

2021

All-Provider Survey Feedback

PA RURAL
HEALTH
MODEL
A Federally-Funded Program

The Model Team

Pennsylvania Rural Health Redesign Center

3/1/2021

INTRODUCTION:

The following report contains an analysis of an All-Provider Feedback survey sent out in March 2021 on behalf of the Pa Rural Health Model team to the current 18 participant hospitals. The intent of this survey was to collect data regarding feedback from participants on the impact that the Pennsylvania Rural Health Model (“Model”) has had, or will have, on their organizations and communities.

The Model team has examined this feedback in attempt to better understand the participant perspectives of early program benefits and identify areas of opportunity to improve the program moving forward.

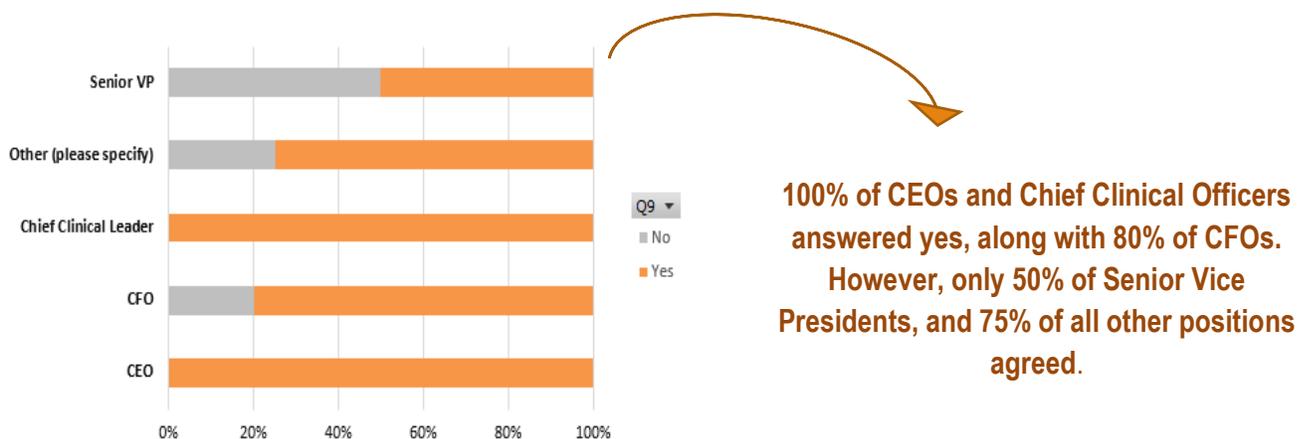
The survey, along with this analysis, were organized into four categories:

- 1. Financial Stability**
- 2. Value of Transformation Plans**
- 3. Community Impact**
- 4. Overall Program Satisfaction**

The following pages will provide the Team’s analysis of the survey results regarding these categories. If there are any questions, concerns, or comments on these findings, please feel free to reach out to a member of the Model team.

A) FINANCIAL STABILITY

- 1) **100%** of responders believe that keeping their hospital open will help the economic stability of the community in addition to providing access to healthcare.
 - *25% specified the importance of their organization specific to community employment.*
- 2) **95%** of survey responders who found the question to be applicable stated that the Global Budget Model has been helpful in keeping their hospital open throughout the COVID-19 pandemic.
 - *8% of responders expressed concern regarding the effects that the pandemic may have on future adjustments to the global budgets.*
- 3) **80%** felt that the Model reduces the financial pressure of the hospital closing given the predictable global budget.
- 4) **100%** of CEOs, CFOs, and Senior VPs believe that the Global Budget Model enabled them to accelerate their efforts on developing transformation plans.
 - *Covid-19 slowing the transformation efforts and being too early in the Model to attest were two common reasons given for hesitating to agree with this statement.*
- 5) **80%** state that the Model has given their organization more financial stability, enabling more focus on care delivery and transformation. However, there was variation in answers depending on the position/title of the responder. This is shown in the following chart:



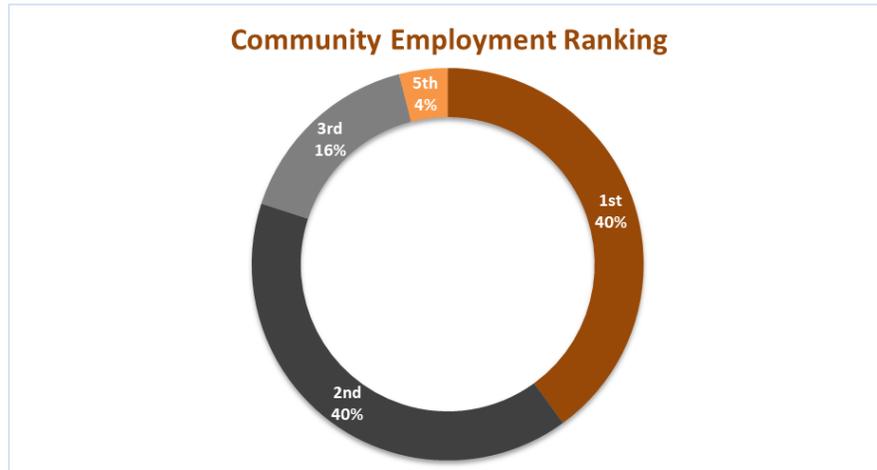
One of the primary hesitations is answering yes to this statement was that the responders felt that they were too new to the program to speak to the effectiveness of the Model in producing financial stability.

B) VALUE OF TRANSFORMATION PLANS

- 1) **84%** of responders believe that their transformation plan efforts, once implemented, will reduce their total cost of care.
- 2) **68%** of responders have realized value for their organizations in working with other hospitals and/or payers in the Model. Reasons given for not realizing this value included:
 - *Being too early in the process to tell*
 - *Workgroups being placed on hold due to Covid*
 - *Collaboration with payers not being fully achieved.*
- 3) **24%** commented that the development of a strategic process specific to the transformation plans was the most influential assistance provided by the Model that helped in overcoming challenges.



C) COMMUNITY IMPACT



- 1) As depicted above, of those who submitted a survey, **80%** were part of organizations that are the 1st and 2nd largest employers in the community.
- 2) **100%** of responders believe that the transformation plan developed for their organization will enable them to deliver better care to the community?
 - *“Establishing the detailed transformation plan is essential to the process of moving forward...”*
 - *“The new round of transformation planning with assigned plan development coaches was especially helpful...”*
- 3) **84%** of responders believe that the transformation plan is helping to develop services that are financially viable for their organization to serve the community.
 - *12% of these responders commented that they felt it was too soon to speak to the validity of this statement.*
- 4) **80%** of responders agree that the Model has enabled their organization to shift from a focus on competition to a focus on community benefit. However, below it can be seen that there was some variation in answers from people in different position.

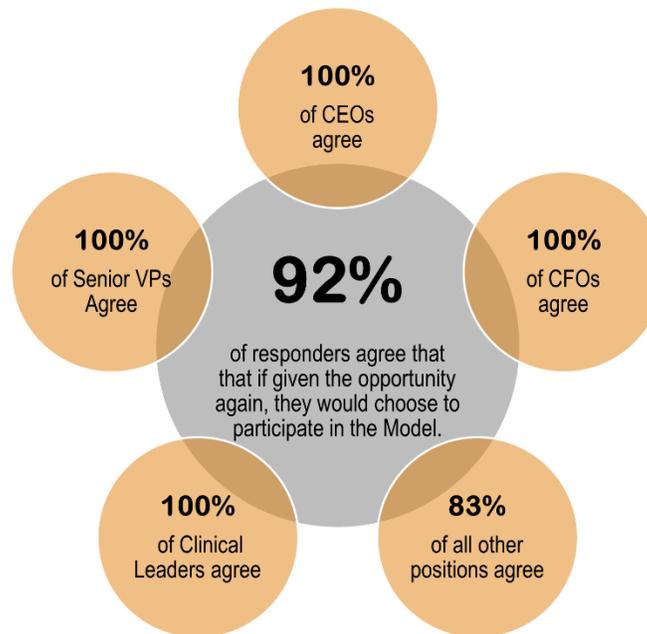


While Senior Vice Presidents and CEOs believe this to be true, only 67% of clinical chief leaders and 75% of all other shared that belief.

The most common reason for not agreeing with this statement was that responders believed their hospitals always had a focus on community benefit, even prior to joining the Model.



D) OVERALL MODEL SATISFACTION:



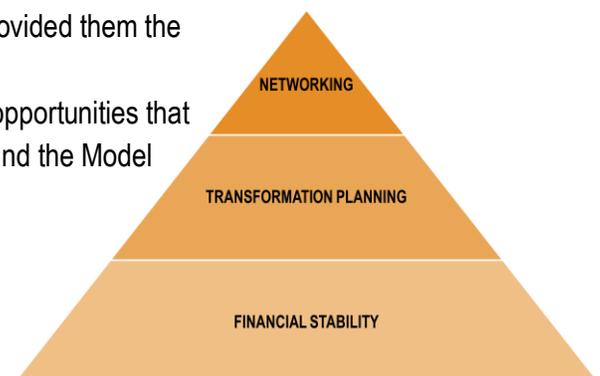
1) Challenges the Model Has Helped to Overcome:

Responders were asked about some of the greatest challenges that the Model has helped them address. Below are the most common answers:

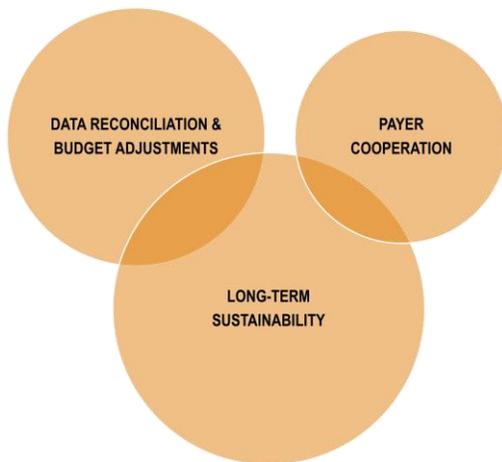


2) Greatest Benefits & Values of the Program:

- **40%** of respondents commented that the *financial stability* the Model provides is one of the most valuable aspects of the program.
- **32%** of comments stated that the focus on transformation, including the formal *transformation plans*, has provided them the greatest value.
- **28%** have received benefit from the *networking* opportunities that the Model provides between payers, providers, and the Model team.



3) Greatest Concerns about the Model



- **32%** of respondents expressed their greatest concern to be the long-term sustainability of the program.
- **28%** are concerned about the reconciliation of data and the impact this has on their global budgets.
- **20%** are concerned about payer cooperation and the ability to collaborate and/or meet their expectations.

4) Additional Suggestions from Responders:

- Begin having two separate monthly calls; one to discuss clinical information and one to discuss financial information.
- More consideration into entire healthcare continuum (*i.e., impacts on medical staff, bonus and incentive programs, etc.*)
- Additional payer input for future program developments.