

Making the Most of Evolving Payment Policies to Enhance Hospital-based Care in Rural Communities

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Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association and Health Forum.

Not All About the Money, But ...

- Delivery System Reform = Use of different incentives in payment design
- Money is the means to an end as articulated in mission and vision statements; and patient revenue the major source of revenue



Not All About the Money, But ...

- Patient revenue driven by government and third party payers, so pay attention to optimizing payment from them
- The shift to pay-for-value alters how to maximize revenue and creates opportunities for different investments/uses of that revenue

The Waves of Change

- Bundled payment for episodes of care
- Value based incentive payments
- MACRA: Advanced alternative payment



The Waves of Change

- Private plans engaged in Medicare and Medicaid
- Accountable Care Organizations
- Accountable Health Communities

Directing the Waves to Improve Rural Systems

- Moving to a High Performance Rural System: RUPRI Health Panel (<http://www.rupri.org/areas-of-work/health-policy/>)
- Tracking developments in response to payment policy changes: RUPRI Center for Rural Health Policy Analysis (<http://www/ruprihealth.org>)
- Tools, resources, and illustrations of rural health system innovation: Rural Health Value (www.ruralhealthvalue.org)

High Performance System and Public Policy

- Medicaid policies: “Medicaid Payment and Delivery System Reform: Challenges and Opportunities for Rural Health Systems” (document and brief)
- Medicare policies: “Medicare Value-based Payment Reform: Priorities for Transforming Rural Health Systems” (document and brief)
- “Care Coordination in Rural Communities: Supporting the High Performance Rural Health System”

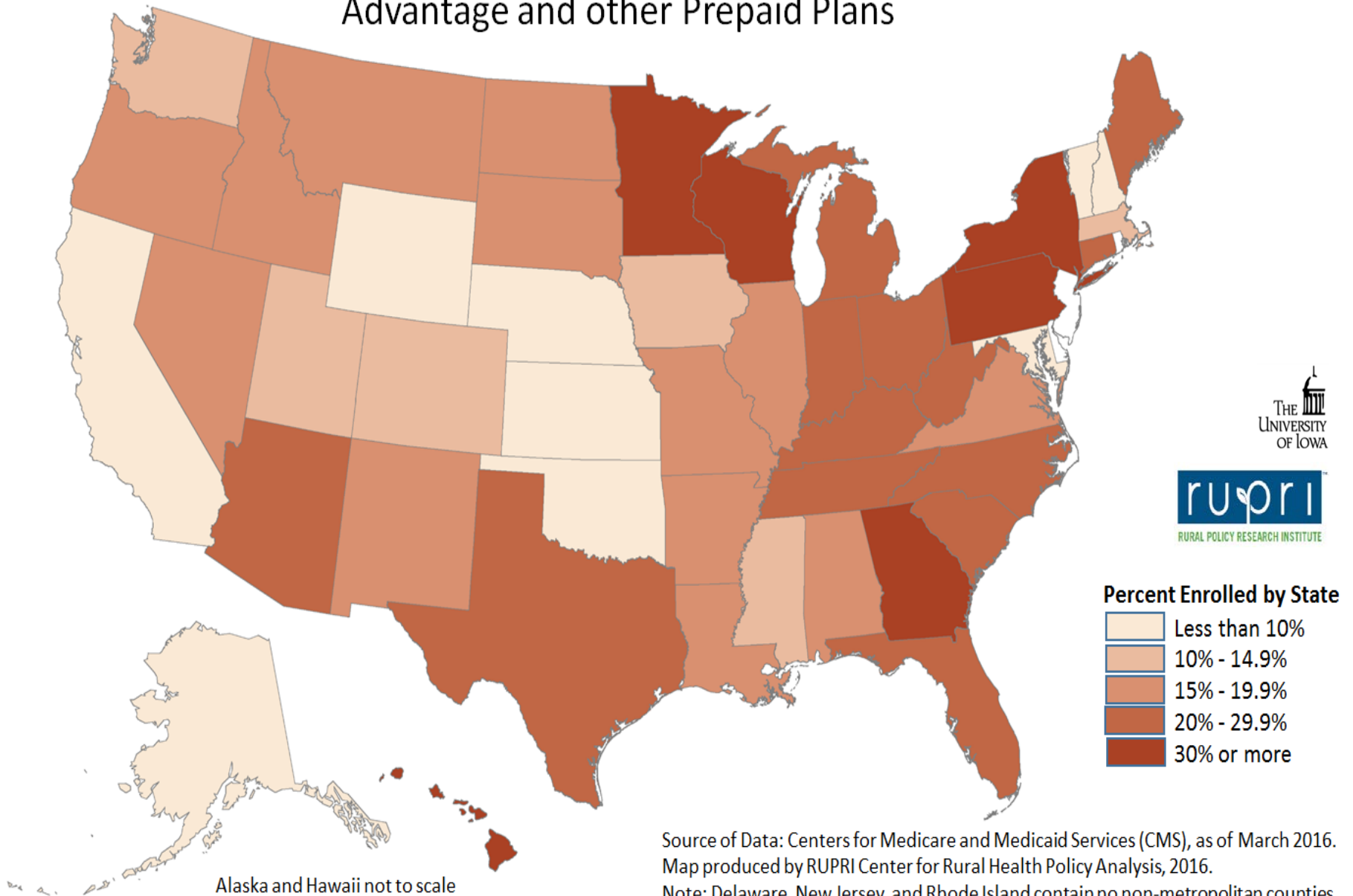
Tracking developments: Medicare Advantage

- Rural enrollment in 2009: 1.17 million (13.5%)
- Rural enrollment in 2012: 1.5 million (16.5%)
- Rural enrollment in 2016: 2.2 million (21.8%)



Data from CMS reports, calculations by the RUPRI Center for Rural Health Policy Analysis

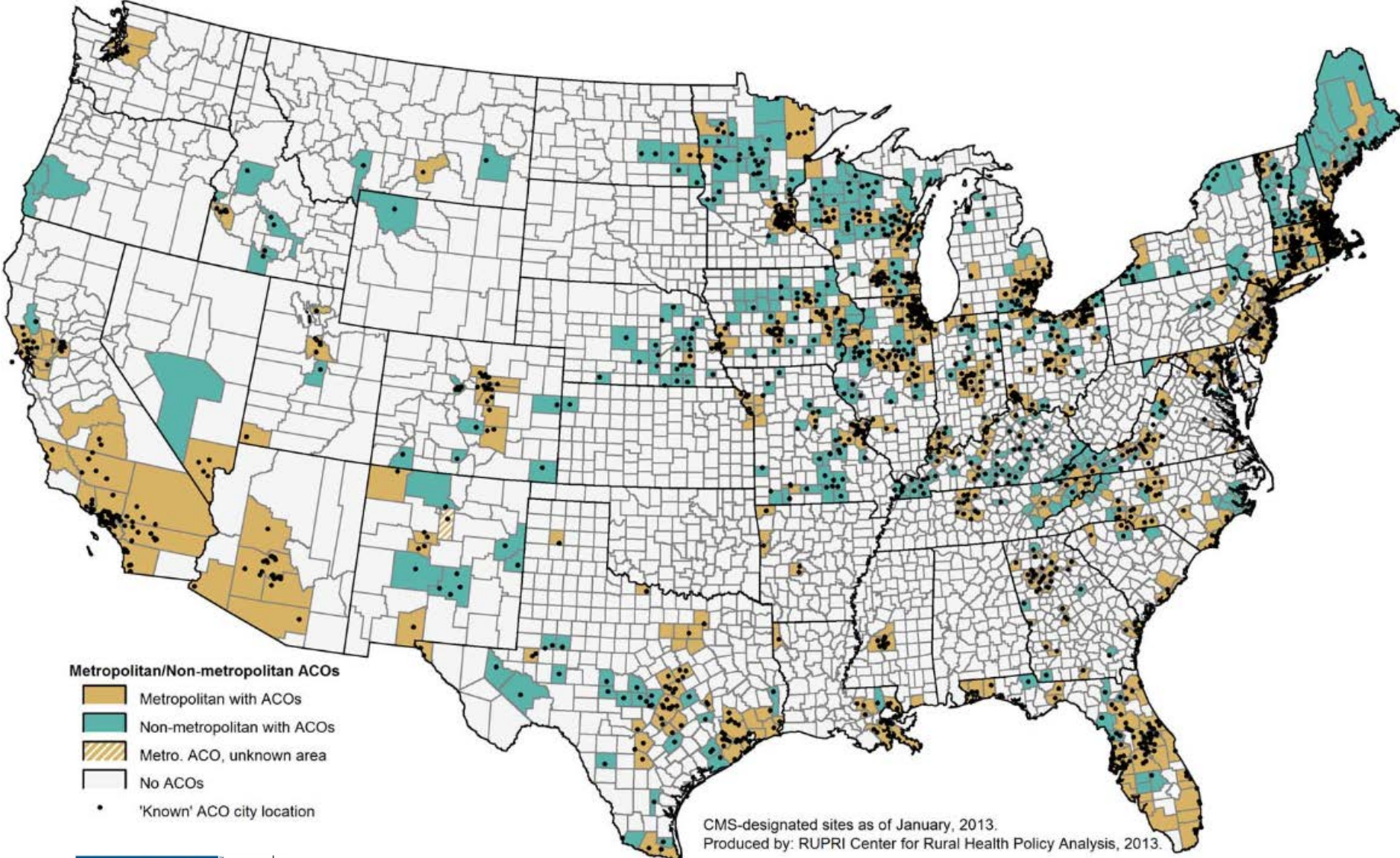
Percent of Eligible Rural Beneficiaries Enrolled in Medicare Advantage and other Prepaid Plans



Tracking Medicare MSSP ACOs

- ACOs operate in 72.% of metropolitan counties, 39.7% of non-metropolitan counties
- 7.6 million beneficiaries now receiving care through ACOs
- Rural sites in all four census regions

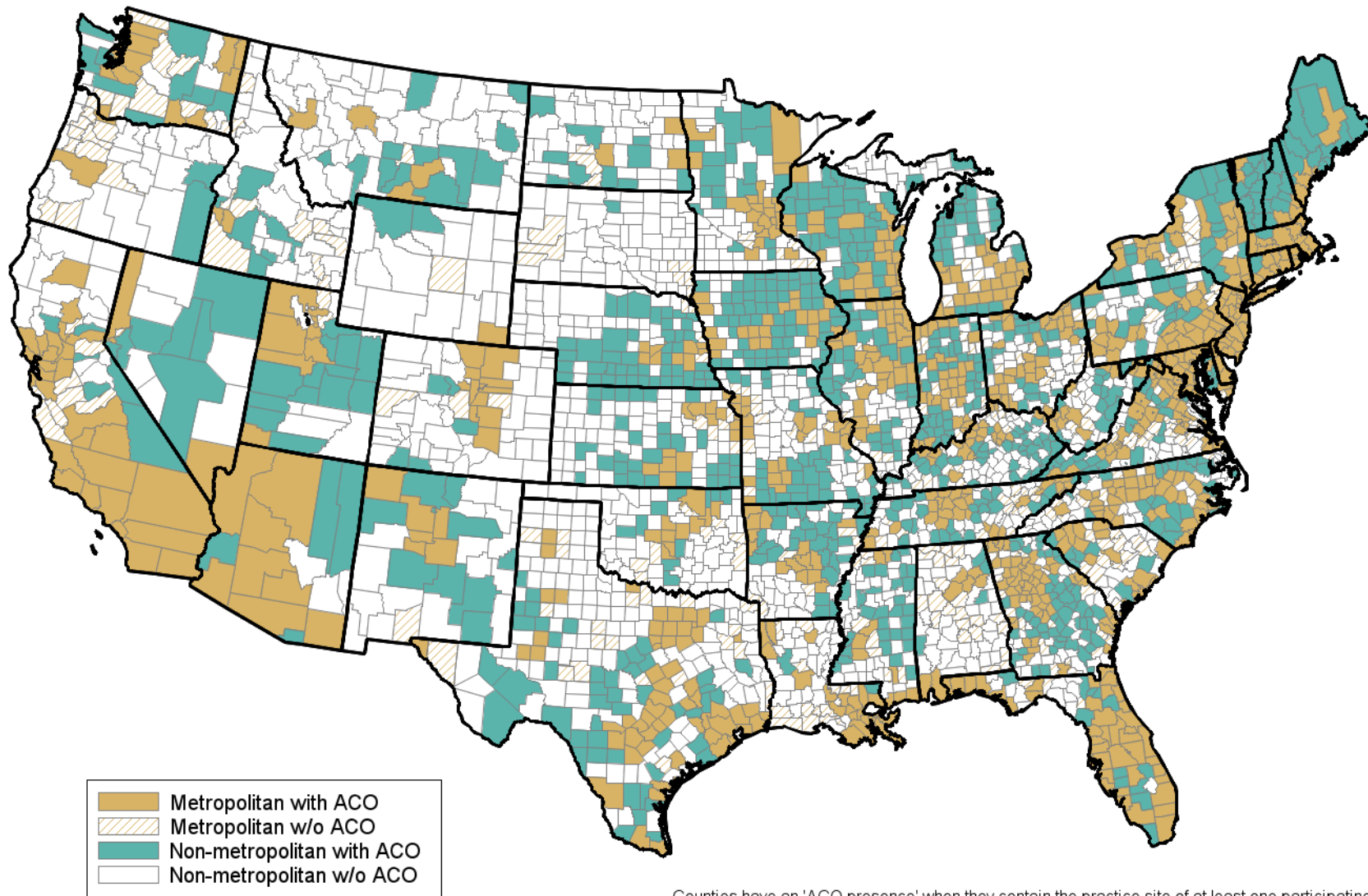
County Medicare ACO Presence Continental United States



CMS-designated sites as of January, 2013.
Produced by: RUPRI Center for Rural Health Policy Analysis, 2013.

County Medicare ACO Presence

Continental United States



Counties have an 'ACO presence' when they contain the practice site of at least one participating provider. Includes all active CMS ACOs as of August, 2015. Produced by: RUPRI Center for Rural Health Policy Analysis, 2016.

Profiling Innovations in Rural Healthcare Organizations

- Health Outside Hospital Walls
- Integrated Care in a Frontier Community
- Innovation in Rural Health Care:
Contemporary Efforts to Transform into High Performance Systems
- Proactively Pursuing Value-Based Payment
- Proactive System Affiliation

Tools and Resources Accessible Through Rural Health Value

- Governance Leadership
- Care Management
- Community Health
- Clinical Care



Tools and Resources Accessible Through Rural Health Value

- Patient and Family Engagement
- Performance Improvement
- Health Information Technology
- Financial Risk Management



Tools and Resources Developed by Rural Health Value

- Critical Access Hospital Financial Pro Forma
- Engaging Your Board and Community in Value-Based Care Conversation
- Physician Engagement – A Primer for Healthcare Leaders
- Value-Based Care Assessment Tool



Tools and Resources Developed by Rural Health Value

- Assessing Leadership Competencies
- Care Coordination: A Self-Assessment for Rural Health Providers and Organizations
- Population Health: A Self-Assessment Tool for Rural Health Providers and Organizations
- Using Data to Understand Your Community



Conclusion

- It is all about maximizing resources (payment) and ...
- using them effectively, perhaps with new latitude
- to develop high performance systems
- that best need community needs.



For further information

The RUPRI Center for Rural Health Policy Analysis

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

The RUPRI Health Panel

<http://www.rupri.org>

Rural Telehealth Research Center

<http://ruraltelehealth.org/>

The Rural Health Value Program

<http://www.ruralhealthvalue.org>



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