Advancing Rural Health Care Delivery In a Reform Framework

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Presentation to the National Rural Health Association
The 34th Annual Rural Health Conference
Austin, Texas
May 3 – 6, 2011

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Change is Underway

- Expanding coverage
- Support for new models of delivering services (e.g., Patient-Centered Medical Homes
- Continued focus on quality, now with annual report
- Cost containment with new policies, including value-based purchasing

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Inter-related Parts of the ACA

- Coverage lays a foundation
- Quality improvement assumes changes in organization and delivery
- Both coverage and system change rely on changes in payment; lower and aligned
- Savings rely on success of new delivery models, return on investment in Title IV

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Plan for this Session

- Broad themes related to implementing the ACA
- Implementation through specific rule-making
- Moving toward a new future in rural health
- Focus on coverage as a cornerstone

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Impacts of ACA in General Categories

- Taken from: "The Patient Protection and Affordable Care Act of 2010: Impacts on Rural People, Places, and Providers: A First Look" by the RUPRI Health Panel, http://www.rupri.org/Forms/Health_PPACAImpacts_Sept2010.pdf
- Coverage: more later in this session, importance of enrollment
- Medicare and Medicaid Payment
  - ✓ Physician payment: floor for practice expense, bonus for primary care services
  - ✓ Hospital payment: Value-Based Purchasing, productivity adjustment
  - ✓ Independent Payment Advisory Board and reducing cost increases
  - ✓ Studies of geographic differences (MedPAC, separately IOM)Medicare and Medicaid Payment
- Other areas: Public Health Workforce, Long Term Care

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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

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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

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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

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RUPRI Panel Recommendations for Implementing National Quality Strategy

Taken from "Securing High Quality Health Care in Rural America: The Impetus for Change in the Affordable Care Act" RUPRI Health Panel, http://www.rupri.org/Forms/HealthPanel_ACA_Dec2010.pdf

Next Steps

To help ensure that rural providers, people, and places receive the full benefit of the National Quality Strategy, we suggest the following rural-specific and nationwide actions:

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- Develop quality measures and a public reporting system that are both relevant and meaningful to rural providers and patients, and address low volume statistical challenges.
- Design reporting systems that do not imply that small size and low volumes mean poorer quality.
- Ensure that rural providers (including CAHs, FQHCs, and RHCs) participate in new payment and demonstration programs that reward quality of care, patient safety, and efficiency, as well as care coordination/care transition opportunities.

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- Provide technical assistance, support tools, and information dissemination strategies to assist and build the long-term capacity of rural providers to continually improve quality.
- Monitor rural health care workforce status to ensure that new programs designed to improve provider shortages keep pace with demand.
- Coordinate quality improvement activities within DHHS and among other federal departments to minimize effort duplication, to leverage existing programs, and to utilize common rural-relevant quality measures. Design DHHS agency-specific strategic plans to achieve national priorities and to be sensitive to unique rural issues and concerns.

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- Establish annual benchmarks for each relevant agency that support national priorities.
- Report agency-specific National Quality Strategy progress regularly to the Secretary.
- Implement strategies to align public and private payers regarding quality and patient safety efforts.
- Incorporate quality improvement and measurement in the strategic plan for health information technology as required by ARRA.

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Rule-Making: Value-based Purchasing

- Taken from Panel Comments: http://www.rupri.org/Forms/HealthPanel_VBPComments_March2011.pdf
- Agree with language about measures "appropriate to the specific provider category that reflects the level of care and the most important areas of service and measures for that provider"
- Support using both achievement and improvement scoring methodologies
- Support assessing measure reliability
- Decisions to post on the Hospital Compare website should include considerations of interpreting results driven by low volume, *balanced by* considerations of reaction to "empty cells"

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Rule-Making: Value-based Purchasing

- In its "initial eligible measures" and subsequent use of surgical care measures, account for reality that not all acute care hospitals provide surgical services
- Examine the impact of deleting "topped-out" measures on classifications of hospitals
- Support the change in mortality measure from one year to three-year rolling average
- Consider attribution of patients to appropriate hospitals when more than one hospital involved in same episode of care

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Rule-Making: Value-based Purchasing

- Highlight and agree with CMS: "VBP program should make fair comparisons between hospitals based on total performance scores (TPS) that are affected predominantly or exclusively by the hospital's performance on individual measures" and that "differences in the TPS between hospitals may also be affected by differences in the scope of services offered, which would determine the mix of measures that comprise the TPS for each hospital. Thus, a critical aspect of developing and implementing the TPS is facilitating equivalent and accurate comparisons between hospitals."

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Rule-Making: Value-based Purchasing

- Pleased that program will be evaluated for its impact on 1) access to care, 2) practice changes, 3) patterns of care, and 4) diffusion of best practices
- Suggest overall service utilization is not a good proxy for access
- Need creative access-to-care assessments, such as discretionary service (e.g., prevention services) utilization or beneficiary burden of access metrics

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Rule-Making: Health Insurance Exchanges

- From Panel response to CMS call for comments in October, 2010: http://www.rupri.org/Forms/HealthPanel_ExchangeComments_Oct2010.pdf
- Using established premium rating areas: generally the larger the risk rating area the less likely that rural employers and individuals could be adversely affected by risk rating, relative to other areas
- HEIs should be held responsible for achieving performance milestones in all areas of the state (such as percentage of persons covered by insurance)
- In considering regional exchanges, either multi-state or regional within a given state, market segmentation could have adverse consequences for rural areas if rural populations that are higher actuarial risk dominate a region

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Rule-Making: Health Insurance Exchanges

- Adequacy of provider network and access standards will be critical in ensuring that plans offered in rural and markets are comparable
- Marketing and enrollment materials and activities need to be carefully monitored to ensure that plans offered through the IEs do not engage in practices aimed at selectively enrolling individuals HIEs do not engage in practices aimed at selectively enrolling individuals or firms
- Exchanges should be structured to provide comparable choices throughout the whole HIE market area, including rural areas

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Rule-Making: Health Insurance Exchanges

- Allowing premium rating to vary by geography may led to significant variation in plan choices and plan benefit structures, resulting in limited choices for rural residents
- Developing mechanisms to coordinate public and private coverage in the Exchanges will be important in rural populations due to higher levels of public coverage and frequent coverage transitions
- Outreach to rural populations groups eligible for subsidies and employer tax credits will be crucial to ensure that these individuals and their employers are aware of coverage opportunities

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Rule-Making: Accountable Care Organizations

- Comments on proposed final rule under development
- Commented previously on questions posed by CMS (December, 2010): http://www.rupri.org/Forms/HealthPanel_CMSComments_Dec2010.pdf
- ACOs serving rural populations should be required to adhere to an access standard based on usual patterns of care seeking
- Retaining local autonomy a high value for rural primary care physicians

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Rule-Making: Accountable Care Organizations

- Allow small rural physician practices to participate in multiple ACOs
- Payment incentives should reward improved performance among already high-performing practices and hospitals through comparison to national benchmarks
- A plan to disseminate best ACO models that include rural providers should be implemented

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Rule-Making: Accountable Care Organizations

- Since gain-sharing implies payment after services have been provided, small practices/hospitals with fewer resources will need upfront capital assistance to implement processes necessary for health management
- Federal support is required, through funding and regulation, for health information system interoperability

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Rule-Making: Accountable Care Organizations

- Both patient-centeredness and access (particularly utilization of preventive services) should be measured and measures must be rural relevant
- Patient-centeredness assessment should include indicators of cultural sensitivity, informed consent, and patient education
- Should include patient satisfaction with entire experience of care when assessing patient-centeredness

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And the beat goes on …

- Comments on ACO proposed final rule by June 6
- Publication of final rule for VBP
- Publication coming of proposed final rule on HIEs
- State HIE plans

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An end game, ultimate goal, the prize: High-Performing Rural Health System

- RUPRI Health Panel developing a document to be released this summer
- Vision: rural health care that is affordable and accessible for rural residents through a sustainable health system that delivers high-quality, high-value services; a high-performing rural health system informed by the needs of each unique rural community will lead to greater community health and well-being

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High-Performing Rural Health System

- Foundation stones: affordable (patients, communities, society), accessible (local services, transportation and technology to connect), population and community health (including addressing disparities), integration and care coordination (focus on primary care, full continuum addressed, chronic care management), patient and community centered
- Develop a population and primary care-based health system
- Includes rural cooperation and networks
- Regional collaborative systems

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Not losing sight of goals of patient care and appropriate utilization of services

- System issues important
- But starts with coverage …

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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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