For patients living in rural areas, it’s not uncommon to travel several hours to see a specialist or primary care physician. Sometimes daily life gets in the way, and those patients end up skipping vital preventive services such as mammograms or colonoscopies.

“It’s still easier to find a cheeseburger or cigarettes than it is to find access to health care,” noted Jeremy Cauwels, MD, chief physician at Sanford Health in Sioux Falls, South Dakota.

Broadband internet service in rural communities isn’t always available, and women often face a 200-mile trip to get routine ob-gyn care. Rural areas also struggle to recruit and retain physicians.

In an “AMA Update” episode, Dr. Cauwels joined Kenric Maynor, MD, chair of Geisinger Medicine Institute’s inpatient medicine and director of hospital medicine in Danville, Pennsylvania, to discuss their respective efforts to bring health care to people’s homes through medical innovation.

Geisinger and Sanford Health are members of the AMA Health System Program, which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

Virtual care cuts outpatient visits

Sanford Health invested $350 million to establish a virtual health center. “We broke ground on a 60,000-square-foot facility here recently. And we’re building that out so we can build things like satellite clinics,” said Dr. Cauwels.

This means a small town of less than 2,500 people could have a clinic on Main Street, he continued. “What if you knew the nurse that was working there and you could get to any doctor you wanted without ever leaving that clinic? Because we would bring them virtually to you?” A key goal is to make virtual visits available within 24 hours.
Sanford Health has also made inroads in virtual behavioral health appointments, providing 600,000 virtual consults over the last decade. This saved patients 20 million miles, avoiding the need to travel back and forth on country roads to clinics.

The health system is hoping to transition more than 350,000 outpatient visits a year to care from home, extending this to 275 clinics across the Midwest. Read more from Dr. Cauwels in two recent *NEJM Catalyst* commentaries: “The Virtual Future of Health Care Delivery in Rural America” and “The Many Barriers to High-Quality Rural Health Care.”

**Role of remote patient monitoring**

About 12% to 15% of clinical visits now occur through telemedicine at Geisinger.

“Where possible for those individuals that have geographical difficulties getting to our clinic areas or broadband difficulties, we have a primary care clinic where they can go near their home that's set up for telemedicine,” said Dr. Maynor.

Geisinger has also seen results with remote-patient monitoring. “At the height of COVID, our Geisinger at-home team was able to provide essential monitoring of key vital signs and in-person and telemedicine visits for care at home,” said Dr. Maynor. This expanded care to patients without having to admit them to hospitals already at full capacity.

“It ended up being a very cost-effective, patient-centric model with high levels of patient satisfaction,” he added.

**Tailoring rural health care**

Tailoring services to rural health care needs means being efficient in resource allocation, said Dr. Maynor. “You have to be thoughtful in the way you’re distributing and making programs.”

Geisinger has achieved this through its fresh food pharmacy program. Patients with type 2 diabetes and with food insecurity get access to fresh fruits and vegetables and lean meats. The health system also offers nutrition classes and cooking advice.

This has led to significant improvements in overall health. Geisinger has seen a 40% drop in patient hemoglobin A1c levels, and a 30% rise in primary care use and overall health care engagement. Quality measure care gaps have closed, and inpatient and emergency department use has gone down, said Dr. Maynor. The plan is to expand the effort to areas, such as patients with chronic renal disease.