

Securing a Better Future for Rural Health

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Keith J. Mueller, Ph.D.

Gerhard Hartman Professor of Health Management and Policy

Director, Rural Policy Research Institute

College of Public Health

University of Iowa



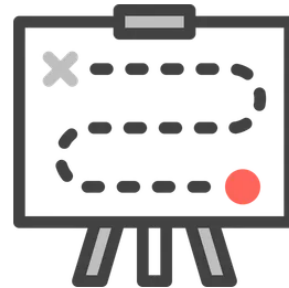
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College of Public Health

Outline of Formal Comments



Vision for Future of Rural
Health from a special
Summit



Elements of a road map to
get to the future



Comments on Missing
Ingredients: Public Health
and Long-Term Services
and Support



Dialogue

The Future of Rural Health Summit, 2024



Convening held November
19-20, 2024



Partnering Organizations:
NRHA, RUPRI, West
Health



Forty participants, by invitation
based on discussions from
Steering Committee with
representatives of the
sponsoring organizations

Participants' Backgrounds

Rural hospitals

Rural clinics,
including FQHCs and
RHCs

Health services
researchers,
including rural health
research centers

RUPRI Health Panel

Policy experts,
including state
offices of rural health

Consulting expertise

Practicing clinicians

Directives for the “North Star”

- Support economically viable and thriving rural communities
- Community development policy and health policy should have a symbiotic relationship
- A rural health system should be designed to promote health and well-being
- Preserving what we have to assure access to affordable, high-quality services

Vision for the Future of Rural Health

A national framework adapted to diverse rural settings that includes aligned financial incentives and a minimum floor of essential services, plus optional/vital community and/or regional centers of excellence set of necessary services relevant to the communities' or regional need, that moves outside the walls of the hospital to include social, public health, and economic factors.

Themes Paralleling the Directives

Community Focus: Thriving Rural Communities



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graph TD; A[Community Focus: Thriving Rural Communities] --> B[Message Matters: Rural health is a national priority for host of reasons, including national security]; B --> C[Build From Assets: Strengthen existing local resources]; C --> D[Address Gaps: Public Health, Long Term Services and Support];
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Message Matters: Rural health is a national priority for host of reasons, including national security

Build From Assets: Strengthen existing local resources

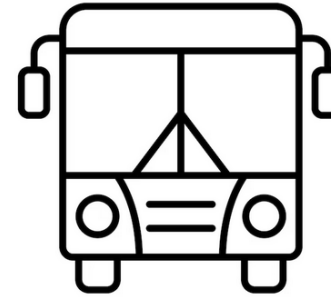
Address Gaps: Public Health, Long Term Services and Support

Elements of a Framework for the Future

- Address full continuum of care with essential local services
 - Primary care, oral healthcare, behavioral health services, chronic disease management
 - Select specialty care – a minimum access via telehealth
 - Basic obstetric care
 - Emergency medical services, including ambulance emergency rooms
 - Long term services and support
 - Public health
 - In-home care



Elements of a Framework for the Future



- Embrace Social Determinants of Health (SDOH), Health-Related Social Needs (HRSN) as indicators to drive policies and programs addressing the full spectrum of health care services
 - Access to affordable nutritious food
 - Quality housing (adequate plumbing, lead abatement)
 - Transportation services

Elements of a Framework for the Future

Use the framework of the [High Performing Rural Health System](#) to guide specific actions

- Foundation of engaging, and meeting health needs of, all populations within rural communities “not about us without us”
- Access to all services across the continuum
- Affordable to patients and funders
- Evidence-based quality metrics used across payors, providers, and geographies
- Community health, in sense of population health and broader sense of thriving communities

Framework to Action

Design

Design a local/regional decision-making structure

- Create leadership pipeline
- Establish an open decision-making process
- Create governing councils that include stakeholders across the continuum and community input

Determine

Determine local needs and actions

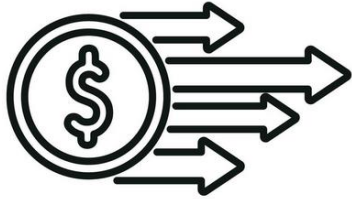
- Use community health needs assessments
- Leverage changes in health care delivery and organization, and new payment methodologies

Elements Supporting the Rural Health System of the Future

- Funds flow
 - Public funding streams beyond payment: grants from health agencies and departments, USDA rural development, funding for high-speed broadband, ...
 - Private funding from local, regional, and national philanthropies
 - Braid those funds
- Payment Policies
 - Challenges in existing payment: sequestration, meeting needs of low volume and safety net providers
 - Alternatives: utility-based payment model, global budget model



Elements Supporting the Rural Health System of the Future: Considerations for New Payment Models



Providing glide path from dependency on current payment methodologies



Resource coordination outside of hospitals and clinics: meeting patients where they are



Long-term investment tracking



“true” cost assessment of rural health

Elements Supporting the Rural Health System of the Future: Workforce Considerations

Training to create future rural health champions who understand clinical needs and broader population health challenges



Address distribution by matching healthcare needs with available capacity, debt mitigation strategies, interstate compacts



Retention strategies establishing community mentoring systems, and leadership focused on organizational stability and a positive culture



Redesign team composition for person-centered health care

Elements Supporting the Rural Health System of the Future: Technology and Data

Address infrastructure needs: connectivity for provider-to-provider consultation; access to high-speed broadband; cybersecurity



Meet rural health needs through the assistance of telehealth and artificial intelligence while safeguarding against potential damage to access and affordability



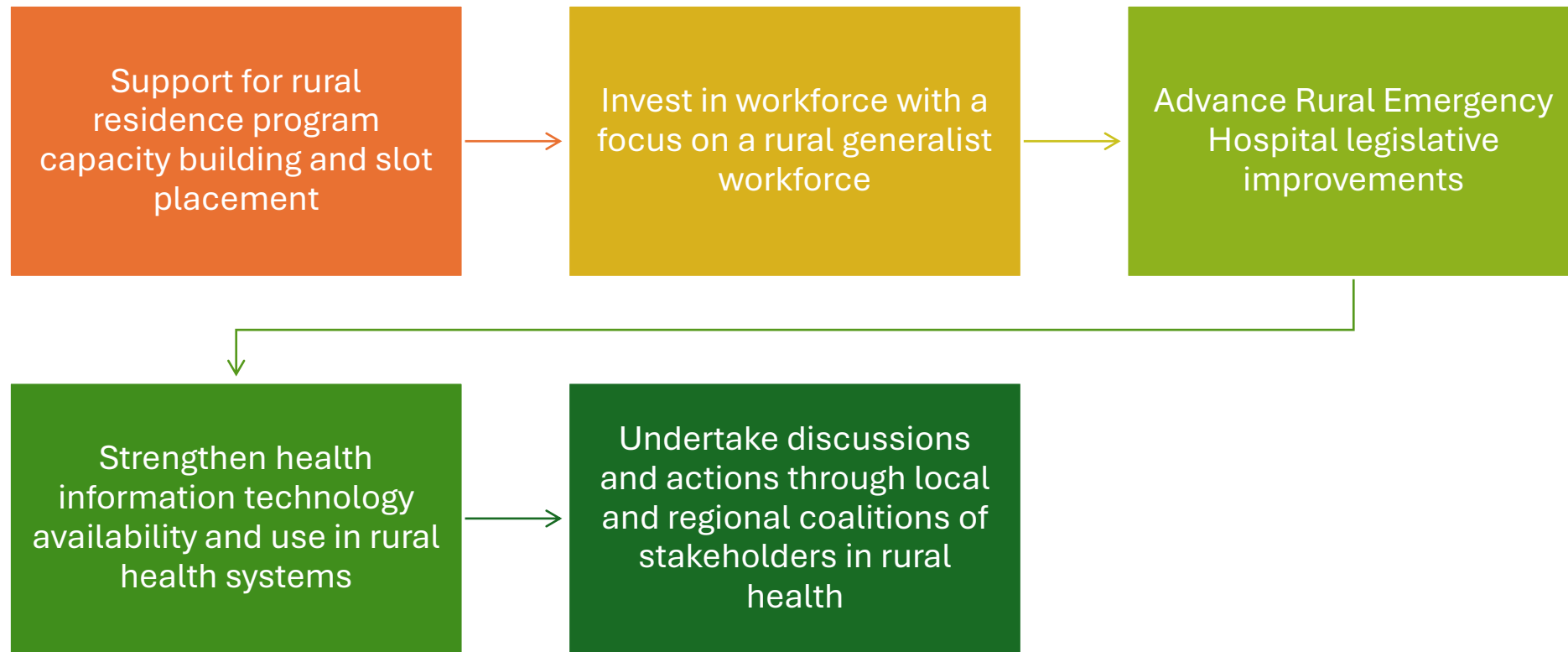
Use ability to analyze large data set to meet the standards embedded in the framework – claims data, public health data

Policy Actions to Preserve Current Access: Finance



- Obtain capital to support rural healthcare facilities to meet current codes and prepare systems for the future
- Maintain or enhance current payment rates to stabilize providers and set them up for transformation to new models
- Fund emergency medical services
- Adequately fund public health in rural communities

Policy Actions to Preserve Current Access: Workforce, Infrastructure, Process



Transitioning to the Future: Finance

Create

Create an expectation for change by using a strategy to exit from existing subsidies

Provide

Provide transition payments to help facilities interested in getting to value-based payment

Provide

Provide direct assistance to health systems serving underserved communities

Transitioning to the Future: Re-Organize Services



- Pay for collaboration
- Explore regionalization strategies
- Assess state policies that inhibit change
- Convene rural governing councils and dismantle silos suppressing collaboration
- Strengthen public health infrastructure
- Fund and support the rural health leadership pipeline

Transitioning to the Future: Assure High-Quality



- Engage with the American Medical Association RVS Update Committee to obtain better values for primary care/cognitive billing codes
- Partnerships across federal departments to invest in global community budgets
- Align quality metrics and make them rural-relevant

Closing Highlights

01

The ultimate goal for the future of rural health is that the health system be maintained as a vital contribution to thriving rural communities.

02

The ideal rural health system includes a set of necessary services relevant to the communities' or regional need, that moves outside the walls of the hospital to include social, public health, and economic factors.

03

The continuum of care includes clinical services addressing acute care needs, long-term care (long term supports and services), and public health services

Missing Ingredient: Public Health

- Ending the cyclical history of support peaking during public health emergency and then waning because we back to “normal”
- Critical importance of population health in any successful model of transformation
- Payment models create opportunities to flow revenue to different team players in the person-centered approach anchored in community health

Missing Ingredient: Public Health

Requires a steady presence: local, regional public health agencies



Requires presence of connected services in the community; role of human services agencies and at times individuals



Examples: food nutrition, maintaining optimum health status for chronically ill, address personal needs (behavioral health), housing needs



Possibilities: Partnership to Align Social Care; Pathways Community Hub Institute

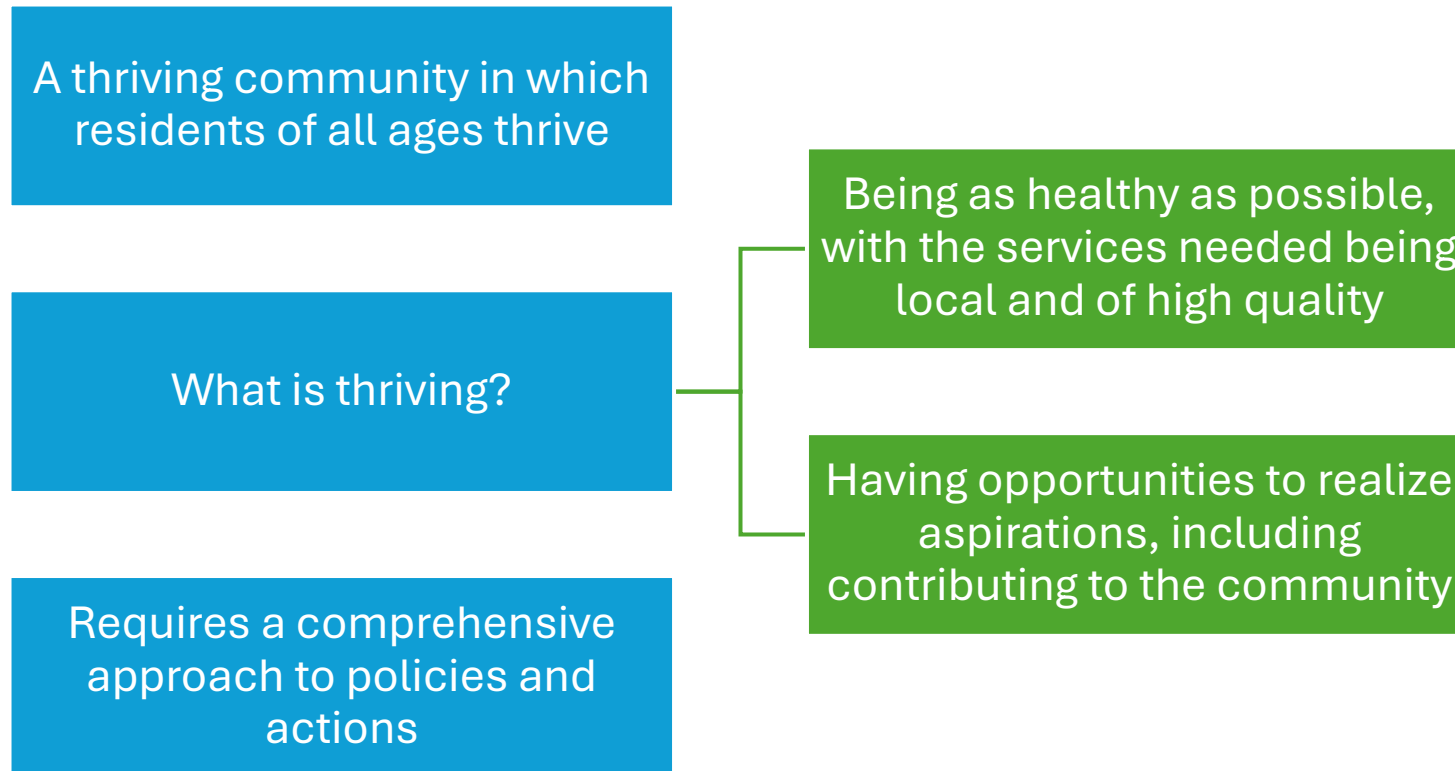
Missing Ingredient: Long Term Services and Support

- Once again broaden view of health care system
- The health team needs to include providers (broadly defined) who can address needs of an older population
- How do assure points of service in rural places – recent increase in nursing home closures; difficulties financing alternatives
- Intersection with public health – area agencies on aging and meals on wheels

Missing Ingredient: Long Term Supports and Services

- But more than serving those in need of health and human services
- Incorporating older populations as assets in the community
- Ties back to the Summit theme of thriving rural communities

Bringing Policy Streams Together to Create an Optimal Future for Older Rural Residents



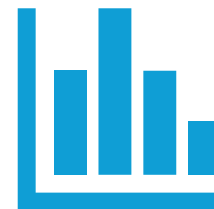
By the Community for the Community



Critical role of engaging all local residents through coalitions and representation in a dialogue about the future



Action steps to get there



Measure progress



Recognize the interaction across the capitals

And in the End ...



The future we have will be equal
to the future we make



The health systems will be
integral to vibrant, thriving rural
communities and vice-versa

Keith J. Mueller, PhD

Gerhard Hartman Professor of Health Management and Policy
Director, Rural Policy Research Institute (RUPRI)
Department of Health Management and Policy
University of Iowa College of Public Health
145 Riverside Drive, CPHB
Iowa City, IA 52242
Office: 1-319-384-3832
keith-mueller@uiowa.edu