



# Rural Emergency Hospitals (REH), Health Equity and Service Needs: Early Insights

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## BACKGROUND

Did you know ?

- Over 46 million Americans live in rural communities (approx. 14% of the population).
- 191 rural hospitals have either closed or converted to a different status since 2005.

Rural Emergency Hospitals (REH) are a new Medicare Part A provider type under the Consolidated Appropriations Act of 2021. This provider type was developed to avert closure of certain rural hospitals and promote equity in rural communities by facilitating access to care. Facilities converting to a REH will forgo inpatient and swing bed services as well as 340B. They will also receive a fixed facility payment.

The RHRC serves as the national Technical Assistance Center to support hospitals evaluating feasibility of the REH designation. Support is also provided to those that have converted to a REH through the REH Peer Network.

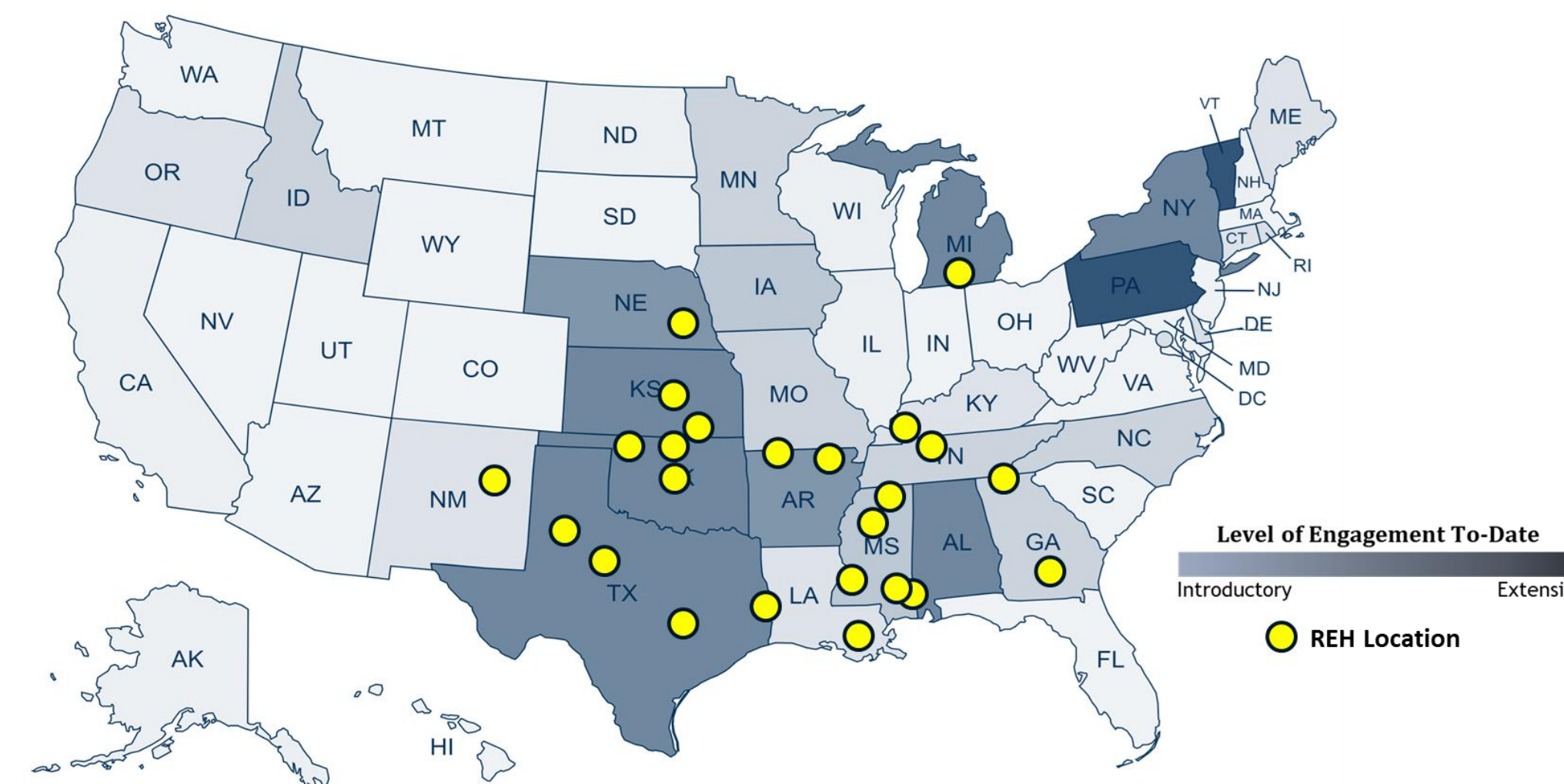
## OBJECTIVES

Develop a tool for REHs that evaluates health equity needs and identifies realistic services that could be expanded to reduce healthcare disparities and improve access to care in rural communities.

## METHODS

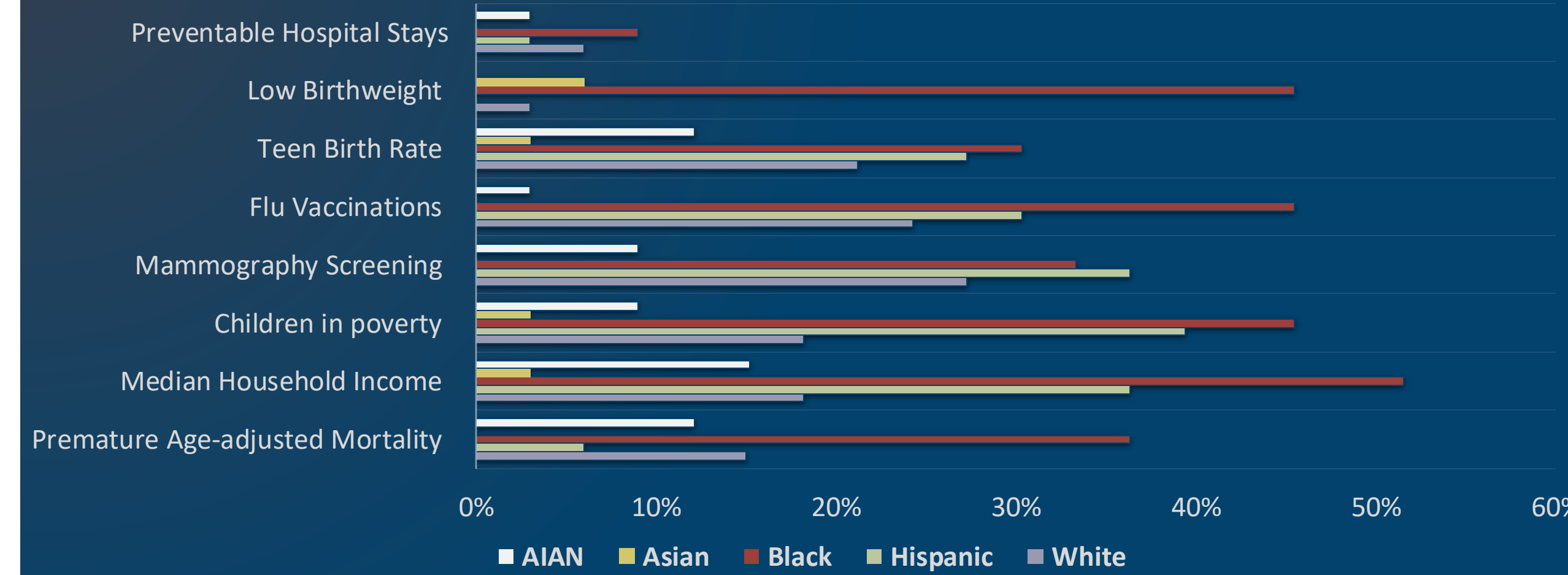
RHRC developed the Health Equity and Service Needs assessment (HESNA) which includes:

- Community characteristics
- REH facility services
- EMS/ambulance resources
- Geographic analysis of surrounding facilities including services offered and distance to trauma centers
- Social Drivers of Health (SDoH) and Race Ethnicity and Language (REaL) Data
- Healthcare worker shortages
- Implications for services to consider
- Facility health equity strategies
- Quality improvement metrics
- Community engagement

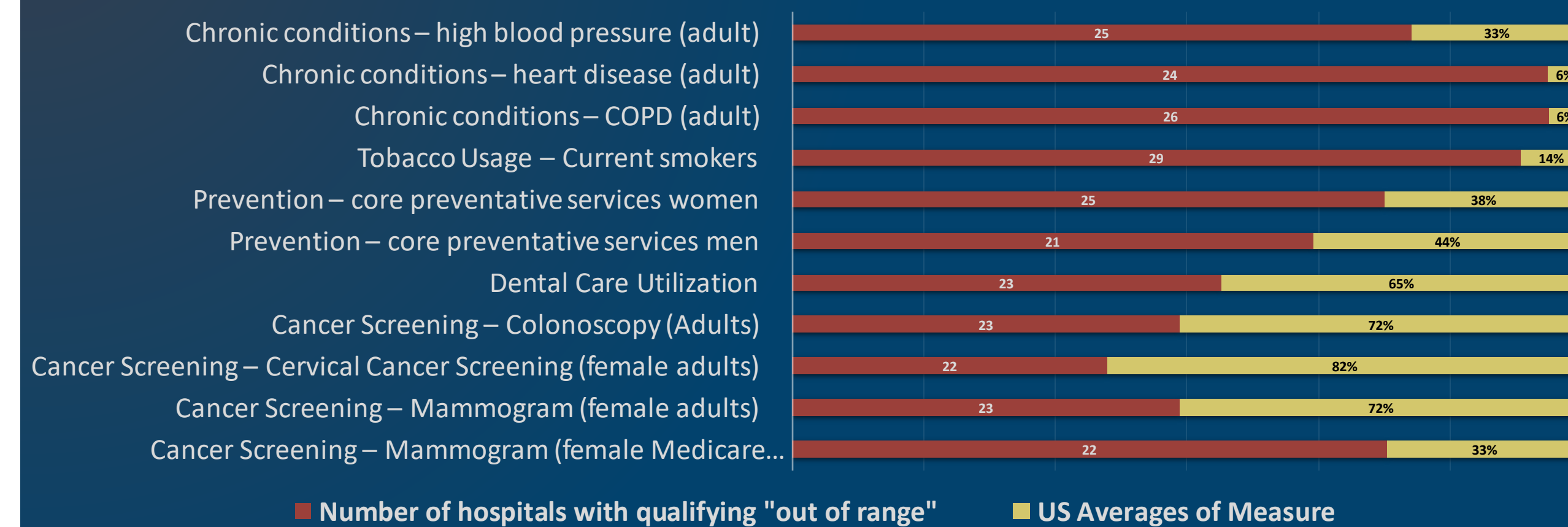


## DATA

### County-Level Health Indicators Stratified by Race & Ethnicity



### Number of REH Peer Network Hospitals with Health Disparities Greater than National Average



## FINDINGS & KEY LEARNINGS

- REHs post conversion are shifting their focus of crisis management to expansion of services to improve health equity
- SDoH themes for REH facilities indicate the need for additional primary care, preventative health screenings, behavioral health services including substance abuse, and management of chronic conditions.
- Hispanic, Black and American Indian/Alaskan Native groups have higher disparities in rural areas of REHs compared to the nation.
- REH leaders provided feedback that the recommendations of services were realistic and achievable.
- The HESNA has provided the REH leaders with a tool that can be integrated into strategic initiatives and community engagement
- Transportation is a significant factor impacting access to care

## NEXT STEPS

The HESNA is a tool to help facilities develop their conversion action plans.

RHRC provides technical assistance in the form of:

- Regulatory and compliance support
- Strategic/action planning
- Clinical support and service line development
- Financial analysis of service lines
- Leadership development
- Health equity facility templates and tools

The Peer Network is designed for REH leaders to share best practices, challenges, and ideas to improve operations and expand access to care in vulnerable communities.

**Scan the QR code to learn more about REHs and RHRC.**

## REFERENCES

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