Opportunities and Challenges of Rural Health

Overview

- The ACA and North Dakota
- Challenges of Rural Care
- Delivery System Reform
- Surgeon General Public Health Priorities
- National Prevention Strategy
- Questions?

Three Main Pillars of Health Reform

- Access & Affordability
- Expand Coverage
- System Reform
The ACA and North Dakota

- Before the Affordable Care Act:
  - Roughly 9,000 seniors hit the Medicare prescription drug donut hole
  - 106,000 seniors on Medicare did not have access to free preventive services
  - Roughly 6,000 early retirees who were not yet Medicare age did not have access to affordable insurance options
  - 22% of the population live in health shortage area

ACA Benefits for North Dakota

- 159,976 North Dakotans have expanded mental health and substance use disorder benefits
- Medicare beneficiaries have saved over $33 million on prescription drugs
  - In 2014 alone, 11,309 individuals saved over $9,607,014 on prescription drugs (Average of $850 per beneficiary)
- 72,425 Medicare beneficiaries used one or more free preventive service in 2014
- 275,556 people in North Dakota can no longer be denied coverage due to pre-existing conditions
- 947 consumers with private insurance benefited from $68,894 ($139 per family) in refunds through 80/20 rule

The ACA and North Dakota

- During the Second Open Enrollment Period:
  - 18,171 consumers selected or re-enrolled in health insurance through the marketplace
  - Areas with highest enrollment numbers: Fargo (2,541), Grand Forks (1,153), and Bismarck (1,607)
  - 86% qualified for average tax credit of $228 per month
  - 42% obtained coverage for $100 or less after tax credits, and 80% had option of doing so
  - Consumers could choose from an average of 26 plans from 3 different insurance companies
Insurance Enrollment by Age in North Dakota

- Under age 35
  - 9,057
- Age 18-34 (young invincibles)
  - 4,891
- Age 55-64 (early retirees)
  - 3,985

Medicaid and CHIP in North Dakota

- North Dakota expanded Medicaid in 2013
- 16,240 additional North Dakotans gained Medicaid or CHIP coverage since first open enrollment period
- The state estimates that nearly 20,000 North Dakotans are eligible for Medicaid expansion
- 84.3% of eligible North Dakotan children are enrolled in Medicaid or CHIP programs

Health Access Challenges of Rural North Dakota

- Factors exacerbating imbalance between rising demand for healthcare and availability of providers in North Dakota
  - Rural population
  - Out-migration of young
  - Low population density
  - Localized population growth in major cities and oil patch
- The demand for primary care is projected to rise due to population growth, aging, and expanded health insurance
- A Community Health Needs Assessment mandated by the ACA showed that health care workforce shortages was a concern most frequently prioritized in North Dakota rural communities
Addressing Challenges of Rural Care

• Nationally, $5.5 million in Marketplace Navigator funding went to organizations that focus on rural issues and also receive grants through the Federal Office of Rural Health Policy (ORHP) which focuses on rural health.

• ORHP hosts weekly webinars to raise awareness about new opportunities through the ACA, providing a forum for rural providers and health care organizations to:
  • share best practices,
  • ask questions, and
  • learn more about resources for consumer outreach and education.

Helping to Meet the Need for Rural Care

• Now have 66 National Health Service Corps clinicians providing services in rural, frontier, and urban communities across North Dakota.
  – Up from 20 in 2008

• In North Dakota, 4 community health centers operate 18 sites providing services to 31,608 people.

• Community Health Centers in North Dakota have received $11,692,376 under ACA to expand services.

• $488,946 awarded to North Dakota health centers to help enroll uninsured.

• Through FY13, North Dakota has received $4,874,470 in grants from Prevention and Public Health Fund created under ACA.

Opportunities for Rural Health Care

• Effective integration of nurse practitioners in health care system could help alleviate pressures on primary care capacity.

• HRSA projects a 30% increase in the supply of primary care NPs over the period 2010-2020.

• Could potentially reduce the expected shortage of primary care providers in 2020 by about two-thirds.

• More money for community health centers.

  • On May 5, HHS announced that approximately $973,750 in Affordable Care Act funding to two new health center sites in North Dakota.

  • These new health centers are projected to increase access to health care services for nearly 2,780 patients.
Three Main Pillars of Health Reform

- Access & Affordability
- Expand Coverage
- System Reform

HHS has begun an effort to accelerate improvements to our health care delivery system.

Objective is getting to a health system that gives better care, spends dollars more wisely, and has healthier people and communities.

Objective will be realized through aggressive, coordinated management of three focus areas: Incentives, Care Delivery, and Information.

Delivery System Reform - Why It Matters

- **Better care:** We have an opportunity to realign the practice of medicine with the ideals of the profession—keeping the focus on patient health and the best care possible.

- **Smarter spending:** Health care costs consume a significant portion of state, federal, family, and business budgets, and we can find ways to spend those dollars more wisely.

- **Healthier people:** Giving providers the opportunity to focus on patient-centered care and to be accountable for quality and cost means keeping people healthier for longer.
In January 2015, HHS announced goals for value-based payments within the Medicare FFS system.

On March 25, 2015, the Health Care Payment Learning and Action Network was launched to help advance work across private and public sectors to increase the adoption of value-based payments and alternative payment models.

Target percentage of payments in 'FFS linked to quality' and 'alternative payment models' by 2016 and 2018:

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

Surgeon General Public Health Priorities:
- Vice Admiral Vivek H. Murthy confirmed on Dec. 15, 2014, as the 19th United States Surgeon General

- Oversees operations of the U.S. Public Health Service Commissioned Corps, comprised of approx. 6,700 uniformed health officers who serve in nearly 800 locations around the world to promote, protect, and advance health and safety
Surgeon General Public Health Priorities

• Tobacco and Drug Free Living
  – Surgeon General’s Reports on the adverse health consequences of smoking and tobacco have triggered nationwide efforts to prevent tobacco use.

• Mental and Emotional Well-Being
  – Positive mental and emotional well-being allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities.

• Healthy Eating
  – The Surgeon General is committed to providing evidence-based information on healthy diets and ensuring that healthy choices are accessible, affordable, and desirable.

Surgeon General Public Health Priorities

• Active Living
  – The Every Body Walk! initiative promotes walking as a simple form of physical activity that can be done almost anywhere and supports the benefits of livable communities for Americans of all ages and ability levels.

• National Prevention Strategy
  – Most of the nation’s pressing health problems can be prevented. The National Prevention Strategy is a report that aims to guide our nation in the most effective and achievable means for improving health and well-being.

• Family Health History
  – The Family Health History Initiative encourages all American families to learn more about their family’s health background.

Surgeon General Public Health Priorities

Surgeon General and Elmo team up to talk vaccinations
The ACA created the National Prevention Council and call for the development of the National Prevention Strategy.

Released in 2011, the National Prevention Strategy aims to guide our nation in most effective means for improving health.

Prioritizes prevention by integrating recommendations and actions across multiple settings.

### National Prevention Strategy

**Goal:** Increase number of Americans who are healthy at every stage in life.

**Strategic Directions:** Provide foundation for nation’s prevention efforts and include core recommendations necessary to build a prevention-based strategy:
- Healthy and Safe Community Environments
- Clinical and Community Preventive Services
- Empowered People
- Elimination of Health Disparities

### National Prevention Strategy

**Priorities:** provide evidenced-based recommendations most likely to reduce burden of the leading causes of preventable death and major illness:
- Tobacco Free living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being
The federal government cannot create healthier communities by working alone.

Aligning and coordinating prevention efforts across a wide range of partners is central to the success of the National Prevention Strategy.

Partners play a variety of roles and are trusted members of the communities and populations they serve.

Questions?

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