

Leveraging Policy Changes to Improve Rural Health

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Payment Policy Changes

- Medicare: Spread of Accountable Care Organizations (ACOs), Medicare Advantage Contracts, Medicare Access and CHIP Reauthorization Act (MACRA)
- Medicaid: Managed Care Organizations, ACOs; Primary Care Homes
- Private Health Insurance: value-based contracting, ACOs, population health initiatives, payment for telemedicine
- Another other new and weird financial arrangements



Pulling Public and Private Trajectories Together

- Doing different with less
- But **doing different** – break molds cast since 1997 and before
- Ideal is all payer system supporting innovation and redesign
- But much more likely – communities and providers have to make it happen



Threats

- Reduced payment without reform
- Contracts based on scale in single locations, or regions
- Systems seeking enrolled lives for centralized services



Opportunities

- Case for equity during disruptive change
- Enhanced recognition of rural needs
- Still in an era of demonstrations to change systems (Center for Medicare and Medicaid Innovation)



Opportunities

- New affiliations with investment potential
- Revenue pegged to performance, general population – more flexible
- Meeting community-based mission



Illustration: Reconfiguring “Hospital” Services

- Alternatives to inpatient care (independent clinic, clinic owned by hospital in nearby community, Rural Health Clinic, urgent care clinic, emergency department)
- Policy proposals (MedPAC report re ED, clinic and ambulance; Rural Emergency Hospital; 12 or 24 hour primary health center)
- Consideration: proactively plan to continue essential services in alternative configurations
- Policy Implications: state licensure, aligning payment streams, payment for new categories of services

Source: RUPRI Health Panel (2017) After Hospital Closure: Pursuing High Performance Rural Health Systems. June. www.rupri.org or

www.ruprihealth.org



Next Steps in Health System Reform

- In health insurance markets:
 - requirements regarding rating areas
 - shifting risk through reinsurance
 - outreach to consumers to enroll
- In population health:
 - affordability of preventive and early detection services
 - availability of health professionals, especially primary care
 - integrated services that include social services
- In quality improvement: consider rural-relevant sociodemographic factors in risk adjustment; use a core set of measures, along with a menu of optional measures for rural providers



Next Steps in Health System Reform

In Quality improvement:

- Consider rural-relevant sociodemographic factors in risk adjustment
- Use a core set of measures, along with a menu of optional measures for rural providers
- Develop and/or modify measures to address low case volume explicitly

In Medicaid and Child Health Insurance Program:

- Evaluations of 1115 waivers should include monitoring potentially differential effects on rural populations, providers, and communities Use a core set of measures, along with a menu of optional measures for rural providers
- As Medicaid programs contribute to strategies expand treatment options for substance abuse disorders, rural providers must have appropriate incentives and technical support to build accessible and effective prevention, treatment and recovery services

Source: Document under development by the RUPRI Health Panel

Close: Build on the Strength of Rural Health Systems: Primary care

- Continuous
- Comprehensive
- First contact
- Coordinated
- Undifferentiated by population or disease/organ system



Barbara Starfield (1994) Is primary care essential? *The Lancet* 344: 1129-1133. 22 October.

Elements of Primary Health: Care

Moving beyond clinical to include:

- ✓ Education
- ✓ Water and sanitation
- ✓ Nutrition
- ✓ Maternal and child health



Elements of Primary Health Care

- ✓ Immunization
- ✓ Prevention of endemic disease
- ✓ Treatment
- ✓ Drug availability

Maria Mona (2016) Key Elements of Primary Health Care (PHC) *Nursing Exercise*. June 11.
www.nursingexercise.com/primary-health-care-elements-principles/ accessed 5 June, 2017.



Integrated Care

- The essence of comprehensive and continuous care
- As much being delivered locally as feasible (quality and cost considerations)
- Connected to **available** services elsewhere



For further information

The RUPRI Center for Rural Health Policy Analysis

<http://cph.uiowa.edu/rupri>

The RUPRI Health Panel

<http://www.rupri.org>

Rural Telehealth Research Center

<http://ruraltelehealth.org/>

The Rural Health Value Program

<http://www.ruralhealthvalue.org>

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Collaborations to Share and Spread Innovation

- ✓ The National Rural Health Resource Center



<https://www.ruralcenter.org/>

- ✓ The Rural Health Information Hub



<https://www.ruralhealthinfo.org/>

- ✓ The National Rural Health Association



<https://www.ruralhealthweb.org/>

- ✓ The National Organization of State Offices of Rural Health



<https://nosorh.org/>

- ✓ The American Hospital Association



<http://www.aha.org/>