BACKGROUND

The IHA Transforming Illinois Health Care Task Force was formed in 2012 to provide thought leadership on transforming health care delivery to meet the IHA vision for Illinois health care:

“All individuals and communities deserve access to high quality health care at the right time and in the right setting to support each person’s quest for optimum health.”

The Task Force completed their Phase 1 Charge to identify strategies, metrics and policy principles to meet the IHA vision; and to identify short- and long-term implications and opportunities for the membership and for IHA. Their work was presented in the document “Path To Transformation, A Shared Vision for Illinois Health Care,” June 2013.

The Task Force’s detailed Phase 2 Scope of Work reflects the realization that transformation activities have moved from planning to implementation. As part of the identified Scope of Work for 2014, the Task Force directed the formation of the Rural Health Subgroup to address the following:

- Identify elements of new rural health care delivery models with governmental and finance mechanisms; and
- Develop pathways for members to transition to the new models.

RURAL HEALTH SUBGROUP PROCESS

The Rural Health Subgroup, comprised of 13 critical access hospitals and five rural PPS hospitals representing 11 independent facilities and seven system members, met five times between April and September 2014 and created three subcommittees to address model design, payment incentives and quality improvement for rural hospitals.

The subgroup’s recommendations follow the objectives outlined by IHA’s Transforming Illinois Health Care Task Force and enhance their recommendations specific to rural health care.
RURAL HEALTH SUBGROUP RECOMMENDATIONS

### Preserve and Improve Access

- Rural hospitals and health care providers should ensure access to health care through primary, emergent, rehabilitative, behavioral health, and outpatient services.
- New local and regional health care delivery models should be designed to ensure access to health care in rural and underserved communities.

### Coordinate Comprehensive Service Delivery

- Rural delivery systems should create medical homes and integrated behavioral health models.
- Rural delivery systems should assess the impact of retail competition on rural outpatient services and create competitive models for rural providers.
- Rural delivery systems should be integrated into the broader care continuum including patient transfers to urban and tertiary hospitals and post-acute care in the patient’s community.

### Ensure an Adequate Health Care Workforce

- Rural delivery systems should support tuition reimbursement programs for physicians, midlevels and other health care professionals to serve federally designated Health Professional Shortage Areas (HPSAs).
- The scope of practice for midlevel providers should be reviewed and updated to reflect patient needs.
- Patient care and access should be enhanced through the use of technology and telemedicine in federally designated HPSAs.

### Preserve and Enhance Care in Underserved Communities

- New payment methodologies for rural providers should be based upon delivery systems that provide core services for rural communities.
- Clinical outcomes, patient satisfaction and quality measures should be explored to accurately assess the value of services delivered in rural outpatient settings.

### Adequately Finance Access and Transitions

- The health care payment system should include specific financial strategies for rural providers.
- Rural payment systems should include shared savings opportunities with public and private payers.
- Rural payment systems should incentivize rural hospitals to participate in value-based purchasing initiatives.
- Rural payment systems should include sources of capital to transition rural hospitals to value-based care.
- Rural payment systems should evaluate the role of retail models for value-based rural care.

### Modernize State and Federal Government

- Professional licensing should be updated to maximize the efficient delivery of quality care to patients.
- Current cost report requirements should be revised to align with rural hospital transformation needs.
- The 96 hour Medicare admissions rule for Critical Access Hospitals (CAHs) should be eliminated.

### Promote Innovation and Transparency

- Rural demonstration projects to test new health care delivery models and sustainable payment methodologies should be supported.
- Education and trend data on changing rural demographics and the environmental landscape should be provided to rural providers.
- Fraud and abuse laws that prevent hospitals from incentivizing providers to participate in quality improvement and transformation activities should be revised to promote transformation.
- Measures that appropriately evaluate quality improvement/clinical outcomes in rural and outpatient settings should be identified or created.
- Any new reporting requirements for rural providers should be phased-in to allow for manageable implementation.
- Medicare rules regarding reimbursement of licensed clinical professional counselors (LCPCs) in federally designated mental health HPSAs should be assessed and revised to promote better access to mental health care.