

HHSC DSRIP Statewide Learning Collaborative 2019

Critical Areas of Health Care: Rural Challenges and Opportunities

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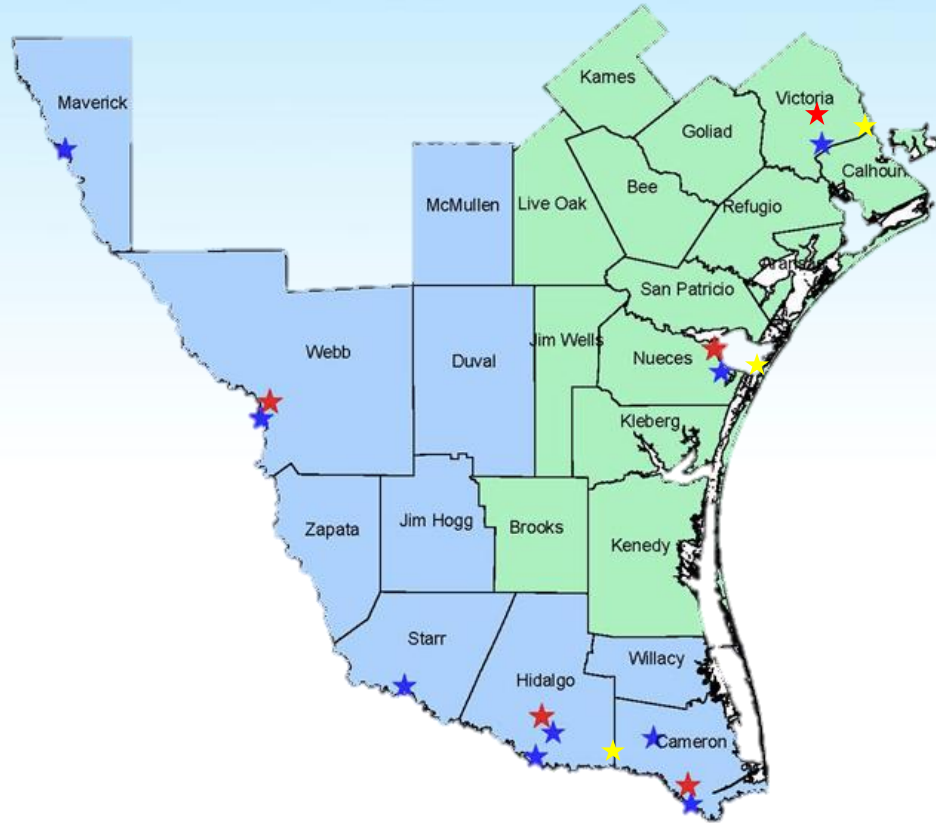


CRITICAL AREAS OF HEALTH CARE: RURAL CHALLENGES & OPPORTUNITIES

Mary Dale Peterson, MD, MSHCA

September 2019

DHP Offices & DCH Clinic Locations



- ★ DCH Specialty Clinic (9)
- ★ DHP Offices (5)
- ★ DCH Urgent Care/After Hour Clinics (3)

Existing DHP APMs

Contracts:

Partial capitation contracts

Single or multiple LOB

Capitated Rates:

- ✓ Sick office visit rate
- ✓ Labs
- ✓ Rads

Carve out list:

- ✓ THSteps
- ✓ IP care
- ✓ Extended Office Hours care
- ✓ Targeted office procedures

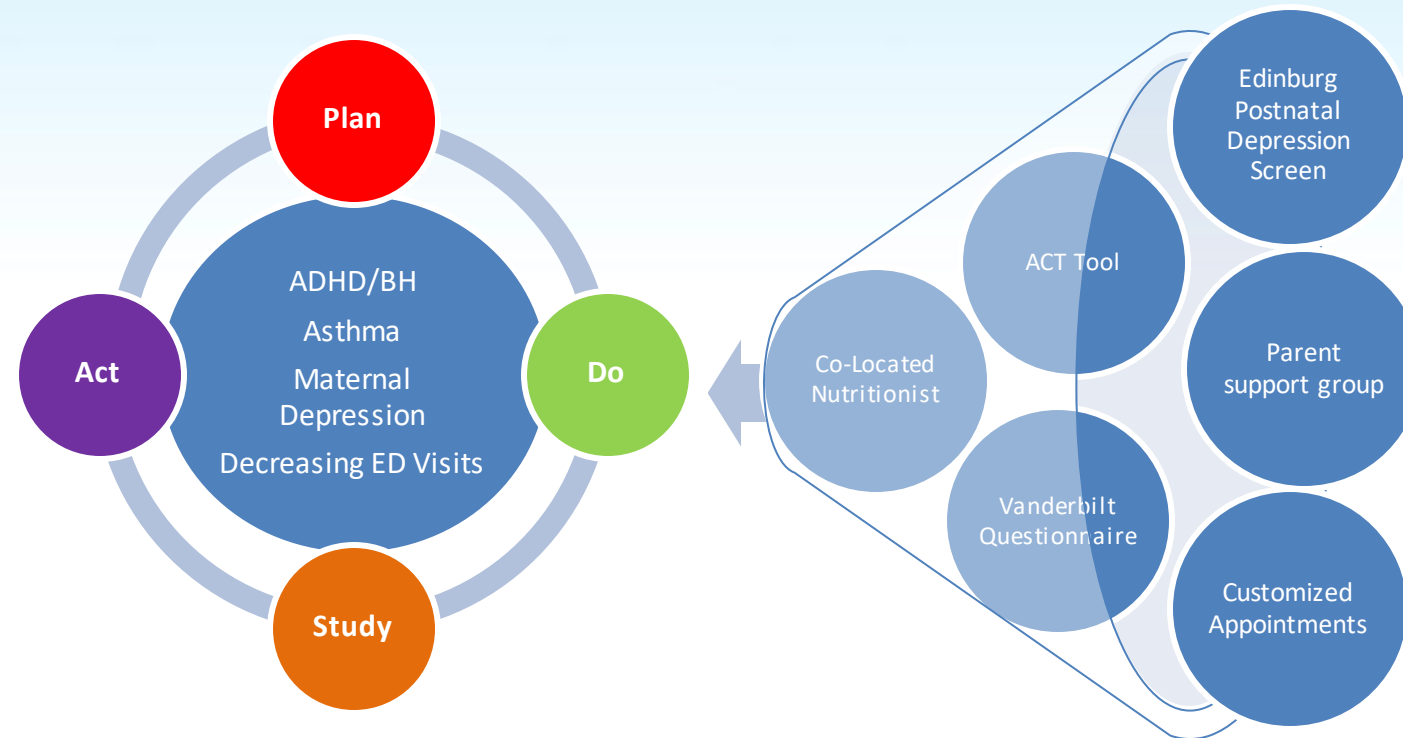
Incentives:

Health Home Program

Incentives

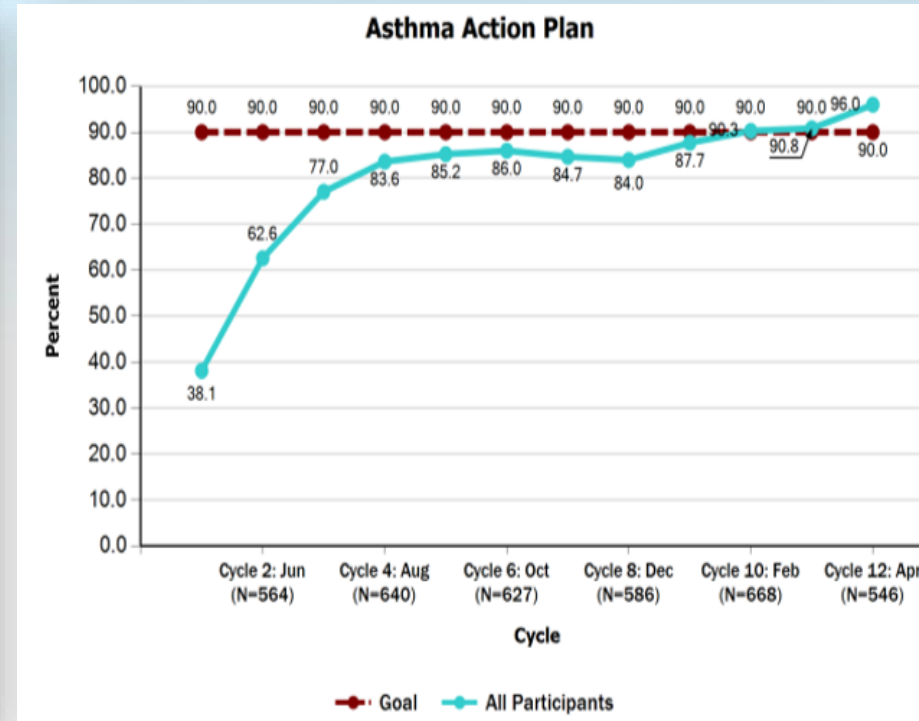
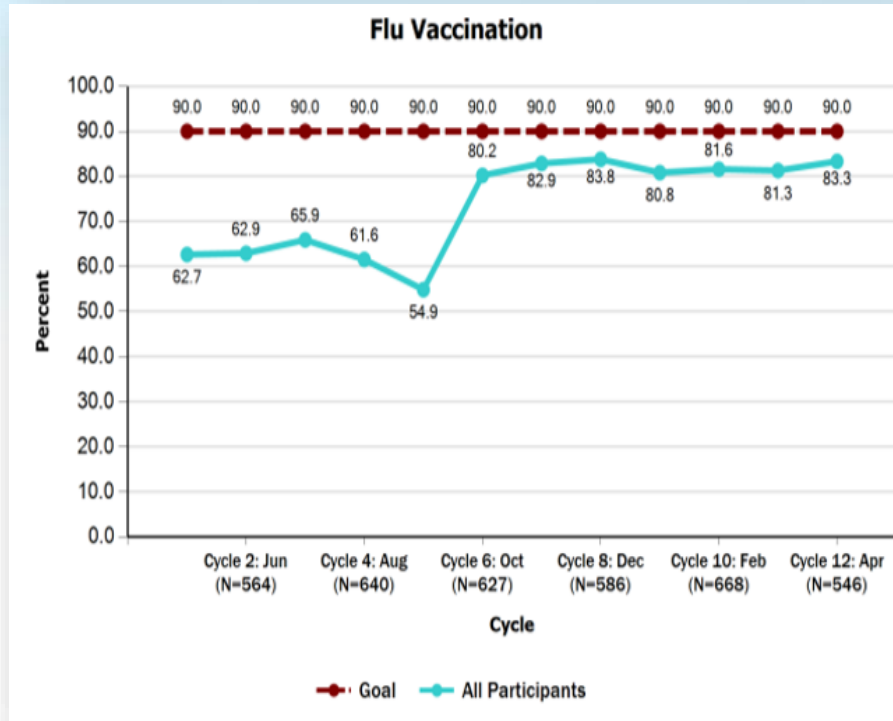
- ✓ PCP- well child visits, after hours care
- ✓ OB- prenatal/postpartum visits, vaginal deliveries, primary C-section rates, after hours care
- ✓ Behavioral Health- coordination of care
- ✓ Adult Diabetes

Category 2 & 3 Health Homes Focus Cycles of Quality and Process Improvement



Careville Pediatrics Project Results

Dr. Ifeanui Mbadugha



Behavioral Health

- **Shortages of Child & Adolescent Psychiatrists**
 - 8.5 CAPs for over 700,000 children in Nueces/Hidalgo SAs

In 2017, Texas was short more than 1,000 psychiatrists to meet demand, according to a model used by the Texas Department of State Health Services (DSHS). That same year, 171 Texas counties (out of 254) had no psychiatrist, according to DSHS data. (See "[Texas Counties Without a Psychiatrist](#)," page 42.)

- **Training of PCPs**
- **Recruitment**
- **Telemedicine**
 - Contract with UTMB child psychiatrists in Corpus Christi and
 - New clinic in Laredo
- **Shortage of RTC, facilities who take very young children or children with chronic medical conditions**

Questions



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A&M Rural and Community
Health Institute

RURAL HEALTH: Issues, Challenges, and Future Directions




Nancy W Dickey, MD

HHSC Statewide Learning Collaborative

September 4, 2019



Barriers to Access to Care in Rural Areas

- Limited/absence of providers  Telemedicine
 - Even where there is primary care available, specialty care is extremely limited or not available at all
- Distance to access various levels of care  Telemedicine
- Reliable transportation to access care  County/community owned vans with volunteer drivers
- Higher proportions of Medicare and Medicaid and uninsured



Solutions are still needed:

- Maternity care
- Behavioral health
- Substance abuse disorder
- Communications between higher levels of care and rural referral facilities to assure patients return home in a timely fashion
- Participating in value based contracting (requires health data sharing)



Messages we are hearing across rural geographies of Texas:

1. There are services being offered that will be difficult to sustain without the waiver funding – worst hit populations are those without insurance.
2. While many facilities and communities would like to participate in value based purchasing, their numbers are too small to “go it alone”.
3. Poor connectivity – unreliable or absent connection to allow telemedicine



Texas DSRIP Program Impacts

DSRIP has:

- Allowed participating providers the means to add staff and services
- Identified effective interventions to reduce non-emergent ED visits and reduce readmissions
- Increased unique individuals served and encounters provided
 - Ability to expand care for Texas' uninsured population

Particular challenges of waiver:

- There has too often been “silo-ing” – that is the community or region being served may not have identified or bought into the savings
 - Navigation systems
- Expanded/added services are largely not sustainable for smaller, rural providers beyond DSRIP without community buy-in



A BCBS FUNDED TEXAS A&M PROJECT: A RURAL MOONSHOT



- Seeking INNOVATIVE solutions to rural healthcare that:
 - Enhance access
 - Improve quality
 - Maintain or reduce costs
- Four projects have been selected that deal with:
 - Impact on morbidity/mortality as well as community economics post hospital closure
 - Developing a strategy for community planning and healthcare access post hospital closure
 - Collaborations across regions to preserve access while right-sizing care
 - Enhancing population health as a quality/cost impactor

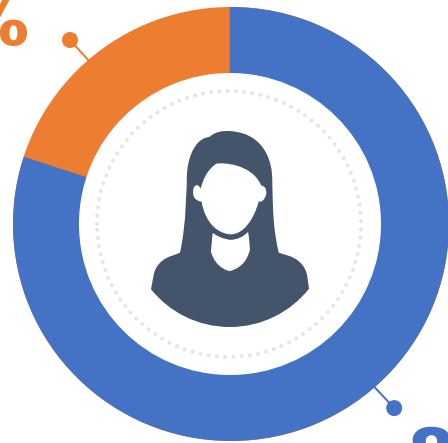




WHAT INFLUENCES
A PERSON'S HEALTH?

Your **ZIP CODE** is likely a stronger predictor of
your health outcomes than your **GENETIC CODE.**

20%



80%

- Clinical Care
- Social Determinants

SOCIAL DETERMINANTS OF HEALTH (SDoH)

- ZIP codes
- Housing
- Transportation
- Food





Huntsville Memorial Hospital: Rural Maternal Health

**Mary Beth Meier, LMSW
Huntsville Memorial Hospital
DSRIP Statewide Learning Collaborative
September 4-5, 2019**

About Us

- **Type:** Short Term, Acute Care Hospital
- **Location:** Huntsville, Texas
- **Patient Population:** 35,000 patients per year (11,000 MLIU)
- **Number of Beds:** 95

- Huntsville Memorial Hospital (HMH) receives DSRIP funding by reporting on the following measure bundles:
 - C3: Hepatitis C Measure Bundle
 - **E2: Maternal Safety Measure Bundle**
 - J1: Hospital Safety Measure Bundle



Your Health, Our Community, Our Commitment.

Women's Health Services

- The Women's Health Services (WHS) unit features 5 birthing suites, a nursery, and gynecology surgery recovery areas.
- Obstetrics & Gynecology Physicians (2)
 - Tim Deahl, MD
 - Curtis E. Montgomery, MD
- 30 deliveries per month (330 in 2018)



Texas Alliance for Innovation on Maternal Health (AIM)

- The Department of State Health Services (DSHS) teamed up with the Alliance for Innovation on Maternal Health (AIM) and the Texas Hospital Association (THA) to create the **TexasAIM Initiative**.
- The TexasAIM Initiative helps hospitals and clinics in Texas carry out maternal safety projects with the goal of ending preventable maternal death and severe maternal morbidity.
 - **Obstetric Hemorrhage Bundle**
 - Obstetric Care for Women with Opioid Use Disorder Bundle
 - Severe Hypertension in Pregnancy Bundle.

Obstetric Hemorrhage: Key Elements

- **Readiness (Every Unit)**
 - Blood bank (massive transfusion protocol)
 - Cart & medication kit
 - Hemorrhage team with education & drills for all stakeholders
- **Response (Every Hemorrhage)**
 - Checklist
 - Support for patients/families/staff for all significant hemorrhages
- **Recognition and Prevention (Every Patient)**
 - Risk assessment
 - Universal active management of 3rd stage of labor
 - Measurement of quantitative blood loss
- **Reporting/Systems Learning (Every Unit)**
 - Culture of huddles and debrief
 - Multidisciplinary review of serious hemorrhages
 - Monitor outcomes & processes metrics

Successes

- Improved the existing hemorrhage cart, policies, and procedures that were in place prior to participation in TexasAIM.
- Educated 100% of the nursing and physician staff about OB Hemorrhage and the associated TexasAIM bundle elements.
- Participated in TexasAIM Plus Cohort 4 (guidance, support, and resources)
- Performed at least 1 Unit-Based drill per Quarter (beginning Q4 2018).

Successes

- Increased the proportion of mothers who had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques from **0-9%** (Q3 2018) to **70-79%** (Q2 2019).
- Increased the proportion of mothers who had a OB Hemorrhage Risk Assessment performed at least once between admission and birth and shared among the team to **80-89%** (Q2 2019).
- Provided maternal mortality and morbidity data to TexasAIM each quarter and to the Texas Hospital Association each month

OB Hemorrhage Process Measures

Process Measures	Q3 2018	Q4 2018	Q1 2019	Q2 2019
Hemorrhage Provider Education	90-100%	90-100%	90-100%	90-100%
Protocol Provider Education	90-100%	90-100%	90-100%	90-100%
Hemorrhage Nurse Education	0-9%	90-100%	90-100%	90-100%
Protocol Nurse Education	0-9%	90-100%	90-100%	90-100%
Hemorrhage Risk Assessment	70-79%	90-100%	80-89%	80-89%
Blood Loss Measurement	0-9%	50-59%	50-59%	70-79%
Unit Drill Count	0	3	1	1

Challenges

- Low volume of OB Hemorrhages (7 hemorrhages in 2018)
- Nursing staff buy-in
- Measuring blood loss for cesarean sections
- Data collection, documentation, and abstraction process is manual and time consuming
- Limited support programs for patients and families

Future Plans

- Continue to implement the TexasAIM Initiative:
 - Upgrade our EHR system to capture the Maternal Early Warning Systems (MEWS) that alert the care providers of potentially impending critical illness to improve maternal safety and outcomes.
 - Measure quantitative blood loss on cesarean sections.
 - Improve our post-OB Hemorrhage event debrief process.
 - Improve our OB Hemorrhage response team.