



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

# Best Practices to Work with Community Partners on Population Health Initiatives

Toniann Richard, CEO, Health Care  
Collaborative of Rural Missouri

June 3, 2021

# Delta Region Community Health Systems Development (DRCHSD) Program



## Delta Regional Authority

U.S. Department of Health & Human Services



# HRSA

Federal Office of Rural Health Policy

*This project is supported by the Health Resources and Services Administration ([HRSA](#)) of the U.S. Department of Health and Human Services ([HHS](#)) as part of a financial assistance award totaling \$10,000,000 with 100% funded by [HRSA/HHS](#) and \$0 amount and 0% funded by non-government sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by [HRSA/HHS](#), or the U.S. Government.*



# Pre-Polling Questions

I am \_\_\_\_ in my understanding of best practices to engage community partners in the transition to value-based care.

I am \_\_\_\_ in my understanding of successful models for engaging community partners in population health initiatives.



# Introduction



Toniann Richard, CEO  
Health Care Collaborative  
of Rural Missouri



**LiveWell**  
Community Health Center  
*Live Life Well*





# Health Care Collaborative of Rural Missouri



# Health Care Collaborative of Rural Missouri

**HCC of Rural Missouri**  
**[www.hccnetwork.org](http://www.hccnetwork.org)**

**Our Mission:** Cultivate partnerships and deliver quality health care to strengthen rural communities.

**Market and Strategy Driven** through programs like  
School-based health clinics. Health transportation. Community innovation.

**Fiscally Responsible** by supporting sustainability efforts through  
Network membership recruitment. Patient and community engagement through marketing and outreach.

**Quality Workplace Focused** by providing an environment that supports  
Clinic staff retention and recruitment. Network staff retention and recruitment.

**Grounded in Competent and Valued Health Care Practices** that  
Increase patient encounters. Provide quality improvements and risk management.  
Promote ER diversion and effective care transition.

**Guided by Rural Health Leadership Standards** that are recognized  
Nationally. Regionally. Locally.

# History, Programs and Impact



## The Value and Impact of Health Care Collaborative (HCC) of Rural Missouri

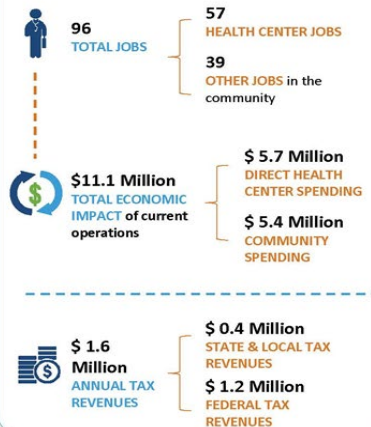
Health centers provide tremendous value and impact to the communities they serve, including JOBS and ECONOMIC STIMULUS, SAVINGS to Medicaid, and ACCESS to care for vulnerable populations.

This report highlights Health Care Collaborative (HCC) of Rural Missouri's 2017 contributions and savings.

### SAVINGS TO THE SYSTEM



### ECONOMIC STIMULUS



### CARE FOR VULNERABLE POPULATIONS



Capital Link prepared this Value & Impact report using 2017 health center audited financial statements and Uniform Data System information. Economic impact was measured using 2017 IMPLAN Online.

**CAPITAL LINK**  
www.caplink.org

© 2019 Capital Link. All Rights Reserved.





Live Well Community Health Center – Lexington Open House and Ribbon Cutting Tuesday, June 23, 2020, 5 p.m. to 7 p.m.

The facility will be open to the public for tours. Brief remarks at 5:30, and enjoy light refreshments.

Live Well Community Health Center – Lexington Opens Tuesday, July 6, 2020. Hours are: 8 a.m. to 4 p.m.

Patients may schedule visits for primary care, dental care, and behavioral health. No walk-in appointments.

## WELLNESS OUTREACH DAY IS THURSDAY, JUNE 18!

This free event will be held at the Lexington 4 Life Center (811 S. Business Hwy) and includes:

- COVID-19 testing and antibody screenings from 10 a.m. to 6 p.m. (no cost to the public).
- Digital Imaging's mobile 3-D mammography van from 10 a.m. to 6 p.m. Bring insurance card. Walk-ins are welcome or individuals may schedule ahead. Call 816.444.9989 or visit <https://www.dio-ko.com/for-patients/>.
- Blood donations through the Community Blood Center from 10 a.m. to 3 p.m. Book an appointment to donate blood at <https://www.lifewell.org/group> and enter group code, EG8U.
- Informational sessions about Missouri Medicaid expansion, from 10 a.m. to 3 p.m., with the Healthcare for All organization and its educational mobile unit called, MARV.
- Voter registration from 10 a.m. to 6 p.m.

# SAVE THESE DATES & SPREAD THE WORD!

hccnetwork.org

Figure 6. Rural Health Network's Incremental Development (2003-Present)

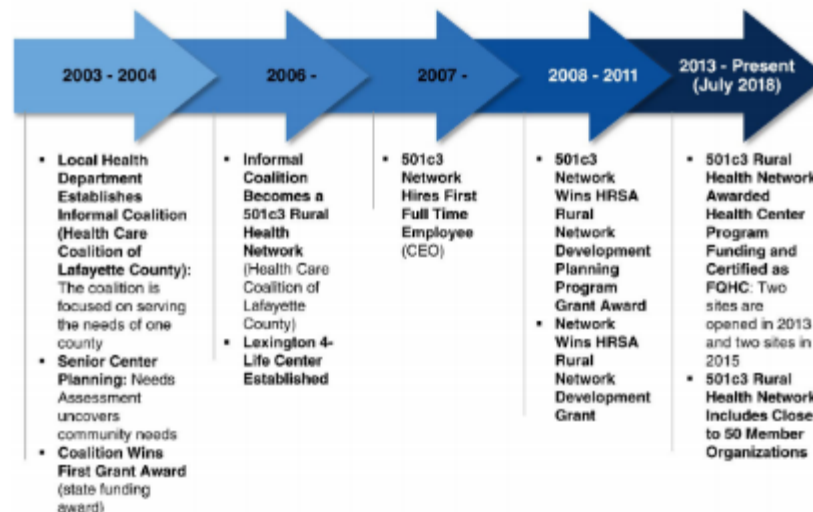


Exhibit 2. Rural Health Network's Key Performance Indicators and Outcomes<sup>19</sup>

Goals	Key Performance Indicator Brief Description	Outcome Measures and Outcomes (as of 2016) <sup>1</sup>
Market & Strategy Driven	<ul style="list-style-type: none"> <li>Intentional Collaborative Relationships</li> <li>Increased Community Resources</li> </ul>	<ul style="list-style-type: none"> <li># of co-locations (1 in 2016 to 2 in 2018)</li> <li># of network member interactions to support delivery of Network services</li> <li># of unique website page views</li> </ul>
Fiscally Responsible Organization	<ul style="list-style-type: none"> <li>Clinical Services</li> <li>Network Membership</li> </ul>	<ul style="list-style-type: none"> <li>59 days cash on hand</li> <li>20 NET Days in Receivables</li> <li>2.8 Net Asset Ratio (GOALS)<sup>1</sup></li> </ul>
Excellent Place to Work	<ul style="list-style-type: none"> <li>Staff Retention &amp; Recruitment</li> <li>Increased Voluntary Retention</li> <li>Increased Employee Satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>Retained 80% of staff</li> <li>85% of staff reported satisfaction on annual survey</li> </ul>
Valued & Competent Health care Provider	<ul style="list-style-type: none"> <li>Patient Satisfaction Survey</li> <li>Medicaid Encounters</li> <li>Uniform Data System (UDS) Encounters</li> </ul>	<ul style="list-style-type: none"> <li>80% Patient Satisfaction on annual survey</li> <li>20% increase in 2016 Medicaid encounters</li> <li>25% Increase in UDS encounters</li> </ul>
Rural Health Network Leader	<ul style="list-style-type: none"> <li>National Leadership</li> </ul>	<ul style="list-style-type: none"> <li>Number of leadership roles held by staff and board in community, state, regional, and national organizations</li> <li>Recognized as leader locally, regionally, and nationally</li> </ul>





# Partner Roles and Responsibilities

## Leadership. Mentorship. Advocacy.

### Strategic Initiatives

- Quality Wellness and Healthcare: The HCC community receives quality healthcare and wellness services
- Development, Policy and Advocacy: Leverage partnerships to support the mission of HCC
- Excellent Workforce: Recruit and retain quality professionals
- Lean Operations: Implement/ innovate systems that create efficiencies, support our expertise, and strengthen our decision-making processes
- Strong Communications: HCC is a beacon for rural healthcare and wellness



# Community Based Excellence

Building and Sustaining Partnerships. Future Models of Care.

## Definitions of Safety Net Providers

Federally Qualified Health Centers

Critical Access Hospitals

Rural Health Clinics

Provider Based Rural Health Clinics

## Impact Potential

Social Determinants of Health

Emergency Department Diversion

340B Drug Programs

Labs and Radiology Contracts

OB/GYN Contracts

Behavioral Health Contracts

Opioid and Addiction Services

Community Health Needs Assessment

Patient Centered Medical Homes

Value-based Health Care Models

Team Based Problem Solving

Improved Coordination (Multi-Sector)

Board Structure and Coordination

Peer Teams



# Building and Sustaining Partnerships

## **Crucial Conversations**

- Transparent and honest communications
- Due diligence for compliance
- Community minded leadership
- Duplication of services/appropriate place of care
- Governing body participation

## **Intentional Collaboration**

- Leverage use of existing data sources to inform meaningful collaboration and coordination
  - PRAPARE SDoH Data Source
  - UDS Data Source
  - Community Health Needs Assessments

## **Partners in Funding/Collaboration in Implementation**

- Shared workforce
- Existing and potential resources (grants, contracts, shared savings programs, etc.)



# Future Models of Care

## **Community/Regional approach to Strategic Planning Engaged Partnerships**

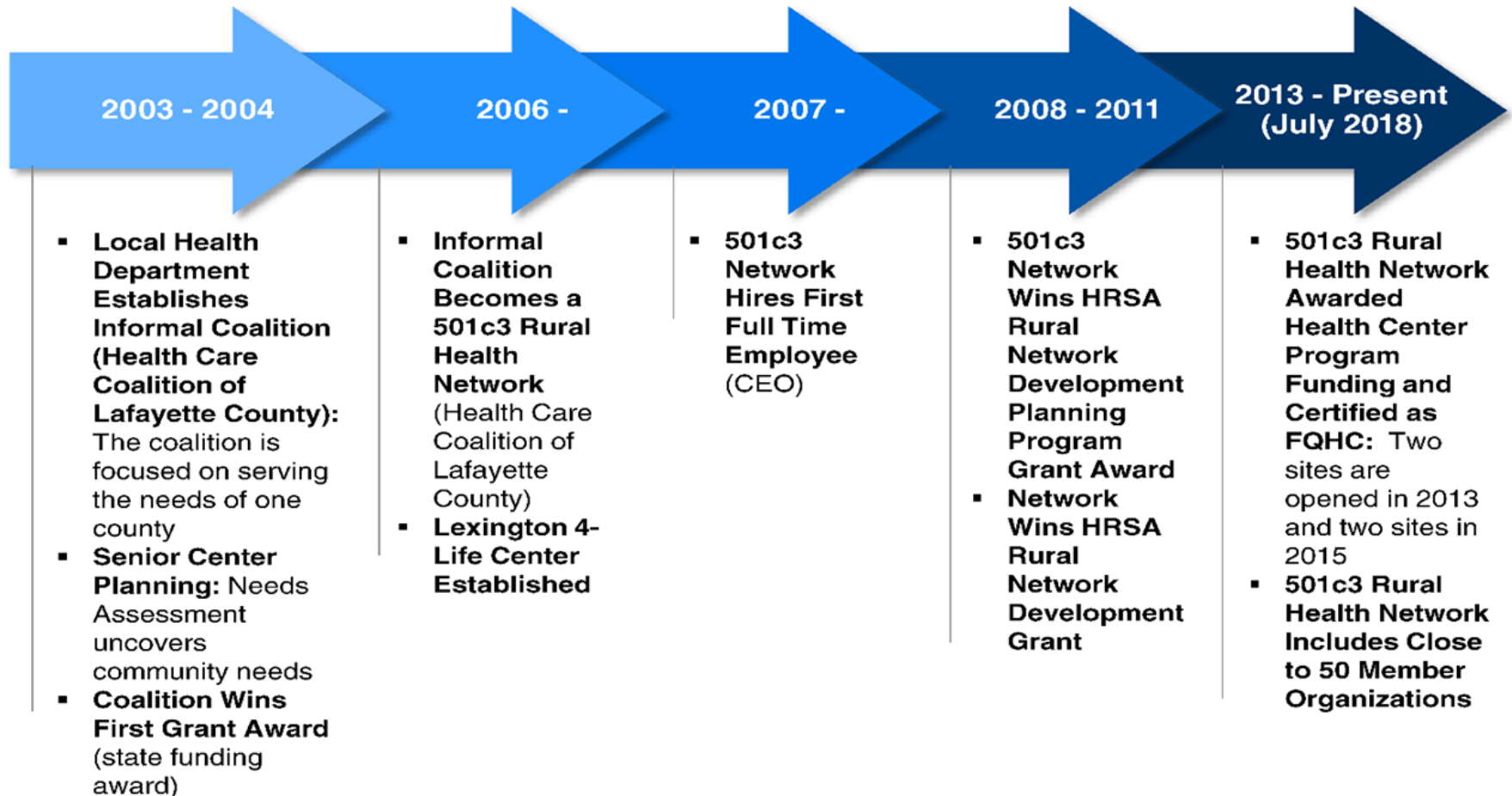
- Collective Strategy
- Managing Expectations
- Monitor Progress and Performance
- Shared Workforce

“Needs were varied, we knew none of us could do it all, and if we didn’t come together, there’d be unmet need. We knew it wasn’t always going to be fair. It wasn’t going to be like going out to dinner and splitting the bill six ways down to the penny. That’s not the kind of relationship that was going to be successful.” — Founding Rural Health Network member, and CEO of a Rural Provider Organization, reflecting on the origins for developing the Rural Health Network

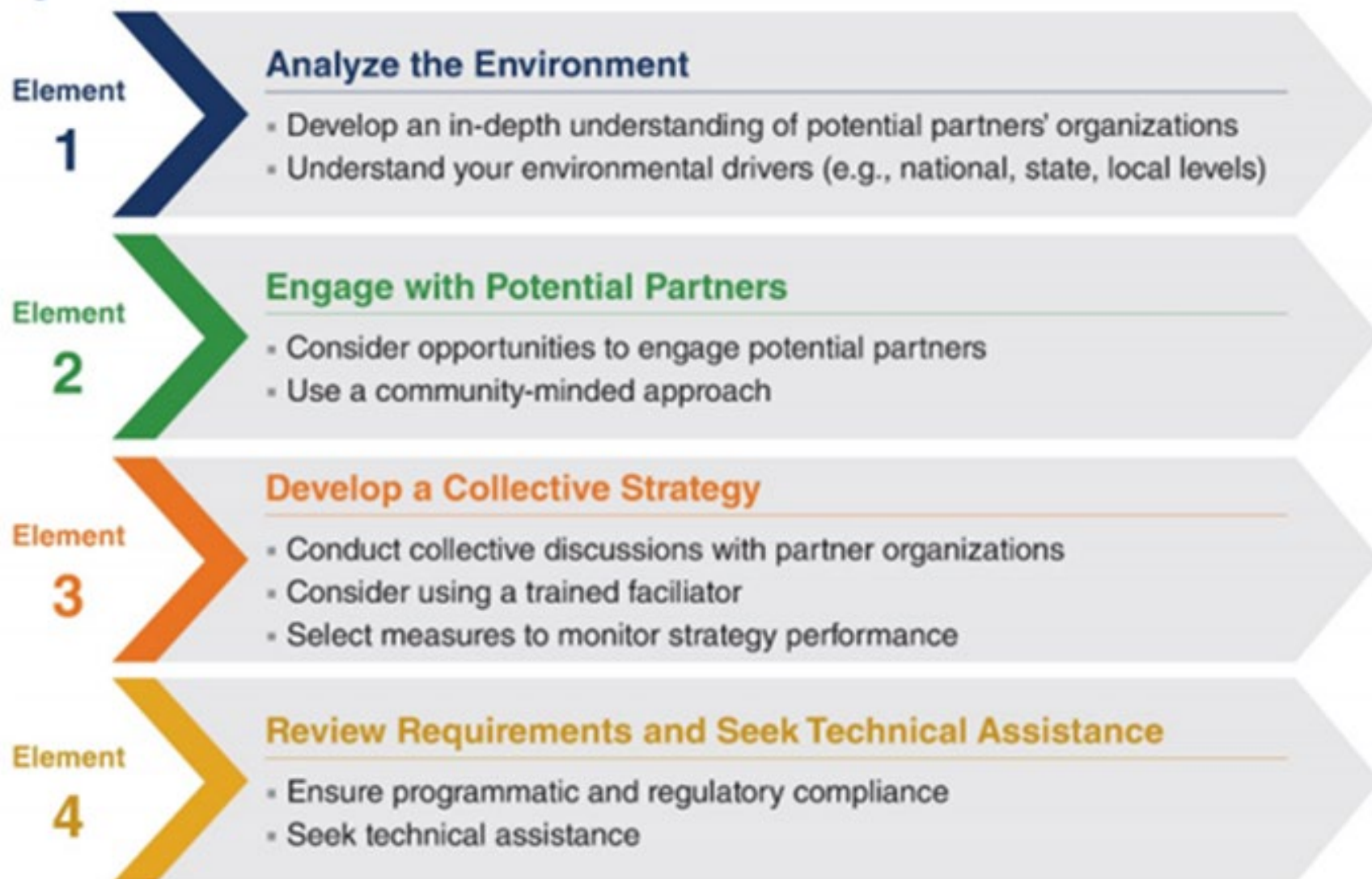
## **HRSA Rural Collaboration Guide**

<https://www.hrsa.gov/sites/default/files/hrsa/ruralhealth/reports/HRSA-Rural-Collaboration-Guide.pdf>

# Collaboration Takes Time



**Figure 1. Rural Health Care Collaboration and Coordination: Areas for Consideration**





# Building Communities



**LiveWell**  
Community Health Center  
*Live Life Well*

**Toniann Richard**

Chief Executive Officer

[toniann@hccnetwork.org](mailto:toniann@hccnetwork.org)

admin: [deana.loyd@hccnetwork.org](mailto:deana.loyd@hccnetwork.org)

Facebook/HCCNetwork twitter:@hccnetwork YouTube:/HCCRuralHealth

# Post-Polling Questions

I am \_\_\_\_ in my understanding of best practices to engage community partners in the transition to value-based care.

I am \_\_\_\_ in my understanding of successful models for engaging community partners in population health initiatives.

I am \_\_\_\_ that I will apply the knowledge gained from this educational training to assume risk and participate (or continue to participate) in value-based payment models to prepare for population health.



# Questions, Discussion, and Next Steps...

