

A. REFRESHER ON THE AMERICAN HEALTH CARE SYSTEM

1. Who pays for health care?

Private insurance, Government (Medicare, Medicaid, Current Military, VA, States, Counties, charities)

The moral hazard problem and how it's addressed. (HMOs, prior approval, payment limits)

2. What are the major institutions that provide health care?

Hospitals (short-term, psychiatric, rehabilitation, LTACs, specialty (children's, cancer, other)

Nursing facilities (skilled nursing; other)

Home health agencies

Clinics (physician offices, FQHCs and Rural Health Clinics, Health departments, specialty clinics (urgent care; mental health), dental

3. Who are Health Care Professionals?

Doctors (allopath; osteopaths; specialists)

Physician Extenders (physician assistants; nurse practitioners)

Therapists (physical therapy, occupational therapy, speech therapy)

Technicians (lab, x-ray, pharmacies)

Counseling and Education (medical social workers, educators, nurse educators, public health nurses)

Administrators (of providers)

A. WHAT IS RURAL ?

How do we define rural, and why does it matter? For general information, look under Rural America at:

<http://www.ers.usda.gov/Publications/ResearchReports.htm>

Other sources:

Understanding Rural America -- <http://www.ers.usda.gov/Publications/aib710/>

[Definition Of Rural In The Context Of The MMA Access Standards For Prescription Drug Plans](#), September 2004, Joint Report of RUPRI Center for Rural Health Policy Analysis and North Carolina Rural Health Research and Policy Analysis Center
<http://www.rupri.org/ruralPolicy/publications/p2004-7.pdf>

http://www.shepscenter.unc.edu/research_programs/rural_program/maps/maps.html

B. WHAT IS A RURAL HOSPITAL? (medical center)

1. Acute Care Services
 - a. Inpatient
 - b. Outpatient (scheduled; emergency)
2. Post-Acute Care Services
 - a. Home Health
 - b. Inpatient (skilled nursing, rehabilitation)
3. Long-term care
 - a. Nursing Home
 - b. Community Care (home care; adult day health; assisted living)

4. Preventative Care, Chronic and Palliative (clinic)

C. WHAT ARE THE PROBLEMS FACING RURAL HEALTH CARE INSTITUTIONS?

1. Bottom line – money. Money follows the person.
2. Infrastructure Development - History
3. Population Issues

<http://www.srph.tamhsc.edu/centers/rhp2010/publications.htm>

<http://muskie.usm.maine.edu/Publications/rural/wp27.pdf>

4. Health Professional Issues

- a. Physicians

<http://www.hschange.com/CONTENT/725/>

<http://www.fammed.washington.edu/wwamirhrc/summaries/rrfrhha.pdf>

- a. Physician extenders – Nurse Practitioners and Physician Assistants
- b. Nurses and Therapists
- c. Administrators and Boards

<http://www.rupri.org/rhfp-track/year2/chapter3i.html>

5. Improved Transportation

6. Quality of Care Issues

<http://www.academyhealth.org/ruralhealth/qualityimprove.pdf>

<http://www.hsr.umn.edu/rhrc/pdfs/wpaper/wpaper053.pdf>

D. WHAT FEDERAL, STATE AND CHARITABLE PROGRAMS ARE AVAILABLE
TO HELP ADDRESS RURAL HEALTH ISSUES?

1. CENTERS FOR MEDICARE AND MEDICAID (Critical Access Hospitals, grant programs; rural health clinics; bonus payments)
2. HRSA (Health Professional Loan Repayment; J1 Visa waivers; other grants)
3. ECONOMIC DEVELOPMENT GRANTS (Telemedicine)
4. STATE FUNDING
5. PRIVATE OPPORTUNITIES (Fannie E. Ripple, Robert Wood Johnson, <http://www.nal.usda.gov/ric/richs/foundat.htm>)

E. PROJECT FOR THE QUEENS HEALTH SYSTEM

1. SHOULD WE GET INVOLVED? WHY? WHAT'S THE BEST WAY TO HAVE A LASTING IMPACT?
2. DEVELOPMENT OF A SYSTEMATIC APPROACH TO ASSESS:
 - (1) population needs, wants, and ability to finance long-term
 - (2) what the system current is
 - (3) political issues
 - (4) realistic ability to implement changes (technology issues)
 - (5) institutional desires
 - (6) current delivery system issues and potential improvements
 - (7) deliver message