

#### Announcements from the



# Federal Office of Rural Health Policy

#### April 4, 2019

## What's New

CDC: Drug Poisoning Mortality in the United States. The Centers for Disease Control and Prevention (CDC) recently released the latest figures on drug poisoning deaths at the national, state, and county levels from the years 1999 through 2017. Updated data collection and methodology over that time period allows researchers to capture death rates in counties with small population sizes or small numbers of deaths, permitting reports on urban/rural trends by state (see pull-down menu under the heading "Options").

Who Isn't Using Patient Portals and Why. Experts in health management, sociology, and psychology analyzed responses to the 2017 Health Information National Trends Survey to examine characteristics of patients who do not access electronic medical records and communications from their provider through online portals. The researchers found that of the sixty-three percent of patients who reported not using a portal during the prior year, the nonusers were more likely to be male, be on Medicaid, lack a regular provider, and have less than a college education compared to those who did access portals. Though we don't typically include articles requiring paid access in this space, the findings may have implications on the advancement of telehealth for rural areas.

The Latest from ERS on Rural Poverty and Well-Being. The Economic Research Service (ERS) at the U.S. Department of Agriculture released data from its research on the economic, social, and demographic factors affecting rural poverty. The ERS reports that there are 353 persistently poor counties in the United States, meaning that 20 percent or more of their populations were living in poverty over the course of several decades. Eighty-five percent of these counties are rural. In 2017, more than one-third of non-metro families headed by a female with no spouse present were poor (33.8 percent), and nearly half of those with related children were poor (44.4 percent).

April is Sexual Assault Awareness Month. The Office on Women's Health at the U.S. Department of Health & Human Services recognizes April as the month to raise awareness of sexual assault, and increase understanding of its effects that go well beyond targeted victims. While prevalence of the consequences of violence is higher among women than among men, decades-old research on children who are exposed to domestic violence shows life-long impact on chronic conditions for physical and mental health. The New England Journal of Medicine (NEMJ) notes that intimate partner violence is "more prevalent during a woman's lifetime than conditions such as diabetes, depression, or breast cancer, yet it often remains unrecognized by health professionals." In the same editorial, NEMJ refers to a strategic framework to improve the response of health care systems implemented here at the Health Resources and Services Administration (HRSA). The HRSA Strategy to Address Intimate Partner Violence includes a partnership with the Administration for Children and Families to increase coordination between clinical and social response systems.

Comprehensive Cancer Control Mentorship Program – April 26. The George Washington University seeks rural-focused projects to include in its mentorship program on cancer screening communication. The 18-month program will help a cohort of five mentees develop health communication competencies through a series of online presentations as well as through relationships with peers and an assigned mentor. Mentors are seasoned professionals with experience in health communication campaigns and/or evidence-based cancer screening interventions.

Coming Soon: NHSC Rural Community Loan Repayment Program. The National Health Service Corps has been placing primary care clinicians in underserved areas for nearly half a century. Sign up at the link above to be notified when the application cycle opens later this spring for the new NHSC Rural Community Loan Repayment Program. This joint effort with the Rural Communities Opioid Response Program will offer awards to providers who use evidence-based treatment models to treat substance use disorders, including opioid use disorders, in rural areas.

## Rural Health Research

#### Facility-Based Ambulatory Care Provided to Rural Medicare Beneficiaries in 2014.

Ambulatory care refers to medical services performed same day on an outpatient basis, without admission to a hospital or other facility, and includes services ranging from wellness and disease management to surgical treatment and rehabilitation. Not much is known, however, about the ambulatory care that rural Medicare patients typically receive. This chartbook from the North Carolina Rural Health Research and Policy Analysis Center uses available Medicare claims data to describe costs and common diagnoses for Medicare beneficiaries at rural ambulatory care facilities (excluding private practitioners).

# **Policy Updates**

Visit the <u>FORHP Policy page</u> to see all recent updates and send questions to <u>ruralpolicy@hrsa.gov</u>

Rural Enrollment in 2019 Health Insurance Exchanges – CMS' latest Health Insurance Exchange Enrollment fact sheet reports that overall enrollment in the 39 states that use the HealthCare.gov and in the 12 State-Based Exchanges (SBEs) that use their own eligibility and enrollment platforms decreased from 11.8 million in 2018 to 11.4 million in 2019. The proportion of enrollments in the Healthcare.gov states by rural residents remained at its 2018 rate of 18 percent in 2019.

## Medicare Advantage (MA) and Prescription Drug Program 2020 Payment and Policy Updates

– The <u>2020 Rate Notice and Call Letter</u> for the MA and Prescription Drug Programs details what plans and consumers can expect for the upcoming plan benefit year. In addition to updating payment methodologies and rates, it finalizes policies to address the opioid epidemic and provides guidance on how MA plans can tailor supplemental benefits to improve or maintain the health of an enrollee with a chronic condition or illness, such as by providing meals or transportation for non-medical needs. In 2017, about 25 percent of rural Medicare beneficiaries were <u>enrolled in a Medicare Advantage plan</u> and about 70 percent <u>enrolled in a Prescription Drug plan</u>, through either their MA plan or a stand-alone drug plan.

<u>Building and Sustaining the HIV Workforce</u> – Wednesday, April 10 at 3:00 pm ET. Reducing the rate of HIV transmission is crucial to the recently announced <u>national plan to end the epidemic</u>, but so is sustainable care for individuals who are diagnosed and in treatment. In this hour-long webinar hosted by the HRSA-supported <u>Integrated HIV/AIDS Planning Technical Assistance</u> <u>Center</u>, experts from Rhode Island will share how they are working to build and sustain their HIV workforce through the creation of multidisciplinary teams for care.

CMS Care Transitions Awareness Summit – Tuesday, April 16. The Centers for Medicare & Medicaid Services (CMS) will hold its first annual National Care Transitions Awareness event at an all-day session in Baltimore, Maryland. The event aims to increase awareness of the importance and value of safe and effective care transitions that beneficiaries receive as they transfer from one care setting to another: acute care, post-acute care, home and community-based services, primary providers and specialists, and other providers in the community where the person lives. Check back at the link above to register for online attendance.

Rural EMS and Care Conference – April 17-18. Stakeholders for rural emergency medical services (EMS), including EMS directors, medical directors and officers, rural healthcare providers, state EMS officials, state rural health officials, hospital administrators, elected officials, federal agencies, and other EMS partners are invited to attend this two-day event in Charleston, South Carolina. The event is hosted by the National Organization of State Offices of Rural Health (NOSORH), the National Association of State EMS Officials (NASEMSO), and the Joint Committee on Rural Emergency Care (JCREC).

Great Plains Telehealth Resource Conference – April 28-30. Registration is still open for the 2019 annual conference held in Bloomington, Minnesota by the Great Plains Telehealth Resource and Assistance Center (gpTRAC). The two-day event will feature a variety of exhibitors and presenters covering topics such as telehealth in substance use treatment programs and developing a curriculum for nurse training programs. The gpTRAC is one of 12 regional and two national Telehealth Resource Centers supported by the Office for the Advancement of Telehealth in HRSA's Federal Office of Rural Health Policy.

#### **Resources of the Week**

Human Services to Support Rural Health. A new topic guide launched last month at the Rural Health Information Hub provides a comprehensive look at social determinants of health and the role that factors such as food assistance, job training, and safe housing play on the overall health of rural communities. The guide uses data from the U.S. Department of Agriculture's Economic Research Service (see the What's New section above) and other federal data sources to scope social and economic well-being in rural areas, reviews federal assistance programs, and answers a list of frequently asked questions about integrating social services with health care.

Quick Access to Data and Local Provider Information. At the Health Resources and Services Administration (HRSA), where our office is housed, the Data Warehouse offers a wealth of information on all the factors that impact access to health care across the nation and territories, updated daily. These data include Census tracts, Health Professional Shortage Areas, congressional districts, American Native lands and entities, Medically Underserved Areas and Populations and information about every grant administered by HRSA. To make these data useful to as many as possible – including consumers – the Data Warehouse created a number of widgets, with quick information on local health centers, HIV/AIDS medical providers, organ donation and more, that are easy to use and share.