CENTER *for* RURAL POLICY *and* DEVELOPMENT

September 2007

The Rural Minnesota Forum on Health Care Reform: A Discussion with Rural Minnesotans

On June 18, 2007, approximately 170 rural Minnesotans came together in Duluth to engage in a daylong discussion around the issue of health care policy and delivery. The forum was sponsored by the St. Peter-based Center for Rural Policy and Development as part of the larger annual Minnesota Rural Health Conference and was facilitated by former Senator Sheila Kiscaden. The event utilized the opening remarks from Mayo physician Douglas Wood, Senate Health Committee Chair Linda Berglin, House Health Committee Chair Tom Huntley and eight other state legislators to set the tone for the ensuing discussion.

During the day both attendees as well as legislators partitioned themselves into small groups to discuss specific concerns and strategies, then reported these issues back to the larger group. The text below is a synthesis of the dozens and dozens of comments noted throughout the day from this broad-based sample of rural Minnesotans. It is our hope that this synthesis may help state policy makers keep in mind the needs and concerns of rural Minnesotans as they engage in the reformation of state health care policy.

Framing the issues

The issues of health care in rural Minnesota are many, but the driving factors in most parts of the state are a sparse population, an aging population, large distances, and generally lower income. The issues and opinions brought up in the discussion portion of the Rural Minnesota Forum can be broken down into three broad albeit overlapping areas: human capital, funding and the high cost of health care, and innovation. The central message of the comments, however, was that rural Minnesotans should not have to expect a lower quality of health care because of where they choose to live.

Human capital:

- Workforce recruiting and retention in the medical, dental, mental health and pharmacy fields: Based on the number of comments, workforce recruitment and retention are the most pressing issues for this group.
    - Workforce shortage: Participants could not stress enough the intense shortages being experienced around rural Minnesota, especially in the area of primary care

The Center for Rural Policy and Development, based in St. Peter, Minn., is a private, not-for-profit policy research organization dedicated to benefiting Minnesota by providing its policy makers with an unbiased evaluation of issues from a rural perspective.

A PDF of this report can be downloaded from the Center's web site at www.ruralmn.org.

© 2007 Center for Rural Policy and Development

(generalists). Primary care physicians are overwhelmed: they must perform tasks that could be performed by others simply to get reimbursed by insurance companies. Costs increase while reimbursements stay steady, creating an environment that discourages doctors. The state needs to support the University of Minnesota Duluth's primary care physician program, which focuses on rural communities. Pharmacy and mental health fields are facing similar shortages and should not be overlooked.

- Dental Care is very important to rural health. Poor dental care is contributing to diabetes and heart problems. There is a shortage of dentists statewide, but there are severe shortages in parts of rural Minnesota, due in part to dentists retiring and the difficulty of recruiting dentists to some areas. Some counties have no dentists at all, and people must now drive for hours in some regions to obtain dental care. The numbers of specialty dentists are far outweighing general practice dentists.

  Reimbursements are an issue. One individual reported that many dentists in Grand Rapids are not accepting Medicaid. Dental care may have to move from private providers to more of a public health model. Keep supporting the Dental Primary Care program because it's been demonstrated to be effective.

  The community must become involved in recruiting and sponsorship, but they need training to learn how to make their community attractive to dentists.

- There is a shortage of other medical professionals as well. Pharmacy and mental health are facing similar shortages and difficulties with reimbursement. In the area of pharmacy, it was suggested that pharmacists could help alleviate medical professional shortages by handling medication therapy management and serving more as advisors to patients on their medications, and that UMD's pharmacy program should be supported as well. In the mental health field, mental health beds are in seriously short supply in areas of the state. Telehealth should be looked into to help with professional shortages and could be very helpful in the area of mental health. Physicians assistants, public health nurses and dental hygienists would also help alleviate workforce shortages.

- Loan forgiveness program for professionals practicing in rural areas. People appear to be very favorable of this program, saying such things as "MDH's loan repayment works." Loan forgiveness and scholarships create incentives to physicians to relocate to rural places. Such programs can be extremely valuable to students who may leave school with as much as $130,000 in loan debts. These programs should be available for dental students as well as doctors.

- The state should support "in-place" training, involving education programs for non-traditional students and incumbent workers to be trained in their community and in health care facilities to become nurses, radiology technicians, etc. We need to "get health care as close to the patient as possible."

❍ Volunteers: training and funding for programs.

- Volunteers are vital to delivering services that local government cannot or will not deliver, including delivering meals, transporting seniors to doctor's appointments, and helping people fill out paperwork. Some individuals spoke of their volunteer organizations being asked to do more and more while receiving less or no funding from the local government. Some organizations are suffering from "grant-itis," spending too much of their time searching for funding. Volunteers are crucial in counties with growing senior populations, especially where people must travel great distances. Volunteer programs must receive some type of reimbursement.

❍ Transportation and ambulances: vast distances, small reimbursements, tough recruiting.

- Transportation is a major burden to getting access to health care, especially in very rural areas and/or with large elderly populations.

This is one of the Minnesota Rural Health Association's primary concerns. In one example, at the Red Lake Indian Reservation, the reservation has run out of funds to transport children to dental appointments, leaving them in need of dental care.
  - Ambulance service ties in with transportation problems. Ambulances are used in some communities to transport people to clinic appointments.

- Community-based care: training people in place, keeping services nearby.
  - "Community health is what is in rural health and we need to keep the community focus in rural health planning." The state needs to support community-based care for families. Community-based care involves training people in place and keeping services nearby.

- Helping people navigate the system: paperwork and translators.
  - Make process of health care less intimidating and less confusing. People need to be made aware of the services that are available to them. Many people don't really know that they are eligible for public programs. Too much time is spent with paperwork and working with insurance prescription reimbursements. Volunteers need to be trained in how to fill out the financial statement for the state. It was 27 pages long, although it is shorter now.
  - Advocacy: Coordinated efforts are needed in rural areas to advocate for legislation and policy at the grassroots level. Health care advocates are needed the elderly, disabled and children. There is a problem with people and issues falling through the cracks. "Why does it take so long for legislators to make change?"

- Nursing homes: "The coming train wreck."
  - People were especially concerned about the state of Minnesota's nursing homes and what happens if they fail. Nursing homes are closing and others are operating on deficit spending as they endure cuts. In rural areas, nursing homes are the only option for long-term care. Medical home care can be an important alternative, helping people stay in their homes longer and out of nursing homes.

- Health care access for immigrants.
  - The issues surrounding health care for immigrant, migrant and undocumented populations are very large, according to comments. Specialized translators are very much in need, since most patients have a family member translate (often a child) who has no medical knowledge. Health care coverage that includes preventive care and helping patients understand this is also crucial.

Funding and the high cost of health care:

- People in need
  - In discussing the costs of health care, people seemed most concerned about the cost burden on seniors. They talked of people delaying medical care because of a lack of money, seniors going to foreign countries for procedures like dental work, surgeries and alternative medicine, and they spoke of the programs for seniors — and for children — being cut, such as Minnesota Green Thumb, CAP, and Meals on Wheels. The financial burden of health care for seniors and children was a top concern.

- Making health care accessible for the underinsured and uninsured
  - While a great deal is said about the uninsured, there is also a significant population that is underinsured.
  - Health care coverage is a burden on small businesses, if they offer it at all, and needs to be made more accessible to small employers and farmers. People were especially interested in county based purchasing.
  - Since medications are the main treatment for most conditions and diseases, there were several comments that prescriptions need to be made part of health care coverage for all Minnesotans.

- Focusing on prevention.
  - There were many comments regarding the importance of prevention, including:
    - § Prevention can be a significant money saver.
    - § Prevention is cheaper than procedures. It is very important that the uninsured and

underinsured have access to mammograms and colorectal screenings.
    - § Medicare does not focus on prevention.
    - § More thought needs to be given to preventive medicine and end of life care.

- ❍ Fixing the system
  - There appears to be a distinct dissatisfaction with the system in general. One person summed it up by saying, “The system isn’t broken, it’s obsolete!” Comments included:
    - § Universal health care. There were many comments in favor.
    - § Inadequate reimbursement, especially for long-term care.
    - § The reimbursement system needs to be fixed — too much focus on procedures instead of prevention.
    - § Telehealth and nursing homes are a good fit, but rules do not consider this a clinical setting and therefore will not pay.
  - Funding needs to be restored. Many organizations have lost funding, are spending too much time looking for funding and are burdened by unfunded mandates.
  - Practicing medicine in a rural community has to be funded differently from urban. People are paid less and the costs are higher.
  - Health care system is not a holistic system. It has become a fragmented system as a result and is not being well distributed. The U.S. utilizes resources very poorly, especially for the long term.
  - Facilities are aging and becoming unsafe, while at the same time being used for multiple purposes.

Innovation and technology:

- ❍ Openness to innovative solutions.
  - State government needs to be open to creative, innovative solutions to health care needs. These include telehealth, non-traditional ways to train people and a more holistic way of looking at the system. Minnesota should not strive to be average; it should be a leader in health care. One situation does not fit all — each region has its unique problems/solutions, and solutions may vary from one part of the state to the next. We don’t need a band-aid.

- ❍ Computers and technology: workforce shortage, IT needs.
  - Help is needed with operating computers and keeping them running. Workforce shortages of IT staff, volunteers who need training in computers, and Internet access are all concerns. Funding is, of course, crucial.
    - § Telehealth technology in particular is seen as a real aid to rural health facilities and professionals, especially in senior care, mental health and continuing education. Telehealth and telemedicine present ways of accessing specialists without making it necessary for them to be present. As one person said, “Rural areas can’t attract specialists, but people deserve access.” Telehealth needs stable and sustainable funding and needs to be taken seriously.

Copies of the latest *Rural Minnesota Journal* on health care can be obtained by contacting the Center for Rural Policy & Development at (507) 934-7700 or crpd@ruralmn.org. To learn more about the Center and to download a copy of the *Journal*, visit our web site at www.ruralmn.org.

To learn more about health care in rural Minnesota, contact:

Minnesota Department of Health, Office of Health and Primary Care,
www.health.state.mn.us/divs/orhpc

Minnesota Rural Health Association:
www.mnruralhealth.org

Rural Health Resource Center:
www.ruralcenter.org