After Closure: Options for Pursuing a High Performance Rural Health System

Andy Coburn, RUPRI Health Panel

National Rural Health Association
May 11, 2017
Key Questions

❖ What kind of rural health system is possible in places that cannot support a full-service hospital?
❖ How does a rural community navigate the transition from hospital-centric care toward new models that deliver high performance?
❖ What implementation support will be needed?
Hospital closure results not just in loss of inpatient beds and emergency room services, **but also the elimination of other services typically provided in a hospital, such as laboratory, radiology, physical and/or occupational therapy, and skilled nursing or long-term care services.**
Plus

- Broader community and economic impacts can be significant
- Usually a long lead-up to closure: 

  opportunities for assessing the essential service infrastructure the community needs.
Transitioning Rural Health Systems....

....opportunity to examine alternatives built upon a *robust primary care base* that *integrates* medical care, dental care, behavioral health, human services, community health, and other services affecting rural quality of life.
Organize Rural Health Systems to Integrate Care

- Develop comprehensive primary care (e.g. PCMH)
- Expand referral networks
- Payment and delivery system models that support hospital transitions to outpatient and other services
Community Health System Development Process

- Hospital and community assets and capacity
- Resource development opportunities
- Stakeholders to determine and deploy health care resources and service development strategies
- Impact of existing financing resources and liabilities
- Prioritize health system reorganization or affiliation opportunities
Current and Other Options

- Independent and hospital-owned practices
- Rural Health Clinic—Independent and provider-based
- Federally qualified health center options
- Urgent care
- Off-campus emergency department (ED)
- Free-standing ED
- 24/7 ED (MedPAC)
- Clinic and Ambulance (MedPAC)
- Frontier Extended Stay Clinic (CMS Demo)
- Rural Emergency Hospital (REACH)
- 12 and 24 hour Primary Health Center (KS Hospital Association)
Build Rural System Capacity To Support Integrated Care

- Low cost capital to support needed capacity-building
- Technical assistance
- Workforce development
- Team based, non-visit based care strategies
- Population health data development/use
Policy Considerations

- Use existing policies and programs to support community and health systems development and rural capacity building:
  - FORHP: state FLEX grants, network grants, Small Rural Hospital Transition (SRHT) program, telehealth grant programs, SORH TA etc…

- Philanthropy

- CMS payment policies
Final Thoughts

- Need for comprehensive, timely assistance program for hospitals and communities (e.g. economic dislocation assistance, education and training, health workforce, capital financing, legal assistance)
- Best practices for managing the process (pre and/or post closure): what works?
- Options and models: “simulating” feasibility, cost, and other impact considerations.
Contact Information

Andy Coburn, PhD
Professor and Director
Maine Rural Health Research Center
Muskie School of Public Service
University of Southern Maine
PO Box 9300
Portland, ME 04104-9300

andyc@usm.maine.edu
207.780.4435