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The way forward for community hospitals: Nine Qs with the CEO of Community Hospital Corporation

With so much attention on major health systems, the challenges facing rural and community hospitals can be overlooked. However, organizations like Community Hospital Corporation are deeply focused on these issues.

CHC supports community hospitals through hospital ownership, management, consulting and group purchasing services. *Becker's Hospital Review* recently spoke with CHC's president and CEO, Jim Kendrick, who has more than 20 years of experience as a healthcare executive, focusing much of that time on community hospitals.

Note: Responses edited for length and clarity.

Question: What challenges do rural and community hospitals face in normal times?

Jim Kendrick: Community hospitals have their fair share of challenges, including inconsistent patient volume, payer mix, and staffing challenges, to name a few. It can also be difficult for these facilities to recruit qualified physicians and clinicians to rural locations.

Q: What new issues are community hospitals facing now?

JK: Early in the pandemic, community hospitals were often able to obtain supplemental nursing support from state organizations and funding support through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Unfortunately, as COVID cases increase currently, this type of assistance is no longer available.

Additionally, rural and community hospitals face challenges accessing supplies. These smaller facilities can be considered a lower priority for suppliers, but CHC's group purchasing organization continues to source critical PPE and other supplies for our community hospital clients.

Q: What lessons learned during the pandemic are still relevant?

JK: One of the most important lessons learned is that our country needs a strong network of community hospitals during times of crisis. We also learned that collaboration and coordination among area hospitals and resources are critical to meet community needs.

Q: What kind of care models do you see moving forward that apply to community hospitals?

JK: Community hospitals need to understand their local market, monitor industry change and adapt their care model if necessary. Telemedicine became more available and accepted during the pandemic, and will continue to expand as broadband internet access improves and services are increasingly reimbursed.

Q: Do you think telemedicine will be an opportunity or a threat for rural providers?

JK: Rural providers will not be replaced by telemedicine. The opportunity is to enhance providers' capabilities. For example, if a patient comes to the hospital and needs a specialty consult, that patient might need to be sent to a metropolitan hospital. In the future, the specialty consult might take place via telemedicine, which can expedite treatment and reduce the burden of traveling for medical treatment.

Q: What's the role of technology in community hospitals?

JK: Enhanced technology provides data and knowledge and is increasingly vital for all healthcare providers. One growing role of technology is to bring together data from multiple sources for a shared local and global perspective. Technology will also help improve laboratory services including, expedited testing, results, and capabilities.

Q: What should rural hospital leaders do right now?

JK: One of the most important areas of focus is building and strengthening relationships. Community hospitals can't work in a silo or have the mindset of being a standalone facility. Community hospitals must collaborate with others. Relationships may include involvement with state organizations, like a state hospital association, or collaborative regional networks. It is necessary to address the needs of the entire community instead of looking at challenges from the narrow focus of a single facility.

Q: How does Community Hospital Corporation assist the hospitals you work with?

JK: Many independent community hospitals are struggling to secure the resources they need, and to address quality and regulatory and compliance issues. CHC provides the resources of a healthcare system, but allows hospital boards to retain control and ownership if desired.

Purchasing supplies is one example. A small rural hospital has limited purchasing power. If the hospital typically purchases 10 units of an item, the hospital can join with other rural hospitals to collectively purchase 10,000 and gain aggregate purchasing power. CHC has over 100 hospitals taking advantage of CHC's GPO services, resulting in greater purchasing power.

Q: Do you have any other observations or comments about the current healthcare landscape?

JK: As a country, delivering care should not be a political issue but rather a focus on health and well-being for our families, our neighbors, our communities and our country. ■