Non-Designated Public Hospitals & DSRIP

Sherreta Lane, Vice President, Finance Policy
District Hospital Leadership Forum

DISTRICT HOSPITAL LEADERSHIP FORUM

Overview

- Overview of non-designated public hospitals (district/municipal)
- NDPHs and DSRIP background
- Current NDPH DSRIP considerations

Non-Designated Public Hospitals

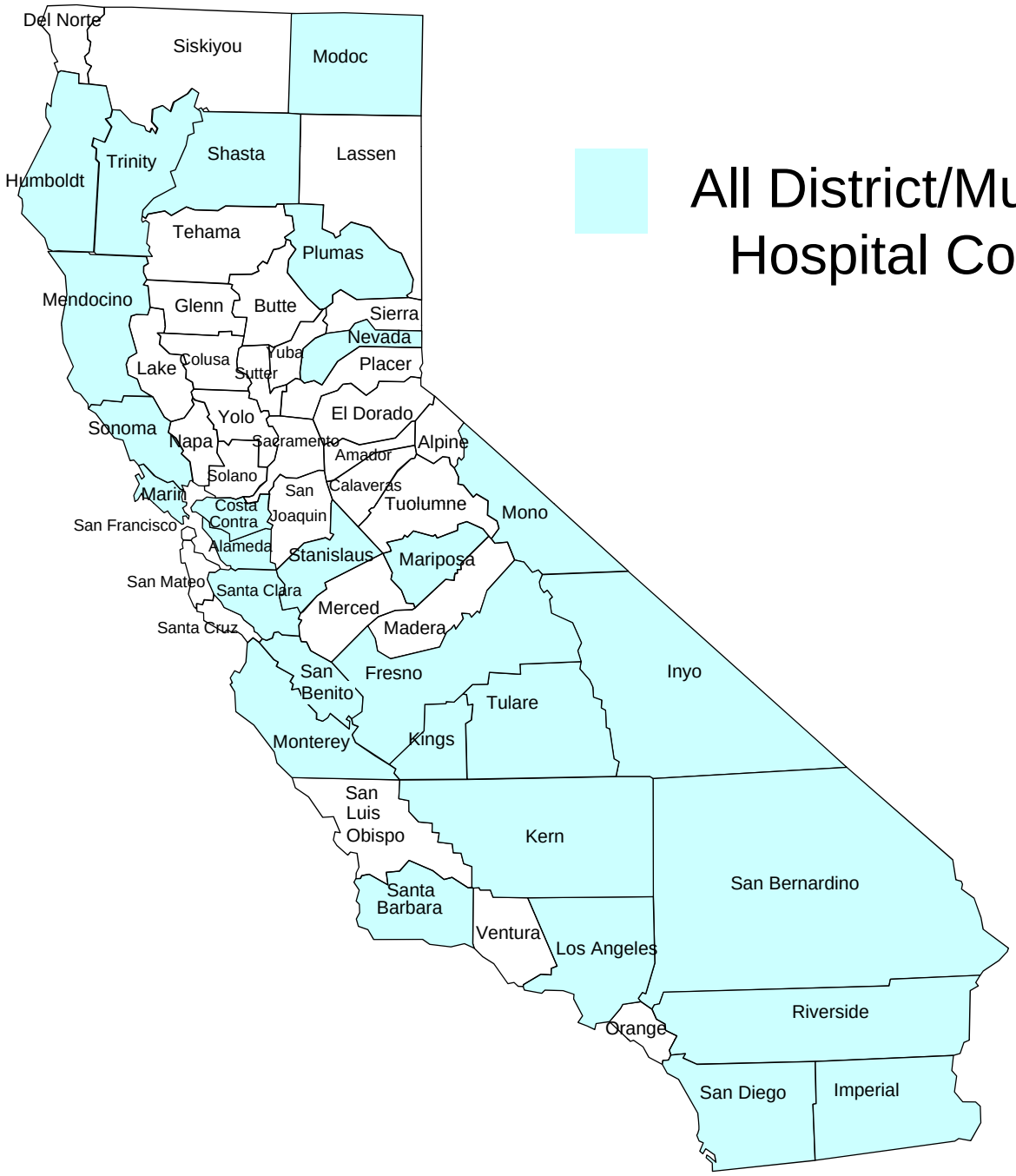
- 41 district hospitals and 1 municipal hospital
- District hospitals
  - Publicly elected Boards of Directors
  - Local governments responsible for providing for the healthcare needs of their communities
    - Ability to use funds – CPEs/IGTs – as non-federal share
  - Created after World War II to address a shortage of access to acute hospital care particularly in rural California
    - First district formed in 1946

Healthcare Districts

- Approximately 35 healthcare districts without a hospital providing variety of health services (clinic, long-term care, etc.)
- Most receive (varying amounts) of tax revenue (small communities' taxes often inadequate for issues such as seismic)
- All healthcare districts represented by Association of California Healthcare Districts (ACHD); DHLF represents those with hospitals

Non-Designated Public Hospitals

- 28 rural
  - Treat significant number of visitors to communities
- 20 critical access hospitals
- Approximately half eligible for Medi-Cal DSH
- Very diverse
  - Licensed acute beds range from 3 to more than 400
  - Services range from emergency coupled with a medical unit and distinct part nursing facility to tertiary/trauma
  - Many rural NDPHs have rural health clinics



All District/Municipal Hospital Counties

NDPH History with DSRIP

- As part of a 2012-13 budget proposal, district/municipal hospitals would participate in DSRIP 1.0.
- While proposal eventually was pulled, NDPHs spent several months working with DHCS and drafting DSRIP 1.0 plans

2012 Lessons Learned and Challenges

- Diversity among hospitals
  - Smallest/CAH required to complete fewer projects
  - Rural hospitals' resource challenges (financial and manpower due to location)
- Prohibition on hiring physicians
  - Working on work-arounds
- Size of facilities
- Many projects related to expanding primary and specialty care, addressing ED use and use/implementation of data systems

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Current Potential NDPH DSRIP Efforts

- Behavioral health
  - Some California counties report residents having 4 mentally unhealthy days in past 30 days (double the national benchmark)
  - Many community/district needs assessments identify behavioral health as area of importance
  - One-quarter of certain communities' residents lack social/emotional support systems
  - Impacts all NDPH emergency departments
  - Impacts physical health

Behavioral Health

- Small and large district/municipal hospitals alike struggling with the increased impact of behavioral health patients presenting at the emergency department
- Many NDPHs currently in planning efforts with communities (counties, local law enforcement and social service agencies)
  - Small facilities – telepsychiatry, crisis stabilization units
  - Larger facilities – expanding/opening inpatient and comprehensive behavioral health units

Behavioral Health

- All recognize need to build paths and bridges for local patients by referring and coordinating care with other local and out-of-area providers
- Shortage of behavioral health professionals
- Association convening efforts especially in this area to determine best practices, etc.

Access to Specialty Care

- Rural California, especially, struggles to attract specialists/put infrastructure in place
- Patients with specialty needs travel to more urban areas
- Some specialty services better provided in local communities
  - Oncology
  - Surgery

Care Coordination

- Successful transitions after “hospitalizations” (inpatient and outpatient) result in fewer readmissions/return visits.
- Goals include maximizing patient understanding of medications and state of disease
  - A number of district/municipal hospitals in planning stages to address continuum-of-care gap
  - Increase access to clinical care services in the most cost effective way
  - Using data and systems (some recently available) to track test/procedure results/needs

Care Coordination (cont)

- Clinic education programs specific to conditions
  - Medication management, disease education, chronic disease management, social and dietary assessments, advanced care planning and support for coordinating further care and communication among providers
- Care navigators to coordinate care across specialty care, facility-based care and community organizations
- Mobile units (i.e., respiratory diseases in Central Valley)

Improve Population Health

- Working within each community to determine appropriate focus
  - Diabetes, asthma, congestive health failure, etc.
  - Proactively management using protocols, education resources, technology, expansion of provider access.
  - Other investments such as education, environmental factors, family support, community outreach and culturally sensitive care approaches

Primary Care Access/Patient Centered Medical Homes

- Necessary to improve management of chronic conditions, transition patients from inpatient to outpatient, ensure access to preventative care
- Potential for outpatient clinic expansion
- Recruit primary care providers (physicians and others)
- Mobile units
- Patient Centered Medical Homes allow chronically ill patients to be assigned to multidisciplinary care teams
  - Disease management registry

Specialty Care Access

- Assess current specialty care accessibility for residents
- Recruitment efforts that match physician specialties to needs not currently being met
- Telehealth or remote clinic services
- Palliative care programs

Outpatient Services

- District/municipal hospitals recognize the need to move toward providing care in a non-inpatient setting
- Planning to implement programs that accomplish this

Future

- District/municipal hospitals are integral component California's hospital/health network
- Like other hospitals, planning and implementing projects that allow these facilities to better meet communities' needs and deliver care in the most appropriate manner
- Appreciate opportunities provided by participation in DSRIP 2.0 to better serve communities

Questions?