Post Health Care Reform: A New Future for Rural Health

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Presented to a Meeting of the Council of State Governments
December 4, 2010
Providence, Rhode Island
Focus of this Presentation

- Assuring access to services in rural places
- Advancing the health of populations in rural places
- Taking full advantage of provisions of the Patient Protection and Affordable Care Act (ACA)
Changes in the health marketplace

- Private insurance coverage through exchanges
- With pressure to contain costs
- Expanded use of Medicaid
- With pressure to contain costs
- Acute pressure on rural primary care
Emphasis on recruitment of primary care

- Increased demand from FQHCs
- Growth in patient-centered medical homes
- Bedrock of Accountable Care Organizations
- Compounded with increased demand makes recruitment and retention to rural more challenging than ever
Innovative programs in Nebraska, West Virginia, South Florida, among various AHECs

ACA assistance: Section 5102 State health care workforce developments grants: promote career pathway activities
Building Supply: Financial Incentives

- At least getting closer to level playing field
- Incentives tied to particular services: ACA Sections 3102 and 5501 improve payment with bonuses and GPCI floor payments
Building Supply: Financial Incentives

- Loan repayments, state and federal: ACA Sections 5201 (10 year commitment), 5202 (nursing student loan repayment), 5204 (loan repayment for public health workforce), 5205 (loan repayment for allied health)
- Bonus payments to practice in shortage areas
- Increasing payment for safety net providers
Advantages of creating Patient Centered Medical Homes: team practice, payment incentives

Promoted in the ACA, Section 3502 – community-based, health promotion

Mitigating being on-call: requirements for staffing emergency rooms, use of variety of health professionals – may require scope of practice changes
Practice to the maximum skill level: relief for those such as physicians who now perform tasks that could be performed by others

Nurse-managed health clinics (ACA Section 5208)
Building Supply: Optimal Use of All Professionals

- Alternative health care providers to increase access to dental care in rural and other underserved areas (Section 5304 of ACA)
- Community health workers to provide guidance or outreach (Section 5313 of ACA)
- Primary care extension agents (Section 5405 of ACA)
Funds released in June

- 500 new primary care residency slots
- Support for training 600 new Physician Assistants
- 10 new nurse practitioners
- $5 million for state workforce planning
Other funding

- $29 million for National Health Service Corps announced on Nov 22
- $8 million additional training grants to Community Health Centers on Nov 19
- $355 million on October 26 for CHCs – applications due January 6
- $320 million in September to 6 national programs
Innovations in Providing Services

- Shift the focus from traditional provider-based thinking to patient-centered thinking
- Focus on the services the patient (resident) needs
- Already underlies one payment adjustment for “primary care services”
Providing Services: Telecommunications

- Use for trauma services, which also helps with quality of life for providers (Avera Health in South Dakota)
- Pharmaceutical services, especially in hospitals (North Dakota using this approach)
- Consulting support for primary care providers, connects them
Providing Services: Integration of Care Across the Continuum

- Building block is primary care, in a medical home sense
- Can be promoted by states in the Medicaid program: North Carolina a leading example
- Improves care management (patient-centered)
- Embedded in Accountable Care Organizations (ACA Section 3022)
Focus on Community Health and Well-Being

- Ultimate patient-centered care
- Consistent with goals of primary care as across the continuum, comprehensive, and continuous
- Old concept of community-oriented primary care
- Now within the concept of patient-centered primary care
Title IV of the ACA

- Prevention and Public Health Fund grows to $2 billion in FY 2015 and annually thereafter (Section 4002)
- Education and outreach campaign regarding preventive benefits (Section 4004)
- Grants to school-based health centers (Section 4101)
- Community transformation grants (Section 4201)
Title IV of the ACA

- Health aging grants for programs for individuals between 55 and 64 years of age (Section 5202)
- Demonstration project concerning individualized wellness plan (Section 4206)
- Research on optimizing the delivery of public health services (Section 4301)
For Further Information

The RUPRI Center for Rural Health Policy Analysis
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The RUPRI Health Panel
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