# Rural Healthcare Delivery Focused on Social Determinants of Health

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# Design System to Achieve Community Impact

- Missions of healthcare facilities and professionals
- Vision of system leaders, policy leaders, program administrators
- Now with the impetus of payment policy change
- Leads to the buzzword of our time – "transformation"
- So what is the vision?

# Vision of the RUPRI Health Panel

**High performance system:**

- Accessible
- Affordable
- Patient-centered (person-centered)
- Community-focused
- High quality (process and outcome)


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# How the Focus is Adjusted by Explicitly Addressing Social Determinants

- Patient to person; clinical processes to total well being
- Quality as achieving *health* goals
- Accessible and affordable includes goods and services in addition to clinical encounters
- Community-focused means integration of services across sectors

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# Why Rural Healthcare Providers?

- Community focus and the mission of community-based providers
- Source of leadership and essential partner to secure and use resources
- Addressing the most vexing problems in patient care
- And … financial incentives

# Steps to Take to Affect Social Determinants

- Begin with baseline services improving care processes (integrated services)
- Extend activities beyond patient encounters
- Integrate with services from other community-based organizations
- Align with changes in payment policies, including contracts with health plans

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# Start with Familiar: Care Coordination

- All roads start here – facilitate action through payment policies that are all-encompassing so care of *every person* is through this framework (methodologies beyond CPT code payment)
- Incorporate funds and technical assistance into community-based grant programs
- Include uses of telehealth technologies
- Incorporate the necessary workforce (care coordinators, health coaches) into workforce planning and strategies to secure essential health workers

# Opportunities for Change, Points of Leverage

- Delivery system reform: opportunities to redirect public resources
- Focus on population health
- Payment change putting providers at financial risk for well-being (less and different patterns of service utilization to achieve triple aim)
- Multi-disciplinary, multi-agency commitments to rural communities

# Changes: Local Health System Development

- Primary care base incorporating elements of total care management including attention to circumstances of SDOH – person-centered health homes
- Workforce policies recognizing importance of data analytics, home-based services and care
- Demonstration and pilot grants that require incorporating total well-being focus and systemic change (not "one-offs"
- Attention to full continuum of care in any systems approach – importance of long term supports and services

# Changes: Supporting Integrated Care

- Support nonclinical entity partnership development: train leaders to initiate and maintain collaborations
- Support new governance models that align with new partnerships and the continuum of care: provide models and facilitation expertise

# Merging Activity Streams to Benefit Rural Communities

- Paraphrasing John Kingdon: we have a window of opportunity opening now because of potential to break an old conundrum – simultaneous improvements in cost, quality, and access
- Policy stream:  dramatic shift in payment drivers
- System stream: changes in what is possible to address individual health
- Community-based stream: actions to work across sectors

# Accountable Care Communities?

- Design components
- Collaboration and partnership through integrated governance
- Structure and process: data sharing and strategies based on the data; "backbone" organization
- Leadership: health sector necessary but not sufficient
- Defined geography
- Targeted programmatic efforts – start and build

# Accountable Health Communities?

- CMMI program provides a framework
- Screening tool to identify health-related social needs in nine areas: housing, utility needs, food insecurity, interpersonal violence, transportation needs, family and social supports, education, employment and income, health behaviors
- Still a strong health-system centricity because outcomes are driven by financial considerations related to lower ER use by Medicaid recipients
- A population-health approach with promise

# Accountable Health Communities: Rural

- Use CMMI or other screening tool to identify areas of immediate need
- Develop process measures indicating progress toward improved community health
- Complete the resource inventory suggested in CMMS FOA
- Perform the gap analysis
- Develop a quality improvement plan

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# Conclusions and Discussion

- Beginnings are underway
- Getting population health management right
- Moving from population  health management to health communities
- Leverage points for HHS
- Requires moving beyond HHS – White House Rural Council as a platform for that
- Requires policy adjustments
- Best accomplished in an all-payer environment/collaboration

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# 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**
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