



Rural Health Value – North Dakota

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1

Rural ND on a Pathway to Value (Structural Changes for Population Health)

- **Why the emphasis on value based care?**
 - Health care costs are increasing accounting for more of GDP and costs to consumers
 - US health outcomes are lower than other industrialized countries.
 - Can we provide better care, improve health, and lower costs? (Triple Aim of IHI)
 - Value based care and payment is and Alternative Payment Model (APM) stressed by CMMS and private payers.
 - Common model is the ACO – nationally, 35% of all CAHs in an ACO – ND 8 CAHs
 - CRH focus –help to prepare our rural providers – education and training, TA on assessment, CE, and financial assessment via an expert vendor.
 - TA to a rural hospital network.

2

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Rural ND on a Pathway to Value (Structural Changes for Population Health)

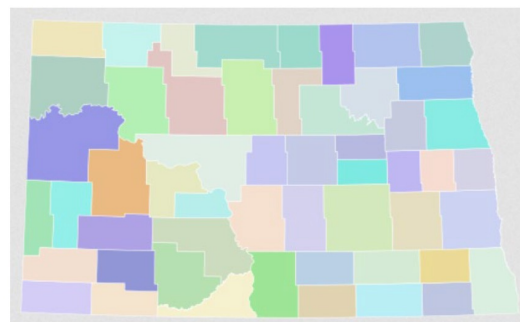
- **North Dakota Rural Health Value (ND RHV)**
 - CDC Health Equity funds –CRH over \$3 million -5 projects (NA, Capital Improvement, Workforce, BH via Project ECHO, and Rural Health Value)
 - ND RHV – U of IA, Stratis Health, HealthPoint Health – 1 year project.
 - 5 CAHs intensive, all 37 overview, Environmental Scan, Community Engagement, modeling of ND CAH data on various value models.
- **Rough Rider High Value Network.**
 - 23 CAHs – independent (will grow)
 - Non-Profit.
 - Maintain independence and autonomy but work as a network.
 - Shared services –new services difficult for one hospital to establish on own.
 - Joint purchasing.
 - Develop value-products/process, prepare for contracts
 - Population health focus – improve health, better care, lower cost

3

3

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.



4

4



Project Overview

RHV-ND Value-Based Care and Payment Project

Environmental Scan

- ND health care provider landscape
- ND population health
- ND VBC contracts
- National comparisons
- Lessons learned and recommendations

Technical Assistance

- Five core CAHs
- VBC Assessment survey and action planning
- Community engagement plan
- Financial scenarios
- General VBC consultation

Statewide Education

- VBC basics
- VBC assessment and planning
- Community engagement strategies
- Financial modeling scenarios results



Value-Based Care

- Value-based care prioritizes high-quality, person-centered, and efficient care.
- Value-based care does NOT prioritize the volume of services provided.
- **Robust primary care** practices are an essential ingredient (as in person-centered health homes).
- But we have a problem...



Form Follows Finance

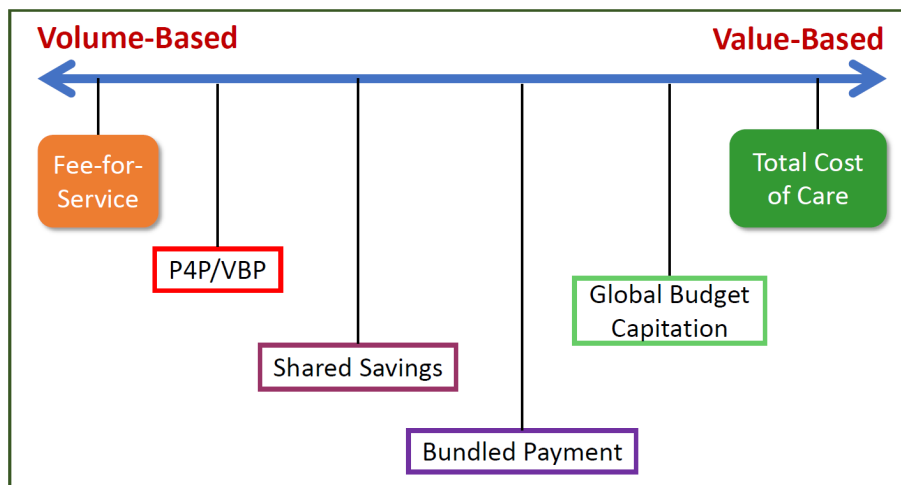
- How we *deliver* care depends on how we are *paid* for care.
- Healthcare reform is changing both payment and delivery.
- Payment supplies fuel for the Volume → **Value** transition.



7

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Payment Continuum



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What Volume-to-Value Portends

- Gradual devaluation of fee-for-service
- Payment for delivering better care, improved health, and smarter spending
- Requires, *and rewards*, strong primary care participation
- An opportunity to better deliver your healthcare mission



Center for Rural Health

Getting from Volume to Value

- New organizational skills and resources
- Investment in value-based care capacity
- *Discriminating* approaches
 - Environmental insights
 - Sophisticated projections
 - Thoughtful experiments
 - Learning continuously
- **Balance** optimizing operations and testing new ideas

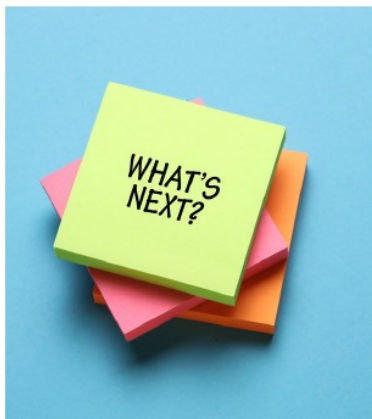


Dakota Conference 2023

- Key note from Betty Rambur Ph.D set the stage on major themes (emphasis is role of nursing in value care.)
- Intensive session on the overall project
- CAH CEO panel with the Core 5 CAHs and their experience with the project

11

11



- No Cost Extension to finish any remaining work with the Core 5 CAHs
- Additional work with Rural Health Value team and Newpoint Healthcare Advisors, TBD
- Value continues to be a primary focus of the CRH and is part of the Flex and SHIP workplans and SORH providing TA to CAHs
- Continued work with the 5 Core CAHs through Flex

12

12

Questions?

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13

Thank You!

14

14