Reducing healthcare costs. Improving healthcare quality.

Amerinet Executive Education Series: Collective Learning on Contemporary Healthcare Issues

Rural Providers can Thrive Despite the Challenges
Our Facilitators

- **William Sexton**, CEO, Prairie du Chien Memorial Hospital, Wisconsin

- **Brock Slabach**, Senior Vice President, Member Services, The National Rural Health Association (NRHA)

- **Craig Westling**, MS, Managing Director, Professional Education and Outreach, The Dartmouth Institute for Health Policy and Clinical Practice
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Health Policy Update

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Current Policy Window

Affordable Care Act is here to stay
• Supreme Court ruling
• Election results

We have cross-party consensus on aims
• Better health
• Lower costs

Federal Support for Change
• Comparative effectiveness research
• Health Information Technology
• Center for Medicare and Medicaid Innovation: $10b
• Coverage Expansion- 30+ million uninsured

Shift is on...towards Value-Based payments
Accountable Care Organizations: July 2012
Advanced Payment ACOs
Physician-based and rural providers

Source: CMS
We are in the Early Adopter phase...

Roger's innovation adoption curve...modified by Moore

http://suewaters.wikispaces.com/Roger
It’s not Just a Contract...it’s a Journey

Social and Cultural Development
- Collaboration
- Shared Community Values
- Clarity and Focus of Shared Aim
- Local Multi-Stakeholder Governance

Organizational Structure
- Governance and Leadership
- HIT: EHR & Registries
- Care Management
- Care Improvement
- Performance Measurement
- Payment Models Medical Home, Episode, ACO
- Patient Engagement and Assignment

Capacity of Partners and Stakeholders
- National, State, Local
- HIT: Health Information Exchanges & Data Support
- Payment Model Experience
- Local Regulatory & Competitive Market

Structure of Payer-Provider Contracts

Where Knowledge Informs Change
No Clear Path for Rural Orgs / Providers

Plant the seeds...

- Educate your board re. health care reform
- Talk to your payers about options, what they’re seeing
- Reach out to providers in your community – think of a patient’s care cycle
- Find physician champions
Let’s hear from Leaders on the Front Lines
Rural Providers can Thrive Despite the Challenges

Amerinet Executive Education iQast

Brock Slabach, MPH, FACHE
Senior Vice President for Member Services
National Rural Health Association
Improving the health of the 62 million who call rural America home.

NRHA is non-profit and non-partisan.
Membership and Foundation

www.ruralhealthweb.org

Join NRHA Today!

Give to our newly formed Foundation
2013 Meetings

- Rural Health Policy Institute
  Washington, DC, February 3-5, 2013
- Annual Conference
  Louisville, KY, May 7-10, 2013
- Quality/Clinical Conference
  Chicago, IL, July 16-17, 2013
- RHC/CAH Conference
  Austin, TX, Oct. 1-4, 2013
May you live in interesting times.
--Chinese Proverb
The “Fiscal Cliff: Averted…Sort of

• Bush era tax cuts ended Dec. 31
  – Rates in tact for income up to $400K

• Payroll tax cuts ended Dec. 31
  – Not renewed

• SGR Fix Required, 30% cut to physician fee schedule
  – Moratorium extended until Dec. 31, 2013

• Sequester of 2% (Medicare Reduction)
  – 2 month implementation delay (March 1)
Provisions of New Year’s Legislation

- Medicare Physicians Update (SGR Fix) through Dec. 31, 2013
- Work Geographic Adjustment, extends 1.0 floor on work index until Dec. 31
- Outpatient Therapy Caps, extends exception process on $1,880 beneficiary limit until Dec. 31
Provisions of New Year’s Legislation

- Ambulance Add-on Payments, extended until Dec. 31
- Low-volume Hospital (LVH), add-on payments extended until Sep. 30
- Medicare-dependent Hospital (MDH) extended until Sep. 30
Next 60 days……

• Debt Ceiling
• Sequester Debate
• Appropriations process, current CR expires in March
The Challenges are Many
Ideas to Thrive

• Increase environmental awareness of leadership
• Improve operational efficiency
• Quality integrated as a strategic priority
• Medical staff integration with Hospital
• Relationship building with regional systems of care
• Harmony between payment systems and delivery models
The Rural Advantage

• Quality/HCAHPS is on par or better than urban counterparts
• Rural Medicare Beneficiary Costs are 3.7% less than urban
• Rural systems of care are a good value to payers

Source: iVantage Health Analytics
THANK YOU

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Drive to Thrive
Rural vs Urban

• Ivantage advantage
• Better value/lower cost
• Faster turnaround
• Agility
• Patients/customers know us
Value Engineering

• Outcome Focus
• MBQIP
• Lean/Six Sigma
• Think Outside the Box
Talent Development

• Growing your own
• Staff Development
• Leadership Development
• Physician Development
EHR Strategies

• Meaningful Use Attestation
• PACS
• Artificial Intelligence
Clinical Integration

- Using Hospitalists
- Swing Beds
- Emergency Physicians
- Medical Staff Integration
- Reducing or Eliminating Silos
Network Development

• HPSA/MUA
• RHC’s
• Provider Based Clinics
• Collaboration with Other Rurals
Look to the Future

• New Hospital
• Technology Advancements
• What couldn’t happen could
• Alternative Revenue
• Branding
• Affiliation
Contact Information

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Thank You

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Questions and Discussion