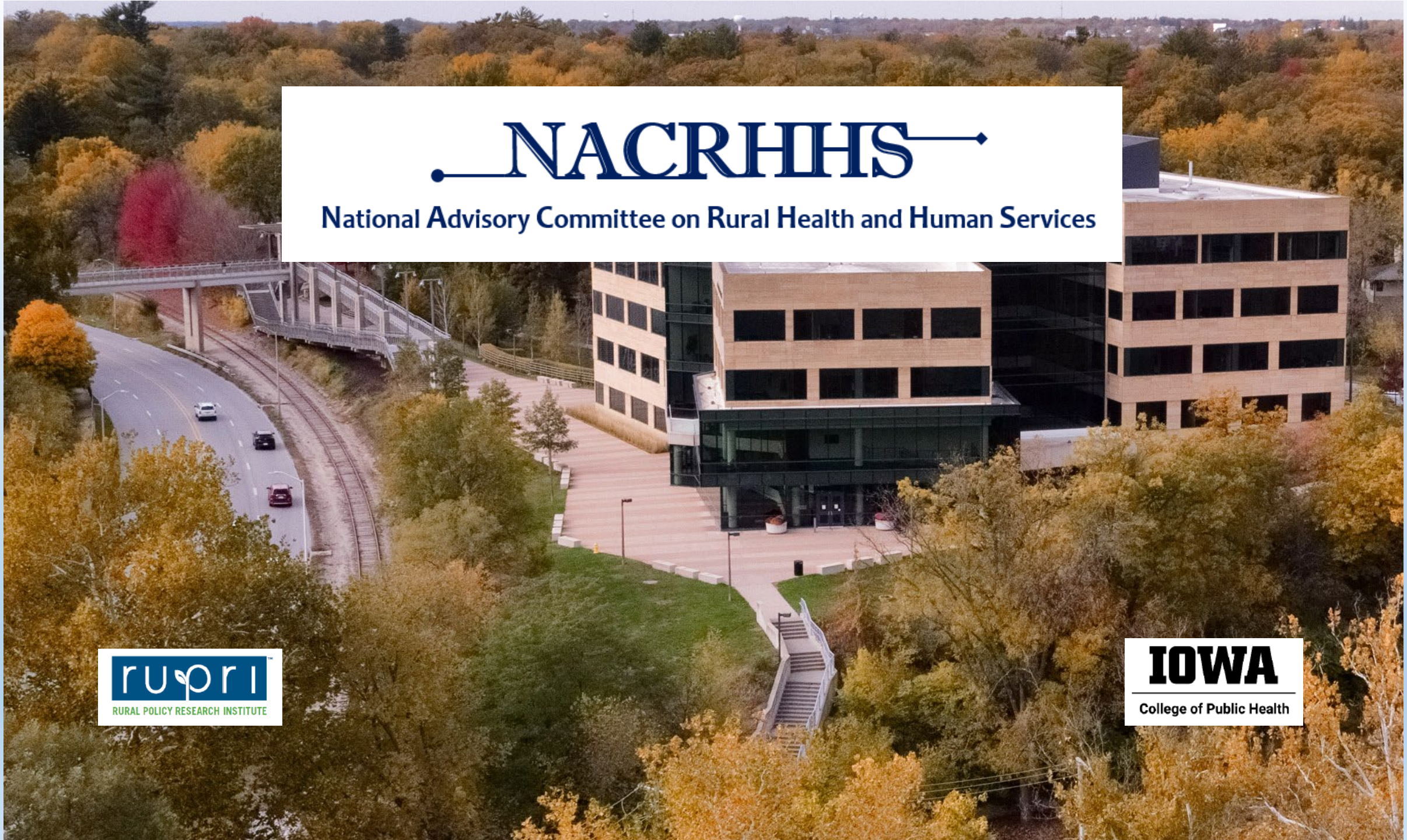

NACRHHS

National Advisory Committee on Rural Health and Human Services

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Technology and Rural Health Care: Rural Administrators and Hospital Perspective

Presented to the National Advisory Committee on Rural Health and Human Services Meeting, Austin, Texas

Dan M. Shane, PhD, Associate Professor, College of Public Health, University of Iowa

April 9, 2024

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RUPRI Conversations

Using alumni databases and other professional contacts, we connected with rural hospital administrators and professionals in associated health care fields devoted to rural health and technology (consulting, insurance)

- CAH & PPS Hospitals
- Independent Hospitals
- System-affiliated Hospitals
- Early career to near retirement administrators

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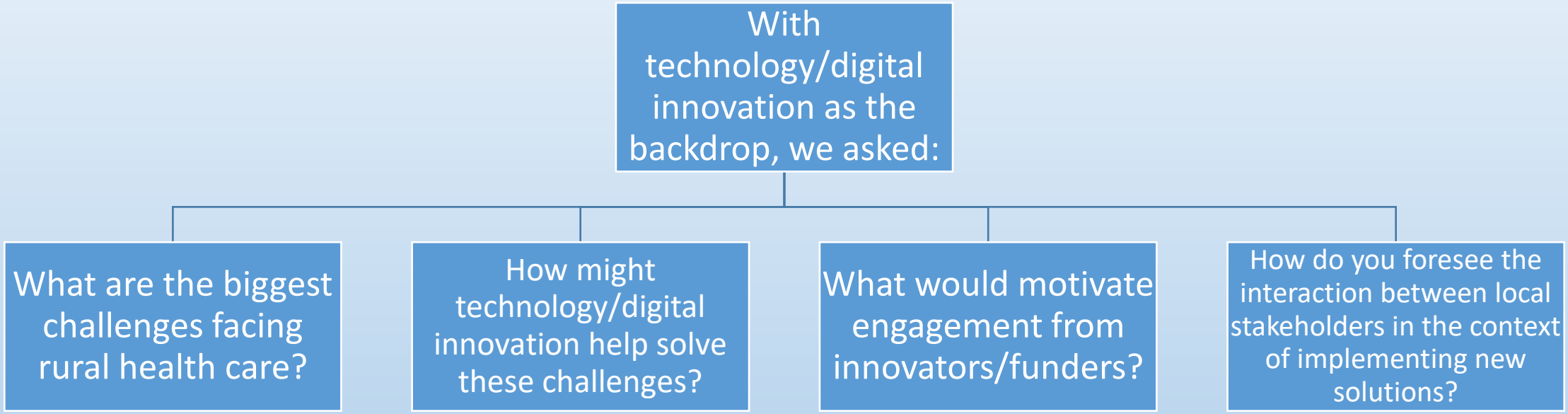
Discussion Focus



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What Are We Learning?

- Workforce, Workforce, Workforce
- Networks/Collaboratives
- Broadband access
- Licensing/Education
- Rural Outlook

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Workforce Challenges

- Physician shortages; well-known recruiting challenges
- Better success with NPs/PAs (younger), still challenging
- One in four rural physicians over age 60
- Noting difficulties in recruiting/maintaining:
  - Lab services
  - EMS
  - Paramedics
  - Radiology

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Workforce Technology Opportunities

- Increase existing provider time with patients, reduce time with computers
  - AI Scribe (still not cost effective as recently as 2 years ago)
  - Ambient listening in general
  - Scheduling/forecasting
  - EHR extenders
- Reduce system resources dedicated to inefficiencies
  - Coding/claims algorithms
  - Prior authorizations/declinations

Expanding Access

- Telehealth experience carries a lot of weight (tele-ED, e-hospitalists, e-nursing)
- Expanding access through virtual care – specialty areas where recruitment/volume is lacking
- AI – awareness of algorithm-based decision making tools, digital infrastructure (EHR) needs development
- Expanding access to lab/diagnostics with virtual/mobile

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Networks/Collaboratives

- Difficult to foresee significant innovation diffusion without scale
- Existing networks an opportunity: (state of Iowa)
  - Three system networks represent 80% of CAHs in Iowa
- Regional partnerships/collaboratives – cannot fall entirely on CEO
  - 100-bed rural hospitals as hubs
  - Shared resources/purchasing
- Expectation that value-based care will create incentives

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Broadband Access

Inequities in rural broadband access will further slow the adoption of innovations

- Last mile complexity
- Examples mentioned: remote monitoring and mobile applications, including ambulance EMT services
- Rural topography presents additional complexity

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Licensing & Education

Digital innovation may increasingly confront barriers

E-hospitalists / E-lab/tech services

Who needs to be in the room? With what certifications?

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Digital in Rural

Residents/patients are as receptive to virtual care/access as urban residents/patients – consistent message

Rural primary care not mentioned as frequently seen as avenue for virtual/mobile

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Rural Administrator Cautions

- Wary of losing out on key revenue generators
- More and better virtual care likely drives recruitment of specialty physicians one direction
- Appreciation for the improved access and quality of virtual care
- Connections important in rural communities
- Uncertainty with respect to affiliation

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Rural Technology Notes

- Value-based care will be part of technology push
- Big box stores in primary care – value-based partner (Georgia Medicaid program health screenings)
- Primary care at home; home-based diagnostics (Amazon, Apple, Google)
- Rural Midwest and rural West may see slower diffusion with lack of big growth metros within 2-3 hours
- Hospital at home

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