

New analysis offers policy solutions for intensive care crisis in rural America

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A new policy analysis led by the Harvard Pilgrim Health Care Institute describes the intensive care crisis in rural America and provides a comprehensive policy solution to bolster intensive care capacity.

The paper, "Improving Rural Intensive Care Infrastructure in the U.S.," is [published](#) in *The Lancet Respiratory Medicine*.

Despite efforts to support rural health in the past 20 years, [rural hospitals](#) continue to close at alarming rates. While patients in rural areas began to feel the effects of hospital closures and reduction of intensive care capacity prior to the pandemic, increased pandemic-driven demand for care intensified the rural-urban disparities in intensive care.

The study team highlights one especially stunning disparity: today, rural communities have almost half as many [intensive care unit](#) (ICU) beds as their urban counterparts (1.7 vs. 2.8 per 10,000 people).

This lack of community critical care services has been associated with higher mortality rates and exacerbates geographical disparities in care. Together with rural communities' higher prevalence of comorbidities, lower socioeconomic levels, lower levels of insurance coverage, and a greater percentage of adults older than 65 years, rural ICUs face increasing demand with fewer resources to provide services.

"The intensive care crisis in rural America is multifaceted and requires a wide-ranging solution," said senior author Hao Yu, Harvard Medical School associate professor of population medicine at the Harvard Pilgrim Health Care Institute. "Our work focused on achievable, sustainable strategies to improve intensive care access that prioritize quality, [affordable care](#)."

The study authors note two well-studied solutions for sustainable care provision in rural areas: reducing uninsured populations through the ACA Medicaid expansion and increasing the health workforce.

Their work points to additional policies that make use of recent advances in technological applications, including remote patient monitoring,

payment delivery innovation such as global budgeting, new delivery models such as telemedicine, and lessons internationally. They suggest these policies can be effective tools to strengthen rural intensive care capacity.

"This problem is not unique to the U.S., and our global counterparts have launched promising initiatives," adds Dr. Yu.

"There are sound policy reasons for Congress to address this problem by going beyond the Consolidated Appropriations Act of 2021, which helps preserve emergency care in rural areas through a new rural emergency hospital designation but does not comprehensively address the burgeoning intensive care crisis in rural America."

"Policymakers can make further advances in supporting rural intensive care by adopting hybrid ICU models and alternative payment strategies to equip rural hospitals better and improve critical care in rural communities."

More information: Tarun Ramesh et al, Improving rural intensive care infrastructure in the USA, *The Lancet Respiratory Medicine* (2024). DOI: [10.1016/S2213-2600\(24\)00031-6](https://doi.org/10.1016/S2213-2600(24)00031-6)

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