Rural Proofing:

Avoiding unintended consequences and promoting equity in rural GME

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Rural GME: Unintended consequences

- Balanced Budget Act 1996 (BBA), and the Balanced Budget Refinement Act 1999 (BBRA)
- MMA 2003 and subsequent cap redistributions of 3,000 slots
- Rural hospital: Small cap, 0 PRA
- State of Ohio: Medicaid GME payments to teaching hospitals in 2012 varied from $0 to $3.1 million

What is rural proofing?

”...a means of achieving equally effective and successful outcomes for communities, businesses and individuals from policy and in the design and delivery of publicly funded services, regardless of their size or location”

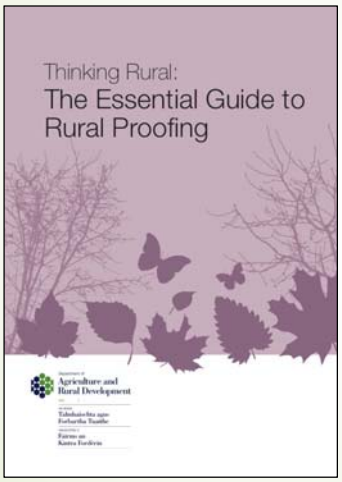
Countryside Agency, UK, 2001

What is rural proofing?

“...a systematic methodology to ensure that rural sensitivity is embedded into policy-making in order that health services meet the needs of people living in rural and remote communities.”

Swindlehurst et al 2005

What is rural proofing?



Thinking Rural: The essential guide to rural proofing, 2015

What is rural proofing?

- 5.1 Rural proofing is part of the policy making process and rigorously scrutinizes proposed policies. It should ensure fair and equitable treatment of rural communities and that a policy does not indirectly have a detrimental impact on rural dwellers and rural communities.

Thinking Rural: The essential guide to rural proofing, 2015

What is rural proofing?

- 5.2 Another way of describing it is:

  A: identifying the potential direct or indirect impacts a new or revised policy might have on a rural area (This may require data analysis on a rural-urban basis).

  B: making a proper assessment of those impacts if they are likely to be significant; and

  C: adjusting that policy (where appropriate) to ensure that it meets the needs of rural areas.

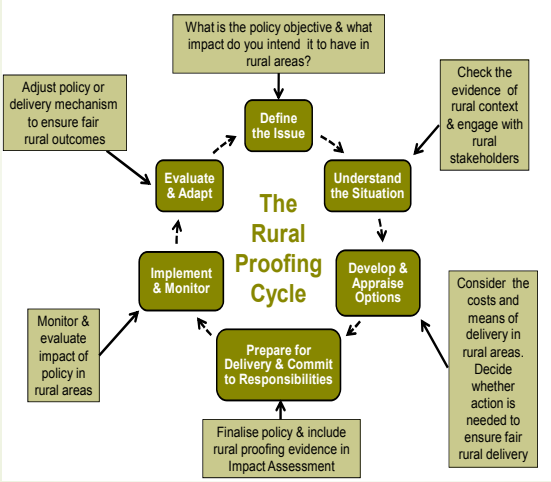
Thinking Rural: The essential guide to rural proofing, 2015

What is rural proofing?

- 5.3 Rural proofing must consider policy implementation so that services will be delivered to rural areas in an equitable manner. The process should also involve monitoring the implementation of the policy to ensure that this is achieved.

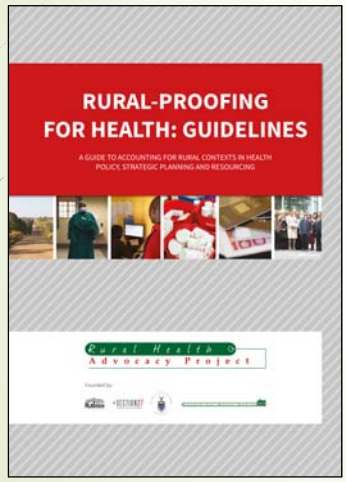
Thinking Rural: The essential guide to rural proofing, 2015

Rural proofing policy cycle

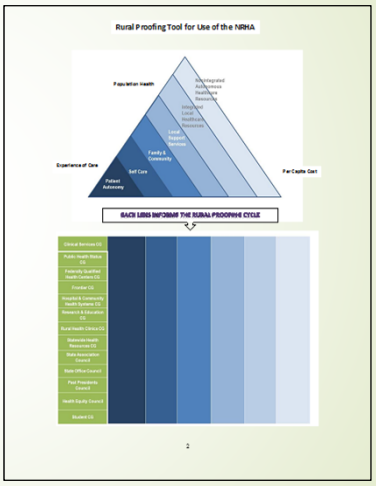


DEFRA Guide to Rural Proofing, National Guidelines, 2013

What is rural proofing?



South Africa



United States: National Rural Health Association

What is Equitable?

"'Equitable' means policies should treat rural areas in a fair or reasonable way. This does not mean that rural areas should have an equal level of resources as urban, but rather that policies demonstrate proportionality to rural areas, taking into account their unique characteristics."

"...proportional to rural need"

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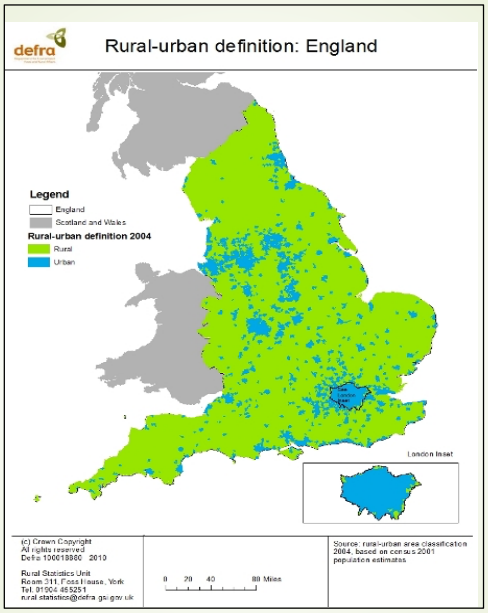
Definition of Rural

- United Kingdom:

  Settlements with a population of 4,500 or less



Definition of Rural

- United Kingdom:

  Settlements with a population of 4,500 or less

- United States:

  Am I Rural?
  https://www.ruralhealthinfo.org/am-i-rural

  RTTC: "Any federal definition of rural," except RHC designation only, since some counties designated as such in the 1970's are clearly no longer rural by any other designation.

Summary: Rural proofing for GME

- Design: What impact could this policy have on rural communities? (on rural GME)
- Evidence: What is the evidence that this impact is likely to occur?
- Consultation: What is the perspective of rural stakeholders?
- Monitoring and Outcomes: How will we measure the rural impact as this policy or legislation is implemented? (What would equity look like? Does the policy have a mechanism to adapt?)

Summary: A systematic methodology

- Gap analysis: Identify unintended consequences – positive or negative
- Initial action: Decide what corrective action needs to be taken to achieve equity, and take it.
- Adjustment: Monitor implementation and make adjustments as need

Group Exercise

- Case Examples
- Apply the "Rural Proofing" tool on the back of the page to this case, as if it were being proposed in your State legislature
  (10-15 minutes)
- Perspectives of State representatives (3-4 minutes each)
- Open discussion

State Perspectives

- **Colorado** – Add a duty to an established Commission on Family Medicine and appropriate funding
- **Montana** – Increase a line item for Family Medicine (used as Medicaid match)
- **Ohio** – Establish a GME Consortium and change the formula for allocating existing Medicaid GME funding (also currently used as Medicaid match)

Questions and Discussion