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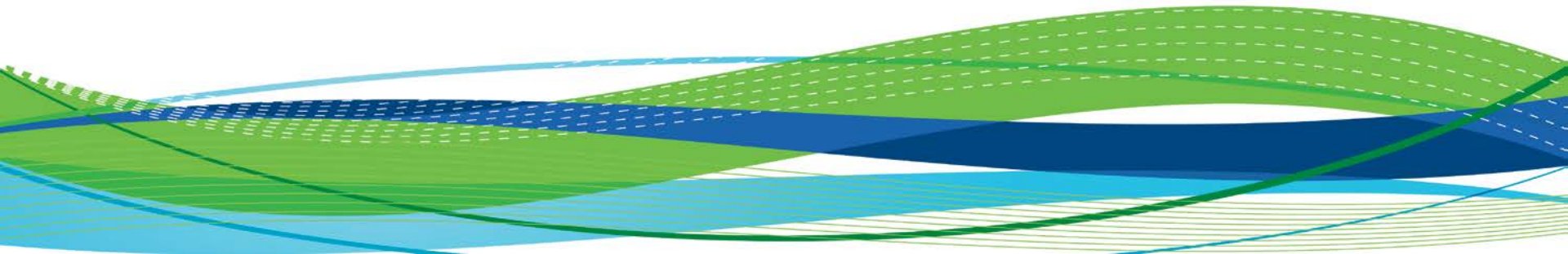
National Rural Health Association:

***Rural Health Care Access- A National
Policy Perspective***

Alan Morgan

Chief Executive Officer

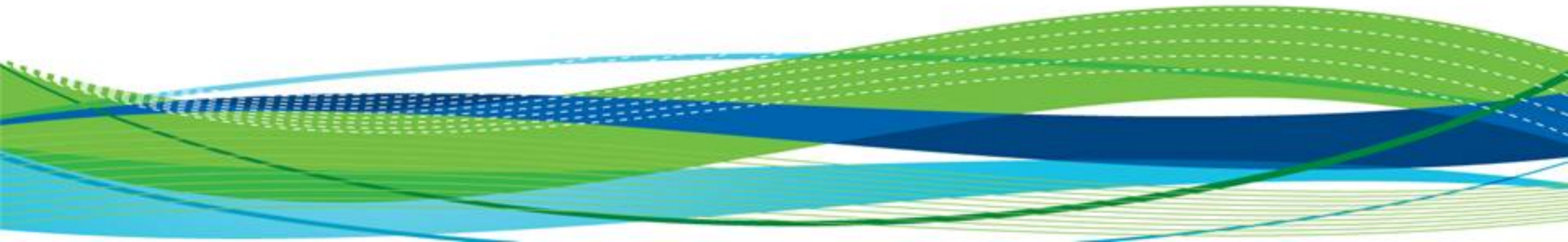
National Rural Health Association



NRHA Mission



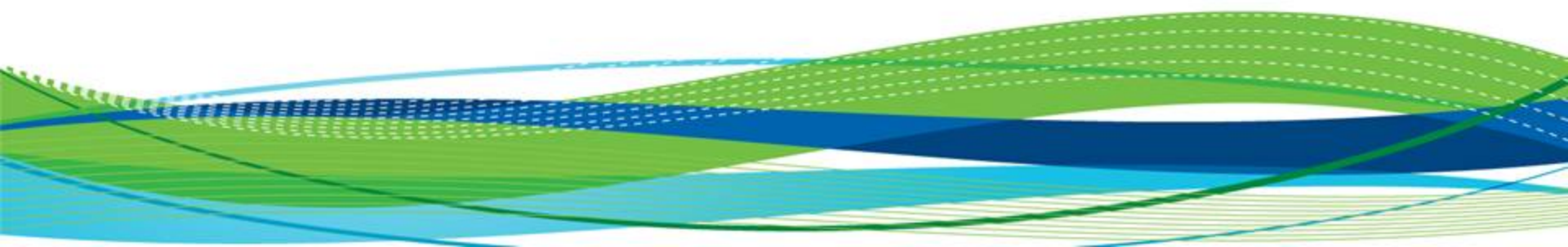
The National Rural Health Association is a national membership organization with more than 21,000 members whose mission is to *provide leadership on rural issues* through advocacy, communications, education and research.



The State of Rural America



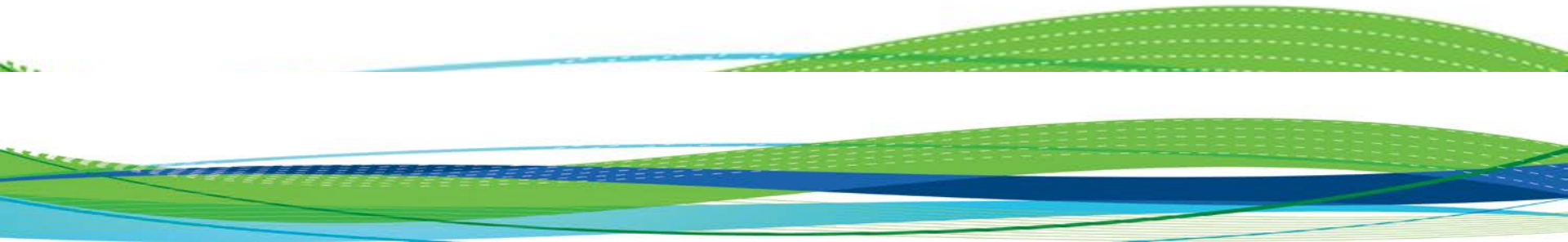
- **Workforce Shortages**
- **Vulnerable Populations**
- **Chronic Poverty**



THE IMPORTANCE OF TODAY

Rural healthcare is critical for rural patients and the rural economy:

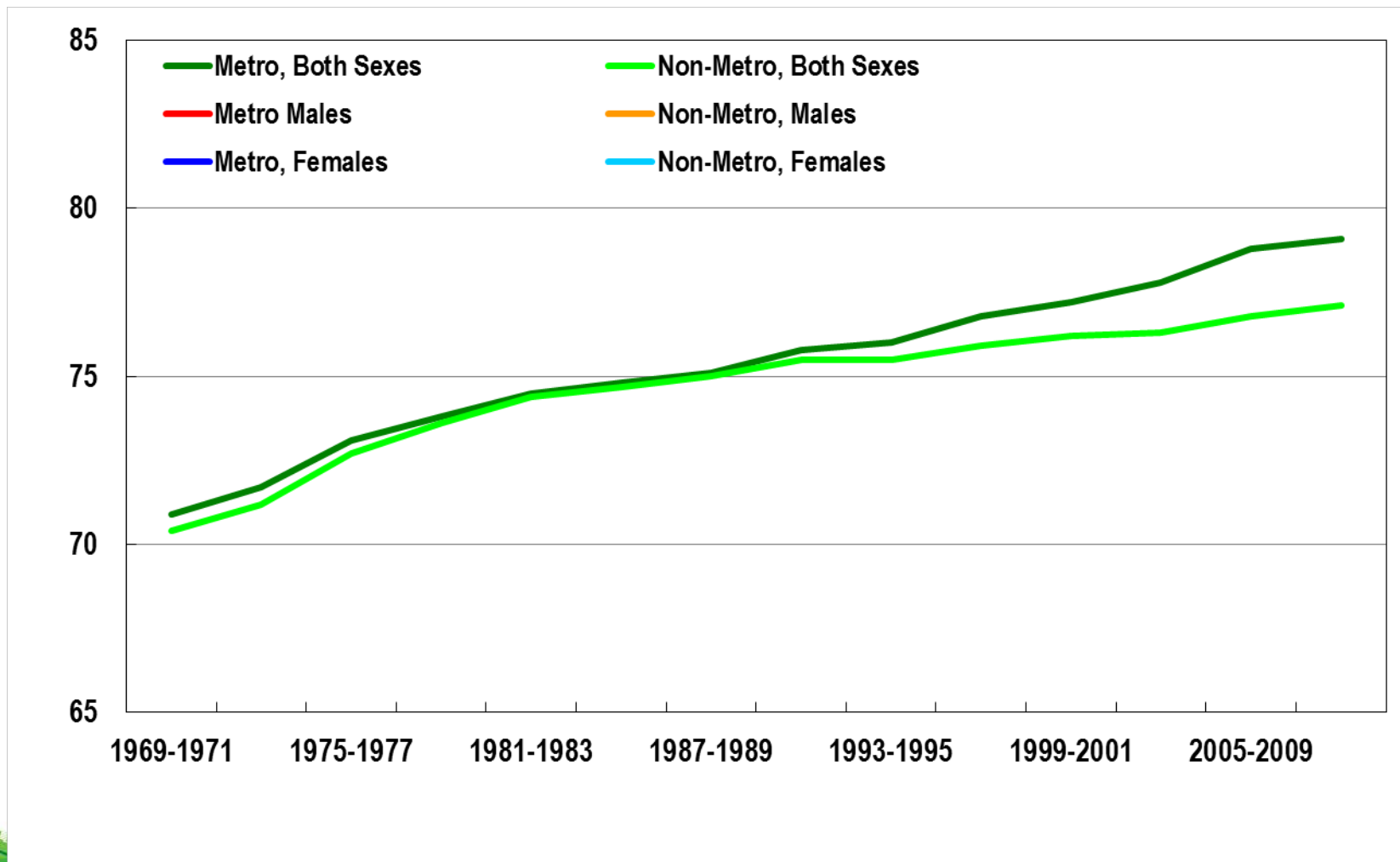
- You can't have a healthy rural economy without a healthy rural community.
- Quality rural healthcare saves lives, provides skilled jobs, attracts businesses, and reinvests millions back into rural communities.



Metro/Non Metro Life Expectancy



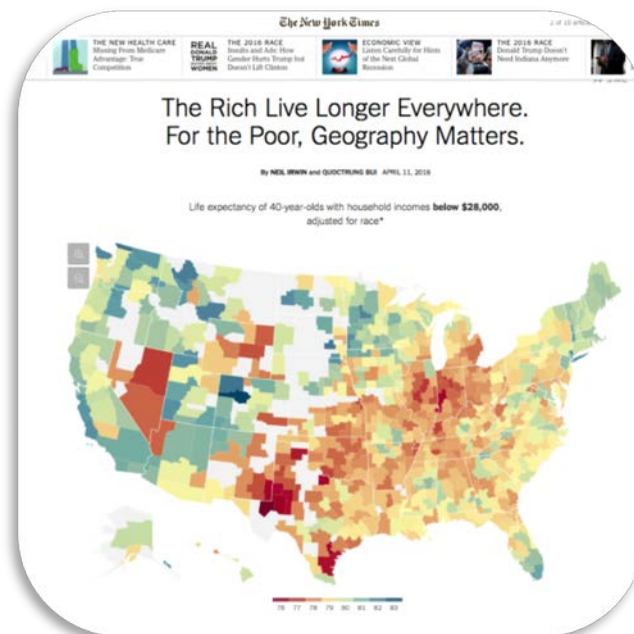
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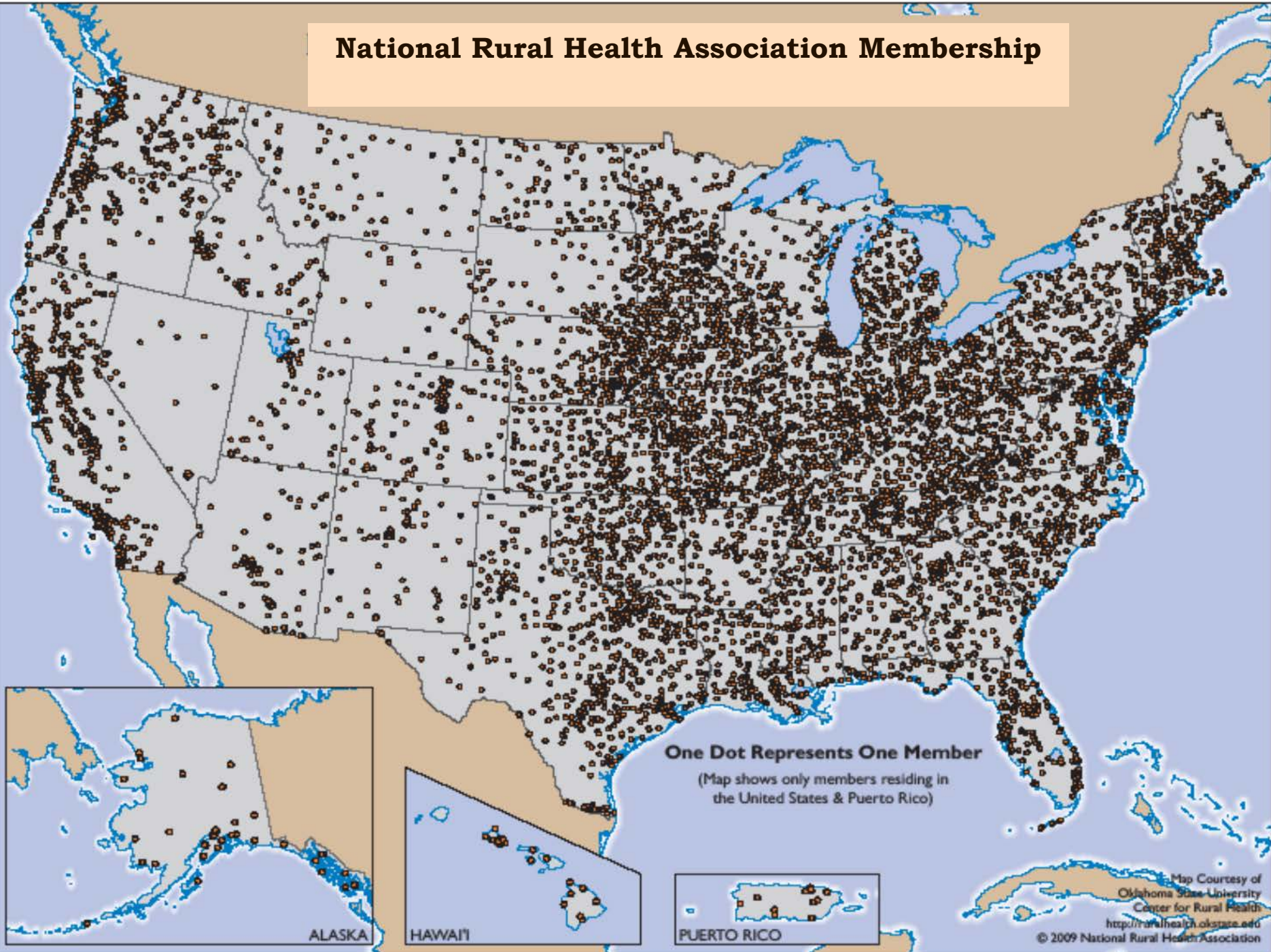
Declining Rural Life Expectancy



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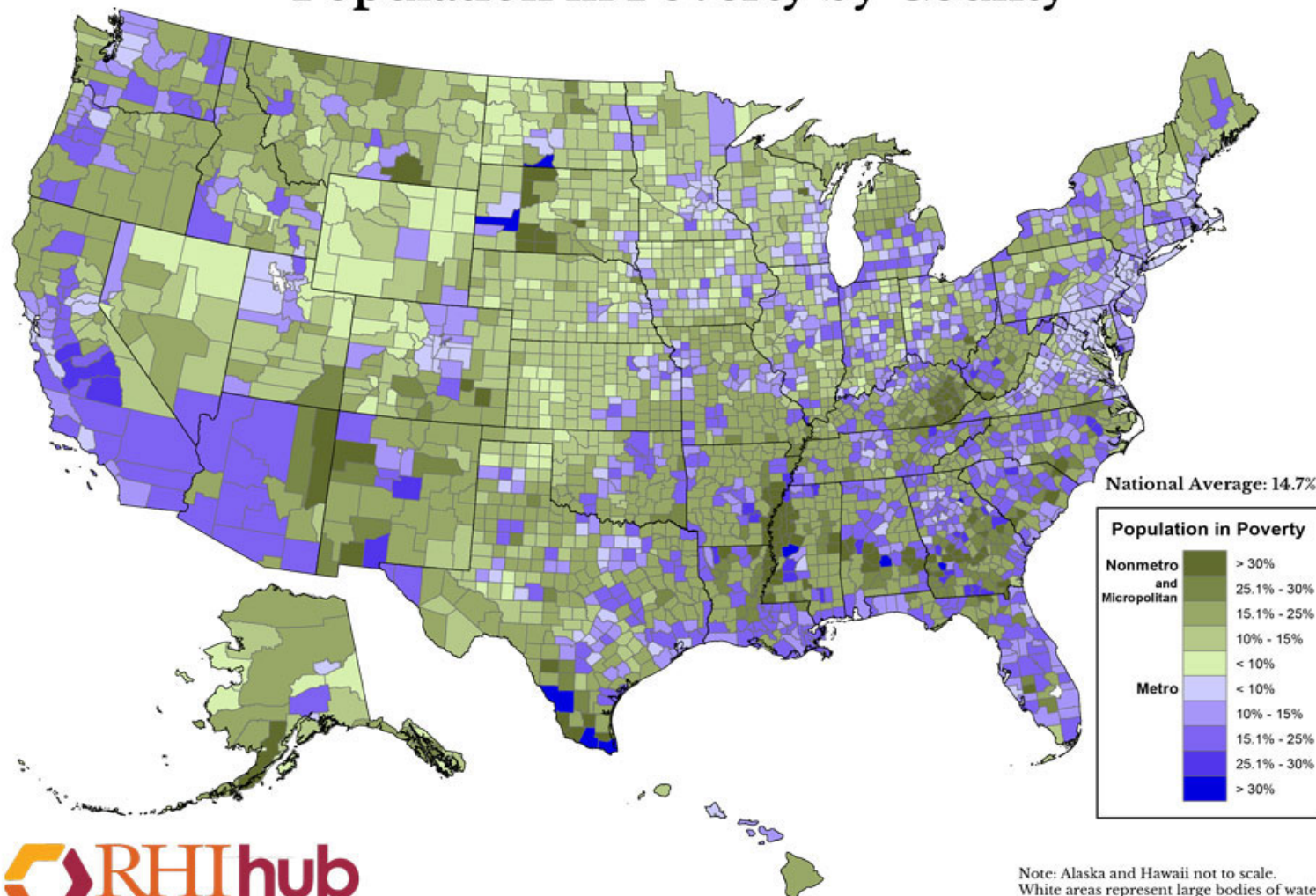
National Rural Health Association Membership





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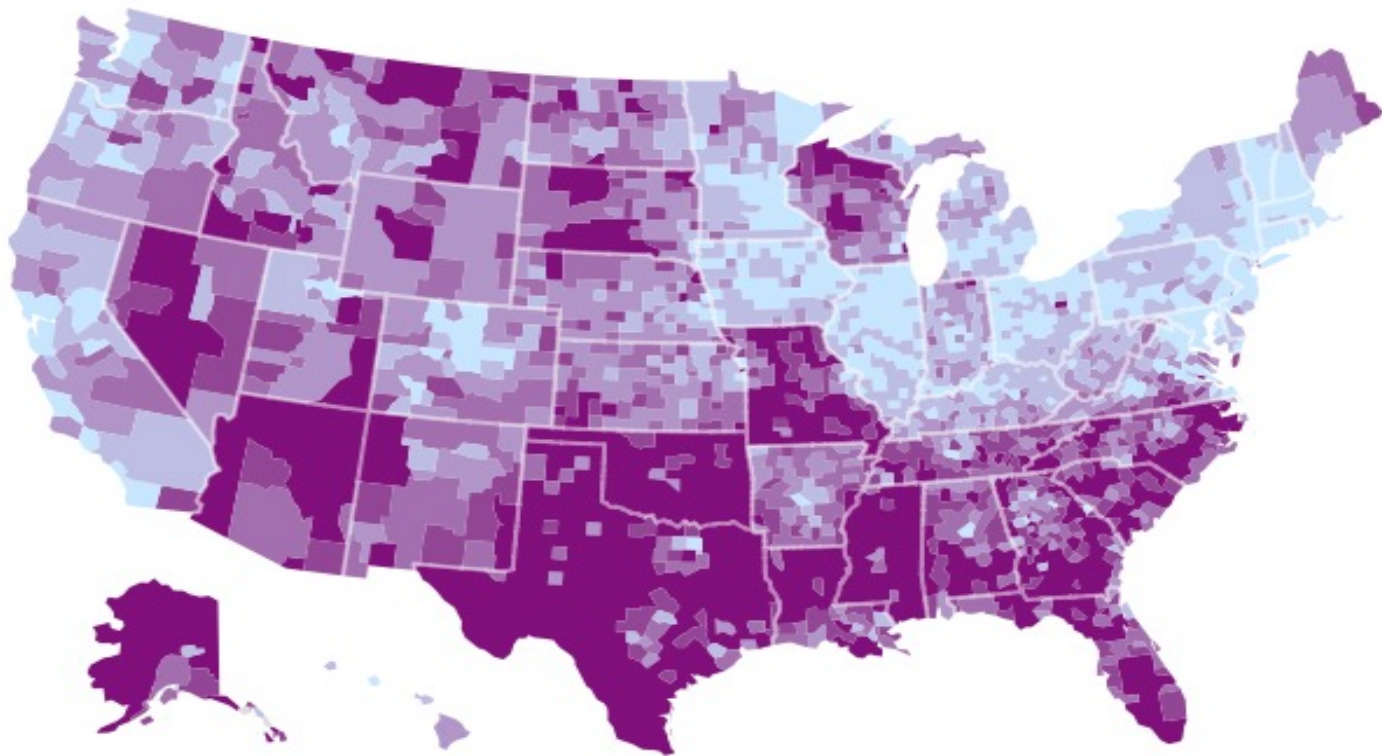
Population in Poverty by County





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Where are the uninsured today?



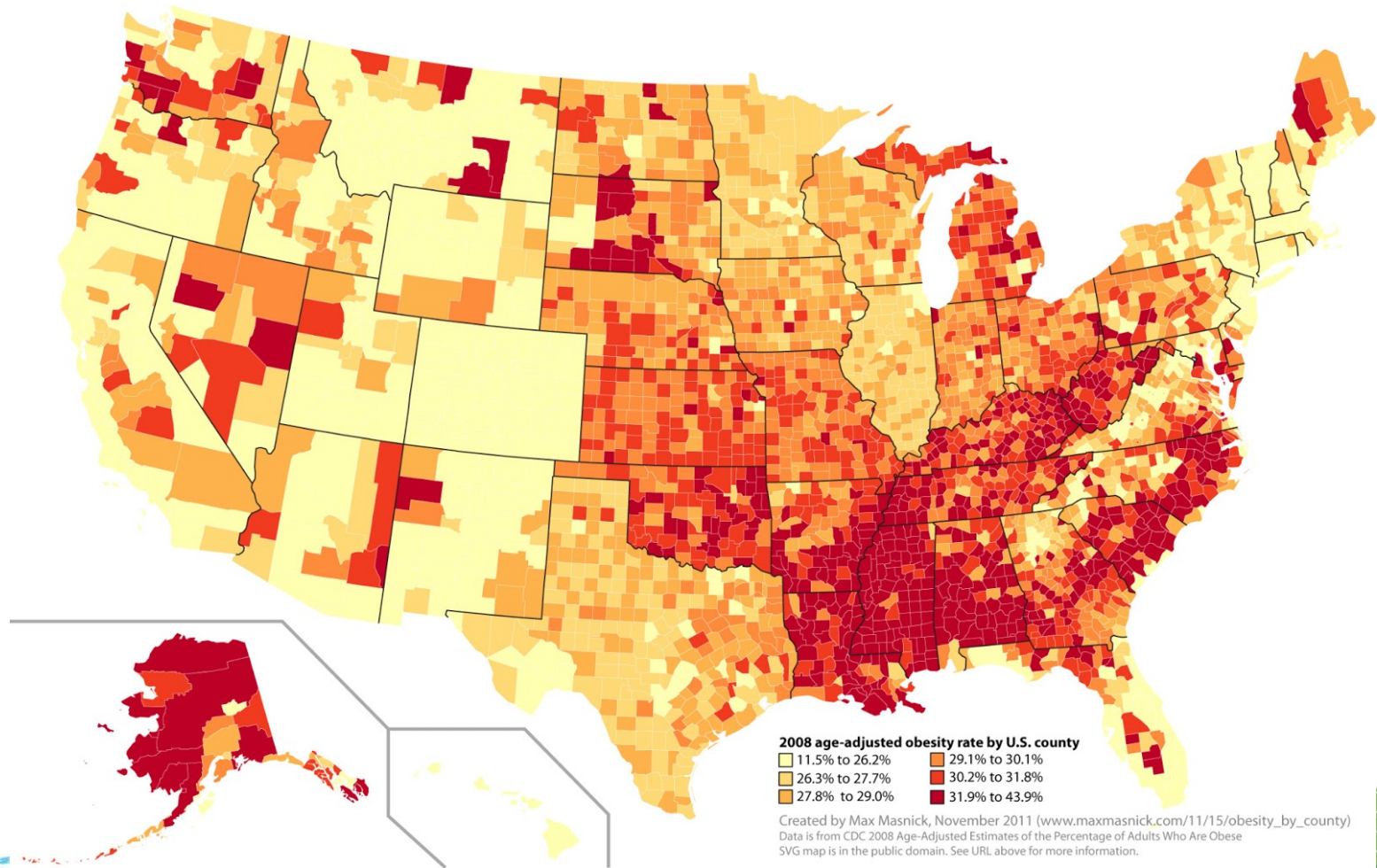
2016

Source: NYT "The Impact of Obamacare Oct 31, 2016"



Obesity?

Your voice. Louder.



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

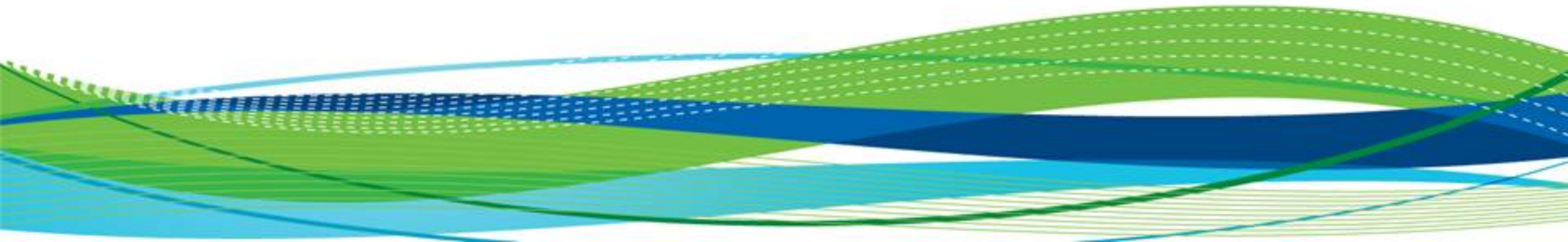


Rural Cancer Rates



(Source: Centers for Disease Control and Prevention, MMWR Series July 2017) **Your voice. Louder.**

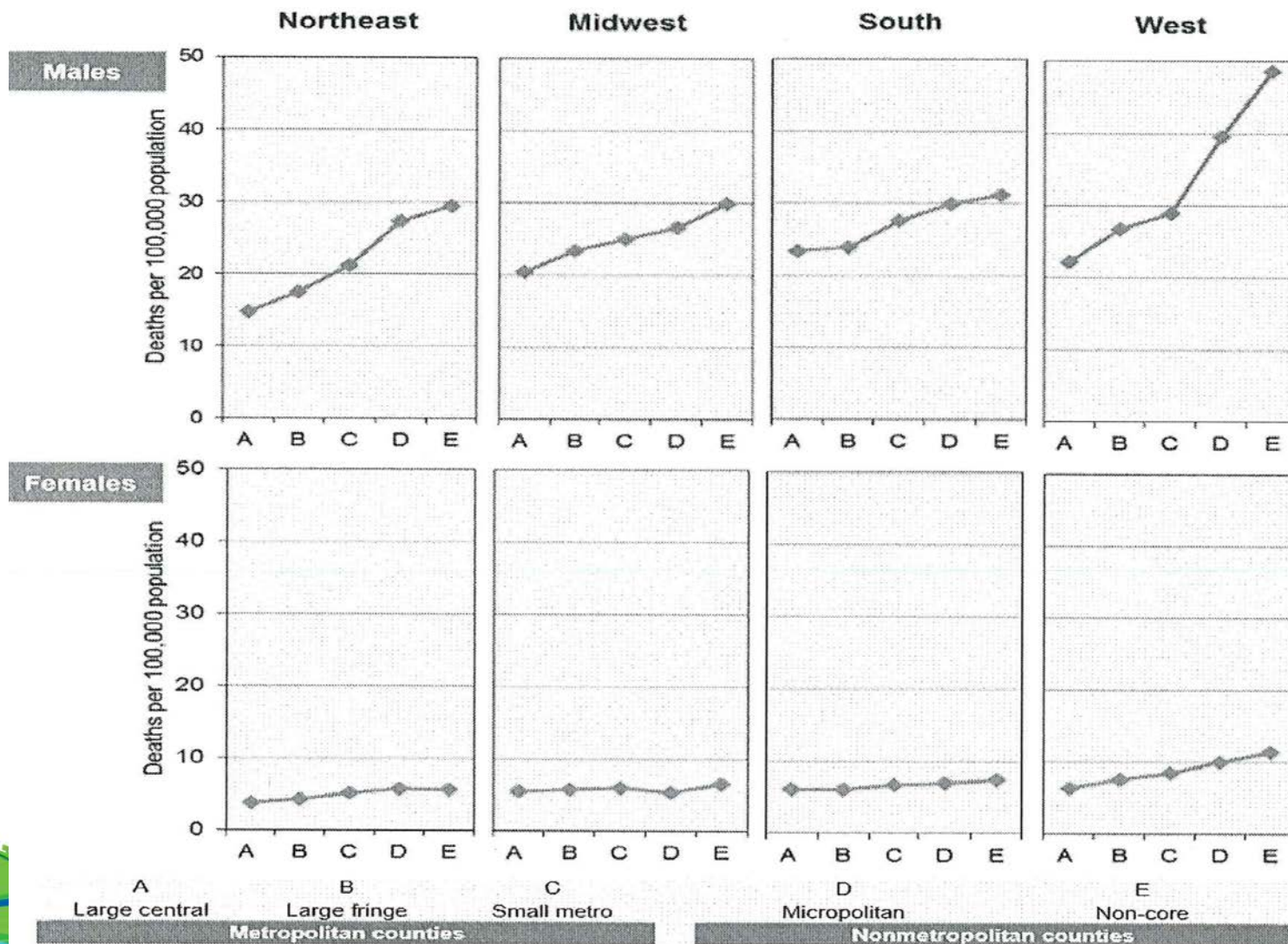
- Reported death rates were higher in rural areas (180 deaths per 100,000 persons) compared with urban areas (158 deaths per 100,000 persons).
- Analysis indicated that while overall cancer incidence rates were somewhat lower in rural areas than in urban areas, incidence rates were higher in rural areas 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.***



Behavioral Health – Suicide Rates



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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.

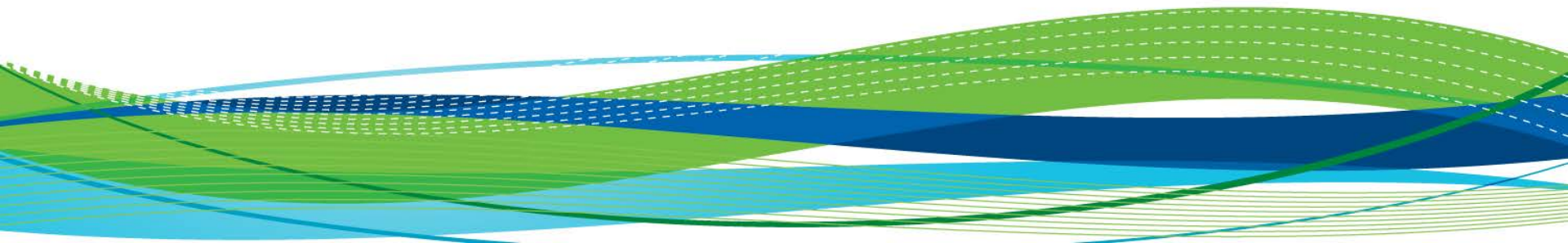
Behavioral Health



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



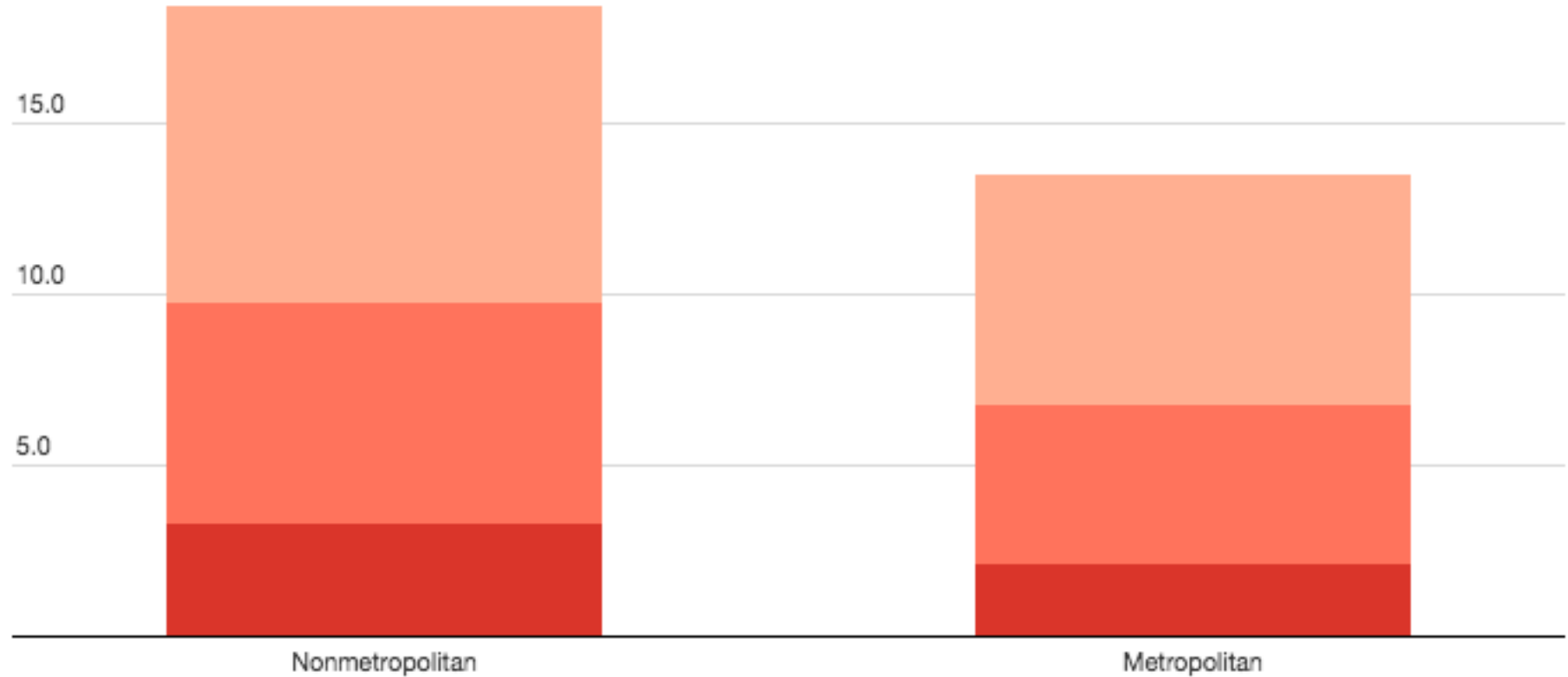
Poverty in Rural America



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.

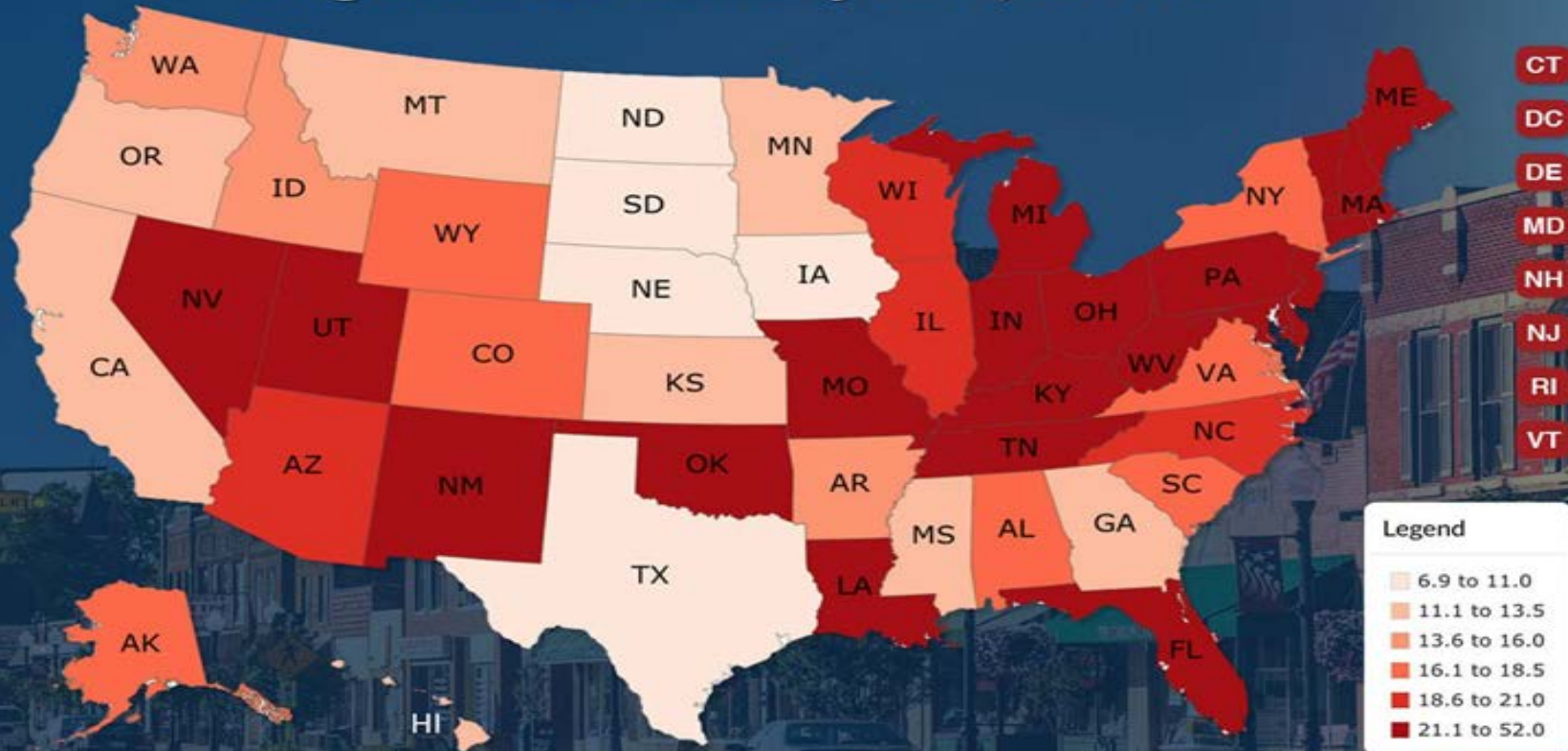
■ <50% of poverty line ■ 50-99% of poverty line ■ 100-149% of poverty line



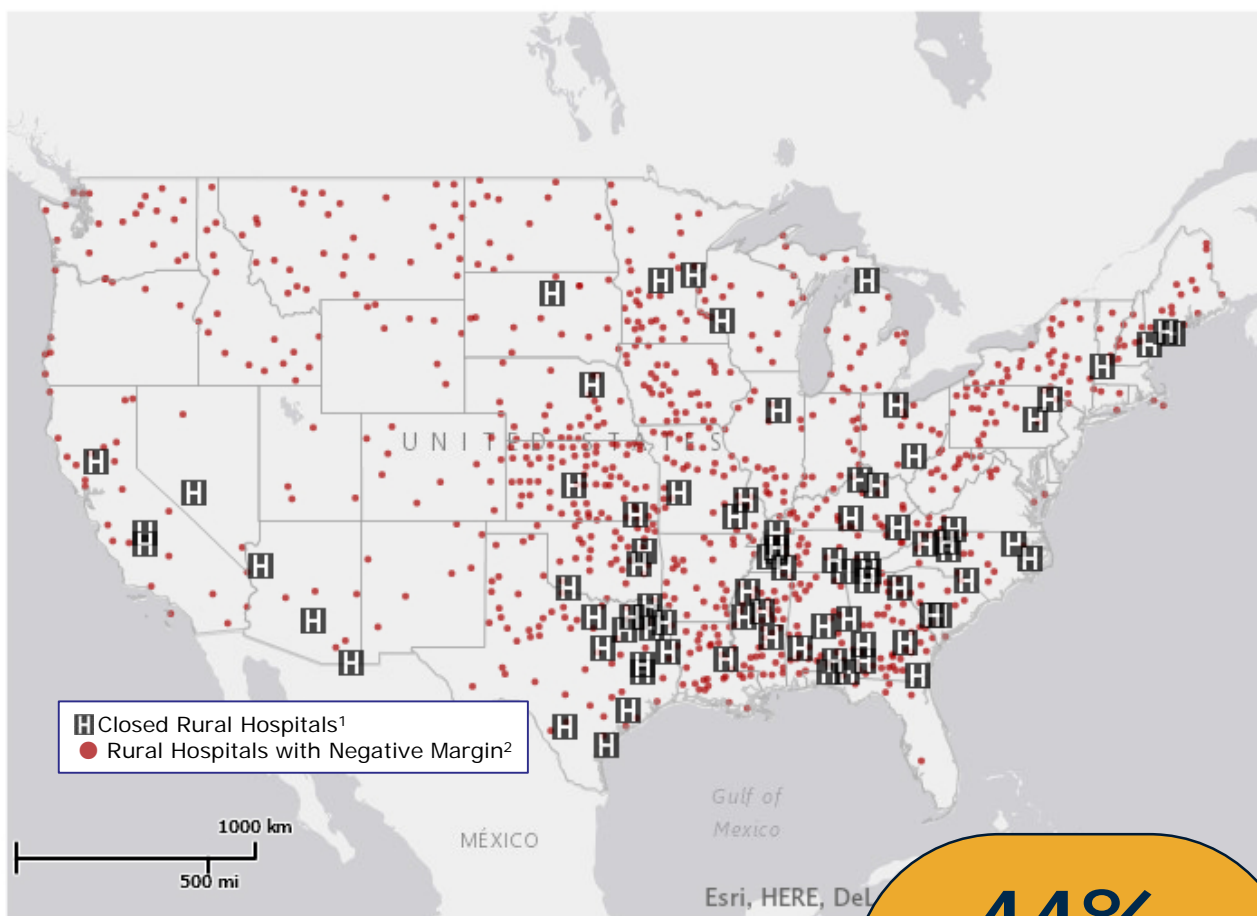
PBS News, March 2017

NRHA
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(Source: Centers for Disease Control and Prevention)



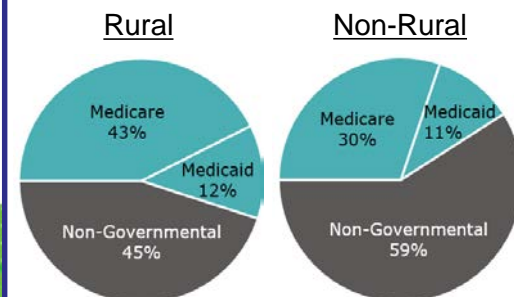
The Rural Health Safety Net is Under Pressure



Powered by: iVantage Health Analytics, Inc.

83 Rural Hospital Closures Since 2010

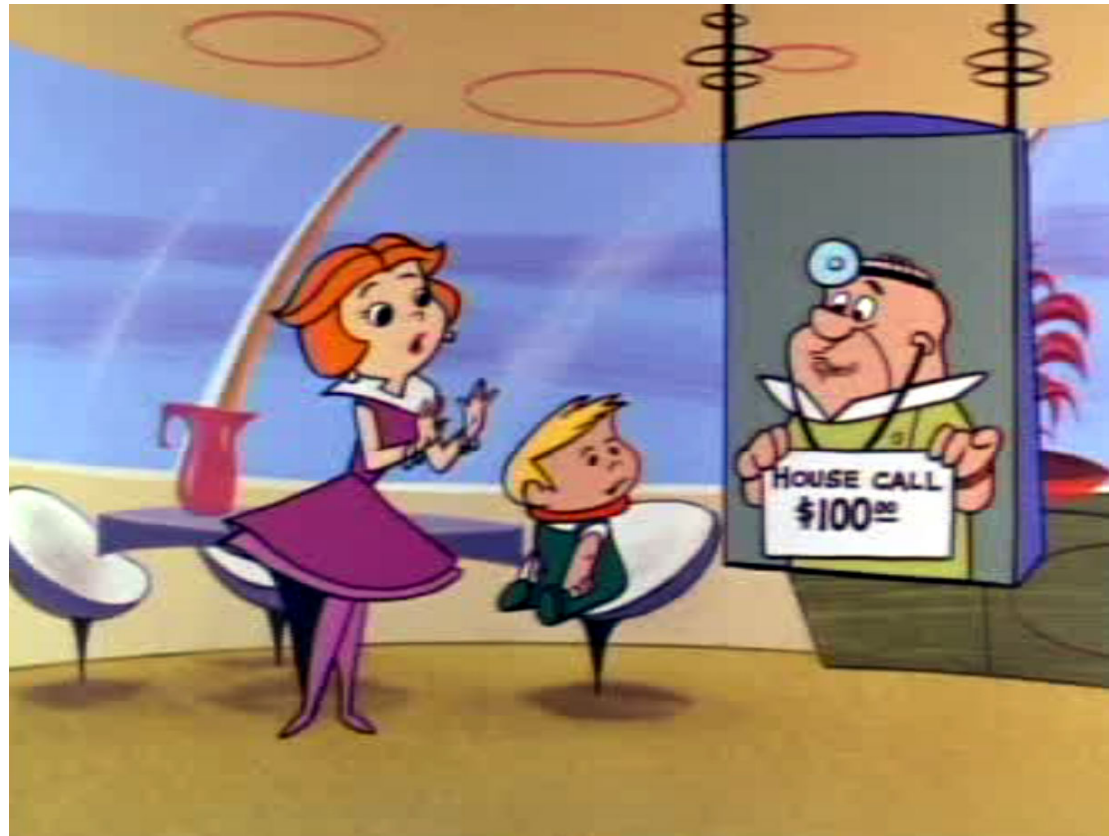
The Average Rural Hospital Payor Mix is 55% Governmental²



44%
of rural hospitals
in the red in
2017



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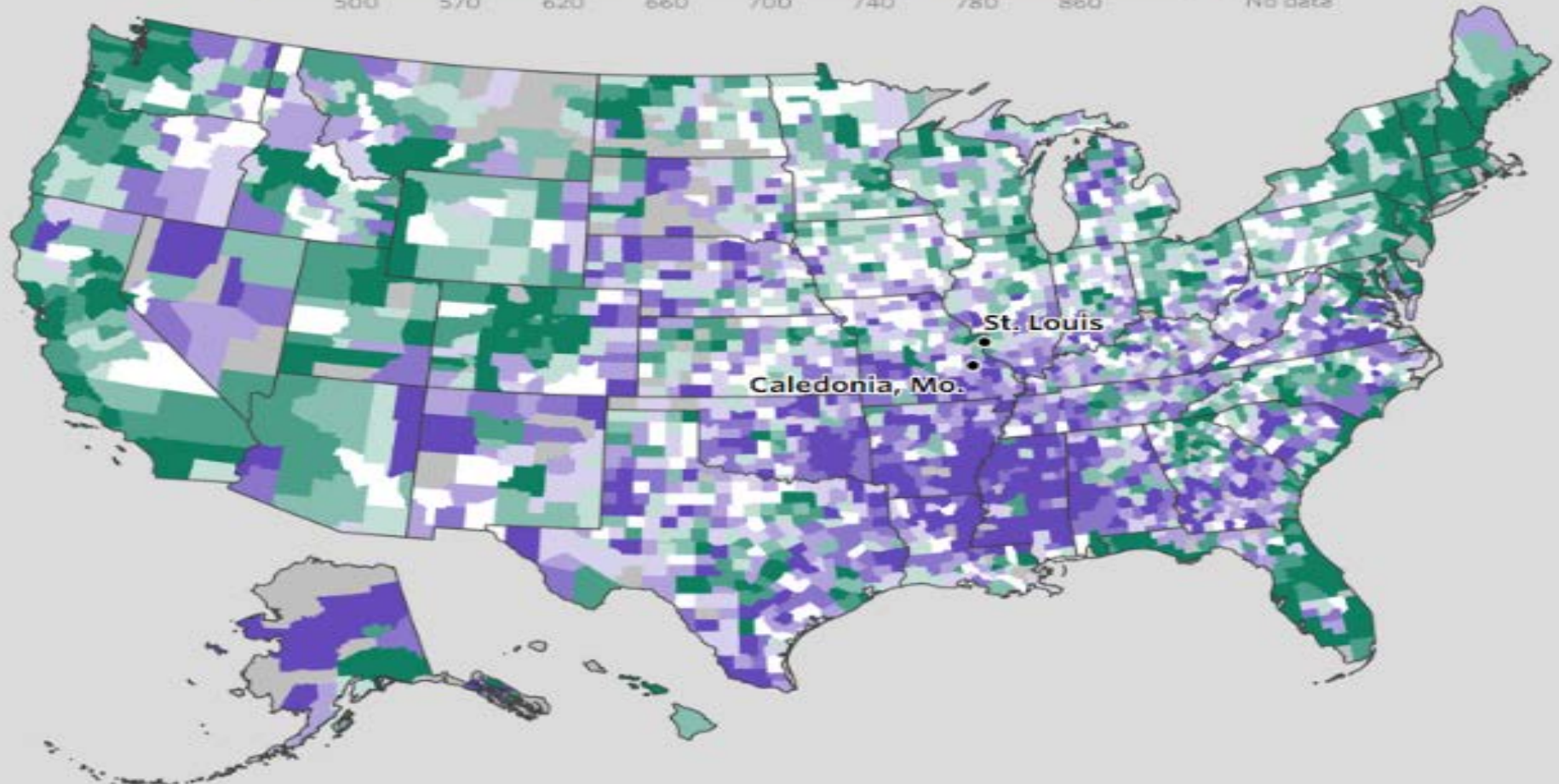
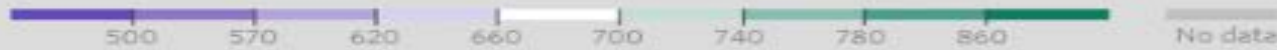
Less Broadband Access

(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



Muddy Creek
Family Clinic
200 White Way
785-933-2000



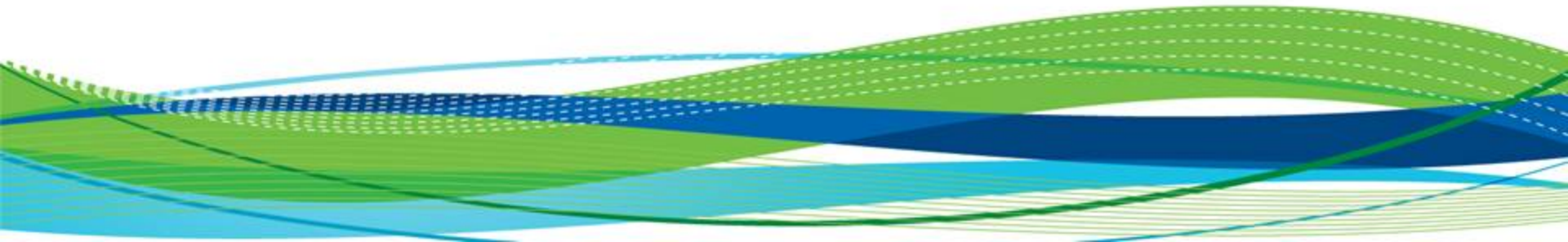
Michael Keehn MD

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

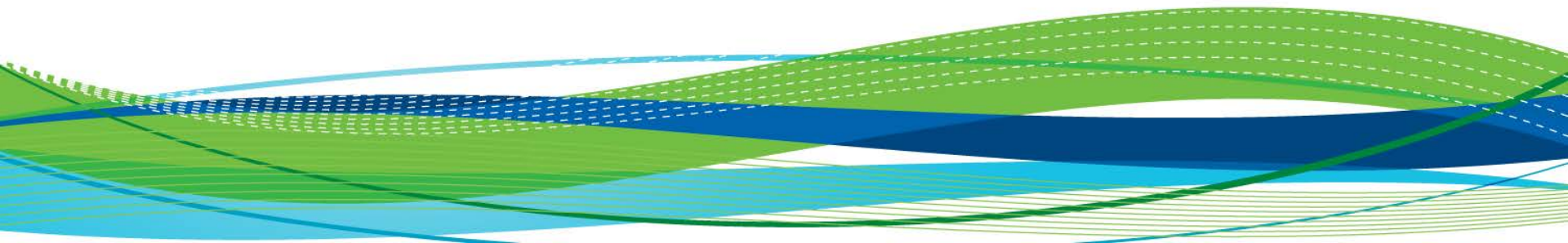


Global Budgeting



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- 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

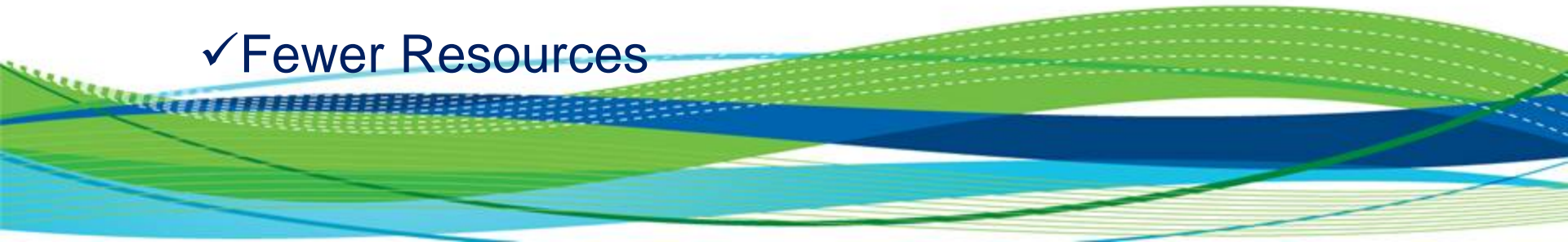


- 24/7 emergency Services
- Flexibility to Meet the Needs of Your Community through Outpatient Care:
 - Meet Needs of Your Community through a Community Needs Assessment:
 - Rural Health Clinic
 - FFQHC look-a-like
 - Swing beds
 - No preclusions to home health, skilled nursing, infusions services observation 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.***

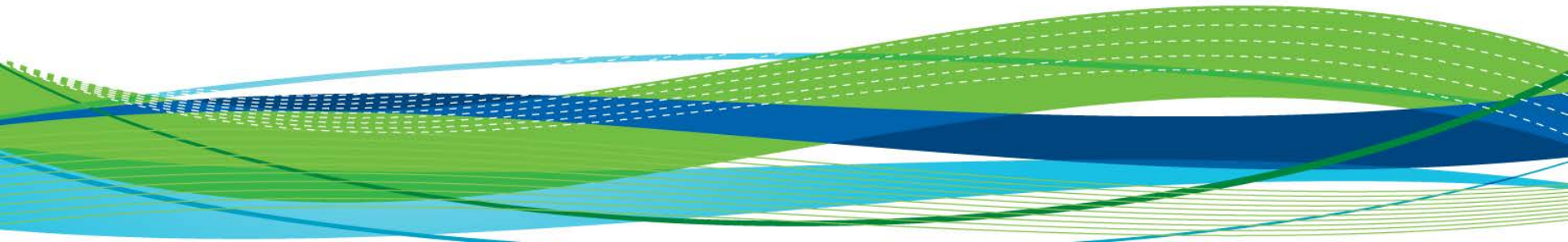
Celebrate the greatness of rural health care!



- 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

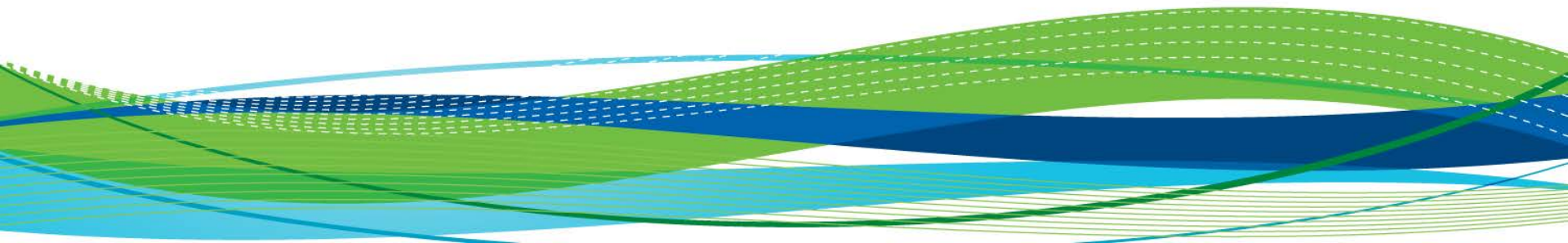


U.S. Census show that after a modest four-year decline, the population in nonmetropolitan counties remained stable from 2014 to 2016 at about 46 million. (2014-2016 rural adjacent to urban saw growth.)



The Rural Youth Population Is Growing

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



Your voice. Louder.

G o R u r a l !

Alan Morgan

Chief Executive Officer

National Rural Health Association

