RURAL HEALTH WORKSHOP

Rural Health – Time for a National Emergency Declaration

WELL-AHEAD

LOUISIANA RURAL HEALTH ASSOCIATION

Speaker

- Billy U. Philips, Jr., Ph.D., M.P.H.,
  - Executive Vice President and Director
  - The F. Marie Hall Institute for Rural and Community Health

Rural Health – Time for a National Emergency Declaration?

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Declarations

I, Dr Billy U Philips, Jr, declare to the best of my knowledge that:

- I have accurately represented the titles and appointments that I hold at Texas Tech University Health Sciences Center.
- I have no personal financial interests associated with this presentation.
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Telehealth
Access
Demographics
Mental Health
Payment Models
SOCIAL DETERMINANTS
Populations
Long Term Care
Infrastructure
Vulnerable
Disparities
Quality
Wellness
Workforce

Steps to Declare a National Disaster

The Robert T Stafford Disaster Relief and Emergency Assistance Act, U.S.C. §§ 5121-5207

"All requests for a declaration by the President that a major disaster exists shall be made by the Governor of the affected State."

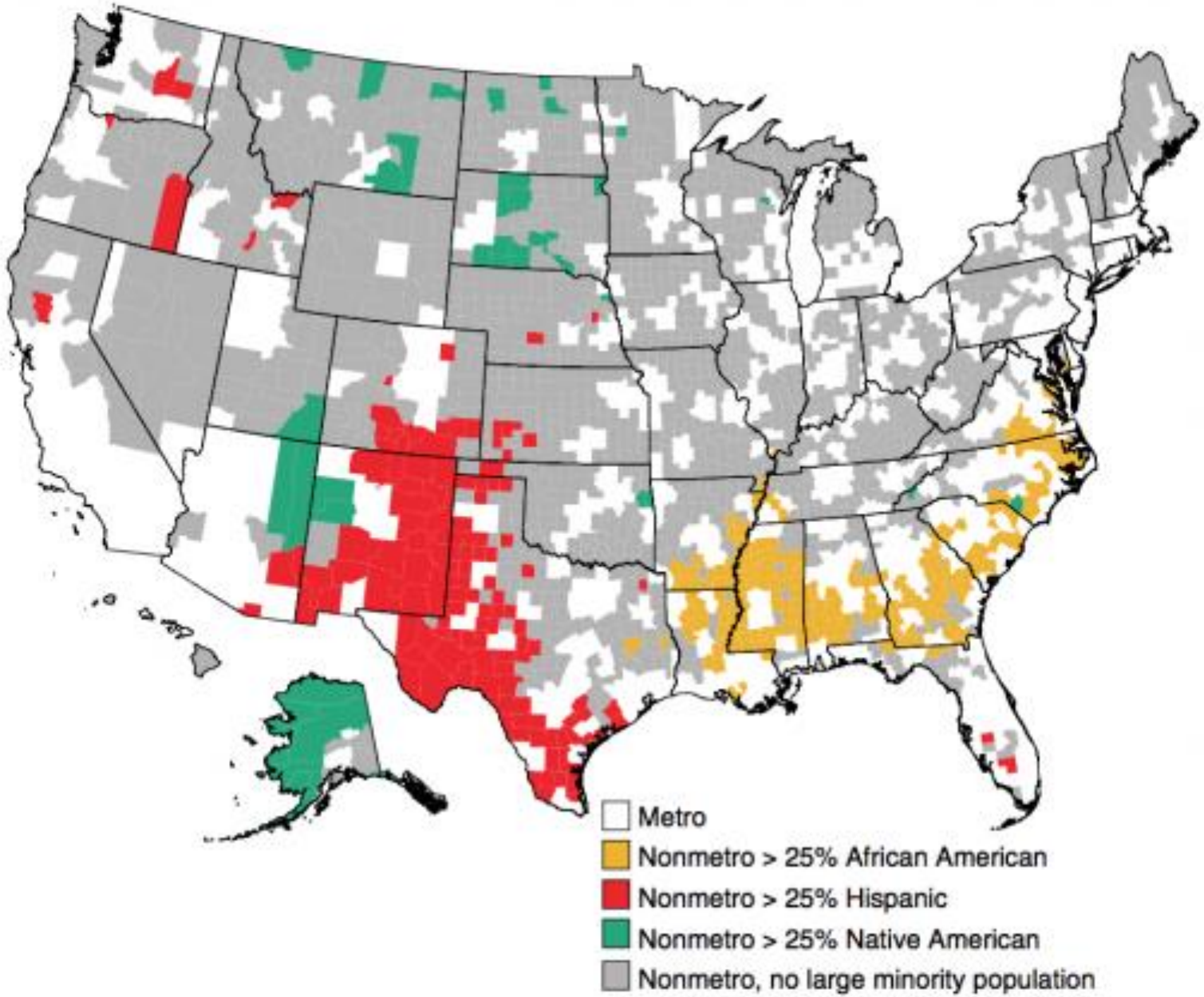
Damage Assessment

- The extent of the disaster
- Its impact on individuals and public facilities
- The types of federal assistance that may be needed

Part 1

THE EXTENT OF THE DISASTER

Nonmetro counties with large minority population shares

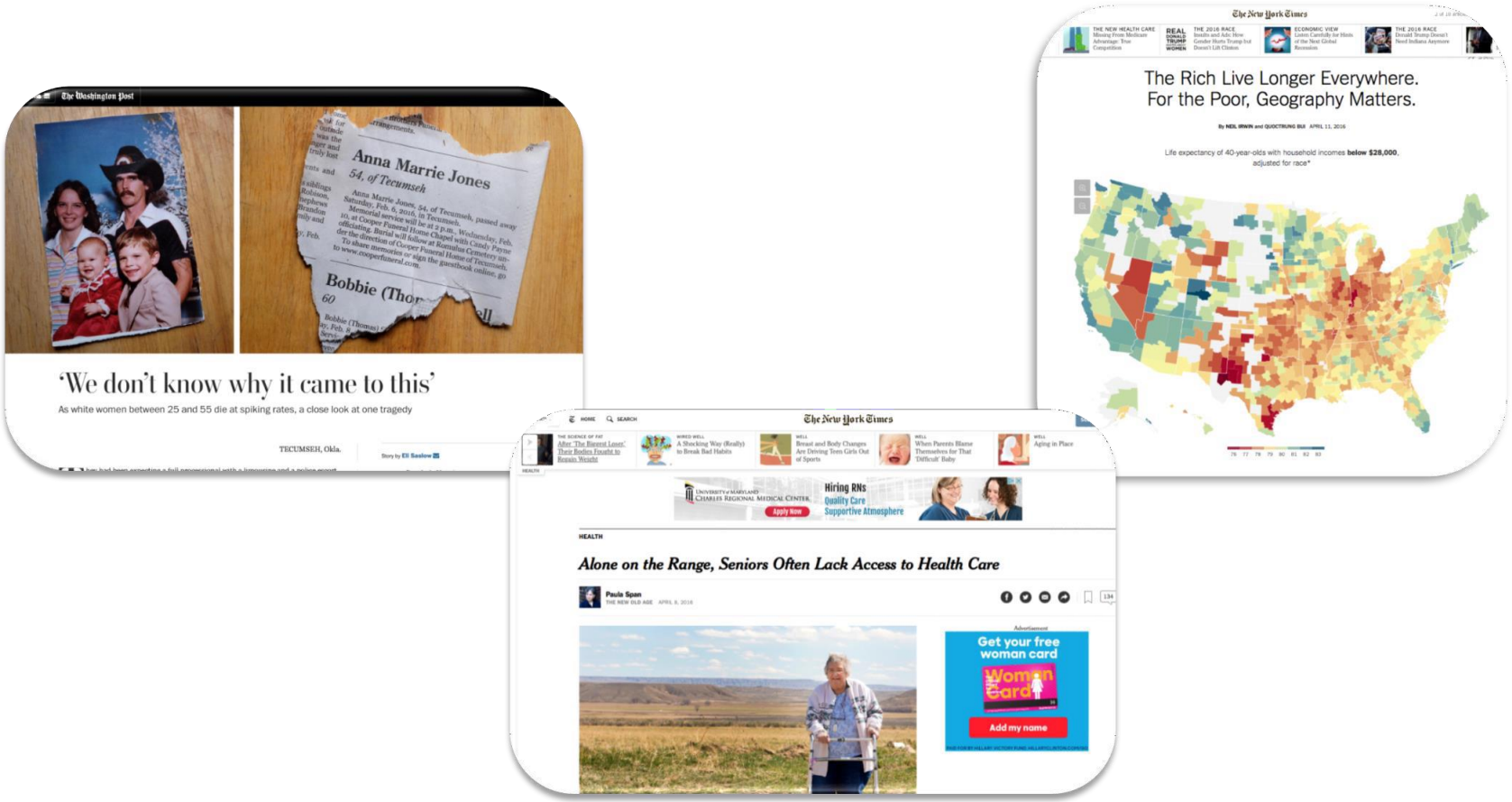


Source: USDA, Economic Research Service analysis of U.S. Census 2000.

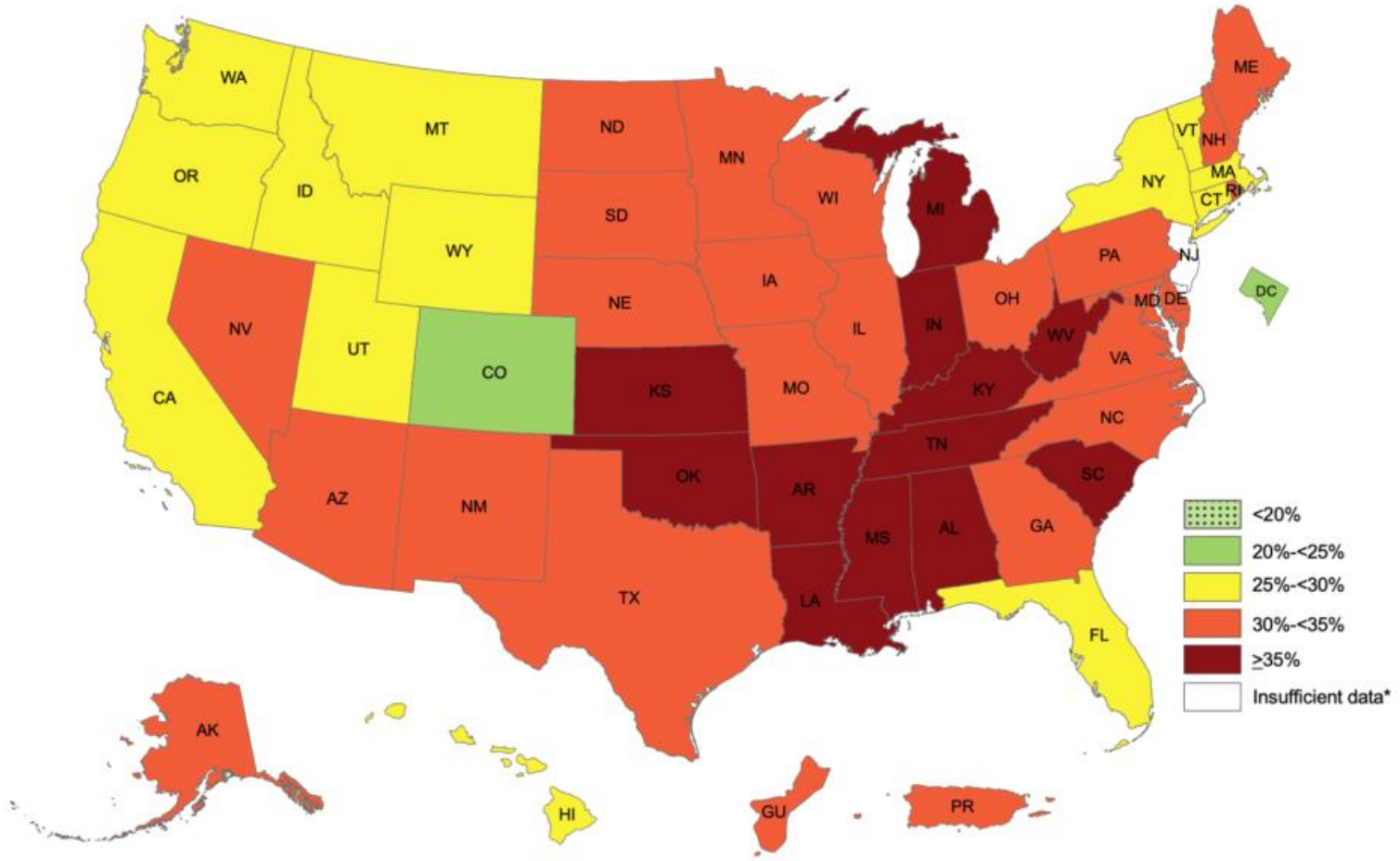
Rural Populations are Older, Sicker, Poorer

- The median age of adults living in rural areas is greater than those living in urban:
  - Rural: 51 years
  - Urban: 45 Years
- 18.4% of rural residents are age 65+, whereas its 14.5% in urban
- **Rural areas have higher rates of several health risk factors/conditions:**
  - **Obesity**
  - **Diabetes**
  - **Smoking**
  - **Substance Use & Abuse**

Declining Life Expectancy



Obesity rates in rural America continue to rise - CDC



Rural Cancer Rates

(Source: Centers for Disease Control and Prevention, MMWR Series July 2017)

- 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.***

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012

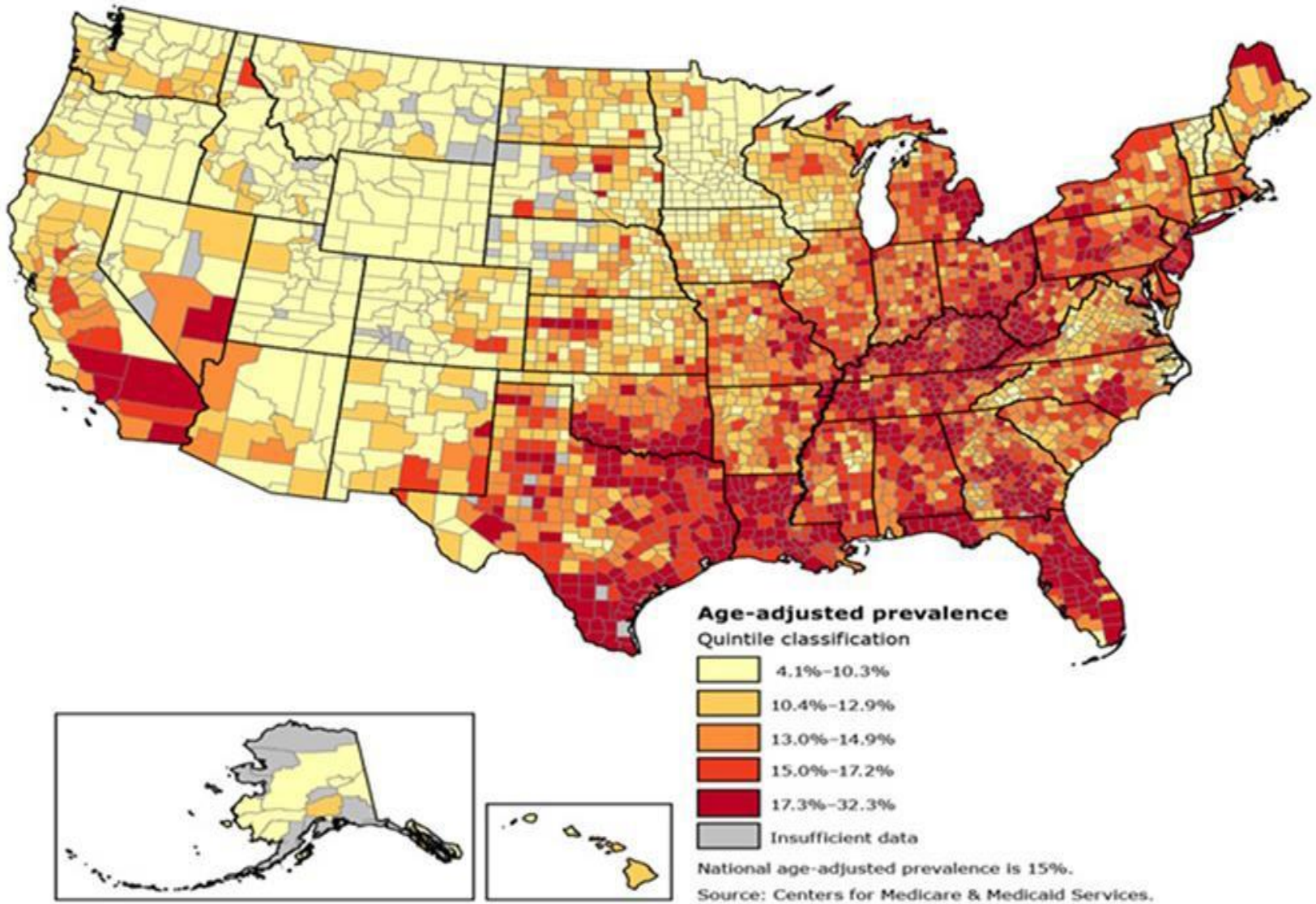


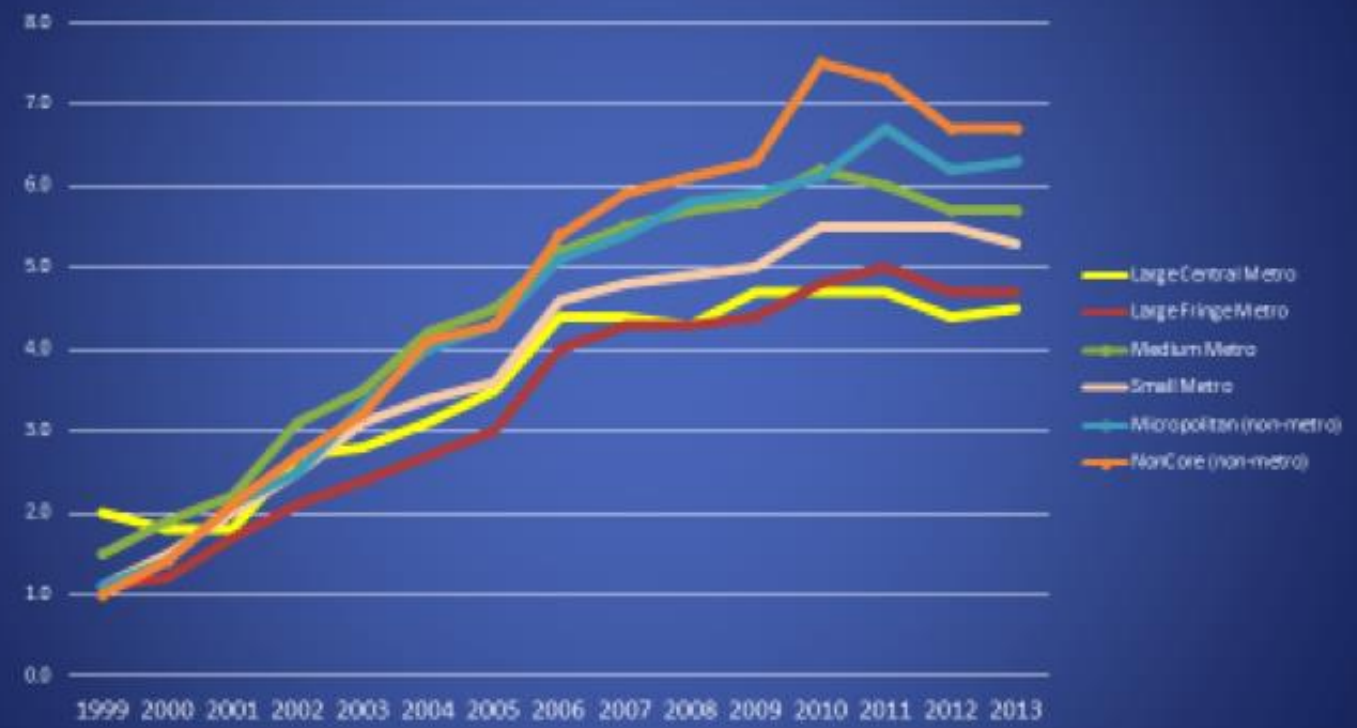
Table 1. Prevalence of Diseases, by Income, 2011 (percent of adults)

DISEASE OR ILLNESS	ANNUAL FAMILY INCOME				
	Less than $35,000	$35,000–49,999	$50,000–74,999	$75,000–99,999	$100,000 or more
Coronary heart disease	8.1	6.5	6.3	5.3	4.9
Stroke	3.9	2.5	2.3	1.8	1.6
Emphysema	3.2	2.5	1.4	1.0	0.8
Chronic bronchitis	6.3	4.0	4.4	2.2	2.4
Diabetes	11.0	10.4	8.3	5.6	5.9
Ulcers	8.7	6.7	6.5	4.7	4.4
Kidney disease	3.0	1.9	1.3	0.9	0.9
Liver disease	2.0	1.6	1.0	0.6	0.7
Chronic arthritis	33.4	30.3	27.9	27.4	24.4
Hearing trouble	17.2	16.0	16.0	16.2	12.4
Vision trouble	12.7	9.8	7.5	5.7	6.6
No teeth	11.6	7.8	5.5	4.2	4.1

Source: J. S., Schiller, J. W. Lucas, and J. A. Peregoy, "Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2011." Vital and Health Statistics 10, no. 256 (2012): 1–207, tables 1, 4, 8, and 12. http://www.cdc.gov/nchs/data/series/sr_10/sr10_256.pdf.

Drug Poisoning Deaths Involving Opioid Analgesics by Urbanization, United States, 1999–2013

(Deaths per 100,000 Population, Age-Adjusted)

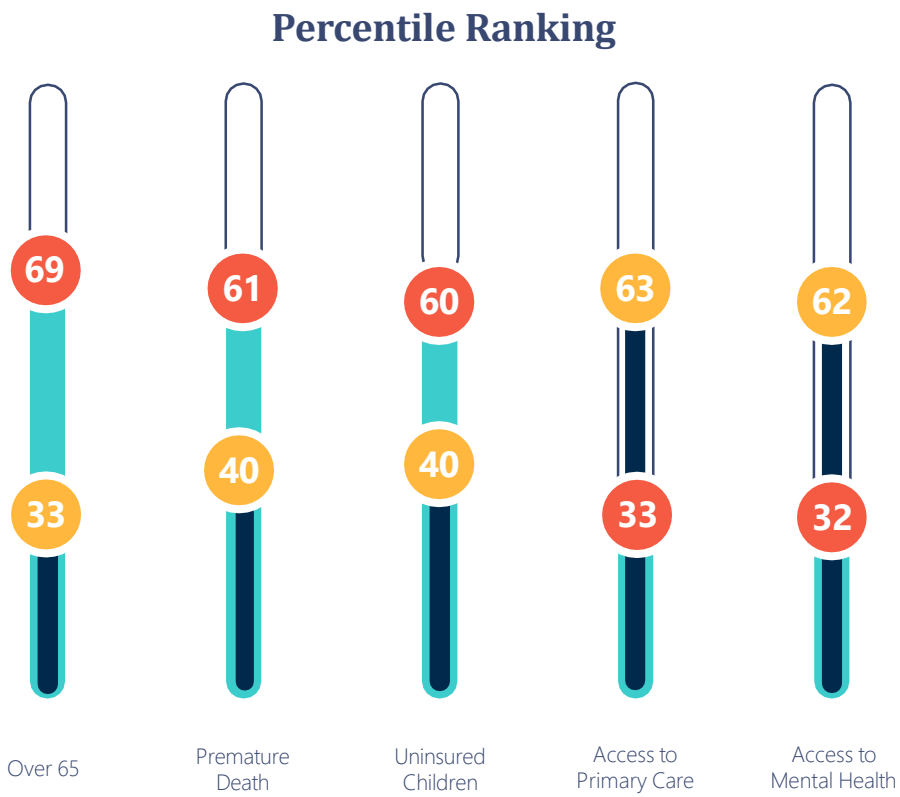


Source: Centers for Disease Control and Prevention, National Center for Health Statistics. *Multiple Cause of Death 1999-2013* on CDC WONDER Online Database, released 2015. Data were extracted by ONDCP from http://wonder.cdc.gov/mcd-icd10.html on September 17, 2015.

Population Health Disparity

Rural

Urban



Source: The Chartis Center for Rural Health, 2021.

Part 2

IMPACT ON INDIVIDUALS & PUBLIC FACILITIES

The Rural Provider Environment

-1400 total Federally Qualified Community Health Centers

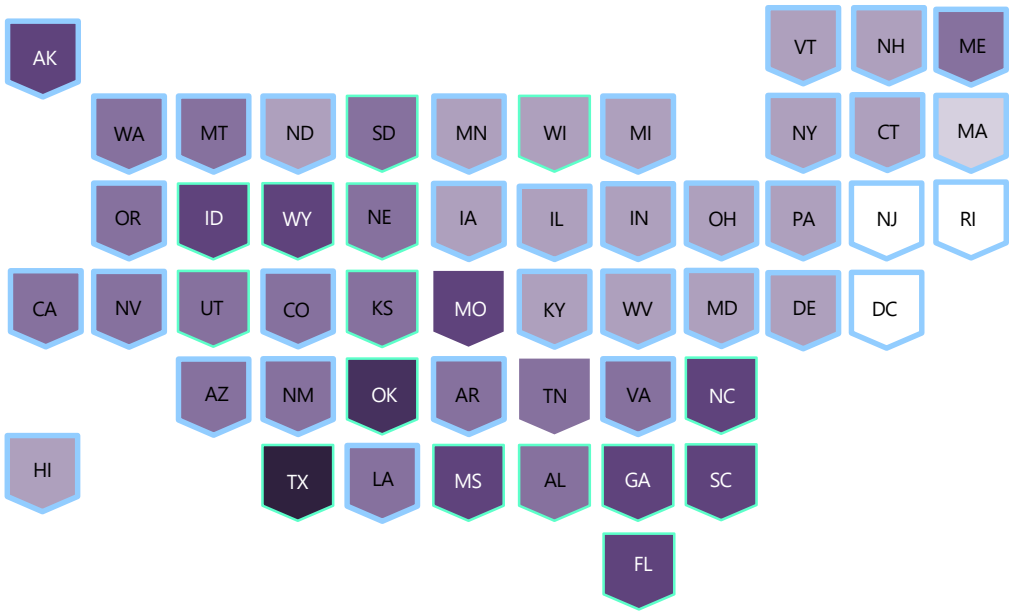
(600 rural, serve 1 in 5 rural residents)

-5000 Rural Health Clinics

-1300 Critical Access Hospitals

-500 Rural Prospective Payment Hospitals

Rural Population Disparity
Uninsured Adults



Percentage of population served by rural hospitals that is adults under age 65 without health insurance.

0-5% 6%-10% 11%-15% 16%-20% 21%-25% >25%

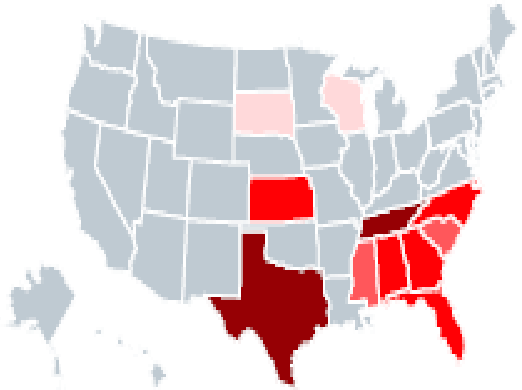
Medicaid Expansion State (implemented as of 12/31/19)

Source: The Chartis Center for Rural Health, 2021.

The Safety Net at Its Weakest

States yet to adopt or implement Medicaid Expansion

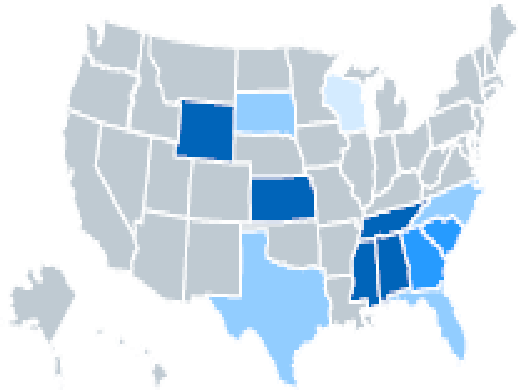
Hospital Closures



85 closures since 2010

Texas – 24
Tennessee – 17

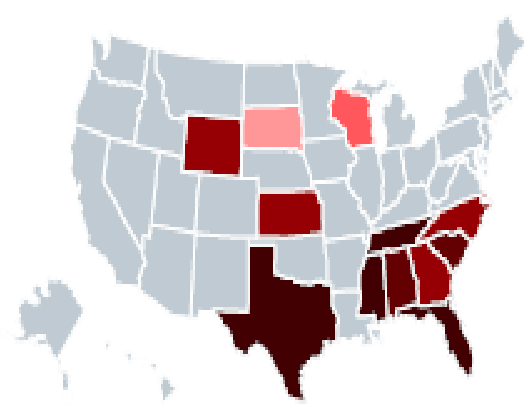
Operating Margin



51% of rural hospitals in the red

Kansas – 79%
Wyoming – 78%

Vulnerability



254 hospitals vulnerable to closure

Tennessee – 53%
Florida, Texas – 50%

Source: The Chartis Center for Rural Health, See slides 3, 4, and 5 for map legend pertaining to hospital closures, operating margin and vulnerability.

Rural Hospitals Vulnerable to Closure

453 At-Risk
as of March 2023

Source: The Chartis Center for Rural Health, 2021.

Rural Hospital Closures

Number of rural hospitals closed since 2010.

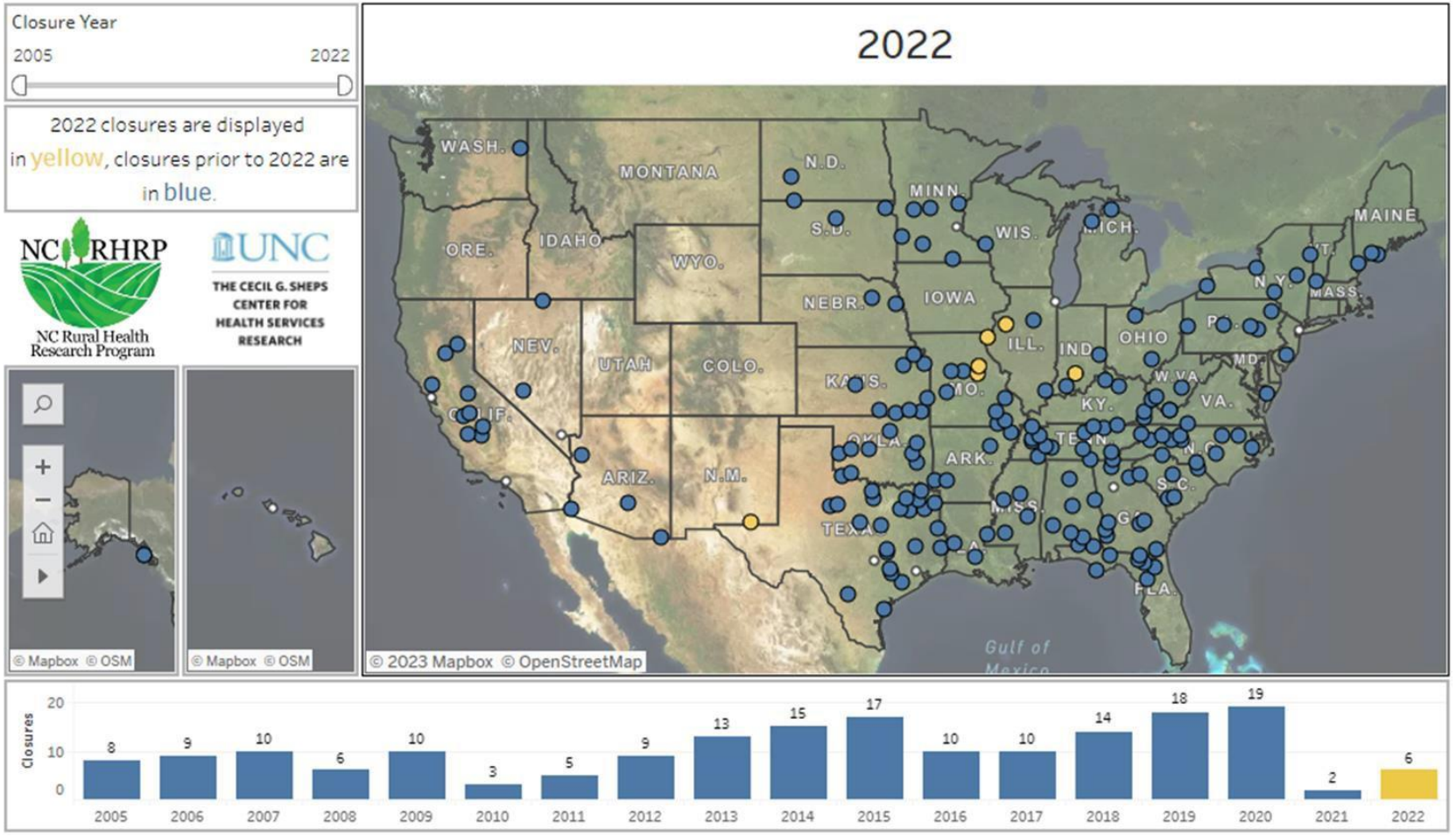
0 | 1-2 | 3 | 4 | 5-8 | 10+

Medicaid Expansion State (implemented as of 12/31/19)

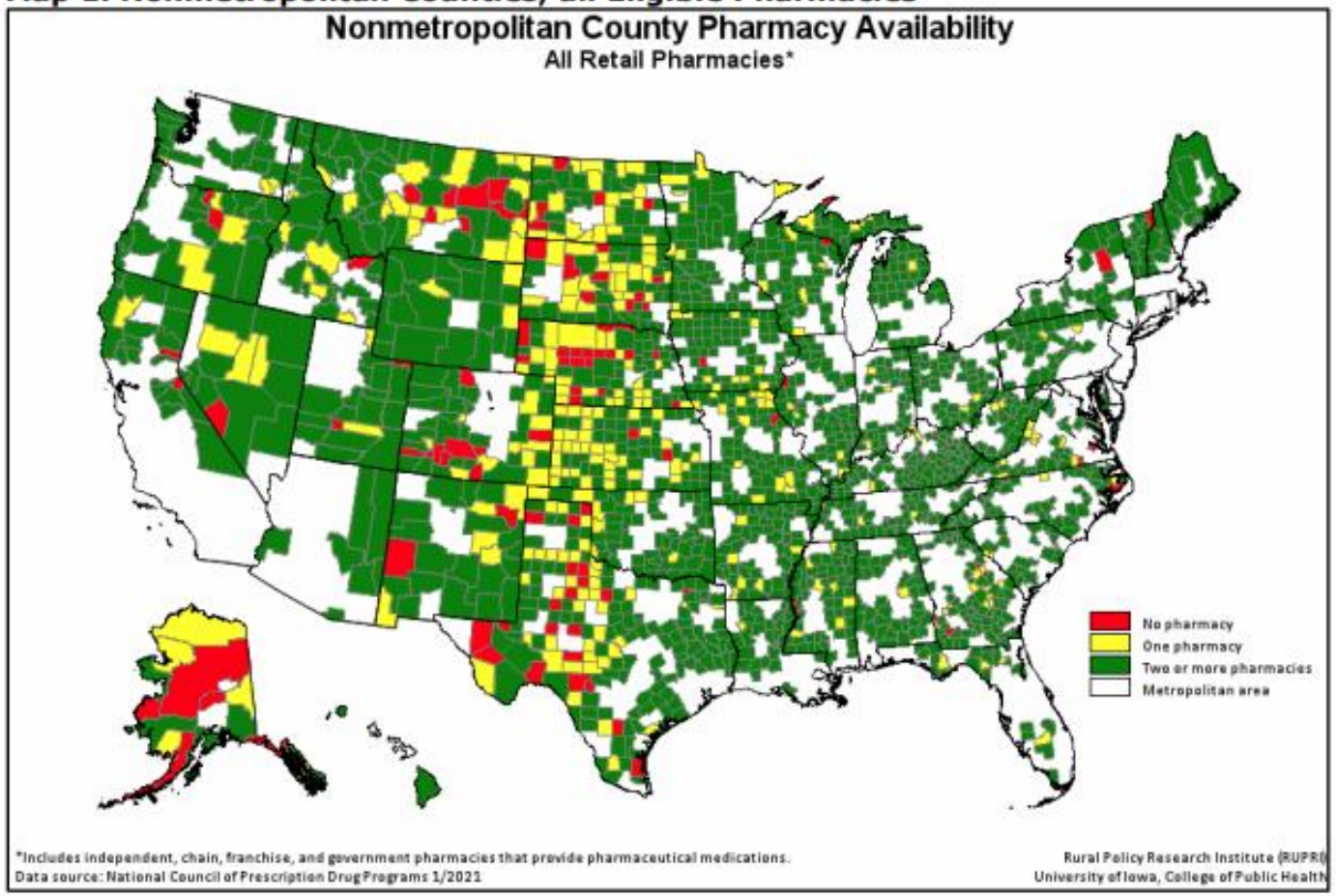
143 Closures
as of March 2023

Source: Sheps Center, UNC
Source: The Chartis Center for Rural Health, 2021.

Rural Hospital Closures



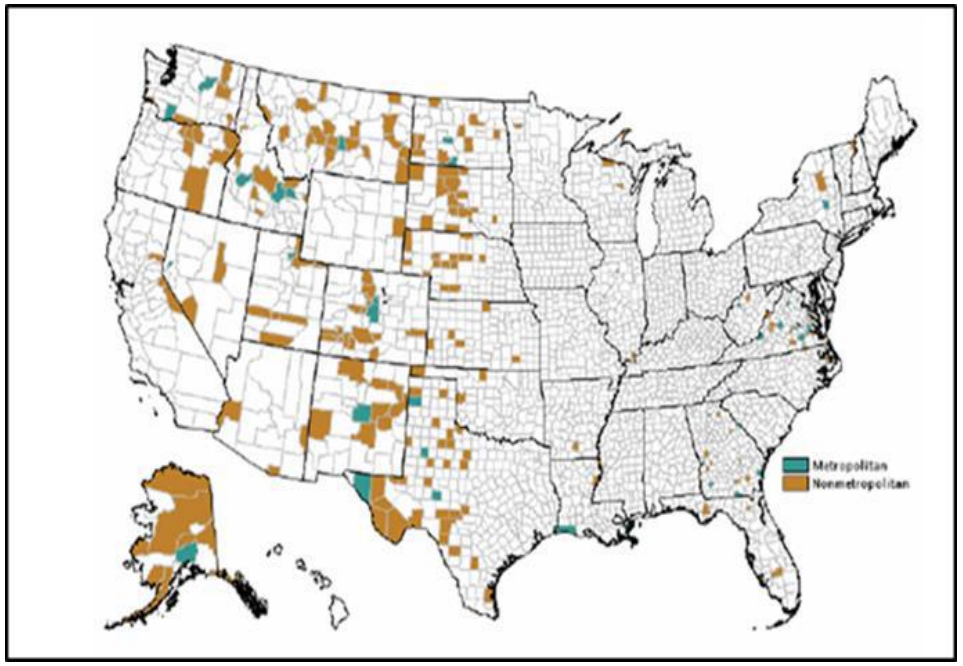
Map 1. Nonmetropolitan Counties, all Eligible Pharmacies



- 2003-2018 – 1231 independently owned rural pharmacies
- 16.1% closed
- 630 rural communities with at least 1 pharmacy in 2003 had 0 in 2018

https://rupri.public-health.uiowa.edu/publications/policybriefs/2020/COVID%20Pharmacy%20brief.pdf

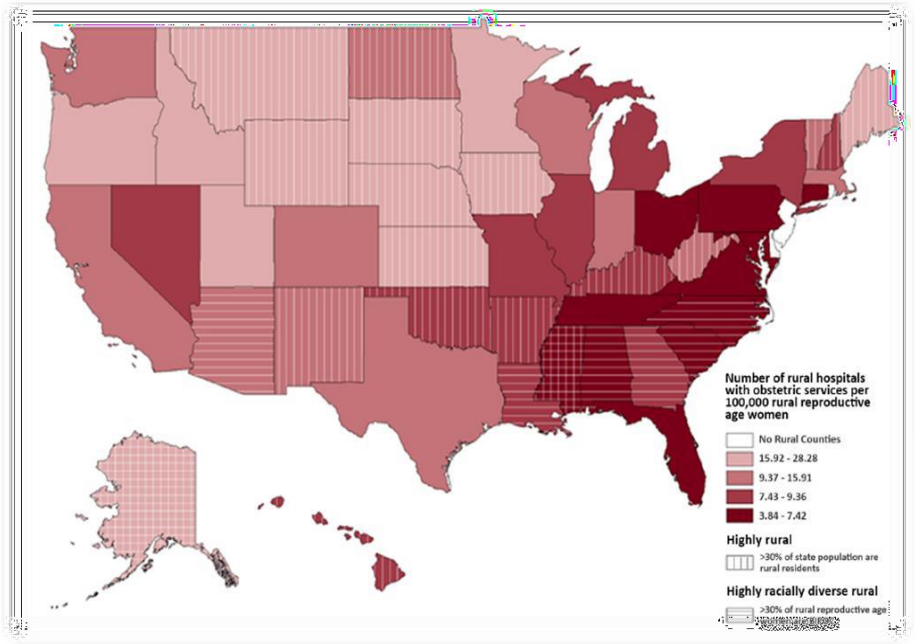
Rural Nursing Home Closures



- 10% of rural counties are nursing home deserts
- From 2008-2018, *400* rural counties experienced at least 1 nursing home closure

- https://rupri.public-health.uiowa.edu/publications/policybriefs/2021/Rural%20NH%20Closure.pdf

Maternity Deserts Nationwide



- 56% of rural counties lack hospital-based OB services
- Substantial state and regional variability
- Loss of hospital-based OB services is most prominent in rural communities:
  - With a high proportion of Black residents
  - Where a majority of residents are Black or Indigenous have elevated rates of premature death

- https://rupri.public-health.uiowa.edu/publications/policybriefs/2023/Hospital%20System%20Participation%20and%20Services.pdf

“Rural hospitals and the rural economy rise and fall together”

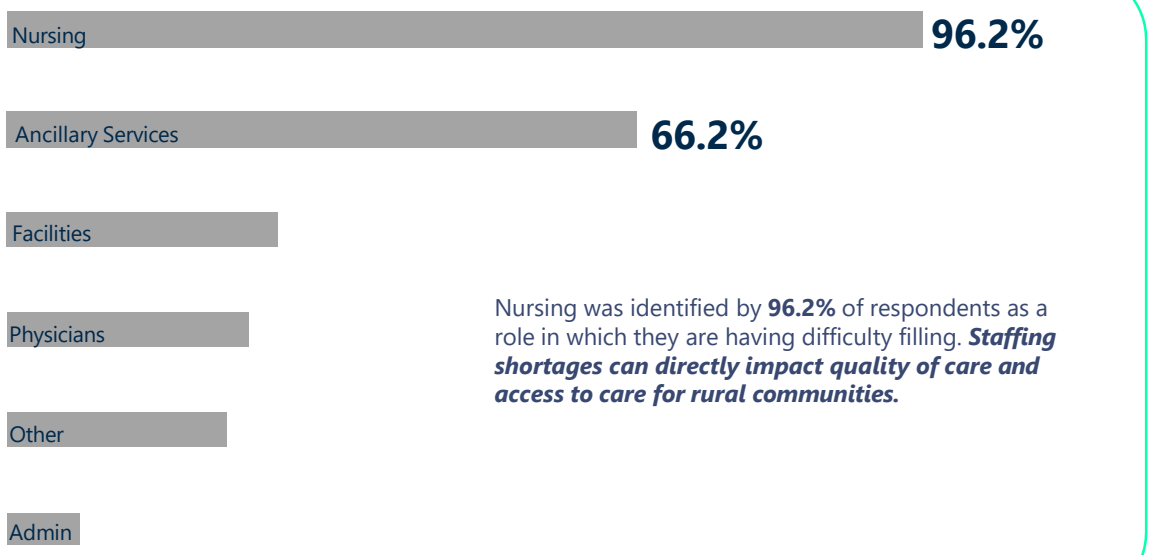
“Three years after a rural hospital community closes, it costs about $1000 in per capita income.”

- Mark Holmes, professor, University of North Carolina

- On average, 14% of total employment in *rural areas is attributed to the health sector. Natl. Center for Rural Health* Works. (RHW)
- The average CAH creates 107 jobs and generates $4.8 million in payroll annually. (RHW)
- Health care often represent up to 20 percent of a rural community's employment and income. (RHW)
- Medical deserts form in rural communities where hospitals close.

Rural Hospital Staffing Survey

Which roles are you experiencing the greatest difficulty filling?



Nursing was identified by **96.2%** of respondents as a role in which they are having difficulty filling. ***Staffing shortages can directly impact quality of care and access to care for rural communities.***

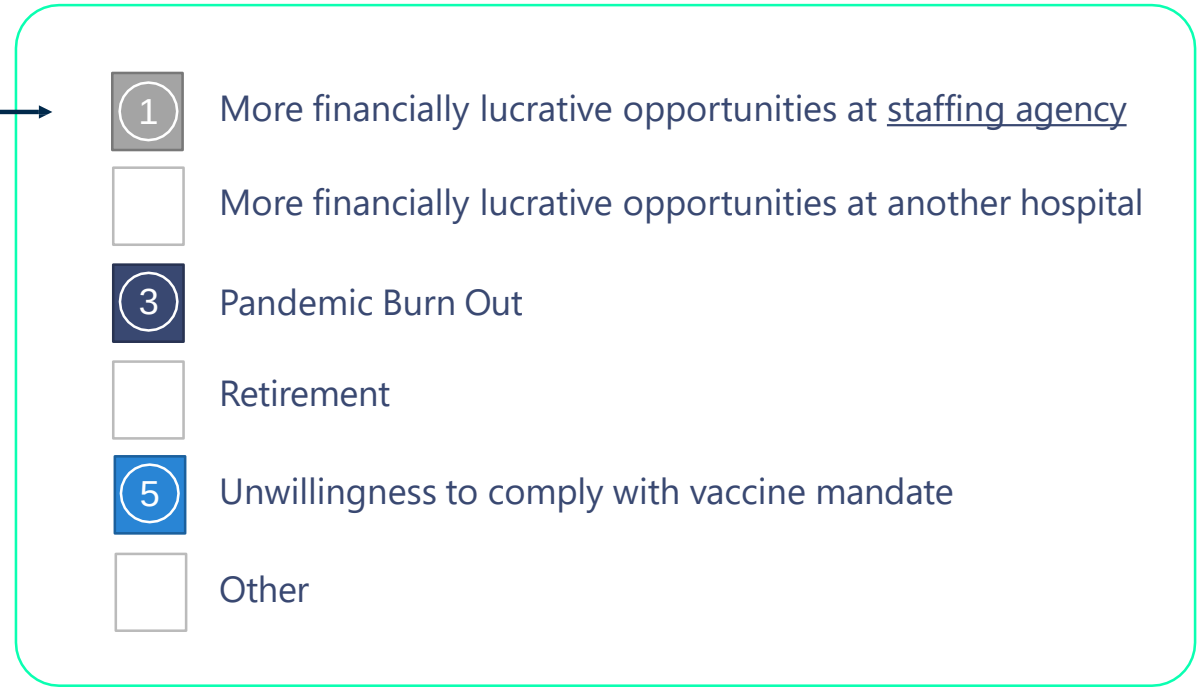
*Survey respondents were able to select multiple positions for which they are having difficulty filling. As a result, the percentages do not equal 100. Survey conducted September 21, 2021 - October 15, 2021.

Rural Hospital Staffing Survey

How would you rank the following reasons for nurse staff departures in 2021?

48%

Among survey respondents, **48%** ranked more financially lucrative opportunities at staffing agencies as the #1 reason for nurse staff departure this year.



*Survey conducted March 2, 2022 – April 15, 2022.

Drivers of rural workforce shortages

- COVID-19 burnout/exhaustion
- Baby Boomers are retiring
- Desire for flexible work schedules
- New options like remote work/digital opportunities
- Salary and benefit limitations
- Education opportunities limited
- Rural patients need more services
- Rural practice characteristics
- Rural communities lack spousal opportunities

Part 3

THE TYPES OF FEDERAL ASSISTANCE THAT MAY BE NEEDED

Strengthen the Rural Health Workforce

- Expand the Medicare Graduate Medical Education (GME) program
  - S230/HR 83 Rural Physician Workforce Production Act
  - S665 Conrad State 30 and Physician Access Reauthorization Act
  - HR751 Fair Access in Residency Act
- Support development and capacity of health care providers
  - Reintroduce Improving Care and Access to Nurses Act (HR8812 117th)
- Provide supplemental appropriations to critical workforce development programs
  - Address NHSC and Teaching Health Center GME funding cliff

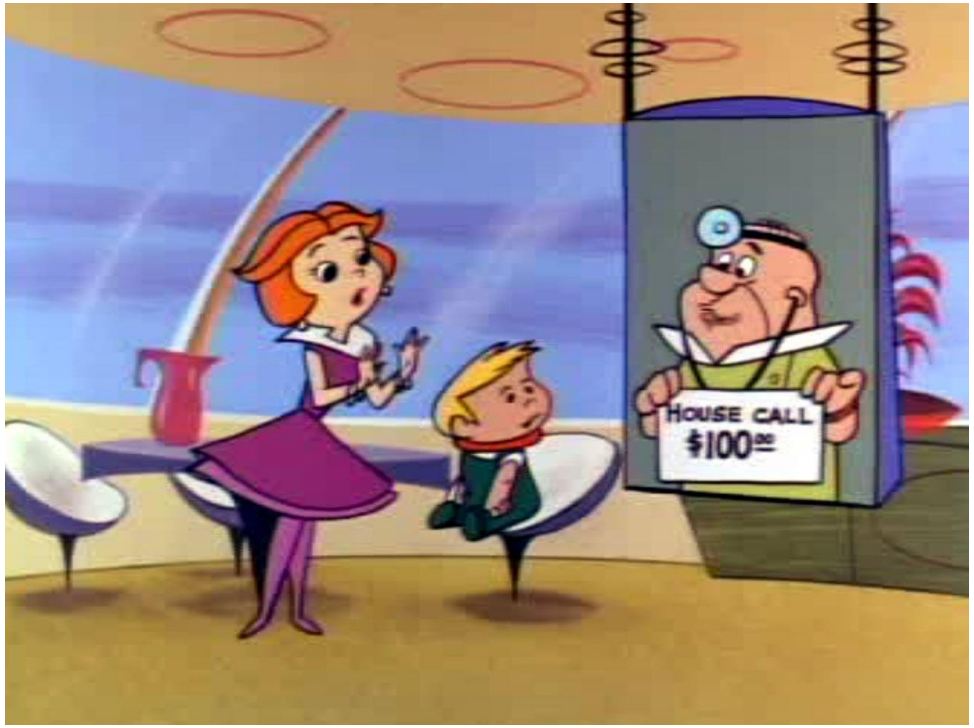
Support the Rural Health Infrastructure

- Support the rural safety net hospitals
  - HR833 Save America's Rural Hospitals Act
  - HR1565 Critical Access Hospital Relief Act
  - S803 Save Rural Hospital Act
  - Reintroduction of Rural Hospital Support Act (S4009 in 117th)
  - Reintroduction of Rural Hospital Closure Relief Act (S644 in 117th)
  - Reintroduction of Hospital Revitalization Act (S3105 in 117th)
- Modernize the RHC program
  - S198 Rural Health Clinic Burden Reduction Act
  - Developing RHC Quality Reporting Program with enhanced payment
- Ensure the 340B Drug Pricing Program remain a viable lifeline
  - Reintroduce Protect 340B Act (HR4390 in 117th)

2023 Farm Bill

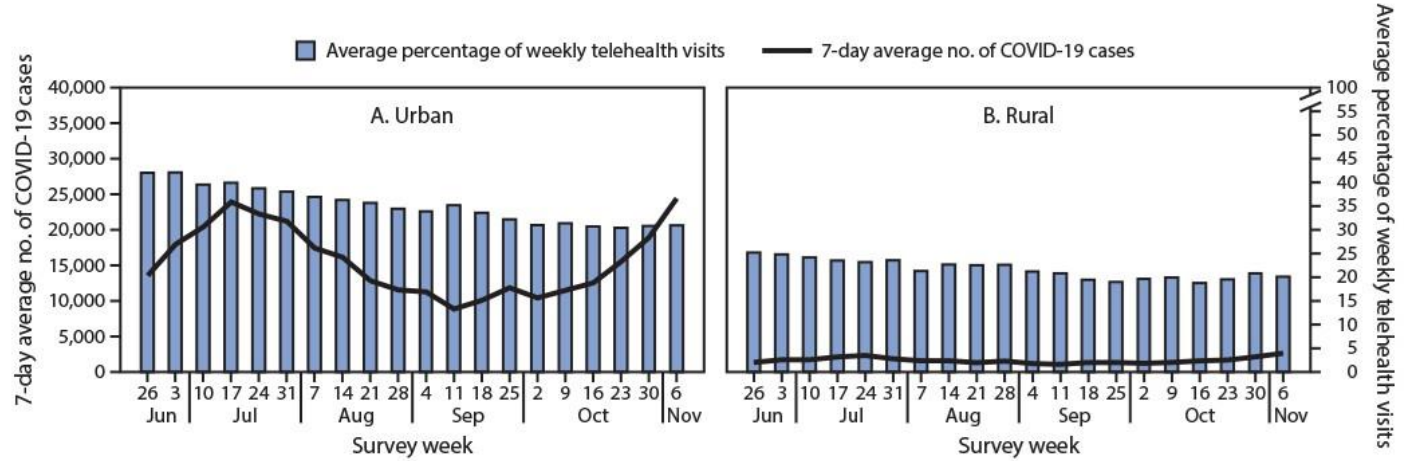
- Rural Development
  - Addressing hospital capital, capacity building grants/loans
- Broadband and Telehealth
  - Oversight, technical assistance, permanent flexibilities
- Behavioral Health
  - Farm and Ranch Stress Assistance Network (FRSAN), mental health/stress hotlines
- Nutrition
  - SNAP, Food Distribution Program on Indian Reservations, Senior Farmers' Market Nutrition Program, and GusNIP
- Other Issues
  - EMS, Childcare, USDA Rural Health Liaison

1962 - 2021



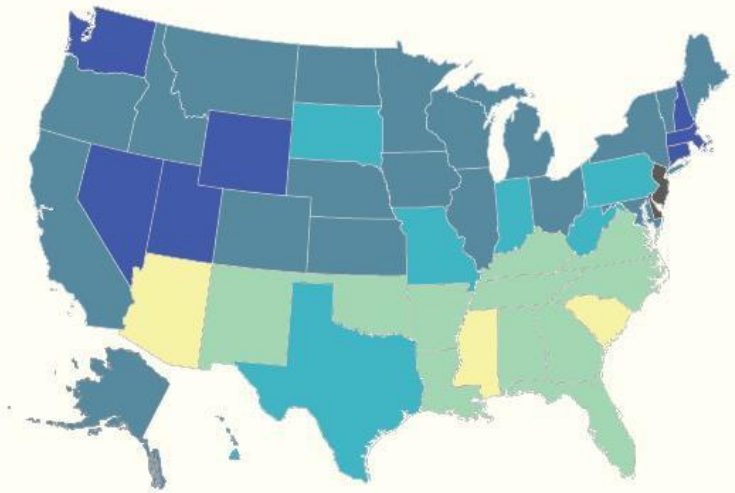
2021 Rural vs. Urban

- Cohort study of 36 million Americans with private insurance
- 0.3% of contacts in 2019 to 23.6% of all contacts in 2020 (March-June)
- This represents a 79x increase
- Rural-urban disparity



National Rural Health Association

RURAL HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS



Source: Housing Assistance Council tabulations of American Community Survey 2016 - 1 year variable B28002. Rural refers to outside OMB-designated metropolitan areas.

HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS

Source: Housing Assistance Council tabulations of American Community Survey 2016 - 1 year.

83% METROPOLITAN

VS

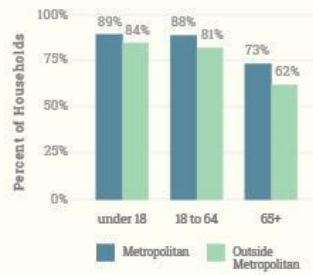
73% OUTSIDE METROPOLITAN

BROADBAND SUBSCRIPTIONS

BY INCOME

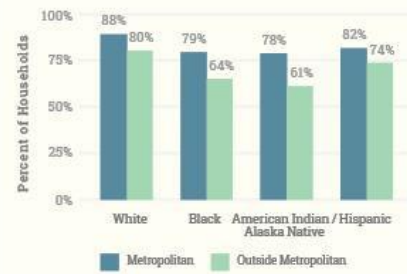
Source: Housing Assistance Council tabulations of American Community Survey 2016 - 1 year.

BY AGE



Source: Housing Assistance Council tabulations of American Community Survey 2016 - 1 year.

BY RACE / ETHNICITY



Source: Housing Assistance Council tabulations of American Community Survey 2016 - 1 year.

CMS Center for Innovation

OLDER MODELS

- Frontier Extended Stay Clinic (FESC)
- Frontier Community Health Integration Project (F-CHIP)
- Rural Community Hospital Demonstration Program

NEWER MODELS

- Global Budget Model
- – Sen. Bob Casey (D-PA)
- 24/7 ER Model with Cost-based Reimbursement
  - – Community Outpatient Hospital
  - – REACH ACT

Expand Capacity
End Cost Shifting
Pay equitably across provider entities
Focus on Value-based outcomes
Recognize rural differences

Need for a New Model

- Rural hospital closures
  - Closures could resume after covid funding is gone
- Declining inpatient utilization
  - Average revenue coming from outpatient services increased from 66.5% in 2011 to 74.2% in 2019
- Access to emergency care
  - Study show rural ED care for potentially life-threatening conditions is comparable to that in urban settings
  - Importance of ensuring access to treatment at local EDs in rural and frontier communities
- Quality is better in rural facilities
  - Outcomes, metrics, and value derived
  - Inequities in payment models

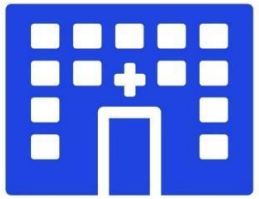
New!
Rural Emergency Hospital

Clinic

Limited hours
No Emergency Services
No Overnight Stays
Primary Care

Rural Emergency Hospital

Open 24/7
Emergency Services
No Overnight Stays
Primary Care
Telemedicine



Hospital

Open 24/7
Emergency Services
Overnight Stays

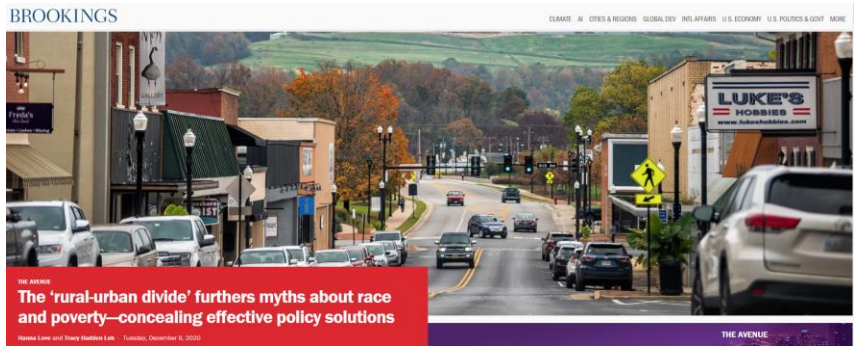
In Summary –
Fragile Rural Health Safety Net

- Vulnerable populations
- Systemic workforce shortages
- Scattered populations with inherent access to care issues
- Limited resources for providers
- Inadequate Medicare, Medicaid and private insurance coverage
- Lack of Medicaid expansion and high uninsured populations
- Rural provider closures

Is it time to sound the alarm?

Have we established:

- The extent of the disaster…
- Its impact on individuals and public facilities…
- The types of federal assistance that may be needed…



First, it prioritizes the political concerns of an imagined, white rural monolith and erases the needs of rural people of color… Second, it furthers misconceptions about rural economies which devalue the role of rural places in American (and urban) prosperity. Third, it propagates a myth of place-based poverty that erases people living in a range of high-poverty geographies, justifying oversimplified antipoverty policies. And finally, the binary-based narrative obscures effective policy and practice solutions for rural economic development that embrace the interdependence of rural and urban economic futures.

Billy Philips
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Questions?

We want to hear from you!

https://www.surveymonkey.com/r/BW59S9F

RURAL HEALTH WORKSHOP

Breakout Sessions: 10:45 – 11:45 a.m.

WELL-AHEAD

LOUISIANA RURAL HEALTH ASSOCIATION