Maine DHHS Rural Health Transformation Team

Initiative Framework 7/11/19



Initiative Framework:

Engaging Communities & Key Stakeholders

Statewide Infrastructure Improvements

Regional Models for High-Need Services

Payment Pilots

Engaging Communities & Key Stakeholders

Opportunity

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

- 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

Statewide Infrastructure Improvement: Telehealth

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

- 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

Statewide Infrastructure Improvement: Workforce

Opportunity

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

- 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

<u>Next Steps</u>

- 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

- 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

Statewide Infrastructure Improvement: Primary Care

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

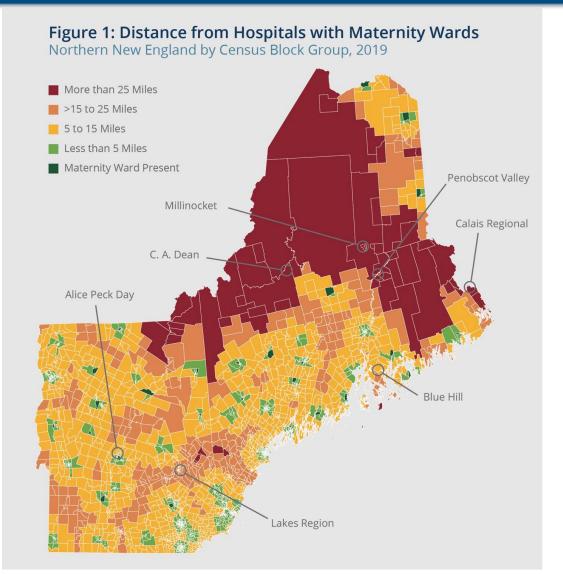
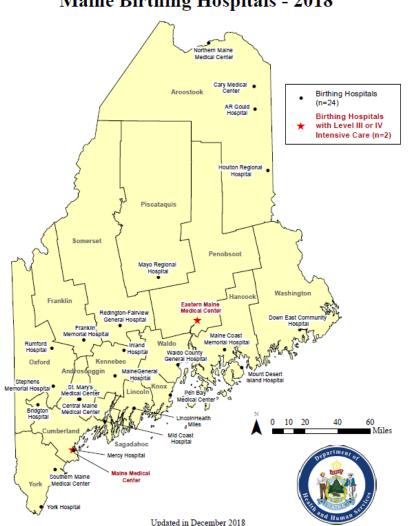


Image from Federal Reserve Bank of Boston/ New England Public Policy Center brief "<u>Declining Access to</u> <u>Health Care in Northern New</u> <u>England</u>"

Labeled hospitals are those that have eliminated OB units since the 1990s



Maine Birthing Hospitals - 2018

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

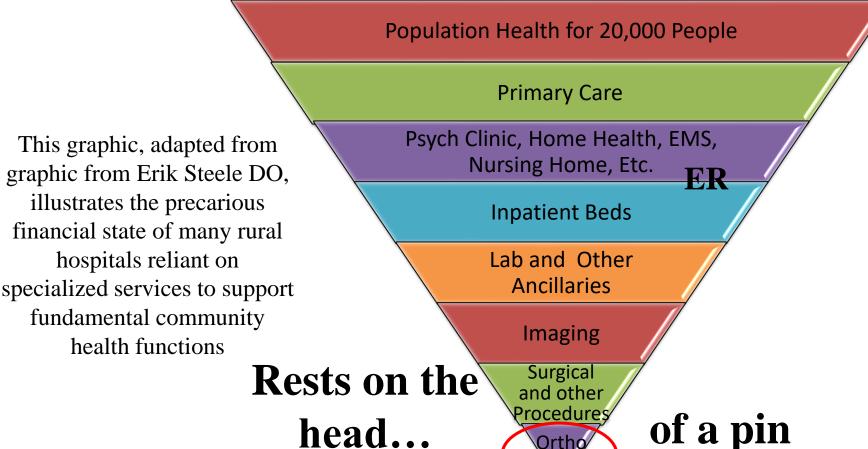
- Addressing issue on regional basis will require new partnerships and creativity
- Since MaineCare is dominant payer for rural maternity care, addressing reimbursement and payment policies will be critical

<u>Next Steps</u>

- 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

Payment Pilots

Rural Population Health in Maine...



Maine Department of Health and Human Service

Payment Pilots

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

Payment Pilots

<u>Next Steps</u>

- 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



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