Comprehensive Healthcare In A Rural Community

Providing Substance Use Disorder Treatment In A Critical Access Hospital

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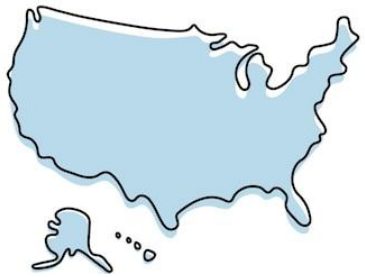
Critical Access Hospitals Serve As The Health Care "Hub" In Rural Communities

- It isn't difficult to find a rural region in the United States—over 70% of the country is categorized as a non-metropolitan area. But only between **15%** and **20%** of the U.S. population (approximately 42 to 57 million people) lives in a rural county.

- Rural populations are also older on average than urban populations and are more likely to suffer from illnesses associated with age, tobacco use, and cancer.

- Opioid-related deaths are 45% higher in rural regions than in urban regions.



What Are Some Of The Challenges For CAHs?

- Of the **1,165** critical access hospitals reporting in 2024, **nearly 373 of them claimed a debt-to-equity ratio of 0.5 or above**, with an average rate of 3.35—a marked change from the average rate of 1.59 reported by CAHs in 2018.

- Approximately **25%** of acute care hospitals are designated critical-access hospitals. Because of this designation and the areas in which they are located, CAHs frequently have *less access to funding, employ fewer physicians, and lack care specialists* compared to other acute care hospitals.

- Additionally, due to the limitations of their critical-access status, CAHs are less likely than other acute care hospitals to have an on-site intensive care unit (ICU), offer cardiac catheterization, and have sufficient (if any) designated surgical facilities.

Adding Substance Use Disorder Services

- Substance use is a significant public health issue in rural communities. Despite this fact, substance use treatment services are *limited* in rural areas and residents suffer from significant barriers to care.

- Critical Access Hospitals (CAHs), frequently the hubs of local systems of care, can play an important role in addressing substance use disorders.

- To develop a coordinated response to community substance, use issues, CAHs *must identify and prioritize local needs, mobilize local resources and partnerships, build local capacity, and screen for substance use* among their patients.

- These activities provide a foundation upon which CAHs and their community partners can address identified local needs by selecting and implementing initiatives to minimize the onset of substance use and related harms (prevention), treat substance use disorders, and help individuals reclaim their lives (recovery).

What Are The Benefits?

- Rural areas suffer from chronic shortages of Substance Use (SU) treatment services, with only 20% of SU facilities located in rural areas, and low numbers of inpatient and residential treatment beds (27.9 per 100,000 compared to 42.8 in urban areas).

- As a result, rural residents have *limited access* to SU treatment, must travel farther to access care, and have less choice when selecting providers.

- Reflecting these concerns, the American Hospital Association's (AHA's) Task Force on Ensuring Access in Vulnerable Communities identified **psychiatric and SU treatment as essential services** that should be maintained locally.

When Substance Use Disorder Patients Present With Medical Co-Morbidities…

Co-occurring Physical Health Condition	%
Essential Hypertension	30.6%
Fluid & Electrolyte Disorders	14.8%
Esophageal Disorders	14.1%
Disorders of Lipid Metabolism	13.7%
Diabetes without Complications	11.4%
Spondylosis; intervertebral disc disorders; other back problems	9.7%
Asthma	9.6%
Deficiency and other Anemia	8.8%
Thyroid Disorders	8.6%
Allergic Reactions	8.3%

Anecdotal Occurrences In 2024

Examples of **Actual** Myrtle Patients

- 34 YO male presented with HX of opiate usage.
  - Total length of stay 8 days (6 in MRCI and 2 in BSFMC)
  - Initially had a “normal” elevated Clinical Opiate Withdrawal Scale (COWS)
  - Initial blood work with slight decrease in Hemoglobin and Hematocrit
  - By day 4 patient continued to have what we considered a “larger than life COWS score
    - Provider ordered repeat lab work that revealed a significant decrease in Hemoglobin and Hematocrit levels.
    - Symptomology of Anemia can be similar to opiate withdrawal symptoms
  - MRCI provider spoke to BSFMC hospitalist and patient transferred to acute care where he receive (2) units of blood. BSFMC case management arranged GI follow up.
  - Patient returned to MRCI to complete withdrawal.

Anecdotal Occurrences In 2024

Examples of **Actual** Myrtle Patients

- 57 YO female with HX of multi substance usage.
  - Total length of stay 15 days (10 in MRCI and 5 in BSFMC)
  - Patient presented with “normal” symptoms of opiate and alcohol withdrawal.
  - Blood work resulted with elevated LFT’s (as would be expected with ETOH)
  - Patient continued with significant COWS scores (mostly based upon N/V and pain)
  - Repeat lab work shows increasing LFT’s on day 8
  - MRCI provider discussed with BSFMC ED provider and patient was transferred for evaluation and TX.
    - ED provider began ABX for treatment of UTI
  - Repeat lab work on day 10 continued to show LFT’s trending upward.
  - MRCI provider discussed with BSFMC hospitalist and agreed patient would be admitted to BSFMC.
  - Complete acute care work up yielded nodules on patients' liver, and GI tract.
  - Patient then transferred to Tertiary care center for treatment of possible CA.

Synergy between MRCI & BSFMC

- Both organizations occupy the single building, MRCI refurbished the unused section of BSFMC. This has greatly enhanced the synergy between the organizations including a “trust factor” that can sometimes be difficult to achieve if the organizations were geographically separate.

- For MRCI, having a fully operation Emergency Department approximately 50 feet from their front door allows acceptance of a much more medically fragile patient needing SUD services.

- For BSFMC, having not only a SUD treatment center readily willing to accept patients from both their ED and inpatient unit, but also having the ability to request consultation from the MRCI providers on psychiatric patients has expedited appropriate placement of those patients.

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