

Rural Strategies for a Value Based Future in Health Services

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Forces Motivating Change

- “Form follows finance”
- Commercial insurance changing, and employer plans changing
- Medicare changes are dramatic and could be more so
- Medicaid changes spreading



Commercial Insurance and Employers

- Value-based insurance design to steer utilization: wellness, disease management, medication management
- Payment methodologies shifting to value-driven, at least in part
- Employers seeking deals, including national employers such as Walmart and Lowes



Medicare Payment Changes

- Uncertain future (at best) for cost-based reimbursement, unless through exceptions (F-CHIP)
- Demonstrations of new methods, including bundled payment, value-based for Critical Access Hospitals
- Value-based purchasing across provider types
- ACOs and a harbinger



Tally Sheet

- 66 public and private ACOs
- 366 Medicare ACOs
- 23 Pioneer ACOs
- 35 are Advance Payment
- Medicare ACOs located in 48 states (and DC and Puerto Rico)



Serving Millions

- Estimated 14% of U.S. population now being served by an ACO
- 5.3 million in Medicare ACOs
- More than 6.5% of the Medicare population



Sources: "The ACO Surprise" by Niyum Gandhi and Richard Weil. Oliver Wyman, Marsh & McLennan Companies. 2012.

http://www.oliverwyman.com/media/OW_ENG_HLS_PUBL_The_ACO_Surprise.pdf

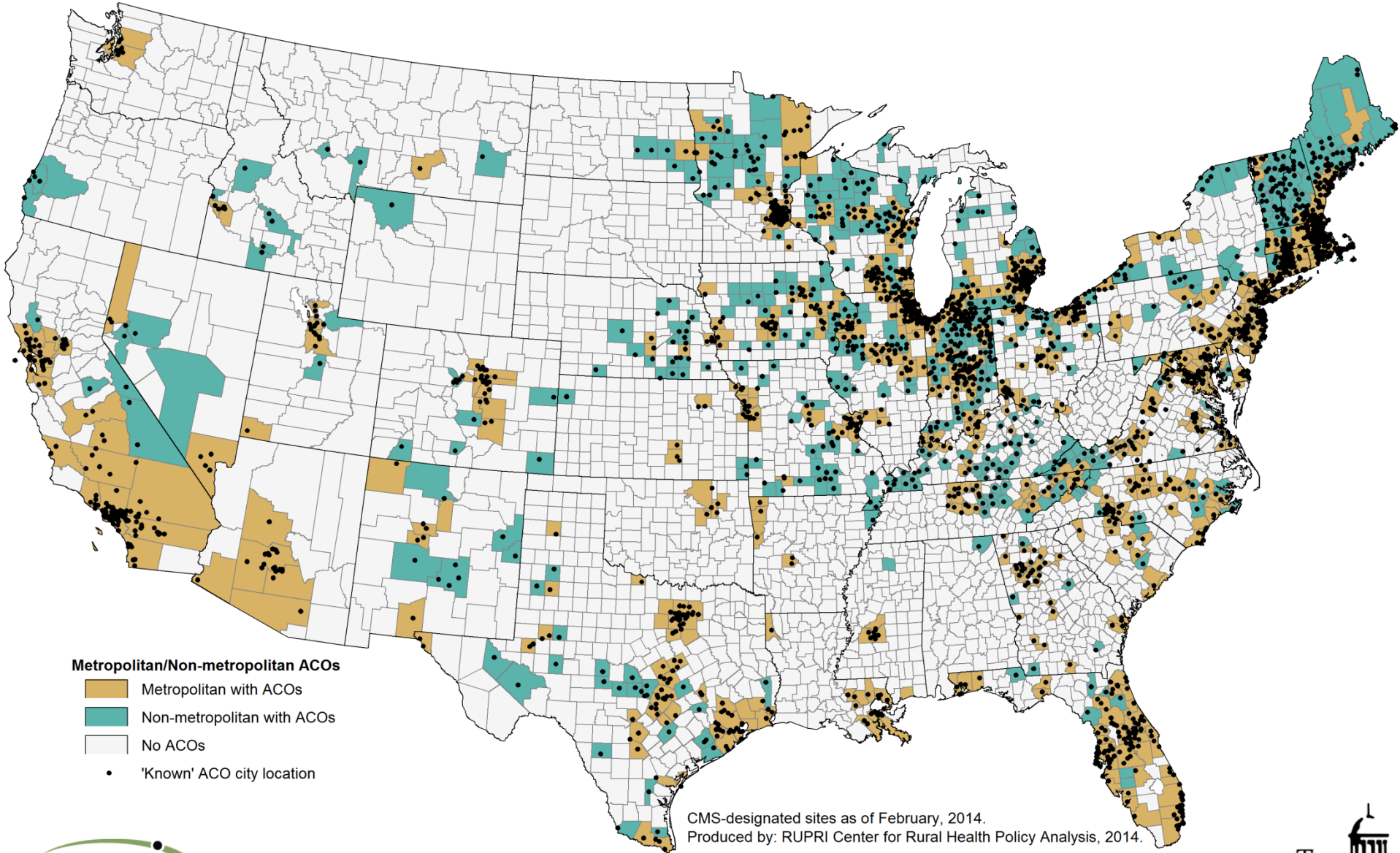
Centers for Medicare and Medicaid Services *Fast Facts* as of May, 2013

ACO's in Rural Places

- 109 ACOs operate in a combination of metro and non-metro counties
- 8 ACOs operate exclusively in rural areas, including 1 such ACO in each of the 4 census regions
- 24.4% of non-metropolitan counties include a primary care provider being assigned Medicare patients

Source: RUPRI analysis of data obtained from public sources and ACOs

County Medicare ACO Presence Continental United States



Metropolitan/Non-metropolitan ACOs

- Metropolitan with ACOs
- Non-metropolitan with ACOs
- No ACOs
- 'Known' ACO city location

CMS-designated sites as of February, 2014.
Produced by: RUPRI Center for Rural Health Policy Analysis, 2014.

Medicaid

- ACO development being seen as an answer to cost of current and expanded program
- Reduced payments in systems based on pay for service
- Other innovations to reduce cost such as primary care case management, divert from emergency rooms



Changes in Delivery Modalities Create Opportunities

- Telehealth
- Using professionals to full capacity of licensing
- Care in different settings
- Inter-disciplinary care



Lessons from Tele-Emergency

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Examination of hospital-based application of telehealth, specifically tele-emergency (local ED linked to “hub” that provides real-time on call board-certified emergency physician and staff)

We confirmed these roles

- Clinical resources, including board-certified emergency doctor (deal with unusual cases)
- Care coordination
- Value to patient and community of local care
- Value to providers to have coverage and consultation



Implications

- Policies that recognize what is now possible: conditions of participation and payment
- Expectations related to new delivery system, connected health
- Appropriate use of clinical personnel (local non-physicians with support from board-certified doctor)
- Increase value of local services, implications for sustainable services, patient satisfaction and loyalty to care givers (implications for shared savings models)

Conclusion: Part of evolving healthcare system

- Patient care where patients need, want the services; patient-focused care
- Integrated care utilizing care teams, linking facilities
- Role of local primary care re-enforced supported
- Increasing value and lowering costs



Driving Toward Value Means:

- Patient-centered, retail based
- Measurable outcomes at lowest cost (value)
- Healthy populations, requiring community-based activities



Leads to a new focus on VALUE

- In policy development
- In health system behavior
- In grant programs
- In special demonstrations



Understanding and Facilitating Rural Health Transformation

- Cooperative agreement: Rural Health system Analysis and Technical Assistance
- Partners: RUPRI Center for Rural Health Policy Analysis and StratisHealth (with Stroudwater Associates and Washington University in St. Louis)
- Vision: to build a knowledge base through research, practice, and collaboration that helps create high performance rural health systems

Project's Objectives

1. Analyze rural implications of health care delivery, organization, and finance changes fostered by public policy and private sector actions.
2. Develop and test technical assistance tools and resources to enable rural providers and communities to take full advantage of public policy changes and private sector initiatives
3. Inform further developments in public policy and private action through dissemination of findings.

Technical Assistance Framework

- **Inform:** to help leaders create awareness of the need to change care delivery to deliver value to all stakeholders, and make that case locally
- **Assess:** to understand strengths, needs, and capacity to build value in local health care environment



Technical Assistance Framework

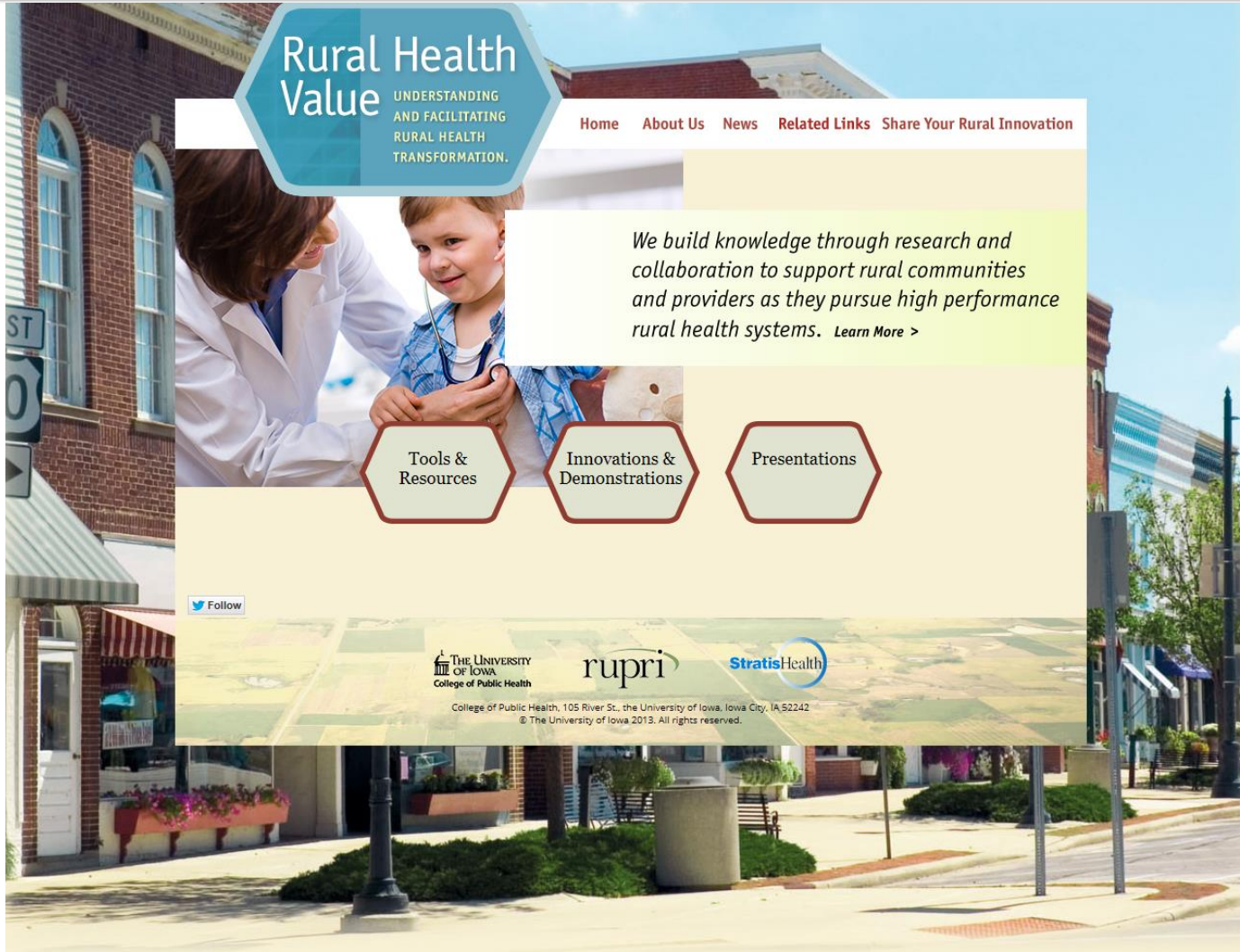
- **Prepare:** to identify action steps based on organizational and community needs and capacity
- **Act:** to select activities based on synthesis of assessments and discussion and then implement organizational and community change that creates value



Actions

- **Improve:** changes to current activities that optimize effectiveness
- **Enhance:** modest changes to broaden and improve care delivery (one foot still on the dock) characterized by focused, limited, tactical, and low risk activities
- **Innovate:** transformational changes with new structures and models characterized by broad, enterprise-wide, bold, and experimental activities

The web site



Tools and Resources

- Leading Value Transformation
 - Value Transformation of rural Health Care **ideal** and discussion guide
 - How Hospital Leaders Can Build good Working Relationships with Physicians
- Improving Care Delivery & Population Health
 - Care Coordination Resources for rural Organizations
 - Overview of Innovative Workforce Roles

Tools and Resources

- Organizational Relationships & Partnerships
 - The Merger Frenzy
 - Role of Teamwork in Improving Value in Rural Health
- Using data to Support Transformation
 - Using Data to Understand Your Community
 - Emergency Department Super Utilizer Programs

Innovations and Demonstrations

- Briefs
- Profiles
- Table of innovations
- Opportunity to share



Profiles of Rural Innovations

Humboldt County, CA: Learn how a rural California county is working toward a fully integrated and responsive health care delivery system through patient engagement, unnecessary surgery reduction, and emergency department "super utilizer" care management.

Profiles of Rural Innovators

SERPA: Accountable Care Organizations (ACOs) currently operate in rural areas in every region of the country. Learn from the Executive Director of the South East Rural Physicians Alliance (SERPA) ACO, who is coordinating the design and implementation of the rural-based and physician-led Advance Payment ACO in rural Nebraska.

Innovators in Action by Category

- Community based care
- Care coordination
- Medication therapy management
- Targeted disease management
- Patient-Centered Medical Home
- Inter-organizational partnership

Community based care

| Project Title | Project Description | Project Focus Areas |
|---|--|--|
| <p>A home visitation program for rural populations in Northern Dona Ana County, New Mexico</p> <p>Southern New Mexico</p> | <p>The Ben Archer Health Center in southern New Mexico is receiving an award to implement an innovative home visitation program for individuals diagnosed with chronic disease, persons at risk of developing diabetes, vulnerable seniors, and homebound individuals, as well as young children and hard to reach county residents. Ben Archer provides primary health and dental care to rural Dona Ana County, a medically underserved area and health professional shortage area. The program will use nurse health educators and community health workers to bridge the gap between patients and medical providers, aid patient navigation of the health care system, and offer services including case management, medication management, chronic disease management, preventive care, home safety assessments, and health education, thereby preventing the onset and progression of diseases and reducing complications.</p> | <p><i>Provider types:</i> Community Health <i>Care type:</i> Home visits <i>EHR?</i> No <i>Involve primary care?</i> Yes <i>Involve hospitals?</i> No <i>Population:</i> Underserved or at-risk <i>Funding agency:</i> CMS</p> |

Lessons to Learn from Innovators

- Create a climate of necessity
- Identify resources and funds to support and sustain change
- Find the innovators in the community – people “that make things happen”

Spreading Innovation

- Learn from others
- Tell your story
- Rural Health Value will provide assistance and spread stories of success



Collaborations to Share and Spread Innovation

- The National Rural Health Resource Center
- The Rural Assistance Center
- The National Rural Health Association
- The National Organization of State Offices of Rural Health
- The American Hospital Association



For Further Information

The RUPRI Center for Rural Health Policy Analysis

<http://cph.uiowa.edu/rupri>

The RUPRI Health Panel

<http://www.rupri.org>

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