Quality Through Collaboration

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“Common” Vision Statements

CHAD:

“Foster healthy communities by promoting and supporting programs that increase access to affordable high quality care for all Dakotans”

SDAHO:

“We envision communities throughout South Dakota where everyone reaches their highest potential for health”

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How is the Rural Quality Chasm Unique?

- Urban quality challenges driven by complexity
- Rural quality challenges driven by scarce resources
  - Scarce core health services – EMS, mental health and substance abuse, dental
  - Long-standing provider shortages
  - Limited resources for ancillary staff, such as IT, quality personnel, public health

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Rural Quality Assets

- More established provider-patient relationship
- Face-to-face relationships with health system neighbors
- Community needs that are knowable/solvable at the local level – community input more immediate
- Creative solutions available!

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Collaboration Framework

Collaboration Type	Features
Vertical Integration	• System-driven integration • Financial alignment • Referral patterns • IT integration
Horizontal Collaboration/Integration	• Collaboration with providers of a similar type • Shared quality improvement infrastructure • Training and technical assistance • Can include joint purchasing • Can include clinically integrated networks
Community/Population-based Collaboration	• Collaboration across provider types to serve a patient population • Shared strategic objectives, staff, resources • Transitions of care/care coordination • Accountable Care Organizations

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Who is in the Rural Health Neighborhood?

- CAH
- Rural Health Clinic
- FQHC
- Nursing home
- Public health
- EMS
- Behavioral health
- Home health
- Dental
- IHS
- Specialists? OB/GYN
- Other
  - Social services
  - Housing
  - Transportation

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SD Rural Health Providers

Key

Hospitals - CAHs

All items

Hospitals-SD DOH

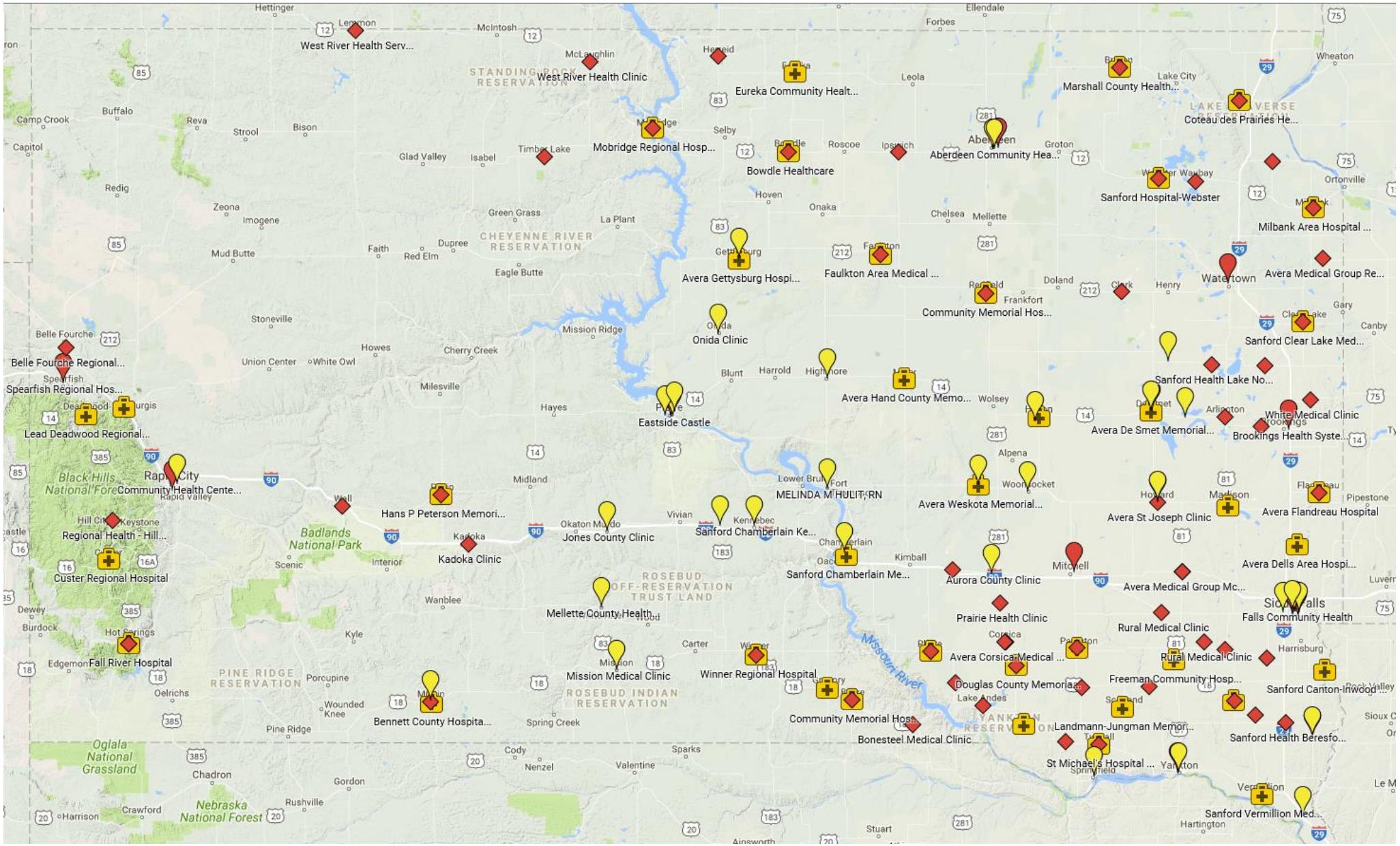
All items

Rural Health Clinics

All items

Federally Qualified Health Center

All items



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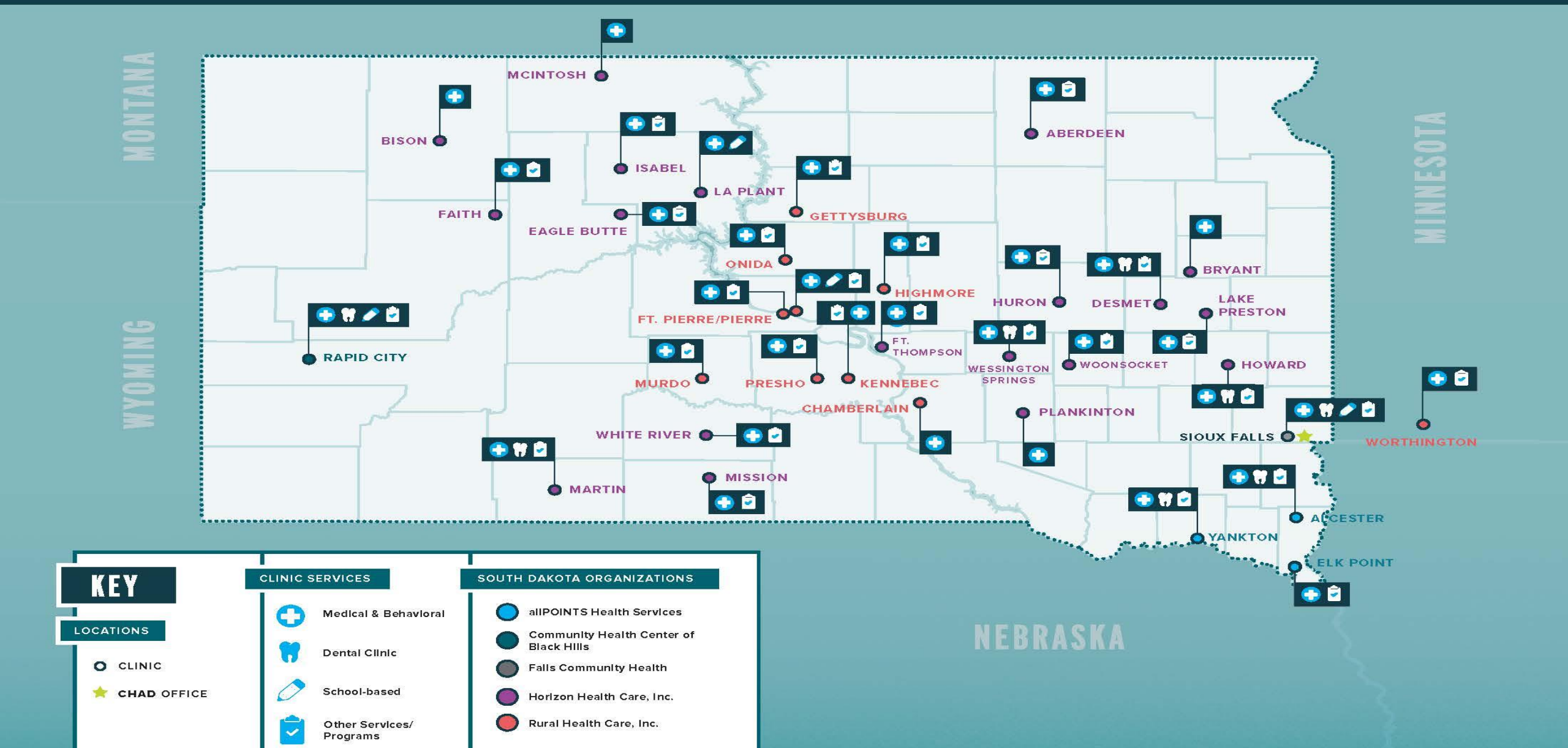
COMMUNITY HEALTH CENTER (CHC) LOCATIONS



Community Health Center Key Features

- Communities apply for FQHC status/funds
  - Includes a needs assessment to show a health professional shortage area (HPSA) or a medically underserved area (MUA)
- Must see all patients regardless of ability to pay
  - Sliding scale fee schedule based on income
- Governing board of at least 51% patients
- 19 core requirements – Complex program with advance administrative staff needed

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Community Health Center Health Services

- Primary medical care
- Diagnostic lab and x-ray
- Screenings
- Emergency medical services
- Voluntary family planning
- Immunizations
- OB/GYN/pre/perinatal
- Preventive dental
- Mental health
- Substance abuse
- Specialty (referral)
- Pharmacy

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Non-clinical services provided directly, through contractual agreement or by referral

- Case management
- Counseling/assessment
- Referrals
- Follow-up/discharge planning
- Facilitated enrollment services for public insurance programs
- Health education
- Transportation
- Translation
- Outreach

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Community Health Center Benefits

- Grant funds – “New Starts” receive $650,000 annually
- Encounter rate in Medicare and Medicaid
- Federal medical malpractice coverage
- 340B drug pricing
- Loan guarantees for construction and renovation
- Automatic HPSA designation, which confers eligibility for National Health Service Corps and other recruitment programs

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The Urgency for Collaboration & Care Transformation

Have you heard this story before. . .

- “Costs are higher; outcomes are worse”
- “It’s unsustainable”
- “Reports of number of deaths/costs due to errors, misdiagnosis, adverse events, malpractice, etc.”
- “My organization and our providers are committed and improving every day!”

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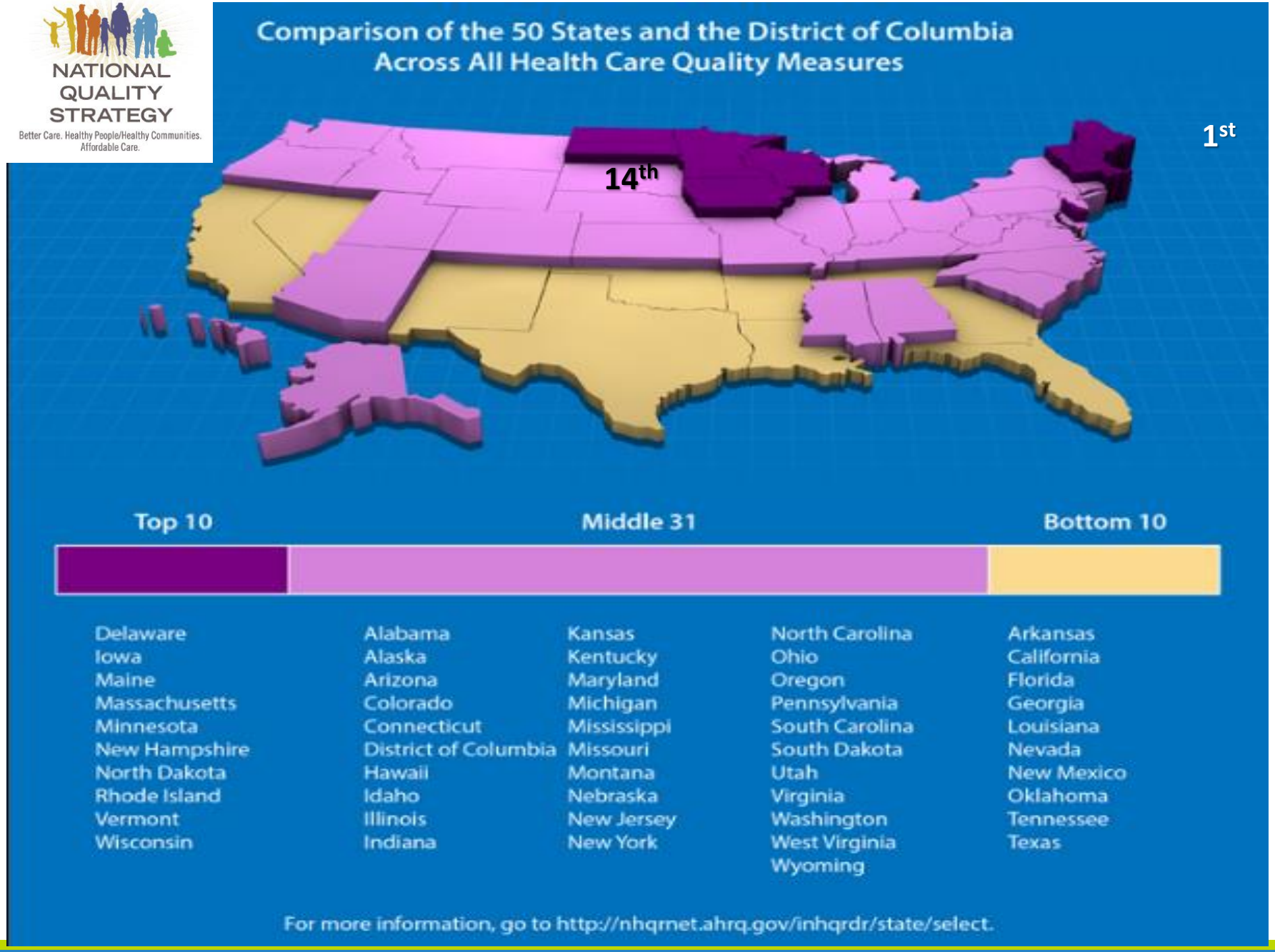
NATIONAL QUALITY STRATEGY

Better Care. Healthy People/Healthy Communities. Affordable Care.



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South Dakota's Opportunity…

Healthy Living

Working with communities to promote wide use of best practices to enable healthy living

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South Dakota National Quality & Safety Priority Dashboard

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Agency for Healthcare Research and Quality, National Healthcare Quality and Disparities Reports
https://nhqrnet.ahrq.gov/inhqrdr/South%20Dakota/benchmark/summary/All_Measures/All_Topics

South Dakota's Opportunity…

Healthy Living

NQS LONG-TERM GOALS
1. Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.
2. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.
3. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.

The National Quality Strategy (NQS) calls on all stakeholders to promote the health and well-being of communities across the health care system.

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Performance ⟺ Payment Increasing Incentives

- Medicare hospital Value Based Purchasing
  - Part A payments expanded to more patients/procedures
- Medicare hospital readmissions
  - Part A payments expanded to more patients/procedures
  - Part B efficiency measure under MACRA
- Medicare Quality Payment Program (MACRA)
  - Part B payments
- Medicare episodes of care
  - Parts A and B payments
  - Part B MACRA efficiency measures
- Medicare Advantage, commercial payers and Medicaid expected to follow/leverage/mimic

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Four Pillars of Healthcare Transformation

- Put the patient in the center
- Transparency and openness
- Elimination of waste and continuous improvement
- Collaboration and partnership

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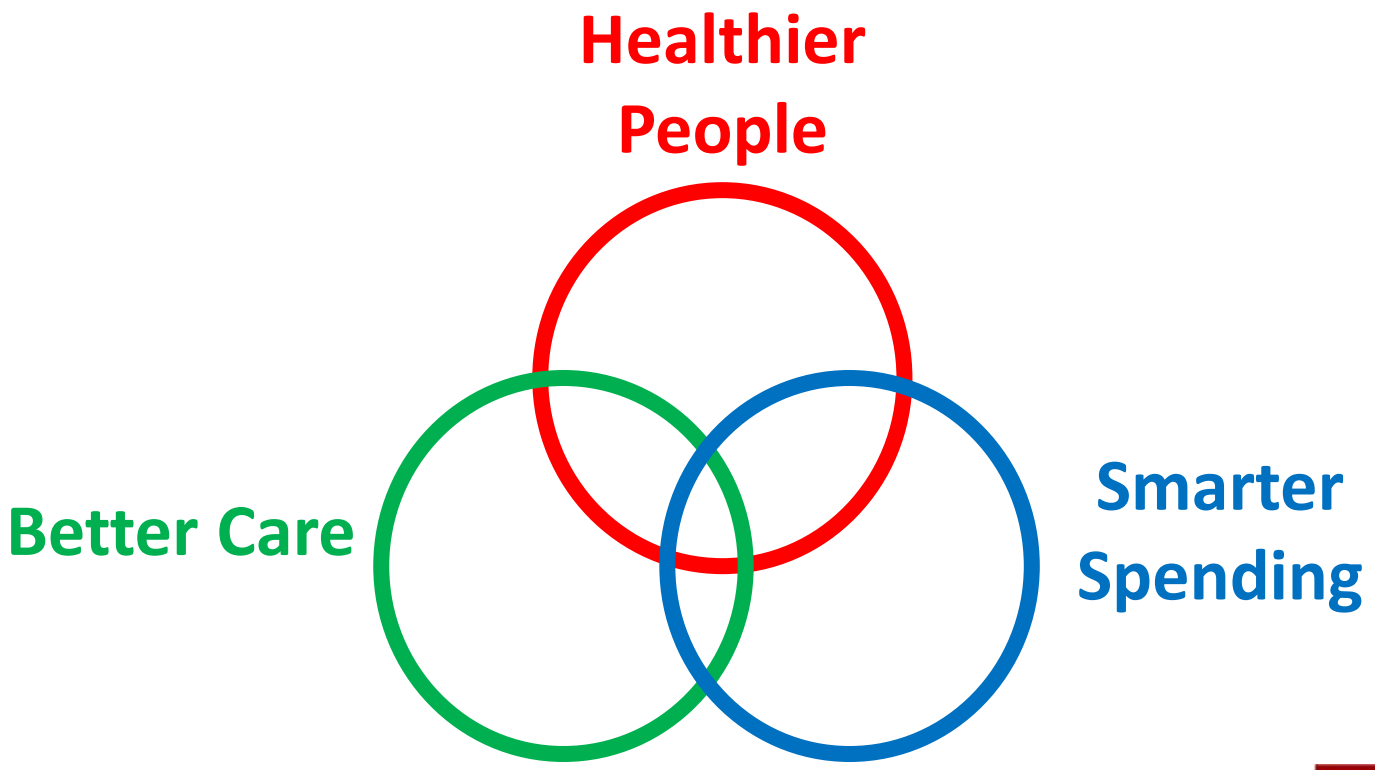
Historical State → Evolving Future State

CMS support of healthy care ***Delivery System Reform*** will result in better care smarter spending, and healthier people



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Defining Value for Health Services

$$\text{Value} = \frac{(\text{Access} + \text{Quality} + \text{Security})}{\text{Cost}}$$

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Building on past experience: Partnership for Patients contracts

- Hospital Engagement Network (HEN) (2012)
- Hospital Innovation Improvement Network (HIIN) (2016)
- Wider scope of quality and patient safety work
  - E.g., patient and family engagement, infection prevention

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
PARTNERSHIP FOR PATIENTS
HealthCare.gov

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HHS Sets the Stage

National patient safety efforts save 87,000 lives and nearly $20 billion in costs

Report shows hospital-acquired conditions decline by 17 percent over a four-year period

A report released by the Department of Health and Human Services (HHS) today shows that thanks in part to provisions of the Affordable Care Act, an estimated 87,000 fewer patients died in hospitals and nearly $20 billion in health care costs were saved as a result of a reduction in hospital-acquired conditions from 2010 to 2014. Preliminary estimates show that, in total, hospital patients experienced 2.1 million fewer hospital-acquired conditions from 2010 to 2014, a 17 percent decline over that period. This aligns with HHS' aim to encourage better care, smarter spending, and healthier people.

Today's announcement builds on results previously achieved and reported in December 2014, which showed 50,000 fewer patients died in hospitals and $12 billion in health care costs saved between 2010 and 2013. This progress toward a safer health care system occurred during a period of concerted attention by hospitals throughout the country to reduce adverse events as part of the ACA, including Medicare payment incentives to improve the quality of care and the HHS Partnership for Patients initiative.

The Partnership for Patients was listed as a specific strategy
to improve care delivery in the U.S.

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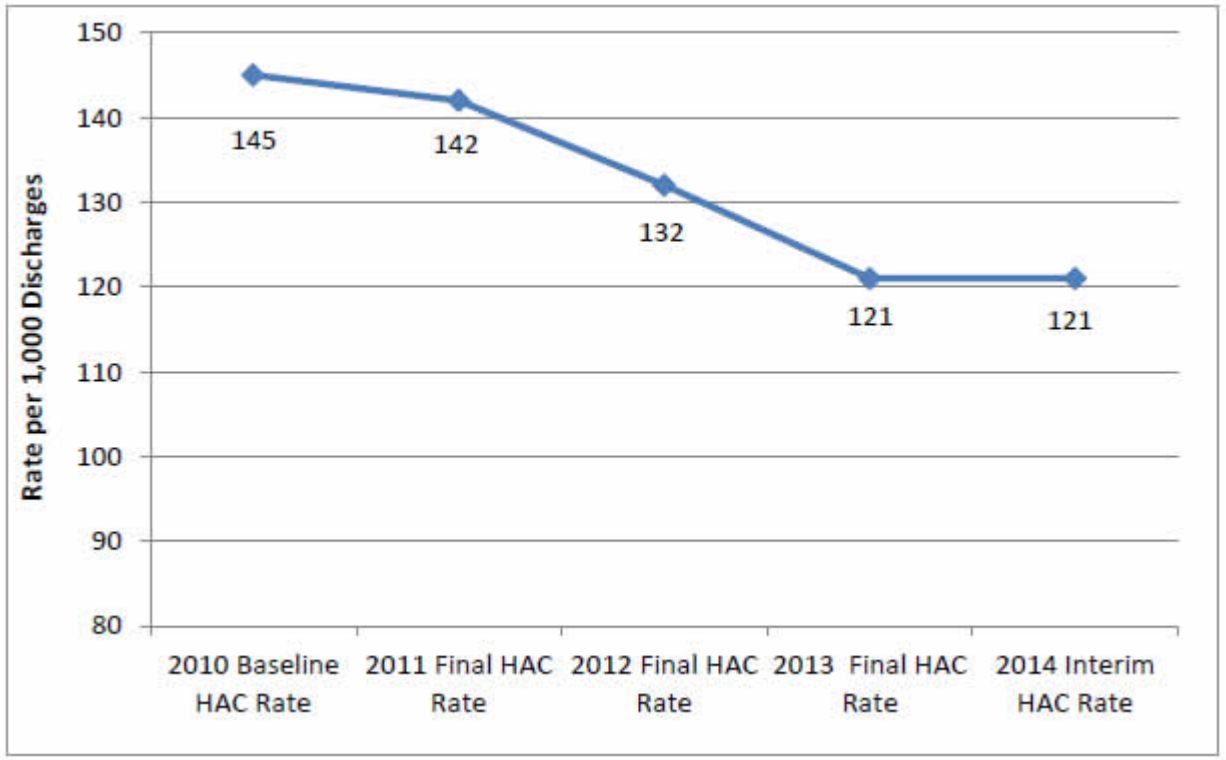
Hospital Engagement Networks (HEN) Drive Improvement



Hospital Acquired Conditions (HAC) Rates,2010 to Interim 2014

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SOURCE: **SOURCE:** AHRQ NATIONAL SCORECARD ESTIMATES FROM MEDICARE PATIENT SAFETY MONITORING SYSTEM, NATIONAL HEALTHCARE SAFETY NETWORK, AND HEALTHCARE COST AND UTILIZATION PROJECT.

What is HIIN?

- The Hospital Improvement Innovation Networks (HIINs) will work to engage hospitals, providers and broader care-giver communities to quickly implement well-tested and measured best practices.
- HIINs are committed to fostering a culture of safety and reducing harm to patients as part of a continuum of care.
- HIINs will collaborate and support through education and engagement of acute care hospitals, no matter their affiliation.

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What is HIIN?

- Optimize health outcomes and safety for patients.
- Support through education, collaboration and engagement.
- Focus on execution and support to implement a community approach with peers sharing best practices.
- Collaborate and lead with local, regional and national colleagues to influence healthcare transformation.

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Compass HIIN- Collaboration Across the Community and Across the Nation

IOWA HEALTHCARE COLLABORATIVE (IHC)

SDAHO

YOUR COMPASS TEAM!
HOSPITAL IMPROVEMENT INNOVATION NETWORK

We are here for you!

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HIIN Focus Areas

- Readmissions
- Adverse Drug events (ADE)
- Venous Thromboembolism (VTE)
- Fall Prevention
- Pressure Ulcers
- Catheter associated urinary tract infections (CAUTI)

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HIIN Focus Areas

- Central Line associated blood stream infections (CLABSI)
- Surgical Site Infections (SSI)
- Sepsis
- Clostridium difficile
- Ventilator associated events (VAE)

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CHC Collaboration and Quality Improvement

- Clinical Quality Network Team
- ECQIP – cervical cancer screening, diabetes
- Practice Transformation Network
- Patient-Centered Medical Home (September 19-20 training)
- Value-based payment strategic planning

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Hospital and Community Health Center Collaboration

Coal Country Case Study

SMC/CCCHC Historical Relationship

- Poster child of CAH/CHC conflict & competition
- Prior organization leadership had misguided motives
- Duplication of primary care services
- Duplication of ancillary services
- Relationships maintained with different tertiary providers
- CCCHC did not work closely with public health
- Lack of common Mission/Vision, lack of trust

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What Forced/Drove Change

- Financial Crisis
- Leadership Crisis
- Components that Facilitated Change
  - Shared CEO
  - Integrated Governance
  - Committed staff
  - Leave the past in the past…
  - Strong Medical Director presence
  - Common goal of patient/family centered care

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Where Coal Country is Today

- Joint Mission: *"Working together as partners to enhance the lives of area residents by providing a neighborhood of patient centered healthcare services that promote wellness, prevention and care coordination"*
- Patient Centered Medical Neighborhood of Care
- 2015 NRHA Outstanding Rural Health Organization

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Improved Collective Financial Performance (2011 to 2016)

- Days Cash on Hand increased from **54 days to 124 days**
- Net Revenue increased by **53%**
- Total Expenses increased by only **30%**
- Net Margin increased from **-2.2% to +11.7%**
- Health Center and Hospital have equally benefited

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Where Coal Country is Today – Organization and Governance

- Both organizations are independent non profit corporations
  - Shared CEO reports independently to each Board
  - Bylaws of both organizations were revised to reflect new structure
- Two health center board members serve on the hospital board
- Two hospital board members serve on the health center board
- Transparency of actions and initiatives
- Public Health CEO serves on the health center board
- CEO served on local EMS Board
- Hospital CFO serves on the EMS Board
- CEO serves on local long term care Board

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Collaborative Strategic Plan Initiatives

- Improve Population Health
  - Community Wellness–Businesses-CAH, CHC, LTC, Public Health, EMS
  - Patient Centered Medical Neighborhood – CAH, CHC, Public Health
  - Behavioral Health / Primary Care Integration
- Enhance Community Awareness of Local Services
- Availability of Local Day Care
- Maintain Adequate Human and Facility Infrastructure
  - Collaborative recruitment and retention plan
  - Scrubs Camp
  - Satellite Nursing Program
  - Collaborative provider needs assessment
  - Collaborative facility planning
- Monitor and Adapt to Changes in Healthcare Delivery

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Collaborative and Innovative Population Health Projects

- "Jumpstart to Wellness" Campaign to Address Obesity and Lack of Physical Activity – Community Approach
- Health education activities & joint float at local county fair
- Sports Physicals - education booths and handouts to over 150
- Senior Citizen Jam Sessions – senior exercise education
- 5K Color Walk/Run
- Employee health and wellness programs at all organizations
- Kid's Day - Preventative wellness visits for 3 – 6 year olds
- Healthy summer picnic basket education at local grocery stores
- "Healthy Halloween Bash"

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Population Health Platform


JUMP
START
STOP

Comprehensive Care Coordination and Readiness for Value-Based Pay

- Coal Country Community Health Center – primary care
  - RN Chronic Care Coordinators
  - Community Care Coordination
  - Behavioral Health Care Coordination
  - School based care
- Sakakawea Medical Center
  - Hospital Care Coordinator - Transitions of care upon discharge
  - ER discharge and follow-up
  - Home Health or Hospice
  - Visiting Specialists
- Custer Health – Public Health
- Home & community based services – “health promotion, prevention, and protection”

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Keys to Collaboration

- Leadership, continuity, and commitment
- Compelling needs and solutions
  - Community need orientation
- Collaboration rather than competition
  - Strong strategic and business plans with quantified pay-offs

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Financial Benefits of Collaboration

- 3 sites studied realized a combined $2,226,000 in start-up or grant-related funds and $1,083,000 in annual savings
- Examples:
  - FQHC realizes $400,000 in admin cost savings
  - CAH saves $500,000 per year on medical malpractice
  - CAH refers uninsured/underinsured from ER to FQHC
    - One study showed a 33% higher rate of all-cause uninsured ER visits in counties without an FQHC
  - CAH receives more referrals from local FQHC
  - Both save through shared medical leadership

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Barriers to Collaboration

- Lack of understanding in particular the front-line caregivers (nurses, social workers, and case managers)
  - The need to understand how each different facility can benefit the community in their unique way
- Differences in corporate culture
- Fear – a precarious financial position could lead to entrenchment or an effort to drive the other out
- Duplicating service lines or expanding into service lines already covered by the other
- Broken promises, negative history, personalities
- Referral patterns that bypass the other

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Barriers to Collaboration

- Federal Rules, Regulations and Licensure
- Declining Reimbursement
- Workforce Shortages
- Others?

Benefits of Collaboration

- FQHC
  - Facilities
  - Recruitment
  - Medical records
- Hospital
  - Medical malpractice coverage under certain conditions
  - Increased resources to serve uninsured
  - Stabilizing effect on primary care/demand for services
- Rural Health Clinic
  - Primary Care
- Shared Benefit
  - Increased grant support
  - Shared community and medical leadership
  - Quality improvement

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Indian Health Services (IHS)

- Background: While the IHS System has had success at delivering care in the communities they serve, they have long experienced lower health status when compared with other South Dakotans.
- In recent history, IHS Hospitals have been forced to limit and temporarily discontinue services due to failure to meet regulatory/compliance standards.
- The IHS system could be strengthened through the development of partnerships with non-IHS health care providers. These partnerships could involve many forms.
- Goals/Strategies: Increasing access to health care services; improving the quality of care available; and promoting coordination of care between the IHS facilities and other health care providers. Primary Strategies: Technical Assistance; Increased Funding: and Improved Regulations.
- Future Model: IHS/FQHC and “Veterans Administration (VA) Choice”

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Conclusions and Take-Aways

Examples/Ideas for Collaboration

- Getting Started. . .
  - Involve Board/Governance
  - Consider creating a Community Leadership Group
  - Community Needs Assessments and Strategic Planning
  - Coordinated “Healthy Community” Focus
  - Seamless continuum of care
  - Focus on advancing Health and Wellness
- Seek opportunities to coordinate essential services
- Consider shared resources such as office functions and staff
- Identify Opportunities for “Shared” Priority Projects
- Explore grant opportunities (FQHC base grants and CAH flex grants)
- Seek access to different types of other federal support

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Resources

- *Quality Through Collaboration: The Future of Rural Health* – Institute of Medicine, 2005
  - Report in the 2001 *Crossing the Quality Chasm* series
- *A Manual on Effective Collaboration between Critical Access Hospitals and Federally Qualified Health Centers* – Health Resources and Services Administration
- Coal Country Collaboration – Southwest North Dakota
- AHA--Task Force on Ensuring Access in Vulnerable Communities
- SDAHO—Task Force on Ensuring Access in Vulnerable Communities, Rural/Frontier

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QUESTIONS ?

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