



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Rural Hospital Stabilization - A Three Year Approach



Presentation to: GRHA 2017 Membership Conference

Presented by: Lisa Carhuff MSN RN

# 82 Rural Hospital Closures: January 2010 – Present



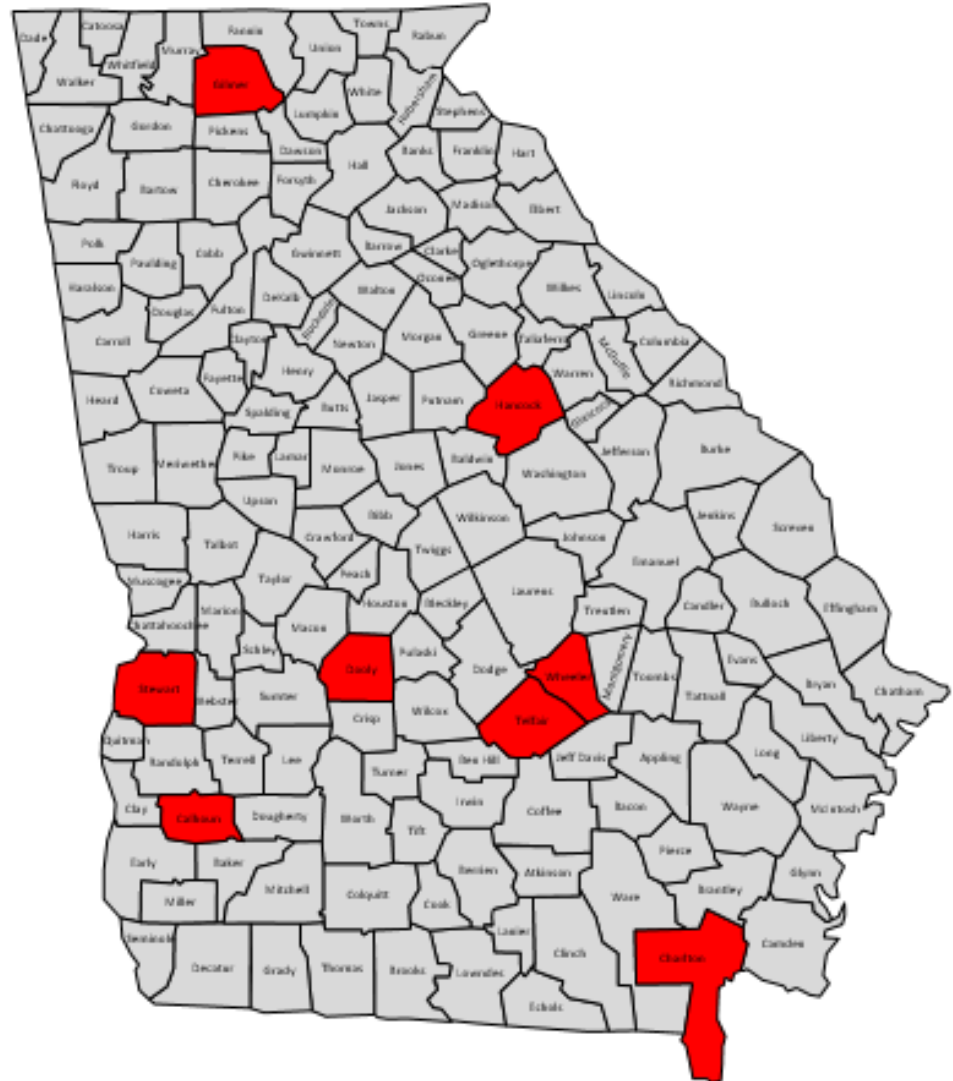
# Rural Hospital Closures

## Hospital Closures since 2001

- Hancock Memorial Hospital 2001
- Dooly County Hospital 2001
- Telfair Regional Hospital 2008
- Calhoun Memorial Hospital 2013
- Stewart-Webster Hospital 2013
- Charlton Memorial Hospital 2013
- Lower Oconee Regional 2014
- North Georgia Medical Center 2016

## Closed Emergency Room

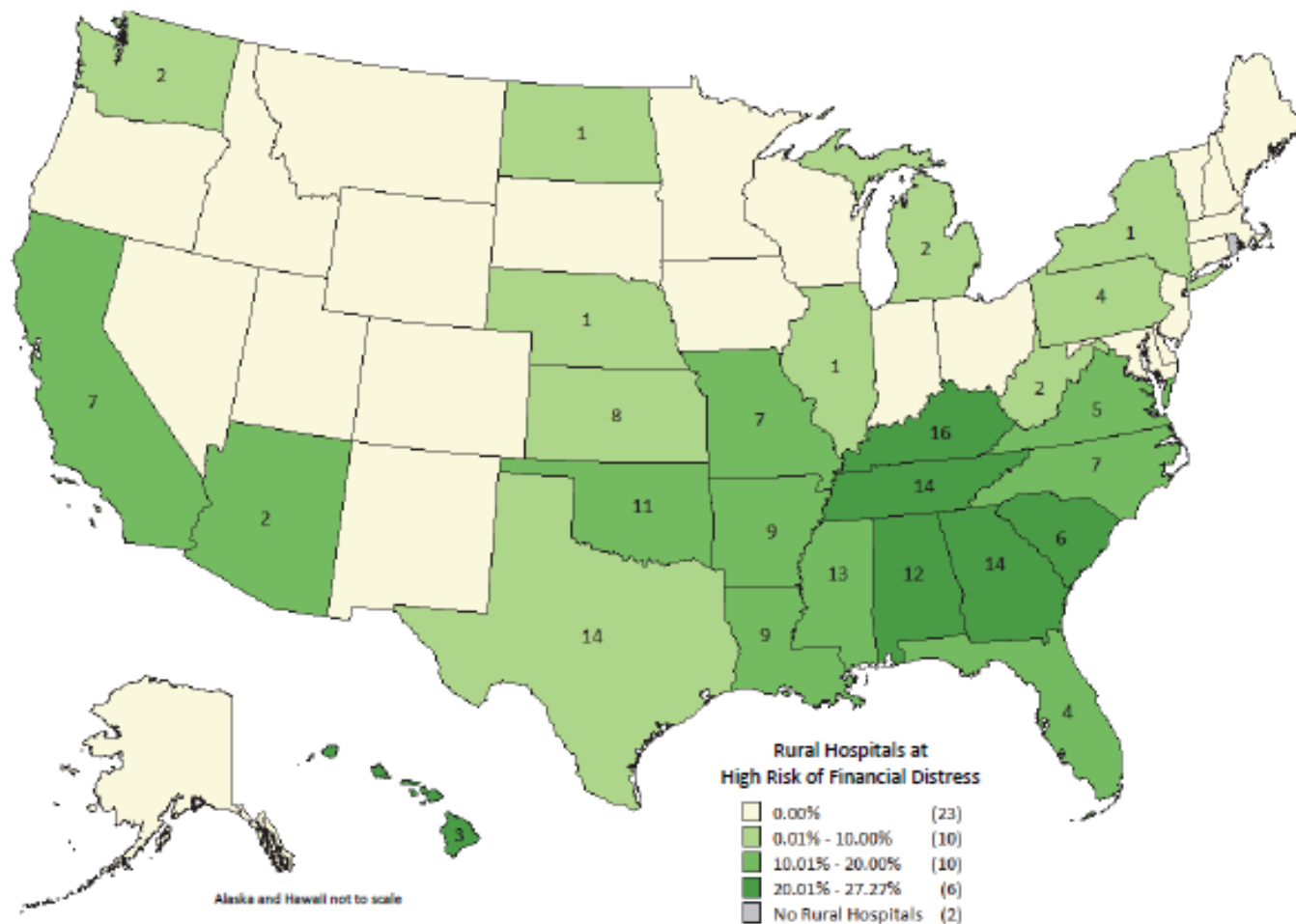
- Flint River Hospital 2013
- Cook Medical Center 2017





# Index of Financial Distress

Figure 1: Number and Percentage of Rural Hospitals at High Risk of Financial Distress in 2016



Source: North Carolina Rural Health Research and Policy Analysis Center, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, November 2015  
<http://www.shepscenter.unc.edu/programs-projects/rural-health/>



# The Changing Health Care Environment

- Hospital Closures – 7 rural hospitals nationally closed to date in 2017
- At the current growth rate, high deductible insurance plans offered through employers will predominate the market within four years.
- Consumer demand for transparency in healthcare pricing
- Rural-urban affiliations
- Physicians transitioning to hospital employment
- Flattening inpatient volumes - accelerating shift to outpatient care
- Recovery Audit Contractors (RAC)- While they look for both overpayments and underpayments, they are paid based on a percentage of the recovered overpayments. In fiscal year ending September 30, 2015, \$359.7 million in overpayments were collected and \$81.0 million in underpayments were returned to providers.
- CMS Hospital Penalty Programs
- Physician Quality Payment Program (QPP) – support for small, rural providers!
- Bundled payment models

***Providers face new financial uncertainty and challenges as they are required to adapt to the changing market.***



# National Quality Strategy Alignment

The National Quality Strategy pursues three broad aims. These aims will be used to guide and assess local, State, and national efforts to improve health and the quality of health care.

## Better Care

Improve overall quality by making health care more patient-centered, reliable, accessible and safe.

## Healthy People / Healthy Communities

Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care.

## Affordable Care

Reduce the cost of quality health care for individuals, families, employers and government.



## NQS Priorities



Making care safer by reducing harm caused in the delivery of care.



Ensuring that each person and family are engaged as partners in their care.



Promoting effective communication and coordination of care.



Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.



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



Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

# The Three Goals of the Triple Aim

Achieving the Triple Aim is a complex endeavor that requires healthcare organizations to understand their past and current performance and to then implement interventions to improve.

This entire process requires a strong data foundation and the tools to continuously measure performance.

It also requires the ability to combine clinical, financial, administrative, and patient satisfaction data.





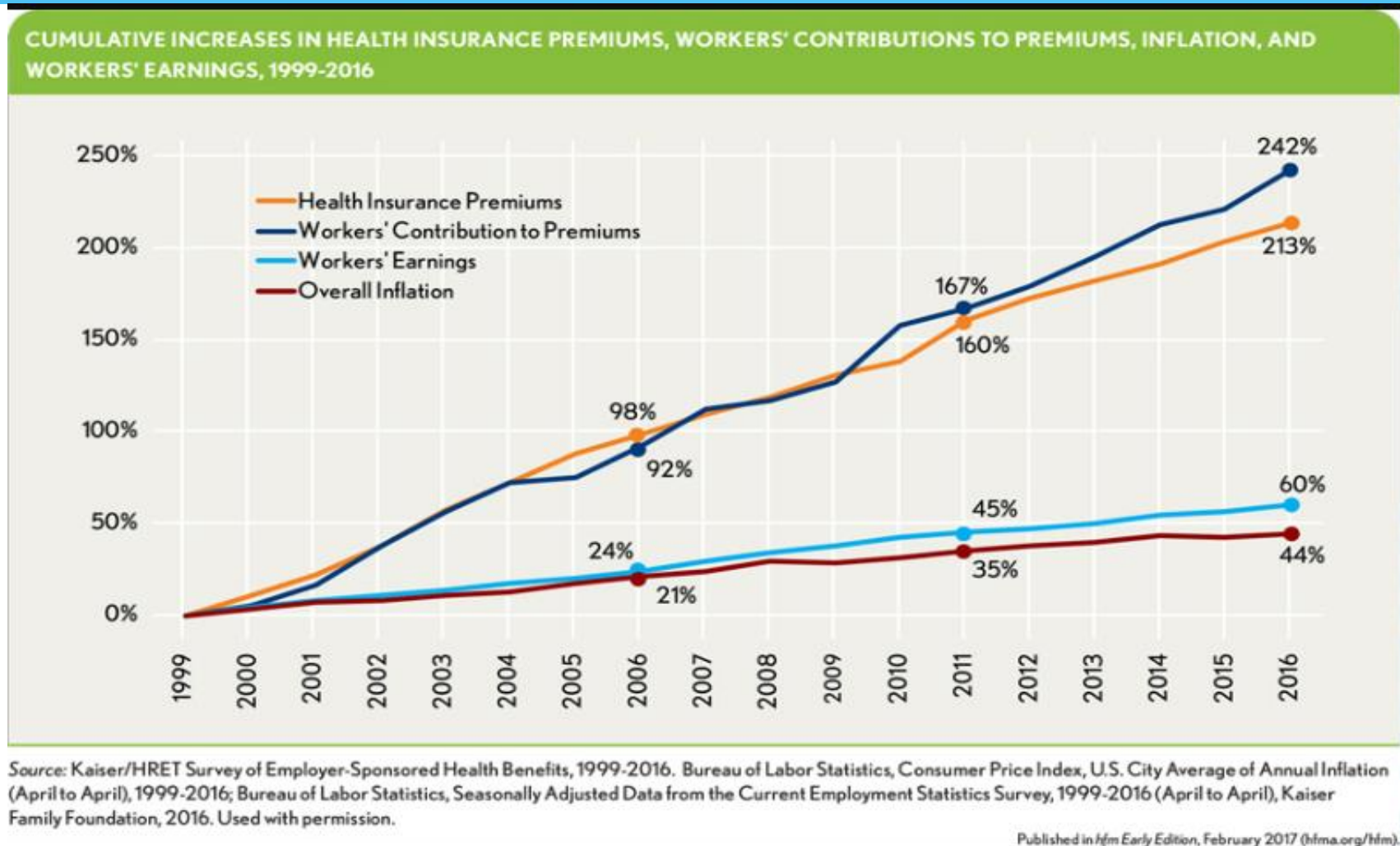
# Healthcare Spending

- The \$10,345-per-person spending figure is an average; it doesn't mean that every individual spends that much in the health care system. In fact, U.S. health care spending is wildly uneven.
- About 5 percent of the population — those most frail or ill — accounts for nearly half the spending in a given year, according to a separate government study. Meanwhile, half the population has little or no health care costs, accounting for 3 percent of spending.
- Of the total \$3.35 trillion spending projected this year, hospital care accounts for the largest share, about 32 percent. Doctors and other clinicians account for nearly 20 percent. Prescription drugs bought through pharmacies account for about 10 percent.
- The report also projected that out-of-pocket cost paid directly by consumers will continue to increase as the number of people covered by high-deductible plans keeps growing.

<http://www.pbs.org/newshour/rundown/new-peak-us-health-care-spending-10345-per-person/>



# Increases in Health Insurance Premiums Compared with Other Indicators, 1999–2016



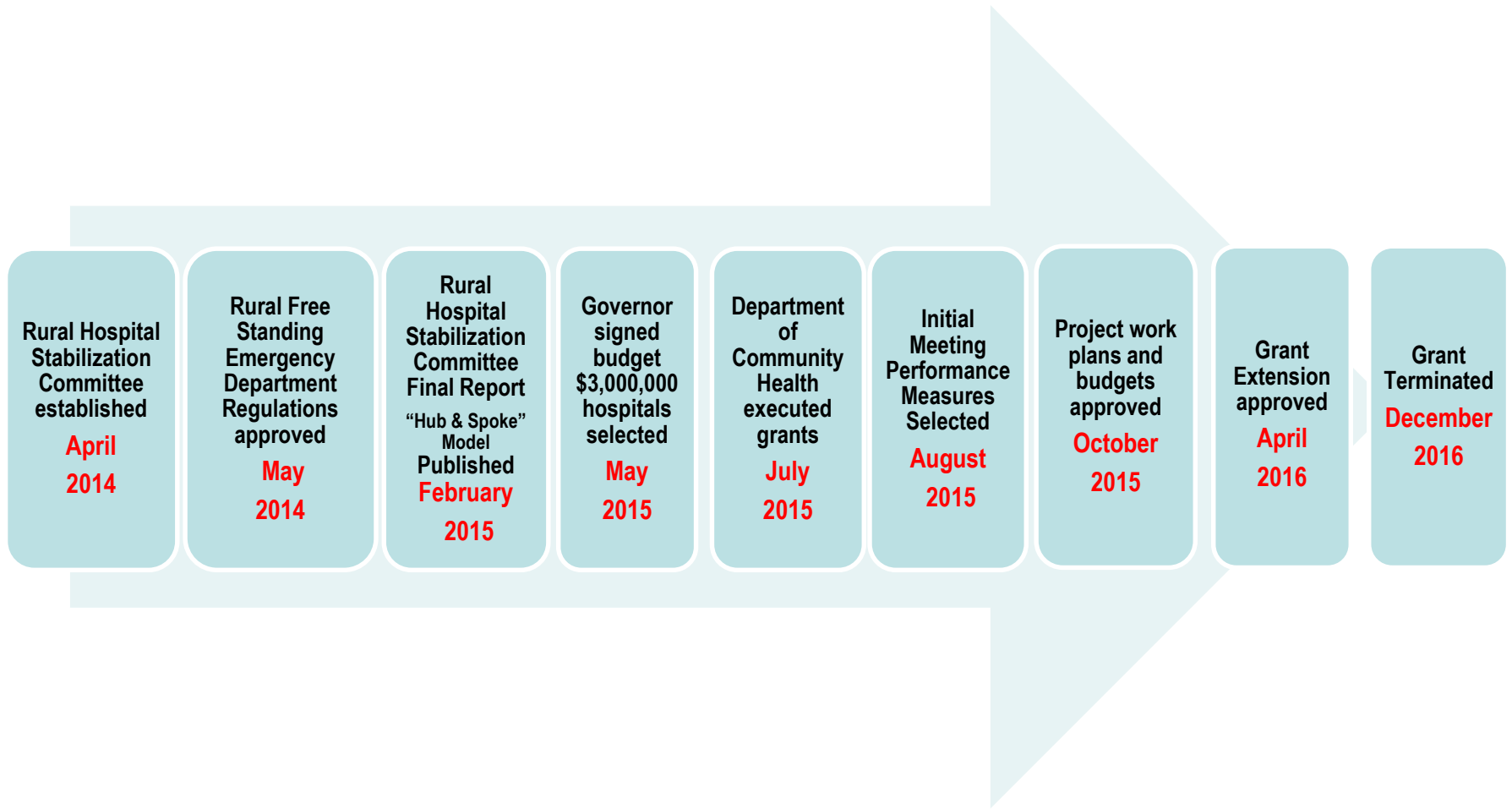
# Percentage of covered Workers - HDHP



“Instead of payment that asks, How MUCH did you do?, the Affordable Care Act clearly moves us toward payment that asks, How WELL did you do?, and more importantly, *How well did the **patient** do?*”

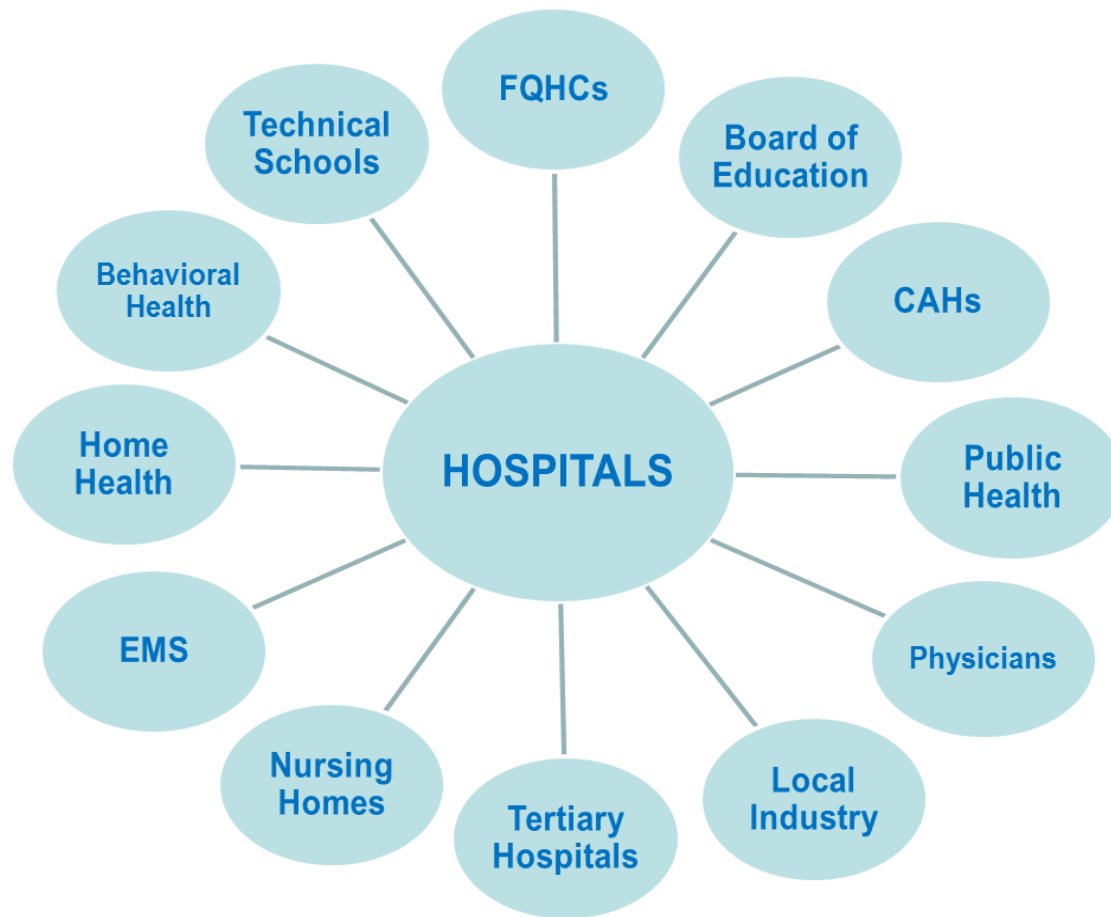
Don Berwick former administrator CMS

# TIMELINE

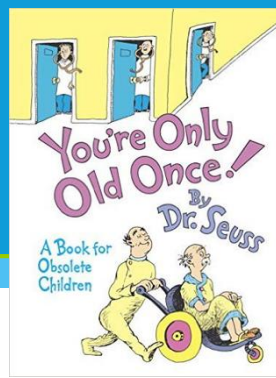




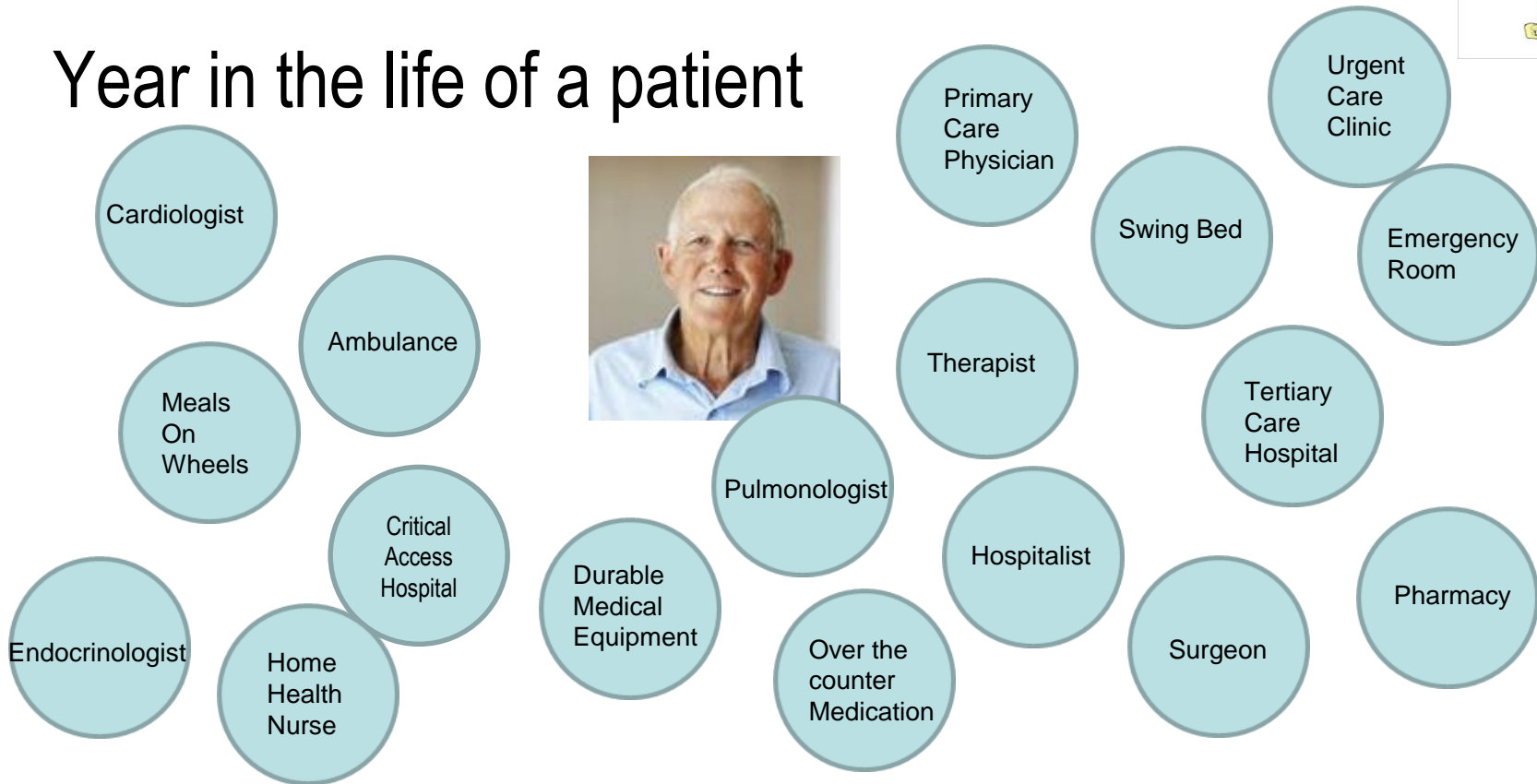
*“the right care, at the right time, in the right setting”*



# Fragmented healthcare delivery



## Year in the life of a patient



Disconnected communication among providers fuels uncertainty and often non-adherent behaviors

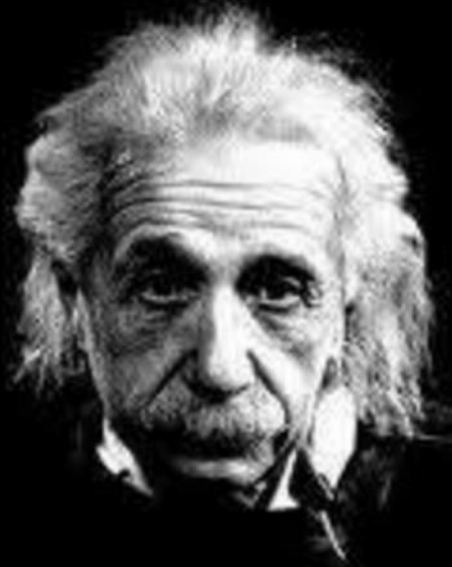




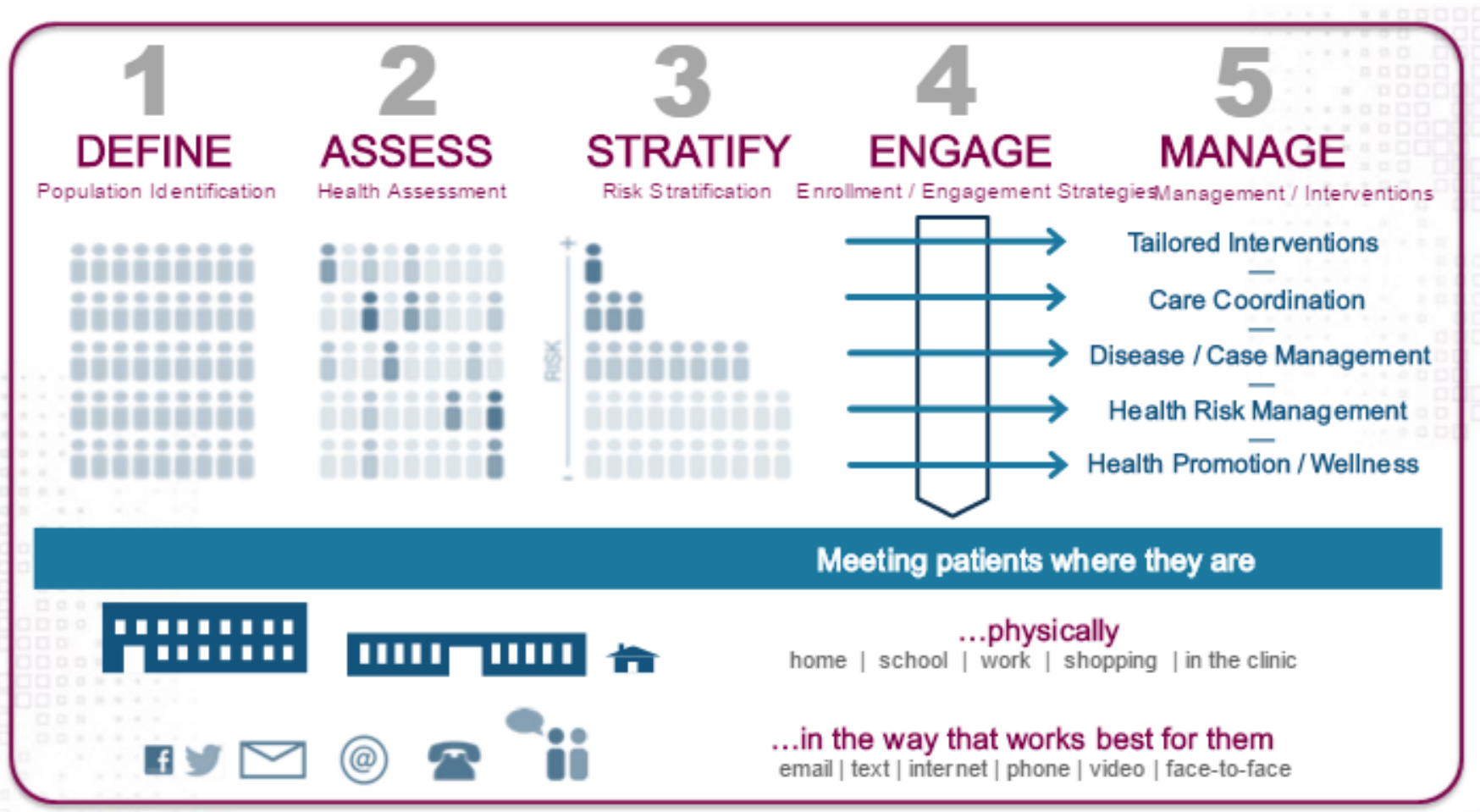
"OK. I understand a lot is going to change.  
But how do I stay the same?"



"WE CANNOT  
SOLVE OUR  
PROBLEMS  
WITH THE SAME  
THINKING WE  
USED WHEN WE  
CREATED THEM"

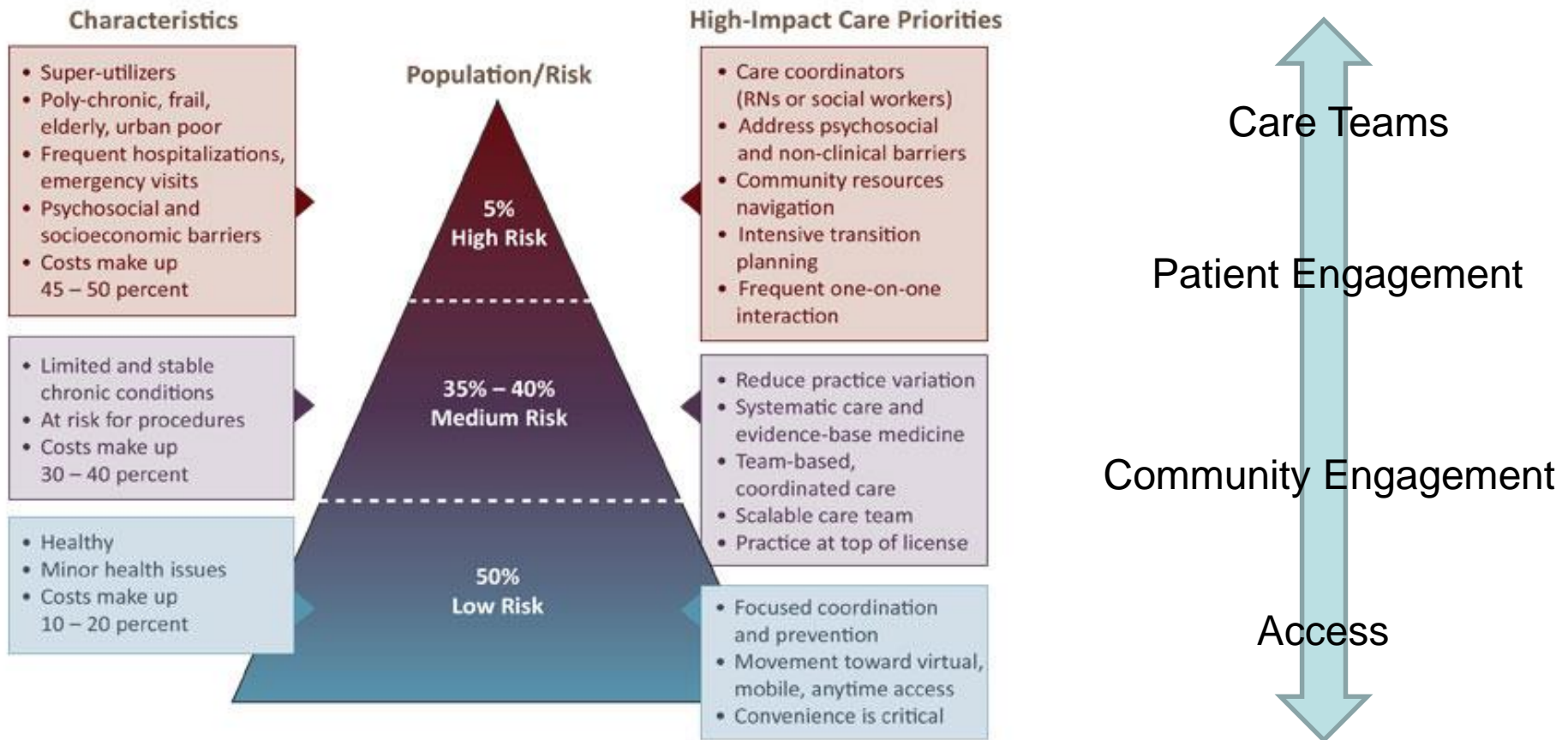


# Framework





# Population Health Pyramid



# Value through Partnerships



# Data Driven Solutions

The healthcare transformation is driving healthcare organizations to be able to manage patient populations to improve health, improve outcomes and reduce costs. They must gain deeper insight into population chronic disease cohorts to enable proactive interventions.

This insight requires the capture and centralization of disparate **data** sources to enable enterprise wide reporting.

The movement to value based care requires population insights to get the **right data to the right place at the right time** in order to truly impact patient care.

# Patient Engagement

*“If we can’t get to the 98 percent of health care that actually takes place in the bedrooms, bathrooms, and kitchens of people’s homes, we are not going to have the change in the outcomes that we want to have.”*

[http://www.hfma.org/Leadership/Archives/2016/Winter/Activating\\_Patient\\_Engagement\\_for\\_Population\\_Health/#sthash.FQyVMWRK.dpuf](http://www.hfma.org/Leadership/Archives/2016/Winter/Activating_Patient_Engagement_for_Population_Health/#sthash.FQyVMWRK.dpuf)

Many stakeholders believe:  
“Population health management is the  
way out of the crisis”





“There is nothing more important [in healthcare] than the transition from traditional medicine to population health and the implications that will have.  
No outcome, no income.”

Dr. David Nash

Founding Dean, Jefferson School of Population Health


“In God we Trust – all others bring data.”

- *William Edwards Deming*

# Data Sources to fuel project development




# DPH OASIS


**OASIS**

ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM

Web-Based Tools for Public Health and Public Policy Data Analysis

Accessing the Georgia Department of Public Health's Data Warehouse

Creates Tables, Maps or Charts of Health Data by selecting a topic below.

Like Us on Facebook

**Mortality/Morbidity**  
Mortality  
Hospital Discharge  
Emergency Room Visits  
Sexually Transmitted Disease  
Arboviral  
Ambulatory Care Sensitive Conditions

**Maternal/Child Health (MCH)**  
Births  
Fetal Deaths  
Induced Terminations  
Pregnancies  
Maternal Deaths  
Popular Baby Names

**Infant Mortality**  
Infant Mortality  
Perinatal Periods of Risk (PPOR)

**Population Characteristics**  
County Data  
Demographic Clusters

**Dashboards**  
Community Health Needs Assessment Dashboard

**Behavioral Surveys**  
Youth Risk Behavior Survey  
Behavioral Risk Factor Survey

**Motor Vehicle Crashes**  
Crashes

**Health Service Locator**  
Healthy Community Resources


**Latest Updates**

**What Can OASIS Do For You?**

**Additional Resources**

**Did You Know?**

**Premature Live Births & Percent**  
This measures uses gestational age (The gestational age of a fetus is the elapsed time since the first day of the last normal menstrual period. Gestational age is expressed in completed weeks.) The number of live births with a gestational age less than 37 weeks, per 100 live births.  
  
Formula = [Number of live births with gestational age less than 37 weeks / Number of live births] \* 100.

Georgia Department of Public Health

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# Community Health Status Indicators (CHSI)



Assess community health status and identify disparities;

Promote a shared understanding of the wide range of factors that can influence health; and

Mobilize multi-sector partnerships to work together to improve population health.

<http://wwwn.cdc.gov/communityhealth>



# County Health Rankings

County Health  
Rankings & Roadmaps  
Building a Culture of Health, County by County

Overview

Rankings

Measures

Downloads

Compare Counties

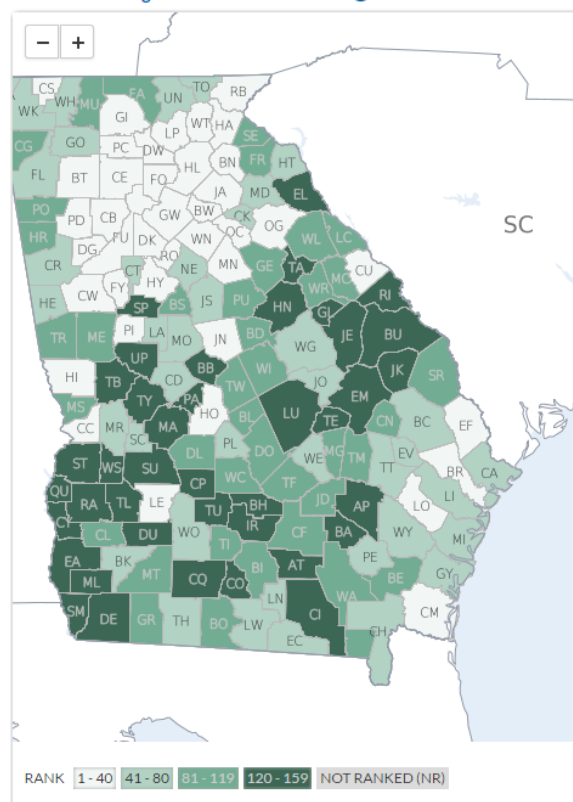
Select a county



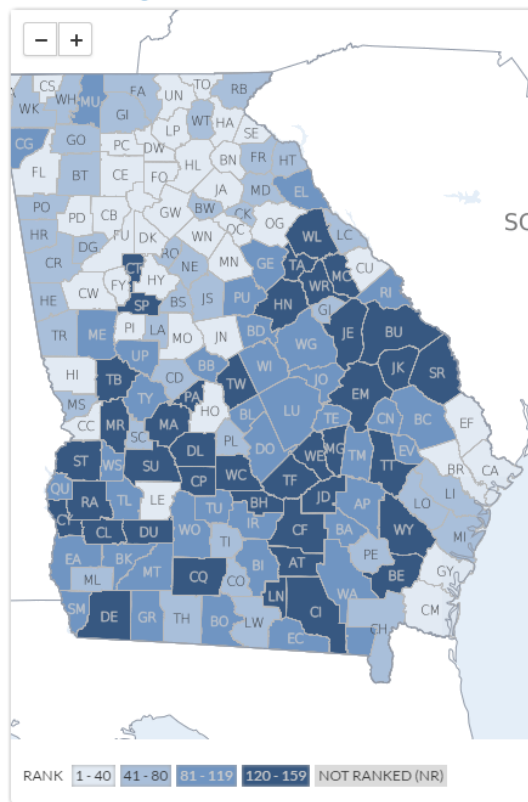
Help

Find out how healthy your county is and explore factors that drive your health

## Overall Rankings in Health Outcomes



## Overall Rankings in Health Factors



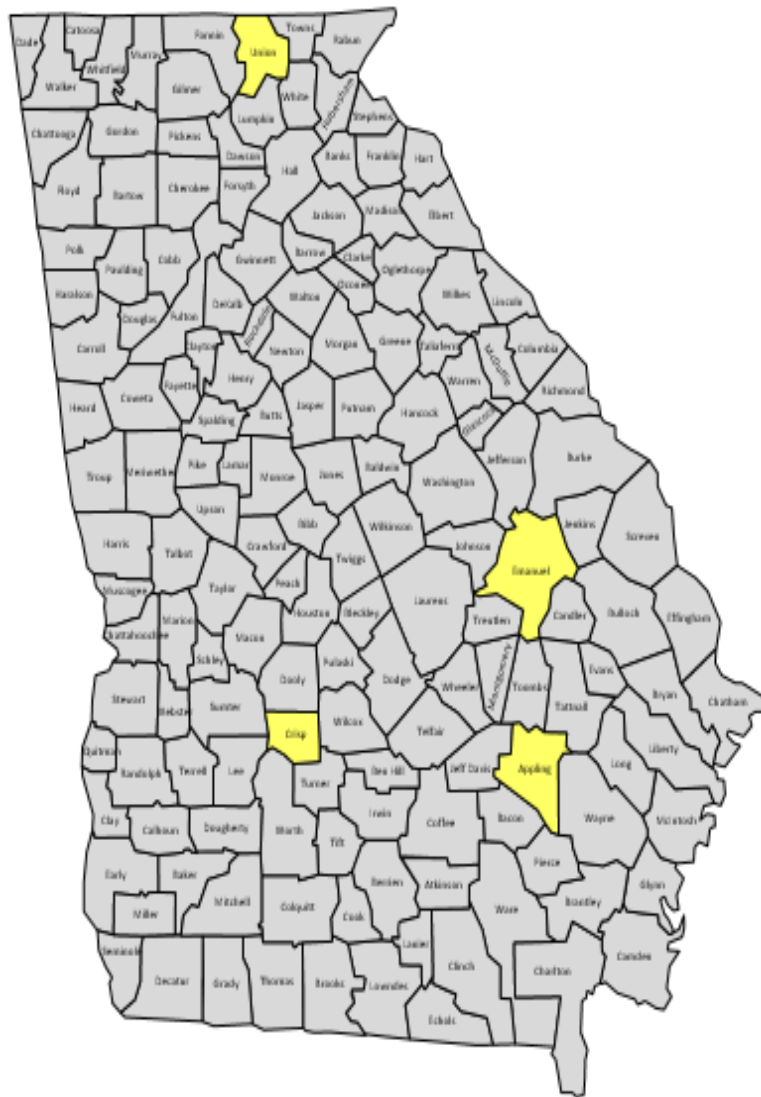
<http://www.countyhealthrankings.org/>

Harness the power of business intelligence with HIDI Analytics:

Utilizing the Georgia Discharge Data Set:

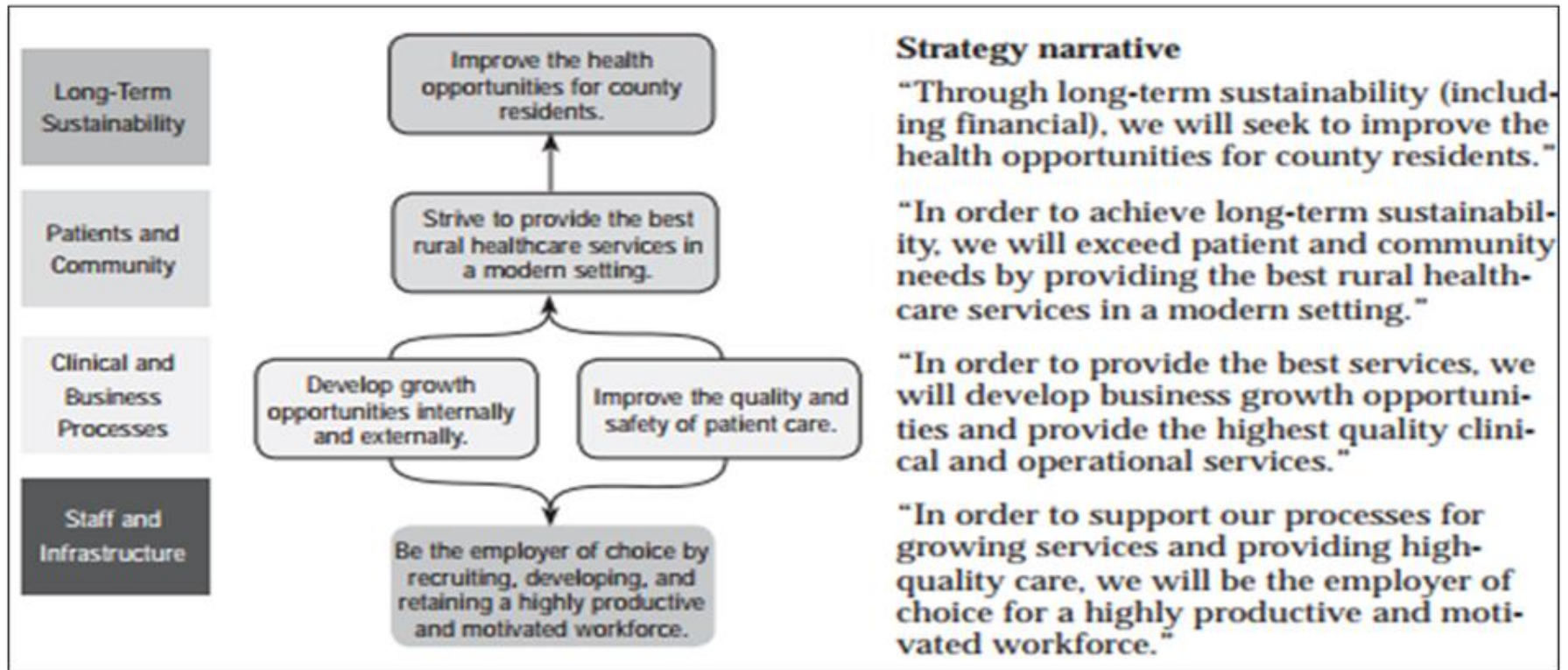
- ✓ Access reports designed to meet the specific needs of PPS and critical access hospitals
- ✓ Stay on top of the complex and ever changing policy landscape and anticipate the associated financial impact to your hospital
- ✓ Supplement business cases to justify new or expanding services with decision support driven by data
- ✓ Identify demographic, socioeconomic and health characteristics for your community health needs assessment with interactive geographic information systems.

# Phase 1 – Pilot Hospitals



**Appling Healthcare System  
Crisp Regional Medical Center  
Emanuel Medical Center  
Union General Hospital**

# Rural Healthcare



Metrics Help Rural Hospitals Achieve World-Class Performance, Scott W. Goodspeed; Journal for Healthcare Quality Volume 28, Issue 5 September-October 2006 Pages 28–55

# Overarching Goals

- Increase Market Share
- Reduce Potentially Preventable Readmissions
- Reduce Non-Emergency care and “Super Users” served in the ED
- Increase Primary Care Access



# Goal 1 – Increase Market Share

- Emergency Department (ED) Integration with Emergency Medical Services (EMS)
- Existing Service Line Enhancement
- New Service Line Development





# Project Snapshots

## Designations Supported

- Appling Healthcare System achieved Level IV Trauma Center Designation June 2016
- Crisp Regional Hospital achieved Remote Stroke Designation May 2017



# Project Snapshots

## EMS/ED Transmissions





# Project Snapshots

## Enhance Emergency Department Services

- **Additional 4 Emergency Department Rooms**
- **Patient Advocates 7 days a week**
- **Fast Track**
  - **Nurse 1<sup>st</sup> Triage**
  - **Bedside Registration**
- **Opioid Prescribing Policy (decrease >50% volume)**



- **Union General Hospital**



# Project Snapshots

## Enhance Communication



☒ Always  
☐ Usually  
☐ Sometimes  
☐ Never

Perception is EVERYTHING





# Project Snapshots

## New Outpatient Service Lines Developed

### Appling Healthcare System -

#### Services Provided

- Drug Screens
- Pre-employment & Post Offer Employment Testing
- DOT Physicals
- Workplace injury evaluation and treatment
- Workplace health and wellness
- Functional Capacity Evaluations



### Emanuel Medical Center

#### Tele-Nephrology program



# Interacting Goals

- Goal 2 – Reduce Potentially Preventable Readmissions
- Goal 3 – Reduce Non-Emergent Care and “super users” served in the Emergency Department
  - Hospital based Care Coordination
  - Mobile Integrated Health Care and Community Paramedicine (MIH-CP)
  - Specialty Telehealth





# Project Snapshots

Care Coordination / Mobile Integrated Healthcare

## Care Coordination

- *Applying Healthcare System*
- *Emanuel Medical Center.*

## Mobile Integrated Healthcare Program

- *Crisp Regional Hospital*
- *Union General Hospital*



# Project Snapshots Telehealth Projects

- Emanuel County Nursing Home telemedicine psychiatric management
- Appling Healthcare System Specialty Outpatient Care
- Crisp Regional Hospital Neurology ED/Inpatient Telemedicine



# Goal 4 – Increase Primary Care Access

- Federally Qualified Health Center (FQHC) Partnership
- School-Based Health Care



# Project Snapshots

## FQHC partnership

*Appling Healthcare System –*



*Crisp Regional Hospital –*





# Project Snapshots

## School Partnerships Projects

- *Union General Hospital Telehealth Program*
- *Appling Healthcare System County Telehealth Program*
- *Crisp Regional Hospital Telehealth and onsite clinic Program*

Welcome to your School-Based Health Center!



# STRENGTHS

- Linkages of rural stakeholders with the hospital has proven to be the greatest opportunity and strength of the Rural Hospital Stabilization Program.
- The stabilization funds provided an infrastructure in which hospitals could test innovative programs in response to a rapidly changing health care environment.



# OPPORTUNITIES

- Focus data – start with the end in mind
- Data Validity
  - Standardize measure calculations
  - Stratify claims data by payor
  - Issues with hospital claims data
- Need for pre/post data for “intervention” cohort
- Data needed from partners across the continuum of care

# Phase 2 TIMELINE

Governor signed  
budget \$3,000,000  
hospitals selected

**May  
2016**

Department of  
Community Health  
executed grants

**September  
2016**

Project work plans  
and budgets  
approved

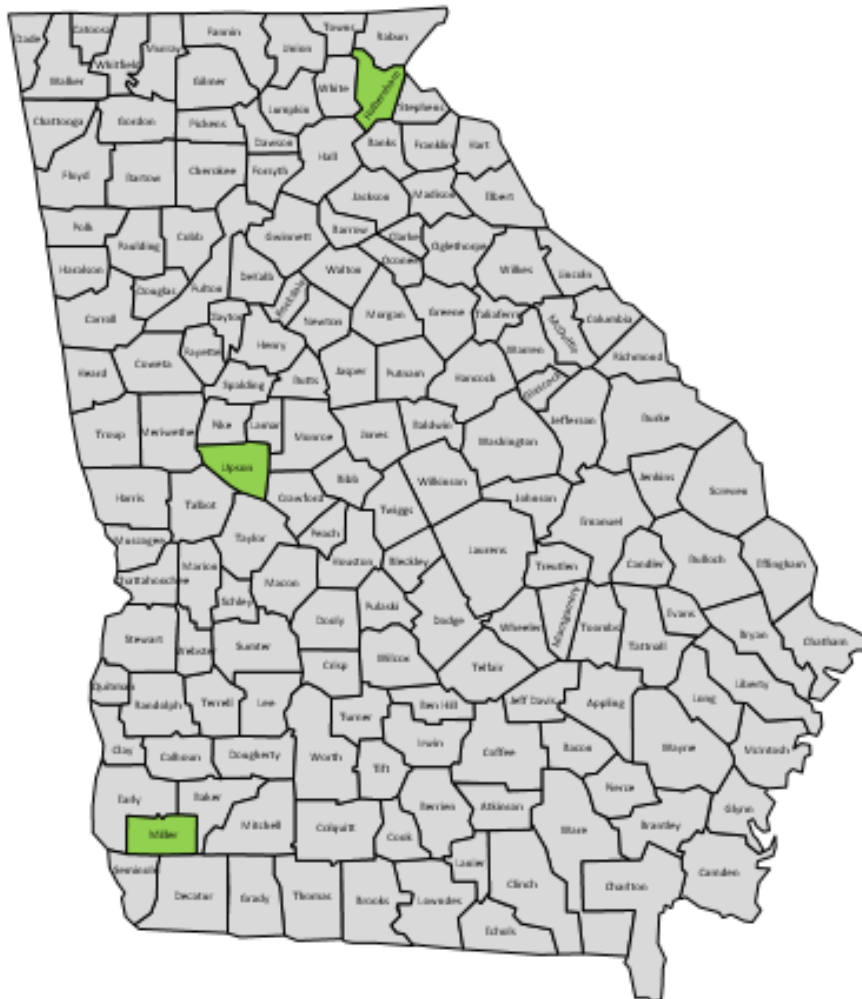
**November  
/December  
2016**

Anticipated Grant  
Termination

**June  
2018**

*The \$3M investment will span a **2-year project** providing each of these rural communities an opportunity to explore options for cost savings, new revenue and service expansion.*

# Phase 2 Hospitals



**Habersham Medical Center**  
**Miller County Hospital**  
**Upson Regional Medical Center**

# Goal 1 – Increase Market Share

- Emergency Department (ED) Integration with Emergency Medical Services (EMS)
- Existing Service Line Enhancement
- New Service Line Development



# Project Snapshots

## Enhance Emergency Department Services

- Additional Emergency Department Rooms
- “Safe Room” / Isolation Room
- Medical Screening Exam
- EKG Transmission
- Stroke Care



Miller County Hospital



Upson Regional Medical Center

**NEED TO SEE A  
HEALTH CARE PROVIDER,  
TODAY?**

**OFFERING EXPANDED HOURS;  
SEVEN DAYS A WEEK STARTING June 5th**

**Walk-ins welcome!**

Monday-Friday 8 a.m. to 11 p.m.  
Saturday-Sunday 9 a.m. to 9 p.m.

We welcome Commercial Health  
Insurance, Medicare, Medicaid, and  
Self-Pay patients.

**New lower Self-Pay fee \$45.**

**Prime Care**

Located inside Habersham Medical Center.  
706-754-CARE

Habersham Medical Center



# Project Snapshots

## New Service Lines/Programs

- Geriatric Psychiatric Unit
- Touchstone 
- 340B Drug Discount Pharmacy Program





# Project Snapshots

## Telemedicine Services

### Partnership with Women's TeleHealth for Maternal Fetal Medicine Clinic





# Interacting Goals

- Goal 2 – Reduce Potentially Preventable Readmissions
- Goal 3 – Reduce Non-Emergent Care and “super users” served in the Emergency Department
  - Hospital based Care Coordination
  - Partnership for Post-Acute Care
  - Mobile Integrated Health Care and Community Paramedicine (MIH-CP)
  - Telehealth



# Project Snapshots

Care Coordination / Mobile Integrated Healthcare

## Care Coordination

- Miller County Hospital

## Mobile Integrated Healthcare Program

- *Habersham Medical Center*
- *Upson Regional Medical Center*



# Project Snapshots

## Care Coordination Partnership



Swing Bed Program – Helping Patients Transition from Hospital to Home



# Project Snapshots

## School Partnerships Projects

- *Habersham Medical Center Telehealth Program*
- *Upson Regional Medical Center Telehealth Program*

Welcome to your School-Based Health Center!





# Goal 4 – Increase Primary Care Access

1. Collaboration with Mercer University School of Medicine, medical staff, and Three Rivers Area Health Education Council to establish a medical student pipeline



# Phase 3 TIMELINE

Governor signed  
budget \$3,000,000  
hospitals selected

**May  
2016**

Department of  
Community Health  
executed grants

**October  
2017**

Project work plans  
and budgets  
approved

**In process**

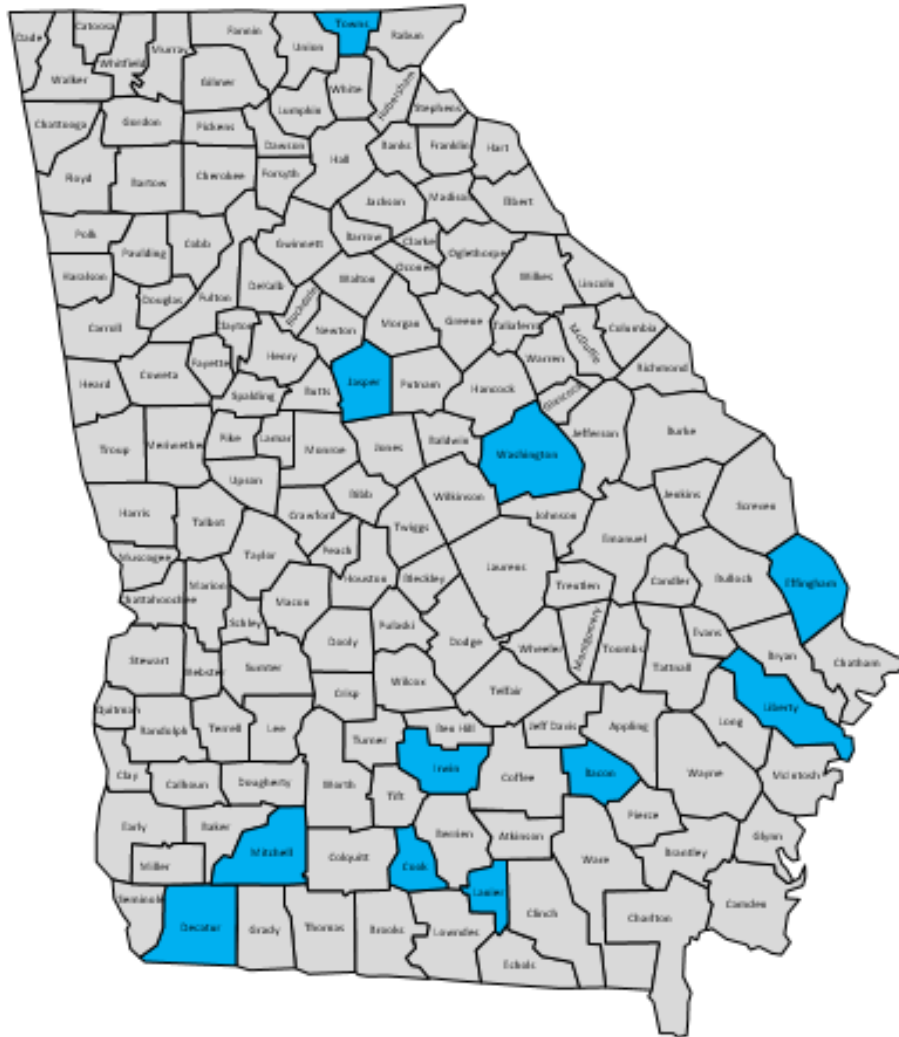
Anticipated Grant  
Termination

**June  
2018**

*The \$3M investment will span a **1-year project** providing each of these rural communities an opportunity to explore options for cost savings, new revenue and service expansion.*



# Phase 3 Hospitals



**Bacon County Hospital**  
**Chatuge Regional Hospital**  
**Cook Medical Center**  
**Effingham Hospital**  
**Irwin County Hospital**  
**Jasper Memorial Hospital**  
**Liberty Regional Medical Center**  
**Memorial Hospital and Manor**  
**Mitchell County Hospital**  
**SGMC- Lanier Campus**  
**Washington Regional Medical Center**

It is not enough to do your best; you must know what to do, and then do your best.

- W. Edwards Deming





# Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

*We are dedicated to A Healthy Georgia.*