SAHA

SAHA – WHAT IS IT?

- A partnership between TMC and 4 rural hospitals in SE Arizona
  - Benson Hospital
  - Northern Cochise Community Hospital
  - Mt. Graham Regional Medical Center
  - Copper Queen Community Hospital

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FQHC Additions

- Chiricahua Healthcare – November 2021
- Mariposa Healthcare – June 2022

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- Purchasing
- Laundry Service
- Education/Training
- Telehealth
- Clinical Protocols
- Swing Bed Program
- Peer Groups
- RHC Collaboration
- Shared Services
- Legislation
- Referral Network
- Funding/grant Opportunities

AZ Center for Rural Health

- Jill Bullock
- Joyce Hospodar
- Bianca SantaMaria

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Wintergreen

- Jonathan Pantenburg
- Greg Wolf

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Flex Grant Collaboration

- Started with SAHA in 2020
- Years funded 2020 - 2024

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Flex Grant Collaboration

- Swing Bed Program
- RHC Development

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Swing Bed Program

BIG Statistic – 68%

68%

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Swing Bed Program

"Right care in the right place at the right time"

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Swing Bed Assessment

- Based on the interviews conducted with the SAHA CAHs, the following are common opportunities within the collective group:
  - The CAHs do not have a dedicated person responsible for the pursuit, recruitment, and admission of swing bed patients
    - Swing Bed recruitment either a shared responsibility or one of several responsibilities
  - CAHs tend to wait for patients to be referred to the CAH instead of actively going after patients at the larger hospitals
  - CAHs identified that there are a limited number of hospitals they engage for swing bed patients which may be preventing the number of admissions to the CAH swing bed program
  - CAHs identified transportation often presents a barrier in the ability to transition patients back to their home or the CAH

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Swing Bed Assessment

- The CAHs do not have curated access to the EHRs which would allow them to take a proactive role pursuing potential swing bed patients
  - TMC provided limited access; however, other hospitals throughout the region will not provide any access due to privacy concerns
- CAHs have not identified the potential for niche services that allow for the differentiation when compared to other CAHs and post-acute care providers
- CAHs have not leveraged quality data, specifically patient outcomes, to market and target post acute care patients
- The admission decision process takes anywhere from 2 to 6 hours across the collective CAHs which at times extends beyond the industry median of 4 hours

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RHC Assessment

- Not tracking work RVUs
- Failure to match provider revenue with expense
- Misallocation of non-scheduled provider time
- Inability to acquire quality measures from EMR
- Over-allocation of overhead costs to PB-RHCs
- High charge structures the increase out-of-pocket burden

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Initial SAHA RHC Benchmarking Findings

01

Productivity

Many providers are operating below national benchmarks for visits and work RVUs

02

Charge Structure

Out of pocket obligations for Medicare beneficiaries exceed commercial rates

03

Quality Data

EMRs should be configured to generate industry standard performance measures

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RHC Action Items

- POND
- Peer Group
- Benchmarking
- Education/Training
- Provider/Staff Engagement

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Swing Bed Action Items

- Case Management collaboration
  - Peer Group
  - Back Line Lists
  - Education/training
- Navigators
- Leader Rounding

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Questions?

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