NIHCM Rural Health Webinar

Mark T. Jansen, M.D.
VP & CMO Arkansas BlueCross BlueShield
Arkansas is 44% rural
RURAL PROFILE OF ARKANSAS
Summary Highlights

The rural areas had 69.2 primary care physicians per 100,000 as compared to 166.3 per 100,000 for urban areas, a rate more than double that of the rural areas.
Rural Health Facts

• Family physicians comprise only 15 percent of the U.S. outpatient physician workforce nationwide, but they provide 42 percent of the care in rural areas.

Source: ruralhealthweb.org/about-nrha/about-rural-health-care
The Physician Crisis is Already Upon Us

AMS members self-identified as FP, GP or IM by age in Arkansas excluding office locations in the 10 most populous cities.  Source: Arkansas Medical Society 2015
Diminished Life Expectancy in our Red Counties
UAMS Receives $1.3 Million from Arkansas Blue Cross and Blue Shield, Blue & You Foundation to Establish Chair, Expand Programs

By Jon Parham

Feb. 9, 2015 | George Mitchell, M.D., UAMS graduate and retired president of Arkansas Blue Cross, talks about the endowed chair named in his honor.

UAMS Chancellor Dan Rahn, M.D., (left) is joined by...
Winthrop Rockefeller Institute Rural Health Summit

2019 Summit
Making Rural Health Better Together

HEALTH · 3/22/2018 · SHANNON FRAZEUR

More than 60 health care providers, professionals and students came together March 8-9 at the Winthrop Rockefeller Institute for the 2018 Rural Health Care Summit.
Special Thanks

The progress made by the Rural Health Summit members, their working groups, and several side efforts bolstering the collaboration across the rural Arkansas health ecosystem would not have been possible without outside support. For that we owe a special thanks to our premier funder: The Blue & You Foundation for a Healthier Arkansas.

The Blue & You Foundation has kept annual Rural Health Summits affordable for participants and supported the outreach and recording you’ll find in these pages.

To be selected by the Blue & You Foundation for funding underscores the importance of our collaborative effort.

It says that we are not alone in our belief that by coming together and setting aside our differences, our sense of competition or fear of change, we can do something far greater than we could alone.
## Two Year Goals of the Last Rural Health Summit

<table>
<thead>
<tr>
<th>Community Health Workers Working Group</th>
<th>Non-Emergent Transport Working Group</th>
<th>Medical School Consortium Working Group</th>
<th>Student Exposure Working Group</th>
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<tbody>
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<td>Fund and complete a pilot of the community health worker certificate program and develop and fund a marketing/communications/education plan for community health workers.</td>
<td>Engage committee, complete a needs assessment, draft legislation and engage committed legislative sponsors.</td>
<td>Establish a consortium of MDs and DOs to facilitate adequate residency slots, identify hospitals without residency programs and develop quality residency options across specialties.</td>
<td>Obtain stakeholder buy-in, support a working group assessing existing programs, develop curriculum within a health education framework and identify rural pilot schools.</td>
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National Rural Health Association
Arkansas is 1 of 7 States Without a RHA
Arkansas Rural Hospital Under Stress
Arkansas Has Nation's Second-Highest Rate Of Opioid Prescriptions

By KAREN TRICOT STEWARD • AUG 24, 2017
MAT Programs are Slow to Catch On

Medication-aided opioid care slow to catch on in state

KAT STROMQUIST
ARKANSAS DEMOCRAT-GAZETTE

Months of preparations had gone into the medication-assisted treatment people vulnerable to addiction. Others around the state who offer medication-assisted treatment have told
Social Determinants are More Impactful for Rural Residents

• Rural residents tend to be poorer. On average, per capita income in rural areas is $9,242 lower than the average per capita income in the United States.

• The disparity in incomes is even greater for minorities living in rural areas.

• About 25 percent of rural children live in poverty.

• People who live in rural America rely more heavily on the Supplemental Nutrition Assistance Program (SNAP) benefits program.

• Tobacco use is a significant problem among rural youth both cigarettes and smokeless forms.

Source: ruralhealthweb.org/about-nrha/about-rural-health-care
Real and “Digital” Transportation Issues

• Rural residents have greater transportation difficulties reaching health care providers, often traveling great distances to reach a doctor or hospital.

• More than 50 percent of vehicle crash-related fatalities happen in rural areas, even though less than one-third of miles traveled in a vehicle occur there.

• Fifty-three percent of rural Americans lack access to 25 Mbps/3 Mbps of bandwidth, the benchmark for internet speed according to the Federal Communications Commission. This creates a challenge to the promise web-based care delivery.

Source: ruralhealthweb.org/about-nrha/about-rural-health-care
Mental Health Creates Additional Challenges in Rural Areas

• Rural residents often travel long distances to receive services
• Rural residents are less likely to be insured for mental health services
• Chronic shortages of mental health professionals exist, as mental health providers are more likely to live in urban centers.
• The stigma of needing or receiving mental health care and fewer choices of trained professionals create barriers to care.
• Rural youth are twice as likely to commit suicide.

Source: ruralhealthweb.org/about-nrha/about-rural-health-care
To Address Doctor Shortages, Some States Focus on Residencies

August 11, 2015 | By Rebecca Beitsch

Fourth-year students at a Tennessee medical school wait for residency letters telling them where they will finish their medical training. Tennessee is one of several states with too few residency positions for the graduates of its medical schools. (AP)
“To Address the Doctor Shortage, Some States Focus on Residencies”

“Physicians who go to medical school and do their residency in a single state tend to stay. Sixty-eight percent of doctors who complete all their training in one state end up practicing there, according to the Association of American Medical Colleges (AAMC).”
“To Address the Doctor Shortage, Some States Focus on Residencies”

“So while some states spend tens or hundreds of millions of dollars to support medical schools and build new ones, a handful are recognizing that it’s just as important to invest in residency programs—to increase the number of doctors practicing within their borders.”
Iowa – 369 students graduated, 131 left with only 238 residency positions available.

Same for Missouri (186 left) and Tennessee (200 left).

States such as New York, California, Massachusetts and Pennsylvania were happy to take them—all four states took in more residents than students they trained.
UAMS – 174

DO schools in Fort Smith and Jonesboro – 270 at full matriculation

Total – 444
Current 1st year residency positions:

UAMS – 140
UAMS Regional Programs – 44
UAMS Internal Medicine / Mercy Health NW – 8
UAMS / White River Medical Center Internal Medicine, Batesville – 10
Unity Health, Searcy (D.O.) Internal Medicine – 10
St. Bernard’s, Jonesboro (D.O.) Internal Medicine - 5
Total - 217
Total Medical Graduates – 444 (full matriculation)

Total Residency Positions – 217

Net Export – 227

(This assumes that any graduate would take any residency position available so actual export will be greater!)
Cost be covered by an Arkansas Resident for 4 years of medical school at UAMS, 2018 - $138,627*

Estimated total cost of educating one medical student for 4 years - $362,500**

Estimated total cost ($362,500) minus Arkansas Resident tuition and fees (138,627) = $223,873

So every student leaving for an out of state residency leaves with $223,873 of Arkansas money!!

*UAMS College of Medicine, Estimated Cost of Attendance 2018-19, Arkansas Resident

**Office of the Washington state auditor “Determining costs per student for Washington’s medical schools” – 2017

AAMC estimated cost per student to attend medical school – source Richard Wheeler, Exec. Assoc. Dean for Academic Affairs, UAMS
Total Medical Graduates – 444 (full matriculation)

Total Residency Positions – 217

Net Export – 227 X $223,873 = $50,819,171 / yr !
• 102 million dollar grant (2010)

• 450 plus links in the network

• Arkansas SAVES tele-stroke program

• High Risk Maternal Fetal Health (Dr. Lowery)
UAMS Partners With Arkansas Blue Cross and Blue Shield to Expand Comprehensive Digital Health Network
Diabetes Retinal Screening
Specialty Care Delivery in Rural Arkansas
Tele-Pediatric Urology

Stephen Canon, MD
Tele-Hand
Trauma

Theresa Wyrick, MD
Burn Consultation
Telemedicine Program

Esther Teo, MD