A RURAL COUNTY'S SOLUTION TO SOCIAL NEEDS RELATED HEALTH GAPS

HFMA 10/2024: SHANE A. MCGUIRE

MISSION, VISION, AND VALUES

Mission: To enable optimal health through service excellence, timely solutions, and devotion to our region

Vision: To be the leader of holistic, high-quality, and person-centered care without boundaries or limits

Values: Compassionate, Respectful, Resilient, Caring, Innovative, Accountable and Collaborative

80% OF A PERSON'S HEALTH OUTCOMES ARE ATTRIBUTED TO UNMET SOCIAL NEEDS AND SOCIAL DETERMINANTS OF HEALTH.

CASES INVOLVING COMPLEX CARE , SOCIAL NEEDS, AND BRAIDED FUNDING

Case 1: Community based care

- Couple in their late 70s: APS referral to Palliative care for self neglect, substandard living conditions, and failure to thrive. Conditions include poor medication management, memory impairment, paranoia, delusions, fall related injury and infections.
- Services Used by this patient
  - Community Health Worker
  - Palliative Care
  - Chronic Care Management
  - ED and Acute Care
  - Primary Care
  - Behavioral Health – Medication Management
  - Rivers Walk Assisted Living

Case 1 Continued

- Adult Protective Services involvement for 3 years.
- Frequent calls to the Sheriff's office.
- Falls with injury and increased ED utilization/ hospitalization.
- Primary and behavioral health integrated care to help with delusions and paranoia.
- MSW to work with family and patients to sort out financial issues including back taxes, utilities, other financial decision making.

Case 1 Funding

- Nurse and provider home visits.
- Traditional hospital and ED based billing.
- Potential shared savings for controlling total cost of care.
- Clinic encounter rates for LICSW, Primary Care, and Psychiatric care delivered by PMH-NP or Psychiatrist.

Case 1 challenges

- There are many unfunded needs like community meetings, family meetings, APS and ALTC coordination.
- No reimbursement for the Community Health Worker's time which included family counseling, support program navigation, and fiscal organization.
- 3-year resource investment to stabilize the care situation.

Swamp Work

Case 2: Wound Care

- 59-year-old male paraplegic. Patient lives alone with home health support. Patient developed a large decubitus ulcer on the left hip.
- Services used by the patient:
  - Acute in-patient and skilled nursing
  - Wound care
  - Dietitian and nutritional evaluation
  - Transportation
  - Palliative care team

Case 2 Continued

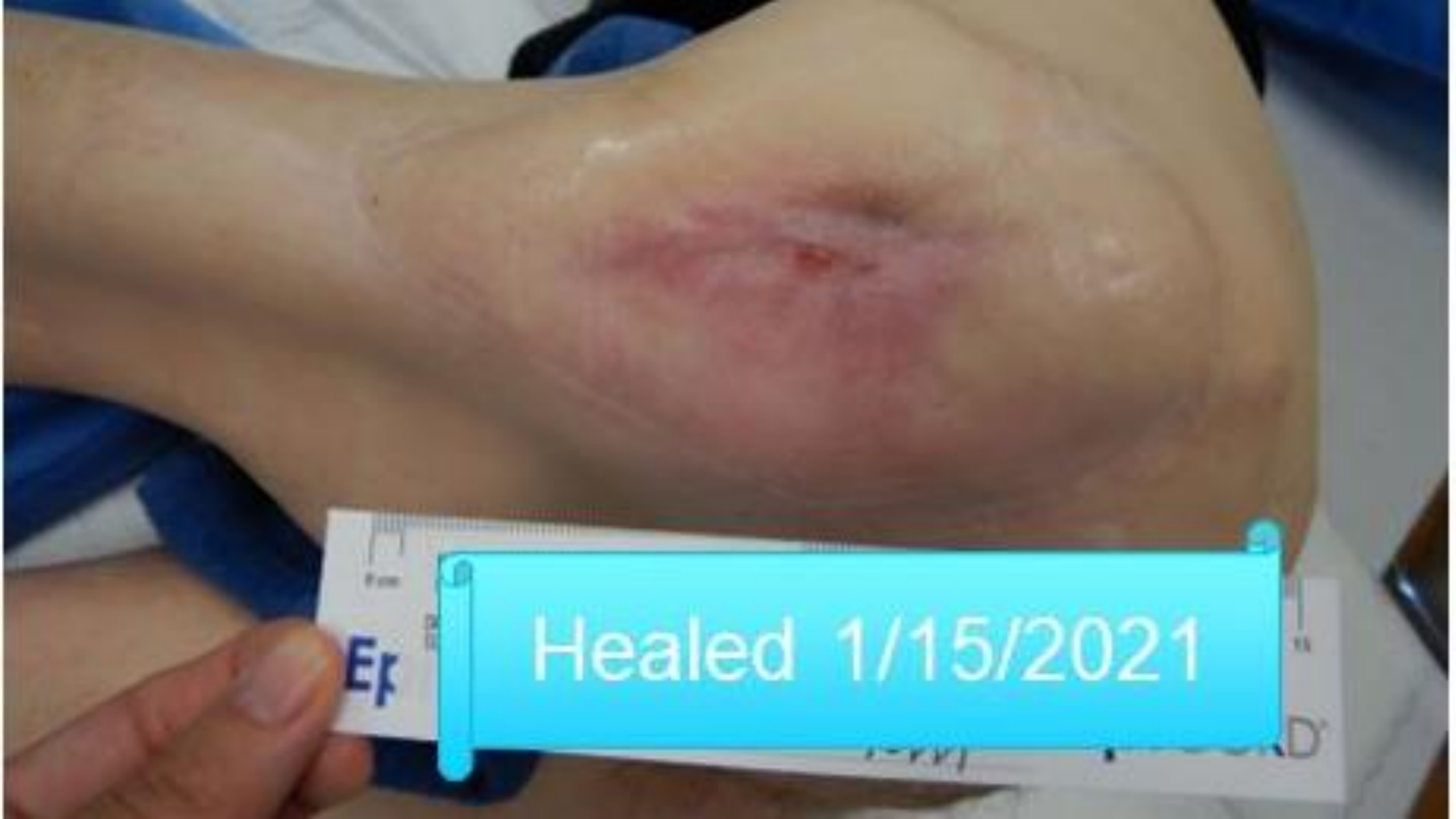
- While in-patient: Weekly wound care visits along with bi-weekly wound care by Acute Care team.
- In-patient wound vacuum therapy.
- Sand Bed for offloading.
- Coordination with Infectious Disease provider.
- Coordination with Home Health care team
- By-weekly wound care appointments post-discharge
- Continued wound vac, debridement, and EpiCord allograft

Case 2 Funding

- Acute and Swing Bed care are in-patient daily rates and bundle wound care services.
- Our Rural Health Clinics are in a Home Health shortage area allowing for encounter rate in-home visits.
- Wound care services are performed at the outpatient wound care clinic.
- Transportation increases patient care plan compliance preventing missed appointments.

Case 2 challenges

- Patient compliance: Showing up for wound care appointments is one of the chief factors impacting heal rates.
- 35% of our patient transports are for wound care patient’s creating logistics and scheduling challenges.
- Home care hours from Home Health or ALTC are often not enough to meet the patients total care needs.
- Organizing the care windows with multiple agencies involved to prevent duplication and cover gaps.


Healed 1/15/2021

Case 3: Palliative and Chronic Care Management

- Late 60s aged couple living in an RV: Substance use disorder, vision issues, low health literacy, diabetes, COPD, hypertension, frequent falls, autoimmune disorder, A-Fib, chronic kidney disease, anxiety disorder, and liver cirrhosis.
- Services used by the patients
  - Community health worker (MSW) – assisted with DSHS paperwork, coordination with ALTC, Medicaid enrollment, and housing.
  - Chronic Care Management
  - Palliative Care
  - Diabetic Educator
  - Dental
  - Transportation
  - Partnership with Elk Drug

Case 3 Continued

- Many combined chronic conditions with low health literacy
- Trouble navigating social support programs
- Housing instability: Living in an RV with freezing pipes and poor ingress/egress with walkers and canes
- Difficulty in reaching the patients with no communications access

Case 3 Funding

- Nurse and provider home visits billed at encounter rate through the Rural Health Clinic.
- Dental care is paid at an encounter rate in the RHC.
- Washington State Commerce supported the Dental Clinic construction, and we received two HRSA grants to support the first two years of operations.
- Clinic encounter rates as well a monthly CCM billing.

Case 3: Challenges

- Palliative care has no specific billing codes. We rely on nurse and provider qualifying visits billed at an encounter rate. Not all patient interactions in this program are qualifying.
- Palliative, chronic care, and collaborative care patients often use community health worker resources that are not billable.
- Communications challenges with patients throughout the process made navigating social safety net program enrollment difficult.


Columbia
County
HEALTH SYSTEM

Case 4: Diabetes

- 58-year-old male presented to the Emergency Department with Diabetic Ketoacidosis and a blood sugar over 700. His A1C was 15.2 comparable to an average blood sugar of 390. Patient described challenges accesing care before moving to Dayton. Patient also struggles with anxiety.
- Services Used by this patient
  - Referral to Clinic Provider post-discharge from ED
  - Patient empaneled to diabetic and behavioral health registers. Includes tracking of A1C
  - Provider connected patient to diabetic educator
  - Behavioral Health visits with LICSW
  - Connected to our Community Health Worker

Case 4 Continued

- Diabetic educator has worked with the patient on lifestyle and medications
- He has been in contact with our community health worker who is also a MSW to connect with community resources
- Patient began treatment for his anxiety (GAD-7)
- Frequent contact with our CCM team
- Most recent A1C was 7.2 equating to an average blood sugar of 163

Case 4 Funding

- Encounter rate visit billing in the Rural Health Clinic (RHC) for primary care and mental health visits.
- Monthly CCM billing for multidisciplinary team support if the patient is Medicare. There is no equivalent for Medicaid beneficiaries.
- Nurse and provider home visits are billed at the encounter rate out of the RHC
- Diabetic educator bills code 9100000 for a 30-minute visit or 9100001 for a 30-minute group visit.

Global Challenges

- Chronic Care Management (CCM) and Collaborative Care Management (CoCM) visits have co-pays and co-insurance considerations that limit participation.
- There is a trend of moving care from revenue alignment to no revenue. Emergency Department volume decreases associated with Palliative Care as an example.
- Many patient interactions do not meet the standard for a billable interaction, but they positively impact preventable visits and total cost of care.
- Discrete data collection can be a challenge for brief interventions, Communality Health Worker engagement, and for some disease registers. The EHR may not have a box or field to collect the data.

Notes on Funding

- 340B revenue is crucial in allowing us to pursue lines of service that do not have direct charge components.
- Several years of financial support from our ACH have supported transportation, behavioral health integration, and pop health infrastructure.
- Local Health Improvement Network has contributed multiple grants in support of population health efforts.
- ACO Shared Savings: While not guaranteed, we have received shared savings 50% of our participation years.
- Private funded grants of all types and sizes have provided programmatic support.

COMMUNITY WIDE INTERVENTIONS

A GROUP OF VOLUNTEERS IN WAITSBURG STARTED AN AMBULANCE SERVICE

THE CHALLENGE:

IN 2020, THE LAST TWO REMAINING CHILDCARE PROVIDERS CLOSED

RESULTS OF A 2021 COMMUNITY FEASIBILITY STUDY INDICATE THE NEED FOR 70 CHILDCARE SLOTS

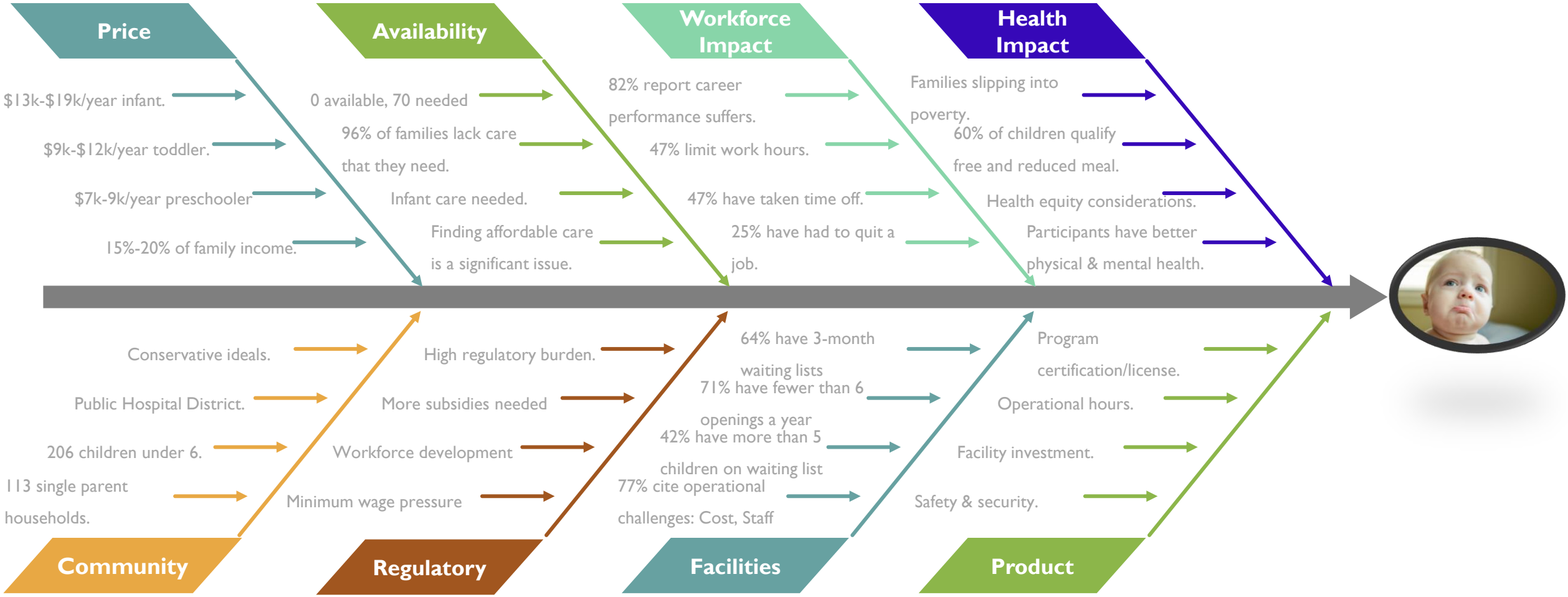
OF 177 DAYTON FAMILIES SURVEYED, 96% DO NOT HAVE THE CHILDCARE SUPPORT NEEDED

76% of families in the district report current childcare options are:

- Unaffordable
- Not provided at times needed
- Limiting their job performance or career goals

CHILDCARE ACCESS INFLUENCES HEALTH OUTCOMES

Limited community childcare resources causes and effects



THE GRAND TOUR OF AVAILABLE BUILDINGS

First Christian Church:
Budget $2 million

Project Memo
Dayton First Christian Church Renovation

EXISTING CONDITIONS IMAGES:

Project Memo
Dayton First Christian Church Renovation Page 5

	Existing conditions of the enlarged sanctuary area. Note legacy water damage at the former location of the exterior wall that was removed (roofing has since been repaired). Deflection is noted in the overall ceiling assembly due to modified load bearing conditions. Original sanctuary is located image left and addition being on image right.
	View of legacy water damage visible with tiles removed. Note the absence of fire sprinklers throughout this facility.

THE GRAND TOUR OF AVAILABLE BUILDINGS

Methodist Church: $1.5 million

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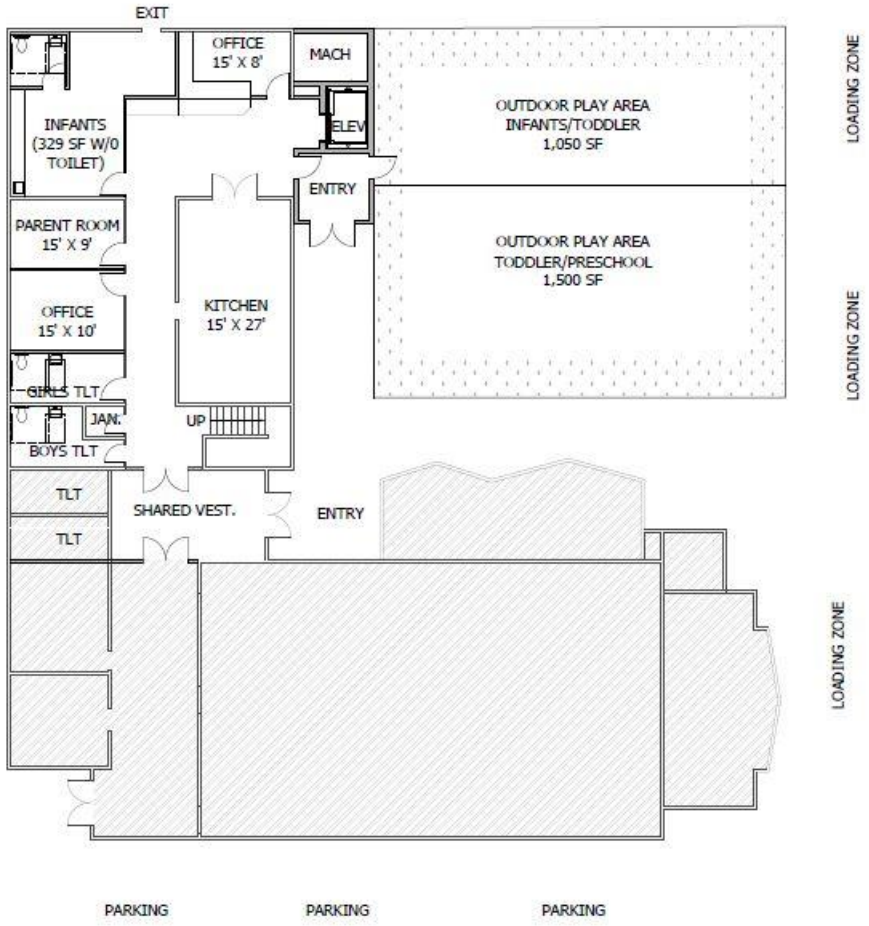
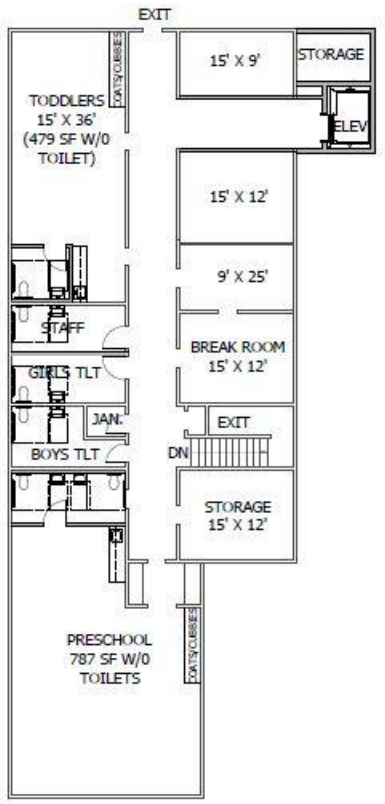




REMODELING WAS PROVING AS COSTLY AS NEW CONSTRUCTION

Childcare regulations require fire suppression sprinklers.

There are square footage requirements per child.

Regulations for number of toilets and sinks per child

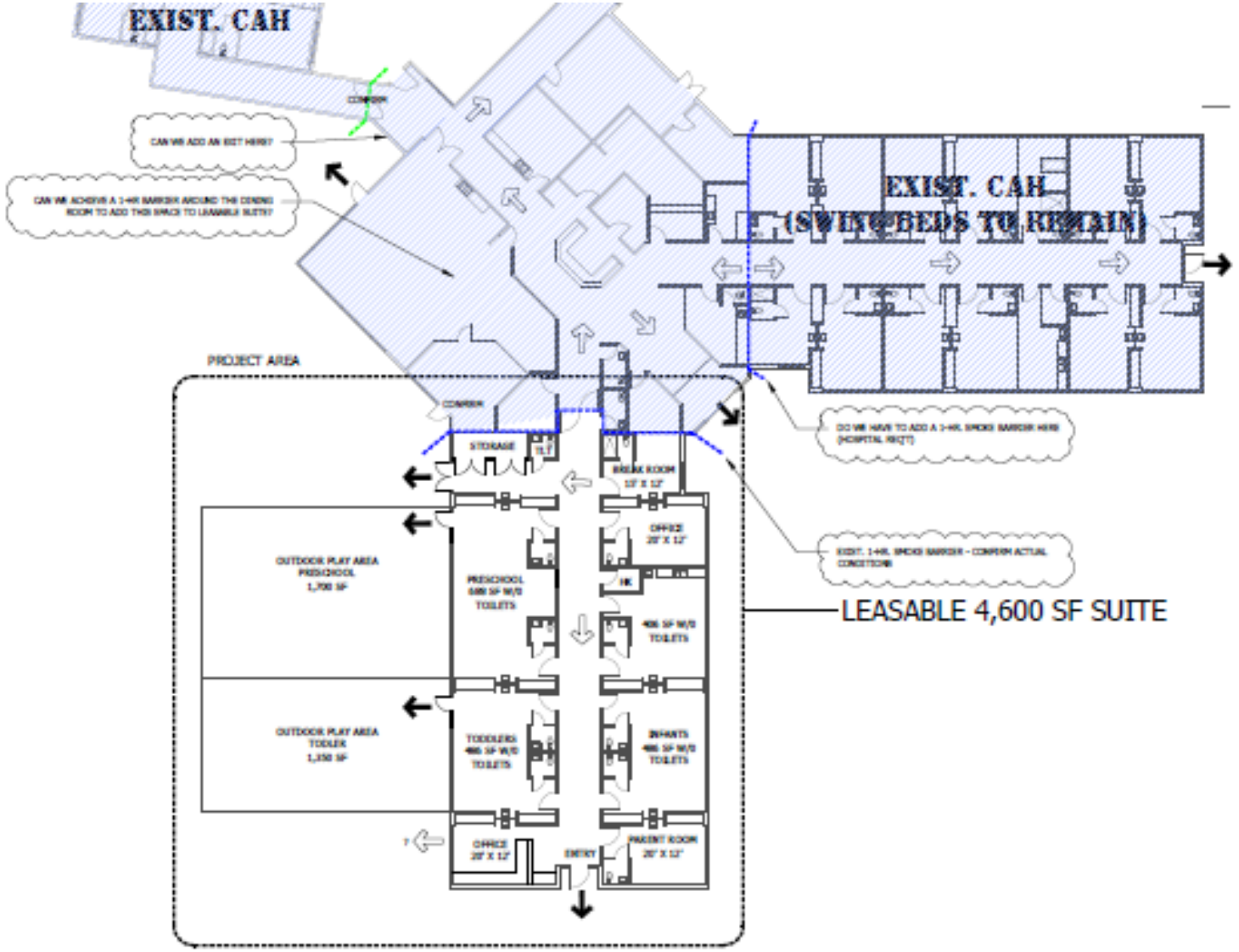
THE BOTH/AND SOLUTION

FOR EMPLOYEES AND & COMMUNITY

BOOKER REST HOME HALL I

Sometimes the solution is right under our nose, or in this case, the ceiling.

Repurpose an existing wing of the onsite nursing home for childcare: Budget $640k



THE HOSPITAL DISTRICT TAKES LEAD ON THE PROJECT

Securing Funding

- USDA: $413k (There is a form for that)
- WA Commerce: $110k
- Private Funding: $134k

USDA-RD
Form RD 442-7
(Rev. 3-02)

Position 3

OPERATING BUDGET

Form Approved
OMB No. 0575-0015

Schedule 1

Name	Address	
Columbia County Public Hospital Dist. #1	1012 S 3rd St.	
Applicant Fiscal Year From 01-01-2023 To 12-31-2023	**County** Columbia	**State** *(Including ZIP Code)* WA 99328-1606

	20 19	20 20	20 21	20 22	First Full Year
OPERATING INCOME	(1)	(2)	(3)	(4)	(5)
1. Patient Revenue (All)	$28,098,837.00	$30,389,705.00	$33,765,177.00	$39,851,745.00	$44,915,480.00
2.					
3.					
4.					
5. Miscellaneous	$411,702.00	$604,716.00	$742,648.00	$641,986.00	$260,100.00
6. Less: Allowances and Deductions	($8,404,960.00)	($9,420,808.00)	($10,154,947.00)	($11,357,747.00)	($12,008,283.00)
7. Total Operating Income *(Add Lines 1 through 6)*	$20,105,579.00	$21,573,613.00	$24,352,878.00	$29,135,984.00	$33,167,297.00
OPERATING EXPENSES					
8. Salaries & Benefits	$11,787,162.00	$13,047,462.00	$15,256,997.00	$17,734,795.00	$19,636,719.00
9. Professional Fees	$1,144,300.00	$1,138,214.00	$1,349,300.00	$2,562,935.00	$2,425,066.00
10. Supplies & Utilities	$2,302,337.00	$2,542,063.00	$2,803,960.00	$3,154,388.00	$3,440,900.00

GRAND OPENING APRIL 2024, 4- YEARS AFTER THE LAST CENTER CLOSED