

Leading Rural Health

EDUCATION SERIES

Welcome!



Leading Rural Health

EDUCATION SERIES

Our goal is to provide a platform for leaders to come together to share, collaborate and learn from their peers about the nuances and complexities that impact rural healthcare across the country.



LeadingRuralHealth.com

Scan the QR code to register for updates.

Panel Experts



PANELS

Featuring your rural health leader peers on the unique challenges, opportunities and evolution of rural healthcare



Troy Brown

Network Consultant
Chartis Center for Rural Health



Brock Slabach

COO
National Rural Health Association



EDUCATIONAL PROGRAMMING

Topics of interest such as communicating through change and hard choices, workforce issues, advocacy, issues and crisis management and more

Education Session Leader



Letitia Fecher

Senior Vice President, Public & Community Health Systems
Practice Lead at Jarrard

Health System Affiliation or Remain an Independent?

Key Considerations for Hospital Administration

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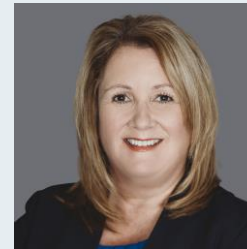
JJ Hodshire
President & CEO
Hillsdale Hospital



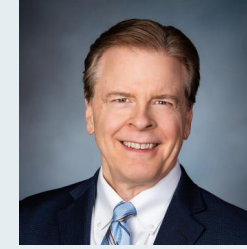
Si Hutt
President
Intermountain Heber Valley



Daniel Ordyna
CEO
Star Valley Health



Marie Vienneau
Senior Vice President
Northern Light Health



Brock Slabach
COO
National Rural Health Association



Troy Brown
Network Consultant
Chartis

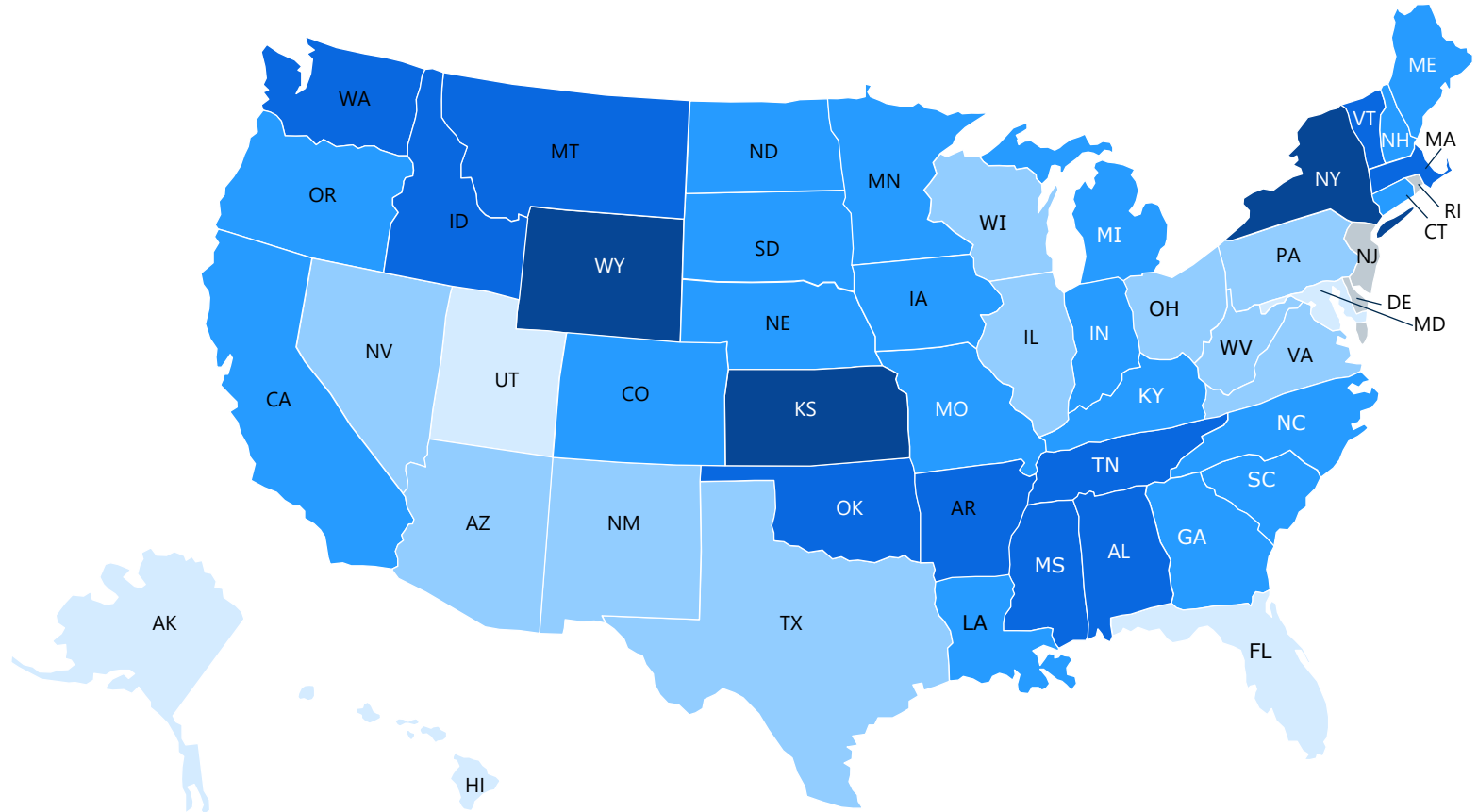


Half of All Rural Hospitals Now in the Red

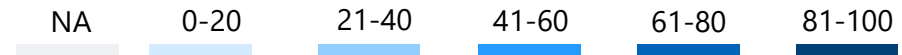
Overall, **50% of America's rural hospitals** are operating **in the red**.**

Highest percentage ever calculated in our annual analysis.

In **non-expansion states**, **55%** of rural hospitals are **in the red**.



State-level percentage of rural hospitals with negative operating margin.



Source: The Chartis Center for Rural Health,

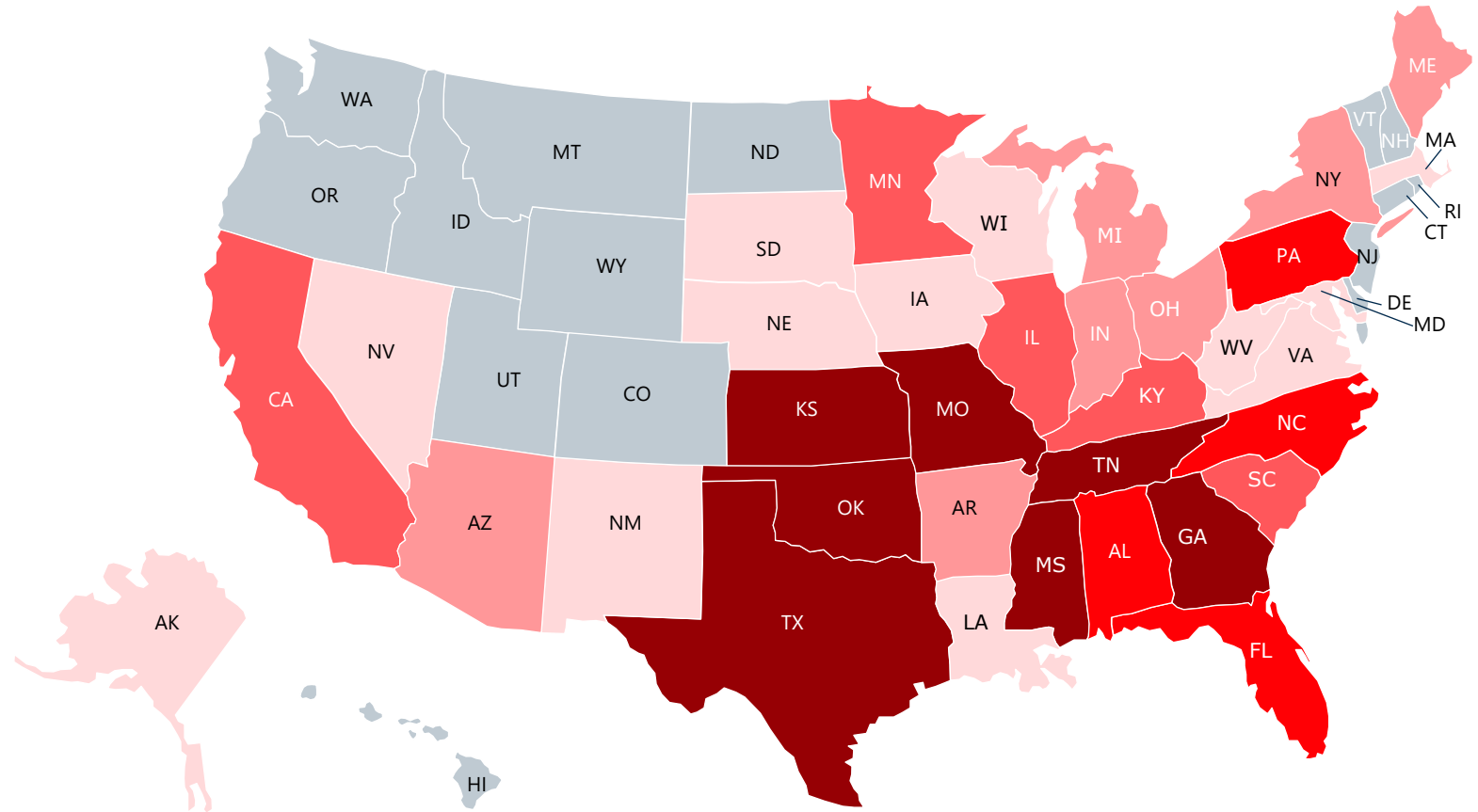
**CMS Healthcare Cost Report Information System (HCRIS) Q3 2023. Operating margin is computed in accordance with Flex Monitoring Team guidance. Outliers are excluded. Hospitals for which data are unavailable are excluded. Reported Covid-19 PHE Funds (Worksheet G-3 line 24,50) excluded from operating margin. Adjustments made to operating margin to reflect full 2% sequester.

Access to Inpatient Care Continues to Vanish

Since 2010, **access to care has deteriorated significantly** in rural communities across America.

179 rural hospitals have either closed or converted to a model that excludes inpatient care (e.g., REH).

Highest loss of inpatient care tends to be in **states resisting** (or slow to adopt) **Medicaid Expansion**.



Closure Source: Cecil B. Sheps Center for Health Services Research, September 2024.

Number of rural hospitals closed or ceasing inpatient care since 2010.

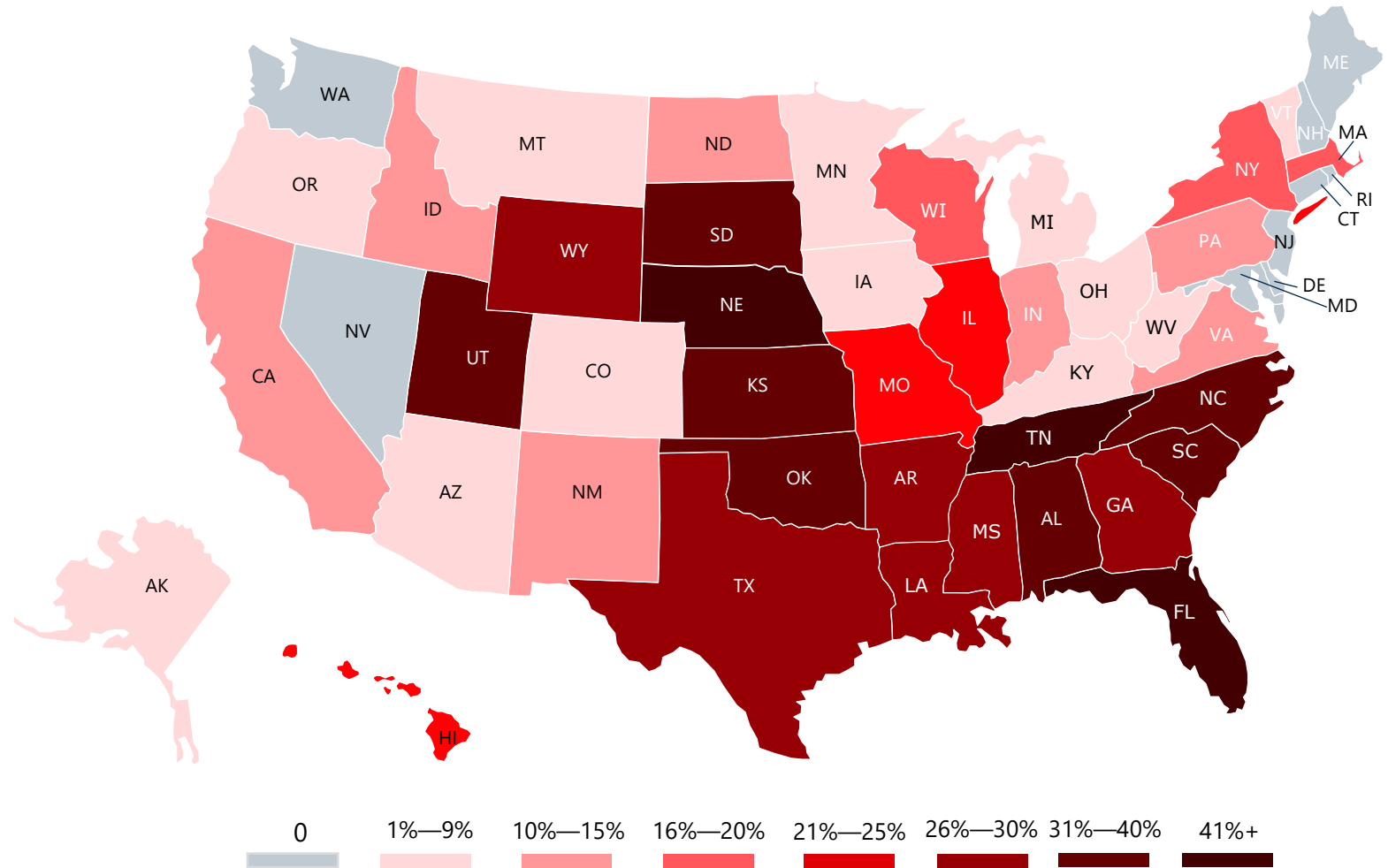


Nearly 420 Hospitals Vulnerable to Closure

418 rural hospitals across America are **vulnerable to closure**.

Across **16 states**, the **percentage** of rural hospitals **vulnerable to closure is 26% or higher**.

Non-expansion states are home to **nearly 200** vulnerable rural hospitals.



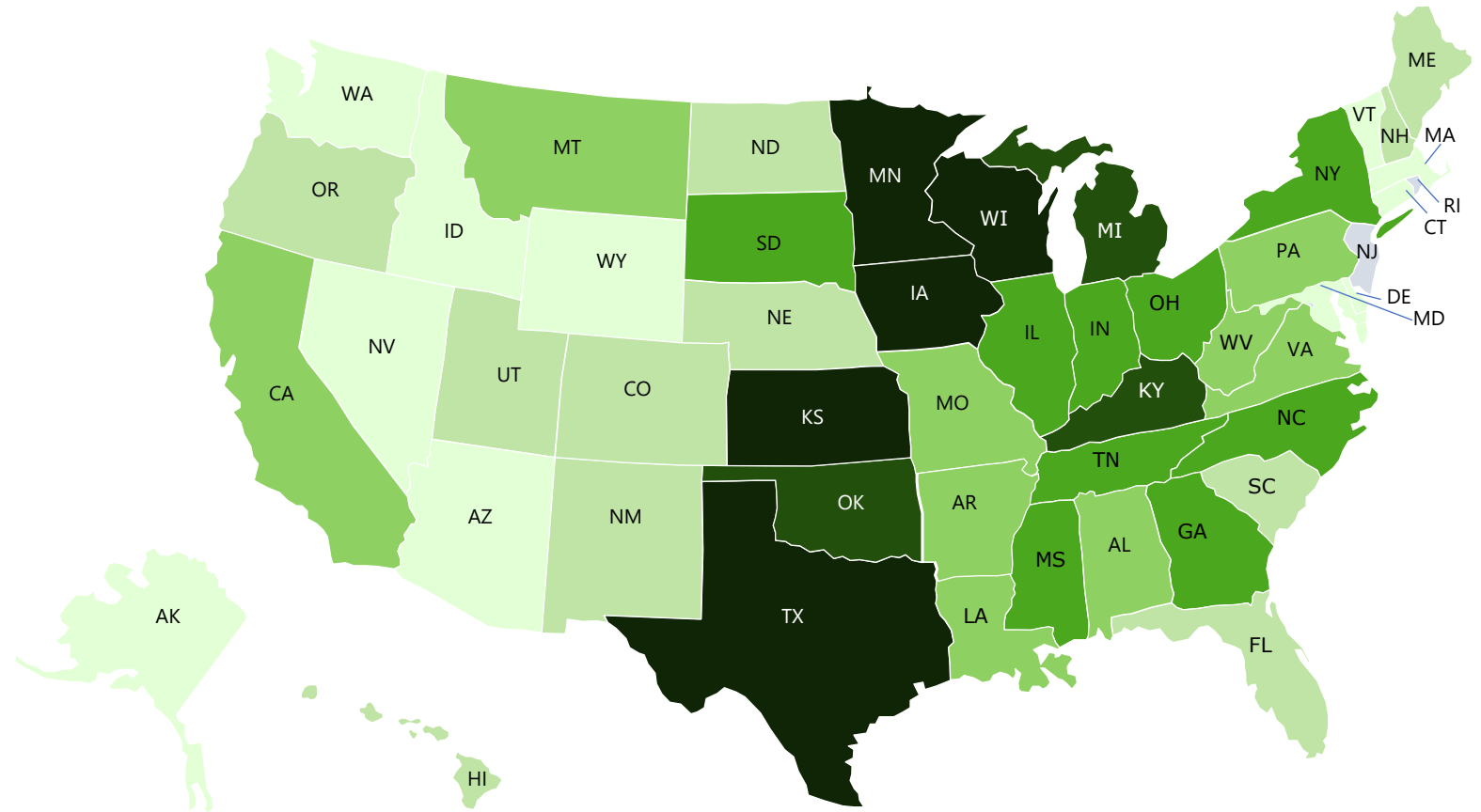
Percentage of State Rural Hospitals Determined to be Vulnerable

System Affiliation is on the Rise

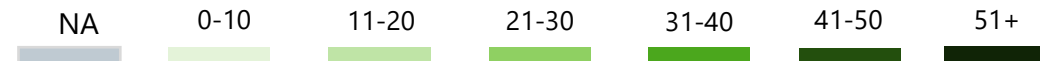
Nearly **60%** of rural hospitals are now affiliated with a health system.

Among independent rural hospitals, **55%** are in the red compared to **42%** of system affiliated rural hospitals.

Texas has the **most** system-affiliated rural hospitals with **66**.



Number of system-affiliated rural hospitals, by state



What is Driving System Affiliation



Mission

Bring care to communities with unmet needs and/or limited access to services



Referral Patterns

Right patient > Right procedure > Right place > Right price



Population Health

Coordinate across continuum of care and devise 'upstream' interventions



Technology Integration



ACOs/Alternative Payment Systems

Create value by delivering high quality, coordinated care cost-effectively



Corporate Allocation and Cost-based Reimbursement

Optimize cost-based reimbursement for shared services across CAHs

What Fuels Hospital Independence?

1

Ability to maintain decision-making at the local level

2

Belief in the Mission – *“Nobody knows our community like we do”*

3

Potential for greater agility in times of need and/or change

4

Willingness to retain high cost, low volume services like OB

5

Input and feedback from internal and external audiences

Key Considerations for Hospital Operations



What are some of the key indicators and factors that can inform and drive the discussion and decision-making process?

Key Considerations for the Delivery of Care



How can affiliation support and improve care delivery?

For independent facilities, how important is “interdependence”?

Communicating with Your Community



How important is engaging your community on the topic of affiliation or independence?

How do you communicate decisions to internal and external audiences?

Questions?

Please use the chat feature via
Zoom to share your questions!

