VIRGINIA RURAL HOSPITAL REPORT

A Guide for Virginia Policymakers and Stakeholders about the Public Health and Economic Value of Rural Hospitals and the Challenges they Face

VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION
An alliance of hospitals and health delivery systems

CONTENT

EXECUTIVE MESSAGE

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Rural hospitals are indispensable to public health and critical to local economies as providers of medical care and major employers in their communities. This report highlights the work of rural hospitals and their central role in supporting community health and wellness. It focuses on five key topic areas: behavioral health, maternal health, telehealth, medical transportation, and workforce development. It also highlights the complex environmental, policy, and financial challenges that confront rural hospitals and threaten their sustainability. In 2022, rural hospitals handled 468,520 unique emergency department visits, with 41,352 of those encounters resulting in patients being admitted for care. They also accommodated 233,802 patient days from 51,338 inpatient admissions, delivered 2,673 babies, and had 3,420 psychiatric unit admissions. Rural hospitals provided $47.9 million in charity care to patients in need, employed more than 9,000 people, and paid salary and benefits exceeding $851 million.

Rural hospitals generally serve populations that are older, have elevated rates of chronic illness and poverty, and greater reliance on government programs such as Medicaid and Medicare that don't cover the full cost of care. Rural hospitals also face challenges in recruiting and retaining health care professionals. This combination of factors poses serious challenges for rural health care providers. To illustrate this, consider that more than one-third (36 percent) of Virginia's rural hospitals had negative operating margins in 2022. Those difficulties aren't an isolated episode. Rather, operating in the red is an enduring trend: 26 percent of Virginia rural hospitals experienced negative margins in 2021, 32 percent in 2020, and 40 percent in 2019. Many rural hospitals across the U.S. are struggling — the University of North Carolina Cecil G. Shepps Center for Health Services Research reports that 192 rural hospitals have closed or been repurposed since 2005, including two in Virginia. Around the nation, hundreds more are at risk of closure, according to the Center for Healthcare Quality and Payment Reform.

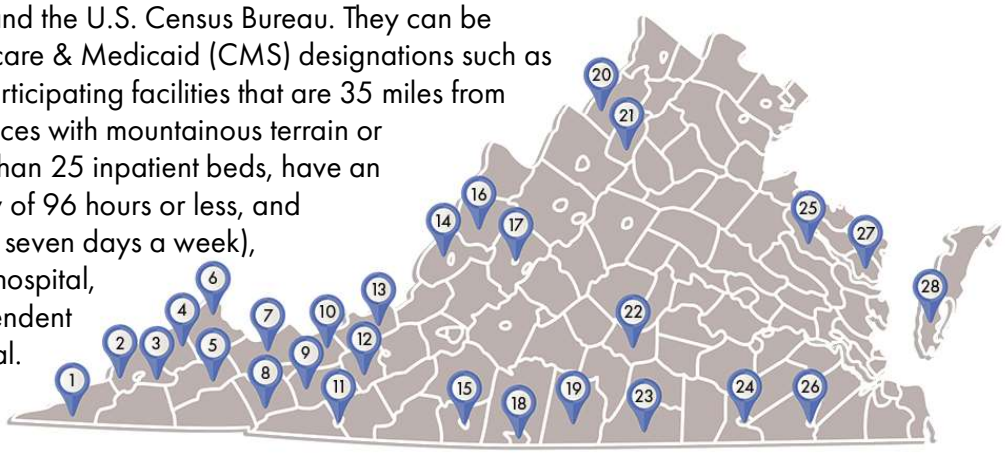
Recognizing the scope of these challenges, Virginia House of Delegates' Speaker Don Scott took action earlier this year to establish the House Select Committee on Advancing Rural and Small Town Health Care that is tasked with assessing the state of affairs in rural health and care delivery. To support that work, VHHA established a Rural Health Task Force with representatives from 11 health systems that met over a series of months to identify the most pressing challenges confronting rural hospitals, elevate the profile of innovative programs serving patients with medical needs endemic in rural areas, and to help develop legislative proposals for consideration by the Virginia General Assembly. VHHA and its members are deeply appreciative of Speaker Scott and members of the Select Committee for their dedication to this work. We look forward to our continued partnership on strengthening the behavioral health safety net, providing access to maternal health services for expectant mothers, supporting medical transportation systems to help prevent unnecessary emergency room visits, and developing initiatives to educate future clinicians and recruit and grow the health care workforce of the future so rural communities have access to quality primary and specialized care.

This report represents the recommendations of the VHHA Rural Health Task Force and offers a series of administrative and legislative proposals to help improve and sustain access to care in rural Virginia. In short, it is a reflection of our shared resolve to build a stronger, heathier, and more prosperous Commonwealth for all Virginians.

RURAL HOSPITALS

Delivering Essential Services Across the Commonwealth of Virginia

By definition, rural hospitals are health care facilities located outside a metropolitan area as defined by the U.S. Office of Management and Budget and the U.S. Census Bureau. They can be subcategorized by Centers for Medicare & Medicaid (CMS) designations such as critical access hospital (Medicare-participating facilities that are 35 miles from the nearest hospital or 15 miles in places with mountainous terrain or secondary roads, maintain no more than 25 inpatient beds, have an average annual patient length of stay of 96 hours or less, and operate 24-hour emergency services seven days a week), rural referral center, sole community hospital, low-volume hospital, Medicare-dependent hospital, and rural emergency hospital. Based on that, Virginia has 28 rural hospitals, eight of which are critical access hospitals. Several other Virginia hospitals that aren't technically designated as "rural" nevertheless serve rural communities and patients. This report chronicles examples of patient-centric work being done across the Commonwealth by facilities formally designated as rural hospitals as well as other hospitals serving rural communitites and patient populations. It also offers legislative recommendations to address challenges in key areas of care delivery.



VIRGINIA RURAL HOSPITALS BY LOCATION

1. Lee Community Hospital (Ballad Health)*
2. Lonesome Pine Hospital (Ballad Health)
3. Norton Community Hospital (Ballad Health)
4. Dickenson Community Hospital (Ballad Health)*
5. Russell County Hospital (Ballad Health)
6. Buchanan General Hospital
7. Clinch Valley Health (Lifepoint Health)
8. Smyth County Community Hospital (Ballad Health)
9. Wythe County Community Hospital (Lifepoint Health)
10. Carilion Tazewell Community Hospital
11. Twin County Regional Healthcare (Lifepoint Health)
12. LewisGale Hospital - Pulaski (HCA Virginia)
13. Carilion Giles Communtiy Hospital*
14. LewisGale Hospital - Alleghany (HCA Virginia)
15. Sovah Health - Martinsville (Lifepoint Health)
16. Bath Community Hospital*
17. Carilion Rockbridge Community Hospital*
18. Sovah Health - Danville (Lifepoint Health)
19. Sentara Halifax Regional Hospital
20. Shenandoah Memorial Hospital (Valley Health)*
21. Page Memorial Hospital (Valley Health)*
22. Centra Southside Community Hospital
23. VCU Community Memorial Hospital
24. Southern Virginia Medical Center (Bon Secours)
25. VCU Tappahannock Hospital
26. Southampton Medical Center (Bon Secours)
27. Rappahannock General Hospital (Bon Secours)*
28. Riverside Shore Memorial Hospital

**Denotes Critical Access Hospital*

CARING FOR PATIENTS 24/7/365

Rural Hospitals Provide Vital Medical Services to Meet Community Needs

468,520

EMERGENCY DEPARTMENT VISITS
in Virginia rural hospitals in 2022, leading to 41,352 admissions

51,338

INPATIENT ADMISSIONS
at Virginia rural hospitals in 2022, totaling 233,802 patient days

2,673

BABIES BORN
at Virginia rural hospitals in 2022

BOOSTING VIRGINIA'S ECONOMY

Rural Hospitals are Major Economic Contributors in the Commonwealth

9,052

TOTAL EMPLOYEES
on staff working at Virginia rural hospitals in 2022

$851 M

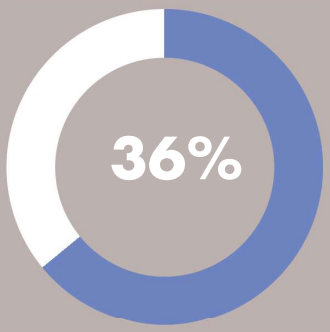
SALARY AND BENEFITS
in millions, provided by Virginia rural hospitals to employees in 2022

$48 M

CHARITY CARE
in millions, provided to patients in need by rural hospitals in 2022

FACING FINANCIAL HEADWINDS

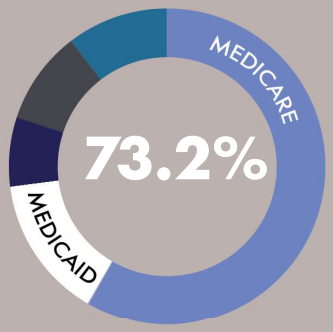
Signifcant Financial Challenges Confront Rural Providers and Threaten their Survival



RURAL HOSPITALS
with negative operating margins in 2022

Many Virginia rural hospitals operate in the red year-over-year, which threatens their survival:

- 36% in 2022
- 26% in 2021
- 32% in 2020
- 40% in 2019



SHARE OF PATIENTS
on Medicare and Medicaid at rural hospitals in 2022

Nearly three-fourths of rural hospital patients are on Medicare (58.3%) or Medicaid (14.9%), which reimburse below the cost of care — 7.3% of patients have commercial insurance and 19.5% are in other payer groups.

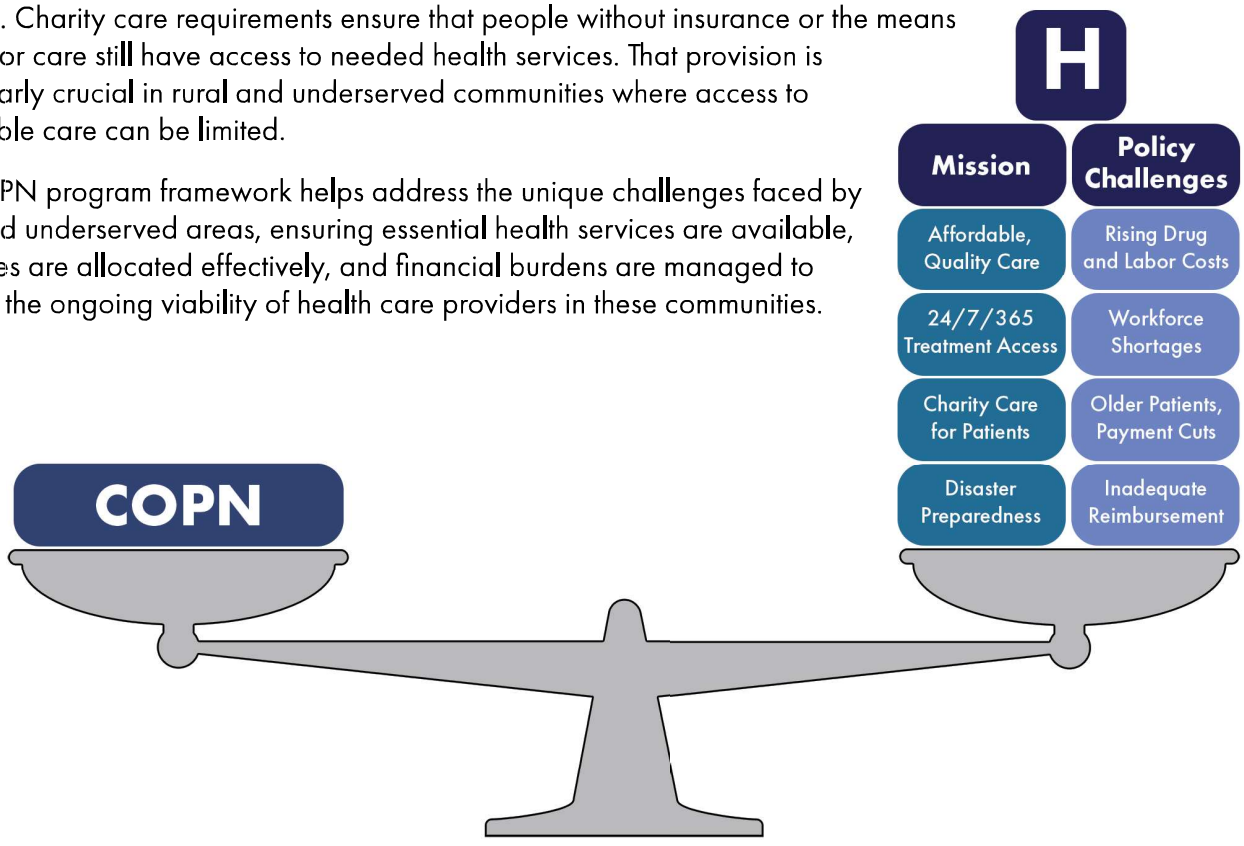
COPN

Health Care is Not a Free Market, COPN Helps Balance the System to Ensure Access to Care

The Certificate of Public Need (COPN) program is critical in supporting hospitals' mission to provide essential health services across communities. It promotes access to care by ensuring a wide range of clincial care is available in the Commonwealth while safeguarding the financial viability of essential medical providers. COPN helps direct resources to areas where they are most needed, including rural and underserved communities. This is critical because hospitals in these areas face the significant challenge of balancing the financial losses associated with delivering services that are not profitable to deliver — such as behavioral health, maternal care, and burn and trauma care — with positive revenue services such as imaging and surgery.

COPN is necessary to sustain hospitals and enable them to continue providing vital, necesssary medical services that are lifelines to people in densly populated communities as well as those in more remote locales. In rural and underserved areas, where health care resources are already limited, the COPN program plays an essential role in ensuring that medical resources are available. Under the law, proposed medical care facility projects are required to obtain a COPN certificate from the state health commissioner prior to proceeding — this regulatory system helps manage health care costs and ensures that the distribution of medical services is equitable and accessible in rural areas. The COPN program focuses on specialized and complex services, not everyday primary care, which helps control overall health care expenses while making sure that critical services are available to all Virginians. This targeted approach is especially important in rural and underserved areas, where health care facilities might struggle to offer comprehensive services without appropriate oversight. Moreover, the COPN program supports the health care safety net by requiring that certificate holders like hospitals and ambulatory surgery centers participate in the Medicare and Medicaid programs and provide charity care to support low-income patients. Charity care requirements ensure that people without insurance or the means to pay for care still have access to needed health services. That provision is particularly crucial in rural and underserved communities where access to affordable care can be limited.

The COPN program framework helps address the unique challenges faced by rural and underserved areas, ensuring essential health services are available, resources are allocated effectively, and financial burdens are managed to support the ongoing viability of health care providers in these communities.



FINANCIAL STABILITY

Hospitals measure fiscal health by the ability to remain in business and serve patients. The goal is to have a positive operating margin, which is the difference between net operating revenue and net operating costs. A positive margin means a hospital earns enough to cover the costs of operations, while a negative margin means the hospital brings in less revenue than it costs to operate the facility. Positive margins provide hospitals with the resources to enhance community benefit, charity care programs, and invest in technology and capital improvements.

- Positive margins allow hospitals to weather economic downturns like financial losses from COVID-19 or current inflationary and staffing pressures.
- Hospitals with positive margins can enhance community benefit and charity care programs and make investments in medical technology and capital improvements.
- Positive margins allow hospital to build financial reserves, much as the Commonwealth does with its Shortfall Reserve (Rainy Day) Fund.

Reserves = Long Term Solvency and Investment in the Future

Hospitals must maintain financial reserves to ensure long-term financial viability. Financial institutions also require financial resources as a condition to lend hospitals money for capital improvements.

Patient Billing

Hospital bills are based on services rendered. Hospitals charge the same amount for services regardless of a patient's payment source. Adjustments are made to amounts owed for hospital bills as determined by a patient's insurance. Insured patients usually share the cost of hospital services by paying either a deductible, coinsurance, copayments, or non-covered charges as determined by their insurance plan.

Bad Debt

When patients don't pay their bill or don't qualify for hospital financial assistance, the amount owed becomes a bad debt that typically can't be collected. Hospitals absorb those losses. This cuts into hospital margins, leaving fewer resources to cover the cost of care and to reinvest in communities. While some bad debt comes from uninsured patients, more than 50 percent is from insured patients who can't afford (or don't pay) deductibles, copays, or coinsurance. The issue is so pervasive that a relatively new term is widely applied to these patients: underinsured.

Financial Assistance for Patients

Every hospital offers robust financial assistance policies to assist low-income patients who are unable to pay all or a portion of the payment amount for care. This includes charity care that is free of charge for uninsured patients earning less than 200 percent of the federal poverty level. Many hospital financial assistance policies offer free or reduced price care for individuals up to 400 percent of the federal poverty level. Most hospitals also offer no-interest extended payment plans to assist patients in meeting their obligations to pay.

Uncompensated Care

The sum of bad debt and financial assistance is often called "uncompensated care." Hospitals accumulate significant amounts of uncompensated care, which is increasing with the growth of underinsured patients, in addition to other services for which hospitrals are not compensated.

BEHAVIORAL HEALTH

Invest in Workforce Development and Crisis Stabilization to Meet Rising Demand and Improve Access in Rural Communities

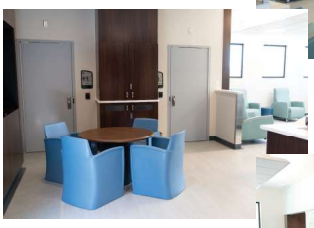
Demand for behavioral health and substance use treatment services has surged nationally and in Virginia at a time when more Americans say they struggle with mental health. In 2022, Virginia hospitals accommodated 55,636 behavioral health inpatient admissions. Rural hospitals handled 3,420 psychiatric unit admissions.

Behavioral health workforce shortages and rising service demand impact patient access to services. Another complication is reimbursement rates that are lower for behavioral health services than other medical services. This can impact patient costs, particularly for out-of-network behavioral health care. Out-of-network care for things such as telehealth services for substance use disorder care often occurs at elevated rates. This disparity places a significant financial burden on patients seeking behavioral care. Insurance plans have ensured access to in-network care for medical and surgical services but have not done the same for behavioral health care.

Governor Glenn Youngkin and the General Assembly have made key investments to improve access. Still, day-to-day challenges remain in navigating the complex behavioral health system for rural patients seeking care. The examples here reflect innovative approaches rural hospitals are pursuing to meet those needs.

Centra Health Establishes Virginia's First emPATH Unit

The Centra Health emPATH (Emergency Psychiatric Assessment, Treatment and Health) unit opened in September 2023, one year after project construction began.



Pictured: Centra emPATH Unit

The emPATH Unit was designed to reduce isolation and wait times for patients experiencing mental health crises. As the first of its kind in Virginia, the unit promotes patient socialization, interaction, and movement. In its first six months, 75 percent of patients were discharged without inpatient admission, compared to 36.3 percent of patients prior to the unit opening. This model of patient care has been implemented in other hospitals across the nation and has demonstrated clear benefits including: calmer patients, shorter stays, reduced hospital admissions, more available beds and resources for physical emergencies, better experiences, and safer emergency departments for patients and staff.

Located in Lynchburg, the emPATH unit also serves patients from the emergency departments of other rural hospitals in the health system: Centra Bedford Memorial Hospital and Centra Southside Community Hospital. It was created after Centra conducted a 2021 Community Health Needs Assessment survey that identitifed mental health among the top public health concerns in the area. To further serve community behavioral health care needs, Centra also partners with Array Behavioral Care and Community Services Boards to offer telehealth psychiatry services at the Bedford and Southside hospitals' emergency departments to help address a critical gap in care for rural residents with emergent behavioral health needs.

Comprehensive Approach to Mental Health Care at Carilion

Carilion Clinic is committed to the mental health and well-being of the communities it serves. As such, supporting mental health in rural communities is an important component of care delivery.

This is established on a foundation of improving access to services, reducing stigma and isolation, and addressing resource constraints that may be experienced across Carilion's geographic footprint. To achieve this, the system has supported many initiatives to ensure communities have the right help when needed. Carilion's comprehensive care delivery model includes virtual psychiatry assessments and treatment across all emergency departments and medical units in the health system.

The comprehensive team consists of adult and child psychiatrists, addiction treatment specialists, mental health therapists, social workers, psychologists, and peer recovery specialists. The team of providers and clinicians receive consultations for individuals in need of mental health care which enhances the ability of rural health care systems to manage complex health care locally. The team virtually completes assessments, initiates evidence-based treatments, and connects the individual to the appropriate, least restrictive level of care. The care plan may include virtual outpatient care, inpatient care at one of the DBHDS-licensed Carilion Clinic inpatient adult or child/adolescent facilities, or another facility across the state. The team works collaboratively with the individual and the treatment team to establish a treatment plan that enhances the overall well-being of the patient being served.

- Request additional funding for Comprehensive Psychiatric Emergency Programs.
- Request funding to expand the Earn to Learn Program focusing on behavioral health professionals and technicians.
- Establish funding opportunities to support the implementation and expansion of telehealth programs for behavioral health in rural areas to offset costs associated with technology infrastructure, training, and service provision.

Carilion's Emergency Psychiatry Program is based on the Roanoke Carilion Clinic campus. This team conducts in-person assessment and treatment in a level 1 trauma center emergency department and provides virtual assessment and treatment across our regional facilities 24/7. In the regional facilities during the first six months of 2024, this team has provided assessment and treatment to more than 1,500 individuals and prevented nearly 1,000 admissions through connection to treatment options that are less restrictive and options that connect the individual to services in their community. In addition, the team assessed and contributed to inpatient mental health treatment recommendations for more than 500 patients in crisis. Carilion's Consult Liaison Psychiatry team is based at the Carilion Clinic Roanoke campus. This team initiates treatment and works collaboratively with the medical team to meet the mental health care needs of patients being treated for comorbid medical conditions. In the regional facilities, during the first six months of 2024, the team assessed and contributed to inpatient mental health treatment recommendations for nearly 100 patients across the rural health care system's medical units, not including treatment and assessment recommendations that didn't lead to inpatient hospitalizations. Carilion Mental Health is committed to the creation of innovative approaches and solutions that improve access and outcomes across the region. Through continued partnerships, integrated and collaborative care models, and a focus on the delivery of excellent care, Carilion is meeting the vision of being a national leader in providing high-quality, trauma-informed, patient centered care that advances the health and well-being of communities being served.

HCA Virginia 'Direct Admission' Process Expedites Behavioral Health Care, Avoids Unnecessary ER Visits

In response to the growing challenges faced by rural hospitals in managing behavioral health needs, HCA Virginia hospitals have introduced an innovative Direct Admission process. This initiative streamlines the referral and admission of patients into behavioral health services, allowing those already seen by a provider, counselor, or social worker to be directly admitted without necessitating an emergency room (ER) visit. This approach not only accelerates the initiation of necessary care but also alleviates the burden on emergency departments, which are often strained by the high demand for mental health services.

By circumventing the ER, the Direct Admission process facilitates prompt treatment for patients, avoiding the delays associated with emergency room procedures. This efficiency also contributes to better emergency department throughput and optimizes resource management within a system that frequently deals with patients requiring intensive monitoring, such as one-to-one observation due to safety concerns.

HCA Virginia hospitals in Southwest Virginia handle more than 150 direct admissions annually, demonstrating the effectiveness and demand for this service. To further enhance support for specific populations, the market has expanded its focus to include specialized programs that address the needs of distinct groups:

- First Responders Program: This initiative provides tailored behavioral health support to first responders, recognizing their unique stressors and ensuring they receive care in a confidential and respectful manner.
- College and Student Age Program: Designed to address the mental health needs of younger populations, this program offers targeted services that are both accessible and sensitive to the unique challenges faced by students.
- Healthcare First Program: This program serves frontline health care workers, providing them with easy access to care while maintaining their privacy, acknowledging the mental health strains associated with their demanding roles.

Additionally, HCA has implemented a Bridge Clinic, which facilitates the transition of patients from facility discharge to ongoing behavioral health services without the typical delays associated with waiting lists for psychiatry and counseling.

In an effort to reduce stigma, HCA also created an Annual Mental Health Walk, and is partnering with local colleges and schools, meeting with primary care physicians, joining community walks, and attending unconventional events to reach people outside of the mental health community.

These efforts collectively enhance the delivery of behavioral health services, offering timely and effective support across various demographics while addressing the broader challenges faced by the health care system in managing mental health needs.

Valley Health Invests, Collaborates with Community Partners to Extend Behavioral Health Service Reach

Having access to expert mental health services is a critical component of a person's overall health. Yet, many people living with mental illness face barriers, from access to appropriate care to the fear of experiencing prejudice or discrimination. According to the National Institute of Mental Health, an estimated one in five adults is living with mental illness. While significant strides have been made nationally to normalize mental health by making it a priority, access to these vital services remains a major concern. With fewer mental health professionals and services available in rural communities, patients find themselves having to travel farther for care. Lack of reliable and/or affordable transportation only serves to compound the issue. Two of Valley Health's six hospitals are Critical Access Hospitals located in the heart of Virginia's Shenandoah Valley. Here are just a few ways these rural hospitals are providing access to quality behavioral health care when and where it is needed most.

- Earlier this year, Shenandoah Memorial Hospital in Woodstock, VA, began a $5 million renovation project that will allow outpatient behavioral health services to move into a greatly enhanced facility, with larger, more welcoming group therapy rooms as well as additional provider offices. Going beyond brick and mortar, the new facility will also allow the hospital to reestablish its Mental Health Intensive Outpatient Program (MHIOP), which was paused shortly after the COVID-19 pandemic strained resources and necessitated the move to traditional outpatient services, mostly offered to adults 55 and older through telehealth. Opening in the spring of 2025, patients 18 and older will have access to MHIOP much closer to home.
- Valley Health also recently gave its emergency psychiatric services a boost by partnering with Array Behavioral Care to provide on-demand telepsychiatry services in all six of its emergency departments, which provides patients face-to-face contact with a psychiatric professional 24/7. All too often, by the time a patient arrives at an emergency department (ED), they are already at a crisis point, and expediting the diagnosis can lead to the faster implementation of an appropriate treatment plan. By optimizing technology, Valley Health is able to provide emergency access to more in-depth assessments by highly-trained psychiatric professionals where patients live, which can reduce the need for transfers to larger medical facilities.
- Headquartered in Winchester, VA, Valley Health recently expanded mental health services in the region to include new care options for children and teens living with anxiety, depression, substance use, and other concerns. Those living in rural communities surrounding the Winchester area now have access to such services as outpatient individual, group, family counseling, and medication prescribing and management as well as MHIOP without needing to travel to metropolitan areas. Also, Valley Health's flagship hospital, Winchester Medical Center, recently opened its Emergency Psychiatry Assessment, Treatment, and Healing Unit to provide immediate behavioral health care for adults experiencing a mental health crisis.

MATERNAL HEALTH

Enhance Labor and Delivery Services, Recruit Specialists, Increase Prenatal and Labor Care Reimbursement in Rural Communities

U.S. birth rates are declining. From 2007-2022, data from the Centers for Disease Control and Prevention (CDC) indicates that nationwide the rate of births per 1,000 people declined nearly 23 percent. The trend in Virginia bears striking similarity to the national numbers: an overall 21.6 percent decline. As birth rates decline, hospitals across the nation are closing obstetrics units. In Virginia, eight (8) rural hospitals presently provide labor and delivery care. In 2022, rural hospitals delivered 2,673 babies. Low volume is a barrier to sustaining hospital labor and delivery services. Data indicates a volume of 500-1,000 births per year is needed for hospitals to maintain labor and delivery services. Beyond volume shortfalls, there is also the challenge of specialist staff shortages.

Current reimbursement rates do not adequately incentivize private practice prenatal services or acute labor and delivery services. Retention and workforce recruitment of obstetricians and gynecologists is also an ongoing challenge, particularly in rural communities. Maternal health starts with prenatal care. Addressing the social determinants of health is an important aspect of improving maternal health outcomes and overcoming barriers to prenatal care.

Riverside Invests in Maternal Care on the Eastern Shore

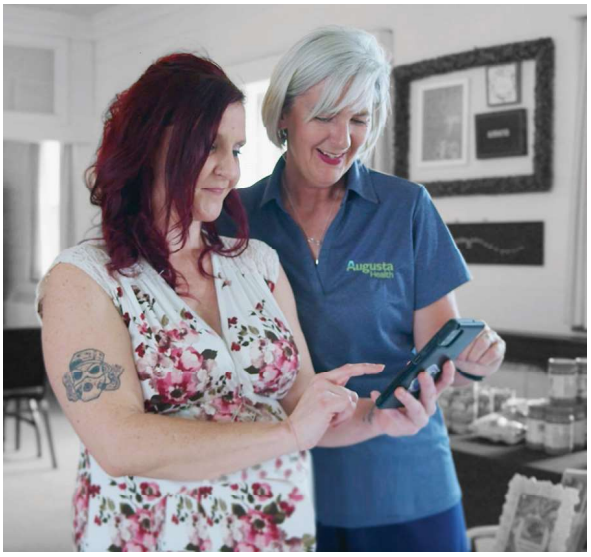
Riverside Shore Memorial Hospital (RSMH) has expanded its OB/GYN services by adding a fourth physician to support the growing maternal health needs on the Eastern Shore. This expansion reflects a commitment to making comprehensive maternal health services more accessible in rural communities, where such care can often be hard to find. With an additional OB/GYN provider, bringing the practice to four physicians and a midwife, a wider range of obstetric services can be offered to ensure that women on the Eastern Shore continue to receive quality maternal care close to home. The expanded team supports routine prenatal visits and preventive screenings to more complex obstetric care, high-risk pregnancies, and postpartum support. This broad approach to maternal health is especially important for a rural population, where access to specialized care is often limited.

The impact of this growth is especially significant for maternal health. The availability of additional providers means that wait times for appointments can be shortened so that expectant mothers get timely prenatal care, which is vital for tracking the health of both the mother and baby. Regular prenatal visits help in the early detection and management of any potential complications, ensuring a safer pregnancy journey and lowering the risk of adverse outcomes. The expanded OB/GYN team also enhances the ability to manage high-risk pregnancies that require specialized care and more frequent monitoring. This increased capacity means women with complex pregnancy needs can receive continuous, high-quality care throughout their pregnancy in their own community. Providing these specialized services locally can reduce the need for patients to travel long distances for care, which is particularly beneficial for patients with limited transportation options. Pediatrics is also closely tied to maternal health. A new challenge RSMH is meeting head on is securing coverage for its level 1 nursery. With its commitment to maternal health, RSMH is also working to recruit pediatric providers to provide both inpatient and outpatient coverage. Starting a Rural Track Family Medicine Residency will help to train residents to provide newborn coverage in the nursery and will increase outpatient provider availability.

Augusta Health Aids Underserved Women through Maternal Health Navigator Program

One of the ways Augusta Health is working to improve services and outcomes for maternal health in its region is through the RN Maternal Health Navigator program, which was established in October 2022. As part of the Augusta Health Community Outreach and Partnerships umbrella, this referral program targets pregnant women in the community facing challenges such as teen pregnancy, substance use disorder, incarceration, complex newborn diagnosis, food insecurity, adoption, blood pressure management, and a variety of other medical and social issues. Each woman referred is contacted by the RN Maternal Health Navigator who is able to offer resources such as food, maternity clothing, prenatal education, breastfeeding education, baby supplies, baby equipment, lactation consultations, sustainable hygiene products, and most importantly a readily accessible support person to walk with them through the journey of motherhood. In its first full year of operation (2023), the program received 162 referrals and had 996 encounters. As the program gains momentum, these numbers are on track to double for 2024.

A unique subset of the women enrolled in this program that has gained attention throughout the state has been through the partnership forged with the Middle River Regional Jail (MRRJ) to reach pregnant, incarcerated women. This partnership has provided an opportunity to reach one of the most vulnerable populations in the community and to shine a light on the bias and barriers that they often encounter. The first cohort of Middle River Regional Jail patients included 15 women identified as pregnant upon incarceration. Most (60 percent) of these women had no prenatal care prior to incarceration and none of them had been previously referred to the Augusta Health RN Maternal Navigator prior to incarceration. The Augusta Health RN Maternal Health Navigator made 44 visitations to these women and 100 percent of them received prenatal care while at the jail. All of these women have continued their relationship with the navigator for their entire pregnancy journey, even after release from incarceration.



Pictured: Roxanne Harris, MSN, RN, Infant and Maternal Health Navigator at Augusta Health Community Outreach and Partnerships, enjoying looking at photos with an expectant mother at a neighborhood clinic.

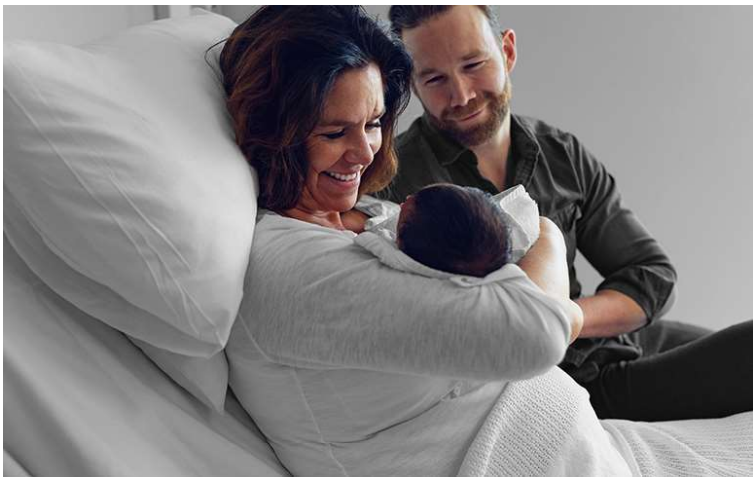
- Secure Medicaid reimbursement for Community Health Workers (CHW) to help address the social determinants of health in underserved communities.
- Establish a Rural Health Incentive Fund to assist hospitals that provide obstetrics whose patient volumes continue to erode financial viability and whose closure would leave Virginians without safe access to care.
- Enhanced funding for Maternal Health Hospital-based Violence Intervention Programs (HVIP).

At Ballad, Community Health Workers Improve Maternal Care with 'Strong Starts'

Ballad Health's community health workers understand the unique needs of the Appalachian Highlands and collaborate with local organizations to connect patients to essential resources such as prenatal care, behavioral health services, workforce training, and relapse prevention programs.

The goal of community health workers is to help patients navigate barriers to staying healthy, assist in accessing medical care, and work together on setting and achieving health goals.

Community health workers play a vital role in Ballad Health's commitment to the region. The Strong Starts program supports pregnant mothers and caregivers of children from newborns to age five by linking them to vital services, ensuring that each family has the resources needed to thrive.



Strong Starts families are paired with a community health worker who connects them to resources, offers social support, and collaborates with them to establish health and wellness goals for themselves and their families. Families can enroll in the program at any stage.

Following an initial visit to a clinic or hospital to confirm pregnancy, the Ballad Health team screens patients for pregnancy-related needs and offers free enrollment in the Strong Starts program. Families are then matched with a community health navigator, who provides ongoing support, including connecting them to doctor visits and relevant programs. Strong Starts also helps prepare children for kindergarten by focusing on social and emotional development.

Many new families face challenges such as substance abuse and behavioral health issues. Ballad Health's Strong Futures program, part of the Niswonger Children's Network, serves pregnant, postpartum, and parenting mothers and fathers by providing a compassionate, life-changing approach to addiction recovery and mental health care.

Ballad Health's team of professionals, including community health workers and peer recovery specialists, offers multi-generational outpatient services to families across Northeast Tennessee and Southwest Virginia. These services include family counseling, financial stability counseling, health and wellness support, parenting education, relapse prevention, workforce development, and intensive outpatient programs (IOP).

By providing these services, the team helps reduce health care costs for patients and providers by lowering the number of avoidable emergency room visits and hospitalizations, preventing disease progression, and increasing access to primary and urgent care.

Bon Secours Southside Virginia Maternal Program Focused on Enhancing Care

At Bon Secours Southern Virginia Medical Center in Emporia, VA, Bon Secours is actively addressing the critical health care challenges facing rural communities through a variety of innovative programs. One significant gap in care is the absence of outpatient OB/GYN services in the area. To address this, the medical group is currently recruiting a women's health provider who will offer regular, in-person care to patients in Emporia. This initiative will help bridge the gap for local women who often face long commutes to access specialists.

Recognizing the difficulty many rural patients experience in accessing specialized care, telehealth is being explored as a practical solution. However, limited broadband availability has been a major barrier to the success of telehealth services in the region. In response, the medical group is piloting a hybrid telehealth clinic model. This innovative approach allows patients to connect with specialty providers via telehealth from a medical office setting, ensuring reliable internet access and technical support.

Each clinic is staffed with a dedicated support team, including either a medical assistant or nurse, and equipped with the technology necessary for seamless telehealth visits. By providing on-site technical support and ensuring stable internet connectivity, the clinic makes it easier for patients to access high-quality care from specialists, all without the need to travel long distances. This model offers a promising pathway for Bon Secours to improve health care accessibility in rural communities.

HEALTH CARE WORKFORCE

Boost Community College-Employer Collaboration for Nursing and Career Programs, Support Financial Aid to Improve Access for Rural Communities

Health care workforce shortages are a significant concern across clinical roles that are only expected to grow in the future. This is particularly true in hospital settings, which operate 24/7/365 and require round-the-clock staffing to provide emergency and acute care services.

Data from the Bureau of Labor Statistics and the Virginia Health Workforce Development Authority, among others, project future demand for thousands of new doctors, nurses, counselors, dental technicians, and more. These shortages are magnified in Virginia's rural communities — a majority of which are considered Health Professional Shortage Areas. There are many health care career pathways with unique education and training requirements. Recruiting practitioners to rural communities is a critical challenge. So is access to child care for many working professionals, including hospital staff on shift work in rural communities.

To address workforce challenges, community colleges and health care employers must collaborate to offer nursing programs and bridges for career advancement with financial support from local governments and foundations. Opening doors to educational opportunities through programs offering tuition assistance and loan repayment for health care workers is a key strategy to attract providers to rural communities.

Lifepoint Hospitals Launch Nurse Residency Program

In 2024, Lifepoint Health's hospitals including Sovah Health (Danville and Martinsville), Twin County Regional Healthcare (Galax), Wythe County Community Hospital (Wytheville), Clinch Valley Health (Richlands), and Fauquier Health (Warrenton) launched a new nurse residency program aimed at strengthening its nursing workforce amidst the growing national nursing shortage. Based on an apprenticeship model, the evidence-based transition-to-practice program provides hands-on, structured support for nurses as they graduate nursing school and start their careers. Lifepoint and its hospitals talked with students, schools, and recruiters to understand what is most important to new nurses in choosing their first job, and three consistent themes emerged more than any others — a structured program to support their transition, a clear career pathway for advancement and growth, and regular engagement and feedback from their team. These three elements are foundational to the new program.

New graduate nurses joining the hospitals are automatically enrolled in the program as nurse residents, and over the first twelve months of employment are guided through three structured phases — clinical competence, culture transition, and leadership development. During each phase of the residency, the resident is assigned an experienced nurse preceptor or mentor who has completed the program's preceptorship training. The program culminates in the completion of a Capstone project, which ties together the resident's first year of work, individually and with their team, and demonstrates the personal impact they have made in the workplace. The program is a Registered Apprenticeship Program with the U.S. Department of Labor. It first launched in several Lifepoint Health pilot locations last year and has experienced great results. Upon completion of the program, 93 percent of nurses were still working at their facilities, compared to studies showing 20-30 percent of new nurses leaving their jobs in the first year. Participating Virginia hospitals have enrolled 64 new nurses in the program and they average a 92 percent retention rate. Providing training and resources for new nurses helps them develop into confident, competent, and resilient caregivers and thrive in their careers.

Ballad Supports Area Oral Health Needs, Recruits Dentists to the Region

The Appalachian Highlands Community Dental Center, a 501(c)(3) nonprofit, provides critical oral health care to uninsured adults and those in recovery programs in Southwest Virginia.

Partnering with the Ballad Health Johnston Memorial Hospital Advanced Education in General Dentistry Program, the clinic educates residents, encourages dentists to practice in the area, and delivers care to vulnerable populations on a sliding fee scale, with a focus on low-income community members.

Through a partnership with Dr. Michael McCracken, Dr. Scott Miller, and Mission Dental Virginia, the center offers a much-needed access point for oral health services in Southwest Virginia. Dentists provide preventive care, such as sealants, as well as restorative services, including crowns, fillings, and dentures. All care is available to uninsured patients on a sliding scale.

The clinic also serves as a training site for dental residents through Johnston Memorial Hospital's residency program, which offers advanced training for licensed dentists. The clinic's location — 616 Campus Drive, Suite 100, Abingdon, Virginia — was made possible by a land donation from Johnston Memorial Hospital and is provided rent-free. Since inception, six of the 22 dental residents in the program have remained in the region and established practices.

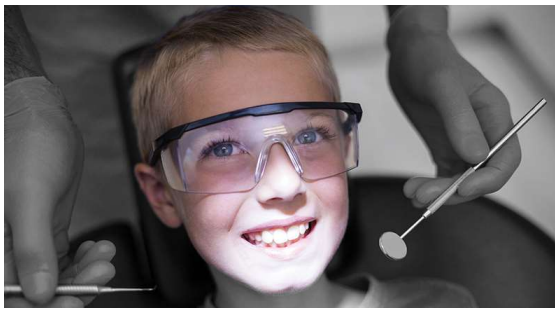
The Appalachian Highlands Community Dental Center primarily serves uninsured adults from the Mount Rogers, Lenowisco, and Cumberland Plateau health districts in Southwest Virginia. In addition to its core mission, the clinic aims to expand care to uninsured families, including children, to promote strong oral health across the region.

It is also a crucial community partner for recovery and restoration services to support patients.

The clinic offers services to individuals overcoming addiction, homelessness, and abuse. It collaborates with recovery centers and nonprofits to provide tailored dental care programs for referred patients.

For more information about the Appalachian Highlands Community Dental Center or to schedule an appointment, visit appalachianhighlandsdental.com or call 276-525-4487.

- Direct the Board of Nursing to amend regulations so students can complete clinical experiences beyond 50 miles without Board approval.
- Prioritize child care funding for health care professionals and essential personnel.
- Work with the Virginia Health Workforce Development Authority to improve GME funding and structure.
- Amend Board of Nursing regulations so observational experiences count towards some student direct clinical care requirements.
- Enhance regional Career and Technical Education (CTE) Centers funding for rural areas.



Riverside Shore Memorial Hospital Partners with Local Community College on Career Development Programs

Riverside Shore Memorial Hospital (RSMH) is committed to nurturing community growth and development through diverse workforce development initiatives. The hospital has a partnership with Eastern Shore Community College (ESCC) that plays a pivotal role in creating a robust future workforce for the Eastern Shore. Together, that effort supports various career development programs, including Project Horizon and Project Discovery (PH/PD), as well as nursing, medical career, and drone pilot training programs.

Project Horizon and Project Discovery are specifically designed to inspire middle and high school students from underserved backgrounds to explore local career opportunities, particularly in health care. These programs focus on first-generation college candidates, providing them with the tools, resources, and mentorship needed to explore various career paths. By targeting middle and high school students, these initiatives help establish a well-prepared future workforce deeply connected to the local community. Students participating in PH/PD benefit from hands-on learning experiences such as shadowing professionals and attending workshops and seminars that introduce them to career options. For those interested in health care, RSMH offers unique opportunities to gain insights into the medical field, understand the essential roles of health care professionals, and explore the wide range of careers within a health system. The collaboration with ESCC extends beyond these programs. The college serves as a central hub for education and training, offering programs that align with the needs of local industries, including health care. ESCC's nursing and medical career education programs are vital talent sources for RSMH and other local health care providers. Through this partnership, licensed practical nurse (LPN) and registered nurse (RN) students are provided with clinical rotation opportunities, ensuring they gain practical experience in a real-world health care setting. The organizations also maintain strong engagement through cross-representation on each other's boards, fostering a collaboration that benefits both institutions and the community. Riverside also supports innovative programs such as ESCC's drone pilot training, which prepares students to meet the needs of local employers like the Wallops Flight Facility. This program aligns with the future requirements of RSMH's planned medication delivery via drone program, highlighting a commitment to adopting new technologies to improve patient care and community services. To further support the educational advancement of local students, Memorandums of Understanding (MOUs) exist with colleges in Maryland and Delaware for radiology students, allowing for a broader range of educational opportunities. Moreover, graduates of Project Horizon who complete the program in good standing receive two years of free tuition at ESCC, reinforcing the dedication to removing financial barriers to education and career development.

RSMH believes that a thriving community relies on a skilled and capable workforce. The hospital's commitment to workforce development, in partnership with ESCC and other regional institutions, is central to its mission of building a brighter future for the Eastern Shore. The hospital is dedicated to nurturing young talent, encouraging pride in local careers, and contributing to the long-term success of the community. By supporting these initiatives, RSMH aims to empower students to succeed and inspire them to build their futures on the Eastern Shore.

In the coming year, RSMH also plans to bring family medicine residents from Riverside's Family Medicine program

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to the Eastern Shore. Riverside plans to start a Rural Family Medicine Residency Program providing residents with hands-on training in rural health care settings. This initiative will be a vital step in strengthening the primary care workforce and addressing unique community health care needs. Family medicine will remain at the heart of comprehensive, patient-centered care, especially in rural areas where access to specialized medical services can be limited. Bringing residents to the Eastern Shore can help equip them with the skills and experience necessary to thrive in rural health care environments by exposing them to the unique challenges and rewards of practicing medicine in a rural setting. This initiative will enhance the training experience for residents and benefit the Eastern Shore community. Residents will provide support to existing medical teams, helping to improve access to primary care services through the opening of a continuity of care clinic. Their presence will help with timely appointments, reduced wait times, and providing a higher level of care to patients. This expanded capacity can help patients manage chronic conditions, provide preventive care, and address acute health concerns, all of which are essential for maintaining health.
By training residents on the Eastern Shore, RSMH is investing in the future of rural health care. Studies have shown that medical residents are more likely to practice in the areas where they complete their training. Providing a robust training experience in a rural setting may inspire future physicians to continue their careers in rural health, ultimately increasing the number of primary care providers available to serve the Shore community and other rural areas.

The Rural Family Medicine Residency Program also aligns with a broader commitment to sustainable, long-term health care solutions. By building a strong primary care workforce, Riverside will be better positioned to address current and future health care challenges. A well-trained, dedicated group of family medicine physicians is essential for managing the diverse needs of a rural population, from pediatric care to geriatric services. This initiative reflects RSMH's commitment to improving health care access and quality on the Eastern Shore. Bringing family medicine residents to the region is a significant step toward ensuring the community has access to high-quality, compassionate care for years to come.

Augusta Health Partners with Community on Workforce

Augusta Health has implemented several workforce development programs that feature educational partnerships, a newly established graduate medical education program in internal medicine, as well as tuition assistance and loan repayment programs. Augusta Health collaborates with community colleges and other partners to offer nursing programs and bridge programs for career advancement, with financial support from the Augusta Health Foundation. A joint program between Augusta Health and Blue Ridge Community College aims to help address the nurse shortage crisis. The Augusta Health Scholars Associate Degree Nursing Program was established to increase access to education and the nursing career pathway. The program supports Augusta Health non-degreed team members by providing financial support for tuition, books, and supplies to pursue their associate degree. It also includes a monthly stipend, and the opportunity to gain practical skills as they move forward in their career as a Registered Nurse. Augusta Health, with financial support from the Augusta Health Foundation, is also partnering with Valley Vocational Technology School to support a cohort of CNA students.

Augusta Health also launched its Graduate Medical Education (GME) program in May 2023 after receiving national accreditation from the Accreditation Council for Graduate Medical Education. The program trains physicians who have graduated from medical school and want to become board-certified in adult internal medicine. Augusta Health believes GME is a natural extension of its mission to provide excellent community-based health care by helping to train future health care professionals. One program goal is to increase the supply of primary care physicians in underserved areas — many first year residents have connections to Virginia. Augusta Health also has loan repayment programs for bedside RNs and respiratory therapists as well as loan payback support for attending physicians.

TELEHEALTH

Expand Broadband, Update Provider Reimbursements, and Promote Digital Literacy in Rural Communities

The evolution of technology has enhanced virtual communication between people separated by long distances. The growth of telehealth services has enabled rural Virginia patients to more easily connect with health care specialists and consult with providers from the safety of their own homes.

While Virginia leaders including former Governor Ralph Northam and current Governor Glenn Youngkin have supported investments to deploy broadband across the Commonwealth, internet acess and connectivity disparities remain. Limited broadband access and poor Wi-Fi coverage in rural areas can negatively impact patients' ability to avail themselves to telehealth services.

Another challenge: current reimbursement policies do not fully cover health care providers' costs to deliver telehealth services. And payors restrict which treatment models are covered. This can hinder growth in these models and impact care access. Because rural patients are often older, they may have lower digital literacy and less trust in telehealth services. Digital navigation training for rural patients could improve telehealth engagement and satisfaction.

UVA Telemedicine Services Extend Health Care Reach

The UVA Telemedicine Program was established in 1995 to provide improved access to health care via telecommunications technologies. A broad range of services are offered to patients through the program. This includes those conducted in patients' homes or in partnership with referring clinics. Overall, hospitals and providers have supported hundreds of thousands of patient visits.

Program facility partners include more than 130 community hospitals, outpatient clinics (including Federally Qualified Health Centers, free clinics, and a new Indian Health Service clinic), Virginia Department of Health sites, Department of Behavioral Health and Developmental Services sites, Programs for All Inclusive Care for the Elderly (PACE), correctional facilities, skilled nursing, long-term care and rehabilitation centers. Mobile telestroke services are also offered in partnership with regional Emergency Medical Services (EMS) programs and collaborations with community paramedics through UVA Population Health. Telemedicine offers a range of community access points for patients. More than 60 health care specialties and subspecialties at UVA Health offer telemedicine services. In some cases, telemedicine encounters may be scheduled as initial visits or, more commonly, follow up visits. Access to stroke specialists in partnership with community hospitals that provide life-saving emergency stroke care is offered 24/7.

Same-day virtual urgent care services are also offered to any patient in the Commonwealth through MyChart or via the web at https://uvahealth.com/services/virtual/urgent. Other UVA Health virtual services include screening programs for diabetic retinopathy to prevent blindness (DRS), patient-initiated eVisits through the patient portal MyChart, eConsults between providers, Population Health Interactive Home Monitoring (IHM) for chronic disease management, remote monitoring of high risk pregnant women, expanded mental health access, and virtual educational programs for patients. Many of these facility partnerships are supported by federal grants. Questions about the telemedicine program can be directed to 434-924-5470, telemedicine @virginia.edu, or https://uvahealth.com/services/telemedicine.

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UVA Health also offers a robust suite of population health programs to benefit patients. Examples of these programs include:

- The Interactive Home Monitoring (IHM) program provides continuity of care post-discharge by a team of Population Health case managers, clinicians, and behavioral health therapists who support and collaborate with patients to match them to resources to remove barriers to care, address behavioral health needs, and establish care with a PCP. Eligible patients are Virginia residents who are 18 years of age or older and are discharged home or with home health. The 30-day program also provides home monitoring equipment and vitals monitoring delivered by the IHM RN team.
- Virginia at Home (VaH) is a home-based primary care program for older adults living with complex medical concerns and needs who are confined to their homes or assisted living facilities ("homebound") due to medical, functional, and/or cognitive difficulties. The program currently serves participants living in the city of Charlottesville and in Albemarle, Augusta, Buckingham, Fluvanna, Greene, Louisa, Madison, Nelson, Orange, and Rockingham counties and residents of select assisted living and memory care facilities in the Charlottesville area.
- The Community Paramedicine (CP) program's pre-hospital clinicians interact with patients outside of the traditional health care system (typically in the home). Patient populations that may be at increased risk for failure of their outpatient health care plans and could benefit from the CP program are identified through the discharge planning process for inpatients, emergency department discharge planning processes, frequent utilization of the emergency services system, and identification of members of vulnerable populations in communities that have historically faced barriers to successful health care outcomes.
- The Medicine HOME program seeks to improve the health and well-being of people with complex health and social needs who are among the top 1 percent of those who utilize inpatient care or the emergency department. This includes those who have multiple chronic medical and behavioral health conditions, combined with social barriers such as homelessness and unstable housing, food insecurity, lack of transportation, and more, which are exacerbated by systemic problems such as racism and poverty.

- Advocate for reimbursement parity for telehealth services to ensure fair compensation for health care providers and encourage the sustainable expansion of telehealth programs, including electronic consultations, electronic visits, and audio-only visits.
- Remove payer modality restrictions and allow the use of a broader range of telehealth modalities, such as store-and-forward, remote patient monitoring, electronic consultations, and electronic visits.
- Establish grant and funding opportunities to support the implementation and expansion of telehealth programs in rural areas to offset the initial costs associated with technology infrastructure, training, and program development.

Riverside Shore Hospital Leverages Aerial Drone Technology to Deliver Medication to Remote Areas

Riverside Shore Memorial Hospital (RSMH), in partnership with key community stakeholders, is pioneering an innovative drone medication delivery project to enhance access to essential medications in remote areas. This groundbreaking initiative aims to overcome the transportation barriers that often hinder timely access to medical supplies, particularly for geographically isolated patients, including those on Tangier Island. Access to medications and medical supplies is a critical component of effective health care, especially in rural and remote communities where geographic isolation and transportation barriers can create significant challenges. For residents of Tangier Island and other hard-to-reach areas on the Eastern Shore, traditional means of transporting medications — whether by boat or road — can be time-consuming and weather-dependent, leading to potential delays in receiving vital medications. Moreover, some residents do not have the capability to leave their homes due to mobility issues or other health concerns, and transportation options can be scarce or unreliable. The drone delivery project addresses these challenges by offering a faster, more reliable solution to ensure that medications are delivered directly to patients' doorsteps, enabling them to maintain their health and well-being without leaving their homes. The drone delivery system being developed is designed to transport medications and medical supplies directly from a hospital to patients' locations, bypassing traditional obstacles and significantly reducing delivery times. This is particularly important for patients who rely on timely access to medications for chronic conditions, such as diabetes, heart disease, or asthma. The use of drones can help ensure that these essential medications reach patients quickly, regardless of weather conditions or other logistical challenges that might otherwise cause delays. This direct-to-door delivery ensures that even the most isolated or homebound patients receive the medications they need without the stress of arranging transportation or traveling long distances. This innovative project is vital for improving community health outcomes. Providing timely access to medications can help prevent health complications, reduce hospital readmissions, and improve the overall quality of life for patients. For residents of remote areas like Tangier Island, where access to pharmacies and health care facilities can be limited, this initiative represents a significant advance in ensuring equitable health care access.

Pictured: Riverside Drone Delivery

Delivering medications directly to patients who are unable to leave their homes enhances their ability to manage health conditions effectively, without additional burdens. The drone medication delivery initiative is also a testament to RSMH's commitment to leveraging technology to address unique community health care challenges. Such innovative solutions are essential for overcoming the obstacles that rural health care systems often encounter.

By investing in technology that can directly benefit patients, RSMH is enhancing care delivery and setting a precedent for future advances in rural health care. As the development of the drone medication delivery system continues, RSMH remains committed to the mission of providing high-quality, accessible care to all residents of the Eastern Shore. This initiative is one example of how the hospital strives to innovate and adapt to meet community needs, ensuring that no patient is left without medications they need, no matter where they live or what their circumstances are. The project has exciting potential to make a meaningful difference in the lives of patients and to serve as a model for other rural health care systems facing similar challenges.

Telehealth Services Get Care to Carilion Patients Faster

In recent years, Carilion developed familiarity and expertise in teleneurology and telestroke by implementing telestroke consults in the emergency departments of Carilion Franklin Memorial Hospital, Carilion Rockbridge Hospital, Carilion New River Valley Hospital, Carilion Giles Community Hospital, and Carilion Tazewell Community Hospital.

The service is provided in partnership with Access TeleCare, the largest provider of teleneurology/telestroke services to U.S. hospitals. Implementation of this service has been vital in treating stroke patients more quickly to obtain better health outcomes. Prior to its establishment, patients from rural areas were routinely transported to Carilion Roanoke Memorial Hospital by life-flight helicopter, resulting in delayed treatment. Delays were further compounded when flights were grounded due to poor visibility over Virginia's Blue Ridge Mountains.

Carilion's rural hospitals have gained confidence working with Access TeleCare to diagnose strokes and to administer tissue plasminogen activator (tPA). Teleneurology and telestroke consults have been transformative for rural communities, where access to specialized care is often limited. The geographic isolation of areas like Franklin, Rockbridge, New River Valley, Giles, and Tazewell has historically placed residents at a significant disadvantage during medical emergencies, particularly in cases of stroke where every minute counts. By integrating teleneurology and telestroke into local hospitals, Carilion has reduced dependency on emergency transport and enhanced the quality of care available in the community. Looking ahead, the potential for expanding this telehealth program is immense, particularly with the support of additional resources. With increased funding and technological investment, telestroke services could be extended to even more remote areas that currently lack immediate access to specialized care (Bedford County, Wythe County, Floyd County, Craig County, and others). Additional resources would also support enhancing existing infrastructure, improving the reliability and speed of telehealth consultations. This could involve upgrading internet connectivity in underserved regions, ensuring that all rural hospitals can maintain uninterrupted, high-quality video consultations with specialists.

Expanding training programs for local health care providers is another key area where investment could yield significant returns, equipping rural medical staff with the skills and confidence to effectively use telehealth technology. Additional funding could also support community outreach initiatives to educate the public about the availability and benefits of these telehealth services. This would help increase utilization, ensuring that more residents take advantage of care that is now more accessible than ever. Scaling the telehealth program can help bridge the gap in health care access for rural Virginians, ensuring that patients recieve timely care regardless of location.

In another development, Carilion Clinic's Home Health services implemented remote exam technology in five rural service areas to significantly improve post-discharge care for elderly and mobility-limited patients. This technology enables remote physicians to listen to, and record, heart and lung sounds and evaluate skin, eye, ear, and throat conditions in real-time. However, connection stability issues in patients' homes have undermined its effectiveness, leading to interrupted care. To fully realize its potential and expand access to this critical service, improving broadband and cell coverage in rural areas is essential for supporting vulnerable populations.

In 2024, Carilion deployed two mobile health vans designed to bring medical care directly to patients in underserved areas. These vans, staffed by a registered nurse and certified medical assistant teams, are equipped with TytoPro devices, enabling comprehensive real-time video exams in collaboration with virtualist providers. This effort is particularly impactful for rural populations, where distance and transportation challenges can impede health care access. By targeting high-need patients in the Medicare Shared Savings Program (MSSP) and Medicare Advantage Accountable Care Organization (ACO) populations, the mobile vans ensure that those with outstanding Hierarchical Condition Category (HCC) scores receive essential care, even when they are unable to visit a clinic. In the future, Carilion also envisions establishing a telenurse program to further support rural access to care.

TRANSPORTATION

Fund Partnerships to Improve Patient Transport in Rural Areas, Support Access to Care and a Safe Return Home

In rural communities, the current state of medical transportation services is limited. This is seen in transportation agency shortages as well as lengthy wait times for transfers between facilities when patients need higher levels of care. Medicaid enrollees may also experience challenges with accessing medical transportation because many Medicaid plans lack local contacts, which can result in delayed service or inadequate service availability.

Because rural communities may be remote or separated by greater distance, limited transport options can lead to longer patient waits for services, longer patient stays, higher hospital readmission rates due to missed follow-up appointments, and an inability to pick-up prescribed medications for treatment and condition management, which can result in unnecessary use of 911 emergency systems.

Additional support is needed for mobile health services, particularly in cancer care, to bring health care services directly to rural communities. Funding for transportation-specific initiatives, and partnerships models, is essential for improving discharge planning, EMS service efficiency, and access to health care transportation services.

Sentara Offers Community, Mobile Care Models

Since its inception in August 2022, Sentara Community Care (SCC) has embarked on a transformative journey to address health care disparities and enhance access to essential services for underserved communities across the Commonwealth of Virginia. Through a multifaceted approach encompassing community care centers, mobile care vehicles, school-based health care centers, and strategic partnerships, Sentara has made significant strides in bringing hope and healing closer to home.

Sentara Community Care offers neighborhood-level access to holistic care, with a focus on treating the most at-risk, medically underserved, and uninsured members of our communities. In addition to providing direct medical care, Sentara is also partnering with the community to connect patients with essential resources to help address other challenges that affect their health, including housing, transportation, and access to nutritious food. The goal is to reduce traditional barriers to health and wellness by maximizing convenience and providing consistent, embedded medical and wrap-around services in neighborhoods that historically lacked access, have known health disparities, and statistically experience worse health outcomes.

“As one of the Commonwealth of Virginia’s Medicaid providers, we understand that the journey to health and well-being is more challenging to those facing significant social and environmental issues. We developed this innovative model of care through a community-driven approach, utilizing feedback from respected community and faith-based leaders to better identify and understand local needs, and establishing partnerships and services to fulfill them,” said Dennis Matheis, President and CEO of Sentara Health. “Sentara Community Care enables us to leverage our position as an integrated health system to bridge gaps in healthcare and reduce health disparities as we deliver high-touch care directly to the communities that need it most.”

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Sentara Community Care was born out of three insights:

- As an integrated delivery network with both medical professional and health plan services, Sentara has a unique ability to provide comprehensive primary care, pediatric care, and behavioral health services – both in person and virtual – as well as health care and health insurance navigation and enrollment services.
- Sentara combines geographic information system (GIS) technology with de-identified patient and member information to pinpoint and prioritize populations with the greatest needs and insufficient access to health care and community services.
- By partnering with various community organizations, Sentara devises solutions to address social drivers of health and enhance access to vital resources and social services to meet each community's most pressing needs.

Sentara also continues to expand SCC across the Commonwealth, most recently with the launch of a new Sentara Mobile Care vehicle serving Halifax County and surrounding communities. Sentara's mobile care team will provide preventative care for children to adults, behavioral health care, social support services, and women's health services.

Sentara Mobile Care vehicles travel to neighborhoods and communities to reduce traditional barriers to care, such as inconvenient times and lack of transportation. Sentara Mobile Care is present at high-profile community events, and each community's list of rotating mobile locations is chosen to maximize convenience and proximity to other essential community organizations and services.

Pictured: Sentara Mobile Cares vehicle in action

- Direct DMAS to provide financial incentives to transportation services that demonstrate reliability and trustworthiness in rural areas.
- Direct DMAS to contract with alternative transportation vendors through competitive bidding processes with agreed upon rates to enhance service availability.
- Direct DMAS to provide supplemental payments for transportation services when other pathways are unavailable or impractical, ensuring continued access to health care services for rural residents.
- Design pilot program with Uber Health or Lyft to enhance transportation options.
- Direct the Joint Commission on Health Care to evaluate options to enhance Medicaid funding and access to transportation-related to medical services in rural areas.

VCU Health Initiatives Bring Mobile Health Services to make Care more Accessible to Patients in Need

Patients living in communities served by VCU Health facilities may have witnessed black and gold mobile health service vehicles in the area. The health system has several mobile health vehicles out and about including "Massey on the Move" vans from the VCU Massey Comprehensive Cancer Center and a mobile, digital PET/CT scanner situated inside in 50-foot, 18-wheeler trailer that makes it easier and quicker for patients to get screened for ailments and placed on a treatment plan when necessary.

"Massey on the Move" vans have made multiple visits to traditionally underserved communities across central and southern Virginia to deliver cancer education and awareness. They have reached more than 1,000 people and Massey's Community Outreach and Engagement (COE) team has had hundreds of one-on-one conversations with Virginians to encourage healthy lifestyle practices and cancer screenings. The "Massey on the Move" vans offer an entry point for community members to connect with Massey's COE initiatives and partners to activate healthy lifestyle behaviors and risk-reducing practices. Van events have resulted in people signing up for prevention educational sessions, such as a free tobacco cessation program that helps people stop using tobacco, the "We Can Eat Well" nutrition program, and the "We Can Take Action" empowerment education conversations to address health literacy gaps, cancer prevention, and early detection.

Pictured: Massey on the Move van community outreach

"We're providing critical education about cancer prevention and screenings that we believe will help us address the higher cancer mortality rates that Massey has identified in communities the vans are visiting," said Michael Gesme, MPA, senior program manager for community outreach and engagement on Massey's COE team. "To see connections being made between people and our trained navigators to make sure they can access the resources they need has been incredibly rewarding."

The vans have done cancer blood screening tests in Richmond, breast cancer screenings in Charles City County, and are also being deployed to places including the Tri-Cities area, Tappahannock, Lawrenceville, Danville, Nottoway County, and Portsmouth. The vans are funded through a $300,000 grant from The Dominion Energy Charitable Foundation's Social Justice Grants Initiative, which supports organizations addressing the root causes of systemic inequity, including health disparities. A $150,000 Bank of America grant has funded educational materials that are distributed from the vans which focus on cancer prevention and screening information as well as general health and wellness guidance.

The new 50-foot trailer will travel between three VCU Health locations to provide rapid scans for patients waiting for cancer screenings. By scanning the whole body in 17 minutes or less (about half the time of a traditional scan), the mobile, digital PET/CT scanner makes it easier and quicker for patients to get screened and be put on a treatment plan. PET/CT scans are advanced tools used in cancer care to provide an accurate picture of a tumor that can help doctors find and better understand tumors. These exceptionally high-clarity images are often used to determine the best course of treatment for patients.

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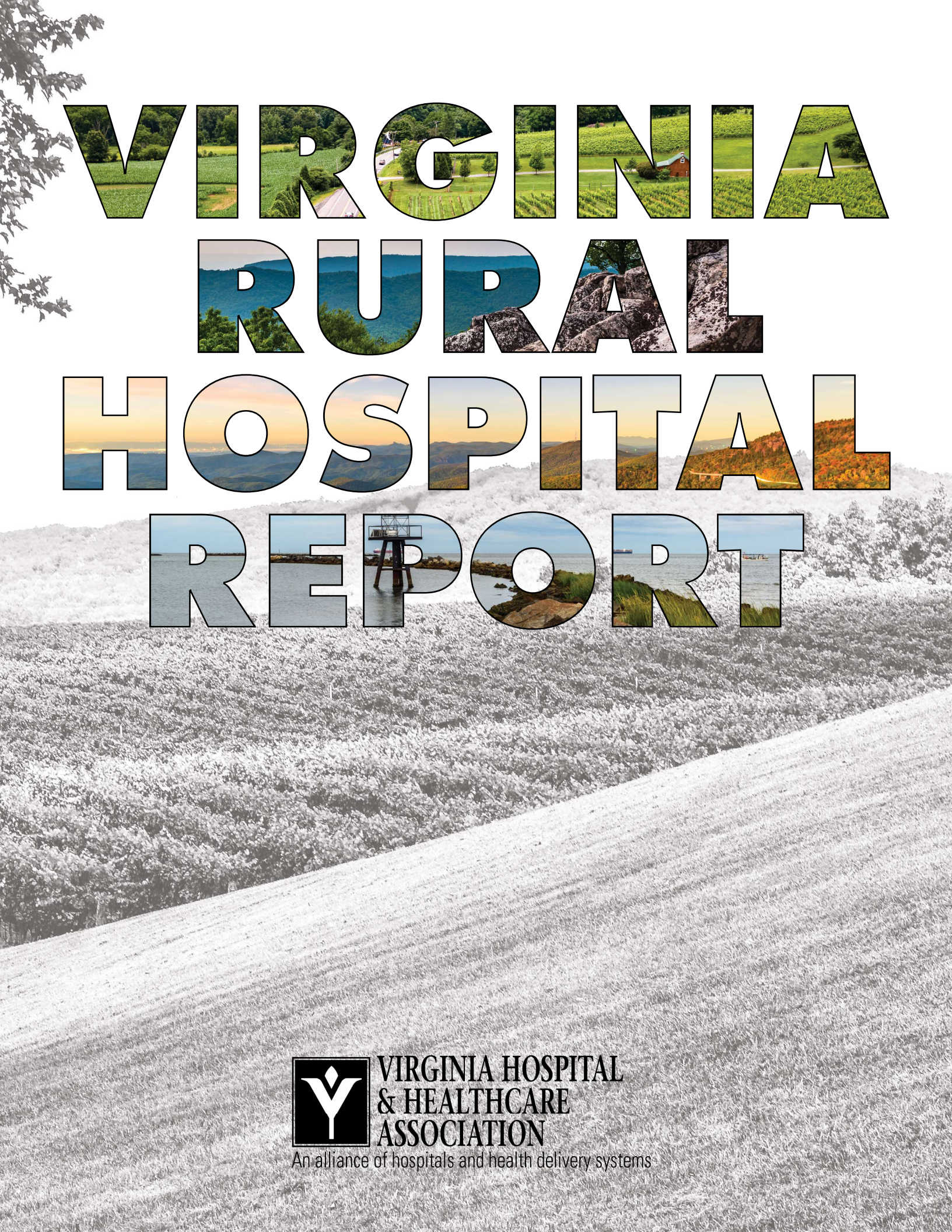
And finally, VHHA is thankful for the teams of dedicated providers, clinicians, and support staff working in Virginia's rural hospitals to care for patients and families in their moments of medical need.

VIRGINIA RURAL HOSPITAL REPORT



VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION

An alliance of hospitals and health delivery systems