



2017
State of Minnesota
Rural Health

Report to the Minnesota Legislature, Feb. 2017

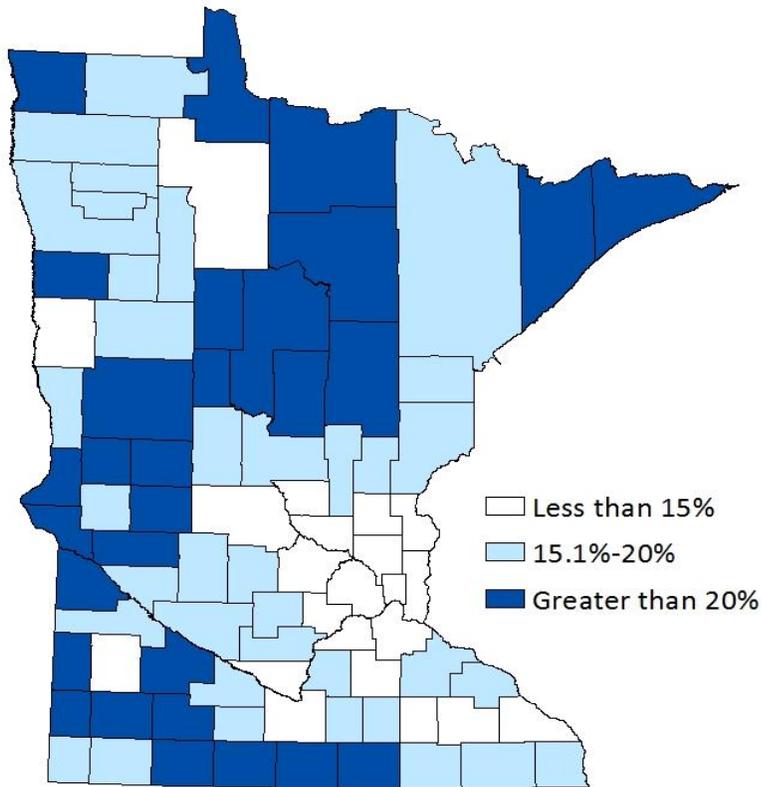


As rural communities in Minnesota pursue the triple aim of greater access to higher quality, more cost effective health care, along with improved health and wellness, they face many challenges that are unique compared to urban areas.

It's different in rural Minnesota

- Rural Minnesotans are, on average, older, lower income and less healthy than those living in urban areas.
- While about half of Minnesotans live in rural areas, only one sixth of our doctors practice there; healthcare workforce shortages are severe.
- Rural areas face an older and shrinking health care workforce, with not enough health care professions students to take their places.
- Rural communities are increasingly diverse, with growing numbers of non-English speaking households and foreign-born individuals.
- There are fewer and more widely dispersed health care options.

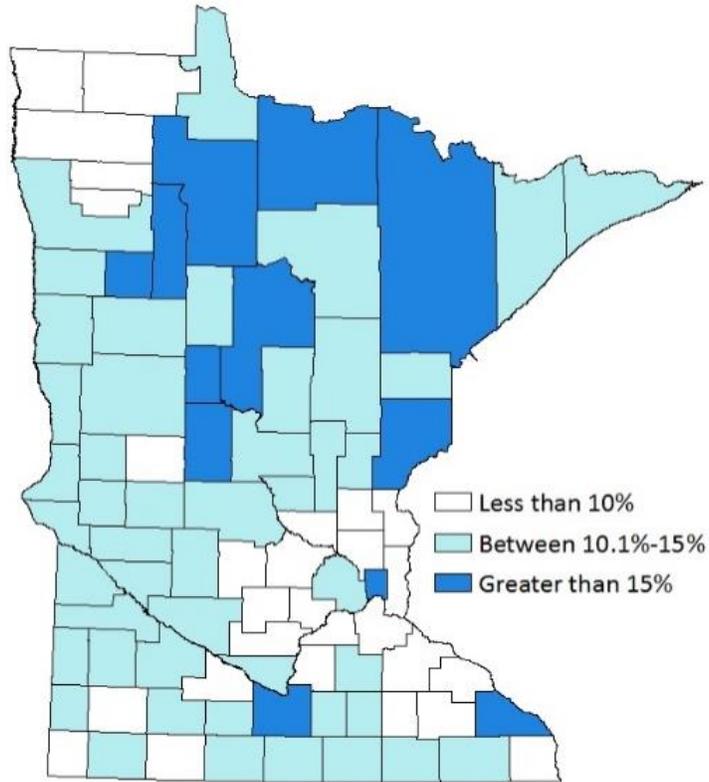
On average, rural Minnesotans are older



The percentage of people 65 and older living in rural areas is far greater than the 65+ population in urban areas. Older people, on average, require more health care and are more dependent on Medicare coverage. Medicare typically reimburses at a lower rate than other payers, placing rural health care providers and facilities under greater stress.

Source: *The American Community Survey 2015.*

On average, rural Minnesotans are lower income



Poverty is an important indicator of health status at both a county and individual level. The wealth of a community can influence the type and amount of services that are available to residents. Childhood poverty is also greater in rural areas compared to urban areas of Minnesota.

Source: USDA Rural Atlas with data from The American Community Survey 5-Year Estimates 2014.

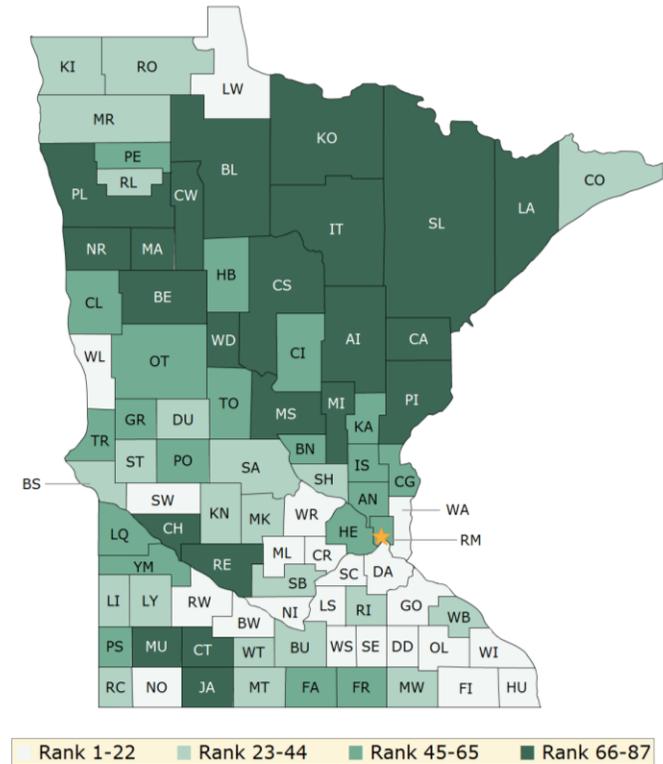
The State of Minnesota Rural Health 2017



On average, rural Minnesotans are less healthy

According to a study by the University of Wisconsin and the Robert Wood Johnson Foundation which ranked the overall health of Minnesotans by county, **the worst health problems were found in rural parts of our state. Poor health outcomes were particularly concentrated in north central and northeastern Minnesota.**

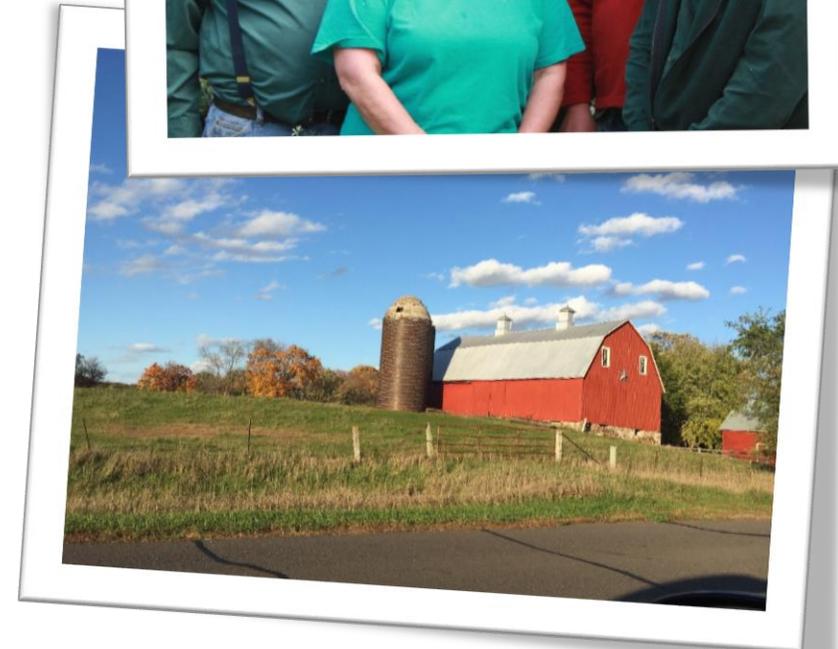
2015 Health Outcomes - Minnesota



County Health Rankings & Roadmaps

Top Rural Health Issues

- **Rural Health Insurance Market Changes**
- **Healthcare Workforce Shortages/Development**
- **Access to Behavioral Health and Dental Care**
- **Opioid Abuse and Treatment**
- **Non-emergency Medical Transportation**
- **Broadband Shortages and Telemedicine**
- **Rural SHIP Projects**
- **Reimbursement Disparities**
- **Hospitals, Clinics, Nursing Homes In Crisis**
- **Social Determinants of Health**

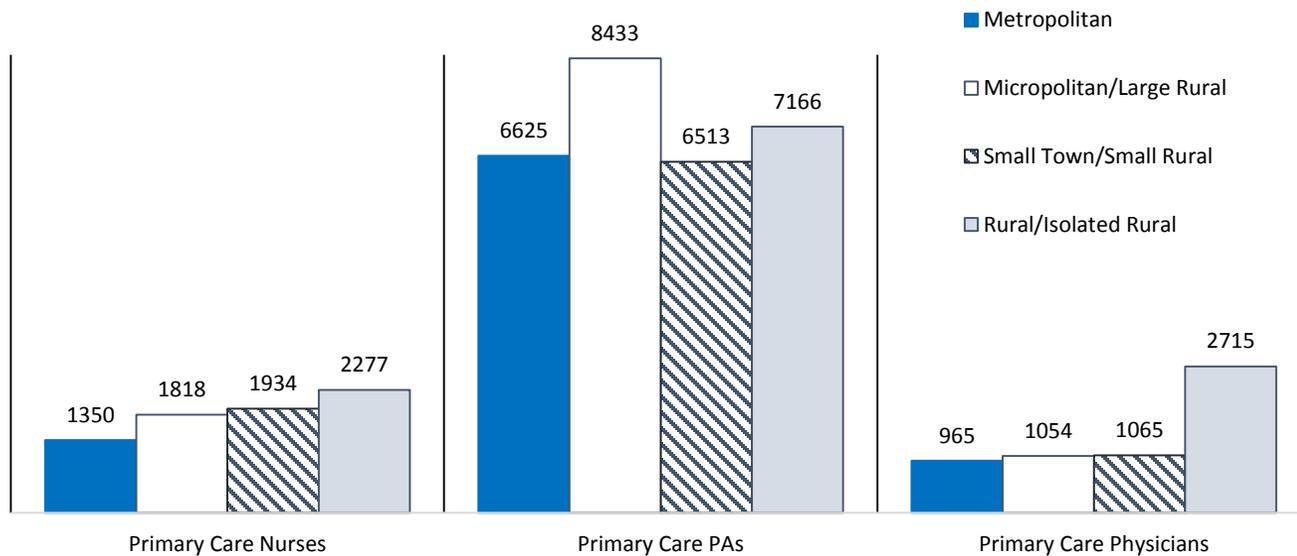


Insurance Market Changes

- Thank you for passing SF1/HF1 providing needed premium assistance.
- However, major increases in insurance premiums still force thousands of rural Minnesotans into unaffordable situations.
- More rural Minnesotans remain uninsured (**5.5%** rural vs. **4.7%** urban)
- Greater percentages of rural Minnesotans rely on public programs (Medicare, Medicaid) than in urban areas (**28%** rural vs. **22.1%** urban)
- Restricted plan availability and narrow networks in rural areas severely limit options for affordable coverage and access to care.
- Need sustainable, long-term, affordable solutions.

Healthcare Workforce Shortages

Population to Primary Care Provider Ratio



Source: *Minnesota Department of Health, Workforce Analysis Unit 2016*

Rural Minnesotans face increasingly critical shortages of health care providers of all types, particularly:

- **Primary Care**
- **Mental/Behavioral Care**
- **Dental Care**
- **Obstetrics**
- **Home Health**
- **Pharmacy/MTM**
- **Language Interpreters**

Healthcare Workforce Shortages

Population per primary care physician:

- Metropolitan – **965**
- Small town/Small rural – **1,065**
- Rural/Isolated – **2,715**

Source: *Minnesota Department of Health, Workforce Analysis Unit 2016*

Supply: Minnesota residency slots

	2004	2012	2013	2014	2015	2016	Change from 2004
Primary Care Residencies	248	221	231	232	233	241	-7
Psychiatry Residencies	21	21	23	24	24	24	3
All other Residencies	202	250	249	253	248	249	47
Total	471	492	503	509	505	514	43
Positions filled (primary care)	88%	100%	100%	97%	100%	100%	-

Note: One IMG pediatrics spot in 2016 with 2 residents funded included in primary care counts.

Source: National Residency Matching Program, Main Residency Match: Match Results by State and Specialty, 2003-2014. All residencies reflect PY-1 unless otherwise specified.

Emerging professions: New professions fill gaps and support system changes

- Community health workers: 990*
- Dental therapists: 64 dental therapists**
(26 advanced dental therapists)
- Community paramedics: 115***
- Doulas: 55 on MDH registry****
- Mental health peer support specialists
(Certified peer specialists)
385 trained*****

* MDH Toolkit report, 2015 **Minnesota Board of Dentistry, August 2016 ***Emergency Medical Services Regulatory Board, 2016, **** MDH Doula Registry September 2016 *****Use of Certified Peer Support Specialists MN DHS February 2016

Opioid Abuse and Treatment

- Minnesota saw a **500% increase in deaths** related to opioid abuse (mostly prescription painkillers) between 1999 and 2014 (CDC statistics).
- 338 Minnesotans died of opioid overdoses in 2015.
- Opioid abuse is a **particular epidemic in rural areas** and among young people.
- Rural **treatment options are scarce**.
- MRHA has joined efforts to educate rural residents about **proper disposal of prescription opioids**.



Medical and Non-Medical Transportation

- Rural Minnesotans list **access to transportation as their top concern**, especially among seniors who require door-to-door rides for which there are often no public transit options.
- **Volunteers are filling gaps** in some rural communities while many more rural residents are simply too far from the transportation they need to remain healthy in-place.



Broadband Shortage and Telemedicine

- **Telemedicine**, tele-mental health, tele-education, tele-monitoring, telephone apps and robotic assistance are all vital to extending quality, cost-effective care to rural communities.
- Major portions of rural Minnesota **lack the broadband access** necessary for telehealth and telemedicine applications.
- The **Minnesota Telemedicine Act of 2015** needs to be expanded: Caps on telehealth visits and limits on providers who can bill for telehealth are barriers, particularly for mental health care.

Reimbursement Disparities

- Rural health care providers serve a disproportionately large
- number of residents who rely on **public health care programs**
- Public programs (Medicare, Medicaid and others) often **pay below cost** and are increasingly **reducing reimbursement**
- Despite progress toward more rural Minnesotans having health insurance, many still **face unaffordable premiums, huge deductibles and other barriers** to covering health care costs. This results in more **uncompensated care costs** impacting rural providers and facilities.



Hospitals, Clinics, Nursing Homes In Crisis

- Most hospitals in rural Minnesota operate **in the red or with margins of less than 5 percent**, making compliance with health care reform mandates more difficult or impossible to afford.
- Small hospitals, clinics and nursing homes continue **experiencing significant financial stress.**
- Many rural hospitals have financial **margins too narrow or too low** to support investments in critical plant and technological upgrades.



Hospitals, Clinics, Nursing Homes In Crisis

- **Medicaid and Medicare reimbursement rates** remain generally **below actual costs** of services provided, stressing rural providers that depend more heavily on reimbursements from public programs.
- Many rural **long-term care facilities** are **at risk of closing**, affecting the health care safety net for the rural elderly.

Social Determinants of Health

The MN Department of Health defines them as conditions “... *created by decisions that affect community or society at-large and are influenced by a variety of factors including both positive and negative social forces.*” They include:

Educational Attainment; Transportation; Housing; Environmental Health; Health literacy; Employment; Income and Poverty; Health Insurance Coverage; and Access to Care

MRHA's Mission

To strengthen and improve Minnesota rural health and healthcare through leadership, education, advocacy and collaboration.



The Voice of Rural Health!



Minnesota Rural Health Conference

June 19-20, 2017

Duluth Entertainment
Convention Center (DECC)

Duluth, Minnesota

The State of Minnesota Rural Health 2017



Thank you.

Minnesota Rural Health Association

Steve Gottwalt, Executive Director

P.O. Box 421

Waite Park, MN 56387

(952) 923-5265

steve@mnruralhealth.org

www.MNRuralHealth.org

