National Rural Health Association Policy Position

Responsive Rural Health Delivery System

Introduction and Background

Access to health care has been a serious problem in the health care delivery system of the United States, and it is widely documented that today, nearly 46 million Americans are without access to health care in the United States. Access to care in rural area is a major issue. According to the Bureau of the Census (2001) rural America makes up 90% of the landmass and has approximately 25% of the U.S. population. This geographic isolation poses a major access problem for those living in rural areas.

Each year, more people are added to the numbers having limited or no access to health care. The National Conference of State Legislatures notes that "between 2004 and 2005, at least 1.3 million more people under the age of 65 were added to the ranks of the uninsured." Not only is access to primary health care an issue, but access to mental health care poses a serious threat to the lives of those in rural area. It is also documented that those without access to care have worse health care outcomes (JAMA, March 2007). In a report "Behavioral Health Care: Barriers, Effective Policy Strategies, Best Practices," the author states that "rural areas have incidents of serious mental and behavioral health problems, which include depression, suicide, alcohol and substance abuse equal to or greater than urban areas." Additionally, the Census Bureau notes that there are numerous health disparities as a result of lack of access to care. Access to care and health status are therefore inter-related. There needs to be a bold vision that creates a program which provides rural communities with an alternative delivery model that will make a difference.

Rural Health Delivery Systems

People are living longer, and chronic conditions are the leading cause of illness, disability and death. Although health care is by no means the only factor that effects morbidity and mortality, innovations in medical science and technology have contributed to the increase in life expectancy. As a result of changing mortality patterns, those age 65 and over constitute an increasingly large number and proportion of the U.S. population. In 1994, this age group accounted for approximately 1 in 8 persons, while in 2030, 1 in 5 persons, or 20 percent, is expected to be in this age group (Crossing Quality Chasm, 2001).

These demographic changes have very important implications for the organization of the health care delivery system in rural areas, but we have yet to address these in any significant way. There are few clinical programs with the infrastructure to provide the full complement of services needed by people with heart disease, diabetes, asthma or other common chronic conditions. Effective and efficient care of this population necessitates a well-organized program, which includes: an interdisciplinary team; mechanisms for communication and coordination of services across providers and settings, educational programs and communication mechanisms directed at patients, their families and other informal caregivers; processes of care designed to achieve best practice; and the ability to evaluate both medical care process and patient outcomes for quality improvement (Wagner, 2000).

Challenges to the Rural Health Delivery System

When determining the health status of a community, there are multiple factors which must be taken into consideration. There are access factors such as insurance, affordable health care, shortages of health professionals including behavioral health professionals and specialized behavioral health services, cultural competency of providers, availability of delivery systems, the fragmented delivery system, financing and reimbursement, geography, stigma, age, income and quality. There are also challenges in accessing health care specific to the minority and multicultural residents. These include lifestyle, culture, language, demographic shifts, poverty, and the increasing numbers of uninsured. The 2005 National Health Disparity Report states that "consistent with extensive research and findings in previous NHDR's the 2005 report finds

that disparities related to race, ethnicity and socioeconomic status still pervade the American health care system." These conditions are exacerbated in isolated rural and frontier areas.

A CBS news report regarding the 2000 Census stated that the Hispanic population is nearly 13 percent of the population of the United States, the African American population is nearly 12.7 percent and Asians make up 4 percent. According to the 2000 Census, 28.3 of Spanish speaking households as well as 29.7 of individuals speaking Asian and Pacific Island languages are linguistically isolated. In addition, 17.2% of those persons speaking Indo-European languages as well as 4.8% of all households suffer from linguistic isolation. As the U.S. continues to become more racially and ethnically diverse, with more people speaking a variety of different languages, the language barrier becomes an increasing problem within the health care system. Also, as the minority and multicultural population increases, it is evident that there is a disconnect between this population and access to health care.

Selected Studies Focusing on Access to Care

There are several studies which document the issue of access to care in rural areas. For example, a report by Dr. Michael E. Samuels and his colleagues from the South Carolina Rural Health Research Center note that "individuals living in poor, non-metro counties have fewer health care resources available to them. Three out of five non-metro Americans live in Health Profession Shortage Areas (HPSAs)." (Samuels 2002). The American College of Physicians (1995), noted that when compared to their urban counterparts, residents of rural areas 1) often report worse health 2) are more likely to suffer from a chronic conditions, and 3) are more likely to die from heart disease. Despite their increased need for care, rural residents have fewer visits with health care practitioners and are less likely to receive suggested preventive services (Larson & Fleishman, 2003).

The President commissioned the New Freedom Commission on Mental Health to investigate the problems and possible solutions in the current mental and behavioral health system. The Commission's findings confirmed that there are barriers and unmet needs which impede care for individuals with mental illness. The Commission further reported that the vast majority of Americans living in underserved, rural and remote areas experience disparities in mental health services (Sawyer, 2006).

The Institute of Medicine in a report, Quality Through Collaboration: The Future of Rural Health examines the quality of health care in rural America. The report identified a five-pronged strategy which would address the challenges that are faced by rural communities.

These are:

- adopt an integrated approach to addressing both personal and population health needs;
- establish a stronger health care quality improvement support structure to assist rural health systems and professionals;
- enhance the human resource capacity of health care professionals in rural communities, and the preparedness of rural residents to actively engage in improving their health and health care;
- assure that rural health care systems are financially stable; and
- invest in an information and communications technology (ICT) infrastructure, which has enormous potential to enhance health and health care over the coming decade.

On April 27, 2004, President George W. Bush issued an executive order to increase the use of Health Information Technology (HIT) and Health Information Exchange (HIE) to improve health care quality and cut costs (Federal Register, Incentives for the Use of Health Information

Technology and Establishing the Position of the National Health Information Technology Coordinator). Telemedicine is one of the many key components to achieve those goals. Utilizing telecommunication technology, one of the many benefits of telemedicine enables rural physicians to get second opinion on diagnosing patients promptly from specialists that are rare and hard to access for rural communities. In most cases, it takes weeks to get an appointment and patients have to travel out of the area. By allowing families the opportunity to be served at rural clinics or rural provider offices through telemedicine applications, families will drive less to seek specialty services, spend their money locally to access

health care as well as receive quality care in the communities in which they work and live. The growth of telemedicine programs nationwide has increased in recent years because it is less expensive to acquire the unit. There are many opportunities to receive grants through Federal, State or private foundations. Although more insurance companies provide reimbursement for the services, cost of communication infrastructure has decreased. The Rural Health Care Program of the Universal Service Fund (USF), which is administered by the Universal Service Administrative Company (USAC), is a support program authorized by Congress and designed by the Federal Communications Commission (FCC) to provide reduced rates to rural health care providers (HCPs) for telecommunications services and Internet access charges related to the use of telemedicine & tele-health.

These barriers and studies indicate that the U.S. health care system is fractious and therefore contributes to the inadequacy with respect to health care for rural minority populations. Rural America is a vital component of American society. Representing nearly 20 percent of the population, rural communities, like urban landscapes, are rich in cultural diversity. However, the smaller, poorer, and more isolated a rural community is, the more difficult it is to ensure the availability of high-quality health services. The U.S. health delivery system is a large, complicated and fragmented conglomeration of related activities and organizations, including but not limited to: preventive care, public health, primary, ambulatory and in-patient care, emergency and specialty care, dental care, mental health care, and long term care, but even so, there is lack of access for a significant number of individuals.

Summary

With the increasing number of uninsured, the large non-English speaking population, the growing diversity of the population, and the huge disparity in health care among minorities and people in rural areas, it is evident that there is a tremendous need for a responsive rural health delivery system in the United States.

There is therefore a need to develop bold strategies to establish and sustain a responsive rural health delivery system to meet the needs of racial and ethnic groups. This system must provide safe, effective, patient-centered, timely, efficient and equitable care, the meaning or definitions of which follow:

- Safe: avoiding injuries to patients from the care that is intended to help them.
- Effective: providing services based on scientific knowledge.
- Patient-centered: providing care that is responsive to individual patient preferences, needs and values and assuring that patient values guide all clinical decisions.
- Timely: reducing waits and sometimes harmful delays for both those who receive care and those who give care.
- Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Equitable: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status.

Policy Recommendations

Increase the Physician Representation in Rural Areas

- Develop alternative health care practitioners who are identified by their rural communities to which they would return.
- Fund and develop a rural alternative health care practitioner model, like those currently in place in Alaska.
- Give rural communities the privilege of identifying their own to be trained as providers.
- Provide recruitment and incentive programs to attract rural minority physicians.
- Use resources already available to enhance representation of physicians including: Title VII of the Public Health Services Act (1963), providing incentives for medical graduates to serve in Health Profession Shortage Areas (HPSAs) for a period of time.
- Continue or fund the J-1 Visa Waiver Program, allowing international students to stay in the U.S. as long as they

practice in a rural shortage area.

- Make loan repayment incentives available to student graduates who return to practice in rural areas.
- Develop programs that not only attract physicians to rural areas, but also non-physician primary care providers such as: specialists, physician assistants, nurses, nurse practitioners, etc.
- Provide training programs to enhance cultural competence in providers.
- Develop programs to attract culturally competent providers.

Facilitate Educational and Community-Based Programs for Rural Communities

- Encourage the use of community health centers and rural health clinics offering primary and preventive care for rural residents.
- Conduct needs assessments in rural minority communities to document health care needs.
- Provide incentives for rural area high schools to implement enhancement programs in health care.
- Develop preventive health promotion programs throughout the community in churches, worksites, schools, etc.

Revise Budget and Financial Mechanisms for Rural Health Care Systems

- Increase reimbursement options for physicians in rural areas to enhance recruitment and retention of primary care services for rural residents.
- Increase funding for Community and migrant health centers.
- Expand insurance coverage for the poor. Minimize the large gap in insurance coverage between rural residents and urban residents.
- Offer incentives to employers who provide insurance to employees.
- Petition Congress and the Federal Communications Commission (FCC) to continue to provide reduced rates to rural health care providers (HCPs) for telecommunications services and Internet access charges related to the use of telemedicine & tele-health.

Improve the Health Status of Rural Minority Residents

- Establish and offer educational programs that overcome language barriers for rural minority residents.
- Develop programs and initiatives to increase the number of rural minorities in preventive services.
- Implement organizational change strategies to increase immunization rates in rural areas.
- Ensure that managed care organizations develop cultural sensitivity to rural minority populations.
- Provide basic educational programs, including HIV testing in conjunction with existing programs.
- Encourage partnerships among providers to decrease health disparities.
- Promote the emulation and duplication of models that work in rural areas
- Promote quality initiatives

Adopt the five-pronged approach recommended by the Institute of Medicine which would address the challenges faced by rural communities.

Adopt NRHA's Rural Quality Initiative which seeks to promote access to coordinated, high-quality care in every rural community and which seeks to ensure that:

- Rural community-based healthcare delivery systems cover the continuum of care
- achieve optimal quality/performance standards;
- be financially viable;

- continuously improve performance and quality;
- Address population health measures.
- Promote cultural competency and a culturally sensitive delivery system for primary health care and safety net providers in rural minority communities.

Promote the increase of access and awareness to culturally and linguistically appropriate minority health care training for providers.

- Promote the building of bridges between existing health care delivery services and other rural formal and informal community support systems.
- Promote the empowerment of rural minority persons, health groups and local leaders to become involved in their communities to decrease physical, financial, institutional and psychological barriers to health care.
- Increase the number of rural rotations that focus on educating health service providers about the culture of rural minority populations.
- Promote research and evaluation of the system.
- Promote better coordination between federal agencies, state agencies and local agencies.

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