



ADVANCING RURAL HEALTH SYSTEMS TRANSFORMATION MEETING REPORT

Background:

Concerned about the threat to health care access and quality posed by the closure of health facilities in a number of Maine's rural communities, the Maine Health Access Foundation (MeHAF) took action to better understand the rural health systems in Maine, particularly the challenges facing small and independent hospitals and other health care providers in rural areas.

MeHAF began to explore potential new strategies to promote the health of Maine's rural residents and advance the transformation of rural health systems. As the first step, MeHAF spoke with concerned leaders in rural communities across the state. These conversations identified that preserving local access to care may best be achieved through a collaborative process of re-imagining rural health care delivery that engages many different community perspectives. A goal emerged: promoting a collective vision of regional rural health systems that ensures the availability of high-quality, affordable care when and where it is needed.

Introduction:

This report summarizes a statewide meeting, *Advancing Rural Health Systems Transformation*, held on November 10, 2016, in Bangor. The day-long event explored rural issues and innovations through large and small group presentations and discussions.

Meeting Objectives:

- Raise awareness of the issues faced by the rural health system
- Share innovations & promising practices for improving rural health systems
- Draw connections between local health systems and the local economy
- Provide an opportunity for people with similar concerns and interests to interact
- Spark interest for a deeper level of conversation in one or two rural areas

Participants:

Of note from participant evaluations, more than half of respondents had never attended a MeHAF meeting before. They included advocates, concerned citizens, educators, and health care professionals, who shared that they attended the meeting because rural health care was aligned with or central to their work or interests. The majority were affiliated with the health care sector, and the education and social services sectors were also well represented. Other sectors present included public health, business, economic development, and research.

Opening Remarks:

MeHAF CEO Barbara Leonard opened the meeting, which took place just two days after the presidential election. Setting aside her prepared previously remarks, she addressed the uncertainty pervasive in the room and re-emphasized the commitment to and importance of the collaborative work to be accomplished locally and regionally.

MeHAF Program Officer Charles Dwyer provided an overview of the work of advancing rural health systems transformation that had been accomplished to date, noting that the attendees “very presence and participation are proof that the potential for multi-stakeholder collaboration in this effort is strong.” He added that MeHAF believes in “the importance of bringing people living in rural areas together to share views and perspectives, explore options for promoting better health, and preserving local access to care that meets community needs.”

Data Presentation:

Rural Health: What Does the Data Tell Us?

Andrew Coburn, PhD, Director, Maine Rural Health Research Center, Muskie School of Public Service, University of Southern Maine, discussed the findings contained in “[Maine Rural Health Profiles](#).” These publications were used as touchstones for the discussions that occurred throughout the day.

Coburn provided an overview of health disparities between urban and rural residents of Maine, highlighting that on multiple health status measures, such as diabetes, disabilities, multiple chronic conditions, and others, rural Mainers are less healthy. Rural residents also have higher rates of hospitalization and ED use. Poor health has a detrimental economic impact on rural families through lost wages and increased expenses, and the poor health of Maine’s rural communities strains rural health systems that have more limited infrastructure and financial capacity. Poor rural health status also likely affects overall rural economic growth.

He also provided key regarding Maine’s rural health infrastructure, such as:

- There are wide variations in the availability of health resources/services across the state and in rural counties.
- Many rural areas in Maine are formally designated as primary care, dental, and mental Health Provider Shortage Areas (HPSAs).
- While resource/service availability can affect access to essential services, service organization and delivery also matters. For example, telehealth is making specialty services more available in rural areas.

Coburn also noted that access to essential preventive, screening, and treatment services affects health status, and that rural residents are less likely to be insured.

He went on to highlight the importance of health care to the rural economy.

- The health care sector is the largest source of jobs in Maine, and employs nearly one in five rural Mainers.
- Hospitals are the major driver of health care employment and wages.
- Wages in the health care sector in Maine are higher on average (17%) than all other industries in the state.

Presentation: [A. COBURN - Advancing Rural Health In Maine.pdf](#)

Coburn also introduced “[Rural Health Innovation Briefs](#),” a series highlighting promising strategies for rural health systems innovation that are happening in Maine, as well as in other rural areas of the United States that are relevant to Maine. Coburn touched upon some of the key highlights of the briefs:

- Financing and Payment: “Moving Rural Health Systems to Value-Based Payment” looks at rural accountable care models— Accountable Care Organizations and Medicaid Accountable Communities— and other financial models.
- Governance: “Governance” examines hospitals and health systems partnering with primary care and other providers to create new organizational and governance structures and hospital-community partnerships for population health improvement.
- Workforce: “Recruiting and Retaining Maine’s Health Care Workforce” highlights rural-focused medical education programs; oral and behavioral health workforce development; and new health workers.
- Service Delivery: “Service Delivery Advances in Care Coordination, Emergency Care, and Telehealth” looks at alternative models in these three aspects of health care services.
- Behavioral Health: “Maine’s Behavioral Health Services” presents innovative approaches to the provision of treatment for mental illness and/or substance use disorders in rural areas.

Keynote Presentations:

New Approaches to Health Care Delivery

Alan Morgan, Chief Executive Officer, National Rural Health Association

“Rural health care is the critical component to a vibrant rural economy. You can’t have a healthy rural economy without a healthy rural community. Quality rural health care saves lives, provides skilled jobs, attracts businesses, and reinvests millions back into rural communities.” - Alan Morgan, Excerpt from blog post on Nov. 16, 2016 <https://www.ruralhealthweb.org/blogs/ruralhealthvoices/november-2016/ruralamericaspeaksloudly>

Morgan painted a picture of national rural health disparities, comparing rural and urban health statistics.

- Rural counties are more likely to report fair to poor health (rural 19.5% versus urban 15.6%).
- There are greater health care workforce shortages in rural America--only 9% of physicians practice there--and 77% of the 2,050 rural counties are primary care HPSAs.
- Life expectancy is declining in rural areas. Per the 2016 County Health Rankings, years lost increased in one of every five rural counties.
- There is a rural divide in American death. Americans living in rural areas are more likely to die from five leading causes than their urban counterparts, while in major cities life expectancies continue to increase.
- Rural communities are disproportionately impacted by substance use disorders--drug-related deaths are 45% higher in rural areas.
- There are more suicides in rural areas. In addition, 65% of non-metro counties have no psychiatrists (80% of remote counties) and no psychologists (61% of remote counties).

He went on to discuss some of the challenges facing rural communities and rural health systems.

- Rural hospitals are closing. Seventy-nine have closed since 2010.
- Many rural states have chosen not to expand Medicaid.
- Rural residents tend to be poorer and are more likely to be underinsured or uninsured.
- The rural economy and rural hospitals rise and fall together.
- Access to care remains the number one concern in rural health care.

Given the alarming scenario, Morgan identified strategies for keeping more hospitals from closing while creating new models for rural health and health care. He noted promising changes and scenarios, such as the diversifying population in rural America and the fact that rural hospitals are delivering value and match urban hospitals on performance at a lower price. He cited several new approaches that offer a path forward, including delivery system reform and system redesign.

Regarding the rural health care workforce challenges, Morgan noted that:

- Rural providers come from rural places.
- Rural residency training leads to rural practice.
- Family medicine is key to rural health.
- Residents practice close to where they live.

He acknowledged current workforce strategies, such as Area Health Education Centers (AHECs) and rural residency programs, and highlighted emerging models, including community health workers and patient navigators.

He also identified future models for rural providers, placing particular emphasis on the Save Rural Hospitals Act, crafted to address cuts in hospital payments that have taken their toll, forcing closures and leaving many rural populations without timely access to care.

Presentation: [A. MORGAN - New Approaches to Health Care Delivery.pdf](#)

Harnessing the Collective Power of Local Leaders, Partners, and Community Members

Toni Lewis, Community Coach, County Health Rankings & Roadmaps (a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute)

In her capacity as a Community Coach, Lewis works with communities developing health improvement initiatives using the County Health Rankings. She supports communities to advance work addressing the multiple factors that influence health, guiding them in building a Culture of Health for everyone.

Lewis raised several questions for stakeholders to consider:

- How did you get here?
- How does what you do connect with health?
- Who would you like to be working with that you aren't yet?

She directed attendees to the publication "[What Works? Strategies to Improve Rural Health](#)" and presented the Take Action cycle, a framework to support coalitions as they strategize and begin to make changes in their communities. The Take Action cycle is available in the [Action Center on the County Health Rankings](#) website, along with many other resources and tools to help make communities healthier.

Lewis stressed that community members are at the center of the cycle. Addressing health gaps effectively requires engagement and empowerment of community members—especially those most affected by poor health outcomes. She noted that although some community members may be poor and in need, they are first and foremost assets who bring great insight and make important contributions to health improvement efforts. Acknowledging and clearly seeing the strengths of all community members is one of the keys to collaborative strategies that result in meaningful change.

She also emphasized the importance of reaching out to diverse stakeholders and building relationships to help people feel connected as a group. This develops trust and creates a sense of community that will allow people to accomplish more together than they could individually. She stressed the importance of communication and asked, “How can we talk in ways that we can understand one another? What works for health?”

Presentation: [T. LEWIS - Advancing Rural Health Systems Transformation 11 10 16.pdf](#)

Panel:

Talking Transformation

Lewis’ presentation featured a reactor panel of stakeholders outside the health and health care sectors. Panelists discussed the high costs of health care, strategies for lowering them, and three questions:

- Why does this conversation matter to you or the sector you represent?
- From your perspective, what would transformative change in rural health look like?
- How do you see yourself or others from your sector being engaged in this change?

Anne Ball, Program Director, Maine Downtown Center, the Maine Development Foundation’s Downtown Center serves as the state coordinating entity for the National Trust for Historic Preservation’s Main Street (downtown revitalization) program.

According to Ball, “keeping our communities and our downtowns healthy is important to economic development. Small businesses (with less than five employees) fill our small rural communities. These businesses typically don’t have traditional worksite wellness programs, however, with creative delivery programs and partners small businesses can increase productivity and decrease absenteeism just like large businesses.” She also shared that “at the community level, health and wellness corresponds to economic development. If a downtown is healthier through access to trails and local fresh foods through farmer’s markets and the small businesses have healthier employees, then that downtown is a place where more people will want to live, work, and play.”

Susan Corbett, Chief Executive Officer, Axiom, leads the provider of fast, affordable, and reliable broadband services for rural communities. She is a preeminent authority on rural broadband deployment and works closely with economic development and rural organizations to advance internet and wireless technologies and their adoption.

Corbett shared that “Axiom has been on the front lines for more than 10 years helping people in rural Maine get connected and has witnessed how that connection can transform lives. Connecting to the internet has the power to transform health care in Maine.”

Daniel L’Heureux, Town Manager of China and member of Maine Municipal Employee Health Trust, shared information about how the high costs of health care affect municipalities. “For 11 staff in China, the town pays more than \$250,000 in health care premiums. These numbers matter a lot. If significant resources are consumed in this manner, it does not leave much for direct employee remuneration.”

Breakout Sessions:

Creating Collaborative Solutions across Multiple Organizations

Kris Doody, CEO, Cary Medical Center

Peggy Pinkham, Executive Director, Maine Rural Health Collaborative

The Maine Rural Health Collaborative shared the work of this newly formed organization, explained why the Collaborative was formed, and outlined some of the successes and challenges of a multiple hospital collaborative. Participating hospitals are: Cary Medical Center, Houlton Regional Hospital, Mount Desert Island Hospital, Northern Maine Medical Center, and St. Joseph Hospital.

Improving Community Health through Innovations in Financing

Glenn Landers, Associate Project Director, Georgia Health Policy Center

This session showcased a financing module developed for the Bridging for Health project by the Georgia Health Policy Center. Bridging for Health, a program supported by the Robert Wood Johnson Foundation, is aiding communities in developing and implementing financing mechanisms that rebalance and align investments in health. The module was designed with a stewardship lens to enable stakeholders to clarify and align community needs, think about possible innovations in financing health, apply both technical and adaptive thinking skills, use decision tree analysis, and imagine how funding for health could flow differently in communities.

Presentation: [G. LANDERS - Innovations in Financing.pdf](#)

Telehealth – Innovations for Enhancing Rural Health Care Access and Outcomes

Dean Bailey, Manager of Special Projects, Sweetser

Marc Kaplan, Medical Director, Sweetser

Danielle Louder, Program Manager, Technology Support Initiatives, MCD Public Health

Lisa Tuttle, Program Director of Practice Transformation, Maine Quality Counts

This session looked at two different models of using technology to increase timely access to care:

Sweetser discussed live videoconferencing to provide mental and behavioral health services within the primary care setting, enhancing access to rural and underserved populations through Federally Qualified Health Centers. Sweetser shared lessons learned, impact on specific patient outcomes, and challenges encountered along the way with respect to implementation and sustainability.

Presentation: [D. BAILEY - Telehealth Innovations for Enhancing Rural Health Care Access and Outcomes.pdf](#)

Northeast Telehealth Resource Center and Maine Quality Counts described Project ECHO, an innovative model using simple technology to “democratize knowledge” through peer learning modules (specialist to primary care provider), increasing confidence and capacity of rural healthcare providers to effectively manage complicated, yet common diagnoses in the primary care setting.

Presentation: [Louder and Tuttle on Telehealth.pdf](#)

Preparing Health Professionals for Practice in Rural Communities

Peter Bates, Senior Vice President for Academic Affairs & Chief Academic Officer, MMC Medical School Program

Marya Goettsche Spurling, Family Physician, Skowhegan Family Medicine

This session covered the health challenges facing Maine and our rural communities, the health workforce dilemma, and unique education and research programs that may help improve the health of our communities.

Presentation: [P. BATES - Preparing Health Professionals for Practice in Rural Communities.pdf](#)

Sunrise Health Care Coalition Models the Value of Collaborations

Theresa Brown, Director of Practice Management, Calais Regional Hospital

Addie Carter, CEO, East Grant Health Center

Holly Gartmayer-DeYoung, CEO, Eastport Health Care, Inc.

Christopher Kennedy, VP Physician Practices, Downeast Community Hospital

Sunrise Health Care Coalition, Leaders of Change in Washington County, is a nonprofit membership organization comprised of five FQHCs and the two Critical Access Hospital rural health clinics. Utilizing a culture of relationship, the organization assesses needs and brainstorms solutions aimed at improving the population health of the county. Presenters discussed innovations, such as Bright Spots in Health Care Hall of Flags Day; the Cultural Immersion Downeast experience for UNE graduate students; and Community Circles. They described their collaborative approach that reflects how SHCC organizations support each other through examples, such as Community Health Center Week, recruitment activities, shared best practices, health care training (opioid epidemic and Hepatitis C), and others.

Handout: [Sunrise Health Care Coalition - SHCC Models the Value of Collaboration.pdf](#)

Community Care Partnership of Maine: An Alternative ACO Model for Independent, Community-focused Health Care Organizations

Audie Horn, Clinical Practice Director, Katahdin Valley Health Center

Robert Peterson, CEO, Millinocket Regional Hospital

Ken Schmidt, President and CEO, Penobscot Community Health Care

With its partners, Penobscot Community Health Care (PCHC) initiated Community Care Partnership of Maine (CCPM) to improve patient care and prepare for the future of health care reimbursement – payment for outcomes instead of services. The session focused on how PCHC, seven fellow community health centers, St. Joseph Healthcare, and community hospitals in Millinocket and Caribou learn, grow, and improve care, and seek to benefit financially as an Accountable Care Organization (ACO). CCPM now has ACO-type arrangements with Medicare, MaineCare, and two commercial payers. These arrangements will reward CCPM financially if their patients achieve improved health, have a positive experience in their practices, and if overall health care costs of their patients are contained.

Presentation: [CCPM Group MeHAF CCPM ACO Presentation.pdf](#)

Inter-professional Team-Based Practice and Education Approaches to Rural Health

Dora Mills, Director, Center for Health Innovation, University of New England

“We already do team-based care” is a common response to explaining what inter-professional practice and education are. And while it is true that rural health care often does a great job of team-based care, there is evidence that we don’t do it as well as we think we do. Mills shared lessons learned from implementing these strategies, why they are especially critical to rural health and health care, and what steps rural health care providers and communities can take to implement inter-professional team-based care and education.

Presentation: [D. MILLS - Rural Maine Health Interprofessional.pdf](#)

Community Para-Medics and Community Health Workers at Work in Rural Areas

Barbara Ginley, Chief Technical Officer, Maine Migrant Health Program

Scott Lash, Director of Operations, Boothbay Ambulance Service

Tom Judge, Executive Director, Lifeflight of Maine

Primary care workforce shortages hit rural communities particularly hard. This dynamic, coupled with expectations that the transformed healthcare system will have effective community connections, has led to the recognition of the role health care extenders (those who conduct activities and interventions in support of health and health care) can play in working closely with care teams and patients in community settings. Here in Maine, community paramedicine is an evolving care paradigm. This model utilizes EMT and paramedic staff to provide non-emergent health care to underserved and at-risk populations. Community health workers are extenders whose “lived experience” informs their work in bridging systems of care and communities and addressing social determinants of health.

Presentation: [B. GINLEY - CHWInitiative_MEPCA.pdf](#)

Group Discussion: Bringing it Home, Incorporating the Learning

Toward the end of the meeting, participants engaged in an activity designed to distill and discuss key points. Participants responded in writing to questions aligned with three shapes: ▲ What three points do you want to remember? ● What’s circling in your mind? ■ What squares with your beliefs?

Responses were discussed in small groups and then posted at designated spots on the wall. Some overall common themes included:

- Rural communities have unique assets and challenges.
- New approaches to providing care, new types of health care workers, new roles, and different care settings deserve consideration.
- Community members are an essential part of the discussion about changing health care.
- Collaboration is essential in rural communities.
- Innovative and affordable health professional education is needed.
- There is significant post-election uncertainty.

Other key topics included:

- Maintaining and developing adequate resources
- Exploring the connection between health and wealth

- Tools and resources that can be tapped
- Data and information that can inform choices

▲ The top answers to “What three points do you want to remember?” were:

1. Collaboration is essential in rural communities
2. Effective inter-professional teams are key in rural areas
3. Innovative models of care are needed

● The top answers to “What’s circling in your mind?” were:

1. What will happen with federal funding and the health care system following the election?
2. Community people are needed here.
3. We can’t solve the problem with the same approach or people that caused the problem.

■ The top answer to “What squares with your beliefs?” was “Rural areas have challenges, but we have strengths, too.”

Going Forward:

MeHAF continues to promote a collective vision of regional rural health systems that ensures the availability of high-quality, affordable care when and where it’s needed. At the meeting, awareness of the issues faced by rural health systems was raised and promising practices for improving rural health systems were shared through discussions and presentations by representatives from national and local organizations. Connections among local health systems, community health, and the local economy were identified, and the importance of those connections was stressed. Diverse stakeholders were brought together to build relationships and communicate with one another, and people with similar concerns and interests were given the opportunity to interact and make connections.

The meeting sparked interest in a deeper level of engagement in some rural areas. In January 2017, MeHAF awarded the first grants under the Rural Health Transformation initiative to five organizations around the state to develop cross-sector collaborative approaches to improve health and health care access in Maine’s rural communities. Three “Catalyst” grantees are initiating new collaborative efforts, while two “Acceleration” grantees are existing collaboratives that are piloting programs to test novel ways of delivering essential health services.

Resources

Presentations:

Rural Health: What Does the Data Tell Us? Andrew Coburn, Research Professor on Rural Health, University of Southern Maine, Muskie School of Public Service: [A. COBURN - Advancing Rural Health In Maine.pdf](#)

Harnessing the Collective Power of Local Leaders, Partners, and Community Members Toni Lewis, Community Coach, County Health Rankings & Roadmaps: [T. LEWIS - Advancing Rural Health Systems Transformation 11 10 16.pdf](#)

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Preparing Health Professionals for Practice in Rural Communities Peter Bates, Senior Vice President for Academic Affairs & Chief Academic Officer, MMC Medical School Program and Marya Goettsche Spurling, Family Physician, Skowhegan Family Medicine: [P. BATES - Preparing Health Professionals for Practice in Rural Communities.pdf](#)

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New Approaches to Health Care Delivery Alan Morgan, Chief Executive Officer, National Rural Health Association [A. MORGAN - New Approaches to Health Care Delivery.pdf](#)

Publications:

“Rural Health Innovation Briefs” and “Rural Health Innovation Briefs”: <http://www.mehaf.org/learning-resources/reports-research/>

“What Works? Strategies to Improve Rural Health”: <http://www.countyhealthrankings.org/node/35670>

Websites:

Action Center - County Health Rankings: <http://www.countyhealthrankings.org/roadmaps/action-center>

Bridging for Health: Improving Community Health through Innovations in Financing: <http://ghpc.gsu.edu/project/bridging-for-health/>

County Health Rankings: <http://www.countyhealthrankings.org/>

National Rural Health Association (NRHA): <https://www.ruralhealthweb.org/>

NRHA Save Rural Hospitals Action Center: <https://www.ruralhealthweb.org/advocate/save-rural-hospitals>