

The Impact of Health Reform on Rural Communities

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Presentation to the Illinois Rural Health Association

April 13, 2011
Effingham, Illinois



A New World in Health Care Delivery

- There will be change in
 - Access
 - Cost
 - Quality
 - Healthy communities



Access: Coverage

- It's wonderful, It's marvelous
- But it may not be real: the field of dreams question
- We need at least all 33 million to make the assumptions work
- Seek, find, enroll



Access: Sustaining an Infrastructure

- What infrastructure?
 - Facilities
 - Workforce
 - Community-based services
- First do no harm
- **WAIT: ADJUST OUR THINKING**



Access in a New Framework

- E-health
- Optimal use of all persons in the workforce (patient navigators, extension model)
- To all services including public health, healthy communities



Make the most of technology

- Focus first on basic needs
- Emergency room care and transfers
- 24/7 pharmacy order review
- Consultation, including radiology



Make services available locally

- E-ICU
- Mental/behavioral health
- Dermatology
- Other



Optimal use of professionals

- The Patient-Centered Medical Home model
- Non-physician primary care providers
- Extenders of care emanating elsewhere



Include public health in our thinking and planning

- Integrated with clinical care, part of PCMH
- Independent community-based providers
- Supported in title IV and V of the ACA



Cost: Bending the Curve with Payment Policy

- Unsustainable trends by definition will not be sustained
- Efforts of expanded coverage: good news, bad news, good news?
- Using policy levers that can be scored: payment to providers



Cost: Bending the Curve with System Change

- Show me the way!
- Integrated care saves money?
- Care management saves money?
- If savings are from different patterns and levels of use, can the system

“right size?”



Cost: Healthier Communities

- School environment
- Worksite wellness
- Individualized wellness



Continued

- Reducing disparities
- Active living and nutritious foods
- Healthy aging benefits targeting 55-64 years of age



Quality: How We Think of This

- A value-based approach
- A results orientation
- Individual state of well-being
- Population health – plan and community



Quality: Moving the Payment System

- Hospital value-based purchasing program, including a demonstration program for CAHs
- Physician quality reporting system
- VBP program for SNFs and home health agencies
- VBP modifier under physician fee schedule

VBP Proposed Rule Highlights

- Uses both achievement and improvement benchmarks/measures
- Will need to be vigilant regarding measures that “reflect the level of care in the most important areas of services and measures for that provider”
- Weight clinical process measures at 70% and patient experience at 30%

Improving the System

- Quality measure development
 - Outcomes and function status
 - Management and coordination across episodes and care transitions
 - Patient-centeredness



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

Continued

- Community health teams, patient centered-medical homes, health teams (Section 3502)
- Regionalized systems for emergency care



National Quality Strategy: 3 Aims

1. **Better Care:** improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe
2. **Healthy People and Communities:** improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care
3. **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government

National Quality Strategy: 6 Priorities

1. Making care safer by reducing harm caused in the delivery of care
2. Ensuring that each person and family is engaged as partners in their care
3. Promoting effective communication and coordination of care
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease

Continued



5. Working with communities to promote wide use of best practices to enable healthy living
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

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



ACA 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

ACA 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

ACA Opportunities: Title IV, Subtitle B

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



ACA 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

ACA 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

For Further Information

The RUPRI Center for Rural Health Policy
Analysis

<http://cph.uiowa.edu/rupri>

The RUPRI Health Panel

<http://www.rupri.org>



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