Slide 1

Strong States, Strong Nation

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DEVELOPING NEW STATE LEGISLATIVE HEALTH LEADERS

NATIONAL CONFERENCE of STATE LEGISLATURES

Access to Health Care Services

Slide 2

Workforce Shortages and Maldistribution

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- Health Professional Shortage Areas (HPSAs) are "geographic areas, or populations within geographic areas, that lack sufficient health care providers to meet the health care needs of the area or population." (CMS, 2014)
  - Primary Care, Oral Health, Behavioral Health
  - Workforce shortages disproportionately impact rural areas
    - More than three-quarters of the nation's rural counties are HPSAs (Evenson, 2011)

Slide 3

Health Care Workforce Shortages/Maldistribution: Why?

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- Aging workforce and retiring practitioners
- Low number of graduating students want to practice in rural or underserved urban areas
- Declining interest in certain fields for some providers (i.e. primary care physicians)
- Comparatively low reimbursement rates for certain services (i.e. primary care), especially from public payers
- Lack of adequate training for certain issues and populations (i.e. children's behavioral health)

Slide 4

Primary Care Workforce Shortage Areas

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Figure 1
Percent of Population Residing in Primary Care Health Professional Shortage Areas (HPSAs), 2014

U.S. Overall: 18.7%
- 0 – <10% (8 states)
- 10 – <20% (19 states)
- 20 – <30% (16 states)
- 30% + (6 states, including DC)

About 6,100 primary care HPSAs in US

58 million Americans live in primary care HPSAs

Percentage of State Population Living in a Dental Health Professional Shortage Area (HPSA):

More than 45 million Americans live in the approximately 4,900 oral health HPSAs in the U.S.

Less than 10%
10%-14.9%
15%-19.9%
20% or more

Sources: The Pew Charitable Trusts, 2012; National Conference of State Legislatures, 2014

Oral Health Care Workforce Shortages/Maldistribution

- 6,000 additional dentists are needed to eliminate shortage areas
- Nearly one-third of adults have untreated tooth decay (CDC, 2013)
- In 2011, 49% of Medicaid-enrolled children received dental services, due in part to the shortage of dental providers
- In 2012, emergency room visits for preventable dental conditions cost $1.6 billion (HPI, 2015)
- Without access to routine, preventive dental care, simple dental issues can lead to more severe conditions and expensive treatments

Behavioral Health Workforce Shortages/Maldistribution

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Total Mental Health Care HPSA Designations

- 55 percent of U.S. counties do not have any practicing behavioral health care workers, and 77 percent report unmet behavioral health needs (SAMHSA, 2015)
  - Maldistribution- burden on rural counties and counties with low per-capita income
- There are currently approximately 4,000 mental health HSPAs (HRSA, 2014)

Source- Kaiser Family Foundation

Increased Demand for Behavioral Health Care Services

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- ACA includes mental health and substance use disorder services as an "Essential Health Benefit"
  - These benefits must be on par with physical health care coverage
  - Estimated to bring behavioral health care benefits and parity provisions to 62 million Americans (HHS)
- Most plans must also cover preventive services (i.e. depression screenings)→more people will be identified as needing services
- Medicaid expansion and federal and state exchanges increase coverage
- Interest in integration of behavioral and physical health care for improved access and efficiency

#MentalHealthMatters

ONE
TWO
THREE

HealthCare.gov   MentalHealth.gov

Filling Gaps—Federal Programs for Loan Repayment and Scholarships

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NATIONAL HEALTH
SERVICE
CORPS

- Brings primary health care providers to areas with little access to health care
- Awards scholarships and loan repayment to primary care providers who agree to serve for at least 2 years in a HPSA
- Includes students in medical, dental, nurse practitioner, certified nurse midwife, and physician assistant training programs
- Currently, 9,200 NHSC members provide care to more than 9.7 million people at 4,900 sites (HRSA, 2015)
- ACA expanded funding to serve 16 million patients (HHS, 2015)

Filling Gaps—Federal Programs for Loan Repayment and Scholarships

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NURSE CORPS

- Loan repayment program for registered nurses, nurse practitioners, and other nursing professionals who are employed full time (at least 32 hours per week) at an eligible critical shortage facility for a minimum of 2 years.
- NURSE Corps members enjoy the same competitive pay and benefits negotiated with their employer as do non-members.
- Nurse faculty participants are required to work as nurse faculty at an accredited public or private non-profit school of nursing.
- Applicants must be a U.S. citizen (born or naturalized) or National and Lawful Permanent Resident and their education must be from an accredited school of nursing located in a U.S. State.

Filling Gaps—Training Providers: Federal Programs

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- Teaching Health Center Graduate Medical Education (THCGME) Program:
- ACA invested $10 million in 2012 to support training for behavioral health providers (HHS, 2015)
- Rural Training Track Programs

- Challenge for states: GME Residency slots determined by Federal government
- ACA redistributes some previously unused residency slots to hospitals in areas with low resident-population ratios, HPSAs or rural areas

Rural Training Track Programs

As of August 2015
★ Active program
★ 1-2 like RTTs

Filling Gaps—State Programs for Loan Forgiveness and Scholarship

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- Many states offer loan repayment and/or scholarship programs for health professions students
  - *North Dakota Health Care Professional Student Loan Repayment Program:*
    - Established by the state with the aim of encouraging new medical graduates to practice in rural and underserved areas in North Dakota
    - Eligible disciplines include physicians, advanced practice registered nurses, clinical psychologists, and behavioral health professionals
    - Health professionals practice in an underserved area for up to 5 years and receive funds for loan repayment from the state, as well as matching funds from the community served (UND, 2015)
  - *Missouri Health Professional State Loan Repayment Program:*
    - Primary care physicians and dentists receive up to $50,000 to repay educational debt and commit to practicing in a HPSA in Missouri for 2 years (MO Dept. of Health and Senior Services)
  - *Minnesota Nurse Loan Forgiveness Program:*
    - Licensed practical or registered nurses receive funds for repaying educational loans and practice in a licensed nursing home or intermediate care facility for persons with developmental disabilities in Minnesota for 2 years (MN Dept. of Health)

Filling Gaps—Training Providers: State Programs

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Grow your own, pipeline and career ladder programs

- Programs that introduce rural students to health careers.
- Programs that provide opportunities for students to experience service in underserved areas.
- Healthcare facility programs that help employees advance their education and careers

Locating training programs in shortage areas

- Nursing and allied health education at rural community colleges
- Rural rotations or curricula, including rural interprofessional education experiences
- Rural training track (RTT) residency programs specifically designed to train physicians for rural practice
- Continuing and professional educational opportunities for rural health professionals

Using technology to provide ongoing education and training for providers in rural areas

Scope of Practice

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- *Scope of practice*: what a health professional can and cannot do to or for a patient
- Defined by state boards of medicine, boards of nursing, etc., often with guidance or instruction (via statute) from the state legislature

Source: NCSL, 2013

Scope of Practice: State Actions

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Advanced Practice Registered Nurse (APRN) Scope of Practice

Source: NCSL, 2015

Scope of Practice: State Actions

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Policymakers balance increasing access through expanding providers' scope of practice, with ensuring patient safety and quality of care

Source: NCSL, 2013

Health Care Extenders

- *Health Care Extenders*: non-physician health professionals who "work closely with patients and providers to control chronic illness through education and counseling, communication with providers and, in some cases, medication titration" (CDC)
- For example, community health workers, community paramedicine, dental therapists and peer support behavioral health

Health Care Extenders: Community Health Workers

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- *Community Health Worker (CHW)*: "a frontline public health worker who is a trusted member of and has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." (APHA)

EXAMPLES OF COMMUNITY HEALTH WORKER RESPONSIBILITIES

Social support, advocacy and informal counseling

Chronic disease prevention and management

Health education

Assistance in navigating health systems and community resources

Health Care Extenders: Community Paramedics

COMMUNITY PARAMEDIC

NON-URGENT CARE
Reducing healthcare costs through home visits

Community Paramedics go beyond their emergency response training to provide select health services, often in rural and isolated areas to underserved populations
Services may include: health assessments, monitoring of chronic diseases, ensuring patients take their medication correctly, administering vaccinations and following up after hospital discharges

Health Care Extenders: Community Paramedics

States with Legislative Action on Community Paramedicine*

*Community paramedicine programs may exist in states without legislation.

Source: NCSL

Health Care Extenders: Oral Health

- ❑ Which of these is NOT a name of an oral health provider recognized by at least one state?
  - ❑ Dental health aide therapist
  - ❑ Dental therapist
  - ❑ Community tooth examiner
  - ❑ Community dental health coordinator

Extenders: Oral Health Care

- ❑ Dental Therapists
  - ❑ Mid-level dental health providers
  - ❑ ME, MN
  - ❑ Dental Health Aide Therapists (AK)
- ❑ Community Dental Health Coordinators (CDHCs)
  - ❑ Basic preventive services, education, service referrals
  - ❑ 8 states piloting CDHCs
    - ❑ AZ, CA, MT, MN, OK, PA, TX, WI

Extenders: Oral Health Care

- ❑ *Alaska: Norton Sound Health Corp.*
  - ❑ Employed dental health aide therapists since 2007 to deliver preventive and routine restorative care to residents of Western Alaska
  - ❑ Enabled dentists to address unmet need for higher-level procedures
  - ❑ Approximately $95,000 in savings for Medicaid outlays for travel
- ❑ *Minnesota: People's Center Health Services*
  - ❑ First federally qualified health center to hire a dental therapist (1992)
  - ❑ Serves a low-income population with many immigrants
  - ❑ Proven cost-effective→ net surplus of over $30,000

Source: The PEW Charitable Trusts, 2014

Extenders: Peer Support Behavioral Health

- ❑ Services delivered by a person with similar life experiences and previous behavioral health challenges
  - ❑ Support groups, peer recovery education, and peer-run services such as mentoring and case management
- ❑ May be able to better connect with patients and help them obtain treatment, social support and housing
- ❑ Increasingly, Medicaid and public mental health systems will pay for peer support services

Source: NAMI

Extenders: Peer Support Behavioral Health

- ❑ *North Carolina: Peer Support Specialist Program*
  - ❑ Trains peer support specialists for work in the N.C. mental health and substance abuse disorder service system
  - ❑ 1,838 certified peer support specialists as of Oct. 2015
- ❑ *Washington: Peer Support Program*
  - ❑ Trained and qualified mental health consumers as Certified Peer Counselors since 2005
  - ❑ Work in settings such as community clinics and hospitals
  - ❑ Reimbursed by Medicaid

Telehealth

- ❑ The use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration" (HRSA)
  - ❑ Primary and specialty care
  - ❑ Acute care and chronic disease management
  - ❑ Home health and long-term care
  - ❑ Oral health care
  - ❑ Behavioral health care

Source: Center for Connected Health Policy

Remote Patient Monitoring

Telehealth: Benefits & Drivers

- Workforce extension and rural access
- Triple aim
- Consumer demand
  - 74 percent of consumers reported that they were likely to use online services

Sources: Center for Connected Health Policy, NCSL, 2015

Project ECHO

- Providers in rural areas consult with specialty care team through weekly clinics
- Builds primary care providers' knowledge and efficacy, reduces provider isolation, increases provider satisfaction, expands patient access
- Care shown to be comparable to specialty clinic care
- Began in NM, now operating 39 hubs in 22 states

Source: University of New Mexico School of Medicine, Project ECHO

What Do You Think About Telehealth?

- Share with your tablemates any experience you have had with telehealth:
  - As a patient or provider
  - As a legislator
  - Knowledge of telehealth programs in your community or state
- What do you see as the potential benefits of telehealth in your state?
- What concerns do you have about telehealth in your state?

Center for Telehealth at the University of Mississippi Medical Center

- Telehealth program with rural hospitals and clinics to increase access to health care and specialty services, especially in rural areas of the state
- Video technology to provide remote medical care, health education and public health services to 200 clinical sites
- Served more than 500,000 rural Mississippians since 2003
- Remote monitoring program for chronic disease projected savings to Medicaid >$189 million per year

Source: The Center for Telehealth at the University of Mississippi Medical Center

Key Telehealth Issues: Reimbursement

- Medicare limits on reimbursements
- State flexibility in Medicaid coverage and reimbursement
  - Definition and technologies/modalities
  - Services and providers
  - Where/how
- 48 states offer Medicaid reimbursement, with variability
- 32 states and D.C. have telehealth laws for private payers
 - Laws vary: coverage, reimbursement (full or partial parity)

Source: Center for Connected Health Policy, 2015

Telehealth Payer Laws

LEGEND
- Medicaid only
- Medicaid & private payers
- None
- No information

Note: Not all laws mandate reimbursement.

Source: Center for Connected Health Policy, 2015
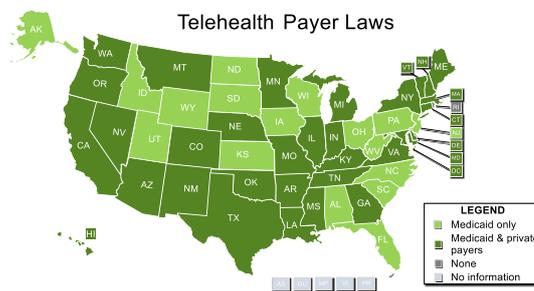
Key Telehealth Issues: Licensure

- Temporary or telehealth-specific licenses
- Reciprocity with neighboring states
- Interstate compacts
  - 11 states have passed Federation of State Medical Boards' Interstate Medical Licensure Compact
  - 25 states in Nurse Licensure Compact

Credit: Federation of State Medical Boards
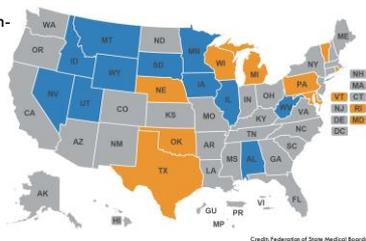
Key Telehealth Issues: Patient Safety

- Defining the patient-provider relationship
  - At least 20 states allow it to be established via telehealth
  - Some states require a "face-to-face" visit or exam
  - Online prescribing
- Obtaining informed consent
  - 29 states have some type of informed consent policy
- Integration with patient medical record
- Data security and HIPAA compliance

Rural Hospitals

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A rural hospital is any short-term, general acute, non-federal hospital that is not located in a metropolitan county; is located in a rural urban commuting area (RUCA) type 4 or higher; or is a Critical Access Hospital.

A critical access hospital is a rural hospital maintaining no more than 25 acute care beds and located at least 35 miles, or 15 miles by mountainous terrain or secondary roads, from the nearest hospital, generally. CAHs are reimbursed based on allowable costs; they receive 101 percent of the Medicare share of its allowed costs for outpatient, inpatient, laboratory, therapy services, and post-acute swing bed services.

Critical Access Hospitals
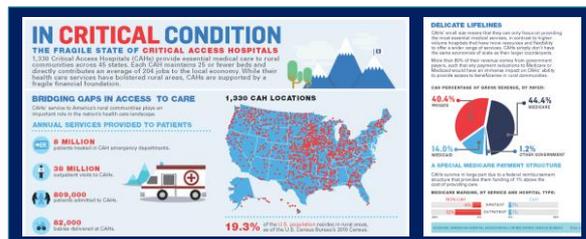
Rural Hospital Closures Since 2010

There have been 57 rural hospital closures from January 2010 to present

Source: North Carolina Rural Health Research Program, web site, October 28, 2015

Rural Hospital Closures Report

"A Comparison of Closed Rural Hospitals and Perceived Impact", Sharita R. Thomas, MPP, et al. North Carolina Rural Health Research Program (NCRHRP)

KEY FINDINGS

- From 2010 through 2014, 47 rural hospitals ceased providing inpatient services ("closed"). Of the 47, 26 hospitals no longer provide any health care services ("abandoned") while 21 continue to provide a mix of health services other than inpatient care ("converted")

- In the year of closure, abandoned rural hospitals had lower profitability and liquidity than converted rural hospitals. A negative cash flow margin may have limited conversion as an option for abandoned rural hospitals

- Abandoned rural hospitals served markets with a higher proportion of non-Whites (26%), particularly Blacks (14%), compared to converted rural hospitals (11% and 2%, respectively) and were located farther away from other hospitals

- Survey respondents from the markets of closed hospitals perceived increased travel distances to health care as a stressor and a risk to the health of those communities

Converted and Abandoned Rural Hospitals, Jan. 2010 to April 2015

Source: North Carolina Rural
Health Research Program
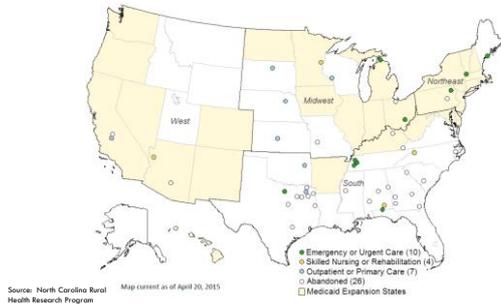
Strategies for Rural Hospitals

- ❑ Repurpose: urgent care, skilled nursing, outpatient care, emergency care, acute rehab, primary care
- ❑ ACOs and other partnerships
- ❑ Telehealth and electronic health records
- ❑ Mergers with larger health systems

Key Questions and Considerations

- ❑ Where are the disparities and needs in the state?
- ❑ Where are the workforce shortages? What types of providers?
- ❑ What state efforts are already underway to address workforce shortages and access to services? What are the costs and benefits of these efforts?
- ❑ What stakeholders (e.g., providers, patients, insurers, etc.) need to be at the table?

NCSL Resources

Strong States, Strong Nation

- ❑ Advanced Practice Registered Nurse Scope of Practice Postcard
- ❑ Community Health Worker Policy Brief
- ❑ Community Paramedicine Article
- ❑ Dental Health Professional Shortage Areas Info. Sheet
- ❑ Improving Rural Health Policy Brief
- ❑ Oral Health Workforce LegisBrief

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La Jolla, California | November 2-4, 2015