

# RETHINKING Rural Health▲



## Ensure that individuals who live in rural America have access to high quality, affordable healthcare through new and creative ideas.

- CMS has taken measurable steps through expanding availability of telecommunications-based services, changing program requirements to achieve lower costs for drugs and promoting flexibility in care delivery, to provide patients in rural communities with access to quality, more affordable health care.
- In 2018, CMS released the agency's first Rural Health Strategy intended to provide a proactive, but preliminary step in our efforts to unleash innovation that will promote access to high quality, affordable healthcare in rural America that achieves results.
- By applying a rural lens to CMS policies, we are removing barriers to care in rural areas and avoiding unintended consequences of policy and program implementation that focuses on urban and suburban areas.

## Our actions have delivered results

- CMS now pays for virtual check-ins that allows a patient to check in with their clinician by phone or other telecommunication system and send videos or images their clinician. This helps the clinician decide whether the patient needs to make a trip to be seen in-person.
- CMS made changes to the hospital wage index in inpatient and outpatient settings that address Medicare payment disparities that account for differences in local labor cost. This change ensures that people living in rural areas have access to high quality, affordable healthcare.
- CMS sought to improve access to maternal healthcare for those living in rural communities. In June 2019, CMS and partners hosted an interactive “Conversation on Maternal Healthcare in Rural Communities: Charting a Path to Improved Access, Quality, and Outcomes” which included participation of nearly 1,000 individuals. In addition, CMS released an issue brief to advance understanding of issues facing mothers in rural communities. The brief, *Improving Access to Maternal Health Care in Rural Communities*, provided background information on focused on access to care for women in rural communities before, during, and after pregnancy.
- CMS finalized a change to the generally applicable minimum required level of supervision for hospital outpatient therapeutic services furnished by all hospitals and Critical Access Hospitals (CAHs) from direct supervision to general supervision. General supervision means that the procedure is furnished under the physician's overall direction and control, but that the physician's presence is not required during the performance of the procedure. This should provide more flexibility to rural hospitals, particularly CAHs, in providing care for their patients.