

# Summary of Building Blocks for Healthy Rural Communities

## The Fundamental Services

### For All Services

Rural people should have access to a foundational or core level of health services within local communities or reasonable regional clusters of communities. The following Summary is provided as a quick reference, but without the background assumptions, definitions, and guidelines that should also be considered when addressing these services. All users of this summary are encouraged to review the contextual material.

For all services, one key defining premise is that rural health systems should functionally integrate physical medicine with behavioral, oral, and public health services to achieve greater access, efficiency, and quality. The term “value” is frequently used to describe the tradeoffs of access, efficiency, cost, and quality. Although there is a gauntlet of challenges to achieving full value, agreement on the Fundamental Building Blocks can focus discussions and decisions and move all stakeholders closer to meeting the needs of rural people and their communities.

### Summary of Services

#### I) Primary Care—the Essential Core of Rural Health Care Systems

- A) Primary Medical Care
- B) Basic Mental Health and Substance Use Disorder Services
- C) Basic Oral Health Services

#### II) Primary Services

- A) Emergency/Urgent Care Services
- B) Primary or Core Specialty Services
  - 1) General Surgery (Full-time in many rural hospitals but increasingly part-time)
  - 2) Orthopedics (Full-time in some rural hospitals, at least part-time in many, but highly variable)

#### III) Other Limited Specialty Services

- A) Other specialty-physician services are generally not considered to be “core” or fundamental services on a full-time basis in most rural communities.

#### IV) Telemedicine/Telehealth

- A) Telehealth is not a service unto itself; it is a mechanism for delivering services and for expanding access. Nonetheless, it is listed as a fundamental building block.

#### V) Inpatient Hospital Services

- A) Basic inpatient care consistent with the mix of primary care, surgery, obstetrics and gynecologic services that are locally supportable
  - 1) Services may include skilled nursing services provided in swing beds

**VI) Support/Ancillary Services** (consistent with local physician and non-physician provider services, including services that may be ordered through telemedicine, but which can be delivered locally)

A) Diagnostic and Treatment Services

- 1) Diagnostic Imaging (Radiology) (local and/or remote-teleradiology access)
- 2) Basic laboratory services (local or remote access)
- 3) Pathology (local or remote access)
- 4) Anesthesia (anesthesiologists or nurse anesthetists)
- 5) Therapeutic services (e.g., OT, PT, RT, speech, and audiology)

**VII) Care Coordination, Social Services, and Regional as well as Distant Referral Relationships**

**VIII) Home Health Services and Hospice Care**

**IX) Long-term Institutional Care—Skilled Nursing and Nursing Facility (Nursing Home) Services**

**X) Non-Acute Assisted Living and Residential Care**

**XI) Pharmacy Services**

**XII) Eye Care Services**

**XIII) Public Health and Educational Support** (beyond services included in primary care and other providers' practices)