



“Healthcare Transformation: Is it Good for Rural Health Systems?”

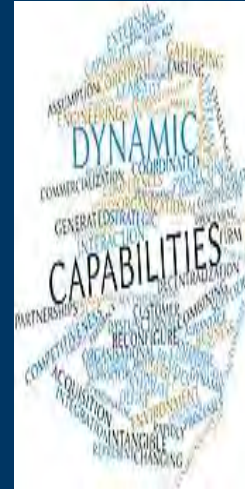
September 23, 2019

Overview

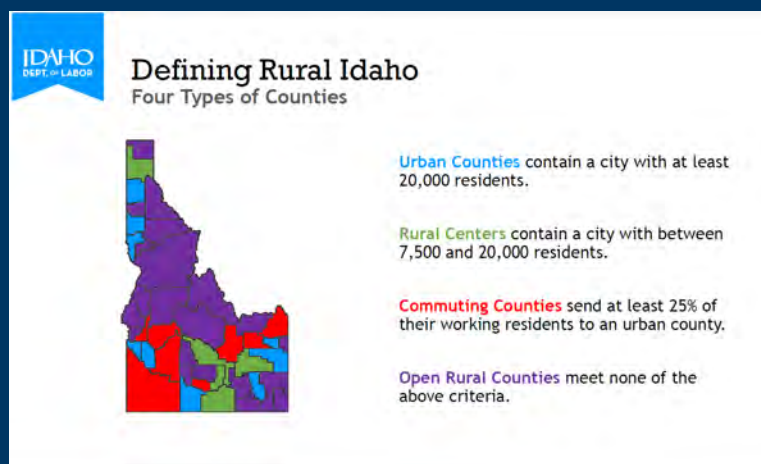
- What is the Blue Cross of Idaho Foundation Rural Health Initiative?



- The Foundation brings various capabilities as investments into initiatives, tailoring them to the specific needs:
 - **Advisory** – provide access and engagement of subject matter experts, and other skill sets.
 - **Connecting** – facilitate connections of relevant organizations and influencers in specific areas.
 - **Convening/Facilitation** - bring together different factions for brain storming, informative forums or teams to work through complex and “wicked” problems.
 - **Monetary Support** –issuing solo grants or through a collaborative partnership with other funders for sustainable initiatives
 - **Active Engagement/Leadership** - assume full direct or indirect accountability of project leadership for an initiative.



BCIFH Adopted the Department of Labor Definition of Rurality



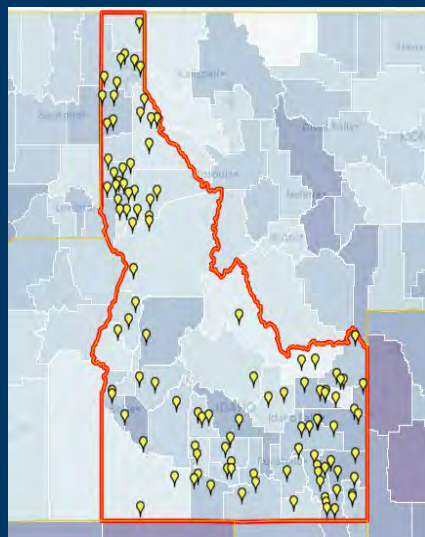
Rural counties, defined by the foundation are the commuting, rural center and open rural counties. We are building profiles on all counties. Urban counties are used as a comparative

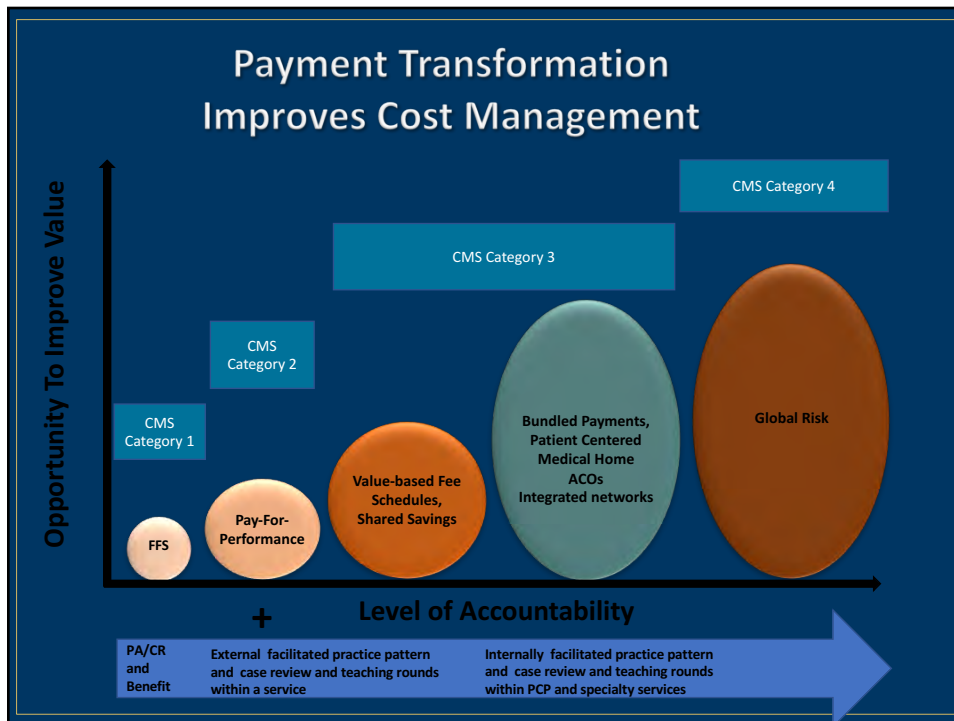
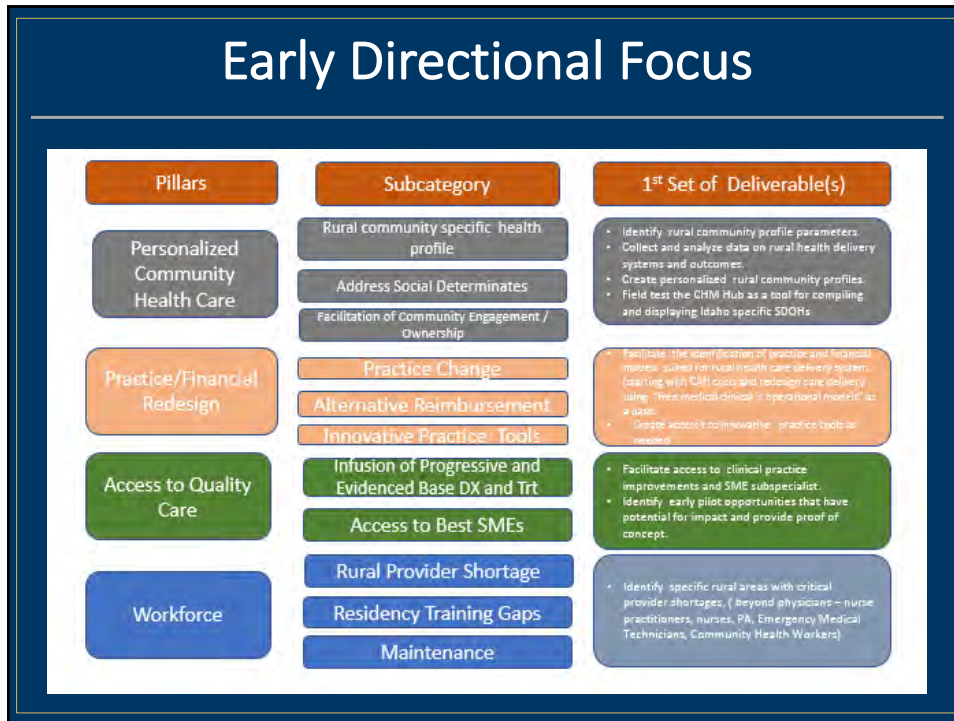
Urban (9)	Commuting (8)	Rural Center (5)	Open Rural (22)	
Ada	Boise	Bingham	Adams	Idaho
Bannock	Butte	Blaine	Bear Lake	Lemhi
Bonneville	Elmore	Bonner	Benewah	Lewis
Canyon	Fremont	Cassia	Boundary	Lincoln
Kootenai	Gem	Minidoka	Camas	Oneida
Latah	Jefferson		Caribou	Payette
Madison	Jerome		Clark	Power
Nez Perce	Owyhee		Clearwater	Shoshone
Twin Falls			Custer	Teton
			Franklin	Valley
			Gooding	Washington

*Based on the Department of Labors designation

Rural Idaho is Made Up of Many Small Towns and Villages with Populations Less Than 1K

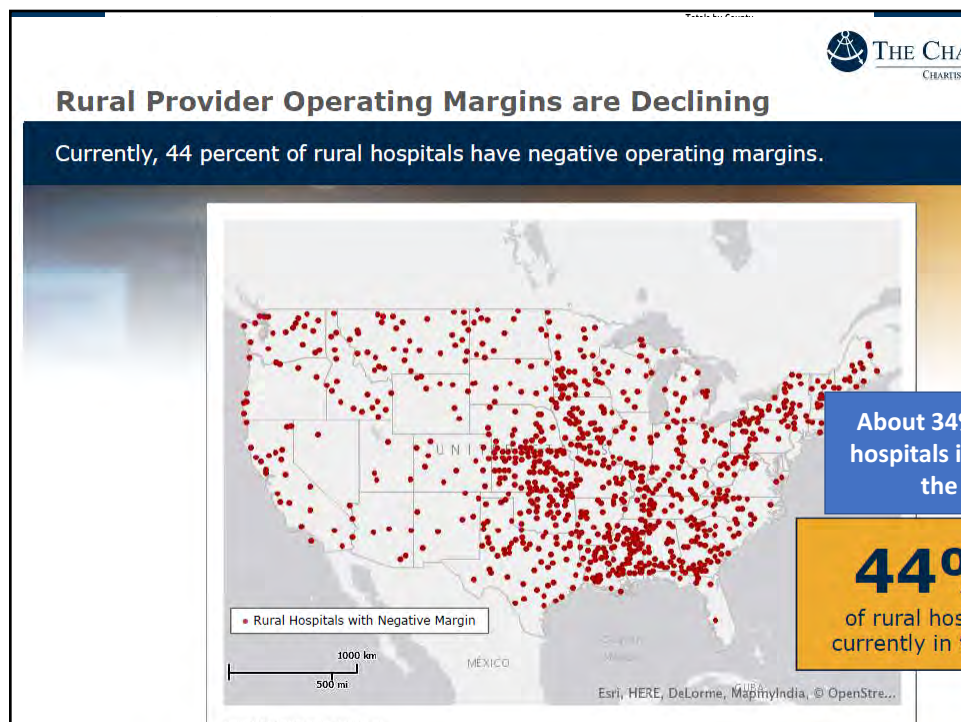
- 107 towns or villages in Idaho with less than 1,000 residents.
- Population count in these towns and villages is about 55,000

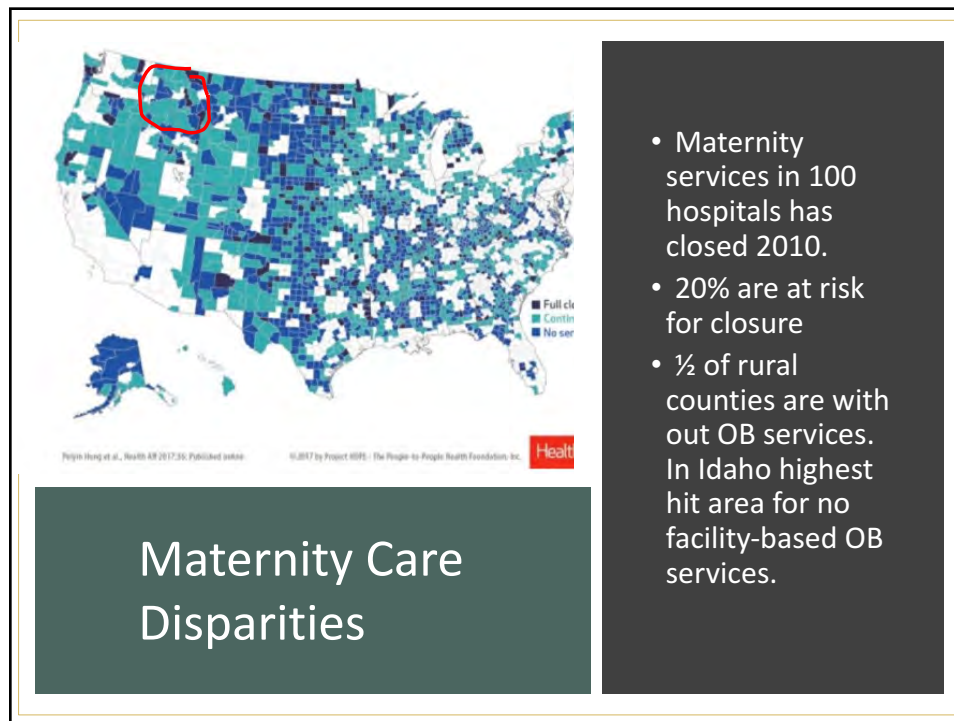




Anticipated Value-Based Outcomes

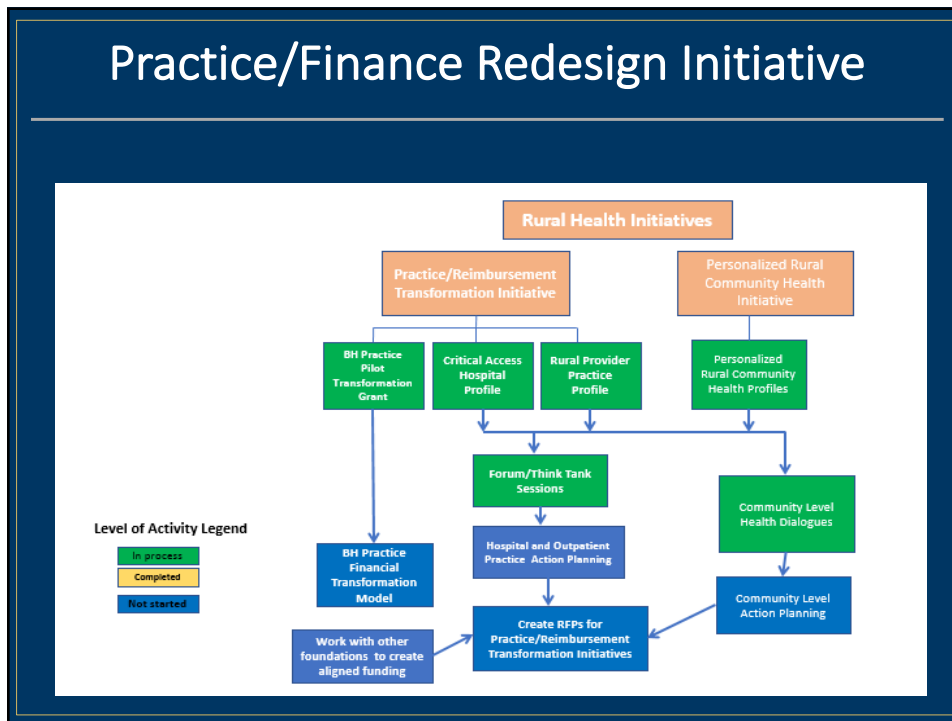
- **Value-based healthcare** is a **healthcare** delivery model in which providers, including hospitals and physicians, are paid **based on** patient health **outcomes**. The “**value**” in **value-based healthcare** is derived from measuring health **outcomes** against the cost of delivering the **outcomes**.
- **First venture into value-based contracting was during the 1980’s with the HMO initiatives.**
- **Historically when implemented it has resulted in the following depending on the drivers, contract stipulations, and the provider delivery system:**
 - **Decrease hospitalization rates**
 - **Decrease in ER visits**
 - **Increase outpatient care services**
 - **Expansion of provider roles**
 - **Decrease specialty visits**





- The Advisory Panel met for several months to give input to the issues they face as a part of system change and involvement in rural communities.
- The outcomes from this work was:
 - Value-based Clinical Tenets
 - Prioritized Issues
 - Design of the Forum
- Practice/Finance Advisory Panel Participants
- Idaho Hospital Association
- Idaho Physician Association
- Idaho Rural Health Association
- Bureau of Rural Health and Primary care
- Bureau of Emergency medical Services and Emergency Preparedness
- DHW-Office of healthcare Policy Initiative
- The Hospital Collaborative
- Idaho Association of Free Medical Clinics
- Idaho Academy of Family Physicians
- Idaho academy of Physician Assistants
- Idaho alliance of Leaders in Nursing
- Idaho Oral Health Alliance
- Idaho Primary Care Association
- Northwest Hospital Alliance

Practice/Finance Redesign Initiative



Basic Tenets

Basic tenets for value-based population management

- Value based care is a “team sport” from a provider perspective. Providers need to work together to create a system of care that is efficient, limits duplication and un-necessary competition and is accountable to their community
- Value base contracting for rural areas needs to be based on the community's services delivery area and the system of care delivery .
- Not all existing participant in health care delivery today will be a part of the transformed delivery system. They have a choice and must be flexible and be willing to invest in change.
- Cross accountability of the community health status amongst the providers and participants for quality and efficiency of care is essential
- Value base care must focus on balancing quality and cost efficiency of care
- Transparency to providers, community leaders, community resident and funders on quality, efficiency and cost is essential to driving change. The circle of transparency may need to be incremental.
- Practice change is essential and primary to population managed care and must be financially supported fully and early in the process to allow the change.
- Coordination of care services are essential and need to be driven by cross accountability, transparency and appropriate financial support
- Core services need to be identified and made to be universally available for all population segments with financial methodologies that are sustainable, (e.g. emergency triage linked directly to accountable providers for engagement, essential ancillary providers in rural/underserved areas)
- Strongest driver of change is for all payers to participate and drive uniformity around VBC approaches on a community provider system level .
- Electronic medical records are essential for core providers to managing value-based population



Personalized Rural Community Health Profile - Narrative

**HEALTH STARTS
HERE**
CLEARWATER COUNTY

Working together to help rural Idaho live healthier

Data Appendix

Geography and Demographics Data – County, State, National Comparison

Population Information - Clearwater County						
Date	Source	Indicator	Clearwater County	Rice Pondera County	Idaho	United States
2016	1	Total population	8,528	98,995	1,675,487	382,558,162
2016	38	Persons per square mile	87.4	46.3	19	87.4
2016	1	Largest city	Chaffee	Ureterton		
2016	1	Number of zip codes with 25,000 residents	4	2		
2016	89	USDA Typology - Economic Dependence Code	4: Federal/State Government Dependent	0: Nonagricultural		
2016	89	Rural-Urban Continuum Code	6: Adjacent (2,500 to 25,999 urban population)	3: Metro (less than 250,000 population)		

Population Changes - Clearwater County						
Date	Source	Indicator	Clearwater County	Rice Pondera County	Idaho	United States
2005-2017	1	Change in population (2010-2017)	-6.12%	0.72%	2.20%	0.72%
2005-2017	1	Change in population - The Silent Generation (2010-2017)	13.88%	-0.17%		
2005-2017	1	Change in population - Baby Boomer Generation (2010-2017)	5.52%	18.53%		
2005-2017	1	Change in population - Generation X (2010-2017)	-8.70%	-7.78%		
2005-2017	1	Change in population - Millennials (2010-2017)	9.38%	9.87%		
2005-2017	1	Change in population Generation Z (2010-2017)	-58.72%	-2.44%		

Data Source Legend	
1	2013-2017 ACS 5 yr. Estimates
2	Community Review Report
3	CHM HHS Data
4	Idaho State Department of Education - CLEP Local Eligibility Reports
5	Idaho's 4-7 Report Card
6	National Low Income Housing Coalition - Out of Reach Report
7	Idaho State Department of Education - Title VI-A, Homeless Children & Youth
8	Idaho Secretary of State
9	Idaho State Police
10	Idaho F&T News
11	The Idaho Food Bank
12	NIDS COUNTY Data Center - Teen Suicide
13	NIDS COUNTY Data Center - Teen Bully
14	Suicide in Idaho: Fact Sheet
15	Idaho Department of Environmental Quality
16	Idaho Community Foundation-Community Conversation Series: Emmett, ID_9/28/2018
17	AVOT Census
18	NIDS COUNTY Data Center - Infant Mortality
19	NIDS COUNTY Data Center - Low BMI-weight Babies by County
20	Idaho Public Health Division
21	America's Health Rankings - Air Pollution
22	County Health Rankings: Air Pollution, Pesticides, Motor
23	County Health Rankings: Drinking water, coloration
24	Google/Google Maps
25	Cancer Data Registry of Idaho
26	Idaho Vital Statistics Annual Report 2016
27	Idaho Vital Statistics Health Report 2015
28	Idaho Reported Sexually Transmitted Diseases 2015
29	Point-In-Time Count Report 2015
30	Get Healthy Idaho - Leading Health Indicators
31	Get Healthy Idaho - Drug Overdose Prevention Program
32	Idaho Vital Statistics Monthly Report 2016
33	The Atlas and Database of Air Medical Services (ADAMS)
34	SHIP Telehealth Cohort Clinics List - Provided by Madeline Russell
35	Broadband Now
36	United Way of Treasure Valley, 2016 ALICE Report
37	Zip-Codes.com
38	US Census Bureau: Quick Facts
39	Indicators Idaho
40	Economic Research Service, USDA: FAR ZIP Code Areas
41	Wikipedia
42	Law Research Center
43	County Health Rankings
44	CDC Fact Sheet: Reported STDs in the United States, 2016
45	National Cancer Institute: Surveillance, Epidemiology, and End Results Program
46	National Vital Statistics Reports - Deaths Final Data for 2015
47	CDC - Reproductive Health: Teen Pregnancy
48	Blue Cross of Idaho
49	Idaho Transportation Department: Six Annual Public Transportation Performance Report
50	Substance Abuse and Mental Health Services Administration
51	Data provided by Bureau of Emergency Medical Services and Preparedness - Idaho Department of Health and Welfare
52	Data provided by Idaho Center for Nursing
53	ParkSense
54	Statewide Infirm, Ambulatory Surgical Center
55	Data provided by Idaho Hospital Association
56	Institute for Health Metrics and Evaluation
57	FLARES: Facility Licensure and Regulation Enforcement System
58	Medicare.gov Hospital Compare
60	Housing Market Realities: Where We Are and How We Got Here - by Erik Kingston (Idaho Housing and Finance Assn.)
61	Contracted Specialists Data provided by Blue Cross of Idaho

IDAHO HEALTH DISPARITIES

A Healthier America Report identified Custer County in Idaho as one of ten counties with the higher average life expectancy for the population

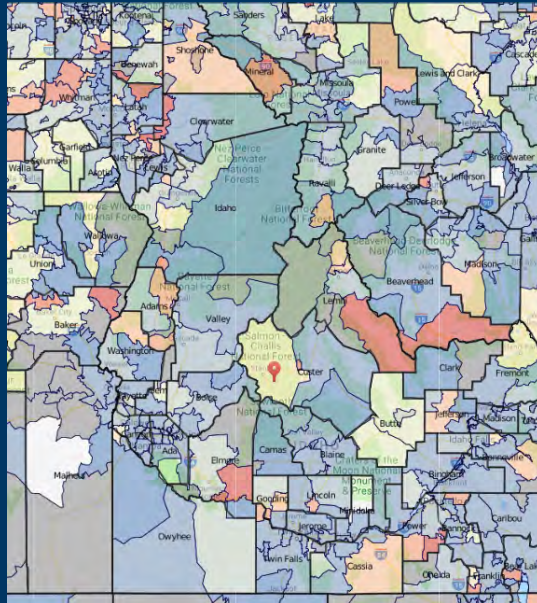
National studies are starting to demonstrate the difference in health outcomes based on geographical location and the relevant social determinates of health. The story of Idaho health status is a good illustration of elevated areas of positive health status and others where there are Disparities in Idaho in general and Particularly in some of our vast rural Communities.

Average life expectancy by county

Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America

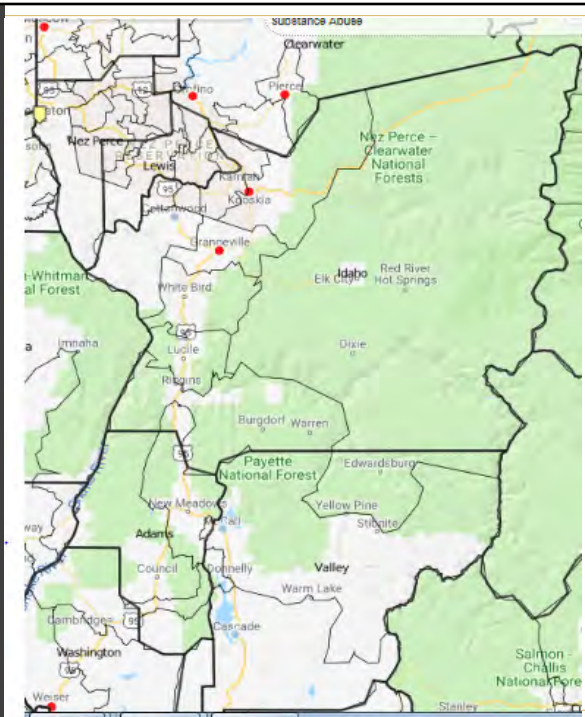
Blue Cross of Idaho
Foundation

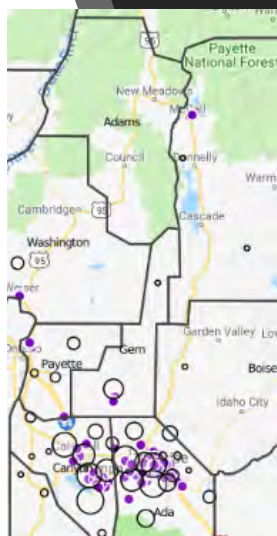
Personalized
Rural
Community
Profile
Project
Digital



- The distribution of the safety net system resources vary by community and greatly effects health care delivery in rural communities.

Legion
Hospitals = ●





- Rural communities have a higher elder population.
- Having sufficient resources to support their care varies by county and zip code.
- The graphic displays the distribution of assisted living and family alternative care homes.
- Adams County has one of the highest elder populations and no assisted living or family alternative care homes.

What are Possible Next Steps?

- Forum – conversation with CMS and early participants in models to learn new direction for rural delivery systems.
- Think tanks to help begin the discussions on health delivery changes and begin to create the strategies.
- Do we need a new structure for transformational planning of a guided and mindful change?
 - State level
 - County level
 - Community level

THANK YOU