

The High Performance Rural Health Care System of the Future

*Prepared by the
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Introduction

Public policies during the past 30 years have helped build and stabilize the rural health care delivery system. Positive policies include bonus payments for services delivered in provider shortage areas, the Medicare Rural Hospital Flexibility Program (including the grant program), the rural health clinic program, tele-health support, and pipeline programs in health professions education. Yet policy successes have required political capital and developmental resources to support a health care system that delivers discrete services by specific professionals and institutions, each paid on a per-service basis. Partly as a result of these system characteristics, health care services are often fragmented, uncoordinated, and excessively costly. Health care system challenges are compounded in rural America by disproportionately ill and disabled rural citizens, under-financed primary care, and geographically isolated rural providers. To answer these challenges, pioneering work by the Institute of Medicine (especially the Rural Health Committee document *Quality Through Collaboration: The Future of Rural Health*), the Commonwealth Commission on a High Performance Healthcare System, and other organizations document effective strategies exist to improve and sustain the health of rural populations. Opportunities are emerging in public policy and the private sector to change the organization, financing, and delivery of rural health care services. What might appear to be threats to rural health care, such as challenges to current special payments or new administrative requirements, may instead be opportunities to update and improve outdated and unsustainable service configurations. But as Yogi Berra famously said, "You've got to be very careful if you don't know where you're going, because you might not get there." So in the spirit of getting us "there," the RUPRI Health Panel offers an aspirational vision, for a high performance rural health care system.

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 care system informed by the needs of each unique rural community will lead to greater community health and well-being.

Foundations of a High Performance Rural Health Care System

The RUPRI Health Panel envisions a high performance rural health care system built on foundations of affordability, accessibility, community focus, high quality, and patient centeredness. We describe these foundations below. But even foundations need support. A robust primary care system is fundamental and essential to the health of rural individuals and communities. Yet the current payment system differentially rewards subspecialty services and sophisticated technologies. Therefore, rural primary care and other fundamental rural health care services often struggle to remain financially viable. Thus, we further envision a system that develops and sustains primary care and is based on a payment blend that rewards clinical quality, population-based care, and efficient resource utilization.

Affordability

A high performance rural health care system is affordable for its citizens. An individual's (or family's) health care costs as a percentage of their income are reasonable and do not impoverish those in need of health care. In addition, health care costs are equitably shared across individuals in rural communities so disproportionate costs or disparities in affordability do not arise. Lastly, health care affordability is enhanced because health care is both effective (e.g., medically necessary, evidence-based, and prevention focused) and efficient (e.g., administrative costs minimized and future costs reduced through prevention and screening).

Accessibility

Accessibility is the companion to affordability as a foundation for a high performance rural health care system. Although rural communities will differ in the level and range of services that they can support and sustain, core rural community health care services include primary care, emergency medical services (EMS), and public health. Primary care is accessible when needed by patients. When face-to-face visits with providers are not needed, or not possible, 24/7 access to health information is available. EMS and disaster response are regionally organized and always ready to respond. During standby times, the role of EMS includes preventive and community health improvement activity. Public health services proactively assess community health and coordinate preventive care locally with regional/state/federal partners. Yet not all care can be provided locally. For those services not locally available, rural communities develop and support a regional health care infrastructure that includes transportation, technology, and provider relationships that make accessible the full continuum of health care services.

A high performance rural health care system includes care integration and coordination based in primary care, the cornerstone of rural health care delivery. Rural health care teams, consisting of well-trained professionals practicing at the optimum of their license and

experience, provide the tenets of the patient-centered medical home (PCMH) to individuals and communities. The team is not only accessible for timely acute care, but anticipates and provides needed preventive care. The team coordinates care for their patients, ensuring that specialty care needs are met through referral or consultation. Care integration and coordination in rural communities also assures that patients have access to the full continuum of care, such as skilled nursing, home health, hospice, palliative, dental health, and behavioral health. Rural health care services are available as proximate to the patient as possible to reduce travel costs, time, and burden. When needed services are not available locally, strong consultation and referral relationships and systems exist such that the right information is available to the right care team at the right time.

Community Health

As the U.S. health care system takes steps toward re-designing health care delivery and payment, the value of a population health perspective is becoming more apparent. The inclusion of population health as part of the Triple Aim espoused by the Centers for Medicare and Medicaid Services (CMS) and the National Quality Strategy – better care for individuals, better health for populations, and lower costs – is a testament to a critical shift in thinking and action that includes prevention and wellness of people and communities as a top priority. In rural communities, need and opportunity converge in population and community health. A disproportionate percentage of rural residents have chronic health conditions, are elderly, and/or lack health insurance coverage. With passage of the Patient Protection and Affordable Care Act (ACA), more rural individuals will have access to health insurance coverage, and thus access to prevention and screening services that potentially avoid or delay the onset of chronic disease. Furthermore, new health care payment and delivery models increasingly emphasize prevention as a mandatory service.

Wellness, personal responsibility, and public health are fundamental to a high performance rural health care system. In rural communities, a population and community health focus begins with an in-depth understanding of rural community needs, challenges, and opportunities. The strategy of community capacity building first identifies rural community health gaps and disparities, and then locates resources to improve community health status and individual well-being. The community capacity building approach is particularly appropriate in a rural health context in which the boundary of "community" can be well defined, either locally or regionally. In addition, community capacity building is not limited to the health care system, and thus can link to, and align with, local and regional social and economic development.

High Quality Care

High quality care is an integral component of health care value. Efficiency without quality is unthinkable. The high performance rural health system makes quality improvement a central focus with education and technical assistance, quality information transparency and public reporting, and payment systems that reward the delivery of quality care. Rural providers deliver quality and service levels on par with urban counterparts for those services delivered in rural areas. Provider payment policies reward, and thus sustain, providers that deliver value: high-quality and patient-centered care that is as efficient as expected service volumes allow. At the same time, rural sustainability is not jeopardized by payment policies that exclusively reward volume-dependent efficiency.

Patient-Centeredness

A high performance rural health care system is responsive to the unique needs of each rural community and each resident of that community. At the individual level, health care is a partnership between the patient and his or her health care team, each taking responsibility for health decisions and behaviors. The primary care team serves as the hub of patient information flow and interactions. Shared decision making and similar tools are used to evaluate treatment options in ways that respectfully consider both patient preferences/values, and clinical/scientific evidence. Providers are also culturally competent, delivering care and information that is sensitive to an individual's or family's unique needs.

Achieving a High Performance Rural Health Care System

A high performance rural health care system will be founded upon existing rural primary care services. Current public policies designed to strengthen that foundation (e.g., rural health clinic payments, health professional shortage area bonuses, and training programs designed to encourage rural practice) should be continued. New public policies initiated by the ACA would be used to support the evolution of a high performance rural health care system. Those policies include:

- Medicare Shared Savings Program (better known as accountable care organization program, or ACO program)
- Support for PCMHs
- Title IV support for public health initiatives and community transformation grants
- Value-based purchasing for all providers, including physicians and critical access hospitals

Developments are also underway in the private sector to create opportunities for rural health care evolution. Examples of commercial insurers or health care provider activity fostering change include:

- Increasing collaboration (through contractual agreements, affiliations, or ownership) between independent physician practices, small hospitals, and larger health care systems
- Use of health coaches or other innovative care models designed to improve management of chronic health conditions
- Investment in health information technology (HIT), including co-investments by health insurance plans and health providers
- Payments based on health care value and shared savings between providers and payers, such as private sector ACOs

The variety of new public and private initiatives, and the diversity of rural patients and communities, requires flexibility in the design and implementation of rural health care services. There is no single model of rural health care that will fit all communities and regions. The configuration of services available locally and/or regionally will continue to vary based on local and regional circumstances and resources. However, as Mueller and MacKinney have argued (2006), rural communities should have local access to public health, emergency medical, and primary care services. Rural patients and providers also should have access to regional providers and systems to obtain hospital and/or specialty services that are not sustainable locally. Despite the need for flexibility, certain rural health care system characteristics should be universal and are detailed below.

Using Health Information to Manage Care

The high performance rural health care system requires concerted efforts to engage patients in their own care plans (patient responsibility promoted by the system) and meet all patient needs (better care). As active participants in a responsive and patient-centered rural health care system, patients will appreciate seamless transfer of clinical and administrative information among providers, transparency of health care cost and quality information, access to proactive disease management and prevention assistance, and sensitivity to unique personal or cultural circumstances. Health information should be readily available through communication systems and media that are accessible in rural places and understandable to individual patients. Accurate and easily accessible health information may obviate the need for higher cost face-to-face visits. Consideration should be given to health care affordability, which requires an understanding of patient circumstances and knowledge of community-based resources designed to make treatment affordable. Local practices should also help make care affordable by operating as efficiently as possible.

Paying for Value

Decisions about where services are available and how patients will access them should be based on patient experience, care quality, and delivery efficiency. Understandably, reimbursement incentives and other financial considerations have played a major role in shaping rural health care service availability and delivery. Too often, provider payment incentives have not adequately promoted or supported the development of a sustainable, primary care-based system. However, under new financing and delivery system models such as the PCMHs and ACOs, the incentives are changing. Health care value, not simply service volume, will drive payment. Primary care is well-positioned to lead the value-based movement. Thus, in the high performance rural health care system, care delivery should be organized around a robust primary care base. But to achieve higher performance, rural primary care needs greater capacity and capabilities. Rural primary care requires sophisticated health information technology capacity, including full electronic health record implementation and use. Rural primary care requires focused attention on quality improvement through provider education and technical assistance. To assist with these transitions, primary care collaboratives and networks will assist and enable practices to transform quality of the care. Hospitals have served as the health care hub in many rural communities. They will remain a source of rural health care leadership, but not the primary focal point for patient care. In the new high performance rural health care system, the focus will be on care in the community, supported by the hospital, but anchored in primary care that integrates medical care, human services, and other services necessary for rural quality of life.

Collaborating to Integrate Services

Provider collaborations delivering the continuum of care seamlessly to patients will be a hallmark of the high performance rural health care system. Rural providers should collaborate locally (e.g. primary care, behavioral health, and public health) to achieve improved health outcomes and better financial performance. Rural providers should collaborate horizontally within and across rural service systems to ensure rural priority when negotiating with distant and/or urban systems. And rural providers should collaborate vertically to ensure timely access to high-quality services not available locally. Urban systems will wish to collaborate with high performing rural health systems to manage care transitions and meet performance and financial goals (e.g. avoid readmissions, reduce preventable admissions, improve patient experience, and improve outcomes). To facilitate both provider collaborations and seamless information transfer, rural providers should participate in developing health information exchanges. Clinical and administrative information, shared with robust privacy safeguards, will smooth care transitions, reduce duplicative and unnecessary services, and improve outcomes.

Healthy People in Healthy Communities

To achieve improved health outcomes for both individual patients and populations, the future rural health system will require that primary care providers and their patients connect to community health resources, services, and initiatives that can improve individual health (especially for those with chronic conditions) and “go upstream” to address environmental, policy, and other factors that influence community and population health. Improved rural patient health, improved rural community health, and improved rural quality of life are the prizes of the rural health care system’s transformational journey. In concert with clinical quality and efficiency metrics, rural communities should employ metrics that assess these more global outcomes. Both rural providers, and the community writ large, should be active participants in actualizing the RUPRI Health Panel’s vision for a high performance rural health care system.

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The Rural Policy Research Institute (RUPRI) provides unbiased analysis and information on the challenges, needs, and opportunities facing rural America. RUPRI's aim is to spur public dialogue and help policymakers understand the rural impacts of public policies and programs. RUPRI is housed within the Harry S. Truman School of Public Affairs at the University of Missouri-Columbia. RUPRI's reach is national and international and it is one of the world's preeminent sources of expertise and perspective on policies impacting rural places and people. Read more at www.rupri.org.

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