EVENT SUMMARY

"RURAL HEALTH: LAYING THE FOUNDATION FOR HEALTH REFORM"

October 30, 2009

The Alliance for Health Reform, with support from the Robert Wood Johnson Foundation, held a briefing at the Columbus Club in Union Station, Washington, DC, to examine the likely impact of reform on rural health insurance coverage and on rural health information technology. The briefing also explored initiatives and models for rural care delivery.

Ed Howard, executive vice president at the Alliance, extended a welcome from Senators Rockefeller and Collins to those in attendance. He also thanked the panelists for their participation and the Robert Wood Johnson Foundation for sponsoring the event. Mr. Howard observed that rural communities, where 50 million Americans live, have higher rates of poverty, higher rates of job loss during the recession, a larger percentage of insured, and fewer doctors than urban areas.

Co-moderator **Brian Quinn**, a program director with the Robert Wood Johnson Foundation, explained that RWJ is committed to helping Americans live healthier lives, regardless of where they live. He noted that health outcomes can depend on where a person lives. "Rural Americans have much to gain from a reformed health care system," he observed and thanked Keith Mueller and his colleagues at the Rural Policy Research Institute (RUPRI) for their work.

The first panelist, **Keith Mueller,** professor of health services research at the University of Nebraska, presented the results of a joint project between RWJ and RUPRI. A report that grew out of that collaboration explains the differences in uninsured rates between rural and urban communities and then identifies the potential impact of reform on rural Americans. The report finds that those in rural communities with populations of less than 2,500 people have the highest uninsured rates but also have a higher rate of coverage from public sources such as Medicaid and CHIP. Rural employers are less likely to offer insurance, Dr. Mueller said. The rural self-employed are more likely to be uninsured than their urban counterparts. The study, he explained, found that the House tri-committee bill[1] would reduce the number of rural uninsured from 6.2 million to 1.9 million, which would raise the coverage rate to 96 percent in rural areas.

The second panelist, **Tom Irons,** professor of pediatrics at East Carolina University, presented lessons learned from managing Medicaid and uninsured care through community networks. The Community Care Plan of Eastern North Carolina creates community partnerships that coordinate the Medicaid care system for more than 100,000 enrollees. The organization built a community health center that houses a medical wing, an education wing, a dental clinic and a pharmacy under one roof. Another local organization, the Eastern North Carolina Community Health Consortium, facilitates communication among stakeholders and those who deliver care. Still, staffing remains difficult, Dr. Irons said; two counties in the area have no physician. As a result, the concentration of uninsured rural

[1] Note: This study references H.R. 3200.

adults with preventable complex chronic conditions is high. Primary card demands far exceed the supply of providers, he said. Another problem is electronic health records systems that don't communicate with each other, and a lack of staff to input data. Dr. Irons emphasized the need to retain both medical students and residents who are studying in Eastern North Carolina, and the importance of team-based models.

The final panelist, **Neal Neuberger,** executive director of the Institute for e-Health Policy, discussed the intersections between rural issues, health care and health information technology (HIT). Despite the prevalence of new technology in the everyday world, health care providers caring for underserved populations often have no information technology support, he said. Mr. Neuberger noted that numerous players, from federal and state governments to the private sector, have interests in HIT, but money for HIT is a concern. The American Reinvestment and Recovery Act (ARRA) provides some incentives for physicians and hospitals to implement HIT but additional resources are needed, he noted. Critical Access Hospitals are far behind in implementing electronic medical records; incentives are lacking for them to become early adopters because of reimbursement structures. Properly implementation of HIT, Mr. Neuberger argued, requires communication between providers and regulators to address both efficiency and quality concerns. Next steps should include an "all hands on deck" attitude toward implementing the HIT provisions of ARRA, focusing efforts on rural and underserved communities, and making sure HIT gets proper attention in health reform.

A lively question and answer session followed.