

# Transforming Rural Health: Value-Based Payment

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# Context of Rural Health Transformation Program (RHTP)



Program is underway now: states will soon be able to learn from each other, at least regarding early experiences



Will be important to understand what is *actually happening* in the states, to advance rural health and to advance transformation to sustainable rural health care organizations



Of special interest to the topic of value-based payment: investments in changes to the delivery system and care management intersecting with changes in payment to drive value for rural residents and the healthcare organizations serving them



# Activities Linked to VBP

- ▶ **State plans to address** - at least 23 specifically chose the activity of value-based payment
- ▶ **Redesigning the health care delivery system** to achieve better patient outcomes at the same or lower cost
- ▶ **Use of technology** that supports delivery of local services to improve patient outcomes through enhanced access
- ▶ **Address health care workforce** with a comprehensive approach that includes occupations such as community health workers that address all circumstances affecting health outcomes;



# Value-based Care and Payment Initiatives in RHTP

- **Nevada Rural Value Acceleration Network** to reward providers for improved health outcomes and administrative efficiency
- **Colorado:** explore feasibility of shared savings, bundled payments and other approaches that reward prevention; finalizing contracts by end of year 5
- **New Hampshire** to start with first cohort in 2027, second cohort in 2028 – work with Medicaid VBP models to prepare rural providers for two-sided risk
- **Montana:** exploring VBP for dual-eligible special needs plans and PACE model; VBC for nursing facilities

# System Change: Hub and Spoke Design

- ▶ **Missouri TORCH Program** expanded from current Medicaid pilot to statewide all payer model
- ▶ **Iowa using rural hubs as cancer care sites** working with local spokes; all are rural hospitals; also a health hub model for other conditions, builds off cancer network and centers of excellence programs





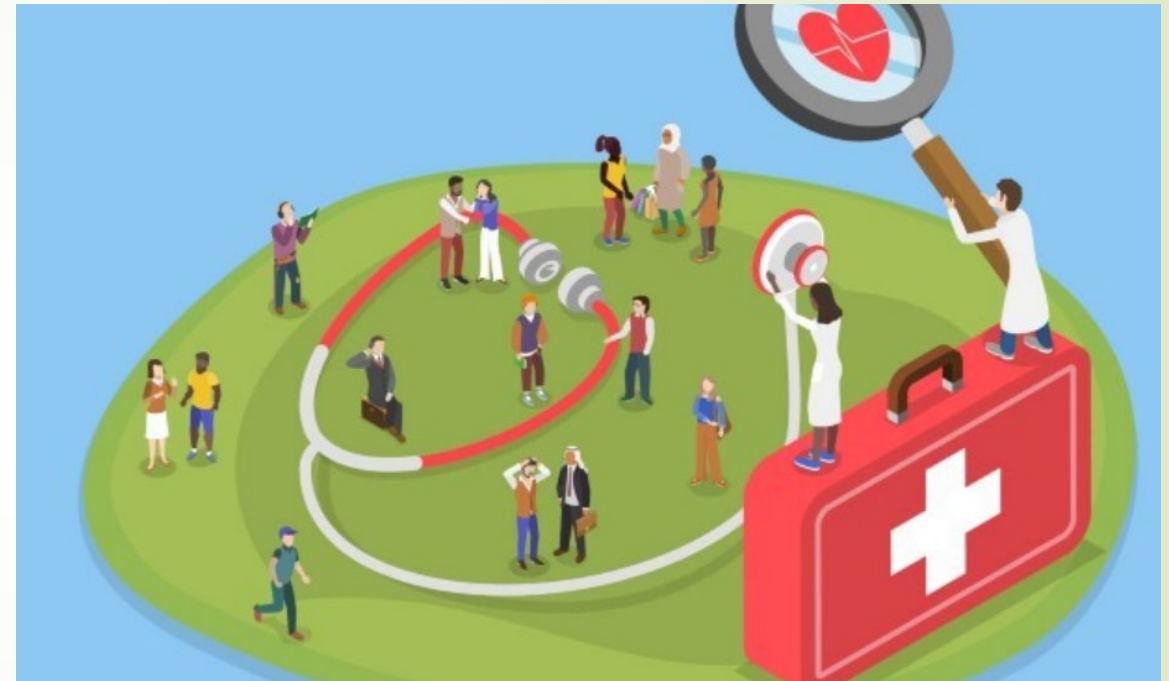
## Continued

**North Carolina** established **NC ROOTS Hubs** – six locally governed networks that coordinate medical, behavioral, and social services; tailors projects to regional needs; each hub must address prenatal health, chronic disease, prevention, cancer, and physical fitness

**Ohio Rural Health Innovation Hubs** – establish Clinically Integrated Networks and Regional Centers of Excellence; mission is to address rural residents' needs to close healthcare gaps

# System Change: Population Health

- Screening activities, including wellness visits
- Preventative services
  - Primary
  - Secondary
  - Tertiary
- Addressing living conditions (upstream factors affecting health)
- CO: a specific focus on Population Health Outcomes
- FL: focus on health and lifestyle
- GA: addressing transportation needs



# Use of Technology



- Modernizing Health Information Exchanges (IN)
- Investing in telehealth
- Remote patient monitoring (LA)
- Population health management (KS)

# Workforce Composition



Pipeline program development



Includes community health workers



EMS training (OR)



Recruitment and retention initiatives

# Foundation to Sustain Transformation

- **Evolving payment design** – what can be accomplished in five years?
- **System redesign** – again, what can be accomplished in five years?
- **For both of the above** – building at a pace that is sustainable, with metrics to achieve at points in time



## Continued

What do short-term projects contribute to long-term transformation?

Sustaining momentum based on the north star – sustained high value care in rural communities



## For further information:

- The RUPRI Center for Rural Health Policy Analysis <http://cph.uiowa.edu/rupri>
- The RUPRI Health Panel <http://www.rupri.org>
- Rural Health Value <http://www.ruralhealthvalue.org>



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