Why is there a Federal Office of Rural Health Policy?

Quick Background
- Part of Health Resources and Services Administration (HRSA) & Department of Health and Human Services (DHHS/HHS)
- “Voice for Rural”
- Policy and Research Role
- Review HHS Regulations
- Administer Grant Programs
- Technical Assistance

Organizational Set-Up
- Community-Based Division (CBD)
- Hospital-State Division (HSD)
- Policy Research Division (PRD)
- Office for the Advancement of Telehealth (OAT)
Federal Office of Rural Health Policy
Authorizing Legislation

SEC. 711. [42 U.S.C. 9122] (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.

HHS and Rural Health

Agency for Health Research and Quality
Administration for Children and Families
Centers for Medicare and Medicaid Services
National Institutes of Health
Substance Abuse and Mental Health Services Administration
Centers for Disease Control and Prevention
Health Resources and Services Administration
Indian Health Service
Administration for Community Living
Focus Areas for FORHP

- Regulation Review & Research
- Rural Hospital Viability
- Rural Health Disparities
- Secretarial Priorities
- Federal and Private Partnerships
- Enhancing FORHP Program Impact

HHS Secretarial Priorities

- Giving consumers greater control over health information through interoperable and accessible health information technology;
- Encouraging transparency from providers and payers;
- Using experimental models in Medicare and Medicaid to drive value and quality throughout the entire system; and
- Removing government burdens that impede this value-based transformation.

Rural Realities and Challenges

• Growing life expectancy disparities
• Ongoing opioid epidemic
• Rural hospital closures

Multifaceted Issues

Opioids

Prevalence Access to Treatment Community Response Impact

Rural Hospital Closures

Financial Distress Profitability Populations Served Effects
What’s new?

• Be sure to check the Gateway every fall to see what new research projects the RHRCs are investigating!

What else?

• Do Rural Communities Have a Higher Rate of Avoidable Deaths?
• Access and Quality of Care for Rural Patients with Chronic Obstructive Pulmonary Disease
• The Rural/Urban Impact of Insurance Coverage Changes
• Rates of Telemental Health Use among Rural Medicaid Enrollees: Associations with Telehealth Policy and Mental Health Access
• Rural/Urban Differences in Chronic Diseases and Delay of Needed Care
• Substance Use, Depression, and Suicide: What Are the Individual and Policy-Modifiable Correlates amongst Metropolitan and Non-metropolitan Adults?
• Understanding Differences in Rural and Urban Adolescent and Young Adult Substance Use
• What Are Best Practices for Providing Buprenorphine Maintenance Treatment in Rural Primary Care?
#30YearsofRuralResearch

For 30 years, the Rural Health Research Centers have been conducting policy-relevant research on healthcare in rural areas and providing a voice for rural communities in the policy process.

The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.
www.ruralhealthresearch.org

The Rural Health Research Center Program and Gateway are funded by the Federal Office of Rural Health Policy, Health Resources & Services Administration

---

### Coming this Spring: Rural Communities Opioid Response (Planning) Funding Opportunity

<table>
<thead>
<tr>
<th>Funding</th>
<th>Focus</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200,000 for one year</td>
<td>Awardees will develop plans for implementing opioid use disorder prevention, treatment, and recovery interventions in their communities</td>
<td>All domestic public and private entities, non-profit and for-profit</td>
</tr>
<tr>
<td>Up to 75 grants will be awarded</td>
<td>Emphasis on the 220 counties identified by the CDC as being at risk, and other high risk rural communities</td>
<td>Lead applicant must be part of consortium of at least four entities</td>
</tr>
<tr>
<td>Awardees are encouraged to leverage other federal, state, and local opioid use disorder funding and initiatives</td>
<td>All services must be provided in rural areas</td>
<td></td>
</tr>
</tbody>
</table>

More about this funding opportunity

Tip: Register early with grants.gov, DUNS, and SAM

Learn how HRSA is addressing the opioid crisis
https://www.hrsa.gov/opioids
Identifying and Discussing Key Rural Health Topics

National Rural Health Association
Annual Meeting
May, 2018

Shawnda Schroeder, PhD
Assistant Professor, Research
Rural Health Research Gateway PI
Shawnda.Schroeder@med.und.edu
1(701) 777-0787
Rural Health Research Gateway

*Provide access to research publications and projects funded through FORHP*

- Aim to reach diverse audiences
- Make Gateway a resource for:
  - Rural health providers
  - Students
  - Policy makers
  - Other health researchers
  - Rural health professionals/organizations/associations

https://www.ruralhealthresearch.org

Using Gateway

This online resource of rural health research connects you to:

- Research and policy centers
- Reports and journal publications
- Fact sheets
- Policy briefs
- Research projects
- Email alerts
- Experts
- Dissemination toolkit
Key Rural Health Issues

How can you identify current key rural health topics?

• Current projects
• Recent products/publications
• Upcoming webinars
• Social media trends
• Recent research alerts
• Rural health recaps

Key Rural Health Issues

Most accessed on our “Topics” page

• Mental health
• Health disparities
• Substance abuse
• Rural health clinics
• Rural statistics and demographics
Key Rural Health Issues

Top five products on Gateway

- Supply and Distribution of the Behavioral Health Workforce in Rural America
- Discharge to Swing Bed or Skilled Nursing Facility: Who Goes Where?
- A Comparison of Closed Rural Hospitals and Perceived Impact
- Why Use Swing Beds? Conversations with Hospital Administrators and Staff
- Prediction of Financial Distress among Rural Hospitals
Hospital Closures

- Communities have reported that rural hospital closures resulted in: a rise in emergency medical services costs; increased time and cost of transportation to healthcare services for patients; heightened transportation issues and barriers to care for vulnerable groups; loss of jobs for hospital staff, and creating concerns about unemployment and outward migration of community members.
- 2004-2014, 179 rural counties experienced closures/loss of hospital obstetric services.
- The sharp decline in OB access raises concern around the quality of, and distance to, maternity care.

The most current number of rural hospital closures can be found at www.shepscenter.unc.edu/programs-projects/ruralhealth/rural-hospital-closures

Hospital Closures

- 2006 - 2014, hospitals identified as high risk in the Financial Distress Index (FDI) had closure rates 60x higher than those at low risk.
- Two out of three closed hospitals were identified as high risk the year prior to closure.

- States with the highest percentage of rural hospitals at high risk in 2015: Hawaii, Alabama, Oklahoma, Arkansas, Tennessee.
- States with the highest number: Texas, Oklahoma, Tennessee, Arkansas, Georgia, Alabama.
Behavioral Health

2010-2011, nonmetropolitan (rural) counties reported a higher percentage of residents with any mental illness (19.5%) than metropolitan counties (17.8%).

Rural areas report fewer behavioral health providers per 100,000 people than urban areas – specifically for counselors, social workers, psychologists, psychiatrists, and psychiatric nurse practitioners.

Opioids

Figure 1. Prevalence of Past-year Drug Use Disorders over Time, by Geography

Note: Crude prevalence rates are expressed as a % and are population-weighted

2. Rural and Underserved Health Research Center (2017); Illicit drug opioid use disorder among non-metropolitan residents, ruralhealthresearch.org/publications/1164.
The Rural Health Research Gateway provides access to all publications and projects from the Rural Health Research Centers, funded by the Federal Office of Rural Health Policy.

Visit Gateway for more information.
www.ruralhealthresearch.org

Sign up for Research Alerts!
www.ruralhealthresearch.org/alerts
Opioid Epidemic and Behavioral Health Workforce Focused Studies

ERIC H. LARSON, PHD
Director, WWAMI Rural Health Research Center
National Rural Health Association Conference
New Orleans, LA
May 8-11, 2018

Acknowledgements and Disclaimer

This research was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement #U1CRH03712. The information, conclusions and opinions expressed in this presentation are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.
Contributors

C. Holly A. Andrilla, MS
Senior Research Scientist at the WWAMI Rural Health Research Center

Davis G. Patterson, PhD
Deputy Director of the WWAMI Rural Health Research Center

Tessa E. Moore, BS
Research Coordinator at the WWAMI Rural Health Research Center

Study Topics

• Opioid epidemic and the workforce trained to address it

• Behavioral health services and utilization
Opioid Epidemic

Background

The United States is in the midst of a severe opioid abuse epidemic.

In 2015, an estimated 2.0 million people, 12 and older, had a pain reliever use disorder, and 591,000 people had heroin use disorder.

In 2016, an estimated 42,249 people died of opioid overdose.
Buprenorphine-naloxone is an effective medication-assisted treatment (MAT) for opioid use disorder (OUD) that can be provided in an office-based setting.

This treatment is particularly suitable for the rural primary care setting, because it solves some of the problems that other MAT options have:

- Allows for treatment where there are not Opioid Treatment Programs
- Decreases travel
- Protects confidentiality

---

### Medical Context: Medication Assisted Treatment (MAT)

### Policy Context: To Expand Treatment Options

The U.S. Congress passed the Drug Addiction Treatment Act (DATA 2000)

- Allows physicians who complete 8 hours of required training to obtain a Drug Enforcement Administration (DEA) waiver to prescribe buprenorphine.

The U.S. Congress passed the Comprehensive Addiction and Recovery Act of 2016 (CARA 2016)

- Extends ability to nurse practitioners (NPs) and physician assistants (PAs) who complete 24 hours of required training to obtain a DEA waiver to prescribe buprenorphine.
The WWAMI Rural Health Research Center (RHRC) has several completed and ongoing studies aimed at addressing the workforce trained to provide MAT.

Studies

1. 2012 geographic distribution of physicians with a DEA waivered to prescribe buprenorphine.
2. Prescribing practices of physicians with a DEA waiver to prescribe buprenorphine.
3. Barriers rural physicians face prescribing buprenorphine for opioid use disorder.
4. Update of the geographic distribution of physicians with a DEA waivered to prescribe buprenorphine.
5. Estimated potential additional MAT treatment slots provided by NPs and PAs in rural counties.
6. 2017 update of the geographic distribution of providers with a DEA waivered to prescribe buprenorphine.
7. Recommendations from waived physicians on how to overcome MAT prescribing barriers.
**2012 Geographic Distribution of Waivered Physicians**

**Study goal:** describe the geographic distribution and specialties of physicians obtaining waivers from the Drug Enforcement Administration (DEA) to prescribe buprenorphine-naloxone to treat opioid use disorder and to identify potential shortages of physicians.

**Key findings:**
- Only 46.6% of US counties (1,465 of 3,143) had a physician who could prescribe buprenorphine.
- Physicians with waivers are concentrated on the east and west coasts, leaving wide swaths of contiguous counties in the middle of the country without any such physicians.

**Prescribing Practices of Physicians with a DEA Waiver to Prescribe Buprenorphine**

**Study goal:** quantify and describe the availability and prescribing practices of physicians with a waiver in the rural U.S.

**Key findings:**
- Significant practice variations were found throughout the U.S. by Census Division.
- 53% of physicians with the initial 30-patient waiver were not treating any patients.
Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder

Study goal: Understand the barriers physicians with waivers face in providing buprenorphine maintenance treatment.

Key findings:
• Top 3 most commonly reported barriers:
  • Time constraints
  • Lack of available mental health or psychosocial support services
  • Concerns about diversion or misuse of medication
• Solutions must be found that address these prescribing barriers and encourage physicians to get and actively use their waivers.

Update of the Geographic Distribution of Waivered Physicians

Study goal: Compare the changes in the supply of physicians waived to provide MAT from 2012 to 2016.

Key findings:
• 1,648 counties (52.5%) nationally had at least 1 waivered provider in 2016, up from 1,465 (46.6%) in 2012.

• 1,188 rural counties (60.1%) had no waivered providers in 2016, down from 1,377 (67.1%) of rural counties in 2012.
U.S. Counties with Buprenorphine Providers

Potential Additional MAT Treatment Slots Provided by NPs and PAs in Rural Counties

Study goal: quantify the potential increase in the number of rural MAT providers and treatment slots as NPs and PAs become DEA waivered providers.

Key findings:

- Allowing NPs and PAs to obtain a DEA waiver and provide buprenorphine treatment for OUD, increases the national estimated number of rural treatment slots by 10,777 (15.2%).
- NPs and PAs with a DEA waiver have the potential to substantially increase the accessibility of MAT for many patients.
2017 Update of the Geographic Distribution of Waivered Providers

**Study goal:** summarize the geographic distribution of waivered physicians, NPs and PAs at the end of 2017 and compare it to the distribution of waivered physicians 5 years earlier.

**Key findings:**
- The availability of a physician with a DEA waiver to provide office-based MAT has increased across all geographic categories since 2012.
- NPs and PAs add otherwise lacking treatment availability in 56 counties (43 rural).

Waivered Physician Recommendations on How to Overcome MAT Prescribing Barriers

**Study goal:** report results from interviews with rurally located physicians who have identified strategies to overcome barriers to prescribing buprenorphine for the treatment of opioid use disorder (OUD).

**Key findings:**
- 43 high-prescribing, rural physicians have been interviewed.
- Interviews are being analyzed for key strategies and recommendations from these successfully prescribing physicians.
Behavioral Health

Background

1 in 5 US adults experience some kind of mental illness in a given year.

Rural populations, both children and adults, experience an even greater burden from mental illness than their urban counterparts.

Older rural residents are less likely to acknowledge need for care, less likely to report recent mental disorders, and more likely to have an unmet need for mental health treatment compared to their non-rural counterparts.
The WWAMI Rural Health Research Center (RHRC) has several studies aimed at analyzing behavioral health services and utilization.

1. Supply and distribution of behavioral health providers at the national, census division, and state level.

2. The provider workforce that cares for rural elderly patients with depression/anxiety.
Supply and Distribution of the Behavioral Health Workforce

**Study goal:** provide estimates and comparisons of the availability of psychiatrists, psychologists, social workers, psychiatric nurse practitioners (NPs), and counselors in rural-urban areas.

**Key findings:**
- Psychiatrists, psychologists, and psychiatric nurse practitioners are severely mal-distributed throughout the U.S.
- In every Census Division, rural populations have less access to behavioral health services than their urban counterparts.

![Psychiatrists in Louisiana Counties per 100,000 Population](image)
Psychiatric Nurse Practitioners in U.S. Counties per 100,000 Population

Behavioral Health Providers per 100,000 Population in U.S. Counties by Urban Influence Category

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; and the 2014 Claritas U.S. population data.
Provider Workforce that Cares for Rural Elderly Patients with Depression/Anxiety

Study goal: describe who (primary care physicians, psychiatrists etc.) cares for rural elderly patients with depression/anxiety and geographic variation in care provision.

Takeaways

FORHP funding of RHRCs has:

• Provided timely, objective, policy relevant research results to policy-makers, the rural health community, health educators, and the public for 30 years.

• Fostered the long-term development of rural health services subject matter expertise in centers located across the U.S.
The Rural Health Research Gateway provides access to all publications and projects from eight different research centers. Visit our website for more information.

ruralhealthresearch.org

Sign up for our email alerts!

ruralhealthresearch.org/alerts

Shawnda Schroeder, PhD
Principal Investigator
701-777-0787
shawnda.schroeder@med.und.edu

Center for Rural Health
University of North Dakota
501 N. Columbia Road Stop 9037
Grand Forks, ND 58202

Contact Information

Holly Andrilla
hollya@uw.edu
206.685.6680

WWAMI Rural Health Research Center
http://depts.washington.edu/uwrhrc