



*For Immediate Release*

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### **NHA statement on JAMA report on critical access hospitals**

LINCOLN— In a study published in the July 6 issue of the *Journal of the American Medical Association (JAMA)* it was reported that critical access hospitals (CAHs) had under-resourced clinical capabilities, sub-standard processes of care and a higher mortality rate due to conditions such as heart attack (acute myocardial infarction or AMI), congestive heart failure (CHF) or pneumonia, compared to non-CAHs.

“We are encouraged that researchers are looking at the uniqueness of critical access hospitals and the challenges they face in delivering safe, quality care,” stated Monica Seeland, RHIA, vice president, quality initiatives for the Nebraska Hospital Association (NHA). “The Patient Protection and Affordable Care Act, in calling for a pilot project to study how best to reward CAHs that deliver high-quality health care, recognized that their environment is more under-resourced than that of hospitals in more populated areas.”

The authors of this report stated that these findings should be seen as a call to focus on helping these hospitals improve the quality of care they provide so that all individuals in the U.S. have access to high-quality inpatient care, regardless of where they live.

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This report also stated that the difference in outcomes when compared to non CAHs may be related to rurality. A substantial proportion of the barriers faced by CAHs are due to their size and their rural location, even after accounting for other factors, such as fewer clinical resources and personnel available. Other factors included that CAHs were less likely to have intensive care units, cardiac catheterization capability, or the ability to perform surgeries.

In this study, data was collected from 1,268 CAHs across the U.S. For all three conditions studied—AMI, HF and pneumonia—CAHs had lower performance on Hospital Quality Alliance (HQA) measures (Hospital Compare) than non-CAHs and had higher 30-day risk adjusted mortality rates (2008-2009 data). The authors of this report identified the following as factors that might contribute to these findings:

- CAHs have less access to capital and fewer health care professionals in their communities, including specialists, which results in their facing equal or greater challenges in delivering high quality care (Nebraska is improving the use of telehealth system to provide services such as clinical consultations to patients in rural communities).
- CAHs were located in counties with a lower median income than non-CAHs and served a higher proportion of Medicare patients (the elderly typically have multiple chronic conditions which may affect outcome, income level may impact an individual's ability to follow prescribed care such as prescriptions, travel to a tertiary center for ongoing outpatient care, etc.).
- Patients in the study that were admitted to CAHs tended to be older and had a higher incidence of diabetes and depression, and were more likely to be transferred to another acute care hospital (even if they died at the hospital to which they were transferred, the death was attributed to the CAH for the purposes of this study).
- CAHs had fewer clinical resources and were less likely to have intensive care units, cardiac catheterization capability or the ability to perform surgeries. (it would not be feasible for CAHs to have cardiac catheterization capability or intensive care units comparable to the units in larger, urban hospitals; one purpose of the CAH program is to stabilize and transfer when appropriate to a tertiary hospital).

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- Patients admitted to CAHs were less likely to be transferred to a hospice than patients admitted to non-CAHs (appropriate utilization of hospice and end-of-life discussions may be helpful).
- CAHs did have comparable nursing staffing levels to non-CAHs.
- The authors identified the following limitations of their study, which may have an impact on the findings: they were unable to capture patients characteristics such as educational level; they lacked data on the experience or qualifications of the clinicians caring for patients at CAHs; they were unable to assess the role of patient choice in patterns of care; they did not examine outpatient care.

According to the authors of the report, the findings suggest that efforts to date have been insufficient in improving the quality of inpatient care in rural communities and indicate a need for greater policy attention to the challenges these hospitals face. Given that CAHs care for a population that tends to be older and less likely to have routine access to primary care services, it is particularly important that policy efforts help CAHs meet these challenges.

“The NHA supports any measure to explore strategies to improve quality and outcomes for those patients receiving care at all hospitals,” stated Laura J. Redoutey, FACHE, president of the Nebraska Hospital Association. “While playing a vital role in ensuring access to quality health care for rural residents, CAHs continue to face many challenges. However, if not for these hospitals, many patients would face long distances to get the care they need or simply go without access in critical situations. Federal and state efforts should focus on helping CAHs improve the quality of care they provide so individuals, regardless of where they live, have access to safe, high-quality health care.”

In an effort to assist individuals to make well-informed health care decisions, the NHA provides information on pricing and quality through the Web site [www.NHACareCompare.com](http://www.NHACareCompare.com). This site includes information on how well the hospitals in specific areas care for all their adult patients with certain medical conditions, assisting the user to compare the quality of care hospitals provide.

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The Nebraska Hospital Association is the unified voice for Nebraska’s hospitals and health systems. The association offers collaborative leadership, assisting its members to provide comprehensive care to their communities, improving the health status of those communities. For more information, please visit the NHA Web site at [www.nhanet.org](http://www.nhanet.org).