Initiative Framework:

- Engaging Communities & Key Stakeholders
- Statewide Infrastructure Improvements
- Regional Models for High-Need Services
- Payment Pilots
Opportunity

- Transforming systems of care to improve rural health requires effective and meaningful engagement of rural communities and key stakeholders.

Challenges

- Implementing new systems of care requires change, and people often fear change.
- Many people in rural communities historically have felt left out of discussions that impact their lives and well-being.
Engaging Communities & Key Stakeholders

Next Steps

• Conduct Rural Health Listening Sessions in several rural communities around State; work in partnership with local community groups and health care providers to maximize participation

• Convene multi-stakeholder Rural Health Transformation Team

• Engage private sector and local leadership in regional efforts to develop proposals, secure multi-payer collaboration, implement and test pilots

• Communicate this work frequently and transparently throughout the process
Opportunity

• Telehealth and telemedicine provide opportunities to increase access to important services in rural areas
• Coverage of telehealth services by MaineCare is relatively robust in comparison to other state Medicaid programs, but additional work is needed to reduce barriers to its use

Challenges

• Policy:
  – Medicare’s less comprehensive coverage and variable commercial payer coverage disincentivize use of telemedicine
  – Providers and patients may be uncomfortable with technology
• Infrastructure:
  – Lack of broadband limits access in rural areas
  – Startup costs discourage the purchase of equipment
Statewide Infrastructure Improvement: Telehealth

Next Steps

• Reconstitute the legislatively-mandated Maine Telehealth and Telemonitoring Advisory Group
• Assess broadband access and opportunities for improvement
• Identify high-impact areas of opportunity for use of telehealth to be promoted by the Department
• Develop list of recommendations to address barriers to uptake
Opportunity

• Developing stable, flexible health care workforce is critical to provision of care and the economic vitality of rural communities

Challenges

• Although rural hospitals have had success in recruiting physicians through programs (e.g. MMC/Tufts Maine Track, UNECOM, international Graduate Medical Education placements), retention is problem
• Like other parts of State, rural areas are also facing shortage of health care workers across continuum of care
Statewide Infrastructure Improvement: Workforce

Next Steps

• Collaborate with Maine Healthcare Workforce Forum to learn from and build off previous efforts

• Work with Department of Labor and educational organizations to leverage existing training and certification programs & explore potential new ones

• Explore grassroots efforts to support Maine’s future health workforce
Statewide Infrastructure Improvement: Primary Care

Opportunity

• Improving access to primary care in rural areas will improve population health and lower overall health care costs

Challenges

• Primary care chronically stressed; difficult to attract and retain primary care clinicians in rural areas
• New care delivery and payment models may be needed to strengthen and revitalize primary care
• To fully improve and maintain health, health care providers will also need to connect with community service providers to address social determinants of health
Next Steps

• Promote and encourage primary care groups in State to consider participation in current CMMI “Primary Care First” and “Direct Contracting” payment innovation models

• Convene primary care clinicians in rural areas to identify specific opportunities to improve primary care practice

• Consider creation of peer support workgroups for rural providers to reduce feelings of isolation and share best practices

• Explore opportunities to support efforts to identify and address social health factors
Ensuring Regional Access to Maternal & Perinatal Care

Figure 1: Distance from Hospitals with Maternity Wards
Northern New England by Census Block Group, 2019

- More than 25 Miles
- >15 to 25 Miles
- 5 to 15 Miles
- Less than 5 Miles
- Maternity Ward Present


Labeled hospitals are those that have eliminated OB units since the 1990s
Ensuring Regional Access to Maternal & Perinatal Care

Maine Birthing Hospitals - 2018

Updated in December 2018
Ensuring Regional Access to Maternal & Perinatal Care

Opportunity

• Using regional approach to perinatal care can help to ensure families across State have access to continuum of services throughout pregnancy and post-natal

Challenges

• Addressing issue on regional basis will require new partnerships and creativity
• Since MaineCare is dominant payer for rural maternity care, addressing reimbursement and payment policies will be critical
Ensuring Regional Access to Maternal & Perinatal Care

Next Steps

- Link with prior and existing efforts to strengthen maternity care services in rural areas
- Identify tools and levers to be explored
- Mapping of providers including birthing centers and prenatal care
- Explore regional models from different states
This graphic, adapted from graphic from Erik Steele DO, illustrates the precarious financial state of many rural hospitals reliant on specialized services to support fundamental community health functions.

Rural Population Health in Maine...

Rests on the head… of a pin
Opportunity

- In early May, CMS Administrator Verma announced that CMMI is developing demonstration model to test innovative payment arrangements for rural areas
- Even if CMS/CMMI multi-payer model is not a fit, there is opportunity to consider MaineCare-only models

Challenges

- Creating meaningful transformation will require collaborative work, community-generated initiatives, and new partnerships
Next Steps

• Study models in Pennsylvania, Vermont, and Maryland and consider pros, cons, and relevance to Maine’s targeted priorities

• Discuss options for governance models of local, geographic-based demonstrations

• Develop list of laws and regulations that might be waived to provide needed flexibility to implement new models

• Begin to identify geographic areas that could be demonstration participants, and engage local leaders and stakeholders
Questions?

Lisa Letourneau MD, MPH
Senior Advisor for System Delivery Change
Lisa.Letourneau@maine.gov
C: 207-415-4043

Meg Garratt-Reed
Senior Advisor for Policy and Community Engagement
Megan.Garratt-Reed@maine.gov
W: 207-624-6956

Nicole Breton
Director, Office of Rural Health, Maine CDC
Nicole.Breton@maine.gov
W: 207-287-5503