Health Care Collaborative of Rural Missouri

Health Care Collaborative (HCC) of Rural Missouri

HCC of Rural Missouri
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

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.)

LiveWell Community Health Center
Live Life Well

HCC health care collaborative of West Missouri

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://savvies.lifenow.org/group and enter group code, EG9U.
- 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)

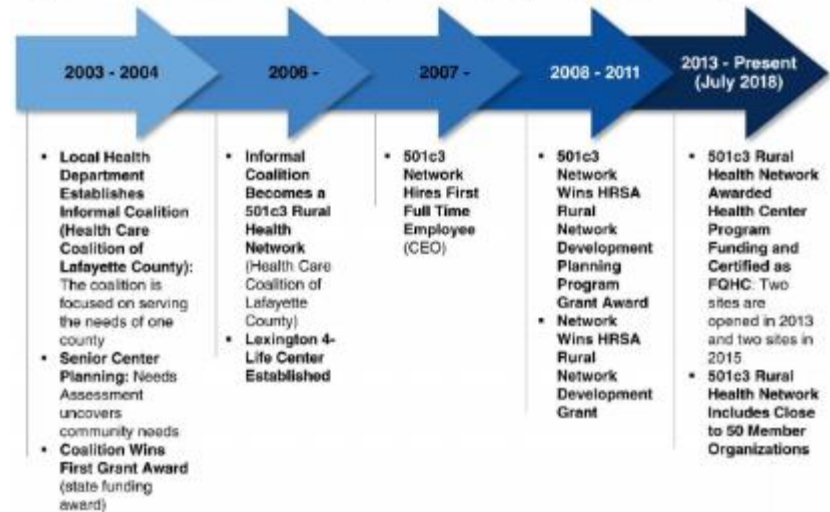| 2003 - 2004	2006 -	2007 -	2008 - 2011	2013 - Present (July 2018)
• **Local Health Department Establishes Informal Coalition** (Health Care Coalition of Lafayette County): The coalition is focused on serving the needs of one county • **Senior Center Planning:** Needs Assessment uncovers community needs • **Coalition Wins First Grant Award** (state funding award)	• **Informal Coalition Becomes a 501c3 Rural Health Network** (Health Care Coalition of Lafayette County) • **Lexington 4-Life Center Established**	• **501c3 Network Hires First Full Time Employee** (CEO)	• **501c3 Network Wins HRSA Rural Network Development Planning Program Grant Award** • **Network Wins HRSA Rural Network Development Grant**	• **501c3 Rural Health Network Awarded Health Center Program Funding** and Certified as FQHC: Two sites are opened in 2013 and two sites in 2015 • **501c3 Rural Health Network Includes Close to 50 Member Organizations**

Exhibit 2. Rural Health Network's Key Performance Indicators and Outcomes [19]

Goals	Key Performance Indicator Brief Description	Outcome Measures and Outcomes (as of 2016)*
Market & Strategy Driven	• Intentional Collaborative Relationships • Increased Community Resources	• # of co-locations (1 in 2016 to 2 in 2018) • # of network member interactions to support delivery of Network services • # of unique website page views
Fiscally Responsible Organization	• Clinical Services • Network Membership	• 59 days cash on hand • 20 NET Days in Receivables • 2.8 Net Asset Ratio (GOALS)†
Excellent Place to Work	• Staff Retention & Recruitment • Increased Voluntary Retention • Increased Employee Satisfaction	• Retained 80% of staff • 85% of staff reported satisfaction on annual survey
Valued & Competent Health care Provider	• Patient Satisfaction Survey • Medicaid Encounters • Uniform Data System (UDS) Encounters	• 80% Patient Satisfaction on annual survey • 20% increase in 2016 Medicaid encounters • 25% Increase in UDS encounters
Rural Health Network Leader	• National Leadership	• Number of leadership roles held by staff and board in community, state, regional, and national organizations • Recognized as leader locally, regionally, and nationally

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

Element 1

Analyze the Environment

- Develop an in-depth understanding of potential partners' organizations
- Understand your environmental drivers (e.g., national, state, local levels)

Element 2

Engage with Potential Partners

- Consider opportunities to engage potential partners
- Use a community-minded approach

Element 3

Develop a Collective Strategy

- Conduct collective discussions with partner organizations
- Consider using a trained faciliator
- Select measures to monitor strategy performance

Element 4

Review Requirements and Seek Technical Assistance

- Ensure programmatic and regulatory compliance
- Seek technical assistance

Building Communities

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