Life After Your HRSA Grant

Development Webinar

April 6, 2017
Rural Health Innovations (RHI), LLC, is a subsidiary of the National Rural Health Resource Center (The Center), a non-profit organization. Together, RHI and The Center are the nation’s leading technical assistance and knowledge centers in rural health. In partnership with The Center, RHI connects rural health organizations with innovations that enhance the health of rural communities.
The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation’s leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce
Agenda

- Get Started
- Network Leaders
- Strategic Planning Cycle
- Questions
Networks

- Illinois Critical Access Hospital Network
  - ICAHN
- North Country Health Information Partnership
  - N-CHIP
- Indiana State Rural Health Network
  - InSRHN
Illinois Critical Access Hospital Network

Pat Schou
ICAHN is a not-for-profit 501(c)3 corporation established in 2003 for the purposes of sharing resources, education, promoting efficiency and best practice and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 55 member hospitals, is an independent statewide network governed by a nine-member board of directors.

- Located in rural Princeton, IL / 25 employees and consultants
- Incubator for rural services
- Members = 38 Independent ; 17 Systems
- Provides primary and emergency care for 2/3 counties in IL / 1.2 million rural residents
So how did ICAHN begin?

- Flex Grant sponsored a program on network development summer 2002
- 18 IL CAHs chief executive officers had a vision to create its own network to share resources in event we lose grant funding and support
- Articles of Incorporation filed for 501 (c)(3) non-profit corporation
- Bylaws/governing board
- $5,000 initial assessment; $5,000 annual dues
- 9 member governing board elected April 2003
Building the New Network

• Infrastructure – operations and a plan...“Vision”

• Connectivity – communication

• Value – member services

• Relationships – sustainability

• Finances – funding sources
ICAHN as a Young Organization

Early Wins – 50 Members
- CAH conversion/expertise – rural
- Peer groups and list servs
- IT services expertise
- Digital mammography purchase – group price
- Recruitment services
- Grant funding to develop new programs (I.e. peer review)
- 1st Publication – CAH Impact
- Used retired hospital consultants
- Education...reasonable price

Early Challenges
- Another state organization to the mix
- Finances – limited budget
- Geography
- Failed HIPAA project
- Quality & benchmarking programs – little interest
- Started Strategic Planning 2008
- Medicaid payment hurt members “no grassroots advocacy”
- Lack of organization recognition
2014: Moving to Collaboration Model

Risk Taking

Enterprise

New Networks

COOPERATION
Level I

COORDINATION
Level II

COLLABORATION
Level III
ICAHN 2017

- Mature Network
- 20 Peer Groups - The Heart
- Products and Services
- Value to meet different member needs
- Expanded membership to non-CAHs
- Manage an ACO
- Voice for rural
- Broad scope – rural hospital community
Promise What You Can Deliver
Pat Schou
Executive Director

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Get to know us better:
http://www.ruralcenter.org
The Fort Drum Regional Health Planning Organization

Pat Fontana
Fort Drum Regional Health Planning Organization (FDRHPO)

- Located in Watertown, NY (20 miles south of the Canadian border)
- Serve Jefferson, Lewis and St. Lawrence Counties
- The region
  - Is designated as a HPSA (Health Provider Shortage Area)
  - Comprises a sparsely populated, large geographic area
  - Serves a disproportionately high percentage of Medicaid/Medicare patients
  - Serves the Fort Drum Army Installation which is the most deployed installation in the U.S. and the only installation without its own hospital.
    - Fort Drum is the largest single-sight employer in Northern New York State.
    - Originated as a DoD 721 Pilot Program
  - Purpose
    - Analyze healthcare system
    - Identify gaps
    - Leverage resources to fill those gaps
Original Focus

Mission
• Strengthen healthcare for Fort Drum Soldiers, their families, and the surrounding tri-county civilian community by
  ◦ Analyzing the healthcare system
  ◦ Identifying gaps
  ◦ Leveraging resources to fill those gaps through regional partnerships

Vision
• A strong North Country Healthcare System

Values
• Integrity, Quality, Collaboration, Passion, Trust
## Work and Accomplishments

<table>
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<tr>
<th>Segment</th>
<th>Accomplishments</th>
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<tr>
<td>Leveraged Resources</td>
<td>• Through federal, state and local funding, we’ve helped to bring in over $40 million into the community to improve health and healthcare in the region.</td>
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| Behavioral Health        | • Implementation of 5 additional clinics  
• 70 additional TRICARE credentialed providers  
• Integration of Primary Care and Behavioral Health                                           |
| Technology               | • Electronic Health Records and PCMH  
• HIE – Access to Medical Records outside of AHLTA – VLER go live  
• Telemedicine – equipment, scheduling software, opportunities                                    |
| Healthcare Workforce     | In partnership with Jefferson Community College  
15 additional Health Education programs - Nursing Program, NP & Psych NPs, BSW & MSW, Care Coordination |
| Emergency Medical Services| • Secured Air Medical Capability  
• Developed Rural EMS Cooperative  
• Regional EMS Program Agency (Opioid Overdose Program – Oct. 2015)                              |
| Population Health        | • Regional Community Health Needs Assessment & Improvement Plan  
• ACO, CIN, DSRIP – Standardize & Measure Best Practices, Health Focused System  
• Patient Engagement                                                                       |
Critical Components for Sustainment and Success

• Obtain Continual Committee & Board Involvement
  ◦ This Drives Meaningful Change and Encourages Buy-In
• Know Your Community and Their Needs
  ◦ Needs Assessment, CHA
• Know Your Network Available Resources
  ◦ Resource Inventory
• Invest In Building Network/Community Relationships
• Maintain Effective and Honest Communication with All Stakeholders
• Remain Fluid/Adaptable
Pat Fontana
Rural HIT Workforce Program Director

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Get to know us better:
http://www.ruralcenter.org
Indiana Rural Health Association
Indiana Statewide Rural Health Network (InSRHN)

Cody Mullen
Network Development Coordinator
April 6, 2017
InSRHN

• Formed in 2007 from Federal Office of Rural Health Policy Planning Grant

• Further Funded 2008-2010 from Federal Office of Rural Health Network Development Grant

• Currently has 29 member hospitals, 3 affiliate hospitals, and 1 rural health clinic
Current Initiatives

- Health Coaching
- School Based Clinics
- Allied Health Training
- Telehealth Resource Center

- Remote Pharmacy
- Group Purchasing
- Physician Recruiting

- MACRA
- Chronic Care Management
- CFO/Revenue Cycle
- Lobbying Efforts

- C-Suite (CEO, CFO, etc.)
  - IT Support
  - Risk Management
Value Based Care

Quality - Enhance your traditional practice
- Physician annual wellness visit to set personal patient goals
- Reimbursable monthly staff support between patient visits
- Patients become partners to improve their health
- Patient partners have better outcomes

Economics
- Positive revenue impact
- Shared savings incentives - Medicare/ACO shared savings payments optimized
- Support staff (nurses and medical assistants) - contribute directly to billable revenue

The Future
- Orient your organization to Value Based Care approaches
- Sets the stage for successful MACRA implementation

Positive MACRA Improvement Reporting
MIPS or APM

Healthier Population
Profitable Healthcare Provider

Practice Transformation
Volume to Value

Rural Health Innovations
Advice

Follow Current and Future Trends

Ask 'What Keeps You Up at Night?'

Dream Big

Failure is Not an Option

Your Network
Cody Mullen
Network Development Coordinator

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Get to know us better:
http://www.ruralcenter.org
Strategic Planning Cycle

Debra Laine
Program Specialist
April 6, 2017
Adapted "Creative Tension" model by Peter Senge, et. al.
Analyze and Plan

Strategic Planning Cycle

Analyze & Plan

Execute the plan

Document & Communicate

Monitor & Adapt
Document and Communicate

Strategic Planning Cycle

Document & Communicate

Execute the plan

Monitor & Adapt

Analyze & Plan
Execute the Plan

Strategic Planning Cycle

1. Document & Communicate
2. Execute the plan
3. Monitor & Adapt
4. Analyze & Plan

 Execute the Plan
Monitor and Adapt

Strategic Planning Cycle

Document & Communicate

Execute the plan

Monitor & Adapt

Analyze & Plan
A Continuous Cycle
Your Game Plan

**Strategic Planning Cycle**

- Document & Communicate
- Execute the plan
- Monitor & Adapt
- Analyze & Plan

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Where Strategy Fits In

Adapted “Creative Tension” model by Peter Senge, et. al.
Any questions?
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Get to know us better:
http://www.ruralcenter.org
There is Life After Your HRSA Grant!!!!

Enjoy it!