NACRHHS Policy Briefs on Telehealth and Intimate Partner Violence

November 5, 2015
1:00 p.m. CT

Kristine Sande, Moderator

Presentation

• Q & A to follow – Submit questions using chat tab directly beneath slides
• Slides are available at https://www.raконline.org/webinars/nacrhhs-telehealth-intimate-partner-violence
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• Technical issues: 701.777.6305
Presenters

NACRHHS Committee Chair
Ronnie Musgrove

Committee Members
Eugenia (Geni) Cowan
Karen Madden

The National Advisory Committee on Rural Health and Human Services (NACRHHS)

Rural Assistance Center
Webinar
November 5, 2015
What is the NACRHHS?

• An independent advisory board to the Department of Health and Human Services (DHHS) on issues related to how the Department and its programs serve rural communities

What Does the NACRHHS Do?

• Serves as an independent, external voice to DHHS Secretary

• Prepares an Annual Report and/or Policy Briefs to the Secretary on key rural issues
  – In the past five years the Committee has sent twenty Policy Briefs to the Secretary
Committee Background

- **1987** Established by the Secretary of HHS
- **2002** Secretary Thompson expanded the focus to include human services
- **2010** Ronnie Musgrove, former governor of Mississippi appointed as Chair

Meetings

- Meets in the spring and fall, usually in the field
  - Members hear presentations from national and regional experts on the selected white paper topics
  - The field visits include site visits to rural locations and panel discussions around the selected white paper topics
Field Meetings

• Mahnomen, MN
  – September 9-11, 2015,

• Slade, KY
  – May 27-29, 2015,

• Sioux Falls, SD
  – September 24-26, 2014

• Omaha, NE
  – April 28-30, 2014

Rural Challenges

• Rural America has almost 20% of the Total Population

• Rural America has 10% of the Nation’s Physicians

• The Physician Shortage is Especially Acute for Specialists
Rural Challenges - 2

- Higher rates of chronic illness and poor overall health are found in rural communities when compared to urban populations.
- In 2010, 22.3% of non-elderly rural residents were uninsured, compared to 21.4% of non-elderly urban residents.

Policy Brief Topics

- Telehealth in Rural America
- Intimate Partner Violence in Rural America
Telehealth in Rural America

Telehealth

- In rural areas, access to health care remains a challenge.
- Telehealth is defined as “the use of electronic information and telecommunications technologies to support long-distance health care, patient and professional health-related education, public health and health administration.”
- Can Telehealth help rural areas realize “The Triple Aim” for the American health care system: improving the individual experience of care, improving the health of populations, and reducing the per capita costs of care for populations?
Telehealth Reimbursement

- Medicare reimbursement for Telehealth services is conditional on the originating site being located in a non-MSA county or a geographic HPSA located in a rural Census Tract. Originating sites are paid approximately $25 and the 20 percent beneficiary coinsurance applies.
- Distant site providers are paid the same reimbursement rate as non-telehealth equivalent services.
- Rural Health Clinic (RHCs) and Federally Qualified Health Centers (FQHCs) are not considered distant site physicians or practitioners and are not reimbursed.
- Currently, 21 states and the District of Columbia require telehealth coverage by private health insurance plans.
Avera Health eHelm
What are Barriers to Telehealth in Rural Areas?

1. Infrastructure
   - Access to Broadband Internet Connections

2. Licensure
   - Licensure is a State not Federal responsibility
   - Licensure by each distant site professional in each state can be time consuming and expensive

3. Credentialing and Privileging
   - Practitioners providing services via telehealth often must be credentialed and receive privileges to practice at each patient location, particularly if the originating site is a hospital.

4. Payment
   - The range of services that are reimbursable is somewhat limited and are limited to Part B fee-for-service,
   - the geographic limitations of eligible originating sites also hinder broad use of telehealth

Key Recommendations

1. The Committee recommends that the Secretary seek a change in legislation to allow Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) to serve as eligible distant sites

2. The Committee made several recommendations on allowing Telehealth to be used in home health certification, and allowing more than one Telehealth consultation per month in nursing homes
Key Recommendations

3. The Committee reiterated an earlier recommendation on the Medicare Hospice Benefit that the Secretary seek a change in legislation allowing telehealth consultations to count as face-to-face encounters to certify and re-certify the need for hospice care.

4. The Committee made recommendations that the Secretary assure use of appropriate measures for rural Telehealth quality of care and that further research on the efficacy and efficiency be performed in rural areas.

Intimate Partner Violence in Rural America
Intimate Partner Violence

During 2014, the NACRHHS The Committee visited the Compass Center, an abuse counseling provider in Sioux Falls, and heard from stakeholders there about the challenges they face in their work. Afterwards, the Committee met with a variety of community members including law enforcement agents, non-profit organizations, Tribes, and health care providers to gain more insight into the issue of Intimate Partner Violence.

What we know about Intimate Partner Violence (IPV)

- IPV is prevalent in communities across the country and affects women and men of all ages
- Nearly half of all women and men in the United States have experienced psychological aggression from an intimate partner.
- Most people who experience IPV have their first experience with it before they are 25 years old.
Impact of Intimate Partner Violence on Individuals

- A 2009 study found that 22.9 percent of women in small rural areas reported being victims of IPV compared to 15.5 percent of women in urban areas.
- Women living in rural communities reported significantly higher severity of physical abuse than women living in urban areas.

IPV in Rural Communities

- Rural persons experiencing IPV are 2.5 times more likely than those living in urban areas to have their property destroyed by an abuser.
- Additionally, women who have experienced IPV in rural America are more likely to be murdered by a partner than those living in cities.
Intimate Partner Violence and Families

• There are notable co-occurrences of IPV and child abuse; research indicates that “in an estimated 30 to 60 percent of the families where either domestic violence or child maltreatment is identified, it is likely that both are occurring

• ACE Study by the CDC shows that adverse childhood experiences have a direct impact on health outcomes later in life

IPV is associated with a number of adverse health outcomes and are more likely to report frequent headaches, chronic pain, difficulty sleeping and poor physical health compared to those who have not experienced IPV
Rural Human Service Infrastructure and IPV

• Those who have experienced IPV face the same challenges in accessing human services in rural America as the rest of the rural population

• Barriers to Service in Rural Communities
  – Transportation barriers
  – Isolation of clients in need of human services
  – Stigma
  – Lack of providers in some communities
  – Disparate levels of federal/state/local funding
  – Shortage of high quality, affordable housing
  – Lack of economic opportunities

“In contrast to urban areas, less is known about human and social services conditions in rural areas, the social services rural residents need and use, and the effectiveness of those services.”

-2006 Report on Rural Research Needs and Data Sources for Selected Human Services Topics by the Assistant Secretary of Planning and Evaluation, DHHS
Knowledge Gaps on Rural IPV

- What we know is based on a limited evidence base
- While there is a body of research on best practices for preventing and treating IPV for the general population, little research exists for rural
  - Lack of rural identifiers in federal data collection
  - Difficulty including individuals who do not use services

Recommendations on Intimate Partner Violence

1. The Committee recommends that the Secretary direct the Centers for Disease Control and Prevention to conduct analyses of the National Intimate Partner and Sexual Violence Survey data with a geographic variable to gain a better understanding of the unique needs of individuals in rural America of all ages and throughout the life course experiencing IPV
Recommendations on Intimate Partner Violence

2. The Committee recommends that the Secretary direct the Administration for Children and Families (ACF) to work with Centers for Medicare & Medicaid Services (CMS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Health Resources and Services Administration (HRSA) to train rural health care providers on integrating IPV screening and counseling into service sites.

Recommendations on Intimate Partner Violence

3. The Committee recommends that the Secretary direct ACF to work with SAMHSA and HRSA to connect health care providers who have been trained in IPV screening to community organizations that help individuals in rural America experiencing IPV.
2016 Committee Meeting

- Beaufort, SC
  - April 18-20, 2016

Uses for the Committee Reports

- Inform the policy decisions of the Secretary for HHS
- Resource for rural providers who can then share findings and recommendations with others in the field
- Resources for policy makers
For More Information…

To find out more about the NACRHHS please visit our website at http://www.hrsa.gov/advisorycommittees/rural/ or contact:

Steve Hirsch
Office of Rural Health Policy
Rockville, Maryland
301-443-0835
shirsch@hrsa.gov

Q & A

• Submit questions using Q & A tab directly beneath slides.
Thank you!

• Contact us at www.raconline.org with any questions
• Please complete webinar survey
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