



Center for Rural Health Policy Analysis

Rural Health
Value

UNDERSTANDING
AND FACILITATING
RURAL HEALTH
TRANSFORMATION.



Building Capacity for Frontier Health Care Reform

Frontier Partners Meeting, March 20, 2014

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RHSATA: Facilitating Rural Health Transformation

- Three-year HRSA Cooperative agreement: Rural Health System Analysis and Technical Assistance (RHSATA)
- Partners: RUPRI Center for Rural Health Policy Analysis and Stratis Health, with support from Stroudwater Associates and Washington University in St. Louis
- Vision: to build a knowledge base through research, practice, and collaboration that helps create high performance rural health systems

RHSATA Project Aims

1. Analyze rural implications of health care delivery, organization, and finance changes fostered by public policy and private sector actions
2. Develop and test technical assistance tools and resources to enable rural providers and communities to take full advantage of public policy changes and private sector initiatives
3. Inform further developments in public policy and private action through dissemination of findings

RHSATA Analysis and Assessment

- Typologies of places and systems
- Activities that do and could occur, given types of places and health systems
- Assess implications for rural people, places, and providers



RHSATA Technical Assistance Framework

- **Inform:** to help rural leaders create awareness of the need to change care delivery to bring value to all stakeholders, and make that case locally
- **Assess:** to understand strengths, needs, and capacity to build value in local health care environment



RHSATA Technical Assistance Framework

- **Prepare:** to identify action steps based on organizational and community needs and capacity
- **Act:** to select activities based on synthesis of assessments and discussion and then implement organizational and community change that creates value



RHSATA: One Year In

- Advisory committee formed
- Web site developed and launched
- A growing portfolio of tools and resources
- Identifying and spreading rural innovation ideas and insight
- Collaborations
- www.ruralhealthvalue.org

The web site



Examples of Tools and Resources

- Leading Value Transformation
 - Value Transformation of Rural Health Care video and discussion guide
 - How Hospital Leaders Can Build Good Working Relationships with Physicians
- Improving Care Delivery & Population Health
 - Care Coordination Resources for Rural Organizations
 - Overview of Innovative Workforce Roles

Example of Tools and Resources (cont)

- Organizational Relationships & Partnerships
 - The Merger Frenzy
 - Role of Teamwork in Improving Value in Rural Health
- Using Data to Support Transformation
 - Using Data to Understand Your Community
 - Emergency Department Super Utilizer Programs

Innovations and Demonstrations

- Briefs
- Profiles
- Table of innovations
- Opportunity to share



Profiles of Rural Innovations

Humboldt County, CA: Learn how a rural California county is working toward a fully integrated and responsive health and human services care system through patient engagement, unnecessary surgery reduction, and emergency department "super utilizer" care management.

Profiles of Rural Innovators

SERPA: Accountable Care Organizations (ACOs) currently operate in rural areas in every region of the country. Learn from the Executive Director of the South East Rural Physicians Alliance (SERPA) ACO, who is coordinating the design and implementation of the rural-based and physician-led Advance Payment ACO in rural Nebraska.

Innovation Table by Category

- Community based care
- Care coordination
- Medication therapy management
- Targeted disease management
- Patient-Centered Medical Home
- Inter-organizational partnership

Table example: Community based care

Project Title	Project Description	Project Focus Areas
<p data-bbox="88 512 627 572">A home visitation program for rural populations in Northern Dona Ana County, New Mexico</p> <p data-bbox="88 608 334 632">Southern New Mexico</p>	<p data-bbox="666 512 1222 1143">The Ben Archer Health Center in southern New Mexico is receiving an award to implement an innovative home visitation program for individuals diagnosed with chronic disease, persons at risk of developing diabetes, vulnerable seniors, and homebound individuals, as well as young children and hard to reach county residents. Ben Archer provides primary health and dental care to rural Dona Ana County, a medically underserved area and health professional shortage area. The program will use nurse health educators and community health workers to bridge the gap between patients and medical providers, aid patient navigation of the health care system, and offer services including case management, medication management, chronic disease management, preventive care, home safety assessments, and health education, thereby preventing the onset and progression of diseases and reducing complications.</p>	<p data-bbox="1246 512 1624 729"><i>Provider types:</i> Community Health <i>Care type:</i> Home visits <i>EHR?</i> No <i>Involve primary care?</i> Yes <i>Involve hospitals?</i> No <i>Population:</i> Underserved or at-risk <i>Funding agency:</i> CMS</p>

Collaborations to Share and Spread Rural Innovation

- The National Rural Health Resource Center



- The Rural Assistance Center



- The National Rural Health Association



- The National Organization of State Offices of Rural Health



- The American Hospital Association



Coming Next from RHSATA

- Taxonomy of Rural Places based on empirical indices
- A series of rural Technical Assistance engagements
- Further directed research

A Stratis Health TA Example

Minnesota Rural Palliative Care Initiative

- *Goal:* To build capacity in rural communities to develop and offer palliative care locally
- *TA Process:* Stratis Health engages with selected rural communities for 12-18 months – a rigorous assessment, a one-day structured community workshop, an action plan, coaching calls, design and intervention support, evaluation and measurement

A Stratis Health TA Example (cont)

- *Results:*
 - Third cohort launched in 2013
 - 25 total communities
 - Most offering palliative care services today
 - Ongoing networking group
 - Just completed ‘Triple Aim’ measurement study
- Building block for rural communities toward broader health reform participation

Reflection and Insight on TA

- There is no off-the-shelf solution
- It's about long term capacity, not program of the day
- Rural is not simply a smaller version of urban
- Small numbers can be challenging, so get creative in measurement
- Find and create a peer network
- Lessons learned from RHSATA rural innovators:
 - Create a climate of necessity
 - Identify resources and funds to support and sustain change
 - Find the innovators in the community – people “that make things happen”

For Further Information

The RUPRI Center for Rural Health Policy Analysis

<http://cph.uiowa.edu/rupri>

The RUPRI Health Panel

<http://www.rupri.org>

Stratis Health

www.stratishealth.org

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