

# District Hospital Leadership Forum

Stakeholder Advisory Committee  
District/Municipal Public Hospitals and PRIME  
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# District Municipal Public Hospitals

- 39 district hospitals and 1 municipal hospital
- DMPHs hospitals (also known as non-designated public 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



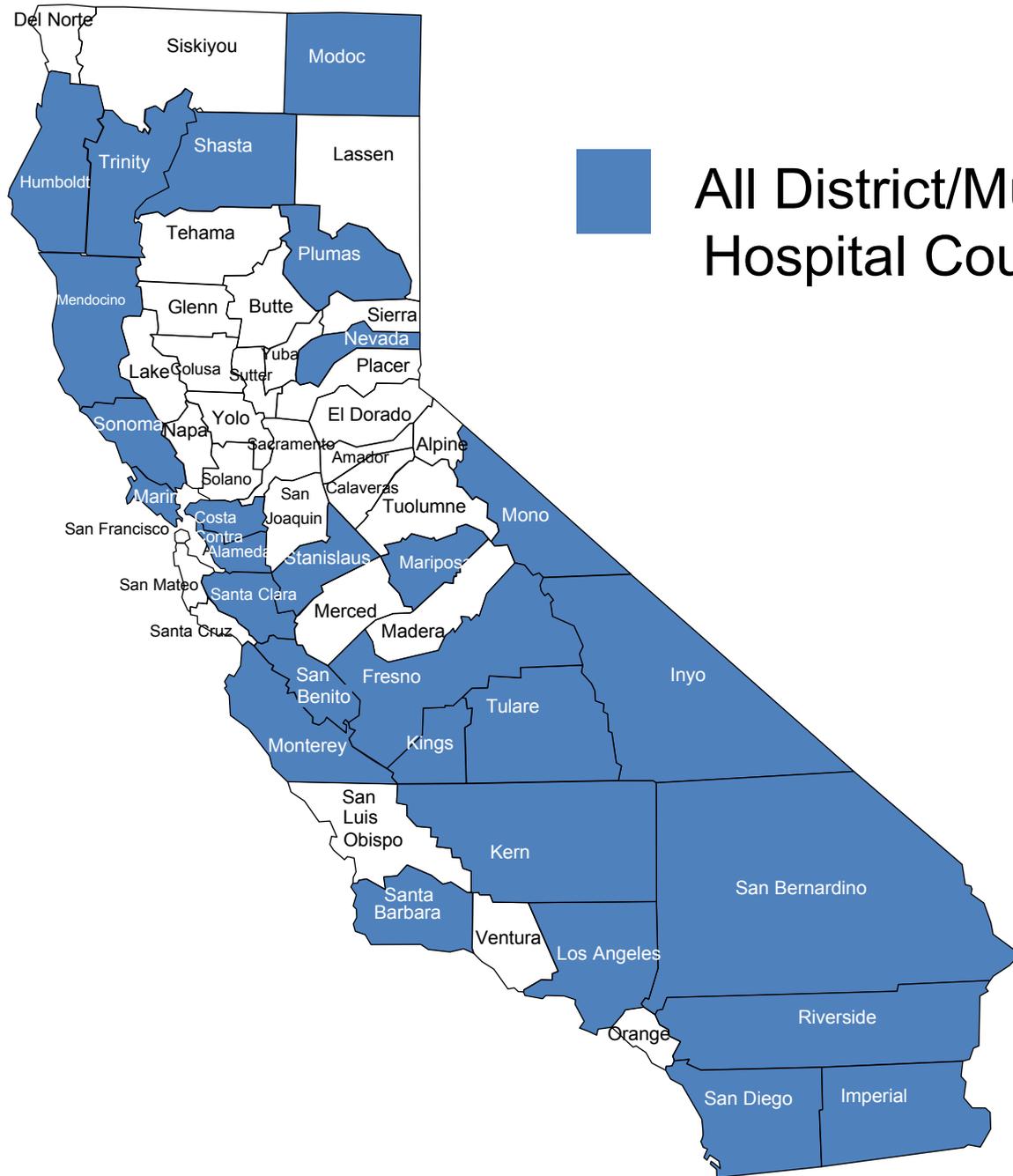
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# District Municipal Public Hospitals

- In 28 California counties
- Two-thirds are rural
- 20 have a critical access hospital (CAH) designation
  - Fewer than 25 beds
  - Less than 96 hour acute inpatient stays
  - More than 35 miles from nearest hospital (generally)
- 29 are in health personnel shortage area \*
- 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 (and some small urban area) DMPHs have rural health clinics



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# Limited DMPH 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
- Began to build the enthusiasm among DMPH staff (especially clinical/quality)



# PRIME

- All but 2 DMPHs are participating in PRIME
  - Surprise Valley
  - Tehachapi
- Minimum of 1 project (11 DMPHs doing one project)
- Large DMPHs doing as many as 11



# Different from County/UC

- Inability to hire physicians
- Time needed to ready projects for measuring necessary for P4P
  - Address physician issues via clinics or arrangements with other providers
  - IT system needs
  - Hiring and training staff
- Infrastructure measures included in DMPH plans for DY 11 and part of DY 12, if needed



# PRIME Projects

- 110 projects among 37 hospitals/system
- Projects chosen to 1) meet communities' needs/gaps in services provided
  - Primary and specialty care
  - Behavioral health
  - Preventative programs
  - Post acute transitions (most popular project)
- 2) Hospitals' strategic plans to remain viable in the future especially with some DMPHs' challenges related to volume and size
  - More focus on outpatient services
  - Partnerships with community providers



# Top DMPH PRIME Projects

- 13 – Care transitions: integration of post-acute care
- 10 – Million Hearts Initiative
- 9 – Cancer screening and follow-up
- 9 – Complex care management for high-risk medical populations
- 9 – Patient safety in the ambulatory setting
- 9 – Antibiotic stewardship
- 8 – Comprehensive advanced illness planning and care
- 7 – Integration of behavioral health and primary care
- 7 – Ambulatory care redesign: primary care



# Top DMPH Rural PRIME Projects

- Million Hearts
- Integration of behavioral health and primary care
- Ambulatory care redesign: primary care
- *Chronic non-malignant pain management*



# Funding

- Intergovernmental transfers (IGTs) used to draw down federal funds
  - Federal funds:
    - \$100 million annually (DY 11, 12 and 13)
    - \$ 90 million (DY 14)
    - \$ 76 million (DY 15)
- Distribution formula based on Medi-Cal volumes (80%) and number of projects (20%)
- Floor for small and rural DMPHs of \$750,000 (first 3 years; subsequent reductions)



# Coordination with health plans

- Varying degrees of coordination
- In some rural areas the relationship is new
- Source of data
- Coordination of projects



# APMs

- While not a requirement for DMPHs, clearly focus by DMPHs as more reimbursement shifts
- Incorporating planning for this eventuality



# Technical Assistance

- Hospitals and association – learning as we go
- Determining where needs are
- Both official learning collaboratives (as outlined in waiver) and unofficial (i.e., rural hospitals working on antibiotic stewardship)



# Looking Ahead

- Much enthusiasm
- Grateful for opportunities provided (not discounting work ahead)
- Benefit beneficiaries in the DMPH communities by implementing projects that meet the Triple Aim



# Questions?

