

Department of Community
Health State Office of Rural
Health

Hospital Flexibility Health
System

Development and Community
Engagement Grant

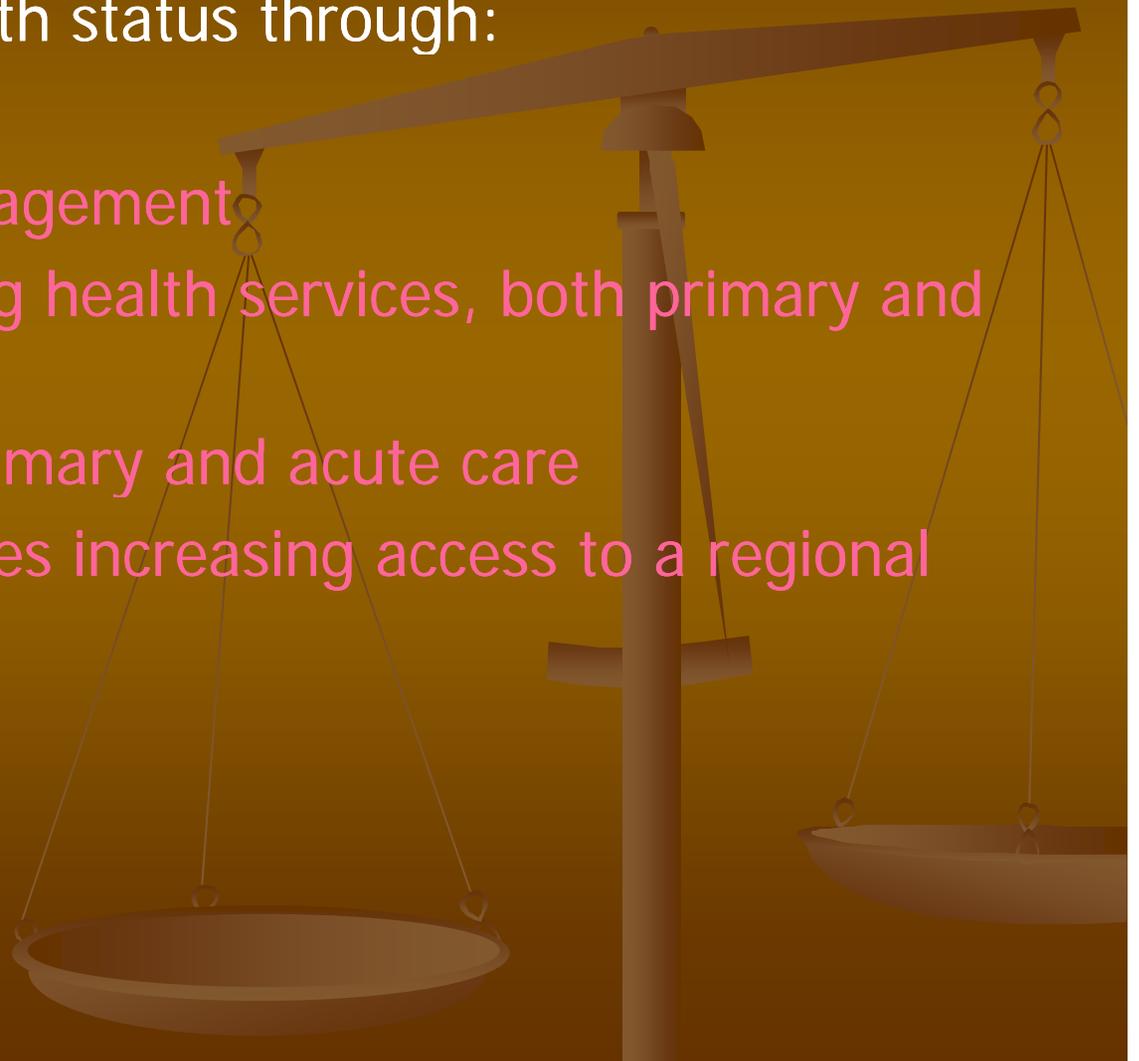
State Office of Rural Health

- 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.



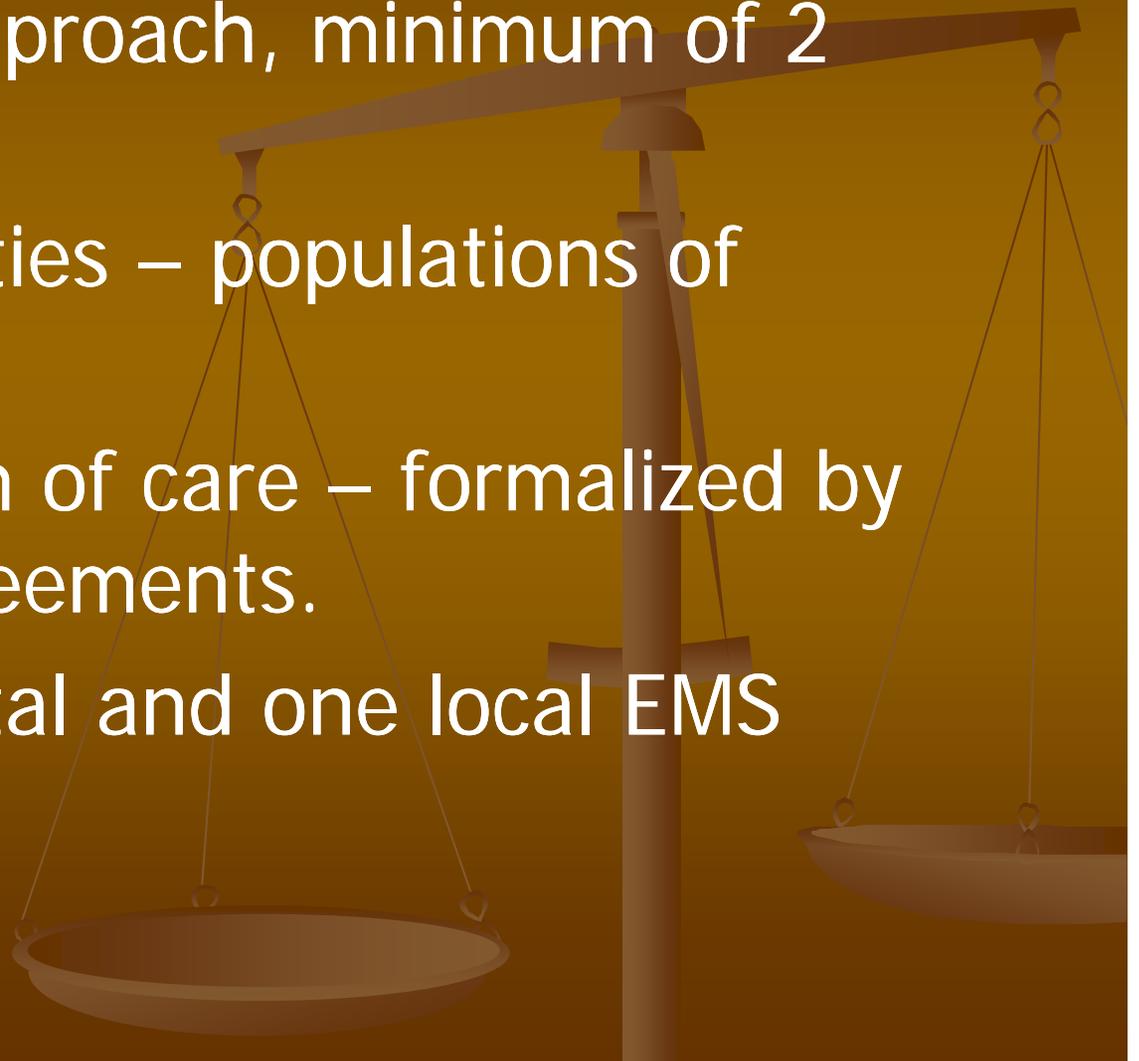
Suggested Activities

- 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

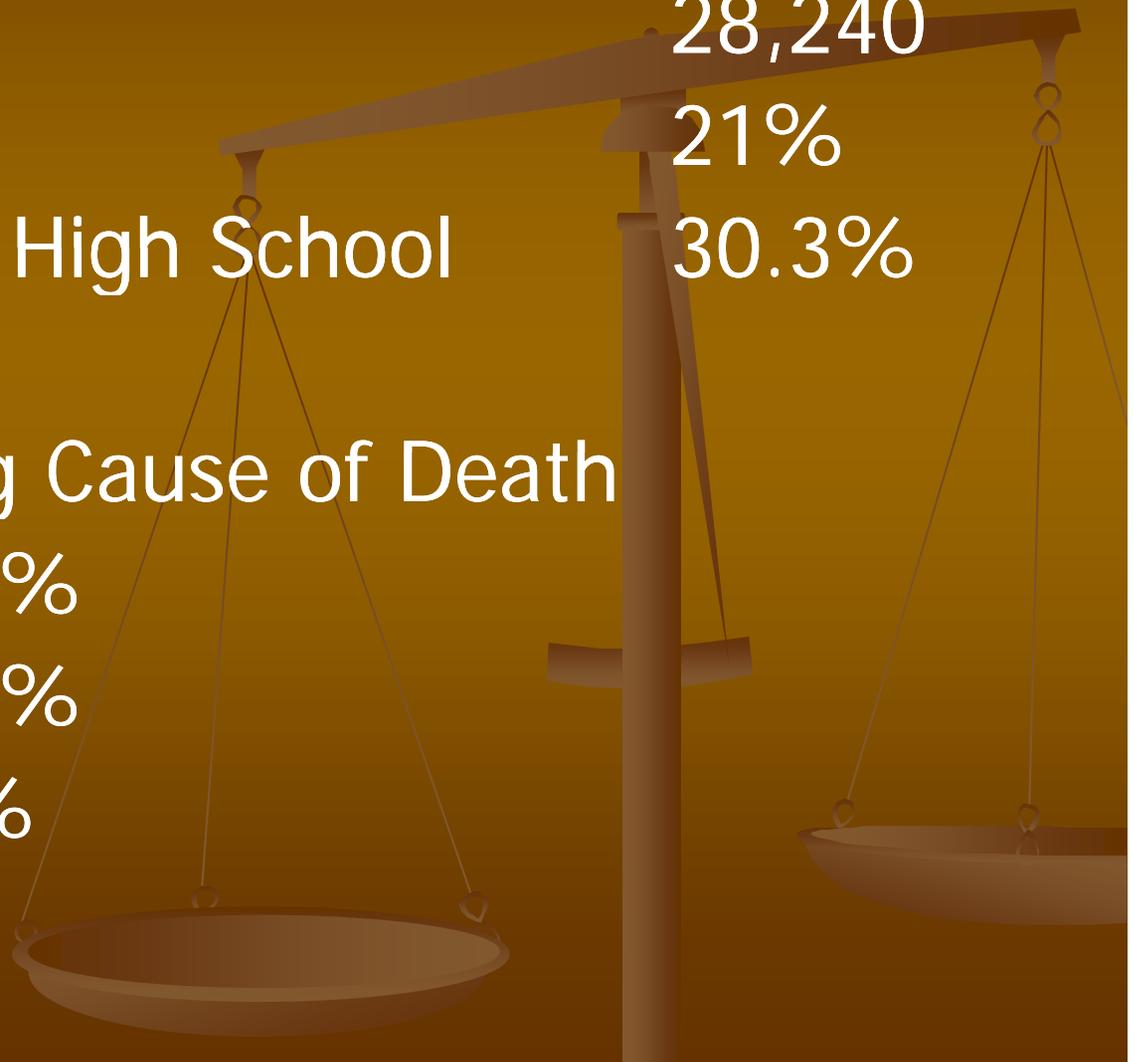


Decatur County

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

Leading Cause of Death

- Heart 29%
- Cancer 19%
- CVA 8%

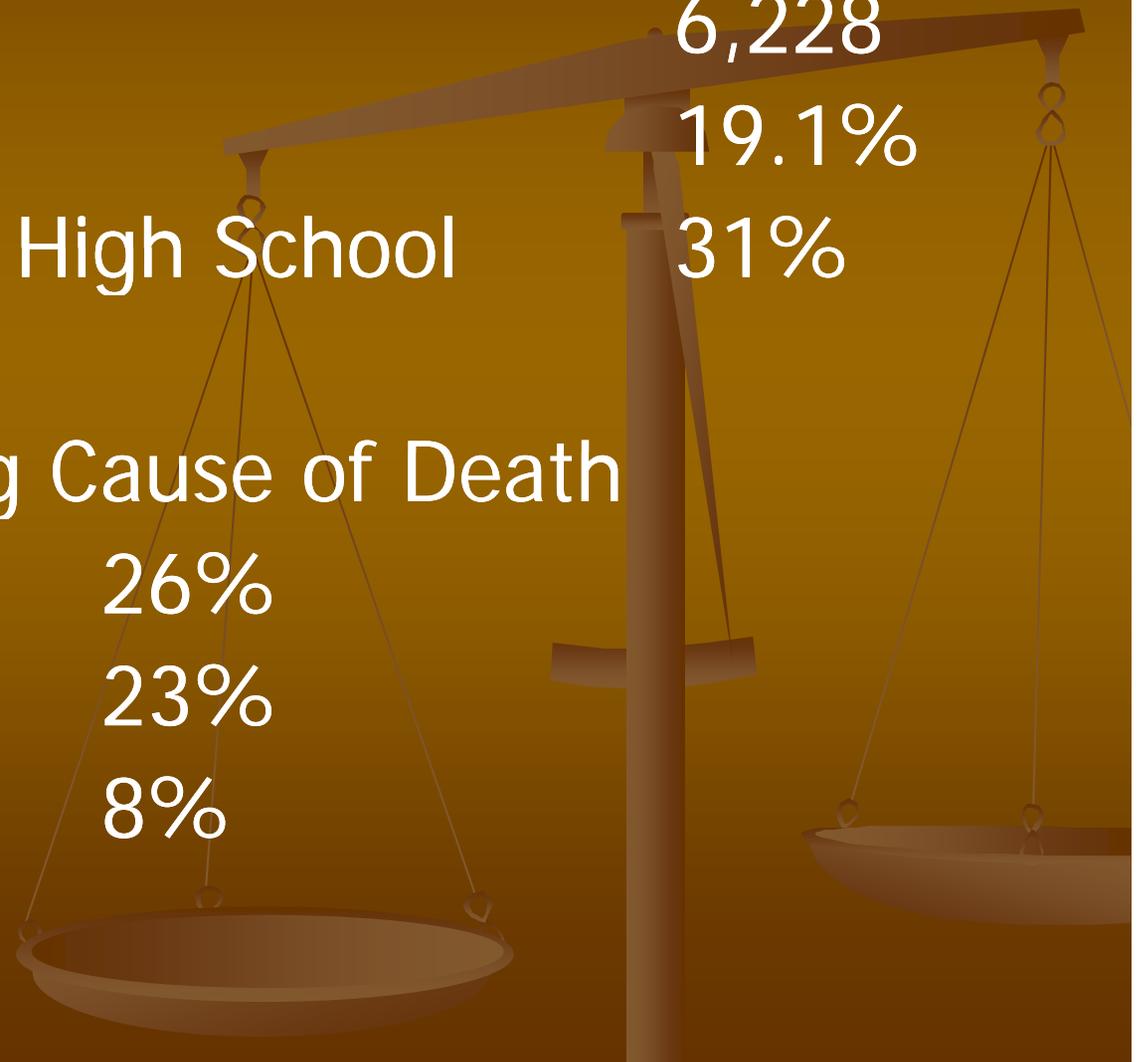


Miller County

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

Leading Cause of Death

- Heart 26%
- Cancer 23%
- CVA 8%

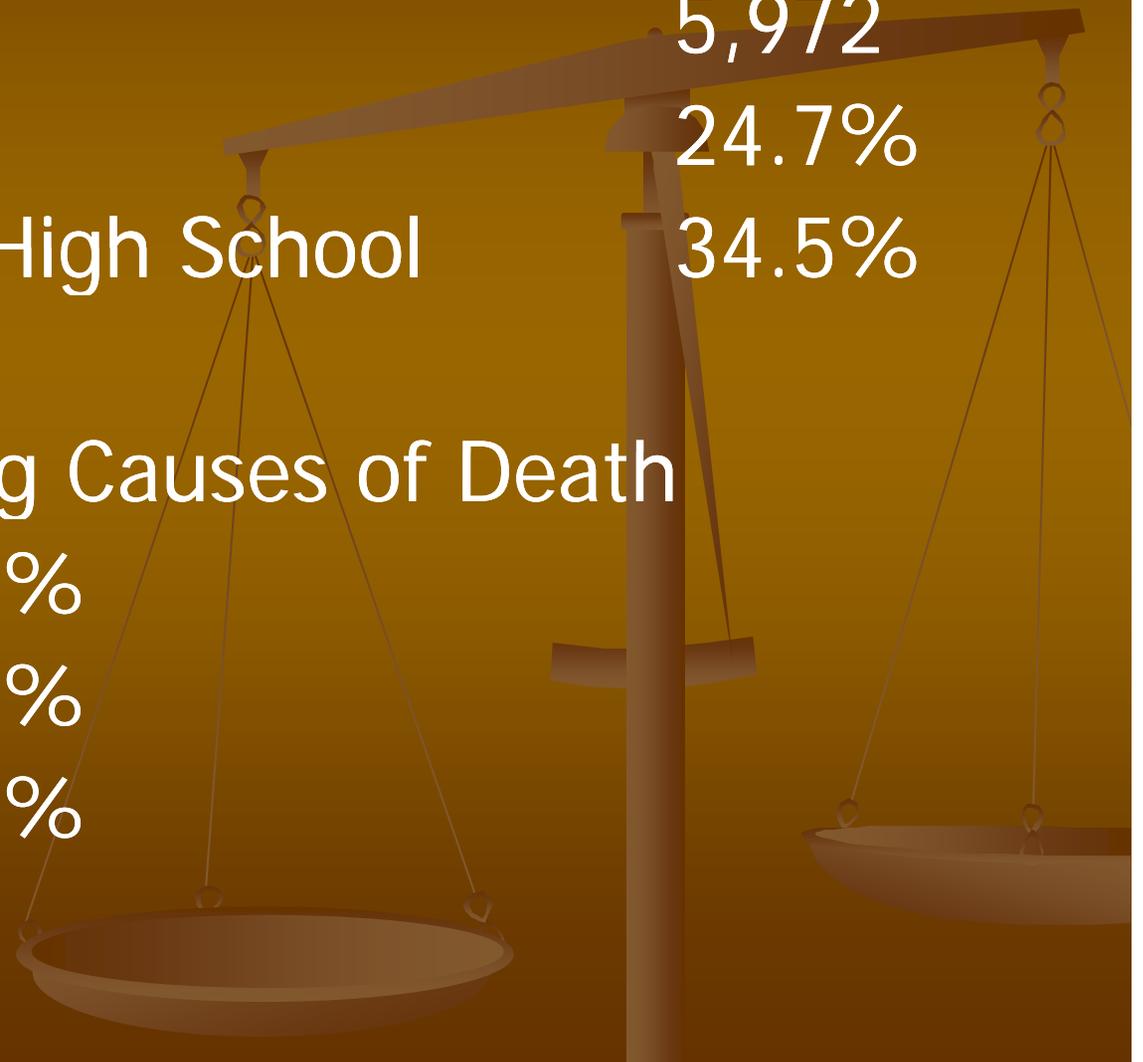


Calhoun County

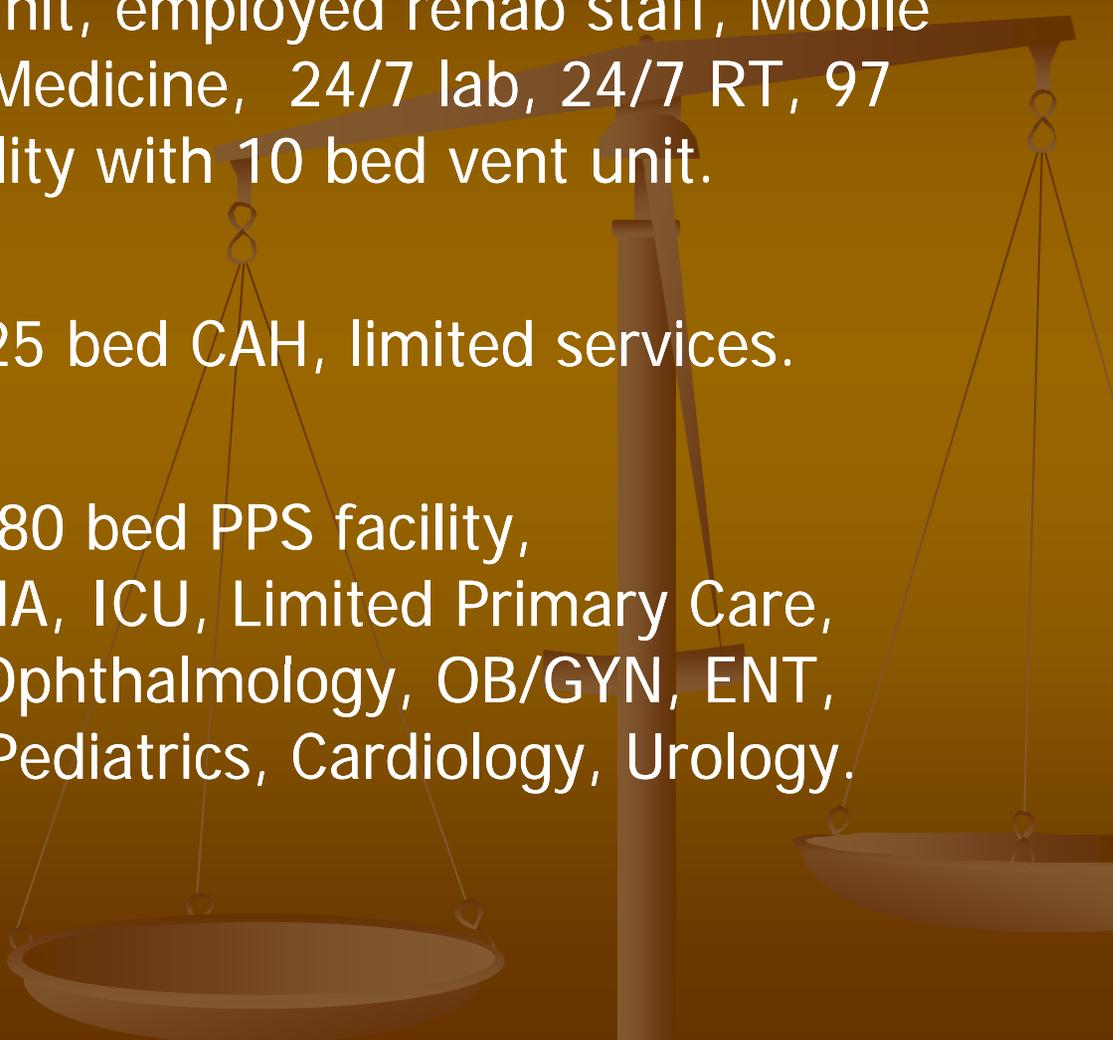
- Population 5,972
- Poverty Rate 24.7%
- Not completed High School 34.5%

Leading Causes of Death

- Cancer 27%
- Heart 19%
- CVA 11%



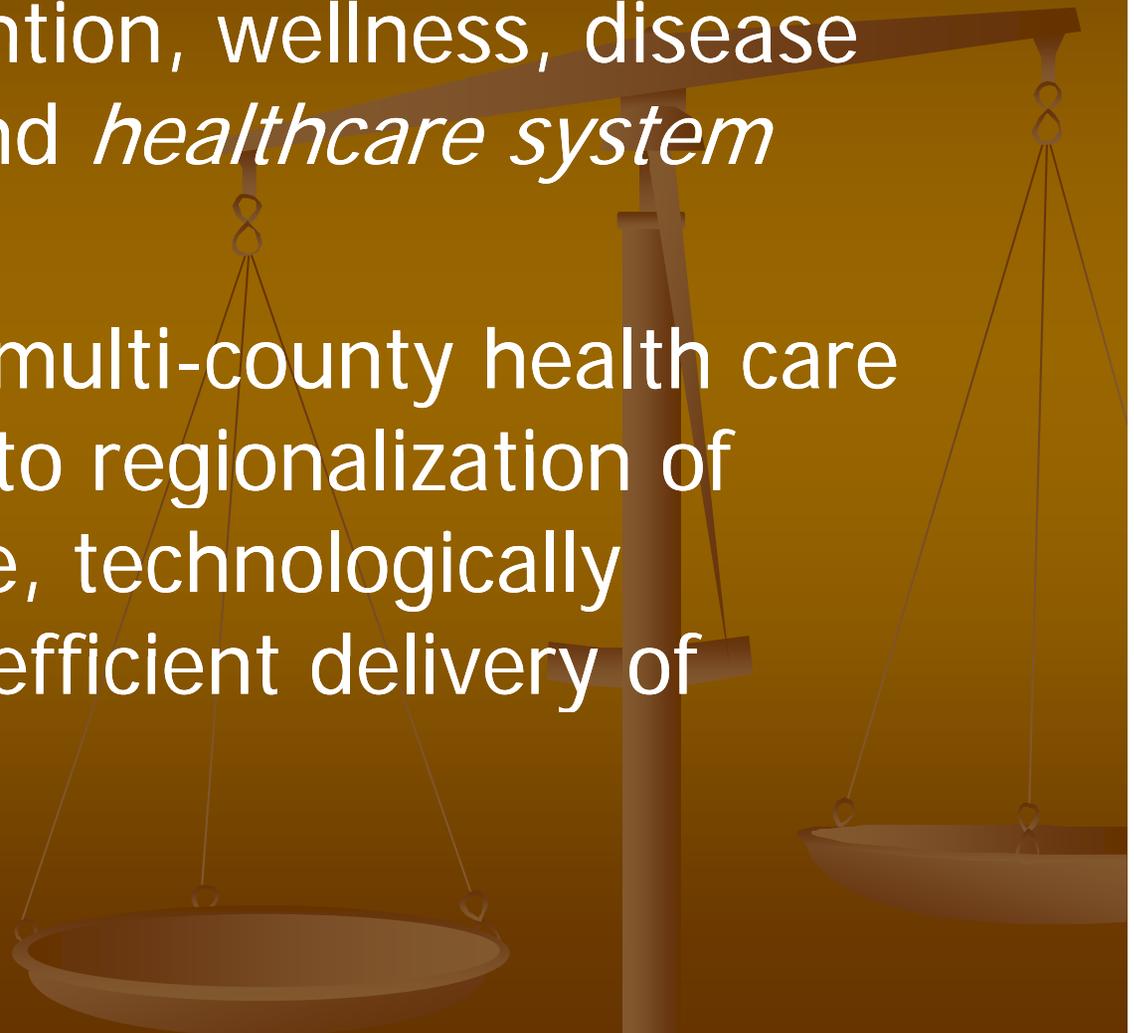
Hospital Comparisons



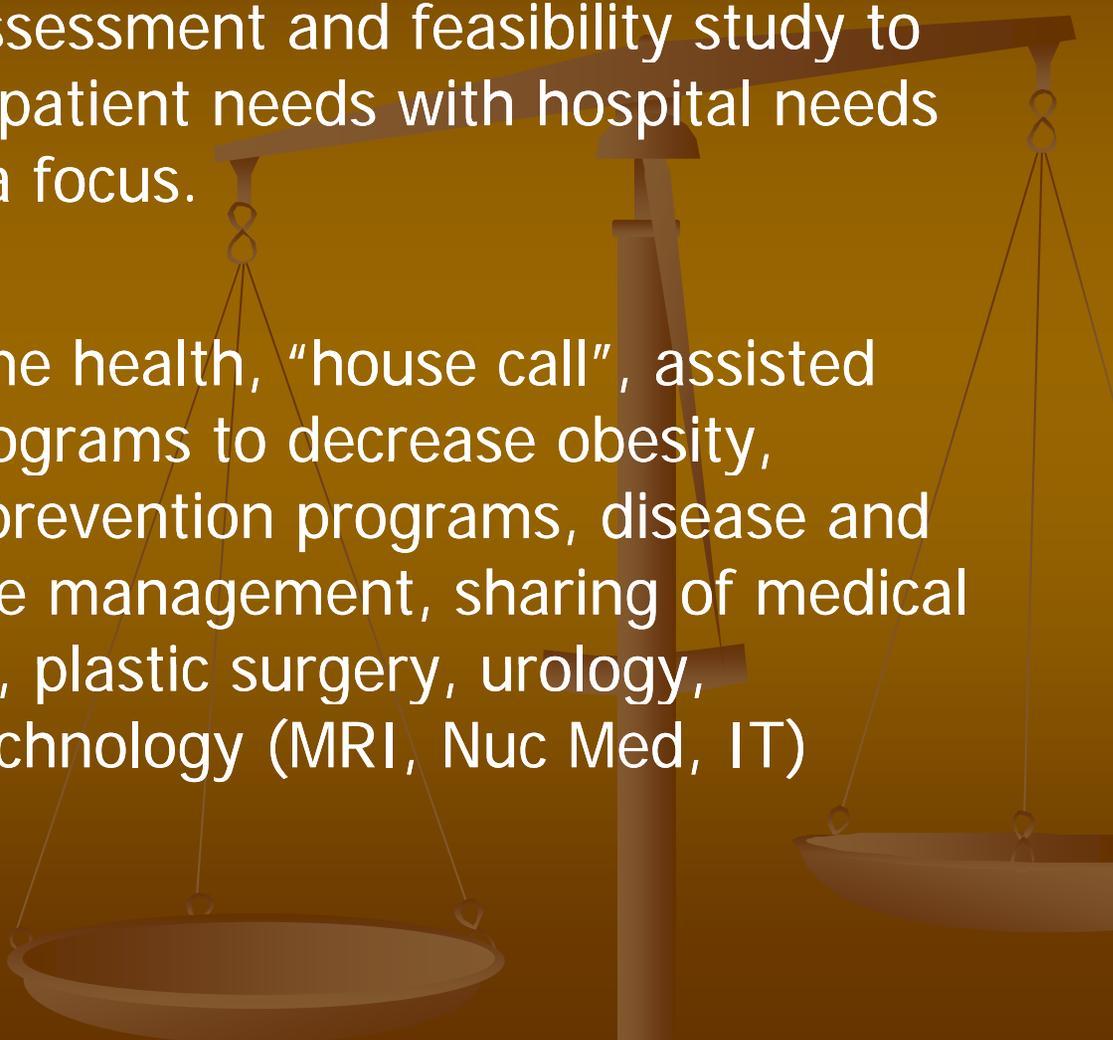
- Miller County Hospital – 25 CAH, provides limited surgery, 4 bed vent unit, employed rehab staff, Mobile MRI, Mobile Nuclear Medicine, 24/7 lab, 24/7 RT, 97 bed skilled rehab facility with 10 bed vent unit.
- Calhoun Memorial – 25 bed CAH, limited services.
- Bainbridge Memorial-80 bed PPS facility, 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.



Network & Innovation

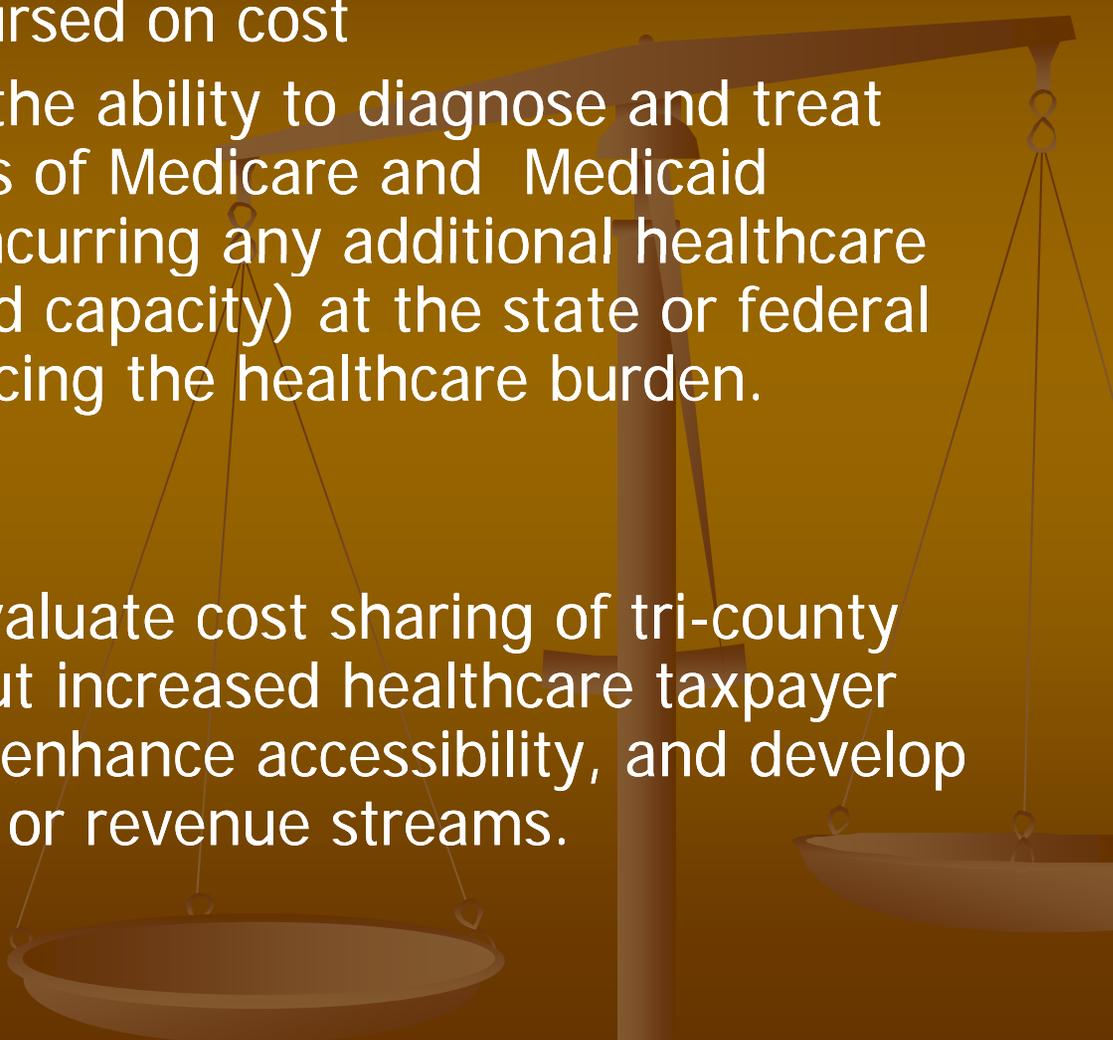


- Community Health Assessment and feasibility study to explore alignment of patient needs with hospital needs with cost sharing as a focus.
- Explore, Dialysis, home health, "house call", assisted living, educational programs to decrease obesity, tobacco use, cancer prevention programs, disease and behavioral health case management, sharing of medical specialists (pediatrics, plastic surgery, urology, cardiology) shared technology (MRI, Nuc Med, IT)

Miller County Hospital vs. Bainbridge Memorial

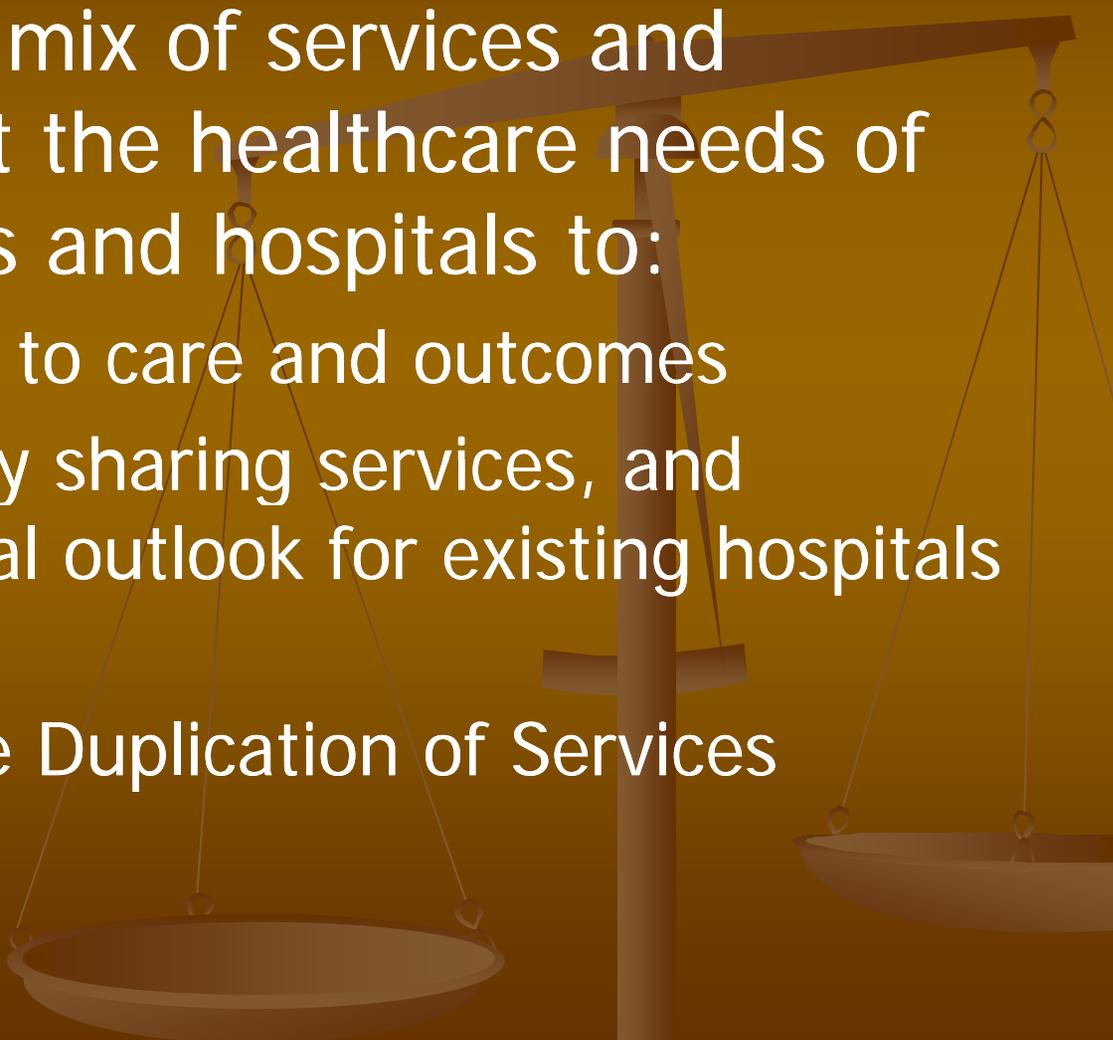
- Miller County – Cost Based reimbursement under Medicare Program.
- Total Allowable Costs/Medicare Revenue = Reimbursement Settlement at year end. Interim payments during the year based on prior year performance
- Bainbridge reimbursement based on Perspective Payment System – Diagnosis Driven – per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

Cost Savings



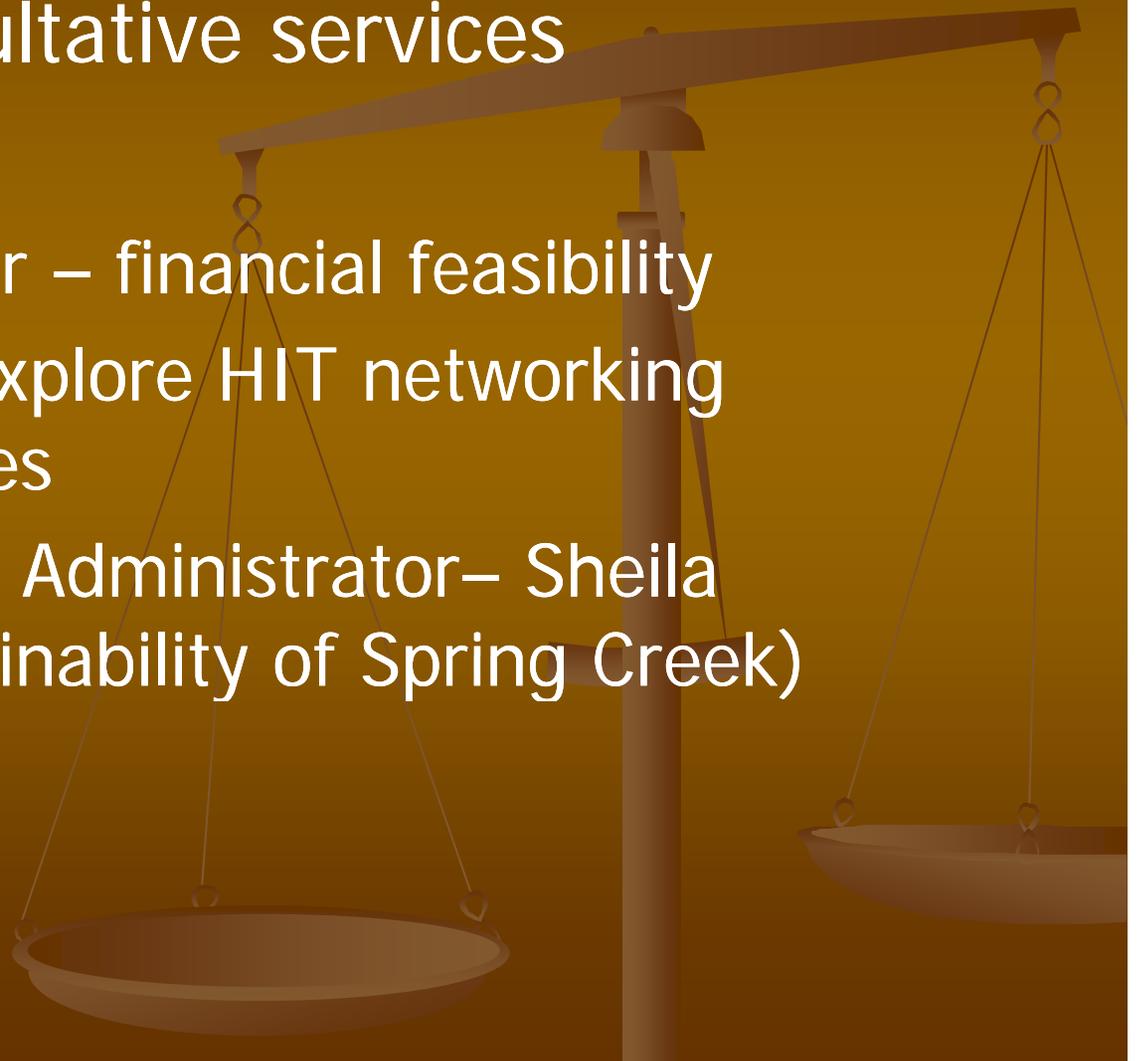
- CAH Hospitals reimbursed on cost
 - Miller County has the ability to diagnose and treat increased numbers of Medicare and Medicaid patients without incurring any additional healthcare expense (increased capacity) at the state or federal level thereby reducing the healthcare burden.
- Goal
 - Investigate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

