



# **Health Reform: One Rural Community at a Time**

**Keith J. Mueller, Ph.D.**

**Director, RUPRI Center for Rural Health Policy Analysis**

**National Rural Health Association**

**May 20, 2010**

**Savannah, Georgia**





# Standing in the shadows of Bob LeBow, M.D.

2002: *“I see my patients continuing to wander in the health care wilderness, without much hope of finding the path out. Even more ominous, I see millions of currently insured Americans facing the danger of losing their coverage—and their dignity—as our healthcare system slips towards ‘meltdown.’”*

*“Our health care system—or, more precisely, nonsystem—has evolved into a monster, a disorganized, overly complex creature that robs people of their health, their money and their dignity.”*



# The Pathway to the Future: Paved by PPACA?

- Financial Access
- Geographic Access
- System change and quality improvement
- Public health





# Financial access

- Medicaid expansion
- Insurance reform
- Insurance availability through exchanges
- Getting reality to match expectations



# **Geographic access**

- Continuation of the Flex program
- Payment bonuses for physicians
- Workforce provisions in Title V



# System change

- In payment policy the move to value-based purchasing
- An emphasis on measuring and reporting quality
- Accountable Care Organizations
- Bundled payment (consultation with small rural hospitals, including CAHs, regarding participation in this program – pilot program)



# System change

- Drivers are toward integrated systems of care, including quality measures applied to patient transfers
- Broadening to include more emphasis on care in the home – Section 3024 establishes an Independence at Home Medical Practice category, serving at least 200 applicable beneficiaries and using electronic health information systems, remote monitoring, and mobile diagnostic technology
- Community health teams, patient centered-medical homes, health teams (Section 3502)
- Regionalized systems for emergency care



# **System change: big picture**

- Secretary develops a national strategy by January 1, 2011 to improve the delivery of health care services, patient health outcomes and population health
- Secretary develops quality measures assessing health outcomes and functional status, management and coordination across episodes and care transition, and experience, quality, and use of information to and used by patients



# Big picture continued

- Center for Medicare and Medicaid Innovation in CMS
- National Health Care Workforce Commission
- Patient-centered Outcomes Research Institute and trust fund: rural-relevant comparative effectiveness research?



# Using elements of the legislation as a package

- Integrating systems for payment and quality improvement
- Patient focus and primary care
- Opportunity for public health overlay – next six slides



# **PPACA Opportunities: Title IV, Subtitle A**

- The new National Prevention, Health Promotion and Public Health Council
- The new Advisory Group on Prevention, Health Promotion, and Integrative Public Health
- Use of a new Prevention and Public Health Fund
- CDC to convene an independent Community Preventive Services Task force



# **PPACA Opportunities: Title IV, Subtitle A, continued**

- Planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span
- Establish and implement a national science-based media campaign on health promotion and disease prevention



# **PPACA Opportunities: Title IV, subtitle B**

- School-based health centers
- Medicare coverage of personalized prevention plan services



# **PPACA Opportunities: Title IV, subtitle C**

- CDC grants for implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base of effective prevention programming
- Grants to provide public health community interventions, screenings, and clinical referrals for persons between ages 55 and 64



# **PPACA Opportunities: Title IV, subtitle D**

- Funding for research in the area of public health services and systems
- Employer based wellness assisted
- Epidemiology and Laboratory Capacity Grant Program
- Funds to carry out childhood obesity demonstration projects



# PPACA Opportunities: Title V

- Public Health Workforce Loan Repayment Program established
- Expands student loan forgiveness to include public health agencies
- Scholarships for mid-career professionals in public health
- Establishes Public Health Sciences Track to award advanced degrees in public health, epidemiology, and emergency preparedness and response



# Much remains to be done

- Bob Lebow's lament and new world of coverage
- Bob Lebow's lament and new system for finance and delivery of services
- Are we there yet? Or at least on the right path?





**For details on the PPACA and rural,  
turn to**

- NRHA document for members
- RUPRI Center document posted in June
- RUPRI Panel document posted in July



A dirt road winds through a lush green field, flanked by tall grass. In the background, a line of trees and a wooden fence are visible under a bright sky. The scene is captured in a slightly hazy, soft-focus style.

**Thank you!**

<http://www.unmc.edu/ruprihealth/>

<http://www.rupri.org/>