Rural Health Texas 2018: The Way Forward

Billy U. Philips, Jr., Ph.D., M.P.H.
Executive Vice President and Director
The F. Marie Hall Institute for Rural and Community Health
Texas Tech University Health Sciences Center
Telehealth
Payment
Access
Demographics
Special Populations
Quality Care
Long Term Care
Mental Health
Workforce
Wellness
Social Determinants
Achieve Greater Access
Nonmetro Population Loss is Widespread

Population change, 2010-16
- Population loss (1,351 counties)
- Population growth below 5 percent (487 counties)
- Population growth 5 percent or higher (138 counties)
- Metro areas (1,166 counties)
- Urbanized areas as of 2013

Source: USDA, Economic Research Service using data from the U.S. Census Bureau.
Nonmetro counties with large minority population shares

Revenue is up, but rural care is down
# Hospital Closures Since 2010

<table>
<thead>
<tr>
<th>Hospital</th>
<th>City</th>
<th>Year closed</th>
<th>No. of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Regional Medical Center</td>
<td>Aransas Pass</td>
<td>2017</td>
<td>63</td>
</tr>
<tr>
<td>East Texas Medical Center - Trinity</td>
<td>Trinity</td>
<td>2017</td>
<td>45</td>
</tr>
<tr>
<td>Timberlands Hospital</td>
<td>Crockett</td>
<td>2017</td>
<td>49</td>
</tr>
<tr>
<td>Gulf Coast Medical Center</td>
<td>Wharton</td>
<td>2016</td>
<td>94</td>
</tr>
<tr>
<td>Nix Community General Hospital</td>
<td>Dilley</td>
<td>2016</td>
<td>18</td>
</tr>
<tr>
<td>Hunt Regional Community Hospital</td>
<td>Commerce</td>
<td>2015</td>
<td>24</td>
</tr>
<tr>
<td>East Texas Medical Center - Mount Vernon</td>
<td>Mount Vernon</td>
<td>2014</td>
<td>49</td>
</tr>
<tr>
<td>East Texas Medical Center - Clarksville</td>
<td>Clarksville</td>
<td>2014</td>
<td>30</td>
</tr>
<tr>
<td>East Texas Medical Center - Gilmer</td>
<td>Gilmer</td>
<td>2014</td>
<td>37</td>
</tr>
<tr>
<td>Good Shepherd Medical Center</td>
<td>Linden</td>
<td>2014</td>
<td>25</td>
</tr>
<tr>
<td>Lake Whitney Medical Center</td>
<td>Whitney</td>
<td>2014</td>
<td>49</td>
</tr>
<tr>
<td>Wise Regional Health System - Bridgeport</td>
<td>Bridgeport</td>
<td>2013</td>
<td>35</td>
</tr>
<tr>
<td>Shelby Regional Medical Center</td>
<td>Center</td>
<td>2013</td>
<td>54</td>
</tr>
<tr>
<td>Renaissance Hospital Terrell</td>
<td>Terrell</td>
<td>2013</td>
<td>106</td>
</tr>
</tbody>
</table>
Trauma Care

85% of US Residents meet Golden Hour Standard

24% of Rural US Residents meet Golden Hour Standard
Improve Payment
Health Insurance

- Texas Ranks 50th (19.27%)
- Change = -7.11% (2010-16)
- CHIP = 49th @ 9.2%
Texans’ Choices of Marketplace Health Insurers

Of the 254 counties in Texas, 76 of them had only one health insurer providing benefits through the marketplace when it opened in October. 111 counties had just two insurers offering coverage.

Legend:
- Red: 1 insurer to choose from
- Blue: 2 insurers to choose from
- More than 2

Income of the Nonelderly Uninsured Population, 2012

- 55.7% Employer-Sponsored Insurance
- 17.7% Uninsured
- 20.8% Medicaid*
- 5.8% Private Non-Group

Federal Poverty Level
- >400% (10%)
- 139-400% (Subsidies) (39%)
- ≤138% (Medicaid) (51%)

266.9 M Nonelderly
47.3 M Uninsured

* Medicaid also includes other public programs: CHIP, other state programs, Medicare and military-related coverage. In 2012, 100% of the federal poverty level (FPL) is $11,170 for an individual and $23,050 for a family of four and 400% FPL is $44,680 for an individual and $92,220 for a family of four.
SOURCE: KCMU/Urban Institute analysis of 2013 ASEC Supplement to the CPS.
<table>
<thead>
<tr>
<th>Demonstration Year</th>
<th>UC Funding</th>
<th>DSRIP Funding</th>
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</thead>
<tbody>
<tr>
<td>DY 7: October 2017-September 2018</td>
<td>$3,101,776,278</td>
<td>$3,100,000,000</td>
</tr>
<tr>
<td>DY 8: October 2018 – September 2019</td>
<td>$3,101,776,278</td>
<td>$3,100,000,000</td>
</tr>
<tr>
<td>DY 9: October 2019 – September 2020</td>
<td>$2,334,323,270*</td>
<td>$2,910,000,000</td>
</tr>
<tr>
<td>DY 10: October 2020 – September 2021</td>
<td>$2,334,323,270*</td>
<td>$2,490,000,000</td>
</tr>
<tr>
<td>DY 11: October 2021 – September 2022</td>
<td>$2,334,323,270*</td>
<td>$0</td>
</tr>
<tr>
<td>Waiver Extension Total (DY 7-DY 11)</td>
<td>$13,206,522,366</td>
<td>$11,600,000,000</td>
</tr>
<tr>
<td>Cumulative Total (DY 1 – DY 11)</td>
<td>$33,888,622,386</td>
<td>$26,118,000,000</td>
</tr>
</tbody>
</table>
Increase Workforce
Federally Designated Health Professional Shortage Areas by County
STATE-BY-STATE

Scope of Practice
— for —

Nurse Practitioners

FULL
NPs can prescribe, diagnose, and treat patients without physician oversight.

REduced
NPs can diagnose and treat patients, but need physician oversight to prescribe medications.

RESTRICTED
NPs need physician oversight to prescribe, diagnose, and treat patients.

Source: American Association of Nurse Practitioners

NURSING@SIMMONS
Address Mental Health Needs
Key Facts and Findings

MENTAL HEALTH AND SUBSTANCE USE CONDITIONS ARE COMMON

18% of adults have a mental health condition.

THAT'S OVER 43 MILLION AMERICANS

NEARLY HALF HAVE A CO-OCCURRING SUBSTANCE ABUSE DISORDER

9.6 MILLION EXPERIENCE SUICIDAL IDEATION

MOST AMERICANS LACK ACCESS TO CARE

56% OF AMERICAN ADULTS WITH A MENTAL ILLNESS DID NOT RECEIVE TREATMENT

ONE IN FIVE REPORT AN UNMET NEED

7.7% OF YOUTH HAD NO ACCESS TO MENTAL HEALTH SERVICES THROUGH THEIR PRIVATE INSURANCE

YOUTH MENTAL HEALTH IS WORSENING AND ACCESS TO CARE IS LIMITED

IN A FIVE YEAR PERIOD, RATES OF SEVERE YOUTH DEPRESSION HAVE INCREASED 8.2%

OVER 1.7 MILLION YOUTH WITH MAJOR DEPRESSIVE EPISODES DID NOT RECEIVE TREATMENT

THAT'S ENOUGH TO Fill EVERY MAJOR LEAGUE BASEBALL STADIUM ON THE EAST COAST TWICE
Figure 2. Federally Designated Mental Health Professional Shortage Areas as of July 2015
Figure 82. State Mental Health Hospitals And Waco Center for Youth: 2016

[Map showing locations of state mental health hospitals in Texas, including El Paso Psychiatric Center, Big Spring State Hospital, San Antonio State Hospital, Austin State Hospital, Waco Center for Youth, and others.]
### Figure 83. State-Operated Inpatient Psychiatric Beds In State Hospitals: 2016

<table>
<thead>
<tr>
<th>State Mental Health Hospitals</th>
<th>Bed Type</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin State Hospital</td>
<td>Adults and children</td>
<td>299</td>
</tr>
<tr>
<td>Big Spring State Hospital</td>
<td>Adults only</td>
<td>200</td>
</tr>
<tr>
<td>El Paso Psychiatric Center</td>
<td>Adults and children</td>
<td>74</td>
</tr>
<tr>
<td>Kerrville State Hospital</td>
<td>Adults only</td>
<td>202</td>
</tr>
<tr>
<td>North Texas State Hospital</td>
<td>Adults and children</td>
<td>640</td>
</tr>
<tr>
<td>Rio Grande State Center</td>
<td>Adults only</td>
<td>55</td>
</tr>
<tr>
<td>Rusk State Hospital</td>
<td>Adults only</td>
<td>325</td>
</tr>
<tr>
<td>San Antonio State Hospital</td>
<td>Adults and children</td>
<td>302</td>
</tr>
<tr>
<td>Terrell State Hospital</td>
<td>Adults and children</td>
<td>288</td>
</tr>
<tr>
<td>Waco Center for Youth</td>
<td>Children only</td>
<td>78</td>
</tr>
<tr>
<td><strong>Total, all bed types</strong></td>
<td></td>
<td><strong>2,463</strong></td>
</tr>
</tbody>
</table>
### Figure 84. Selected Measures for Adults Receiving Community Mental Health Services

<table>
<thead>
<tr>
<th>Quality of Care Measure</th>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>Performance Contract Target FY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of adults in community mental health services receiving at least one hour of mental health services per month</td>
<td>n/a</td>
<td>60.7%</td>
<td>74.5%</td>
<td>54.1%</td>
</tr>
<tr>
<td>Percentage of adults in community mental health services admitted three or more times in 180 days to a state or community psychiatric hospital</td>
<td>0.43%</td>
<td>0.09%</td>
<td>0.11%</td>
<td>≤ 0.3%</td>
</tr>
<tr>
<td>Percentage of adults in community mental health services who experienced improved employment</td>
<td>n/a</td>
<td>17.7%</td>
<td>19.1%</td>
<td>≥ 9.8%</td>
</tr>
<tr>
<td>Percentage of adults in community mental health services who experienced reliable improvement in at least one domain</td>
<td>n/a</td>
<td>47.9%</td>
<td>43.6%</td>
<td>≥ 20.0%</td>
</tr>
</tbody>
</table>
Expand Telehealth/Med
 Appeal of Telemedicine

1) Health Care Access
   - Rural health
   - Correctional facilities
   - School-based health centers
   - Mobile health clinics
   - Disaster relief
   - Shipping and Transportation
   - Industrial health

2) Cost Savings
   - 2002 systematic review concluded there was no evidence that telemedicine is less expensive means of delivering health care
   - 2015 systematic review concluded there is some evidence that telemedicine can reduce the costs

3) Patient Satisfaction
   - Greater perception of convenience & accessibility
   - Similar perception of physician communication, clinical competence, interpersonal skills
   - Concerns about clinical assessment

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1. [http://www.bmj.com/content/324/7351/1434?variant=full-text](http://www.bmj.com/content/324/7351/1434?variant=full-text)
3. [http://cp.neurology.org/content/6/3/241.short](http://cp.neurology.org/content/6/3/241.short)
How Big Is West Texas?

9 hours – 590 miles

7.5 hours – 520 miles
TTUHSC Service Region

- TTUHSC Campus (7)
- TTUHSC Area Health Education Center Office (7)
- Correctional Managed Health Care Units (21)*
- Community Telemedicine Sites (15)**
- Other Telemedicine Sites (14)
- TTUHSC Service Region (108 Counties)

TTUHSC Service Line

*Correctional Managed Health Care (CMHC) provides medical, dental, and mental health services to approximately 30,000 offender-patients incarcerated in 21 Texas Department of Criminal Justice (TDCJ) units located in 17 west Texas cities. All health services clinics and infirmaries have telehealth capabilities which allows greater access to quality care and does so in a safe, effective and efficient manner. The reduction in units results from the closure of 2 units and combining units that have the same senior wardens.

**Some Community Telemedicine Sites have multiple facilities collocated, the number of which is identified next to the name on the map.
## National Rural Health Snapshot

<table>
<thead>
<tr>
<th></th>
<th>RURAL</th>
<th>URBAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of population</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Physicians per 10,000 people</td>
<td>13</td>
<td>31</td>
</tr>
<tr>
<td>Specialists per 10,000 people</td>
<td>30</td>
<td>263</td>
</tr>
<tr>
<td>Adults reporting fair/poor health status</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Medicare recipients with no drug coverage</td>
<td>43%</td>
<td>27%</td>
</tr>
<tr>
<td>Population aged 65 and older</td>
<td>18%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Data from Health Resources and Services Administration and Rural Information Hub
What Can We Do Together?
The Philips Dozen
Actions

1. Support policies that make health insurance more affordable for individuals and small businesses. Make sure there are more choices.

2. Organize Projects for 1115 waiver opportunities. Create strong outreach to ensure people who need it have – Medicaid, CHIP, etc.

3. Support policies that strengthen outcome-based performance measures that are tied to contract and insurance incentives.

4. Work to expand primary care provider networks, use the full scope of practice for mid-levels, use CHWs, and promote reimbursement parity.

5. Support new delivery models – SBHP, Rural Clinics, Medical Homes, and ensure that quality payment equity.

6. Create alliances with TORCH, ACHCs, Workforce Commission, etc. and strongly educate (advocate) about workforce needs with data and experience.
Actions

7. Support and promote AHECs that establish, recruit and retain rural health workforce pipelines.

8. Support programs that do rural recruiting, training and educating so there will be more providers from and who remain in rural areas.

9. Support a living wage, equity in rural offsets, and timely pay for timely service.

10. Support scholarship and loan repayment options that work. Demand that policy makers keep their commitments to these programs.

11. Support efforts to understand mental health needs especially for teens, vets, and elderly through community needs assessments.

12. Support and promote long-term services programs, mental health infrastructure, substance abuse programs, and more home and community-based service options.
thank you