



RUPRI Health Panel

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Physician-Focused Payment Model Technical Advisory Committee
Office of the Assistant Secretary for Planning and Evaluation
Encouraging Rural Participation in Population-Based Total Cost of Care Models Request for Information
By electronic submission at: PTAC@HHS.gov

Dear Members of the Committee,

The Rural Policy Research Institute Health Panel (RUPRI) was established in 1993 to provide science-based, objective policy analysis to federal lawmakers. The panel is pleased to offer comments and resources in response to the PTAC Request for Information (RFI) regarding rural participation in population-based total cost of care models. The following RUPRI sources are grouped by the RFI's questions to the public.

- 1) What definitions of "rural" areas are the most relevant for identifying the needs of rural patients, providers, and health care systems within the context of population-based total cost of care (PB-TCOC) models?

We encourage the Committee to consider rural definitions consistent with others used in federal programs. We refer the committee to our recommendations for defining rural, in pages 11 – 12 of this document:

- [Considerations for Defining Rural Places in Health Policies and Programs](#)

- 2) What are the characteristics and health care needs of rural Medicare beneficiaries (demographics, chronic conditions, practice patterns, other factors)?

The RUPRI Health Panel offers suggestions for addressing population in rural places:

- [Advancing Population Health in Rural Places: Key Lessons and Policy Opportunities](#)

- 3) What are the characteristics and care delivery needs of rural providers (e.g., practice size, specialty, care delivery and coordination infrastructure, etc.)?

We call attention to the Health Panel's emphasis on primary care as a foundation of a [High Performing Rural Health System](#). We have offered policy considerations to bolster primary care in rural places, page 14 of this document:

- [Primary Care: The Foundation for a High Performance Rural Health Care System](#)

- 4) What major programs, payment mechanisms, and other policies have sought to assist rural health care providers in serving rural communities and patients?

We encourage the Committee to consider lessons learned from the [Frontier Extended Stay Clinic](#) demonstration, the [Frontier Community Health Integration Program](#), and the Advanced Investment Model in the Medicare Shared Savings Program, now being integrated into the program as an option for new entrants. The RUPRI Health Panel published a summary of progress made in various programmatic efforts initiated as a result of the Patient Protection and Affordable Care Act:

- [Taking Stock: Policy Opportunities for Advancing Rural Health](#)

The Panel, with Dr. MacKinney as the lead author, has also set forth a proposal to modify hospital payment in the Medicare Flex Program:

- [Modernizing payment to critical access hospitals: A Proposal for the next iteration of the Flex Program.](#)

- 5) What are the major barriers that affect rural providers' participation in APMs?
- a. *Criteria affecting rural participation:* Attributable population size is especially challenging when restricted to a specific program such as Medicaid (Accountable Health Communities) or Medicare (Accountable Care Organizations). Rather than a predetermined minimum population, applications to new programs could be required to show how they will assess success, including the number of enrollees they expect and how that number is sufficient to judge success.
 - b. *Address rural providers' lack of external support:* No comment.
 - c. *Focus on specific type of rural provider:* The Panel believes that rather than identifying a particular provider type, programs should be sure they do not explicitly or implicitly exclude any provider type (Making Care Primary explicitly excludes Rural Health Clinics).
 - d. *Issues affecting participation of FQHCs and RHCs in population-based models:* A principal reason these providers may not participate in new models is that the payment design would result in a loss of revenue as compared with their current payments, particularly Medicare and Medicaid payment.
 - e. *Additional barriers:* No comment.

- 6) What care delivery interventions are the most effective in encouraging value-based care (VBC) transformation in rural areas?

The Panel has published recommendations for designing value-based payment reform, based on our analysis and (third document) based on discussion with those leading successful rural models:

- [Policy Brief: Medicare Value-Based Payment Reform](#)
- [Medicare Value-based Payment Reform: Priorities for Transforming Rural Health Systems](#)
- [Toward a High Performing Rural Health Care System: Key Issues and Recommendations from Rural Health Care System Innovators](#)

We also recommend publications from the Rural Health Value project (three Health Panel members are in the leadership team):

- [Rural Health Value Summit: Driving Value Through Community-Based Partnerships](#)
- [Rural Health System Value-Based Care Innovator Roundtable: Strategies and Insights](#)

- 7) How do rural-specific issues affect social determinants of health (SDOH), health-related social needs (HRSNs), equity, and behavioral health (e.g., mental health and substance abuse disorders)?

The RUPRI Health Panel has addressed issues related to SDOH and behavioral health in rural places and for rural populations in a conceptual framing (High-Performing Rural Health System) and specific to behavioral health needs in the following documents:

- [High-Performing Rural Health System](#)
- [Meeting the Behavioral Health Needs of Farm Families in Times of Economic Distress](#)
- [Behavioral Health in Rural America: Challenges and Opportunities](#)

- 8) How do rural-specific issues affect care coordination, specialty integration, and care transition management?

The RUPRI Health Panel published an analysis of care coordination in rural places, including policy recommendations, in 2015:

- [Care Coordination in Rural Communities: Supporting the High Performance Rural Health System](#)

- 9) What kinds of resources have been effective in assisting in the development of health infrastructure to support VBC among rural providers?

The RUPRI Health Panel supports implementing telehealth initiatives that support existing health system infrastructure in rural communities. Responding to the Committee's question about telehealth expansion potentially worsening disparities in some settings, telehealth that supplants local primary care in rural communities may well worsen disparities. If insurance plans, including Medicare Advantage, are able to meet network adequacy standards by bringing telehealth to the community to serve their enrollees, leaving the local system to meet the needs of others, local providers may not be financially sustainable, eventually leading to loss of local care. The Committee should find these papers helpful:

- [The Role of Telehealth in Achieving a High Performing Rural Health System: Priorities in a Post-Pandemic System](#)
- [The Evolving Landscape of National Telehealth Policies during a Public Health Emergency: Responsiveness to Rural Needs](#)

- 10) What kinds of resources have been effective in assisting in the development of the rural health workforce, including ancillary providers?

The Health Panel's work on primary care helps address this question (as well as the earlier question 3):

- [Primary Care: The Foundation for a High-Performance Rural Health Care System](#)

- 11) What are examples of promising APMs and model design components that include or target participation by rural providers?

The Health Panel published a paper tracing the history of new Medicare payment policies for rural hospitals, ending with a summary of current value-based payment demonstrations:

- [The evolution of Hospital Designations and Payment in the U.S.: Implications for Rural Hospitals](#)

Publications referenced earlier, from the Rural Health Value project, identify design components particularly important to rural providers:

- [Rural Health Value Summit: Driving Value Through Community-Based Partnerships](#)
- [Rural Health System Value-Based Care Innovator Roundtable: Strategies and Insights](#)

Sincerely,

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