



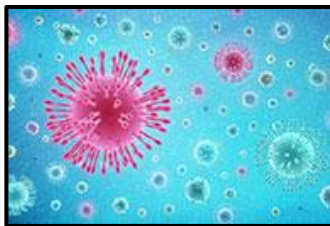
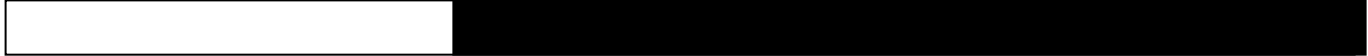
American Hospital Association

HIGHLIGHTS

COUNCIL MEETING

AHA Rural Health Services

May 28, 2020 ★ Virtual Conference



Updates on COVID-19

Since the COVID-19 outbreak began, the American Hospital Association has worked closely with the Centers for Disease Control and Prevention (CDC) and other federal, state and local partners to respond to this challenge and to make sure hospitals and health systems have the most up-to-date information. For the latest information and resources, visit

aha.org/COVID19.

Representatives from AHA's Rural Health Services Council met virtually on May 28. Agenda items included a rural hospital federal update and the future of rural health in a post-COVID-19 world. A Rural Health Services Council [Roster](#) is available at www.aha.org.



The meeting opened with a [short video](#) sent to members reinforcing AHA's value, particularly during our current health care crisis. As part of the "Seizing the Conversation" initiative, the video, released during National Hospital Week, illustrates the power of what we can do together and honors health care workers. In addition, AHA has [produced an ad](#) reinforcing the essential care hospitals and health systems are providing on the front lines during COVID-19 and laying

the groundwork with policymakers as they work on the next congressional relief package to make sure hospitals and health systems have the resources they need to protect their teams and communities.



Washington Legislative Update: Members were apprised of legislation signed into law providing emergency funding as relief for coronavirus preparedness, treatment and economic security. They reviewed and commented on the effectiveness of the relief and appreciated the rural tranche of \$10 billion for hospitals and rural health clinics. They shared experiences regarding the paycheck protection program and the accelerated advance payment loan program. Members were informed of the next phase priorities, which include rural health services, liability relief and hospital frontline workers. Members received an update on AHA's [Advocacy Agenda for Rural Hospitals](#) and a potential rural legislative package including a rural emergency hospital model, reopening the necessary provider provision and permanently

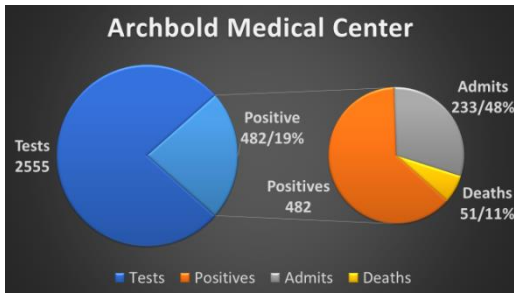
expanding telehealth as well as other policies.

Washington Regulatory and Policy Update: Members were oriented to the blanket waivers granted by the Centers for Medicare & Medicaid Services (CMS) under the President's declaration of a national public health emergency. CMS continues to release waivers for the health care community that provide the flexibilities needed to take care of patients during COVID-19. In addition, using money from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the FCC established a \$200 million



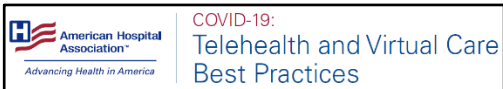
COVID-19 telehealth program and the three-year \$100 million Connected Care Pilot Program to help health care providers provide connected care services to patients at their homes or mobile locations and help defray costs of providing connectivity. Members were apprised of the recently published inpatient prospective payment system proposed rule and the effect on Medicare disproportionate share hospitals and the area wage index. Members were notified that AHA is responding to requests for information from CMS on rural maternal care and from HRSA on HPSA scoring.

THE FUTURE OF RURAL HEALTH IN A POST-COVID-19 WORLD



Impact of and lessons learned from COVID-19: All 20 Council members replied to a survey requesting data on their experience with COVID-19. While some had the capacity to test more residents than others, the outcomes of those tests were small in number, meaning, the numbers of positives, admissions and deaths were relatively low, ranging from 0-244 positives, 0-36 admissions, and 0-3 deaths. However, there was one exception – Archbold Medical Center in Thomasville, Ga. Perry Mustian, CEO shared his experience

with a COVID-19 surge that resulted in 51 deaths and his use of federal relief funds to prepare, treat and recover from the surge. Others shared interventions to the surge as well.



Telehealth and its future: Given the extraordinary blanket waivers and remarkable adoption of telehealth, hospitals are anxious to build on their experience under COVID-19.

Members shared their experiences with the growth in the use of telehealth, waivers that have been most useful and the flexibility needed to continue to provide telehealth services. Members are concerned with the future of telehealth post-COVID-19 and hope to see the waivers made permanent.



Resuming elective procedures: All Council members have resumed elective procedures. They are using a combination of CDC guidelines and internal guidelines for approving treatment. This suggest that there is no single standard being used or met by the various providers. Members remarked about the reluctance of patients to return to the hospital for either outpatient or inpatient treatment including obstetrics, and

the need to build confidence and earn the public’s trust. The single biggest obstacle to resuming elective procedures is the accuracy and timeliness of testing. Rural hospitals have very limited, to no access to rapid tests, which significantly reduces their ability to resume elective procedures.

AHA Task Force on the Future of Rural Health: Joy Lewis, AHA vice president of strategic policy, provided a review of the task force roadmap and a brief update on its meetings. Members see this effort advancing rural health care delivery and innovation in the field.



OTHER ITEMS: Experience AHA’s new [members-only mobile app](#) now ready for download, and visit the AHA website at <https://www.aha.org/resources/2020-05-01-rural-covid-19-resources>



for a curated library of tools, funds and other resources available to rural providers.

For more information about the topics covered in these highlights or on [AHA Rural Health Services](#), contact John Supplitt, senior director, at 312-425-6306 or jusplitt@aha.org.