

The High Performance Rural Health Care System of the Future

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Goals of Session

- Gain a shared understanding of a vision of a high performance rural health system and its foundations
- Identify approaches to achieve the vision, with a special focus on quality
- Prepare to take action

Who is Stratis Health?

- Independent, nonprofit, community-based Minnesota organization founded in 1971
 - Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Working at the intersection of research, policy, and practice
 - Develop and lead quality and safety projects and campaigns across care continuum
 - Service on the national RUPRI Health Panel (Rural Policy Research Institute)



RUPRI Health Panel

- Established in 1993 to provide science-based, objective policy analysis to federal policy makers
 - 6 members from academia, research, practice
- Policy briefs, white papers, presentations, comments on proposed rules available at:
 - <http://www.rupri.org/panelandnetworkviewer.php?id=9>

Characteristics of Rural Health Care Today

- Disproportionately elderly and un/under-insured
- Reliance on primary care, mid-levels
- Patient-centeredness occurs more naturally
- Small patient volumes make measurement challenging
- Unique opportunity and need for community-oriented approaches

RUPRI “Futures” Paper

- An aspirational vision
- Builds on IOM rural health report, the Commonwealth Commission report
- Intended to be a guide or roadmap during rapidly a changing policy and program environment
- Released in September 2011
 - <http://www.rupri.org/panelandnetworkviewerr.php?id=9>

What is the high performance health care system of the future?

The RUPRI Health Panel envisions rural health care that is affordable and accessible for rural residents through a sustainable health system that delivers high quality, high value services. A high performance rural health care system informed by the needs of each unique rural community will lead to greater community health and well-being.

Vision Reflects The Triple Aim

- **Better Care**
 - Improve quality, by making health care more patient-centered, reliable, accessible, and safe
- **Better Health**
 - Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and, environmental determinants of health
- **Lower Cost**
 - Reduce the cost of quality health care for individuals, families, employers, and government

Foundations of a High Performance Rural Health System

1. Affordable
2. Accessible
3. Community-focused
4. High quality
5. Patient-centered

Foundation #1

- Affordable
 - An individual/family's health care costs as a % of their income are reasonable and do not impoverish those in need of care
 - Health care costs are equitably shared so disproportionate costs or disparities in affordability do not arise
 - Health care is effective and efficient

Foundation #2

- Accessible
 - Core rural health services are available: primary care, EMS, and public health
 - For services not locally available, a regional infrastructure exists that includes transportation, technology, and provider relationships to access the full continuum of care
 - Care integration and coordination are proactive and effective

Foundation #3

- Community-focused
 - Wellness, personal responsibility, and public health are fundamental and supported
 - Prevention and screening are a priority
 - Community capacity in health care is linked to and aligned with local and regional social and economic development

Foundation #4

- High Quality
 - Quality improvement is a central focus, through education and technical assistance, transparency and public reporting
 - Payment systems reward high quality care
 - Rural sustainability is not jeopardized by payment policies that are exclusively volume-dependent

Foundation #5

- Patient-Centered
 - System is responsive to the unique needs of each rural community and resident
 - Health care is a partnership between the patient and his/her health care team -- primacy care focus, use of shared decision making, culturally competent care

How Can We Achieve the Vision?

A Flexible Approach

- Public and private sector initiatives are underway
 - ACA and Minnesota health reform include many opportunities to move toward the vision, as do private sector efforts
- No single model of rural health care will fit all communities and regions
 - Flexibility in design and implementation is called for

Flexible, but a common core?

Are some rural health care system characteristics universal?

- Using Health Information to Manage Care
- Paying for Value
- Collaborating to Integrate Services
- Health People in Healthy Communities

Public Sector Initiatives

- New payment models – ACO/shared savings, total cost of care
- Patient-centered medical homes (in MN, health care homes)
- Community transformation grants for public health
- Value-based purchasing
- Health insurance/benefit exchanges
- Workforce training and payment

Private Sector Initiatives

- Payer-provider contracts for “accountable care”
- Patient-centered teams
- Evolving systems that combine providers and provider types
- Use of telehealth
- Optimum use of current and emerging workforce

A Focus on Quality

RUPRI Health Panel offered input into the new National Quality Strategy (NQS) called for in the ACA

- To help ensure that rural providers, people, and places receive the full benefit of the NQS, we suggested the following rural-specific and nationwide actions:

Focus on Quality (continued)

- Develop quality measures and reporting systems that are relevant and meaningful to rural providers and patients
- Design measurement that does not imply that small size and low volumes mean poorer quality
- Ensure that rural providers participate in new payment and demo programs that reward quality, safety, efficiency, and effective care coordination

Focus on Quality (continued)

- Provide assistance and tools build the long-term capacity of rural providers to continually improve quality
- Monitor rural health care workforce status to ensure programs keep pace with demand
- Coordinate QI activities within federal agencies to minimize duplication, leverage existing programs, and utilize common rural-relevant quality measures

Focus on Quality (continued)

- Report agency-specific National Quality Strategy progress regularly to the Secretary
- Implement strategies to align public and private payers regarding quality and patient safety efforts
- Incorporate quality improvement and measurement in the strategic plan for health information technology as required by ARRA (HIT)

Actions You Can Take

Be in the know

Know your trusted sources to stay on top of information to guide your planning

– Federal gov't health reform web site

<http://www.healthcare.gov/>

– Kaiser Family Foundation

<http://healthreform.kff.org/>

• Minnesota Health Reform Initiative

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

Share your insight

- Federal and state agencies are seeking input via public comment periods on a variety of health reform related efforts
 - Monitor the Public Comment and Notice of Proposed Rule Making opportunities
 - Offer your comments as individual organizations, and as part of trade and professional associations

Be alert for areas of concern

- Issues are surfacing in public policies:
 - Access standards and patterns of health care utilization
 - Network adequacy
 - Measurement problems due to small volume
 - Definitions of rural markets
 - Treatment of rural providers – CAHs, RHCs, etc.

History teaches us that the great revolutions aren't started by people who are utterly down and out, without hope and vision. They take place when people begin to live a little better – and when they see how much yet remains to be achieved.

Hubert H. Humphrey

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