

How to Succeed by Trying: Adapting to Change

Presentation for the Rural Hospital Conference
Colorado Hospital Association
Colorado Springs, CO
May 8, 2013



Keith J. Mueller, Ph.D.
Director, RUPRI Center for Rural Health Policy Analysis
Head, Department of Health Management and Policy
College of Public Health
University of Iowa



Health Care Organizations of the Future

- Accepting insurance risk
- Focus on population health
- Trimming organization costs
- Using the data being captured (e.g., electronic health records)
- Health care as retail business



Considerations

- Using population data
- Evolving service system (e.g., telehealth)
- Workforce: challenges to fill vacancies, and shifts to new uses of new categories
- Best use of local assets; including physical plant (the hospital)



Source: The U.S. Census Bureau

Financial Risk and Total Cost of Care (TOCC)

- Roll out Minnesota Institute for Clinical Systems Improvement
- Recognize role of social determinants of health: socio-economic factors contribute 40% of different to population health, health behaviors 30% (calculations for MN)
- Importance of community collaborations

How to Succeed with Collaboratives

- Use population data (County Health Rankings)
- Shared governance of resource use
- Methodology for sharing savings and re-investing
- Understand linkages between health outcomes and determinants – “patient responsibility”



Being an Effective Leader or Partner

- Focus on center of excellence or pillar of excellence
- Proving cost effectiveness, including ability to reduce costs
- Engaging board of trustees and stakeholders



PCMH: Attributes to Achieve

- Improve access and communications using advanced access scheduling and e-mail communications
- Streamlining care coordination through integrated data systems
- Promoting active patient and family involvement

PCMH: Attributes to Achieve

- Adopt advanced clinical information systems to reduce errors and expand physicians' access to critical information and guidelines
- Participate in revised payments systems for care coordination

Source: American College of Physicians. Joint principles of the patient-centered medical home.

http://www.acponline.org/running_practice/delivery_and_payment_models/pcmh/demonstrations/jointprinc_05_17.pdf

Challenges Facing ACOs

- Inability to exchange information available in electronic health records
- Insufficient infrastructure, population dispersion
- Patient outmigration to other providers
- Difficulty establishing PCMHs



Challenges Facing ACOs

- Time lag between change in delivery and changes in payment
- Limited resources for care management
- Cultural changes among providers and administrators



Core components for effectiveness

- Commitment to providing care that places people at center of clinical decision making
 - This is a shift EVERYWHERE in the delivery of care, INCLUDING RURAL places/providers
 - Requires transparency, use of tools for shared decision making
 - Works only if everyone is confident it will work

Core components for effectiveness

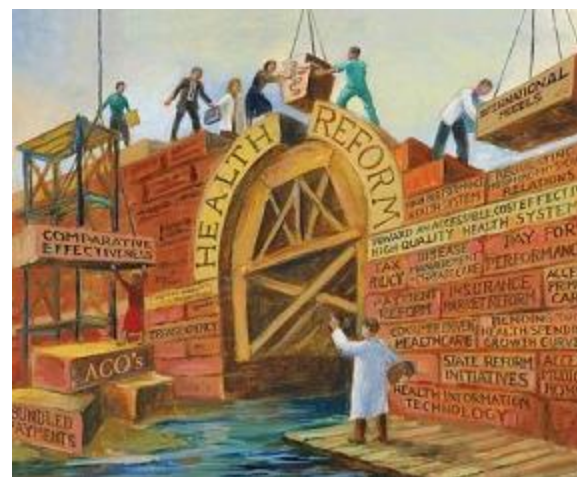
- Patient-Centered Medical Homes
 - More than “usual source of care”
 - Is primary care, in all of its meaning
 - Probably not NCQA accredited in the beginning
- Population health and data management capabilities
 - Understand what population health is
 - Understand how to use the data

Core components for effectiveness

- Provider network that delivers high quality and reduced cost
 - Importance of primary care providers in the network
 - Other local collaborators
 - Regional care modeling
 - Continuous performance improvement

Core components for effectiveness

- An established ACO governance structure
 - Shared governance across the care continuum
 - Rules for acquiring and distributing resources, including shared savings
- Payer partnerships
 - Commercial payers
 - Self-insured plans
 - Medicare
 - Medicaid



Process for Change

- Used by the Rural Health Systems Analysis and Technical Assistance project
- **Inform**: create awareness of need for change
- **Assess**: strengths, needs, and capacity to build value
- **Prepare**: identify action based on organizational and community needs
- **Action**: change that creates value



And ...

- There are sources of help
- Glass is at least half full
- Positive attitude can be infectious
- And there is always retreating to the mountains



For Further Information

The RUPRI Center for Rural Health Policy Analysis

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

The RUPRI Health Panel

<http://www.rupri.org>



Dr. Keith J. Mueller

**Department of Health Management and Policy
College of Public Health
105 River Street, N232A, CPHB
Iowa City, IA 52242
319-384-3832
keith-mueller@uiowa.edu**

