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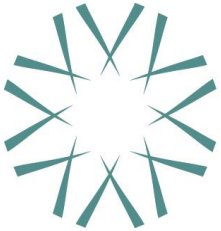
# Life After Your HRSA Grant

## 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.



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RESOURCE CENTER

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



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# Networks

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



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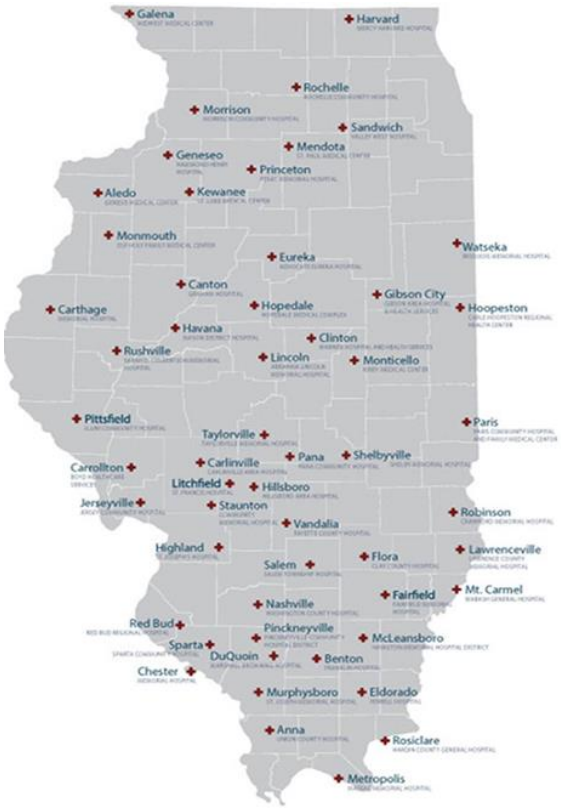
# Illinois Critical Access Hospital Network

Pat Schou

# ICAHN

ICAHN
Illinois Critical Access Hospital Network
2017




- **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.

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- 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

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# 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



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# ICAHN as a Young Organization

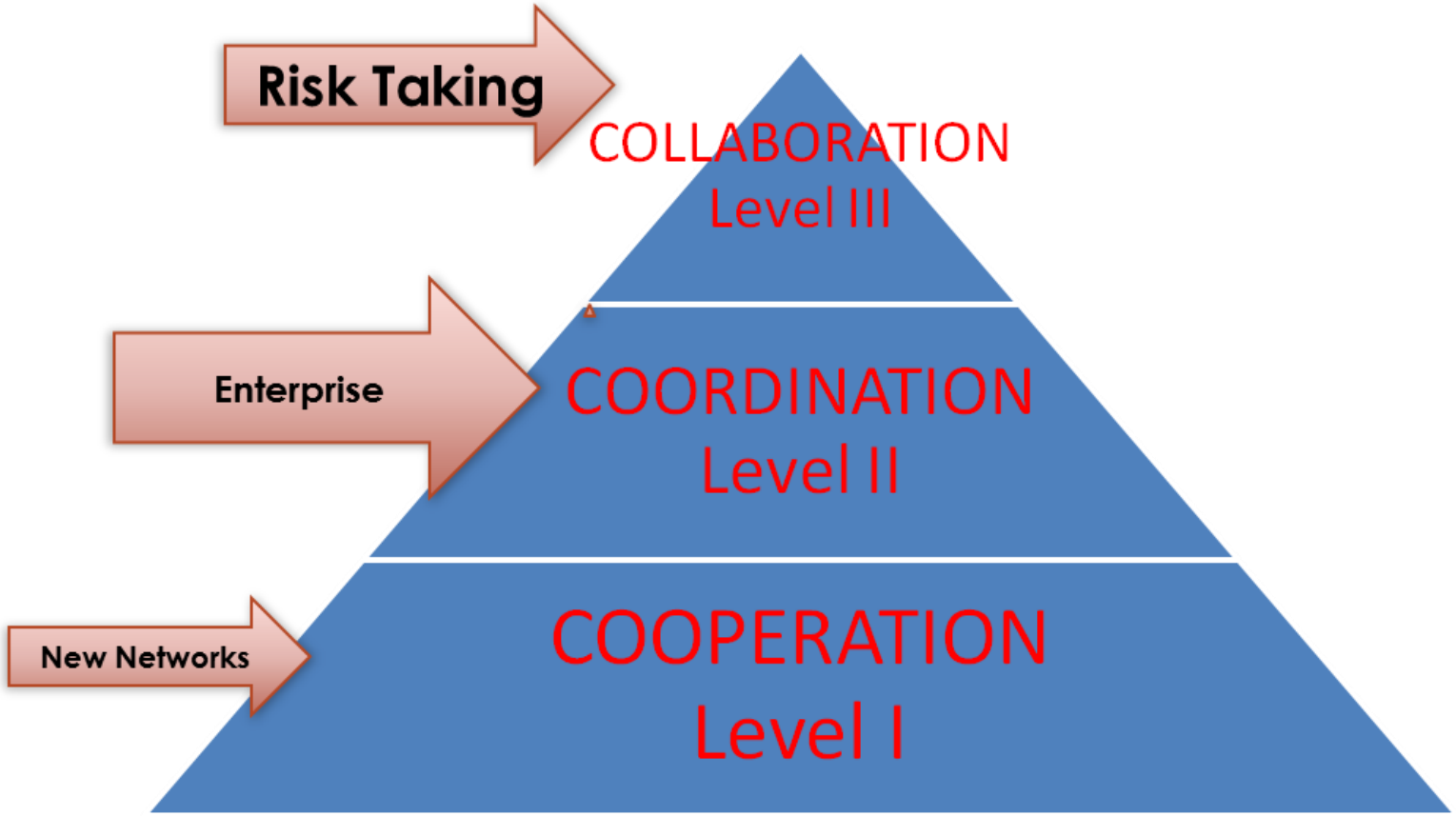
**Early Wins – 50 Members**

- 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



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# 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

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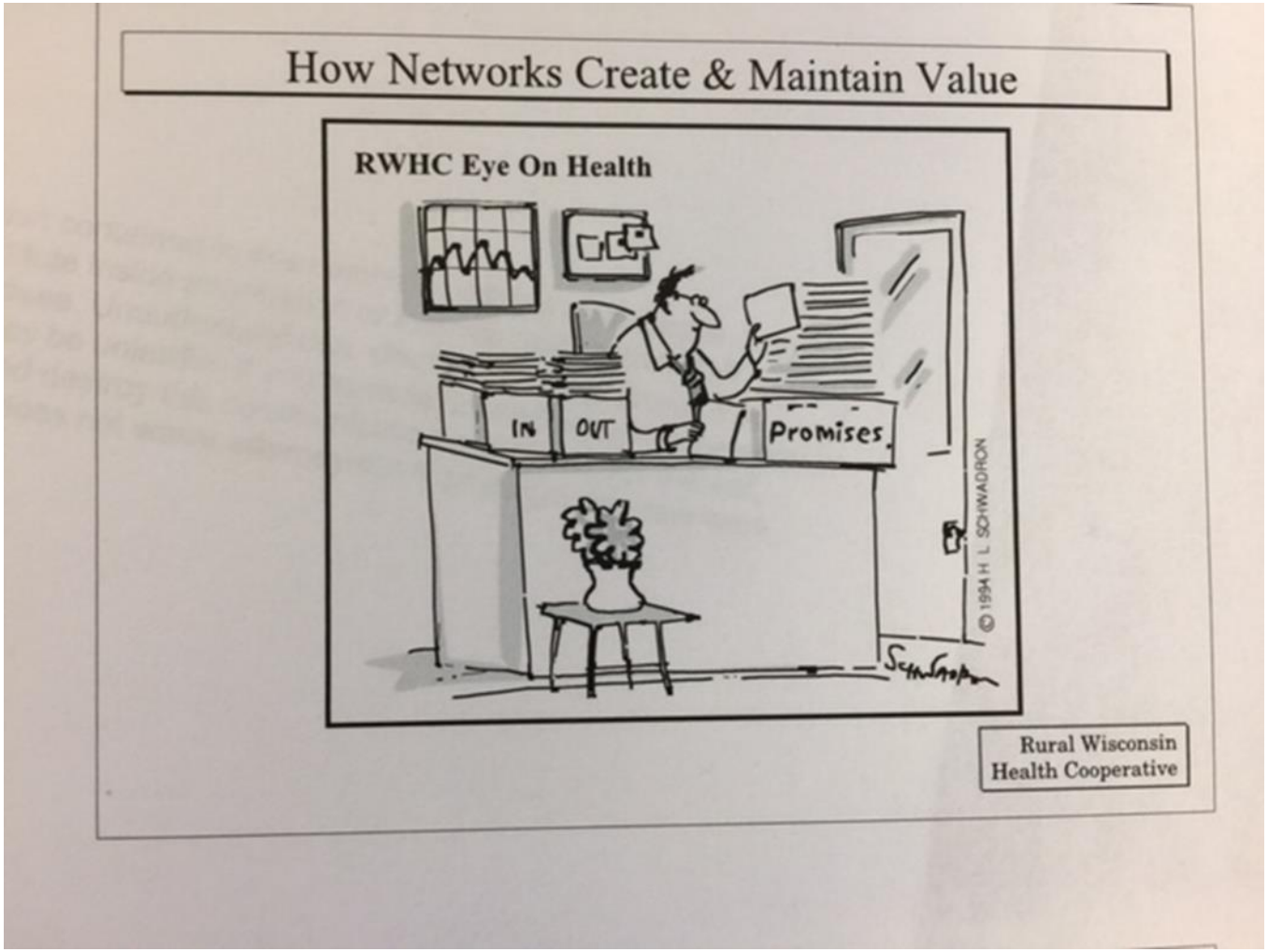
# Promise What You Can Deliver



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# Pat Schou

Executive Director

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# The Fort Drum Regional Health Planning Organization

Pat Fontana

# Brief History

**Fort Drum Regional Health Planning Organization (FDRHPO)**

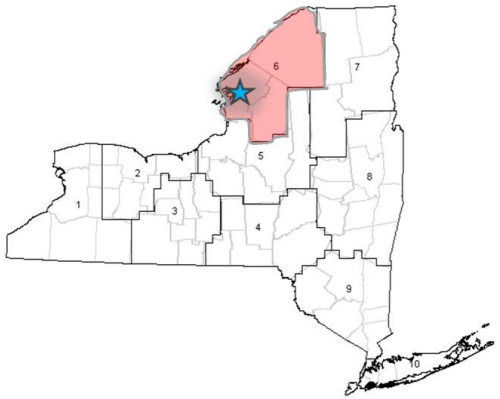
- Located in Watertown, NY (20 miles south of the Canadian border)
- Serve Jefferson, Lewis and St. Lawrence Counties
- The region
  - Is designated as a HPSA (Health Provider Shortage Area)
  - Comprises a sparsely populated, large geographic area
  - Serves a disproportionally high percentage of Medicaid/Medicare 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



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# 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

| | |
|---|---|
| Leveraged Resources | • 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. |
| Behavioral Health | • Implementation of 5 additional clinics<br>• 70 additional TRICARE credentialed providers<br>• Integration of Primary Care and Behavioral Health |
| Technology | • Electronic Health Records and PCMH<br>• HIE – Access to Medical Records outside of AHLTA – VLER go live<br>• Telemedicine – equipment, scheduling software, opportunities |
| Healthcare Workforce | In partnership with Jefferson Community College<br>15 additional Health Education programs - Nursing Program, NP & Psych NPs, BSW & MSW, Care Coordination |
| Emergency Medical Services | • Secured Air Medical Capability<br>• Developed Rural EMS Cooperative<br>• Regional EMS Program Agency (Opioid Overdose Program – Oct. 2015) |
| Population Health | • Regional Community Health Needs Assessment & Improvement Plan<br>• ACO, CIN, DSRIP – Standardize & Measure Best Practices, Health Focused System<br>• 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

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# Pat Fontana

## Rural HIT Workforce Program Director

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# 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

**Indiana Statewide Rural Health Network**

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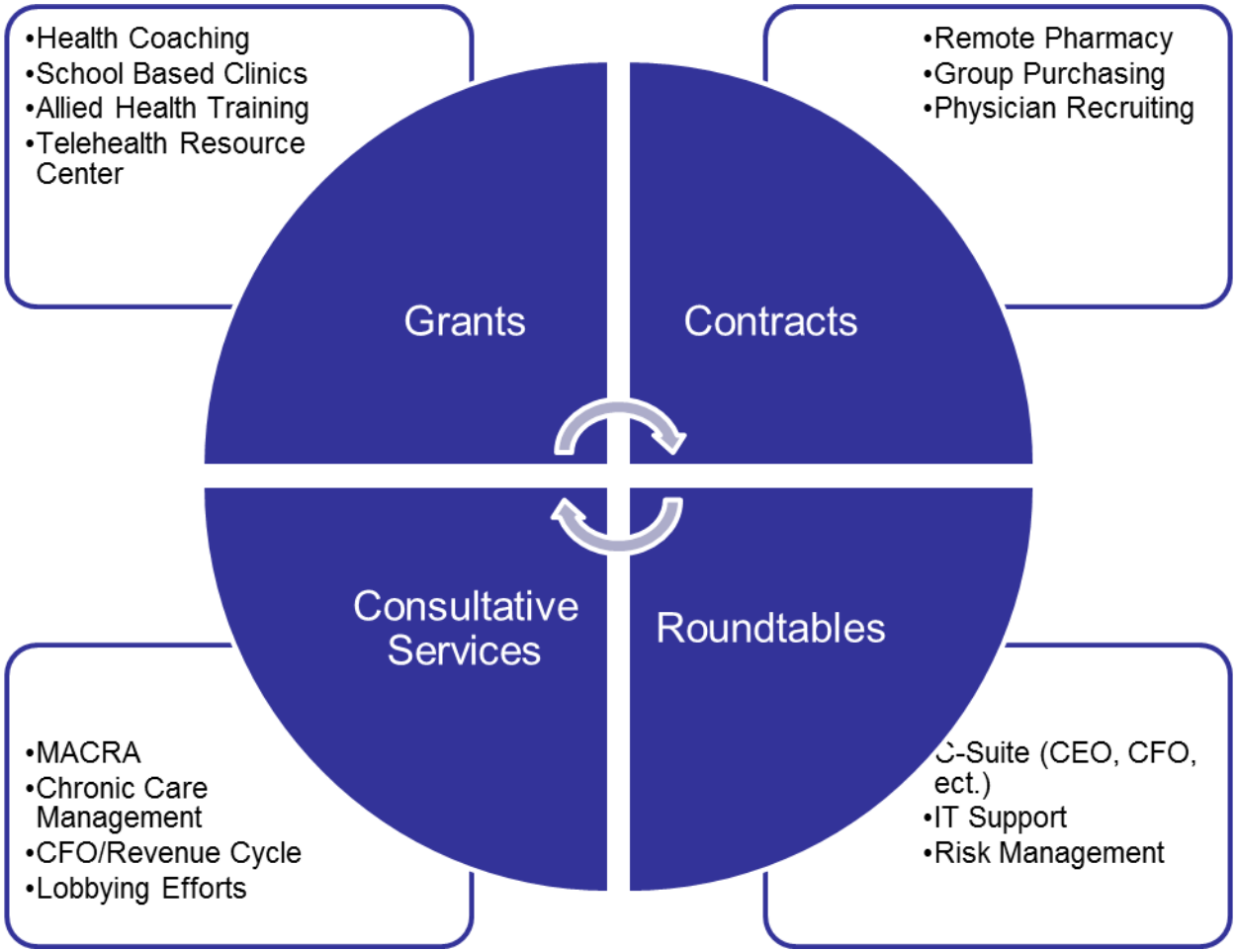
# Current Initiatives



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# Value Based Care

**Quality - Enhance your traditional practice**

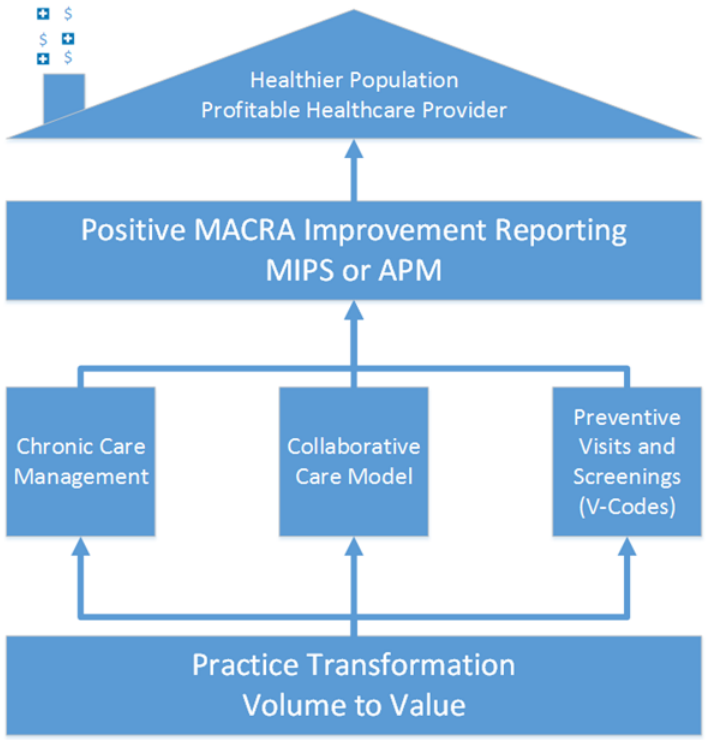
- Physician annual wellness visit to set ***personal patient goals***
- Reimbursable monthly staff support ***between*** patient visits
- Patients become ***partners*** to improve their health
- Patient partners have better ***outcomes***

**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**

- Orients your organization to Value Based Care approaches
- Sets the stage for successful MACRA implementation



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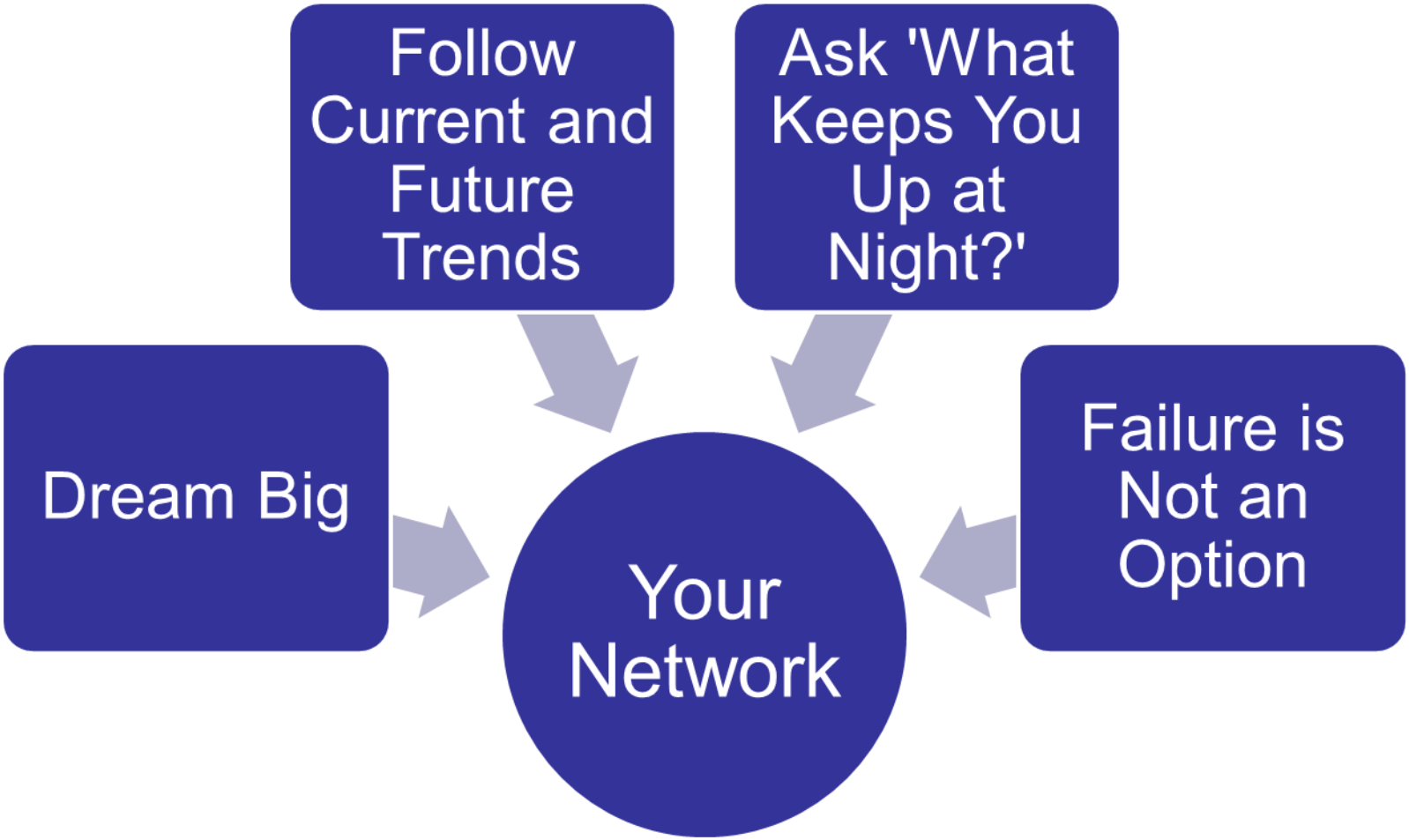
# Advice



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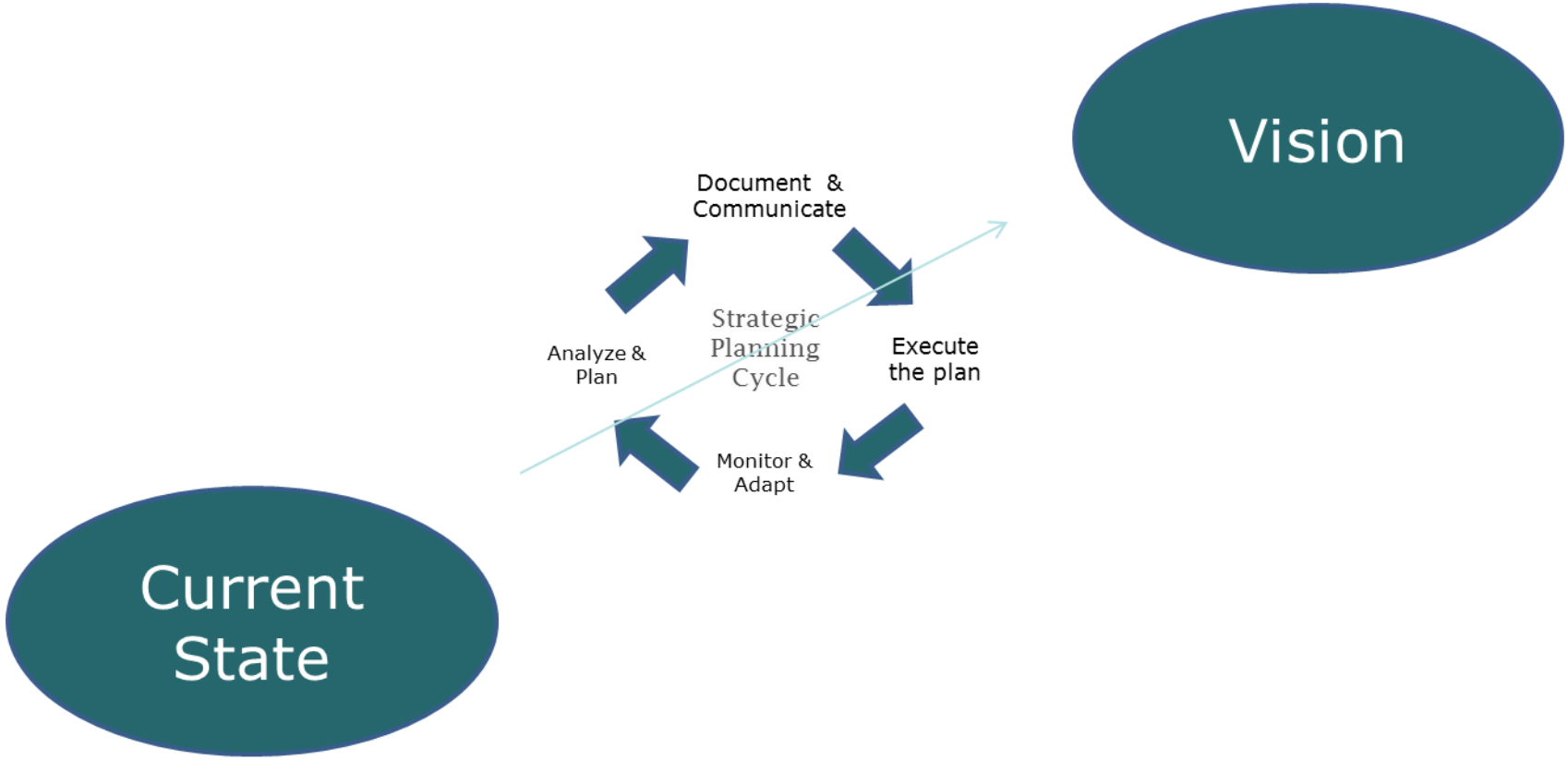
# Strategic Planning Cycle

Debra Laine
Program Specialist
April 6, 2017

# Where Strategy Fits In




Adapted "Creative Tension" model by Peter Senge, et. al.



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# Strategy: Our Game Plan

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# Analyze and Plan

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# Document and Communicate

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# Execute the Plan

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# Monitor and Adapt

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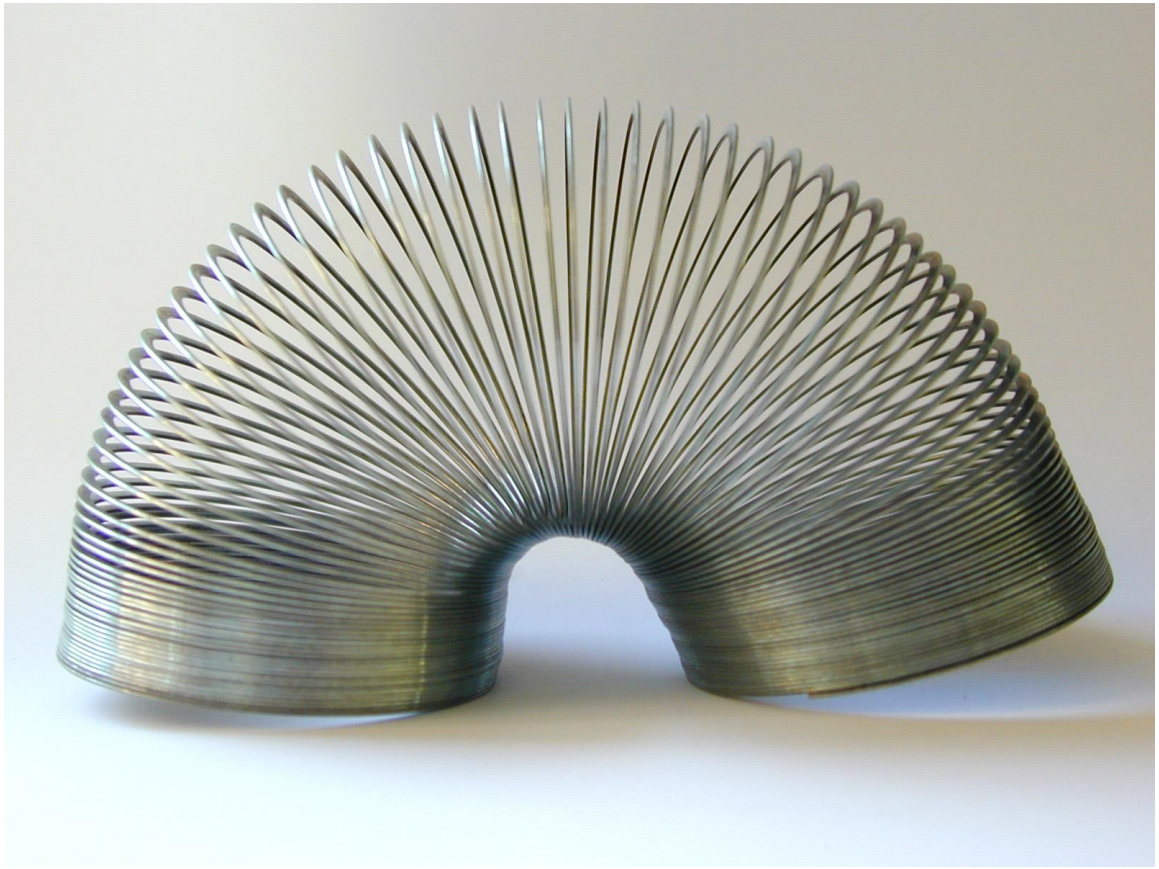
# A Continuous Cycle





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# Your Game Plan

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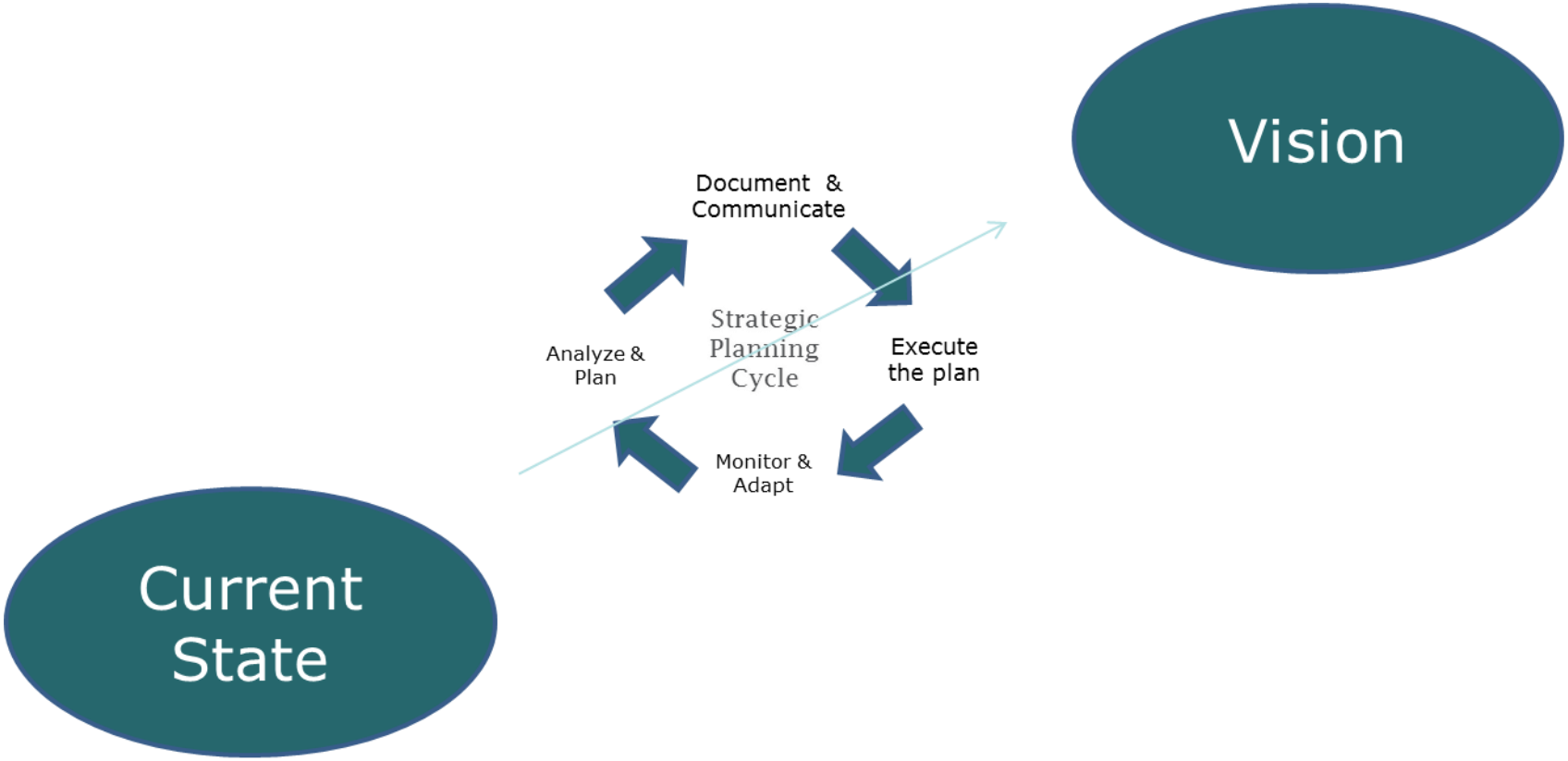
# Where Strategy Fits In

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ANY
QUESTIONS
?

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# There is Life After Your HRSA Grant!!!!

Enjoy it!



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