

Critical Access Hospital Network (CAHN):

Eastern Washington Critical Access Hospital Network's Rural Health Care Coordination Network Partnership Program

Washington

Key Program Features:

- Care Coordination Team included registered nurse, social worker, and medical assistants.
- Washington State's Health Home Program, an intensive care coordination program for high risk Medicare-Medicaid patients, provided a roadmap for CAHN's program.
- Care coordinators worked with each patient to develop a Health Action Plan (HAP). The Health Home Program requires three HAP submittals per year (baseline, four months, and eight months) for each patient.

Sustainability Efforts:

All four rural health systems will continue to offer care coordination services through the Health Home Program. They will expand their programs by offering care coordination services beyond Medicare-Medicaid patients to Medicare patients. This expansion has potential to improve care for those patients and provide additional reimbursement to sustain care coordination programs in rural communities.

Key Takeaways:

- Collaborate with state programs and Medicaid managed care organizations (MCOs) to expand care coordination programs. Recognize that establishing new contracts with MCOs for care coordination programs takes time, and less well-resourced rural providers may need technical assistance to complete the contract negotiations.
- Consider the threshold number of patients needed in a care coordination program to adequately generate enough revenue under a per member per month model to cover staff and administrative costs
- Leverage existing relationships with philanthropies when considering grant opportunities.

Location: Adams, Lincoln, and Pend Oreille counties, WA

Partners: Critical Access Hospital Network; East Adams Rural Healthcare; Newport Hospital and Health Services; Odessa Memorial Health; Lincoln Hospital; Ferry County Hospital; Coulee Medical Center; Columbia Basin Healthcare; Samaritan Healthcare; Othello Community Hospital; Sunnyside Community Hospital; Columbia County Health System; Garfield County Health System; Tri-State Memorial Hospital; Pullman Regional Hospital; Whitman Hospital and Health Services; Molina Health; Empire Health Foundation

Model: MacColl Center for Health Care Innovation Care Coordination Model and Patient Centered Medical Home

Target Population: Individuals in rural eastern Washington who have a pattern of high service utilization and a diagnosis of diabetes, Congestive Heart Failure (CHF), and/or Chronic Obstructive Pulmonary Disease (COPD); and high needs

This one-pager provides information on one out of the eight initiatives funded under the Rural Health Care Coordination Network Partnership Grant Program from 2015 – 2018. Two of the eight communities (CAHN and Williamson HWC) received additional philanthropic funding through a public-private partnership between the Federal Office of Rural Health Policy (FORHP) and foundations.

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