

# Tele-ERs can help strengthen rural hospitals

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A new study from the University of Iowa finds rural hospitals that use tele-medicine to back up their emergency room health care providers not only save money, but find it easier to recruit new physicians.

Marcia Ward, study author and professor of health management and

policy in the College of Public Health, says the results suggest that expanded use of tele-emergency services could play a key role in helping small, rural critical access hospitals maintain their emergency rooms.

"The study finds that expanding options for provider coverage to include tele-medicine in some rural emergency departments has noticeable benefits," says Ward, whose study was published Dec. 3 in the December issue of the journal *Health Affairs*. "This supports the viability of critical access hospitals at risk of closing and leaving their communities without local emergency care."

Many of the nearly 1,400 [rural hospitals](#) in the United States are struggling to provide [health care services](#) generally because of declining population and rising costs. One of those services is emergency medicine, as emergency rooms are expensive to operate and, until 2013, were required to be staffed with a physician on-site or on-call 24 hours a day. As a result, Ward says many rural hospitals are unable to staff their ERs with doctors trained in [emergency](#) medicine. Instead, they're covered by [family physicians](#) from the community who share ER coverage along with their regular clinic and hospital practice.

However, in 2013, a Medicare rule clarification allowed rural hospitals to fulfill their on-site staffing requirements using an advanced practice provider, such as a physician assistant or nurse practitioner, as long as they have remote access to a [physician](#) using a tele-medicine link. To measure the impact of that rule change, UI researchers analyzed 19 rural hospitals in the Sioux Falls, South Dakota-based Avera Health network. Seven of the hospitals took advantage of the Medicare rule clarification to back up their ER providers with tele-medicine doctors who work at the hub [hospital](#) in Sioux Falls.

The spoke hospitals were located in Iowa, Minnesota, North Dakota, South Dakota, and Nebraska.

Key findings from the study include:

- The amount of time with on-site coverage by advanced practice providers backed up by a tele-ER increased from zero hours to an average of 17.1 hours a day within three years. Two hospitals adopted this model 24 hours a day.
- Rural hospitals that switched to tele-ER back-up saved an average of \$117,000 annually in [health](#) care provider costs because advanced practice providers receive less compensation than physicians. Rural hospitals in the same network that continued to staff their ER with on-site or on-call physicians saw an average increase of \$138,000 in annual provider compensation costs.
- Hospitals that switched to tele-ER services found it easier to recruit new physicians because they could offer a better work-life balance, as the doctor would not have to cover an ER shift. The model also gives physicians more downtime, Ward says, reducing burnout and increasing retention.

**More information:** Marcia M. Ward et al, Use Of Telemedicine For ED Physician Coverage In Critical Access Hospitals Increased After CMS Policy Clarification, *Health Affairs* (2018). [DOI: 10.1377/hlthaff.2018.05103](#)

Provided by University of Iowa

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