

Strategic Plan for Rural Health Care Positions and Recommendations Re: Implementation of the Rural Health Care Strategic Plan

The following recommendations were distilled from testimony and discussions held by the Governor's Rural Health Plan Accountability Committee during the winter and spring of 2004. The Committee developed an approach to assess the recommendations as they impacted the development of health policy through the Department of Human Resources and the Legislative Committee on Health Care. The committee also assessed the development of specific legislative requests that could be made through the Department of Human Resources and the Legislative Committee on Health Care. The recommendations listed below are listed in two ways. First, by issue category, cross referenced to the eleven goals of the Strategic Plan for Rural Health Care, and second, by Strategic Plan goal.

The Committee re-emphasizes the focus within the Strategic Plan for Rural Health Care that emphasized a set of principles outlined on pages 128 – 130 that supported some basic tenants, for example: "Rural residents, like their urban counterparts, have a fundamental right to high quality and affordable health care", and ".....an understanding of the unique importance of health care to the rural community supports the need for funding/payment structures and public policy decisions that consistently support the delivery of rural health care services". These statements and the core principles should be applied in earnest when developing specific programs, policies and regulations for rural and frontier Nevada.

Health Care Workforce

The category of Health Care Workforce was the most frequently referenced and discussed topic of concern among all issue categories. Issues surrounding recruitment, retention, education, training, and supply/demand and serving the medically needy were identified topics in every presentation made by state agencies and other organizations, including the Committee membership. There are many recommendations in this category that explore meaningful ways that DHR, in particular, could initiate to bring focus, attention and problem solving to the many troubled areas.

- Request the Legislative Committee on Health Care support establishing an Advisory Committee on Health Care Workforce. (Goal II)
- Request the state to institute salary and/or benefit enhancements for state employees in the rural health workforce to address recruitment and retention. (Goal II)
- Request the DHR to develop an internal career ladder program to foster continuity, longevity within critical health professional vacancies throughout the multiple divisions that employ health professionals. (Goal II)

- Request DHR to establish an interagency health workforce workgroup partnership with public/private entities including UCCSN partners, to identify critical needs and develop strategic interventions to train, recruit and retain health professionals. (Goal III)

Telecommunications/Telehealth

The Committee received testimony from state and public agencies and held numerous discussions that emphasized the current and growing need to address the delivery of high quality health care to rural populations utilizing telecommunications, to increase access of health care services. The impact of telecommunications technology and information was so significant that the Committee scheduled a special meeting to bring together stakeholders and direct service providers to better define and understand the current delivery system and discuss the expansion of educational, administrative and clinical applications of telecommunications technology to rural and frontier Nevada. Recommendations from this special forum in conjunction with additional Committee input have produced significant strategic activities that warrant special attention in this document.

- Request the DHR support the Division of Health Care Policy and Finance budget that would provide payment for services delivered via Telemedicine. (Goal X)
- Request the DHR support the Division of Mental Health and Mental Retardation budget that addresses equipment and operational support for rural patient services via partnership with the University of Nevada School of Medicine-Center for Education and Health Services Outreach. (Goal X)
- Request the DHR support the Division of Health Care Policy and Finance analysis in addressing the regulations and/or certification of personal care aids to increase the availability of such persons to serve rural patients. (Goal X)
- Support state agency budgets that utilize and expand capacity for Telehealth and integrate consultation and referrals to in-state service providers (UNSOM, state agency and others) before out-of-state contractors are utilized. (Goal XI)
- Request the DHR institute a working group across divisions in partnership with rural service providers and the UNSOM-Center for Education and Health Services Outreach, to address integration and expansion of technology to support patient and community services. (Goal XI)

Access and Capacity

A variety of recommendations are clustered within this category that address issues of improving access to health care services and building the capacity to respond to identified needs. Often these activities are achieved through partnerships between private and public organizations. This Committee deliberated at length on addressing how to achieve improved integration of personnel and services to achieve cost efficiencies, expanded availability of services and support, and diffusion of resources into

rural and frontier areas that are compromised in the access and availability of selected state health services.

Issues impacting the rural and frontier Emergency Medical Services system have long been compromised due to the volunteer nature of the numerous county ambulance services. The recruitment and retention of volunteer personnel, aging vehicles, problematic billing and collection systems, availability of training opportunities, county supported operating budgets and numerous other issues plague the EMS system's ability to respond to approximately 96,000 square miles of rural and frontier geography. The recommendations that follow support the stabilization and development of enhanced quality and performance of Nevada's rural Trauma Network.

- Request the DHR identify rural Nevada communities currently un-served or underserved by the Bureau of Alcohol and Drug Abuse, and identify potential contract providers for services in order that all rural Nevada communities are ensured of having an identified service provider within a reasonable distance. (Goal III)
- Investigate/request the Legislative Committee on Health Care to institute an assessment fee on either speeding tickets or motor vehicle registration to support establishment of a rural Trauma Network that will provide equipment; personnel support; services; training, and data collection/support. (Goal IV)
- Request the DHR support supplemental funding to the EMS Division to integrate data analysis of all collected run information by all licensed services, and provide rapid feedback of information to assist services in the improvement of patient care and response for Trauma. (Goal IV)
- Request the DHR consider a Bill Draft Request to address the potential for Emergency Medical Technicians (all levels) to address dispensing of pharmaceuticals as an expanded scope of practice. (Goal IV)
- Work with DHR to promote integration of personnel between Divisions that blends services and financing to achieve coordinated benefits and improved community services. (Goal IV)
- Work with DHR to address decentralization, integration of multi-division services and outreach of Division services to rural Nevada. (Goal IV)
- Request the DHR to accommodate enhanced funding within the Department to achieve parity and adequacy of services to all populations and communities. (Goal IV)
- Request the DHR to initiate funding for demonstration projects that address rural services integration. (Goal IV)

- Request the DHR to continue development of public agency partnerships and support innovations and community collaborations that result in local (rural) community infrastructure to provide public health and other preventive health services. (Goal V)
- Request the Health Care Committee establish a grant fund to support the development of services, equipment and/or facilities that serve the needs of vulnerable rural and frontier populations. (Goal X)

The Committee deliberated extensively on issues relative to the coverage of uninsured and underinsured rural Nevadans. The impact of compromised access to health care on the health of the individual and the community, and the fiscal burden left by inappropriate utilization of the health care system led to specific recommendations addressing improvement of access.

- Request the Legislative Committee on Health Care to consider safety net proposals that addresses the health care needs of rural uninsured/underinsured. (Goal VI)
- Work with the Legislative Committee on Health Care to support efforts on investigating a Single Payer option for coverage in rural Nevada. (Goal VI)
- Partner with the DHR and other public/private agencies that address Rural Health to integrate the needs/concerns of health system restructuring efforts. (Goal VI)
- Investigate the impact of limited access to a specialty provider network for rural and frontier populations. (Goal VI)

Fiscal Stabilization, Modeling and Infrastructure

Request the DHR appoint staff for rural health to specifically coordinate activities within the Department so that resources and benefits are maximized. Staff would address planning, integration, services and contracting to strengthen local communities, and further coordinate with the State Office of Rural Health; Goal I;

- Request the DHR appropriate funds to support rural data collection functions, outlined for the State Office of Rural Health as legislated in NRS 396.906, to address the strategic plan principle of “support collection of accurate and timely data to enhance effective decision making”. (Goal I)
- Investigate partnership between DHR, UCCSN Health Profession training programs and other public/private partners to initiate a rural campaign of health promotion disease prevention targeted at employees and agency-specific audiences (Goal V)

- DHR to provide technical assistance to rural communities to explore models of health care delivery that address creation of health districts that serve public, preventive and primary health care (Goal V)
- Formulate a method to allocate and distribute funding to rural populations for programs identified within the Trust Fund for Healthy Nevada. (Goal VIII)
- Request the Legislative Committee on Finance to address the development of a capital fund to support rural facility development, renovations, equipment, and start-up funding to support rural community needs. (Goal VII)
- Request the Legislative Committee on Health Care to investigate development of primary care districts that may cross county/state boundaries to address service area needs in rural and frontier Nevada. (Goal VIII)
- Request the DHR to support the Division of Health Policy and Finance budget that would provide cost based payment for Critical Access Hospital outpatient services. (Goal IX)
- Request the DHR to support the Division of Health Policy and Finance budget that provides payment enhancements to practitioners (medical and dental) serving all rural and frontier Nevada communities. (Goal X)

Recommendations Listed by Goal

Goal I:

- Create an ongoing mechanism for planning and coordination of rural health care.
- Request the DHR appoint staff for rural health to specifically coordinate activities within the Department so that resources and benefits are maximized. Staff would address planning integration, services and contracting to strengthen local communities, and further coordinate with the State Office of Rural Health.
- Request the DHR appropriate funds to support rural data collection functions, outlined for the State Office of Rural Health as legislated in NRS 396.906, to address the strategic plan principle of "support collection of accurate and timely data to enhance effective decision making."

Goal II:

- Enhance rural physical health primary care
- Request the Legislative Committee on Health Care support establishing an Advisory Committee on Health Care Workforce.

- Request the state to institute salary and/or benefit enhancements for state employees in the rural health workforce to address recruitment and retention.
- Request the DHR to develop an internal career ladder program to foster continuity, longevity within critical health professional vacancies throughout the multiple divisions that employ health professionals.

Goal III:

- Create long-term viability in behavioral health, substance abuse, and support services
- Request DHR to establish an interagency health workforce workgroup partnership with public/private entities including UCCSN partners, to identify critical needs and develop strategic interventions to train, recruit and retain health professionals.
- Request the DHR identify rural Nevada communities currently unserved or underserved by the Bureau of Alcohol and Drug Abuse, and identify potential contract providers for services in order that all rural Nevada communities are ensured of having an identified service provider within a reasonable distance.

Goal IV:

- Improve service access and response capabilities
- Investigate/request the Legislative Committee on Health Care to institute an assessment fee on either speeding tickets or motor vehicle registration to support establishment of a rural Trauma Network that will provide equipment; personnel support; services; training, and data collection/support.
- Request the DHR support supplemental funding to the EMS Division to integrate data analysis of all collected run information by all licensed services, and provide rapid feedback of information to assist services in the improvement of patient care and response for Trauma.
- Request the DHR consider a Bill Draft Request to address the potential for Emergency Medical Technicians (all levels) to address dispensing of pharmaceuticals as and expanded scope of practice.
- Work with DHR to promote integration of personnel between Divisions that blends services and financing to achieve coordinated benefits and improved community services.
- Work with DHR to address decentralization, integration of multi-division services and outreach of Division services to rural Nevada.

- Request the DHR to accommodate enhanced funding within the Department to achieve parity and adequacy of services to all populations and communities.
- Request the DHR to initiate funding for demonstration projects that address rural services integration.

Goal V:

- Invest in public and preventative health for long-term benefits
- Request the DHR to continue development of public agency partnerships and support innovations and community collaborations that result in local (rural) community infrastructure to provide public health and other preventive health services.
- Investigate partnership between DHR, UCCSN Health Profession training programs and other public/private partners to initiate a rural campaign of health promotion disease prevention targeted at employees and agency-specific audiences.
- DHR to provide technical assistance to rural communities to explore models of health care delivery that address creation of health districts that serve public, preventive and primary health care.

Goal VI:

- Improve insurance coverage for uninsured and underinsured Nevadans
- Request the Legislative Committee on Health Care to consider safety net proposals that addresses the health care needs of rural uninsured/underinsured.
- Work with the Legislative Committee on Health Care to support efforts on investigating a Single Payer option for coverage in rural Nevada.
- Partner with the DHR and other public/private agencies that address Rural Health to integrate the needs/concerns of health system restructuring efforts.
- Investigate the impact of limited access to a specialty provider network for rural and frontier populations.

Goal VII:

- Develop adequate capital funding
- Request the Legislative Committee on Finance to address the development of a capital fund to support rural facility development, renovations, equipment, and start-up funding to support rural community needs.

Goal VIII:

- Develop adequate operational funding
- Formulate a method to allocate and distribute funding to rural populations for programs identified within the Trust Fund for Healthy Nevada.
- Request the Legislative Committee on Health Care to investigate development of primary care districts that may cross county/state boundaries to address service area needs in rural and frontier Nevada.

Goal IX:

- Ensure long-term viability of rural health care facilities
- Request the DHR to support the Division of Health Policy and Finance budget that would provide cost based payment for Critical Access Hospital outpatient services.

Goal X:

- Expand capacity to provide health care services within rural communities
- Request the DHR support the Division of Health Care Policy and Finance budget that would provide payment for services delivered via Telemedicine.
- Request the DHR support the Division of Mental Health and Mental Retardation budget that addresses equipment and operational support for rural patient services via partnership with the University of Nevada School of Medicine-Center for Education and Health Services Outreach.
- Request the DHR support the Division of Health Care Policy and Finance analysis in addressing the regulations and/or certification of personal care aids to increase the availability of such persons to serve rural patients.
- Request the DHR to support the Division of Health Policy and Finance budget that provides payment enhancements to practitioners (medical and dental) serving all rural and frontier Nevada communities.
- Request the Health Care Committee establish a grant fund to support the development of services, equipment and/or facilities that serve the needs of vulnerable rural and frontier populations.

Goal XI:

- Support maximum use of technology in rural communities

- Support state agency budgets that utilize and expand capacity for Telehealth and integrate consultation and referrals to in-state service providers (UNSOM, state agency and others) before out-of-state contractors are utilized.
- Request the DHR institute a working group across divisions in partnership with rural service providers and the UNSOM-Center for Education and Health Services Outreach, to address integration and expansion of technology to support patient and community services.

Appendix 1
WESTERN GOVERNORS ASSOCIATION POLICY RESOLUTION 04-03
Rural Health Improvements
June 22, 2004
Santa Fe, New Mexico
SPONSORS: Governors Owens, Napolitano, Richardson, and Johanns

A. BACKGROUND

1. About 54 million Americans currently live in rural areas, comprising approximately 20 percent of the U.S. population. These Americans can face daunting challenges in accessing quality and affordable healthcare. Geography, isolation, lack of public transportation, poverty and unemployment, lack of health insurance, and demographic and lifestyle factors can create access challenges unique from those experienced in most urban areas. Limited and/or weak economies contribute to the challenges of providing health care in many rural areas. Policy issues such as the healthcare workforce, Medicare and Medicaid coverage and reimbursement rates, federally designated underserved and frontier areas, infrastructure funding, and Emergency Medical Services (EMS) are some of the areas where government can act to make improvements in rural health care.

2. Despite the fact that 20 percent of Americans live in rural areas, in 1999, less than nine percent of physicians practiced there. Many rural areas experience chronic and critical physician shortages. In recent years, shortages of providers such as nurses, dentists, pharmacists, ancillary health and mental health professionals have also become more apparent. Recruitment and retention of all types of health care professionals is an ongoing problem for rural areas that see a lower volume of patients than urban areas, but still have to compete with urban areas, and with a global market, to maintain an adequate workforce. In addition, among other factors, the shift toward physician specialization means physicians are more likely to settle in an urban area where more specialty services are utilized

3. The elderly are disproportionately represented in rural areas. Approximately 18 percent of all rural residents are elderly. An estimated 8.7 million Medicare beneficiaries or roughly 22 percent of all beneficiaries live in rural areas. Medicare is therefore the dominant source of health care reimbursement for providers and for rural hospitals. Medicare accounts for approximately 47 percent of patient care in rural areas, compared to 36 percent in urban areas. Although the same standard of care is expected and delivered, Medicare payments to rural hospitals are below that of their urban counterparts thus threatening the viability of rural hospitals. Inequities built into Medicare rates that result in rural providers receiving smaller reimbursements than urban hospitals has been alleviated among hospitals designated as critical access hospitals (CAHs) as these hospitals are now receiving cost-reimbursement for their Medicare patient base. However, the larger rural hospitals using the Prospective Payment System (PPS) reimbursement system continue to suffer from the inequity that exists in the payment structure that reflects a rural-urban differential.

4. Rural areas in the West differ greatly from rural areas in the rest of the U.S. because they usually have very low population density and/or great distances to services. Many of these areas constitute America's 'frontier'. These vast, sparsely populated areas present additional challenges in providing and supporting a healthcare infrastructure. For example, in states with large frontier areas, federal program rules and regulations frequently make it very difficult to operate efficient programs because they do not consider the lack of infrastructure and other conditions such as isolation, distance and low population density. These areas therefore seek increased flexibility and cost savings from clinic innovations such as the Frontier Extended-Stay Clinics. Frontier areas also need to be well defined, and eligible for special consideration from federal programs. The Congress has asked The Department of Health and Human Services (DHHS) Health Resources Services Administration (HRSA), to adopt a definition of "frontier" based on the elements of the "Consensus Definition" developed by the Frontier Education Center and adopted by the National Rural Health Association.

5. Because many smaller rural communities have no health clinic, no hospital, and no physician, Emergency Medical Services (EMS) is often the residents' entire safety net. EMS must be available 24 hours a day, every single day of the year. The vital nature of EMS and the state of constant readiness required, pose special challenges for rural communities such as adequate funding, recruitment, retention and training of personnel often volunteer, physician leadership, and modern communications and medical services equipment. In order to surmount these difficulties, many rural communities must develop innovative and flexible EMS programs that respond to the unique needs and circumstances of the area to be served. As to training of EMS personnel to maintain their skills, there is often a lack of adequate access to continuing education opportunities in remote areas. This situation is unlike, physicians that are often able to obtain continuing education through distance education.

6. Lack of access to mental health and substance abuse services have resulted in individuals in need of those services being treated in either the physical health care system or entering the system in crisis through law enforcement. Federal reimbursement policies which encourage the integration of mental health and primary care, adequate coverage in the public and private sector for these services, co-location of mental and physical health programs, and the training of more mental health professionals for rural areas will lead to both reduced costs and improved outcomes.

7. Telemedicine offers a means to alleviate some of the difficulties faced in providing and receiving health care in rural and urban America. Western Governors have long supported and successfully advocated for reducing barriers to this promising use of technology. Barriers were identified and recommendations for surmounting them were made in a 1998 publication of the Western Governors' Association (WGA) entitled Telemedicine Action Update.

B. GOVERNORS' POLICY STATEMENT

1. Western Governors want rural areas to have an adequate and able workforce to deliver needed health care services. The governors call on the federal government to provide necessary funding for programs such as the National Health Service Corps (NHSC) that have a state-based component, and the Health Professions programs that help health professionals serve in rural and frontier areas. The governors call on the Congress to continue to reauthorize the NHSC and the Health Professions programs (Title VII and VIII of the Public Health Service Act), and to provide adequate funding and encourage program flexibility to assure dollars are used to support areas of greatest need, that they foster interdisciplinary training, and support the development of health professions training in and in collaboration with rural communities. In addition, the Congress should provide sufficient resources to assure that the numbers of health care educators, trainers, and programs exist to meet the needs. Additionally, because numerous programs rely on the federal Health Professional Shortage Area and Medically Underserved Area designations to allocate funding and services, care must be taken that any proposed changes in these designations does not have an adverse impact on rural and frontiers areas. To any extent possible, we also urge that the time used for processing designation applications be shortened.

2. Western Governors believe that rural health care providers should be paid fairly by Medicare in order to ensure access to health care for rural citizens. The governors applaud Congress and the Bush Administration for recent actions taken toward this end, and encourage the federal government to take further steps to ensure equity in Medicare reimbursement for urban and rural areas so that the benefits of health care are available to all Americans, regardless of where they live. The complexity and abundance of the paperwork required to participate in the Medicare program presents an even more significant challenge to smaller, lower volume, fragile rural health care systems. To every extent feasible, the paperwork and reporting requirements should be simplified.

3. Western Governors call on HRSA to implement and use the "Consensus Matrix" to define 'frontier' and obtain the consent of the governor in the determination of federally designated frontier areas. DHHS should develop the programmatic and reimbursement flexibility to allow clinic innovations such as Frontier Extended-Stay Clinics in frontier communities. Alaska, Hawaii, America Samoa, the Northern Mariana Islands and Guam face extraordinary geographic barriers in providing healthcare services and they should be designated for special consideration and adequate funding to overcome their frontier barriers.

4. Western governors call on EMS lead agencies at all levels of government to have a legislative mandate, expertise, flexibility, and resources to provide needed support and technical assistance in rural and frontier communities. Federal programs like the Rural Health Outreach Grants and the Rural Hospital Flexibility program need to continue to provide funds to states and communities to experiment with new programs, integration of services, and coalition building to develop new types of providers, facilities, and services. In addition, western governors request that state EMS directors examine and

seek change in national rules to allow for appropriate distance learning opportunities for EMS personnel.

5. Western Governors believe in strengthening the existing health care system. Support for home health agencies, hospice, rural health clinics, emergency medical services, public health nursing, mental health and substance abuse treatment programs, and oral health services, critical access hospitals are partial solutions. These programs should be continued, enhanced, and supported. They should also allow, where feasible, state and local flexibility so that the unique needs of rural and frontier areas can be addressed.

6. Western Governors support the elimination of barriers to the use of telemedicine as outlined in the WGA's 1998 report. In particular, we request that the federal efforts to increase reimbursement for telemedicine consultations, to protect the privacy of patient identifiable medical information and to support rural health provider telecommunication costs with universal service funds continue. In particular, Western Governors support modifications to the Telecommunications Act or other legislative vehicles that would allow the Universal Services Discount program to be used to reimburse the cost of telemedicine equipment that makes access to health care possible to rural areas from distant sites.

7. Western Governors recognize the importance of HRSA grant support to states under the State Offices of Rural Health Program, Medicare Rural Hospital Flexibility Program, and Small Rural Hospital Improvement Program. These programs permit states to assess, plan and develop the critical rural health services infrastructure. Federal support for these efforts is particularly important to Western States. Western Governors call upon HRSA to make funding decisions that provide equitable funding of all states under these programs, and assure an adequate minimum funding level for all states. Adequate funding will assure that all states can undertake basic development activities. Western Governors also call upon HRSA to permit states the greatest flexibility in the implementation of their grant programs within the broad mission of entitling legislation. This flexibility is needed to assure that the programs can be tailored to meet the specific needs of each state.

C. GOVERNORS' MANAGEMENT DIRECTIVE

1. WGA will post this resolution on its web site to be used and referred to as necessary.

2. WGA will continue to assist the Governors by monitoring and reporting on further developments with regards to rural health.

This policy resolution was originally adopted by the Western Governors in 2001 as 01-06.

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