GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Rural Hospital Stabilization Committee

Phase 2

Program Report

December 31, 2018

Rural Hospital Stabilization Committee "Hub & Spoke" Phase 2 White Paper

Purpose

The purpose of this Rural Hospital Stabilization Committee "Hub & Spoke" Phase 2 Program White Paper Report is twofold –

- Report the activities funded within the investment
- Use "lessons learned" to inform the continuous improvement and redesign of rural healthcare delivery in Georgia

Background

In the Rural Hospital Stabilization Committee's final recommendations to Governor Deal on February 23, 2015[1] the Georgia Department of Community Health, State Office of Rural Health was designated as the oversight entity for the proposed pilot program implementation and monitoring. This pilot sought to build out an integrated "Hub and Spoke" model to prevent the over-utilization of the emergency department (ED) as a primary care access point. The four initial program hubs were Appling Health System, Crisp Regional Hospital, Emanuel Medical Center, and Union General Hospital.

The goal of the "Hub and Spoke" model is to best use existing and new technology to ensure that patients are being treated in the most appropriate setting thus relieving some of the cost pressures on the smallest rural hospitals' emergency departments. Working together in partnership, communities can ensure that each patient is receiving the "Right Care, at the Right Time, and in the Right Setting".

Approach

Pursuant to HB 751, General Appropriations for FY 2017, the Rural Hospital Stabilization Committee designated the second cohort of rural hospitals as the 2017 Rural Hospital Stabilization Program (RHSP) sites:

Two Prospective Payment System (PPS) Rural Hospitals

- Habersham Medical Center (Demorest, GA)
- Upson Regional Medical Center (Thomaston, GA)

One Cost Based Reimbursed Critical Access Hospital

- Miller County Hospital (Colquitt, GA)

These three hospitals received a $1,000,000.00 state grant (+$100,000.00 community investment paid to the state) addressing the four broad aims identified during the Pilot Program Phase:

- Increase Market Share
- Reduce Medicare Readmissions
- Reduce non-emergent care & "Super Users" served the Emergency Department
- Increase Primary Care Access

The $3 million investment spanned a 2-year project providing each of these rural hospitals an opportunity to explore options for cost savings, new revenue and service expansion.

On July 5, 2016 the selected hospitals were convened to provide orientation to the program, discuss the strengths and opportunities identified from the pilot phase, and provide guidance into the program timeline and expectations. The meeting facilitators used guidance provided by the County Health Rankings Roadmap to Success[2] to provide structure and support each hospital in the assembly of a community stakeholder group to identify the root causes of their communities' health issues and develop recommendations for community action. Each community held their initial stakeholder engagement sessions by September 13, 2016. These stakeholders included:

1. Community members
2. Community Healthcare Providers, Decision makers, and those who influence them
3. Community partners/Implementers of programs

The grant execution, including receipt of the local matching commitment funds, work plan and budget approvals, was completed by November 17, 2016. The phase 2 grant program terminated on June 30, 2018.

Implementation and Preliminary Results

To support each goal the following programs were implemented funded through use of 100% of the $3,000,000.00 investment:

Goal 1 - Increase Market Share (Total Budget $1.388,909 / 46% of total RHSP funds)

Existing service line enhancement (Budget $725,319 / 24% of total RHSP budget)

- 3D mammography offers state of the art equipment which is designed to provide detailed, high quality images and offers patient a more comfortable experience. 3D technology enables greater diagnostic confidence for radiologists, technologists and the patients utilizing the service. 3D mammography services were previously not offered in the Northeast Georgia area. Market share data supported that this new service would engage individuals with commercial insurance which had typically bypassed Habersham Medical Center for diagnostic imaging services. Habersham Medical Center's grand opening for the service did not occur until after the close of the grant period. However, they reported an increase of 104 mammography encounters in September 2018 compared to the volume of services performed the same month in 2017.

- The 340B Discount Drug Program enables Covered Entities to receive discounted pricing on drugs and biologics, expands access to underserved patient populations and provide more comprehensive services. In January 2018, Habersham Medical Center received approval to initiate a 340B Program. Since the launch, the 340B program has averaged $4,000 to $5,000 in drug cost savings each week. Annually, the program is targeted to result in an estimated annual savings of at least $200,000.00. The program savings has enabled HMC to re-open the outpatient infusion clinic.

- Many bacteria are demonstrating increasing levels of resistance to commonly used antibiotics. While this has implications for the healthcare system as a whole, many patients infected with these resistant organisms will initially present to the emergency department (ED). Miller County Hospital focused approximately one third of their budget addressing the needs of their unique population of patients. An expansion of the emergency department was completed to accommodate high complexity patients; specifically, ventilator dependent, multi-drug resistant infectious diseases and mental health patients. These improvements impacted several metrics focused on ED throughput measurements, such as the average triage time, which decreased 37 minutes and there were 2 fewer patients which left before being seen when compared to 4th quarter 2016 baseline measurement.

- Healthcare is a relationship, and communication is the cornerstone of every successful relationship. To maximize the patient experience Upson Regional Medical Center (URMC) engaged in consultative and coaching services to implement an organization-wide leadership evaluation system in order to establish, accelerate, and hardwire the necessary changes that create a culture of excellence in service delivery. URMC reported a 9% improvement on their most recent Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) perception score related to "Yes, I would definitely recommend the hospital".

<u>New service development</u> (Budget $663,590 / 22% of total RHSP budget)

- Upson Regional Medical Center's (URMC) review of market share data identified a gap in adult mental health services. To respond to this need, URMC applied and received a Certificate of Need (CON) to repurpose an unused floor of the hospital which had been closed for four years. URMC partnered with Horizon Health to open an 18-bed unit. The *Silver Care Behavioral Health Unit* began admitting patients on December 28, 2017. During the grant period the unit served 70 patients and generated $894,000.00 in revenue.

- Miller County Hospital (MCH) partnered with Aspire Behavioral Health and Developmental Disability Services to renovate the closed Calhoun County critical access hospital in Arlington, Georgia. Aspire opened the Touchstone Dual Diagnosis Residential Program. This program provides treatment for adults experiencing problems with co-occurring psychiatric disorders and addictive diseases. The individuals receive comprehensive, quality, individualized treatment/training to develop recovery skills in the least restrictive and safe environment that will best meet their needs. The repurposing of this facility has led to the employment of 54 full time and 10 part time employees. Currently the program is full at a census of 28 with 11 patients on the "waiting list". To date the program has generated $770,000.00 in revenue.

Goal 2 - Reduce Potentially Preventable Readmissions; and

Goal 3 - Reduce non-emergent care and "Super Users" served in the Emergency Department –

For the purposes of this report these two goals were combined due to cross-cutting initiatives which impacted super users in both categories (Total Budget $985,726 / 33% of total RHSP budget)

Hospital Based Care Coordination (Budget $185,060 / 6% of total RHSP budget)

- Upson Regional Medical Center selected care coordination activities in partnership with Warm Springs Medical Center (WSMC), a critical access hospital, to meet local and surrounding county medical and rehabilitation needs via a nurse case management program. URMC provided WSMC $60,000.00 of the stabilization grant to fund a full-time case manager. In addition, URMC provided WSMC clinical support tools and education to enhance the complexity of services provided by their swing bed program. This investment yielded $2,718,320 in swing bed revenue for the CAH during the grant timeframe. This revenue provided a growth of 72% over the prior year revenue.
- Poorly coordinated care transitions from hospitals to other care settings contributes to avoidable healthcare costs. "Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services." [5] Miller County Hospital created a multi-disciplinary team to manage complex patients and address social determinates of health. The focus for MCH was to keep patients healthy with evidence-based preventive services and to prospectively identify high- risk over-utilizers and provide care coordination. Focused on the top 25 high volume patients, MCH realized over $1.1 million decrease in charges. In addition, MCH targeted completion of a yearly Medicare Annual Wellness Visit (AWV) appointment with the primary care provider (PCP) to create or update a personalized prevention plan within their Accountable Care program. Compared to baseline measurement in 2016, this project increased revenue to the clinic by almost $40,000.00. In tandem with this approach MCH partnered with Aspire Behavioral Health to integrate primary care with behavioral health to address the population's need. Funds assisted Aspire in achieving physical proximity of behavioral staff with medical staff. Miller County Clinics screened approximately 2000 patients for depression with the Patient Health Questionnaire 9 (PHQ9) tool and 115 referrals were made to Aspire. In

2016 Aspire had 117 clients in Miller County, as of the close of the grant that number increased to 324.

- Mobile Integrated Health Care and Community Paramedicine (MIH-CP)
  (Total Budget $197,752 /7% of total RHSP budget)
  The MIH-CP innovations have the potential to transform EMS from a strictly emergency care service to a value-based mobile healthcare provider that is fully integrated with an array of healthcare and social services partners to improve the health of the community. There were two distinct MIH-CP models funded to reduce preventable readmissions and emergency department (ED) use of the top "super users" within phase two.
    - Habersham Medical Center (HMC) structured their initiative focused on engaging their hospital managed EMS program. The HMC model utilizing a paramedic and a registered nurse to administer the program. HMC readmission rate dropped over 4% during the grant timeframe. During the 1st quarter of 2018 HMC transitioned management of EMS back to the county.
    - Upson Regional Medical Center (URMC) focused their efforts on the development of an at-risk partnership with Community Ambulance. This partnership was able to demonstrate approximately $500,000.00 in cost avoidance focused on the high utilization cohort of patients followed during the grant period. These targeted patients' utilization of the emergency department decreased from 246 encounters in 2016 to 11 visits in 2017.

- Specialty Telehealth

(Total Budget $274,745 / 9% of total RHSP budget)
Telehealth has great potential to expand access and improve the quality of rural healthcare. It can reduce burdens for patients, such as travel to receive specialty care, and improve monitoring, timeliness, and communications within the healthcare system. Two of the grantees, Habersham Medical Center and Upson Regional Medical Center, initially targeted multiple populations for telehealth management. Both hospitals invested in telemedicine equipment with an expectation to provide specialty care such as neurology, pulmonology, pediatrics, etc. to nursing home residents, hospital inpatients and outpatients and via emergency medical services. However, costs for both OnDemand and/or scheduled telehealth specialists were prohibitive to securing sustainable contracts. Efforts to explore group purchasing options for specialty telehealth are ongoing in collaboration with Georgia Partnership for Telehealth and other stakeholders.

- Maternal Fetal Medicine (MFM)

The March of Dimes Annual Report Card lists Georgia's score as a "D" for preterm birth rates (11.4%). MFM is a sub-specialty of obstetrics which delivers high risk obstetric care. These specialists manage complex complications of pregnancy such as: multiple gestations, chronic medical conditions during pregnancy, gestational diabetes and fetal abnormalities. Habersham Medical Center and Upson Regional Medical Center partnered with Women's Telehealth to initiate maternal fetal medicine (MFM) telemedicine services in an effort to address their county's preterm birth rates which were 12.1% and 8.1% respectively. This service provides access to care to an "at risk" population which is underserved in rural Georgia. By June 30, 2018 these programs had generated approximately $25,000.00 in revenue.

- Emergency Department Medical Screening Exam and Urgent Care
  (Total Budget $328,168 / 11% of total RHSP budget)

The Rural Hospital Stabilization program focuses on each hospital and other community providers developing strategies to ensure that appropriate care is delivered in the most appropriate settings. Successful strategies to reduce inappropriate emergency department use can have the enhanced benefit of improving care and lowering costs. Access, of course, needs to be evaluated from the perspective of the patient—many have limited transportation options and often people cannot leave work for an appointment without losing pay or putting their job at risk. Beginning in June 2017, Habersham Medical Center (HMC) began prescreening all emergency department (ED) patients and referring patients classified as non-emergent to a more appropriate level of care. The program included a renovation of the onsite "PrimeCare Clinic" and expanded the hours of operation and availability of walk-in access to care. The results of the program yielded 11.18% decrease in ER utilization. Overall charges were decreased by 8.12% with the portion of self-pay charges down by 15.43%. Concurrently, Prime Care's volume increased exponentially from 675 visits 1st quarter 2017 to 1,474 visits in the corresponding quarter 2018.

Goal 4 - Increase Primary Care access (Total Budget $245,571 / 12% of total RHSP budget)

- School – Based Health Telehealth –
  (Total Budget $95,571 / 3% of total RHSP budget)

In pursuing the goal of meeting families in the communities where they live, learn and play, Habersham Medical Center and Upson Regional Medical Center identified schools as a key opportunity to increase access to care. Each hospital selected this project after observing the volume of pediatric emergency department (ED) visits and parents expressing their difficulties in getting time off from work to take their children to the doctor, which could result in lost wages and sometimes job losses. Each hospital collaborated with their local county schools to develop a school-based telehealth program that connects students directly to health care professionals for

low-acuity care and behavioral health follow-up. In partnership with Georgia Partnership for Telehealth a total of four schools in Upson County and four mobile units serving seventeen schools in Habersham County were provided telemedicine equipment. As of June 30, 2018, the implementation of the school telehealth program was delayed in each community due to the following circumstances:

- Habersham Medical Center's partnering clinic Mount Yonah in Cleveland Georgia transitioned in ownership to MedLink, a Federally Qualified Healthcare Center in December 2017.
- Upson County school leadership turnover.

- <u>Student Pipeline for Recruitment – Upson</u>
  <u>(Total Budget $250,000 / 8% of total RHSP budget)</u>
  Many factors influence family physicians to enter rural practice. A predictor of rural practice cited in the literature is exposure to rural training. Graduates of both undergraduate medical programs with a rural focus and postgraduate rural residency training programs in the United States had relatively high rates of participation in rural practice[4]. A barrier which limits exposure and training in rural Georgia is access to available housing. Upson Regional Medical Center utilized the grant funds to renovate unused medical office space to develop four apartments. In partnership with Mercer University School of Medicine and Three Rivers Area Health Education Council (AHEC) URMC established an ongoing rotation of medical students with emphasis on engaging Nathan Deal Scholars.

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Program Strengths and Opportunities

Strengths –

- Linkages of rural stakeholders with the hospital has proven to be the greatest opportunity and strength of the Rural Hospital Stabilization Program. This program has forged relationships that can continue to grow with ongoing collaboration in sustaining healthcare delivery to rural Georgia. Within the phase two RHSP funds were used to formalize relationships into partnerships with a shared vision of healthcare delivery at a community level.

The stabilization funds provided an infrastructure in which hospitals could test innovative programs in response to a rapidly changing health care environment. The hospitals leveraged the investment to bridge the funding gap that exists in population health models. This program provided a necessary level of flexibility, stability, and support for the exploration of new rural health models in Georgia. A few lessons learned:

- Relationships with primary care providers are vital to population health and meeting the needs of a community
- Primary care providers willing to rise to the challenge of offering extended hours are necessary to support appropriate access to care
- Hospitals need to prepare for the loss of encounters from ED from this non-emergent population – payors are moving toward "right care at the right time and right place"
- Contracts – how contracts are structured effect adoption of innovation

Opportunities -

- Due to limited data across the healthcare continuum it is difficult to objectively quantify the rural hospital stabilization phase two program results. While the "Pre-Post" Performance Measures reflect hospital performance at two distinct points in time, they are limited in their ability to adequately reflect the complex environment in which the stabilization projects were launched and therefore may or may not correlate with the specific project outcomes. Hospitals and the community stakeholders must share additional longitudinal data across each healthcare delivery settings to understand the impact of performance improvement strategies deployed in the Rural Stabilization Program.

References Cited:

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