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# Bridging ASCVD Care Between Academic and Rural Settings

**Announcer:**
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**Dr. Wadhera:**
Welcome to CME on ReachMD. I'm Dr. Rishi Wadhera.

**Dr. Gluckman:**
And I'm Dr. Ty Gluckman.

**Dr. Wadhera:**
In this episode, we're going to talk about collaboration strategies to improve ASCVD management in rural settings. It's worth remembering that individuals living in rural parts of the country face significant barriers accessing outpatient care, acute care services, and therapies. And together, these challenges create barriers when it comes to reducing cardiometabolic risk in rural populations, and also explain why, at least in part, rural populations experience higher cardiovascular mortality rates compared to their counterparts who live in urban parts of the country.

And so to address the access gap that contributes to these disparities, it's worth thinking about how rural hospitals and clinics can develop partnerships and collaborations with urban or academic medical centers to streamline care delivery, enhance the integration and coordination of care for people living in rural parts of the country. And so one of the things that is worth highlighting is that it's in this evolving environment it is critically important that rural health centers and rural hospitals develop those strong partnerships with tertiary and quaternary care centers, at least on the inpatient side, as well as outpatient clinics in urban areas to ensure that patients in these communities have streamlined and efficient access to care.

And some examples that have emerged over the last few decades of these partnerships, for example, our regional systems of care, where rural hospitals develop strong partnerships with urban centers that enable the streamline and efficient transfer of patients with heart attacks and strokes to these facilities that have the specialists and capability to deliver a potentially lifesaving care to these patients.

I also think that telehealth can also streamline and enable these types of partnerships. We've seen evidence emerge that TeleStroke services, as an example, can improve outcomes for people who present with a stroke in rural hospitals.

And so I think as we move forward, we need to think about strategies, in addition to regional systems of care and hub-and-spoke models of care to ensure that people living in rural areas have access to the care they deserve to reduce cardiometabolic risk and improve cardiometabolic outcomes in these communities.

So Ty, I just want to turn it over to you. Do you have any other thoughts on things that we can do to make sure that people living in rural communities have access to the care that they need through rural and urban healthcare facility partnerships.

**Dr. Gluckman:**
I love the question, and you've highlighted nicely the regional systems of care for often acute conditions like heart attack and stroke, where timeliness matters. But I would also argue that this is just as important for chronic conditions and even a population health strategy, and that we can have individuals that may have greater challenges in lipid management, greater access to novel therapeutics. And so I think in our more urban settings, we have a responsibility both to educate colleagues in our own settings and in more distant settings about how we may best deliver care. What does optimal care look like? And then we really be able to, as you said, grease the skids with enabled pathways where we can identify who should be referred in, what are the therapeutics that we can administer locally in your own community? I think wherever possible, we want to keep patients in their own community and minimize the need to travel. So if we can do that effectively, that would be best, but where we can't even for chronic conditions, there is a callout and a need to help support these other settings with both education and clear systems of care protocols and pathways to deliver best practices.

**Dr. Wadhera:**
I love all those points, Ty. Really, really important. Those are great insights to wrap up our brief discussion. Thanks again for listening.

**Announcer:**
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