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After Closure: Options for Pursuing a High Performance Rural Health System

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Key Questions

- What kind of rural health system is possible in places that cannot support a full-service hospital?
- How does a rural community navigate the transition from hospital-centric care toward new models that deliver high performance?
- What implementation support will be needed?

Hospital closure results not just in loss of inpatient beds and emergency room services, ***but also the elimination of other services typically provided in a hospital, such as laboratory, radiology, physical and/or occupational therapy, and skilled nursing or long-term care services.***

Plus……

- Broader community and economic impacts can be significant
- Usually a long lead-up to closure: ***opportunities for assessing the essential service infrastructure the community needs.***

Transitioning Rural Health Systems….

….opportunity to examine alternatives built upon a *robust primary care base* that *integrates* medical care, dental care, behavioral health, human services, community health, and other services affecting rural quality of life.

Organize Rural Health Systems to Integrate Care

- Develop comprehensive primary care (e.g. PCMH)
- Expand referral networks
- Payment and delivery system models that support hospital transitions to outpatient and other services

Community Health System Development Process

- Hospital and community assets and capacity
- Resource development opportunities
- Stakeholders to determine and deploy health care resources and service development strategies
- Impact of existing financing resources and liabilities
- Prioritize health system reorganization or affiliation opportunities

Current and Other Options

- Independent and hospital-owned practices
- Rural Health Clinic-independent and provider-based
- Federally qualified health center options
- Urgent care
- Off-campus emergency department (ED)
- Free-standing ED
- 24/7 ED (MedPAC)
- Clinic and Ambulance (MedPAC)
- Frontier Extended Stay Clinic (CMS Demo)
- Rural Emergency Hospital (REACH)
- 12 and 24 hour Primary Health Center (KS Hospital Association)

Build Rural System Capacity To Support Integrated Care

- Low cost capital to support needed capacity-building
- Technical assistance
- Workforce development
- Team based, non-visit based care strategies
- Population health data development/use

Policy Considerations

- Use existing policies and programs to support community and health systems development and rural capacity building:
  - FORHP: state FLEX grants, network grants, Small Rural Hospital Transition (SRHT) program, telehealth grant programs, SORH TA etc…
- Philanthropy
- CMS payment policies

Final Thoughts

- Need for comprehensive, timely assistance program for hospitals and communities (e.g. economic dislocation assistance, education and training, health workforce, capital financing, legal assistance)
- Best practices for managing the process (pre and/or post closure): what works?
- Options and models: "simulating" feasibility, cost, and other impact considerations.

Contact Information

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