36TH ANNUAL AHA RURAL HEALTH CARE | LEADERSHIP CONFERENCE

FEBRUARY 19-22, 2023 | SAN ANTONIO, TX

JW MARRIOTT SAN ANTONIO HILL COUNTRY

American Hospital Association™

Advancing Health in America

AHA Events

Acute Care 360

Rural Access to Lifesaving Specialty Services

Dr. Brian Bossard, CoFounder and CEO of Bryan Telemedicine

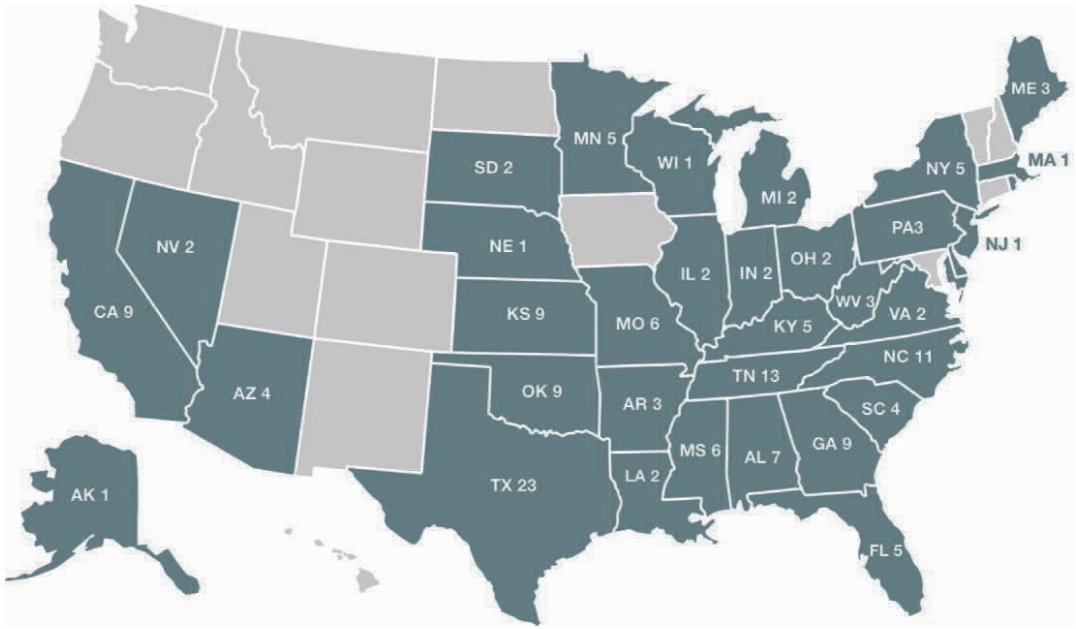
Patrick Ganyo, Vice President of Rural Services-Bryan Health & Executive Director of Heartland Health Alliance (HHA)

Dr. Ryan Martin, Nebraska Pulmonary Specialties, Division Chair of Pulmonary

Ivan Mitchell, CEO of Great Plains Health

Rural Health

- Shrinking Population
- Decreasing Reimbursement
- Increasing Percentage of Uninsured or Underinsured
- Increasing Operating Costs
- Aging Population with Complex Health Challenges
- Physician Shortage



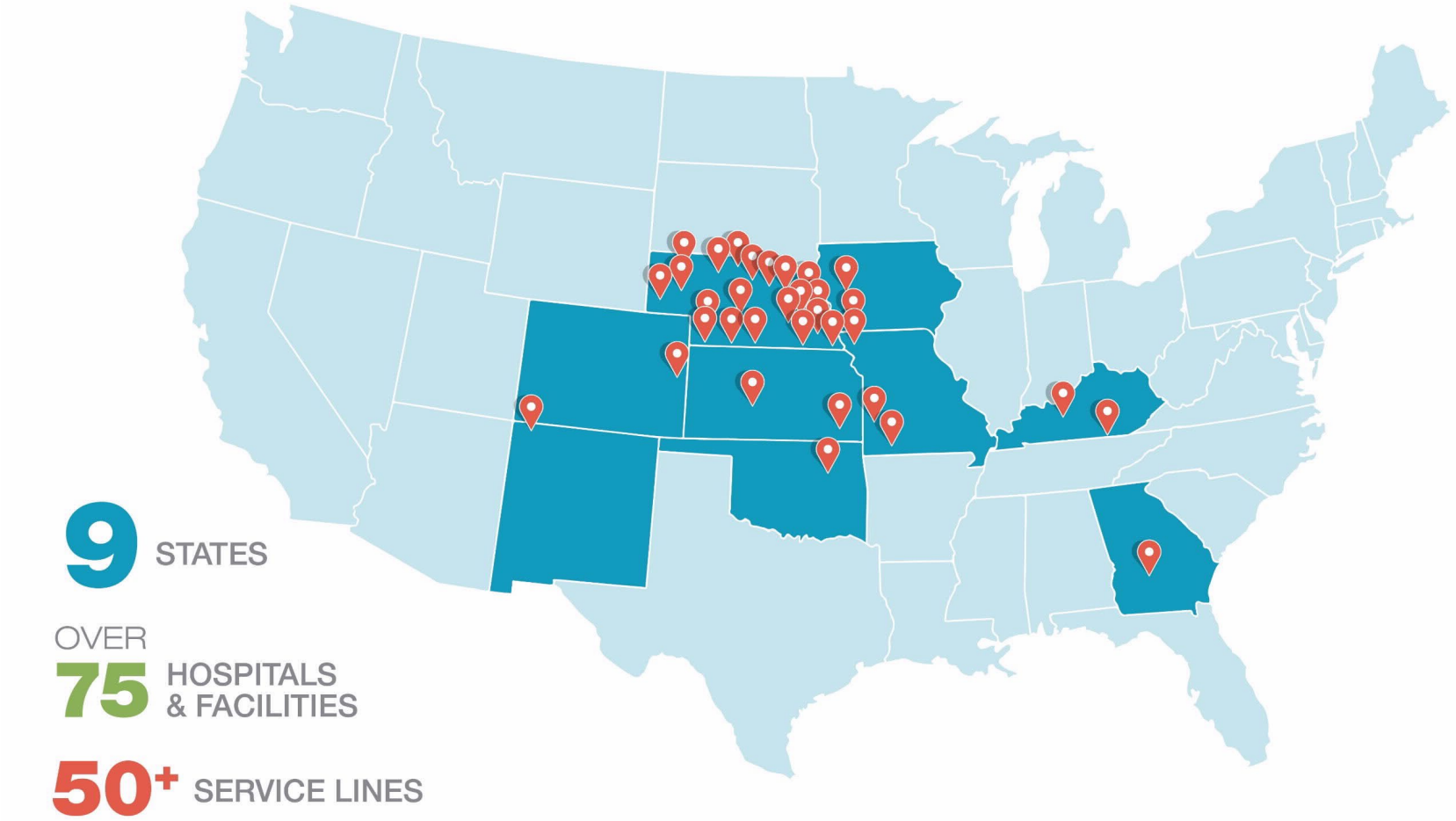
Rural Hospital Closings
2005-2019

Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association.

Bryan Health

To advance the health of individuals by **collaborating** with communities and local healthcare providers to offer innovative telemedicine solutions that **increase access** to health services

Bryan TELEMEDICINE



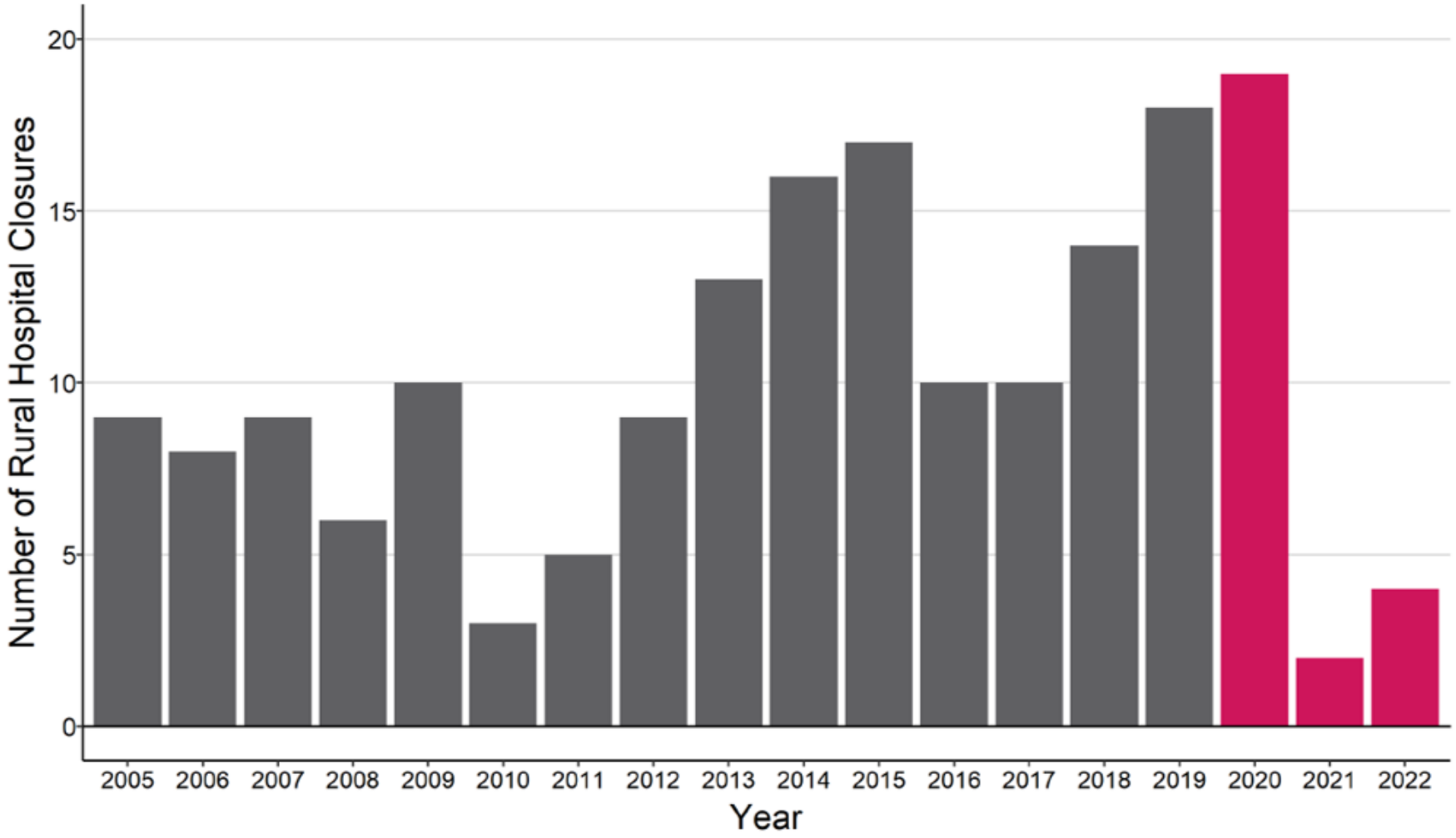
9 STATES

OVER
75 HOSPITALS & FACILITIES

50+ SERVICE LINES

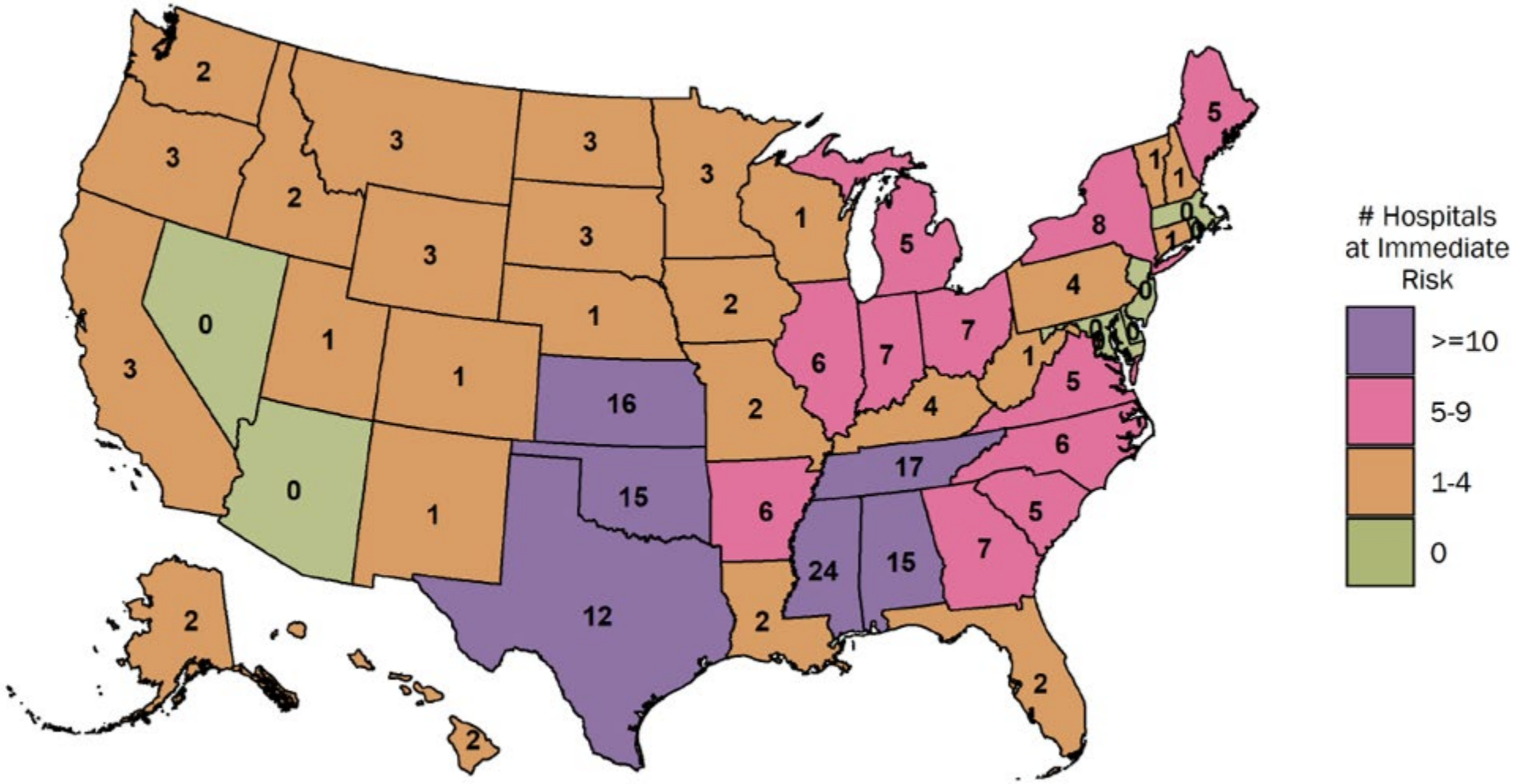
Bryan TELEMEDICINE

Rural Hospital Closures



Source: University of North Carolina, Cecil G. Sheps Center for Health Services Research
The Center for Healthcare Quality and Payment Reform (CHQPR); www. chqpr.org

Rural Hospitals at Immediate Risk of Closing



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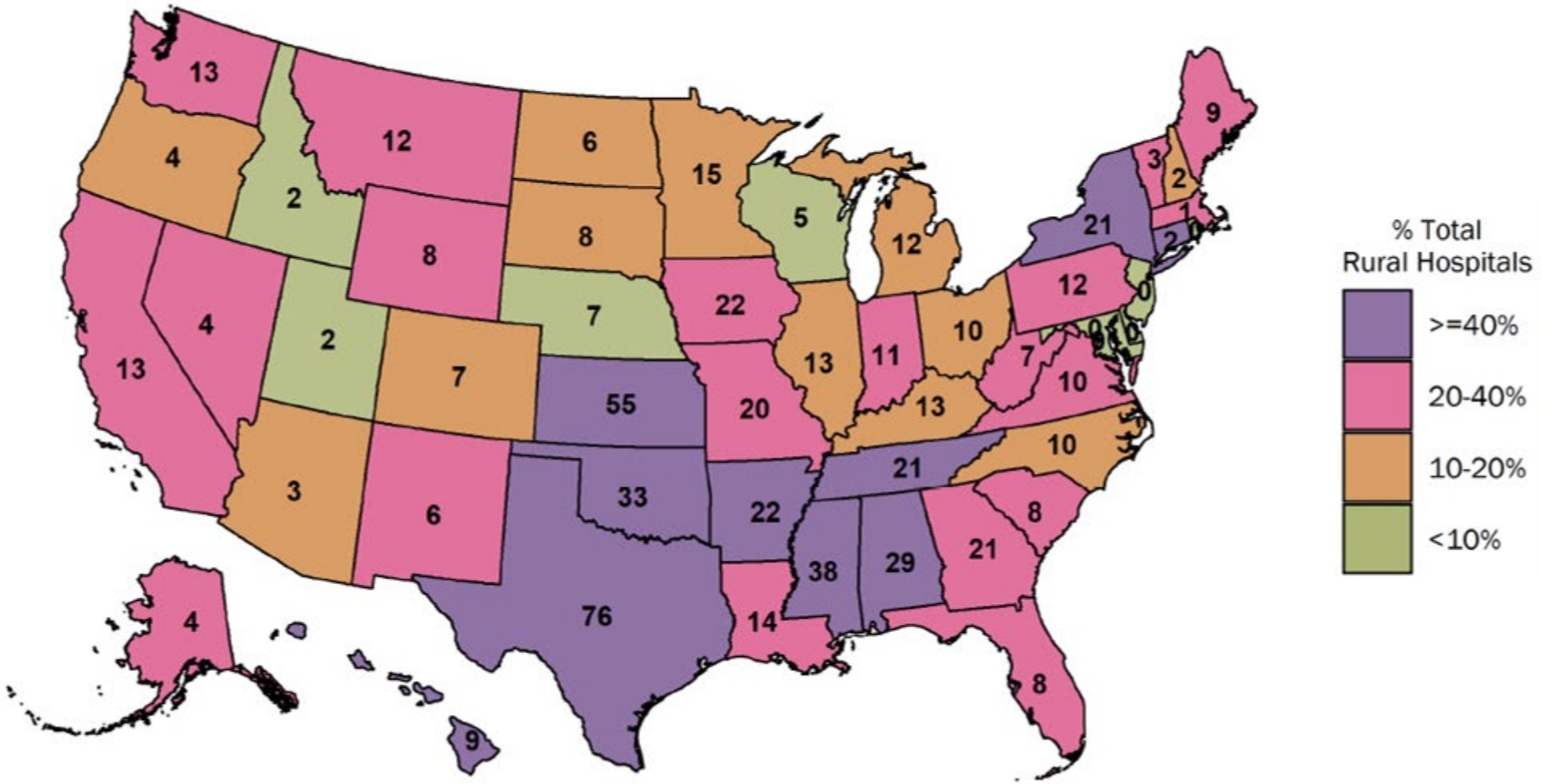
Rural Hospitals at Risk of Closing



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Collaboration

Patrick Ganyo
Vice President Rural Services-Bryan Health
Executive Director-Heartland Health Alliance (HHA)

Heartland Health Alliance (HHA) History

- Size & Geographic span of HHA
  - 55 Hospital members
    - 47 Critical Access Hospitals
    - 8 PPS Hospitals
  - Currently spans Nebraska, Iowa, Kansas & Missouri
- Started collaborating approximately 28 years ago
- Managed by the Bryan Health system in Lincoln, NE
- Independent and governed by HHA membership
- Evolution of HHA to present day

Heartland Health Alliance

Rural Challenges & Opportunities

- Physician specialty and sub-specialty coverage
  - Easier when closer to larger communities, many times non-existent if not
    - Mid-Sized communities even challenged
      - Great Plains Health-North Platte
  - Lack of consistency in coverage
- Outpatient visiting physician clinics
  - One of the life bloods of Critical Access Hospitals
- Keep care local
- Effect of COVID on acceptance

Path to Leadership & Board Awareness

- **Council of Network Affairs meetings**
  - 4 x per year
  - Introduction of Bryan Telemedicine to CEOs & other Senior Leaders
  - Started informing approximately 8 years ago
- **Governance Institute**
  - 1 x per year
  - Attendees include CEOs, Senior Leaders Physicians & Board Trustees
- **Key Messaging**
  - Ability to grow services locally
  - Ability to keep patients in local facility
  - Supporting local Physicians/APPs

Physician Perspective

Ryan Martin, MD, MEd
Nebraska Pulmonary Specialties
In partnership with Bryan Telemedicine
Division Chair of Pulmonary
Nebraska State Board of Respiratory Care

Current State

Traditional Model

- Driving (or flying) to outreach
- Time consuming
- Staff familiarity
- Limited inpatient capacity

Current Telemedicine

- Inpatient focus
- High cost
- Clinician variability

Inpatient: Complete the Episode at Home

- Manage the acute issue close to home
  - Much more likely when able to manage medically
  - Identify and diagnose the chronic conditions
  - Manage the long-term goals and therapy at home
    - Often requires follow up after hospital stay
- Avoid the transfer if possible
- Improve quality metrics

In the Event of Transfer

- Procedural Transfers
- Focus on clinical stabilization prior to transfers
- Prepare receiving facility for patient needs upon arrival.
  - Cath lab, OR preparation, Endoscopy team, etc.
- Linking care team together
  - Transferring physician communicating directly with proceduralist
  - Post-acute care outreach with specialist
- Focus on continuum of care and avoid the episodic nature of most encounters.

Reframe from Episodic to Continuous Care

- Most acute issues are driven by chronic conditions
- Focus on the chronic care at your facility
  - Secure outreach solutions for specialty care
- Enhance the opportunities for specialty services
  - Partner with specialists
- Block scheduling vs fluid or a mixture of both.
  - Not all outpatient problems can wait 3-4 weeks

Focus on the Outcome, Not the Income

- Back-up and reinforce your medical staff
- Aid nursing, focus on retention
- Increase your Average Daily Census by avoiding unnecessary patient transfers
  - In the event of transfer, streamline the process and pre-transfer stabilization
- Improve hospital confidence in the community
- Manage higher acuity patients with a focus on outcomes

Prioritization

Ivan Mitchell, FACHE, MHA, MPA

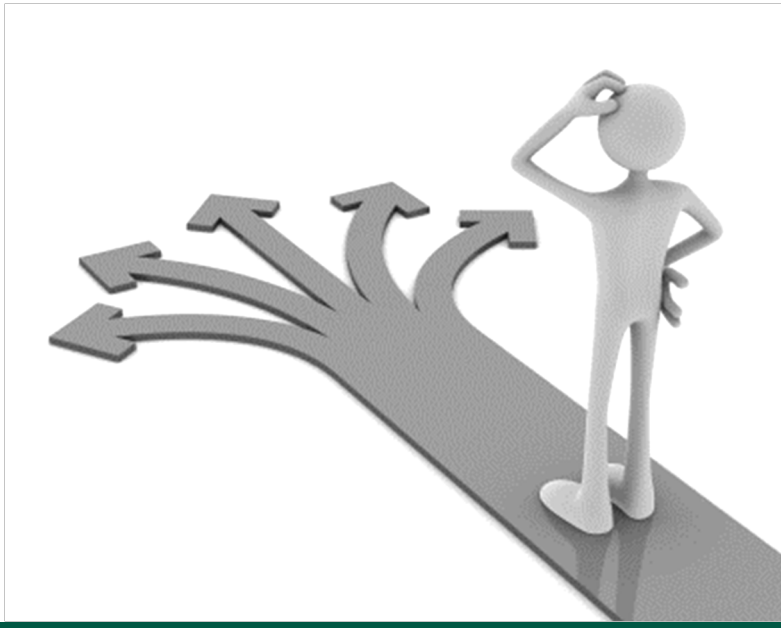
CEO Great Plains Health

Telemedicine Prioritization

- **Clinical Coverage Improvements**
  - Fill gaps in call coverage
  - Patient retention with telemedicine services
  - Physician retention and satisfaction
- **Quality Improvements**
  - Increase access to subspecialists
  - The “numbers” specialties can be provided with high quality, the “procedural” specialties are more difficult to provide virtually.
- **Financial analysis**
  - Review spend for onsite locum coverage
  - Project additional revenue generated by avoiding transfers, etc.

Program Selection

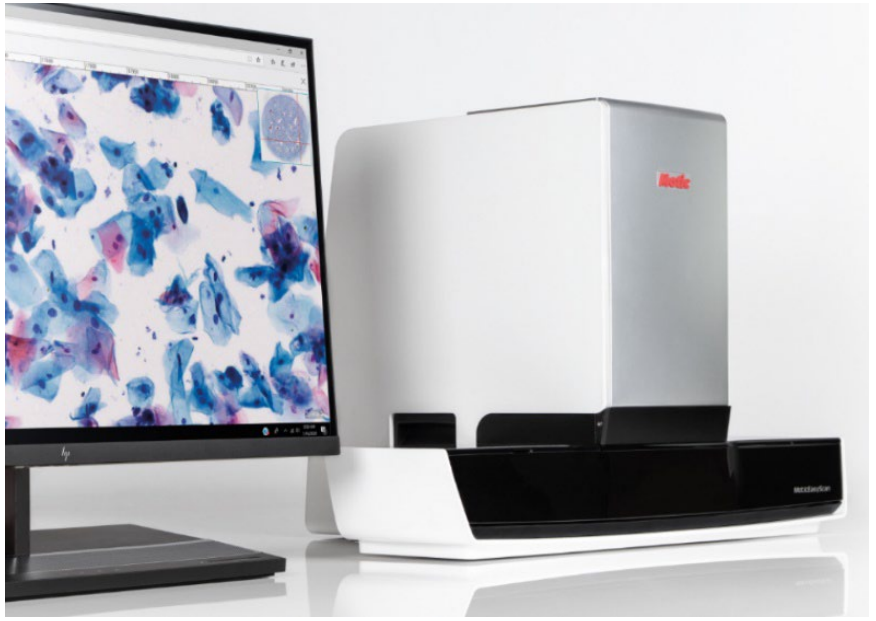
- Neurology
  - Physician locum fees: **2013** - $986,813, **2014** - $932,199, **2015** - $746,249
  - Reduced transfers to larger, tertiary facilities
  - Increased all stroke measures; meeting highest stroke certification
- Pulmonology/Critical Care
  - Physician locum fees: **2015** - $399,966 (*did not have 24/7 coverage*)
  - Reduction in transfers, stable support for hospitalists
- Nephrology
  - 24/7 coverage
  - Reduction in transfers
- Infectious Disease
  - 24/7 coverage
  - Increase in physician satisfaction/lifestyle



Additional Programs

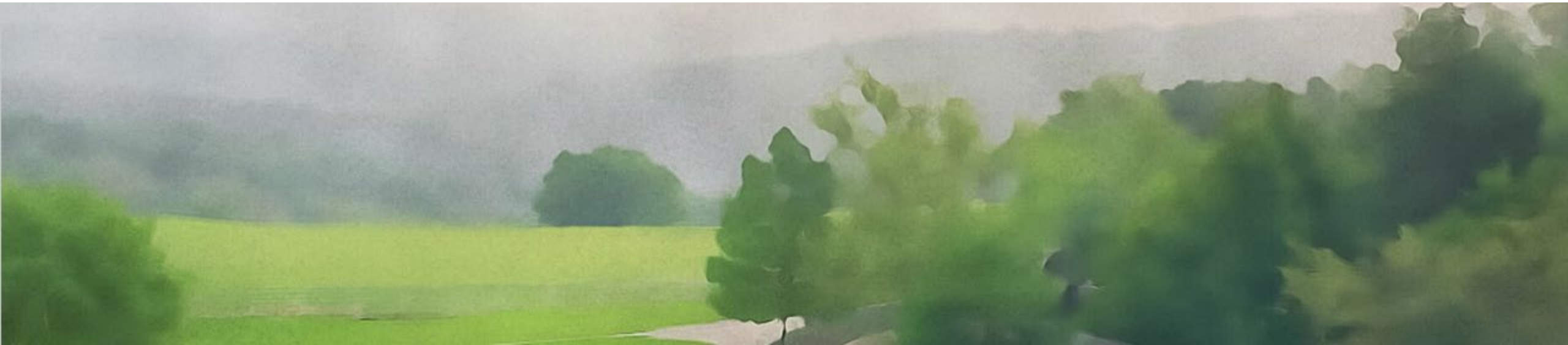
- Pathology
  - Transitioned Pathology groups, implemented Tele-pathology in conjunction with a larger group of over a dozen pathologists.
- Genetic Counseling
- Pediatric Psychiatry

Telemedicine is now just “medicine”



Panel Discussion

Acute Care 360



Relationships
Improved access to specialty and clinical services for quality care

Continuous Innovation
Telemedicine transformed to fit your needs

Provider Excellence
Friendly, patient-focused physicians providing the highest quality of care

Streamlined Care Technology
Sophisticated and private, but easy to use

RELATIONSHIPS

CONTINUOUS INNOVATION

PROVIDER EXCELLENCE

STREAMLINED CARE TECHNOLOGY

Telemedicine is now just Medicine

- Collaboration
  - Providers, Staff, Board, Community
- Metrics
  - ADC, Revenue, Prevent Transfers
- Program prioritization

  In demand and strong ROI
- Technology

Contact the Speakers

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