Improving Access to Quality Medical Care Webinar Series

Presented by

The Southwest Telehealth Resource Center, and the Arizona Telemedicine Program
Co-sponsors for today’s Webinar: Arizona Telemedicine Program, the Southwest Telehealth Resource Center, All of Us Research Program, Arizona Rural Association, National Rural Health Association, UA MEZCOPH Center for Rural Health and UA COM Office of Diversity, Equity & Inclusion.

The practice & deliver of healthcare is changing, with an emphasis on improving quality, safety, efficiency, & access to care.

Telemedicine can help you achieve these goals!
Welcome

• SWTRC region states – AZ, NM, CO, NV, Four Corners
• Fellow HRSA Grantees
• And all of our partners
Land Acknowledgement

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.
Webinar Tips & Notes

• When you joined the webinar your phone &/or computer microphone was muted
• Time is reserved at the end for Q&A, please use the **Chat function** to ask questions
• Please fill out the post-webinar survey
• Webinar is being recorded
• Recordings will be posted on the ATP website
  • [http://telemedicine.arizona.edu/webinars/previous](http://telemedicine.arizona.edu/webinars/previous)
DEI Credit for this session:

- You must complete this registration process to receive DEI credit for this session
- This registration is only active during the duration of this session
- Your NetID is needed for completion of the registration

https://bit.ly/3Cu9qNO
November 17, 2022  powerofrural

National Rural Health Day

Celebrating the Power of Rural!

It's not just a day, it's a movement.
Douglas A. Ducey, Governor of the State of Arizona, proclaims November 17, 2022 as Rural Health Day in Arizona and encourage citizens to recognize the unique contributions and selfless “can do” attitude of our rural communities, the unique health care needs and opportunities that exist in these communities and the Arizona Rural Health Association for the valuable representation and support it provides to rural people and rural services that address the needs and opportunities.
The Rural Health Landscape

Alan Morgan, CEO
National Rural Health Association
Disclaimer

• The opinions expressed in this presentation and on the following slides are solely those of the presenter and not necessarily those of the organizations sponsoring this webinar. The organizations do not guarantee the accuracy or reliability of the information provided herein.
Our mission is to provide leadership on rural health issues.
2022 Midterm Election
The 118th Congress is shaping up to look very similar to the 117th Congress.

Polling indicating a Republican wave coming to Washington was significantly off.

Republicans will still secure one or both chambers of Congress, but what that means for the 118th Congress is slim majorities in both chambers no matter who is in control.

Single-party governing appears out of the question, and bipartisanship will have to commence to pass legislative priorities.
What does Tuesday mean for rural health?

- Simply put, this wasn't a wave. Divided government likely coming to Washington.
  - Control of the Senate will likely remain with Democrats, and the House likely swings to Republicans.
- Republicans taking control of the House of Representatives would limit the ability of Democrats to use tools like reconciliation, but both parties will have to be involved in all legislating.
- Bipartisanship will have to be on display to accomplish legislative success.
  - Farm bill must be done in 2023.
  - Mental health is still something NRHA sees as a priority for both parties.
  - Decreased regulations/extension of flexibilities provided during PHE.
  - Enhancing the safety-net.
What is in store this fall?

Key Dates

• November 8 – Midterm elections
• November 14 – Congress returns from recess
• December 5-9 – NRHA advocacy week!
• December 6 - Georgia run-off election
• December 16 – CR expires prompting either CR or omnibus
• January 3 – End of 117th Congress, beginning of 118th Congress
Will Congress pass a year-end package?

• If Tuesday had prompted a 'red wave' as some predicted, there was a higher likelihood that Republicans would want to move consideration of a year-end package next Congress.

• That did not happen. Conventional wisdom now indicates that an omnibus bill will be considered before year-end.
  • This means that non-appropriations provisions can ride along typical budgetary provisions.
The State of Rural America

• Workforce Shortages

• Vulnerable Populations

• Chronic Poverty
The Rural Landscape
The Rural Context

- Rural areas make up 80% of the land mass in USA
- Rural areas have roughly 17% of the US Population
- Rural areas provide the food, fuel and fiber to power our nation
Rural Population since 2015

• U.S. Census shows that population in nonmetropolitan counties remained stable from 2014 to 2022 at about 46 million.
• (2014-2018 rural adjacent to urban saw growth.)
Am I rural?
Rural is Unique

- Strong sense of community responsibility, propensity toward collaboration (unique ways to develop and provide services needed.)

- Ability to create regional networks to provide greater access to state-of-the-art health care.
  - Institute Of Medicine “Quality through Collaboration”
Rural is Unique

- Rural hospitals consistently outperform urban hospitals on patient experience metrics and patients often report higher levels of trust in their providers.
  - Joynt et al., 2016
Rural is Unique

- Rural hospitals are more likely to practice patient-centered care as opposed to “more expensive” specialized care, which drives up Medicare costs.
  - Hiler 2014
Rural is Unique

- Rural hospital preform better than urban hospitals in Medicare’s Hospital Value-Based Payment Program.

- Rural hospitals scored better than their urban counterparts in postoperative wound infection rates and measures of health care related to infections.
  - Joynt et al, 2016
Rural is Unique

- Rural home health care agencies are initiate care more quickly than their urban counterparts and typically outperform in the care process measure.
  - New York University, 2022
Rural is Unique

- Patients seeking prenatal care at rural hospitals are less likely to experience potentially avoidable maternity complications.
  - Laditka et al, 2005
Rural Delivering Value

Rural has the edge

- Quality ✔
- Patient Safety ✔
- Patient Outcomes ✔
- Patient Satisfaction ✔
- Price ✔+
- Time in the ED ✔+

Study Area C – Hospital Performance

Rural hospitals match Urban hospitals on performance at a lower price

Data sources include CMS Process of Care, AHRQ PSI Indicators, CMS Outcomes, HCAHPS Inpatient/Patient Experience, MedPAR, HCRIS

Source: Rural Relevance Under Healthcare Reform 2014, Study Area C.
Rural has an Older, Sicker and Poorer Population

• The median age of adults living in rural areas is greater than those living in urban:
  • Rural: 51 years
  • Urban: 45 Years
• 18.4% of rural residents are age 65+, whereas its 14.5% in urban
• Rural areas have higher rates of several health risk factors/conditions:
  • Obesity
  • Diabetes
  • Smoking
Fragile Rural Health Safety Net

• Vulnerable populations
• Systemic workforce shortages
• Scattered populations with inherent access to care issues
• Limited resources for providers
• Inadequate Medicare, Medicaid and private insurance coverage
• Lack of Medicaid expansion and high uninsured populations
• Rural provider closures
Declining Life Expectancy
Obesity rates in rural America
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.
Prevalence of Medicare Patients with 6 or more Chronic Conditions
Opioid-related mortality

Behavioral Health - Rural Suicide Rates

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.
The Rural Provider Environment

-1400 total Federally Qualified Community Health Centers
  (600 rural, serve 1 in 5 rural residents)
-5000 Rural Health Clinics
-1300 Critical Access Hospitals
-500 Rural Prospective Payment Hospitals
Pandemic Relief Funds Stabilize Safety Net

- **CARES Act**: $4.8B
- **Medicare Advanced Payments**: $8.2B
- **American Rescue Plan**: $887M
Red Sky in Morning, Sailor’s Warning

- Negative Operating Margin: 45% (Excluding relief funds)
- Medicare Sequester: $228.5M (2% cut July-Dec 2022)
- PAYGO: $900M+ (4% cut 2023)
- Rural Hospital Staffing: 96.2% (said nursing #1 need)
Rural Hospital Closures

Number of rural hospitals closed since 2010.

Source: Sheps Center, UNC

Medicaid Expansion State (implemented as of 12/31/19)


140 Closures as of July 2022
Percentage of population served by rural hospitals that is adults under age 65 without health insurance.

0-5%  6%-10%  11%-15%  16%-20%  21%-25%  >25%

Medicaid Expansion State (implemented as of 12/31/19)

Rural Hospitals Vulnerable to Closure

Percentage of State Rural Hospitals Determined to be Vulnerable

0 1%—9% 10%—15% 16%—20% 21%—25% 26%—30% 31%—40% 41%+

Medicaid Expansion State (implemented as of 12/31/19)

Rural Hospital Closures

180 Rural Hospital Closures: January 2005 – Present (140 since 2010)
Population Health Disparity

Percentile Ranking

Over 65

Premature Death

Uninsured Children

Access to Primary Care

Access to Mental Health

Rural

Urban

Rural Hospitals: Convergence of Multiple Pressure Points

- Health Disparities
- Population Migration
- Recruitment/Retention
- Healthcare Policies
- Economic Policy
- COVID-19
Need for a New Model

- Rural hospital closures
  - Closures could resume after covid funding is gone
- Declining inpatient utilization
  - Average revenue coming from outpatient services increased from 66.5% in 2011 to 74.2% in 2019
- Access to emergency care
  - Study show rural ED care for potentially life-threatening conditions is comparable to that in urban settings
  - Importance of ensuring access to treatment at local EDs in rural and frontier communities
Addressing COVID-19
COVID-19 – A Rural Story

Adults Uninsured
Covid is killing rural Americans at twice the rate of people in urban areas

The pandemic is devastating rural America, where lower vaccination rates are compounding the already limited medical care.
Rural COVID-19 Mortality Rate

As of March, 2022

Source: CDC and selected state departments of health
Rural Hospital Staffing Survey

Which roles are you experiencing the greatest difficulty filling?

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>96.2%</td>
</tr>
<tr>
<td>Ancillary Services</td>
<td>66.2%</td>
</tr>
<tr>
<td>Facilities</td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Admin</td>
<td></td>
</tr>
</tbody>
</table>

Nursing was identified by 96.2% of respondents as a role in which they are having difficulty filling. **Staffing shortages can directly impact quality of care and access to care for rural communities.**

*Survey respondents were able to select multiple positions for which they are having difficulty filling. As a result, the percentages do not equal 100. Survey conducted September 21, 2021 - October 15, 2021.*
Rural Hospital Staffing Survey

How would you rank the following reasons for nurse staff departures in 2021?

1. More financially lucrative opportunities at staffing agency
2. More financially lucrative opportunities at another hospital
3. Pandemic Burn Out
4. Retirement
5. Unwillingness to comply with vaccine mandate
6. Other

Among survey respondents, 48% ranked more financially lucrative opportunities at staffing agencies as the #1 reason for nurse staff departure this year.

*Survey conducted March 2, 2022 – April 15, 2022.
Rural Health Workforce

1. Expand the Medicare Graduate Medical Education (GME) Program
   - S. 1893, the Rural Physician Workforce Production Act

2. Provide supplemental appropriations to National Health Service Corps

3. Support the nursing workforce to expand access to care
   - S. 246 / H.R. 851, the Future Advancement of Academic Nursing (FAAN) Act
Updates from Congress
H.R. 6400, Save America's Rural Hospitals Act

In January, Representatives Graves (R-MO) and Huffman (D-CA) introduced the Save America's Rural Hospitals Act which included several of NRHA’s rural hospital and rural health clinic priorities.

Sec. 114: Restore full CBR AIR in exchange for reporting requirements for provider-based RHCs.
Sec. 101: Elimination of Medicare sequestration for rural providers.
Sec. 111: Makes permanent increased payments for ground ambulances.
Sec. 113: Makes permanent telehealth distant site status for FQHCs and RHCs.
Sec. 401: Reauthorizes the Medicare Rural Hospital Flexibility Program.
FY 2023 Appropriations

NRHA introduced a new advocacy campaign for members to utilize to urge full funding for rural health in FY 23.

<table>
<thead>
<tr>
<th>Program</th>
<th>FY22</th>
<th>NRHA Request</th>
<th>PB Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Hospital Flexibility Grants</td>
<td>62</td>
<td>68</td>
<td>58</td>
</tr>
<tr>
<td>New! Rural Health Clinic Behavioral Health</td>
<td>-</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Rural Maternity &amp; Obstetrics Management Strategies Program</td>
<td>6</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>New! Rural Maternal &amp; OB Care Training Demonstration</td>
<td>-</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Rural Residency Planning and Development</td>
<td>11</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>CDC Office of Rural Health</td>
<td>-</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Rural Hospital Technical Assistance Program</td>
<td>2</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
NRHAs advocates to modernize and improve the rural health clinic program

- Allow provider-based RHCs to receive reimbursement rates not subject to the upper-payment limit cap in exchange for quality reporting measures
- Permanently extend CARES Act telehealth flexibilities for both RHCs and FQHCs and allow for telehealth service reimbursement closer to their in-person rate
- Rural Health Clinic Behavioral Health Initiative at $10 million in the FY23 Appropriation
- Modernize Medicare mental health benefits to allow licensed professional counselors and family therapists
- Census bureau rural definition change alignment with RHC location requirements
340B Program Lifeline

• Ensure the 340B Drug Pricing Program remains a critical resource for rural hospitals by addressing:
  • Attacks on contract pharmacies
  • Medicare payment cuts
  • Pharmacy Benefit Manufacture restrictions
  • Scope of patient definition

• 340B Program reforms:
  • Protect rural hospitals
  • Increase HRSA’s enforcement authority
  • NRHA urges support for H.R. 4390, the Protect 340B Act of 2021
Telehealth During COVID-19

• CARES Act provided the largest expansion of telehealth flexibilities in history for the duration of the public health emergency.
  • Medicare to pay for telehealth services provided by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) (Sec. 3704).

• The administration, through the 1135 waiver process also enhanced telehealth access.

• Unfortunately, all notable telehealth provisions are tied to the end of the public health emergency.

• NRHA is adamant that telehealth provisions be extended beyond the duration of the public health emergency so rural providers and patients can continue an increased access to care.
Pre COVID

- Low utilization

Why?
- Regulation
- Infrastructure (and cost)
- Reimbursement
2021 Rural vs. Urban

- Cohort study of 36 million Americans with private insurance
- 0.3% of contacts in 2019 to 23.6% of all contacts in 2020 (March-June)
- This represents a 79x increase
- Rural-urban disparity
Key Rural Telehealth Legislation

• CONNECT Act (S. 1512/H.R. 2903)
  • Comprehensive telehealth legislation that includes the extension of several CARES Act flexibilities. Included is the permanent extension of RHCs and FQHCs to serve as distant-site providers, with payment parity.

• Telehealth Modernization Act (S. 368/H.R. 1332)
  • Makes permanent CARES Act provisions with no modifications.

• Protecting Rural Telehealth Access Act (S. 1988)
  • Allows payment-parity for audio-only health services. Brings CAHs into the fold, and updates RHC and FQHC payment rates to consider geographic constraints.

• Telehealth Extension and Evaluation Act (S. 3593)
  • Two-year extension of telehealth services. Provides payment parity for RHCs and FQHCs. Brings CAHs into the fold.
## CMS Center for Innovation

<table>
<thead>
<tr>
<th>OLDER MODELS</th>
<th>NEWER MODELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Frontier Extended Stay Clinic (FESC)</td>
<td>• Global Budget Model</td>
</tr>
<tr>
<td>• Frontier Community Health Integration Project (F-CHIP)</td>
<td>– Sen. Bob Casey (D-PA)</td>
</tr>
<tr>
<td>• Rural Community Hospital Demonstration Program</td>
<td>• 24/7 ER Model with Cost-Based Reimbursement</td>
</tr>
<tr>
<td></td>
<td>– Community Outpatient Hospital</td>
</tr>
<tr>
<td></td>
<td>– REACH ACT</td>
</tr>
</tbody>
</table>
New! Rural Emergency Hospital

**Clinic**
- Limited hours
- No Emergency Services
- No Overnight Stays
- Primary Care

**Rural Emergency Hospital**
- Open 24/7
- Emergency Services
- No Overnight Stays
- Primary Care
- Telemedicine

**Hospital**
- Open 24/7
- Emergency Services
- Overnight Stays
NRHA’s 34th Annual Rural Health Policy Institute

February 7-9, 2023 in Washington DC