

Initiatives to Address Rural Healthcare Needs of Texans

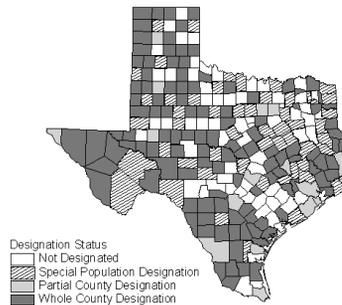
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Texas Higher Education Coordinating Board

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Shortages – across the board

- Not a new problem – decades of discussion and program proposal/development
- While Texas has become more and more urban, we still claim about 3 million people in rural areas and ___% of our land mass as rural (170 of our 254 counties)
- Virtually every health profession has shortages within the rural areas
 - Nursing
 - Pharmacy
 - Medicine



Some things have proven effective

- Loan repayment for those who commit to work in rural, underserved areas
- Recruitment of students into health professions schools who have grown up in rural areas
- Providing portions of health professions training in rural areas (rotations for medical students or nursing students, opportunities for pharmacy students)



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Try a new approach...

- Has had an impact on access, quality, longevity
 - 2% more of the population under the poverty line than in urban regions
 - Five leading causes of death were the same but the number of potentially preventable deaths were higher in rural areas
 - a higher percentage of those suffering from chronic diseases living in rural areas than in urban areas – less good outcomes.
 - comparing death rates, ischemic heart disease carried a 25% higher death rate, and chronic obstructive pulmonary disease carried a 53% higher death rate
- Health care is changing
 - Rural has changed much less quickly and less comprehensively
- A need to be more radical or “outside the box” in our solutions



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Initiatives

- Telemedicine
- Quality improvement
- Rural training sites
 - Money for GME
- Development of metrics to inform decisions
 - Too long making decisions based upon decades old policy
 - Too slow to make changes
- Community engagement
 - Community education/understanding



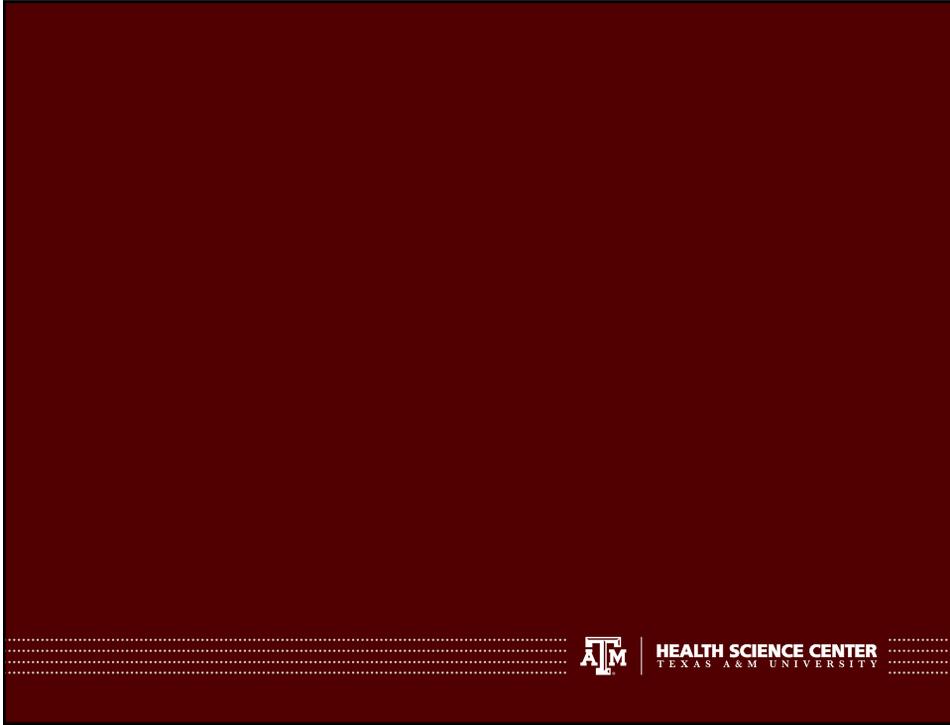
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Initiatives - continued

- ECHO
 - Reduce isolation, enhance capacity
- Prenatal access with planned delivery
 - One of the most challenging issues as closures occur
- Improved post admission coordination/care
 - As value based contracting expands, important that we incorporate small and rurals in the processes and incentives
- Broader use of community assets – development of community health workers and EMT
 - Enhances community engagement
 - Demonstrates principle of delivering care at the lowest effective level



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