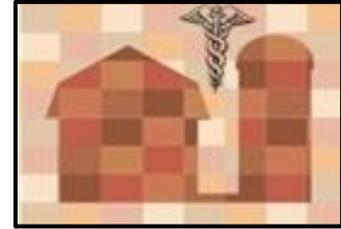


UPPER MIDDLE TENNESSEE RURAL HEALTH NETWORK Lafayette, Tennessee

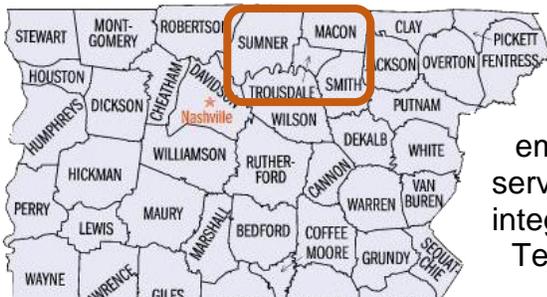


Managing Chronic Care to Improve Outcomes and Reduce Costs

Founded in 2006, the Upper Middle Tennessee Rural Health Network (Network) is a coalition of hospitals, clinics and others serving a six county area of upper middle Tennessee. The vision of the Network is to collaborate and share resources and expertise to help participating health care providers prepare for and thrive under new value based healthcare opportunities.

The Network is comprised of 5 hospitals in middle Tennessee: Sumner Regional Medical Center, Gallatin; Riverview Regional Medical Center (Riverview), Carthage; Trousdale Medical Center (TMC), Hartsville; Cumberland River Hospital, Celina; and Macon County General Hospital (MCGH), Lafayette. Riverview, TMC and MCGH are all critical access hospitals.

They are joined by [HOPE Family Health](#), which is a Federally Qualified Health Center (FQHC) with two satellite clinics in Macon and Sumner counties in Tennessee and [Neighborhood Health](#) which is a FQHC with 11 satellites including one in Hartsville. In addition, the Network is supported by and works with [Knollwood Manor, Inc.](#) that operates two long-term care providers in Lafayette and [North Central Telephone Cooperative](#) (NCTC) with expertise in broadband technology. Together, the hospitals, other providers and NCTC represent the voting members of the Network.



Upper Middle Tennessee Service Area

Associate or non-voting members of the Network include Macon County Emergency Medical Services, which is a primary pre-hospital emergency medical care provider and transportation service, eTransX and CivicHealth for health care data integration, TriStar Health, Vanderbilt Health, Tennessee Hospital Association, Tennessee Department of Health, and locally elected officials.

From Volume to Value: Population Health and Chronic Care Management

The Network is pursuing several strategic goals toward value-based payment for care including:

- Chronic Care Management (CCM) programs through Medicare and [TennCare](#)
- Transitional care coordination
- Bundled payments
- Reduced readmissions
- Merit-Based incentive programs for providers
- ACO shared savings

The initial effort by the Network is focusing on CCM and specifically diabetes, asthma, chronic obstructive pulmonary disease, and emergency room utilization. MCGH and HOPE with approval of the Tennessee Department of Health and with in-kind support from eTransX for health information technology is developing a clinically integrated network to work with area physicians to implement a patient-centered medical home concept in conjunction with a new pay for value (PFV) program. MCGH and HOPE Family Health Services would pilot the effort to:

- Develop a proposed CCM service offering for physicians and midlevel providers
- Engage physicians and midlevel providers for feedback on CCM services
- Identify and secure contracted care coordinators for providers participating in the pilot as needed.

HOPE Family Health and MCGH would utilize future grant funding to establish with providers a pay for value care (PFV) pilot for administration and care coordination. The initial approach will focus on social services such as transportation, medication assistance and care follow-up to improve compliance and reduce readmissions. HOPE and MCGH employ Certified Application Counselors trained to assist consumers navigate the health insurance marketplace as well as TennCare to obtain coverage.

The Network believes that through the pilot it can assist physicians and midlevels to participate successfully in CCM programs with software management and administration, operational services to set up the CCM program and focused patient-centered care coordination services. The Network would offer and support care coordination services including:

- Designing and developing electronic care plans
- Supporting and communicating care plans and discharge instructions with patients, caregivers and the care team
- Engaging the patient and caregivers for coordinating care needs after discharge
- Enabling patient compliance with drug regimens and other components of the care plan
- Answering patient care coordination questions 24x7
- Assisting patient transportation to appointments and pharmacies
- Arranging for support services as prescribed by the patient's care team
- Coordinating referral appointments

The Network expects this approach to provide a foundation for services to participating physicians for a range of alternatives including transitional care coordination services, community wellness services, bundled episode payment support services and a health information exchange. Ultimately, these services would be provided to participating physicians on a capitated basis.

Conclusion

As alternative payment models such as bundling and ACOs gain traction with Medicare, TennCare and commercial health plans, the Network wants to be in position to participate. Many rural physician practices lack the necessary infrastructure for health

information technology interoperability and care coordination. Sharing patient information across providers is a barrier that they are hoping to overcome. Discharge instructions and medication administration can be supported through follow up with care coordinators at home for transitional care management. Access and convenience to improve patient's experience of care.

Network leaders are interested in pursuing an initiative that will provide experience in PFV. With support from some modest grants, the Network will experiment with population health and alternative models and learn what works and what doesn't. Network members are optimistic that their approach will improve the patient's experience of care, improve population health and reduce cost while improving outcomes and reducing readmissions. Ultimately, the Network will improve transitional care management and create an infrastructure for working with or within accountable care organizations.



American Hospital Association
Section for Small or Rural Hospitals

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