Rural Health and the Law: Emerging Issues and Trends

November 14, 2017

This webinar is sponsored by






David Weil, Esq.

- Today's Moderator.
- Vice President, Quorum Legal Services.

Dawn Pepin, JD

- Dawn Pepin is a Public Health Analyst and Cherokee Nation Assurance Contractor with the CDC's Public Health Law Program.
- She works with state, tribal, local, and territorial partners, to analyze state and local laws related to public health through legal epidemiological research.
- She also leads the health equity portfolio within PHLP.

Emily J. Cook, JD

- Emily J. Cook is a partner in McDermott Will & Emery's Los Angeles, CA office.
- Ms. Cook provides counsel to health care providers on complex regulatory and reimbursement matters.
- She also has significant experience counseling health care providers and other stakeholder entities on issues related to 340B drug pricing program implementation, compliance and advocacy.

Jennifer Lundblad, PhD, MBA

- Dr. Jennifer Lundblad is President and CEO of Stratis Health in Bloomington, MN.
- Dr. Lundblad has national recognition in working in rural health quality and policy. She currently serves as the senior leader for Stratis Health's national Rural Quality Improvement Technical Assistance (RQITA) program for the Federal Office of Rural Health Policy.
- Her dissertation research was "Teamwork and Safety Climates in Small Rural Hospitals."

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Jennifer P. Lundblad, PhD, MBA

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The High Performing Rural Health System Vision

The RUPRI Health Panel envisions 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 performance rural health system, informed by the needs of each unique rural community, will lead to greater community health and well-being.

http://www.rupri.org/wp-content/uploads/2014/09/The-High-Performance-Rural-Health-Care-System-of-the-Future.pdf

Can we achieve the rural vision?

- Significant transformation underway as a result of payer policies designed to improve the value and outcomes of health care while also attempting to slow cost growth.
- Some payment innovations, such as accountable care and other risk-based models, drive organizational and delivery changes that have shown evidence of improved quality, reduced care fragmentation, and lowered costs for certain populations.
- Yet overall, the entire system has not realized cost savings nor has quality improved for everyone, ***including gaps affecting rural people, places, and providers.***

What are the rural gaps?

- ***Quality measures*** are often not appropriate or relevant in measuring and understanding health and care in rural places, due to the lower volumes and a narrower set of services offered in rural health care.
- ***Quality improvement technical assistance*** to rural providers and organizations has been demonstrated to be effective, yet such rural-focused TA tends to be piecemeal and inconsistent across federal programs and agencies.

What are the rural gaps? (continued)

- ***Demonstrations and pilot projects*** to improve quality are often not designed to include rural patients and providers, and often explicitly exclude critical access hospitals and rural health clinics.
- Rural people are generally poorer, older, and sicker than urban people, yet value-based payment systems do not typically recognize ***social risk factors*** likely to impact health care performance.

How can we close the rural gaps?

- Develop rural relevant measures, as recommended by the National Quality Forum (NQF).
- Use special statistical analysis techniques, such as combining cohort populations, trending performance data, or using rolling averages, to address low volume measurement issues.
- Move toward a comprehensive and aligned program of rural-focused quality improvement technical assistance.

How can we close the rural gaps? (continued)

- Advocate new health care quality initiatives which are designed specifically for the unique rural environment, and address the barriers to participation by critical access hospitals and rural health clinics.
- Support rural providers to share resources through collaboration designed to deliver value.
- Expanding Comprehensive Primary Care Plus (CPC+) to more rural providers.
- Include rural social risk factors in payment design.

Rural Innovation Abounds

Despite the policy and payment challenges, innovations in rural health care delivery and finance are emerging across the nation.

- The Rural Health Value team profiles activities of selected rural health care innovators.
- Selected examples are highlighted in the next slides, and the full list is available at: https://cph.uiowa.edu/ruralhealthvalue/InD/Profiles/

A County-Based Care Integration Model

- **What:** A rural county-based health care purchasing organization emphasizing provider-payer shared accountability and value-based health and human services.
- **Who:** PrimeWest Health, Alexandria, Minnesota.
- **How:** New governance model which serves as a Medicaid managed care organization to engage members; integrate care providers, including public health and social services; coordinate care; and realign financial incentives.

Medical-Legal Partnership

- **What:** A health care network integrates a medical-legal partnership into the evidence-based Chronic Care Model used in its new transitional care clinics.
- **Why:** Social determinants of health are barriers to health care organizations' ability to improve the health of their patients.
- **Who:** FirstHealth of the Carolinas, Pinehurst, NC, and Legal Aid of North Carolina
- **How:** Integrate high-quality legal services into a broad array of clinical and community support services offered to low-income chronically-ill patients discharged from the hospital.

A Rural Accountable Care Organization

- **What:** A health care payment and delivery model to provide high quality, comprehensive, coordinated, and patient-centered care at a lower cost.
- **Who:** South East Rural Physicians Alliance Accountable Care Organization (SERPA-ACO), a physician-led ACO that includes 8 rural and 1 suburban clinic in Nebraska.
- **How:** Medicare Shared Savings Program (MSSP), Advanced Payment Model, ACO.

Quality and Innovation: Summary

- Vision of a high performing health system is compelling, but challenges exist: measures, technical assistance, demos and pilot, and risk factors.
- The challenges can be addressed through federal and state policy solutions.
- Despite the barriers, rural innovation is occurring.


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