Making the Most of Evolving Payment Policies to Enhance Hospital-based Care in Rural Communities

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Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association and Health Forum.
Not All About the Money, But …

- Delivery System Reform = Use of different incentives in payment design
- Money is the means to an end as articulated in mission and vision statements; and patient revenue the major source of revenue
Patient revenue driven by government and third party payers, so pay attention to optimizing payment from them.

The shift to pay-for-value alters how to maximize revenue and creates opportunities for different investments/uses of that revenue.
The Waves of Change

- Bundled payment for episodes of care
- Value based incentive payments
- MACRA: Advanced alternative payment
The Waves of Change

- Private plans engaged in Medicare and Medicaid
- Accountable Care Organizations
- Accountable Health Communities
Moving to a High Performance Rural System: RUPRI Health Panel (http://www.rupri.org/areas-of-work/health-policy/)

Tracking developments in response to payment policy changes: RUPRI Center for Rural Health Policy Analysis (http://www/ruprihealth.org)

Tools, resources, and illustrations of rural health system innovation: Rural Health Value (www.ruralhealthvalue.org)
High Performance System and Public Policy

- Medicaid policies: “Medicaid Payment and Delivery System Reform: Challenges and Opportunities for Rural Health Systems” (document and brief)
- Medicare policies: “Medicare Value-based Payment Reform: Priorities for Transforming Rural Health Systems” (document and brief)
- “Care Coordination in Rural Communities: Supporting the High Performance Rural Health System”
Tracking developments: Medicare Advantage

- Rural enrollment in 2009: 1.17 million (13.5%)
- Rural enrollment in 2012: 1.5 million (16.5%)
- Rural enrollment in 2016: 2.2 million (21.8%)

Data from CMS reports, calculations by the RUPRI Center for Rural Health Policy Analysis
Percent of Eligible Rural Beneficiaries Enrolled in Medicare Advantage and other Prepaid Plans

ACOs operate in 72.0% of metropolitan counties, 39.7% of non-metropolitan counties

- 7.6 million beneficiaries now receiving care through ACOs
- Rural sites in all four census regions
County Medicare ACO Presence
Continental United States

Profiling Innovations in Rural Healthcare Organizations

- Health Outside Hospital Walls
- Integrated Care in a Frontier Community
- Innovation in Rural Health Care: Contemporary Efforts to Transform into High Performance Systems
- Proactively Pursuing Value-Based Payment
- Proactive System Affiliation
Tools and Resources Accessible Through Rural Health Value

- Governance Leadership
- Care Management
- Community Health
- Clinical Care
Tools and Resources Accessible Through Rural Health Value

- Patient and Family Engagement
- Performance Improvement
- Health Information Technology
- Financial Risk Management
Tools and Resources Developed by Rural Health Value

- Critical Access Hospital Financial Pro Forma
- Engaging Your Board and Community in Value-Based Care Conversation
- Physician Engagement – A Primer for Healthcare Leaders
- Value-Based Care Assessment Tool
Tools and Resources Developed by Rural Health Value

- Assessing Leadership Competencies
- Care Coordination: A Self-Assessment for Rural Health Providers and Organizations
- Population Health: A Self-Assessment Tool for Rural Health Providers and Organizations
- Using Data to Understand Your Community
Conclusion

- It is all about maximizing resources (payment) and ...
- using them effectively, perhaps with new latitude
- to develop high performance systems
- that best need community needs.
For further information

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

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

Rural Telehealth Research Center
http://ruraltelehealth.org/

The Rural Health Value Program
http://www.ruralhealthvalue.org
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