Crisis in Rural Emergency Medical Services

- Communities across the country are seeing shortages of emergency services personnel.
- Rural areas are struggling to keep EMT services running because often they are made up of volunteers and part-time people.
- Estimate: up to one-third of all rural emergency services are in operational jeopardy.
- An NRHA policy brief examines the issues for EMS services in rural areas.
- Unlike fire and police departments, EMS agencies are not considered an essential, or required service in 49 states in the USA.
- States (11) that consider EMS an essential or required service:
  - Oregon, Nevada, Nebraska, Louisiana, Indiana, Pennsylvania, West Virginia, Virginia, Delaware, Connecticut and Hawaii.
Environmental Scan
After CORONA (AC)
Covid-19 in Rural America

• Thus far in 2020, twelve rural hospitals have closed – four during the pandemic (UNC Sheps Center).
• COVID-19 is growing faster in rural America in both number of cases and deaths (KFF).
• Emergency visits down 42% nationwide since PHE declared March 13, 2020
• Certain rural hotspots are getting new media coverage with focus on:
  • Prisons
  • Meatpacking Plants
  • Long-term Care Facilities
Average Daily Increase in COVID Cases Per 100,000 Residents in the Last Week for US Rural Counties

July 5, 2020
Rural Fractures Widen as Covid 19 Spreads

• Covid 19 has exploited the longstanding weaknesses of rural providers of care
  • Workforce
  • Technology/Supplies
  • Reimbursement/Finances
• Workforce shortages will be highlighted in the wake of Covid 19 spread
• Technology/Supplies
  • PPE
  • Ventilators
  • Testing
• Reimbursement/Finances: The Covid Paradox
  • CDC/CMS Recommendations to discontinue all elective/non-emergent care
  • Hospitals nationwide sitting idle as a result, hemorrhaging cash
  • Acute need for support in this period of emergency
Rural Hospitals (All Rural)
% without Intensive Care Unit Beds (2018)

Percentage of State Rural Hospitals without ICU beds. Minimum of 3 ICU beds per hospital.
CHALLENGES of Covid-19 on Rural Communities

• CMS issued statement that hospitals/clinics may fully re-open on June 8, 2020
• PPE reemerging as a major issue
• Staffing could be difficult (PPE issue – morale/safety)
• Testing/Contact Tracing systems NOT available universally—critical to mitigating spread in the current surge and the anticipated surge in Fall/Winter, 2020-21
• Episodic delay/cancellation of elective procedures based on viral spread
• Millions are losing insurance, impacting volumes/use
• CDC Contact Tracing Toolkit and Interim Guidance on COVID-19 Case Investigation and Contact Tracing
• Many issues where nursing homes are located
Re-opening Elective/Non-Emergency Services

Key Elements to Control Community Spread

• Testing
• Tracing
• Treatment
• Vaccine

CMS on Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare:

• Patient perceptions of safety in visiting healthcare facilities
• Hospitals and Clinics are safe: Am. Heart Association’s “Don’t Die of Doubt” campaign and video
• Adequate workforce across phases of care (such as availability of clinicians, nurses, anesthesia, pharmacy, imaging, pathology support, and post-acute care)
• In coordination with State and local public health officials, evaluate the incidence and trends for COVID-19 in the area where re-starting in-person care is being considered
Covid 19 Response

After CORONA (AC)
NRHA Response to Covid 19 Threats to Rural America

• NRHA Covid 19 Response [Resource Center Online]
• Partnering with federal agencies to clear regulatory barriers rural providers face and discover resources available to help
• Technical Assistance to rural providers of care on CMS Conditions of Participation (CoP) Waivers issued by Trump administration
• Curating a membership listserv that has generated 1,000s entries from rural providers of care nationwide
• Spreading best practices during crisis through resource sharing and problem solving
• Positioning NRHA as a trusted source of evidenced-based information in a time of crisis
• Advocacy on crisis funding throughout the PHE to ensure rural fair share
CoBank/NRHA TA Center

• Generous donation from CoBank to stand-up Rural Technical Assistance Center

• Two primary areas of focus:
  • Finance/Reimbursement—Tommy Barnhart, TA Specialist
  • Operations/Supplies—Roger Masse, TA Specialist

• Operations and Supplies:
  • Hack PPE manufacturing and distribution supply chain for rural hospitals, clinics and LTC
  • TA on community-based Covid-19 Testing and Contact Tracing programs in rural
  • Long-term Care/rural hospital collaboration during pandemic
    • Infection Control
    • Proper/effective use of PPE in LTC settings
    • Provide PPE to facilities in need
  • Especially important as we experience surge now and then late Fall/Winter Covid-19
National Rural Health Association

Questions?

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