

SERVICE

Unifying care, **transforming communities.**





About ARHP

ARHP is a non-profit, horizontal hospital organization comprised of eleven, independently owned south Arkansas rural hospitals



Our Board

ARHP is governed by a board of directors comprised of the Chief Executive Officer of each member hospital



Organization

ARHP is formally organized with by-laws and meets on a monthly basis



Network Size

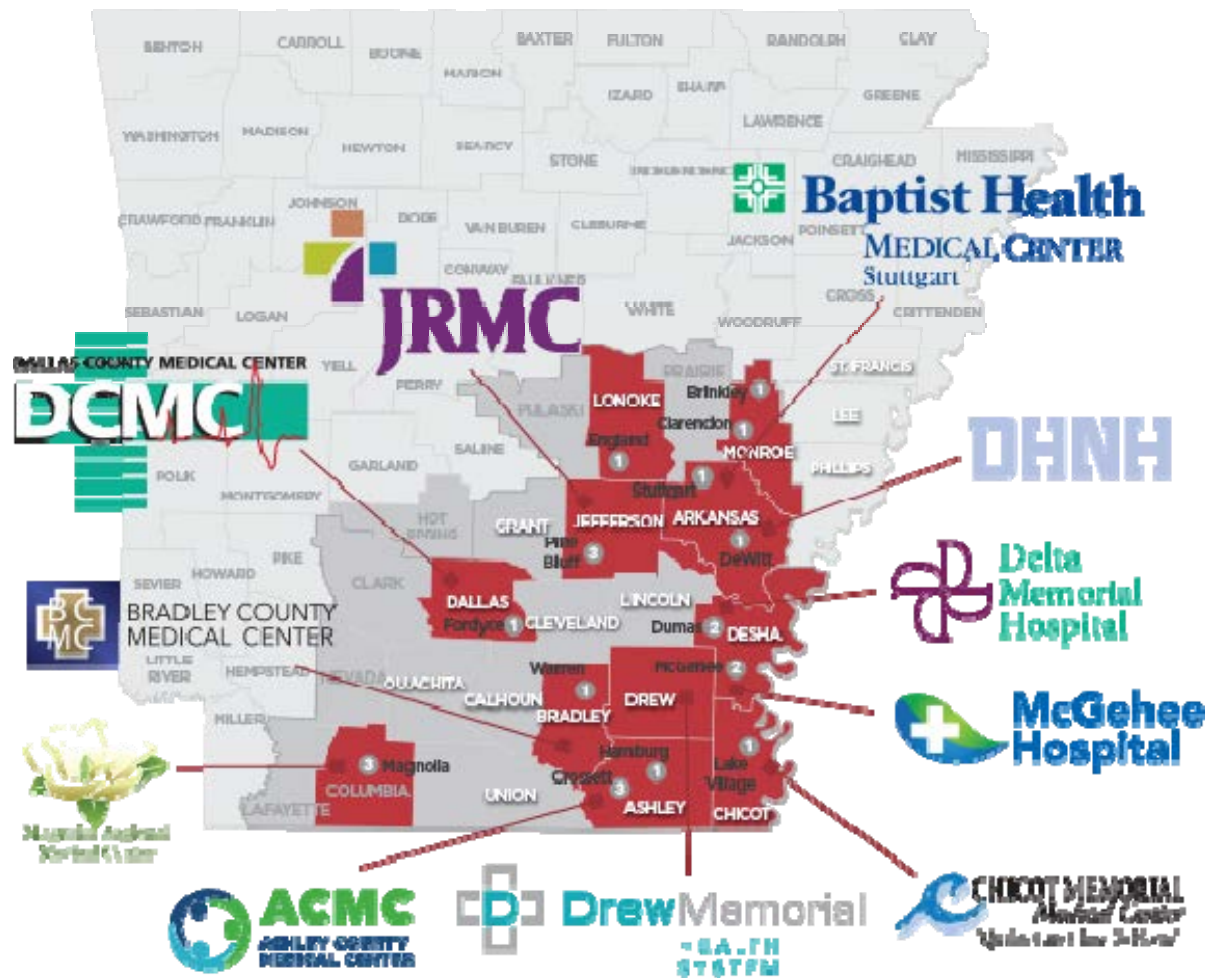
ARHP collectively is the 6th largest healthcare provider in the state of Arkansas (patient volume)



Grant Funding

ARHP has obtained over \$10 million dollars in grant funds to date

Note: Arkansas is one of 6 states in the country that does not have a rural health association. Arkansas also does not have a rural hospital association





Unifying Care, Transforming Communities



Our Mission

To create and implement sustainable solutions to improve the healthcare infrastructure and strengthen healthcare delivery in rural Arkansas

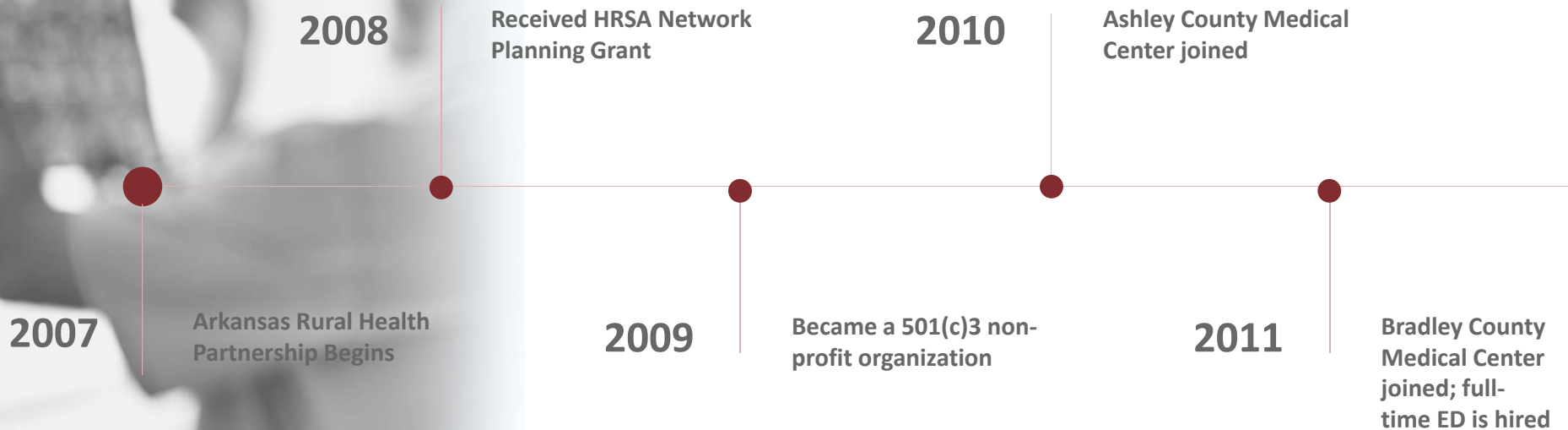
Our Vision

To ensure access to quality and localized healthcare throughout rural Arkansas through collaborative efforts

Organizational History



Arkansas Rural Health Partnership (formerly known as the Greater Delta Alliance for Health) began when hospital administrators from five of the member hospitals convened to discuss how the region might collectively pull together to address the health disparities in the Southeast Delta region of Arkansas. This group identified the goals of the organization with the assistance of the HRSA Rural Health Network Planning grant funds in 2008.





**2017 HRSA Rural Health
Community Champion Award
Creative Partnerships**



2014

Dallas County Medical
Center & Jefferson Regional
Medical Center joined

2018

Magnolia Regional
Medical Center joined

2013

Drew Memorial Hospital
joined

2017

Changed name to Arkansas
Rural Health Partnership



Why We're Needed



- 01** **Survival of the fittest-** Across the country and in our state; small, rural hospitals were closing while larger healthcare systems continued to grow. We recognized that we needed to know what we could do ourselves to bring in revenue and what we needed from our state partners; not the other way around.
- 02** **Commitment to our rural communities-** A single hospital closure would have a detrimental effect to our rural communities beyond just healthcare services; including eliminating scarce jobs, the ability to recruit businesses, less local spending, and in many cases, abolish the biggest employer in the community. Our counties that are already losing population would continue to decay rapidly.
- 03** **Commitment to saving lives-** Numerous lives would be lost in preventable circumstances if we allow our local hospitals to close. Emergency situations call for emergency healthcare. We need our emergency room and we need local hospital beds. Most member hospitals are no longer delivering babies at the local level due to the lack of physicians.

Why We're Needed



04 **Need for healthcare professionals-** Partners recognized that it is difficult to recruit to communities that do not have high quality schools, jobs for spouses, shopping, and the amenities of larger cities. We knew we had to figure out how to work with our students to get them into healthcare careers.

05 **Time for collaboration; not competition-** Partners recognized that they were not in competition with one another and that maybe if we learned what each was doing and how we could work together to build needed healthcare resources regionally we might have a chance at surviving. Each hospital alone could not possibly provide for all of the needs of the community, so why not try and open up communication to provide the best care right at home.

In Order To Survive, We Must...



Recruit

Be able to recruit healthcare professionals and staff to work in our rural communities by being able to offer competitive salaries and benefits in order to attract a viable healthcare workforce



Go Virtual

Implement telehealth services to fill in the gaps of care where there is no workforce



Educate

Continue to educate and build the skills of our healthcare workforce to be competitive with larger hospitals



Cut Costs

Pursue economies of scale to cut rising healthcare costs



Reduce Outsourcing

Implement service lines that will assist our rural hospitals reduce/eliminate outsourcing costs



Encourage

Grow our own healthcare workforce by engaging our youth to pursue careers in healthcare through education, mentoring, and financial assistance



Stay Local

Turn to our neighboring healthcare partners to build partnerships to not only keep our hospitals viable, but help our communities thrive by keeping it local



Listen

Continue to provide leadership in our communities and continue to listen to our residents and address their needs and concerns



Advocate

Continue to be a voice for rural health in Arkansas through collaboration with our rural and state partners

ARHP Services



Advocacy Entity

- Rural Health Awareness
 - Rural Health Policy
- Rural Health Promotion
- Voice for Rural Health
 - Capacity Building

Programs/Services Entity

- Provider Training & Education
- Workforce Recruitment & Education
 - Professional Roundtables
- Patient Education & Enrollment
 - Telehealth Services
- Community Health Needs Assessments
- Community Health Education/Outreach

Clinical Entity

- Physician-hospital organization
- Coordination of Care
- Quality Improvement
- Contract Negotiation
- Information Technology
- Managed Care Contract Negotiation
- Physician Recruitment
- Benchmarking (Financial & Quality)

Business Entity

- Business Office Solutions
 - Group Purchasing
 - Staffing Agency
- Contract Negotiation
- Health Insurance
- Revenue Cycle Management
- Operational Assessments
- Locum Staffing Contracting Rates

ADVOCACY

We need to improve the health of rural Arkansans and
no one knows rural like rural folks



Advocating for Healthier Communities

ARHP believes that a special kind of magic happens when community members and organizations sit at the same table to tackle the most complicated and critical health concerns of a region.

- ⊕ Community Health Needs Assessments
- ⊕ AR Delta Opioid Outreach Task Force
- ⊕ AR Rural Mental Health Outreach Task Force
- ⊕ AR Delta ACT Coalition
- ⊕ Senator Rick Crawford's DREAM Council



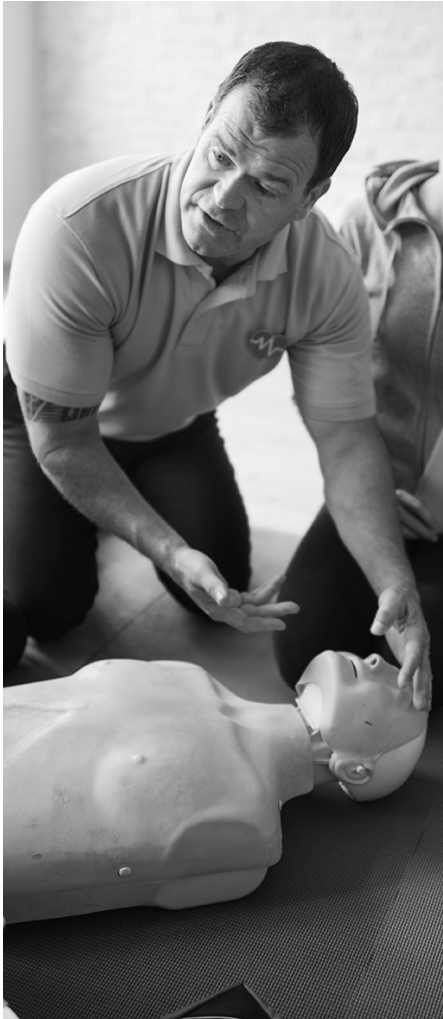
Rural hospitals need to be empowered and not assume that they need to always be on the receiving end of services. Being rural does not mean that we are incapable of providing expertise to others.



Programs & Services

We need to improve the health of rural Arkansans through programs and services that work best for a rural community





Healthcare Workforce Training & Education Initiatives

- On-Site Simulation Trauma Training & Certification
- On-Site Simulation OB Training & Certification
- On-Site Simulation Coding Training & Certification
- On-Site Simulation Advanced Stroke Life Support Training/Certification
- On-Line Healthcare Education & Certification
- On-Line Healthcare Orientation Education & Training
- Diabetes Site Accreditation Assistance
- Diabetes Education Certification Assistance
- Diabetes Empowerment Education Program (DEEP) Training/Certification
- SAMHSA's SBIRT Training
- Medication Assistance for Opioid Use Disorder Patients
- Mental Health First Aid Training & Certification



Local Access

Quality care at home by trained healthcare workers



Changes Beliefs

Perception that larger hospitals are better trained and know more



Education

Allows for quality care through education and hands-on practice



Continuity

Allows for continuity between hospital partners where everyone is trained the same and protocol alike

Building a Local Healthcare Workforce

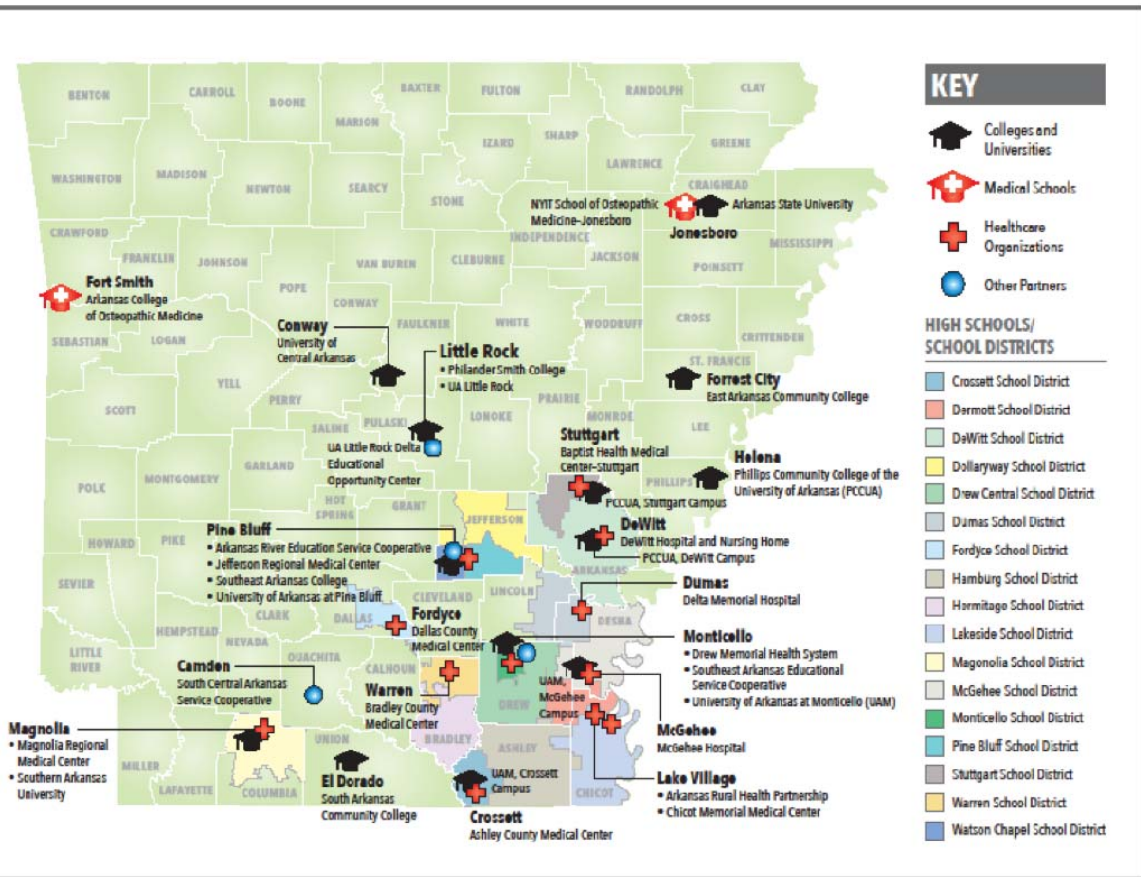
ARHP provided tuition to 18 high school seniors to attend college and receive their EMT certification.

ARHP has 17 school districts committed to working with hospital partners to put college and college prep classes into the high schools.

ARHP has 13 colleges and universities committed to working with hospital partners to assist students with college entry and to provide needed classes for healthcare careers at the local level.

ARHP has a full-time position with ARCOM to assist with medical student rotations in our member hospitals and rural clinics throughout the service area.

ARHP continues to pursue funding opportunities that would assist with hiring student counselors for students interested in healthcare careers and tuition money to assist students with the costs of college.



Through working with our local high schools and college we are working to engage our youth to pursue careers in healthcare through education, mentoring, and financial assistance.

Reasons We Need to Get Involved



Table 3. Percent of Students Meeting College Readiness Benchmarks per 2017 ACT, by School District

| Participating School District | Math | English | Reading | Science | All Met |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Crossett | 14.4 | 30.6 | 22.5 | 12.6 | 5.4 |
| Dermott | 4.8 | 23.8 | 9.5 | 4.8 | 4.8 |
| Drew Central | 17.3 | 41.3 | 24.0 | 9.3 | 6.7 |
| DeWitt | 15.3 | 44.7 | 25.9 | 17.6 | 11.8 |
| Dollarway | 3.4 | 19.0 | 12.1 | 3.4 | 0.0 |
| Dumas | 11.8 | 45.1 | 15.7 | 10.8 | 6.9 |
| Fordyce | 12.5 | 33.3 | 20.8 | 14.6 | 8.3 |
| Hamburg | 18.5 | 29.2 | 16.2 | 10.8 | 8.5 |
| Hermitage | 7.4 | 22.2 | 18.5 | 7.4 | 7.4 |
| Lakeside | 12.1 | 34.5 | 17.2 | 5.2 | 1.7 |
| McGehee | 7.4 | 23.5 | 8.8 | 5.9 | 2.9 |
| Monticello | 17.7 | 42.7 | 22.6 | 17.7 | 6.7 |
| Magnolia | 15.3 | 36.3 | 17.8 | 19.1 | 8.9 |
| Pine Bluff | 3.3 | 13.4 | 4.0 | 1.8 | 0.7 |
| Stuttgart | 24.7 | 36.1 | 29.9 | 23.7 | 16.5 |
| Warren | 14.5 | 25.5 | 11.8 | 3.6 | 0.9 |
| Watson Chapel | 7.5 | 25.1 | 9.0 | 4.5 | 2.0 |
| Combined Mean of Target Area | 12.2 | 31.0 | 16.8 | 10.2 | 5.97 |

| ACT Test Score | College Courses | Benchmark |
|----------------|---|-----------|
| English | English Composition I | 18 |
| Math | College Algebra | 22 |
| Reading | History, Psychology, Sociology, Political, Science, Economics | 22 |
| Science | Biology | 23 |
| STEM | Calculus, Chemistry, Biology, Physics, Engineering | 26 |
| ELA | English Comp I, Am. History, History, Psychology, Sociology, Political Science, Economics | 20 |



Community Health Education & Outreach



ARHP community health education and outreach initiatives are offered throughout 22 counties in the Arkansas Delta region. These programs are a result of what the local communities wanted ARHP hospitals to address in the Community Health Needs Assessments conducted in 2016.

- Mental Health First Aid
- Opioid Use Disorder
- Education/Awareness
- Community Grants
- Cooking Matters
- Diabetes Education (DEEP, DPP, DSME)
- Prescription Assistance
- Medicare Enrollment Assistance
- Insurance Enrollment Assistance
- Breast Health Education
- Patient Navigation

Interesting Side Notes

- Drug Abuse was not even mentioned in the 2013 CHNAs. Communities thought hospitals should take the lead on the drug issue.
- Diabetes was a big health issue.
- Residents wanted to know more about telehealth and how it worked; they were open to the idea.
- Didn't really like the idea of "outsiders" in their hospitals; wanted local folks to take care of them.
- Transportation was a big issue and one the hospitals should address.
- Hospitals should get more involved with working with the schools; concern on health of the children.
- Community thought hospitals should offer health and fitness centers.
- Concern about the aging population.



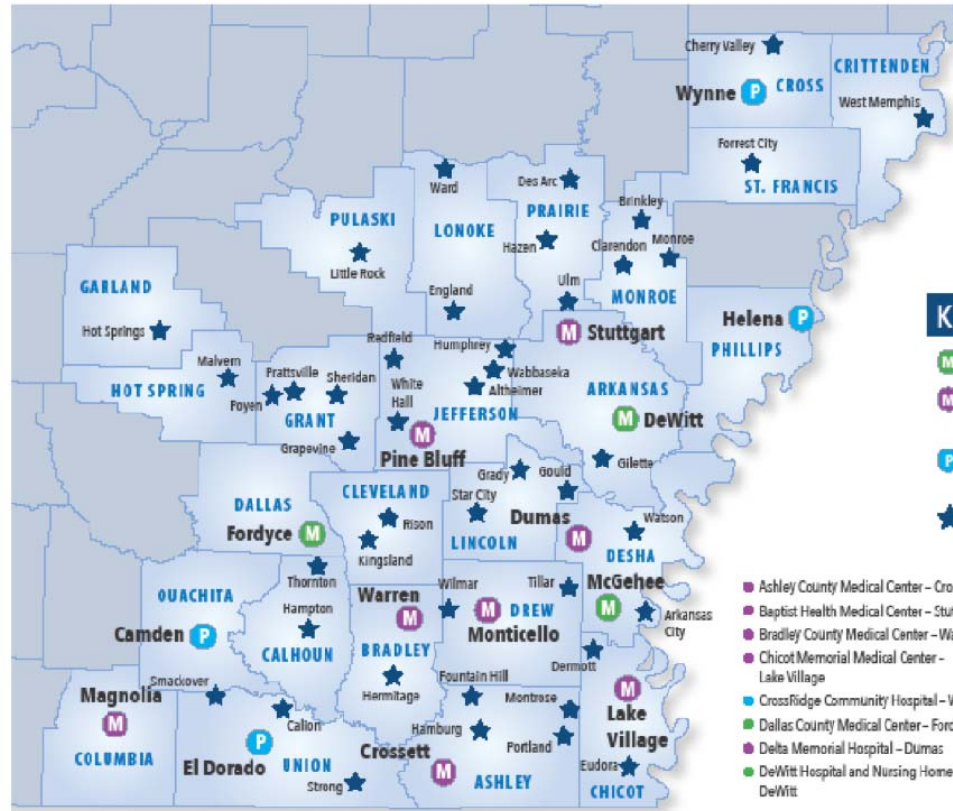


Project Pink 2017 - 2018

This project provides access to **free breast exams, mammograms, ultrasounds, and biopsies** to uninsured and underinsured women and men at Ashley County Medical Center, Baptist Health-Stuttgart, Bradley County Medical Center, Chicot Memorial Medical Center, Drew Memorial Health System, Delta Memorial Hospital, Jefferson Regional Medical Center, CrossRidge Community Hospital, and all rural hospitals in the Arkansas Delta.

The program also assists patients with navigation to additional breast health services, treatment, and support programs throughout the state of Arkansas.

ARHP Member and Partner Hospitals Providing Breast Screening/Diagnostic Services



KEY

- M ARHP member hospital
- M ARHP member hospital providing breast screening/diagnostic services
- P ARHP partner hospital providing breast screening/diagnostic services
- ★ Community served by ARHP members and partner hospitals

- M Ashley County Medical Center - Crossett
- M Baptist Health Medical Center - Stuttgart
- M Bradley County Medical Center - Warren
- M Chicot Memorial Medical Center - Lake Village
- P Crossridge Community Hospital - Wynne
- M Dallas County Medical Center - Fordyce
- M Delta Memorial Hospital - Dumas
- M DeWitt Hospital and Nursing Home - DeWitt
- M Drew Memorial Health System - Monticello
- P Helena Regional Medical Center - Helena
- M Jefferson Regional Medical Center - Pine Bluff
- M Magnolia Regional Medical Center - Magnolia
- M McGehee Hospital - McGehee
- P Ouachita Regional Medical Center - Camden
- P Medical Center of South Arkansas - El Dorado

Clinical Integrated Network

We need to improve the health of rural Arkansans by working together to improve quality and reduce the overall cost of care for the patients and communities we serve





ARHP Clinically Integrated Network

MISSION: To lead the transformation of healthcare in collaboration with patients, payors, and caregivers, through the use of evidence-based medicine. As a clinically integrated organization of independent hospitals and physicians, our goal is to improve quality and reduce overall cost of care for the patients and communities we serve in rural Arkansas.



What It Is

- An ACO is a group of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients.
- An opportunity to participate in upside-only value-based contracts which provide potential for incremental physician revenue.
- Governed and led by physicians, both employed and independent.
- Primarily focused on improving patient care through improved communication, care coordination, use of CIN-provided IT solutions and best-practice sharing.

What It Is Not

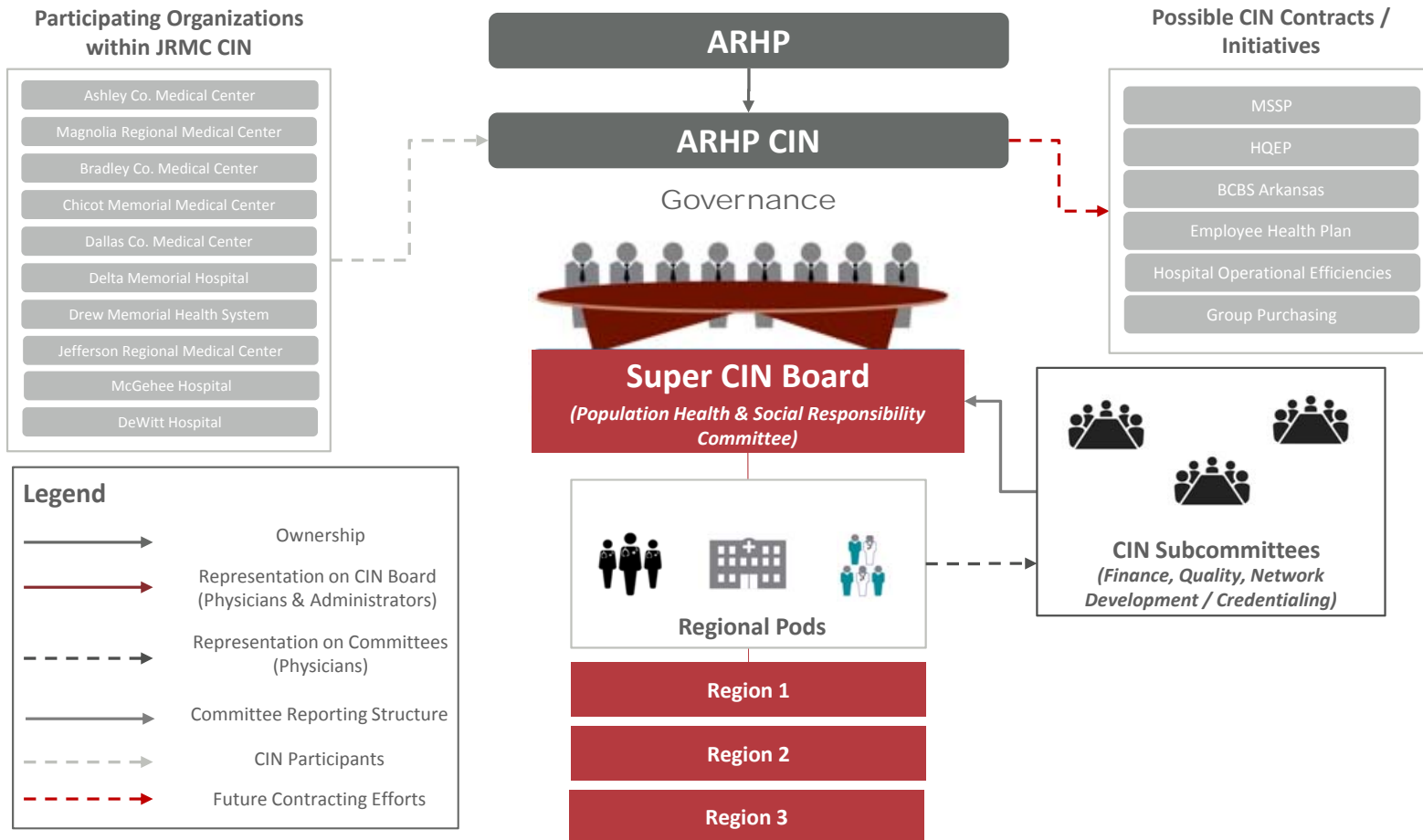
- An insurance product, like a PPO or HMO—it is a self-created network of high-value providers
- Hospital employment, or a threat to independence
- A route to abandoning established fee-for-service contracts already in place

Why...

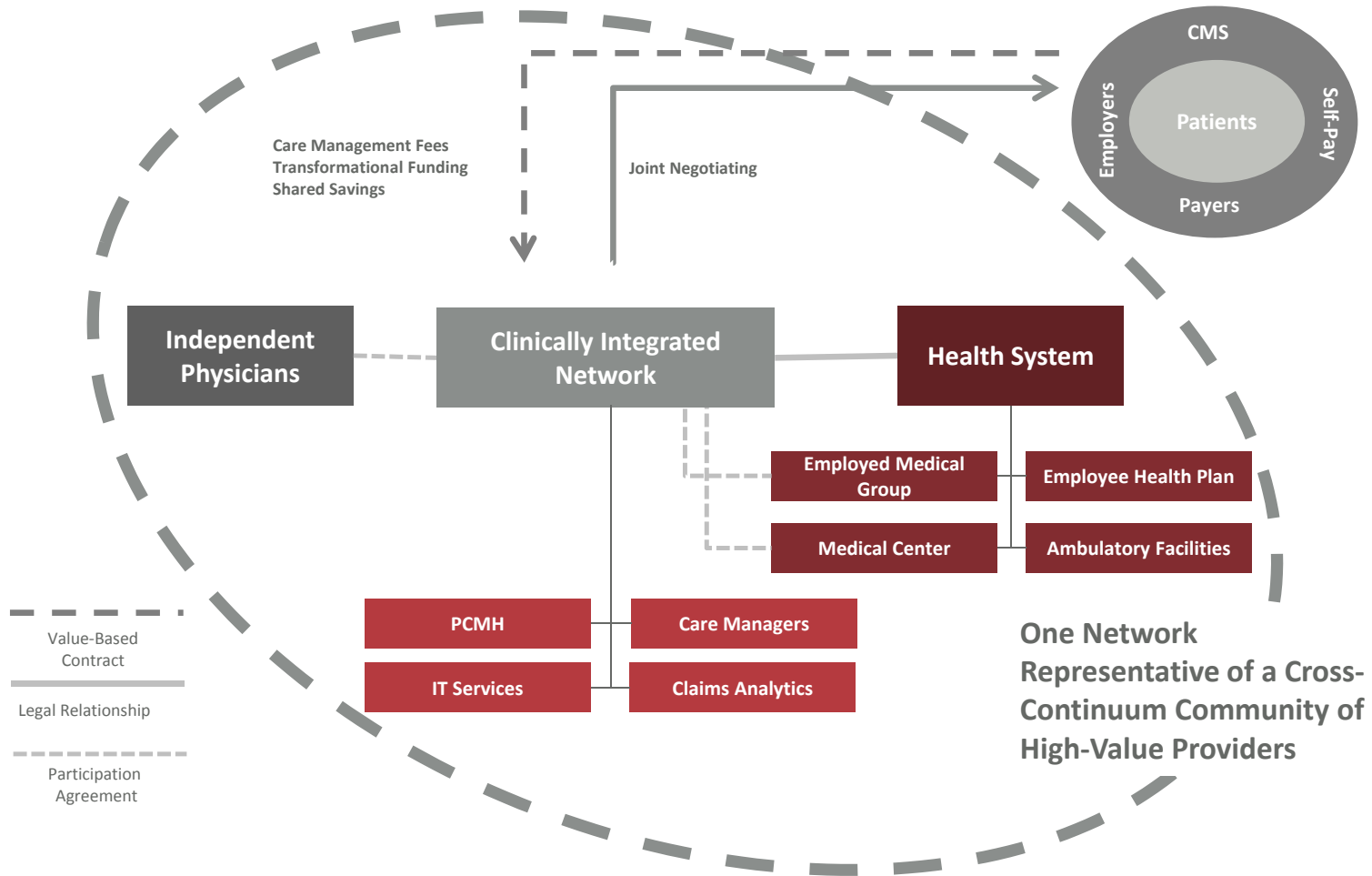
- In order to be an ACO, a hospital or clinic must have so many Medicare covered lives. Rural hospitals can not do this on their own and therefore must participate in an ACO with other health care organizations and providers.
- Shared clinical services are vital to quality and access in underserved areas.
- Improves continuity of care throughout region.
- Strengthens ARHP and provides catalyst to shared services arm of the partnership.
- Reduces overall healthcare expenditures in the region.
- Financially benefits the rural providers.

Bottom line: We are going to have to be a part of an ACO so why not have control over it.

ARHP Regional CIN Organizational Model



The CIN Organizational Model



ARHP CIN Initiative Prioritization: Contracting

ARHP CIN Contracting Plan



MSSP: Medicare Shared Savings Program: aims to encourage coordination & cooperation among providers to improve the quality of care for Medicare beneficiaries and reduce unnecessary costs.

Managed Service Organization

We need to improve the health of rural Arkansans by offering more healthcare services at the local level. To do that, we must cut the costs by providing service lines to our members that are affordable.





ARHP Managed Service Organization

Through an organizationally owned MSO, members would have the benefits of cost savings on all service lines provided by the MSO directly as well as negotiated outside contract savings

The primary advantage to joining an MSO is to have access to management services and to ensure best (lowest) pricing on supplies and services.

MSOs aggregate volume and as such, obtain economies of scale that allows them to obtain preferred pricing on everything from medical supplies to health care insurance.

Potential Opportunities

- Business Office Solutions
- Group Purchasing
- Staffing Agency
- Contract Negotiation
- Health Insurance
- Revenue Cycle Management
- Operational Assessments
- Locum Staffing Contracting Rates
- Credentialing & Contract Management
- Coding, Billing, and Collection Services
- Human Resources



Partnerships With UAMS

- ✓ Telehealth Services
- ✓ On-site Simulation Training
- ✓ Distance Learning
- ✓ Collaboration
- ✓ Provider Recruitment

Can together we improve health for rural Arkansans?



Mellie Bridewell, MS

Chief Executive Director

Arkansas Rural Health Partnership

UAMS Regional Programs

Lake Village, Arkansas

870-265-6553

Melliebridewell@arruralhealth.org

MBBridewell@uams.edu

