Atrium Health

Impacting health in rural communities through value based care

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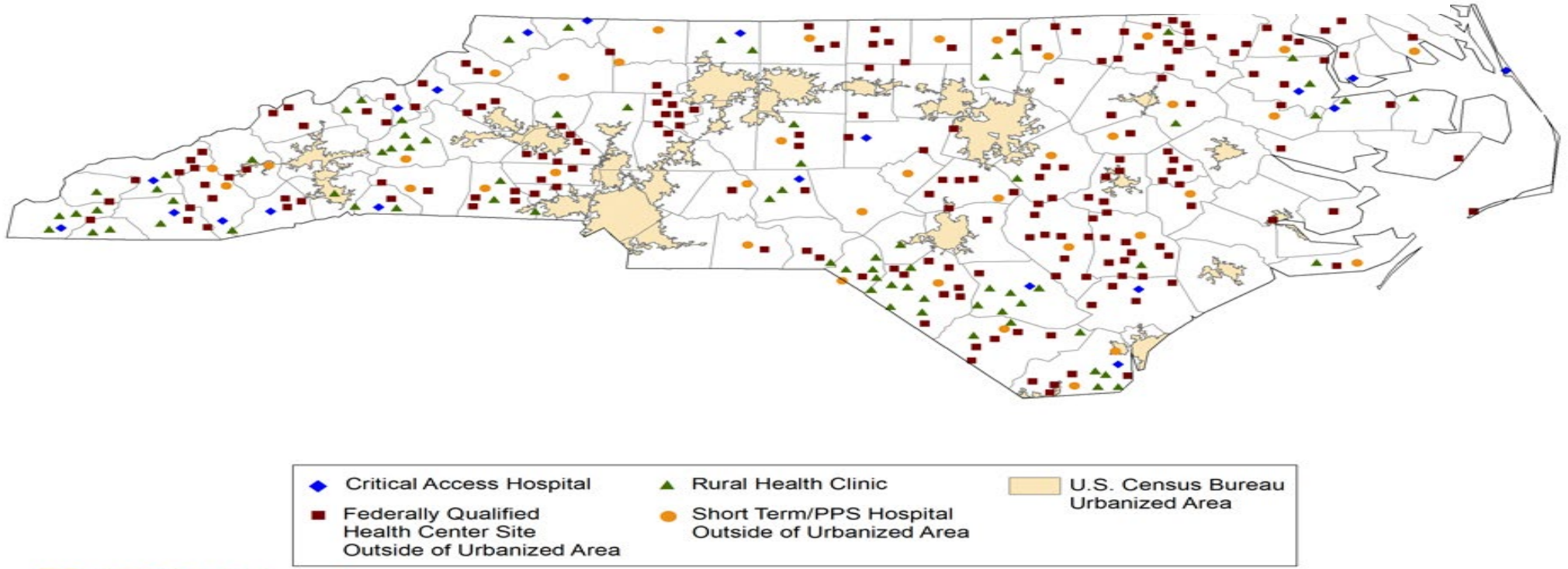
NC Rural Healthcare Facilities Footprint

20
Critical Access Hospitals

76
Rural Health Clinics

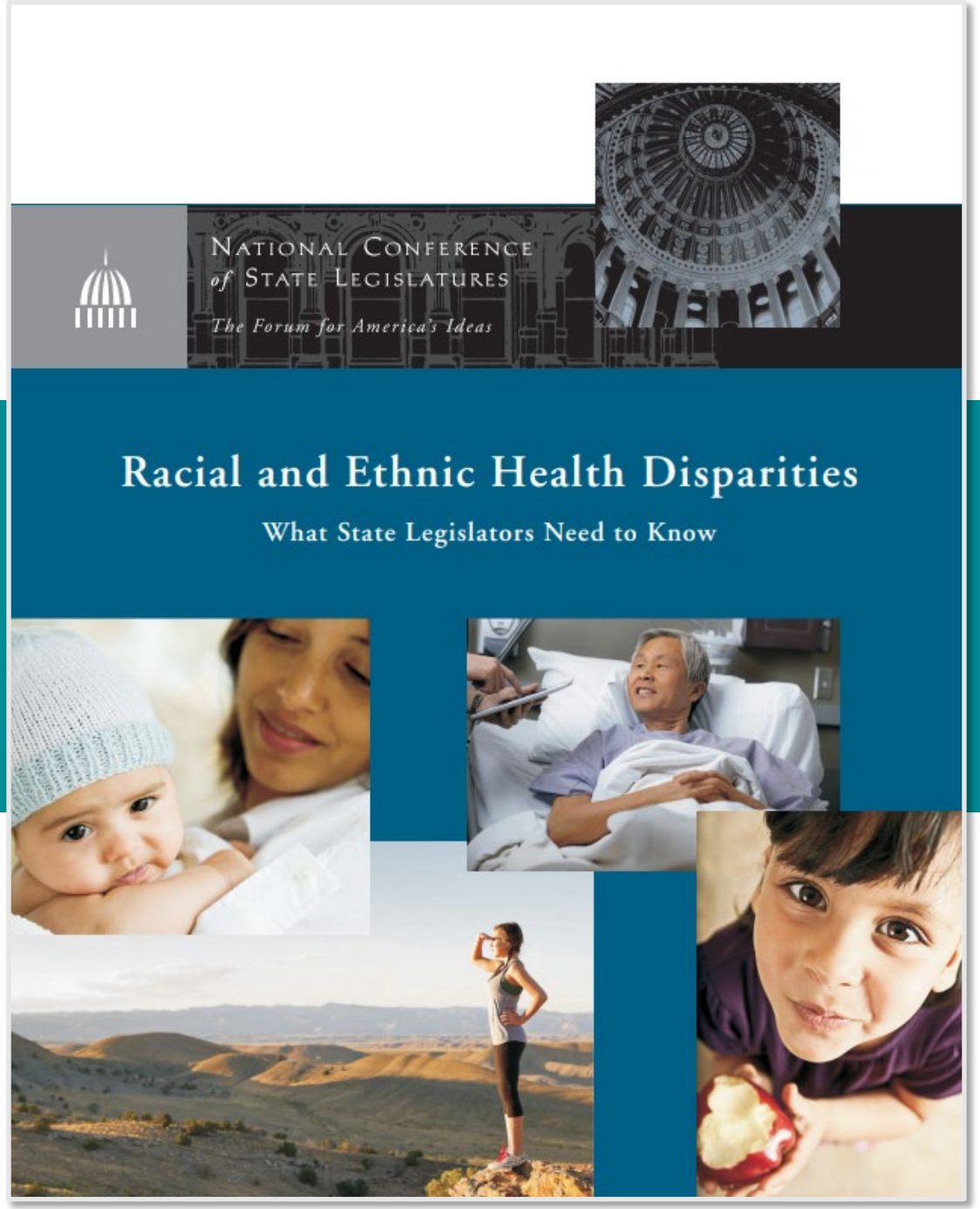
189
Federally Qualified Health Centers*

37
Short Term/PPS Hospitals*



RHIhub
Rural Health Information Hub

Data Source(s): data.HRSA.gov, U.S. Department of Health and Human Services, April 2022



Medical services rendered by a doctor, clinic or hospital determine about only 20% of a patient's overall health.

Recent estimates attribute:

- 10-20% to Medical Care
- 30% to Genetics
- 40-50% to Behavior
- 20% to the Social and Physical Environment

The solution requires **a population heath approach** that intentionally and proactively harnesses our collective abilities to improve health across NC.

SOCIOECONOMICS

How does socioeconomics compare in Rural vs. Urban communities?

In North Carolina, rural populations have:

- **~$16K lower** median household income
- **26.7% more likely** to have children living in poverty
- **21.1% fewer adults** with postsecondary educations
- **13.4% more uninsured** residents under age 65

The Kaiser Family Foundation found that privately insured patients often traveled for care – leaving their local rural communities to seek care at urban hospitals.

> This directly impacts hospital's revenue base, weakens their payer mix and contributes to the perceived low quality of the local hospital

Depressed economics and pervasive social determinant challenges continue to plague rural communities and their local providers

Health Outcomes in Rural Communities

Decreased Life Expectancy

Urban residents tend to **live 2.4 years longer** than their rural counterparts.

Poorer Quality of Life

Rural residents suffer from **higher drug overdose rates**, decreased life expectancy and **increased obesity prevalence**.

Increased Disease Prevalence

Rural residents report higher rates of **multiple chronic conditions.***
22.6% rural vs. 18.9% urban

Increased Cost of Care

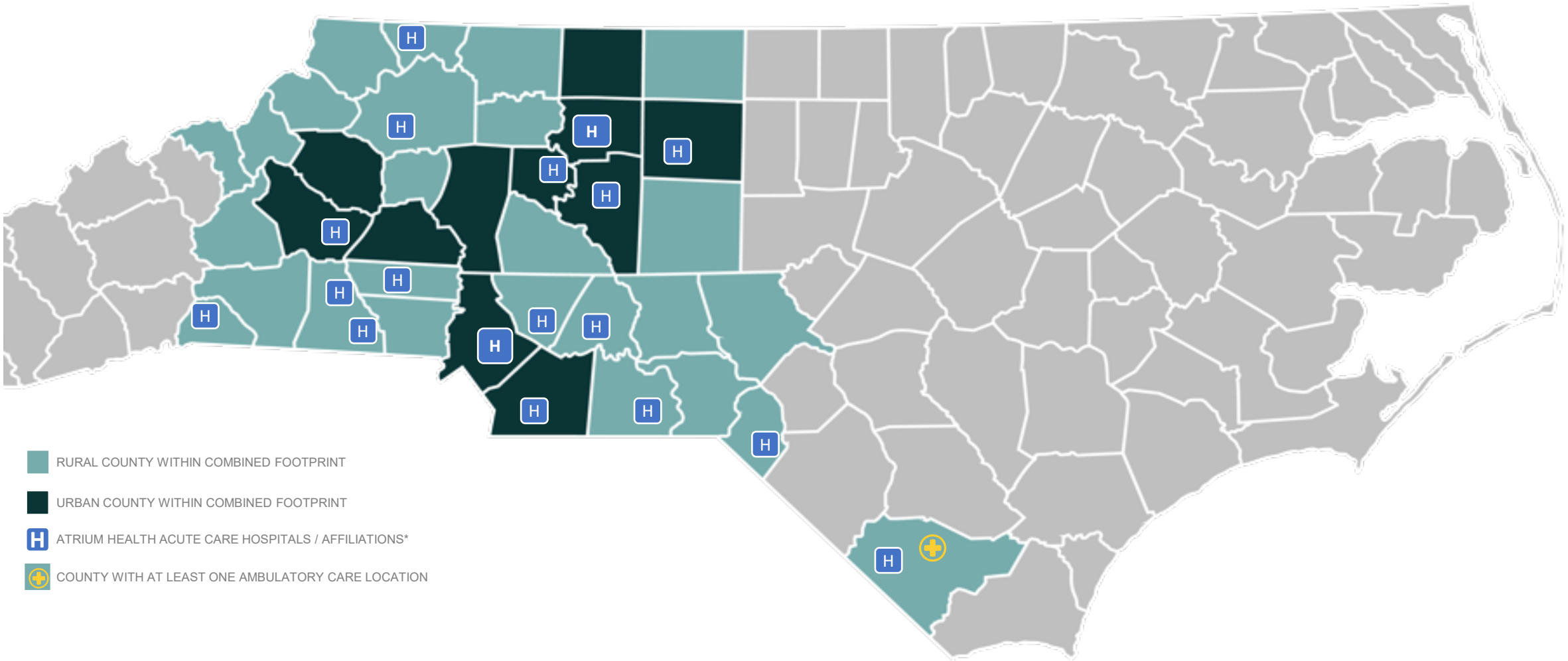
Rural Americans are **more likely to delay care**– leading to higher ED utilization and longer IP stays.[1]

Low County Health Ranking

In NC, **23 of our 25** lowest ranked counties are rural.

[1] Source: Rural Medicare Beneficiaries Have Fewer Follow-up Visits and Greater Emergency Department Use Post discharge

Rural Footprint
Understanding our Reach in Rural Communities



Understanding our Rural Impact

POPULATION HEALTH MANAGEMENT

Atrium Health brings considerable experience in Value-Based Contracting / Accountable Care Organization population health management – enriching the lives of thousands in Rural NC.

52 Rural Primary Care Practices (located in rural counties) in Value Based Contracts

Majority of rural Value-Based Contract patients concentrated in **15 counties**

Approx. 125k or 27% of total Value-Based Contract patients reside in a designated rural county

Rethinking Rural Health Strategy

Rethinking Rural Health is a vital part of CMS's effort to transform the healthcare delivery system into a model that delivers high quality, affordable, and accessible healthcare for every American.

Aligning with Rethinking Rural Health Initiative Objectives

- Increase participation of rural providers and healthcare systems in alternative payment models.

- Expand the number of Medicare Advantage plan and Exchange plan offerings in rural areas.

- Increase the quality of rural healthcare by focusing on reducing readmissions, reducing hospital acquired conditions, and improving maternal healthca

- Promote and encourage the adoption of telehealth.

Focused on Managed Medicaid:

Expanding existing innovative models to provide high-value care as North Carolina transitioned to Managed Medicaid

Currently **50%** better performance than expected in preventable Readmissions*

Currently **25%** better performance than expected in Utilization*

40,000+ Medicaid patients within Rural Counties)

$10M In potential savings over 3 years in Managed Medicaid Program in Rural Counties

*Current Performance from CCP Statistics

DISPARITIES | Medicaid Transformation

Approximately 45% of all NC Medicaid beneficiaries live in a rural community.

Atrium Health supports rural providers in Medicaid Transformation & Payment Reform through both process and quality enhancements.

- **PROCESS**: Deployed population health capabilities to ensure rural practices **achieve Tier 3 Advanced Medical Home (AMH) program certification** and qualify for the $8.51 PMPM payment

- **QUALITY**: Advance quality in rural practices – initially focusing on key outcome metrics that drive value and align with Atrium Health's strategies around **Readmissions, ED utilization, Equity in Measures**, etc.

FOCUSING ON COST & QUALITY

Beginning with a focus on the Medicare population, we have built innovative infrastructure for our most vulnerable patients

300K+ Medicare Patients Managed (40% within Rural Counties)

Over 8% Reduction in ED Utilization

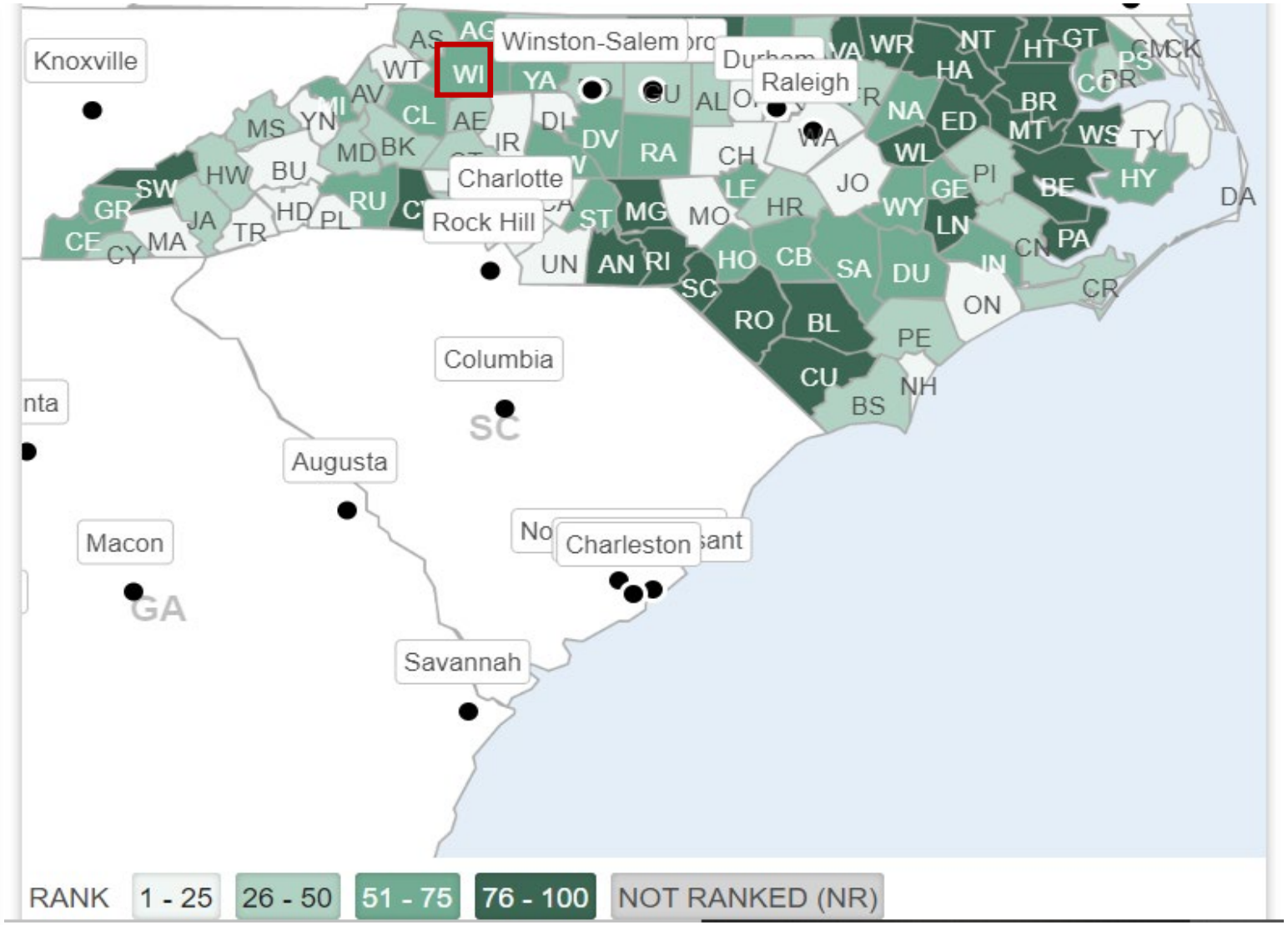
Over 8% Reduction in Inpatient Utilization

Average of $300 Cost Savings Per Member Per Year

66%+ of Patients in Rural Counties Received Annual Wellness Visit*

*Wake Forest

NC County Health Rankings



Community Health Needs Assessment

Summary data from six of the lowest ranked counties in NC

Obesity was the most prominent issue to show up across the six counties followed closely by Substance Misuse / Mental Health. Chronic disease, improving education and teen pregnancy were also mentioned several times.

County	Primary Issue	Secondary Issue	Tertiary Issue
Robeson	Obesity	Substance Misuse / Mental Health	Improving Education
Scotland	Obesity *(Hypertension, Heart Disease, Diabetes)*	Substance Misuse / Mental Health	Lack of Positive Youth Engagement
Richmond	Smoking & Vaping	Substance Misuse	Teen Pregnancy
Anson	Childhood Obesity	STDs / Teen Pregnancy	Hypertension
Rockingham	Substance Misuse / Mental Health (Opioids)	Diabetes	Improving Education
Wilkes	Obesity & Chronic Disease	Substance Misuse / Mental Health	Access to Care

Community Health Needs Assessment- Wilkes County

The health priorities below highlight key areas that community coalitions within Wilkes County will focus on and work to improve the next few years.

- **Mental Health and Substance Abuse**
- **Obesity and Chronic Disease**
- **Access to Care**
- **Tobacco and Smoking**

Key CHNA Implementation Strategies:

- **Support tele-health initiative to improve access to cardiac care by supporting the Wake E-VICTORS (Enhancing Rural Health via Cardiovascular Telehealth for Rural Patients) program**
- **Support Discharge Prescription Service (DPS) at no cost for qualified patients, to include co-prescribing of naloxone with opioids (through Care Connection Pharmacy)**
- **Support Foothills Free Clinic to increase hours of clinic access**
- **Provision of medical and other transportation services to underserved patients**
- **Support recruitment of two incremental OB/GYN providers**

Rural Focused Value Based Strategies

ACCESS

Increase access to care in rural communities

- Deploy **E-consults** to supplement primary care and close the specialty care gap
- Provide **virtual** primary care visits
- Supporting our rural hospital ED and primary care practices with **aligned care management support**- ambulatory care management (RN, SW, CHW) and population health pharmacy support

DISPARITIES

Improve health outcomes

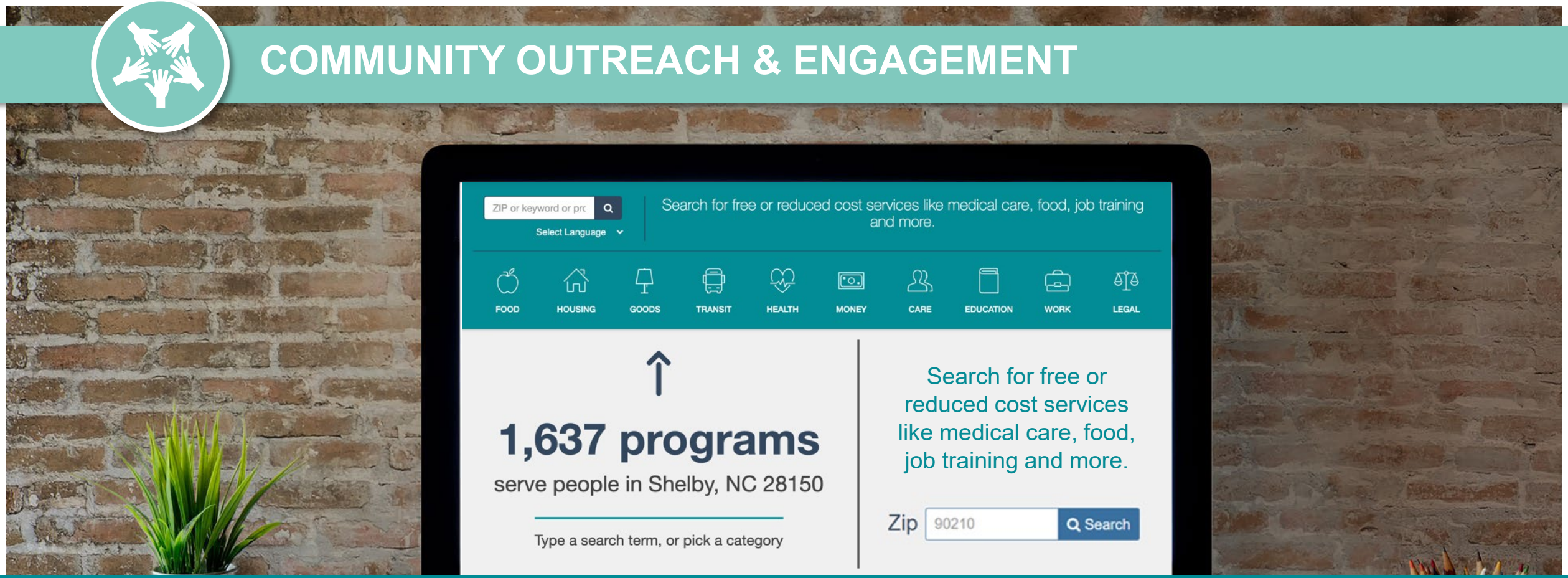
- Expand **remote patient monitoring** to rural patients with select chronic conditions, regardless of socioeconomic status (i.e. –CHF, Covid, etc.)
- **Proactively close care gaps** through patient outreach
- Align to community health needs assessment/**CHNA implementation strategies** to tackle complex, community health issues and identified priorities

OUTCOMES

Develop viable and sustainable rural care models

- Complex chronic and Transitions of Care to **impact quality, cost of care and patient experience**

COMMUNITY OUTREACH & ENGAGEMENT



Find Help/Community Resource Hub | A Prescription for Meeting Social Needs… One Patient at a Time

The Community Resource Hub is an online platform that assists providers and patients in locating free or reduced social care services like food, job training, housing assistance and so much more.

Find Help Searches by Category

Rural Counties:

- **Watagua, Randolph, Alexander, Alleghany, Rockingham, Ashe, Burke, Stokes, Wilkes, Surry, Yadkin, Caldwell**

Urban Counties:

- **Forsyth, Guilford, Catawba, Rowan, Davidson, Iredell**

- **Health was the top category in both urban and rural counties.**
- **Housing and Food were 2nd and 3rd , respectively, for both urban and rural counties**
- **The difference in proportion of searches between urban and rural counties ranged from 0.3% to 7.4%**

	Searches by Category in WFB Region Urban and Rural Counties*	
Category	Rural % Categorized Searches	Urban % Categorized Searches
Food	16.99%	22.90%
Housing	23.23%	26.58%
Goods	5.30%	3.50%
Transit	6.16%	8.06%
Health	26.16%	27.36%
Money	11.18%	3.80%
Care	6.74%	5.24%
Education	1.86%	0.93%
Work	1.00%	0.71%
Legal	1.36%	0.91%

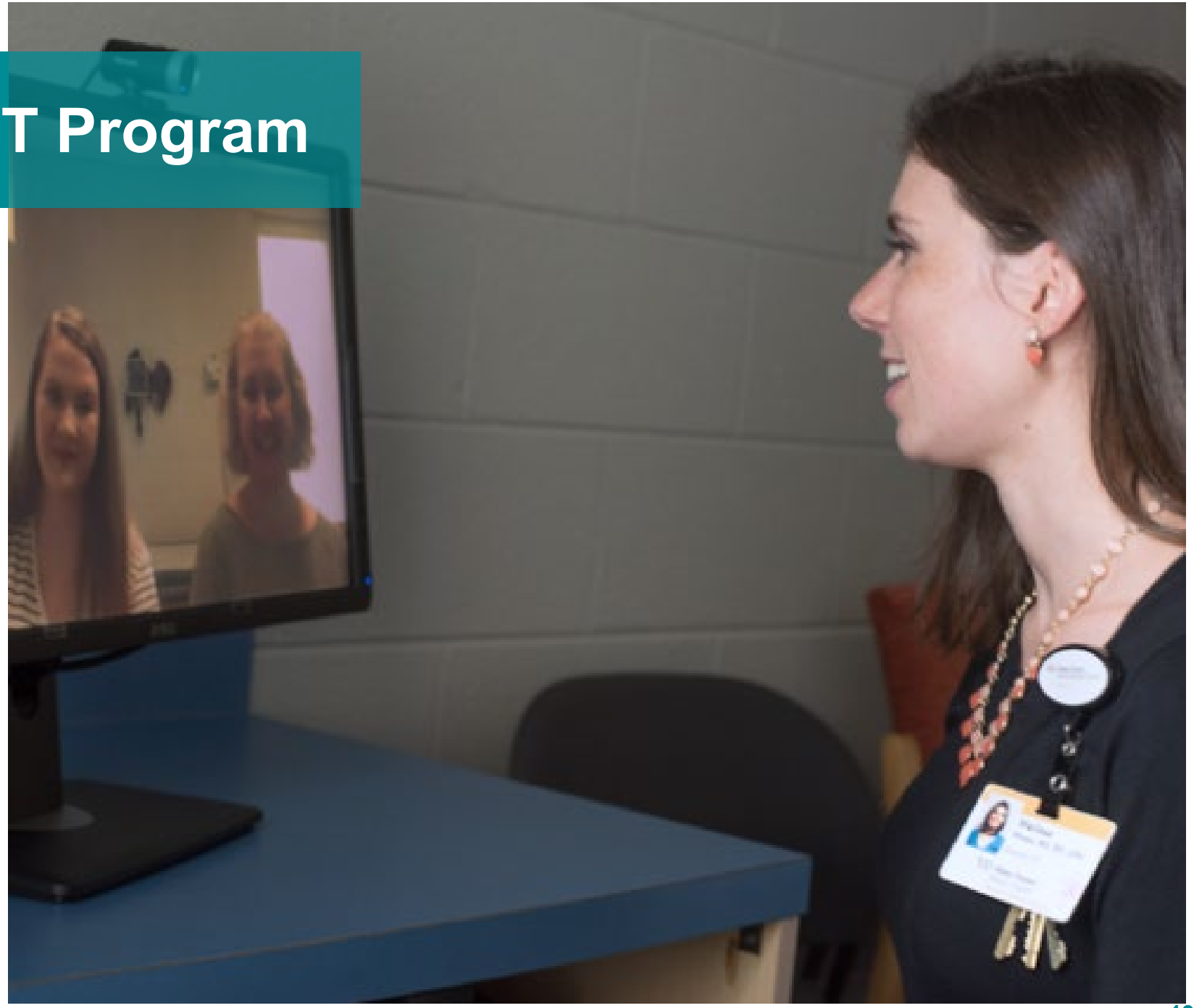
Deploy virtual care to expand access to primary care and specialists – making care more accessible and affordable

- **Supplementing Primary Care**
  - Extend clinical resources and expertise through virtual care innovation; identified programs include, but not limited to:
    - Behavioral Health Integration
- **Closing the Specialty Care Gaps**
  - Improve access to virtual care technologies for office visits and specialty care consults:
    - E-consults will help eliminate inpatient coverage and consultation gaps
    - Virtual visits will address ambulatory specialty gaps for targeted chronic diseases: Behavioral Health, Cardiovascular and Endocrinology/Diabetes

Brenner's FIT TeleFIT Program

A telemedicine approach for providing obesity treatment services to children and their families outside of Winston-Salem, NC

- Increased participation of rural residents, **from 7% to 14%**
- **Decreased attrition rate** in rural patients after implementing telemedicine technology
- Preliminary analysis demonstrates **comparable clinical outcomes to in-person treatment**



FaithHealth NC:

Engaging Communities of Faith to Promote Health & Wellness

Deployed to **20 rural counties**

Partnered with **435 congregations** and faith communities

Provided over **86,000 patient encounters** with preventative and chronic disease screenings

Supported **41,500 patients** to address food insecurity

Health Equity in Diabetes Medication Management

Collaborative partnership with FaithHealth, Population Health, and Pharmacy

- Community Health Worker-led initiative
- Patient Population: recent hospitalization due to medication non-adherence
- Telephonic outreach to conduct screening: medication needs, social needs and barriers
- Connect to resources:
  - Internal: FaithHealth, Population Health team, Pharmacy, Primary Care practices
  - External: Community agencies

Lessons Learned

- Interventions: Most prevalent needs are social (vs Rx): transportation, food insecurity, substance abuse, health literacy
- Location: High density needs in Forsyth and Guilford counties vs more rural areas of Davie, Davidson and Wilkes

Challenges

- High prevalence of homelessness, substance abuse, behavioral health challenges
- Limited community resources, ex: housing crisis
- Lack of infrastructure to meet needs in a timely and efficient manner ex: use of Visa gift cards to pay for items

Pop Health Support for Rural Practices

Annual Wellness Visits

- Capture attribution
- Close care gaps
- Address Social Determinates of Heath

Access

- Follow up care for patients who went to the ED
- Primary Care Access
- On-demand primary care
- Virtual solutions- Text, Video

Transitions of Care

- Follow up care for patients who went to the ED
- Post hospital care
- Coordination with H2H
- Coordinated continuing care
- Connecting patients to social support (CHW)

Robust Analytic

- Personalized Care Plans
- Identifying needs in between visits
- Risk Stratification for Care Management
- Evaluation of care models

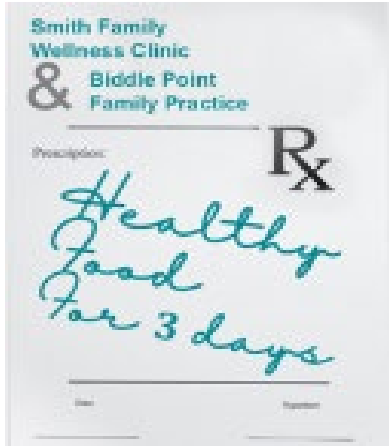
Elevating Health, Hope and Healing

Enterprise Pop Health Composite Measures

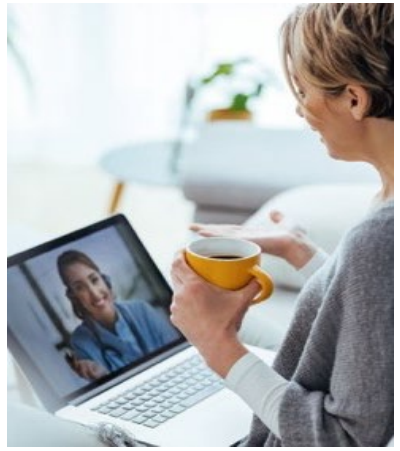
1	Annual Wellness Visits or Annual Visits or Well Child Visits
2	Prevention**: Breast cancer screening
3	Prevention**: Colorectal cancer screening
4	Disease Management: – hypertension control process
5	Disease Management: –diabetes control A1c <9
6	Medication Adherence: anti-hypertension med

Elevating Rural Care Across NC

Scaling our best-in-class obesity treatment services to rural residents

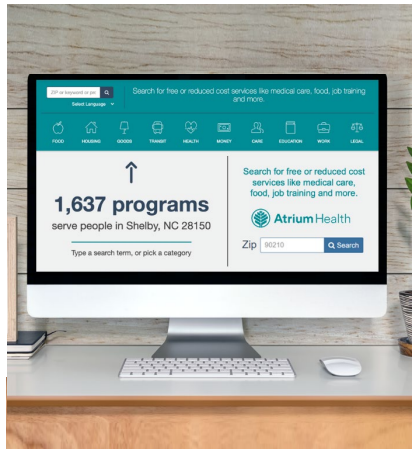


Partnering with local food pantries to address food insecurity



Connecting rural communities to virtual care platforms in the nation

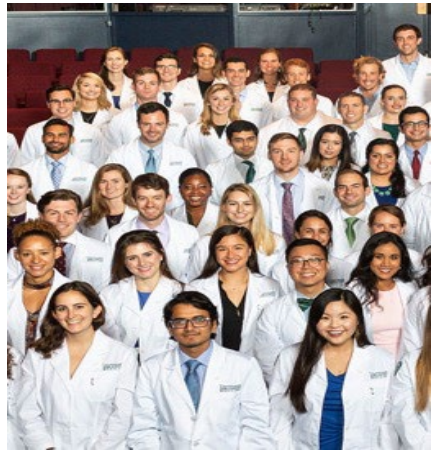
Supporting rural primary providers in Value and Managed Medicaid



Connecting our patients to community resources to impact their social determinants of health

Addressing community needs with family-focused health & wellness programs

Activating our Faith Communities to improve the health of their friends and neighbors



Educating the Next Generation of Rural Care Providers in NC

Moving Forward

- Upfront Infrastructure Investment to under-resourced rural health care organizations
- Expand access to cellular-based remote patient monitoring (RPM) to empower individuals to take action in the management of their chronic conditions.
- Expansion of innovative health care roles (e.g., community health workers or community paramedics), and community-based organizations.
- Continued alignment with community health needs
- Expansion to payment models that include the flexibility and freedom to address patient needs
- Applying lessons from other VBC models – CMS CHART & Pennsylvania Rural Health Models

References

- https://data.hrsa.gov/maps/map-tool/
- http://www.ncsl.org/portals/1/documents/health/HealthDisparities1213.pdf
- https://pubmed.ncbi.nlm.nih.gov/26270827/