Meeting Needs in Rural Health: Research, Action, Policy

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Presentation based on RUPRI Engagement: Research, Practice, Policy

- Research: Center for Rural Health Policy Analysis projects studying Accountable Care Organizations (ACOs) and hospital closure
- Practice: Rural Health Value, a collaboration with Stratis Health
- Policy: RUPRI (Rural Policy Research Institute) Health Panel
The ACO Landscape: Data from Medicare Shared Savings Program

- January 2018 (new wave will be in July 2019)
- 421 CAHs are participating, 1,210 RHCs, 2,560 FQHCs
- ACO Composition: FQHCs/RHCs compose 36 ACOs
  - Physicians -- 171 (30%)
  - Hospitals, Physicians and other – 324 (58%)
- Overall quality score in 2016 was 94.65%, up from 83.08% in 2014

Source: CMS Medicare Shared Savings Program “Fast Facts”. January, 2018
The Spread of Accountable Care Organizations (ACOs) to Rural Counties

• Growth in non-metropolitan counties with 30% or more of beneficiaries attributed to ACOs: from 9.1% in 2014 to 22.3% in 2016
• Non-metropolitan counties with 3 or more ACOs with enrollment grew from 17.3% in 2014 to 39.7% in 2016
Counties have an ‘ACO presence’ when they contain the practice site of at least one participating provider.
Includes all active CMS ACOs as of January, 2017.
Produced by: RUPRI Center for Rural Health Policy Analysis, 2018.
What Are We Learning?

- Rural ACOs are a mix of hospital-based, physician-based, FQHC-based, and blend.
- The Advanced Payment ACO Model and now the ACO Investment Model have been demonstrations that attracted rural ACOs, especially AIM.
- Rural ACOs may need extended time to fully develop care management systems and fiscal management strategies before accepting downside risk.
- Variation exists among rural ACOs based on prior experience, engagement of providers across the care continuum, and participation in network arrangements.
Results

- Improvements in quality performance from initial year to second year of participation in the program
- Rural ACOs perform better than urban in Care Coordination/Patient Safety, Preventive Health, and At-Risk Population domain scores
- 8 of 11 Rural ACOs participating in the Advance Payment Model generated savings
- OIG report in August, 2017 found a net reduction in Medicare spending across all ACOs, but concentrated in less than half of them
Factors that Contribute to Success in Rural ACOs

• Prior experience with multi-organizational collaborations
• Prior experience with the specific organizations in the ACO
• Strategic managerial and clinical leadership
• Shared governance
• Care coordination for targeted (diagnosis) patients
• Continuum of care (i.e. non acute-care included)
• Analytics and access to data

Source: Case studies of four high-performing ACOs
After the Hospital Closes: What We Are Learning

- Basis of our work is 26 hospital closures in 6 states: time line and geographic considerations
- Learning from coverage of the community and closure before and after
- In the process now of case study interviews
- Reporting here based on the literature/press and data analysis of the presence of healthcare professionals
What Happens in Health Professions Presence?

• For this analysis, use 75 hospitals that closed post 2010 for which we have up to 18 months post-closure data
• Overall plurality results: decrease in primary care physicians, increase in advanced practice providers, no dominant trend among specialty physicians
• Results hold up for both instances of closure without replacement and closures in which facilities repurposed

Source: Analysis of National Provider Identifier data 2009-2018
What are the System/Community Responses?

- Information here from our literature search in 26 instances across 6 states
- Three types of activity
  - Assuring access to emergency services
  - Developing (or not) new models of care delivery
  - Strategic choices of healthcare organizations and communities
Access to Emergency Services

• Keeping the emergency department open
• Upgrading equipment (ambulance) and personnel (EMTs) to facilitate stabilize and transport responses
• Using local fire departments more extensively
• Coordination with other facilities and communities
New Models of Care Delivery

- Restructuring/enhancing outpatient services and primary care clinics
- Could include modifying existing physical plant or new construction
- Use of observation beds where emergency care facility was maintained
- Urgent care centers developed
- Conversion to long term care facilities
Community Responses

• Seeking buyers from the hospital
• Negotiations with networks for merger/acquisition
• Consideration of tax increases to sustain local services
• Launching new programs to meet community needs – behavioral health, wellness program examples
Resources from Rural Health Value

• Check out the web site: www.ruralhealthvalue.org

• New Innovator Profiles:
  – Predictive Analytics Shape Care Processes
  – Community Reinvestment Program
  – Community Care Integration
  – Behavioral Health Integration into Primary Care
Resources from Rural Health Value

• Update of the Value-Based Care Assessment Tool
• Report of the findings from a survey of rural health leaders: What do they want to know about value-based care and payment?
• Updates to the Catalog of Value-Based Initiatives for Rural Providers
RUPRI Health Panel’s Opportunities for Advancing Rural Health

- Based on a review of what has been accomplished in recent years and there are gaps to address
- RUPRI Health Panel considered current and new ideas
- Across seven topical areas
- Following slides include all recommendations

Medicare Policy Opportunities

• Offer transitional support to rural providers during payment policy changes
• Allow for higher fixed costs per patient encounter in low-volume situations
• Include capital in infrastructure investments to redesign rural health care delivery facilities and support expansion of broadband capacity
• Develop and test alternative delivery models in rural communities
Medicaid and CHIP

- Maintain and expand incentives for states to lower eligibility criteria for Medicaid and CHIP
- Monitor impact of 1115 waiver programs on rural beneficiaries, providers, health plans, and communities
- Provide incentives and technical support to Medicaid agencies and rural providers to provide effective Substantive Use Disorders services
- Include rural beneficiaries, providers, and communities in Medicaid payment and delivery system innovations, and monitor innovation impact over time
Insurance coverage and affordability

- Maintain insurance reforms
- Consolidate rate areas
- Offer incentives to carriers to establish Multi-state plans
- Strengthen risk mitigation
- Encourage demand for marketplace plans
Quality

- Support development of rural-relevant quality measures
- Develop comprehensive cross-agency approach to rural health care quality improvement and technical assistance
- Offer quality initiatives specifically design to meet rural needs and opportunities
Health Care Finance and System Transformation

- Offer alternative pathways to rural provider inclusion in value-based payments
- Expand collaborative opportunities among rural providers
- Support expanded rural provider participation in CPOC+ and other similar models
- Consider low volumes in rural performance analyses
- Provide TA to rural providers
Health Care Finance and System Transformation

• Improve timeliness and transparency of demonstration evaluations
• Support care transitions and care coordination
• Monitor emerging research on the impact of social determinants on healthcare performance, and consider rural social risk factors in payment design
• Support telehealth expansion to extend rural health capacity and improve rural health care quality
Workforce

• Decentralize training programs into rural environments
• Target GME funding toward rural health care needs, including primary care
• Target federal funding of non-GME training programs to national health priorities
• Update payment policies to non-physician and patient support providers
Workforce

- Update payment policies to non-physician and patient support providers
- Align payer policies to rural service delivery circumstances
- Create a comprehensive workforce strategy and plan that aligns with the health goals of the nation
Population Health

- Ensure affordability of clinical and community-based preventive services
- Provide stable long-term funding to support locally-appropriate public health prevention programs
- Ensure availability of comprehensive and integrated services through policies that target workforce adequacy development to achieve health equity
Population Health

- Incent integrated preventive and clinical services
- Integrate population health goals into financing strategies and payment policy formulation
For further information

The RUPRI Center for Rural Health Policy Analysis
http://cph.uiowa.edu/rupri

The RUPRI Health Panel
http://www.rupri.org

Rural Telehealth Research Center
http://ruraltelehealth.org/

The Rural Health Value Program
http://www.ruralhealthvalue.org
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Collaborations to Share and Spread Innovation

- The National Rural Health Resource Center
  https://www.ruralcenter.org/

- The Rural Health Information Hub
  https://www.ruralhealthinfo.org/

- The National Rural Health Association
  https://www.ruralhealthweb.org/

- The National Organization of State Offices of Rural Health
  https://nosorh.org/

- The American Hospital Association
  http://www.aha.org/