National Rural Health Association:

*Rural Health Care Access - A National Policy Perspective*

Alan Morgan
Chief Executive Officer
National Rural Health Association
NRHA Mission

The National Rural Health Association is a national membership organization with more than 21,000 members whose mission is to provide leadership on rural issues through advocacy, communications, education and research.
The State of Rural America

• Workforce Shortages
• Vulnerable Populations
• Chronic Poverty
Rural healthcare is critical for rural patients and the rural economy:

- You can’t have a healthy rural economy without a healthy rural community.
- Quality rural healthcare saves lives, provides skilled jobs, attracts businesses, and reinvests millions back into rural communities.
Declining Rural Life Expectancy

‘We don’t know why it came to this’
As white women between 25 and 55 die at spikes rates, a close look at one tragedy

The New York Times

The Rich Live Longer Everywhere. For the Poor, Geography Matters.

Life expectancy of 40-year-olds with household incomes below $28,000, adjusted for race*
Population in Poverty by County

National Average: 14.7%

Note: Alaska and Hawaii not to scale. White areas represent large bodies of water.
Source(s): SAIPES 2016, U.S. Census Bureau
Where are the uninsured today?

Rural Health Disparities

- More likely to report fair to poor health
  - Rural counties 19.5%
  - Urban counties 15.6%

- More obesity
  - Rural counties 27.4% VS urban counties 23.9%
  - Less likely to engage in moderate to vigorous exercise: rural 44% VS urban 45.4%

- More chronic disease (heart, diabetes, cancer)
  - Diabetes in rural adults 9.6% VS urban adults 8.4%
Rural Mortality Rates
A Rural Divide in American Death

Center for Disease Control January, 2017 Study:

“The death rate gap between urban and rural America is getting wider”

- Rates of the five leading causes of death — heart disease, cancer, unintentional injuries, chronic respiratory disease, and stroke — are higher among rural Americans.

- Mortality is tied to income and geography.

- Minorities, especially Native Americans die consistently prematurely nation-wide, but more pronounced in rural.

- Startling increase in mortality of white, rural women. Causes:
  - Risky lifestyle (smoking, alcohol abuse, opioid abuse, obesity)
  - Environmental cancer clusters
  - Suicides
Rural Cancer Rates
(Source: Centers for Disease Control and Prevention, MMWR Series July 2017)

- Reported death rates were higher in rural areas (180 deaths per 100,000 persons) compared with urban areas (158 deaths per 100,000 persons).

- Analysis indicated that while overall cancer incidence rates were somewhat lower in rural areas than in urban areas, incidence rates were higher in rural areas for several cancers: those related to tobacco use such as lung cancer and those that can be prevented by cancer screening such as colorectal and cervical cancers.

- **While rural areas have lower incidence of cancer than urban areas, they have higher cancer death rates. The differences in death rates between rural and urban areas are increasing over time.**
NOTES: Rates are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table 19 for data points graphed.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
Behavioral Health

65% of non-metro counties have no psychiatrists (80% of remote counties)

65% of non-metro counties have no psychologists (61% of remote counties)

Non-metro counties with these providers have about 50% fewer per 10,000 population than metro counties
Poverty in Rural America

American workers in poverty

Percent of U.S. householders aged 25-54 that worked at least part of the year in 2015, by poverty threshold.

- <50% of poverty line
- 50-99% of poverty line
- 100-149% of poverty line

PBS News, March 2017
Opioid fatality rates are highest in states with large rural populations

The rate of opioid-related overdose deaths in nonmetro counties is 45% higher than in metro counties.

(Source: Centers for Disease Control and Prevention)
The Rural Health Safety Net is Under Pressure

The Average Rural Hospital Payor Mix is 55% Governmental

89 Rural Hospital Closures Since 2010

44% of rural hospitals in the red in 2017
Less Broadband Access
(Source: Wall Street Journal)

Sparsely populated parts of the U.S. have less access to broadband internet service, leaving rural communities with wireless alternatives that are slow and expensive.

Internet subscriptions per 1,000 households

Map showing the distribution of internet subscriptions across the U.S., with color-coded areas indicating different subscription rates.
Muddy Creek Family Clinic
200 White Way
785-933-2000

Michael Keehn MD
What NRHA is Fighting For

1. Access to care
2. A robust rural workforce
3. Strong funding for the rural health safety net

What NRHA is Doing

• Messaging to the Hill and the Administration on the rural challenges and opportunities
• Developing new delivery models of care, and new payment methodologies
• Disseminating best practices
Global Budgeting

- CMMI published White Paper on Global Budgeting and rural providers
- Maryland All-Payer Model
  - Fixed global budgets based on historical cost trends
- Pennsylvania initiated Global Budgeting demonstration
  - Approximately 8 rural hospitals participating
  - Hope to start January 1, 2018
  - Karen Murphy, Secretary of Health in PA a former CMMI leader
  - Rural providers and SORH so far enthusiastic
  - Featured at 2017 Rural Hospital Innovation Summit, San Diego

Concerns:
- Variations in cost due to seasons and epidemics
- Services covered under budget and for what populations/payers?
Future Model: Community Outpatient Model

- 24/7 emergency Services

- Flexibility to Meet the Needs of Your Community through Outpatient Care:
  - Meet Needs of Your Community through a Community Needs Assessment:
    - Rural Health Clinic
    - FFQHC look-a-like
    - Swing beds
    - No preclusions to home health, skilled nursing, infusions services observation care.

- TELEHEALTH SERVICES AS REASONABLE COSTS.—For purposes of this subsection, with respect to qualified outpatient services, costs reasonably associated with having a backup physician available via a telecommunications system shall be considered reasonable costs.”

- “The amount of payment for qualified outpatient services is equal to 105 percent of the reasonable costs of providing such services.”

- $50 million in wrap-around population health grants.
Celebrate the greatness of rural health care!

- Rural independence; rural work ethic; rural ingenuity; rural providers doing more with less.
- Fortitude even through the most challenging of times.
  - Higher quality
  - Higher patient satisfaction
  - Cost-effective
  - Fewer Resources
U.S. Census show that after a modest four-year decline, the population in nonmetropolitan counties remained stable from 2014 to 2016 at about 46 million. (2014-2016 rural adjacent to urban saw growth.)
Although some rural areas are indeed declining in population, this figure obscures the larger overall trend: **The number of students in rural school districts is steadily growing**, according to data compiled by the National Center for Education Statistics (NCES).
Rural Programs to Improve Access to Care

• **Safety Net Programs** - maintaining the rural health infrastructure

• **Rural Training Track Programs** - “grow your own” rural healthcare pipeline

• **Rural Community Health Worker Training Network**: over 750 CHWs trained to date including rural cancer prevention and intervention.

• **Research** - maintaining federal funding for continued rural health research
• **Mission:** The NIH’s *All of Us* Research Program is a key element of the Precision Medicine Initiative (PMI). Through advances in research, technology, and policies that empower patients, the PMI will enable a new era of medicine in which researchers, health care providers, and patients work together to develop individualized care.

• **Goal:** To enroll one million people to lead the way to provide the types of information that can help create individualized prevention, treatment, and care for all of us.

• NRHA has partnered with HCM Strategist as a community partner to help ensure rural is represented.

• For questions about NRHA’s work with the program, contact Lolita Jadotte ([Ljadotte@nrharural.org](mailto:Ljadotte@nrharural.org)) and to learn more about the program visit [https://allofus.nih.gov/](https://allofus.nih.gov/)
Go Rural!

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