

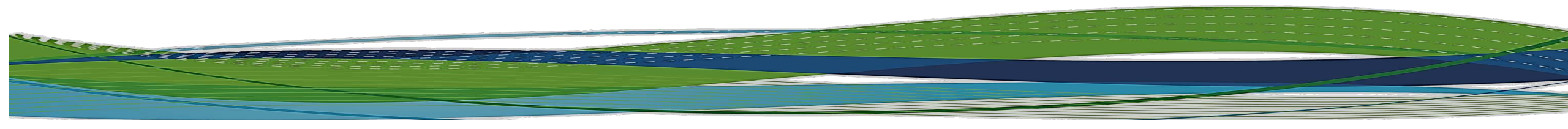


Crisis in Rural Emergency Medical Services



Your voice. Louder.

- 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.





Your voice. Louder.

Environmental Scan

After CORONA (AC)

Covid-19 in Rural America



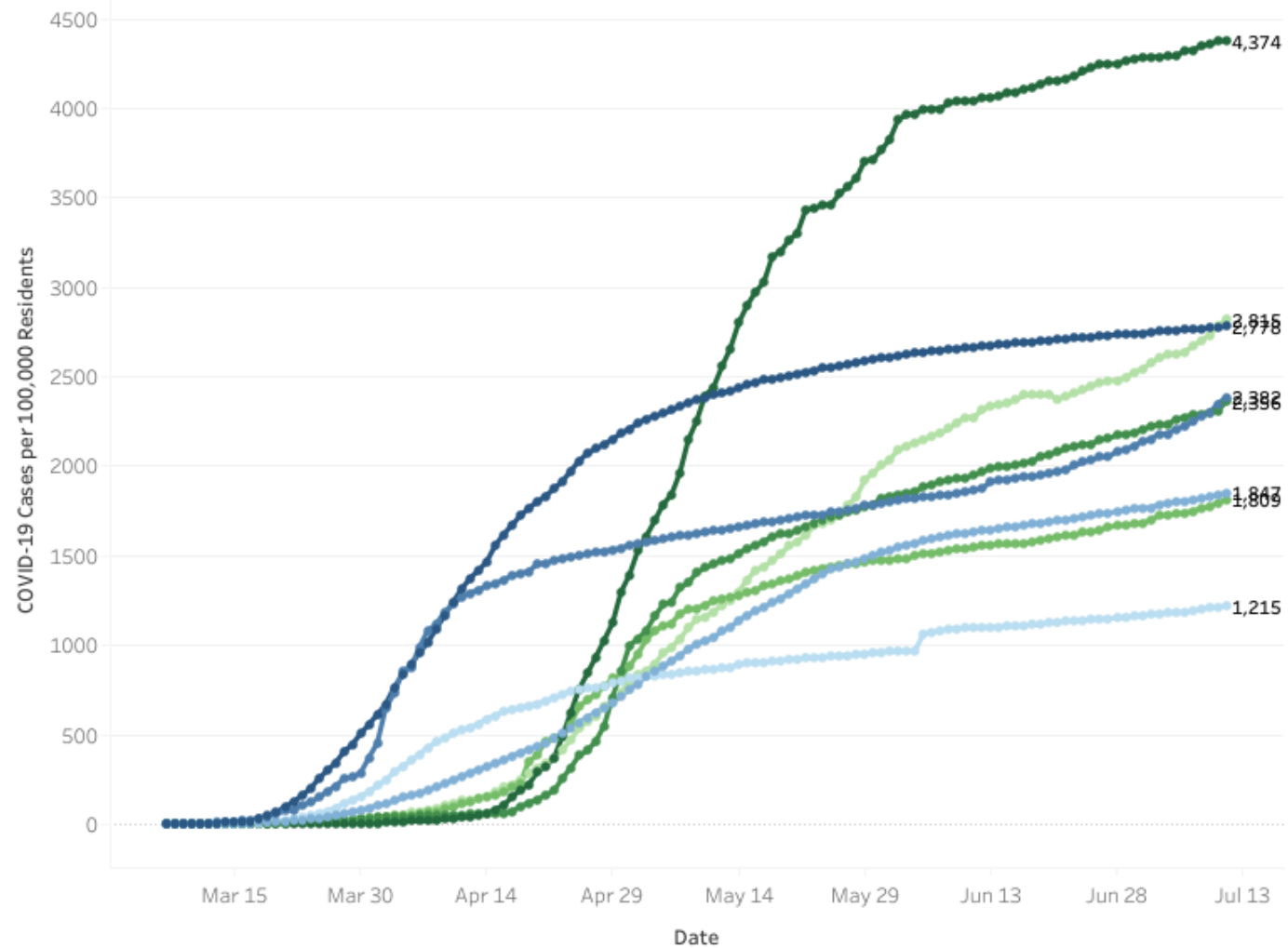
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- Thus far in 2020, twelve rural hospitals have closed – four during the pandemic (UNC Sheps Center).
 - COVID-19 is growing faster in rural America in both number of cases and deaths (KFF).
 - Emergency visits down 42% nationwide since PHE declared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

COVID-19 Cases per 100,000 Residents for Urban and Rural Hot Spots

- Hot Spots
- New York Area
 - New Orleans Area
 - Chicago Area
 - Detroit Area
 - Western KS & OK
 - Southern MN
 - Central IA
 - Central MS



July 13, 2020



Average Daily Increase in COVID Cases Per 100,000 Residents in the Last Week for US Rural Counties

Average Daily Increase in Cases per 100,000 Residents



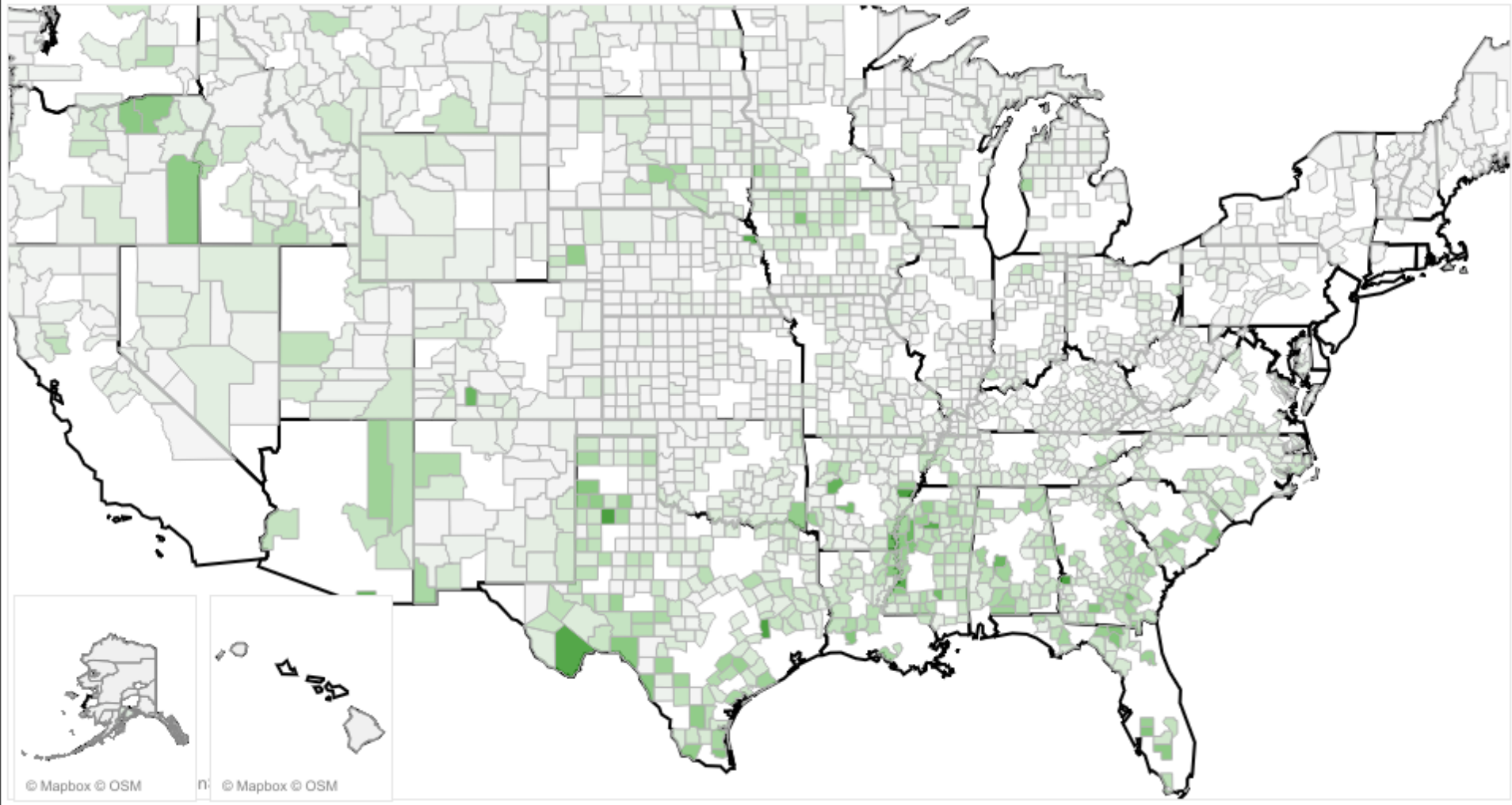
Day of Date
July 5, 2020

Show history

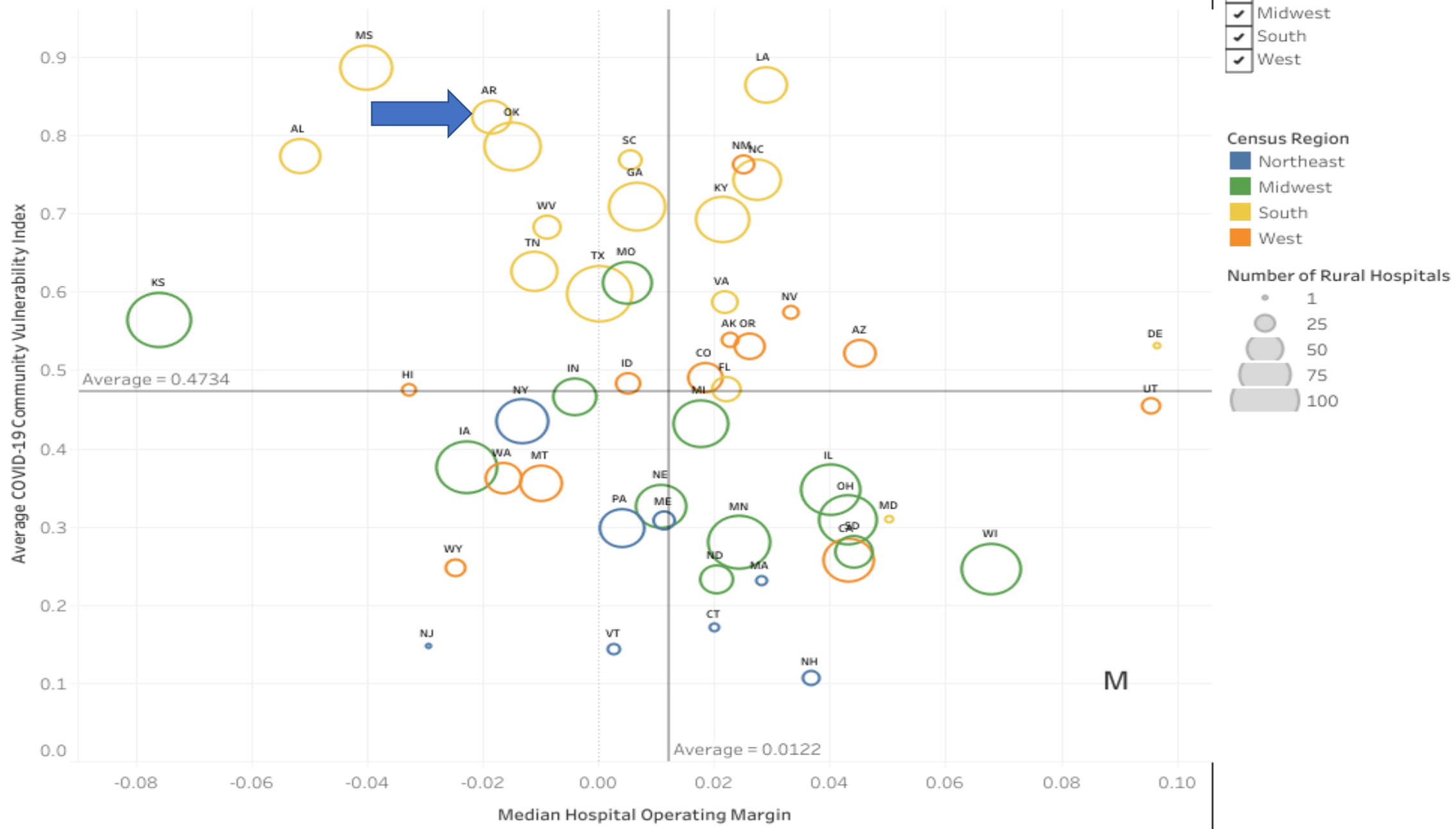


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July 5, 2020



COVID-19 Vulnerability for Rural Hospitals by State



Rural Fractures Widen as Covid 19 Spreads

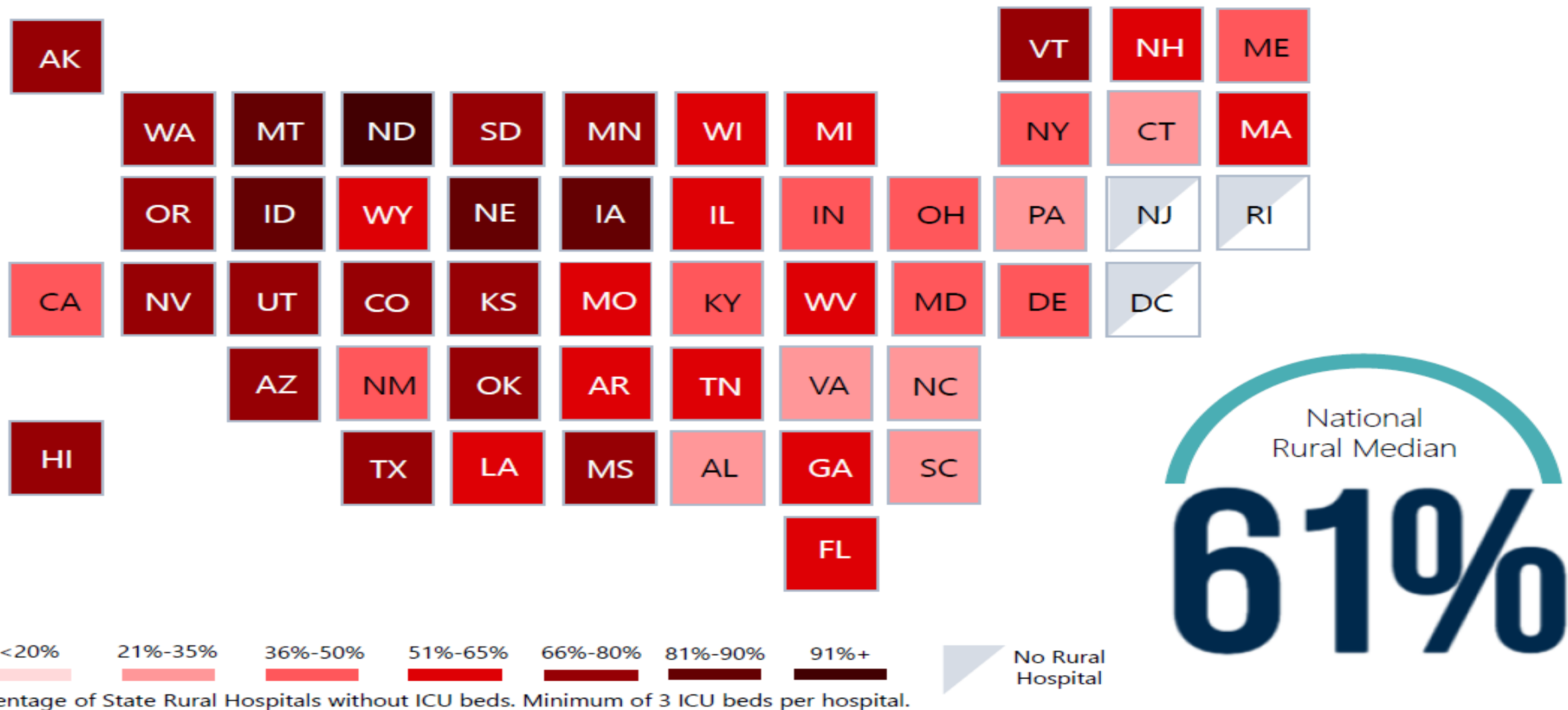


Your voice. Louder.

- 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



Your voice. Louder.

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



Your voice. Louder.

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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