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

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

Andy Coburn, RUPRI Health Panel

National Rural Health Association
May 11, 2017

UNIVERSITY OF SOUTHERN MAINE
Muskie School of Public Service



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.

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