

Frontier Extended Stay Clinics: A Sustainable Frontier Community Model

NRHA Annual Rural Health Conference
Louisville, Kentucky
May 8, 2013



Patricia Atkinson, MAT
SouthEast Alaska Regional Health Consortium
and
A. Clinton MacKinney, MD, MS
RUPRI Center for Rural Health Policy Analysis



Not Just "Frontier"

- Think of two communities
 - ~ 5,000 population
 - Community Health Center
 - >2 hours to trauma center
 - ~ 3,000 population
 - Critical Access Hospital
 - Average daily census <0.5
- What's the best health care system for these two rural communities?



Patricia Atkinson and Clint MacKinney



Let's Design a Rural Health System ³

- What is the most important rural health care service?
 - YES! Emergency services.
- What's next most important?
 - YES! Robust primary care.



Critical Services (not necessarily providers) ⁴

- 24/7 access to adequately equipped and well-trained **emergency care**
- Robust **primary care** services (patient-centered medical home)
- Moderately sophisticated **diagnostic** services (eg, CT, ultrasound, moderate complexity laboratory)
- **Rehabilitation** services
- **Extended stay** capacity for patients typically treated in hospital observation units
- Well-developed **telemedicine** capacity, protocols, and relationships
- Periodic specialist care **outreach**
- Seamless **coordination** with tertiary and other services
- Reliable and inexpensive **transportation**



Form Follows Finance

5

- Health care delivery is predicated on health care finance... or
- How we give care depends on how we get paid for care
- There is not financing mechanism to adequately pay for the care our small rural communities need!



Patricia Atkinson and Clint MacKinney



The Rural Dilemma

6



Patricia Atkinson and Clint MacKinney



Six Phases of A Project

Enthusiasm
Disillusionment
Panic
Search for the Guilty
Punishment of the Innocent
Praise and Honors for the Non-Participants



Patricia Atkinson and Clint MacKinney



What is a FESC?

Frontier Extended Stay Clinic:

- At least 75 miles from a hospital (current rules);
- Designed to provide emergency care;
- Also able to provide limited observation services.



Patricia Atkinson and Clint MacKinney



FESC-CAH-Clinic Comparison



- Different life-safety code standards: AHCO vs. HCO vs. BO (NFPA 101)
- Similar requirements for equipment, medications, etc.
- No surgeries, inpatients, babies, blood, anesthesia, or deep sedation in the FESC.



Patricia Atkinson and Clint MacKinney



FESC-CAH Differences

- FESC limited to 4 patients at a time.
- FESC limited to 48 hour max visit time.
- FESC can use LPN/EMT/P for patient observation.
- Provider onsite within 30 minutes in FESC, 60 in CAH.
- More lab tests required at FESC (e.g. PO₂)



Patricia Atkinson and Clint MacKinney



Major Accomplishments

- Demonstrated that a clinic can provide:
 - 24/7 emergency services;
 - Robust primary care;
 - Limited monitoring and observation services.
- Saved payers money.
- Premera Blue Cross and Medicaid will continue paying beyond the CMS demonstration.



Patricia Atkinson and Clint MacKinney



Major Challenges

- Cost of start-up (from clinic);
- Ongoing operational cost of maintaining 24/7 availability to community;
- Attracting and retaining staff.



Patricia Atkinson and Clint MacKinney



What Makes Us Unique?

- Not all that unique, but...
- Large primary care clinic, no hospital nearby
- Focused on provision of primary, preventative, and emergency care
- Scaled-back health care infrastructure overall
- Presence of visionaries



Patricia Atkinson and Clint MacKinney



What Needs to Change?

- Frontier clinics must be reimbursed for emergency services.
- Reimbursement rate for observation services must more closely match the cost.
- Current reimbursement mechanism (4-hour blocks) doesn't work well for anyone.
- Financial support for facility upgrades and other start-up costs is essential.
- FESC is a misnomer. (But FECES doesn't work either.)



Patricia Atkinson and Clint MacKinney

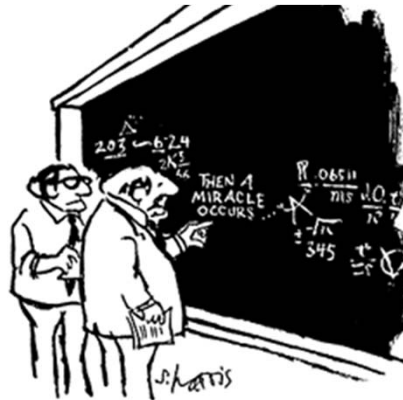




What Next?

16

- Do we need different models of rural health care?
- What services should the new models provide?
- How would we finance the new models?
- What are other barriers to new model development?



"I think you should be more explicit here in step two."



A. Clinton MacKinney, MD, MS
RUPRI Center for Rural Health Policy Analysis
clint-mackinney@uiowa.edu

Frontier Extended Stay Clinics: A Sustainable Frontier Community

Clint MacKinney
clint-mackinney@uiowa.edu

Patricia Atkinson
patat@searhc.org



Patricia Atkinson, MAT
SouthEast Alaska Regional Health Consortium
and
A. Clinton MacKinney, MD, MS
RUPRI Center for Rural Health Policy Analysis

