

Northern Tier Regional Rural Health Summit
November 12, 2025
Notes and Next Steps: Access to Care and Delivery Models

Challenges Identified

- Broad access barriers across providers, facilities, payment, and infrastructure.
- Need to more clearly define and analyze the specific challenges driving access gaps in rural PA.
- Three central pillars:
 - Access to providers & facilities
 - Payment structures
 - Infrastructure (especially broadband)

Key Areas to Address

- Provider & Workforce Constraints
 - Limited maternity care access; need to increase midwifery services in PA.
 - Physician workforce shortages: pandemic-driven wage competition; rural hospitals cannot meet salary expectations (example: Susquehanna County).
 - Shortages of behavioral health counselors and primary care physicians.
 - Smaller practices are at risk; if they close, larger systems lose essential referral sources.
 - Recruitment struggles across all rural provider roles.
- Infrastructure Limitations
 - Lack of affordable, reliable high-speed broadband; families often cannot prioritize internet over food/housing.
 - Broadband solutions discussed (e.g., Starlink); grant proposals underway in Bradford County and neighboring counties.
- Telehealth & Technology
 - Telehealth can expand access and specialty expertise but depends on infrastructure improvement.
- EMS, Nursing Homes & System Sustainability
 - EMS wages, burnout, and financial instability are significant barriers.
 - Nursing homes face similar workforce and financial challenges.
 - Need growth across the system that is financially sustainable.
- Payment & Financial Barriers
 - Insurance premiums and deductibles rising; hospitals raising rates to cover adequate reimbursement.

Highlighted Areas of Strength

- Grants supporting broadband, infrastructure, and rural health innovation.
- Rural Emergency Hospital (REH) model: currently no PA facilities but could expand ED access and supporting services (not inpatient).
- Regional opportunities for specialty care collaboration.

- Micro ED concept discussed: facilities with limited beds but full service continuity.
- Telehealth proven effective in reducing barriers, requires expanded broadband.

Themes

- Maternal healthcare
- Telehealth expansion
- Policy, procedures, regulations impacting sustainability
- Ensuring the entire healthcare continuum (EMS, nursing homes, behavioral health, etc.) stays viable

Categories Identified

- Regulations & payment
- Workforce
- Primary & community health
- Infrastructure (broadband)
- Social barriers (childcare, transportation, cost)
- Community-based healthcare collaboratives (inventory, CHNAs, care models, telemedicine, micro-hospitals)
- Full continuum of care
- Partnerships (including payer-provider partnerships)
- Patient health literacy & navigation resources
- Whole-person care vs. episodic healthcare services

Natural Groupings:

- Payer/provider + community-based care collaboratives
- Whole-person care + infrastructure (broadband)

Additional Discussion:

EMS reimbursement challenges: COVID-era reimbursement for on-site treatment no longer exists—impacts viability.

Next Steps / Recommendations

1. Define & Quantify Rural Access Gaps
 - Conduct structured analysis of provider shortages, facility viability, and referral network risk.
 - Map where small practices are closing and how that impacts hospital systems.
2. Accelerate Broadband Access Efforts
 - Support county-level broadband grants; explore affordability subsidies.
 - Identify telehealth-dependent models that could be implemented immediately once broadband improves.
3. Strengthen Workforce Recruitment & Retention
 - Explore legislative solutions for rural wage competitiveness.

- Expand loan forgiveness, incentives, and pipeline programs (PCPs, BH counselors, midwives, EMS).

4. Evaluate Delivery Model Innovations

- Assess feasibility of micro-EDs, REHs, and hybrid telehealth models.
- Map current specialty access and identify opportunities for regional collaboration.

5. Improve Financial Sustainability

- Engage payers on rate structures, EMS reimbursement, and rural-specific payment policies.
- Align policy priorities with the three pillars: provider access, payment reform, infrastructure.

6. Continue Cross-Sector Partnership Building

- Maintain collaboration among hospitals, EMS, behavioral health, nursing homes, local government, and state agencies.
- Strengthen community-based healthcare collaboratives to bridge social barriers.

Prioritized Initiatives

- Workforce- \$30
- Whole Care- \$30
- Regulations- \$20
- Partnerships- \$20