



CMS
RURAL HEALTH
STRATEGY

Summary

To inform the development of a strategic plan to improve health care in rural America, the Centers for Medicare & Medicaid Services (CMS) Rural Health Council sought input on the challenges and local solutions associated with providing high quality health care in rural communities through a series of listening sessions with rural stakeholders and consumers. The result has led to the identification and resolution of several specific health care provider issues, better understanding of the impact of CMS policies on providers, and a rural health strategy that focuses on five objectives:

1. **Apply a rural lens to CMS programs and policies**
2. **Improve access to care through provider engagement and support**
3. **Advance telehealth and telemedicine**
4. **Empower patients in rural communities to make decisions about their health care**
5. **Leverage partnerships to achieve the goals of the CMS Rural Health Strategy**

The strategy supports CMS' overall effort to reduce provider burden, and aligns with other CMS priorities, such as improving quality of care and tackling the opioid epidemic. Through the implementation of the CMS Rural Health Strategy and continued stakeholder engagement, we will aim to promote policies that help make health care in rural America accessible, affordable, and accountable.

Background

Approximately 60 million people live in rural areas across the United States¹, including millions of Medicare and Medicaid beneficiaries.² Although not as diverse as their urban counterparts, rural communities are becoming more diverse, driven in large part by growth among populations not historically represented in large numbers such as Asian Americans.³ Compared to their urban counterparts, rural Americans are more likely to be living in poverty, unhealthy, older, uninsured or underinsured, and medically underserved.⁴ Additional challenges facing rural America include a fragmented health care delivery system, stretched and diminishing rural health workforce, affordability of insurance, and lack of access to specialty services and providers.

The CMS Rural Health Council (RH Council) consists of experts from across the Agency, and its mission is to sustain a proactive and strategic focus on health and health care issues across rural America by shaping CMS regulations and policies and making long-term recommendations that positively impact rural health consumers, providers, and markets. Since its inception in 2016, the RH Council has focused on three strategic areas:

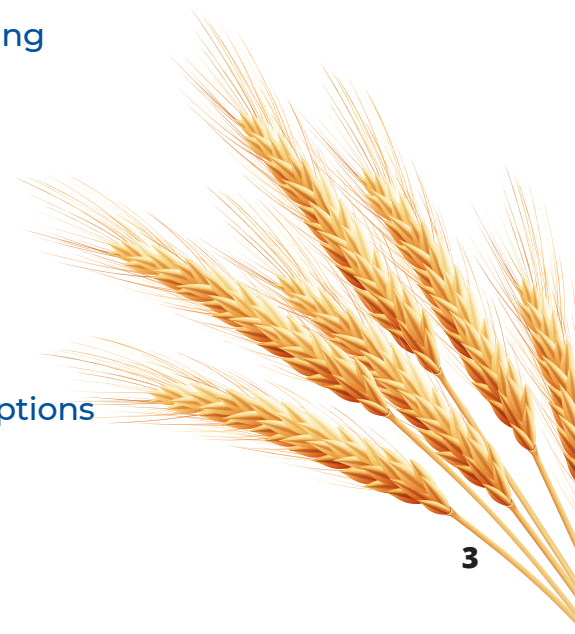
1. **Ensuring access to high-quality health care to all Americans in rural settings.** This includes maintaining the security of health insurance coverage and accessibility of health insurance options provided under CMS' programs, and giving people the tools they need to seek the best care for themselves and their families.
2. **Addressing the unique economics of providing health care in rural America.** This includes monitoring health care market impacts in rural areas; advising CMS on payments related to health care services furnished in rural areas; reducing regulations and requirements that affect rural areas, where possible; and encouraging rural stakeholders to participate in the rulemaking process.
3. **Bringing the rural health care focus to CMS' health care delivery and payment reform initiatives.** This includes engaging stakeholders and rural health care providers on delivery system reform and innovation opportunities.



CMS created the Rural Health Strategy to organize and promote work in the above focus areas. To develop the CMS Rural Health Strategy, the RH Council began by identifying current activities focused on rural providers and communities, understanding how each of the CMS Centers and Offices incorporates rural issues when developing policies and programs, and engaging with rural stakeholders to understand their challenges. The RH Council also held a series of listening sessions at conferences, the CMS Rural Solutions Summit, and regional listening sessions to learn from a broad array of stakeholders, including rural beneficiaries about local solutions and the challenges to implementing the solutions. Specifically, the RH Council sought to understand the current state of health care and related services in rural America; the challenges to having accessible, affordable, and accountable health care in rural areas; and potential solutions to address the identified challenges.

The feedback and information collected from stakeholders was analyzed and summarized into eight themes:

1. Improving Reimbursement
2. Adapting and Improving Quality Measures and Reporting
3. Improving Access to Services and Providers
4. Improving Service Delivery and Payment Models
5. Engaging Consumers
6. Recruiting, Training, and Retaining the Workforce
7. Leveraging Partnerships/Resources
8. Improving Affordability and Accessibility of Insurance Options



Rural Health Strategy

Informed by the findings of the listening sessions, the RH Council focused on the challenges that CMS could help address while developing the CMS Rural Health Strategy. The purpose of the CMS Rural Health Strategy is to inform CMS' work, as it relates to rural health, and thereby help CMS achieve its vision for equitable rural health and health care. The strategy applies a rural lens to new and ongoing activities of the Agency and informs the pathway by which CMS can achieve its rural health vision through intra-agency collaboration, stakeholder engagement, and the elevation of programs and policies that will advance the state of rural health care in America. The CMS Rural Health Strategy is also intended to align with overarching HHS and CMS strategies, like burden reduction and empowering patients and providers to make decisions about their health care. The CMS Rural Health Strategy identifies five specific objectives and supporting activities to help the Agency achieve its vision for rural health. The RH Council will also collaborate in the implementation of the Agency's overall opioid strategy, given the disproportionate impact the epidemic is having on rural communities, as well as with the clinician engagement activities. Moreover, the RH Council will continue to engage stakeholders and share feedback to support the other relevant CMS activities related to rural health that are not mentioned explicitly in this strategy.

Objectives:

1. Apply a Rural Lens to CMS Programs and Policies

Understanding that CMS' policies and programs may uniquely impact rural and other vulnerable populations, CMS recognizes the need to consider policymaking, program design, and strategic planning through a rural lens to promote health equity among all populations that CMS serves. CMS has already taken steps to integrate consistent consideration of the rural health impact of policies under review. By optimizing its policy review and development for health equity, CMS will work to identify areas where it can better meet the needs of vulnerable populations, and avoid unintended negative consequences of policy and program implementation for vulnerable populations and communities.

Key Supporting Activities

- Utilize the "Optimizing CMS Policies and Programs for Health Equity Checklist" to review relevant policies, procedures, and initiatives for possible impacts on rural health insurance plans, providers, or communities.
- Identify and accelerate diffusion of promising, evidence-based practices to improve access to services and providers in rural communities. Integrate a rural health lens into quality improvement and innovation activities (e.g., the Quality Improvement Networks/Quality Improvement Organizations Program, Hospital Improvement Innovation Network Rural Hospital Affinity Group, Medicaid Innovation Accelerator Program, Health Care Payment Learning and Action Network).

2. Improve Access to Care Through Provider Engagement and Support

Rural providers and patients alike have challenges providing and accessing services in rural areas due to a range of barriers that include, but are not limited to, the lack of providers and specialists, difficulty recruiting and retaining health care providers across all levels of care, and limited capacity among clinical and administrative staff. In response to these barriers, the second CMS rural health strategic objective is to improve access to care through provider engagement and support. This objective focuses on maximizing provider scope of practice; providing technical assistance to providers to ensure that they can fully participate in CMS programs; and identifying new ways to overcome patient barriers to access, such as a lack of transportation.

Key Supporting Activities

- **Scope of Practice:**
Explore options to increase the number of trained and licensed allied health professionals able to provide health care in rural communities. Options could include evaluating eligibility for certain provider types to practice up to the limit of their licensure to expand the range of providers in

rural areas eligible for payment (e.g., Chronic Care Management; types of providers include Nurse Practitioners, Physician Assistants, and Certified Registered Nurse Anesthetists).

- **Meaningful Measures:**

Implement a new approach to quality measurement that focuses on value rather than volume, thereby reducing reporting burden, particularly for rural providers.

Review and revise current quality measures across CMS programs to ensure that measure sets are streamlined, outcomes-based, and meaningful to rural providers and patients.

Align quality measurement activities with other industry measurement initiatives such as National Quality Forum efforts around rural health and telemedicine to improve quality measurement for rural providers.

- **Technical Assistance:**

Provide technical assistance to providers to help them comply with policies, and implement CMS policies and initiatives to develop or transform their practice (e.g., Transforming Clinical Practice Initiative, Quality Payment Program, clarifying provider understanding of conditions of participation).

Provide technical assistance on quality measure reporting to rural providers in support of quality improvement.

Leverage CMS contractors and others (e.g., Medicare Administrative Contractors, Quality Improvement Organizations, State Survey Agencies and entities with deeming authority) to foster quality improvement efforts by rural providers through the submission of quality measures, data analysis, and provider engagement and outreach.

- **Transportation:**

Explore opportunities within existing Center for Medicare and Medicaid Innovation fraud and abuse waivers that could cover certain transportation services.

Include transportation and telehealth flexibilities within new Center for Medicare and Medicaid Innovation models where appropriate.

3. Advance Telehealth and Telemedicine

Telehealth has been identified as a promising solution to meet some of the needs of rural and underserved areas that lack sufficient health care services, including specialty care,^{5,6} and has been shown to improve access to needed care, increase the quality of care, and reduce costs by reducing readmissions and unnecessary emergency-department visits.⁷ To promote the use of telehealth, CMS will seek to reduce some of the barriers to telehealth use that stakeholders identified in the listening sessions, such as reimbursement, cross-state licensure issues, and the administrative and financial burden to implement telemedicine.

Key Supporting Activities

- Explore options for modernizing and expanding telehealth through Center for Medicare and Medicaid Innovation models and demonstrations, such as the Next Generation Accountable Care Organization Model, Frontier Community Health Integration Project Demonstration, and Bundled Payments for Care Initiative advanced model.





4. Empower Patients in Rural Communities to Make Decisions About Their Health Care

Like many patients, rural populations have difficulty understanding their health insurance coverage and navigating the health care system to get the care they need. Rural communities tend to have unique challenges, such as limited access to specialty providers and longer distances to travel for medical care. These barriers accentuate the need to ensure information is reaching rural patients so that CMS can best support and empower them to make decisions about their health care. Understanding that rural communities may need different communication and outreach approaches than their urban and suburban counterparts, CMS will explore different ways to engage rural populations. Patient and family engagement is an essential part of fostering responsibility and partnership in a person's health care, so CMS will leverage existing rural communication networks to empower patients and families with the information and tools they need to be actively engaged in their health care and strengthen their patient-provider relationships.

Key Supporting Activities

- Collaborate with rural communication networks to develop and disseminate easy-to-understand materials to help rural patients navigate the health care system.
- Foster the empowerment and engagement of rural patients in their health care through targeted outreach efforts.

5. Leverage Partnerships to Achieve the Goals of the CMS Rural Health Strategy

Finally, because the health care challenges experienced by rural communities in America cannot be solved by CMS alone, a key objective of the CMS Rural Health Strategy is to leverage partnerships with stakeholders, at multiple levels, to achieve the stated goals. This objective recognizes the importance of collaborative partnerships, both on the federal level and at the regional, state, and local levels. The approach is intended to create a climate of collaboration, collective information, and joint action among CMS and its partners. Additionally, leveraging partnerships will support a smooth, effective, and inclusive implementation of the CMS Rural Health Strategy, extending the dialogue initiated by the listening sessions to provide opportunities for reflection on important milestones as well as an understanding of the rural health community's role in success.



Key Supporting Activities

- Explore opportunities with the Office of the National Coordinator for Health Information Technology and other federal partners to promote interoperability and increase utilization of electronic health records for quality improvement in rural areas.
- Work with federal and state partners such as the Federal Office of Rural Health Policy, to understand and evaluate the impacts of CMS programs on rural communities, and develop recommendations as appropriate.
- Convene CMS and health plan representatives to discuss challenges and strategies to increase participation of health plans in rural areas.
- In coordination with the Centers for Disease Control and Prevention and other federal partners, increase the focus on maternal health, behavioral health, substance use disorders, and the integration of behavioral health and primary care.

Through the implementation of this strategy, CMS and its partners will help make health care in rural America accessible, accountable, and affordable – resulting in the highest quality of care.

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