Ensuring Access to Vulnerable Communities
An Executive Leadership Series for Urban and Rural Safety-net Hospitals
Hospital Conversion to Emergency Department

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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 on Ensuring Access in Vulnerable Communities

November 29, 2016

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.
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
Emergency Medical Center
The EMC allows existing facilities to meet a community’s need for emergency and outpatient services. EMCs provide emergency services and transportation services. They also would provide outpatient services and post-acute care services depending on a community’s needs.
Georgia Case Example

Before:
North Georgia Medical Center
Ellijay, GA

After:
Piedmont Mountainside Hospital Emergency Services
Why is this important?

This background information demonstrates the struggles that all rural hospitals are experiencing:

- Reimbursement challenges due to payor mix shifts, fluctuations in exchange plans
- Expensive imaging upgrades required to meet federal guidelines
- Increasing cost of operations due to inflation rates
- Patients looking for less expensive options due to higher deductibles
- High deductibles turning in to bad debt
Petitions could hurt hospital

Ellijay hospital closing, to be replaced with ER
PMH Footprint in Ellijay

- 2008: Opened Cardiac “CV” Imaging Centers in Jasper, Ellijay, Canton ($1M)
- 2009: Opened Outpatient Diagnostic Center in Ellijay ($2.2M)
- 2011: Added MRI to OP Diagnostic Center & opened Sleep Center in Ellijay ($700K)
- 2015: Remodeled and Reopened Physicians Medical Office in East Ellijay

As of 2017, Ellijay represents for PMH:
- 23% of Employees
- 32% of Gross Charges
- 34.5% of Inpatient Admits
- 30% of Surgeries
- 44% of Deliveries
Since this freestanding ER is the first of its kind in Georgia, each and every governing body had to conduct their own due diligence.

- State Fire Marshall - approved
- State Architect – approved
- Certificate of Occupancy - received
- State Board of Pharmacy and DEA - approved
- State Lab Inspection – approved
- Cahaba/Centers for Medicare & Medicaid Serv – approved
- State Licensure Division – approved

From the time the State approved Piedmont to build a freestanding ER and appeals were fully dismissed was 20 weeks. From the time, we could begin construction to the day we opened, after all necessary approvals, it was 21 weeks.

May 23, 2016

Piedmont received State’s approval to move forward with the first freestanding ER in the State on May 23, 2016.

Oct 5, 2016

After several State hearings, WellStar withdrew their appeal Oct 5. State dismissed Gilmer Co appeal Oct 18, since they were silent.

Nov 16, 2016

State Architect finally released decision Nov 16 for Piedmont to begin construction on ER. Decision was delayed due to Gilmer Co appeal.

Nov 21, 2016

On Nov 1, Piedmont learned that NGMC had not submitted voluntary termination to Cahaba/CMS. NGMC’s filing was received Nov 21.

Dec 5, 2016

Construction was completed on Freestanding ER in 9 weeks. State Fire Marshall & Architect approved Jan 5. CO issued Jan 6.

Jan 9, 2017

DEA inspects pharmacy on Dec 5 & Jan 4. State Board of Pharmacy begins review.

Jan 18, 2017

Cahaba/CMS finally approves NGMC’s voluntary termination. Piedmont filed their paperwork the next day.

Feb 16, 2017

State Board of Pharmacy approves pharmacy for services.

Mar 6, Mar 27, 2017

Cahaba/CMS finally approves Piedmont’s ability to bill for patients.

Mar 27, 2017

ER opened for patients.

Apr 3, 2017

State requested onsite licensure review, but would not visit until CMS approved Piedmont to bill. State visited Mar 22, and approved license Mar 27.
Earning Public Trust
Promising Outcomes

Piedmont Mountainside Hospital
ER Volume Trend

- Jasper ER
- Ellijay ER

Year:
- FY2004
- FY2005
- FY2006
- FY2007
- FY2008
- FY2009
- FY2010
- FY2011
- FY2012
- FY2013
- FY2014
- FY2015
- FY2016
- FY2017
- Projected FY2018
Vision 2020
Transforming Health Care in Northeastern Maryland
UM UCMC – HdG to UM UCMC – Bel Air; Travel Time: 26 min., 19 miles
UM UCMC – HdG to Union Hospital – Elkton; Travel Time: 27 min., 17 miles
Why Now – What Is Driving Our Actions?

Right Care, Right Place, Right Time

• Need for innovative and forward thinking in how we are delivering health care to our community
• State of Maryland’s changing health care environment requires health care delivery that is in more efficient/less expensive settings
• New technology over time has decreased the need for traditional hospitalization
• Unmet behavioral health needs
• Healthcare regional planning intended to increase access to care
• Physician shortages
Plan for Regionalization of Care

Access to Care

University of Maryland Medical Center (UMMC):
Tertiary/quarternary facility: Open Heart Surgery, Transplants, Highly Complex Illnesses

University of Maryland Upper Chesapeake Medical Center – Bel Air (UM UCMC – Bel Air):
Emergency Care, Moderately Complex Inpatient Medical Care and Surgery, Obstetrics, Cancer Care

Union Hospital – Elkton:
Emergency Care, Moderately Complex Inpatient Medical Care and Surgery, Obstetrics, Cancer Care
Plan for Regionalization of Care

Access to Care

University of Maryland Upper Chesapeake Medical Center - Havre de Grace (UM UCMC – HdG): Emergency Care, Short Stay Medical Care, Behavioral Health, Outpatient Specialty Follow-up, and additional Outpatient Services

Urgent Care: Treats Non-Emergency Conditions: Broken Bones, Cuts and Bruises, Cough and Flu Symptoms, Minor Burns

Comprehensive Care Center: Opened in August 2016, Fully functional medical clinic; addressing medical and social needs, access to a Clinical Pharmacist; Nurse CARE Center Navigators and Social Workers; Community Health Worker
Regional Partnership for Care Transformation

- UM UCH in partnership with Union Hospital, Healthy Harford and the Departments of Health and Offices of Aging - awarded a grant of $2.7M for each of the next 4 years.

- Community-based care teams (WATCH program – Wellness Action Team of Cecil & Harford) comprised of:
  - Nurses, Social Workers, Community Health Workers and a Pharmacist
  - Focus: working with people who have Medicare and complex medical illnesses. Serve people in their homes and in the community.
  - Aims to address medical needs and social barriers that impact an individual’s health and to prevent re-hospitalization.
UM UCH – Havre de Grace Campus

Features:

• New & expanded Emergency Department
• Stroke Ready Facility
• Heliport Access
• Close to I-95
• Observation Beds (< 48 hours)
• Expanded, secure psychiatric specialty pavilion offering full and partial hospitalization and intensive outpatient programs including a dedicated emergency room area
• Medical office building for physician offices and centralized outpatient services
Community Communications Strategy

Strategy Implementation
December 2014 and Ongoing:

• Shared plans initially to team members, physicians, volunteers
• Engaged elected officials and state agencies early and often
• Met regularly with behavioral health groups and first responders in the community
• Held 6 public meetings in two years in different venues around the 2 counties
• Community Relations Council
• Community Engagement Focus Group
• Team Member Ambassador Program
• Maintained website section with information and updates
• Engaged local and business media
• Used social media for approval updates and timelines
Building Trust

“The best time to make friends is before you need them.”

Ethel Barrymore

- Launched the communication plan with ample time to hear and address community concerns and push back.
- Created support from internal and external stakeholders by providing regular in person updates (80 meetings?)
- Educated community on the “why” with a focus on our vision to create the healthiest community in Maryland (Vision 2020)
- Promoted the economic benefits for the City of Havre de Grace
- Promoted the success of our pilot programs (Comprehensive CARE and WATCH)
- Prepared, updated and posted frequently asked questions about our plans for the community and our internal team members
- Nurtured groups of ambassadors from inside and outside the organization.
What's Next?
Practical Suggestions for Rural Communities Facing a Hospital Closure

Advancing Health in America
The Path Forward
Our vision: A society of healthy communities where all individuals reach their highest potential for health.

Our commitment:
Access: Access to affordable, equitable health, behavioral and social services
Value: The best care that adds value to lives
Partners: Embrace diversity of individuals and serve as partners in their health

Rural Hospital Stabilization Committee
Final Report to the Governor

February 23, 2015
Rep. Terry England
Sen. David Lucas
Co-Chairs

Catalog of Value-Based Initiatives for Rural Providers
Discussion

We invite your questions and comments.
Contact Information

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