



Rural Health Concerns, Opportunities and Strategies for COVID19: Early thoughts of the State Offices of Rural Health

Introduction

In response to the novel coronavirus (COVID19) pandemic, the National Organization of State Offices of Rural Health (NOSORH) hosted a series of listening sessions with the 50 State Offices of Rural Health (SORH). Three calls were held during the week of March 16, 2020 to identify the challenges and opportunities that SORH are hearing from their constituents. This report documents the resulting identified rural challenges and concerns, innovative rural strategies, opportunities for collaboration, needed rural resources, and identified areas of concern or suggestions for SORH-managed federal programs.

Rural Challenges and Concerns

- SORH noted that rural communities face barriers to the COVID19 testing process, including:
 - Some states are limiting COVID19 testing until after a rapid viral panel has been completed. This presents issues with the (a) uncovered cost of the remainder of the rapid viral panel, and (b) extending the time until diagnosis and treatment (while recognizing the need to rule out underlying health conditions).
 - More frontier areas lack enough courier services from rural hospitals to the state/partner labs where mailing of tests is not permitted.
 - The backlog of testing has caused patients to be held for extended periods of time, with a Florida CAH holding patients as long as 11 days, and a Nebraska CAH averaging 5-7, and up to 10 days.
 - Some SORH have heard concerns of a few labs are running low on testing reagent.
- The rural health landscape was already financially vulnerable, compared to their urban partners. A continued concern of SORH is the loss of revenue to the crucial rural health infrastructure.
 - Current CMS guidance allows for a widening of telehealth provisions nationally but still does not identify Federally Qualified Health Centers (FQHCs) or Medicare-certified Rural Health Clinics (RHCs) as distance sites of care. These sites remain as originating sites only, limiting the ability of these providers (who serve the most vulnerable populations) to fully utilize telehealth services.
 - As elective procedures are being required to cancel, there are reports that some rural hospitals and clinics are having to let go of staff that aren't immediately needed, with few COVID19 cases locally. There is no cash flow to help keep the workforce on payroll.
- While not unique to rural, SORH reiterated the concerns with supply chain issues, particularly for PPE (gloves, masks, glasses, respirators, etc.), nose swabs and cleaning supplies. Often these smaller hospitals keep lower stockpiles of extra supplies and are harder to reach geographically in the supply chain.
 - Several states are noting that health care professionals are being asked to reuse what PPE they do have, as many times as possible. There are reports of staff having to spray masks with disinfectant between patients, reusing until they fall apart.
 - Multiple states indicated rural hospitals found they were going through PPE rapidly; upon investigation, at least one site discovered that patient families were pilfering supplies for personal use.
- Workforce shortages were an existing concern for rural areas, operating with a higher number of health professional shortage areas (HPSA) than urban areas before the pandemic. SORH noted that these workforce shortages are being exacerbated as health professionals are (a) having to take off work to care for children, and (b) they themselves are getting sick.

- These concerns apply across the spectrum of health professionals, not just physicians and nurses. Lab techs, allied health and other health professionals are also at high risk.
- The existing rural workforce relies heavily on providers currently under an obligation to serve, in return for loan repayment. These state and federal workforce programs (NHSC, SLRP, J-1/Conrad 30, etc.) are shifting the work location, delivery method, and hours of service that may place them in default of their contracts.
 - SORH and PCO partners voiced concern that the new NHSC provider application cycle hasn't been extended or postponed.
 - For programs other than NHSC and Nurse Corps, legislative authority seems to be limiting the flexibility of obligated providers in location and in delivery method – guidance is needed quickly.
- A key partner of concern for SORH are rural first responders (EMS, law enforcement, fire and rescue, etc.).
 - The concerns of PPE, cleaning supplies, and other resources extends to these partners as well as hospitals, clinics, and health departments.
 - For rural EMS, Fire and Rescue especially, there are concerns about the number of volunteer positions leading to a shortage of these essential services. In one state, they noted the majority of EMS volunteers are aging and are within a high-risk category.
 - In addition to PPE and cleaning supplies, these partners need protocols, education and resources for operating during a pandemic. This includes ensuring protocols and manpower to clean vehicles appropriately between transports.
- Some SORH discussed difficulties and challenges with reaching special at-risk populations within their states. Of particular concern were those with limited connectivity to the outside world (Amish, Mennonite, some Tribal communities, etc.)
 - Several states voiced concerns on reaching homeless populations, which should include those rural residents who live in substandard housing
 - One state noted the need to monitor human trafficking closely, as it will be an incubator for spreading the virus.
- Many SORH indicated concerns for the mental health of rural residents, particularly as states continue to lock down on socializing.
 - Some states voiced concern of an increase in rural domestic violence cases, as people are confined to their homes
- SORH also raised several concerns about the social supports and services available in rural communities. These concerns included:
 - Limited broadband access in rural and frontier communities (not just telehealth, but children's access while at home)
 - Access to food, particularly for children that are now at home and possibly alone
 - With the passage of the recent relief bill, SORH will continue to monitor and see if these concerns are addressed.

Innovative Rural Strategies

- SORH are working with partners to incorporate existing Community Paramedics (CP) into the response workforce. The use of CPs was varied:
 - In Oregon, CPs are being deployed to conduct mobile COVID19 testing in at-risk patient homes
 - In North Carolina, CPs are shifting to doing more telephone-based screening to limit contact with patients
 - Several states voiced the need for state and private reimbursement of CPs, even if temporarily, to activate these resources more broadly.

- Using the existing Project ECHO model, Nevada partnered with an infectious disease physician to host an ECHO session for rural providers (when posted: <https://med.unr.edu/echo/video-recordings>).
 - In New Hampshire, an [Emergency Order](#) was enacted that allows one driver and one attending personnel per transport, waiving the requirement that the driver must be a licensed healthcare provider. A website of [EMS protocols and emergency orders](#) for NH has been created.
 - A few states noted that students (particularly 4th year medical school students, nurses in clinical rotations, etc.) are being called upon to fill shortages in the workforce gaps.
 - For state-based workforce incentive programs (state-based SLRP, state-based scholarship programs, etc.) opportunities may be available through Governor-order to expand the locations and delivery methods for these providers – not currently available for most Federal counterparts.
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Opportunities for Collaboration

- SORH noted that the Home Care industry is ready to activate in many rural communities but concerns still remain about access to PPE and cleaning supplies for this group as well.
 - With CMS changes to CAH regulations, CAHs are opening up beds that can help in the isolation and treatment of COVID19 patients for extend periods of time.
 - Several states noted the importance of partnering with the Faith-based community for communication and engagement; not just in a rural setting.
 - SORH are in early stages of engaging with CMS 1135 waivers of their state and will share progress.
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Needed Resources for Rural

- Compilation of hospital and clinic emergency plans for sharing with stakeholders
 - Ideas to assist rural hospitals with reducing pilferage of scarce resources for personal use.
 - Clearinghouse of CMS changes, and someone to interpret those changes.
 - NOSORH is maintaining a website devoted to these resources
 - Sign up for NRHA's Grassroots Advocacy forum
 - Telehealth resources from TRCs and assistance in quickly setting up the infrastructure (efficiently and securely)
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Grant Requirement Concerns and Suggestions

SORH raised a number of concerns regarding the federal grants and cooperative agreements they manage. These concerns were echoed closely for the SORH, SHIP, and Flex grants collectively, including:

- Guidance for recipients on HRSA/FORHP expectations in the shifting of workplan activities and funds to meet current needs of rural communities.
- Guidance for handling of canceled contracts and activities in the current workplan, particularly if they're carryforward activities
- Guidance on the use of SHIP funds toward establishing telehealth in provider based RHCs, particularly for hardware.
- Awareness that current situations may limit the ability of the state to meet demands for matching funds, particularly under the SORH and federal State Loan Repayment Programs (SLRP).
- Awareness of concerns that this may have long-term implications to the appropriations for the programs, with guidance from HRSA/FORHP when ready.
- In the immediate, participants voiced the request to provide a 1-year extension to the Flex NCC; stating that this had been done previously and would be helpful to recipients.

As many of the SORH are collocated with their PCO and/or undertake workforce activities under their SORH grant, workforce programs are of particular concern. Concerns and suggestions for federal workforce programs include:

- Encouraging the Bureau of Health Workforce to postpone/cancel the *National Shortage Designation Update 2020*, to ensure no locales are proposed for withdrawal during the pandemic.
- Extend the application deadline for National Health Service Corps to give applicants more time (currently closes April 23rd).
- Re-open the Nurse Corps application cycle that recently closed.
- Ensure telehealth visits count toward regular hours for all obligated individuals (SLRP, NHSC, J-1, etc.)