Research and Legislation: Making the Connection

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Keith J. Mueller, Ph.D.
Director
Nebraska Center for Rural Health Research
And
RUPRI Center for Rural Health Policy Analysis

When Will We Make An End?

- Constant redesign
  - 35 years of Medicare and Medicaid
  - Keeping up with advances in health science and capabilities of delivery systems
- Search (research) for right mix of resources
- Evidence-based (resumés) policies

Medicare Redesign

- Prescription drugs as benefit redesign
- Preventive health benefits as redesign
- Medicare+Choice as redesign
  - Kick it while it's down
  - But it may rise again

Medicare Redesign

- More systemic redesign
  - Republican leadership preference
  - Somehow break the logjam caused by:
    - Desire to improve program for beneficiaries but hold the line on government expenditures
  - Prospects dimming,

    but bulb is still burning

And In The Meantime…

- Medicare payment policies
  - Hospital payment and the REACH proposal
  - Hospital payment separate "fixes"
    - Wage index formula
    - Disproportionate share payment
    - Standardized payment equalization
  - Payment for Critical Access Hospitals
  - Payment for Home Health Services

Medicare Payment Issues

- Physician payment
  - Geographic practice cost indices (S. 1020)
    - Work, practice expense, malpractice
    - Update factors
- Ambulance payment: new fee schedule

Meanwhile…

- Securing the safety net (S. 1281)
  - Rural Health Clinics
  - Community Health Centers (Federally Qualified Health Centers)
  - National Health Service Corps
  - Community Access Program
- Broadening insurance coverage
  - Tax credits
  - Medicaid flexibility

The Rural Health Improvement Act of 2001 (RHIA)

- H.R. 2157
- S. 1030
- Payment for low-volume hospitals
- Equalizing DSH
- Standardized payment leveling
- Streamlining wage index reclassification (extend to non-hospital payment)
- Reimbursement for independent labs

RHIA

- Capital Infrastructure loan program
  - $50,000 planning grants
- High Technology Acquisition grant and loan program
  - $100,000 grants
- Telehealth Resource Center grant program
  - $30 million for larger telehealth centers to help small ones
- Improving RHC payment
  - Increase cap to $79 from current $63
- Equity for payment for RHC services provided in skilled nursing settings

Meanwhile…

- Medicare Contractor Reform (H.R. 2768)
- New CMS, goodbye HCFA
- Issues in MedPAC June report
  - See
    - Presentation for Capitol Area Rural Health Roundtable, July 25, 2001 (www.rupri.org/healthpolicy)
    - RUPRI Rural Health Panel Policy Paper (due by September 30, 2001) (www.rupri.org/healthpolicy)

Securing and Maintaining Resources: Federal

- State Rural Hospital Flexibility Grant Program
- Outreach and network grants
- State Offices of Rural Health funding
- Research funding
- Support for telemedicine
- Funds to rebuild infrastructure

Securing and Maintaining Resources: State

- Resources to make externally funded projects work (resumés)
- Payment policies
- Facilitation
- Investment

Securing and Maintaining Resources: Local

- Dedication, commitment
- Making things happen
- Finding local resources

Research To Policy In Nebraska: Telehealth

- See: www.unmc.edu/rural
- Recommendations

1. Initial applications of telehealth must be responsive to the provider's needs.
2. Any new program should aim to include interactive video.
3. Health professionals currently using telehealth services should be champions of those applications.
4. There should be formal training for everyone involved in telehealth consultations.
5. Advocates for telehealth must continue to press for changes in reimbursement policies.
6. Programs in telehealth should incorporate broad-based community participation by including applications of interest to community groups.
7. Fast and reliable broadband interconnectivity needs to be available.

Research To Policy In Nebraska: Emergency Medical Services

- After September 29, 2001, see: www.unmc.edu/rural
- Recommendations

1. Improve the communications from dispatchers to callers and from dispatchers to responders.
2. Increase use of billing by EMS providers.
3. Implement a public education campaign about the value of EMS focused on medical value.
4. Implement continuing education programs using telecommunications/distance learning.
5. Conduct periodic small group discussions with providers focused on training and testing requirements.
6. Work with agencies wanting to become more advanced in the level of service provided.

For The Future: Break Away And Breakthrough

- Break Away
  - to place-based policies
- Breakthrough
  - to redesign rather than incremental change

Making An End: Use of Leverage

- The power of research and analysis
  - It's in the numbers
  - It's in the stories
  - It's in the use for programming and achieving provable outcomes
  - It's in timely use

Making An End: Use of Leverage

- The power of organized efforts
  - Organizing locally
  - Organizing in the state: Nebraska Rural Health Association
  - Organizing nationally: National Rural Health Association
- Make it happen, achieve an end and not just a means

Nebraska Center for Rural Health
www.unmc.edu/rural

RUPRI Center for
Rural Health Policy Analysis
www.rupri.org/healthpolicy