CLINICAL INTEGRATION MODELS FOR SUCCESS

Presentation to 8th Annual Georgia Partnership for Telehealth Summit
Jekyll Island, Georgia
24 March, 2017
Objectives of Presentation

- Remind audience of crisis in Georgia’s rural hospitals and provide some of the reasons
- Remind audience of the importance of rural hospitals
- Describe President Keel’s reasons for intervention and involvement
- Report of Task Force and Recommendations
- Clinical integration and telemedicine
What is a Rural Hospital?

- Hospital in a rural county with less than 100 beds
- Critical Access Hospital (CAH), 25 in-patient beds
- Focused on 30 across GA
- Prospective Payment System Hospital (PPS)
- Focused on 33 across GA
- Since 2001, 7 rural hospitals in GA have closed (8 if you include one that closed twice)
Georgia’s Rural Hospital Crisis

• Several Rural Georgia Hospital’s have closed (6-8)
• Many more of the rural hospitals are in financial difficulty
• Current proposals for healthcare in this country will not solve the financial problems of rural hospitals and as currently construed, will probably make the situation worse
Factors Leading to Closures

• Expenses increasing
• No opportunity to maximize purchasing power
• Revenues decreasing
• Affordable Care Act
• Volumes decreasing while overhead and infrastructure remains constant
• Population older, sicker, poorer
How We Envision the Challenges for Rural Hospitals

- Financial
  - Payment favoring tertiary facilities
  - Uninsured patients
  - Inability to provide services which are profitable

- Maintenance of Patient Base
  - Poor public image
  - Patients able to seek care in other venues

- Recruitment of Health Professionals including Physicians
- Adequate skilled staff to be able to provide the necessary services
Importance of Rural Hospitals

• Provides health care to 20% of Americans
• Provides emergency care to local citizens
• Serves as an economic engine for community
• Employment
• Stimulates purchasing in region
• Attracts businesses
• Local community pride in hospital
Why is AU and AUMC Involved in Rural Health

“Augusta University and AU Health, as the state’s academic health center, is uniquely positioned to, and accepts special responsibility for, improving the stability of rural hospitals to benefit the health of the citizen’s of Georgia. We need to help stabilize rural hospitals, not to bail them out, but help stand them up.”

President Brooks Keel
Investiture address, 2015
Augusta University Rural Hospital Task Force

- President appointed Task Force on January 28, 2016
- Reviewed literature
- Presentations from and interviews with state organizations and rural hospitals
What we believe Rural Hospitals and Their Boards Want

• To continue to provide services and be viewed as the entry point for healthcare by the community
• Provide sufficient services as well as the right mix of services to be solvent
• Partner with other facilities to assure the needed services for their communities
• Be a medical facility which will enable the community to attract and retain health care professionals
What Rural Communities Want

- Maintain community pride
  - School
  - Post office
  - Hospital
- Support for the local economy as the hospital system is often either the largest or second largest employer in the county
- Having a health care delivery system which will support future economic development
What Can AU do to Help?

• Create and enhance academic programming and continuing education
  Strengthen and develop rural tracks for students
  Engage rural physicians to develop CME programs for rural physicians
• Telemedicine training and education for students and staff
• Create rural teaching hospital partnerships and encourage development of interprofessional faculty and student teams for learning and care delivery
• Increase academic offerings focused on rural health and hospital management
• Enhance/develop residency programs for PAs and APRNs
• Strengthen and expand telemedicine
What Can AU do to Help?

• Make rural hospital stability an institutional priority
  Create an office specializing in rural hospitals (rural health)
• Serve as unbiased resource for education, training, consulting for CEOs and board members
  Work with Gov. Relations to advocate for policy changes to benefit rural hospitals
  Maintain and cultivate new relationships
  Create advisory committee
• Develop model of clinical integration with selected rural hospitals
Center for Rural Health Support and Study

The Mission of Augusta University’s Center for Rural Health Support and Study is to improve the patient care and outcomes in rural communities of Georgia by serving as a resource for state organizations and rural hospitals, while fostering and providing innovative and interdisciplinary research, education, and service through the resources and expertise of a research University and academic medical center.
GUIDING PRINCIPLES FOR CLINICAL INTEGRATION

Center for Rural Health Support and Study
Augusta University
Principles

• Try to provide as much care as the patient’s condition will allow in the patient’s home community
• Support the rural hospital so that, to the extent possible, the diagnostic services for the patient are the same as they are in a tertiary facility
• For services or procedures not available in the community, have contractual relationships for services so the care of the patient is unfettered
• If transferred to a tertiary facility, work to return the patient to the community as quickly as patient’s condition allows
• Emphasize to community the strong relationship between the community facility and the tertiary facility
New Paradigm

• Rural hospital does not attempt to provide all services needed by community
• Provides those services which are within the facility capability, professionally and financially, and necessary for the population being served
• Establishes a “Partnership” with a larger hospital or hospital system to ensure services not provided by rural hospital are available to community
Telemedicine Services at AU Medical Center

• GPT – pediatric subspecialty clinics, adult vascular services, etc
• REACH – Stroke, pediatric and adult ED consultation, hospitalist services
• GDPH – clinics in health departments; sickle cell, HIV, Hemophilia and dental services
• GDOC – dialysis, clinics, consultations, triage for ED
• Sanderling - telenephrology
Clinical Integration – Model for Patient Flow

Patient’s Point of Entry to Rural Hospital

OR

Clinic

Emergency Room

RESULT

OPTIONS

Discharged Home
Admitted to their Rural Hospital
Referred out for admission to tertiary hospital

RESULT

OPTIONS

Discharged Home
Discharged to rehab or nursing facility
Discharged to swing bed in local rural hospital
Clinical Integration – Model for Patient Flow with Telemedicine

Patient’s Point of Entry to Rural Hospital

OR

Clinic

Emergency Room

Telemedicine Consult

Discharged Home

Admitted to their Rural Hospital

Referral out for admission to tertiary hospital

RESULT OPTIONS

Discharged Home
(with or w/o home health)

Discharged to rehab or nursing facility

Discharged to swing bed in local rural hospital

Telemedicine

Telemedicine

Telemedicine

Telemedicine

Monitor with Telemedicine

Future: w/Telemedicine

w/Telemedicine
Necessary Steps in a Telemedicine Encounter

- Awareness of provider of the service and the need for service
- Contact with provider of needed services – availability and eligibility
- Ease of connection
- Availability of Patient’s Medical History
- Registration
- Telemedicine encounter – easiest step in process
- Recommendations as a result of encounter
- Follow-up of patient
- Documentation in both medical records
- Billing
- Legal issues
Keys to Success

- Aligned Medical Staff
- Enlightened leadership
- Board which is a working Board and understands the issues
- Hospital leadership understands the new paradigm and is working to fit into a niche
- Understands the hospital cannot provide all services
- Willing to partner with local agencies and larger hospitals
- Hospital works to become efficient
Overview of Strategy

• Enhance reputation and capability of rural hospital through partnership with tertiary hospital.

• Use telemedicine to ensure the availability of tertiary expertise to the staff of the rural hospital.

• Reduce expenses of rural hospital through telemedicine linkage with tertiary ED (modeled after system in Mississippi).

• With the additional expertise through partnership, increase admissions to rural hospital.

• Move patients from tertiary hospitals to rural hospital swing beds, increasing the average daily census (ADC), reducing expenses for tertiary hospitals, and increasing revenues for rural hospitals.

• Provide subspecialty clinics on-site for convenience and revenue for rural hospitals and referral of complex patients to tertiary facility.

Promote ambulatory and preventive services at rural hospitals.
Questions
Thank you