



## NATIONAL RURAL HEALTH RESOURCE CENTER

### **Panel Discussion Notes: Partner Perspectives Panel: Strength in Numbers for the Flex Program**

Panel discussion was facilitated by Paul Moore, Office of Rural Health Policy (ORHP), Health Resources and Services Administration (HRSA)

Panelists:

- Brock Slabach, National Rural Health Association
- Jennifer Lundblad, Stratis Health, American Health Quality Association
- John Supplitt, American Hospital Association

John Supplitt noted that five states are not going to implement the Medicaid expansion and will miss out on a lot of federal money, and unfortunately these are the states need it more than anyone else. He also noted that these decisions to not implement are not access-to-care issues but strictly political issues. Eight to nine million people will miss out on a chance to become insured if the states opt out. There is also a lot of brokering going on with all of the states in regards to the health insurance exchanges.

Jennifer Lundblad noted that the decision keeps the resources available for what is coming. Concerning the quality initiatives, the 'train has already left the station' - if hospitals are not on-board, it is too late. The Centers for Medicare and Medicaid Services (CMS) already have the authority to do what they need to do, and the focus is to get achieve the Triple Aim (better care, better health, lower cost). Jennifer's questions to the audience are: How will rural be affected by accountable care organizations (ACOs)? How will these new health care models drive supply?

Brock Slabach noted that there is so much excitement regarding the expansion of care, but many of the CAHs will have stressful dynamics because of politics surrounding the current health care policy issues. He noted that just because coverage is expanded, does not mean that citizens will have access and high quality facilities in rural areas. It is felt that there should be no repeal without replace. We need to find ways to move forward and ideas on how to do that instead of just finding what is wrong with the current system.

#### **What are the 3-5 most important policy issues for the Flex programs?**

- John noted there is only one policy issue that Flex needs to be concerned with and that is ACOs. CAHs need a strategy in place right now to be physician owned and operated. ACOs are here to stay for managed care. Plans will pay providers in the future based on quality. Be prepared to play in this new arena or you will not survive.
- Jennifer noted there are five pillars that CAHs and the Flex program should be paying attention to regarding health care:

- Affordable
- Accessible
- Community-oriented
- High-quality
- Patient-centered
- Brock noted that Flex should not confuse ACOs with what Medicare is providing. Cost, quality and health information technology (HIT). HIT is the grease that will make all of this work. How can you incorporate quality care that translates to patients?

**If this is the future, how do we help CAHs get where they need to be?**

- Jennifer noted that CAHs need to be very purposefully planning. Her recommendation was to not chase the grants. Figure out what works for your specific communities and provide tools and frameworks for them to be strategic. There is a policy bias saying that if we create something for urban, we just make it smaller for rural. That doesn't work.
- Brock said that rural needs to be a catalyst. Small agents can make a huge amount of change. Formal strategic planning processes need to be done at every facility including a robust assessment of your environment. Feeding it into the system. Set priorities. Strategic planning can no longer sit on the shelf. So build capability for facilities to be flexible. We have the ability to shape policy and make it friendlier for rural. State Flex Programs should become the catalyst to change in your state and/or network.
- John noted to use the people in the community. Federal law follows what is happening in the market. It is not dictated by what is starting in the market. What is best for the hospital and delivery system and the community? You need to be educated on this. Ask for help if you don't have the answers. Move forward with strategy and communication.