

Rural Health Care: Raising the Bar

An Institute of Medicine
Framework



Our Starting Point

- ▶ A) America needs better health care, particularly with respect to: cost, access and reliability
- ▶ B) Small, adaptable rural systems can devise better ways to provide health services at least as readily as large urban systems (Quality Through Collaboration, IOM, 2005)
- ▶ C) We should grow from a focus on individual health care to safeguarding the health of the community. (ibid; "Think like a tribe." w.m.)

Six Aims: STEEEP!

Care should be more.....

- ▶ Safe
- ▶ Timely
- ▶ Effective
- ▶ Equal
- ▶ Effective, and
- ▶ Patient Centered
 - (Themes of entire IOM health care quality series)

Care should become more SAFE

- ▶ IOM endorses studies estimating that hospital errors cause 44,000 or 98,000 deaths/year.
- ▶ U.S. has about 660,000 inpatients on any day, or 660,000 patient years of hospital care per year. (240,900,000 patient days of care)
- ▶ Hospital errors cause a death for approximately every 6.7-14.8 occupied beds/year

1 death due to hospital error per
6.7-14.8 occupied beds per year

- ▶ What does this mean in the hospital in YOUR town?
- ▶ How many of these are YOU aware of?
- ▶ This does NOT include outpatient errors or nonfatal inpatient incidents.
- ▶ What would this cost if medical liability were as reliable as, say, air travel liability?

Care should be more **TIMELY**

- ▶ Priorities: 1) Biologic urgency
2) Patient anxiety 3) Provider convenience
- ▶ Complements patient centered care, but tough to balance with efficiency.
- ▶ Often tied to patient wealth.
- ▶ New ways of “seeing” patients can help, such as e-mail.
- ▶ Often the **REAL** test of a conscientious provider

Care should be more EFFECTIVE

- ▶ Relates to “Evidence Based Medicine” ...i.e. doing what helps. Easy to champion, but
 - Evidence base is very spotty
 - Patient selection re concurrent issues & multiple diagnoses not easy
 - Provides the basis for “disease management”, guiding the provider to do the medically correct thing.

Care should be more EQUAL

- ▶ Medical care, and health care is strongly influenced by
 - Race/ethnicity...cardiac interventions
 - Gender.....cardiac diagnoses
 - Ability to pay...survival of auto accidents, diabetes
 - Rurality???
- ▶ Got better after Medicare & Medicaid ('65) but ? worse recently?

Care should be more EFFICIENT

- ▶ Health care a bit more than 16% of our economy and rising by $\frac{1}{2}$ %/year
- ▶ Health care doubles its share of the economy every 30 years...if rate remains unchanged it will reach 33% ~2037.
- ▶ Billing & collections very costly...consumed any savings due to managed care
- ▶ Other "\$ leaks": deviation from the evidence base, lack of prevention, late / ER care....

Health Care should be more PATIENT CENTERED

- ▶ Many aspects: language, route of communication, scheduling, staffing, transport.
- ▶ The basis of Case Management or Care Management as opposed to Disease management.
- ▶ Large potential savings getting patients into clinic instead of ER etc. (KY Homeplace experience)

The Tough Rural Issues: workforce

- ▶ 1) Provide institutional incentives for schools to meet population needs
- ▶ 2) Support training for place-committed students
- ▶ 3) Support education in desired practice context
- ▶ 4) Provide practice location incentives
- ▶ 5) All of the above

Rural toughies: Information Tech

- ▶ Local: issues related to capital, interoperability, IT workforce, staff acceptance, small denominators & appropriateness of measures.
- ▶ Regional: focuses all territorial issues plus distance support, TA.
- ▶ See new book from NRHA Press by Dr. Forrest Calico, "What Makes Rural Health Care Work" (www.NRHArural.org)

Rural Toughies

- ▶ Local vs. referral services
 - Promote local confidence & utilization by demonstrating seamless, timely, appropriate referral. Special cases, heart attack & stroke. (Calico)
- ▶ local vs. regional referral competition
- ▶ Transportation; emergency, referral, primary care (!)

The Really Tough Issues!

- ▶ Oral health
- ▶ Mental/behavioral health
- ▶ Self care...exercise, smoking cessation, weight control
- ▶ Public / Population Health

Health Planning Matrices: Slicing the Health Cube

- ▶ Dimension 1: the health sectors: somatic, mental/behavioral, oral, population.....
- ▶ Dimension 2: The health stages: health promotion and disease prevention, detection, treatment, rehab, hospice...
- ▶ Dimension 3: support functions: e.g. workforce, finance, communications & IT..
- ▶ Pick a slice.....

How Bold, How Creative Are You Willing to Be?

The country (and Virginia) could
use some good answers!