How Health Care is Delivered: Why Provider Collaboration is Key

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What's Different About Rural Healthcare?

Patient Challenges	Health Delivery Challenges
• Rural residents are less likely to have employer-sponsored health insurance • Provider shortages limit timely and regular access to care • Rural residents travel great distances to see doctors and specialists • Lack of public transit, extreme weather conditions and challenging roads can further limit access • There is limited access to emergency services as they are often staffed by volunteers	• Rural residents have a poorer health status compared to their urban counterparts • Many rural communities have Health Professional Shortage Area designations for primary, dental and mental health providers • Staffing for performance improvement and health information technology is limited • Providers are financially fragile due to low patient volume • Operational efficiencies are not realized due to many small providers

CCRHI
California Community for Rural Health Improvement

Est. 2016

Health collaboratives working to improve health in rural Northern California

Alliance for Rural Community Health

CA299 Health Collaborative

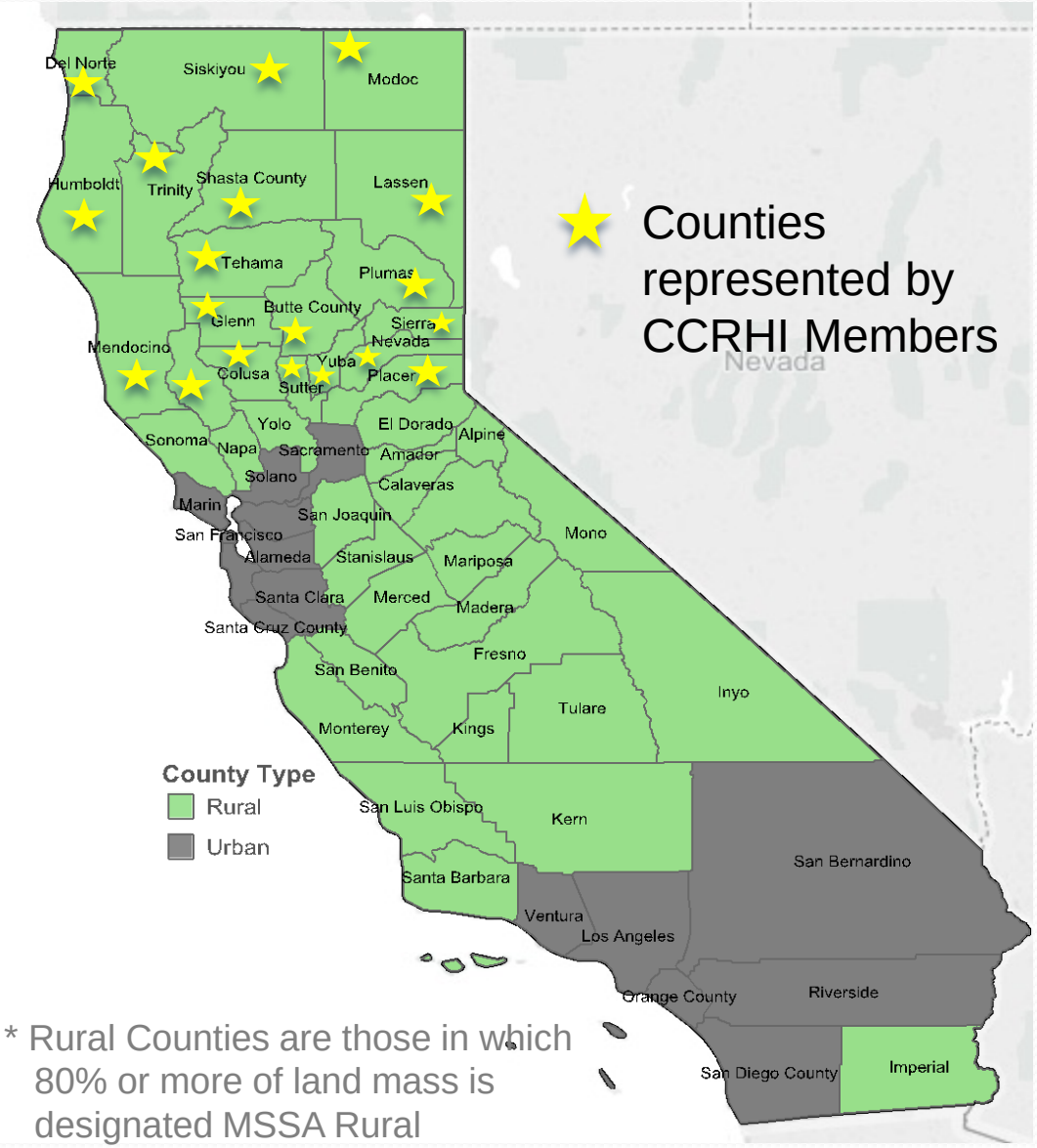
Health Alliance of Northern California

North Coast Clinics Network

SacValley MedShare

Shasta Health Assessment and Redesign Collaborative

Siskiyou Healthcare Collaborative



* Rural Counties are those in which 80% or more of land mass is designated MSSA Rural

Shasta Health Assessment and Redesign Collaborative (SHARC)

- Improving care and health for Shasta County and the region by working together to achieve –

  "*Better care and better health at lower cost.*"

- Working together since 2009 on:
  - Health Care Reform Education and Implementation
  - Medi-Cal Managed Care Expansion/COHS Model for Region
  - Community-wide Health Care System Planning and Redesign

Partner Organizations

- *Facilitator: Health Alliance of Northern California*
- **FQHCs:** Hill Country Health and Wellness Center, Shasta Community Health Center, Mountain Valleys Health Centers, Shingletown Medical Center
- **Provider Partners:** Hospital Council of Northern and Central California, North Valley Medical Association
- **Hospitals:** Mercy Medical Center Redding, Dignity Health North State Service Area, Shasta Regional Medical Center, Mayers Memorial Hospital
- **Health Plan:** Partnership HealthPlan of California
- **County:** Shasta County Board of Supervisors, Shasta County Health and Human Services Agency

Shasta County
Rural Health Care Delivery System Challenges

Lack of infrastructure and access:

- Providers often centralized in population centers or isolated pockets; outlying rural and frontier communities are without many services
- Access to primary care services for Medicare and Medi-Cal patients is lower than for private insurance

Provider and workforce shortages:

- A majority of Shasta County physicians are nearing retirement age and many intend to retire within 5 years
- Ongoing challenges to recruit new providers to the region
- Small provider organizations operate with lean staffing models
- Initiatives to support providers transition from volume to value target health systems and providers in urban areas

SHARC
Community-wide Planning

Important role of a local health collaborative is collecting information about community needs and setting priorities for system improvement.

- Locally-SHARC conducts key stakeholder surveys to assess priority areas (strategic planning, behavioral health gaps, workforce assessment)
- Regionally-Rural County Collaborative Summit (with 6 other collaboratives) to share common challenges across communities and set regional priorities

Three priority areas identified:

1. Access
2. Behavioral Health Integration (renamed Whole Person Care)
3. Health Information Exchange

Addressing Health Care Access Issues in Shasta County

Issues Addressed	Accomplishments to Date

• Network inadequacy
• Physician recruitment challenges
• Need for more slots for Teaching Health Centers
• Demand for loan repayment
	• On-line physician inventory
	• Physician workforce assessment
	• Promotion of loan repayment opportunities
	• Collaboration with Partnership HealthPlan to promote:
	  • Resources to support recruitment efforts
	  • Quality improvement program for specialists

Advancing Whole Person Care in Shasta County

Issues Addressed	Accomplishments to Date
• Epidemic of opiate addiction • Need for services exceeds current service capacity - lack of substance abuse primary care services • Behavioral health clinician workforce challenges • Lack of Psychiatry access	• Increased collaboration across service providers • Behavioral health needs assessment • Community-wide training on SBIRT, motivational interviewing, pain management and adverse childhood events (ACEs) • Safe prescribing campaign • Case management summit • Whole Person Care Pilot

Advancing Health Information Exchange in Shasta County

Issues Addressed	Accomplishments to Date
• Patient health information isn't easily shared • Clinicians lack access to health information at the point of care • Patients challenged to obtain their health information • HIE stalled due to cost, limitations in technology, stakeholder engagement, uncertain business case or ROI • Competition – some view patient data as a strategic asset that is not in their business interests to share	• Explored options for a North State Health Information Organization HIO) • Developed working relationship SacValley MedShare (SVMS), regional HIO based in Butte County • Joint meetings/negotiations for SVMS expansion north • Combined efforts, obtained Board seats and expanded SVMS to 12 counties

Potential Changes to Healthcare
What CCRHI Members Are Saying

Repeal	Replace
• The ACA provided financial stability to many healthcare providers in rural California • Pre-ACA, a number of clinics and hospitals were financially fragile • Repealing it without a viable replacement may mean the loss of hundreds of jobs and millions in much needed revenue for rural healthcare	• Future policy should mandate design and implementation of health care delivery and financing that is appropriate for rural communities • Under a block grant, many practices in rural areas will find it much more difficult to keep their practices economically viable • Efforts to shift the healthcare system from volume to value should include research on what changes would benefit and challenge the delivery of care to residents of rural communities

However Rural Health Care is Delivered: Why Provider Collaboration is Key

- Rural providers and their communities need to carefully assess the healthcare needs and resources in their community to determine how best to deliver services in a cost efficient manner
- Individually, many rural communities lack the patient volume to engage in value-base payment transformation initiatives
- Collaborations among providers build capacity and patient volume to participate in these arrangements
- Collaboratives offer practical, incremental steps which builds capacity for participating in future value-based payments
- When considering payment reform, California should consider developing pilots in rural California to ensure value based payments will not negatively affect the rural healthcare delivery system

Questions?

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