

ESSENTIAL HOSPITALS ENSURE ACCESS TO CARE IN RURAL AREAS

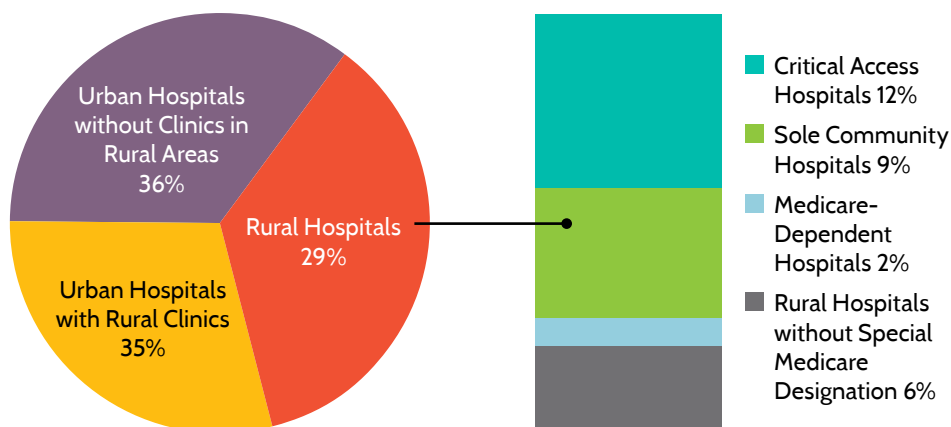
Essential hospitals play an indispensable role in keeping all Americans, including rural Americans, healthy. To ensure health care access in rural communities, essential hospitals are building integrated systems of care that meet patients where they are and training health care providers to ensure all patients have access to the care that they need.

ESSENTIAL HOSPITAL PRESENCE IN RURAL COMMUNITIES

In 2022, the 335 member hospitals of America's Essential Hospitals were part of 108 systems of care that aim to meet a range of needs in their local communities, including specialized tertiary care, expansive ambulatory care networks, robust physician training, and investments to target the social drivers of health.

Essential hospitals provide these services to patients in every type of community. In 2022, 29 percent of essential hospitals were located in rural areas, and an additional 35 percent of essential hospitals were located in urban areas but had hospital-affiliated clinics in rural areas (Figure 1).

Figure 1. Essential Hospital Presence in Rural Communities, 2022



Source: Centers for Medicare & Medicaid Services. *Healthcare Cost Report Information System, Hospital 2552-10 Cost Report Data Files FY2022*. 2024.

Policymakers in Congress and the Centers for Medicaid & Medicare Services (CMS) have created special designations under Medicare to target programming, resources, and benefits to categories of facilities that serve distinct populations or have particular challenges to sustainability. These include Sole Community Hospitals, Critical Access Hospitals, and Medicare-Dependent Hospitals.

While myriad designations exist, there is no overarching statutory definition to ensure safety net resources reach the essential hospitals that disproportionately provide services to the un- and under-insured. **Policymakers should implement an essential hospital designation** to have an available tool

for identifying, deploying resources to, and reinforcing hospitals that fill a safety net role in their communities and care for patients that face social and financial barriers to care—no matter where they are.

STRATEGIES TO SUPPORT ACCESS IN RURAL AREAS

Nearly one-third of essential hospitals are located directly in rural areas, and rural patients are their primary patient population. However, even hospitals that aren't in geographically rural areas support rural patients far beyond hospital walls. Essential hospitals use many strategies to provide access to the full continuum of care and meet patients wherever they are. By training the next generation of the health care

How UK HealthCare Supports Rural Patients

Association member University of Kentucky (UK) HealthCare, in Lexington, Ky., set an ambitious goal: no Kentuckian should have to leave the state for specialty care. To meet that goal and bring care closer to home for patients, UK HealthCare has extended its reach far beyond the walls of the flagship campus.

The health system partners with community hospitals and other health facilities in Kentucky to develop health care workforce programs. Through their partnerships, UK HealthCare has built out master's of social work degree programs at four Kentucky hospitals, which include paid fellowships for clinical social workers and pharmacists in rural and medically underserved communities in Kentucky. UK HealthCare also has satellite campuses located across the commonwealth to accommodate individuals interested in enhancing medical care for rural Kentucky.

UK HealthCare is innovating new models to improve access to care in rural and medically underserved communities. In one program, UK HealthCare employs traveling sonographers that lease a clinic space one day a week; these specialists can work with local obstetricians and are improving fetal and maternal health outcomes for patients who otherwise lack access to this specialized care.

workforce, providing telehealth and teleconsultation services, and, in some cases, even deploying their workforce to nonaffiliated care settings, essential hospitals are increasing access to care for patients in rural, remote, and isolated communities.

Expanded Access To Primary and Specialty Care

Essential hospitals provide highly specialized, state-of-the-art emergency and nonemergency care. Those that service rural areas often are the first or only source of critically important services.

Essential hospitals are uniquely equipped to meet patients with wide-ranging or complex care needs. Despite making up only 5 percent of the nation's hospitals, essential hospitals have 18 percent of the nation's psychiatric beds, 16 percent of neonatal intensive care unit (NICU) beds, 32 percent of the nation's level I trauma centers, and 41 percent of burn care beds. By supporting these services, essential hospitals are bringing specialty care closer to patients in rural areas.¹

Essential hospitals have become an especially important source of obstetric care at a time when many obstetric units nationwide

are closing in rural areas. Since 2010, 537 obstetric units across the country have closed, while only 138 have opened, with these closures happening predominantly in rural communities.² Compared with other hospitals, essential hospitals are also much more likely to provide care for the most complex patients.³

Reaching Rural Patients through Innovation

Changes in health care delivery have enabled hospitals to treat patients from greater geographic distances than ever before. Newly authorized telehealth services have allowed essential hospitals to reach rural patients with complex care needs in the comfort and safety of their own homes. Essential hospitals offer routine and specialized telemedicine care—such as remote chronic care management and remote patient monitoring after discharge—at rates about double that of other acute-care hospitals.⁴

Essential hospitals also have invested in audio-only telehealth to reach all patients, including elderly consumers and patients in communities with limited broadband access. According to the Census Bureau and the 2021 American Community Survey, approximately 10 percent of households did not have a broadband internet subscription, and rural populations had significantly lower broadband subscription rates.⁵ In 2022, essential hospitals had more than 3.9 million audio-only visits, in addition to 6.7 million video visits, helping patients in geographically



remote communities access care from highly trained physicians and specialists.⁶

Developing The Next-Generation Health Care Workforce

Essential hospitals are uniquely committed to meeting demand for health care professionals. More than 80 percent of essential hospitals are teaching institutions, and on average, each essential hospital teaching institution trained three times as many physicians as other teaching hospitals. Essential hospitals go above and beyond strict institutional Medicare graduate medical education (GME) funding caps to meet the need for more health care professionals.⁹

A Model for Rural Training: Spartanburg Regional Healthcare System

Spartanburg Medical Center, the flagship research and teaching hospital in Spartanburg, S.C. and a member of America's Essential Hospitals, operates a rural family residency through its partner facility in Chesnee, S.C. The town had a population of 829 in the 2020 census, and residents depend on Spartanburg's Center for Family Medicine, where Spartanburg Medical Center postgraduates complete a portion of their residency each year. In addition to ensuring patients who live in these communities receive care, rural-trained residents are more likely to end up practicing in these rural communities in the long term.

The Health Resources and Services Administration projects a national shortage of 187,130 full-time equivalent physicians by 2037.¹⁰ Mitigating physician and health care

worker shortages is dependent first and foremost on training enough health care workers to meet the needs of medically underserved communities. Essential hospitals are key to meeting these needs.

Project ECHO at the University of New Mexico and Beyond

In 2003, the University of New Mexico School of Medicine, an association member in Albuquerque, N.M., launched Project ECHO, an—at the time unique—telementoring program. Since its first iteration, Project ECHO has operated as a hub-and-spoke model, where experts can educate nonspecialist clinicians in rural, geographically remote, and underserved areas, increasing capacity to treat more complex patients. The initial program focused on Hepatitis C and successfully improved patient outcomes in remote communities to levels comparable to those of patients who saw a specialist.⁷ In the more than 20 years since Project ECHO's launch, the program has expanded worldwide, including to other essential hospitals, to improve the capacity and capability of smaller rural health care facilities.⁸

In recent years, Project ECHO also connects specialty interprofessional teams with community-based health care professionals working directly with their patients. Under this model, local health care professionals retain oversight of their patients while accessing and benefiting from the knowledge and skills of remote specialists that smaller clinics and hospitals can't reasonably employ. Project ECHO allows rural and underserved patients to access the highest quality care closer to home than ever before.

Across the country, essential hospitals like Virginia Commonwealth University, SUNY Upstate, and the Medical University of South Carolina, are using **rural track programs** to help meet needs in communities across the country. As studies continue to link physician shortages with rural hospital closures, essential hospitals are committed to facing these challenges head-on.¹¹

CONCLUSIONS

Essential hospitals support patients in all communities—from the most urban to the most rural. As essential hospitals continue to invest in the next generation of health care workers, new technologies, and improving care delivery, they remain the backbone of the safety net. No matter where patients are,

essential hospitals are there to support them. To support essential hospitals' ability to provide care to rural communities, we urge policymakers to:

- **Create an essential hospital designation**, to allow policymakers to easily identify and direct programming, investment, and resources to safety net hospitals
- **Oppose funding cuts to hospital outpatient departments**, to ensure specialty services remain viable in rural and other high-need communities
- **Permanently extend telehealth flexibilities**, to ensure patients have easy access to health care—no matter where they live
- **Allocate additional GME slots** and target those slots to proven teaching hospitals that are prepared to expand and meet the need for additional health care providers.

Endnotes

¹ Miu R, Kelly K, Nelb R. *Essential Data 2024: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2022 Annual Member Characteristics Survey*. America's Essential Hospitals. December 2024. essentialdata.info. Accessed Dec. 16, 2024.

² Kozhimannil KB, Interrante JD, Carroll C, et al. Obstetric Care Access at Rural and Urban Hospitals in the United States. *Journal of the American Medical Association*. 2025;333(2):166–169. <https://jamanetwork.com/journals/jama/article-abstract/2827543>. Accessed Dec. 12, 2024.

³ Miu R, Kelly K, Nelb R. *Essential Data 2024: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2022 Annual Member Characteristics Survey*. America's Essential Hospitals. December 2024. essentialdata.info. Accessed Dec. 16, 2024.

⁴ Taylor J, Ramiah K, Greig M, et al. *Essential Data 2023: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2021 Annual Member Characteristics Survey*. America's Essential Hospitals. https://essentialhospitals.org/wp-content/uploads/2023/10/2023-Essential-Data_single-pages.pdf. Accessed Oct. 15, 2024.

⁵ Mejia D. Computer and Internet Use in the United States: 2021. *U.S. Census Bureau American Community Survey Reports*. June 2024. <https://www2.census.gov/library/publications/2024/demo/acs-56.pdf>. Accessed Feb. 26, 2025.

⁶ Miu R, Kelly K, Nelb R. *Essential Data 2024: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2022 Annual Member Characteristics Survey*. America's Essential Hospitals. December 2024. essentialdata.info. Accessed Dec. 16, 2024.

⁷ Jodrell P, Manson J, Taylor PM. Project ECHO Interprofessional Telementoring: Using a Novel Case-Based Approach for Building the U.S. Public Health Service Clinical Response in Pain and Substance Use Disorder. *Health Informatics Journal*. 2024;30(4). <https://journals.sagepub.com/doi/10.1177/14604582241290719>. Accessed Oct. 15, 2024.

⁸ Ibid.

⁹ Miu R, Kelly K, Nelb R. *Essential Data 2024: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2022 Annual Member Characteristics Survey*. America's Essential Hospitals. December 2024. essentialdata.info. Accessed Dec. 16, 2024.

¹⁰ National Center for Health Workforce Analysis. State of the U.S. Health Care Workforce, 2024. *U.S. Health Resources and Services Administration*. November 2024. <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/physicians-projections-factsheet.pdf>. Accessed March 11, 2025.

¹¹ Joint Economic Committee. Addressing Rural Health Worker Shortages Will Improve Population Health and Create Job Opportunities. *Joint Economic Committee*. Jan. 30, 2024. <https://www.jec.senate.gov/public/index.cfm/democrats/2024/1/addressing-rural-health-worker-shortages-will-improve-population-health-and-create-job-opportunities>. Accessed Oct. 15, 2024.