Better Together: How Former Rivals Created A New Vision For Health In Rural Appalachia

NASHP Session

Innovations in Rural Health Policy Options: Getting Care Where You Need It

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BalladHealth
It's your story. We're listening.

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Ballad and the region we serve

Who is Ballad Health?

- Created by the merger of Mountain States Health Alliance and Wellmont Health System eff. 02.01.2018
- 21 hospitals, including:
  - Three tertiary centers including two Level I and one Level II trauma
  - Thirteen community hospitals
  - Dedicated children's hospital
  - Freestanding inpatient behavioral health
  - Three critical access hospitals
- 500+ free-standing SNF beds
- Outpatient MAT clinic
- Wound care, sleep labs, home care, DME, hospice, retail pharmacies
- 800+ provider group practice



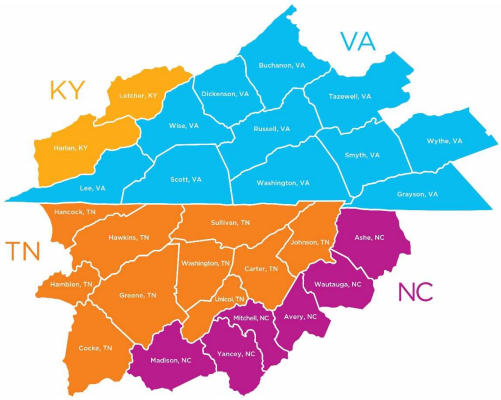
Who is Ballad Health?

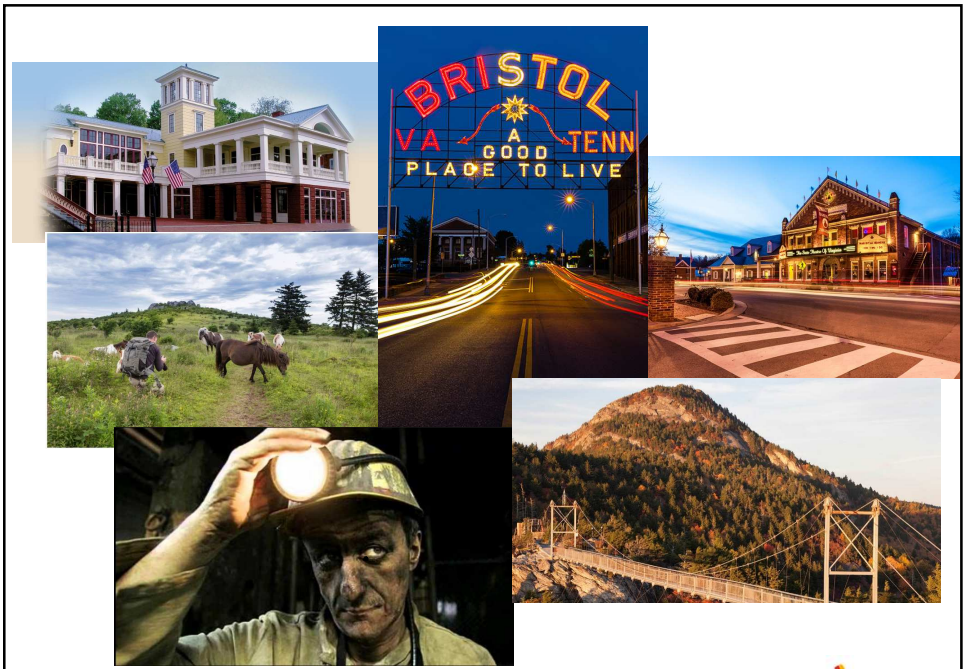
- 15,000+ team members
- 106,940 annual inpatient discharges
- 477,647 annual ER visits
- 2.8 million+ annual outpatient visits
- $2.17 billion annual revenue



About Our Region

- **Mountainous terrain** of Southern Appalachia
- Serving **29 counties** in Tennessee, Virginia, Kentucky and North Carolina
- Approximately **1 million residents** in the service area

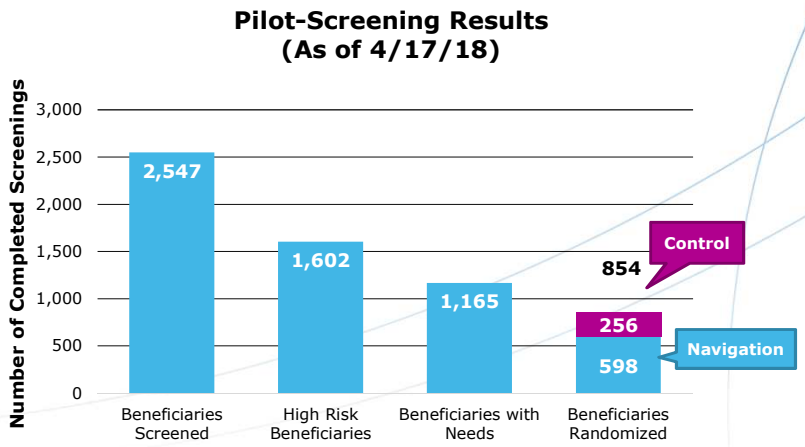




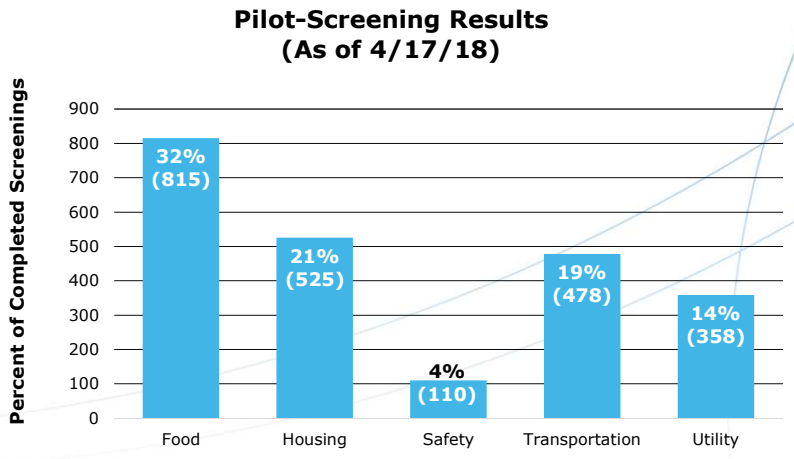
AHC Grant: Screening for #SDOH risk

- ED utilization during past 12 months
- Describe current living situation (i.e., steady place to live or not, mold, pests, lack of heat, water leaks, etc.)
- Within the past 12 months:
  - Have you ever worried about having enough food or food running out?
  - Have any utility companies threatened to shut off services?
  - How often was your safety threatened (i.e., physically, insults, threats with harm, screaming/cursing)?
- Any issues with reliable transportation for daily living?
- Series of demographic questions (i.e., gender, ethnicity, race, education level, size of household, annual household income)

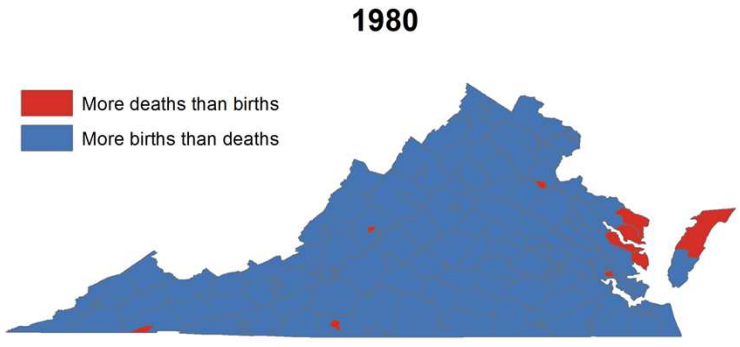
AHC Grant Pilot – Beneficiaries with Needs



AHC Grant Pilot: Needs by Type



Virginia Population, 1980-2013



Source: University of Virginia Demographics Research Group



45th of 50

County Health Rankings – Health Outcomes by County	
TENNESSEE	
Washington	19 of 95
Sullivan	25 of 95
Greene	41 of 95
Carter	47 of 95
Hamblen	55 of 95
Unicoi	64 of 95
Hawkins	70 of 95
Johnson	77 of 95
Hancock	86 of 95
Cocke	92 of 95

About Our Region



19th of 50

County Health Rankings – Health Outcomes by County	
VIRGINIA	
Washington	63 of 133
Grayson	72 of 133
Wythe	78 of 133
Scott	92 of 133
Smyth	102 of 133
Russell	113 of 133
Tazewell	118 of 133
Lee	119 of 133
Buchanan	122 of 133
Wise	124 of 133
Dickenson	125 of 133

A Critical Decision for Regional Healthcare

- Join larger system based elsewhere?
  - **Eliminate corporate structure** (1,000+ jobs lost)
  - Leverage "must have" hospitals to **increase reimbursement** (increased cost to local employers)
  - **Forfeit local control**
- Seek state approval to merge?
  - **Eliminate wasteful duplication** to obtain synergies
    - **Shore up finances**
    - Reinvest synergies in **population health** and **rural access**
  - **Manage cost of care** for employers
  - **Maintain local control**



TN Certificate of Public Advantage & VA Cooperative Agreement

What Is State Action Immunity?

- **Parker v. Brown**, 317 U.S. 341 (1943)
- **States may approve and regulate conduct** that would be considered anticompetitive under FTC or DOJ standards.
- **Two-pronged test:**
  - The state must have a **clearly articulated policy** to displace competition with regulation.
  - In the case of mergers, the state must **actively supervise** the merged entity to ensure the benefits outweigh any potential disadvantages from reduction in competition.



Our Process

- 2015: Work with legislators to **update state code** in Tennessee and Virginia
  - Tennessee: Certificate of Public Advantage (COPA)
  - Virginia: Cooperative Agreement
- Created **COPA/Cooperative Agreement** applications
  - Obtain **community input** through numerous communication channels
  - Multiple **application revisions**
- January 2018: **Obtained final approvals** from both states



Conduct Commitments

- **Control healthcare cost growth**, with HCPI and MCPI rate ceiling of Medicare market basket +0.25% and 1.25% if non quality component is offered
- **Keep current hospitals open** as healthcare facilities for at least five years
- **Maintain essential services** in all 21 counties covered by the COPA
- **Continue capital investment** in existing facilities
- Spend at least **$70 million over 10 years** to **equalize pay and benefits**

Conduct Commitments, cont.

- Expand **Quality reporting**
- Establish **physician-led Clinical Council**
- Maintain **open medical staffs** at all hospitals
- Will **not employ more than 35% of physicians** in any specialty at a non-rural COPA hospital
- Will have **no "most favored nation"** or similar clause in vendor contracts
- Will negotiate in **good faith with all payors**



Spending Commitments: $308 Million over 10 years

- **$85 million** - behavioral health
- **$85 million** - academics and research
- **$75 million** - population health
- **$28 million** - rural health services
- **$27 million** - children's services
- **$8 million** - health information exchange

Indices and Measures



- **Population Health**: 26 measures in 9 categories
- **Access to Care**: 29 measures in 9 categories
- **Quality**: 16 measures from CMS

Indices and Measures – Population Health

Category	COPA Measure
Smoking	Smoking (% of adults self-reported as smokers)
Smoking	Mothers who smoke during pregnancy
Smoking	Youth tobacco use
Obesity	Physically active adults
Obesity	Physically active students
Obesity	Obesity - Counseling & Education
Obesity	Overweight and obesity prevalence among TN Public School Students
Breast Feeding	Average mPINC score
Breast Feeding	Breastfeeding initiation
Breast Feeding	Infants breastfed at six (6) months
Substance Abuse	NAS Births
Substance Abuse	Drug deaths
Substance Abuse	Adults - Prescription drugs

Indices and Measures – Population Health

Category	COPA Measure
Vaccinations	Children - On-time vaccinations
Vaccinations	Vaccinations - HPV Females
Vaccinations	Vaccinations - HPV Males
Vaccinations	Vaccinations - Flu Vaccine, older adults
Child Health	Teen pregnancy rate
Child Health	3rd grade reading level
Child Health	Dental sealants (children 6-9)
Child Health	Dental sealants (adolescents 13-15)
Child Health	Infant mortality
Child Health	Low birthweight
Mental Health	Frequent mental distress
Diabetes	# of people with pre-diabetes identified and referred to a prevention program
Mortality	Ratio of premature deaths (higher density / lower density counties)

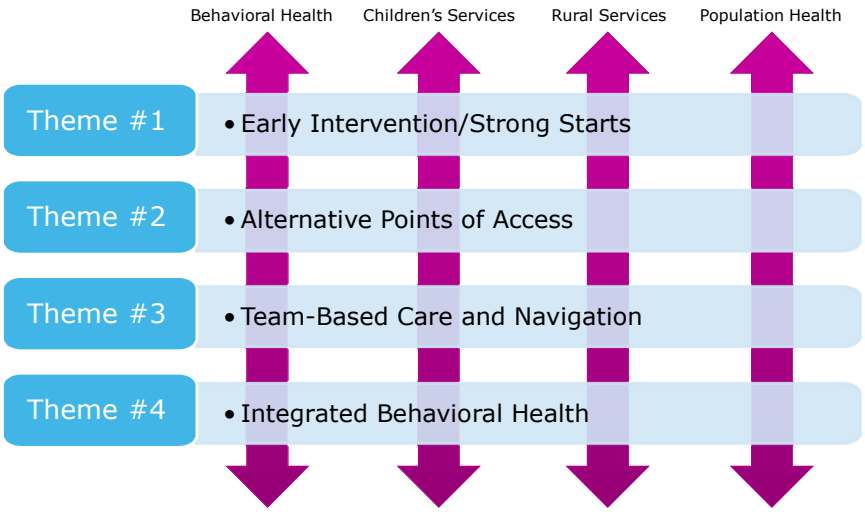
Indices and Measures – Access to Care

Category	COPA Measure
ED	Pediatric Readiness of ED
ED	Excessive ED Wait Times
ED	Asthma ED Visits - Age 0-4
ED	Asthma ED Visits - Age 5-14
Patient Access	Specialist Recruitment and Retention
Patient Access	Personal Care Provider
Utilization	Preventable Hospitalizations - Medicare
Utilization	Preventable Hospitalizations - Adults
Screenings	Screening - Breast Cancer
Screenings	Screening - Cervical Cancer
Screenings	Screening - Colorectal Cancer
Screenings	Screening - Diabetes
Screenings	Screening - Hypertension
Screenings	Screening – Lung Cancer (VA)
Perinatal	Prenatal care in the first trimester

Indices and Measures – Access to Care

Category	COPA Measure
Mental Health	Follow-Up after Hospitalization for Mental Illness (Children 6-17)
Mental Health	Follow-Up after Hospitalization for Mental Illness (Adults 18+)
Mental Health	Antidepressant Med Mgt - Effective Acute Phase Treatment
Mental Health	Antidepressant Med Mgt - Effective Continuation Phase Treatment
Substance Abuse	Engagement of Alcohol or Drug Treatment
Substance Abuse	SBIRT administration - hospital admissions
Substance Abuse	Rate of SBIRT administration - ED visits
Patient Experience	Patient Satisfaction and Access Surveys
Patient Experience	Patient Satisfaction and Access Surveys - Response Report
Geographic Access	Population within 25 miles of an urgent care center
Geographic Access	Pop. w/in 25 miles of urgent care center open nights and weekends
Geographic Access	Population within 10 miles of an urgent care center or ED
Geographic Access	Population within 15 miles of an ED
Geographic Access	Population within 15 miles of an acute care hospital

3-Year Plans: Strategic Themes



3-Year Plans: Strategic Themes

1. Early intervention and strong starts

- Efforts will be designed around the concept of primary, secondary and tertiary prevention, with a special population focus on children
  - Example: Prevent cervical cancer through HPV vaccinations AND detect in early stages through effective screening

2. Alternative points of access

- Preventive and acute services must be easily accessible by the population and designed with their preferences and limitations in mind
  - Example: Mobile blood pressure and diabetes screening co-located at food assistance delivery sites



3-Year Plans: Strategic Themes

3. Team-based care & navigation

- Care teams should be designed around the needs of the whole person and include perspectives and skills from pharmacists, social workers, community health workers, navigators and case managers
  - Example: Embed behavioral health navigators in primary care practices to link patients with necessary behavioral health services at Ballad Health and our CSB partners

4. Integrated behavioral health

- We should design a behavioral health perspective into all care processes and systems
  - Example: Perform screening, brief intervention and referral to treatment on ED and inpatient admits to identify behavioral health risk and initiate treatment in patients, regardless of their presenting problem



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