Federal Perspective on National Rural Health Policy

16th Annual Rural Health Conference
University of Alabama
April 17, 2015
Tuscaloosa, AL

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U.S. Department of Health and Human Services
Health Resources and Services Administration
Federal Office of Rural Health Policy
Today’s Presentation

• Discuss the Federal Office of Rural Health Policy (FORHP)

• Highlight selected rural health issues

• Discuss rural resources

• Dialogue with you
HHS and Rural

• Federal Office of Rural Health Policy is in the U.S. Dept. of Health and Human Services

• FORHP is located in Rockville, MD with HRSA
Role of the Federal Office of Rural Health Policy

• Voice for Rural within HHS including Policy Review

• Supports Rural Health Research

• Supports Rural Health Grant Programs
FORHP Structure

Hospital State Division (HSD):
- Supports SORHs and administers the Medicare Rural Hospital Flexibility Program (Flex) and SHIP grants
- Supports TA and quality for small rural hospitals including critical access hospitals

Community Based Division (CBD):
- Direct support of community organizations for health service delivery and health networks

Office for the Advancement of Telehealth (OAT):
- Provides funding for telehealth grants and resource centers

Policy Research Division:
- Coordinates policy review of regulations impacting rural providers and beneficiaries; Funds Rural Health Research Centers and staffs NACRHHS committee
Land Area versus Population

- Land area: 16% Urban, 84% Rural
- Population: 17% Urban, 83% Rural
What is Rural?

FORHP uses a two-part definition:

1) the first designates as rural all counties that are not part of a Metropolitan Statistical Area (MSAs)

2) some sub-county areas within MSAs are determined to be rural using Rural-Urban commuting area (RUCA) codes based on Census data
Challenges Affecting Rural Health in America

- Economy based on self-employment and small businesses
- Dependence and need on public health insurance plans
- Stressed health care delivery system
- Workforce shortages
- Aging rural population
- Sicker, more at-risk population
- Need for preventive care, health and wellness resources
- Lack of mental health services
- Increasing technology dependence
- Effective emergency medical services
The Rural Health “Fix” Timeline

1983
Introduction of PPS

1985-1994
Rural Hospital Closures and Initial Adjustments
Base Payment Demos
Swing Beds
SCHs
MDHs

1998-2004
Rural Hospital Fixes
CAH
Method II
Extension of MDH
DSH Expansion
OPPS Hold Harmless
Lab Billing
340B

2010
ACA Passage
Coverage Expansion
Frontier Adjustment
MDH Extension
340B expansion
System Redesign?
Volume to Value?
Questions & Challenges

What Might This Mean for Rural Health?

Moving Beyond Fee for Service
- Reimbursement & the Increasing Link to Quality Outcomes
- Value-Based Purchasing
- Patient-Centered Medical Homes
- Accountable Care Organizations
- And …

Changing Payer Mix Post ACA
- Newly Insured
- DSH Reductions
- Fitting into the Many New Networks
- Role in Ongoing Outreach and Enrollment
- Helping Educate about Insurance Basics

Changing Dynamics of Workforce
- Team-Based Care
- Community-Based Training
- Emergence of New Training Models
- Disconnect with Existing Training Models
- Scope of Practice

Transitional and Volatile Environment
- Mergers & Acquisitions
- Moving to Employed Clinician Model
- Market Segmentation
- Changes and Variability in Federal and State Policy Arenas

Role of Health IT
- EHR Implementation
- Reaching Meaningful Use
- Role of Telehealth

And What Resources Are Available to Help?

What Might This Mean for Rural Health?
Assessing Rural Hospital Risk

Closed Rural Hospitals, 2013 – 2014

26 rural hospitals closed from 1/1/2013 to 10/15/2014
- CAH (13)
- Rural PPS (13)
How FORHP Programs Support Rural Hospitals

- Flex
- SHIP
- Small Health Care Provider QI

- Finance & Quality
- Policy
- Technical Assistance
- Special Projects/Grants

- Regulation Review
- Research and Analysis
- Flex Monitoring Team
- National Advisory Committee on Rural Health & Human Services

- State Office of Rural Health
- Technical Assistance & Services Center
- Rural Assistance Center
- RHC TA Series
- Rural Health Value and Rural Hospital Transitions

- ACA Outreach and Enrollment
- Outreach, Network and Quality Grants
- Telehealth Networks
<table>
<thead>
<tr>
<th>Program</th>
<th>Budget</th>
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<tbody>
<tr>
<td>Rural Health Policy Development</td>
<td>$9 million</td>
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<tr>
<td>Rural Health Outreach</td>
<td>$57 million</td>
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<tr>
<td>Rural Hospital Flexibility</td>
<td>$41 million</td>
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<tr>
<td>State Offices of Rural Health</td>
<td>$10 million</td>
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<tr>
<td>Telehealth</td>
<td>$14 million</td>
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<tr>
<td>Radiogenic Diseases</td>
<td>$2 million</td>
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<tr>
<td>Black Lung</td>
<td>$7 million</td>
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FORHP Grant Programs

• Major Grant Making Units
  • Hospital-State
  • Community-Based
  • Telehealth
Hospital-State Division (HSD)

Grants
- State Offices of Rural Health (SORH)
- Rural Hospital Flexibility Grant (Flex)
- Small Rural Hospital Improvement Program (SHIP)

Initiatives
- Flex Medicare Beneficiary Quality Improvement Project (MBQIP)
- Small Rural Hospital Transitions Project
Flex & SHIP Quality Initiatives Align with the goals of the Partnership for Patients…

1. Keep patients from getting injured or sicker
   By the end of 2013, preventable hospital-acquired conditions would decrease by 40% compared to 2010

2. Help patients heal without complication.
   By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20% compared to 2010

Potential to save up to $35 billion dollars over three years
Community-Based Division (CBD)

- Programs:
  - Rural Health Outreach
  - Rural Network Development
  - Network Planning
  - Quality Improvement
  - Rural Workforce

- Current Focus Areas:
  - Identify Best Practice Models
  - Sustainability
  - Performance Measurement
  - Providing Tools
FORHP Community Health Funding

- Rural Health Network Development Planning (Usually Annual Funding)
  - Guidance Available in Fall, Applications Due in January
  - 15 or More Awards in 2015 of $100,000 Each for One Year
  - Assist in Developing Integrated Healthcare Networks, if the Participants Have no History of Formal Collaborative Efforts
  - Contact Amber Berrian: (301) 443-0845 or aberrian@hrsa.gov

- Small Health Care Provider Quality Improvement Program (FY 2016)
  - Guidance Out Fall 2015
  - http://www.hrsa.gov/ruralhealth/about/community/smallhealthcare.html

- Rural Health Care Coordination Network Partnership Program

- Rural Network Allied Health Training Program
Office for the Advancement of Telehealth (OAT)

Overview

• Programs
  o Telehealth Network Grant
    • Including Tele-Home Care
  o Telehealth Resource Centers
    • Free Technical Assistance Nationally
  o Telehealth Technology Assessment Center
    • Guidance in Matching Technology to Need and Resources
  o Licensure and Portability Program
    • Information and Collaboration on Interstate Telehealth Practice

http://www.hrsa.gov/ruralhealth/about/telehealth/telehealth.html
Research

- Research Centers
  - The only Federal research program entirely dedicated to producing policy-relevant research on health care and population health in rural areas
  - Help policy-makers better understand the problems that rural communities face
  - Analyze the implications of Federal and State policy options
  - Communicate research results to policy-makers and others who may take action
Regulatory Environment for CAHs

- Continued Focus on CAH’s Unique Payment Status at

- Medicare Payment Updates, Other Regulatory Issues

- ORHP Role … Providing Context
Resources
Policy and Research

http://www.ruralhealthresearch.org/
FORHP Provides Staff Support

National Advisory Committee on Rural Health & Human Services

• Advises the Secretary of HHS on Rural Issues

• Policy Briefs and Recommendations Available Online

Workforce

• President’s 2015 Budget
  • Re-Thinking Residency Training
  • Expansion of the NHSC
• FORHP Investments
  • Rural Training Tracks
  • Health IT Training
  • Allied Health
HRSA Workforce Programs … Rural Opportunities

Enhancing staff training and building specialty capacity:

- Nurse Anesthetist Program
  - Current funding to Duke, UNCG, Wake Forest, UNC Charlotte, Western Carolina, ECU, USC, MUSC

Career Path Development:

- Health Careers Opportunity Program
  - 22 New Awards in 2015

State Workforce Planning:

- State Grants to Support Oral Health Workforce
  - 16 New Awards in 2015
Improving Rural Health Care Initiative

Workforce: Rural Training Tracks

- Technical Assistance Grant with the National Rural Health Association
  - Student Interest Growing
  - New RTTs qualify for Medicare GME support
- www.raconline.org/rtt
- www.traindocsrural.org
Active 1-2 RTTs

1-2 like RTTs

RTT Technical Assistance Program – Updated, 1-31-2015 Randall Longenecker, Senior Project Advisor
29 active; 8 “like” programs
ACA Coverage to Care

• If you’re a provider, staff, or someone helping people who are new to insurance, there are a few resources to address topics such as:
  • What it means to have health insurance
  • How to find a provider
  • When and where to seek health services
  • Why prevention is important

  • A Roadmap to Better Care and Healthier You
  • A Roadmap to Better Care and Healthier You (Spanish)
  • Discussion Guides for Community Partners
  • Your Roadmap to Health (poster)
  • Your Roadmap to Health (poster in Spanish)
  • Provider Newsletter
ACA and Community Health Centers

- $11 billion provided through 2015 to expand network and increase number of patients
- $9.5 billion will create new health center sites in underserved areas and expand services at existing sites
- $1.5 billion will support construction and renovation
- Includes $200 million to expand services at School-Based Health Centers
Community Health Center Program

• Serves more than 20 million patients annually

• Utilizes coordinated patient-centered health care home model

• Since 2009 health centers have added more than 25,300 new full-time positions, increasing their employment to more than 138,000 staff nationwide
Health Centers Serve*

More than...

21.7 Million Patients Annually

Including nearly 5 million new patients in the past 5 years

One in 15 people living in the United States, including:

1 in 4
Individuals living below poverty

1 in 6
Uninsured persons in the United States

Health Center Program
Increase Access - Calendar Year 2013
Health Center Program
Increase Access - National Presence

Health Center Program Grantees and Service Delivery Sites
Federally Qualified Health Center Look-Alike and Sites

- Health Center Program Grantees: 1285
- Health Center Program Service Delivery Sites: 9572
- LAL Health Centers: 110
- LAL Sites: 318

Source: HRSA Geospatial Data Warehouse
Create by: HRSA Bureau of Primary Health Care
Date: July 1, 2014
<table>
<thead>
<tr>
<th>Program Grantees</th>
<th>Look-Alikes</th>
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<tbody>
<tr>
<td><strong>Served</strong></td>
<td><strong>Served</strong></td>
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<tr>
<td>21.7 million patients</td>
<td>1 million patients</td>
</tr>
<tr>
<td>93% Below 200% poverty</td>
<td>93% Below 200% poverty</td>
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<tr>
<td>73% Below 100% poverty</td>
<td>74% Below 100% poverty</td>
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<tr>
<td>35% Uninsured</td>
<td>32% Uninsured</td>
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<tr>
<td>1,131,414 homeless individuals</td>
<td>20,011 homeless individuals</td>
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<tr>
<td>861,120 agricultural workers</td>
<td>10,681 agricultural workers</td>
</tr>
<tr>
<td>227,665 residents of public housing</td>
<td></td>
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<tr>
<td><strong>Provided</strong></td>
<td><strong>Provided</strong></td>
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<tr>
<td>86 million patients visits</td>
<td>4 million patients visits</td>
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<tr>
<td>in 1,202 organizations across more than 9,208 service sites</td>
<td>in 100 organizations across more than 310 service sites</td>
</tr>
<tr>
<td><strong>Employed More Than</strong></td>
<td><strong>Employed More Than</strong></td>
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<tr>
<td>156 thousand staff</td>
<td>6 thousand staff</td>
</tr>
<tr>
<td>including 10,733 physicians, 8,156 nurse practitioners, physicians assistants, and certified nurse midwives</td>
<td>including 588 physicians, 325 nurse practitioners, physicians assistants, and certified nurse midwives</td>
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ACA and National Health Service Corps

Authorizes and appropriates $1.5 billion for the NHSC through 2015

FY2011: $290 million
FY2012: $295 million
FY2013: $300 million
FY2014: $305 million
FY2015: $310 million

New Flexibilities
Establishes permanent half-time service opportunities of 2- and 4-year contracts for the Loan Repayment Program

NHSC participants may now receive up to 20 percent service credit for teaching (and up to 50 percent in Teaching Health Centers)
ACA and National Health Service Corps

- Nearly 10,000 NHSC clinicians are providing care to more than 10.4 million people who live in rural, urban and frontier communities
- Additional 1,000+ students, residents and health providers preparing to go into practice receive support through scholarships and the Students to Service Loan Repayment program
- [www.nhsc.hrsa.gov](http://www.nhsc.hrsa.gov)
National Health Service Corps

• Applications Open in March
• www.NHSC.hrsa.gov
• Facebook.com/NationalHealthServiceCorps
• Twitter.com/NHSCorps

NURSE Corps

• Applications Open in March
• www.hrsa.gov/loanscholarships/nursecorps/
• Facebook.com/HRSANURSECorps
Resources for Rural
Strong rural communities are key to a stronger America...that’s why I’ve established the White House Rural Council to make sure we’re working across government to strengthen rural communities and promote economic growth.

— President Barack Obama

http://www.whitehouse.gov/administration/eop/rural-council
The White House Rural Council

Key Health Activities

• Expansion of National Health Service Corps to Critical Access Hospitals

• Expanding Access to HIT Capital through an HHS-USDA Partnership
  • National Call
  • Regional Workshops

• Expanding Training of Health Information Technology Workers
Rural Guide to Federal Health Professions Funding

Accessible via the “Resources” page of FORHP Web site:

http://www.hrsa.gov/ruralhealth/resources/index.html

Includes information to increase the familiarity of rural health care providers and health systems regarding the broad range of Federal workforce funding availability
• Web-Based Services
  http://www.raconline.org
• Electronic Updates;
  Subscribe on Web site
• Customized Assistance;
  Phone: 1.800.270.1898
  E-mail: info@raconline.org
• All services are free!
Alabama

Alabama is named after the river which is named after a noted southern Indian tribe whose habitat was in what is now central Alabama. Alabama covers 50,744 square miles, with a 2013 estimated population of 4,833,722 people. 1,159,361 living in rural Alabama (USDA-ERS). The state capital is Montgomery. The largest cities are Birmingham, Montgomery and Mobile. According to the U.S. Census Bureau, 69.8% of the state’s population is white, 26.6% is Black/African-American, and 4.1% is of Hispanic/Latino origin (2013).

Alabama Rural Healthcare Facilities

There are 97 hospitals in Alabama (Kaiser, 2012), 3 of which are identified by the Flex Monitoring Team as Critical Access Hospitals (November 2014). There are 77 Rural Health Clinics in Alabama (Kaiser, 2012) and 14 Federally Qualified Health Centers provide services at 143 sites in the state (Kaiser, 2011).

Selected Social Determinants of Health for Rural Alabama

16.0% of Alabama residents lack health insurance (Kaiser, 2013). According to the USDA Economic Research Service, the average per-capita income for Alabama residents in 2012 was $35,926, although rural per-capita income lagged at $30,581. Estimates from 2012 specify a poverty rate of 22.7% in rural Alabama, compared with 17.9% in urban areas of the state. 2012 ACS data finds that 23.8% of the rural population has not completed high school, while 15.3% of the urban population lacks a high school diploma. The unemployment rate in rural Alabama is 7.6%, while in urban Alabama it is 6.1% (USDA-ERS, 2013).

For a national comparison, please see an overview of the United States.

Data Sources

U.S. Census Bureau: State & County QuickFacts; USDA Economic Research
Flex Monitoring Team

Studies and Data on Critical Access Hospital Issues and State Flex Programs

http://www.flexmonitoring.org/indicators.shtml
Quality Tools for Small & Rural Hospitals

For More Information:
https://www.ruralcenter.org/tasc/mbqip
http://www.ahrq.gov/professionals/index.html
http://www.ruralhealthresearch.org/topics/critical-access-hospitals
Rural Health Value
UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION.

We build knowledge through research and collaboration to effect change toward a high performance rural health system.

Tools & Resources
Innovations & Demonstrations

http://cph.uiowa.edu/ruralhealthvalue/
Target percentage of Medicare FFS payments linked to quality and alternative payment models in 2016 and 2018

- All Medicare FFS (Categories 1-4)
- FFS linked to quality (Categories 2-4)
- Alternative payment models (Categories 3-4)

**2016**
- 30%
- 85%

**2018**
- 50%
- 90%
RHC TA Series

• ORHP funded through the National Association of Rural Health Clinics

• Listserv
  o Exchange info, ask questions
  o Sign up at http://03672e4.netsolhost.com/?page_id=712

• Conference Calls
  o 6 per year on range of topics
  o Sign up and review previous calls at http://www.hrsa.gov/ruralhealth/policy/confcall/index.html
National Rural Health Association

- Annual Policy Institute
- State Rural Health Association Support
- Rural Medical Educators
- Rural Public Health Series

http://www.ruralhealthweb.org/
NOTE: Effective January 26, 2015, the Alabama Office of Primary Care and Rural Health began using 3RNet resources exclusively for its recruitment and referral services. Due to data transfer complications, job opportunities must be recreated for the Alabama page. For several weeks, there may be only a few job opportunities listed for Alabama, as employers repost their opportunities to 3RNet.

Alabama’s diverse landscape makes it a wonderful area to live and work. From the beautiful mountains of North Alabama to the sugar-white beaches of the Gulf Coast, Alabama has many opportunities for fun and adventure.

The Office of Primary Care and Rural Health facilitates and participates in activities to improve access to health care services for all rural Alabamians with special concern for children, the elderly, minorities and other medically underserved vulnerable populations. We serve Communities, Critical Access Hospitals, Federally Qualified Health Centers, Physician Practices, Rural Health Clinics, Small Rural Hospitals, County Health Departments, and Community Mental Health Centers.

Photos are courtesy of Alabama Tourism and Encyclopedia of Alabama.

Key Points
The Alabama Office of Primary Care and Rural Health administers the J-1 Visa Program, the National Health Service Corps, and the Bureau of Health Workforce.

Contact Information
Web Pages: www.cfgis.alaska.gov
Alaska State Portal: Alaskaland.com
Email: alaska@alaskaland.com
Phone: 907-465-4100
Mail: P.O. Box 111200, Anchorage, AK 99511-1200

Old Alabama Town
Cherokee State Park
Robert Trent Jones
Carnellia
The VA Office of Rural Health (ORH) was created by Congress in 2006 under Public Law 109-461, Section 212.

Mission: Improve access and quality of care for rural and highly rural Veterans.

Works across VA and with external partners to develop policies, best practices and lessons learned to improve care and services for rural and highly rural Veterans.

ORH Vision
The VHA Office of Rural Health collaborates with other VA and non-VA entities to improve healthcare for all rural Veterans. We are committed to honoring service by empowering health and well-being.
For additional information, please contact:

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Director, Office of Rural Health  
Gina.Capra@va.gov

Thomas F. Klobucar, PhD  
Deputy Director, Office of Rural Health  
Thomas.Klobucar@va.gov

Visit our website:  
www.ruralhealth.va.gov

VHA Office of Rural Health  
90K Street, NE Room 700 -  
Washington, DC 20002  
Phone: 202.632.8615
For the Rural Student/Resident

• American Medical Association's online journal, *Journal of Ethics*

• May 2011 theme: “The Country Doctor”

For the Rural Student/Resident

• You can also be a sheriff’s deputy like Doc Nelson, the 2012 Country Doctor of the Year


• Here is a fascinating cultural piece about a rural pharmacist, “Dr. Don: The Life of a Small-Town Druggist”

For Rural Faculty

HRSA needs grant reviewers!!

http://www.hrsa.gov/grants/reviewers/index.html
Contact Information

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