



DEPARTMENT  
OF HEALTH

OFFICE OF RURAL HEALTH  
AND PRIMARY CARE



## Challenges and Innovations in Rural Health Policy Minnesota Team Summary

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NOSORH Annual Meeting



Minnesota has **90,000 miles** of shoreline, more than California, Florida and Hawaii combined.

# MINNESOTA TEAM



4 Rural Legislators

Commissioner of Health

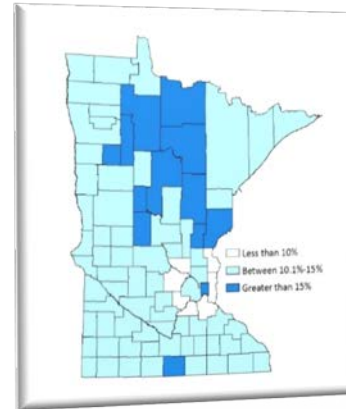
ORHPC Staff

Medicaid Director

# Minnesota Team: ACTION PLAN PRIORITIES



**Leverage opportunities with data, telehealth and technology**



**Coordinate rural health policy**



**Begin a process to respond to future changes in the healthcare landscape**



**Address opioid use, misuse and addiction in rural populations**



## Better leverage opportunities with data, telehealth and technology to support health in Greater Minnesota

### Strategy 1.1

**Understand the potential opportunities and obstacles to expand the reach of telehealth in the state.**

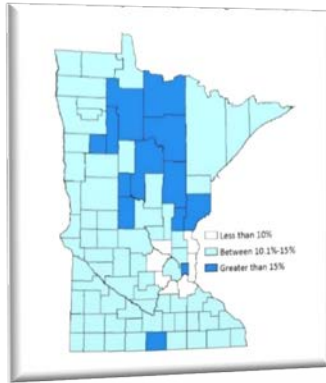
1. Develop a scan of telehealth laws and policies
2. Engage legislators active in this space to invite their participation

### Strategy 1.2

**Inventory data systems and resources and determine if changes would enhance their value to inform rural health policy.**

1. Revisit All Payer Claims Database (APCD) to evaluate statutory use cases and compare to peer
2. Share current Medicaid (MA) data and reports, look at ways to expand access to providers that are not in MA accountable care organizations (ACOs)





## Coordinate efforts to advance effective rural health policy across governmental initiatives

### Strategy 2.1

#### **Align efforts of Rural Health Advisory Committee (RHAC).**

1. Invite RHAC to present to legislatures during session or interim for updates on work
2. Share ORHPC & RHAC information and efforts on oral health and mental health
3. Partner with MN Department of Human Services to look at barriers to entry into peer support and other roles due to past encounters with law enforcement

### Strategy 2.2

#### **Inform policymakers of the impact of proposals on the health of Minnesotans.**

1. Continue to work with Prevention Institute to expand return on investment (ROI) concept beyond cost-savings to account for community and social benefits
2. Determine whether Pew effort to develop health notes for legislative proposals can move forward for the next session

# 2



# Begin a process to respond to future changes in the healthcare landscape

## Strategy 3.1

### Educate and prepare legislators for tough decisions ahead.

1. Begin a process to respond to future changes in the healthcare landscape prior to the 2018 session
2. Work with executive branch to develop Minnesota-specific information to educate legislators (i.e. county-level Medicaid payments, disparities in rural/urban health outcomes, health inequities)

## Strategy 3.2

### Develop a menu of options to prioritize issues and policy choices.

1. Develop Medicaid resource that lays out what federal law requires in terms of coverage and what Minnesota's state program has chosen to cover in terms of optional services and populations
2. Assign "homework" for legislators to familiarize themselves with the different options on the policy menu and talk to stakeholders in their districts to understand what the impact of different choices will be





Address opioid use, misuse and addiction in rural populations

### **Strategy 4.1**

**Re-examine prescription drug monitoring program.**

1. Connect with National Conference of State Legislatures (NCSL) on other state activities and policies
2. Engage with prescribers

### **Strategy 4.2**

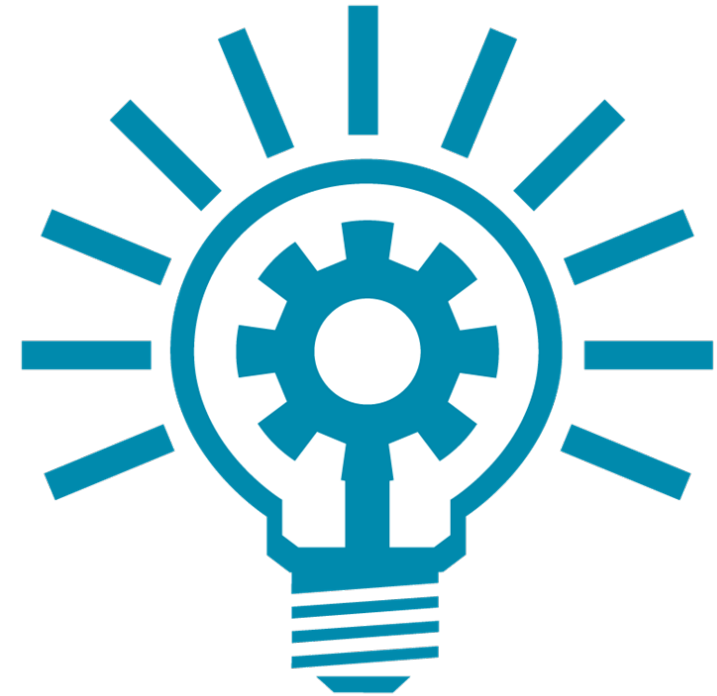
**Further develop this goal.**

**4**



# Breakthrough idea -- connect with the Rural Health Advisory Committee!

1. Invite RHAC to present to legislature during session or interim for updates on work
2. Share ORHPC & RHAC information and efforts on oral health and mental health



# Rural Health Advisory Committee

- Established in statute to advise the commissioner and other state agencies on rural health issues
- 15 members appointed by the governor, including four legislators
- It's staffed by ORHPC
- Reports, policy recommendations and models/best practices
  - Rural obstetrics and rural general surgery, etc.



## Next steps

- Team members and NCSL staff left with background/scan/prep assignments
- First follow-up call just finished 15 minutes ago!
- Legislature convenes February 20
  - Not a budget year
- Governor and House up for election November 2018



OUR MISSION: SUPPORTING THE HEALTH CARE SAFETY NET  
IN RURAL AND UNDERSERVED URBAN COMMUNITIES



# Thank You!

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