

**DRAFT – Federal Office of Rural Health Policy, Washington State**  
**Rural Health Plan**  
**(2008)**

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## **Purpose**

This Rural Health Plan is intended to serve these purposes;

1. To provide background information and recommendations to guide the State's 38 Critical Access Hospitals as they plan for their future.
2. To respond to a federal Office of Rural Health Policy mandate that state Flex Programs update their Rural Health Plans.
3. To generate a set of recommendations for use by health care policy leaders in guiding us all toward the financial, regulatory, and payment method changes necessary to bring about the optimum rural health care delivery system of the future.
4. To provide guidance regarding future allocations within the State's Critical Access Hospital Flex Grant Program.

The four key products from the process, addressing the above purposes, are;

1. An Environmental Assessment, based on national and state-wide data, along with a review of current literature.
2. A Vision Statement, set of Guiding Principles, and set of Mega-Issues which describe a path forward toward what we believe is an optimum rural health care system.
3. Several demonstration project grant proposals meant to test one or more aspects of this enhanced system.
4. A set of policy statements, for policy leaders to consider in the ongoing exploration of health reform. (This component has yet to be formalized.)

## **Executive Summary**

**Background** - This draft plan is the result of a convergence of two separate initiatives. Late in 2006 two Critical Access Hospital Administrators approached the Washington State Hospital Association President with a request for help to sort thru a new strategic direction for their organizations. Vic Dirksen from Jefferson Health Care in Port Townsend & Tom Martin from Lincoln Hospital in Davenport, were both interested in an in-depth exploration of trends and forces affecting rural care delivery. Other rural administrators voiced a similar need. A short time later the federal Critical Access Hospital Flex Grant Guidance document was published for the 2007 – 2008 grant cycle. This Guidance document directed State Offices of Rural Health to develop, or update existing, Rural Health Plans. With this impetus from the Flex Program and interest from Critical Access Administrators, the state Hospital Association and State Department of Health - Office of Rural Health agreed to co-fund a planning effort that would provide information useful to rural hospitals' strategic planning processes. A Steering Committee was formed which has met every 1 to 2 months since then to hear expert input and guide the planning process.

A decision was made early in the process that there would be three main products of our work;

- 1) An Environmental Assessment,
- 2) A statement of what the optimum rural health care delivery system of the next 5 to 10 years should look like (Vision/Principles/Mega-Issues), with recommendations regarding how to move forward, and
- 3) Several demonstration project grant proposals that would each address one or more of the Mega-Issues.

The Environmental Assessment, Vision, Principles, and Mega-Issues are contained in the body of this document. To-date two grant proposals have been written and summaries can be found at the end of this document. These early choices by the Steering Committee regarding how to strategically approach change reflect a belief in the power of a compelling idea (Vision/Principles/Mega Issues), and the power of showing what can be done (Demonstration Projects).

The fourth product, a set of policy recommendations will be developed during the 2008-2009 grant cycle to share the value of this work with state policy makers.

It is important to note that this document is the product of a small group working as staff on this project, and that the full Steering Committee has not formally reviewed and approved it. Thus the term “draft” is used. We believe the content is generally consistent with prior feedback and guidance received from both the Steering Committee and the Rural Subcommittee of the Washington State Hospital Association. This process is also still evolving. Recent feedback from rural hospital administrators serving on the Hospital Association Rural Subcommittee emphasized the need to share the draft plan in rural

communities throughout the state, and we will do that during the first two quarters of 2009. We are also continuing to pursue demonstration project grants and utilize Flex grant funds to finance projects exploring better ways of delivering care and promoting the health of rural Washington.

Flex Program Actions Taken - Consistent with one of our original purposes, Washington State's Flex program has already been guided by this planning work. Early in the process care coordination between rural and urban providers was identified as a Mega-Issue. Responding to this need, a significant portion of the 2008-2009 grant cycle funding has been allocated to three regional Critical Access Hospital Networks within the state. The funding will be used to help member hospitals work with appropriate tertiary providers to enhance rapid transport of Cardiac and Stroke patients and their clinical information.

Another Mega-Issue concerns Workforce Shortage. To address this issue we have approved a Flex funded project coordinated by the Health Workforce Institute, a subsidiary of the State Hospital Association, to develop new staffing models for rural hospitals. The goal is to develop models which allow more flexible use of staff, assuming current and growing workforce shortages will drive the need to explore creative alternatives.

Next Steps - During the 2008-2009 Flex grant cycle, funds have been dedicated to continue the projects mentioned above, to develop a communication and feedback strategy, and to continue pursuing demonstration project funding. We are hopeful that the Environmental Assessment, Vision, Principles, and Mega-Issue papers that follow will prove helpful to Washington's rural health care and community leaders as they navigate the turbulent waters of our health care delivery system.

### **Environmental Assessment**

(Insert when complete)

### **Vision For Our Rural Health Care System**

We envision a strong, reliable, publicly accountable health care system for rural Washington that ensures those who need care receive the right care at the right time in the right place. The system will provide personal and population health services responsive to the unique needs of each community. The system will provide a medical home for all people in the local community and will provide planned access to the full continuum of care -- including physical, oral, and mental health services --

through regional systems that formally link primary and specialty services. The system will produce high quality outcomes, promote healthy communities, and merit the confidence of the community. The leadership to create and support a better rural health care system will come from communities and providers working together.

### **Guiding Principles**

To achieve this vision, our rural health care system will embody the following principles:

1. The rural health care system will be community-centric while recognizing the essential role of providers in achieving community health. Rural health care will take advantage of the inherent strengths of rural communities including close integration of physicians and the other health and human service providers in the community with the local hospital, community resources, community leadership, and community self-reliance.
2. The rural health care system will actively promote personal and family health in homes, schools, workplaces, and in the community at large.
3. The rural health care system will provide services as close to the community as possible whenever they can be delivered safely, effectively, and in a timely manner at a high level of quality.
4. As the centerpiece of the rural health care system, the role of primary care will be broadened to become “medical homes” providing access to comprehensive, patient-centered primary care, health information, health promotion, chronic care management, and coordination of primary and specialty services to ensure seamless integration of care.
5. Formally-structured relationships and integrated information systems will link primary and specialty care providers in each region to assure rural residents seamless access to care across the full range of services.
6. The rural health care system will be sufficiently financed to assure access to appropriate care, promote continuous improvement, and support the principles outlined here.
7. Payment methods and formal linkages between primary and specialty care providers will align incentives while supporting the medical home model and care coordination within regional systems.

8. Investments in prevention and health promotion will address physical, oral, and mental health and reflect both the short term and long term payoffs of health promotion.
9. The rural health care system will develop, attract, and retain an adequate supply of well-trained providers; advance new provider roles; provide professional development opportunities locally; and employ organizational structures that attract providers and promote good care.
10. Community health assessment and evidence-based care protocols will drive the planning of care, decisions about services, performance measurement, and accountability for care provided both in the local community and through formal linkages with other providers in each regional system.
11. Responsibility and accountability for community health will be shared by community leaders, health care providers, public health, and the community at large.
12. Community leaders, employers, providers, and payers will work together to ensure private and public health care coverage and access to care for all members of the community.
13. Rural health care leaders will assume an active voice in seeking public policies that support a strong, reliable, publicly accountable rural health care system consistent with these principles.
14. Quality health care available locally will continue to be essential to the social and economic integrity and vitality of rural communities.

### **Questions to Address in The Strategic Plan**

- What is the current state of health care and of the health care system in rural Washington?
- What environmental forces and trends are impacting rural health care and providers today and what will be the impact of these forces in the future?

- What are the core personal and population health services that should be available locally in rural communities?
  - What formal linkages, financing systems, and information systems are needed to assure rural residents access to the full range of primary and specialty care services?
  - What changes in public policy and in financing will be needed to transform rural health care into a more optimal system? What are the impediments to such a transformation, and how should these impediments be addressed?
2. Propose demonstration projects to operationalize change and test the principles of the redesigned system.
  3. Estimate the cost implications of optimal rural health care delivery models in the short and long-term.

### **Mega-Issues**

**Issue - Workforce in the rural health care system** - This plan adopts and promotes strategies to increase recruitment and retention of health care professionals in rural areas and to enhance the effectiveness and efficiency of the rural workforce.

**Issue - Medical Home/Care Coordination - Primary care in the rural health care system**

**Issue - Quality/Care Delivery Processes**

**Issue - IT/Technology**

**Issue - Community and Population Health - Community leadership and structures in the rural health care system**

**This plan adopts the general strategy of developing and structuring healthy communities and local leadership as a way to assure that we have strong rural health systems.**

**Issue - Finance**