



**American Hospital
Association®**



Ensuring Access to Vulnerable Communities

**An Executive Leadership Series for Urban and Rural
Safety-net Hospitals**

Hospital Conversion to Emergency Department



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**American Hospital
Association**

Task Force Background

Ensuring Access to Health Care in Vulnerable Communities Task Force

- ❖ Confirm the **characteristics and parameters** of vulnerable rural and urban communities by analyzing hospital financial and operational data and other information from qualitative sources where possible;
- ❖ Identify **emerging strategies, delivery models and payment models** for health care services in rural and urban areas;
- ❖ Identify **policies/issues at the federal level** that impede, or could create, an appropriate climate for transitioning to a different payment model or model of care delivery, as well as identify policies that should be maintained.



Task Force Report

Task Force on Ensuring Access in Vulnerable Communities

November 29, 2016



Task Force on Ensuring Access in Vulnerable Communities

Millions of Americans living in vulnerable rural and urban communities depend upon their hospital as an important, and often only, source of care. However, these communities and their hospitals face many challenges. As the hospital field engages in its most significant transformation to date, some communities may be at risk for losing access to health care services. It will be necessary for payers and health care providers to work together to develop strategies that support the preservation of health care services for all Americans.

Recognizing this, the American Hospital Association (AHA) Board of Trustees, in 2015, created a task force to address these challenges and examine ways in which hospitals can help ensure access to health care services in vulnerable communities. The task force considered a number of integrated, comprehensive strategies to reform health care delivery and payment. Their report sets forth a menu of options from which communities may select based on their unique needs, support structures and preferences. The ultimate goal is to provide vulnerable communities and the hospitals that serve them with the tools necessary to determine the essential services they should strive to maintain locally, and the delivery system options that will allow them to do so. While the task force's focus was on vulnerable communities, these strategies may have broader applicability for all communities as hospitals redefine how they provide better, more integrated care.



November 29, 2016

Emerging Strategies



Virtual Care Strategies

Social Determinants

Inpatient/Outpatient Transformation

Urgent Care Center

Rural Hospital-Health Clinic

Emergency Medical Center

Global Budgets

Frontier Health System

Indian Health Services

Hospital Conversion to ED



Emergency Medical Center

The EMC allows existing facilities to meet a community's need for emergency and outpatient services. EMCs provide emergency services and transportation services. They also would provide outpatient services and post-acute care services depending on a community's needs.



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Georgia Case Example

Before:

**North Georgia
Medical Center
Ellijay, GA**



After:

**Piedmont
Mountainside
Hospital Emergency
Services**



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Vital Statistics: Gilmer County

Why is this important?

This background information demonstrates the struggles that all rural hospitals are experiencing:

- Reimbursement challenges due to payor mix shifts, fluctuations in exchange plans
- Expensive imaging upgrades required to meet federal guidelines
- Increasing cost of operations due to inflation rates
- Patients looking for less expensive options due to higher deductibles
- High deductibles turning in to bad debt



American Hospital
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Negative Press

Times  Courier

Petitions could hurt hospital

Rome News-Tribune

Ellijay hospital closing, to be replaced with ER

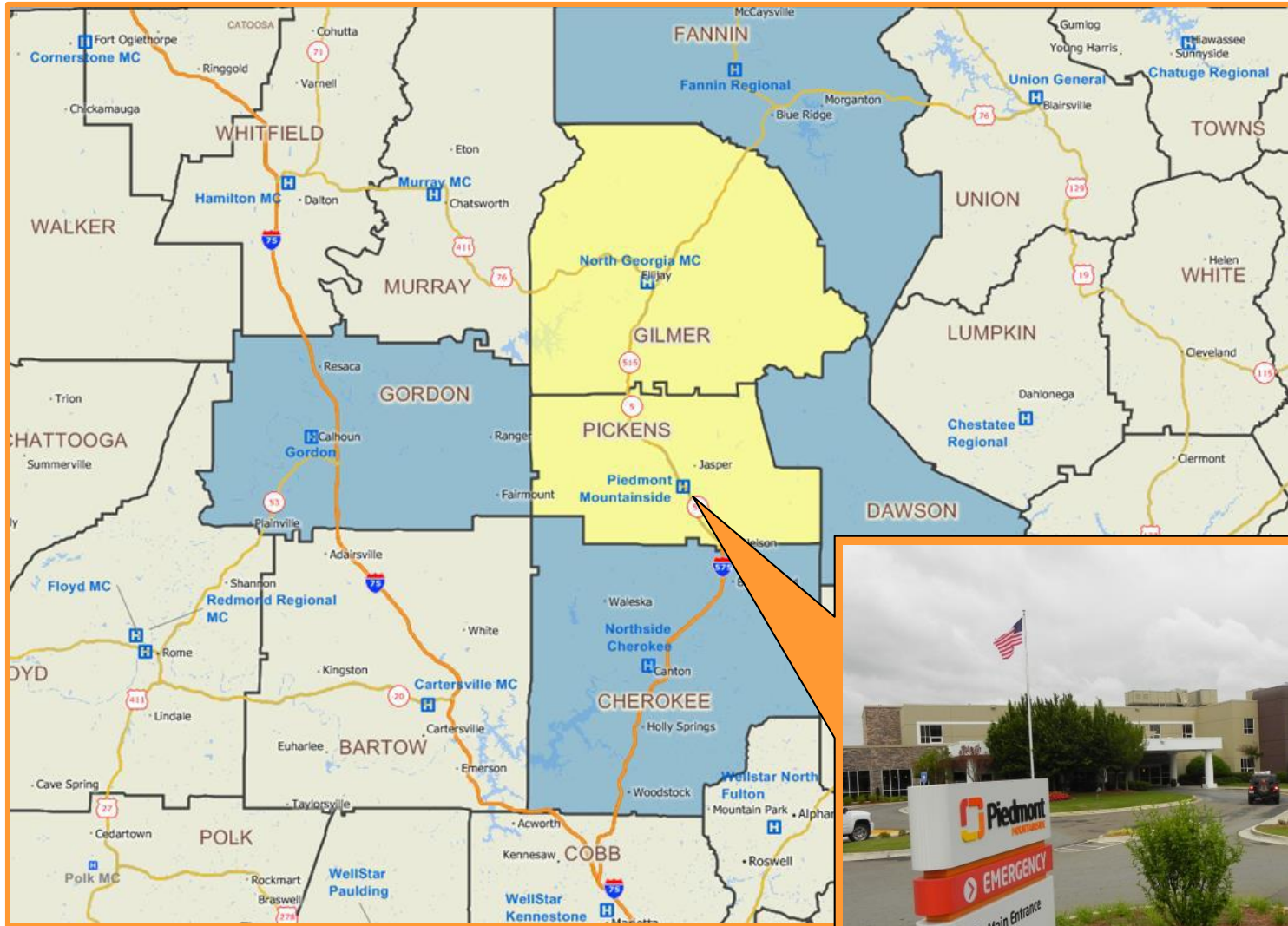
GEORGIA HEALTH NEWS 

Piedmont plans to expand presence in mountains as Ellijay hospital downsizes

Jojo Ellijay, GA	#29 Feb 15, 2016 SuzieQ wrote: -quoted text- Heard March 1st is closing for inpatients! That's real scary to live in a county with no er!!!! Judged: Judge it! Report Abuse Reply x
FYNFacts Ellijay, GA	#30 Feb 15, 2016 MtsScott wrote: Well there is MATS bus/vans for seniors in Fannin, Gilmer and Pickens. That can coordinate trips to the two hospitals if the service plans well with the transfers. Now for the rest of us, I'd use a morning and evening bus when having to go down. If a bus left the park and ride lots in Blue Ridge at Sam, Ellijay at 5:30, Jasper at 6, Ball Ground at 6:30, Alpharetta hub at 7, and the big Dunwoody MARTA station at 7:30. Probably shadow that route an hour later. Both could junction with a Marietta and downtown bus at Ball Ground. Reverse that in the evening. If it worked, then add more times. However, I doubt if all the counties would ever agree to that, and the State of GA is disfunctional on anything that requires planning and daily attention to business and customer service or satisfaction. Yeah, I'm sure we'll all be able to schedule our emergencies around those timeframes. Good ideal! Judge it! Report Abuse Reply x
FYNFacts Ellijay, GA	#31 Feb 15, 2016 No ER as of end of February, either. So much for keeping the ER. Very scary! http://gilmer.fetchyounews.com/2016/02/15/no... Judged: Judge it! Report Abuse Reply x
Sickened Ellijay, GA	#32 Feb 16, 2016 FYNFacts wrote: No ER as of end of February, either. So much for keeping the ER. Very scary! http://gilmer.fetchyounews.com/2016/02/15/no... Having no ER in Gilmer County can be placed solely on the shoulders of the wonderful Commissioners of Gilmer County, by once again jumping in the game late to try to help North Georgia Medical Center and the Citizens of Gilmer County with a resolution they chose to instead to try and fight the hospitals deal with Piedmont Hospital. The proposal with Piedmont would have leased the ER to Piedmont allowing them to continue Emergency Room services to Gilmer County and more than likely keep at least the majority of ER staff jobs in place as opposed to adding to the unemployment of the county populous.



Piedmont Mountainside Hospital



PMH Footprint in Ellijay



2008
*Opened Cardiac
"CV" Imaging
Centers in Jasper,
Ellijay, Canton
(\$1M)*

2009
*Opened
Outpatient
Diagnostic
Center in Ellijay
(\$2.2M)*



2011
*Added MRI to
OP Diagnostic
Center &
opened Sleep
Center in Ellijay
(\$700K)*

2015
*Remodeled and
Reopened
Physicians
Medical Office in
East Ellijay*



*As of 2017, Ellijay
represents for PMH*

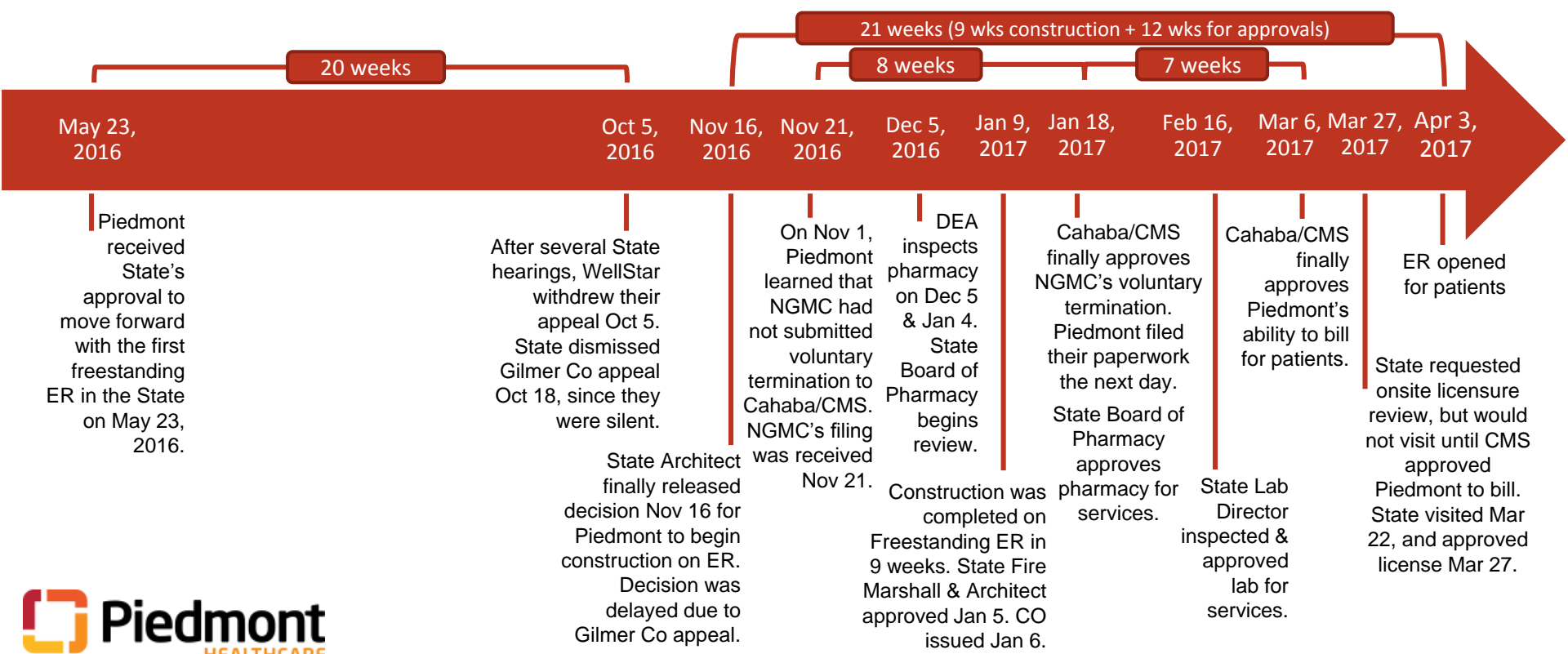
- 23% of Employees*
- 32% of Gross Charges*
- 34.5% of Inpatient Admits*
- 30% of Surgeries*
- 44% of Deliveries*

Piedmont Mountainside Hospital – Emergency Services (Ellijay)

➤ Since this freestanding ER is the first of its kind in Georgia, each and every governing body had to conduct their own due diligence.

- ☑ State Fire Marshall - approved
- ☑ State Architect – approved
- ☑ Certificate of Occupancy - received
- ☑ State Board of Pharmacy and DEA - approved
- ☑ State Lab Inspection – approved
- ☑ Cahaba/Centers for Medicare & Medicaid Serv – approved
- ☑ State Licensure Division – approved

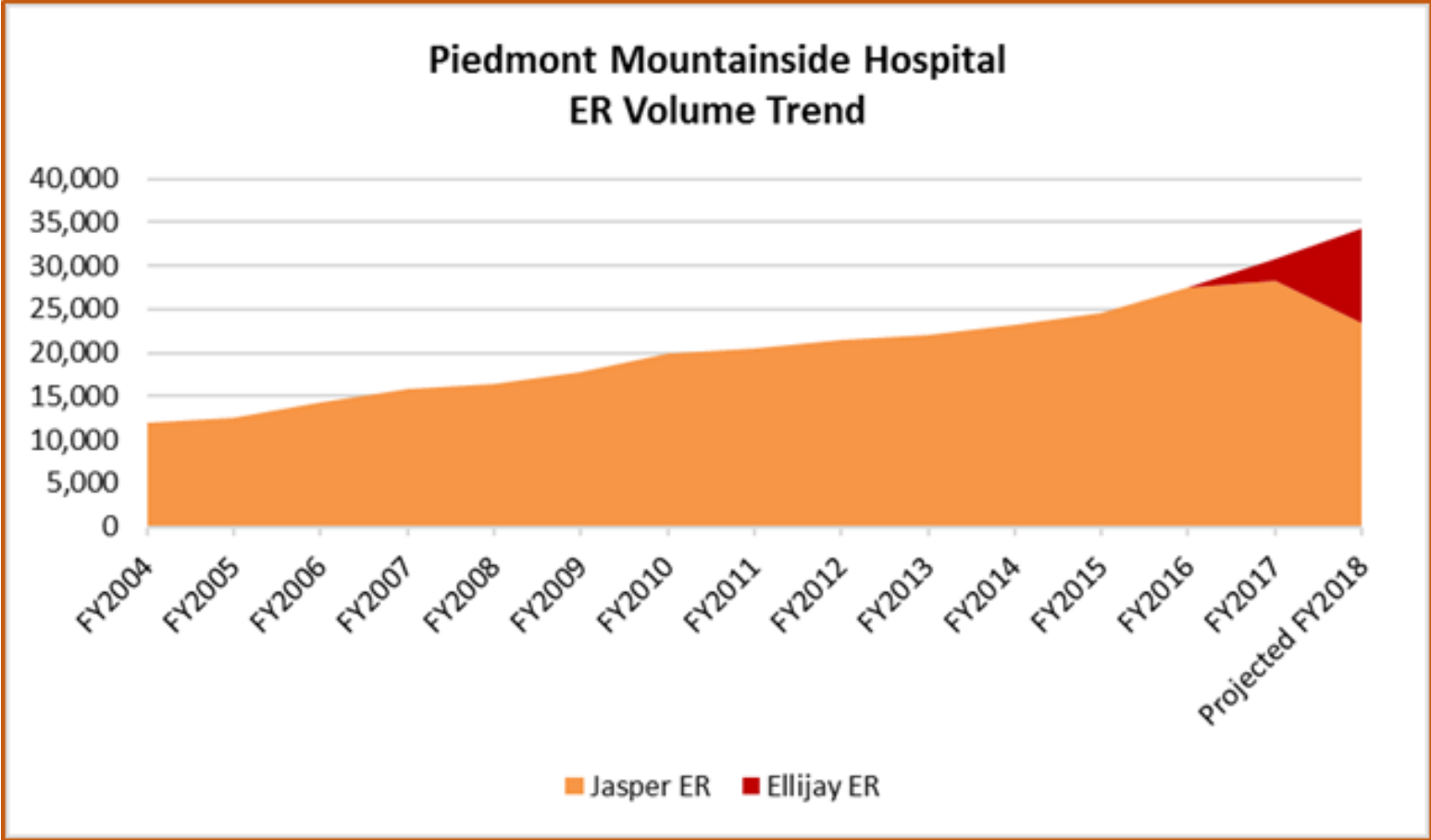
From the time the State approved Piedmont to build a freestanding ER and appeals were fully dismissed was 20 weeks. From the time, we could begin construction to the day we opened, after all necessary approvals, it was 21 weeks.



Earning Public Trust



Promising Outcomes





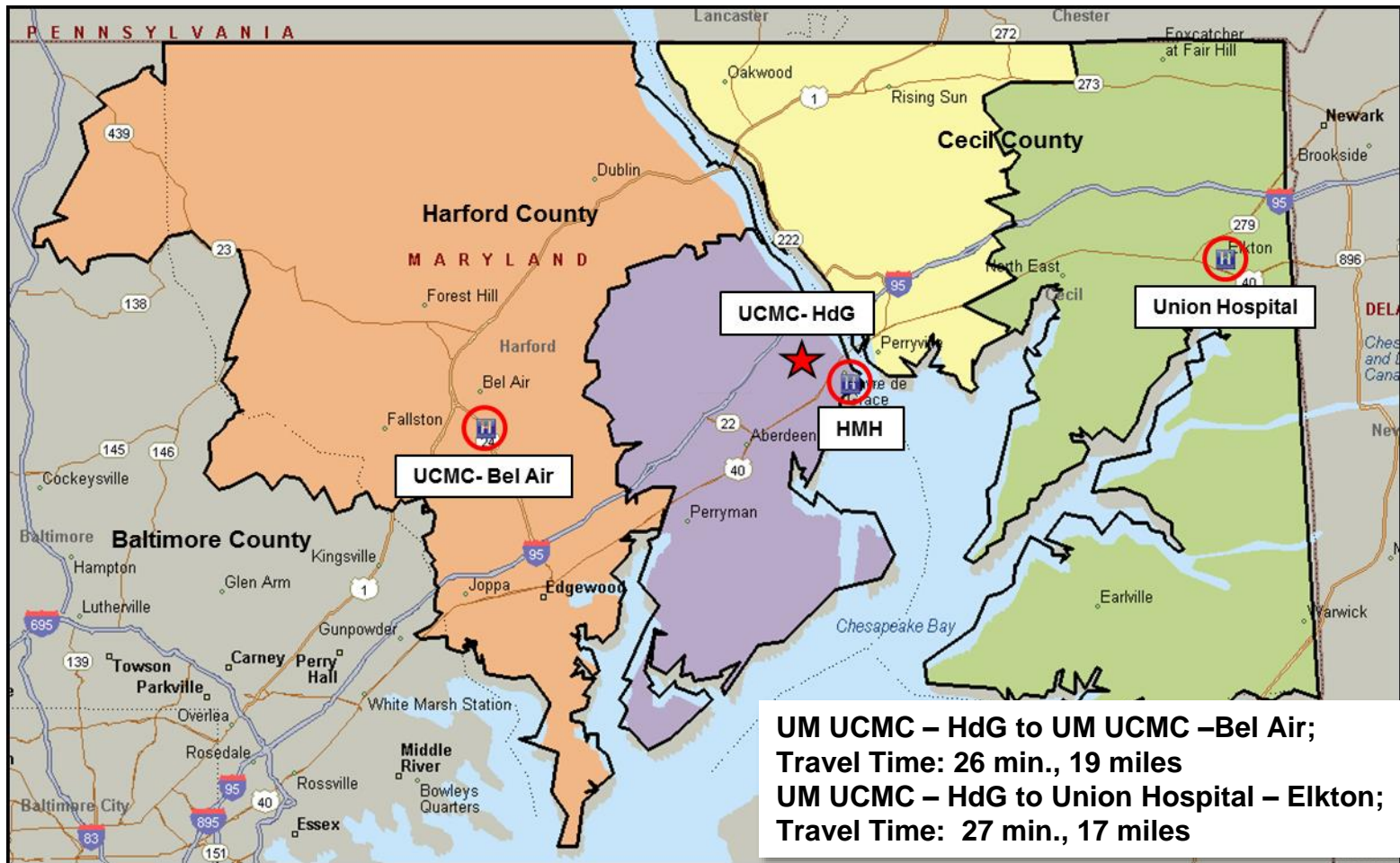
UNIVERSITY *of* MARYLAND
UPPER CHESAPEAKE HEALTH

Vision 2020

Transforming Health Care in Northeastern Maryland

UM UCH and Union Hospital Service Areas

Covering Harford and Cecil Counties



Why Now – What Is Driving Our Actions?

Right Care, Right Place, Right Time

- **Need for innovative and forward thinking in how we are delivering health care to our community**
- **State of Maryland's changing health care environment requires health care delivery that is in more efficient/less expensive settings**
- **New technology over time has decreased the need for traditional hospitalization**
- **Unmet behavioral health needs**
- **Healthcare regional planning intended to increase access to care**
- **Physician shortages**

Plan for Regionalization of Care

Access to Care

University of Maryland Medical Center (UMMC):

Tertiary/quarternary facility: Open Heart Surgery, Transplants, Highly Complex Illnesses

University of Maryland Upper Chesapeake Medical Center – Bel Air (UM UCMC – Bel Air): Emergency Care, Moderately Complex Inpatient Medical Care and Surgery, Obstetrics, Cancer Care

Union Hospital – Elkton; Emergency Care, Moderately Complex Inpatient Medical Care and Surgery, Obstetrics, Cancer Care

Plan for Regionalization of Care

Access to Care

University of Maryland Upper Chesapeake Medical Center - Havre de Grace (UM UCMC – HdG): Emergency Care, Short Stay Medical Care, Behavioral Health, Outpatient Specialty Follow-up, and additional Outpatient Services

Urgent Care: Treats Non-Emergency Conditions: Broken Bones, Cuts and Bruises, Cough and Flu Symptoms, Minor Burns

Comprehensive Care Center: Opened in August 2016, Fully functional medical clinic; addressing medical and social needs, access to a Clinical Pharmacist; Nurse CARE Center Navigators and Social Workers; Community Health Worker

Regional Partnership for Care Transformation

- **UM UCH in partnership with Union Hospital, Healthy Harford and the Departments of Health and Offices of Aging - awarded a grant of \$2.7M for each of the next 4 years.**
- **Community-based care teams (WATCH program – Wellness Action Team of Cecil & Harford) comprised of:**
 - **Nurses, Social Workers, Community Health Workers and a Pharmacist**
 - **Focus: working with people who have Medicare and complex medical illnesses. Serve people in their homes and in the community.**
- **Aims to address medical needs and social barriers that impact an individual's health and to prevent re-hospitalization.**

UM UCH – Havre de Grace Campus

Features:

- **New & expanded Emergency Department**
- **Stroke Ready Facility**
- **Heliport Access**
- **Close to I-95**
- **Observation Beds (< 48 hours)**
- **Expanded, secure psychiatric specialty pavilion offering full and partial hospitalization and intensive outpatient programs including a dedicated emergency room area**
- **Medical office building for physician offices and centralized outpatient services**

Community Communications Strategy

Strategy Implementation

December 2014 and Ongoing:

- **Shared plans initially to team members, physicians, volunteers**
- **Engaged elected officials and state agencies early and often**
- **Met regularly with behavioral health groups and first responders in the community**
- **Held 6 public meetings in two years in different venues around the 2 counties**
- **Community Relations Council**
- **Community Engagement Focus Group**
- **Team Member Ambassador Program**
- **Maintained website section with information and updates**
- **Engaged local and business media**
- **Used social media for approval updates and timelines**



Building Trust


“The best time to make friends is before you need them.”

Ethel Barrymore

- **Launched the communication plan with ample time to hear and address community concerns and push back.**
- **Created support from internal and external stakeholders by providing regular in person updates (80 meetings?)**
- **Educated community on the “why” with a focus on our vision to create the healthiest community in Maryland (Vision 2020)**
- **Promoted the economic benefits for the City of Havre de Grace**
- **Promoted the success of our pilot programs (Comprehensive CARE and WATCH)**
- **Prepared, updated and posted frequently asked questions about our plans for the community and our internal team members**
- **Nurtured groups of ambassadors from inside and outside the organization.**

Tools

WHAT'S NEXT?
PRACTICAL SUGGESTIONS FOR RURAL COMMUNITIES
FACING A HOSPITAL CLOSURE



ATM | **RURAL & COMMUNITY HEALTH INSTITUTE**
TEXAS A&M UNIVERSITY

IN PARTNERSHIP WITH
EPISCOPAL HEALTH FOUNDATION

ADVANCING HEALTH IN AMERICA
THE PATH FORWARD


Our vision: A society of healthy communities where all individuals reach their highest potential for health.

Our commitment:


-  **Access:** Access to affordable, equitable health, behavioral and social services
-  **Value:** The best care that adds value to lives
-  **Partners:** Embrace diversity of individuals and serve as partners in their health
-  **We** on and wit res




hospitals in
pursuit of excellence™



Ensuring Access in Vulnerable Communities
Community Conversations Toolkit

 American Hospital Association




Rural Hospital Stabilization Committee

Final Report to the Governor

February 23, 2015

Rep. Terry England
Sen. David Lucas
Co-Chairs



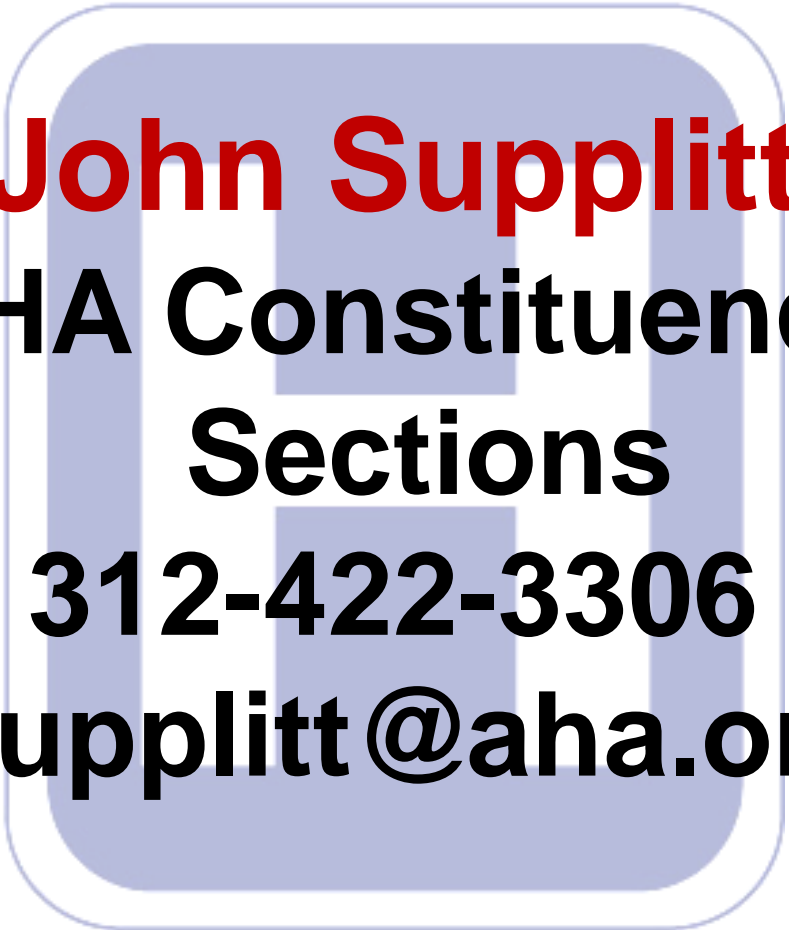
Catalog of Value-Based Initiatives for Rural Providers

Discussion



We invite your questions and comments.

Contact Information



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American Hospital Association