The Challenges and Opportunities Facing Rural Health

Ashley Annual Hospital Community Meeting
October 19, 2009
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Connecting resources and knowledge to strengthen the health of people in rural communities.

Center for Rural Health

- Established in 1980, at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND
- One of the country’s most experienced state rural health offices
- Focus on:
  - Education, Training, & Resource Awareness
  - Community Development & Technical Assistance
  - Native American Health
  - Rural Health Workforce
  - Rural Health Research
  - Rural Health Policy
  - Program Evaluation
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Web site: http://medicine.nodak.edu/crh
Primary Questions

• **Why is community important to rural health?**

• **What are some of the important rural health issues?**

• **So what is all this talk about health reform?**
So Why Is Community Important to Rural Health?

- Relationships – people to people – people to organizations
- Rural culture – more interdependence, more connectedness
- Rural health survives through its service to the community – source of resources, people, ideas
- Demographics
- Economics
What are Some Important Rural Health Issues?

- Access to and availability of care
- Financial concerns facing rural hospitals and health systems
- Health workforce
- Quality of Care
- Health Information Technology
- Networks – rural hospitals, urban hospitals, clinics, others
- Emergency Medical Services – EMS, ambulance, quick response units
- Community and Economic Development
- Health System Reform
Grant Supported Networks

- Board Training
- Health Information Technology
- Quality Improvement
- CAH Specialist
- Anesthesia Services
- Diabetes Care
- Wellness Services
- Emergency Preparedness
- Hypertension Project
- Health Occupations

BRANXTON LIONS CLUB

DRIVE CAREFULLY 60

We have
TWO CEMETERIES
NO HOSPITAL
Goodbye, house calls.

Hello, mouse calls.

Inspector Wellness & the Case of the Many Medical Careers
Why the Need for Health Reform?

- U.S. health system – equity issues
- Spend the most but do not have the best health outcomes
- Growing recognition that we can no longer afford what we have, how we distribute services and benefits, how we pay for care, and how we access care
- Rural communities have unique issues
  - Access along with coverage
  - Population that is poorer, older, and sicker
  - Health care in a rural community is a community and economic resource – how we see ourselves
Why the Need for Health Reform? (continued)

- Approximately 46-47 million Americans without health insurance or about 16% of population
- 12-14,000 Americans lose health insurance every day
- 2,500 file for bankruptcy everyday due to health and medical costs
- Health care spending was $2.4 trillion in 2008 and expected to grow to $4.3 trillion by 2018
- Health accounts for 17.6% of GDP (20% by 2018)
  - France spends 9.5%
  - Canada spends 9.7%
- In 2008, about $7,900 per person was spent on health care in the U.S.
- U.S. spends about twice as much per capita on health care as other countries
- Health care spending is over 4 times that spent on national defense
Why the Need for Health Reform? (continued)

- Insurance coverage
  - 60% of Americans have insurance from their employer (down from 66% in 2000)
  - 28% have insurance that is government based (Medicare, Medicaid and military)
  - 9% have insurance they purchase themselves
  - 15% are uninsured

- Average premium paid by a business for a family of 4 health plan - $12,700 (2008)
- Since 1999, employment based health insurance premiums increased by 120% while inflation rose by 44% and wage growth by 29%
- Premium growth for employer plans has been highest for small firms with less than 24 people
- Average employee contribution has increased more than 120% since 2000
- About 1.5 million families lose their homes every year due to unaffordable medical costs
Rural Health Advocacy

- National Rural Health Association (NRHA)
  - Coverage does not equal access
    - Rural population is older, poorer, and sicker
    - Major rural issues include basic access issues such as workforce and keeping rural hospitals and clinics open
    - We can improve coverage but risk losing access points such as hospitals, clinics, ambulances, and providers
  - Rural focus
    - Workforce – National Health Service Corps, Health professions education improvements, expand rural residency programs, expand Medical School rural training tracks, incentives for rural medicine
    - Medicare equity for rural facilities – improvements for Critical Access Hospitals and Prospective Payment System hospitals
    - Improve access for vulnerable populations – Mental health workforce, rural veterans (tele-health, contracts with local rural health providers, mental health), outreach to uninsured rural children, rural impact study for significant Medicare changes
The Commonwealth Fund—Commission on High Performance Health System

“Health care providers, payers, and policymakers in rural North Dakota have learned that only through cooperative, interdependent relationships and a willingness to innovate in both the organization and regulation of services can they achieve the reach, care coordination and economies of scale that are necessary for delivery of quality and efficient care in rural settings. These innovations provide insights and lessons that may be transferrable to rural areas of the country and to urban areas as well.”

www.commonwealthfund.org

Other Rural Health Considerations

• Rural health viability important for improvement of health status

• Rural health viability important to economic and community development

• Need for greater flexibility in health facility structures (new models of care)

• Need for greater flexibility to achieve better health outcomes and organizational performance (Medical Home Model)

• Need for rural communities and citizens to be advocates for collaboration, networks, and regional decision making