

PRESENTED BY 

Rising Costs for Vanishing Care:
Solving the Rural Health Care Crisis
in Minnesota

Monday, October 5, 2020
7:00 PM (CST)

WELCOME

Today's presentation is sponsored by:



An organization advocating for universal, comprehensive single-payer health care at the state and national levels. We educate physicians and other health professionals about the benefits of a single-payer system. We aim to restore the primary mission of physicians, acting as professional advocates for patients.

PATIENTS OVER PROFITS



Moderator: John Crosson, MD

Panelists: Zarah Shakur
Beret Fitzgerald
Nelson Adamson, MD
Timothy Nyangacha

Health Resource Disparities

Zarah Shakur

Rural Americans face greater health disparities when compared to their urban counterparts.

- 80% of rural EMS agencies rely on volunteers, but face decreasing volunteer roster sizes, and many shifts are difficult to fill
- In trauma situations, 88% of agencies provide Basic Life Support (not paramedic level services) to their communities.
- Rural Minnesota faces severe shortage of all provider types

Health Resource Disparities

Zarah Shakur

- More likely to experience potentially avoidable hospitalizations for conditions like hypertension and pneumonia that are treatable with primary care.
- 44.9% of heart disease deaths could have been preventable in the most-rural areas.
- 80% of Minnesota counties have mental health professional shortage.
- The maternal mortality rate in metropolitan areas was 18.2 per 100,000 live births, but in the most rural areas it was **29.4**.

Health Resource Disparities

Zarah Shakur

Consequences:

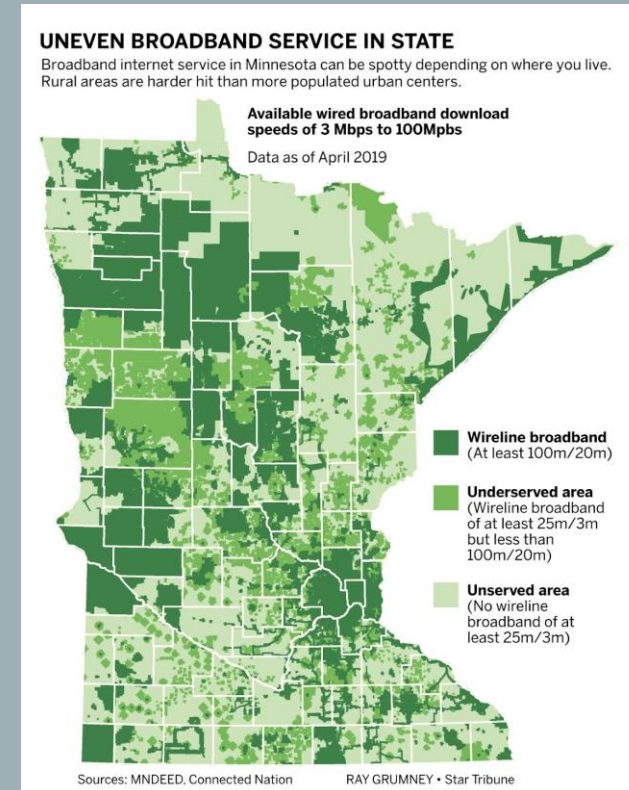
- Rural Minnesotans have more chronic conditions, report poorer health status, and experience higher rates of frequent mental distress and suicide.
- Travel farther to receive inpatient health care services
- Rural patients suffer higher rates of excessive death from heart disease, cancer, diabetes, injury, respiratory disease, stroke, and COPD
- Children in rural areas with mental, behavioral, and developmental disorders face more community and family challenges than children in urban areas with the same disorders (CDC).

Health Resource Disparities

Zarah Shakur

Consequences:

- Rural Minnesotans were more likely to be told that a clinic or doctor's office was not accepting new patients.
- Telehealth is now being used – but doesn't benefit the poorest of the poor (lack of stable internet connections)

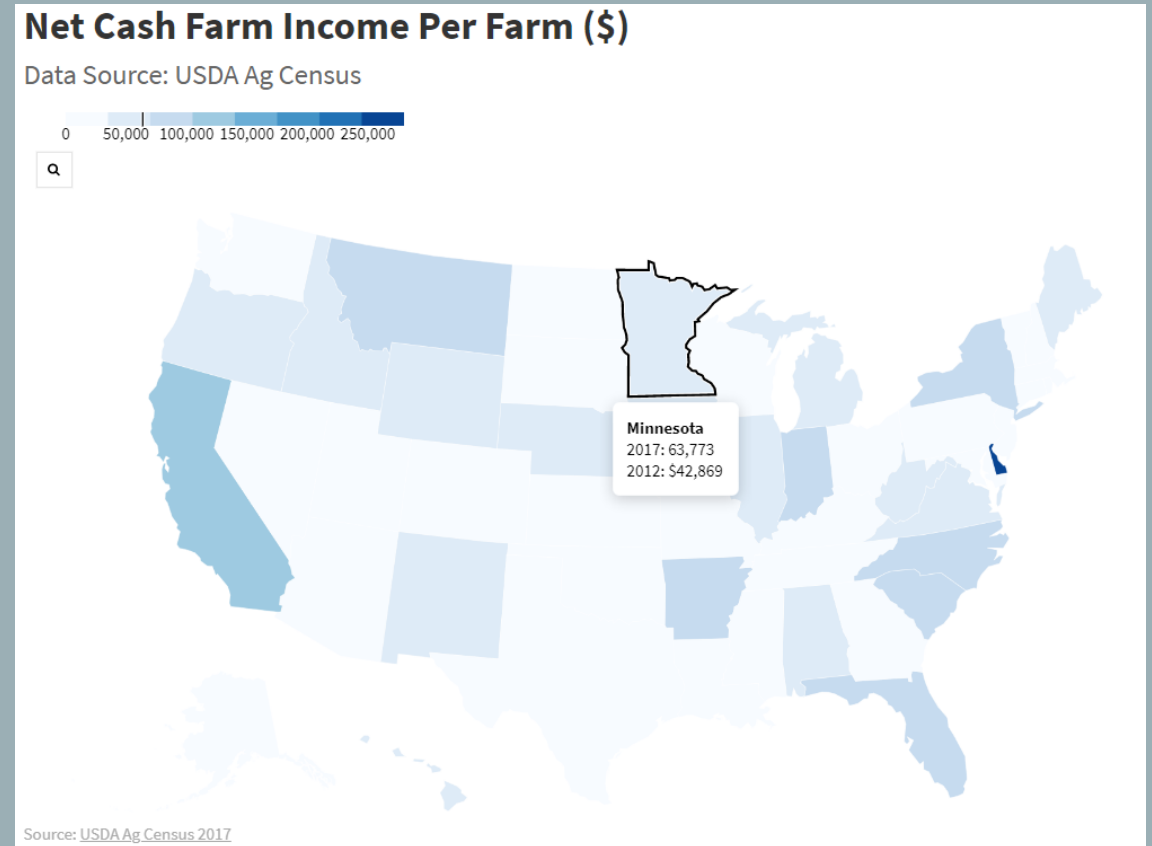


Rural Health

Beret Fitzgerald

FARMING COMMUNITIES

- 96% of Minnesota farms are family owned
- Insurance
 - Off farm job
 - Open market
 - Cooperative insurance

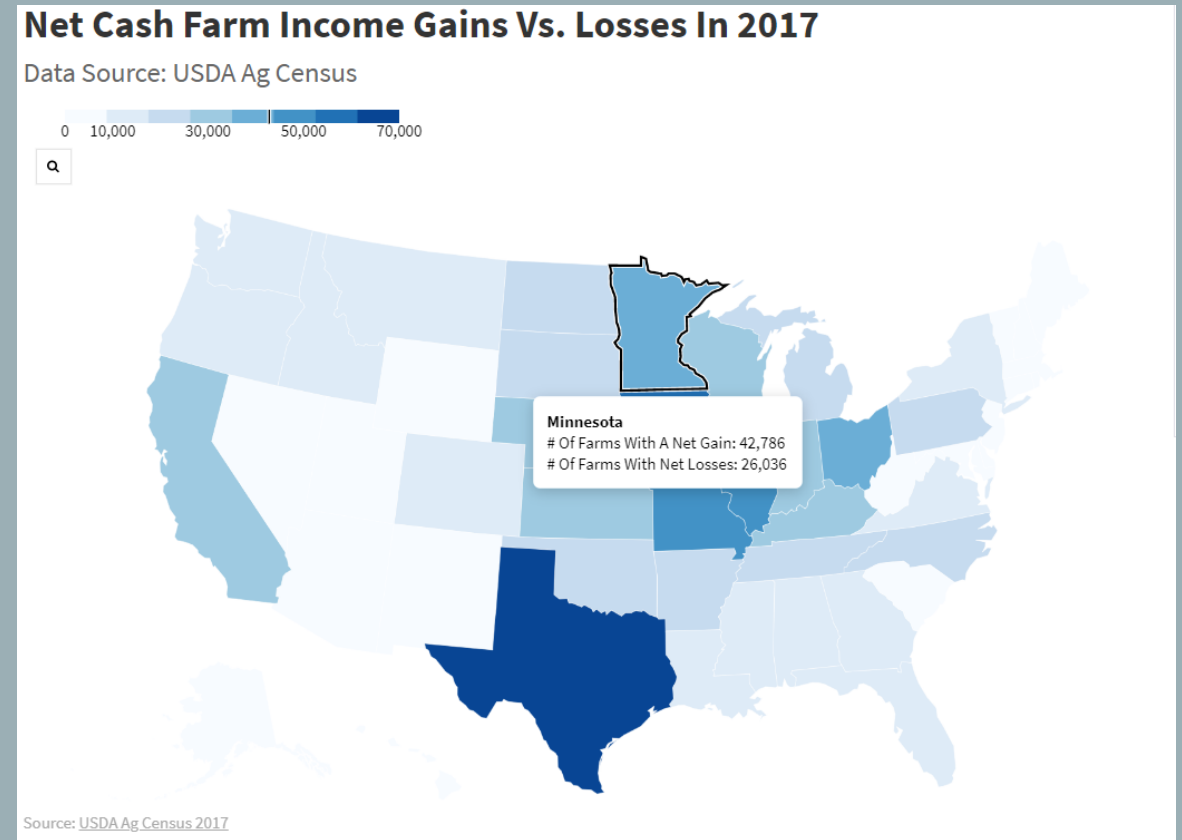


Rural Health

Beret Fitzgerald

FARMING COMMUNITIES

- High copay and deductible
- In 2017, rural premiums averaged **10%** higher than those in urban areas.
- Farming crisis: Since 2014, **44%** decrease in corn prices without change in production costs

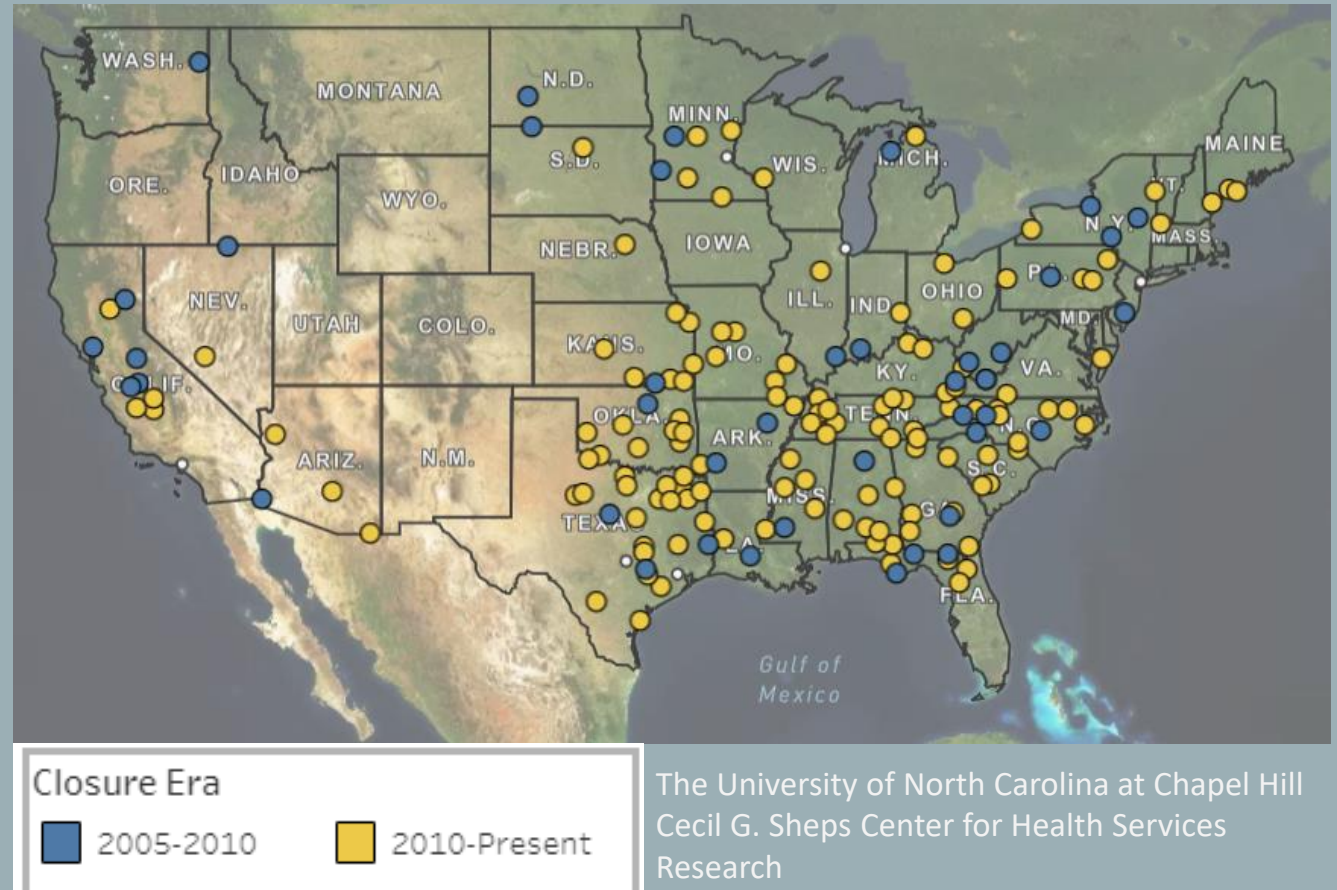


Rural Health

Beret Fitzgerald

HOSPITAL CLOSURES

- **174 rural hospitals** have closed since 2005
- **19 closures** in the past year
- Minnesota's Critical Access Hospitals



Rural Patients

Dr. Nelson Adamson

PATIENT STORY #1

Birth year: 1947

Eligible for Medicare: 2012

Loss of employer-based coverage: 2010

Noticed right breast lump: 2011

(Mass gradually enlarged)

Noticed left breast lump: 2012

Enrolled in Medicare: 2012

Initial evaluation revealed Stage 3 right breast cancer and Stage 2 left breast cancer

Needed chemotherapy for 8 months, Adriamycin and paclitaxel

Rural Patients

Dr. Nelson Adamson

PATIENT STORY #1 (continued)

Underwent bilateral mastectomy

Radiation therapy for 6 weeks

More comprehensive radiation

Hormonal therapy for 5-10 years

Dilated cardiomyopathy

Chemotherapy induced peripheral neuropathy

Rural Patients

Dr. Nelson Adamson

PATIENT STORY #2

Stage 0 cancer left breast at age 50: 02/2012

Lumpectomy: 02/2012

Post-operative radiation completed: 2012

Placed on tamoxifen

Took meds for 8 months only (normal treatment length 5-10 years): Discontinued meds due to cost

Rural Patients

Dr. Nelson Adamson

PATIENT STORY #2 (continued)

Screening mammograms normal: 2013-15

Abnormal mammogram: 2016

- Invasive stage I breast cancer found in right breast
- Lumpectomy and node biopsy done
- Postoperative radiation completed
- Placed on Arimidex

Single Payer: The Solution for Rural MN

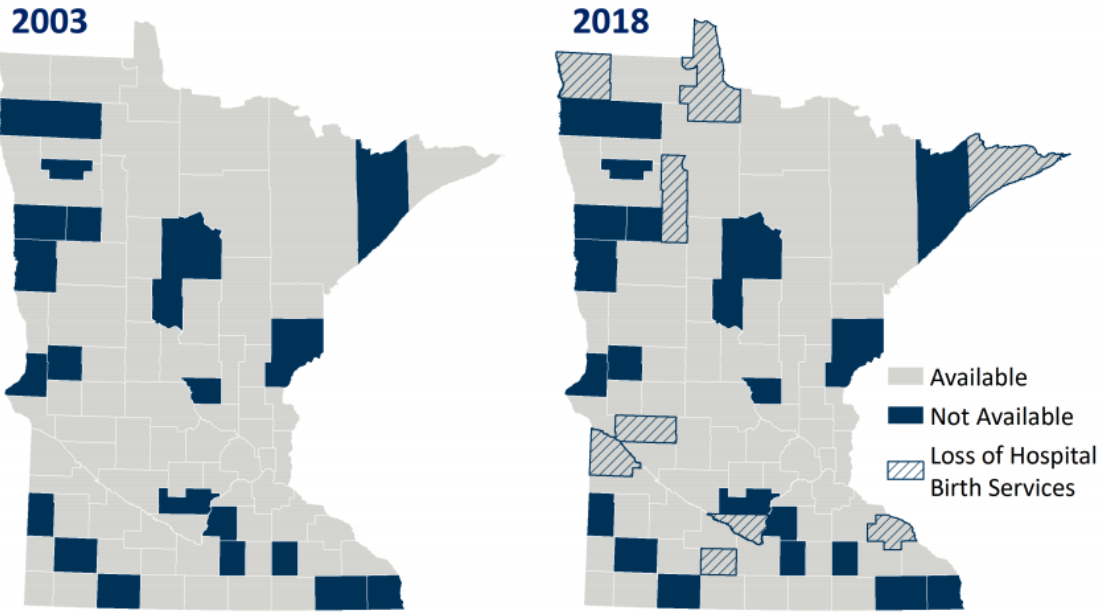
Tim Nyangacha

- All medically necessary care would be covered
- Eliminates the burden of copays, deductibles, and narrow provider networks
- Hospitals would be funded through annual global budgets based on the community's health needs:
 - Guaranteed funding
 - Flexibility to request additional funding
 - Prevent closures and restore services that have been cut due to low reimbursement rates e.g. obstetrics

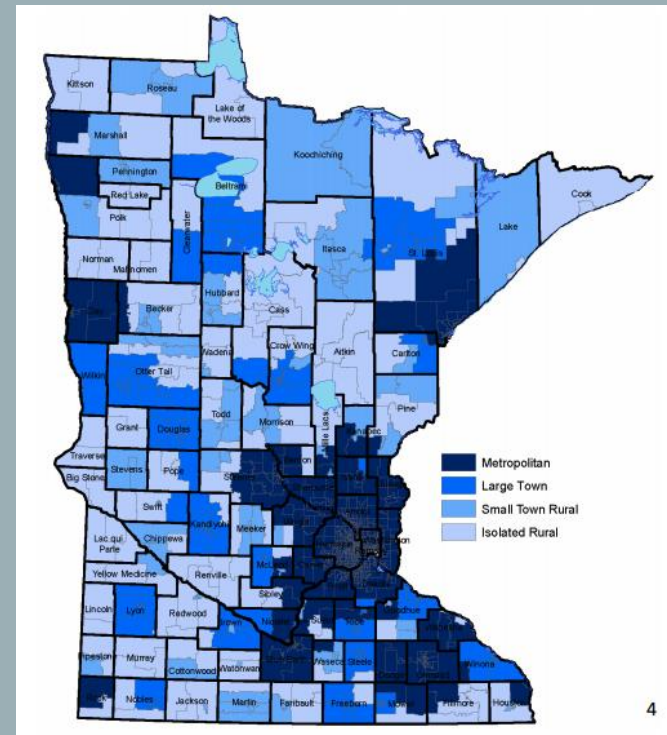
Single Payer: The Solution for Rural MN

Tim Nyangacha

Nine Minnesota counties lost hospital birth services between 2003 and 2018



Increases in pre-term births have been associated with the loss of hospital birth services in rural areas.



Note: Due to a merger, the hospital in Mower was no longer an independent licensed entity as of the end of 2014; however birth services were offered at that site under the license of the remaining corporate entity.
 Source: Minnesota Department of Health, Health Economics Program Analysis of Hospital Annual Reports; U.S. Census Bureau (County Designations)
 Definition: Community hospitals were categorized as not offering birth services if they did not have at least one routine birth, had no licensed bassinets, or stated that services were not available.

Single Payer: The Solution for Rural MN

Tim Nyangacha

H.R. 1384 - *The Medicare For All Act of 2019*

“To establish an improved Medicare for All national health insurance program”

Sponsor: Rep. Pramila Jayapal

Title VI, Sec. 601, 2(C)- “A special projects budget for purposes of allocating funds for capital expenditures and staffing needs of providers located in rural or medically underserved areas”

QUESTIONS



CALL TO ACTION: **VOTE!**

https://ballotpedia.org/Minnesota_State_Senate_elections,_2020

Minnesota Health Plan

The Minnesota Health Plan (MHP) would be a single, statewide plan that would cover all Minnesotans (from birth to death) for all their medical needs.

Under the plan, patients would...

- be able to see the medical providers of their choice whenever & wherever they need care (NO networks)
- have comprehensive coverage that would not end or be disrupted when they lose their job or switch employers
- not be required to complete complex application forms (pre-existing conditions)
- never again worry about how they will pay for prescriptions, or whether their treatment will be covered

The plan would be funded by all Minnesotans, based on the ability to pay, and would cover all health care costs, replacing all premiums currently paid by employees and employers, as well as all co-payments, deductibles, all payments for care by the uninsured or under-insured, and all costs of government health care programs.



CALL TO ACTION: **VOTE!**

https://ballotpedia.org/Minnesota_State_Senate_elections,_2020

SINGLE PAYER RESOURCES

- **PNHPminnesota.org** (Join our mailing list!)
- **hca-mn.org**
- **fixithehealthcare.com** - Medicare for All explained from a business perspective (via free streaming video)
- **MNHealthPlan.org** - free download of *Healing Health Care: The Case for a Commonsense Universal Health System*, Senator John Marty
- *The Healing of America*, T.R. Reid



CALL TO ACTION:
VOTE!

https://ballotpedia.org/Minnesota_State_Senate_elections,_2020

THANK YOU FOR JOINING US!

You will be receiving a survey after you leave the meeting, and we thank you for your feedback!