

Alan Morgan

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Ellen Kelsay

That's Alan Morgan, CEO of the National Rural Health Association and regular contributor to health policy publications across numerous academic journals. He's known for his work and advocacy for rural health equity at the state and federal levels. Alan has also been recognized as one of the top 100 most influential people in health by *Modern Healthcare*.

I'm Ellen Kelsay and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

Estimates have shown 30% of rural hospitals in the country are at risk of closing. This discussion explores unique challenges faced by rural communities and the innovative solutions that have emerged.

Alan, welcome to the podcast, so thrilled to have you with us today.

Alan Morgan

Oh, I really appreciate the opportunity to join you.

Ellen Kelsay

All right, well let's start with what might be a somewhat provocative question to ask somebody like you, but why does rural health matter? Tell us from your perspective.

Alan Morgan

You know, that's a really great way to start because I think, unfortunately, a lot of people just don't appreciate the interconnected nature of rural America and urban America. There's this misconception out there somehow that rural is dying away and people are moving away from these small towns. That's just not happening. I mean, looking at the census department data over the last 10 years, rural has consistently grown in population and, more importantly, rural adjacent to urban is some of the fastest growing geographic areas in the United States. So you've got this interconnected nature of people living in these rural areas, driving to urban, and not to mention just the fact that you've got a lot of rural people both seeking health care at a local level and also at a large regional level.

Ellen Kelsay

From what I understand, a number of those people are enrolled on employer-sponsored plans. So from an employer perspective, largely our audience, it's a big deal because their employees, their workforce, who live in these rural places, who might live and work there or live there and commute to an office somewhere else. Is that correct?

Alan Morgan

Oh, absolutely. I think also a lot of times people don't recognize when you look at businesses in general, health care represents the largest employer in over 90% of the nation's counties that are rural designated counties. So not just with the small businesses within these communities that have employees on their insurance plans, but also just recognizing the employment development component that health care plays as well, too.

Ellen Kelsay

It's a big deal for sure in those communities. Let's talk about your work and the work of your organization. Tell our audience a little bit about what you all do at the National Rural Health Association.

Alan Morgan

We have more than 21,000 members across the U.S. If you care about rural health and rural America, there's a home for you within the National Rural Health Association. But primarily our membership includes more than 90% of the nation's rural hospitals, rural health clinics, and rural community health centers. If you're delivering health care in a small town, chances are either you or your organization is a member of our organization. Basically, what we do as an association is we identify best practices. We share those best practices for hope of replication and really focusing just on what's unique about delivering health care in a small-town setting.

Ellen Kelsay

I bet there's no shortage of things there, but not only what's unique, but also what is challenging. Let's talk about some of the challenges in rural health. What do you see today? What do you hear from your members and constituents?

Alan Morgan

Yeah, it's important to note that just from a starting place that rural is not a small version of urban. It's actually a unique health care delivery environment. And these small towns are places where oftentimes those most in need of health care services have the fewest options available to seek that care. Rural America really is a study of workforce shortages, and that's something we've always talked about. How do we attract and retain high quality professionals in a small-town setting? Workforce number one and then we're in the middle of a rural hospital closure crisis, so how do we maintain these access points to health care. But at the end of the day, I got to tell you, the main issue is how do we stop and reverse what we're seeing as declining life expectancies among rural populations.

Ellen Kelsay

What is it about rural populations where you see the life expectancy? Is it access to care?

Alan Morgan

Yes, yes, and yes. It's directly tied to, are you able to seek timely care and appropriate care? And it's one of the reasons why keeping 24/7 emergency room service availability is so very important. But also in a rural context, you have a higher proportion of the population that are low income, a higher proportion that are elderly, and in many cases, a higher proportion that has multiple health issues that they're facing from a lifestyle perspective. When you put together a population that has a hard time sometimes being able to seek care with those that really need a lot of care, it makes it a problematic situation.

Ellen Kelsay

I know one thing that you said when you and I were chatting previously, there's this misconception that these hospitals are closing because of bad management, bad leadership at the hospital. That's not the case at all, you would argue, correct?

Alan Morgan

No, not at all. I mean, you just look at a national map where we've seen rural hospitals close and the majority of those have closed in the southeast. The problem is just a payment system and how we have organized health care in the U.S. Unfortunately, you've got a lot of communities where you've got patients with real high health care needs, but the inability to pay. In many cases, those individuals may not have insurance through their business or even through a government

program. So it really is an issue of bad debt. As a nation, we're putting the cost of this care on the shoulders of these small-town hospitals and clinics and that's really what's driving these closures that we're seeing.

Ellen Kelsay

It seems to the layperson that post pandemic, we're hearing more frequently about these closures and many of the issues you just mentioned. Was the pandemic an accelerant or was this happening all along and people are just paying attention differently now?

Alan Morgan

I guess the correct answer is yes to everything on that. In 2019, before we hit the pandemic, it was just amazing the fact that roughly half of the nation's rural hospitals were operating at a loss. We had the pandemic and the federal government recognized the impact on these facilities and there's a lot of federal funds that were put in to keep the doors open. Well, unfortunately, we're now past the pandemic from a federal assistance standpoint. We just released data this week showing that, unfortunately, once again, over half of the nation's rural hospitals are operating at a loss and from a business perspective, that's just simply not sustainable. It's a long way of saying we're back to where we were before and where we were before is not that good.

Ellen Kelsay

I also know, as we spoke previously, these closures are significant in magnitude for the overall population at large, but also disproportionately are impacting people of color.

Alan Morgan

Yeah, yeah, and that gets back to the original question you asked about the misconception. It's a management issue or perhaps it's a volume issue. I hear that a lot as well, too. Well, these small towns just don't have as many patients. But if you look at the closures, according to the University of North Carolina, more than half the nation's rural hospitals that have closed are from communities with high proportions of African American, Latino and Hispanic populations. There's a direct equity issue here in the populations they serve.

Ellen Kelsay:

Yes, that's especially concerning for sure. I want to shift gears because I was so fascinated, again, as we were doing some earlier conversations and research on you and your work, you made a comment about rural health is where innovation starts.

Alan Morgan

Yes.

Ellen Kelsay

And I've never thought about it that way, shame on me, and I bet many of our listeners haven't either. So expand on that. What's happening from an innovation standpoint?

Alan Morgan

I cannot thank you enough for asking that question. As you might imagine, when I talk about rural health, so often it's the doom and gloom and the challenges. And it makes sense because we highlight the challenges so we can improve policy, but unfortunately, we're not doing a good job of telling the other half of that equation. If you back up and just think about it, this makes perfect sense to all your listeners. These small health care systems and hospitals and small towns across the country, they're small organizations and they're facing tremendous workforce shortages and tremendous financial pressures, which drives innovation. Honestly, the reason that I love the job working for the National Rural Health Association is getting to see where the health care system is going to be 10 to 20 years from now, because innovation is happening and has happened in small

towns. You're seeing, gosh, just going back the last 20 years, the concept of patient navigators that began in Hazard, Kentucky; dental health aides, that's a concept that had its roots in Alaska; telehealth, for example, that whole drive behind telehealth and the shift towards managing health care populations through technology, all has its roots in rural health care. We really are seeing the innovation that's happening in the health care system, all of those new ideas begin in a rural context.

Ellen Kelsay

That's fascinating and those were great examples that you shared. Speaking about telehealth, let's expand on that. How is telehealth being leveraged? How did it start, how has it evolved, and where do you see it expanding?

Alan Morgan

Yeah, we all want the Jetson's telehealth, right? We want to be in our living room and be able to talk with our primary care clinician beamed right into our living room. Fortunately, I think the pandemic has finally pushed us into that frontier where we're starting to see more of that direct-to-consumer primary care offer, which is fabulous and we're all very excited about that. It has tremendous potential for small town communities. But to your point, some of the more groundbreaking threshold uses, you have to talk about telepharmacy, because we have had more than a thousand rural pharmacies close over the last decade. The concept of telepharmacy now brings pharmacists back into small towns. The concept of utilizing telehealth for behavioral health, that is huge. There is a lot of the research showing that you have better outcomes by patients actually utilizing telehealth for behavioral health sessions. Then if you really want to get exciting, you want to talk about, believe it or not, teledentistry and integrating primary care into dental visits utilizing telehealth.

Ellen Kelsay

Could you give us a couple examples of telehealth and use cases that have shown promise?

Alan Morgan

Oh my gosh, yes. It's hard to pick a couple of my favorites, but let me give you two that actually come both out of the state of Tennessee when I was visiting our member facilities there. The first one was an example of a clinician that was utilizing telehealth for cancer screenings in a small community. He made the point that he believed he could actually diagnose the patients better remotely, because through high definition, he could actually focus in on the skin in a way that actually he believed had better results than if he was there in person. I don't think we often hear about those examples of where telehealth not only is as good, but in fact is better. The second example I want to cite was in a birthing center in a rural community hospital where the nurses were using Bluetooth stethoscopes tied into a clinician remotely and he could actually be able to cut out the ambient noise and through his computer remotely, really better diagnose and assess the health status of these newborns in that particular hospital. I cite these two again, by showing that we've got to shift our mindset and realize that in certain clinical applications, this telehealth is actually going to provide better care than what we would see even face to face in a large urban facility.

Ellen Kelsay

Those are great examples. We talk about many of these individuals having to commute hours to the hospital, hours to a doctor's office, but for the homebound population, telehealth has really been a wonderful alternative for care for them as well.

Alan Morgan

Yeah, it's been a game changer. One of the key regulatory changes through the pandemic involves site of care and actually allowing clinicians at a rural health clinic in a small town, reach out to the

homebound senior in their home. Prior to that, we had to have clinicians at a hospital or a larger health center beaming into those rural health clinics still requiring the patients to drive. In some cases, that's just not always an option in these small towns.

Ellen Kelsay

One thing I also thought was really fascinating was some research and really interesting information that came forward that actually cites that rural care delivery is of higher quality for certain types of care. Expand on that. Where might you get better care in a rural setting than you might at, say, a major metropolitan well-known facility? Certain types of care, certain reasons why?

Alan Morgan

Yeah, yeah. Now we're hitting all the topics I love to talk about. That's a huge misnomer. I think it makes sense when people think about quality, oftentimes they just gravitate towards high-end specialty care and specialty services. What we're seeing from the data, this is federal data, nationwide is what rural does and what they're designed to do and that is primary care, general surgery. Articles published in the *Journal of American Medicine*, *New England Journal of Medicine* and others have all cited when it comes to primary care and general surgery, the data metrics for rural health care, probably not surprising, are as good or in many cases better. And it's volume and it's focusing in on that type of practice and that connectivity. Let's be honest, it's also helpful in many small towns, you know your provider and they know you. They know what you ate at the softball game last night. There's that connectivity, not to mention the handoffs. So many medical errors happen in bad handoffs. In small facilities, you just don't have those that you have in large urban facilities.

Ellen Kelsay

It makes all the sense in the world when you describe it like that. But again, I don't think most people would think of it. I really appreciate you illuminating that for the audience. All right. I do want to ask you about the Rural Emergency Hospital program.

Alan Morgan

Oh, absolutely. Yeah.

Ellen Kelsay

What's that all about?

Alan Morgan

For the first time in over 20 years, the federal government created a new provider type. What's that mean? It's a new type of hospital. It is a hospital without inpatient beds and that's the easiest way to describe it. It still has all the important services that you would expect to have in a traditional hospital that we've seen over the last 50 years, and that's you've got outpatient services, a full array of those. You've got 24/7 emergency room service still available. And that is, as we talked, so very important. But also they're relying on a high connectivity through telehealth applications with larger health systems, hospitals, networks to make sure that they still can provide that care. But again, it eliminates the inpatient beds. Now, this is great because it maintains that point of access. They are full hospitals as rural emergency hospitals. They just don't have that long-term in-bed capacity. So maintaining access and recognizing in some of these smaller communities, it just doesn't make sense to have that overnight bed capacity.

Ellen Kelsay

When was this approached and created by Congress? How recently?

Alan Morgan

Well, this is really as recent as you're going to get. The first rural emergency hospital was established a year ago now, in December of last year. Surprisingly for us, at least, there were 28 rural emergency hospitals converted or created last year across the U.S. Yeah, for a new, completely new hospital type to have 28 pop up, that's pretty exciting. Some of the estimates that we've been hearing is as high as 250, maybe 300, of these new hospital types spring up, maybe in your small town. Again, I want to be careful because this isn't for every community, but for a small town, maybe has an average daily census of one or two patients, this is a great opportunity for them to maintain that 24/7 emergency room.

Ellen Kelsay

For sure. That's great and that's surprising, 28 in one year already. I was going to ask what your forecast is for how many more we might see, so you're saying at least a couple hundred, maybe 300.

Alan Morgan

Yeah, that's what we're thinking. I beat you to the punch on that. Now, let's see how that works out. This is an option to how do we deal with this hospital closure crisis that we're dealing with?

Ellen Kelsay

Well, I think that is a sign of promise as you think about the future in rural health. A couple of things I wanted to ask you to draw forward as you think about areas of hope and bright lights as you look to the future. What are a couple of things that you would call out?

Alan Morgan

The one thing I'll call out that I think is transforming health care as we know it now, and hopefully this is old news to everyone, but it may not be, and that is the rapid expansion and use of community health workers. This is a concept, again, it's a rural concept of utilizing trusted resources within your small town who are not clinicians, but providing them with basic public health training. These are your Aunt May or your Uncle Joe who's taken some community health worker training courses and now they serve as that connector between you as a patient and your primary care physician. They may help drive you to your hospital appointment. They may check your medicines to make sure you're taking the right prescriptions. They may answer basic questions for you. But again, they're that missing connector between maybe a homebound patient who's not sure of what they should be doing or when they should call their physician and the physician themselves.

Ellen Kelsay

Are there other areas that you would call out in terms of innovation? As you said, a lot of innovation starts rural, so three years from now, is there something you would look back and say, yes, that's the thing that's brewing, it's about to pop in rural health first before it pops somewhere else?

Alan Morgan

Yeah, this concept of hospital at home or a hospital without walls. This transition of tearing down the bricks and mortar of a hospital, and through technology and through provider availability, actually bringing health care to patients in their home. This is really a rapid transitioning movement that we're seeing in rural America now. I think it has great promise, not just for rural areas, but also for urban.

Ellen Kelsay

You all have some resources on that topic in particular, is that correct?

Alan Morgan

Oh, absolutely. The easy thing is after this call, if you just Google, Yahoo, or Bing the words *rural health*, we're almost always the first website that pops up. We have a ton of background research papers and articles on how this is transpiring and how hopefully your community can take part in this as well.

Ellen Kelsay

That's some good search engine optimization. I'm sure a lot of people envy you for that and we will link to some of those resources in our show notes as well for our listeners.

Alan Morgan

Wonderful.

Ellen Kelsay

Alan, I want to ask you just one last question. Is there any advice you would give to our audience, to employers, to those listening about what they should consider or things they might want to do when it comes to rural health and the employees that they have that might reside in those communities?

Alan Morgan

Yeah, the first and foremost is just to think rural, for lack of better words. Too often we bypass our local health care providers for providers in the city, not recognizing as we talk the quality metrics are as good and many times better and realizing that rural hospitals are community assets. Once you lose a rural hospital, it's really tough to get it back. The data shows that the community often follows that hospital closure. So think about how you can support your local health care system and recognize the important role that they play.

Ellen Kelsay

Alan, thank you. You've brought forward some really compelling things for our audience to think about, to learn more about. You informed me of some of my own blind spots in this area. Thank you so much for joining us in the conversation today.

Alan Morgan

Oh, gosh, Ellen, I really appreciate the opportunity to join with you and look forward to working with your organization moving forward.

Ellen Kelsay

I've been speaking with Alan Morgan, a passionate advocate for rural health and CEO of the National Rural Health Association. In this episode, Alan and I discussed why rural settings are where health innovation begins and how new technology and policy can help tackle the biggest problems in rural health, like workforce shortages and preserving patients' access to care.

I'm Ellen Kelsay, and this podcast is produced by Business Group on Health, with Connected Social Media. Don't forget to share and review our podcast. Your support is greatly appreciated.