The Healthcare Community: The Rural Perspective Beyond Traditional Roles

NIU CENTER FOR GOVERNMENTAL STUDIES – 50 YEAR CELEBRATION
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What Does Rural Look Like Today?

Rural = 20% Population / 90% Landscape

The Census Bureau defines rural as any population, housing, or territory NOT in an urban area. The green area on the map to the right represents all the area in the United States that is classified as rural based on this definition.

Population 25 and older with a BA Degree

- Rural and Small Town: 19%
- United States: 30.3%
Rural Health Issues

**Obesity**

<table>
<thead>
<tr>
<th>Metropolitan Counties</th>
<th>Nonmetropolitan Counties</th>
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<tr>
<td>28.7%</td>
<td>34.2%</td>
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**Diabetes** is about 17% more prevalent in rural areas than urban ones, but despite this higher prevalence, CDC researchers found that 62% of nonmetropolitan counties do not have a DSMES program. Further research is needed to understand how to effectively address geographic differences. Mar 2, 2018

Diabetes Policy Brief | CSELS | OPHSS | CDC
https://www.cdc.gov/ruralhealth/diabetes/policybrief

**Cancer**

Key findings from analysis of cancer rates:
- Death rates were higher in rural areas (160 deaths per 100,000 persons) compared to urban areas (158 deaths per 100,000 persons).
- Cancer deaths in rural areas decreased at a slower pace, increasing the differences between rural and urban areas. Jul 6, 2017

New CDC Report shows deaths from cancer higher in rural ...
https://www.cdc.gov/media/releases/p0706-rural-cancer-deaths

**COPD**

A new CDC study demonstrates that Americans living in rural areas are more likely to die from five leading causes than their urban counterparts. In 2014, many deaths among rural Americans were potentially preventable, including 25,000 from heart disease, 19,000 from cancer, 12,000 from unintentional injuries, 11,000 from chronic lower respiratory disease, and 4,000 from stroke. The percentages of deaths that were potentially preventable were higher in rural areas than in urban areas. The report and a companion commentary are part of a new rural health series in CDC’s Morbidity and Mortality Weekly Report.
Prevalence of Medicare Patients with 6 or more Chronic Conditions

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

Cost of Health Care = Lifestyle Behaviors
Rural Hospital Closures and Risk of Closures

Closures Escalating

118
Since 2010

% of Hospitals Vulnerable
0% to 79%
Maternity Care is Disappearing in Rural America

In 1985, 24% of rural counties lacked OB services. Today, 54% of rural counties are without hospital based obstetrics.

More than 200 rural maternity wards closed between 2004 and 2014.
Rural Health Infrastructure – At Risk

• Emergency Medical Services

• Long Term Care

• Rural Health Clinics – 388+ have closed since 2012

• Support Services...pharmacy, mental health, behavioral health – food services deserts
Payment System – One Check

• **Continued high cost of health care...must seek other solutions**

• **Medicare moving to managed care** – 2019 had **53%** of beneficiaries in Medicare Advantage and Accountable Care Organizations

• **Global Payment Program** – Maryland, Pennsylvania and other states evaluating the option

• **State Medicaid Managed Care Organizations**

• **Commercial Insurances will follow suit**
Why Rural Matters? Our Voice

• Rural is 20% of population and 85% of US landscape
• 80,000 farmers feed the US and parts of the world
• Rural – farming, mining, natural resources, recreation, small businesses, communication, transportation and more
• Rural mattered in the last election and will matter in the 2020 election
• Media coverage and political coverage...now telling our story...our issues and needs for solutions
Rural Community Economy

• ICAHN CEOs tell me this is their top issue now...supporting the rural community.
• Rural hospital – the hub and now the catalyst
• CEOs...how do they help?
• Population changes – social determinants
Non-traditional Roles

RURAL HEALTHCARE COMMUNITY
Social Determinants – Local Community

• Able to identify patients multiple visits to emergency department and why
• Chronic care management makes a difference and improves outcomes
• Mental health and behavioral health support services
  • Adding social workers and community health workers
• Cost of dual eligible (Medicare and Medicaid) and how to better manage their care
• Re-think the needs of local people
• Asking tough questions
• Care coordination
Understanding “Why” Population Health

• Move to value based care as new delivery and payment system

• Accountable Care Organizations as an option
  • Provide tools, resources and support
    • Carves out your local population and the cost to provide that care
    • Principles of value based care same whether in ACO or not

• Population Health – Keeping patients locally
  • Rebuilding and/or expanding primary care and market share
  • Rural facilities = 30% of local market share all payers
  • Viability for the local community
  • Improving care for your patients

Mason District Hospital – Havana, IL
Community Resources and Support

- Community Health Needs Assessment...what does my community say?
- Social Services – social determinants
- Community Inventory
- Building relationships
- Emergency Medical Services
- After hours care
- Home Health
- Pharmacy...the list does on

What does rural do best? Support each other

Princeton, IL 7800 population
my community
Reach Out to the Community

Connecting the Community with Care

Providing quality and compassionate care to everyone in your family.

PTSD: It Affects More Than You Think

JUNE 23, 2019

Keep Your Kiddos Safe All Summer Long

Summertime is here! The sun is shining, the temperatures are rising, and your list of summer plans may include a few household favorites like swimming, amusement parks, or soaking up the rays. Remember! With great fun, comes great responsibility. To make sure your children enjoy summer as safe as possible remember the following tips with all your favorite outdoor activities this season!

JUNE 3, 2019

Raise One to Men's Health Month

It's important to stay on top of your health. Everyone should be aware of certain diseases and conditions that could come into play as they age or are more prone to certain health issues compared to their female counterparts. This month of June looks to help solve the problem of men's health issues.

MAY 23, 2019

Understanding Minority Health
Rural Hospitals: Independent versus System

Illinois Critical Access Hospitals (51 hospitals)

Independent – 33
- Government owned – 17
- Not for profit/ half are managed - 14
- For profit – 2

Part of a System – 18
- 15 years ago only 8 hospitals were in a system

No longer can be an island
Rural Workforce

• #1 – Physician/Practitioner Recruitment...success of the hospital, clinic and economic impact on the community

• #2 – Nursing, Lab, Imaging, Therapists, Social Workers
  • Recruitment from the Philippines
  • Grow your own

• #3 – Support Staff....business office, housekeeping, dietary

➢ Need Creative Solutions
For Rural Facilities: To Be Successful

Community loyalty and market share

Primary Care Management – clinics and practices as a business

Quality Performance
  ◦ Workforce at its best
  ◦ Manage Your Data

Specialty Care / downstream spend - 30% local and 70% downstream

Population Health Strategies – Care Coordination and Chronic Care Management

Managing your Medicare population

Community system of care...addresses social determinants
Healthcare Tomorrow for Rural

How we manage patients is changing...

**Population Health – Public Health = Partnership**
- Health of the community
- Better care
- Decrease individual cost
- Caring for chronic diseases
- Community Health Needs Assessment

Primary care focus

Data and Technology driven
- Physician rounding through technology/mobile apps

Customer changing/care coordination

Cost conscious /Insurance dilemma

**Compete for primary care**
Illinois Critical Access Hospital Network (ICAHN)

- 57 rural hospital members (51 critical access/6 small rural)
- Established in 2003; office in rural Princeton, IL
- >1400 rural hospital beds
- Serve 1.5 million rural residents
- Economic impact of $2.5 Billion dollars
- Provide primary and emergency care to 75% of rural counties
- >95% Health Professional Shortage Areas
- Employee more than 95% of rural practitioners
- > 16,000 employees

- Manage rural accountable care organization – 27 hospitals and serving 44,000 Medicare beneficiaries and 30,000 Blue Cross Blue Shield Beneficiaries
After all is said and done...
Our Business is still about the patient