Designing and Building a Sustainable Health Care System

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Being Purposeful With Strategic Change

➢ Commit to a vision
➢ Take immediate actions as necessary, consistent with the vision
➢ Develop a plan
➢ Take actions based on plan, to achieve the vision
A Vision for a High Performance System

“The RUPRI Health Panel envisions rural health care that is affordable and accessible for rural resident 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.”

Foundations of a High Performance Rural Health System

➢ Affordability
➢ Accessibility
➢ Community health
➢ Higher quality care
➢ Patient (person)-centered
Essential Health Services and Organization

Integrated Governance

Primary Care Core
- Primary Care
- Dental
- Behavioral
- Mental
- Social
- Public health
- Urgent care
- Emergency/trauma care
- Transportation

Long-term care
Acute care
Rehabilitation care
Home Health
Specialists
Elder care
Hospice

Integrated Payment

Integrated health information
Value-driven payment
Collaborative relationships
Essential Elements of Planning and Action

➢ Value driven payment
➢ Integrated health information
➢ Integrated governance
Immediate Actions Consistent with Vision

- Avoiding unintended consequences with constraining remedies – example of how payment designed to help rural is creating difficulties
- Sustaining core services during transition to more sustainable system
- Use of temporary payment adjustments, short term grants
- In context of movement toward vision
Illustration: Responding to Crisis of Hospital Closures

➢ Focus on core services: urgent care and emergency department in Douglas, Arizona
➢ Redesigning services: Cheboygan, Michigan with a 24/7 emergency room and expanded services (adult and pediatric primary care, imaging, laboratory services, sleep center, rehabilitation services, and an outpatient surgery clinic)
➢ Engage community in system development
"Thoughts on community engagement

“There is no single model for reconfiguring the rural health system after hospital closure; local assets, affiliations and partnerships, and financial and delivery flexibility and capacities must be critically assessed to determine the community’s options and strategies”

Source: RUPRI Health Panel. After Hospital Closure: Pursuing High Performance Rural Health Systems Without Inpatient Care. Rural Policy Research Institute, University of Iowa. June, 2017
Considerations When Forced to Redesign

➢ Assessment of available hospital and community assets to judge system capacity
➢ Identify resource development opportunities
➢ Determine service development strategies and deploy health care resources accordingly
➢ Identify and understand impact of existing financing resources and liabilities (includes private foundations, other donors, public resources)
Menu of Current and Proposed Options

- Rural Health Clinics and Community Health Centers
- Emergency departments
- New configurations (Rural Emergency Care Hospital)
- Primary Health Center (12 or 24 hour)

More options and details in RUPRI Panel document previously cited
Pathway to the Future

➢ Consensus about purpose
➢ Committing the resources (time and money)
➢ Develop a blueprint with specific steps, and milestones
➢ Secure any necessary enables, including federal waivers to include changes in Medicaid, use of health insurance marketplace (exchanges) structure and subsidies (or tax credits)
A State Blueprint

➢ Draw on national associations: National Governor’s Association as example, National Conference of State Legislatures, Council of State Governments

➢ Other states
  ▪ Vermont Blueprint
  ▪ Pennsylvania all payer demonstration
  ▪ Quad State (KS, CO, NM, OK) initiative
1. Community-appropriate health system development and workforce design
   - Vermont: integrated health services model including multi-disciplinary community health teams
2. Governance and integration approaches
   - Post-acute care integration model in Mayo clinics in MN, WI, and IA
3. Flexibility in facility or program designation to care for patients in new ways
   - Patient-centered medical homes (person-centered health homes)
4. Financing models that promote investment in delivery system reform
Examples of State Actions

- Alaska Community Health Aide Program
- Program of All-Inclusive Care for the Elderly (PACE) in North Dakota
- Care Coordination Organizations in Oregon
- Community Care of North Carolina
- PrimeWest Health in Minnesota as a managed care player administering a county-based plan owned by 13 counties
Bring it Home to Georgia

- Medicaid policy as levers
- Work with systems (Stratus Healthcare Network)
- Take advantage of innovative delivery modalities (Georgia a leader in telehealth, Emory U illustration)
- Providing technical assistance and evaluation expertise: universities
- Communities and local hospitals/providers: examples of using community health needs assessments in the critical access hospitals through the Rural Hospital Flexibility Grant Program
Takeaways

➢ Time is right to move to a new health care system
➢ Requires carefully designed strategy to do well
➢ Specific changes in near term consistent with long term vision
➢ Building a plan that fits the pieces together
➢ Partnerships are critical: in design, assessment, and most important local actions
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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Collaborations to Share and Spread Innovation

✓ The National Rural Health Resource Center
   https://www.ruralcenter.org/
✓ The Rural Health Information Hub
   https://www.ruralhealthinfo.org/
✓ The National Rural Health Association
   https://www.ruralhealthweb.org/
✓ The National Organization of State Offices of Rural Health
   https://nosorh.org/
✓ The American Hospital Association
   http://www.aha.org/