

data-driven assessments and recommendations. One of the key objectives of the VA-RHP planning process is to ensure that findings and strategies are based on accurate and quality data, and to make recommendations that further enable data-driven and evidence-based decision-making. While the State has multiple data sources, many of these existing data sources are not set up in such a way as to allow analyses by rurality.

### ***Fundamental Building Blocks for Virginia’s Rural Health Care System***

There are no universal solutions to the difficult challenges of improving rural health. Notably, there are substantial variations of actual and perceived needs, resources and organizational capacity among communities. These variations are paralleled by significant differences in both overall health status and chronic disease morbidity across rural regions, and are affected by factors such as the extent of “rurality”, seasonality, socioeconomic conditions, the availability of transportation, community history, and associated culture and attitudes.

It is easy to say that rural residents should have ready access to all of the identified services and that referral linkages to more specialized providers and facilities should be in place. However, in many cases neither the local capacity nor the referral resources and linkages are adequate. Priority must be given to establishing the following identified building blocks and securing the resources necessary for their sustainability.

The following set of foundational services and resources were embraced by all stakeholders who participated in the VA-RHP development process. These are not intended to limit the available health care services provided in rural areas, but to serve as a basis for the scope of services that should be provided.

#### **Outpatient, Medical, Surgical, Obstetrical Services**

Examples of providers include allopathic and osteopathic physicians and other health professionals to include physician assistants, nurse practitioners, certified advanced practice nurses, school nurses and midwives.

- Primary Care
  - Family Medicine
  - Internal Medicine
  - Pediatrics
  - Obstetrics and General Gynecology
- General Surgery (full-time in most rural hospitals but part-time in some, generally with particular emphasis on outpatient surgery, including endoscopy)
- Orthopedics (full-time in some rural hospitals, at least part-time in most, but this is highly variable by size of service area and service planning requires service-area-specific assessment).
- Other Limited Specialty Services

#### **Emergency/Urgent Care Services**

- Mobile Emergency Medical Services (ambulance services, emergency medical technicians, paramedics, and communications systems)

- Hospital Emergency Departments (including an appropriate scope of immediately available medical/surgical/mental health/substance abuse services, as well as triage and referral capabilities, and telehealth linkages)
- Interoperable communications systems
- Clinical education programs for all emergency service providers
- Automatic external defibrillator programs

#### **Ancillary Services**

- Diagnostic services (e.g., imaging, lab, endoscopy)
  - Radiology (local and/or remote-teleradiology access)
  - Pathology (local and/or remote access)
- Anesthesia (anesthesiologists or nurse anesthetists)
- Therapeutic services (e.g., occupational therapy, physical therapy, respiratory therapy, speech therapy, and audiology testing)

#### **Inpatient Hospital Services**

The sustainable range of inpatient services may vary by community but generally includes the following:

- Basic inpatient care consistent with aforementioned primary care, general surgery, obstetrics and general gynecologic surgery, orthopedics and other specialty services within documented quality standards. Services usually include some form of critical care unit, increasingly with telehealth access to larger hospitals.
- Ancillary services (as indicated above)
- Referral mechanisms for inpatients

In rural areas, inpatient services will usually be provided in the following facilities:

- Critical Access Hospitals
- Hospitals that are small or mid-sized and rural, but that are not CAH or CAH eligible hospitals. There is no fixed size for these hospitals. These hospitals generally serve a larger population and are likely to have more expanded physician resources (a wider range of full-time specialists) and inpatient care.

#### **Education, Prevention, Health Literacy, and Cultural Competency**

- Individual and community health education, as well as patient and family health education, that addresses health promotion, prevention, and disease-specific treatment needs
- Screening programs and appropriate follow-up linkages to treatment when necessary
- Immunizations
- Educational initiatives that increase the ability to deliver culturally competent care

**Oral Health Services**

- Preventive dental services including prophylaxis, appropriate use of fluorides, dental sealants, oral health education and oral health promotion activities
- Basic restorative treatment (i.e., repair of cavities)
- Referral mechanisms to access more specialized treatment services (e.g., orthodontics, other restorative care, oral surgery, prosthodontics [e.g., crowns and bridges])

**Primary Behavioral Health Services**

- Crisis intervention, diagnosis, primary outpatient treatment, prevention and referral, including services for adults, children, adolescents, and families
- Referral mechanisms to inpatient mental health providers in other communities with referrals back to local community outpatient providers

**Primary Substance Abuse Services (Alcohol and Drugs)**

- Crisis intervention, detoxification, diagnosis, primary outpatient treatment, prevention and referral, including services for adults, children, adolescents and families
- Well-developed referral mechanisms to inpatient substance abuse providers in other communities with referrals back to local community outpatient providers
- Targeted community education, especially concerning use of illegal drugs and the resulting medical and non-medical community impacts

**Home Health Services and Hospice Care**

- Home health and hospice services, including nursing care and care attendants; and as appropriate, physical therapy, occupational therapy, speech therapy, durable medical equipment support and other support services, which can include homemaker services

**Skilled Nursing Services and Nursing Facility Services**

- Skilled nursing and nursing facility services

**Non-acute, Assisted Living and Residential Care**

- Supportive housing, both private and State/Medicaid funded, providing assistance with meals, medications and clinical services to support independence and health maintenance at pre-hospital and pre-nursing facility levels of care

**Pharmacy Services**

- Financial and geographic access to prescription drugs as well as associated adverse risk screening and consumer education related to the appropriate use of medications

**Eye Care Services**

- Ophthalmology (also above as a physician specialty)
- Optometry and Optical Services

**Other Services Which May Not Be Considered As Fundamental Building Blocks**

- Chiropractic and Alternative or Complementary Medicine Services

**Broad Public Health Issues with Particular Individual, Family or Employer Orientations**

- Care management systems and chronic disease management programs with effective integration with primary care and other service providers
- Domestic/child violence prevention and intervention
- Teenage pregnancy prevention (and as necessary, maternal and child support where prevention fails)
- Migrant health
- Needs of resident racial and ethnic minority populations and immigrant populations (beyond those associated with migrant workers)
- Occupational health/work risk exposure reduction (with particular attention to agricultural health issues in some areas)
- Immunizations and other personal health risk prevention strategies
- Nutrition
- Tobacco prevention and cessation
- Auto safety
- Physical environments conducive to healthy behaviors (grocery stores with healthy and affordable foods; recreational facilities; no excessive presence of stores providing easy access to inexpensive alcohol, tobacco, and unhealthy foods)

**Other Public Health Considerations Necessary to Support Rural Systems**

- Sanitation and water supplies
- Communicable disease prevention
- Environmental protection issues
- Bio-terrorism and pandemic disease prevention and mitigation strategies
- Housing
- Transportation
- Access to a competent public health workforce
- Development of multi-community public health strategies
- Appropriate public health policy, laws, regulations and enforcement
- Rural health research