New Care Models for Rural Health

The Leadership Institute Millennium Group

May 17, 2017

OSF HEALTHCARE

Challenges for Rural Health and Wellness

National Rural Health Snapshot	Rural	Urban
Percentage of population	19.3%	80.7%
Number of physicians per 10,000 people	13.1	31.2
Number of specialists per 100,000 people	30	263
Population aged 65 and older	18%	12%
Average per capita income	$45,482	$53,657
Non-Hispanic white population	69-82%	45%
Adults who describe health status as fair/poor	19.5%	15.6%
Adolescents who smoke	11%	5%
Male life expectancy in years	76.2	74.1
Female life expectancy	81.3	79.7
Percentage of dual-eligible Medicare beneficiaries	30%	70%
Medicare beneficiaries without drug coverage	43%	27%
Percentage covered by Medicaid	16%	13%

All information in this table is from the Health Resources and Services Administration and Rural Health Information Hub.

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Welcome to Streator, Illinois

Population – 13,710
Peak – 16,868 in 1960

Industry
Vactor Manufacturing (specialty trucks)
Owens Glass (Miller Brewing vendor)
Healthcare

Famous Citizens
Burt Baskin –
Co-founder of Baskin Robbins
Clyde Tombaugh
Discovered Pluto - 1930

Healthcare
Saint Mary's Hospital – 251 bed community hospital

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Where We Serve

Central Region Hospitals
1. OSF Saint Francis Medical Center
2. OSF St. Mary Medical Center
3. OSF Holy Family Medical Center
9. OSF Saint Luke Medical Center

Eastern Region Hospitals
4. OSF Saint James – John W. Albrecht Medical Center
5. OSF St. Joseph Medical Center

I-80 Region Hospitals
6. OSF Saint Elizabeth Medical Center
11. OSF Saint Paul Medical Center

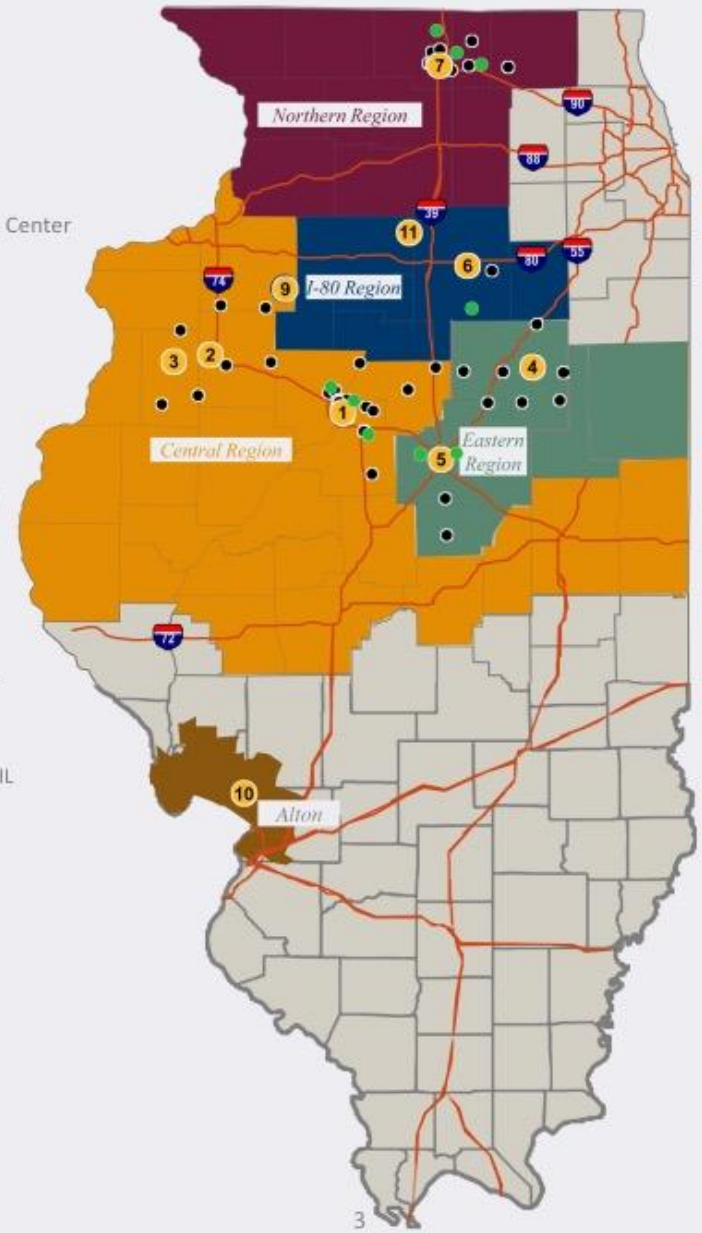
Northern Region Hospitals
7. OSF Saint Anthony Medical Center
8. OSF Saint Francis Hospital & Medical Group

Alton
10. OSF Saint Anthony's Health Center

Centers for Health
- OSF Center for Health – Belvidere – Belvidere, IL
- OSF Center for Health – Fort Jesse – Bloomington, IL
- OSF Center for Health – Glen Park – Peoria, IL
- OSF Center for Health – Morton – Morton, IL
- OSF Center for Health – Nord Farms – Bloomington, IL
- OSF Center for Health – Rock Cut – Loves Park, IL
- OSF Center for Health – Route 91 – Peoria, IL
- OSF Center for Health – State Street – Rockford, IL
- OSF Center for Health – Streator – Streator, IL

Other OSF HealthCare Facilities

Independent Affiliates
- Illinois Valley Community Hospital – Peru, IL
- Memorial Hospital – Carthage, IL
- Perry Memorial Hospital – Princeton, IL
- Rochelle Community Hospital – Rochelle, IL
- St. Margaret's Hospital – Spring Valley, IL



FY15

115
OSF Locations Including Hospitals

738
Employed Physicians

335
Advanced Practitioners

18,127
Employees

200,381
Home Health Annual Visits

1,469,492
Outpatient Visits

1,626,748
Physician Enterprise Office Visits

63,501
Inpatient Admissions

2,652
Hospice Patients Served

700,316
Number of Persons Served

$2.3 billion
Net Revenue

OSF HEALTHCARE

Local Geography

Ottawa, IL - 18 mi N
OSF Saint Elizabeth Medical Center – 97 beds

Pontiac, IL – 25 mi SE
OSF Saint James Medical Center – 42 beds

Peoria, IL – 61 mi SW
OSF Saint Francis Medical Center – 629 beds

Springfield, IL – 130 mi S

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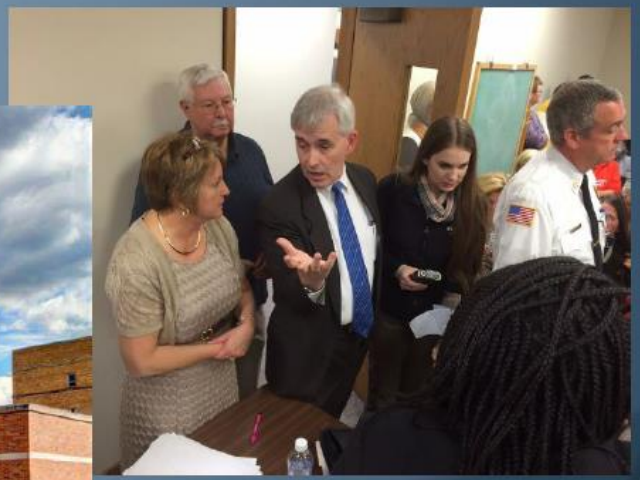
Streator residents oppose hospital closure at hearing (with video)

David Giuliani, davidg@mywebtimes.com, 815-431-4041 Oct 29, 2015 2



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Streator's health care in new hands

David Giuliani/The Times Jan 4, 2016 0

OSF HEALTHCARE

Most St. Mary's workers find jobs

David Giuliani, davidg@mywebtimes.com, 815-431-4041 Dec 15, 2015 0

Home / News / Editorial

OUR VIEW: OSF ribbon cut, now Streator moves forward

Aug 26, 2016 0

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Some of the last words spoken by Carol Biroschik, of Streator, to Dr. Glenn Aldinger as she was loaded into a Life Flight medical helicopter for an emergency transfer to a Peoria hospital Aug. 3 for heart treatment were, "Can I come back and hug you?" Recently, after surviving the major attack, Carold and her husband, Steven, returned to OSF Center for Health in Streator to personally thank her "saint" and others for saving her life. The couple praised Aldinger and the local medical facility for Carol's swift diagnosis and professionalism.

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RHIhub Rural Health Information Hub | The Rural Monitor

FEATURES RURAL SPOTLIGHT INTERVIEWS AROUND THE COUNTRY RURAL INSIGHTS

NOVEMBER 30, 2016

Freestanding Emergency Departments: An Alternative Model for Rural Communities

by Jenn Lukens

It was 2015 when St. Mary's Hospital of Streator, Illinois, announced its plans to close. The closure would soon leave the community's 13,700 residents with a 16-mile drive to receive emergency care. St. Mary's is just one of the 78 rural hospitals that have shut down across the U.S. since 2010.

OSF HealthCare of Peoria took an interest in the town's plight — soon the idea to introduce a different model started to take shape. An appeal was made to the Illinois General Assembly for an exception to the state law prohibiting the establishment of freestanding emergency department (FSED) in rural areas. Because of the town's dire circumstances, their request was granted. In August of 2016, the OSF Center for Health – Streator became the state's first rural FSED.

OSF Center for Health – Streator campus

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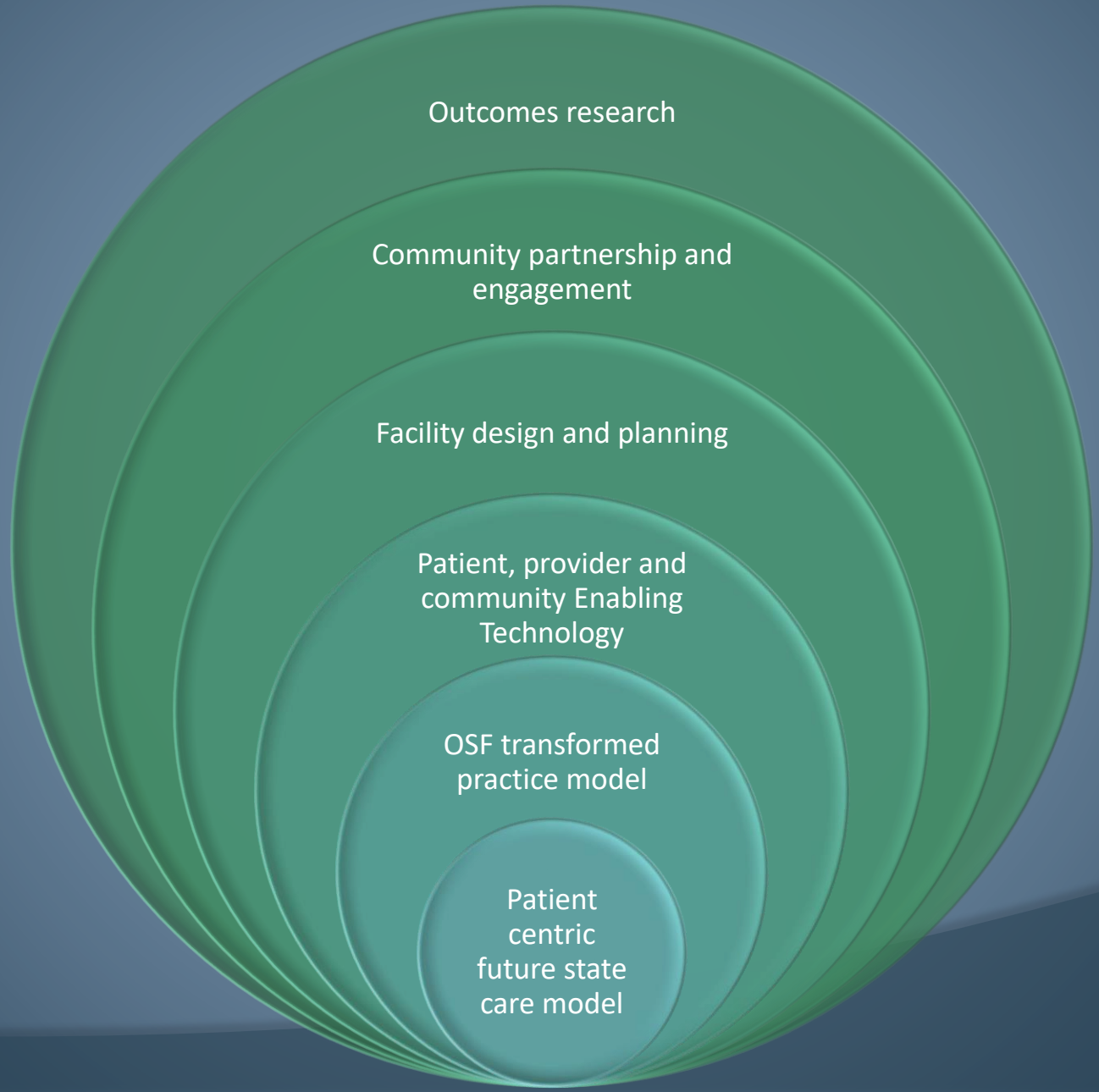
Our approach to planning for a new model of healthcare



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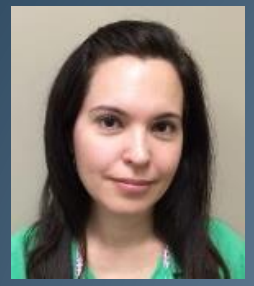
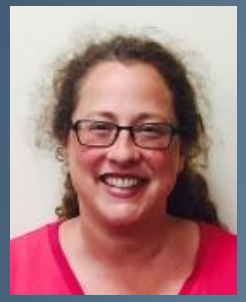
Patient Segments



OCCASIONAL 75% of the population

Patients with a condition that can be resolved within a short period of time and does not require substantial ongoing medical therapy.

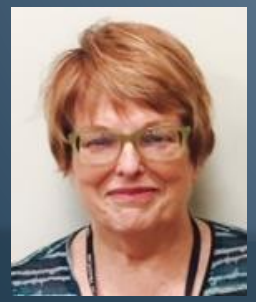


ELECTIVE 8% of the population

Patients with a condition or disease that does not pose any significant threat of loss of life or substantial reduction in their functional ability if treatment is delayed

PERPETUAL 20% of the population

Patients with a disease that extends over a multiyear period and requires ongoing medical therapy



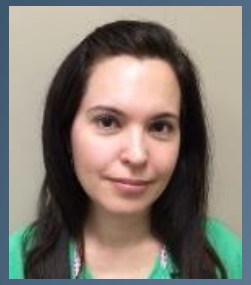
COMPLEX CRITICAL 5% of the population

Patients with at least one complex illness, multiple comorbidities, and psychosocial problems

OSF HealthCare

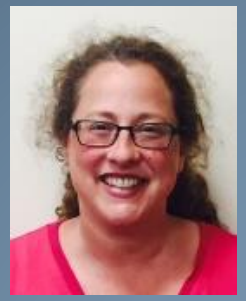
Patient Segments

OCCASIONAL



Patients with a condition that can be resolved within a short period of time and does not require substantial ongoing medical therapy.

ELECTIVE

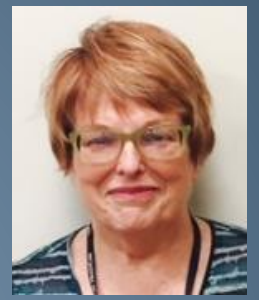


Patients with a condition or disease that does not pose any significant threat of loss of life or substantial reduction in their functional ability if treatment is delayed

PERPETUAL

Patients with a disease that extends over a multiyear period and requires ongoing medical therapy

COMPLEX CRITICAL



Patients with at least one complex illness, multiple comorbidities, and psychosocial problems

Population Health Goals

Encourage the balance of physical activity, nutrition and mental well-being to keep the body in top condition and help people lead healthy lives

- Keep patients healthy
- Build loyalty with our health system
- Collect data on patient's to treat them effectively when they do need care

Assist patients with understanding their intermittent condition or disease status, symptom management and improvement of their functional ability to quickly return them to daily activities and normal function

- Keep patients condition from becoming chronic
- Teach patients how to proactively manage their intermittent condition
- Avoid unnecessary spending

Assist patients with symptom management, monitoring, medication management, and ongoing treatment of their chronic condition(s). Enhance and extend these treatments with the use of provider-, patient- and community-enabling technologies

- Keep patients from becoming high-risk
- Manage in primary care
- Avoid unnecessary spending

Caring for patients with at least one complex illness, multiple comorbidities, and/or psychosocial problems requires the thoughtful development of systems of care to improve their health status and/or reduce their mortality risk

- Develop systems of care that trade high-cost acute care services for lower cost care management whenever clinically effective
- Deliver intensive, comprehensive and proactive management

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Reusable Framework

The population maps to patient types

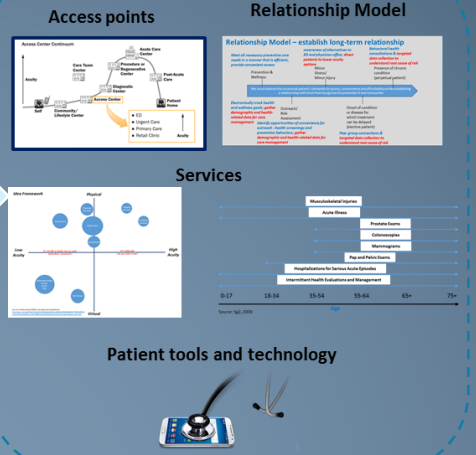
Occasional/ Low Risk

Elective/At-Risk

Perpetual/ Rising-Risk

Complex Critical/ High-Risk

Patient segments inform the services offered, care model design, space and technology planning



Population/Personas

- Demographics
- Commuter data
- Community Health Needs
- County Health Rankings
- Disease Burden
- Baseline and ongoing measurement and analytics for outcomes research and patient segment analysis

Patient Segments

Care Model

- Access points
- IT infrastructure
- Patient tools and technology
- Clinical technology
- Care processes
- Resource utilization
- Cost
- Patient engagement/ Relationship model

POPULATION AND HEALTHCARE ANALYTICS

Key Stakeholder Groups

Patients | Care team | Executive Cabinet | Board of Directors | Payers | Employers | Community Resources

Powered By

EMR | EDW | CRM

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Patient Segment Overview

Description

Patients with a condition that can be resolved within a short period of time and does not require substantial ongoing medical therapy

Occasional patients:

- Interact with the health system sporadically. They have conditions that can usually be resolved quickly.
- Seek wellness and quick recovery from illness or injury.
- Span the entire age continuum.
- Utilize a range of access centers…

Persona

Devin

Age - 27

Location - Morton

Family status - single

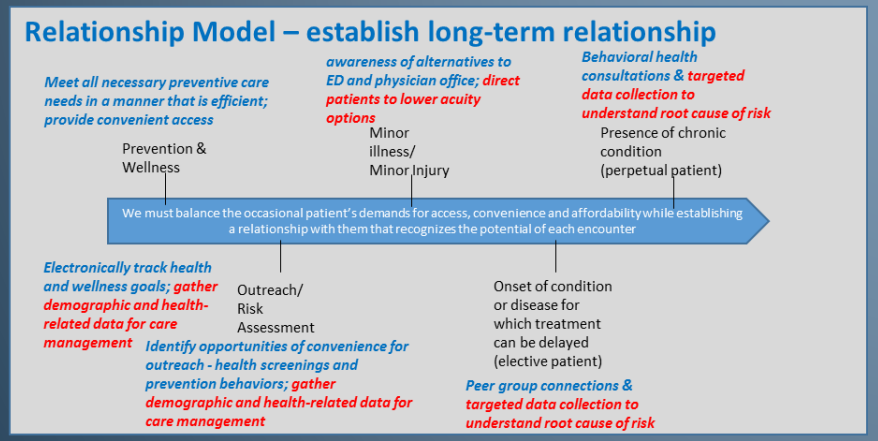
Employment – Finance at a local parts distributor

Health insurance – BCBS IL through his employer

PCP – none

Health goals – "what's a health goal?"

Relationship Model



What they want from us

Access and Convenience

"Meet me when I'm available and where I'm at"

"I don't want to leave work, can we meet online"

Be efficient

"I'm busy, I can't fit long wait times into an already hectic day"

"I can't afford time lost from work, I need to get better quickly"

Be affordable

"My copays have gone up, is there a less expensive option?"

Know me as a whole person with individual needs

"Lets talk about the best treatment and services for me"

Source: Sg2, accessed November 5, 2015; https://intel.sg2.com/resource-types/publications/2009/10/the-business-of-managing-the-occasional-patient-2009/

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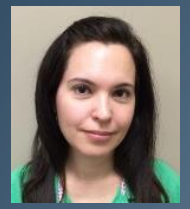

Care Model Summary – Occasional Patient Segment

Net New OSF Service

Existing OSF Service

Wellness

Partnership Opportunity – Streator YMCA

- Motion/ Fitness
- Nutrition
- Smoking Cessation
- Preventive Screenings HRAs
- Lifestyle Management Coaching

Programming Notes and Enabling Technologies

Activity monitors, personal health goals, better living itinerary

Minor Illness/ Minor Injury

- Transformed Practice Model
- Walk-in APN Clinics
- Virtual Visits
- Freestanding ED

Programming Notes and Enabling Technologies

Transformed Practice Model + Extended Hours, Walk-In Availability and Same-Day Appointments

+Same-day Appointments

Extended hours: 7:00 AM – 10:00 PM

OSF OnCall virtual urgent care, 24/7

Available 24x7 + Virtual Visit room near entrance of the building

Relationship Building

- Welcome Kiosks (2)
- Epic Technology Bundle
- Patient Feedback
- Patient Portal
- Social Media Mining
- Advanced Care Planning
- OSF Technology Bar

Programming Notes and Enabling Technologies

Welcome Kiosks (2) – Clinics

Online Scheduling eCheck-In – Clinics Appointment Offers

OSF HealthCare Listens

OSF MyChart

binaryfountain

WiserCare

OSF HealthCare

Tools and Technology Summary

Objective / Purpose	Tool / Technology	Description	Status	Streator	Patient Segment(s)
Gather Patient Input	OSF HealthCare Listens	**OSF Listens** provides a safe, private, online environment for patients to be able to freely share their opinions and input on various health care related topics	Implemented and production ready		ALL
Gather Patient Input	PatientWisdom	PatientWisdom efficiently collects, curates, segments, and shares patient stories to improve the experience and delivery of care.	Implemented and production ready		ALL
Chronic Care Management	care innovations an Intel • GE company	Remote patient monitoring technology to better manage the health of patients with chronic conditions. The telehealth technology used to deploy remote care management is expected to assist in reducing costs by better engaging and educating patients, promoting adherence to treatment and early intervention to keep readmissions at a minimum	Care Innovations is currently in use for OSF remote patient management of CHF; Diabetes and COPD management are extensions of these tools for the Streator / Rural care model		Perpetual / Complex Critical
Virtual Visits	OSF OnCall virtual urgent care, 24/7	**OSFOnCall** provides 24/7 urgent care services over the internet or phone. Patients can receive a diagnosis and treatment for a variety of conditions without having to leave your home or office.	Implemented and production ready		Occasional / Elective / Perpetual
Reputation Management	binaryfountain	Facilitates analysis and understanding of online presence to prioritize and respond to feedback and promote positive experiences. Allows improvement of transparency and trust by showcasing authentic patient reviews and turning our performance data into social & web based content - turning surveys into star ratings	Implemented and production ready		ALL

Tools and Technology Summary

Objective / Purpose	Tool / Technology	Description	Status	Streator	Patient Segment(s)
Behavioral Health	regroup THERAPY	**ReGroup Therapy** provides an easy, secure, online platform for licensed mental health professionals to offer online therapy sessions	Implemented and production ready		Perpetual / Complex Critical
Behavioral Health	SilverCloud	**SilverCloud** offers effective, supportive programs for a range of mental and behavioral health issues. Our programs are designed in-conjunction with world leading partners from academic and medical institutions. The content is designed to be motivational, easy to use, and interactive with relevance to the unique requirements of the service user.	Implementation underway		Perpetual / Complex Critical
Patient Provided Data Collection	tonic	Medical data collection platform used to drive better engagement while improving access to information needed to complete patient intake, screening, academic research, clinical trials and evaluate patient satisfaction, patient reported outcomes, etc.	Implemented and production ready		Elective / Perpetual / Complex Critical
Patient Portal	OSF MyChart	**OSF myHealth** provides a web based connection to your doctor's office, allowing a patient to schedule appointments, request prescription refills, review their health history and more - online, any time!	Implemented and production ready		ALL

Tools and Technology Summary

Objective / Purpose	Tool / Technology	Description	Status	Streator	Patient Segment(s)
Social Health Information Exchange	PIECES	**PCCI Iris** is a shared information exchange (IEP) for healthcare organizations, social service agencies and other community resources that are caring for a population of people. Integrating information from social and healthcare organizations will provide quality and safe healthcare for the broadest range of citizens in our communities. The IEP will provide a higher, more consistent level of healthcare to even the most vulnerable populations across the community, resulting in a more efficient, cost-effective use of resources and, most importantly, lives saved.	Implementation underway		ALL
Treatment Options	WiserCare	Online tool that helps guide people to the best treatment options that meet their own needs and preferences; **WiserCare** provides a platform that patients can use to share information with their care team electronically. Having this communication platform may increase the likelihood they will discuss those things that can sometimes be uncomfortable to talk about in person and therefore are many times avoided.	Implementation underway		Elective / Perpetual / Complex Critical

Engaging as part of the broader community – Collaborative Community Care Model

We recognize:

- that OSF Healthcare is part of a broader community
- we must be effective partners in improving the lives of the people that live there
- Health care alone cannot accomplish this
- We must also work together to address and influence the social determinants of health

OSF HealthCare is working with the Streator community towards a common goal – health improvement for the people that live there

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Rural Community Benchmarking

- New Ulm, MN
  - New Ulm is a community of about 15,000 people located ~75 miles southwest of Minneapolis. Below are highlights of their current community health initiative, *Hearts Beat Back: The Heart of New Ulm (HONU)*
  - **Began in 2008 as a 10-year research project for intervening in regards to heart health**
  - Because 90% of people in New Ulm are with Allina Health, they were able to use EMR data to gather pertinent patient data and identify risk factors for heart disease
  - Although started with 36 stakeholders have now evolved to a 12-person team of key stakeholders that identify strategies that are implemented by action teams (of which there are currently nine)
  - Early hurdles included getting those involved with policy and public/private health to think about a much longer-term view and getting buy-in from worksite health plans
  - Keys to success include having a great program manager, an annual communication strategy with built-in goals/campaigns to build the brand, and involvement from the New Ulm Medical Center CEO
  - Highlighted results in 2016 included:
    - 86% of adults with normal blood pressure, up from 79% in 009
    - 64% of adults had their total cholesterol in recommended range of under 200, up from 59% in 2009
    - 50% of eating establishments in New Ulm partnered with HONU in 2016 to make it easier to eat well by eating out
    - 85 worksite wellness leaders from 37 different local employers attended three quarterly networking and training events in 2016 that provided an opportunity to learn, share and find solutions to help successfully build a culture of wellness at their worksites
  - Have an annual HONU event and publish yearly results

Rural Community Benchmarking

- Algoma, WI
  - Algoma is a community of about 3,200 people located 26 miles east of Green Bay on the coast of Lake Michigan. **The program is in its second year and started with a grant from the Robert Wood Johnson Foundation as part of the 100 Million Healthier Lives program. Algoma was selected as a "scale" community for the RWJF grant initiative**. Below are highlights of their *Live Algoma* initiative:
  - Have had success with partnerships, including a strong partnership with the school system
    - Have turned part of the school into a wellness center, which has successfully led to a lot of interactions amongst various generations in the community
    - One paid staff member that is currently employed by the school that also staffs the wellness center on a part-time basis
  - One of the primary tasks to date has been connecting resources and breaking down silos
  - Identified seven dimensions of health (Emotional, Environmental, Intellectual, Physical, Relational / Social, Financial, Spiritual) and ask every person to commit to improve one dimension of their wellbeing each year
  - Use self-assessments and check in with members of the community through surveys as measurement tools
  - Seems to be some uncertainty as to the sustainability of the initiative after the grant is completed, though they are a finalist for another RWJF grant.

Rural Community Benchmarking

- Cabarrus County, NC
  - Cabarrus County is made up of communities that are suburbs of Charlotte. The county has a total population of 192,103 (an increase of nearly 50% since the year 2000). The two largest cities are Concord (85,560) and Kannapolis (45,245). While not rural, the *Healthy Cabarrus* initiative is now in its 20th year. Below are highlights from the *Healthy Cabarrus* initiative:
  - **Started in 1997 when state of North Carolina began asking counties to complete health needs assessments very 4 years**
    - **Needs assessed by surveying 1% of the population**
    - **Form coalitions with existing community advisors to address identified needs**
    - **Focus on the top three issues and then choose three indicators to measure for each initiative**
  - Two staff (executive director and admin) that are employed by Cabarrus Health Alliance (local health department) but funded via a 50/50 split between Carolina's HealthCare System and Cabarrus Health Alliance
  - Executive Committee of six that meets monthly to discuss funding, projects, etc.
  - Advisory Board of 35 that meets every-other-month
    - Have a job description for members
  - Coalition meetings organized as workgroups – a tangible use of everyone's time
    - Have a job description for members
  - Utilize grant funding for various aspects, including operations
    - Have a full-time grant writer at Cabarrus Health Alliance that they utilize
  - Although they publish a yearly State of the County Health Report, they do not have an annual meeting or event. Highlights from the 2016 Report include:
    - Reduction in the rate of diagnosed diabetes (age-adjusted rate per 1,000 has dropped from 11.5 in 2006 to 7.7 in 2012) – though the age-adjusted death rate of diabetes mellitus has increased from 18.4 (2007-2011) to 21.4 (2010-2014)
    - Rate of substantiated reports of child abuse and neglect per 1,000 dropped from 14.08 in 2012-13 When the Positive Parenting Program was implemented) to 13.33 in 2014-15
  - Other reported progress focused on activities that were implemented or expanded in the communities (e.g. Safe Routes to School plans)

Rural Community Benchmarking

- Feeling Good Minnesota - CentraCare
  - 6 Hospital System in central Minnesota
  - Health system acts as convener and active listener
  - Work began focused on tobacco reduction
  - Led to development of BLEND program
    - Better Living: Exercise and Nutrition Daily
    - 5 year goal of 10% reduction of Childhood Obesity (12 yo target age)
    - Developed a single number scoring system of food nutrition well socialized across their communities
    - By 2016 accomplished reduction of 29% in boys, 24% in girl
  - Developed Feeling Good Minnesota brand for 14 county service area
    - Engages multiple community employers and services including:
      - Local grocer
      - Local automobile dealer
      - Local sporting goods store
    - Uses a “Publisher’s Clearinghouse” model to go into the community to identify “Health Hero’s”

Rural Community Benchmarking

- Overall takeaways thus far:
  - Focus on a few key issues
  - Policy change can be as important / more important than programs
  - Success is measured over the long-term
  - Community engagement at many levels
  - Have organizational leadership / structure (including executive director)
  - Supported by various grants
  - Celebrate wins / publicize results

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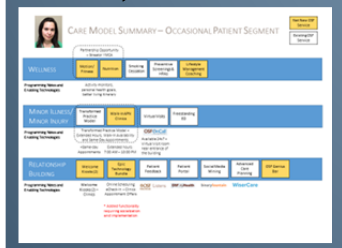
"Healthy Village" Concept

Broad range of **Ambulatory** services

Various **Social Service agencies** and **Community Resources**



Innovative **Care Models**

Patient, Provider and Community enabling **technology**

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Key Takeaways

- Build trust and collaboration with the community
  - Follow through on commitments with timely execution
  - Engagement through governance with community members
- Be patient, but be bold
  - Share the vision of what can be
  - Invite broader initiatives
  - Continuously innovate
  - Coordinate, integrate, but don't suffocate
- Define goals and measure outcomes

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Questions, Feedback, Collaboration

OSF Innovation

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