NOSORH Annual Meeting
Tuesday, October 29, 2013

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NORC at the UNIVERSITY of CHICAGO

Agenda

- Rural Health Status Update
  - Background
  - Methods
  - Highlights from findings
- Care Coordination Evidence-Based Models
  - Background
  - Methods
  - Organization of the Toolkit
  - Promising Care Coordination Models
  - Examples of Rural Care Coordination Programs

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Examination of Trends in Rural and Urban Health: Establishing a Baseline for Health Reform

- CDC published *Health United States, 2001 With Urban and Rural Health Chartbook*
  - No urban/rural data update since 2001
- Purpose of this study:
  - Update of rural health status ten years later to understand trends
  - Provide baseline of rural/urban differences in health status and access to care prior to ACA implementation

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Methods

- Replicated analyses conducted in 2001 using most recent data available (2006-2011)
- Used same data sources:
  - Compressed Mortality File, National Vital Statistics System
  - Area Resource File, HRSA
  - U.S. Census Bureau
- Applied same geographic definitions
  - Metropolitan Counties:
    - Large central
    - Large fringe
    - Small
  - Nonmetropolitan Counties:
    - With a city ≥ 10,000 population
    - Without a city ≥ 10,000 population

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Counties by Region and Rurality (2006)

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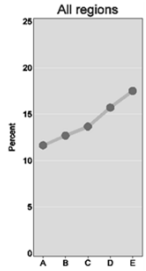
Population: Age

Population 65 years of age and over by rurality, 2011



- Age structure becomes older as urbanization decreases.
- The urban-rural gradient for the proportion of the population that is elderly is present in all regions, but is steepest in the Midwest and South.

Metropolitan Counties
A Large central
B Large fringe
C Small
Nonmetropolitan Counties
D With a city ≥ 10,000 population
E Without a city ≥ 10,000 population

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Population: Age

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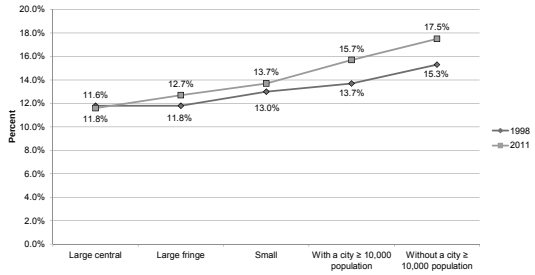

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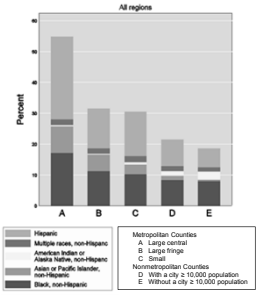
Population: Race and Ethnicity



- Non-Hispanic white persons represent over half of the population in fringe counties of large metro areas, small metro counties, and nonmetro counties, but only 45% in central counties.
- In the Midwest, white persons represented 81% of its population. The Northeast had a larger proportion of residents of Hispanic and Asian or Pacific Island origin compared with the Midwest.
- In the South, non-Hispanic black persons constituted a larger proportion of the population than in any other region.
- The West had a disproportionately high concentration of persons of Hispanic origin.

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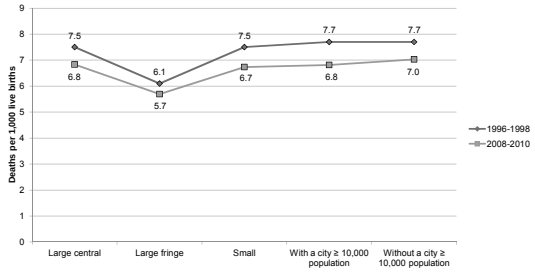
Mortality: Infants

Infant mortality by rurality



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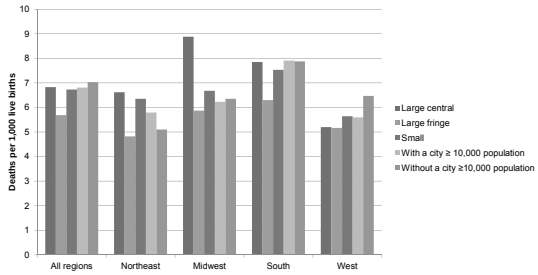
Mortality: Infants

Infant mortality by region and rurality, 2008-2010



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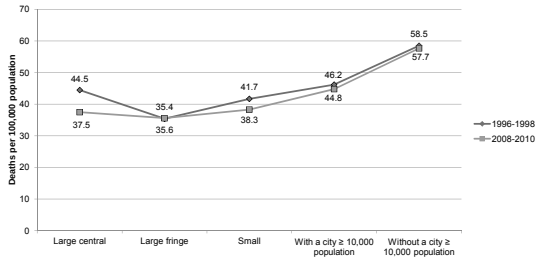
Mortality: Children and Young Adults

Death rates for all causes among persons 1–24 years of age by rurality



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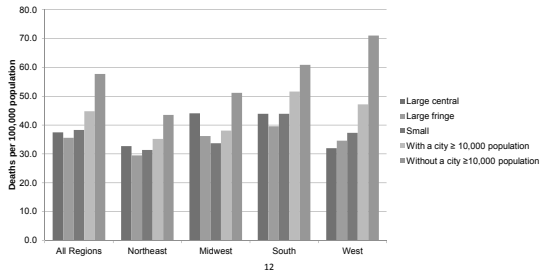

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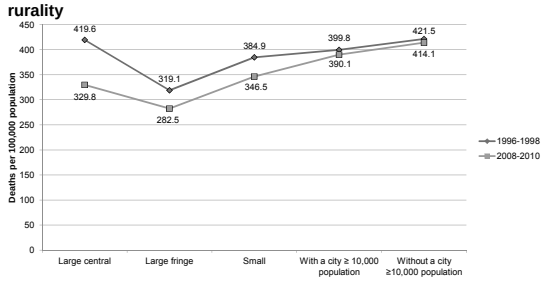
Mortality: Working-Age Adults

Death rates for all causes among persons 25-64 years of age by rurality



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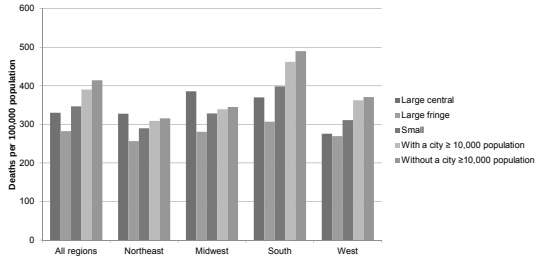

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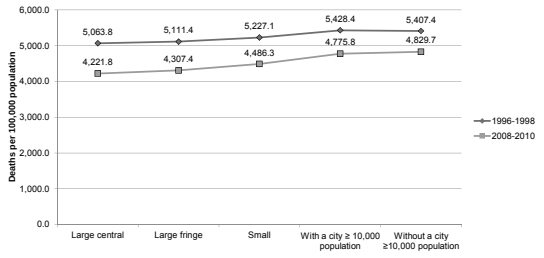
Mortality: Seniors

Death rates for all causes among persons 65 years of age and over by rurality



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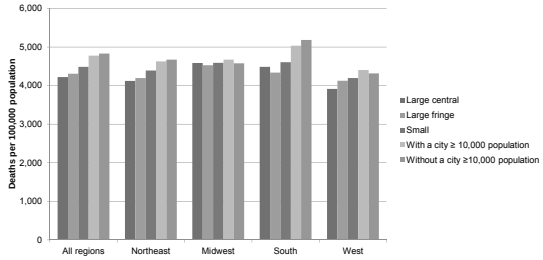
Mortality: Seniors

Deaths per 100,000 population for all causes among persons 65 years of age and over by region and rurality, 2008-2010



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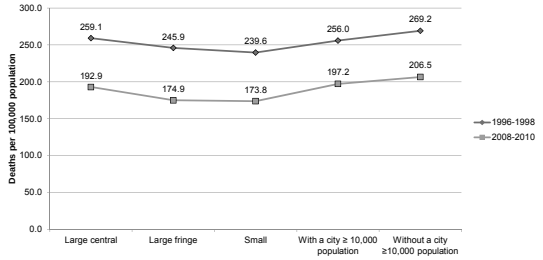
Mortality: Heart Disease

Death rates for ischemic heart disease among persons 20 years of age and over by rurality



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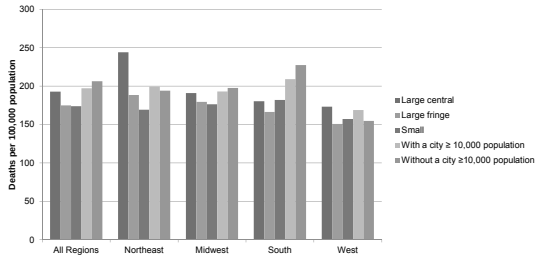

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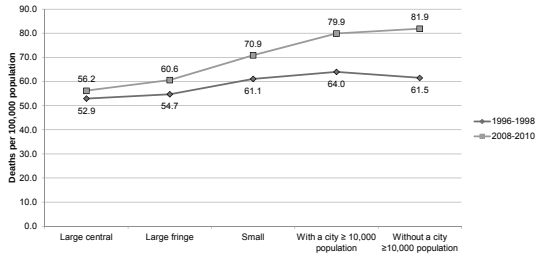
Mortality: Chronic Obstructive Pulmonary Diseases

Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by rurality



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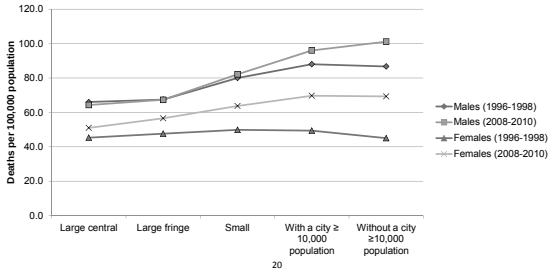
Mortality: Chronic Obstructive Pulmonary Diseases

Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by sex and rurality



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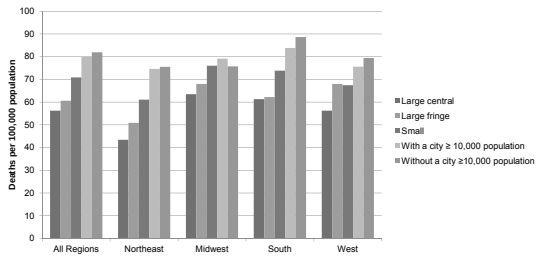
Mortality: Chronic Obstructive Pulmonary Diseases

Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by region and rurality, 2008-2010



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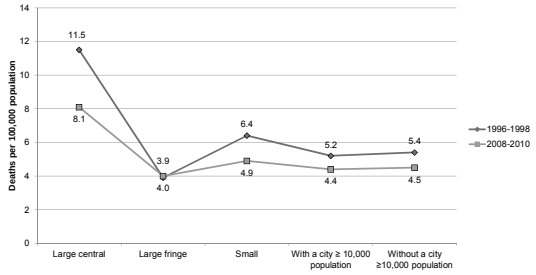
Mortality: Homicide

Homicide rates by rurality



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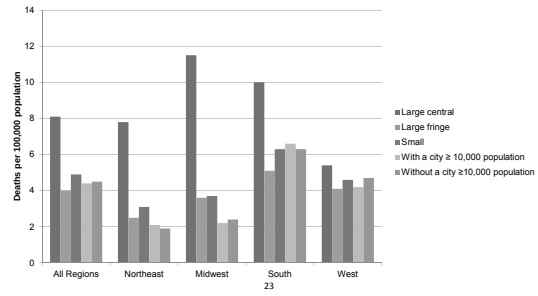
Mortality: Homicide

Homicide rates by region and rurality, 2008-2010



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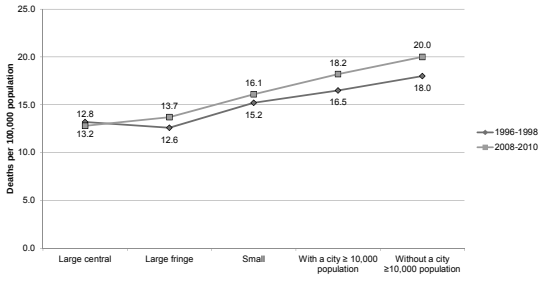
Mortality: Suicide

Suicide rates among persons 15 years of age and over by rurality



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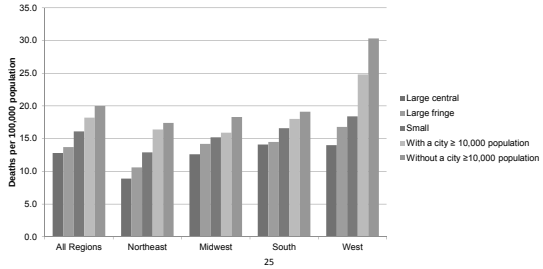
Mortality: Suicide

Suicide rates among persons 15 years of age and over by region and rurality, 2008-2010



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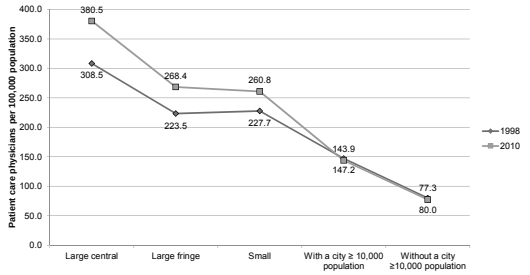
Health Care Access and Use: Physician Supply

Patient care physicians per 100,000 population by rurality



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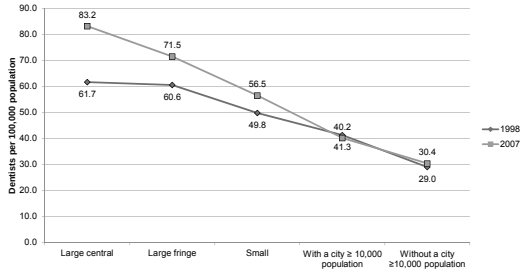
Health Care Access and Use: Dentist Supply

Dentists per 100,000 population by rurality



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School of Medicine & Health Sciences

The Walsh Center for Rural Health Analysis
NORC AT THE UNIVERSITY OF CHICAGO

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Care Coordination Evidence-Based Models

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Rural Health Research Center
UNIVERSITY OF MINNESOTA

Evidence-Based Toolkit Series

- Conducted on behalf of the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (ORHP)
- A compilation of evidence-based practices and resources that can strengthen rural health programs
- New toolkits each year on different topics that target ORHP grantees, future applicants, and rural communities
- Applicable to organizations with different levels of knowledge and at different stages of implementation
- Hosted by the Rural Assistance Center on the Community Health Gateway

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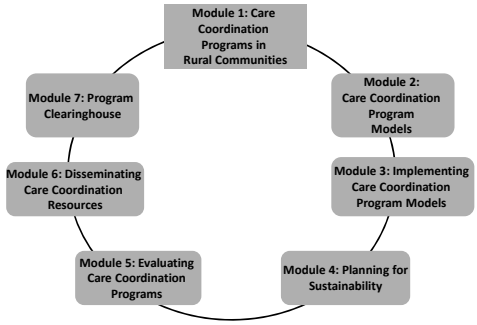
Rural Health Research Center
UNIVERSITY OF MINNESOTA

Care Coordination Evidence-Based Toolkit

- The current toolkit focuses on evidence-based care coordination programs used in rural communities
- In 2003, care coordination was identified by the Institute of Medicine as a national priority area for improving the quality of health care
- Care coordination activities can help to bridge gaps in health care, improve quality, and contain costs
- Rural communities are implementing different types of care coordination programs

Organization of the Care Coordination Toolkit



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Promising Care Coordination Models

- **Care Coordinator Model:** Care coordinators work with patients and families, ensure their needs are met, and help to reduce barriers to care
- **Patient-Centered Medical Homes:** A model for providing patient care that is comprehensive, patient-centered, coordinated, accessible, and high-quality

- **Health Homes:** Allows states to create a comprehensive person-centered, coordinated system of care to Medicaid and Medicare-Medicaid eligible enrollees with chronic conditions. This strategy must be implemented at the state level.

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Promising Care Coordination Models

- **Accountable Care Organizations:** Groups of phycisians, hospitals, and other health care providers who come together to provide coordinated, quality care to Medicare patients
- **Partnerships and Network Model:** Providers and health care organizations share resources and data, and exchange best practices
- **Health Information Technology Model:** Health care organizations use technology to facilitate information exchange and strengthen care coordination

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Examples of Rural Care Coordination Programs

One grantee is a health department that works with six CAHs in a five-county district to serve underserved and uninsured individuals at risk for or with a diagnosis of chronic disease

- Portions of all five counties are designated HPSAs
  - Unemployment, poverty, and a lack of health insurance limit access to care
- Population over-utilizes local emergency departments
- Care coordination program activities include:
  - Improving referral rates and disease management by involving nurses and lay health workers in case management
  - Implementing an information system to strengthen communication

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Examples of Rural Care Coordination Programs

Grantee is a non-profit organization that works with a university and office of community health to improve access to primary care and social support services for uninsured individuals

- The program serves rural, isolated communities designated as HPSAs for medical, dental and mental health services
- Care coordination program activities include:
  - Care coordinators who address social service needs such as housing, medication assistance, health insurance, and transportation
  - Integration of care coordination services into the Patient Centered Medical Home model to improve communication between the patient and the treatment team

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Examples of Rural Care Coordination Programs

Grantee is a migrant health center that works with a community organization, hospital, and health department to improve access to health education for low-income, English and Spanish-speaking residents in rural communities

- Rural counties are HPSAs and MUAs
- Large migrant seasonal farm worker population
- Care coordination program activities include:
  - Integrating a community health worker into the Patient Centered Medical Home team
  - Community health worker delivers a health education curriculum to migrant farm workers and other members of the community focused on healthy eating, exercise, and stress management

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Implementation Considerations

- Identify staff to support care coordination program
- Conduct a community needs assessment
- Address the "whole person"
- Establish a tracking system
- Develop relationships with partners
- Engage family members
- Consider funding sources
- Recognize liability issues
- Select performance metrics

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