Context of Change

- Increasingly intensive focus on cost
- New models rolling out – ambulatory
- System expansion/growth
- Mergers, acquisitions, affiliations
What It All Means

- A rural community focus
- What is needed?
- What do we have?
- How do we play in a way that sustains essential local services?
Buzzwords of the day

- Value
- Patient-centered
- Choice
- Savings
The RUPRI Health Panel envisions rural health care that is affordable and accessible for rural residents through a sustainable health system that delivers high quality, high value services. A high performance rural health care system informed by the needs of each unique rural community will lead to greater community health and well-being.
Should be:
Foundations for Rural Health

- **Better Care**: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
- **Healthy People/Healthy Communities**: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and, environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care**: Reduce the cost of quality health care for individuals, families, employers, and government.

Source: “Pursuing High Performance in Rural Health Care.” RUPRI Rural Futures Lab Foundation Paper No. 4.
http://ruralfutureslab.org/docs/Pursuing_High_Performance_in_Rural_Health_Care_050212.pdf
A High Performance Rural Health Care System Is

- **Affordable**: costs equitably shared
- **Accessible**: primary care readily accessible
- **Community-focused**: priority on wellness, personal responsibility, and public health
- **High-quality**: quality improvement a central focus
- **Patient-centered**: partnership between patient and health team
Central points from RUPRI Health Panel regarding change

- Preserve rural health system design flexibility: local access to public health, emergency medical, and primary care services
- Expand and transform primary care: PCMH as organizing framework, use of all primary care professionals in most efficient manner possible
Continued

- Use health information to manage and coordinate care: records, registries
- Deliver value in measurable way that can be basis for payment
- Collaborate to integrate services
- Strive for healthy communities
Innovate to accelerate pace of change

- In health care work force: community paramedics, community health workers, optimal use of all professionals, which requires rethinking delivery and payment models – implications for regulatory policy including conditions of participation
- In use of technology: providing clinical services through local providers linked by telehealth to providers in other places – E-emergency care, E-pharmacy, E-consult
- In use of technology: providing services directly to patients where they live
The future can be healthy people in healthy communities

- Where people choose to live
- Through local providers linked to integrated systems of care
- Who, together with their patients, manage health conditions
- Not the same design everywhere, but the high quality, patient-centered everywhere
Health Care Organizations of the Future

- Accepting insurance risk
- Focus on population health
- Trimming organization costs
- Using the data being captured (e.g., electronic health records)
- Health care as retail business
Considerations

- Using population data
- Evolving service system (e.g., telehealth)
- Workforce: challenges to fill vacancies, and shifts to new uses of new categories
- Best use of local assets; including physical plant (the hospital)
Local Assets to Consider

- Raw material
- Data and information
- Connectivity
- Core capabilities, e.g., primary care
- Leadership
Recommendations for Hospitals

- Align with primary care doctors
- Ratchet all costs out
- Measure and improve quality
- Know your value proposition
Change is Underway

- FFS to VBP
- PC Physicians to Other Primary Care and PCMH personnel
- Face-to-face encounters to telehealth
- Independent entities to systems
- Encounter-based medicine to person-based health
- Revenue centers to cost centers and vice versa
Implications

- Transitions have to be managed
- First do no harm
- Relationships among strange bedfellows (urban and rural, systems and independents, institutions and community-based providers)
- Value, value, value proposition is critical
- Flexibility in business plans means flexibility in policy models
Welcome to the World of ACOs

- Not just a buzz word
- Is a new model, built on use of data systems and management strategies
- Provider systems focused on health
They’re Here

- Private started before Medicare
- Medicare Pioneer, MSSP, Advanced Payment
- Almost daily stories on more being formed
- And they are in rural places
Accountable Care Organizations

Pioneer and Shared Savings ACOs, Western Census Region

[Map showing ACO coverage areas with metropolitan and non-metropolitan counties marked.]
Accountable Care Organizations

Pioneer and Shared Savings ACOs with rural coverage, Western Census Region
Accountable Care Organizations

Pioneer and Shared Savings ACOs
Midwest Census Region
Accountable Care Organizations

Pioneer and Shared Savings ACOs with rural coverage, Midwest Census Region

[Map showing coverage areas in the Midwest with red circles highlighting specific regions.]

- Metropolitan county
- Non-metropolitan county
- ACO coverage area

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Accountable Care Organizations
Pioneer and Shared Savings ACOs
South Census Region

[Map showing the coverage areas of ACOs in the South Census Region, with orange and white counties indicating metropolitan and non-metropolitan areas respectively, and red circles marking ACO coverage areas.]

Metropolitan county
Non-metropolitan county
ACO coverage area

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Accountable Care Organizations
Pioneer and Shared Savings ACOs with rural coverage, South Census Region

Map showing the distribution of metropolitan and non-metropolitan counties with ACO coverage areas highlighted.

Legend:
- Metropolitan county
- Non-metropolitan county
- ACO coverage area

Source: RUPRI

The University of Iowa
Accountable Care Organizations

Pioneer and Shared Savings ACOs
Northeast Census Region

[Map showing coverage areas of ACOs in the northeast region]
Accountable Care Organizations

Pioneer and Shared Savings ACOs with rural coverage, Northeast Census Region
- 32 Pioneer ACOs
- 27 MSSP ACOs
- 5 of the 27 are Advanced Payment
- 151 applicants for July cycle
- 160 private sector ACOs
For Further Information

The RUPRI Center for Rural Health Policy Analysis
http://cph.uiowa.edu/rupri

The RUPRI Health Panel
http://www.rupri.org