

RURAL HOSPITAL CLOSURES

"The ambulance is our emergency room!"—the voices of rural Tennessee

Appendix 3: Community Engagement in Rural Health Care—Opportunities in Tennessee



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COMMUNITY ENGAGEMENT IN RURAL HEALTH CARE--OPPORTUNITIES IN TENNESSEE

A lesser known impact of the ***Patient Protection and Affordable Care Act*** was to push health care delivery to be more patient-and family-focused, and health care systems to be more responsive to community needs and disparities. This Appendix explains some of the new "tools" that communities can use to help align health care with needs of all their residents, particularly the underserved. It also examines some important state-based programs that provide openings for communities to impact health services.

Community Health Needs Assessments.

The ***Patient Protection and Affordable Care Act (ACA)*** requires tax-exempt hospitals to document the amount of **community benefit** they provide as a condition to retain their IRS tax exemption. *Community Catalyst*, a national health advocacy organization and Tennessee Health Care Campaign partner, defines *community benefit* as the “*unreimbursed goods, services, and resources provided by health care institutions that address community-identified health needs and concerns, particularly of those who are uninsured or underserved... Community benefit is about improving the overall health and access to care in a community. At their best, hospital community benefit programs involve the community at all levels, distribute resources to the people and areas in the community that have the highest needs, and are open and transparent to the public*”.

<https://www.communitycatalyst.org/initiatives-and-issues/initiatives/hospital-accountability-project/resources/document/Community-Benefit-Community-Engagement.pdf>

Examples of community benefit include:

- financial assistance or charity care
- support of community health clinics that provide preventive care to low-income patients
- sponsoring food banks and farmers’ markets in communities without grocery stores
- supporting community coalitions to reduce youth violence or substance use
- building walking trails, basketball courts, soccer fields, safe playgrounds in areas that are accessible to all families
- coordination of care plans with community non-profits to support patients who need help with transportation, nutrition, housing and other social determinants of health outcomes

In order to determine community benefits, *non-profit hospitals* are required to partner with public and community health programs to conduct **Community Health Needs Assessments** (CHNA) every three years, and to develop implementation strategies to address the needs identified in the assessment.

The following information in italics is from the Association of Maternal and Child Health Programs website explains what a CHNA needs to legally include:

[<http://www.amchp.org/AboutAMCHP/Newsletters/Pulse/SeptOct2016/Pages/The-Affordable-Care-Act-and-Community-Benefit.aspx>].

The Community Health Needs Assessment (CHNA) must include the following components:

Definition of the community served by the hospital. Hospitals have the flexibility to define their communities. The definition is not permitted to purposefully exclude minorities, low-income and medically underserved populations.

Assessment of community needs. Hospitals are required to assess and prioritize the health needs of the community. Hospitals have flexibility in applying criteria to assess and prioritize these needs and are required to take community input into account in prioritizing those needs.

Broad representation of community interests. Hospitals are required to solicit input from the following:

- *Individuals with expert knowledge in public health*
- *Federal, state, local, tribal or regional health departments or agencies with knowledge/expertise in health needs of the community*
- ***Leaders, members or representatives of medically underserved, low-income and minority populations in the community***

Proper documentation of the CHNA. The report must also include:

- *An explanation of the how the community was determined*
- *A description of the methodology used to conduct CHNA*
- *A description of how the broad interests of the community were taken into account*
- *A prioritized description of community health needs and the criteria applied to determine the significance of the needs*
- *A description of resources to potentially address the needs identified through CHNA*

Collaboration on reports. A hospital facility is allowed to conduct a CHNA in collaboration with other organizations, which can include public health or other departments at the state or local level. A facility that collaborates with a governmental public health department in conducting the CHNA may produce a joint CHNA report.

Public availability of CHNA report. A hospital facility must post the report on the facility's or hospital organization's website.

*In addition, a hospital facility is required to identify an **implementation strategy** for each significant health need identified in the CHNA. The implementation strategy must:*

- *Describe how the facility will address the significant health need, potential impact of the actions and evaluation of the impact. Hospital facilities are permitted to collaborate with other organizations on implementation strategies.*
- *Identify the health needs that the hospital does not aim to address and explain why.*

These CHNA provisions enhance community engagement opportunities and encourages community collaborations to make health improvements. *However, it is up to communities to get actively involved in the process of the assessment and planning to address these needs.* The box below provides links to examples of assessments that have been successfully conducted in Tennessee hospitals.

It is important to note that Community Health Needs Assessments are **not** required of for-profit hospitals, but one of our recommendations in this report is that ***any hospital in Tennessee that receives state or local funding or any local tax breaks or deferments should be required to conduct a Community Health Needs Assessment and Implementation planning in full collaboration with a Community Advisory Board.***

[Examples of CHNAs from Tennessee Hospitals and Health Systems](#)

<https://www.baptistonline.org/about/chna>--for Baptist Memorial Health System hospitals

<https://www.balladhealth.org/community-health-needs-assessment> -for Ballad Health System hospitals

<https://healthcare.ascension.org/CHNA> - for all St. Thomas Healthcare related hospitals

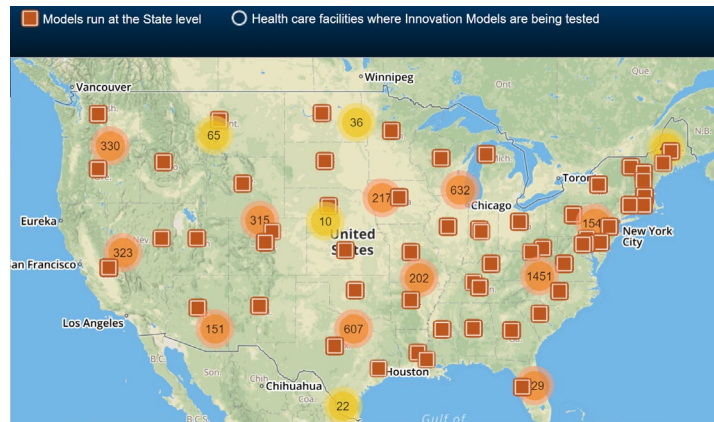
<https://www.vanderbilthealth.com/information/community-health-improvement> -for Vanderbilt University Medical Center hospitals

https://www.utmedicalcenter.org/wp-content/uploads/2019/09/2019_combenneedsassess.pdf --for UTMC-Knoxville

<https://www.wth.org/community-health-needs-assessment/> - for all West Tennessee Healthcare related hospitals

[Accountable Care Communities.](#)

The ACA also introduced many changes to the way health care is paid for. Medicare and many Medicaid programs like TennCare are switching from reimbursing providers on a *fee-for-service* basis which rewards *quantity* of care provided, to *value-based care* models that reward *better health outcomes*. There are currently almost 200 health care organizations in Tennessee participating in various new models for receiving reimbursement from the Centers for Medicare and Medicaid (CMS) per their [website](#), accessed in October 2020.



Health outcomes are, however, often influenced by conditions that health providers have no control over...like the type of work people do, or where they live, or what they eat, or whether they can afford their medications, and get to their follow-up appointments. The ACA initiatives recognize these **social determinants of health**, and also encourage innovations in the way health care is organized and delivered to include social supports and services.

Two such innovation programs are **Accountable Care Organizations (ACOs)** and the **Accountable Health Communities (AHC)** models. The CMS website cited above lists five health care systems participating in the Accountable Care Organization Investment Model, but only one in the Accountable Health Communities model.

Accountable Care Organizations are defined by CMS as "groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to the Medicare patients they serve. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors". If an ACO is successful in delivering high-quality care and doing it at lower cost to Medicare, it is able to share in the savings it achieves for the Medicare program.

The **Accountable Health Communities Model** builds on the care coordination emphasized for Accountable Care Organizations, but goes one step further. AHCs emphasize coordination of health care, public health, and community social services that address the social determinants of health and population health disparities, through cross-sector interventions"carried out with financial, technical, and planning support from health care

delivery systems; philanthropic organizations; local, regional and state-based public health departments, community-based organizations; consumers of healthcare" and others.

In a discussion paper published by the National Academy of Medicine [Mongeon, M, Levi J, Heinrich J. *Elements of Accountable Communities for Health: A review of the literature*. November 2017. https://nam.edu/wp-content/uploads/2017/11/Elements-of-Accountable-Communities-for-Health_updated.pdf] the authors concluded that strong collaborations between providers and community organizations both improve health *and* reduce the more costly care that results when chronic health conditions are not properly managed.

Some of the additional services provided by Accountable Care Communities include:

- Screening of patients to identify unmet health-related social needs;
- Referral of patients to non-health care community services—like food pantries, or rent assistance or home renovation programs
- Development of community health worker programs to follow-up with high-risk patients and to assist them in accessing a range of community services;
- Development of community advisory boards for hospitals, health centers, and large practice groups to ensure consumer needs and preferences are understood and honored
- Cross- agency collaboration in developing new services, and facilitate data sharing to meet community needs

Over 29 AHC models have been developed across the county, in both urban and rural communities. [<https://innovation.cms.gov/innovation-models/ahcm>] Initiated in 2017 for a 5 year period, AHC models will continue through 2022 when their effectiveness will be evaluated. We suspect there will be some important lessons learned from these efforts that will be helpful for rural communities in Tennessee that are seeking ways of rebuilding and reorganizing health care services in the wake of hospital closures.

State Programs Promoting Community Engagement.

Tennessee's unique experiment—Certificate of Public Advantage

The one Accountable Health Community program operating in Tennessee was with Mountain States Health Alliance health care system. This system was also involved in a precedent setting *Certificate of Public Advantage* [COPA] arrangement that addresses active engagement of communities in the development of regional health improvement plans and monitoring accountability for the success of those plans.

When two large hospital systems that spanned upper East Tennessee and Virginia [Mountain States Health Alliance and Wellmont Health System] decided to merge rather than compete, they needed special permission from each state to create Ballad Health system. The merger approval document [<https://www.balladhealth.org/sites/balladhealth/files/documents/TN-COPA-Terms-of->

[Certification-Jan-31-2018.pdf](#)] required Ballad to develop a Population Health Plan for the communities served in Tennessee using a process that is similar to the Community Health Needs Assessment. However, the state went even further by specifying an amount of community benefit investment of \$75,000,000 over ten years. The state also required the new health system to set up a specific department to implement the Population Health Plan and work with community based health practices to coordinate care.

The Population Health Plan also requires the health system to coordinate services that address social as well as medical and behavioral health needs of the region and to develop targeted health improvement goals and metrics to measure health improvement

[<https://www.balladhealth.org/sites/balladhealth/files/Priority-Metrics-Scorecard-April-2020.pdf>] , and to report these to the Tennessee Department of Health.

[[https://www.tn.gov/content/dam/tn/health/documents/Healthy Communities Institute 4.7.17.pdf](https://www.tn.gov/content/dam/tn/health/documents/Healthy_Communities_Institute_4.7.17.pdf)].

While this experiment in accountability is still in its early stages, it is being watched closely by large health systems and health policy researchers across the country because this merger effectively gave Ballad Health a monopoly in a large and growing tri-state area. Despite the emphasis on community engagement there has been considerable controversy over decisions being made by the merged system about which services to cut back where. It will be important for consumers to watch this closely as well.

Public Health Department Community Health Needs Assessment

A total of 89 primarily rural county health departments operate under the direct supervision of the Tennessee Department of Health, headquartered in Nashville, while the six larger, urban counties – Madison, Shelby, Knox, Davidson, Hamilton and Sullivan – have health departments that operate under local governance but work closely with the Tennessee Department of Health. See map below.



Local Public Health Departments are also required to also **conduct community health needs assessments and community health improvement plans** to maintain national certification. Many states encourage collaboration among health departments and hospitals in conducting joint assessments. Several states have developed their own guidelines for how to engage communities in the needs assessment process, encourage

hospital/public health department partnerships, enable regional assessments, and require reporting to state agencies for health services planning and development purposes.

Most local health departments also have **County Health Councils** that engage stakeholders and consumers in advising each health department on how to prioritize needs and how to implement health program initiatives most effectively through collaboration with other community agencies and resources. Priorities can vary from ending childhood obesity through close collaboration with local coordinated school health teams, to ending the stigma of HIV-AIDS through coalitions with faith-based organizations.

At the state level there are also two important offices that are charged with addressing the rural health disparities that have been the focus of this project. These are the Office of [Minority Health and Disparities Elimination](#) and the [Office of Rural Health](#). Both offices provide important information and sometimes grants to communities seeking to improve health access and health outcomes.⁸

We urge readers of this Tool Kit to contact your own local Health Department to learn more about the current needs assessment and plan for your community and to find out how you can get involved in efforts to improve your community's health.

[ADDITIONAL RESOURCES ON COMMUNITY ENGAGEMENT](#)

To learn more about what other states are doing to encourage collaboration, please visit the Association of State Health Officials website [\[https://astho.org/programs/access/community-health-needs-assessments/#:~:text=Community%20health%20needs%20assessments%20\(CHNA,Protection%20and%20Affordable%20Care%20Act.&text=They%20ensure%20that%20hospital%20have,the%20needs%20of%20their%20communities.\]](https://astho.org/programs/access/community-health-needs-assessments/#:~:text=Community%20health%20needs%20assessments%20(CHNA,Protection%20and%20Affordable%20Care%20Act.&text=They%20ensure%20that%20hospital%20have,the%20needs%20of%20their%20communities.).

Additional resources are also available through the National Academy for State Health Policy: <https://www.nashp.org/wp-content/uploads/2019/04/State-Requirements-or-Guidelines-for-Community-Involvement-in-Community-Health-Needs-Assessments-4-10-2019.pdf>.

Below are additional links to resources on Community Engagement and Hospital Accountability to the community.

<https://www.healthycommunities.org/resources/community-health-assessment-toolkit>

<https://www.communitycatalyst.org/initiatives-and-issues/initiatives/hospital-accountability-project>

<https://www.communitycatalyst.org/initiatives-and-issues/initiatives/hospital-accountability-project/body/Questions-for-Reviewing-the-CHNA.pdf>

<https://www.communitycatalyst.org/initiatives-and-issues/initiatives/hospital-accountability-project/community-benefit-tools-and-resources-for-chna>

<https://www.communitycatalyst.org/resources/publications/document/CC-HospitalCommeneftDashboard-Report-F2.pdf>

