Technology and Rural Health Care: Rural Administrators and Hospital Perspective

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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
Discussion Focus

With technology/digital innovation as the backdrop, we asked:

- What are the biggest challenges facing rural health care?
- How might technology/digital innovation help solve these challenges?
- What would motivate engagement from innovators/funders?
- How do you foresee the interaction between local stakeholders in the context of implementing new solutions?
What Are We Learning?

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

Digital innovation may increasingly confront barriers

E-hospitalists / E-lab/tech services

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