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Expanded Telehealth Has Provided a Boost for Rural America. Will It Last?

Via *U.S. News and World Report*
7 May 2020
By Gaby Galvin

Relaxed restrictions on virtual care have helped rural providers continue serving patients, and advocates hope the changes remain long-term

Efforts to expand access to telehealth services amid the coronavirus pandemic are already making a major difference in rural communities, health care providers say, but there's more to do to ensure those advances last beyond the crisis.

As the coronavirus swept into the U.S. and many nonemergency medical visits were canceled to help keep hospitals from becoming overwhelmed, providers quickly pivoted to telehealth to help fill the gap. The Centers for Medicare & Medicaid Services, which oversees health coverage for more than 37 million Americans with Medicare, expanded the type of telehealth visits it would pay for, and last week the federal agency said it would pay providers the same rates for phone calls as it would for video visits.

The Trump administration also is allowing doctors, nurses and other health care professionals to use Zoom, FaceTime and Skype to connect with patients, and moved to allow them to use telehealth to treat patients in other states – a shift that advocates say could greatly expand access in rural communities that often struggle to recruit and retain health care providers.

"The federal government kind of opened up that door and said, 'Use the technology and devices you need to make sure care is delivered," says Deanna Larson, CEO of Avera eCare, a major telemedicine network based in Sioux Falls, South Dakota. "There's a little bit of a Wild West occurring right now."

Rural health advocates had been pushing for more flexibility around telehealth long before COVID-19 struck, saying it could be a critical tool to help fill the shortage of medical care in rural areas. Now, they're hoping those changes stick, as more than 120 rural hospitals have shuttered since 2010, and people in rural areas often struggle to access everything from primary care to services for pregnancy, addiction and cancer.

Even when telehealth services technically were available, however, patients in rural areas often had to drive to clinics to video chat with providers who practiced even farther away. Larson says Avera had seen "quite a few no-shows in rural clinics," but in recent weeks they've tripled their virtual patient visits because the new guidelines allow providers to see these patients from their homes.

"For these people, the ability to just be in their home and have that physician they know and trust come into their home (through telehealth) and talk through with them what's happening and what can be done next, in a rural geography, that's huge," Larson says.

Many of the relaxed federal policies are set to expire with the COVID-19 public health emergency declaration, though providers and others in the health care industry expect at least some to remain as telehealth gains a greater foothold. CMS Administrator Seema Verma recently seemed to confirm that telehealth would remain more widely accessible post-pandemic, saying, "I think the genie's out of the bottle on this one."

"This is going to push us a decade into the future for adoption of telehealth," says Ryan Kelly, executive director of the Mississippi Telehealth Association. "So long as reimbursement policies stick where they are now, I think we're going to be in really good shape for long-term adoption."

In a recently released report, the Bipartisan Policy Center, a think tank in Washington, D.C., said the telehealth flexibilities created amid the COVID-19 crisis are a strong short-term fix, but that "permanent legislative and regulatory improvements that enable rural areas to keep pace with advancing technology" are needed to boost rural health care access.

Yet even now, barriers that are not directly tied to health care are keeping people in rural areas from accessing telehealth programs. Teresa Tyson, a nurse practitioner whose nonprofit mobile clinic, The Health Wagon, provides care for medically underserved communities in southwest Virginia, says many people still can't use these services because they don't have reliable internet access.

"Broadband is a measure of public health," Tyson says. "We cannot care for people if they don't have the simplest access."

This urban-rural broadband divide exists across the U.S. About 6% of Americans – more than 18 million people – don't have benchmark broadband access, including about 22% of people in rural areas, nearly 28% of those on tribal lands and less than 2% of people in urban areas, according to the Federal Communications Commission.

The ability to treat patients through phone-only visits represents a major step toward bridging that divide, advocates say, but there's been a lag in information on how some types of providers, such as rural health clinics, will be reimbursed for these services.

"This is particularly egregious because many of our Medicare patients are not tech-savvy enough to operate an audio/visual call with their provider, but they do know how to call their doctor's office," says Nathan Baugh, director of government affairs for the National Association of Rural Health Clinics.

For example, in Archer, Florida – a town of 1,000 people near Gainesville – the Archer Family Health Care clinic typically sees about 6,000 patients per year, and its visits have been roughly halved in the last two months, says Denise Schentrup, the practice's clinical director. Until CMS recently announced it would pay rural health clinics $92 per telehealth visit, the clinic was providing care without knowing how it would be reimbursed – a challenge given rural health clinics already operate on thin margins.

"It's not something that has been done before, so to try to quickly get it implemented, there's always going to be a lag time," Schentrup says of the recent payment decisions.

The expanded use of telehealth can't fully replace in-person appointments, though, and some providers have struggled to keep their doors open amid a sudden drop in visits.

In Wisconsin, the Marshfield Clinic Health System canceled 70% of its visits and has since replaced about 20% with telehealth appointments, says Chris Meyer, the health system's director of virtual care and telehealth. Before the coronavirus crisis, the system had roughly 15,000 telehealth visits per year; it's seen about 20,000 since mid-March.

"Twenty thousand visits in six weeks is mind-boggling to me, but we should have done 100,000 if we wanted to replace the business we lost," Meyer says.

On May 1, the Department of Health and Human Services began distributing $10 billion in relief funding for rural hospitals and health clinics. Federal lawmakers also allocated $180 million to support rural critical access hospitals, tribal health and telehealth programs.

But to improve access to health care in rural America during the pandemic and beyond, advocates say policymakers at the federal and state levels should consider making at least some of these emergency telehealth policies permanent.

"It's tremendous that they relaxed some of the federal rules that have been so important to us to connect with these patients," says Tyson in southwest Virginia. "We'd hate to see it rescinded."

Connecting Kids to Coverage

Connecting Kids to Coverage – Indiana (CKC-IN) is a program to connect pregnant women, children, and families to health care coverage in Indiana. This effort is funded by a grant from the U.S. Centers for Medicare & Medicaid Services to the Indiana Rural Health Association.

The goal of the CKC-IN program is to increase the number of Indiana pregnant women, children, and families enrolled in health care coverage. Our program does focus on enrollment in Hoosier Healthwise and the Healthy Indiana Plan (HIP).

Our CKC-IN team consists of licensed Indiana Navigators who are ready to assist with the following:

- Education about health insurance programs
- Enrollment application assistance
- Troubleshoot application issues
- Help individuals understand their benefits and how to use them
- Answer questions about coverage options, especially Hoosier Healthwise, and the Healthy Indiana Plan (HIP)
- Specialized referrals

Due to the restrictions imposed by the COVID-19 pandemic, we are taking applications by phone and through HIPAA-compliant and secure electronic technologies. We have an online scheduler included as a button on our webpage for ease of scheduling with one of our licensed navigators. The button is toward the center of our webpage, which can be found at: www.indianaruralhealth.org/CKC-IN

Connecting Kids to Coverage Indiana
www.indianaruralhealth.org

Woodlawn Hospital Acquires da Vinci X Surgical System

Over the past decade, we have seen significant evolutions that have transformed surgery as we know it. It always has been and continues to be our goal to provide patients with minimally invasive surgical options. This is why I am thrilled to announce Woodlawn Hospital's recent acquisition of the *da Vinci*® *X*™ Surgical System.

The *da Vinci X* System was designed with the goal of further advancing the technology used in minimally invasive surgery. The System can be used across a spectrum of minimally invasive surgical procedures and has been optimized for multi-quadrant surgeries in the areas of gynecology, urology, thoracic, cardiac and general surgery. We are thrilled to bring patients in Fulton and surrounding counties this new advancement in minimally invasive surgery.

About the *da Vinci X* Surgical System
By enabling efficient access throughout the abdomen or chest, the *da Vinci X* System expands upon core *da Vinci* System features, including wristed instruments, 3D-HD visualization, intuitive motion, and an ergonomic design. As with all *da Vinci* Surgical Systems, the surgeon is 100% in control of the robotic-assisted *da Vinci* System, which translates his/her hand movements into smaller, more precise movements of tiny instruments inside the patient's

body. The *X* System's immersive 3D-HD vision system provides surgeons a highly magnified view, virtually extending their eyes and hands into the patient.

Key Features Include:

- A new overhead instrument arm architecture designed to facilitate anatomical access from virtually any position.
- A new endoscope digital architecture that creates a simpler, more compact design with improved vision definition and clarity.
- An ability to attach the endoscope to any arm, providing flexibility for visualizing the surgical site.
- Smaller, thinner arms with newly designed joints that offer a greater range of motion than ever before.
- Longer instrument shafts designed to give surgeons greater operative reach.

The *da Vinci X* System is an expandable technology platform that is designed to accommodate and seamlessly integrate a range of current technologies, as well as future innovations, in areas such as imaging, advanced instruments and anatomical access.

As always, we are committed to our mission of putting our patients first. We are truly thrilled to be a leader in this field and look forward to continue bringing you minimally invasive surgical options.

John Alley
Woodlawn Hospital President & CEO

Hope in a Time of Uncertainty: Two Greene County Residents Survive COVID-19

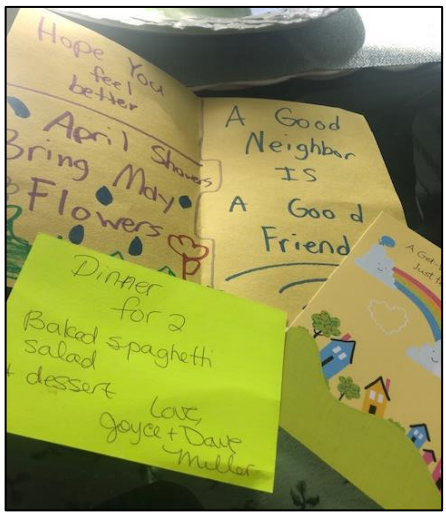
May 8, 2020

In the time of COVID-19, recounts of the unpredictable and often devastating coronavirus has touched almost every corner of Indiana. Greene County, Indiana is no exception. As Greene County's positive COVID-19 numbers increase, and the healthcare system becomes the frontline of defense, residents search for positive outcomes. Two former Greene County General Hospital patients and residents of Linton, Indiana, Floyd "Dean" Chambers, 92 and Charlotte Webb, 90 are happy to provide a bit of hope. They sat down with GCGH's Director of Outreach, Stacy Burris, and GCGH's Patient Advocate, Jodi Barton, to tell their story of surviving COVID-19.

Dean Chambers is a dear friend, business partner and caretaker of Charlotte Webb. In mid-March Dean, an organic farmer, noticed Charlotte was exceptionally weak and complained of a headache. Charlotte, not one to slow down, asked to go to the hospital, alarming Dean. Charlotte was admitted to GCGH and was tested for COVID-19. During the next few days, Charlotte received a positive COVID-19 diagnosis and Dean, waiting at home, had become fatigued. In fact, Dean was so fatigued that he was woken up by first responders conducting a wellness check on him. He was surprised to learn that he had had been exposed to the coronavirus, via Charlotte, and was probably feeling tired from the effects of the virus. After arriving at the hospital on advice of the first responders, both Dean and Charlotte were now patients of GCGH. Dean, also testing positive, reports that he "slept for a week" and was told his oxygen levels were very low.

Dean and Charlotte spent two weeks at GCGH. Because Dean and Charlotte were both positive, they were able to visit each other while patients. Dean and Charlotte were also able to communicate with their families via tablets equipped with video conferencing. The tablets were purchased by the GCGH Foundation with donations from local businesses and individuals. Dean spoke with his brother, John, and daughter, Judy, daily. Both Dean and Charlotte report that their stay and service at

GCGH was great. Dean said, “I could ask for anything and it would be there.” He also remembers, although losing his sense of smell and appetite due to COVID-19, that his favorite food, mostly fruit juice and fresh fruit, was wonderful. Dean and Charlotte live healthy lifestyles and credit their love for organic foods as helping them to combat COVID-19.



Dean and Charlotte also credit their caring neighbors, friends and family for helping them through their diagnosis. While Dean was telling his story, he pulled out several cards and notes from friends, family and neighbors. Dean said that his sweet neighbors brought meals to him and Charlotte since returning from the hospital. This has been a great help because Charlotte, although recovered, is still feeling fatigued and weak. He pointed to one of the cards and said, “see this, it says, ‘we’re all in this together’ and that’s what it felt like. That we were all in this together.”

During the interview, Dean was very attentive to Charlotte. He checked on her several times and was adamant that her medications and care are his priority. In fact, Dean stated that “she comes first” and it was reported by Dean and Charlette’s healthcare workers that during their stay, he was always either calling her room or visiting her to ensure she was feeling better. Dean works outside every day at his farm, where he brings Charlotte to visit. Dean reports that he now “feels great” and has “no symptoms.” Charlotte, although sleeping on and off during the interview, gave a smile and “thumps up” sign saying she is in “no pain.” Dean says that he is “tickled” that he and Charlotte survived the coronavirus.

Unfortunately, it is difficult for healthcare workers to determine the formula for surviving the novel coronavirus. Uncertainties remain in those recovered as well. It is not clear to health officials how many people have recovered and the long-term effects of the virus. And, in the cases of Dean and Charlotte, there is no reported survival determinant. There is, however, the notion that hope, compassion and community gave Dean and Charlotte comfort during the fight for their lives.

CARES Act: Provisions to Help Rural Hospitals

Via www.aha.org
April 1, 2020

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, signed into law on March 27, provides resources and flexibility for rural hospitals.

AHA Take: The legislation will help rural hospitals that are in dire financial need due to this devastating pandemic. While this is an important first step forward, more will need to be done for rural providers to deal with the unprecedented challenge of this virus. We will continue to work with Congress to make sure providers on the front lines – hospitals, physicians and nurses – remain prioritized for future federal assistance as the COVID-19 pandemic spreads. Please see the AHA Advisory on key provisions of the law that will have important impact for rural providers.

Greene County General Hospital Foundation Raises Money for COVID-19 Response

April 29, 2020

The Greene County General Hospital Foundation, GCGH’s 501c3 not-for-profit organization, would like to thank the community and local businesses for donating to help GCGH combat COVID-19. Between March 2020 and April 2020, the Foundation, with help from their board of directors, raised over $30,000 to purchase Personal Protection Equipment (PPE) and tablets for patients in isolation. Since the hospital restricted visitors at the beginning of the COVID-19 pandemic to protect the staff, patients and community; the tablets, equipped with video conferencing capabilities, have helped patients connect with their family members. The Foundation raised $8,208.46 from local businesses and individuals to purchase the tablets. Because the Foundation raised more than the cost of the tablets, they were able to offer tablets to local and regional skilled nursing facilities. The Foundation also received other

monetary donations from individuals totaling $2,239.60 and grants from the Greene County Foundation for $10,500, from the United Way of Monroe County's COVID-19 Emergency Relief Fund for $10,500, and from the Bloomington Board of Realtors for $500 to purchase PPE.

Foundation Director, Stacy Burris, would like to thank the community for the outpouring of support and donations, "we had many community members reach out, wanting to help during these difficult times. When the opportunity to raise money for PPE and the tablets came up, I knew our community would be there for us, and they absolutely were. We would not be able to respond as strongly as we have without this community. We are so grateful."

The GCGH Foundation also received PPE donations from the community such as handmade masks, face shields, gowns and head covers. Community members and businesses have also sent donations of snacks, drinks and personal care items. GCGH CEO, Brenda Reetz, extends her gratitude to the community, "responding to COVID-19 has been very difficult. Our community, however, has been the light at the end of this tunnel. We are thankful for their support, encouragement and genuine care for our staff and patients. Their support has made us stronger."

Covid-19 and Tobacco: What We Know

During the evolution of the ongoing pandemic, a strong body of evidence suggests a risk regarding tobacco use and Covid-19 infection. According to the research review presentation by Dr. Brian King, Deputy Director of Research Translation at the Centers for Disease Control's Office on Smoking and Health, (1) Cigarette smoking can suppress the immune system and cause heart and lung diseases (see US Surgeon General's 2014 Report of Smoking); (2) a person who smokes may be at greater risk for, and may have a harder time recovering from, COVID-19; (3) the relationship between the use of e-cigarette, or vaping, products and risk of COVID-19 is uncertain. Therefore, while quitting smoking at any time is beneficial, now more than ever is the best time to assist patients in their cessation journey.

Quit Now Indiana has a new Covid-19 landing page for smokers. Please review the resources below for more information on Covid-19 and tobacco use.

Resources:

- Archived ALA webinar: "Update with CDC for Chronic Disease Partners on COVID-19"
- NIH National Library of Medicine – COVID-19 Research Article Database
- CDC Provider Reference Tool for Brief Intervention
- https://www.quitnowindiana.com/
    - 1.800.QUIT.NOW

What's Happening at Rush Memorial

The Suburban Health Organization hosted their Long Term Care education meeting with over 30 people representing many Indiana Administrators, Nursing Leadership, Social Workers, and Healthcare Providers here at the hospital. The education and dialogue with SHO and the Indiana State Department of Health was aimed to give the learners increased knowledge of how to manage long term care resident's increasing challenging behavior with strategies to implement in their practices. Pictured is RMH President/CEO Brad Smith welcoming the group.

Clumio, RMH's backup software company based out of California, was onsite in February filming a professional marketing video of why Rush Memorial Hospital uses their product and how we use it in healthcare. This video will go nationwide perfect opportunity to tout Rush Memorial Hospital!

The Rushville High School Boys Basketball team and Varsity Head Coach Doug Laker were pleased to present a check for almost $2,000 to Rush Memorial Hospital President and CEO, Brad Smith. These monies were raised from the Coaches vs Cancer event/tee shirt sales and will stay local going to the RMH Foundation - Sheehan

Cancer Center. The donation will help support the quickly growing RMH Oncology department, the patients, and families.

“Rush Memorial is very appreciative and thankful for the support of the coaches, the team, the community, the parents and all who were involved in making this donation a huge success,” said Smith.

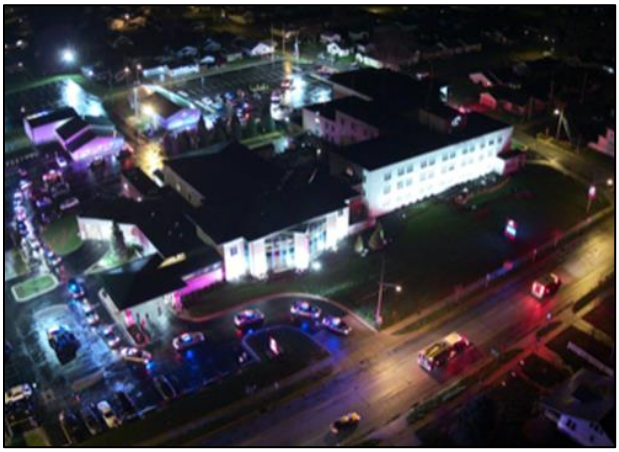
Alle Lilly, Executive Director of the RMH Foundation was also thankful for the gracious donation. “On behalf of the RMH Foundation Board of Directors, we thank the basketball team for investing in our goal to build an outdoor addition for our local patients at the Sheehan Cancer Center!”

Rush Memorial Hospital's Environmental Services team has not only doubled in size, but has worked around the clock to keep our facility clean and safe for our patients, staff, and community. Before the pandemic, Rush Memorial Hospital was very clean and safe, and this team has continued with this dedication throughout these trying times. Pictured is Breanna Carpenter, Liberty Bumb, Joan Knight and Tru-D gowned up as they prepare to clean a room.

Tru-D, or Trudy as we affectionately call the robot, is used to disinfect patient and surgical rooms here at RMH. The device emits UVC light that destroys the DNA, or genetic material, that bacteria, viruses and protozoa need to reproduce. Healthcare UVC devices are used to kill "super bugs", or hospital borne infections that can be extremely difficult to treat. The use of UVC light energy to control potentially harmful micro-organisms is effective, environmentally-friendly and chemical free, which makes it perfect for the hospital environment.

Thanks to the forward thinking EVS Director Debbie Showalter, Rush Memorial purchased this robot this past November in anticipation of the hospital doing more invasive surgeries. However, we quickly learned that during this pandemic, Tru-D has been invaluable!

During this pandemic, Rush Memorial Hospital employees were rewarded with such an outpouring of support from Rushville’s Police, Fire, Rush County Sheriff, State Police, EMS, Davis Towing, and Starweld. Not only did this group parade during the day, they also recognized our multiple shifts and paraded again at night.



Rural Indiana Hospitals Try to Stay Afloat as They Brace for Potential Coronavirus Surge

Via *Indianapolis Star*
March 29, 2020
By Shari Rudavsky

Even before Knox County had its first case, the new coronavirus took a serious toll on Good Samaritan Hospital in Vincennes. In just one day, hospital officials saw a $1 million decline in revenues over the previous week.

And that was no anomaly. On average, the hospital has lost about $750,000 in revenue each day this week compared with two weeks ago, said Rob McLin, the hospital's chief executive officer.
While hospitals in larger urban centers struggle to find supplies and brace themselves for an onslaught of patients, hospitals in rural areas — many of whom were pushed to the financial brink before the outbreak began — are just hoping that they can survive.

For hospitals like Good Samaritan, a regional medical center that serves 11 counties including four in Illinois, Gov. Eric Holcomb's executive order to stop elective surgeries combined with a sudden drop in wellness visits has led to a sharp drop in revenues.

On a typical day, 105 to 110 of the hospital's 155 beds are filled. In recent days the count has dropped from 105 to 100 to 80. Emergency room and physician visits, two other potential revenue sources, also have dropped dramatically. On a typical day the hospital would see about 110 people in emergency room visits and about 800 doctor visits. Earlier this week those numbers were 48 and 360, respectively.

"Nobody is prepared to handle that," said McLin, chairman of the board of the Indiana Hospital Association, noting the loss of revenue would be too great.

"That's unsustainable."

Mergers on the horizon? Or closures?

Even before coronavirus became a household word, many rural hospitals had been struggling financially, said Don Kelso, chief executive officer of the Indiana Rural Health Association.

This outbreak comes at the end of a strong flu season. Now, along with their urban counterparts, rural hospitals have had to invest in additional personal protective equipment, such as swabs, masks and gowns, Kelso said.

Many factors will contribute to how well rural hospitals are situated to handle the changes coronavirus has wrought, including how long it takes for society to return to a semblance of normal. Some might wind up merging, consolidating or closing all together, Kelso said.

"I would not totally rule it out if this drags on a long time," he said. "This is just going to be another financial hit for hospitals."

The government relief package could offer some help, but it's unclear how much help that will wind up providing for rural facilities.

In general, the smaller the hospital, the greater the facility's reliance on elective procedures, said Brian Tabor, president of the Indiana Hospital Association.

"We're bracing for something, but there's not the normal reimbursement flowing," Tabor said, adding that hospitals will have to look to the government and commercial payors "to help make interim payments to hospitals to keep the doors open."

One benefit of the outbreak has been softening regulations around telemedicine, Kelso said. Both the federal government and private insurers have relaxed rules, allowing doctors to conduct virtual visits in the interest of allowing people to stay home.

"That's one good thing to happen out of this bad thing," he said.

Bracing for a surge

Greene County General Hospital has tried to adapt for the new reality. The 25-bed critical access hospital in Linton has temporarily closed two of its four outpatient clinics, hospital Chief Executive Officer Brenda Reetz said. One of the two remaining clinics is being used for follow-up chronic care visits; the other, which is open seven days a week, for infectious diseases such as, well, COVID-19.

If a provider recommends a patient for coronavirus testing, the provider sends the person across the street to the parking lot of the hospital, where patients can be tested in their cars. The hospital will send the sample to the state health laboratory or a commercial lab.

Since March, the hospital has done 26 tests and has results on half of those. As of Friday Greene County had no positive COVID-19 tests.

The hospital is treating patients who require hospitalization and who are waiting on results as though they have the virus, placing them in isolation, Reetz said.

Meanwhile, the hospital is watching its revenue fall. Reetz said if things stay the way they are now, the hospital would be able to make it into the summer months.

“Our revenues are not at all what they typically would be during this time. … The patients that we have had to cancel are typically the most profitable,” Reetz said. “Our revenue has decreased by at least 50 percent a day, and I think that number is continuing to drop. It may flip here as volumes go up.”

Anticipating a flood of patients, Reetz has been trying to buy additional personal protective equipment and working to find additional ventilators. The hospital has five ventilators, one for each ICU bed it has. She also is exploring whether having two patients share a ventilator might be possible.

The need for staff, no matter the cost

Laying off staff, even temporarily, is not an option, Reetz said. With a small staff already, she fears what might happen if a patient inadvertently exposes one shift of workers to COVID-19 and they have to go into a two week quarantine.

“It’s vital to us that we don’t have anyone that goes out on a 14 day quarantine because we need everybody,” she said. “We need all hands on deck every single day.”

McLin also is keeping an eye on staffing levels. He is trying to reassign staff for other areas, such as screening or other places. He is hoping that he won’t have to send people home for lack of work while the hospital waits for the predicted surge of coronavirus patients.

Complicating this calculus, if a surge hits, doubling the hospital’s patient count, McLin said, he will be challenged to find sufficient staff. As of Friday Knox County was one of the minority of counties in the state without a case of coronavirus.

And he considers his hospital among the fortunate ones. He has heard from Indiana hospitals that have 25 days of cash on hand. Because hospitals tend to collect 60 to 90 days after procedures and visits, these facilities could find themselves out of cash in two months.

“The problem is,” McLin said, “that we don’t know what the end date is."

Save the Dates for these IRHA Events

- 2nd Annual UMTRC Telehealth Conference, July 14-15, 2020, Gillespie Conference Center, South Bend
- Rural Opioid Symposium, July 21, 2020, CTC Training Center, Richmond State Hospital, Richmond
- Medication-Assisted Treatment Waiver Training, August 18, 2020, Biltwell Event Center, Indianapolis
- Leadership Seminar/Quality Symposium, August 19, 2020, Biltwell Event Center, Indianapolis
- Rural Opioid Symposium, August 25, 2020, Purdue Extension Building, Corydon
- Rural Opioid Symposium, September 15, 2020, Lawrence County 4-H Fairgrounds, Bedford

- 23rd Annual Indiana Rural Health Conference, November 17 and 18, 2020, French Lick Springs Resort and Conference Center, French Lick

All Event details are listed on the IRHA website by clicking here. You can also view upcoming webinars and archived webinars with just one click.

IRHA is monitoring COVID-19 and will notify registrants if there are any changes to the events.