

# Stepping Up to the Challenge: Keeping Rural Communities Healthy



## Perspectives from Rural Minnesota on Health Care Challenges, Priorities and Solutions

Prepared by U.S. Senator Al Franken  
Co-Chair, Senate Rural Health Caucus



## **A message from U.S. Sen. Al Franken, Co-Chair of the U.S. Senate Rural Health Caucus**

Minnesota has always been a national leader in health care delivery and innovation. So, when I was named Co-Chair of the bipartisan Senate Rural Health Caucus in 2014, I knew it was an opportunity to bring attention to many of the health care challenges faced by rural communities in Minnesota and across the country, and the work that needs to be done to address them.

Before I could set out to address those challenges, I first needed to hear from rural Minnesotans as well as our state's health care providers and policy experts about the problems rural America faces in delivering the best care possible for its residents. But just as important, I wanted to hear about what was working right, and learn about the innovative initiatives Minnesotans have undertaken to ensure access to quality care in rural communities.

In December 2014, I kicked off my Rural Health Tour at the University of Minnesota, where I met with some of the state's top rural health experts and announced that my office would hold a "Rural Health Tour" in communities across the state.

Over the past six months, my staff and I have led 28 similar meetings across the state. This report, although not exhaustive, highlights many of the key challenges that Minnesota's rural communities face in their efforts to ensure residents have access to the care and services they need. It also highlights what our communities are doing right.

In the coming months, I will take my findings to Washington, D.C. and share them with the other members for the Senate Rural Health Caucus, and use them to support my push for solutions to health care problems in rural communities across the country.

A handwritten signature in blue ink that reads "Al Franken".

**Al Franken**  
**U.S. Senator**  
**June 30, 2015**

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# Executive Summary

## *Background*

When U.S. Senator Al Franken was named Co-Chair of the bipartisan Senate Rural Health Caucus in late 2014, he understood that health care providers and patients in rural America have always faced unique challenges not found in urban or suburban settings. As a member of the Senate’s Health Committee, he also knew that Minnesota has always led the nation in providing high-value health care to its residents, and that the state is known for coming up with innovative solutions to health care’s biggest problems.

In December 2014 – with both of those factors in mind – Senator Franken assembled a group of Minnesota’s top rural health experts and policy makers at the University of Minnesota to begin to assess the most pressing needs of the state’s rural health care providers and their patients. To help guide that effort, he announced that in 2015 his office would undertake a “Rural Health Tour” to meet with providers, patients, and local officials in dozens of communities across the state.

## *Purpose*

Senator Franken and his staff have held 28 roundtable discussions, engaging with almost 300 key health care stakeholders and community leaders who have helped him identify the major challenges in providing and accessing health care in Minnesota’s rural communities. In each meeting, participants were asked to:

- Identify the most pressing challenges in their rural health systems
- Identify current actions or innovation happening to address those challenges
- Identify opportunities for public policy solutions

## *Key Findings*

The challenges of delivering health care in rural America are many. Those living in rural communities often have to travel long distances to see a doctor or to get the specialized services they need, and they have limited transportation options available to them. In comparison to their urban and suburban counterparts, rural health care providers often have fewer resources to meet the needs of patients, and can struggle when there is a shortage of skilled workers to serve in rural health facilities. Beyond that, health care rules and regulations can prevent them from delivering the care they know would best serve their community. These are just some of the barriers to quality health care that confront rural residents every day.

Through the expertise and information shared at these roundtable discussions, Senator Franken and his staff were able to build a consensus around the top challenges facing Minnesota’s rural communities when it comes to delivering health care to residents.

The four most common challenges found during his office’s Rural Health Tour are:

- 1) **Difficulty accessing needed care and service.** Barriers to accessing care take on many forms in rural communities. They include not having the full array of necessary health services within or near to their communities, and limited or no transportation options for patients. Rural providers have limited broadband service to support technology improvements. The changing demographic landscape of rural America can make care more inaccessible and expensive, while patients and providers alike also encounter frustrations trying to navigate the array of complicated federal, state and local health care systems.
- 2) **Critical workforce shortages.** Health care facilities in rural communities have more difficulty recruiting and retaining a skilled workforce than providers in urban or suburban settings, especially in the mental health, long term care, and primary care fields.
- 3) **Fragile funding sources to sustain health care access and delivery.** Rural communities rely heavily on government funding and public and private grants that are not always adequate to sustain the delivery of needed care and services.
- 4) **Health care rules and policies that hinder the ability to provide care in rural areas.** Often rural providers must deal with regulations, administrative burdens, and policies that strain resources and create problems for them and their patients.

## **Limitations**

While there are great data and research on these topics outside of this report, the purpose of the report is to share the challenges in rural health systems from the perspective of Minnesota’s rural health providers and residents, as well as to highlight strategies they are using to overcome barriers in the field. And, because all rural communities are unique, this report is not exhaustive, but provides a snapshot of the most common concerns in all regions of the state.

## **Next Steps**

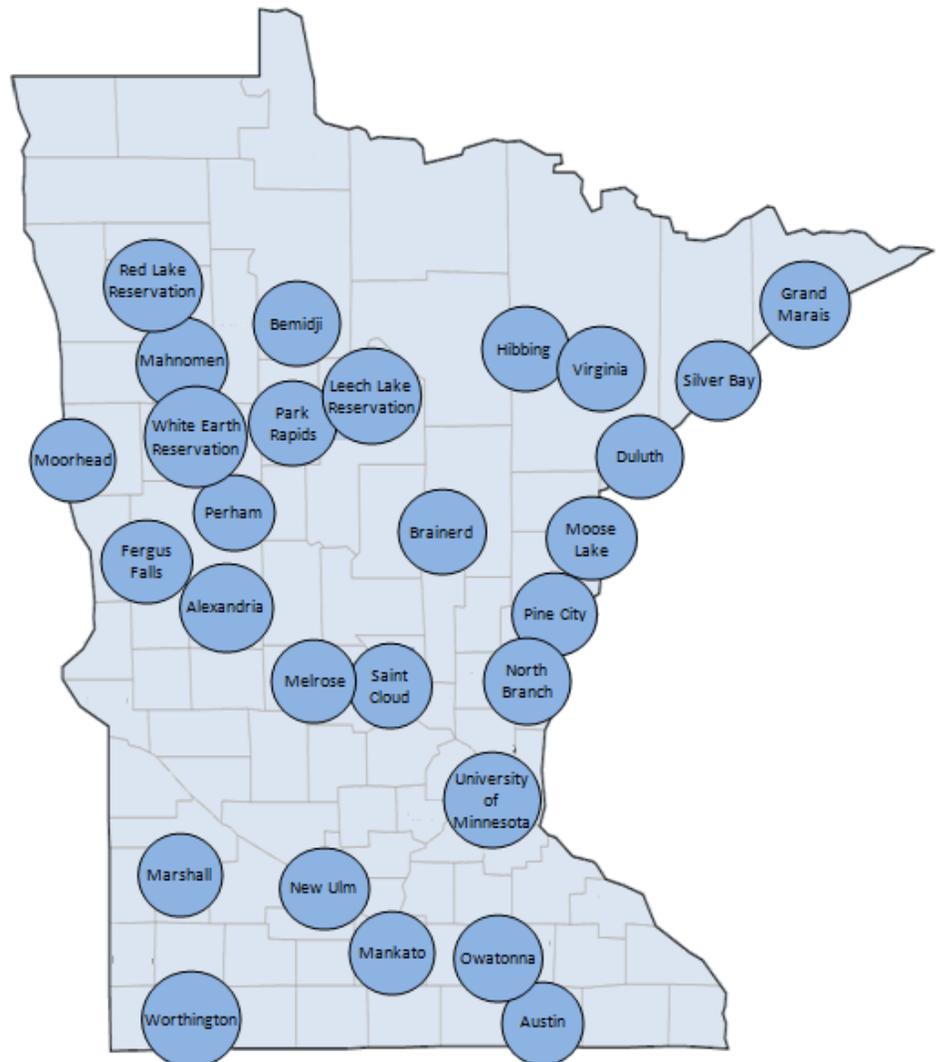
In the coming weeks and months, the findings of this report will be shared with Senator Franken’s Congressional colleagues, including Senator Pat Roberts of Kansas, Republican Co-Chair of the Senate Rural Health Caucus as well as other members of the Caucus. This report will be used to help inform future policy proposals to improve rural health care payment and delivery, and to ensure rural residents in Minnesota and across the country have access to the health care services they need.

## Acknowledgements

A special thanks to all the health care and human service providers, administrators, law enforcement, and concerned citizens that participated and hosted roundtable discussions. This effort would not have been possible without your expertise, openness, and hospitality.

### Communities that Hosted Roundtable Discussions

- University of Minnesota
- Alexandria
- Austin
- Bemidji
- Brainerd
- Duluth
- Fergus Falls
- Grand Marais
- Hibbing
- Leech Lake Reservation
- Mahanomen
- Mankato
- Marshall
- Melrose
- Moorhead
- Moose Lake
- New Ulm
- North Branch
- Owatonna
- Park Rapids
- Perham
- Pine City
- Red Lake Reservation
- Saint Cloud
- Silver Bay
- Virginia
- White Earth Reservation
- Worthington



# *The Challenge:*

## Access to Needed Health Care Services

Rural Minnesotans face significant challenges when accessing health care. With an estimated 1.2 million Minnesotans living in rural communities, proportionately our state is slightly more rural than the United States as a whole.

Although every rural community is unique, they often share the significant challenge of ensuring that residents have access to necessary and desired care. Access was the top issue cited by participants in all of the roundtable discussions. At the same time, local stakeholders are often best positioned to put solutions in place that fit the needs of their own communities, and many are doing just that.

*“We just don’t have [health care services] available for people and sometimes, as much as we don’t want to admit it, the end result ... may not be the best thing for the patient, but it’s all we have.”*

*- Moorhead roundtable, 2/25/15*

Some of the major challenges to addressing access to health care in rural areas are:

**Access and availability of services.** While availability, distance, and affordability of services varied across populations and communities, participants were especially concerned about mental health, primary care, long-term care, dental, obstetrics, and other specialty services. The lack of services often forces rural patients to travel long distances or to experience long waits to receive necessary care. For rural residents needing emergency mental health services, the barriers to care are especially critical. At a basic level, rural residents also face challenges accessing preventative services, affordable housing, healthy foods, and environments that promote physical activity.

**Transportation limits.** Rural Minnesotans have fewer public transportation options than their urban counterparts. Without reliable transportation, a patient’s ability to get to appointments to receive needed follow-up care can greatly alter the patient’s overall health and well-being. Although volunteers can fill some of the transportation gaps by providing rides, more support is needed - especially for seniors who require door-to-door services.

**Changing demographics.** Rural populations are aging and growing more diverse. Barriers around language, culture, knowledge of the health care system, lack of insurance coverage, and fixed incomes make it more challenging to adequately provide quality health care, and can lead to great disparities.

**Inadequate Broadband service.** Several areas of Greater Minnesota still lack access to adequate broadband. This limits a community’s ability to use tele-health service, medical technologies, or to access distance learning activities.

**Health literacy and navigating the system.** Health providers explained that patients often don’t have the information they need to access the health system appropriately, or find available community services and supports. Navigating the various health systems, which includes health care and human services, is challenged by fragmented care, or lack of follow up, which can lead to confusion or worse health outcomes for patients.

Some of the comments around access included:

*“The number of ambulance runs we’ve had over the past few years has grown dramatically, and most of that has to do with not having the services in our community.”*  
– **Red Lake Reservation roundtable, 4/9/15**

*“The patchwork of transportation systems is a real problem. Relying on limited buses—if they exist—or even volunteers, family members, or friends can discourage someone from seeking the care they need.”*  
– **Melrose roundtable, 2/15/15**

*“Rural hospital emergency rooms are the main access point for people needing mental health services, which can lead to a 100 mile plus ambulance transport to seek specialized inpatient care.”*  
– **New Ulm roundtable, 2/5/15**

*“Health disparities exist across our region. The disparities are great, and we need to address them.”*  
– **Worthington roundtable, 6/23/15**

## **Roundtable Recommendations for Meeting the Challenge**

Across Minnesota, rural health care providers and community leaders suggested ways for individuals to achieve better access to health care. Some of their recommendations included:

- **Expanding scope of practice and cross sector training.** Allow providers in rural areas to offer a wider range of services, resulting in an increased access to necessary care.
- **Increasing use of technology.** Provide an easy method to reach patients in a timely manner while avoiding transportation barriers in rural Minnesota.
- **Increasing consumer education opportunities.** Help community members better understand when, where, and how to receive the care they need and desire.

- **Expanding services and locations.** Create easier access for providers and patients to offer and receive quality health care.
- **Use patient advocates and community health workers.** Offers an increased level of support for community members as they seek appropriate and quality health care.
- **Investing in community-based services.** Promote initiatives to provide health care services for rural residents in their own homes and communities.

## *Highlighting Minnesotans Finding Solutions*

This section highlights some of the great work being done in communities across the state to address access challenges. Again, this information comes from what was shared during the roundtable discussions, and does not include all programs mentioned, or all communities participating in this type of work.

**Cross-sector training:** New Ulm Medical Center developed a partnership with South Country Health Alliance to invest in establishing a social worker position in local emergency departments. Additionally, New Ulm Medical Center created a program with Oak Hills Living Center where various health professionals, as a care team, visit patients in the long-term care facilities, which helps to provide access and prevent disruptions in care.

**Making the healthy choice the easy choice:** Crow Wing Energized is a program from Brainerd that is working to engage and empower community members to improve community health through groups focused on Healthy Choices, Mental Fitness, Workplace Wellness, and Community Connections.

**Mobile and location-based services:** To increase access to mental health services, Leech Lake Reservation has a school-linked mental health program that offers children’s therapeutic services in the school. In Southern Minnesota, the Open Door Health Center in Mankato has a mobile clinic that offers comprehensive dental care including cleanings, exams, fluoride treatments, restorative services, and simple extractions.

**Health education:** CentraCare Health in Melrose and St. Cloud employs community health workers who provide health information on how to access and use the health system appropriately, coach patients on healthy lifestyles, and help to locate and coordinate transportation. Also, the Northland Foundation in Duluth has the “AGE to age” program that is designed to strengthen relationships with older adults and young people, and to develop local projects that improve the health and well-being of the community.

**Technology tools:** In Fergus Falls, PioneerCare has PioneerLink, a pendant-like device that connects older adults and those living with chronic conditions to emergency services by providing a variety of Personal Emergency Response Systems (PERS). They also use a medication management system called MedSmart that reminds and dispenses medication doses on an individually programmed schedule. In Austin and Albert Lea, the Mayo Clinic Health System has developed and implemented a community health kiosk system that allows patients to access health care via teleconferencing. The kiosks are located in easily accessible areas, and are staffed by trained personnel.

**Flexible or expanded hours of care:** The Range Mental Health Center offers drop in centers including the Wellstone Center for Recovery in Eveleth, which provides daily opportunities for socialization and relaxation in a safe, supportive environment. In Park Rapids, a mental health provider has established drop-in hours during the week to increase access for residents.

# The Challenge:

## *Critical Workforce Shortages*

A recurring theme at almost all of the roundtable discussions was that rural health care providers have more difficulty recruiting and retaining a skilled work force than providers in more urban or suburban settings, especially in the mental health, long-term care, primary care, and specialty care fields.

Indeed the Minnesota Medical Association (MMA), Minnesota Hospital Association (MHA) and Minnesota Department of Health (MDH) all forecast a shortage of both primary and specialty care physicians in the coming years, with statewide shortfall predictions ranging from 800 to several thousand fewer doctors than needed. Shortages are also foreseen in a variety of other health care fields, including certified nursing assistants, social workers, health data analysts, and registered nurses.

*"I had a posting for a licensed practical nurse out for a month, and didn't get one application, not even for information. The shortage situation is pretty dark."  
- Fergus Falls roundtable, 2/24/15*

The situation is exacerbated by the fact that many in the current rural health care workforce are aging and poised to retire, or they are leaving for higher-paying jobs in other fields or in larger markets. Rural health systems must also compete with non-health-care employers in their own communities for the limited number of available workers. Tight budgets cause some rural health employers to offer less competitive compensation, less flexible work schedules, and fewer opportunities for spousal employment.

The top challenges identified relating to workforce shortages include:

**Mental health and substance abuse services.** The lack of psychiatrists, psychologists, and other health professionals trained in the diagnosis, management, and treatment of mental illnesses is common in rural areas. Shortages regularly result in hospital emergency rooms becoming the entry point for individuals needing mental health services. While at the same time, most emergency personnel say they lack the training to treat people with mental illness, particularly those with violent tendencies.

**Senior health.** As rural populations continue to age, the demand and cost for basic medical services and long-term care will increase drastically. Minnesota's long-term care sector now employs 129,000 workers, but rural health experts predict that demand for older adult services will increase between 45 and 65 percent by 2025. According to Minnesota Long Term Care Imperative, the state's long-term care sector currently has more than 1,800 job

openings in nursing homes that aren't being filled. As a result, many nursing homes are unable to admit new residents because they don't have workers to meet the demand. Additionally, end of life services such as hospice care are also impacted by rural workforce shortages.

**Dental health services.** According to the Minnesota Department Health, 60 percent of rural counties are designated dental health professional shortage areas. While there are some federal and state programs to increase the supply of rural dentists, the shortages remain acute.

**Education and training.** For rural residents seeking careers in the health sector, there is limited access to training and education programs. Those seeking a degree not offered online or through distance education commonly must travel long distances to the classroom or to practicums, which are in short supply. Rural health experts agree that being trained in an urban area doesn't necessarily prepare employees to work in rural areas. With a shortage of clinical training sites in rural communities, training an adequate health care workforce remains difficult.

Some of the comments around workforce included:

*"We struggle trying to compete with the metro area. The lifestyle of a rural doctor is different, and you need to be able to be on call most of the time. A lot of younger doctors don't want that."*

*– Austin roundtable, 6/18/15*

*"There are some schools that receive more than six times the number of applicants they can admit. The main reason they aren't admitted isn't because of their qualifications, but availability of clinical sites."*

*– Pine City roundtable, 2/6/15*

*"While we're lucky to have primary care doctors here, our providers are all around the same age and will be retiring around the same time. That is going to be a big problem."*

*– Grand Marais roundtable, 1/17/15*

*"There's been a steady stream of folks leaving the [long-term care] field with 20 plus years of experience and all that institutional knowledge is just gone."*

*– Alexandria roundtable, 2/5/15*

## *Roundtable Recommendations for Meeting the Challenge*

Health care settings vary greatly across rural communities. Providers and health professionals working in these areas suggested several approaches that included:

- **Using collaboration, integration, and coordination of care.** Develop a unified health care system by strengthening networks to share patient information to improve care quality.
- **Increasing early exposure to health professions.** Seek to cut shortages by increasing the interest of local youth in becoming health care professionals that serve their own rural communities.
- **Providing loan forgiveness in targeted fields.** Offer student loan forgiveness to future health professionals who choose to serve rural communities as they begin their careers.
- **Using emerging professions.** Cut shortages and increase access to care by using growing professions such as community health workers (CHW), community paramedics, dental therapists, and more.
- **Delivering care in various settings.** Create the opportunity for providers to deliver care in locations that are more suitable to patient preferences and needs.
- **Addressing the local skills gap.** Identifies local needs and supports a community based approach to fill existing skills gap in the workforce.

## *Minnesotans Finding Solutions*

This section highlights some of the great work being done in communities across the state to address access challenges. Again, this information highlights what was shared during the roundtable discussions, and does not include all programs mentioned or all communities participating in work that addresses workforce challenges:

**Flexible training programs:** In Perham, the hospital brings high school, college, and medical students into health care settings to participate in basic levels of care. This is done to boost recruitment efforts to ensure future medical care staff in the area. Additionally, Pine City Technical College is using flexible course schedules and increased use of technology, and is working on bringing training sessions into the community, starting with Mora.

**Recruitment and retention:** Care Ventures in Alexandria has a pilot program using a website that promotes job openings, shows the career development assistance offered by member organizations, and highlights the benefits of careers in long-term care. These efforts also include retention components where long-term care nurses travel to college nursing classes and high schools to lecture on their experience in the field.

**Rural scholars programs:** At the Duluth medical campus, the University of Minnesota Medical School educates rural family physicians and Native American physicians. Additionally, Ecumen, a non-profit senior housing and services organization, is collaborating with Minnesota State Colleges and Universities (MnSCU) on addressing nursing shortages in rural areas by working in senior care fields through clinical rotations, leadership fellowships, internships, and hiring incentives.

**Early exposure to health careers:** HealthForce Minnesota created Scrubs Camps as a way to actively engage middle school and high school students in a health care environment that educates and inspires them to become a future health provider in their community. These camps are held at various MnSCU across the state.

**Use of emerging professions:** In North Branch, emergency medical services (EMS) experts described the many roles rural community paramedics can play in prevention services, including health assessments, chronic disease monitoring, hospital discharge follow up, and medication management. Also, in Grand Marais, a dental therapist has helped increase access to dental care, particularly for low-income patients.

# The Challenge:

## *Fragile Funding to Sustain Rural Health Care Systems*

Health systems in rural communities rely heavily on government funding as well as public and private grants that are not always adequate to sustain the delivery of necessary health care services.

**“Things have to reach crisis mode before reimbursement happens.”**  
– Park Rapids roundtable, 4/10/15

Health providers state that funding shortages have put many rural health facilities in Minnesota under considerable financial stress. In response, they have eliminated or limited important services like obstetrics or specialty care. Because providers in rural communities rely on reimbursement for smaller patient populations to sustain funding, they have fewer resources to make quality improvements or invest in new technologies and infrastructure.

Some of the most critical funding challenges confronting rural health systems are:

**Need for reimbursement reform.** As some rural health care financial officers and administrators explained, public programs often pay below cost and in recent years have reduced reimbursement rates. Such setbacks to a hospital or long-term care facility’s budget can have detrimental effects on training and their ability to offer competitive wages. Several roundtable attendees also expressed frustration with the current fee-for-service payment system, and urged sustainable payment reform that compensates facilities that invest in prevention strategies. In short, they want to provide “health care, not sick care.” The most critically underfunded services in rural communities were identified as mental health, EMS, and long-term care.

**Fragmented funding sources.** Many rural providers explained that the ever-changing mix of public, private, and grant funding makes it difficult to sustain health services and almost impossible to plan for the future. Funding fragmentation also makes it difficult for providers to coordinate care and collect payments when a patient sees more than one provider.

**Limited resources to implement quality improvement.** As rural health care communities place more emphasis on providing high-value health care at a lower cost, providers struggle to find resources to implement new technologies and other approaches to increasing quality.

**Lack of grant opportunities.** Although some grants are available for rural health systems, most health systems and professionals have found that grant requirements don't always match community-specific needs and require skilled grant writers in order to be competitive. Many agreed that small grants could make significant service and infrastructure improvements possible, but those types of funding opportunities are rarely available and often lack the flexibility needed for these types of community initiatives.

Some of the Roundtable comments around funding included:

*“Some home-care providers and nursing homes can't access electronic health records because of the cost of purchasing the needed software and the lack of broadband Internet, causing a breakdown of communication.”*

*– Duluth roundtable, 1/17/15*

*“As people age they require a helping hand, especially if they are in their homes. We have great volunteers helping out, but we don't have enough funding.”*

*– Silver Bay roundtable, 1/17/15*

*“We need flexible funding that allows us to figure out how we can share resources and information. That type of funding just isn't available.”*

*– Perham roundtable, 2/24/15*

*“We spend a lot of time keeping people healthy, and we need to be paid for what we do. How are we going to get paid if we're keeping people healthy and keeping them out of the hospital?”*

*– Moose Lake roundtable, 3/30/15*

## **Roundtable Recommendations for Meeting the Challenge**

Communities, providers, and stakeholders are working to recognize funding issues and to secure the financial and physical health of their community members. The following strategies were recommended as solutions to funding challenges:

- **Achieving mental health parity.** Make accessing and providing and paying for mental health equal to other health care issues and services. While there's been some progress, more needs to be done.
- **Rewarding prevention efforts.** Promote funding in rural communities that supports prevention initiatives to keep people healthy rather than waiting for them to become ill.
- **Developing sustainable payment and delivery reform.** Create a sustainable funding stream across Minnesota that allows for rural communities to experience reliable care.
- **Funding to support location based services.** Create financial support to create a local network of care that provides services in more accessible locations.

- **Supporting emerging professions and advances in training.** Provide reimbursement for emerging professions and financially recognize the importance of interdisciplinary care teams.
- **Allowing flexible spending for grants.** Repurpose grant funds to better fit the financial needs of rural communities across Minnesota.

## *Minnesotans Finding Solutions*

This section highlights some of the great work being done in communities across the state to address funding challenges. Again, this information comes from what was shared during the roundtable discussions, and does not include all programs mentioned or all communities participating in this type of work.

**Alternative care delivery models.** Southern Prairie Community Care is a virtual Accountable Care Organization (ACO) that includes clinics, hospitals, public health, mental health centers, and area human service agencies focused on improving the health of people in the community. Other communities have integrated provider groups with local hospitals to create provider payment models like Fergus Falls, or have adopted similar ACO concepts initiating pay for performance contracts that increase access, coordination, and quality of care like the New Ulm Medical Center.

**Benefits of flexible grants.** While funding is limited for public health, in Owatonna, population health initiatives have brought human services and health care professionals closer together, breaking down silos of care. Additionally, flexible funding to improve community health has helped areas like Bemidji and Fergus Falls develop community-driven programs with new partners and agencies.

# The Challenge:

## *Rules and Policies that Hinder Care in Rural Communities*

Often, rural providers must deal with regulations, administrative requirements, and health care policies that are well-intentioned but also put a strain on resources and create problems. Many urged a review of some of the regulations and policies they feel tie them up in red tape, or otherwise limit their efforts to deliver quality care.

The dramatic shift in the health care industry toward an emphasis on quality, affordable, and patient-centered care has created new rules to which providers must adapt. At the same time, some policies have become outdated or too restrictive to allow rural providers to deliver the treatments and services their communities need.

**“It feels like regulation is dictating the quality of life for seniors, and that’s not right.”**

**– Alexandria roundtable, 1/14/15**

**Areas for improvement.** Rural providers highlighted many problematic rules, regulations, and administrative burdens that should be re-examined to ensure they are serving their intended role. They include:

- Outdated limits on the number of mental health beds available in a facility that do not account for newer, more integrated methods of delivering care.
- Medicare payment rules that may hurt a rural hospital’s reimbursement depending on whether a patient receives inpatient or outpatient care in a hospital.
- Regulations to change Critical Access Hospital (CAHs) designations which fail to consider all appropriate geographic and economic factors, or provide a clear transition plan which maintains financial stability for providers and access for patients in rural communities.
- Burdensome supervisory requirements that may prevent other health care professionals from providing care under the full scope of their license.
- Complex “Meaningful Use” standards for electronic health records which inadvertently incentivize compliance behavior as opposed to truly meaningful utilization of technology.
- Federal labor and workplace safety regulations that prevent staff under 18 years old from using mechanical lifts to safely perform their job duties.

**Inability to share health information.** Health information exchange was a key area many felt needed to improve. While balancing privacy with care quality is essential, privacy regulations and requirements can pose barriers to sharing important patient information. Lack of interoperability between Electronic Health Record (EHR) systems and lack of transparency in the EHR market make it difficult for rural providers to purchase and implement health IT systems that adequately meet their needs.

**Reporting requirements.** Some providers claim to spend more than half of their time filling out required documentation (i.e. Electronic Health Record data, billing and claims information, quality reporting), rather than providing the care their patients need. Many felt this work was often duplicative and that coordination across health systems and across state and federal quality incentive programs could eliminate some of the time and cost burdens associated with documenting their work.

**Lack of incentives to implement telemedicine.** Telemedicine has been used to expand access to health care, especially in rural and remote areas. When used effectively, telemedicine can also save money and create greater efficiencies in health care delivery. It can be vital for rural communities, where geographic challenges and limited or no access to certain clinical specialties can make it hard to get care locally. Yet, there is currently little incentive for providers to use it, in large part because Medicare and Medicaid do not allow for reimbursement of many services delivered via telemedicine. Also, grants or other funding to initiate telemedicine are difficult to sustain after the funding runs out.

Some of the comments around policies and requirement included:

*“Rural areas are forgotten. We are not part of the big picture in [policymaking]. Everything is metro, metro, metro.”*  
– **Worthington roundtable, 6/23/15**

*“There’s a lot of fragmentation of communication across different services of care, and a lot of that has to do with communication between providers, but also streamline some of the processes for evaluating patients and being able to share that information.”*  
– **Virginia roundtable, 2/2/15**

*“We need an information exchange that’s more readily available. Interoperability is a major issue across the country.”*  
– **Park Rapids roundtable, 4/10/15**

*“Some of the record systems have unrealistic record-keeping requirements.”*  
– **Mankato roundtable, 4/7/15**

## *Roundtable Recommendations for Meeting the Challenge*

Rural health care providers and community leaders are looking at these regulations and finding ways to increase efficiency in rural health systems. Some of their recommendations included:

- **Reviewing policies and rules that aren't working for Minnesota.**
- **Finding opportunities to advance telehealth and other technology.**
- **Streamlining and simplifying administrative requirements.** Address administrative regulations that require providers to fill out more paper work than delivering care.
- **Coordinating resources at the local level.** Create opportunities that reduce current fragmentation of care.
- **Navigating incentive and penalty systems.** Work to develop a more coordinated and intuitive system for administrators and providers to understand the incentives and/or penalties that they face while providing care in rural communities.

## *Minnesotans Finding Solutions*

This section highlights some of the great work being done in communities across the state to address access challenges. Again, this information comes from what was shared during the roundtable discussions, and does not include all programs mentioned or all communities participating in this type of work.

**Streamline administrative needs:** White Earth Nation has developed a database called White Earth Coordinated, Assessment, Resources and Education (WECARE) that helps streamline information and processes to decrease duplication while increasing services, referrals, resources, communication, and coordination through a holistic approach to assure the long-term well-being of children, families, and communities. Behavioral Health Providers (BHP) in Virginia is also working to provide a strong coordination of health services that brings providers together to help ensure higher quality care, increased access, and better health outcomes.

# Where We Go From Here

There's much to be proud of in Minnesota's rural health systems. During Senator Franken's "Rural Health Tour" of the state, he found great innovation happening as communities are working to solve some of our biggest health care challenges. While no single community has all the answers, the collective action across the state is improving the lives of patients and making health care more efficient and affordable.

At the same time, there is still significant work that must be done to ensure that all Minnesotans have access to affordable, quality care. This work must happen not only at the local level, but also at the state and federal level as well.

While findings of this report provide a snapshot of the key health care challenges facing rural Minnesota health care systems, the conversation around rural health care isn't intended to end here. Senator Franken aims to continue this dialogue to ensure rural Minnesota's health concerns continue to be considered and incorporated when federal legislation and regulations are contemplated.

This report will be shared with members of Congress and the Administration, including in particular members of the Senate Rural Health Caucus to inform their ongoing work to identify, propose, and advance health policies specific to the unique circumstances and health concerns in our rural communities.

A special thanks to all those that participated in the roundtable discussions. Your expertise and background is crucial to keeping our rural communities healthy.