

# Letter to the Secretary: February 18-20, 2009, Washington, D.C.

April 28, 2009

The Honorable Kathleen Sebelius, Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Washington, D.C., 20201

Dear Secretary Sebelius,

On behalf of the National Advisory Committee on Rural Health and Human Services, I would like to present the Committee's 2009 Report. This annual report is the culmination of a year-long effort to examine key health and human service issues affecting rural communities. The 2009 Report focuses on creating viable patient-centered medical homes in rural areas, workforce and community development, and serving at-risk children in rural areas, highlights key findings, and provides recommendations to the Secretary.

The Committee believes that the patient-centered medical home model's focus on quality improvement and care coordination holds great value for rural residents who face significant, unique challenges in accessing comprehensive health care services. The Committee believes that the Department should move carefully in any design of a medical home so that rural providers can be reimbursed for care coordination and other services associated with a medical home. Specific rural challenges and important considerations in the implementation of the medical home for rural practices are identified.

The Committee recommends that the Secretary ensure that an appropriate number of rural practices, in each of the participating States, are selected for the Centers for Medicare and Medicaid Services (CMS) Medicare Medical Home Demonstration, for comparison with one another and with urban practices.

The Committee recommends that CMS ensure that the criteria and measures used for the Medicare Medical Home Demonstration are appropriate and relevant for rural practices. The Secretary should work with the National Committee for Quality Assurance to bring their guidelines into the same framework.

Use of existing Rural Health Care Services Outreach and Rural Health Network Development program grants to promote the medical home model in rural communities is recommended. These demonstrations should be used to inform policymakers in developing medical home standards and regulations that take into account rural practice considerations.

Rural areas face unique workforce challenges in filling jobs in the health and human services sectors. These jobs play a key role in providing needed services to rural residents and they also support the local economy. The Committee broadly examines the rural health and human services workforce, the future of workforce development, and how workforce issues relate to rural community and economic development. The importance of training, local leadership, and community collaboration in rural areas is also discussed.

The Committee recommends that the Secretary develop data tracking systems for the health and human services workforce. This workforce data should be periodically collected, analyzed, and disseminated so that rural areas can identify current and projected workforce needs. Resources should be targeted and training programs should be developed for health and human services professionals in “high-need” geographic areas.

The Committee recommends that the Title VII authority of the Public Health Service Act be amended to allow for greater flexibility in allocation of funding for different health professional needs, to reflect current and future projected needs. Additional funding is recommended for Title VII to expand competitive opportunities for two-year educational and training programs and for Title VIII of the Public Health Service Act to fund the Nursing Loan and Nursing Scholarship Programs.

The Committee recommends using the Section 301 authority under the Public Health Service Act to support demonstration grants for creative, community-based workforce training programs to address local geographical and financial constraints. The demonstration grants should be targeted towards rural communities through Critical Access Hospitals, Rural Health Clinics, and Federally Qualified Health Centers.

Providing needed services to children at-risk for abuse and neglect is more difficult in rural areas, due to such factors as geographic isolation and limited resources. The Committee believes that increased access to prevention and intervention services is essential in helping at-risk children and their families. The Committee emphasizes the importance of local leadership in developing collaborative service delivery models to maximize Federal, State, local, and private resources in rural communities.

The Committee recommends that additional funding be provided for Subpart 2, Promoting Safe and Stable Families, Title IV-B of the Social Security Act, to support prevention services for at-risk children. Additional funding is also recommended for the Child Care and Development Fund (CCDF), along with a recommendation to increase the current required CCDF funds targeted to improve the quality of child care from 4 percent to a minimum of 10 percent of the total funding received by States, and to allow for additional services to parents.

The Committee recommends that the Secretary work to improve mental health services for children by supporting broad-based training in early mental health screenings and services, advising that validated mental health and behavioral screenings be done during well-child visits, conducting research on the effectiveness of mental health interventions for young children, and by working with States to use their flexibility within Medicaid to provide more prevention and intervention mental health services.

The Committee recommends that the Secretary support a demonstration project, to allow maximum flexibility in the use of HHS funds with funding from other Departmental programs, to enhance prevention and intervention projects for children and families in rural communities with limited resources.

I would also like to provide an update from our most recent meeting in Washington, DC, from February 18-20, 2009. The Committee began work on its 2010 Report with topics focusing on the rural primary care workforce, health care provider integration, and home-based care options for rural seniors. Key Federal officials and staff from national organizations provided expert testimony on each of the three topic areas, and the Committee discussed content for each report chapter.

For the remainder of the year, we will conduct two field visits, one in South Dakota in June and the other in California in September. The Committee will gather data on the three topic areas and begin drafting chapters to be reviewed at the June 9-11, 2009 meeting in Rapid City. The South Dakota meeting will provide an opportunity to examine the 2010 report topics in the context of a frontier rural community. Thank you again for your support of this Committee and your support of rural America.

Sincerely,

David M. Beasley  
Chair