Resilient and Ready Together:
Applying a Community-Informed, Geographic Lens to our Work

CMS Quality Conference
April 8, 2024

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Learning Objectives

(1) Describe the priorities of the CMS *Framework for Rural, Tribal and Geographically Isolated Communities*;

(2) Identify how the *Framework* supports CMS's efforts to advance health equity particularly as it pertains to those living in the US Territories and Tribal Nations; and

(3) Recognize opportunities to apply a geographic lens to your work, with insight into the specific needs of people living in communities in the US territories and Tribal Nations.

Framework Overview

CMS OMH released the updated *CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities* in November 2022.

To help shape the framework, CMS held listening sessions with government agencies, individuals, and organizations across the country who have experience receiving health care or supporting health care service delivery in rural communities.

The Framework focuses on **six priorities** over the next five years.

CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

NOVEMBER 2022
GO.CMS.GOV/RURALHEALTH

CMS
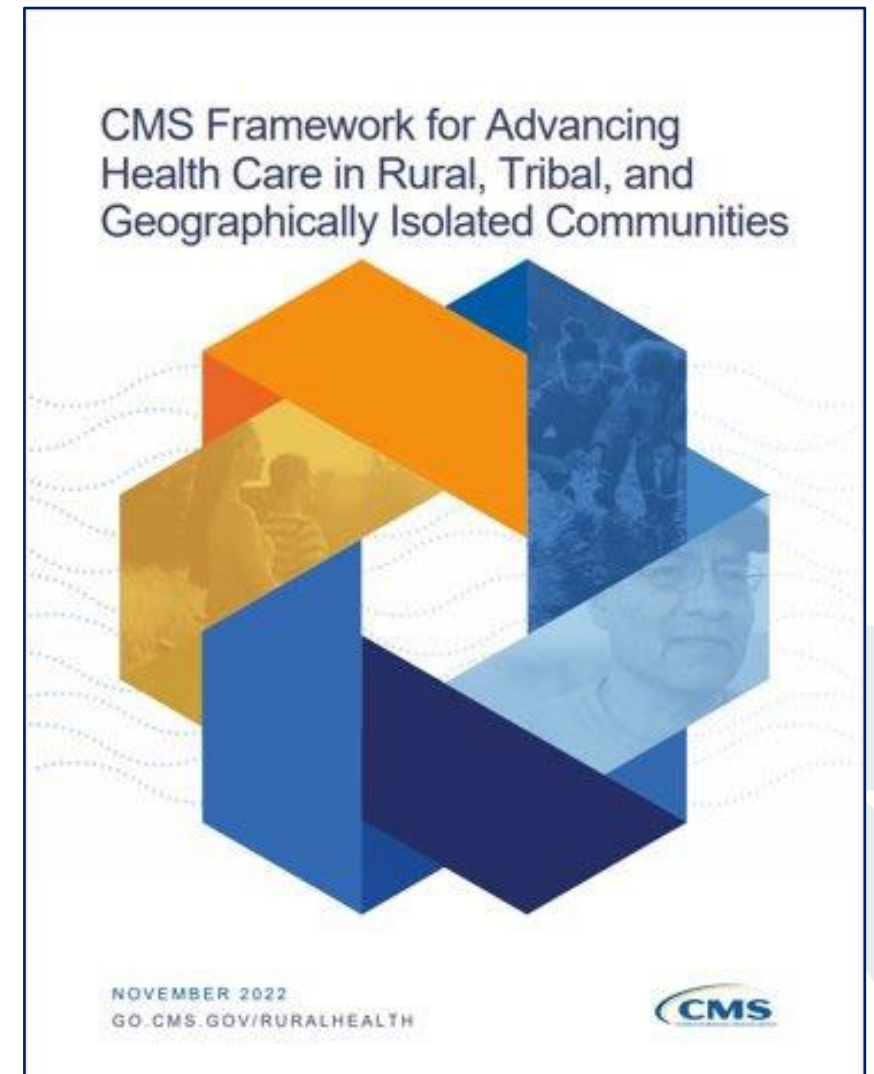
Six Priority Areas

Priority 1: Apply a Community-Informed Geographic Lens to CMS Programs and Policies

Priority 2: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities

Priority 3: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities

Priority 4: Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities

Priority 5: Expand Access to Comprehensive Health Care Coverage, Benefits, and Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities

Priority 6: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities

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Thought experiment: at the start of our session (4p ET), it is:

Baltimore, MD, USA * EDT (UTC -4)	Mon, Apr 8, 2024	**4:00 pm**
San Juan, Puerto Rico AST (UTC -4) same as Baltimore	Mon, Apr 8, 2024	**4:00 pm**
Charlotte Amalie, US Virgin Islands AST (UTC -4) same as Baltimore	Mon, Apr 8, 2024	**4:00 pm**
Anchorage, AK, USA * AKDT (UTC -8) 4 hour(s) behind	Mon, Apr 8, 2024	**12:00 noon**
Honolulu, HI, USA HST (UTC -10) 6 hour(s) behind	Mon, Apr 8, 2024	**10:00 am**
Pago Pago, American Samoa SST (UTC -11) 7 hour(s) behind	Mon, Apr 8, 2024	**9:00 am**
Hagåtña, Guam ChST (UTC +10) 14 hour(s) ahead	Tue, Apr 9, 2024	**6:00 am**
Saipan, Northern Mariana Islands ChST (UTC +10) 14 hour(s) ahead	Tue, Apr 9, 2024	**6:00 am**

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Audience Poll: Do you know the furthest points of US geography?

Point Barrow, Alaska

Point Udall, Guam

Rose Atoll, American Samoa

Point Udall, St. Croix (USVI)

Priority 1: Apply a Community-Informed Geographic Lens to CMS Programs and Policies
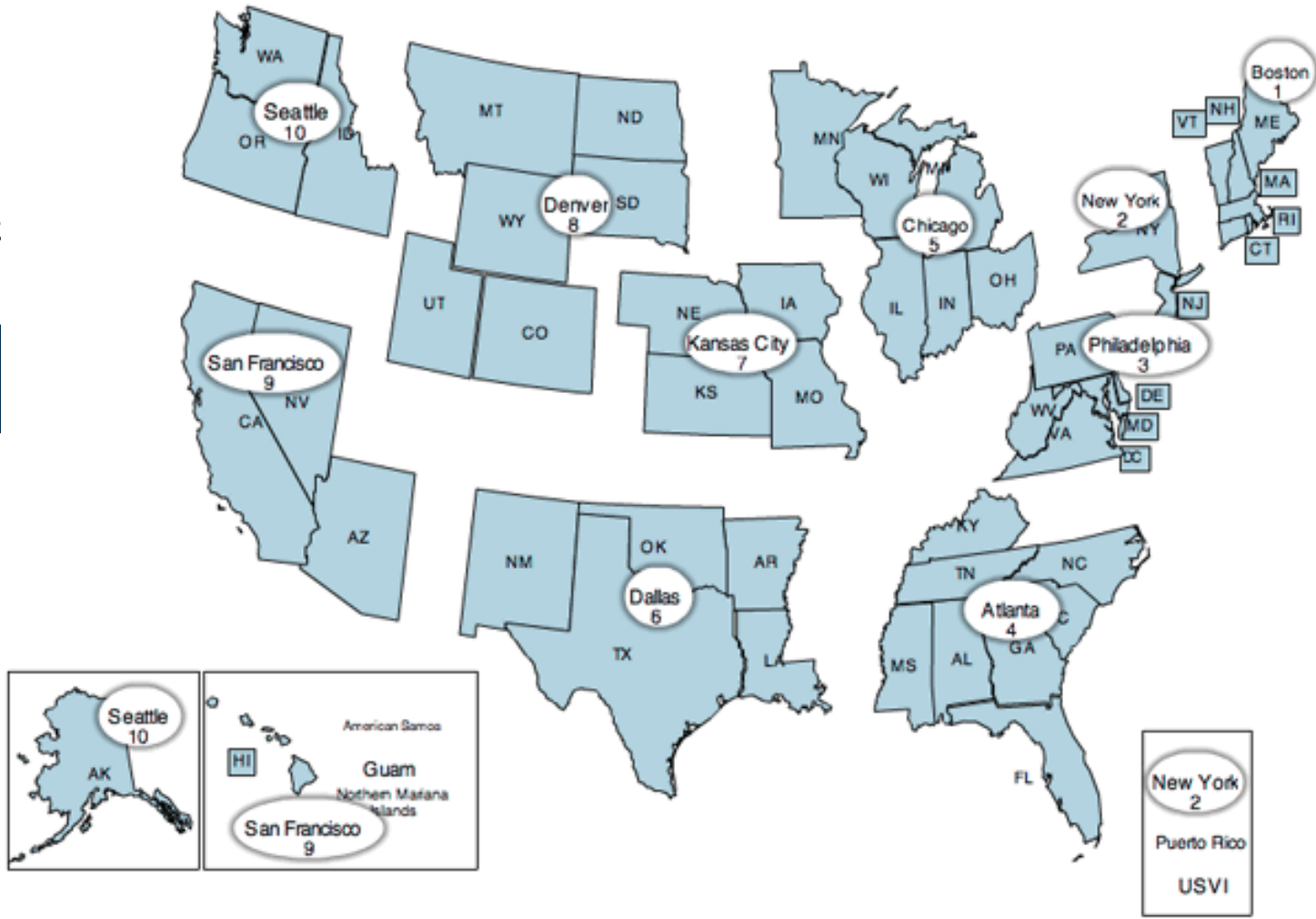
CMS Locations and the U.S. Territories

There are sixteen U.S. Territories

Five of these territories have permanent residents that are covered by CMS programs

Region 9 San Francisco	Region 2 New York
American Samoa	Puerto Rico
Guam	The U.S. Virgin Island
Northern Mariana Islands	
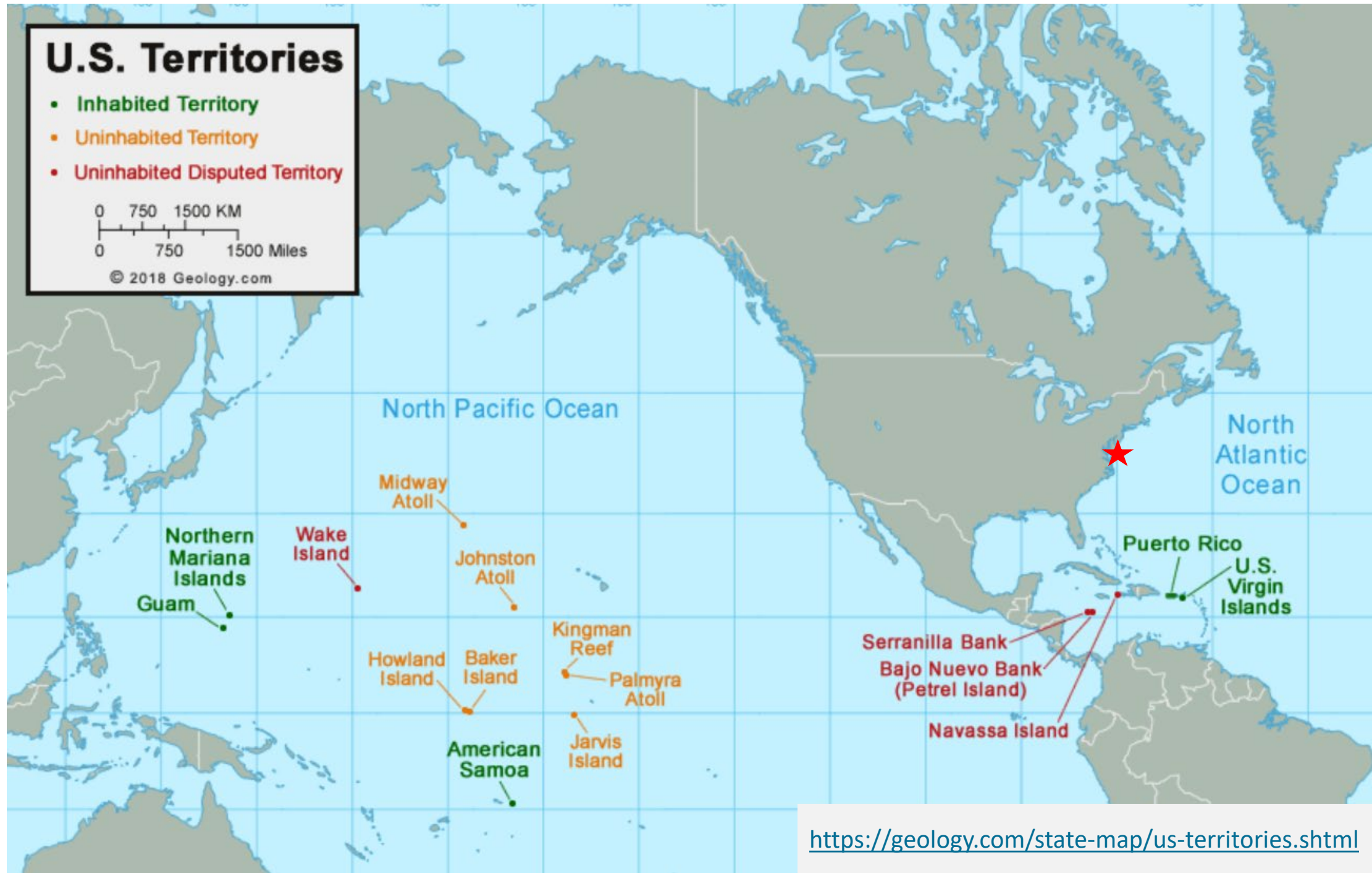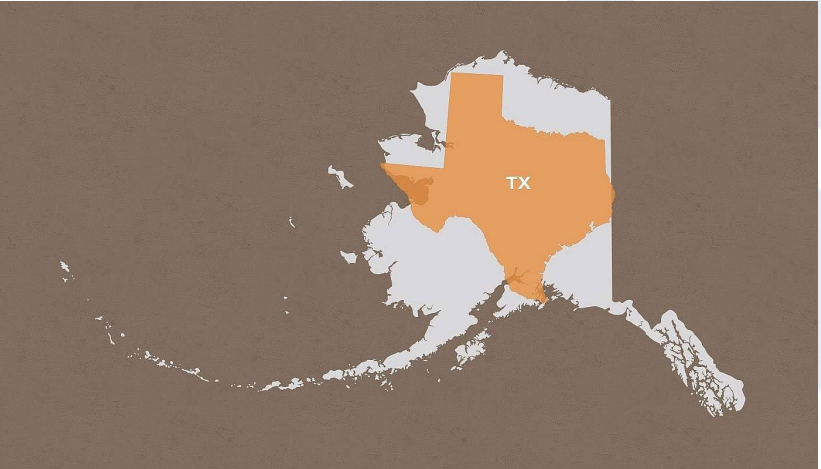
Alaska

Tribal Lands & Rural Areas of the Continental U.S.

Tribal Lands and Rural Areas of Alaska

Native Hawaiian Lands and Rural Areas

Legend
Tribal Lands
Rural Areas
Counties
States

Legend
Native Hawaiian Lands
Counties
States

Esri, Garmin, FAO, NOAA, USGS, EPA
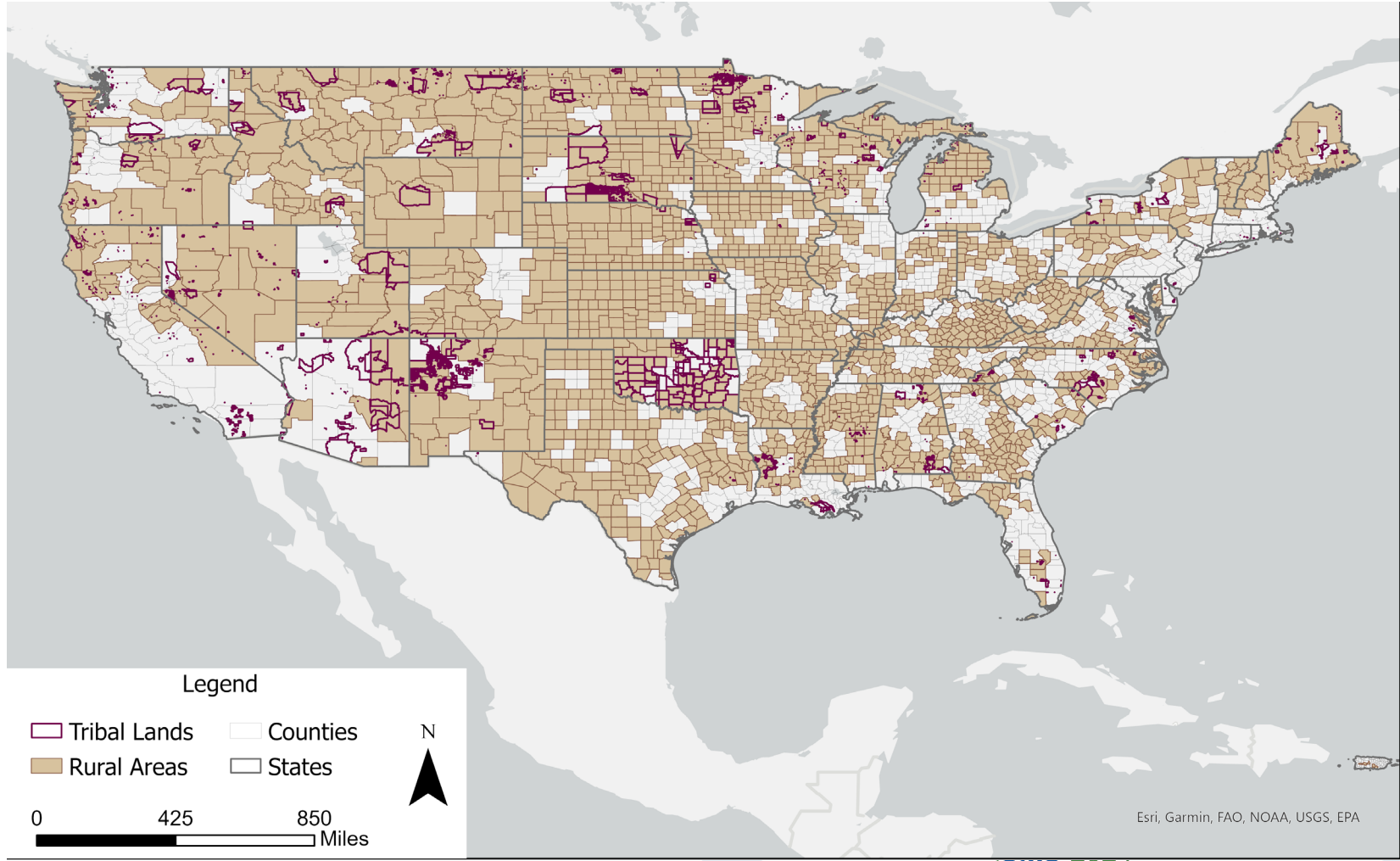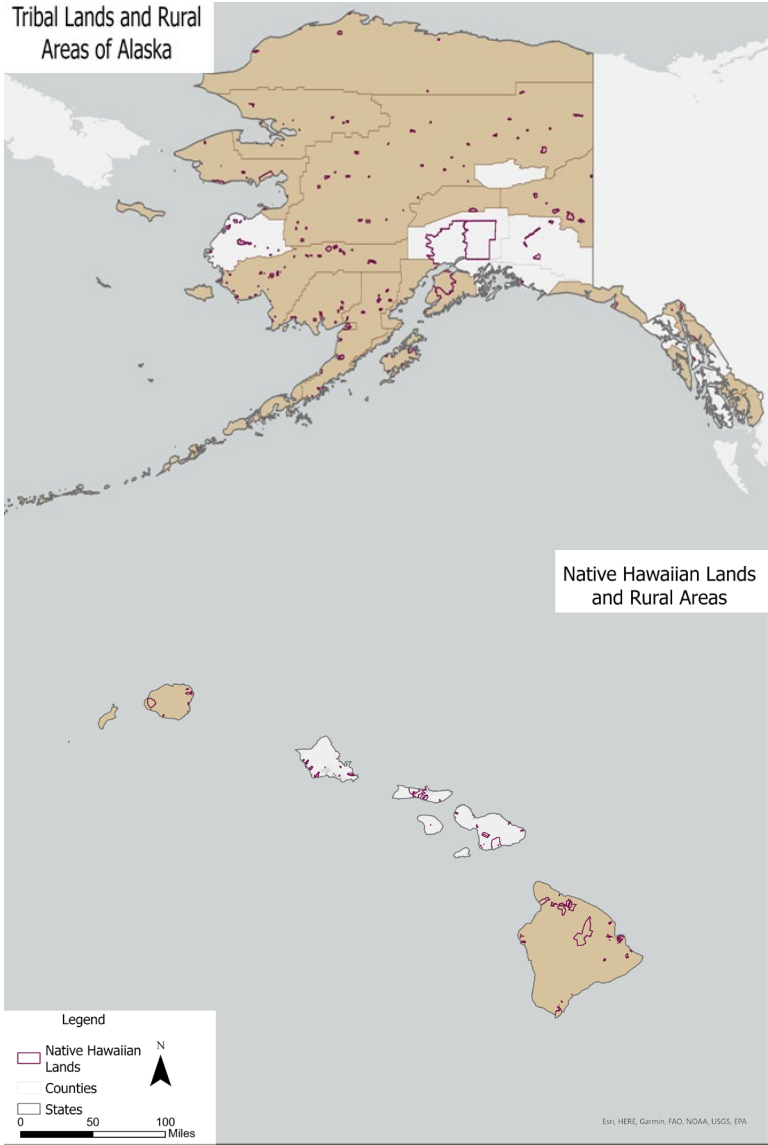
Alaska & Transportation

- Medicaid Non-Emergency Medical Transportation – Structural, contractual, scheduling, cost, affordability, weather, community resources are all problematic when a substantial amount of qualified services for the 265,391 Medicaid beneficiaries (SFY 21) require at least one flight for even the most routine care. Due to transportation scheduling requirements, visits are consolidated T – Th which impacts all patients and providers.

- Emergency Medical transport is generally between $30,000 and $115,000 one way in the state. The cost burden to return home is born by the patient, unless travel is covered by Medicaid or the Indian health system. This results in discharge challenges and increased follow-up. Providence Anchorage shared that over 20% of discharges are off the road system.

- Individuals don't access needed care due to transportation challenges of funding, time, ability to arrange, etc. One example provided was that outpatient dialysis facilities are only available in Anchorage.

Hawaii: Transportation between islands

- The vast majority of providers are located on Oahu, with some on Maui as well.

- People living on the Big Island and the other smaller islands have to travel via plane to the other islands to access care.

- There is one small airline that flies to the smaller islands, flights are once a day if they aren't cancelled because of weather, problems staffing flights.
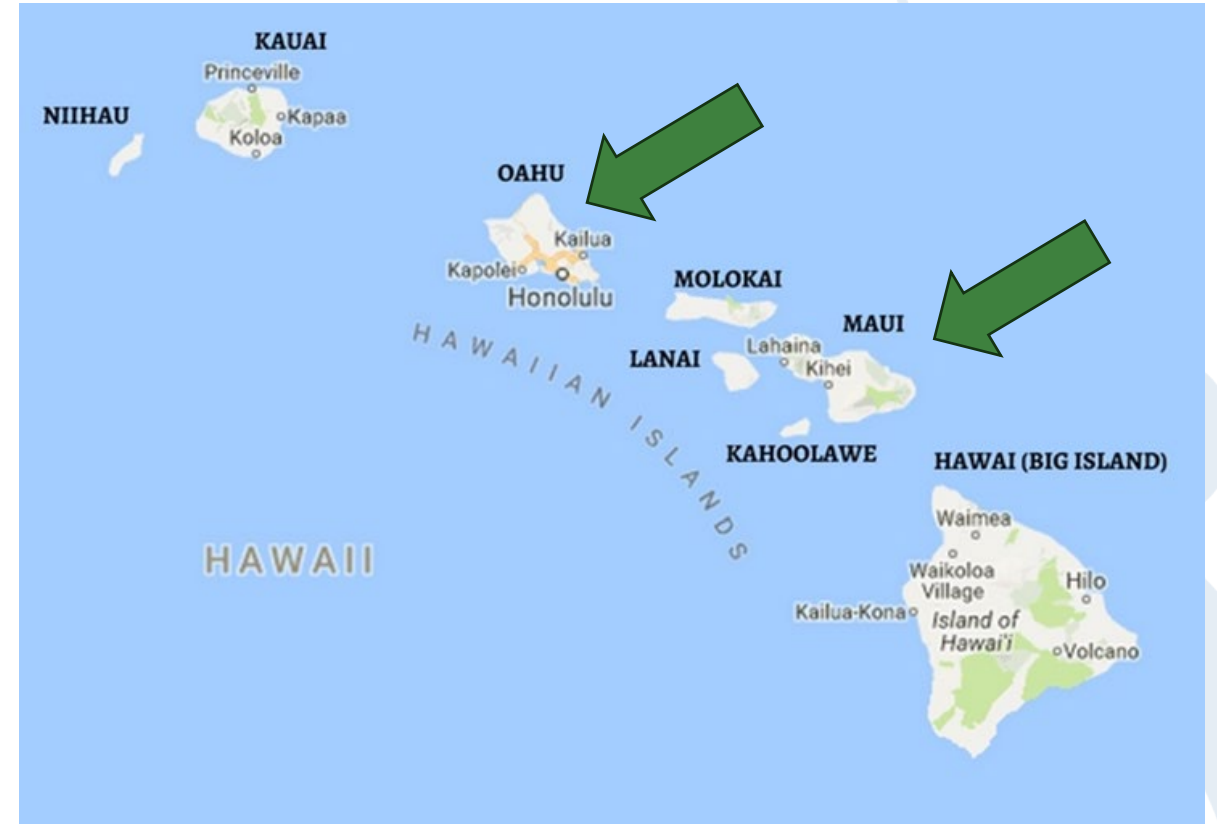
Priority 2: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities

Downstream Impacts of Absence of Territories in Source Data

Bottom line: Absence of the US territories from source datasets has "downstream" impacts, leading to broader exclusion from tools, measures, and other datasets that are heavily relied-upon by researchers and decision-makers, ultimately impacting policy decisions and funding allocations.

CDC Vital Statistics

Census Bureau, American Community Survey (ACS)

Behavioral Risk Factor Surveillance Survey (BRFSS)

Mapping Medicare Disparities (MMD) pulls data from Medicare claims and ACS

Area Deprivation Index (ADI) and Social Vulnerability Index (SVI) pull source data from ACS

County Health Rankings (CHR) pull data from BRFSS, Vital Statistics, and ACS
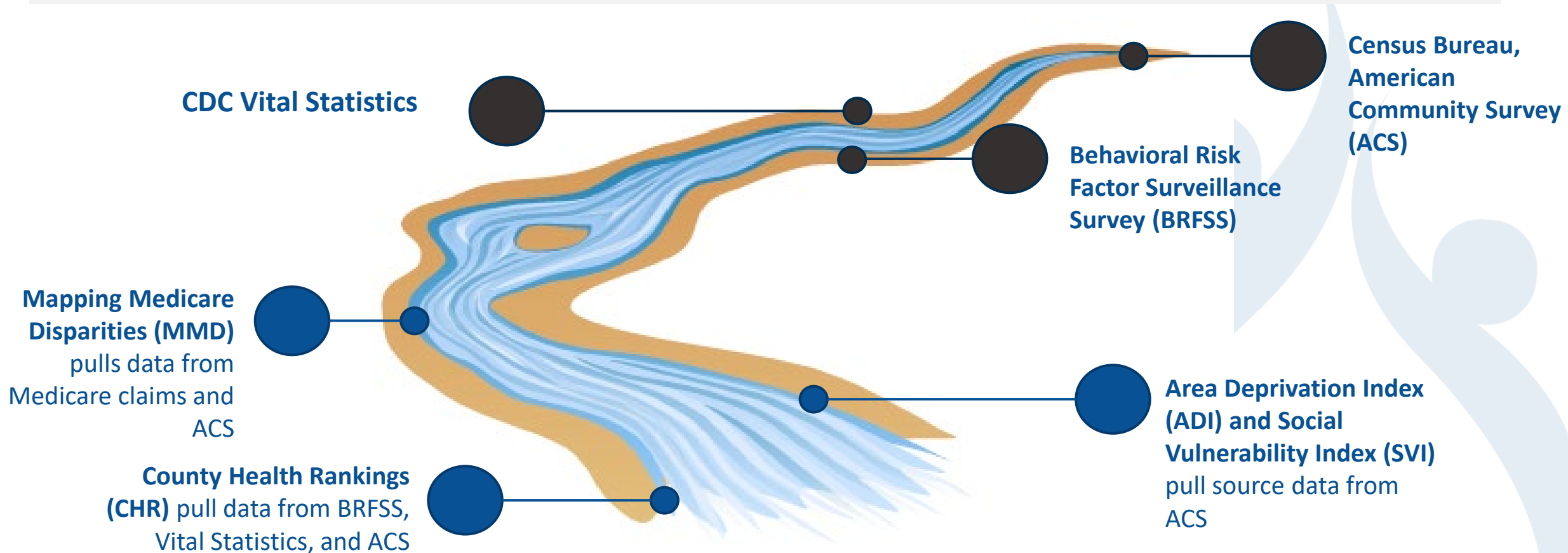
Tribal Communities Data Considerations

FIGURE 1
Racial classification on the 2020 Decennial Census

Legend: ■ Alone ■ In combination with one of more other groups

Group	Alone	In combination
White	87%	13%
Black	88%	12%
Asian	83%	17%
American Indian or Alaska Native	39%	61%
Native Hawaiian or Other Pacific	43%	57%
Some Other Race	56%	44%
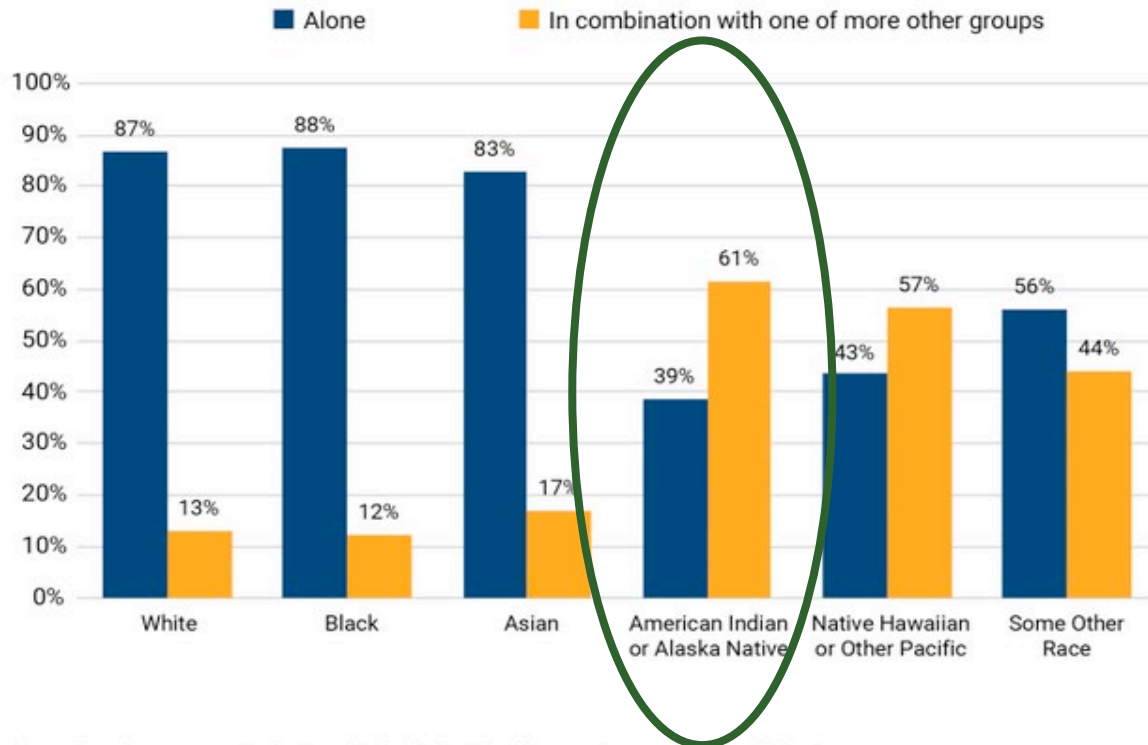
Note: Racial groups are inclusive of individuals identifying as Latino or Hispanic
Source: Brookings analysis of Census Bureau data

B | **Brookings Metro**

Invisibility: Health data for AI/AN may be small, incomplete, or missing. Data is not always disaggregated.

Undercounting: AI/AN populations are often undercounted in surveys and censuses, resulting in inaccurate data and underrepresentation.

Sovereignty: Data that is tribally-driven and shared between CMS and Tribes can help ensure accuracy, relevancy, and usefulness.

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Priority 3: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities

Alaska & Workforce Flexibilities

- Community Health Aid Program (CHAP): Workforce expansion of qualified Medicare reimbursable providers is needed for federal IHS designated community health workers. The CHAPs are inclusive of medical, dental, and behavioral health.

- Supervision requirements that facilitate use of technology that accommodate distance realities.

- Continued use of telehealth without in-person visits, especially when coordinated with primary and specialty care over large distances.
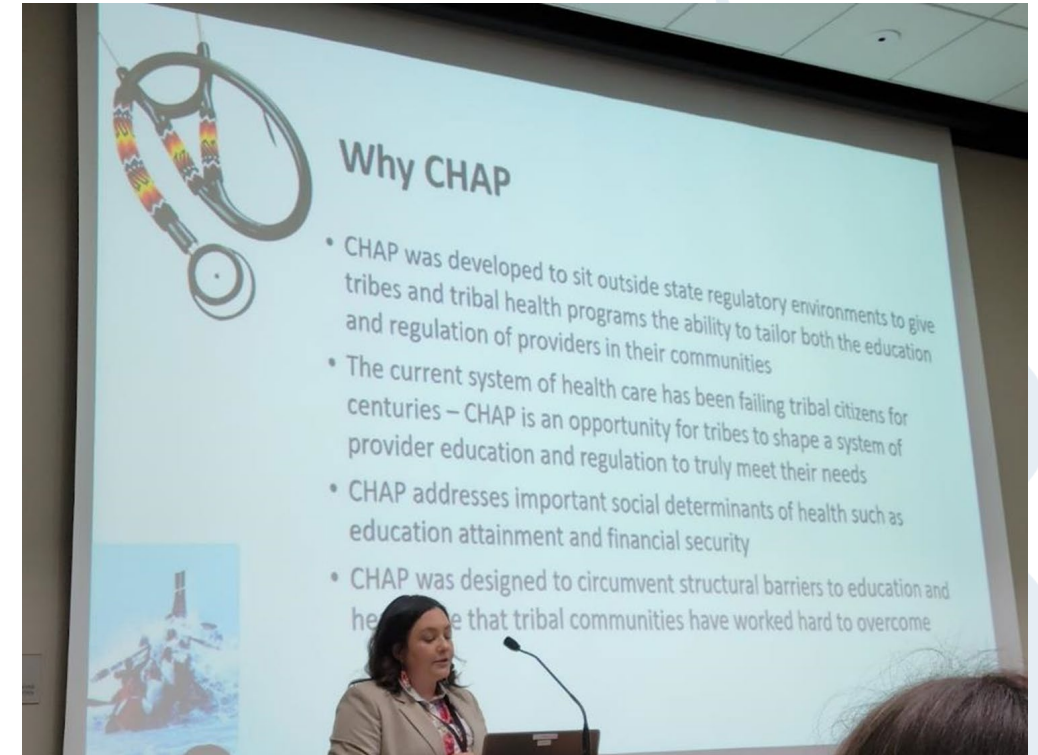
Priority 4: Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities

Broadband Access & the U.S. Territories

Territory	% of Population below 25 Mbps/3 Mbps	% of Population below 100 Mbps/20 Mbps	Number of Broadband Providers	BroadbandUSA observed median download speed	BroadbandUSA observed median upload speed	Monthly Cost
American Samoa	0%	0%	2	24	5	$55 - $130[1]
Guam	30%	98%	3	33	4	$79 - $175[2]
Northern Mariana Island	2%	2%	2	24	5	$75 - $150[3]
Puerto Rico	0%	3%	28	39	9	$49 - $79[4]
United States Virgin Islands	0%	0%	3	20	6	$40 - $100[5]

State of Telehealth in the U.S. Territories

The COVID-19 pandemic served as the impetus for implementation of and increase in telehealth services across US territories.

Topic Area	Details
Visits %	• In 2020, telehealth visits accounted for 24% of visits in PR and USVI, and 2% in Pacific Island territories.[1]
Specialty Care	• Health centers in the territories reported an increase in patient visits for mental health and substance use disorders, partly attributed to increased accessibility to virtual visits.[3]
Funding	• Largely centered on technology and device acquisition. Financial support to build the peripheral infrastructure (staff, technical assistance, telecommunications support) is vital to a fully functional telehealth system.[4]
Challenges	• Lack of internet among patients was cited as the top challenge for providing telehealth services.[5]

Priority 5: Expand Access to Comprehensive Health Care Coverage, Benefits, and Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities

Key Issues for Puerto Rico:
The "Medicaid Cliff" and Medicare Advantage

- Disparity in funding: the "Medicaid Cliff" reduces the opportunity for long-term planning and coverage of essential benefits for underserved populations

- Medicare Advantage payment and social determinants of health

Priority 6: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities

Hurricanes Irma and Maria's Impact on the USVI (Sept. 2017)

- Two Category 5 Hurricanes in the span of two weeks

- Further compromised an already fractured healthcare system

- Significant impact on individuals with chronic diseases and the elderly

- Contributed to the continued reduction in population size and increase in unemployment rates.
  - 2020 Census Data: 18.1% decline since 2010 (steepest decline among all U.S. territories)
  - From 2007 - 2019, 19% overall job loss

- Resilient innovative and integrated healthcare model needed

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Super Typhoon Mawar and Impact on the US Pacific Territories (May 2023)

https://www.ang.af.mil/Media/Article-Display/Article/3441827/guam-guard-medics-assist-with-hospital-surge-after-typhoon-mawar/

- **Guam Waivers:** Health care providers who need additional flexibilities specific to the effects of Typhoon Mawar can submit a request to CMS: https://cmsqualitysupport.servicenowservices.com/cms_1135

- **Disaster Toolkit** and Support for Medicaid and CHIP Agencies: https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/index.html.

- **Dialysis Care:** activating the Kidney Community Emergency Response (KCER) program and working with End Stage Renal Disease (ESRD) Network 17 to assess

- **CMS San Francisco (Region IX)** collaborating with regional ASPR and other HHS operating divisions to provide real-time, or close to real-time, updates on facility and patient status

Next Steps and a Path Forward

Stay Informed, Connected, and Engaged

- CMS is here to support you every step of the way. You can reach out to us anytime at RuralHealth@cms.hhs.gov or sign up for our listserv at bit.ly/CMSOMH to receive timely updates directly to your inbox.

- Visit go.cms.gov/RuralHealth

Advancing Health Equity in Rural, Tribal, and Geographically Isolated Communities

FY2023 Year in Review

NOVEMBER 2023

CMS

CMS encourages you to utilize the **Health Equity Technical Assistance Program**, offering personalized coaching and resources to start your journey toward promoting health equity within your organization. For assistance, contact HealthEquityTA@cms.hhs.gov

https://www.cms.gov/files/document/fy2023-advancing-health-equity-rtgi-communities-year-review.pdf

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Questions?

Thank you!