



## **AHA Task Force on Ensuring Access in Vulnerable Communities**

# Task Force Background

## Ensuring Access to Health Care in Vulnerable Communities Task Force

- ❖ Confirm the **characteristics and parameters** of vulnerable rural and urban communities by analyzing hospital financial and operational data and other information from qualitative sources where possible;
- ❖ Identify **emerging strategies, delivery models and payment models** for health care services in rural and urban areas;
- ❖ Identify **policies/issues at the federal level** that impede, or could create, an appropriate climate for transitioning to a different payment model or model of care delivery, as well as identify policies that should be maintained.



# *Task Force Process*

- **Regular meetings**
- **DC policy makers**
- **Hospital and health system feedback**
  - RPBs, Governing Councils and Committees
  - Listening Sessions
  - Regional conferences
- **State Association Executives and Rural Liaisons**



# Task Force Report

## Task Force on Ensuring Access in Vulnerable Communities

November 29, 2016



### Task Force on Ensuring Access in Vulnerable Communities

Millions of Americans living in vulnerable rural and urban communities depend upon their hospital as an important, and often only, source of care. However, these communities and their hospitals face many challenges. As the hospital field engages in its most significant transformation to date, some communities may be at risk for losing access to health care services. It will be necessary for payers and health care providers to work together to develop strategies that support the preservation of health care services for all Americans.

Recognizing this, the American Hospital Association (AHA) Board of Trustees, in 2015, created a task force to address these challenges and examine ways in which hospitals can help ensure access to health care services in vulnerable communities. The task force considered a number of integrated, comprehensive strategies to reform health care delivery and payment. Their report sets forth a menu of options from which communities may select based on their unique needs, support structures and preferences. The ultimate goal is to provide vulnerable communities and the hospitals that serve them with the tools necessary to determine the essential services they should strive to maintain locally, and the delivery system options that will allow them to do so. While the task force's focus was on vulnerable communities, these strategies may have broader applicability for all communities as hospitals redefine how they provide better, more integrated care.



November 29, 2016

 American Hospital Association



To learn more about the work of the AHA Task Force on Ensuring Access in Vulnerable Communities, please visit [www.aha.org/ensuringaccess](http://www.aha.org/ensuringaccess).



# Themes in the Report

While they identified a few differences, the task force found the **characteristics and parameters of vulnerable communities** were similar for rural and urban areas

## *Characteristics and Parameters of Vulnerable Rural Communities*

- Declining population, inability to attract new businesses and business closures
- Aging population

## *Characteristics and Parameters of Vulnerable Communities*

- Lack of access to primary care services
- Poor economy, high unemployment rates and limited economic resources
- High rates of uninsurance or underinsurance
- Cultural differences
- Low education or health literacy levels
- Environmental challenges

## *Characteristics and Parameters of Vulnerable Urban Communities*

- Lack of access to basic “life needs,” such as food, shelter and clothing
- High disease burden



American Hospital  
Association

# *Themes in the Report*

Task force focused on **communities**,  
not hospitals

There is **no single or one-size fits all**  
**solution**; as a result, the task force  
recommended nine strategies



# *Emerging Strategies*



**Virtual Care Strategies**

**Social Determinants**

**Inpatient/Outpatient Transformation**

**Urgent Care Center**

**Rural Hospital-Health Clinic**

**Emergency Medical Center**

**Global Budgets**

**Frontier Health System**

**Indian Health Services**



# Themes in the Report

There are many **federal and state barriers** that must to be addressed before these models may be implemented successfully



## Federal Barriers

Many federal policies serve as barriers to successful implementation of these strategies. These include, but are not limited to, fraud and abuse laws and Medicare payment rules.



## State Barriers

State laws also present barriers to implementation of these strategies. For example, issues related to clinician licensure across state lines must be addressed for broad implementation of virtual care strategies.



## Community Barriers

At the community level, the ability to attract or retain health care providers will remain a challenge, regardless of which of these strategies are selected. Community input, buy-in and acceptance will be critical for success as hospitals transition to these new strategies.



## Provider Barriers

Transitioning to these new strategies also may be challenging. For example, it may take longer or require significant investments of time, effort and finances for providers to implement these strategies.

# Next Steps

- **Further define strategies**
- **Public policy advocacy agenda**
  - Modification of the Medicare Conditions of Participation
  - New Medicare payment methodologies and demonstration projects
  - Modification of laws preventing integration
  - Expansion of telehealth
- **Legislative outlook**
- **Assistance Strategy**
  - Toolkits, data analyses, information on grant opportunities, and learning networks for information and idea sharing



# ***Discussion Questions***

- 1. What are your general thoughts on the work of this task force?**
- 2. Which of these strategies do you believe have the most potential in your state?**
- 3. Any suggestions for AHA as we move forward with our next steps?**

