



# Health Care Collaborative of Rural Missouri



# Health Care Collaborative (HCC) 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

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## Cultivating Partnerships. Delivering Quality Health Care. Strengthening Rural Communities.

HCC's role as a rural health network that operates four federally qualified health centers has transformed the health care landscape in Lafayette and surrounding counties.

Through collaboration with area providers, public health entities, the business community, elected officials on the local, state and federal levels, and other community partners, its ability to reach underserved individuals and families continues to grow.

The result has been community outreach programs and Live Well Community Health Centers that have improved health outcomes by removing barriers that prevented access to quality care. HCC's economic impact has also risen to more than \$11 million, according to a recent report.

Take a look at this timeline that highlights some of the initiatives HCC has implemented through the years.

- 2009 SEPTEMBER** Workplace Wellness Program Launches
- 2010 DECEMBER** Free Transportation Vouchers Offered for Medical and Dental Visits
- 2011 NOVEMBER** Providers Receive 21 EMR-Equipped Computers
- 2012 JANUARY** HCC Rebrands, Changes Name
- 2012 OCTOBER** TODD Program Launches
- 2012 (Cont)** Richard Named 2012 Network Leader
- 2013 JUNE** Live Well Opens In Onondora, Waverly
- 2013 OCTOBER** Marketplace Enrollment Assistance Begins
- 2014 JUNE** HCC Celebrates 10-Year Anniversary
- 2015 MAY** HCC Rolls Out Mobile Dental Unit
- 2015 (Cont)** HCC Expands to Buckner and Carrollton
- 2015 NOVEMBER** HCC, Partners Host First Project Connect
- 2016 SEPTEMBER** HCC Launches Rural Job Site
- 2016 OCTOBER** Live Well Designated as Veterans Choice Provider
- 2016 DECEMBER** Warehouse Provides \$650,000 In-Kind Donations
- 2017 AUGUST** 340B Program Offered to Area Patients
- 2018 MAY** Rural Rides Provided to Doctor Visits
- 2018 NOVEMBER** First Annual Plooodity Dinner & Auction
- 2019 APRIL** Migrant Workers Receive Dental Care
- 2019 JULY** 2017 Value & Impact Statement Released

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## 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 **JOB**s 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.

### ECONOMIC STIMULUS

- 96 TOTAL JOBS
  - 57 HEALTH CENTER JOBS
  - 39 OTHER JOBS in the community
- \$11.1 Million TOTAL ECONOMIC IMPACT of current operations
  - \$ 5.7 Million DIRECT HEALTH CENTER SPENDING
  - \$ 5.4 Million COMMUNITY SPENDING
- \$ 1.6 Million ANNUAL TAX REVENUES
  - \$ 0.4 Million STATE & LOCAL TAX REVENUES
  - \$ 1.2 Million FEDERAL TAX REVENUES

### SAVINGS TO THE SYSTEM

- 16% LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS
- \$ 3 Million SAVINGS TO MEDICAID
- \$ 8 Million SAVINGS TO THE OVERALL HEALTH SYSTEM

### CARE FOR VULNERABLE POPULATIONS

- 5,739 PATIENTS SERVED
- 16,194 PATIENT VISITS
- 95.4% of patients are **LOW INCOME**
- 2,079 of patients are **CHILDREN & ADOLESCENTS**
- 9.1% of patients identify as an **ETHNIC OR RACIAL MINORITY**
- 1.7% of patients are **VETERANS**
- 1.1% of patients are **AGRICULTURAL WORKERS**
- 2.2% of patients are **HOMELESS**

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.

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# 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



# FLEX Program 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 (SDOH)

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
  - Uniform Data System (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.)





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 (W11 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.livewell.org/group> and enter group code, EGBU.
- 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!

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

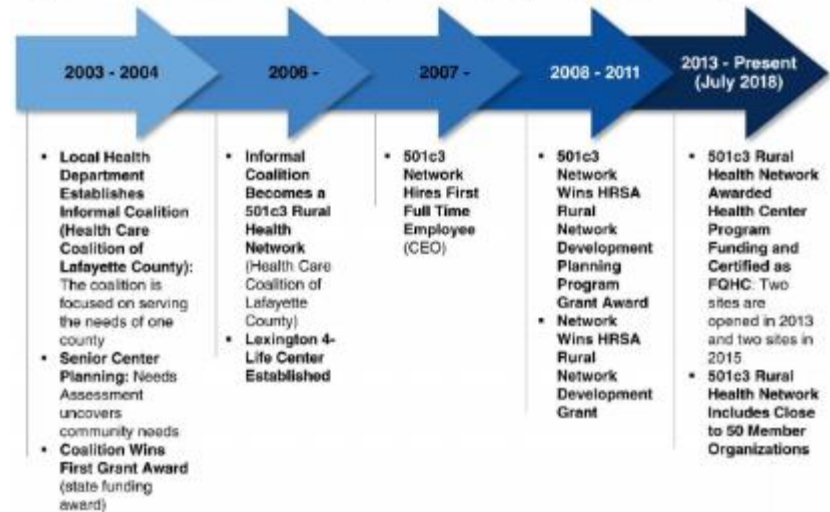


Exhibit 2. Rural Health Network's Key Performance Indicators and Outcomes<sup>19</sup>

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>



# 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>





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

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