

Rural Health Value – North Dakota Value-Based Care and Payment Project

Dakota Conference

Bismarck, North Dakota

June 15, 2023



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Rural Health Value - North Dakota

- A federally funded project sponsored by the University of North Dakota **Center for Rural Health**.
- Designed to assist rural North Dakota Critical Access Hospitals (CAHs) prepare for value-based care (VBC) and payment.
- Technical assistance provided by **Rural Health Value** (University of Iowa and Stratis Health) and **Newpoint Healthcare Advisors** at no cost to North Dakota CAHs.



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Project Overview

RHV-ND Value-Based Care and Payment Project

Environmental Scan

- ND demographics
- ND health status
- ND health system
- Public policy

Technical Assistance

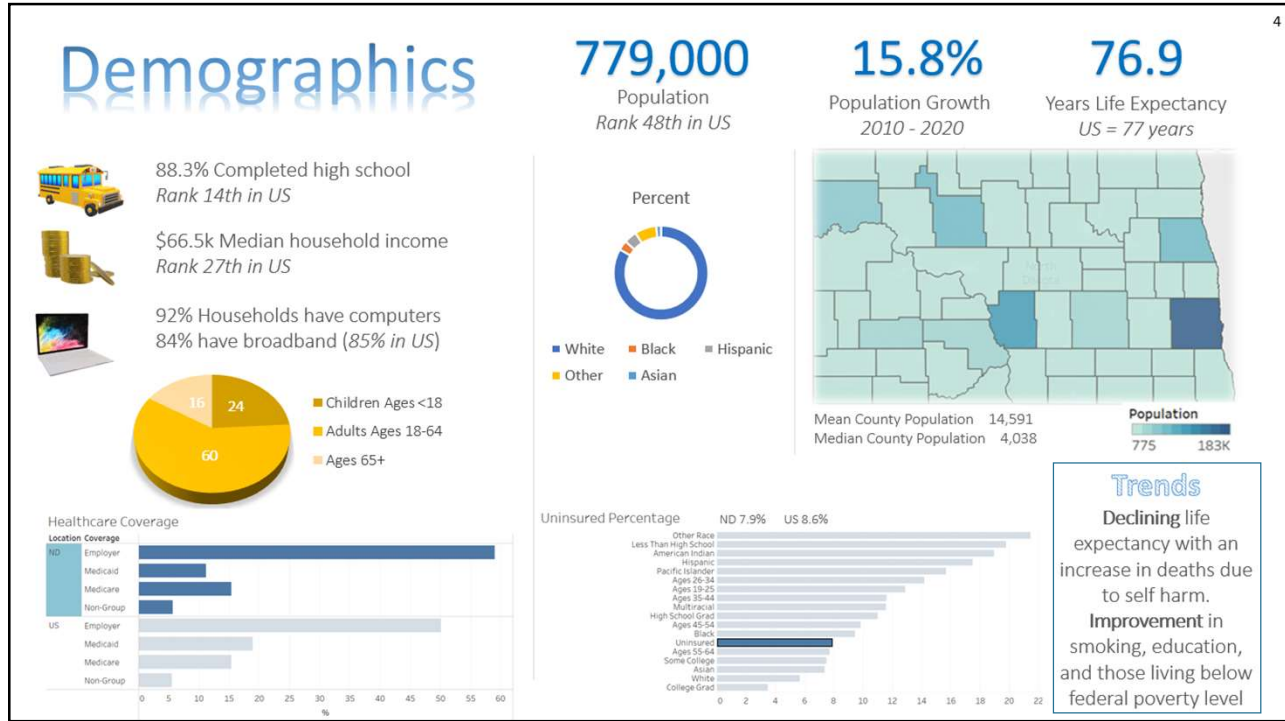
- Five selected CAHs
- VBC assessment
- Community engagement
- Three financial scenarios

Statewide Education

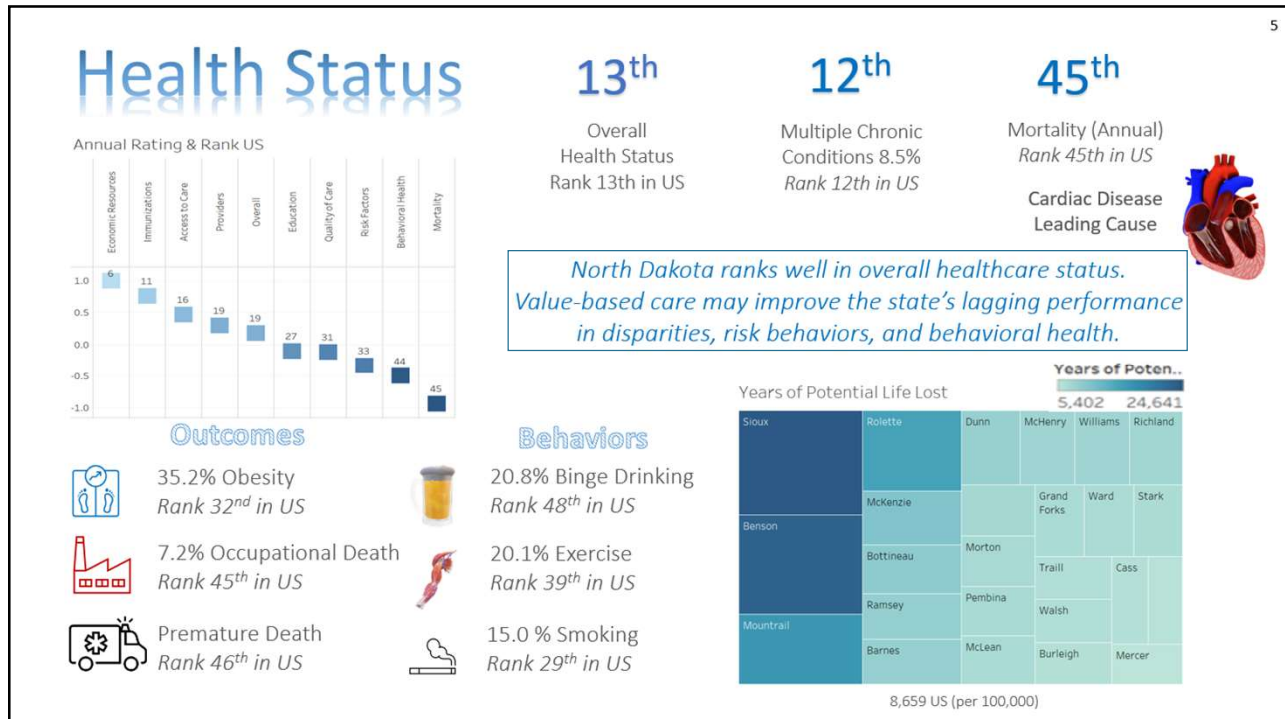
- VBC landscape
- VBC survey tool
- Community engagement
- Financial modeling



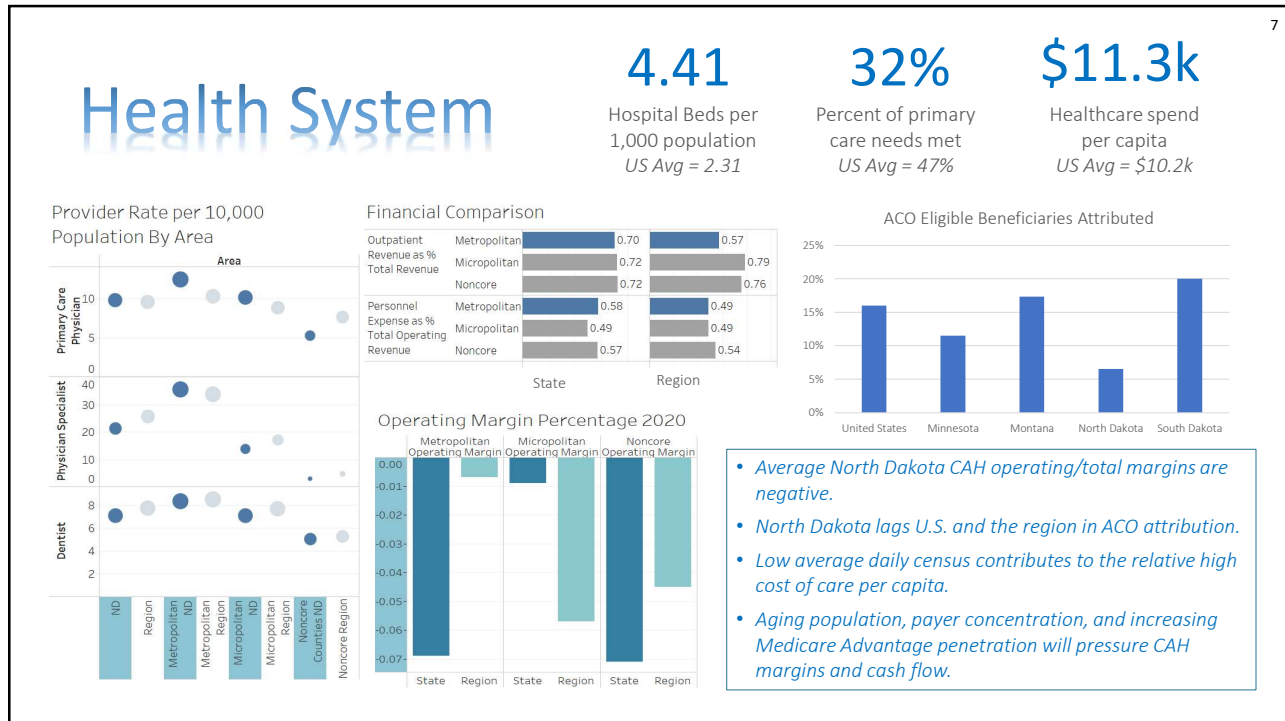
North Dakota Healthcare Landscape



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Core Critical Access Hospitals

Five North Dakota CAHs selected in Fall 2022 to participate in activities from October 2022 through May 2023.

Participating, or *core*, CAHs received coaching and support to prepare for VBC and payment.

Core CAHs provided input and information for broader state-level policy and strategy discussions.



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Core Critical Access Hospitals



First Care Health Center (Park River)



Linton Regional Medical Center (Linton)



Mountrail County Medical Center (Stanley)



SMP Health – St. Kateri (Rolla)

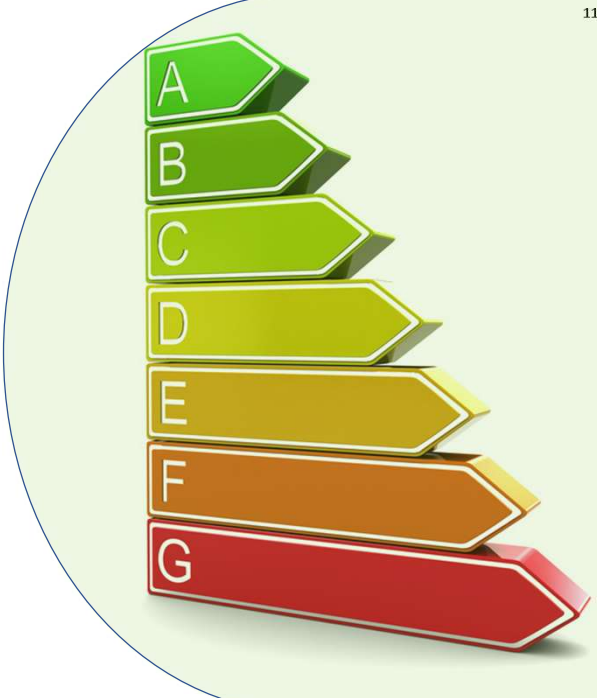


Towner County Medical Center (Cando)

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1. Value-Based Care Assessment

- A free online assessment tool
- Assesses 80 value-based care capacities in eight *categories*
 1. Governance and Leadership
 2. Care Coordination
 3. Clinical Care
 4. Community Health
 5. Patient and Family Engagement
 6. Performance Improvement and Reporting
 7. Health Information Technology
 8. Financial Risk Management




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VBC Assessment Capacities

- Value-based care *capacities* are health care organization resources, processes, and infrastructure to deliver value-based care
- VBC Assessment capacity examples
 - The HCO assigns care coordinators to patients at risk for poor clinical outcomes or high resource utilization.
 - The HCO incorporates evidence-based guidelines into clinical prompts, workflow, and practices.
 - The HCO has a documented and approved plan to distribute shared savings or pay-for-performance bonuses among clinicians (e.g., physicians) and/or other HCOs.
- Response options for each capacity

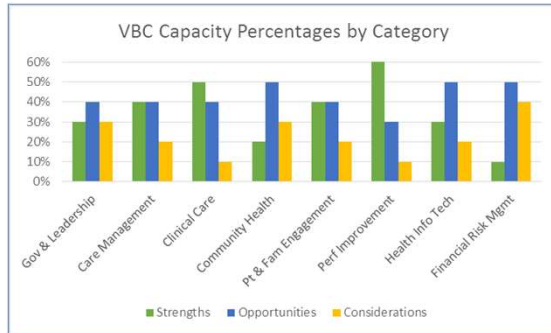
✓ Fully developed and deployed	✓ In discussion
✓ Developed, incompletely deployed	✓ Not applicable
✓ In development	✓ Not considered



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VBC Assessment Report

- Summary
- Strengths
- Opportunities (a source for future action planning)
- Considerations
- Next Steps



[Value-Based Care Assessment Tool | RuralHealthValue.org](https://www.ruralhealthvalue.org)



Implemented in partnership with **NEWPOINT** Healthcare Advisors

Funded by **Center for Rural Health** University of North Dakota School of Medicine & Health Sciences

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2. Community Engagement

An **intentional** approach to working **collaboratively** with partners and people in the **community** to address issues and **improve health**.

- Formal coalitions
- Informal networks
- Individual relationships



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Hospital Benefits

- Better understanding of the community and the factors that impact their health
- Increased collaboration around priority issues
- Shared ownership of and commitment to community health
- Healthier communities where individuals seek care at the appropriate level, potentially leading to lower healthcare costs
- Greater opportunities to expand market base



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Community Engagement Value

- Increased focus on prevention, wellness, and chronic disease management leads to improved performance on quality measures
- Better understanding in the community of available services and care management supports can increase the use of the right care at the right time in the right place
- Strengthened partnerships that improve care management and health by addressing social needs
- Engaged partners advocate for increased access to care and services



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Engagement Levels

- Networking
- ↓
- Coordination
- ↓
- Cooperation
- ↓
- Collaboration



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3. Financial Analysis

- High level financial analysis based on organization assumptions, not an in-depth review of the general ledger.
- A *general direction* of financial performance and impact.



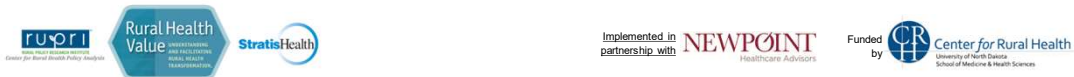
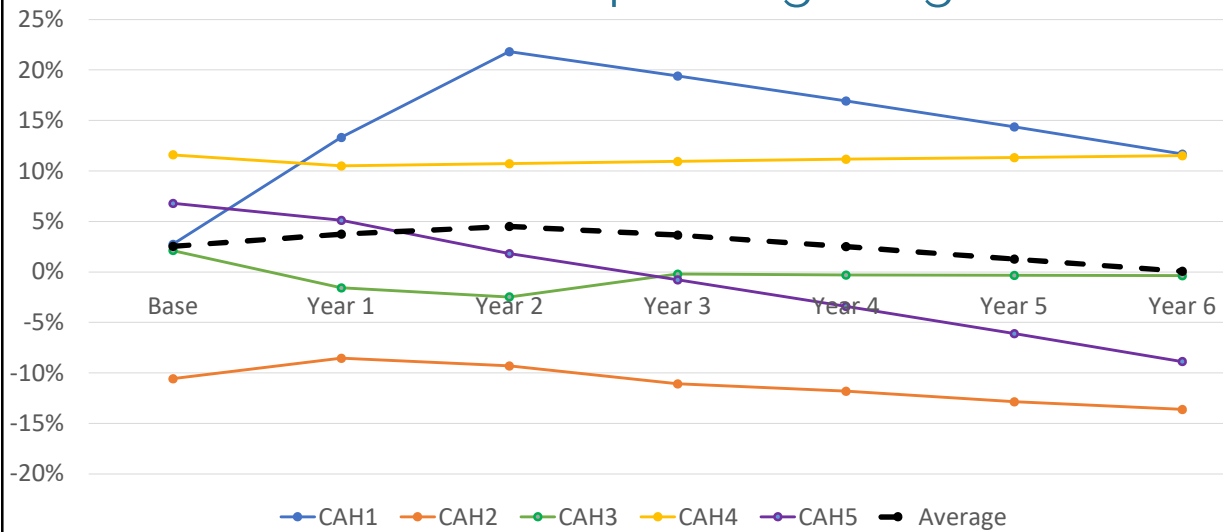
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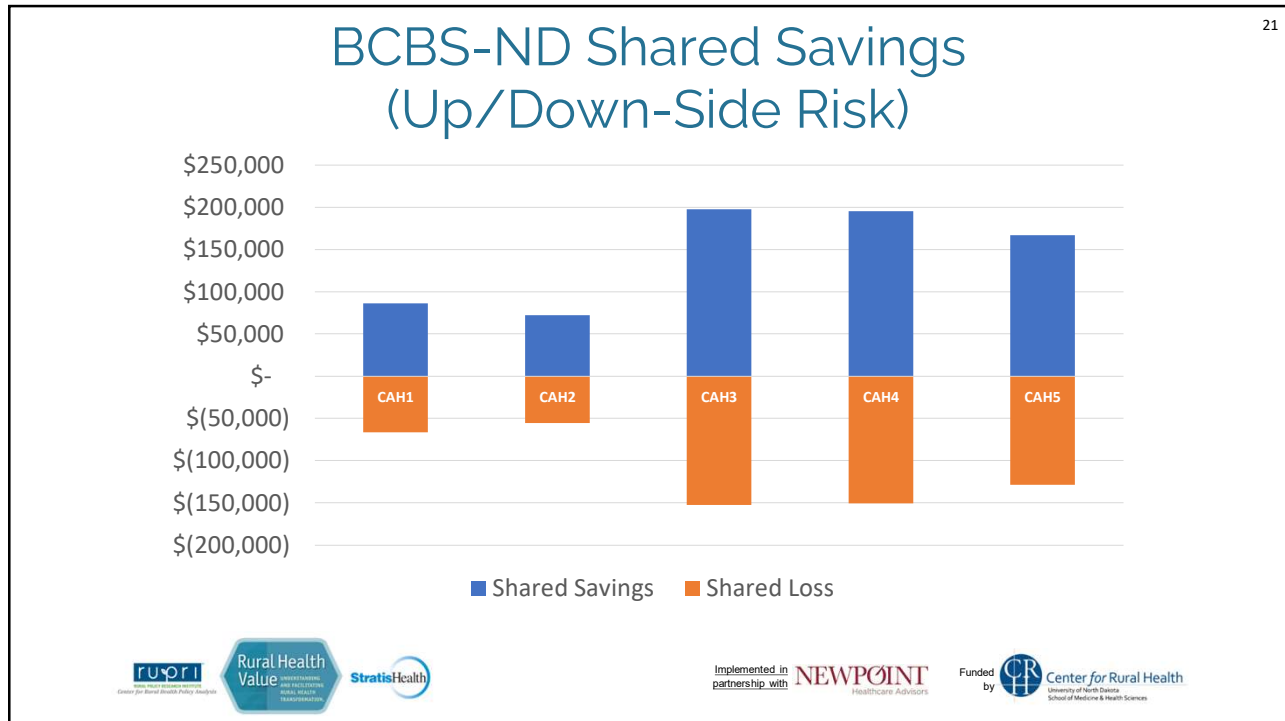
Financial Analysis Purpose & Limitations

- Demonstrates a **general direction** of financial performance and the impact of value-based payment.
- Applies assumptions to three models:
 1. **Status quo** based on volume, revenue, and expenses
 2. **BCBS-ND shared savings (up/down)** based on attribution, cost, and quality
 3. **Signify Health shared savings (FFS Medicare)** based on attribution, cost, and quality
- Limitations:
 - Models are only as good as the assumptions.
 - CAUTION: BCBS-ND and Signify Health models are proprietary so limited insight into model assumptions.

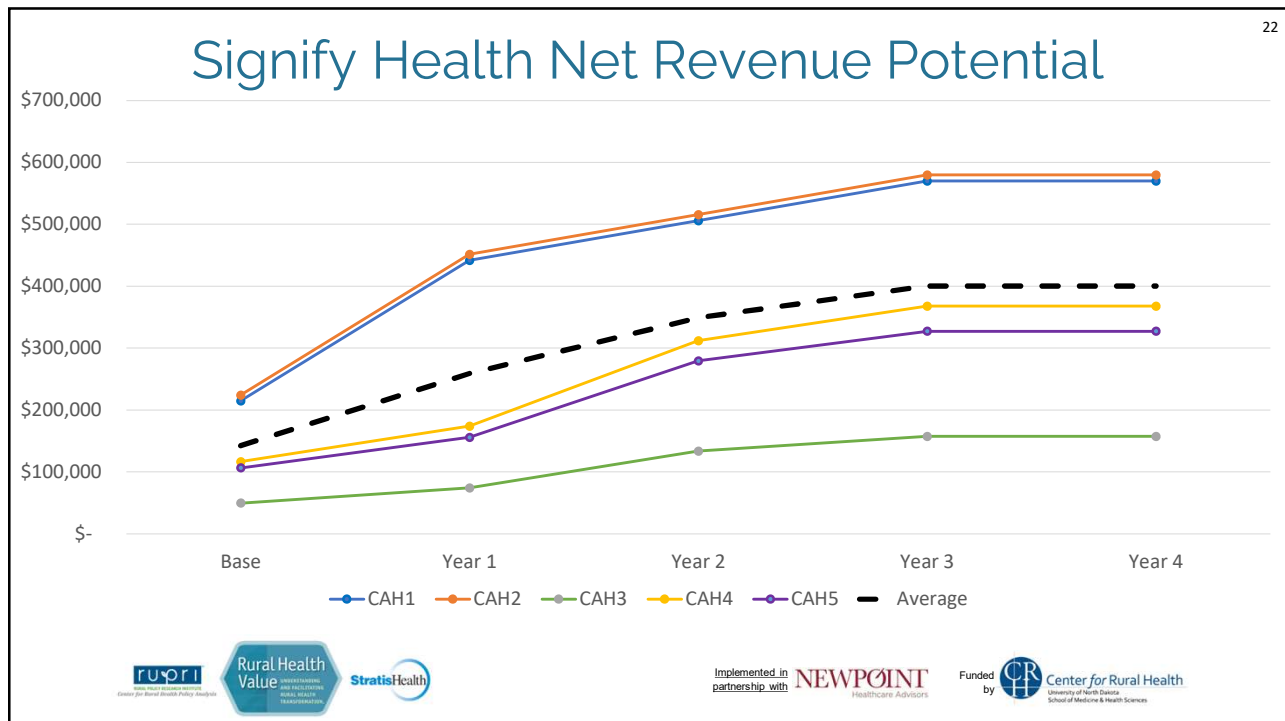


Status Quo Operating Margin





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Financial Analysis Summary

- Status quo revenue and expense trajectories eventually will be unsustainable.
- Significant unit price increases (from payers) or volume increases (in rural areas) are unlikely.
- Value-based payment represents a new revenue source but is associated with financial risk.
- Value-based payment requires fundamental operational changes; that is, transitioning to value-based care.



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School of Medicine & Health Sciences

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Policy Roadmap

- Develop a policy roadmap based on environmental scan, key policy informant interviews, and ND policy partners convening.
- CRH coordinate ongoing engagement with North Dakota policy partners to create a supportive VBC and VBP policy environment through:
 - Communication
 - Education
 - Advocacy

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Examples of Potential Public Policy Recommendations

National Policy Engagement

- Participate in Medicare payment innovations such as ACOs.
- Use Medicare graduate medical education slots, and health professions training programs, to bolster rural resources.
- Prepare for negotiations with Medicare Advantage plans.
- Advocate for federal policies with favorable network adequacy standards.

State Policy Engagement

- Engage North Dakota Medicaid and BCBSND to improve services for Medicaid clients by creating sustainable financing.
- Use various health professionals and modalities (including telehealth) to improve primary care and preventive health access.
- Proactively design value-based payment policies for use in contracts with commercial insurers.

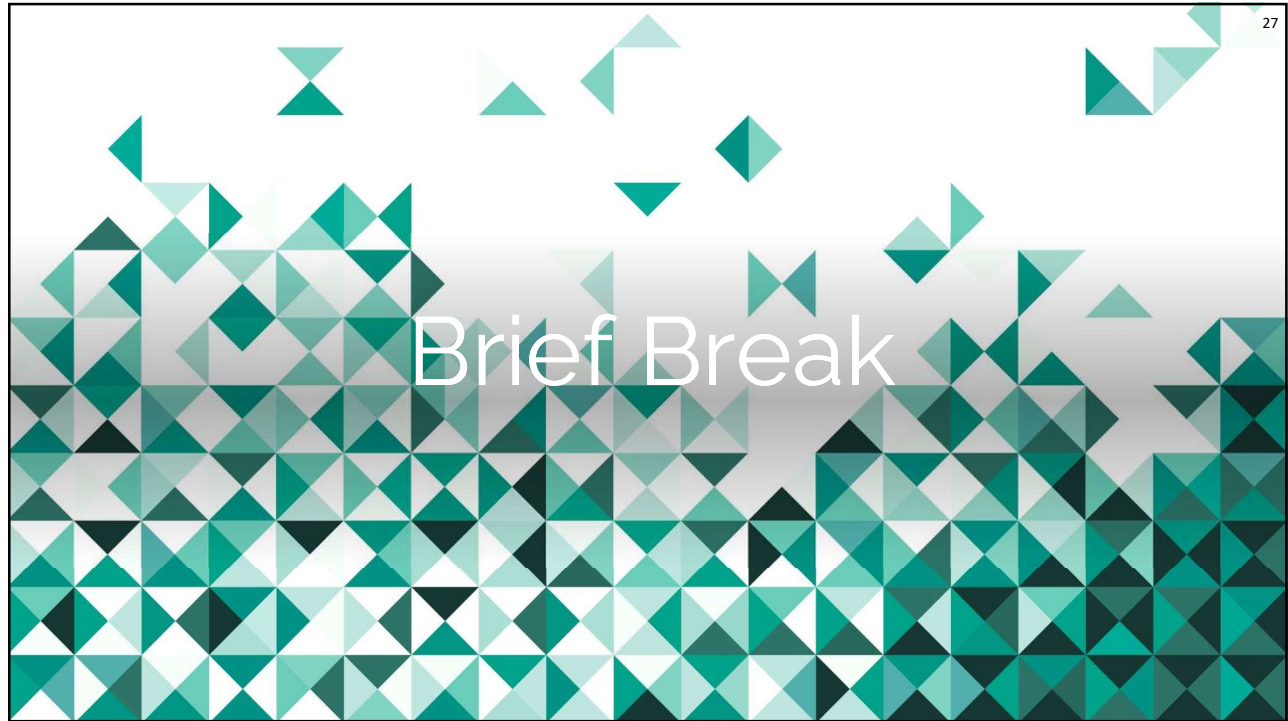


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Questions



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Core CAH Value-Based Care Activities

- Increase advance care planning.
- Implement a care coordination program.
- Implement a Lean project in a selected department.
- Obtain PCMH accreditation for the clinic.
- Address transportation for medical services.
- Increase use of quality data to prioritize ongoing improvement.



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Community Engagement Activities

- Engage Minot State program to increase advanced care planning.
- Reassess community resources to advance chronic care management and transition care management services.
- Explore use of Patient and Family Advisory Council to increase uptake of Annual Wellness Visits.
- Assess resources and connections needed to help address health-related social needs.



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Core CAH CEO Perspectives

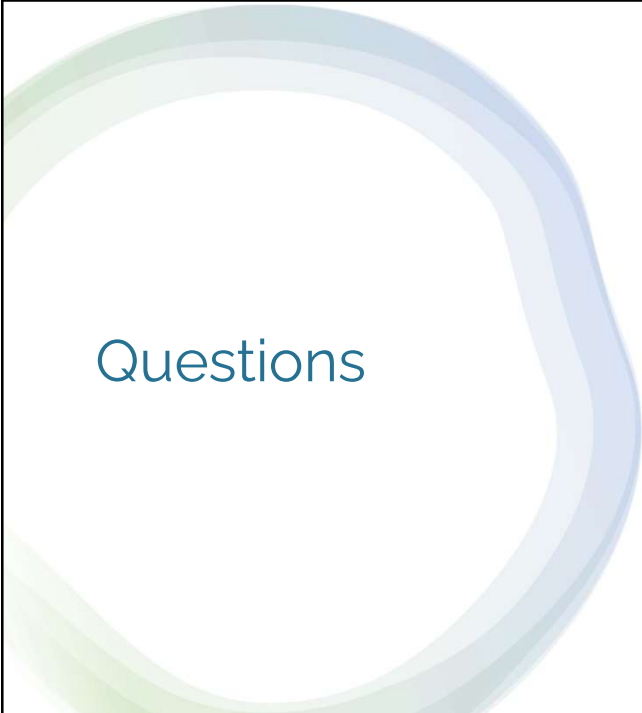

- **First Care Health Center** (Park River) – Marcus Lewis
- **Linton Regional Medical Center** (Linton) – Lukas Fischer
- **Mountrail County Medical Center** (Stanley) – Steph Everett
- **SMP Health – St. Kateri** (Rolla) – Chris Albertson
- **Towner County Medical Center** (Cando) – Ben Bucher



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Questions



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Project Consultants and Coaches

- **Rural Health Value**

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- Keith Mueller, PhD
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- **Newpoint Healthcare Advisors**

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- Nate White, JD

