Rural Health Issues: A Federal Perspective

The Dakota Conference on Rural & Public Health
June 13th, 2018

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Federal Office of Rural Health Policy
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U.S. Department of Health and Human Services

The Federal Office of Rural Health Policy
Health Resources and Services Administration

Social Security SEARCH MENU LANGUAGES SIGN IN / UP

Compilation Of The Social Security Laws

OFFICE OF RURAL HEALTH POLICY

SEC. 711. [42 U.S.C. 912] (a) There shall be established in the Department of Health and Human Services (in this section referred to as the "Department") an Office of Rural Health Policy (in this section referred to as the "Office"). The Office shall be headed by a Director, who shall advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII and XIX on the financial viability of small rural hospitals, the ability of rural areas (and rural hospitals in particular) to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas.

(b) In addition to advising the Secretary with respect to the matters specified in subsection (a), the Director, through the Office, shall—

(1) oversee compliance with the requirements of section 1102(b) of this Act and section 4403 of the Omnibus Budget Reconciliation Act of 1987[21] (as such section pertains to rural health issues),

(2) establish and maintain a clearinghouse for collecting and disseminating information on—

(A) rural health care issues, including rural mental health, rural infant mortality prevention, and rural occupational safety and preventive health promotion,

(B) research findings relating to rural health care, and

(C) innovative approaches to the delivery of health care in rural area, including programs providing community-based mental health services, pre-natal and infant care services, and rural occupational safety and preventive health education and promotion,

(3) coordinate the activities within the Department that relate to rural health care,

(4) provide information to the Secretary and others in the Department with respect to the activities, of other Federal departments and agencies, that relate to rural health care, including activities relating to rural mental health, rural infant mortality, and rural occupational safety and preventive health promotion, and

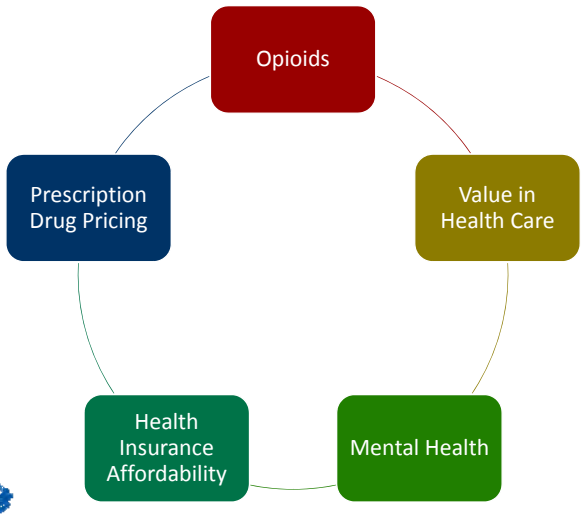
(5) administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas.

[21] See Vol. II, P.L. 100-203, §4403.

Focus Areas for FORHP

- Rural Health Policy & Research
- Enhancing Rural Health Care Delivery
- Federal and Private Partnerships
- Departmental Priorities
- Telehealth

HHS Priorities



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Addressing the Opioid Epidemic

https://www.hhs.gov/opioids

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The Opioid Epidemic and Rural America

Though opioid abuse and opioid-related death has been on the rise nationally, rural communities face unique challenges

- Opioid-related overdose deaths in rural areas increased more than 10% from 2015 to 2016
- Rural residents are most likely to be prescribed, and overdose on, prescription painkillers
- Rural residents with opioid use disorder tend to be younger, less wealthy and educated, un or uninsured
- More than 60% of rural counties lack a single physician that can prescribe buprenorphine, < 10% of opioid treatment programs in rurals

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Rural Opioid Research

U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

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Additional Federal Focus on Opioid Issues

USDA Rural Development

- Capital Resources
- Distance Learning and Telemedicine
- Tribal Resources
  - https://www.usda.gov/topics/opioids

U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

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Rural Community Opioid Response Initiative

Key Items

- $120 Million
- Combination of Planning and Implementation Grants
  - Loan Repayment for Clinicians
- Guidance in Development

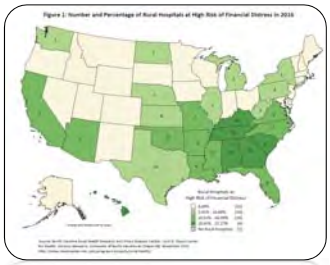
The Challenge and Opportunity

- Building Sustainable Projects
- Developing Cross-Sector Partnerships
  - (clinical, human services, law enforcement, employment, housing, etc.)
- Opportunity for Creativity and Innovation

Rural Policy and Research

Emerging and Ongoing Concerns

- Rural and Tribal Hospitals
  - Viability of Other Models?
  - Vulnerable Rural Hospitals Assistance Program



https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2016-emergency-care.pdf

Rural Policy and Research

POLICY BRIEF
April 2017

RURAL HEALTH RESEARCH CENTER

State Variability in Access to Hospital-Based Obstetric Services in Rural U.S. Counties

Purpose

Background

Approach

Emerging and Ongoing Concerns

- Rural Hospitals and Obstetrical Services
  - Ongoing Loss of Services
  - More Pre-Term Births
  - Higher Travel Burden
  - More ED Births
  - North Dakota one of three states with highest decline in OB services
- Raises Important Policy Questions

Access To Obstetric Services In Rural Counties Still Declining, With 9 Percent Losing Services, 2004-14

U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

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Rural Policy and Research

Emerging and Ongoing Concerns

- The Rural Health Transition to Value
- The Question of "Risk"

Unique rural payment methodologies not often included in quality reporting requirements

The Rural Safety Net	Traditional Medicare
CAH Cost-Based Reimbursement	DRGs
Rural Health Clinic and FQHC Payment	Physician Fee Schedule
Swing Bed Payment	Medicare DSH
Method II Billing	Medicare GME

Legislation and regulation moving toward value has emphasized standard payment

HRSA
Federal Office of Rural Health Policy

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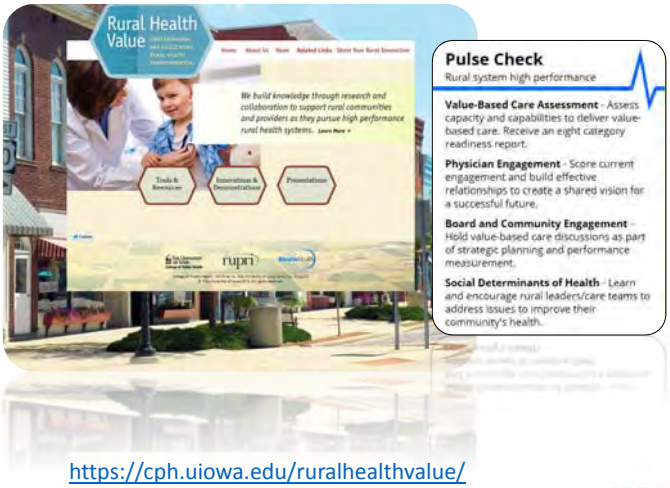
Rural Health Value

Tools and Resources to Help in the Value Transition

- Critical Access Hospital Financial Pro Forma for Shared Savings
- Critical Access Hospital Financial Pro Forma
- Demonstrating Critical Access Hospital Value: A Guide to Potential Partnerships
- Care Coordination: A Self-Assessment for Rural Health Providers and Organizations
- Catalog of Value-Based Initiatives for Rural Providers

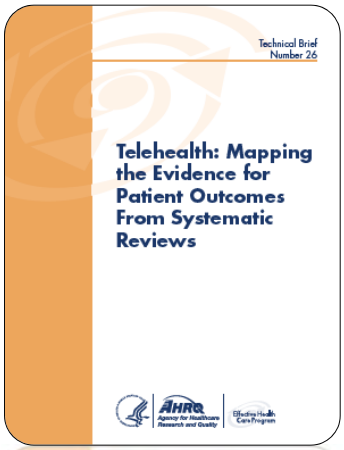


https://cph.uiowa.edu/ruralhealthvalue/

Rural Policy and Research

Telehealth

- Medicare and Medicaid data show telehealth utilization still relatively low
- Evidence for telehealth effectiveness varies by service and modality
- Use of consistent telehealth measures will help build the evidence base
  - AHRQ Evidence Map points to limited evidence base
  - CMS support of National Quality Forum will help
- Other Issues
  - Reimbursement
  - Broadband Issues
  - Licensure
  - Operational



Rural Policy and Research

Emerging and Ongoing Public Health Concerns

- Growing Gaps and Disparities

In 2014, a higher rate of potentially excess deaths occurred among rural Americans than urban Americans from:

- **Heart disease**
  - More than 25,000 excess deaths
  - 42.6% in rural areas; 27.8% in urban areas
  - Approx. ***50% higher*** in rural areas than urban
- **Cancer**
  - More than 19,000 excess deaths
  - Overall cancer deaths declined 1.5%/year between (2003-2012);
  - declined less in rural vs. urban areas
- **Unintentional injuries**
  - More than 12,000 excess deaths
  - 57.5% in rural areas; 39.2% in urban areas
  - Approx. ***50% higher*** in rural areas than urban (age-adjusted between 1999-2014)
- **Chronic lower respiratory disease**
  - More than 11,000 excess deaths
  - 54.3% in rural areas; 30.9% in urban areas
  - Approx. ***50% higher*** in rural areas than urban

Rural Policy and Research

Emerging and Ongoing Concerns

- Mental Health

U.S. Counties Without Behavioral Health Providers by Urban Influence Category.

	Counties without Psychiatrists (Percent)	Counties without Psychologists (Percent)	Counties without Social Workers (Percent)	Counties without Psychiatric Nurse Practitioners (Percent)	Counties without Counselors (Percent)	Total Counties without Behavioral Health Providers (Percent)
U.S (3135 counties)	1,606 (51%)	1,153 (37%)	641 (20%)	2,092 (67%)	430 (14%)	284 (9%)
Metropolitan (1164 counties)	315 (27%)	218 (19%)	102 (9%)	491 (42%)	67 (6%)	32 (3%)
Non-Metro (1971 counties)	1,291 (65%)	935 (47%)	539 (27%)	1,601 (81%)	363 (18%)	252 (13%)
Micropolitan (640 counties)	222 (35%)	124 (19%)	68 (11%)	387 (60%)	38 (6%)	31 (5%)
Non-core (1331 counties)	1,069 (80%)	811 (61%)	471 (35%)	1,214 (91%)	325 (24%)	221 (17%)

Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, October 2015, the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013.

Rural Policy and Research

Mental Health

- Challenges
  - Limited access to health care facilities that focus on behavioral health
  - Only 88 Rural Psychiatric Hospitals in the US
  - Few small rural hospitals have an inpatient psychiatric unit
  - Approximately 83 CAHs have added a psychiatric distinct part unit
  - Approximately 6% of independent and 2% of provider-based Rural Health Clinics offer mental health services
  - Medicare Partial Hospitalization Primarily an Urban Service
- Opportunities
  - FQHCs increasingly offering access through ongoing investment and expansion
  - Tele-mental health service volume increasing in Medicare and Medicaid

Rural Policy and Research

NATIONAL ADVISORY COMMITTEE ON RURAL HEALTH AND HUMAN SERVICES

UNDERSTANDING THE IMPACT OF SUICIDE IN RURAL AMERICA

POLICY BRIEF AND RECOMMENDATIONS

DECEMBER 2017

Emerging and Ongoing Concerns

- High Rate of Suicide in Rural Communities a Public Health Issue
  - Impact on Agricultural Communities?

https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2017-impact-of-suicide.pdf

Enhancing Rural Health Care Delivery

State and Community Grants

- Rural Health Outreach Programs
  - Key Opportunity for Public Health Departments
  - Example: Valley City Health Department Obesity Project
- Rural Hospital Flexibility and Small Hospital Improvement Grants
- Telehealth Network Grants

Information, Toolkits, etc.

- Rural Health Information Hub and the Community Health Gateway
- Rural Health Resource Center

Enhancing Rural Health Care Delivery

Leveraging the Rural Health Outreach Funding

Program	FY 2019	FY 2020	FY 2021
Rural Health Network Development Planning (Network Planning)	Funding applications available in Winter 2019. Awards in Summer 2019.	Funding applications available in Winter 2020. Awards in Summer 2020.	Funding applications available in Winter 2021. Awards in Summer 2021.
Small Healthcare Provider Quality Program (Quality)	Funding applications available in Winter 2019. Awards in Summer 2019.		
Rural Health Care Services Outreach Program (Outreach)			Funding applications available in Fall 2020. Awards in Summer 2021.
Rural Health Network Development Program (Network Development)		Funding applications available Winter 2019. Awards in Summer 2020.	

Enhancing Rural Health Care Delivery

Small Health Care Quality Improvement Program

The Small Health Care Provider Quality Improvement (SHCPQI) Program provides support to rural primary care providers for planning and implementation of quality improvement (QI) activities. The goal is to promote evidence-based coordinated care in the primary care setting, while improving health outcomes for patients, enhancing chronic disease management and creating better engagement between patients and their caregivers. For the FY 2016 competitive cycle, 108 eligible applications were received and 32 grant awards were made.

Program Activities Include:

- Develop collaborative partnerships across care settings for enhanced coordination, access and quality of patient care.
- Integrate services and multidisciplinary teams.
- Share approaches to data collection, reporting and utilization for quality improvement, incentive program reporting and contributions to population health efforts.

3 Year Program
Up To $200,000
Competitive FY 2019

Network Planning Grant Program

The Rural Health Network Development Planning Program is a one-year program that focuses on the development of an integrated health care network in a rural area. The program supports one year of planning with the primary goal of helping networks create a foundation for their infrastructure and focusing member efforts to address important regional or local community health needs. For the FY 2017 competitive schedule, 64 applications were received and 23 grants were made.

Program Activities Include:

- Support strategic planning and community development
- Hire consultants and facilitators to support community-wide strategic planning or coordinated health needs assessments.

1 Year Program
Up To $100,000
Competitive FY 2019

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Enhancing Rural Health Care Delivery

Population Health Portal

- Designed CAHs, Flex Programs, and rural health networks
- Online readiness assessment
- Resources to support population health
- Demographic data
- Information to effectively conduct population health analytics

https://www.ruralcenter.org/resource-library/population-health-portal

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Enhancing Rural Health Care Delivery

Opportunities to Learn from Others

- Community Health Gateway

Tools and Models

- Economic Impact Tool
- Sustainability Guide
- FORHP Grants in Motion
- Billing and Coding Guide
- Rural Toolkits

https://www.ruralhealthinfo.org/community-health

Enhancing Rural Health Care Delivery

Leveraging Lessons Learned from the Rural Health Outreach Programs

- Rural Health Toolkits

Enhancing Rural Health Care Delivery

Telehealth Resources

Telehealth Network Grants

- Rolling Three-Year Program
- Focus on enhancing access and informing the telehealth evidence base
- Next Funding Opportunity:

Telehealth Resource Centers

- Technical Assistance
- Information Dissemination
- Webinars and Conferences
- North Dakota TRC is Great Plains Telehealth Resource and Assistance Center

Licensure and Portability

- Federation of State Medical Boards
- Board of Provincial Boards of Psychology

Telehealth Centers for Excellence

- South Carolina and Mississippi
- Focus on Promising Practices, Use Cases

Enhancing Rural Health Care Delivery

Workforce

- Linking to HRSA's Loan Repayment Programs
- Becoming a National Health Service Site
- Tapping into the Nurse Corps Programs

HRSA NATIONAL HEALTH SERVICE CORPS

NURSE CORPS | LOAN REPAYMENT PROGRAM | SCHOLARSHIP PROGRAM

https://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf

Enhancing Rural Health Care Delivery

Workforce: New Resources

- Rural Residency Planning Grants
- 2018 Budget Included $15 million to support the planning and development of new rural physician training residency programs
  - Concept: Providing the support to create new accredited and sustainable rural-based residencies
- Guidance to be released early in FY 2019

Federal and Private Partnerships

Working with Our Federal Partners

https://www.cancer.gov/news-events/cancer-currents-blog/2017/rural-cancer-disparities-next-steps

https://www.cdc.gov/ruralhealth/index.html

https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf

Federal and Private Partnerships

State Partners

- State Offices of Rural Health
- National Governor's Association
  - State Team Workshops
  - Rural Health Products
- National Conference of State Legislatures
  - State Team Efforts
  - Rural Health Tools

http://scopeofpracticepolicy.org

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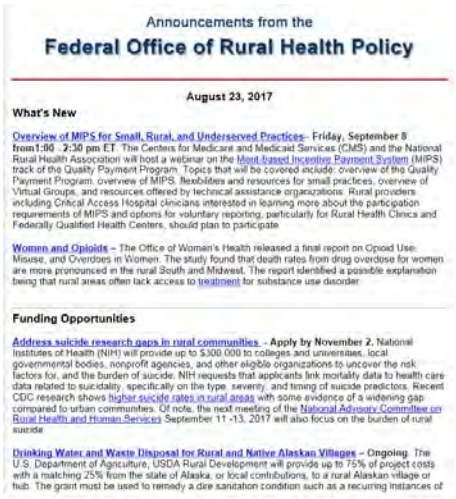
FORHP Weekly Announcements

Sign up for FORHP Weekly Announcements

- Rural-focused Funding opportunities
- Rural Research findings
- Policy updates from a Rural Perspective

To sign up, email Michelle Daniels at:
mdaniels@hrsa.gov



Announcements from the
Federal Office of Rural Health Policy

August 23, 2017

What's New

Overview of MIPS for Small, Rural, and Underserved Practices– Friday, September 8 from 1:00 - 2:30 pm ET. The Centers for Medicare and Medicaid Services (CMS) and the National Rural Health Association will host a webinar on the Merit-based Incentive Payment System (MIPS) track of the Quality Payment Program. Topics that will be covered include: overview of the Quality Payment Program, overview of MIPS, flexibilities and resources for small practices, overview of Virtual Groups, and resources offered by technical assistance organizations. Rural providers including Critical Access Hospital clinicians interested in learning more about the participation requirements of MIPS and options for voluntary reporting, particularly for Rural Health Clinics and Federally Qualified Health Centers, should plan to participate.

Women and Opioids – The Office of Women's Health released a final report on Opioid Use, Misuse, and Overdoses in Women. The study found that death rates from drug overdose for women are more pronounced in the rural South and Midwest. The report identified a possible explanation being that rural areas often lack access to treatment for substance use disorder.

Funding Opportunities

Address suicide research gaps in rural communities – Apply by November 2. National Institutes of Health (NIH) will provide up to $300,000 to colleges and universities, local governmental bodies, nonprofit agencies, and other eligible organizations to uncover the risk factors for, and the burden of, suicide. NIH requests that applicants link mortality data to health care data related to suicidality, specifically on the type, severity, and timing of suicide predictors. Recent CDC research shows higher suicide rates in rural areas with some evidence of a widening gap compared to urban communities. Of note, the next meeting of the National Advisory Committee on Rural Health and Human Services September 11 -13, 2017 will also focus on the burden of rural suicide.

Drinking Water and Waste Disposal for Rural and Native Alaskan Villages – Ongoing. The U.S. Department of Agriculture, USDA Rural Development will provide up to 75% of project costs with a matching 25% from the state of Alaska, or local contributions, to a rural Alaskan village or hub. The grant must be used to remedy a dire sanitation condition such as a recurring instances of

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Contact Information

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