

Report Summary

The need to invest in solutions to improve access to care and health outcomes for rural Tennesseans is urgent. The pace of facility and service line (e.g., obstetrics) closures threatens the health of Tennessee residents and business investment opportunities while needs such as behavioral health are quickly increasing. Furthermore, a high rate of uninsured residents creates significant barriers to access, weakens the financial viability of health care, dental and behavioral health facilities, and diminishes the health of the work force and their families. Lack of workforce availability is particularly acute in rural health care across all types of care, driving up the cost and decreasing the availability, safety, and quality of all types of care. Meanwhile, the environment in which rural Tennesseans live, work, play and worship is one of its greatest strengths and yet those living more remotely often have the least economic, education, transportation, and nutrition resources needed for optimal health. While the health care landscape will continue to rapidly evolve, Tennessee residents and policy makers will have to quickly adapt and create opportunities for those who need it most with innovative ideas and technologies.

Rather than simply recap the challenges to health and health care access in Tennessee, this report offers actionable opportunities to significantly improve the health of Tennesseans for generations. Although the Task Force membership consisted of state and national policy and business experts, members have also carefully examined what is and is not working across the country and within our State and have spent countless hours talking with rural community members and providers, businesses, and experienced agency program managers. This has resulted in practical and high yield recommendations in three key areas:

- Access to Care
- Workforce Development
- Social Drivers of Health

Many of these recommendations, such as expanding county health councils with public-private partnerships, improving provider to provider specialist telehealth access, and expanding apprenticeships and rural training are proven to work in rural Tennessee and are “shovel ready” with the dedication of funding from State, Federal, or private sector sources. Other recommendations, such as the Rural Health Center of Excellence, will require ongoing commitment and collaboration by State agencies, industry partners, and rural communities, and would result in substantial and perpetual benefit to rural health care providers by harnessing operational and policy expertise for all communities and facilities. Policy recommendations such as closing the insurance gap, evaluating scope of practice, and addressing the educational support need between Tennessee Promise and Tennessee Reconnect will take deliberation and action. Some of these recommendations, particularly regarding workforce development, will take a significant financial investment by the State to raise, recruit, and retain health professionals of all types for immediate and

future needs. A common thread in our recommendations is to leverage the resources and expertise of private sector through various partnerships. We believe that this approach is optimal because it brings in additional resources to rural communities and allows for the flexibility to tailor programs to the unique needs and priorities of each community.

The high-impact recommendations in this report and summarized below provide a comprehensive road map to transform the health care landscape in our State by improving access to health care, providing communities resources to address key drivers of health outcomes, and training and sustaining health care professionals for rural Tennesseans for years to come. Improvements in health and health care access have ripple effects, leading to better opportunities for Tennesseans in education and economic mobility, resulting in stronger communities.

Access to Care Recommendations	
1	Center of Excellence: Leveraging public and private investments, establish a Center of Excellence (CoE) for rural communities and providers (including hospitals, outpatient facilities, long term care, dental and behavioral health centers) to provide and/or coordinate operational and strategic technical assistance, background implementation research, and advocacy efforts to expand service line delivery, evaluate alternative payment models, or transition services to better meet rural community needs.
2	CoE Planning and Implementation Grants: Establish Planning and Implementation Grant funding for the CoE to disburse to rural communities and/or providers to supplement technical assistance services provided through the CoE.
3	Health Insurance Coverage: Improve access to health insurance coverage through the following initiatives: 3.1 Assess opportunities to address gaps in insurance status, and 3.2 Identify existing coverage sources and educate rural Tennesseans about available options.
4	Specialty Care: Increase access to specialty care in rural communities through the following initiatives: 4.1 Provider-to-Provider E-Consult Program for rural primary care providers (e.g., Local Health Departments [LHDs], Federally Qualified Health Centers [FQHCs], Community Behavioral Health providers, Community and Faith-Based Organizations, Regional Health Care Delivery Systems, Rural Health Clinics [RHCs]) to improve access to specialty consultation, and 4.2 Tennessee Department of Health Project Access Specialty Incentive Pilot Program to incentivize additional high-need specialty providers (e.g., cardiology, psychiatry, general surgery) to deliver in-person services for rural communities.
5	Scope of Practice: Continue to evaluate evidence and opportunity for specific scope of practice changes that may improve accessibility for rural Tennesseans.

6	<p>Rural Telemedicine Program: Pilot a Rural Telemedicine Program that establishes telemedicine infrastructure and platforms in Safety Net Clinics and develops additional Health Insurance Portability and Accountability Act (HIPAA) compliant telemedicine sites to enhance access to telemedicine capabilities in rural communities.</p>
<p>Workforce Development Recommendations</p>	
7	<p>Rural Health Care Apprenticeship Programs: Bolster and expand existing rural health and behavioral health care registered apprenticeship programs, enhance non-State apprenticeship programs, and identify opportunities to develop new “apprenticeship-like” programs for high-demand health care professions.</p>
8	<p>Rural Health Care Training Programs: Provide longitudinal, recurring State funding to expand or develop:</p> <ul style="list-style-type: none"> 8.1 Rural health care preceptorship and rotation programs, 8.2 Rural training tracks, accelerated medical training opportunities, and fellowships, 8.3 Rural residency programs which prioritize placement in rural communities, and 8.4 Continuing Education / Continuing Medical Education Courses.
9	<p>Rural Health Care Pathway Programs: Expand current health care, behavioral health, and dental health pathway programs by:</p> <ul style="list-style-type: none"> 9.1 Increasing early exposure to health care careers, 9.2 Increasing transition opportunities into health science education and health care careers, and 9.3 Improving health care career advancement programs (e.g., LPN to RN, EMT to RN).
10	<p>Rural Loan Repayment: Expand existing loan repayment programs to incentivize rural providers (e.g., psychiatric, primary care, pediatric, women’s health physicians, NPs, RNs, counselors, and therapists) to practice in rural areas.</p>
11	<p>Community Health Workers: Support the work of State agencies, non-profit organizations, academic institutions, and the Community Health Worker (CHW) professional association in implementing and sustaining evidence-supported CHW work to improve health outcomes and provide a broad means of entry into other health professions.</p>
<p>Social Drivers of Health Recommendations</p>	
12	<p>SDOH Planning Grants and Implementation Funds: Support County Health Councils (CHCs) to improve food security, transportation, and substance misuse / mental health condition prevention through establishment of Rural County Planning Grants, expansion of Collaborative Action for Resilience and Equity (CARE) Grants, and implementation of private partner development support.</p>
13	<p>Closed-Loop Referral System Supports: Support rural providers in addressing the social drivers of health experienced by their patients, including preparing for and implementing TennCare’s Closed Loop Referral System.</p>