Final Rural Health Plan
For the State of Tennessee

January 29, 2019

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Introduction

- Final versions of the following Plans were requested by the State of Tennessee in the September 18, 2017 Terms of Certification, and were subsequently submitted on July 31, 2018. Feedback from multiple meetings and conversations with the state has been incorporated into these Plans.
  - Behavioral Health Plan
  - Children's Health Plan
  - Rural Health Plan
  - Population Health Plan
- The content of these Plans is consistent with requirements as outlined in the Terms of Certification governing the Certificate of Public Advantage and represent those actions to be taken by Ballad Health deemed by the State of Tennessee to constitute public benefit.

Spending Requirements

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total:
Expanded Access to HealthCare Services	**Behavioral Health Services**	$ 1,000,000	$ 4,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 85,000,000
	Children's Services	$ 1,000,000	$ 2,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 27,000,000
	Rural Health Services	$ 1,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 28,000,000
Health Research and Graduate Medical Education		$ 3,000,000	$ 5,000,000	$ 7,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 85,000,000
Population Health Improvement		$ 1,000,000	$ 2,000,000	$ 5,000,000	$ 7,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 75,000,000
Region-wide Health Information Exchange		$ 1,000,000	$ 1,000,000	$ 750,000	$ 750,000	$ 750,000	$ 750,000	$ 750,000	$ 750,000	$ 750,000	$ 750,000	$ 8,000,000
Total:		$ 8,000,000	$ 17,000,000	$ 28,750,000	$ 33,750,000	$ 36,750,000	$ 36,750,000	$ 36,750,000	$ 36,750,000	$ 36,750,000	$ 36,750,000	$ 308,000,000

Important Dates

Plans Due in First Six Months (July 31, 2018)

- Behavioral Health Plan*
- Children's Health Plan*
- Rural Health Plan*
- Population Health Plan*
- Capital Plan

Plans Due in First Twelve Months (January 31, 2019)

- HIE Plan
- Health Research/Graduate Medical Education (HR/GME Plan)

** Consistent with the The Commonwealth of Virginia Department of Health request, Ballad previously submitted draft versions (on June 30, 2018) of these Plans and provided those copies to the State of Tennessee. This document presents the final versions of these plans, incorporating feedback received from the State following review of the draft submissions during an on-site meeting at Ballad's corporate offices on July 10, 2018, submission of the updated plans on July 31, 2018, and a second review session at the Tennessee Department of Health offices on August 10, 2018.*

Process for Plan Development

Initiate

- Engaged Resources
- Named Executive Steering Team

Plan

- Gathered Internal and External Stakeholder Input
- Developed Initial Plans/Prioritize

Review

- Socialized Plans to Internal and External Stakeholders
- Provided Tennessee Department of Health (TDH) with Draft Plans Submitted to Virginia Department of Health (VDH)
- Reviewed Draft Plans with TDH and VDH

Finalize

- Incorporated TDH and Stakeholder Feedback
- Finalized Investment Schedules
- Submitted Final Plans to TDH
- Make final revisions with State Input during 30 day state review and 30 day Ballad response period
- Obtain Ballad Health Board Approval

Process and Participation for Plan Development

In developing these plans, Ballad has referenced previously developed plans and analyses and solicited extensive stakeholder input including:

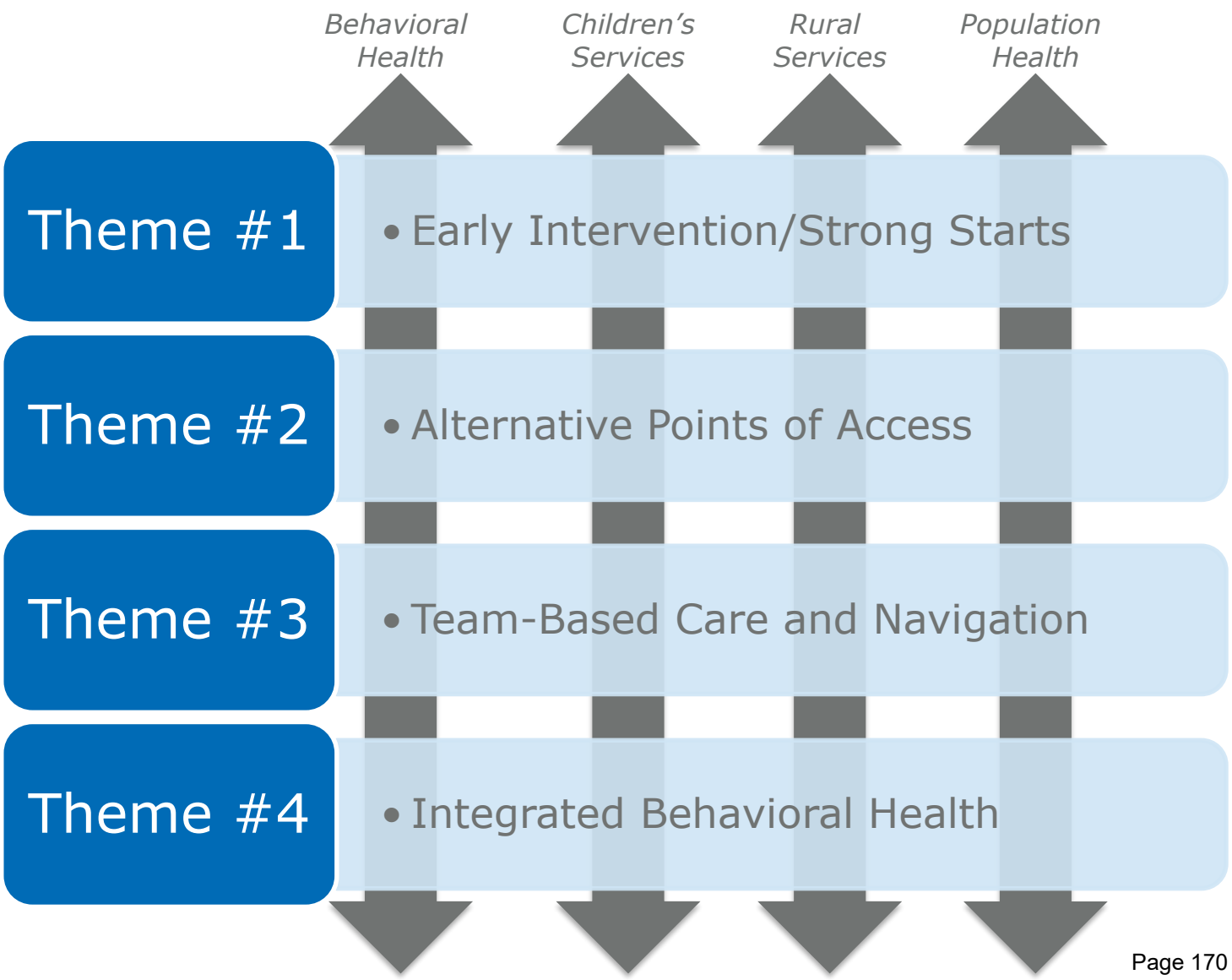
- Reviewing the following documents and plans:
  - Tennessee State Health Plan
  - Key Priorities for Improving Health in Northeast Tennessee and Southwest Virginia: A Comprehensive Community Report [1]
  - Legacy WHS and MSHA Community Health Needs Assessments
- Conducting approximately individual 150 interviews
- Holding approximately 40 meetings with external groups
- Convening the Population Health Clinical Committee
- Presenting the plan overview to a number of Ballad community boards in Tennessee and in an open meeting in Kingsport

[1] *Report published by the East Tennessee State University College of Public Health*

Process and Participation for Plan Development (continued)

- Convening the Accountable Care Community Steering Committee
  - Healthy Kingsport and United Way SWVA were selected through an RFP process to co-manage this effort for both TN and VA
  - Obtained cross-state participation in initial meeting with discussion of metrics with special focus on those most amendable to community intervention
  - Conducting bi-weekly calls with lead organizations
- Provided draft Virginia plans to the State of Tennessee on June 30, 2018. Additionally, Ballad representatives and representatives from the State of Tennessee and the Virginia Commonwealth met on July 10, 2018 to review and discuss the draft plans. Feedback from that meeting and subsequent communications were incorporated into the July 31, 2018 plan submissions.
- Ballad representatives and representatives from the State of Tennessee and the Virginia Commonwealth met on August 10, 2018 to review and discuss the July 31 version of the plans. Feedback from that meeting has been incorporated into this submission.

Strategic Themes Across All Plans



Strategic Themes Across All Plans (continued)

1. Early intervention and strong starts

- Efforts will be designed around the concept of primary, secondary and tertiary prevention, with a special population focus on children.
- Example: Prevent cervical cancer through HPV vaccinations AND detect in early stages through effective screening.

2. Alternative Points of Access

- Preventive and acute services must be easily accessible by the population and designed with their preferences and limitations in mind.
- Example: Mobile blood pressure and diabetes screening co-located at food assistance delivery sites.

Strategic Themes Across All Plans (continued)

3. Team Based Care and Navigation

- Care teams should be designed around the needs of the whole person and include perspectives and skills from pharmacists, social workers, community health workers, navigators and case managers.
- Example: Embed behavioral health navigators in primary care practices to link patients with necessary behavioral health services at Ballad Health and our CSB partners.

4. Integrated Behavioral Health

- We should design a behavioral health perspective into all care processes and systems.
- Example: Perform Screening, Brief Intervention and Referral to Treatment on ED and Inpatient admits to identify behavioral health risk and initiate treatment in patients regardless of their presenting problem.

Table of Contents for Each Plan

- Plan Overview
  - TN Certificate of Public Advantage Requirements
  - Key Metrics Assessed
  - Key Strategies
  - Crosswalk to Conditions
  - Investment Plan
  - Existing Partnerships and Collaborations
- Strategic Approach
- Implementation Roadmap

Rural Health Plan

1. Plan Overview

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Plan Overview
TN COPA Rural Health Plan Requirements

TN COPA Requirement
Submit an initial comprehensive physician/physician extender needs assessment and recruitment plan for the first three (3) full Fiscal Years (collectively, the "Rural Health Plan"), covering each rural community in the Geographic Service Area. A critical goal of the Rural Health Plan shall be employing physicians primarily in underserved areas and other locations where quantity and/or specialty needs are not being met, and where Independent Physician groups are not interested in, or capable of, adding such specialties or expanding.

Sources: Tennessee Certificate of Public Advantage Section 3.02 (c)

Plan Overview
Rural Health Plan Key Metrics

- C8: Specialist Recruitment and Retention
- C9: Personal Care Provider
- C10: Preventable Hospitalizations - Medicare
- C11: Preventable Hospitalizations - Adults
- C12: Screening – Breast Cancer
- C13: Screening – Cervical Cancer
- C14: Screening – Colorectal Cancer
- C15: Screening – Diabetes
- C16: Screening – Hypertension
- C17: Asthma ED Visits – Age 0-4
- C18: Asthma ED Visits – Age 5-14
- C19: Prenatal Care in the First Trimester
- C22: Antidepressant Medication Management – Effective Acute Phase Treatment
- C23: Antidepressant Medication Management – Effective Continuation Phase Treatment

Metrics from Exhibit C, per the Tennessee Terms of Certification Governing the Certificate of Public Advantage, September 18, 2017
ED = emergency department.

Plan Overview
Strategies for the 3-Year Rural Health Plan

Strategy #1: Expand Access to Primary Care Practices Through Additions of Primary Care Physicians and Mid-Levels to Practices in Counties of Greatest Need

Strategy #2: Recruitment of Physician Specialists to Meet Rural Access Needs

Strategy #3: Implement Team-Based Care Models to Support Primary Care Providers, Beginning with Pilots in High Need Counties

Strategy #4: Develop and Deploy Virtual Care Services

Plan Overview

Strategies Related to TN COPA Rural Health Plan Requirements

TN COPA Requirement	1. Additions of Primary Care Physicians and Mid-Levels	2: Recruitment of Physician Specialists	3:Team-Based Care Models	4: Deploy Virtual Care Services
Submit an initial comprehensive physician/physician extender needs assessment and recruitment plan for the first three (3) full Fiscal Years (collectively, the "Rural Health Plan"), covering each rural community in the Geographic Service Area. A critical goal of this [Rural Health Plan] shall be employing physicians primarily in underserved areas and other locations where quantity and/or specialty needs are not being met, and where Independent Physician groups are not interested in, or capable of, adding such specialties or expanding.	Y	Y	Y	Y

Plan Overview
Rural Health Services Estimated Investment Summary

Rural Health Plan	Year 1		Year 2		Year 3		Year 1-3 Total	
	Low	High	Low	High	Low	High	Low	High
#1 - Expand Access to PCPs - Add Primary Care Physicians and Mid-levels	$410,000		$920,000		$1,180,000		$2,510,000	
#3 - Team-Based Care Models to Support PCPs	$150,000		$630,000		$1,000,000		$1,780,000	
#4 - Deploy Virtual Care Services	$140,000		$660,000		$230,000		$1,030,000	
Sub-Total	**$700,000**		**$2,210,000**		**$2,410,000**		**$5,320,000**	
#2 - Recruitment of Physician Specialists	$300,000	$370,000	$790,000	$1,560,000	$590,000	$2,420,000	$1,680,000	$4,350,000
Total	**$1,000,000**	**$1,070,000**	**$3,000,000**	**$3,770,000**	**$3,000,000**	**$4,830,000**	**$7,000,000**	**$9,670,000**
COPA-Mandated Minimum Expenditures	*$1,000,000*		*$3,000,000*		*$3,000,000*		*$7,000,000*	
Potential Funding Needed in Excess of Minimum Spending Requirements	***$0***	***$70,000***	***$0***	***$770,000***	***$0***	***$1,830,000***	***$0***	***$2,670,000***

Note: This does not account for an additional spend over the 3 year time frame in VA for primary care and specialists providers of up to $7.11M.

Specialist recruiting (see Strategy #2) expenditures are presented as a range, due the following uncertainties, which can have significant impacts on the actual annual investment expenditures:

- Timing – Due to the challenges of recruiting specialists to rural environments, the amount of time necessary to successfully recruit a specialist can vary dramatically.
- Economic considerations – Ballad has a robust compliance function that monitors matters pertaining to physician compensation and other economic relationships between the system and its medical staff. However, the challenges of recruiting to a rural environment often results in rapidly changing economic demands among potential recruits.
- Possible partnership opportunities –Ballad supports private practitioner employment, and will always work with private practices to provide recruitment assistance when appropriate. Such recruitment assistance often results in economic investments by Ballad less than the investments required to employ a specialist.

Plan Overview
Existing Partnerships and Collaborations

Community Provider Collaborations

- Ballad is actively engaged with community providers to develop models supporting more efficient/higher quality care delivery. These models would include component focusing on specific COPA metrics. (*See Exhibit A for Future Business Plan information pertaining to these models*)
- Ballad is also exploring additional partnership opportunities with providers and payors across the region. Various models and structures are being considered, all intended to provide for higher quality, more coordinated, lower cost care to patient populations. (*See Exhibit A for Future Business Plan information pertaining to these models*)
- Ballad has historically provided education to area providers regarding industry changes (i.e. MACRA and MSSP). For example, in partnership with existing providers, Ballad is conducting three forums in September 2018 for physicians and allied health professionals across the region focusing on the most recent changes to the MACRA/MIPS and MSSP legislation. State of Franklin Healthcare Associates, Mountain Region Family Medicine, ETSU and Medical Care will co-sponsor the events with Ballad. (*See Exhibit B for examples of previous education*)

Plan Overview
Existing Partnerships and Collaborations (continued)

Community Pharmacy Extended Services Network

- Ballad is in the very early stages of discussion with a consortium of 45 independent community pharmacies throughout Northeast TN and Southwest VA offers unique partnership opportunities from a population health perspective to promote patient education and provide additional access for preventive screening services.

AnewCare

- Ballad continues to evaluate participation and expansion of MSSP through the Accountable Care Organization, AnewCare. Pending review of recently released rules from CMS regarding options for continued participation in MSSP, Ballad has discussed how AnewCare might be an option for other independent providers in the region. Participation could be a significant help to physicians with ongoing quality reporting requirements (i.e. MIPS) since the ACO assumes responsibility for reporting for participating providers. (*See Exhibit C for Future Business Plan information pertaining to AnewCare and MSSP participation*)

Plan Overview
Existing Partnerships and Collaborations (continued)

Community Paramedicine Well-Visit Program

Community Paramedics are part of an extended care team that can help to bring care to the patient in the home. This program can be the eyes and the ears of physicians and providers when patients are most vulnerable or otherwise unable to make it in to see their physician. Currently patients in this situation may utilize EMS/ ambulance transport to an Emergency Room (ER) facility for a less than life-threatening need. This diverts resources from other patients who need ER level of care and, at a minimum, increases wait times. Thus, it is important to identify these needs and to help meet the need in the outpatient arena. There was a desire identify the impact of this "Wellness Visit" type of service on inappropriate ER utilization in our region.

The legacy Ballad systems worked with local EMS to execute a pilot. The pilot examined whether or not visits from paramedics in the community could help decrease ER utilization by "frequent fliers."

At JCMC, the pilot entailed a nurse sending a referral to EMS. The Lieutenant on duty would attempt to meet the patient at the ER so that the home visit was not a cold call. After that EMS would make a visit to the home. Forty-two patients were identified by the facility as being appropriate for this service. Visits capture some of the social needs of the patient. This pilot resulted in an over 40% decrease in ER utilization. More importantly patients' needs were met in a convenient fashion. EMS personnel found some needs were not medical, but rather social. This pilot helped to provide evidence that there is a use case for this model of care in our region.

Plan Overview
Existing Partnerships and Collaborations (continued)

Community Paramedicine Well-Visit Program (Continued)

Community Paramedics need a higher level of training and additional certification to be able to serve as the liaison between patients and physicians/ advanced practice providers (APPS).

Three organizations came together to help provide faculty for this training program – ETSU, Legacy Mountain States Health Alliance and Legacy Wellmont. A group of 14 individuals graduated from this program on 4/6/2018. At the current time Ballad is unable to send these resources into the community as the legislation to recognize this licensure is with the State of Tennessee awaiting approval.

When these individuals are able to go into the community, there will be a referral process to direct patients/participants to this service. Ballad will start by enrolling those who are at risk and who have a Ballad PCP, to receive this service. Ballad plans to make this service available to those individuals who need it most, regardless of participant's PCP affiliation. Ballad will develop a system where information obtained from the Paramedicine Well-Visit Program is shared with the PCP in a seamless and transparent way. (*See Exhibit D for informational pamphlet*)

Rural

Rural Health Plan

2. Strategic Approach

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Strategic Approach
Strategy #1: Add Primary Care Physicians and Mid-Level Providers to Practices in Counties of Greatest Need

Why?

- Adding primary care physicians ("PCP"s) and mid-level providers (Physician Assistants and Nurse Practitioners) is important to expanding access in rural areas.
- Staffing practices with mid-level practitioners allows existing physicians to work at the top of their license and reduce overall cost of care.

How?

- Evaluate existing resources *(see Exhibit E for a map of all Ballad primary care providers*) to better understand which populations within the services area are experiencing access barriers to primary care services
- Target rural counties with low appointment availability and limited PCP or urgent care infrastructure relative to the county population (*see Exhibit H for Future Business Plan information pertaining to Initial Provider Needs Assessment details*).
- Within high-needs counties, evaluate specific practices that have a high proportion of attributed lives, space capacity, and support staff to prioritize order of deployment.
- Hire at least one additional primary care physician in 2019 in Unicoi County. Continue evaluation of primary care needs in rural counties and respond with updated recruitment plans as needed.
- Develop recruitment plan and hire two mid-levels in 2019, one in 2020, and two in 2021. When adding mid-level practitioners, ensure they have availability to support walk-in appointments, and in select practices, expand evening/ weekend hours, thereby more effectively supporting current physicians on staff.

Strategic Approach
Strategy #1: Add Primary Care Physicians and Mid-Level Providers to Practices in Counties of Greatest Need

Metrics Addressed

- Additional primary care resources help to address all of the access metrics listed previously in the Plan Overview – Key Metrics slide and increase percentage of the rural population with same day primary care access.

Potential Barriers to Success

- The implementation plan is dependent on the recruitment of primary care physicians and mid-level providers to rural communities. To the extent that these professionals can not be recruited in the timeframe indicated, certain aspects of the plan may be delayed.

Potential Mitigation Tactics

- Identify opportunities to increase access with E-visits *(See Exhibit F)*
- Increase provider capacity through process reengineering and improved scheduling of expanded care teams
- Provide recruiting assistance to community providers

Rural

Strategic Approach
Strategy #2: Recruit Physician Specialists to Meet Rural Access Needs

Why?

- A core group of local and regional specialists is essential to creating a system of local access in rural communities and minimizing the need for residents to travel for care. Specialists are particularly difficult to recruit to rural areas, resulting in the need to (1) commit significant focus and resources to attract and retain them, and (2) thoughtfully develop regional approaches to specialty access for rural residents.

How?

- Review and revise system-wide recruitment plan for rural counties, taking into consideration community-based need, rural hospital medical staff needs, and growing telehealth capabilities. It is important to note that there is often insufficient population in rural counties to support specialists so they are often recruited to the tertiary hubs, located in urban areas. Specialists recruited to Holston Valley Medical Center, Bristol Regional Medical Center, and Johnson City Medical Center will still treat a number of patients from rural counties and that has been accounted for in this list of priorities (*see Exhibit H for Future Business Plan information pertaining to Initial Provider Needs Assessment details*).
- In order to allocate the expense associated with these urban-based specialists to the rural populations they serve, Ballad calculated an allocation ratio for each sub-specialty as follows:
  - Historical (FY2017) Clinic Visits from Patients originating from a rural zip code/Total Clinic Visits
  - If information was incomplete or not available for a specific sub-specialty, Ballad applied the average of all computed ratios
  - Ballad then applied these ratios to the total practice expense for each sub-specialty assumed in the recruitment plan to determine what portion of the practice expenses would be representative of resources dedicated to rural residents
  - The ratios used to allocate sub-specialty total practice expenses to rural residents ranged from 47% to 52%, with the average being 49% (for those instances, as described above) when the average was utilized to allocate costs. For reference, the rural population in Ballad's service area, as a % of total population in the service area, is 61.3%.

Strategic Approach
Strategy #2: Recruit Physician Specialists to Meet Rural Access Needs

How?

- Execute on Ballad recruitment plan, based on priorities by specialty and location. Access to specialty care provided through:
  - Locating specialty practice full-time in rural communities
  - Providing rotating specialty clinics in rural communities
  - Providing rural residents with telehealth access to specialists located in urban areas
  - Providing preferred/reserved appointment scheduling for rural residents traveling to urban areas for specialist care
- Coordinate with Ballad's ongoing Health Research and GME Plan workgroup to leverage opportunities for recruitment and development from regional medical schools and networks.
- Review needs and progress annually and update as necessary.

Current Rural Specialist Priorities

Specialty	Practice Location (County)
CardioThoracic	Sullivan, TN
Neurosurgery	Sullivan, TN
General Surgery, Colorectal	Sullivan, TN
Neurology (JCMC)	Washington, TN
Vascular NP	Washington, TN

Strategic Approach
Strategy #2: Recruit Physician Specialists to Meet Rural Access Needs

Metrics Addressed

- C8: Specialist Recruitment and Retention
- C10: Preventable Hospitalizations - Medicare
- C11: Preventable Hospitalizations – Adults

Potential Barriers to Success

- The implementation plan is dependent on the recruitment of specialist providers. To the extent that these professionals can not be recruited in the timeframe indicated, certain aspects of the plan may be delayed.

Potential Mitigation Tactics

- Identify opportunities to increase access with E-visits (*See Exhibit F*)
- Increase provider capacity through process reengineering
- Provide recruiting assistance to community providers

Metrics from Exhibit C, per the Tennessee Terms of Certification Governing the Certificate of Public Advantage, September 18, 2017

Strategic Approach
Strategies #1 and #2: Initial Rural Provider Needs Assessment

Ballad completed its initial provider needs assessment ("PNA") for the rural communities within the service area.

- The PNA for the rural areas considered three primary service area geographies: Northwest, Northeast, and Southern.
- Each of these geographies represents a natural "hub and spoke" referral pattern:
  - Northwest – Primary tertiary referral facility is Holston Valley Medical Center
  - Northeast – Primary tertiary referral facilities is Bristol Regional
  - Southern – Primary tertiary referral facility is Johnson City Medical Center
- When considering provider demands and supply by specialty, Ballad took into consideration access opportunities to specialists located within each of these geographies.
- The results of the initial rural PNA are presented on the following page (*see Exhibit H for Future Business Plan information pertaining to Initial Provider Needs Assessment details*).
- Ballad's current recruiting plans for FY's 2019-2021 are consistent with the results of the initial PNA. Please note:
  - The Rural Health Plan only presents primary care and specialist recruitment activity for providers incremental to the baseline period. Additional recruitment activity and plans for replacement positions is also ongoing.
  - In certain communities, additional recruitment is necessary to support community programs (i.e. Black Lung Clinic in Wise County)
  - Ballad will be working throughout FY2019 to produce its updated/comprehensive provider needs analysis

Strategic Approach
Strategies #1 and #2: Initial Rural Provider Needs Assessment

Level of Physician Need	Southern Region		Northeast Region		Northwest Region	
	Specialty	*(Need with APP Supply)*	Specialty	*(Need with APP Supply)*	Specialty	*(Need with APP Supply)*
Need for Greater than 20 Physicians	Adult Primary Care	*(No need)*	Adult Primary Care	*(No need)*	Adult Primary Care	*(No need)*
Need for 8 to 10 Physicians					Pediatrics (General)	*(8 to 10)*
Need for 3 to 5 Physicians			Pediatrics (General)	*(3 to 5)*	Psychiatry	*(3 to 5)*
			Psychiatry	*(2 to 3)*	Ophthalmology	*(3 to 5)*
Need for 2 to 3 Physicians	Plastic Surgery	(2 to 3)	Dermatology	*(2 to 3)*	Endocrinology	*(2 to 3)*
			Physical Med/Rehab	*(2 to 3)*	Podiatry	*(2 to 3)*
			Infectious Diseases	*(2 to 3)*	Neurology	*(2 to 3)*
			Plastic Surgery	*(2 to 3)*	Orthopedic Surgery	*(1 to 2)*
			Endocrinology	*(1 to 2)*		
Need for 1 to 2 Physicians	Thoracic Surgery	*(1 to 2)*	Neurology	*(1 to 2)*	Neurosurgery	*(1 to 2)*
	Physical Med/Rehab	*(< 1)*	Ophthalmology	*(1 to 2)*	Otorhinolaryngology	*(1 to 2)*
	Neurosurgery	*(< 1)*	Otorhinolaryngology	*(1 to 2)*	Infectious Diseases	*(1 to 2)*
	Urology	*(< 1)*	Rheumatology	*(1 to 2)*	Urology	*(1 to 2)*
			Nephrology	*(1 to 2)*	Immunology	*(< 1)*
			Urology	*(No need)*	Rheumatology	*(< 1)*
			Orthopedic Surgery	*(No need)*		

Strategic Approach
Strategy #3: Develop and Deploy Team-Based Care Models

Why

- PCPs in Ballad Health's service area often lack resources to address challenging populations such as patients with chronic diseases or behavioral health needs. Team-based care models offer screening and care coordination services which improve outcomes and overall healthcare costs.

How

- Evaluate existing Ballad and private practitioner care coordination resources to ensure effective resourcing within each region, and maximum impact for patients.
- Evaluate existing team-based models, and adjust as necessary for rural populations, and expand to one additional rural site in 2019, and two additional rural sites in 2020.
- Focus on team-based care models that address chronic care needs outside of behavioral health (note: Integration of primary care and behavioral health addressed in Behavioral Health Plan).
- Recruit positions to support regional programs - outlining a schedule of rotation for the teams. Teams to include (*See additional information within Exhibit G*):
  - Care Coordinator
  - Community Health Worker
  - Health Coach
  - Pharmacist
- Leverage virtual health as available to extend access to specialty care within the system. (see Strategy #4 below).

PCP = Primary Care Provider

R u r a l

Strategic Approach
Strategy #3: Develop and Deploy Team-Based Care Models

Metrics Addressed

- Additional team-based care models help to address all of the access metrics listed previously in the Plan Overview – Key Metrics slide.

Potential Barriers to Success

- The implementation plan is dependent on the recruitment, training, and resolution of scope of practice issues and licensing laws of health care professionals, including relatively new functions like community health workers. To the extent that these professionals can not be recruited in the timeframe indicated, certain aspects of the plan may be delayed.

Potential Mitigation Tactics

- Incorporate training programs as an initiative in the HR/GME Plan

Rural

Strategic Approach
Strategy #4: Develop and Deploy Virtual Care Services

Why?

- **Infrastructure:** Ballad Health's existing virtual programs lack common platforms or workflows and are disconnected from enterprise-level goals for access. A core infrastructure is needed to support virtual care services, including the following priorities:
  - **Tele-Stroke:** With five existing sites among Ballad Health hospitals, tele-stroke provides a strategic opportunity to scale existing virtual health initiatives with relatively limited investment. Early success here will build traction and facilitate the development of the virtual health infrastructure within the system.
  - **Behavioral Health:** The region is experiencing significant unmet need for behavioral services. However, a significant percentage of patients are diagnosed with lower acuity conditions that do not require face-to-face visits. Shifting lower acuity patients to virtual settings will reinforce broader strategies to extend the capacity of highly skilled BH providers (e.g., psychiatrists). Behavioral telehealth offers virtual face-to-face counseling and improves consistency of coordination with primary care providers.
  - **Pediatric Emergency and Specialty Services:** As discussed in the Children's Health Plan, Ballad is committed to providing telehealth services to Niswonger Children's Hospital Emergency Room Physicians and Specialists to all Ballad hospital emergency departments during 2019. The availability of telehealth resources in the Ballad hospitals will also be evaluated for use as outpatient access points for specialist consults.
  - **Cardiovascular Care:** Several Ballad Cardiovascular practices already leverage remote access clinics to manage patients in rural communities. The next phase of this effort is to utilize telemedicine resources to support the community primary care resources with the management of the cardiovascular patients, keeping the patient in the appropriate setting with the right level of care.

Strategic Approach
Strategy #4: Develop and Deploy Virtual Care Services

How?

- Create a centralized virtual health team (leadership and support staff) that is resourced to support deployment of virtual health strategies and assess gaps. Deploy and/or realign necessary infrastructure, including staff and technology, to support the envisioned virtual care network.
- Add telehealth equipment to ensure all Ballad hospitals have at least one comprehensive cart for high-acuity episodes (e.g., tele-stroke) and one secondary cart for lower-acuity episodes (e.g., consults).
- Expand tele-stroke services to a broader geography, providing enhanced access to this critical service.
- Expand behavioral health telemedicine services by adding 10 outpatient sites for low acuity patients. This capability will support a "hub and spoke" model for behavioral telehealth with Ballad hospital-based services.
- Build on Ballad Health's EPIC roll-out and plan for the expanded deployment of E-visits (email) as an additional means of access to care. *(See Exhibit F for further description of E-visit programs)*
- Collectively, these telehealth resources in Ballad's rural communities will provide additional access to both adult and pediatric specialists.

Strategic Approach
Strategy #4: Develop and Deploy Virtual Care Services

Metrics Addressed

- C8: Specialist Recruitment and Retention
- C10: Preventable Hospitalizations - Medicare
- C11: Preventable Hospitalizations – Adults
- C22: Antidepressant Medication Management – Effective Acute Phase Treatment
- C23: Antidepressant Medication Management – Effective Continuation Phase Treatment

Potential Barriers to Success

- The implementation plan is dependent on the availability health care professionals to provide telehealth services. To the extent that these professionals can not be recruited in the timeframe indicated, certain aspects of the plan may be delayed.
- Legislative and payor policy may hinder full adoption of various virtual care services like telehealth and E-visits.

Potential Mitigation Tactics

- Collaborate with state resources to advocate for legislative policy support

Metrics from Exhibit C, per the Tennessee Terms of Certification Governing the Certificate of Public Advantage, September 18, 2017

Rural Health Plan

3. Implementation Roadmap

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Implementation Roadmap
Milestones and Metrics for Measuring Strategies: 2019

Implementation Milestones and Metrics: Q1 and Q2

Strategies	Q1 Milestones	Q1 Metrics	Q2 Milestones	Q2 Metrics
1. **Expand Access to PCPs Through Additions of Mid-levels**	• Begin process for determining priority locations for mid-levels • Begin recruiting PCP	• *Process initiated* • *Recruitment progress*	• Determine priority locations for mid-levels and begin recruitment	• *Priority locations determined and recruitment initiated*
2. **Recruit Physician Specialists**	• Begin process for determining priority locations/specialties	• *Process initiated*	• Finalize priority locations for specialists and begin recruiting	• *Priority locations determined and recruitment initiated*
3. **Implement Team-Based Care Models to Support PCPs**	• Initiate development of operational plan and metrics for regional deployment of additional enhanced team-based care models	• *Operational plan initiated*	• Complete operational plan and metrics for regional deployment of additional enhanced team-based care models • Recruit staff for initial rural expansion site	• *Operational plan complete* • *Begin staff recruitment*
4. **Deploy Virtual Care Services**	• Develop plan for deployment of comprehensive telehealth equipment to nine (9) Ballad EDs	• *Deployment plan completed*	• Begin deployment of comprehensive telehealth equipment to nine (9) Ballad EDs • Begin service plan for addition of telehealth service programs to Ballad EDs – focusing first on tele-stroke, tele-peds, and tele-behavioral	• *Equipment deployed consistent with deployment plan* • *Initiate service planning*

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Implementation Roadmap
Milestones and Metrics for Measuring Strategies: 2019

Implementation Milestones and Metrics: Q3 and Q4

Strategies	Q3 Milestones	Q3 Metrics	Q4 Milestones	Q4 Metrics
1. **Expand Access to PCPs Through Additions of Mid-levels**	• Hire providers for initial sites	• *Providers hired for initial sites*	• Evaluate and refine operations in first sites • Continue hiring per plan	• *New providers hired* • *New provider pipeline* • *Y2 milestones and metrics accepted* • *# of patients treated by additional PC providers*
2. **Expand Access to PCPs Through Continuity Clinics**	• Hire providers for initial sites	• *Providers hired for initial sites*	• Evaluate and refine operations in first sites • Continue hiring per plan	• *New providers hired* • *New provider pipeline* • *Y2 milestones and metrics accepted* • *# of patients treated by additional specialists*
3. **Implement Team-Based Care Models to Support PCPs**	• Hire staff and begin operations for regional pilot site • Begin planning for second and third rural expansion sites	• *Staff hired for pilot site* • *Second and third rural expansion sites initiated*	• Evaluate and refine operations in first regional pilot site • Complete planning for second and third rural expansion sites	• *Evaluation report and future recommendations* • *Second and third rural expansion site plans complete* • *Y2 milestones and metrics accepted* • *# of patient lives under management of a team based care model*
4. **Deploy Virtual Care Services**	• Continue deployment of comprehensive telehealth equipment to nine (9) Ballad EDs • Continue service plan for addition of telehealth service programs to Ballad EDs – focusing first on tele-stroke, tele-peds, and tele-behavioral	• *Equipment deployed consistent with deployment plan* • *Plan continuation*	• Complete deployment of comprehensive telehealth equipment to nine (9) Ballad EDs • Complete service plan for addition of telehealth service programs to Ballad EDs – focusing first on tele-stroke, tele-peds, and tele-behavioral	• *All Ballad EDs have comprehensive telehealth equipment* • *Plan for service deployment approved* • *Y2 milestones and metrics accepted*

Implementation Roadmap
Milestones and Metrics for Measuring Strategies: 2020

Strategies	2020 Milestones and Metrics
1. **Expand Access to PCPs Through Additions PCPs and Mid-levels**	• Evaluate mid-level performance in 2019 to identify impact and opportunities for improvement • Add at least one (1) additional mid-level provider to a PCP practice in 2020 • *Number of patients treated by additional primary care providers*
2. **Recruit Physician Specialists**	• Evaluate operations initiated in 2019 to identify impact and opportunities for improvement • *Number of patients treated by additional specialist providers*
3. **Implement Team-Based Care Models to Support PCPs**	• Evaluate operations initiated in 2019 to identify impact and opportunities for improvement • Initiate operations for second and third rural expansion sites for team-based care • *# of patient lives under management of a team based care model*
4. **Deploy Virtual Care Services**	• Add secondary carts ensuring all Ballad hospitals have primary and secondary telehealth equipment • Add tele-stroke hospital locations consistent with service deployment plan • Continue tele-peds specialty deployment consistent with plans (see Children's Health Plan) • Expand E-visit program *(See Exhibit F)* • Add tele-behavioral health outpatient sites • *Number of patients treated through new tele-stroke services* • *Number of patients treated through new tele-behavioral services* • *Number of patients treated through new tele-pediatric services*

Implementation Roadmap
Milestones and Metrics for Measuring Strategies: 2021

Strategies	2021 Milestones and Metrics
1. **Expand Access to PCPs Through Additions PCPs and Mid-levels**	• Evaluate mid-level performance in 2020 to identify impact and opportunities for improvement • Add at least one (1) additional mid-level provider to a PCP practice in 2021 • *Number of patients treated by additional primary care providers*
2. **Recruit Physician Specialists**	• Evaluate operations initiated in 2020 to identify impact and opportunities for improvement • *Number of patients treated by additional specialist providers*
3. **Implement Team-Based Care Models to Support PCPs**	• Evaluate operations initiated in 2020 to identify impact and opportunities for improvement • *# of patient lives under management of a team based care model*
4. **Deploy Virtual Care Services**	• Continue adding tele-stroke hospital locations consistent with service deployment plan • Continue tele-peds specialty deployment consistent with plans (see Children's Health Plan) • Add tele-behavioral health outpatient sites • *Number of patients treated through new tele-stroke services* • *Number of patients treated through new tele-behavioral services* • *Number of patients treated through new tele-pediatric services*

Rural Health Plan

Exhibits

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Exhibit A – Future Business Plan – Provider Collaboration Models

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Exhibit B – Examples of Ballad-Sponsored Educational Materials

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Exhibit B
Examples of Ballad-Sponsored Educational Materials

THE FEDERAL GOVERNMENT IS CHANGING HOW DOCTORS ARE PAID.
Please join us for dinner and education about how this affects you!

President Obama has signed the Medicare Access and CHIP Re-authorization Act (MACRA), and the Centers for Medicare and Medicaid Services has published 900 pages of rules to implement it.

This legislation, and these rules, are intended to accelerate the shift toward value-based reimbursement for physicians. This represents the biggest change in physician reimbursement in the history of the Medicare program and will have a profound impact on how you are paid for your professional services.

Mountain States Health Alliance has invited experts on MACRA from Premier, the largest alliance of healthcare providers, to provide free education on MACRA to physicians on our medical staffs across the region. This is a benefit to you, and an opportunity to ask questions about how this new payment system will affect you.

The federal government intends to implement this program by January, so we wanted to move quickly to provide this opportunity to our physician partners. We have scheduled two programs for your convenience, and you are welcome to attend either or both, free of charge.

Mountain States Health Alliance truly values the relationships we have with our physician partners and friends. These two programs are explicitly for your information, and are intended to make sure you have access to all the information you need. We hope you can join us, as we plan to attend as well.

SESSION 1
JUNE 1 | 6-8 P.M.
Food City Corporate Support Center
1 Food City Circle
(Use 351 Court Street for GPS)
Abingdon, VA 24210

SESSION 2
JUNE 2 | 6-8 P.M.
MeadowView Conference Resort & Convention Center – Cattails Ballroom
1901 Meadowview Pkwy.
Kingsport, TN 37660

RSVP BY MAY 24, 2016
Martha Taylor at 423-915-5121 or taylorma@msha.com
Please include the session of your choice with your RSVP.

MOUNTAIN STATES HEALTH ALLIANCE

Alan Levine, President and CEO | Marvin Eichorn, EVP and Chief Operating Officer
Morris Seligman, EVP and Chief Medical Officer | Lynn Krutak, SVP and Chief Financial Officer
Tony Keck, SVP and Chief Development Officer | Steve Kilgore, SVP and President/CEO, Blue Ridge Medical Mgmt. Corp.

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Exhibit B

Examples of Ballad-Sponsored Educational Materials

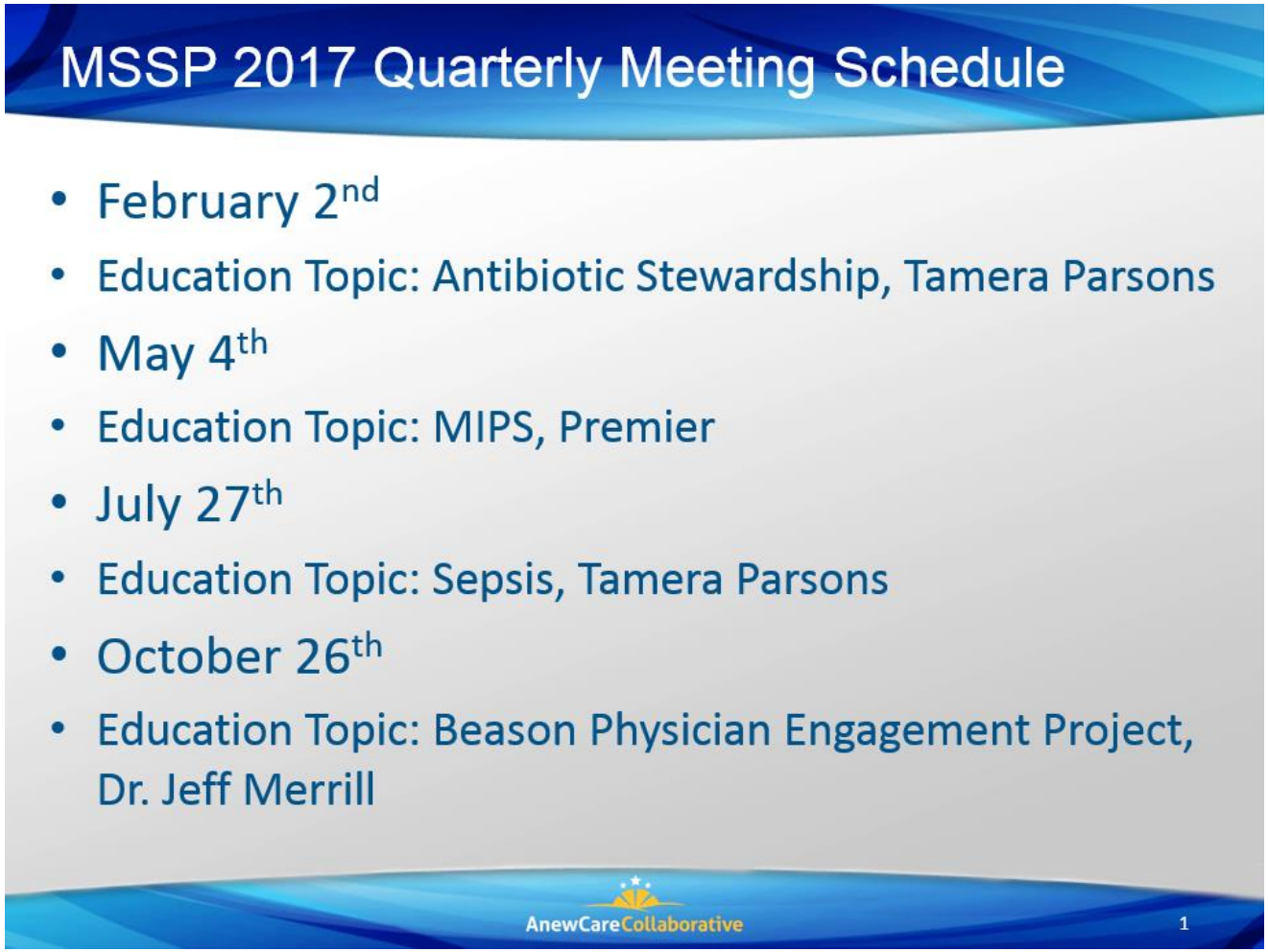
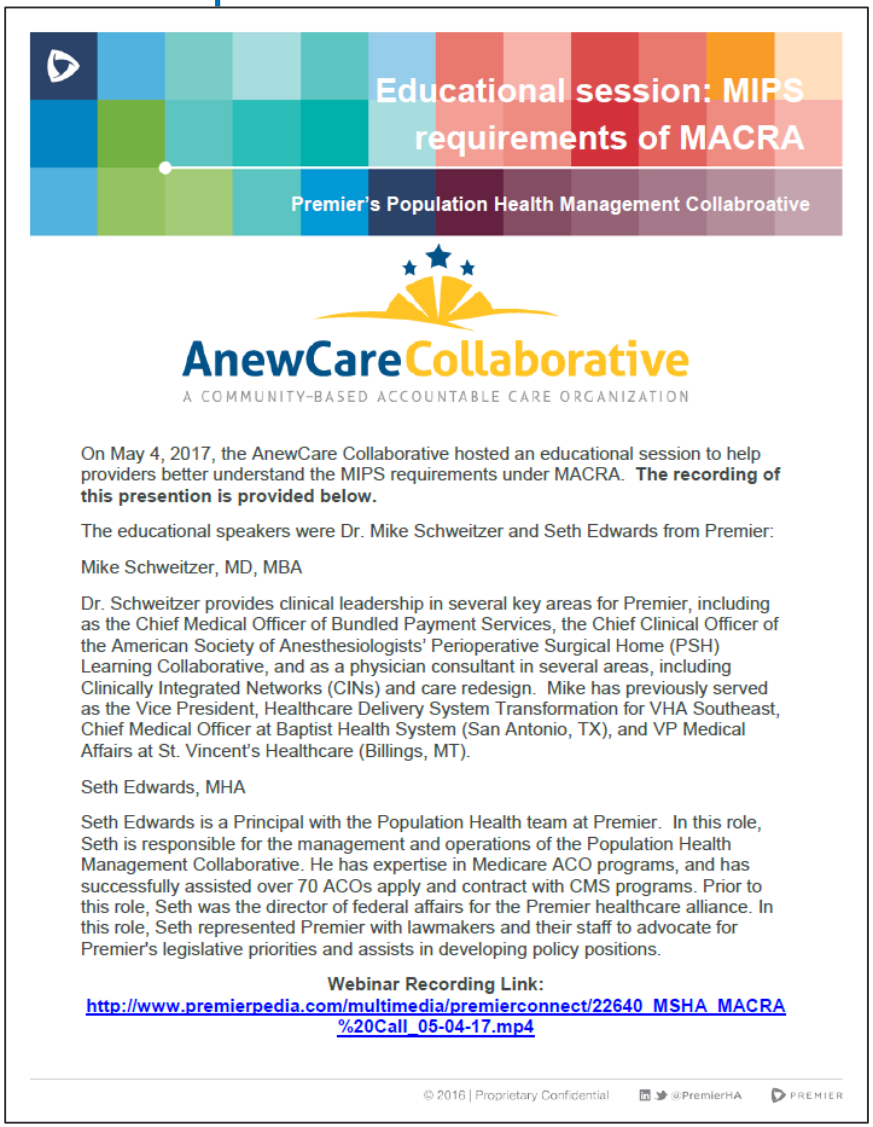


Exhibit B
Examples of Ballad-Sponsored Educational Materials



Educational session: MIPS requirements of MACRA

Premier's Population Health Management Collabroative

AnewCare Collaborative

A COMMUNITY-BASED ACCOUNTABLE CARE ORGANIZATION

On May 4, 2017, the AnewCare Collaborative hosted an educational session to help providers better understand the MIPS requirements under MACRA. **The recording of this presention is provided below.**

The educational speakers were Dr. Mike Schweitzer and Seth Edwards from Premier:

Mike Schweitzer, MD, MBA

Dr. Schweitzer provides clinical leadership in several key areas for Premier, including as the Chief Medical Officer of Bundled Payment Services, the Chief Clinical Officer of the American Society of Anesthesiologists' Perioperative Surgical Home (PSH) Learning Collaborative, and as a physician consultant in several areas, including Clinically Integrated Networks (CINs) and care redesign. Mike has previously served as the Vice President, Healthcare Delivery System Transformation for VHA Southeast, Chief Medical Officer at Baptist Health System (San Antonio, TX), and VP Medical Affairs at St. Vincent's Healthcare (Billings, MT).

Seth Edwards, MHA

Seth Edwards is a Principal with the Population Health team at Premier. In this role, Seth is responsible for the management and operations of the Population Health Management Collaborative. He has expertise in Medicare ACO programs, and has successfully assisted over 70 ACOs apply and contract with CMS programs. Prior to this role, Seth was the director of federal affairs for the Premier healthcare alliance. In this role, Seth represented Premier with lawmakers and their staff to advocate for Premier's legislative priorities and assists in developing policy positions.

Webinar Recording Link:
http://www.premierpedia.com/multimedia/premierconnect/22640_MSHA_MACRA%20Call_05-04-17.mp4

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Exhibit C – Future Business Plan
Information Regarding ACO/MSSP Options

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Exhibit D – Community Paramedicine Well-Visit Pamphlet

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Exhibit D
Community Paramedicine Well-Visit Pamphlet

Washington County – Johnson City EMS

Well Visit Program

About the Program

Washington County – Johnson City EMS and Johnson City Medical Center Hospital have teamed up to offer a program to our patients in which a certified EMT or Paramedic will make periodic checks on patients who have been identified as frequent users of the EMS and Hospital System.

These healthcare professionals will schedule appointments to visit the patients in their home at the patients convenience. During the visit the healthcare provider will visit with the patient checking on how they are doing with their healthcare, identify any needs they may have, and ensure they have been able to obtain the medications that have been prescribed to them.

If the patient needs additional assistance the healthcare provider can assist them in identifying what is the most appropriate course of action.

There is no cost to the patient for these visits.

The goal of the program is to keep our patients at home and getting better.

How to Enroll

There is no requirement on the patients part to enroll initially. Mountain States Health Alliance and WC/JC EMS have identified patients who frequent the EMS and ED system. These patients will be contacted by an EMS or Hospital staff member and asked if they would be willing to enroll in the program. If the patient is agreeable they will need to provide some basic contact information and sign a consent for treatment form. We will take care of the rest!

Exhibit D
Community Paramedicine Well-Visit Pamphlet

Information we will need to start you in the program

Name:_____

Current Address:_____

City_____State_____Zip_____

Home Phone Number:_____

Cell Phone Number:_____

Best time to call: ☐Morning ☐Afternoon ☐Evening

Next of Kin or Alternate Contact

Name:_____

Phone Number:_____

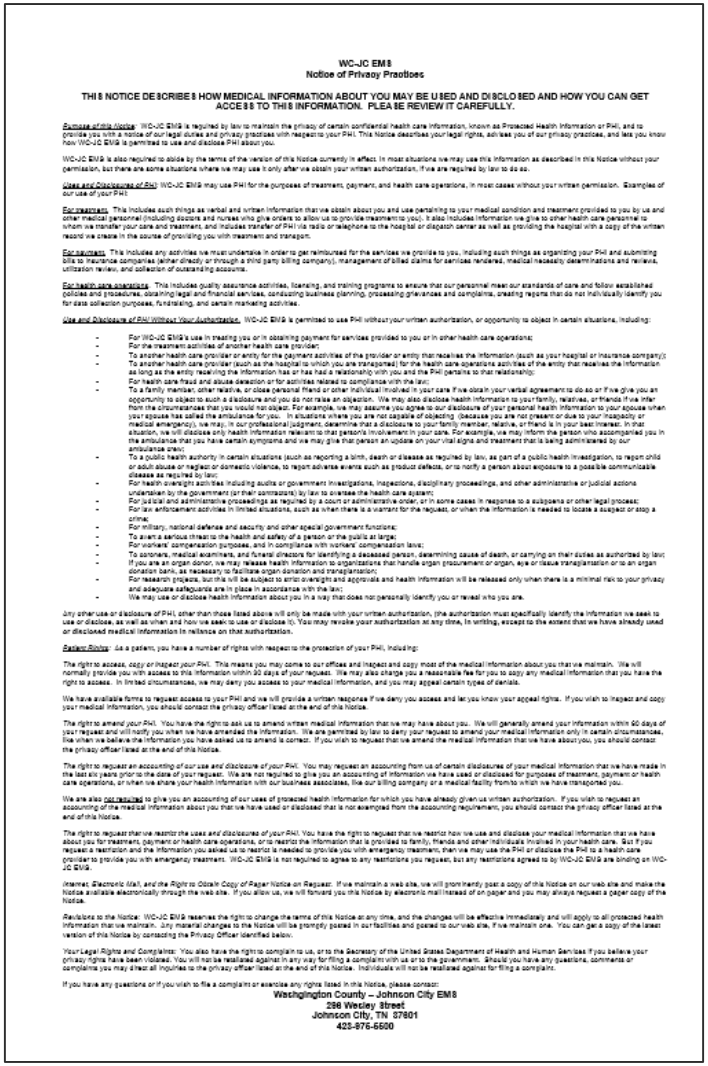
For questions about the program or to reschedule an appointment please call:

Washington County – Johnson City EMS
Non-Emergency Dispatch at 423-975-5515

If you are having an EMERGENCY please call:

911

Exhibit D
Community Paramedicine Well-Visit Pamphlet



WC-JC EMS
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose of this Notice. WC-JC EMS is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how WC-JC EMS is permitted to use and disclose PHI about you.

WC-JC EMS is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization. If we are required by law to do so.

Uses and Disclosures of PHI. WC-JC EMS may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For treatment. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

Use and Disclosure of PHI Without Your Authorization. WC-JC EMS is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For WC-JC EMS's use in treating you or in obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. WC-JC EMS is not required to agree to any restrictions you request, but any restrictions agreed to by WC-JC EMS are binding on WC-JC EMS.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: WC-JC EMS reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Washington County – Johnson City EMS
286 Wesley Street
Johnson City, TN 37601
423-976-6600

Rural Health Plan

Exhibit E – Map of Ballad Medical Associates Primary Care Locations

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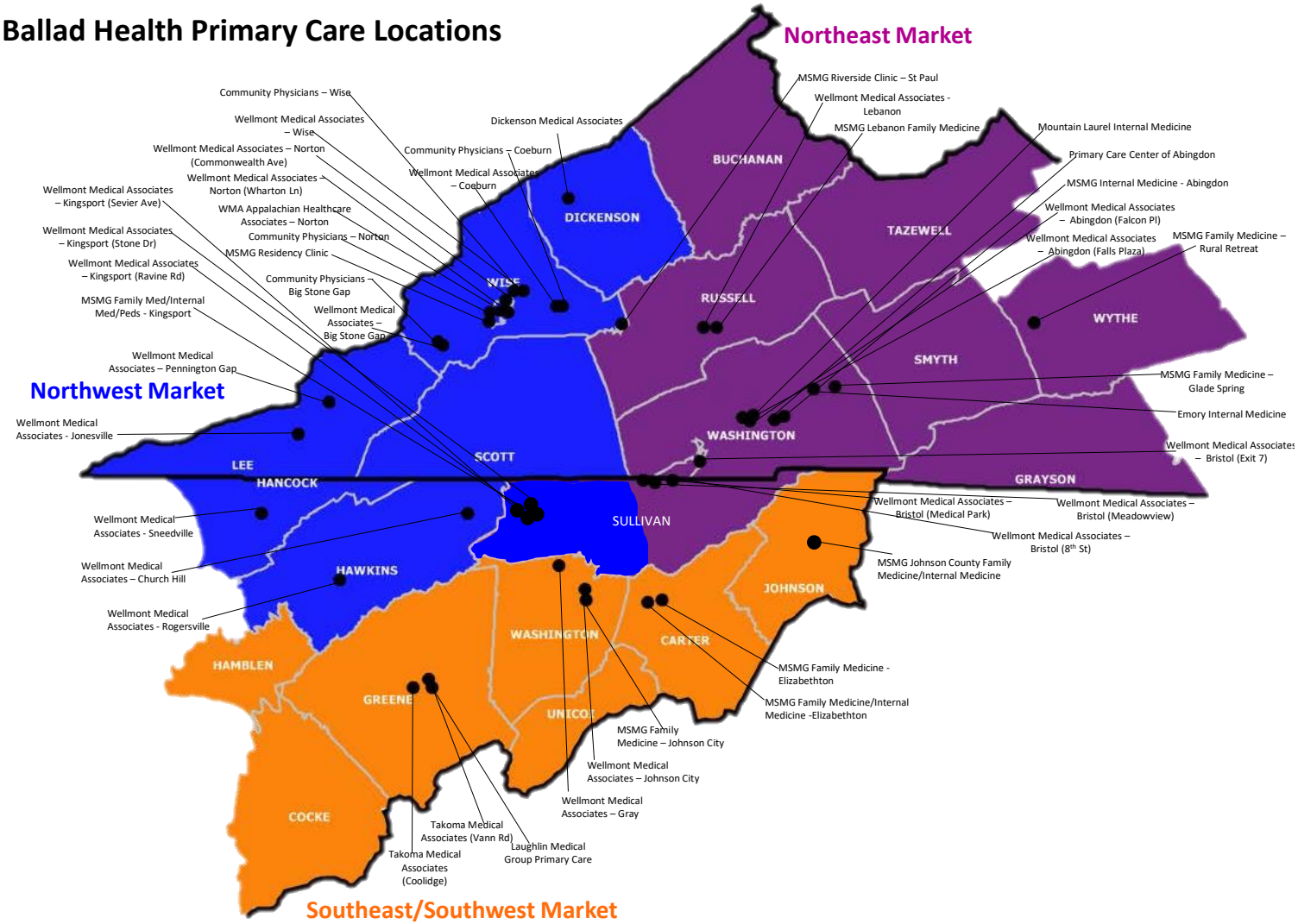
Exhibit E

Map of Ballad Medical Associates Primary Care Locations



Rural

Rural Health Plan

Exhibit F – E-visits

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Exhibit F

E-visits

When Ballad Health chose to expand its information technology to include a unified electronic medical record, the system chose EPIC. This was with the knowledge that one chart and one record across the entirety of the health system would provide numerous benefits for the communities we serve. One of the benefits of EPIC is the ability of patients to access their record via MyChart. MyChart gives patients the ability to create a free account with online access from anywhere they are able to access the internet. Embedded within the MyChart technology are E- visits.

E-visits allow an online opportunity to evaluate and treat patients suffering from minor ailments for a nominal fee. This works by the patient accessing a medically vetted E-visit questionnaire which is then sent to their provider for review. The provider, after reviewing the questionnaire is able to provide treatment, contact the patient for more information, or ask the patient to come to the clinic for an in person evaluation. The initial program, implemented by the legacy Wellmont Health System, was limited to visits for cough, diarrhea, red eye, sinusitis, simple urinary tract infection, vaginitis, heartburn, headache, fatigue, contact dermatitis, and swimmer's ear initially. With the successful implementation of the first wave of E-visits and requests from providers for other options, a second series is currently under development and will include abrasions/scrapes, acne, breast feeding issues, diaper rash, hay fever, head lice, influenza, insect bite, pink eye/conjunctivitis, rash and sunburn. In addition there are updates to the cough, diarrhea, and sinus E-visits along with the expansion of several of the previous and newer E-visits into our pediatric population. E-visits are one method in which Ballad Medical Associates will be able to continue to meet the needs of the patients of our region by providing the right care, at the right place and at the right time.

Rural Health Plan

Exhibit G – Team-Based Care

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Exhibit G
Team-Based Care

Team-Based Care

In the years prior to the merger both legacy Mountain States Medical Group and legacy Wellmont Medical Associates were on independent quality improvement journeys. These journeys included establishing a team-based model of care. Below is a description of members of the extended care team.

Care Coordinators

The first phase of this journey addressed making sure that the patients are receiving the evidence-based screenings appropriate for their age and risk profile. Ballad leverages technology and human resources to ensure that these "gaps in care" are presented to the physician / advanced practice provider (APP) at the time of the visit with the patient. At that time the physician/ APP will address the gaps in care. The human resources deployed for this are part of the extended care team and function on behalf of the PCP.

Exhibit G
Team-Based Care

Care Coordinators (continued)

Other work revolves around follow-up after hospitalization and ER visits. Team members call patients within 2 business days of discharge to assess the following:

- Whether discharge medications were obtained
- Patient and / or caregiver understanding of discharge medications
- Whether or not services such as Home Health have been initiated or if there are any barriers to that – if there are barriers these will be resolved
- Whether or not the patient has the appropriate DME supplies to assist in self-management at home e.g. raised toilet seat, walker
- Whether or not the patient has assistance at home (if this is needed)
- Whether or not the patient has a timely follow-up with the physician/ APP – if the patient needs a sooner appointment, this will be arranged

The care coordinators are tasked with finding and removing any barriers to care.

After visits to the emergency room there is a different focus

- Ensuring that the patient feels that the symptoms of concern are improving – if not the Care Coordinator will arrange for a sooner follow-up appointment with the PCP
- Patients are educated on their disease process, if applicable
- Patients are routinely educated on the appropriate settings for care and the use of urgent care

Rural

Exhibit G
Team-Based Care

Care Managers

The needs of medically complex patients are extensive and ever-changing. Care Managers reach out to high-risk patients and engage them in Care Management. The Care Managers engage in conversations with the patient and/or caregivers to understand the patient's perception of current health status. They are always looking to identify barriers to care. Care Managers focus on ensuring the patient and/or caregivers have an understanding of the patient's disease process(es) and the foundation for self-management. Care Managers evolve into a trusted link for the patient and/or caregivers to the healthcare system.

Care of the complicated patient is focused on ensuring the following:

- Patient's (and/or caregiver's) understanding of the disease process
- Patient's (and/or caregiver's) understanding of self-management skills and techniques
- Patient's (and/or caregiver's) understanding of all medications and the importance of medication adherence
- A focus on working toward short- and long-term goals that are part of the patient's care plan as formulated by the PCP
- Motivational interviewing to help the patient achieve therapeutic lifestyle changes and /or better self-management and improved health status

Summary: Ballad's team currently numbers 43 individuals (Care Coordinators and Care Managers) dedicated to serving patients in these roles.

Exhibit G
Team-Based Care

Clinical Psychologist (Pediatrics)

Ballad Medical Associates' Kingsport pediatric practice includes an embedded Clinical Psychologist. The model employs a "warm hand-off" approach to behavioral care. The Clinical Psychologist is available to see patients (and parents) immediately at the request of the pediatric primary care provider. In this way the needs of the patient are met in a timely manner without a repeat trip to the office. The Clinical Psychologist is also available for individual appointments with pediatric patients.

Clinical Pharmacists

Medication issues and errors are among the top reasons for hospital readmissions. Medications are also a source of confusion for patients leading to adverse events. The legacy Ballad systems embedded their first Clinical Pharmacist (CP) (as a shared team member between two practices) in 2015. Two additional CPs were subsequently added, one in 2016 and one in 2017. These professionals are available to see patients as part of a shared visit. This has increased the level of service to patients by allowing CPs to provide comprehensive medication management within the walls of the trusted PCP practice. These Care Team members have played a pivotal role in helping educate patients about their medications, optimizing opioid regimens, and reducing the potential for medication adverse events. As of 7/3/2018, the CPs performed 2,095 interventions (which represents a change being made to a medication or the ordering of a lab test for monitoring) as a result of their work in the Primary Care locations. Ballad anticipates needing more CPs and has plans to bring on additional team members, focused on medication-related outreach.

Exhibit G
Team-Based Care

Behavioral Healthcare Navigators (BHCNs)

Unmet social and behavioral health needs are an underlying cause of poor health status. In order to start addressing these needs more holistically, Ballad has partnered with a local Behavioral Health provider, Frontier Health. As a result of the partnership, two BHCNs as part of the Team-Based Model of Care. BHCNs take referrals from providers, care coordinators and care managers. The Behavioral Healthcare Navigators work to coordinate initial meetings with patients at the PCP office. Thereafter, the BHCN visits the patient in the home and works to solve unmet social needs. Where there is a behavioral health need, the BHCNs provide an expedited, warm hand-off to Frontier Health.

Population Health Advocate (Pediatrics)

The role of Population Health Advocate (PHA) has been added to the pediatric office to help support the needs of patients and families who require extra assistance. This individual makes sure that patients have appointments and keep them. If appointments are not made, they will make them. If transportation is needed they will assist. The advocate also serves as a liaison with the schools to make sure that the information transfer between school and pediatrician is smooth. If there are other resources the family requires, the PHA will make the connection.

Exhibit G
Team-Based Care

Next Generation

Ballad is currently evaluating the need for additional team-members within PCP offices to fully complement the team-based care approach described previously. Among consideration are additional BHCNs, Clinical Pharmacists, Clinical Psychologists, PHAs, outreach specialists, health coaches, and dieticians. The list is not meant to be exhaustive, nor does that mean that all these roles will be deployed. Strategies around team-based care are constantly being evaluated with a view to evolving the structure.

Current work also involves strategizing about bringing more services to the patient while the patient is at home (e.g. home Wellness Visits). This will allow patients to receive a higher level of care in their own home.

Rural

Rural Health Plan

*Exhibit H – **Future Business Plan** - Details Regarding the Initial Provider Needs Assessment*

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Final Rural Health Plan
For the State of Tennessee

January 29, 2019

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