

Rural Health Advisory Commission's

2012 Summary of Recommendations for Enhancement of Health in Rural Nebraska

The Nebraska Rural Health Advisory Commission's vision statement is:

All rural Nebraskans have access to a dynamic, integrated health and health care system meeting all of their physical and mental health needs.

In the face of the changing local, state, and national health care environment, the Nebraska Rural Health Advisory Commission has drafted the following 2012 recommendations for the Governor, the Legislature, the Nebraska Department of Health and Human Services, and the citizens of our State.

Each year, the Rural Health Advisory Commission considers the immediate and future access to health care issues that our state's rural communities are or will be facing. We focus on our communities because we believe that our communities matter to their citizens and to all of us who live in this State. One of the most important matters that every community must address is the health and health care accessibility for their residents.

The number of primary care providers in the State continues to decrease despite the State's increasing need. These needs are even more prevalent in our rural areas, where providers must do more with fewer resources and support than their urban counterparts. Many health care providers begin their educational journey with the dream of returning to the rural areas in which they were raised. Sadly, this goal many times remains unattained due to the many difficulties facing providers in rural areas. Lower reimbursement and longer hours are there to rudely greet the new rural provider, along with ever increasing levels of student debt. The rural health incentive programs serve to eliminate one of the major barriers in retaining and attracting young providers to return to their underserved rural areas. These programs play a vital role in providing continued access to healthcare in some of the most rural areas of the State. With a default rate of less than 9% (meaning that 91% of recipients fulfill their obligation to practice in a rural or underserved area), the tremendous success of these programs is instantly recognizable.

“Student debt has been increasing at a rate much higher than inflation, and many graduates are facing huge debt loads of greater than \$200,000. As recently reported, total student debt in this country now amounts to more total dollars than America's total credit card debt! This alone is swaying people away from primary care medicine in general, regardless of practice location. The student loan repayment programs not only serve to place providers in rural and underserved areas, but also help in attracting students to pursue primary care fields from the very beginning of training. If I am honest, I must question whether I myself, would have chosen primary care without the reassurance of these types of loan repayment programs. Along with my fellow classmates, I have begun to look for the practice location where I can make the greatest contribution to my home state. Many of us have roots in small, rural towns, and have turned back to those roots, because of the sense of home they provide. The loan repayment offered by these programs allows all of us who have ever had a dream of returning to a small rural community as a family practitioner, the opportunity to do so without the burden of mounting debt.” – Zach Frey

The following recommendations have been crafted from that perspective and with the knowledge that it will take partnerships between communities, between communities and their governments, between communities and their health professionals, and all of the other partners who have a stake in the rural places and people of our State. The issue is *access* to health and health care, and we respectfully ask your partnership in helping our rural communities to have that access.

The Rural Health Advisory Commission, therefore, recommends the following:

I. Incentive Programs for Rural Health Professionals

- A. The Rural Health Advisory Commission (RHAC) strongly advocates for maintaining financial support of the state's incentive programs (student loans and loan repayments) for statute identified rural health professionals. (2011 was the last year of the Merck Settlement cash of \$250,000.) The Commission also supports the continued assessment of health care provider shortages, especially primary care physicians listed in the Rural Health Systems and Professional Incentive Act: family practice and general surgery, physician assistants, pharmacists, advanced practice nurses, dentists, licensed mental health professionals (LMHPs), psychologists, psychiatrists, and physical and occupational therapists. We also support alternative incentives to remove barriers in recruitment and retention of these health care providers. Since 1994, 401 health professionals have or are participating in the Nebraska Loan Repayment Program with over 91% completing their practice obligation.
1. a. The Commission encourages the continued support, utilization and enhancement of the present rural health incentive programs managed by the Nebraska Office of Rural Health.
 - b. The Commission strongly encourages maintaining the current state appropriation level for the coming biennium budget for the incentive programs (student loans and loan repayments). (This would mean replacing the Merck \$250,000 amount with state funding.)
 2. a. The Commission recommends that affected/invested stakeholders participate in health care workforce studies and meet with, or communicate to, the Commission a review of their findings; and then to work at the creation of an encompassing strategy and work plan to address identified workforce shortages.
 - b. The Commission supports the development and operation of the Nebraska Healthcare Workforce Center that would be the trusted source of data related to current and future workforce shortages so that proactive solutions to resolving the shortages could be developed.

II. Behavioral Health Services:

The RHAC is deeply concerned about the present and future status of behavioral health care in rural Nebraska. Major issues needing to be addressed include the continuing shortage of community based behavioral health providers. While the state incentive programs have been

successful in placing a certain number of mental health providers in rural areas, there continues to be a strong need for additional placements. The Commission also recognizes the importance of retaining providers who are presently serving rural areas and supports the development of resources and reimbursements to assure their retention. The Commission supports an integrated health delivery system that addresses both medical and mental health needs/resources.

A. Community based mental health workforce issues should be addressed through:

1. Maintaining funding for current state incentive programs for behavioral health workers including:
 - a. supporting legislative efforts to maintain and strengthen present programs;
 - b. assessing and developing alternative funding sources; and
 - c. working with existing workforce development programs and resources.
2. Addressing provider payment incentives to encourage professionals to locate and practice in rural areas.
3. Evaluating present provider payment issues and developing recommendations to update present payment models.
4. Supporting an integrated model of care utilizing present mental health/behavioral health providers in new roles and systems.

B. Medicaid reimbursement for behavioral health providers in rural areas needs to be addressed through:

1. Reasonable reimbursement incentives for behavioral health providers practicing in rural areas.
2. Support and update payment reimbursement models for unique rural issues including:
 - a. transportation and travel costs;
 - b. supervision reimbursement;
 - c. payment reimbursements for integrated services; and
 - d. payment issues to support the use of telehealth services
3. Evaluating present Medicaid reimbursement issues and offering recommendations, as appropriate.

III. Integrated Service Delivery and Training Systems

The Rural Health Advisory Commission supports the creation of a sustainable reimbursement model to help advance integration. In order to meet the demands of the Affordable Care Act, in its current form, healthcare providers of all types will need to form integrated networks, both formal and informal, to survive. Such healthcare delivery models, as Accountable Care Organizations, bundled payments, pay for performance and the Medical Home will require the integration of providers in ways that are new to everyone. In order to meet the demands required by these and future new healthcare delivery models, Nebraska providers, both rural

and urban, will need to be prepared to meet the organizational system demands as they become known. In addition, they must also address the demographic shifts that are happening.

- A. The Commission encourages and supports the development of an integrated, networked system of basic physical and mental/behavioral health care, and the reimbursement model needed to sustain it.
- B. The Commission encourages all in-state health professional education programs to include training experiences in rural areas to assist providers in understanding the delivery of medical and mental health care challenges in a rural community.
- C. The Commission believes the rural primary health care provider system(s) are, and will continue to experience, a shortage in allied health professionals. Therefore:
 - 1. The Commission encourages the NE DHHS, the Nebraska Office of Rural Health and Primary Care Office, and appropriate associations to research the limitations of present utilization models for allied health professionals in rural areas, and create a set of priorities and strategies to address those deficiencies.

IV. Rural Emergency Medical Services

The Commission believes in the maintenance of a strong traditional emergency medical services (EMS) system and in exploring new ways in which unmet needs can be met utilizing present resources.

- A. The Commission supports the Legislature's efforts to designate a responsible entity (such as a regulation and oversight body) at the state and local levels for EMS development, implementation and operation. The Commission supports new utilization models, that will lead to a new standardization of care model for all stakeholders.
- B. The Commission recommends new EMS training models that incorporate the use of telecommunications through integrated hospital networks and emerging Rural Health Information Exchanges.

V. Rural Communication and Information Technology Systems

The Commission encourages the continued improvement and training in the use of communication technology within the rural communities. This includes a review of needs for adequate rural broadband and wireless accessibility, the training needs of present and future health care providers using this technology, and the local linkages to specialized care for our rural citizens.

- A. The Commission recommends that the Nebraska Department Health and Human Services work with advanced rural telehealth network models to identify best practices that can be duplicated in other areas of the state.
- B. The Commission strongly encourages the use of telecommunications for consultations,

education, and electronic health information delivery to and from homes, hospitals and other health care providers.

- C. The Commission recommends development of strong telecommunications linkages between public health departments, area hospitals, and other health professionals to address district-wide, regional, and statewide health needs.
- D. The Commission supports the use of electronic health record (EHR) technology by all healthcare providers and the secure sharing of patient information through health information exchanges. Even though some of these exchanges have already been developed, alternative systems need to be explored to ensure that the best systems are in use and that those systems are designed in such a way that the business model that funds them is truly financially sustainable.
- E. The Commission strongly encourages the use of standardized protocols for all reporting, transmitting and the exchange of all healthcare data.
- F. The Commission also recommends that state agencies develop the capacity to receive important patient information that certified EHRs are required to transmit.

VI. Rural Quality

The Rural Health Advisory Commission supports efforts to improve the quality of health care provided in rural areas. The Institute of Medicine (IOM) report entitled, “Quality through Collaboration: The Future of Rural Health” outlines an excellent agenda for achieving this goal. The Affordable Care Act (ACA) also calls for the development of a National Healthcare Quality Strategy to be developed. This strategy may have a significant impact on the quality efforts of all providers, especially those in rural areas. The Commission believes that Nebraska is in a position to be a leader in the implantation of this agenda, once it is defined. It also supports the efforts of healthcare providers (physicians, health departments, home health, Advance Practice Nurses, dentists, mental health providers, etc.) to join the Nebraska Coalition for Patient Safety and participate in the reporting of adverse events and “near misses” as defined by the Coalition as reportable events

A. To achieve this higher quality standard, the RHAC will:

- 1. Testify and provide additional information to the Legislature and appropriate subcommittees about the need for health care delivery changes.
- 2. Identify the additional primary care needs/solutions for the next 10 years in all health care professions. (To provide satisfactory health care to rural Nebraska residents.)
- 3. Promote continued research into utilizing, developing, and applying rural healthcare models in rural health settings.

B. Recommendations:

- 1. Encourage developing partnerships with local businesses to provide health care clinics

for the underserved, uninsured, under insured, chronic illness cases, and returning war veterans.

2. Encourage and support Universities and Colleges in establishing rural residency programs within rural health care systems. Rural residency programs should include medical, nursing, dental, mental health, pharmacy, business schools, public health, occupational health, rehabilitation students and other graduate schools that contribute to rural health.
3. Encourage apprenticeship/internships in collaboration with health clinics in rural areas from business, public health, law, information technology (IT), and marketing students.
4. Encourage and provide financial incentives to support Telehealth medicine.
5. Encourage and provide financial incentives for rural healthcare providers to continue involvement in Quality Improvement Organization programs.
6. Promote and reward broader case management concepts that increases Registered Nurse services for the underinsured, uninsured, vets, etc. in rural Nebraska.

VII. Strengthening Rural Health Services by Improving Access to Affordable Health Care

Many additional health disparity issues continue to be found in our rural communities. The recruitment/retention of providers, the maintenance of facilities, loss of population, and the cost of care/drugs for lower income patients are but a few issues facing rural Nebraska.

A. The Commission recommends:

1. The creation of a new, proven, payment template for an integrated networked service model. (This totally integrated model should be designed to help providers transition from trials to successful integration.)
2. Review of the opportunities for Nebraskans to obtain healthcare insurance coverage through the Health Insurance Exchanges created by the national health reform legislation. Careful consideration needs to be given to the decision that creates a state insurance exchange or depend on one created at the federal level for our state. How will rural Nebraska be best served?

VIII. Rural Managed Care and Reimbursement

The Commission believes that reimbursements of health services provided drive the successful models for health care delivery within our state; therefore:

- A. The Commission supports the development of a Medicaid rural “Primary Care Team” model, with attractive reimbursement, for those providing all primary care services to rural communities (Medical, Dental, Behavioral Health, etc.).

- B. The Commission recommends that all Nebraska Department of Health and Human Services' fund potential new rural care delivery models and assist with a rural impact study to identify outcomes.

IX. Veterans Care

The majority of soldiers returning from the wars come from our rural communities, which often lack the needed professional healthcare providers to assist them with the many injuries they may have received. Steps must be taken to make sure that these soldiers, who have served their country so well, are able to receive the care they need and deserve as close to their home as possible.

Issues to be included may be:

- A. The Rural Health Advisory Commission recommends the creation of a State, Veterans Affairs, National Guard, and health provider association council to address veterans (and their families) health care in rural Nebraska.
- B. Meeting the mental health needs of the returning veterans must be given the same consideration as meeting their physical needs.
- C. Work with Veterans Administration to allow veterans to receive chronic/long term care in local communities.