NOSORH Updates

- New updates to the NOSORH Data Tool include nursing home and long-term care data. Preliminary analysis shows the highest rates of mortality in rural nursing homes and long-term care facilities. Michigan is using the data to collaborate with rural local health departments. For more information on the updated layer, join the next Rural Aging call on Tuesday, July 21st at 3:00 pm ET.
- On Tuesday, June 23rd, CMS released a press release with new Medicare COVID data; including infographics but recognize its limited to Medicare patients.
- A new federal House bill was introduced – H.R. 7287, Help Act of 2020 – within this piece of legislation is language that would make distant site designation permanent for RHCs and FQHCs.
- There are some news reports have said the COVID testing funds may end; though recent reports indicate that the Public Health Emergency will be extended an additional 90 days.

SORH challenges, concerns and questions

- Several states noted that there has been an increase in the number of COVID-19 cases, particularly in locations that didn't have an outbreak previously.

Have you been directly involved in expanding access to testing in rural communities? What did you learn that you could share with others?

- o Nevada has stood up a phone line and a drive-in testing clinic using their medical students and residents. They noted that having a rural residency was key to their ability to support a rural testing site. The office is also hosting a weekly ECHO COVID session to allow rural facilities to speak directly with the state lab.
- o Nevada also cautioned that as things are starting to open back up, the general population has less patience for the delays in test results. In some ways, it was more manageable when stay-at-home orders were in place.
- o South Carolina has been helping to stand up testing sites with local health departments and rural health clinics where testing is scarce. Many of the system-affiliated hospitals/clinics are receiving testing support internally, which left a gap in the safety net. Shannon in SC can provide details for those interested in more information.
- o Oregon has seen a lot of hospitals using SHIP dollars for testing and supplies but will know more with upcoming quarterly reports. The OR-ORH reported hearing a lot about EMS working with public health; how they've helped with agricultural hotspots, mobile testing sites, etc. One account was reported of EMS worked with Ag community liaisons; they went directly to housing and knocked on doors with liaisons and translators, building rapport, and are now transitioning to working with employers to come on-site. A couple of agencies have reportedly tried to work to bring more testing to people who don't have access to transportation. The hospital association and the regional health authorities are hosting weekly calls to provide information and support.

- o Delaware offered a personal anecdote of how it took 3 calls to get their father assessed for testing. Health literacy levels vary greatly and some are unable to do that, this is a hurdle to care and hard for older populations. It's the difference between availability and accessibility.
  - o Arkansas has a drive-in testing site with every local health department, but appointments must be made and are often a 3-5 day wait. The delays in testing are a concern as they could be exposing others before they get the test and while they wait for results. Hospitals, FQHCs, and RHCs are also doing testing. AR-ORH reported they haven't heard of recent supply shortages; any bottleneck seems to be more with the lab.
  - o North Carolina reported that they are trying to heavily infuse testing dollars into the system. The department has put out an RFQ to expand out to other commercial providers. They also reported putting funding into tracing infrastructure to provide outreach to those potentially exposed with up to 2,000 tracers. In addition to testing and tracing, the NC-SORH will do an RFA for 300 community health workers to do outreach and coordinate care, prevention, education with those identified through contact tracers.

The future rural health landscape
What legislative and/or regulatory changes have come to your state as a result of the COVID-19 pandemic?
- North Carolina followed up on a previous report related to the CAH swing bed rates in the state. Previously the CAH Swing bed rate was $129/day and set in legislation; the NC-ORH has worked extensively with Medicaid to develop new CAH swing bed rates for COVID positive patients and non-COVID patients. COVID-positive patients will now be $1208/day, and non-COVID patients will be $861/day. Nick Galvez and Rene Clark from NC-ORH have done a lot of work on this, now trying to contact all the hospitals. They are not certain how many hospitals have the equipment or are candidates to get these rates. The SORH was able to provide Medicaid with the data on a top threshold cost based on the 20 CAHs in the state. The first time they surveyed CAHs the response was low, when the rate was $129/day, but are hoping more CAHs will engage with the enhanced rate.
- South Carolina noted that their legislature may soon approve an additional $125 million for hospital relief, though not specific to rural.

What concerns do you have in the near future for rural residents?
- In Southern coastal states there has been an increase in the dialog about hurricane season and what new challenges may appear with sheltering in place.
- North Carolina reported that they did an early stay at home order, are now in Phase 2, and are experiencing the first of the surge in rural communities. They noted that the NC Academy of Family Physicians and Pediatrics Society meet with the SORH every two weeks; their members are reporting 40-50% of providers are at high risk for closure

because they were closed for long and because of the large Medicaid population. $25 million will be put into the budget for future care, though this does not backfill the loss.

- o Washington reported that a representative of the AAP has anecdotally share with the SORH that 70% of all pediatric practices had to let staff go, and one practice closed.
- o North Dakota noted that pediatric practices have received some funding now and there have been reports that federal financial relief will help. They indicated that they have not had closures of pediatric practices in ND, with layoffs more common in the hospitals not in the clinics.

What is 'keeping you up at night'? Biggest concern about the future of rural America after rebound and after COVID 19?

- A couple of states discussed their concerns for public health professionals and the feeling that their positions are being politicized.
  - o Washington shared that there are reports of some leaders in public health experiencing death threats, and fear that their work is being mis-used or misrepresented. They developed a rural health support group to help rural public health professionals.
  - o Montana supported the claims and suggested that we consider how to support these professionals moving forward, as it will look very different after COVID-19.
- Oregon expressed their concerns of the growing economic disparities within the state, even from government employees who are being furloughed or reduced hours. When considering the social determinants, food insecurity became an issue early on and has only gotten worse.

Request: Please share any topics you have for discussion on future COVID-19 calls. These don't have to be specific questions but can include general "future focused" topics that you'd be interested in discussing with the group. To submit ideas, or for discussion, please contact Chris Salyers.

Reminder: NOSORH will host the next Virtual Meetings Learning Community on *Wednesday, July 1st at 4:00 pm ET / 3:00 pm CT / 2:00 pm MT / 1:00 pm PT*. Check your inbox for more information and a calendar invite. If you have questions, please contact Matt Strycker.