



NATIONAL
RURAL HEALTH
RESOURCE CENTER

Population Health Success Strategies for Critical Access Hospitals

2014 Minnesota Rural Health Conference



Purpose

The National Rural Health Resource Center is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Performance Improvement
- Health Information Technology
- Recruitment & Retention
- Community Health Assessments
- Networking



Current Health Care Business Model is Based on Volume

The more you do,
the more money
you make





Current US Health Outcomes

- Highest cost
- Lowest quality
- Most limited access
- Highest rate of chronic illness
- Shortest life expectancy





Goal: Achieve the Triple Aim





Future Health Care Business Model Based on Patient Value

“It’s no longer about what we charge for a hospital visit but what it costs to keep an insured population healthy. We must help all reach highest potential for health and reverse the trend of avoidable illness.”



NATIONAL
RURAL HEALTH
RESOURCE CENTER

The Challenge: Crossing the Shaky Bridge

What's the matter?



What matters to you?

Source: <http://www.flickr.com/photos/67759198@N00/2974261334/sizes/o/in/photostream/>



CAH Population Health Summit

- Convened a “think tank” to recognize critical success factors for managing the change towards population health
- Identified how States Flex Programs can best support critical access hospitals (CAHs) in addressing the population health transition
- Created a Guide identifying Summit participant recommendations on managing population health



What is Population Health:

The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group.



“Population Health” used interchangeably:

- Cohort Management/Population Medicine: Improving health and reducing costs for *specific groups of patients*, often grouped by insurance type and focused on chronic disease
- Community Health/Total Population Health: Health outcomes of an *entire group* of individuals, often geographically defined, including the distribution/disparities of outcomes within the group

It's Both/And Situational



Why Should CAHs Care About Population Health Management?





Summit Recommendation: A Change in Perspective is Needed



Focusing on
population health
requires us to think
differently about
leadership

"If you don't help your community to thrive and grow – how will your organization thrive and grow"



Summit Recommendation: Listen to the Community and Participate in Collaborative Relationships

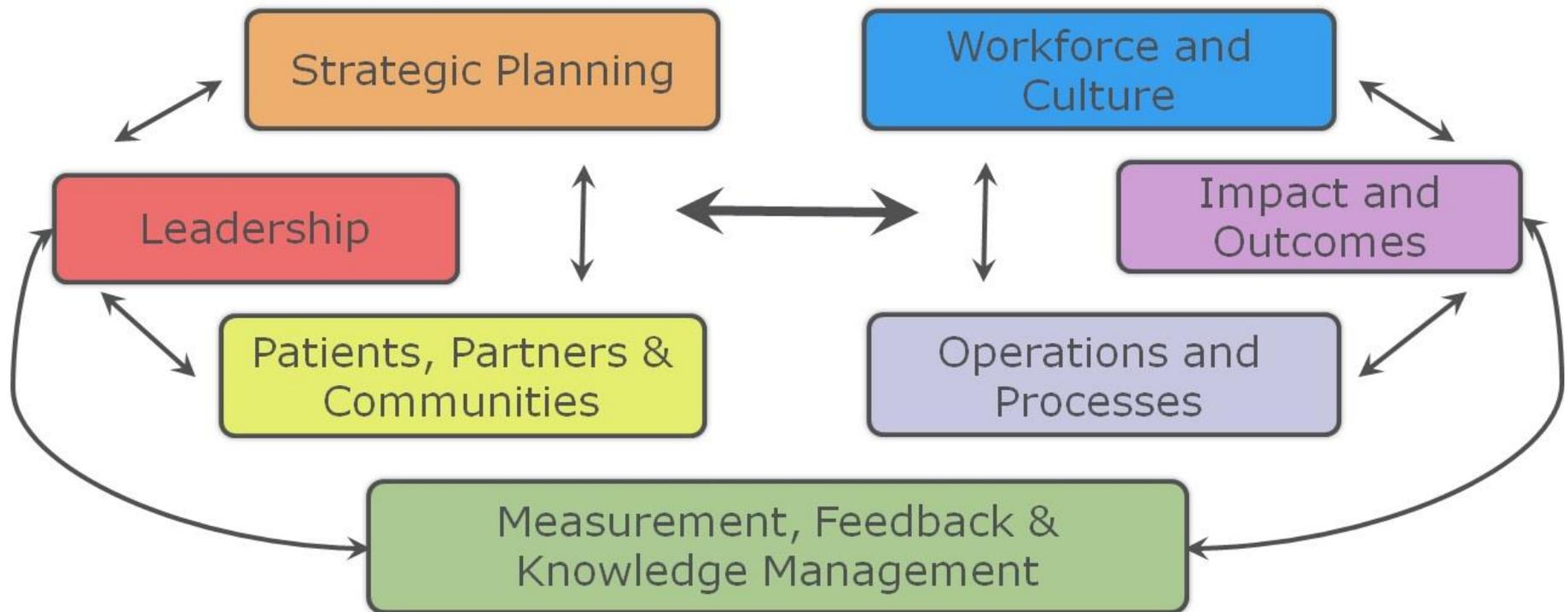
The solutions to population health challenges lie with mobilizing resources not only in the healthcare system, but rather among all of the community's assets.



"This is not about hospitals fixing all the problems – but engaging with other leaders in the community to address the problems"



Summit Recommendation: Use a Performance Excellence Framework





As a CAH, What Can *You* Do?

Build the case for population health

- Create alignment towards value-based reimbursement
- Frame the conversation in terms of charity care, bad debt, and community benefit
- Identify the impact on other priorities (recruitment/retention, community engagement, care transitions)
- Be patient; changing culture takes time



As a CAH, What Can *You* Do?

Put population health on the agenda

- Discuss the following questions:
 - How does population health align with strategic initiatives and health reform activities?
 - What is your role in addressing the two aspects of population health (cohort/community)?
 - What are next steps to implementing/integrating population health strategies?
 - What community needs are a priority and how they impact the hospital?



As a CAH, What Can *You* Do?

Look inside your own walls

- Develop/implement employee wellness programs
- Implement case management/care coordination services for employees with chronic conditions





As a CAH, What Can *You* Do?



Reach out to the community

- Don't wait to be asked
- Build on CHNA results and monitor progress
- Support staff involvement in community task forces
- Articulate roles/responsibilities in supporting community efforts
- Think beyond traditional partners



What Does It Really Take to Succeed?

No one organization can achieve population health, it takes communication and unity





Start where you are. Use what
you have. Do what you can.



Kami Norland

Community Specialist II

National Rural Health Resource Center

600 East Superior Street, Suite 404

Duluth, MN 55802

(218) 727-9390 ext. 223

knorland@ruralcenter.org

www.ruralcenter.org

Karla Weng

Rural Program Area Lead

Stratis Health

2901 Metro Drive, Suite 400

Bloomington, MN 55425

(952-853-8570

kweng@stratishealth.org

www.stratishealth.org

www.ruralhealthvalue.org

