Department of Community Health State Office of Rural Health

Hospital Flexibility Health System

Development and Community Engagement Grant
Health System Grant is to provide for a community to *substantially alter* the means by which health care services are delivered across the continuum of care.

Development of integrated regional systems of care.
Improvement of health status through:

- Prevention Programs
- Chronic Disease Management
- Integration of existing health services, both primary and specialty care
- Collaboration with primary and acute care
- Co-Location of services increasing access to a regional population
- Telemedicine
- Integration of EMS
Requirements

- Multi-County Approach, minimum of 2 counties
- Rural Communities – populations of 35,000 or less
- Regional system of care – formalized by partnership agreements.
- One CAH Hospital and one local EMS
Decatur County

- Population: 28,240
- Poverty Rate: 21%
- Not Completing High School: 30.3%

Leading Cause of Death

- Heart: 29%
- Cancer: 19%
- CVA: 8%
Miller County

- Population: 6,228
- Poverty Rate: 19.1%
- Not Completing High School: 31%

Leading Cause of Death
- Heart: 26%
- Cancer: 23%
- CVA: 8%
Calhoun County

- Population: 5,972
- Poverty Rate: 24.7%
- Not completed High School: 34.5%

Leading Causes of Death
- Cancer: 27%
- Heart: 19%
- CVA: 11%
Hospital Comparisons

- Miller County Hospital – 25 CAH, provides limited surgery, 4 bed vent unit, employed rehab staff, Mobile MRI, Mobile Nuclear Medicine, 24/7 lab, 24/7 RT, 97 bed skilled rehab facility with 10 bed vent unit.

- Calhoun Memorial – 25 bed CAH, limited services.

- Bainbridge Memorial-80 bed PPS facility, Anesthesiologist, CRNA, ICU, Limited Primary Care, Orthopedics (TMH), Ophthalmology, OB/GYN, ENT, Allergy and Asthma, Pediatrics, Cardiology, Urology.
Strategy

- Focus on prevention, wellness, disease management and *healthcare system collaboration*.
- Non-traditional multi-county health care system leading to regionalization of financially viable, technologically enhanced, and efficient delivery of services.
Community Health Assessment and feasibility study to explore alignment of patient needs with hospital needs with cost sharing as a focus.

Explore, Dialysis, home health, “house call”, assisted living, educational programs to decrease obesity, tobacco use, cancer prevention programs, disease and behavioral health case management, sharing of medical specialists (pediatrics, plastic surgery, urology, cardiology) shared technology (MRI, Nuc Med, IT).
Miller County Hospital vs. Bainbridge Memorial

- Miller County - Cost Based reimbursement under Medicare Program.
- Total Allowable Costs/Medicare Revenue = Reimbursement Settlement at year end. Interim payments during the year based on prior year performance.
- Bainbridge reimbursement based on Perspective Payment System – Diagnosis Driven – per discharge reimbursement.
Cost Savings

- CAH Hospitals reimbursed on cost
  - Miller County has the ability to diagnose and treat increased numbers of Medicare and Medicaid patients without incurring any additional healthcare expense (increased capacity) at the state or federal level thereby reducing the healthcare burden.

- Goal
  - Investigate and evaluate cost sharing of tri-county populations without increased healthcare taxpayer expense while we enhance accessibility, and develop additional sources or revenue streams.
Objective

- Find the RIGHT mix of services and patients to meet the healthcare needs of the communities and hospitals to:
  - Improve access to care and outcomes
  - Cost Effective by sharing services, and improve financial outlook for existing hospitals and systems.
  - Avoid Expensive Duplication of Services
Budget

- Allows for consultative services
  - Draffin & Tucker – financial feasibility
  - IT services to explore HIT networking between facilities
  - Associate Grant Administrator– Sheila Freeman (sustainability of Spring Creek)
Current Collaboration

General & Plastic Surgery
- Ophthalmology
- Laboratory Services
- Pathology Services
- MRI
- Health Information Technology

Future Considerations
- Sharing Resources: Joint Cost Sharing of Medical Staff Development, Rehab Staff, Nutrition Counseling
- Program Development (Home Health, Dialysis)