

NEWS RELEASE

As Rural Hospital Closure Crisis Deepens, New Research from The Chartis Center for Rural Health Reveals Scope of Hospitals Vulnerable to Closure

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<https://www.chartis.com/about/news/rural-hospital-closure-crisis-deepens-new-research-chartis-center-rural-health-reveals>

At the National Rural Health Association's Rural Health Policy Institute conference, The Chartis Center for Rural Health today released research findings that reveal more than 450 rural hospitals are vulnerable to closure. This analysis sheds new light on the stability of the rural health safety net and the challenges associated with delivering care within rural communities.

Over the course of the last 10 years, more than 120 rural hospitals have ceased operations further limiting access to care for populations which are older, less healthy and less affluent than urban counterparts. Using a multilevel logistic regression model, The Chartis Center for Rural Health compared the performance levels of nearly 2,000 open rural hospitals to those of rural hospitals that have closed. The model identified 453 rural facilities which can be considered 'vulnerable' to closure based on performance levels. Within this group, two distinct cohorts emerged; a group of 216 which can be considered 'most vulnerable' and a second group of 237 which are defined as 'at risk.'

"Our model provided us with the opportunity to conduct a more nuanced examination of the path toward closure and better understand the breadth of vulnerability across the nation," said Michael Topchik, National Leader, The Chartis Center for Rural Health. "None of the metrics we track to measure the stability of the rural health safety net are improving, and this research allows us to quantify just how severe the implications could be if the current situation worsens."

Data from this analysis shows that the greatest areas of rural hospital vulnerability are in the Southeast and lower Great Plains, two regions also hit hard by the closure crisis. States such as Mississippi, Missouri, Oklahoma, Tennessee and Texas feature prominently across the three study categories (e.g. vulnerable, most vulnerable, at risk) both in terms of total number of rural hospitals in a category as well as the percentage of the state's rural hospitals in a category. The study also found that states which have thus far

avoided any rural hospital closures, or have experienced two or fewer, such as Nebraska, Wisconsin and Wyoming all have facilities that can be considered vulnerable to closure.

The regression model developed by The Chartis Center for Rural Health identified nine variables of statistical significance in predicting the likelihood of closure. Variables showing the greatest potential to decrease the likelihood of closure on average are Government Control Status, Medicaid Expansion Status and Health System Affiliation. For Medicaid Expansion Status, for example, this variable decreases the likelihood of closure by 62 percent on average. Many of the states with high levels of vulnerability (e.g. Texas, Tennessee, Alabama) are states that have not expanded Medicaid.

“The fact that states hit hardest by the closure crisis also see the highest levels of vulnerability threatens to further erode the delivery of healthcare services at the local level,” said Topchik. “The ability of our model to identify indicators with the greatest impact on predicting closure has the potential to better inform rural health stakeholders in their efforts to devise new policies and guidelines aimed at reducing downward pressure on rural provider revenues and improving care.”

Resources

Research Study: The following resources for this research study are available at www.ivantageindex.com/research-education2/

- Research Study
- Study Methodology
- Vulnerability Infographic and National Data Table