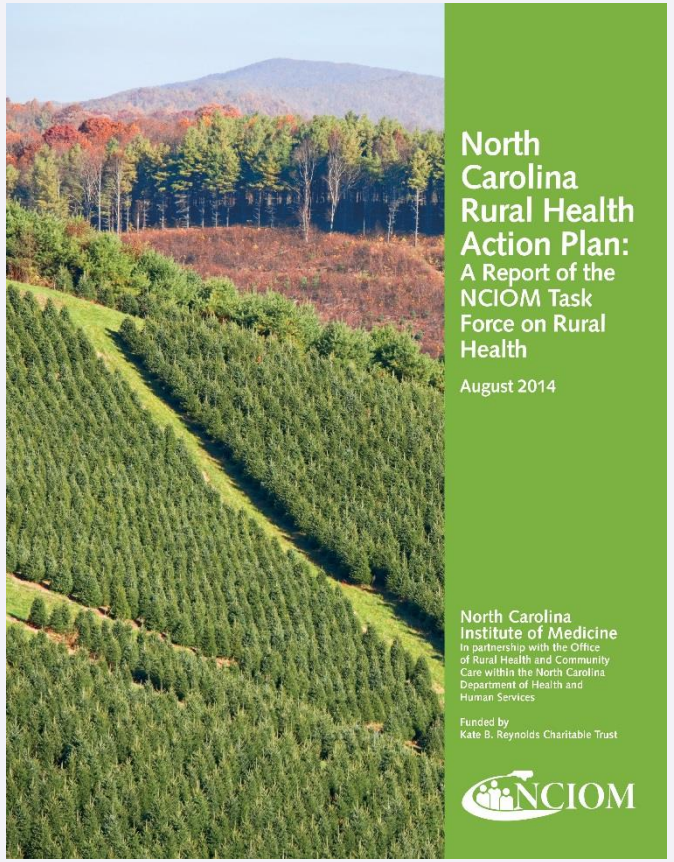
NCIOM Task Force on Rural Health

Berkeley Yorkery
North Carolina Institute of Medicine
April 23, 2018

NCIOM Task Force on Rural Health

- Began in 2013, final report August 2014
- The Office of Rural Health and Community Care within the North Carolina Department of Health and Human Services and the Kate B Reynolds Charitable Trust asked the NCIOM to convene this Task Force
- Funding for the Task Force came from

KATE B. REYNOLDS CHARITABLE TRUST



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Why Focus on Rural Health

-  One in five North Carolinians live in rural communities

- Rural communities have risk factors that contribute to less access to health care
  - fewer health professionals and health care facilities
  - higher poverty rates
  - Greater distance and more isolation

The 10 counties with the worst health outcomes in NC are all under-resourced Tier 1 communities

- Rural Residents are older, poorer, and sicker than urban residents

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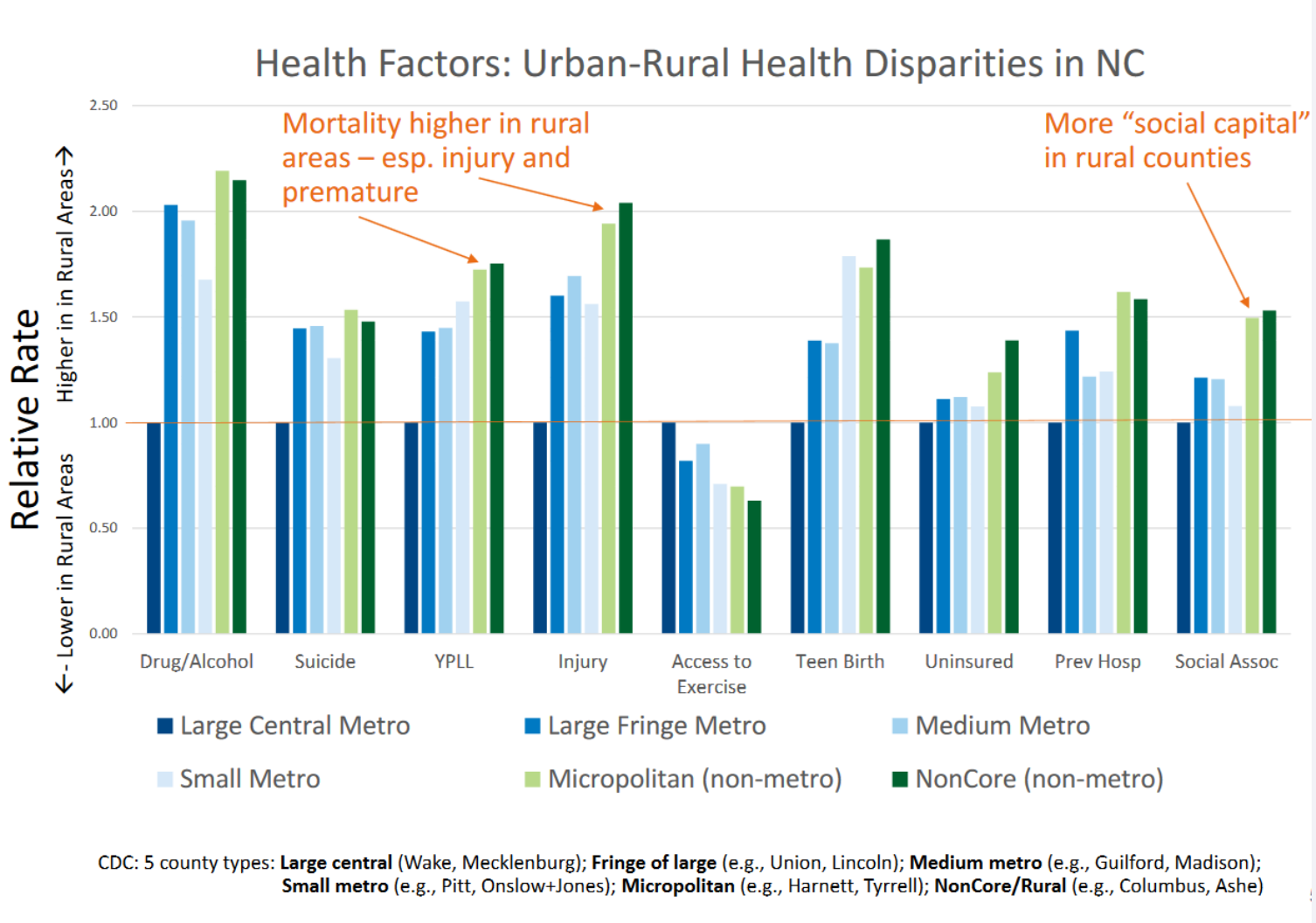
Why Focus on Rural Health?



CDC: 5 county types: **Large central** (Wake, Mecklenburg); **Fringe of large** (e.g., Union, Lincoln); **Medium metro** (e.g., Guilford, Madison); **Small metro** (e.g., Pitt, Onslow+Jones); **Micropolitan** (e.g., Harnett, Tyrrell); **NonCore/Rural** (e.g., Columbus, Ashe)

Rural communities have higher rates of chronic disease, disability, and death

Rural residents are more likely to engage in risky health behaviors

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Holmes M, Center S. Access to Healthcare in Rural North Carolina. https://www.ncleg.net/documentsites/committees/bcci-6715/January 8, 2018/3. Holmes, Rural Healthcare by the Numbers.pdf. Accessed April 12, 2018.

NCIOM Task Force on Rural Health

- Co-Chairs:
  - Chris Collins, MSW, Director, North Carolina Office of Rural Health and Community Care*
  - Paul Cunningham, MD, FACS, Dean and Senior Associate Vice Chancellor for Medical Affairs, Brody School of Medicine, East Carolina University
  - Donna Tipton-Rodgers EdD, President, Tri-County Community College
- 46 Task Force Members:
  - 24 were local representatives serving rural communities
  - 22 are from statewide organizations with a mission to serve rural and underserved communities

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Task Force Charge

- To develop a North Carolina Rural Health Action Plan to provide policy makers, funders, and stakeholder organizations with a common vision and action steps to improve rural health
  - **The Task Force will identify 4-6 priority areas with strategies that state and local organizations can undertake that can help local communities improve the health of their communities**

Task Force Process

- Examined the health of rural North Carolinians
- Identified priority strategies that are critical to improve rural health outcomes and actionable over the next three to five years.
- Gathered input from eight rural communities across North Carolina.
  - *All together we received feedback from approximately 250 people in rural communities across the state.*
- Considered the feedback from the local community forums and made adjustments to priority strategies.

Health is More than Health Care

Nine Initial Priority Areas

- Community and environment
  - Expand jobs and economic security
  - Improve educational outcomes
  - Foster strong collaborative community leaders
- Health behaviors
  - Increase healthy eating and active living
  - Reduce substance abuse
  - Improve mental health
- Access to and availability of services
  - Maximize individuals' insurance opportunities
  - Support new models of care that expand access to health services
  - Improve recruitment, retention, and distribution of key health professionals

Within each priority area, the Task Force identified promising strategies to improve rural health (40 strategies overall)

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Input from Rural Communities

We held 8 rural meetings to solicit feedback (counties listed in bold are where the regional meetings were held):

Aug. 28: Caswell, **Rockingham,** Stokes (46 participants)
Aug. 29: Haywood, **Jackson,** Macon, Swain, Transylvania (44 participants)
Sept. 12: **Bladen,** Columbus, Pender, Robeson, Sampson (41 participants)
Sept. 19: Alexander, Ashe, Alleghany, Caldwell, Iredell, Surry, Watauga, **Wilkes,** Yadkin (47 participants)
Sept. 27: Davidson, **Montgomery**, Moore, Richmond, Stanly (21 participants)
Oct. 4: Avery, **McDowell**, Mitchell, Rutherford, Yancey (35 participants)
Oct. 10: **Beaufort,** Craven, Hyde, Martin, Pamlico, Washington (21 participants)
Oct. 11: Bertie, Edgecombe, **Halifax,** Northampton, Warren (26 participants)

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Revised Priority Areas

- The Task Force considered feedback from the rural participants to select **six final priority areas**:
  - *Community and environment*
    - Invest in local and regional industries
    - Invest in early education and parenting supports
  - *Health Behaviors*
    - Promote healthy eating and active living
    - Support provision of behavioral health in primary care settings
  - *Access to and availability of health services*
    - Expand insurance coverage and the health care safety net
    - Recruit and retain health providers into underserved areas

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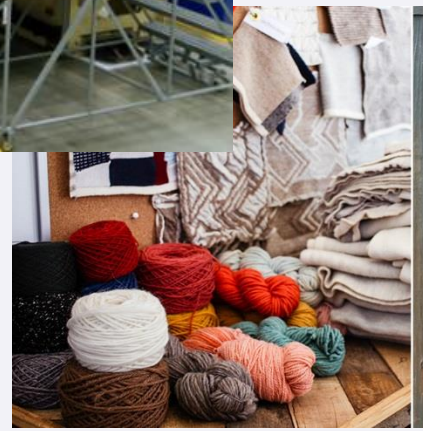
Invest in Local and Regional Industries

Existing strengths:

- Many rural areas have strong farm economies and are developing farm-to-table initiatives
- Local resources can be employed to develop agrotourism and other locally grown industries
- Promising investments in renewable energy

Challenges:

- Some rural communities lack key infrastructure (water, sewer, internet, strong schools) making the communities less competitive for new industries
- Some young people leave to find jobs in urban locations



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Invest in Local and Regional Industries: Recommendations

NC DIT Broadband Infrastructure Office | North Carolina Department of Information Technology

The Broadband Infrastructure Office (BroadbandIO) was established by the State Chief Information Officer (SCIO) in 2015 as a statewide resource for broadband access, first responder communications and classroom connectivity initiatives led by the State of North Carolina.

- The Department of Commerce (DOC) and other funders should create dedicated funding streams for investments to enhance infrastructure, workforce development, and broadband access.
- The NC General Assembly (NCGA), DOC, and rural funders should support investments in industries that develop high quality jobs that take advantage of local resources including: agriculture/food programs, renewable energy, and high value added manufacturing.
- Rural funders, Office of Rural Health and Community Care (ORHCC), and DOC should invest in rural health care, including support for rural health care institutions and telemedicine programs.
- The Department of Public Instruction and the NC Community College System should collaborate with local economic development offices to develop the rural workforce.

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Increase Support for Quality Child Care and Parenting Supports to Improve School Readiness

Existing strengths:

- Every county is served by a local Smart Start partnership
- Many counties have evidence-based or evidence-informed parenting support programs, such as Nurse Family Partnerships or Parents as Teachers

Challenges:

- High quality early education is not available or affordable to everyone who needs it
- Parenting support programs do not reach everyone

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Increase Support for Quality Child Care and Parenting Supports to Improve School Readiness

- The Division of Child Development and Early Education (DCDEE) should revise the star rating system to focus on learning that supports children's social and emotional development, executive function, language skills, and health.
- The NCGA should support adjustments to subsidy rates based on quality.
- The Division of Public Health (DPH) should seek funding for evidence-based programs for parent engagement to support school readiness and long-term educational success (e.g. NFP and Triple P).
- DCDEE and other partners should support education, training, adequate wages, and career advancement opportunities to ensure a high quality early education workforce.
- Local Smart Start partnerships, North Carolina Partnership for Children (NCPC), DCDEE, and other partners should choose from and implement evidence-based or best practices to improve school readiness and ensure long-term educational success.

Plan to Implement Coverage for Home Visits for Pregnant Women and Families with Young Children

Session Law 2017-57, Section 11H.14.(a)

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Promote Healthy Eating and Active Living (HEAL)

Existing strengths:

- Because of enhanced federal nutrition standards, schools offering healthier foods during the school day
- Many local initiatives through schools, churches, local nonprofits to promote healthy eating and active living
- Active farm-to-table initiatives in many communities including efforts to reach lower-income communities

Challenges:

- Schools do not all offer sufficient hours of physical education and physical activity, and not enough evidence-based curricula to promote healthy eating and active living
- Still difficult for many families to make the healthy choices

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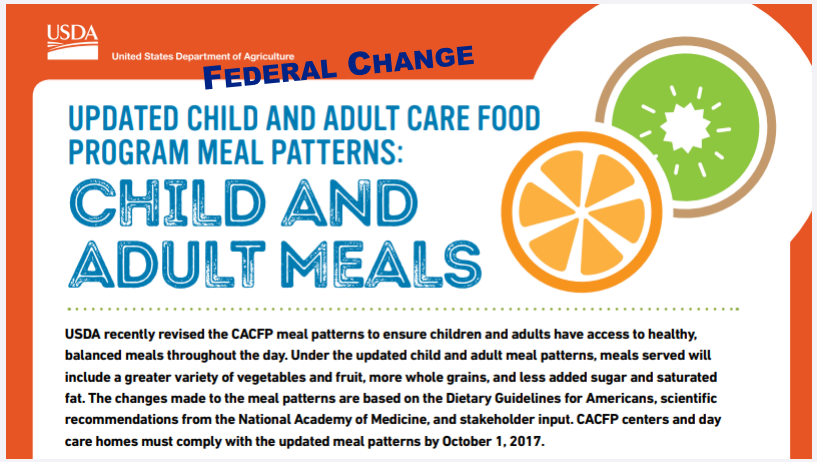
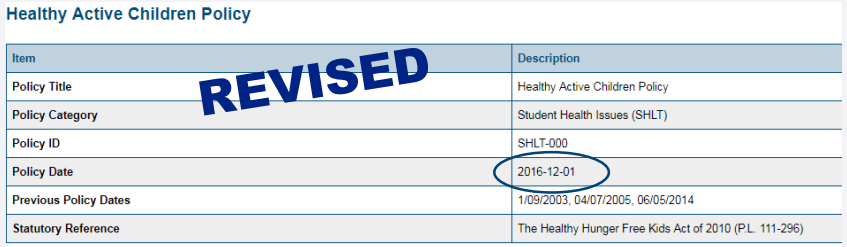
Promote Healthy Eating and Active Living (HEAL)





- DCDEE, NCPC, and other groups should promote evidence-based or evidence-informed practices that support HEAL in early care and education.
- The State Board of Education (SBE) should develop a model wellness policy for local use focusing on optimal age appropriate targets for HEAL.
- SBE should require schools to implement evidence-based practices into core curriculum that support HEAL. HEAL information should be integrated into the Healthful Living curriculum.
- Local communities and NC funders should support community-based evidence-based strategies to promote HEAL.
- Funders, state agencies, and local communities should support opportunities for HEAL in rural communities (including farmers markets, community supported agriculture, green spaces for play/exercise, etc.).

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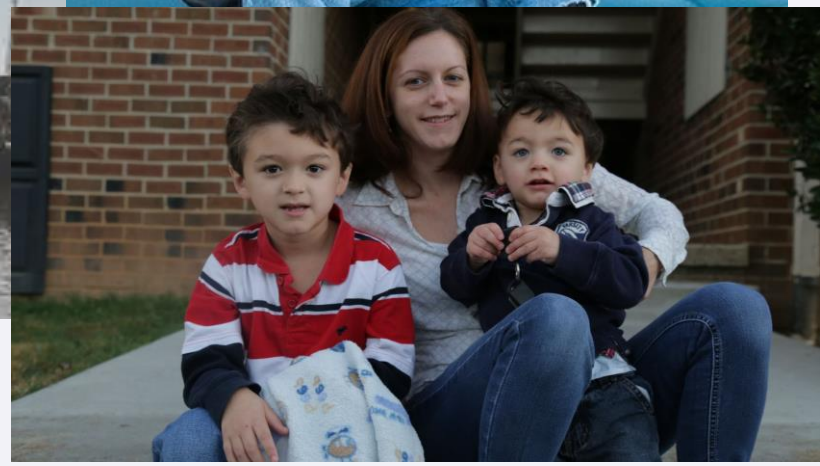
Offer Behavioral Health Services in Primary Care Settings

Existing strengths:

- Community Care of North Carolina (CCNC) and Center for Excellence in Integrated Care have trained primary care professionals in screening, brief intervention, and referral into treatment.
- Many practices are employing co-location and/or integrated practices with behavioral health professionals.
- Mental health parity laws are providing better coverage for many.

Challenges:

- Rural practices do not always have the volume of insured patients to support behavioral health co-location or integration.



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Behavioral Health Services in Primary Care: Recommendations

STRATEGIC PLAN FOR IMPROVEMENT OF BEHAVIORAL HEALTH SERVICES

Session Law 2016-94, Section 12F.10.(a-d)
Session Law 2017-57, Section 11F.6.(a-b)

Integrated care as part of Medicaid Transformation will be in front of the NCGA this session

North Carolina Medicaid and NC Health Choice

Amended Section 1115 Demonstration Waiver Application

Key components of the waiver application include:

- **Opioid Strategy.** To support North Carolina's opioid strategy, the Department is seeking authority to increase access to inpatient and residential substance use disorder and behavioral health treatment through reimbursement for services in institutions of mental disease.
- **Behavioral Health Integration.** North Carolina does not need a waiver to integrate behavioral health and physical health services, but the Department is seeking authority from CMS to use Medicaid funds to build capacity to support a robust health home care management model for behavioral health and I/DD populations.
- **Tailored Plans.** The Department is seeking authority to provide certain behavioral health benefits through only Tailored Plans, not Standard Plans. For more information on Tailored Plans, see "Behavioral Health and I/DD Tailored Plan," a concept paper recently published by Department, at ncdhhs.gov/nc-medicaid-transformation.

- CCNC, Division of Medical Assistance (DMA) and private payers should provide incentives to primary care medical homes (PCMHs) to screen for mental health and substance abuse disorders, and provide treatment or referral.
- NC Center for Excellence in Integrated Care, CCNC and other groups should provide technical assistance to practices to increase the availability of behavioral health services in all practice settings
- DMA should promote integrated care through Medicaid reform
- Health systems should work to develop increasingly integrated care
- The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), DPH, CCNC and other groups should support development and dissemination of community-based mental health and substance abuse treatment strategies (eg, 12 step, mental health first aid, lay and faith based approaches).

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Educate and Engage People in Rural Communities about New and Emerging Health Insurance Options and Safety Net Resources

Existing strengths:

North Carolina has done a better job than most states in helping link people to insurance coverage in the new Marketplace.

Challenges:

North Carolina has chosen not to expand Medicaid, leaving many of the lowest income people with insurance options.

Even with new insurance options, many remain uninsured.

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Educate and Engage People in Rural Communities about New and Emerging Health Insurance Options and Safety Net Resources

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017

H.B. 662
Apr 6, 2017
HOUSE PRINCIPAL CLERK

H D

HOUSE BILL DRH10223-MR-35A (02/07)

Short Title:	Carolina Cares. (Public)
Sponsors:	Representatives Lambeth, Murphy, Dobson, and White (Primary Sponsors).
Referred to:	

A BILL TO BE ENTITLED
AN ACT TO PROVIDE HEALTH COVERAGE TO RESIDENTS OF NORTH CAROLINA UNDER THE CAROLINA CARES PROGRAM.

Carolina Cares as part of Medicaid Transformation will be in front of the NCGA this session

North Carolina Medicaid and NC Health Choice

Amended Section 1115 Demonstration Waiver Application

TABLE 4. BENEFIT PACKAGE CHART

POPULATION	BENEFIT PACKAGE
General Medicaid and NC Health Choice Population	State Plan, including those delivered in an IMD
Carolina Cares Enrollees (if enacted)	Alternative Benefit Plan, including those delivered in an IMD
Innovations Waiver Enrollees	State Plan and Innovations Waiver Services
TBI Waiver Enrollees	State Plan and TBI Waiver Services
Individuals receiving services at tribal facilities	State Plan, including those delivered in an IMD and HCBS services as transitioned

- Existing navigators, certified application counselors, and other community groups should continue to work together at the local level to coordinate education, outreach and enrollment efforts and identify gaps.
  - North Carolina foundations should support local education, outreach and enrollment activities by targeting rural communities with high unmet needs.
  - NCGA and NC DHHS should examine the potential impact of any changes to Medicaid payment and delivery models on rural communities before implementing major system reforms
- Safety net information should be built in to United Way's 211 line.

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Expand Efforts to Recruit Providers in Underserved Areas

Existing strengths:

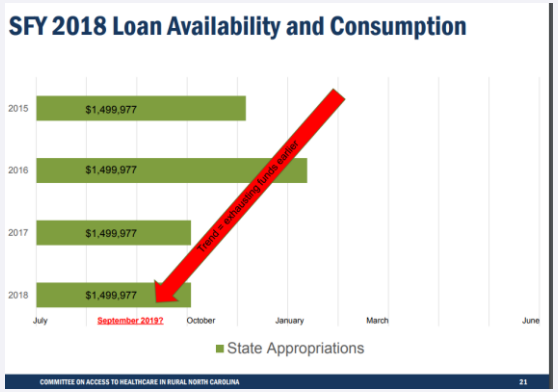
North Carolina has one of the strongest state Offices of Rural Health in the country, with strong collaborations to other organizations (eg, NC Medical Society Foundation's Community Practitioner Program) that also helps with recruitment and retention.

Challenges:

10 whole counties and 31 population based (part counties) are persistent primary care health professional shortage areas.

Insufficient resources at ORHCC to meet all recruitment needs.

State loan funds have not changed, but $$ is being committed within first three months of the fiscal year.



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Expand Efforts to Recruit Providers to Underserved Areas

ORH is now allowed to use state loan repayment for general surgeons placed in critical access hospitals

State Loan Repayment Program for Behavioral Health Therapists

This incentive has been designed for the following disciplines: LCSW, LPC, MFT, PNS, and HSP

- Offers up to $30,000 for a 2-year service commitment to work in community-based setting that provides access to comprehensive behavioral health services

ORH is exploring providing loan repayment to psychiatrists who use telepsychiatry to provide services to individuals residing in HPSAs

- Community colleges should expand successful strategies to recruit health professional students into 2-year and 4-year degrees
- North Carolina academic health programs supported by NC general funds should place a priority in the admissions process to students who grew up in or have a desire to practice in health professional shortage areas.
- The Area Health Education Centers (AHEC) should identify best practices for rural clinical placement opportunities.
  - The NCGA should expand rural residency programs.
- The NCGA should appropriate $2 million to ORHCC to support additional staff to help designate communities with HPSA designations, to help with recruitment, and to help pay for loan forgiveness or other incentive payments.
- ORHCC with the NC Medical Society Foundation should identify and disseminate model recruitment and retention strategies.

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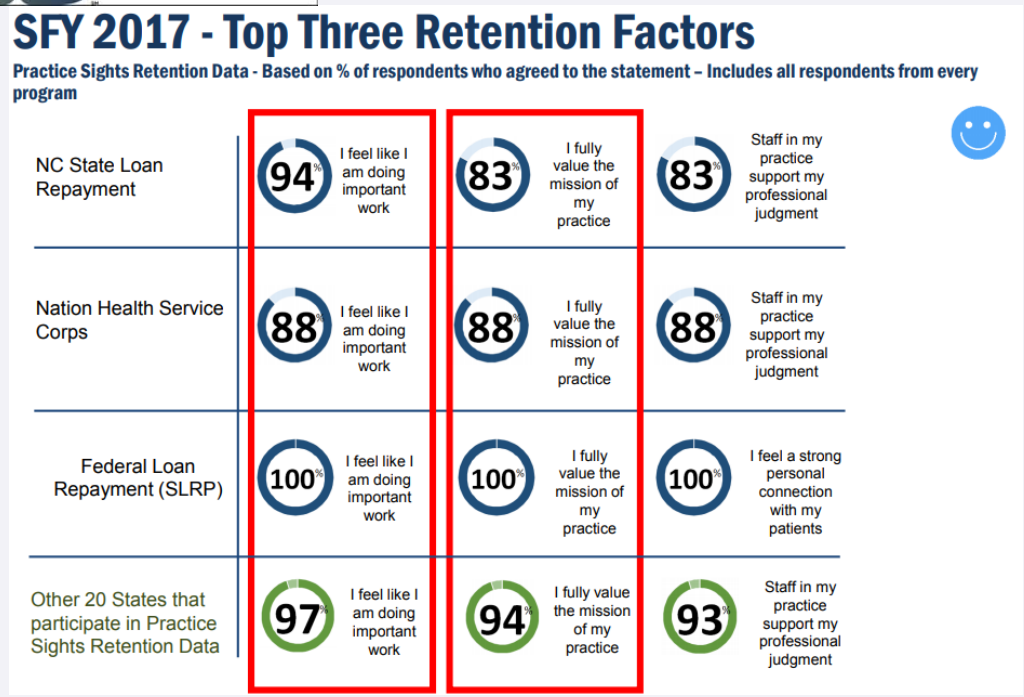
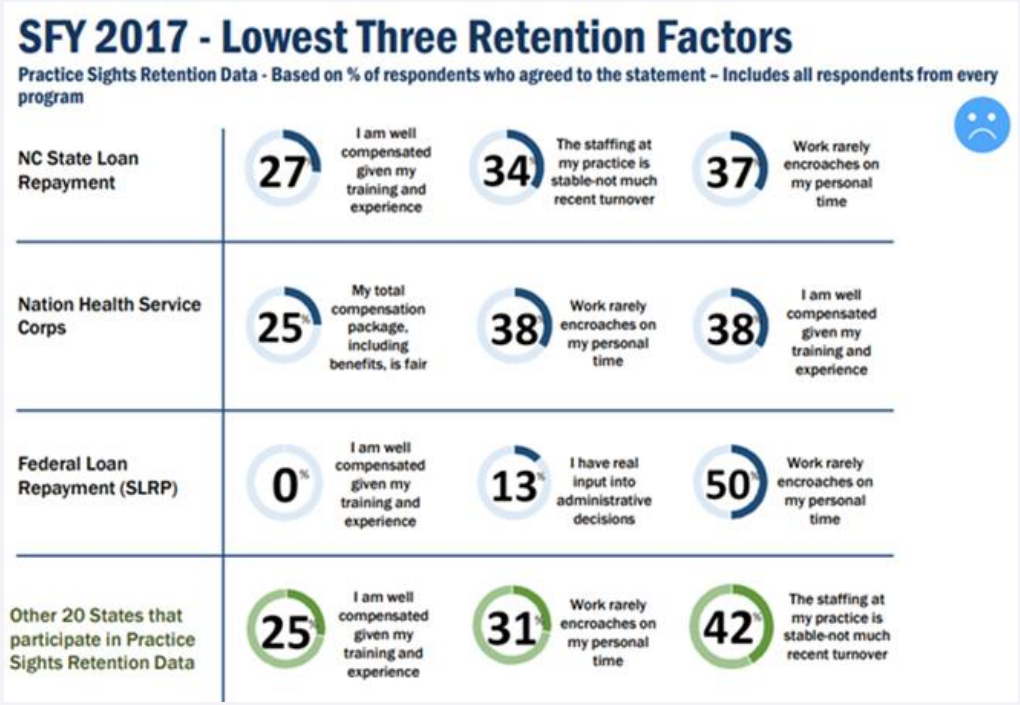
Recruiting is the first step, retaining providers in rural areas is even more challenging

ORH survey, retention means program completion, typically four years





Most significant: feeling like work is important and the value of mission

Least significant: compensation

Recruiting is the first step, retaining providers in rural areas is even more challenging

Keeping health professionals is about more than the details of the job

- Community characteristics
  - Schools
  - Employment opportunities for spouses
  - Cultural/entertainment activities
  - Diversity
- No family/social network nearby

- Professional opportunities
  - Professional support
  - Room for advancement/growth
  - Work/life balance

NC Rural Health HEALTH AND HUMAN SERVICES

SFY 2017 - Top Three Retention Factors - Community

	1	2	3
NC State Loan Repayment	My spouse is happy in the community	We feel safe in the community	We have access to most of the things we like to do
Nation Health Service Corps	The community provides well for my children's need	My children are happy in the community	We feel safe in the community
Federal Loan Repayment (SLRP)	We feel safe in the community	My children are happy in the community	My spouse is happily employed
Other 20 States that participate in Practice Sights Retention Data	We feel safe in the community	My children are happy in the community	My spouse is happy in the community

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Attracting and Retaining Physicians in Rural America. September 2017.
Staiger, D. Association Between Having a Highly Educated Spouse and Physician Practice in Rural Underserved Areas. Journal of the American Medical Association. March 2016.
Chipp, C. "If Only Someone Had Told Me...": Lessons from Rural Providers. Journal of Rural Health. 2011

Questions?

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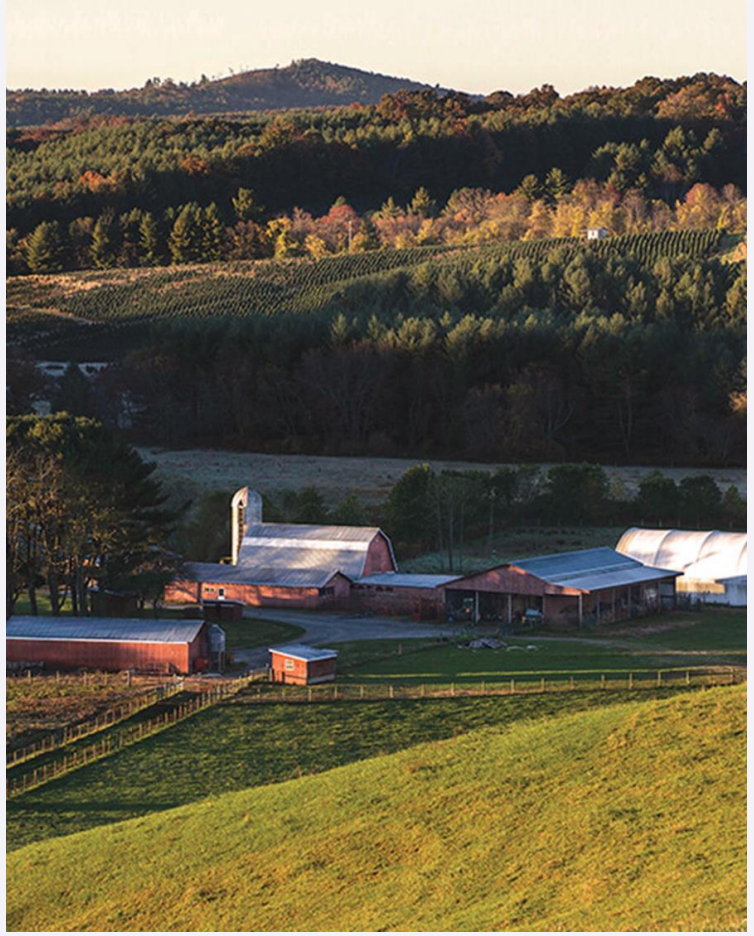

Rural Health Action Plan:
http://www.nciom.org/publications/?rural-health-action-plan

Rural Health in North Carolina NCMJ Issue:

http://www.ncmedicaljournal.com/content/76/1.toc