

National Rural Task Force Vision Statement, September 2009

The goal is better health for all.

Call to action:

- Grow access to care in the United States through community-operated Community Health Centers (CHCs).
- Promote the CHC model with its well documented record for improved outcomes and health status.
- Encourage the expansion of the CHC model of chronic disease management, reduced use of emergency department services for non-emergency care, patient education, enabling services and other proven strategies for reducing Medicaid expenditures for CHC patients.
- Acknowledge the social and political determinants of poor health and commit to their elimination.

Support rural care teams to meet the goal of better health

Access to rural health care cannot survive in a purely market-driven system. The special considerations and support needed to serve small populations, higher percentages of elderly, disproportionate poverty and the challenges of isolation cannot be addressed by markets.

Establish a national commitment to rural health care that must:

- steadily improve financial and geographic access to care for rural populations.
- compensate and reward rural primary care providers through reimbursement enhancements.
- reward primary care providers who address a broad range of supportive services.
- directly support training programs that serve rural populations. This includes support for both the actual training that occurs in rural sites as well as those programs that graduate professionals who choose and remain in rural practice.

History repeats itself. If the nation returns to its 1960s and '70s level of commitment to health care for all, we already know what to do. Restore and build on the successful programs established then: including the National Health Service Corps, Community and Migrant Health Centers, Medicaid and Medicare.

Enact policies to guarantee a rural workforce

Success requires a multi-faceted, holistic approach.

Selection and admissions:

The process for improving a professional choice of rural practice begins with selection and admissions decisions made by medical schools, PA and NP training programs.

- Implement well-documented best practices for selecting students with the highest probability for rural primary care practice.

Financial support and incentives for education:

- Expand National Health Service Corps (NHSC) scholarships for primary care. As well as being an attractive incentive to all students, this program has proven to increase recruitment and graduation rates of minority and low-income students.
- Increase the types of providers eligible for the NHSC and other training support to meet changing health needs, including pharmacists, optometrists, certified diabetes educators, a broader range of mental health practitioners, exercise physiologists and dieticians.
- Eliminate graduate medical education caps on programs that educate and train family medicine residents.

Finance meaningful rural training to meet current and future needs:

- Provide financial support and incentives to students, rural residency/rotation sites and sponsoring training programs.
- Allow training dollars to follow the student/trainee.
- Provide incentives for training at rural Community Health Centers (CHCs).
- Train for the full breadth of family medicine required for rural practice.
- Train in the “health home” model of interdisciplinary care teams.

Ongoing support for rural practice:

Improve NHSC placement in rural areas through policy and statutory changes:

- Eliminate the policy for determining Population Group Health Professional Shortage Area designations which requires 30 percent of the population be at or below 200 percent of the federal poverty level.
- Remove the language in U.S. Code which confines site-match opportunities for placement of NHSC scholars at a ratio that cannot exceed 2 to 1 (two sites per available scholar).
- Provide annual bonuses to sites that retain NHSC providers beyond the initial service obligation.
- Increase the loan repayment program to help assure the rural workforce.

Improve reimbursement for primary care; create additional recruitment and retention bonus payments:

- Make necessary changes to the reimbursement system to support low-volume providers. Current incentives reward volume and intensity, but rural practice is by definition low volume and less specialized.
- New models of care that require additional providers and/or provider types will need subsidies to compensate for low volume.
- Provide recruitment and retention bonuses to rural providers whether or not they are participating in NHSC scholarship and loan repayment programs.
- Provide incentives for documented quality of care and improved health status outcomes whether through CHC collaborations, health home or other outcomes-focused models.
- After five years retention in rural practice and every five years thereafter, provide a cash award to the training program and institutions where the rural primary care provider had trained.