

# Health Care Reform and the Future of Health Care in Rural America

Presentation to the American Public Health Association

Presented by

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# Standing in the shadows of Bob LeBow, M.D

*2002: "I see my patients continuing to wander in the health care wilderness without much hope of finding the path out. Even more ominous, I see millions of currently insured Americans facing the danger of losing their coverage-and their-dignity-as our healthcare system slips towards "meltdown."*

*"Our health care system-or, more precisely, nonsystem-has evolved into a monster, a disorganized, overly complex creature that robs people of their health, their money and their dignity."*

Source: Health Care Meltdown, Boise Idaho JRI Press 2002

# Lead the Way to a New World in Rural Health Care Delivery

And to make the changes happen in a favorable way:

- Must be systemic change
- That is created locally, perhaps with ideas from national policy
- And facilitated through regional collaboration
- Supported by national policy and resources

# Make the most of technology

- Focus first on basic needs
- Emergency room care and transfers
- 24/7 pharmacy order review
- Consultation, including radiology

# Make services available locally

- E-ICU
- Mental/behavioral health
- Dermatology
- Other

# Optimal use of professionals

- The Patient-Centered Medical Home model
- Non-physician primary care providers
- Extenders of care emanating elsewhere

# Include public health in our thinking and planning

- Integrated with clinical care, part of PCMH
- Independent community-based providers
- Supported in title IV and V of the ACA

# Improving the System

- Quality measure development
  - ✓ Outcomes and function status
  - ✓ Management and coordination across episodes and care transitions
  - ✓ Patient centeredness





# System Change

- Drivers are toward integrated systems of care, including quality measures applied to patient transfers
- Broadening to include more emphasis on care in the home – Section 3024 establishes an Independence at Home Medical Practice category, serving at least 200 applicable beneficiaries and using electronic health information systems, remote monitoring, and mobile diagnostic technology

# System Change continued..

- Community health teams, patient centered-medical homes, health teams (Section 3502)
- Regionalized systems for emergency care

# System Change: Big Picture

- Secretary develops a national strategy by January 1, 2011 to improve the delivery of health care services, patient health outcomes and population health
- Secretary develops quality measures assessing health outcomes and functional status, management and coordination across episodes and care transition, and experience, quality, and use of information to and used by patients

# Big Picture continued...

- Center for Medicare and Medicaid Innovation in CMS
- National Health Care Workforce Commission
- Patient-centered Outcomes Research Institute and trust fund: rural-relevant comparative effectiveness research?

# Using Elements of the Legislation as a Package

- Integrating systems for payment and quality improvement
- Patient focus and primary care
- Opportunity for public health overlay

# ACA Opportunities: Title IV, Subtitle A

- The new National Prevention, Health Promotion and Public Health Council
- The new Advisory Group on Prevention, Health Promotion, and Integrative Public Health
- Use of a new Prevention and Public Health Fund
- CDC to convene an independent Community Preventive Services Task force

# ACA Opportunities:

## Title IV, Subtitle A, continued...

- Planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span
- Establish and implement a national science-based media campaign on health promotion and disease prevention

# ACA Opportunities: Title IV, Subtitle B

- School-based health centers
- Medicare coverage of personalized prevention plan services



# ACA Opportunities: Title IV, Subtitle C

- CDC grants for implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base of effective prevention programming
- Grants to provide public health community interventions, screenings, and clinical referrals for persons between ages 55 and 64

# ACA Opportunities: Title IV, Subtitle D

- Funding for research in the area of public health services and systems
- Employer based wellness assisted
- Epidemiology and Laboratory Capacity Grant Program
- Funds to carry out childhood obesity demonstration projects

# Choice: Lead or Follow

- Change is coming and with a sense of urgency
- Could be very helpful to rural health care delivery
- **If shaped locally**
- **And regionally**

# 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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