

Issues and Solutions for Team-Based Care in Rural Minnesota

Roundtable Discussion

1:00 – 2:00 pm, June 19, 2017

Join Health Care Home (HCH) regional nurse planners who live and work in rural Minnesota and a physician practicing in a rural HCH for an interactive discussion around current trends, relevant resources and creative solutions being used for workforce, population health, patient engagement, quality improvement, care coordination and community partnerships. Whether you are considering HCH certification, are already certified or partner with a rural primary care provider, come join the conversation.



<http://www.health.state.mn.us/healthreform/homes/index.html>

Issues and Solutions for Team-Based Care in Rural Minnesota

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1:00 – 1:05 Welcome, Introduction, Roundtable ground rules

1:05- 1:20 Attend a table discussion

1:20- 1:35 Attend a table discussion

1:35- 1:50 Attend a table discussion

1:50- 2:00 Wrap up, each table will report out based on the cumulative notes from the table topic question

Objectives

1. Identify the value of community partnerships in rural MN Health Care Home Clinics, evidenced in the HCH and State Innovation Model (SIM) practice transformation work.
2. Describe one way a clinic has successfully implemented the HCH model of care within their organization and a benefit that was realized with HCH certification.
3. Identify a challenge unique to the rural Minnesota clinic's ability to implement the MDH HCH model and potential solutions and benefits that can be realized.

Ground Rules

1. Three 15” table rotations; transition signaled by a bell
2. Choose three of the four questions in which to participate
3. Self identify someone to record key concepts
4. Brief report out
 - Focus on the question, but it may evolve
 - Connect ideas to develop the concept
 - Contribute from your thinking and experience
 - ***Listen*** to understand; all should contribute

MRHA 2017 State of Minnesota Rural Health Report

- Rural Minnesotans are, on average, older, lower income and less healthy than those in urban areas.
- While about half of Minnesotans live in rural areas, only one sixth of our doctors practice here.
- Rural areas are experiencing a shrinking health care workforce.
- Rural communities are increasingly diverse, with growing numbers of non-English speaking households.
- There are fewer health care options in rural Minnesota.

The Top Rural Health Issues in 2017 have been identified as:

- Rural Health Insurance Market Changes
- Healthcare Workforce Shortages/Development
- Access to Behavioral Health and Dental Care
- Opioid Abuse and Treatment
- Non-emergency Medical Transportation
- Broadband Shortages and Telemedicine
- Rural SHIP Projects
- Reimbursement Disparities
- Hospitals, Clinics, Nursing Homes in Crisis
- Social Determinants of Health

Topic Question

1. Foundational to the MDH HCH model is the provision of efficient effective care delivery with team members working at the top of their licensure. Building a strong rural primary care foundation will ensure all Minnesotans have the opportunity to receive team-based, coordinated, patient-centered care.
 - **In light of the growing workforce issues in rural MN, share what your clinic/organization is doing or has tried to address workforce challenges?**

2. MDH HCH recognizes that our greatest opportunities to impact health requires that primary care and community have strong partnerships to support the populations served. The MRHA report identified that when one member of the three-legged stool falls, (hospitals, schools and churches) communities cannot survive. Since 2010, eighty rural hospitals have closed nationally, and these where disparities are the greatest.
- **Share efforts that help maintain healthy community.**
 - **Share about your work to create and maintain partnerships between clinic and community entities.**

3. Quality improvement is a requirement for Health Care Homes in MN, as clinics mature in their model measurable impact is realized. Programs and grants such as the Statewide Health Improvement Partnership (SHIP) and Accountable Communities for Health (ACH) have paved the way and advanced the HCH model in Minnesota by lowering obesity, and reducing commercial tobacco use, supporting innovation in models to both medical and non-medical complexities such as Opioid abuse.
- **Share how your community or organization is using these efforts to impact health. What have you learned?**

4. Population health and patient engagement are integral the HCH model as clinics address social determinants of health (SDOH) (social and economic conditions in which people are born, grow, live, work, and age, including factors such as low income, food insecurity, and housing issues). Rural MN residents are disproportionately impacted by SDOH which lead to poor health and adverse health outcomes.
- **How is your clinic or community identifying and screening for SDOH?**
 - **Share creative ways you are working to address these?**

Topic Questions

- 1. In light of the growing workforce issues in rural MN, share what your clinic/organization is doing or has tried to address workforce challenges?**
- 2. Share efforts that help maintain healthy community.
Share about your work to create and maintain partnerships between clinic and community entities.**
- 3. Share how your community or organization is using these efforts to impact health. What have you learned?**
- 4. How is your clinic or community identifying and screening for SDOH?
Share creative ways you are working to address these?**