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Insights from the C -Suite: Chief Quality Officers Panel

A Rural Health Perspective

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A Little Bit About Nebraska…

- Ranks 43rd in population density
- Amount of land that produces corn and livestock is greater than any other state in the US
  - 91% of Nebraska is farmland. 1 in 4 jobs in Nebraska are related to agriculture

Total Population: 1,967,923
Nearly 17% are over age 65
Another 12.4% are ages 55 -64 years old

65+ group is the fastest growing age group between **2010-2021** increasing **30.2%**

- Nearly 78% White, non -Hispanic
- 89% of Nebraska's cities <3,000 people
- Hundreds of towns in Nebraska have less than 1,000 residents

Who am I?

- Mom
- Nurse
- Rural Health Care Advocate

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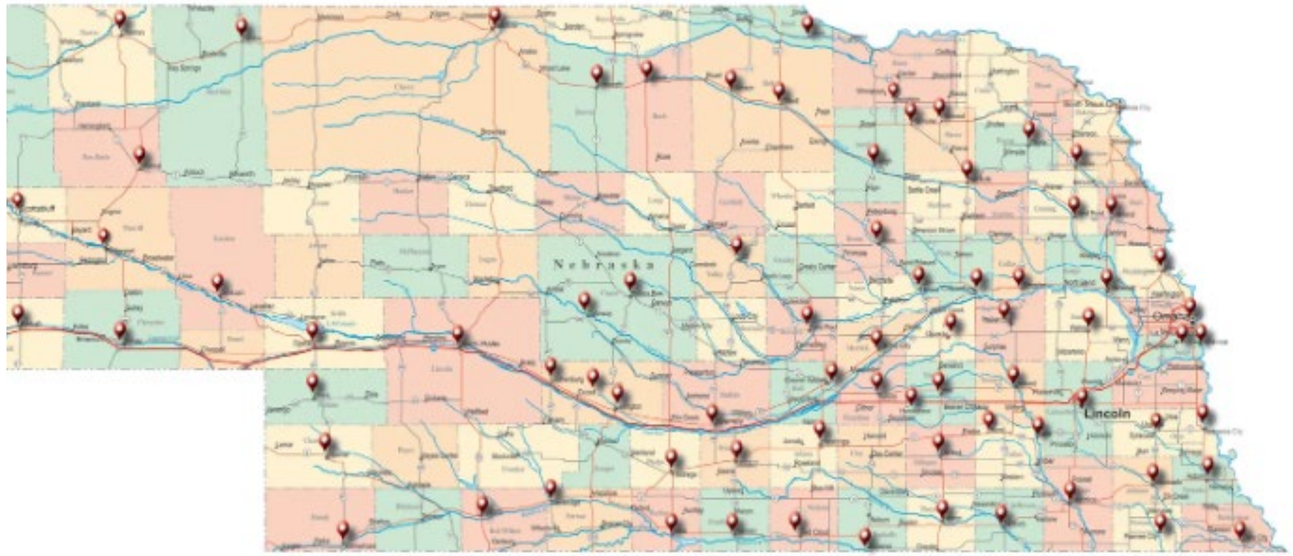
Who is the Nebraska Hospital Association (NHA)?

BEYOND THE NUMBERS

The Nebraska Hospital Association represents 92 community hospitals and health systems in Nebraska.

- 64 Critical Access Hospitals (CAHs)
- 10 rural hospitals
- 15 urban hospitals
- 1 long-term acute care hospitals
- 2 rehabilitation hospitals



Key Services:

Advocacy | Finance | Regulatory | Clinical Quality | Data | Workforce | Education

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The State of Rural Health Care:

ACCESS:

- Between 2010-2020, 121 rural hospitals have closed
- Between 2004-2014, 9% of rural counties in the US lost OB services
- Health care deserts
- Long commutes to nearest site of care
- Workforce shortage

FUNDING:

- High input costs: staffing, pharma, supplies, technology and infrastructure
- Low volume
- Few highly revenue-generating elective procedures
- Troubling payer mix

REGULATORY OVERSIGHT:

- Continued regulatory burden requires additional staffing / workflows
- High expense purchases

SUPPORT AND LEVERAGING STRENGTHS:

- Siloed practices
- Difficulty with transport / moving patients to correct level of care
- Continuum of care and strong relational ties to community and patients.

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NHA Priority Work:

TRANSITIONS OF CARE – PATIENT THROUGHPUT

HEALTH EQUITY

WORKFORCE

RURAL HEALTHCARE QUALITY

ACTION THROUGH DATA

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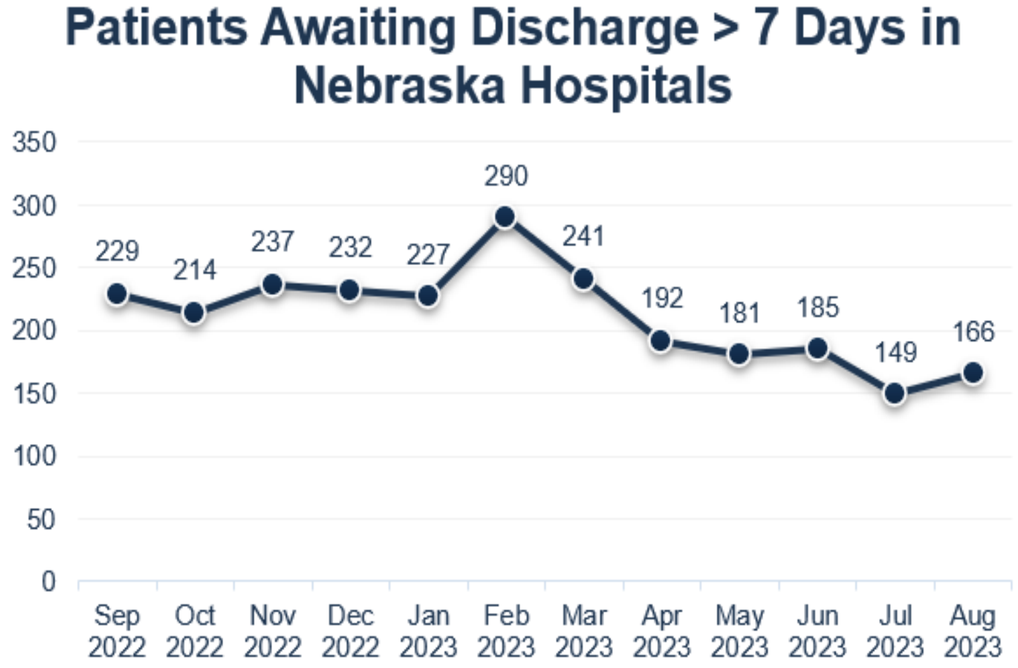
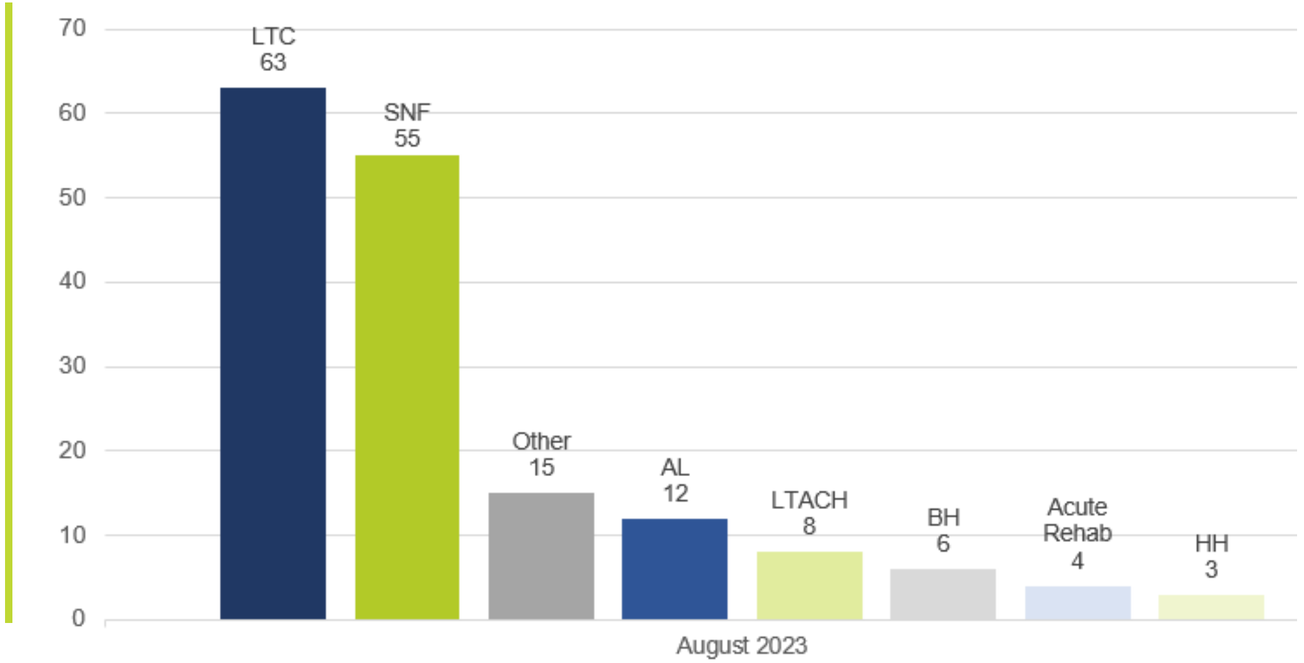
Transitions of Care in Nebraska





Transitions of Care in the Legislature

Post Acute Challenge Package Passed

LB227

Provides a per diem Medicaid reimbursement to a hospital for a Medicaid patient who is eligible for discharge after receiving care but is unable to be transferred to an appropriate nursing facility due to a lack of available nursing facility beds or in cases where the State Court Administrator is unable to appoint a public guardian.

LB517

Creates a pilot program that provides financial incentives to post-acute facilities to accept patients with complex health needs when hospitals are at or near capacity. The pilot program will develop a process to direct payments to post-acute care facilities that support care to patients with complex health needs. The bill will appropriate $1 million to this program

LB434

Long-term acute care hospitals (LTACHs) receive Medicaid funding allowing for more long-term acute care patients to be transferred to the appropriate level of care, freeing up bed capacity in hospitals.

LB219

Directs the DHHS to rebase inpatient interim per diem rates for critical access hospitals. The department shall rebase the rates using the most recent audited Medicare cost report on an annual basis within ninety days of receiving the cost report. Critical Access Hospitals get paid a per diem rate shortly after providing patient care, which in Nebraska currently covers about 50-60% of the costs of this care. The Critical Access Hospitals then wait 18-24 months to receive the full payment from Medicaid. LB 219 would rebase the initial per diem rate. There are 63 Critical Access Hospitals in Nebraska and more than half report that they have been operating with a negative margin.

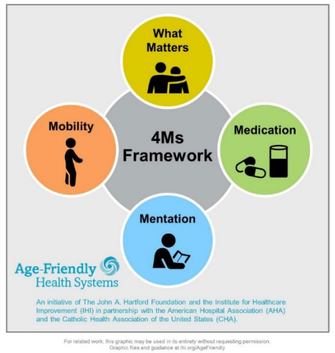
Health Equity in a Rural State:

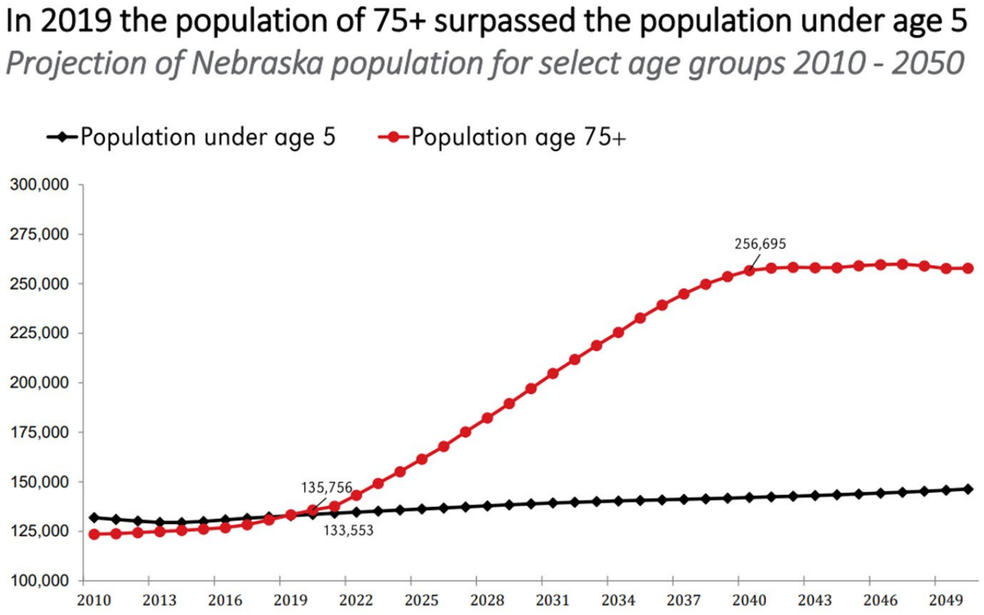
- ✓ REAL data collection
- ✓ Rurality as a disparity
- ✓ Equity toolkit in partnership with university system
- ✓ Collection of Z-Codes to trend SDoH needs
- ✓ Age is a highly noted health disparity
  - ✓ Age-Friendly Health Systems

Rural Health Inequities, by the Numbers

Primary Care Physicians	Specialists	Death Rate
• Rural: 55.1 per 100,000 residents in 2013 • Urban: 79.3 per 100,000 in 2013	• The National Rural Health Association reports there are only 30 specialists per 100,000 people in rural communities, compared to 263 specialists per 100,000 urban residents	• Rural: 830.5 per 100,000 people in 2014 • Urban: 704.3 per 100,000 in 2014

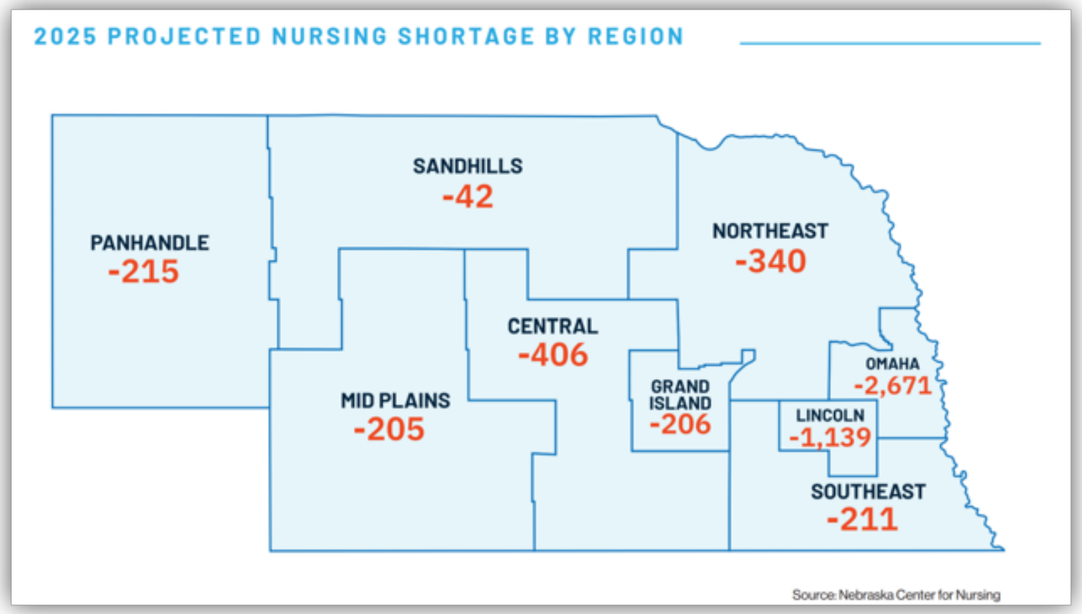
Source: North Carolina Rural Health Research Program. Rural Health Snapshot (2017).

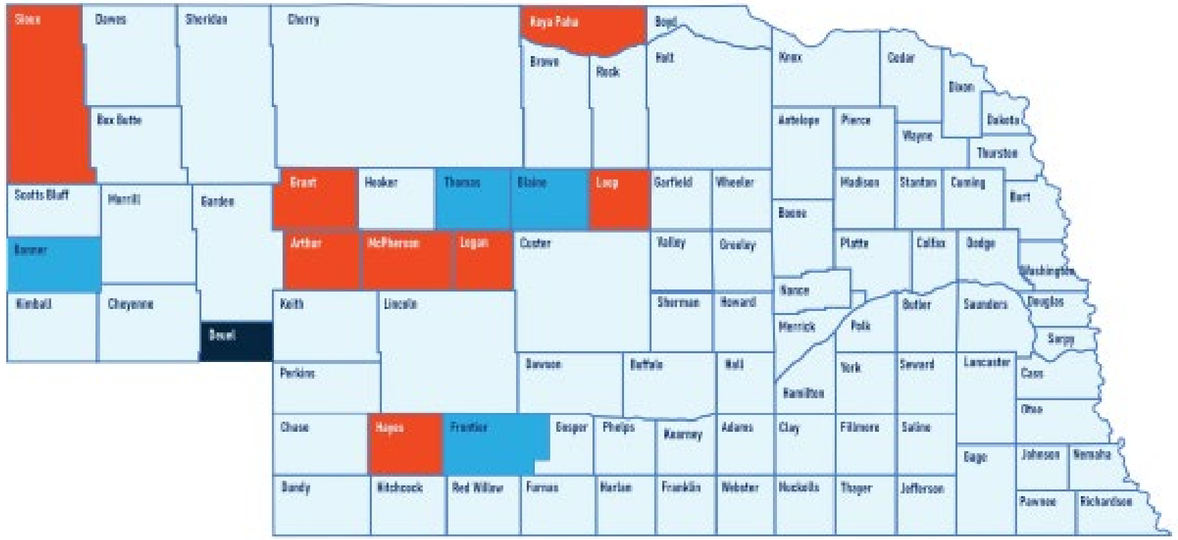




Health Care Worker Shortage:

- ✓ Pipeline Project
- ✓ Preceptor Training
- ✓ Health Care Workforce Surveys





According to the 2021 RN/APRN Renewal Survey:

9 counties:	0 RNs or APRNs
12 counties:	0 LPNs
8 counties:	0 RNs, APRNs, or LPNs

https://www.nebraskahospitals.org/file_download/inline/59fe69a8-0508-4580-b2fc-a8fe8c09d0d8

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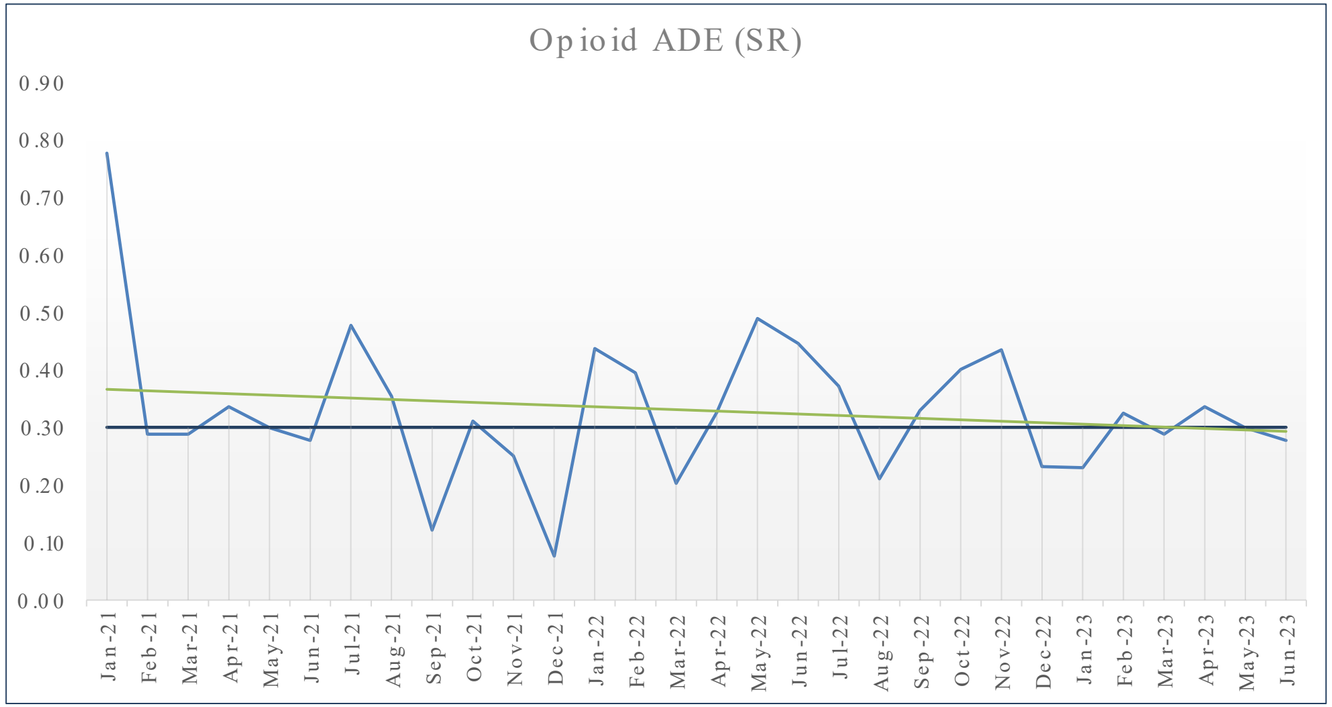
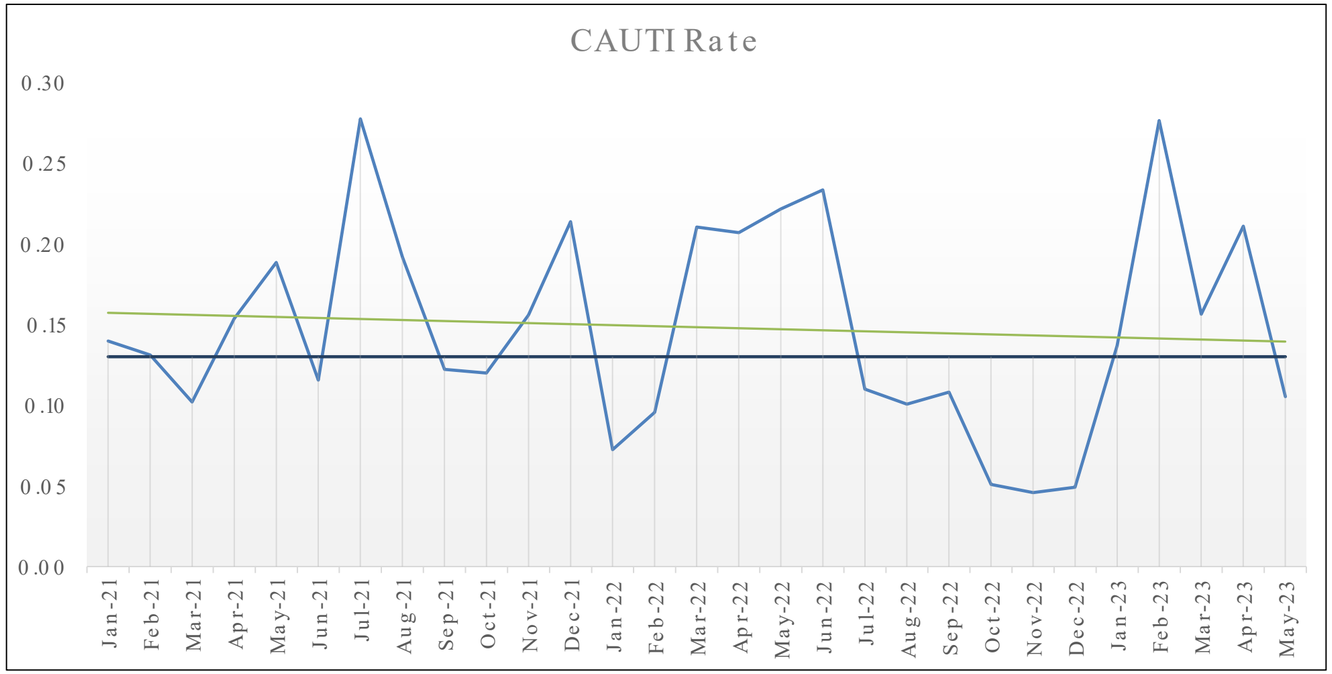
Health Care Quality:

- ✓ CMS Quality Grant
- ✓ Rapid Cycle Improvement Projects
- ✓ Quarterly Scorecards – with unblinded rates





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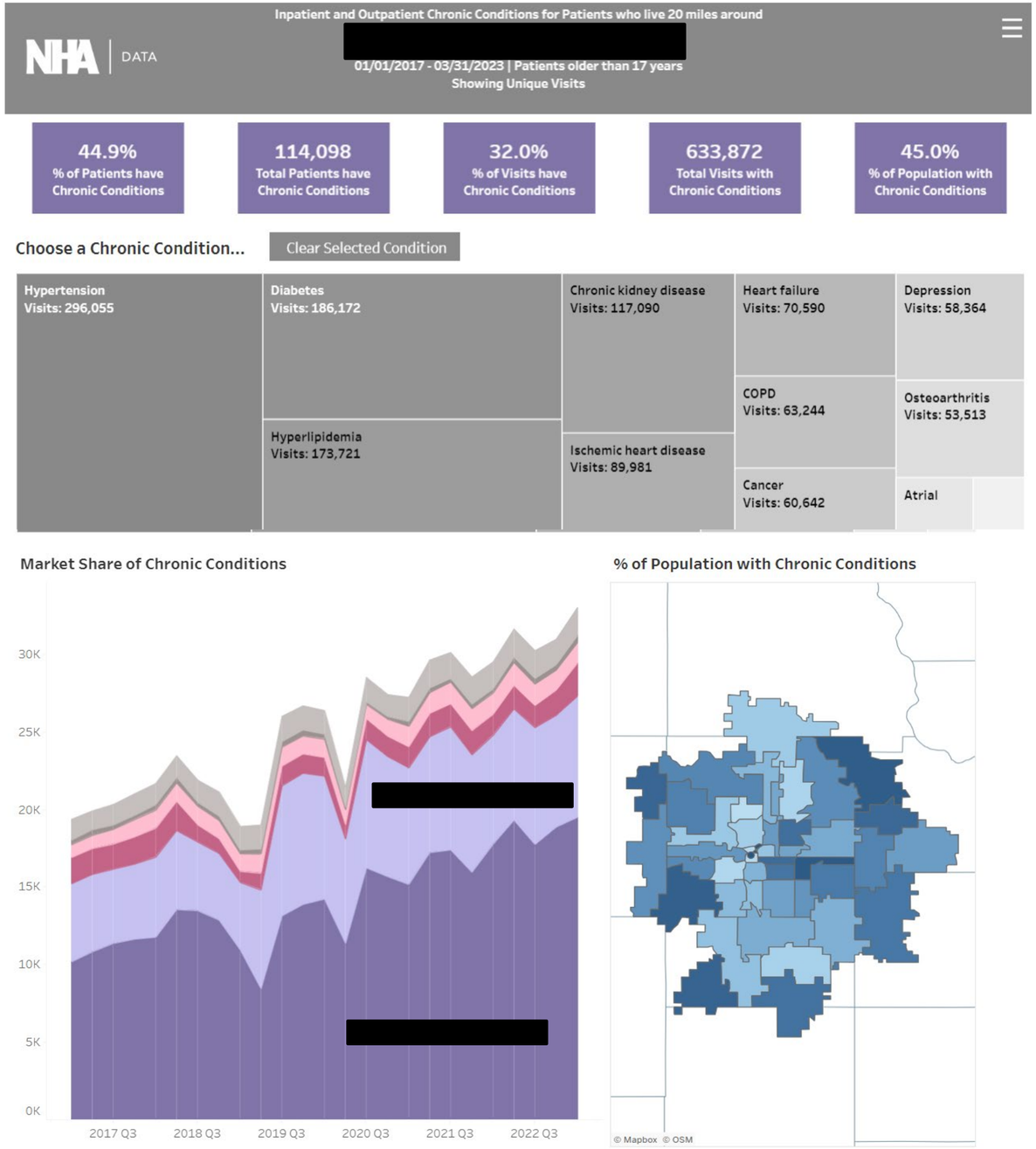
Action Through Data:

- ✓ Robust Data Platform
- ✓ Creation of actionable dashboards
- ✓ Support statewide health outcome research
- ✓ Understand health patterns of patients
  - Outmigration
  - Market Share



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THANK YOU

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