

NEWS RELEASE

New Chartis Study Explores Rural Hospital Instability and Models Potential Impact of Rural Emergency Hospital Designation

The new study examines the stability of rural hospitals, the potential impact of the Rural Hospital Emergency (REH) designation, and dwindling access to care in rural communities.

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<https://www.chartis.com/about/news/new-chartis-study-explores-rural-hospital-instability-and-models-potential-impact-rural>

Chartis, a comprehensive healthcare advisory firm, today published a new study examining the stability of rural hospitals, the potential impact of the Rural Hospital Emergency (REH) designation and dwindling access to care in rural communities. Findings from “Rural Health Safety Net Under Renewed Pressure as Pandemic Fades,” will be shared with members of Congress, rural healthcare advocates and state offices of rural health as part of the National Rural Health Association’s 34th annual Rural Health Policy Institute Conference.

“As the urgency of the pandemic disappears, the return of policy-driven reimbursement cuts, population health disparities and the nurse staffing crisis will apply renewed pressure to the rural health safety net,” said Michael Topchik, National Leader of The Chartis Center for Rural Health. “For some hospitals, our data model suggests the REH designation will serve as a desperately needed relief valve to avoid closing and provide a significant reversal in fortune for the vulnerable communities they serve. But the decision to convert is highly nuanced and as a result, we expect to see a relatively small number of hospitals embrace REH.”

Since 2010, 141 rural hospitals have closed and Chartis research shows that another 453 are vulnerable to closure. Even in communities in which hospital doors remain open, access to vital healthcare services and care such as obstetrics (OB) and chemotherapy is vanishing. These conditions portend to worsening community health status in areas where gaps in disparities measures between rural and urban remain persistent. For those invested in rural healthcare, this latest study provides an updated lens into the

uncertainty and instability across the rural health safety net. Key findings from this study include:

- 43% of rural hospitals are operating in the red, including 51% of facilities located in states yet to adopt or implement Medicaid expansion.
- Of the 389 rural hospitals “most likely” to consider converting to REH, Chartis’ data model has identified 77 ideal candidates for conversion.
- At a time when rural areas are more susceptible to deaths of despair and higher mortality rates, health disparities and inequity indicators show persistent gaps.
- The number of rural hospitals eliminating OB increased from 198 to 217 and the number of facilities no longer providing chemotherapy jumped from 311 to 353.
- 56% of respondents have up to 5 open bedside nursing positions according to Chartis survey data, and nearly 20% said staffing shortages are resulting in the suspension of services.

“Even if the number of hospitals converting to REH is small, this new designation nonetheless represents momentum toward solutions capable of averting more closures and retaining services in these already vulnerable communities. Hopefully we can build upon this momentum before the instability accelerates again,” added Topchik.

Resources

The study, “Rural Health Safety Net Under Renewed Pressure as Pandemic Fades” can be read [here](#).

Michael Topchik will be discussing the findings of this new study and Chartis’ REH data modeling during a session at the National Rural Health Association’s Rural Health Policy Institute Conference on Tuesday, February 7 at 1:30 p.m. ET.