

**SPECIAL NEEDS IN
RURAL AMERICA:
IMPLICATIONS FOR HEALTHCARE
WORKFORCE EDUCATION, TRAINING,
AND PRACTICE**

Rural Health Policy Brief 1

Dr. Thomas Tsai

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Rural Health Disparities Overview

- Rural communities lack access to health care
 - Shortages of health care providers
 - Requires redesign of investments
 - Reassessment of health care needs

Rural Disparities in Access to Care

- Lack of access to quality health care
- Over 170 rural counties (out of 2000) lack in-county critical access hospital
- Accelerated rate of rural hospital closures in last decade
- Understaffed facilities – demand for primary care provider to treat wide range of health needs
 - Coupled with chronic shortage of health care providers leads to unnecessary emergency room trips, worsening strain on already understaffed/underfunded hospitals

Rural Health Workforce: The Demand-Capacity Mismatch

- Reassessment of health care needs to better distribution of funds
 - Workforce maldistributed by specialty, geography and setting
- Need for focus on patients and populations instead of individual provider groups

Bright Spots for Rural Health

- HRSA Teaching Health Center Graduate Medical Education Programs (THCGME)
 - Successful in embedding residency training in community-based, rural and primary care settings
 - Potential to yield up to \$1.8b in public programs savings
- The Rural Training Track Technical Assistance (RTT-TA)
 - Supported communities, educational institutions interested in developing rural training tracks
 - HRSA awarded \$20m in Rural Residency Planning and Development (RRPD)

Health workforce investments should be patient-centered and produce value

- Focus on essential health care needs in rural communities over national shortage of specific types of health care professionals

Policy recommendations

- Federal funding for comprehensive assessment of rural needs to identify gaps
 - Update and modify existing programs
 - Actionable recommendations from HRSA's National Center for Health Workforce

Analysis (NCHWA) by taking data / analysis needed to translate findings rural community health / workforce gaps regarding future training investments

Policy recommendations

- Federal training investments should link GME funding to population health needs
- Future investments should target programs that yield high return on investment in rural communities

Thank you