Colorado Rural Health Center 2022 Policy Priorities

The 2022 CRHC policy priorities were developed through feedback from CRHC members and Board of Directors. Along with the CRHC Mission & Vision, these priorities will serve as a foundation for the CRHC Policy Program and are intended to guide lobbying and advocacy efforts throughout 2022. The following ranked priorities were determined by CRHC members during the annual policy priorities meeting and are discussed in greater detail with policy strategies below.

1. Workforce Recruitment & Retention
2. Reimbursement (Medicare, Medicaid, Private)
3. Primary Care Access & Delivery (Physical, Mental, Dental)
4. Telehealth Access & Reimbursement
5. COVID
6. Insurance Coverage Access
7. Quality Programs & Reporting
8. HIT, Technology Infrastructure & Broadband
9. Regulatory Impediments
10. Substance Use Disorders

1. Workforce Recruitment & Retention- COVID has exacerbated an already fragile rural healthcare workforce. Burnout from working through the pandemic combined with pushback on vaccine mandates has left rural Colorado hospitals and clinics shorthanded. Facilities have utilized locums for stopgap coverage, however, locums providers are expensive and less integrated in the facility. State and Federal partners can support the longterm healthcare and economic landscape in rural Colorado by supporting measures to increase the recruitment and retention of the healthcare workforce. In the short term, State and Federal partners must provide immediate workforce relief for rural healthcare facilities to protect access to care.

- **Provide immediate relief for rural healthcare facilities facing workforce shortages.**
  - Expand the use of federal relief funds to cover the costs of locums providers.
  - Regulate locums services vendors to prevent price gauging.
- **Increase the healthcare workforce in rural Colorado by investing in education and incentives for a variety of healthcare positions.**
  - Establish a state-supported or matched scholarship fund to fuel the workforce pipeline.
  - Expand loan repayment programs to all rural providers. Increase both the funding and the scope of providers who are eligible for loan repayment. The program is already very competitive, consider weighting those with rural roots higher on applications.

  - Push for the continuation and enhancement of current provider financial incentives, the Rural & Frontier Primary Care Tax Credit, and expand this program to the broadest variety of primary care providers possible.
  - Develop incentives for non-medical staff, including access to scholarships, loan repayment, and affordable housing.
- **Invest in rural healthcare provider retention by creating incentives and reducing burnout.**
  - Create state support to bring the Community Apgar Program (CAP) to rural Colorado. CAP allows rural healthcare facilities to identify and prioritize factors important to recruiting and retaining physicians, specific to their hospital, and more recently, factors that contribute to a successful training of health professions students.
  - Invest in leadership training and development programs for rural providers and administration to build confidence and increase connection with fellow rural colleagues.
  - Create opportunities for the development of quality support staff, including scholarships, loan repayment and opportunities for leadership development.
- **Develop opportunities for healthcare workers and their families to thrive in and contribute to rural communities.**
  - Create solutions for the lack of rural public transportation.
  - Develop and enhance economic development initiatives that support vibrant, diverse and sustainable rural communities.
  - Address housing shortages and affordability in rural areas. Some providers and workforce staff are traveling long distances for employment, further amplifying the need for affordable housing and public transportation options.
  - Create additional incentives for providers who work in high-cost areas.

2. Reimbursement- Rural healthcare facilities across Colorado serve as economic engines in their communities. However, their sustainability is threatened by low reimbursement rates that do not always cover the costs of care. Moreover, the COVID pandemic stifled revenues by halting many visits and procedures. In fact, as of 2021, twenty-two rural hospitals in Colorado are at risk of closure by currently operating with a negative profit margin, which is up from eighteen in 2020. While federal provider relief funds have filled some funding gaps, hospitals continue to grapple with the COVID-19 pandemic and COVID-19 infections are again rising. As a result, hospitals and health systems continue to need to make investments in staffing, supplies and capital projects specifically to respond to COVID-

- **Urge Congress to revise HHS guidance for provider relief funds.**

- Hospitals and health systems have been unsure about the appropriate use of COVID-19 funds given significant changes in HRSA guidance over the past 15 months. Many hospitals delayed PHE-specific projects while awaiting clarity in federal rules.
- Extended deadlines for spending the funds combined with greater flexibility for how the funds may be used will provide rural healthcare facilities with a greater capacity to effectively utilize the aid.

- **Streamline and standardize Medicaid pre-authorizations**.
  - Medicaid pre-authorizations have unnecessarily long wait times, especially when most of the requests are approved. Streamlining this process will provide patients with the care they need in a timelier manner, effectively reducing ED visits or readmissions.
- **Stop "bad debt" reimbursement cuts and stop Medicare Sequestration for rural hospitals.**
  - Push for a permanent waiver for sequestration.
  - Rural hospitals serve more Medicare patients, leaving them more vulnerable to across the board rate cuts.

3. Primary Care Access & Delivery-Patients with affordable and continuous access to primary care services reduce healthcare spending across payers. Unfortunately, rural Colorado is facing a shortage of primary care providers, including physical, mental and oral health providers. The COVID pandemic has exacerbated this issue, as many primary care services were halted or delayed. Sustainable funding, transportation options, and unique workforce solutions are needed to address primary care access and affordability in rural Colorado.

- **Push for reimbursement for primary care delivery models that increase health outcomes and reduce cost, such as Chronic Care Management (CCM) and Remote Patient Monitoring (RPM).**
  - Both CCM and RPM are evidence-based delivery models that have been proven to increase health outcomes and reduce cost. Unfortunately, insurance coverage for either service is not available or insufficient.
  - Push for Medicaid reimbursement for RPM services and device costs.
  - Push for alternative payment models for CCM, as currently these services are provided and reimbursed through the RAEs.
- **Providing mental health services in rural Colorado is met with unique challenges. Stigma is high and resources are low, especially the mental health workforce in rural. Further, many state and federal programs to support mental health delivery in rural is grant-driven and short-lived.**

- Subsidize hiring of mental health professionals, similar to how FQHC's are supported.
- Push for reimbursement of all mental health providers by all payers, for example LPCs are not currently reimbursed by Medicare. LCSWs are reimbursed by Medicare, however there is a shortage of these providers in both urban and rural.
- Expand provider incentive programs to mental health providers.

- **Increase and broaden reimbursement for mental health services.**
  - Across the state, workforce shortages in mental health have persisted because of low reimbursement rates from Medicare, Medicaid and some private payers. Without higher rates, rural healthcare facilities can't afford to offer these services.
  - Broaden the scope of providers who may be reimbursed for mental health services. Medicare, for example, does not reimburse for mental health services provided by a Licensed Professional Counselor, amplifying the already critical shortage of Licensed Clinical Social Workers.
- **Advocate to streamline the process of becoming a Medical Assistant (MA).**
  - These providers serve a unique ad critical role in the delivery of primary care services however, there is a shortage of MA's and the certification process is onerous.
  - Advocate for alternative learning and training options for potential MAs, including the utilization of remote learning.

4. Telehealth Access & Reimbursement- In the wake of COVID-19, state and federal emergency provisions were enacted to make telehealth service more widely available. Telehealth services are vital in order for rural Coloradans to receive timely, affordable and quality healthcare.

- **Continue to push for ALL payers to pay in-person rates for telehealth services, including Medicare, Medicaid and private insurance.**
  - Develop a rural hospitals a network to compete with lower cost telehealth providers. Take advantage of technological advances, streamline costs and training, and pool resources to drive down underlying costs of telehealth.
  - Push for telehealth funding for equipment and technical assistance.
  - Push for the creation of incentives, tax or otherwise, that will mitigate upfront telehealth implementation costs.
  - Push for state reimbursement for the purchase of equipment that will be used to serve Medicaid patients. Argue if the state wants to save money on telehealth, they need to provide the platform and support.

5. COVID- Rural hospitals and clinics in Colorado have continued to face financial instability while continuing to respond to the COVID pandemic. In fact, 22 of 42 rural hospitals in the state were operating with negative profit margins in 2021, up from 18 in 2020. At the peak of COVID-19, rural hospitals and clinics were reporting over 50% revenue loss due to significant decreases in patient volume. This is occurring at the same time as expenses are increasing, especially for temporary staffing and locums providers. Some facilities report paying as much as triple the hourly wage for staffing coverage. Rural healthcare providers cannot sustain operations under the current conditions and workforce constraints.

- **Provide relief for rural health employees who are experiencing burnout and staffing shortages due to vaccine mandates.**
    - Advocates for state or federal support for locums workforce coverage.
    - Reimburse rural healthcare facilities for locums coverage related to burnout and vaccine mandate employment shortages.
    - Provide provider locums support through state health professional training programs for rural and underserved communities.
    - Advocate for mental health support and services for rural health employees
- **Prioritize testing supplies, vaccines and patient transfers for underserved rural communities.**
    - Increased COVID infections has increased the acuity of patients seen. At the same time, rural healthcare facilities are experiencing increasing delays in transferring non-COVID patients to urban facilities.
    - Vulnerable rural healthcare facilities need to be prioritized when testing supplies and vaccines are distributed throughout the state.
- **Advocate for continued access to state and federal COVID relief funds.**
    - Push for more flexible and clear guidance of federal COVID relief funds for use by rural healthcare facilities.
    - Push for federal financial aid to come in the form of a grant rather than loans with unmanageable repayment penalties.
- **COVID-19 has presented rural health facilities with unique opportunity to demonstrate how the relaxation of certain rules and regulations can increase access to care and financial sustainability.**
    - Push for the continuation of COVID-related provider relaxed regulations and staffing ratios, including telehealth regulations, the 96 hour rule, and RHC supervisory rules.

6. Insurance Coverage Access- Rural Coloradans face some of the highest healthcare costs in the state. In fact, rural Coloradans experience health insurance premiums 32% higher on average that urban Coloradans. However, legislative remedies to these issues have painted all healthcare providers with the same brush, rather than recognizing the distinct differences among different types of healthcare providers and the private insurance industry. As a result, rural healthcare providers are being unfairly targeted and regulated, which may have the inverse impact of increasing consumer healthcare costs. While rural Colorado healthcare providers serve patients with higher rates of public insurance, they are still subjected to sometimes unfair treatment by private insurance companies. Lower volumes in CAHs and RHCs lead to less preferential treatment. This results in rural healthcare providers seeing lower negotiated rates and longer wait times for approvals and credentialing.

- Allow for contracting with payers by healthcare consortiums.
- Encourage competition amongst carriers
- Ensure care stays local when available and appropriate.

7. Quality Programs & Reporting- Rural hospitals are willing to participate in collection of data to showcase the quality of care being provided at their facility. However, due to the nature of low volume and unique payer mix (high percentage of Medicare and Medicaid), rural healthcare facilities should not be forced to take on monetary risk. CAHs and RHCs were created to provide access to care and keep essential services in their community and cannot afford lose money and provide more resources to the state without funding to support it.

- **Recognize deficiencies in workforce, time and resources through disbursement of the Rural Support Fund.**
- **Support hospitals' time and expense for the following activities (which theoretically will make transformational impact):**
    - Billing and coding audits
    - Leadership training, development and coaching
    - Financial consulting
    - Planning and creation of new service lines
    - Facilitation and/or convening of community and partner meetings with key stakeholders in community
- **Support CRHC as the State Office of Rural Health and Rural Health Association for the state to provide outreach in the form of communication and marketing for the above mentioned activities as well as facilitate/coordinate them for the hospitals.**

- **Utilize equitable data and submission requirements**
    - Push for the standardization of reporting requirements across programs.
    - Create a standardized entry data repository platform that will reduce time spent on reporting and diminish redundant reporting.
    - Push for uniform quality data reporting that increases communication across programs.
    - Push for new program standards programs that mirror measures already being used. Advocate against the continual creation of new measures.
    - Push for greater technical support from mandatory programs.
    - Push for a requirement that any new program or report also indicate the time it takes to complete and reimburse for those charges. Reimbursement may be difficult to negotiate, so at the very least advocate for rural safety net providers be reimbursed for their time.
    - In instances where patient outcomes are dependent upon successful collaboration with a hospital's designated RAE, and collaboration is unsuccessful due to documented RAE negligence, the hospital cannot be penalized for these poor outcomes.

8. HIT, Technology Infrastructure & Broadband- Health information technology (HIT) has the ability to improve the quality, safety, effectiveness, and delivery of healthcare services in rural communities. HIT can connect rural patients and providers in remote locations to specialists in urban areas. However, implementing, maintaining, updating, and optimizing HIT can be an ongoing challenge for rural facilities and providers with limited resources and expertise.

- **Provide technical support and funding for rural healthcare facilities to adopt and maintain Electronic Health Records (EHR).**
    - EHR programs are numerous and expensive. Rural hospitals and clinics need support with the costs of EHR implementation, reporting and consulting.
    - Rural healthcare facilities have limited workforce and resources to dedicate to EHR maintenance and compliance. If a hospital is able to find a qualified person, it is often very expensive to retain them.
    - The process of entering and extracting data is very manual, further increasing the time and staffing costs of EHR connectivity.
- **Push for greater access and utilization of tele-ICU.**
    - This would allow patients to stay longer in rural care settings. Receiving care in familiar settings may increase healthcare outcomes, and also supports the sustainability of the rural healthcare facility.

- **Reduce reporting requirements for rural healthcare facilities.**
  - Many reporting requirements overlap among state and federal programs. Streamlining requirements to mirror CMS would lessen the burden on rural providers.

9. Regulatory Impediments- There are many contradictory and constantly changing state and federal regulations that complicate healthcare administration in rural. Many rural healthcare facilities struggle to keep their doors open with current funding and staffing, which leaves few resources to address and comply with constantly changing quality and payment programs. Policymakers must consider unintended consequences and the capacity of rural healthcare facilities when creating changes to the regulatory framework.

- **Change regulations to allow true integration of care.**
  - Continue improving regulations around co-mingling. These regulations are barriers to integrating care in rural communities and require the facilities to put money into creating infrastructure that doesn't need to exist.
  - Remove regulations around staffing to allow a CAH, RHC and LTC to share staff among all facilities when connected. This allows for greater efficiency and reduced costs.

10. Substance Use Disorders- Substance abuse has long been prevalent in rural areas, with a renewed focused in the last few years due to the opioid epidemic. In fact, nine of ten Colorado counties with the highest overdose death rate are rural counties. Rural adults have higher rates of alcohol abuse, tobacco use, and methamphetamine use, while prescription drug abuse and heroin use has grown in towns of every size. Substance abuse can be especially hard to combat in rural communities due to limited resources for prevention, treatment, and recovery.

- **Increase access to detox, treatment and recovery services.**
  - Rural Colorado needs more inpatient beds, however this is not a profitable service offering. Reimbursement across payers must increase to support expanding these services.
  - Intensive outpatient care is effective in treating addiction while keeping individuals in their communities. Sustained funding for these programs is necessary to sustain continuity of care for a difficult patient population.
- **Clarify duties and liabilities for healthcare providers and law enforcement and provide support for appropriate transport.**

- Due to confusion around liability, lack of resources and poor reimbursement, hospitals and law enforcement officials are resistant to treat or transport patients with SUD.
- Hospitals and jails are inappropriate settings for individuals experiencing SUD. There is a need for state or federally-support transport to more appropriate care settings that do not leave hospitals and law enforcement at odds.
- Programs, such as Law Enforcement Assisted Diversion (LEAD) are effective yet the funding is not sustainable.

- **Support innovative SUD delivery models that have proven successful but need sustainable funding.**
  - The Colorado Hospital Association developed the Alternatives to Opioid (ALTO) Program achieved an average 36% reduction in the administration of opioids in Emergency Departments.
  - MAT services have increased across the state with the adoption of federal waivers for providers who prescribe buprenorphine. Unfortunately, only 8 percent of providers who can prescribe buprenorphine are in rural counties.
  - Telemedicine is an opportunity and a barrier to treating SUD. Reimbursement is poor, billing is difficult and only certain providers are approved for tele-psychiatry, which is costly.