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Finger Lakes Health Systems Agency

## **FLHSA 2020 Commission**

### **Regional Community Hospital Task Force White Paper**

**May 21, 2008**

# Regional Community Hospital Task Force

## Membership

- **James Dooley**
  - President & Chief Executive Officer, Finger Lakes Health
- **Mary Ann Eldred**
  - Executive Vice President & Chief Operating Officer, Finger Lakes Health
- **Debra Weymouth**
  - CFO, Thompson Health
- **John Galati**
  - President & CEO, Clifton Springs Hospital and Clinic
- **Linda Janczak**
  - President/CEO, Thompson Health
- **Annette Leahy**
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- **Kevin Nancy**
  - Chief Executive Officer, Lakeside Health System and President of Lakeside Memorial Hospital
- **James Wissler**
  - President and Chief Executive Officer, Nicholas H. Noyes Memorial Hospital

# Regional Community Hospital Task Force

## Purpose

- Inform FLHSA 2020 Commission with a white paper presentation
  - Gather regional community hospital opinions and input related to addressing acute bed supply and demand issues from a regional perspective.
  - Regional Community Hospitals are willing to work collaboratively to address acute care bed needs in Rochester
  - Explore the viability of the 2020 Commission Tenet that *“some number of low acuity patients [from the service areas of the regional community hospitals] now being served by the Rochester hospitals can be cared for by the [regional community hospitals] in the future”*

# Regional Community Hospital Task Force

## April 22 and May 16 Discussion Questions

- Can bed availability in the regional community hospitals offer some ready capacity to Monroe County hospitals for mitigating the impact of peak periods of inpatient demand?
- Can regional investment in clinical and medical information technology contribute to managing more patients in the regional community hospitals, and also improve the transfer process to Rochester when appropriate and necessary?
- What are the costs of providing financial incentives for caring for patients in the regional community hospitals vs. constructing additional acute inpatient capacity in Monroe County?
- What are the local economics of maintaining acute care hospital services in the regional communities?

# Regional Community Hospital Task Force

## Perspectives

- The regional community hospitals support a collaborative approach to planning and service delivery that recognizes the unique capabilities and stewardship roles of each of the hospitals throughout the region
- The regional community hospitals have historically supported the concept of regionally distributed health care resources to improve access to care for regional community communities
  - Patients requiring hospitalization need to be cared for as close to their own homes as possible
  - Patients requiring tertiary and quaternary care need to be referred to facilities that are equipped and staffed to provide care to higher acuity patients

# Regional Community Hospital Task Force

## Perspectives

- The regional community hospitals historically have provided primary and secondary inpatient care and modern diagnostic capabilities to patients in their communities, referring the more complex cases to the Rochester hospitals
- The regional community hospitals desire to be part of the solution to the high census and Code Red problem in Rochester as it also affects access for patients residing in the regional community communities
  - Strong Memorial Hospital was forced to refuse over 600 transfers/admissions from the Central Finger Lakes region in 2007 due to lack of available beds
  - Rapidly changing technologies are redefining the definitions of levels of care

# Regional Community Hospital Task Force

## Relationships with Monroe County Hospitals

The four major Monroe County hospitals have over 37% combined market share in the 5 Central Finger Counties,\* representing 15% of total discharges for those hospitals. These cases have a weighted case mix of 2.43

	Highland Hospital	Unity Hospital of Rochester	Rochester General Hospital	Strong Memorial Hospital	Total
Total Discharges from 5 Central Finger Lakes Counties	2,157	399	3,718	5,076	11,350
Market Share 5 Central Finger Lakes Counties	8.4%	2.0%	12.7%	16.9%	37.2%
Case Mix 5 Central Finger Lakes County Discharges	1.82	2.03	2.79	2.46	2.43

Source: 2006 SPARCS data

*\*The 5 Central Finger Lakes Counties are Livingston, Ontario, Seneca, Wayne and Yates counties*

# Regional Community Hospital Task Force

## Relationships with Monroe County Hospitals

The Case Mix Threshold value of 1.4 was chosen as it is the Service Intensity Weight of DRG 089, *Simple Pneumonia & Pleurisy Age > 17 with complications*, which is routinely treated in community hospitals

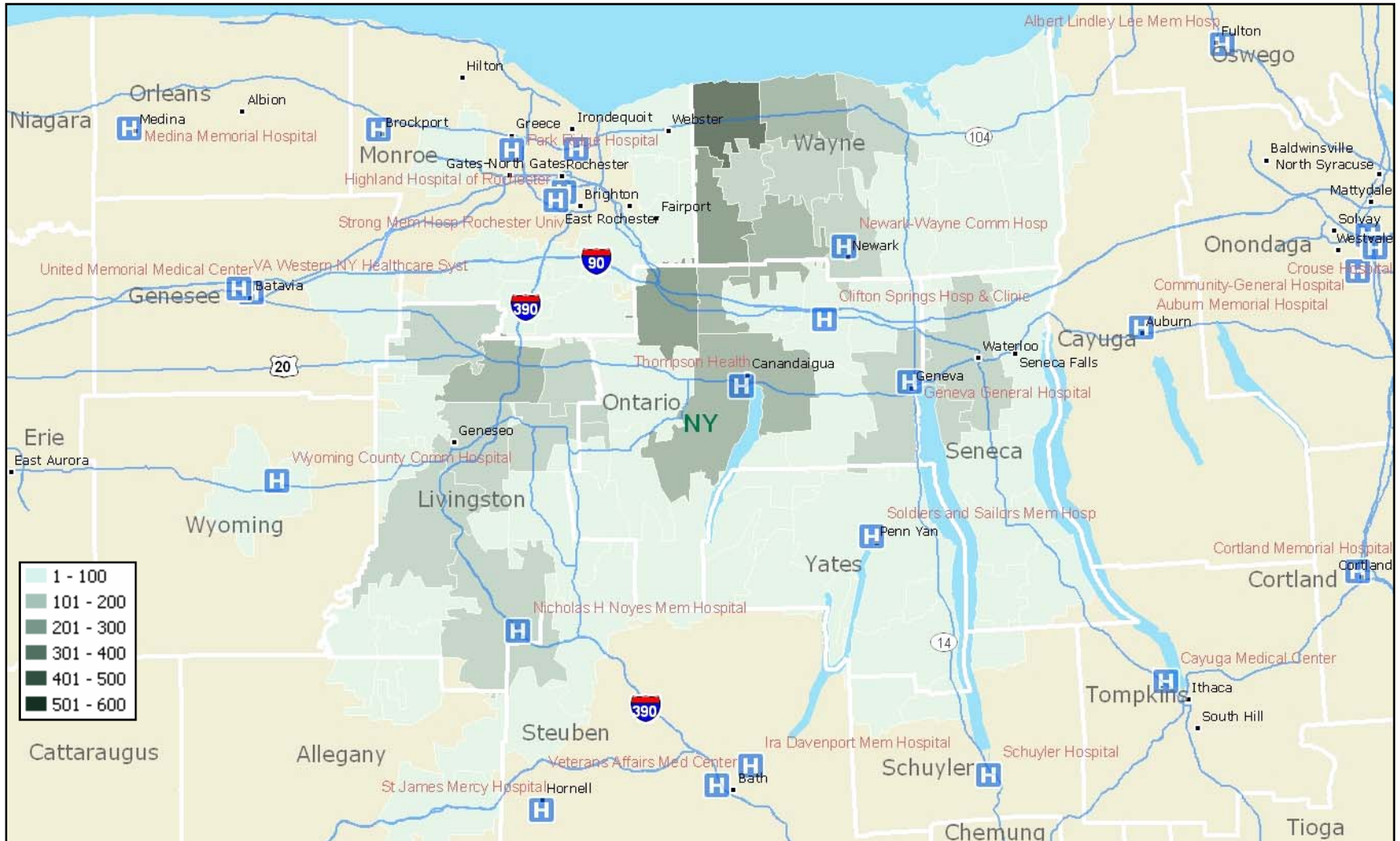
5,030 of the discharges (44%) from the 5 counties have individual case weights below 1.4, with a weighted average of 0.89

	Case Mix Threshold for In-Migration				
	Highland Hospital	Unity Hospital of Rochester	Rochester General Hospital	Strong Memorial Hospital	Total
Total Discharges less than Case Mix Threshold	1,263	167	1,395	2,214	5,030
Market Share from 5 Central Finger Lakes Counties represented by low acuity discharges	4.1%	0.5%	4.6%	7.2%	16.5%
Case Mix Below Threshold	0.90	0.91	0.91	0.86	0.89
Equivalent Beds Occupied by below Threshold cases	11	2	13	21	46

Retention of those low acuity cases in the 5 counties will increase the market share of the hospitals in the 5 counties by an aggregate 16.5%

# Regional Community Hospital Task Force

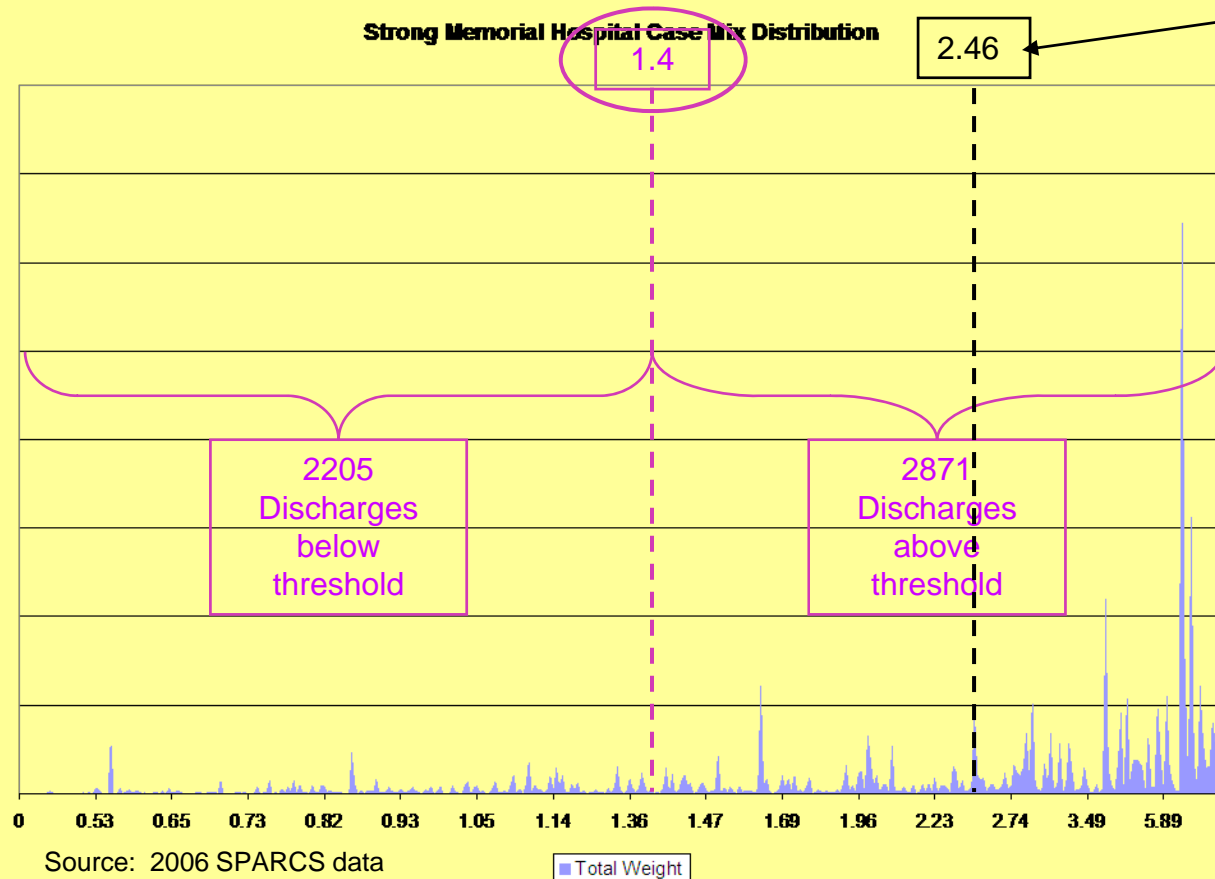
## Relationships with Monroe County Hospitals



# Regional Community Hospital Task Force

## Relationships with Monroe County Hospitals

This chart shows the distribution of case mix of the cases admitted from the 5 CFL counties to Strong Memorial Hospital in 2006

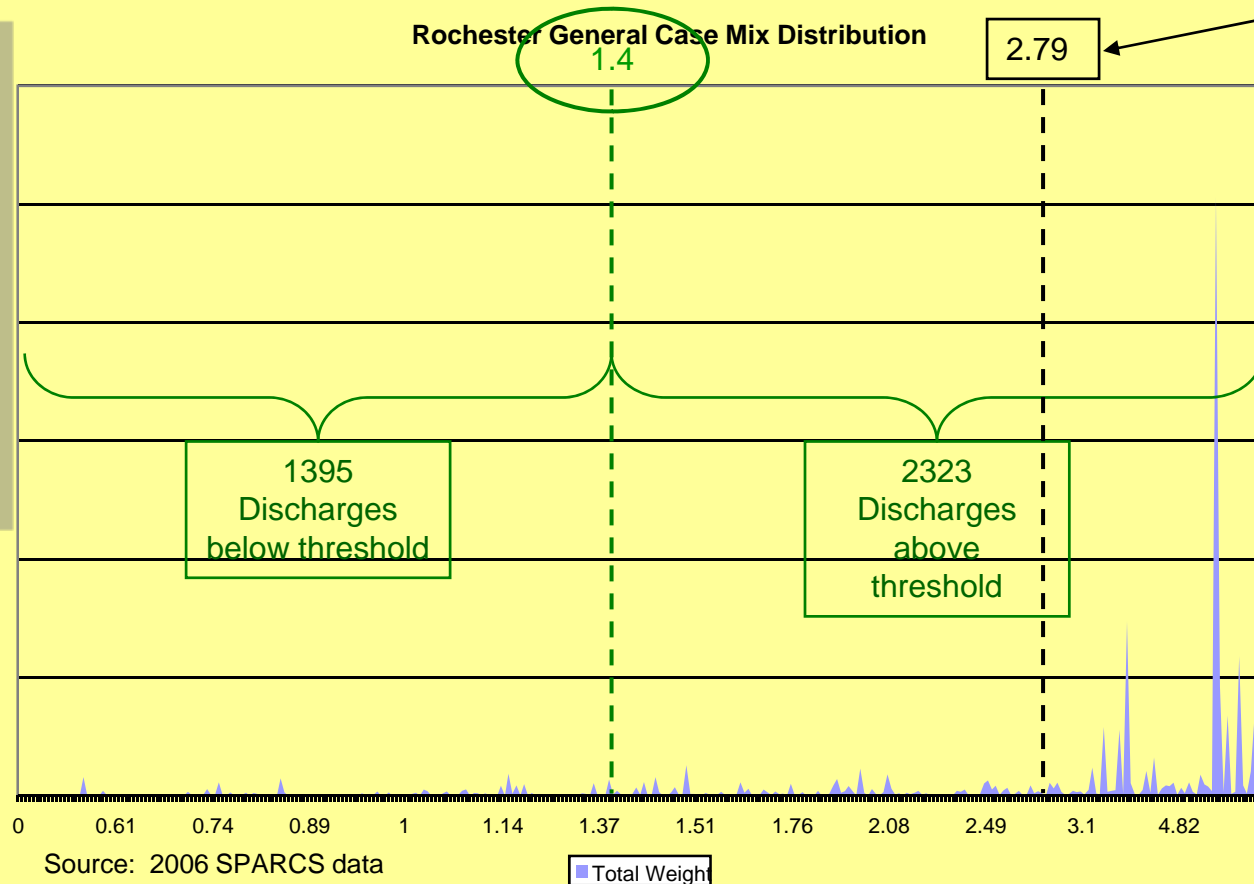


Aggregate Case mix of the cases admitted from the 5 CFL counties to Strong Memorial Hospital in 2006

# Regional Community Hospital Task Force

## Relationships with Monroe County Hospitals

This chart shows the distribution of case mix of the cases admitted from the 5 CFL counties to Rochester General Hospital in 2006

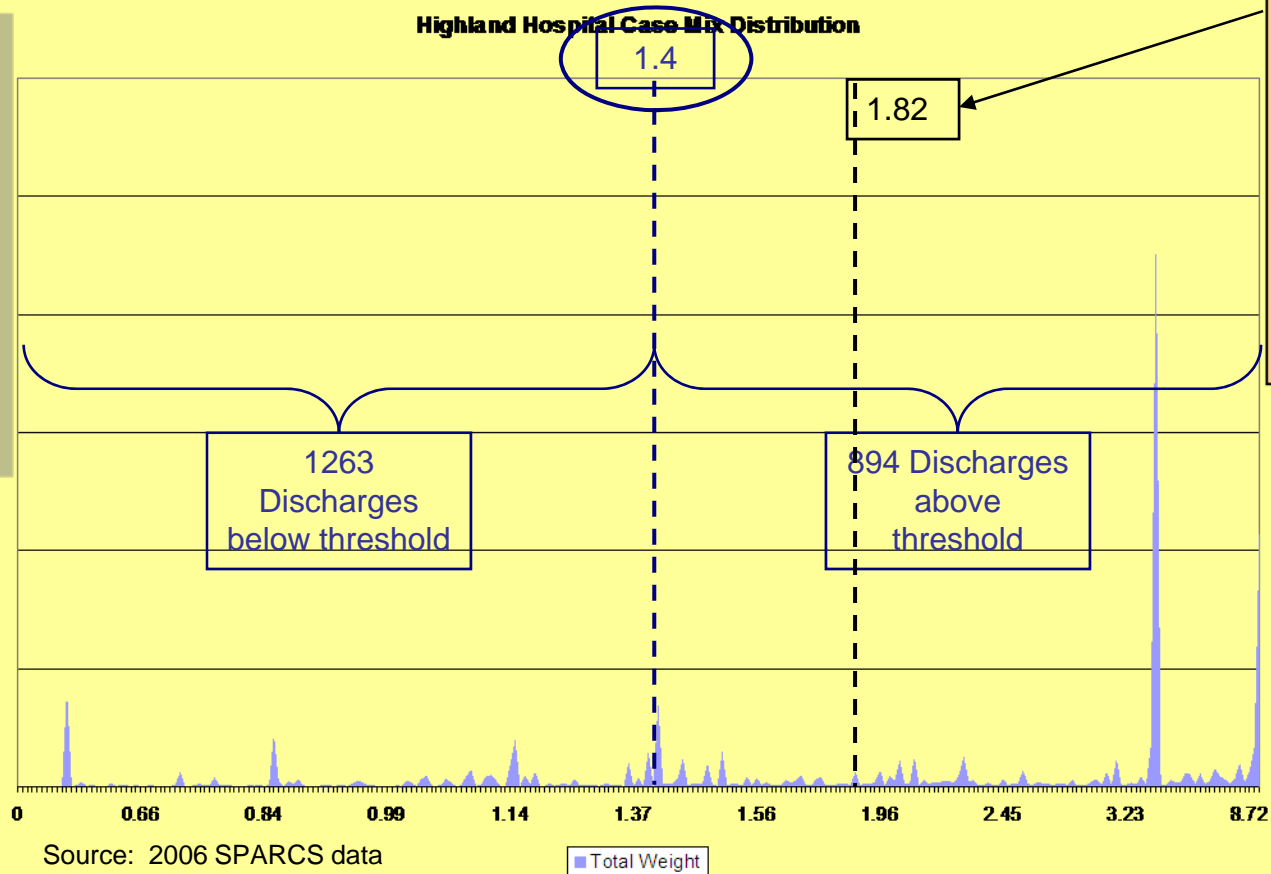


Aggregate Case mix of the cases admitted from the 5 CFL counties to Rochester General Hospital in 2006

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## Relationships with Monroe County Hospitals

This chart shows the distribution of case mix of the cases admitted from the 5 CFL counties to Highland Hospital in 2006

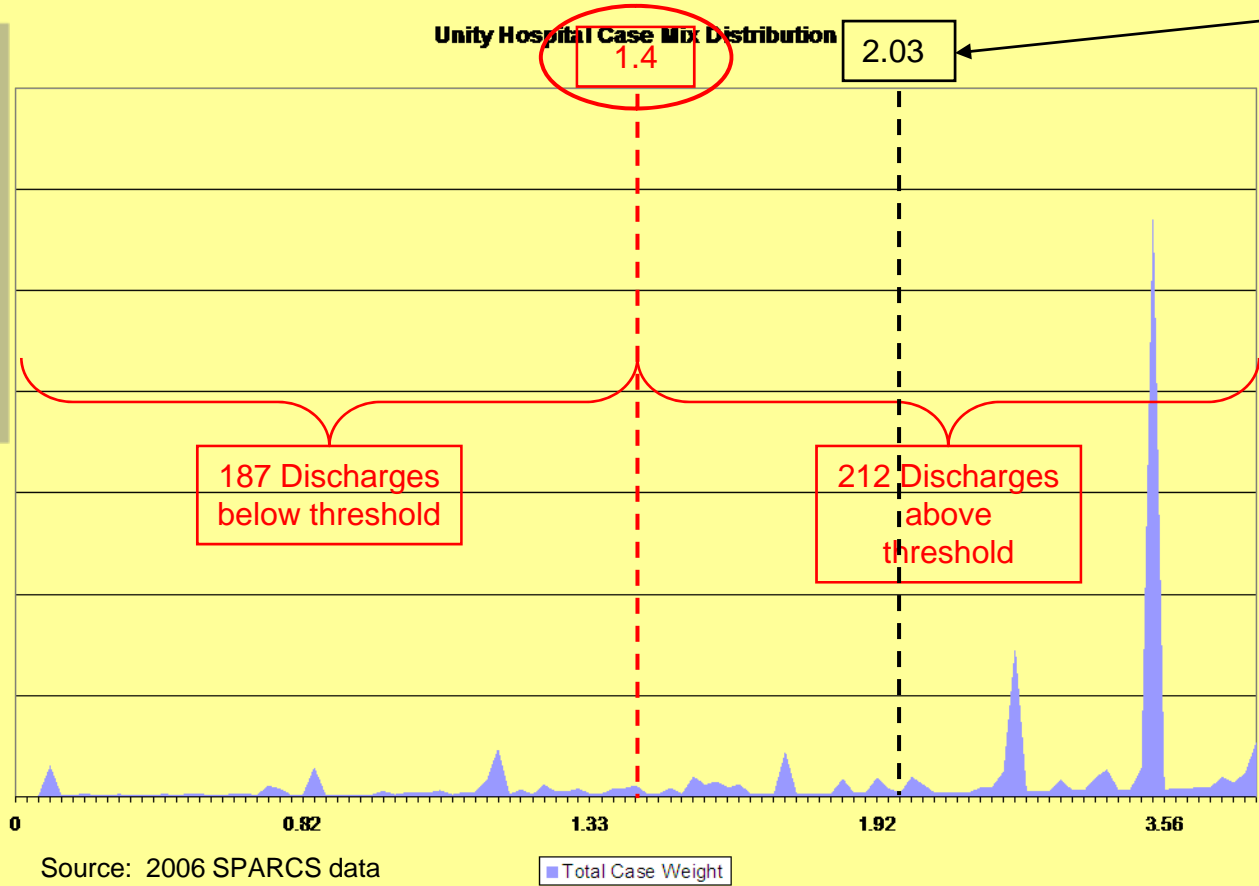


Aggregate Case mix of the cases admitted from the 5 CFL counties to Highland Hospital in 2006

# Regional Community Hospital Task Force

## Relationships with Monroe County Hospitals

This chart shows the distribution of case mix of the cases admitted from the 5 CFL counties to Unity Hospital in 2006



Aggregate Case mix of the cases admitted from the 5 CFL counties to Unity Hospital in 2006

# Regional Community Hospital Task Force

## Addressing Utilization of Regional Community Hospitals

- There are a substantial number of primary and secondary admissions from the Central Finger Lakes counties that could be cared for at the local regional community hospitals. Barriers include:
  - Patient and physician preference
  - Availability of physicians to care for patients 24/7 at the regional community hospitals.
  - Variable ability to remotely access consultations supported by integrated electronic records, telemedicine technology, and eICU services.
  - Financial disincentives for urban hospitals to support managing non-tertiary level patients in the regional community hospitals.
  - EMS protocols

# Regional Community Hospital Task Force

## Suggested Interventions

- **Patient and Physician Preference:**
  - Jointly highlight to patients and physicians the large and growing number of clinical relationships that currently exist between the Monroe County hospitals and the regional community hospitals.
  - Identify opportunities for clinical and technological collaboration and investment between the Monroe County hospitals and the regional community hospitals, with specific goals for development and execution.
    - The goal of such opportunities is to create relationships that improve utilization of clinical resources in the region (i.e., inpatient beds)
  - Develop information and educational sharing initiatives to improve the level of understanding of clinical capabilities between Rochester and regional community physicians.

# Regional Community Hospital Task Force

## Suggested Interventions

- **Patient and Physician Preference (cont.):**
  - The 2020 Commission is urged to support enough incremental beds in Rochester to alleviate the existing shortage, but not a number that will damage the viability of the regional community hospitals.

# Regional Community Hospital Task Force

## Suggested Interventions

- Target establishment of selected contractual relationships between Rochester physicians/groups and regional community hospitals for additional physician coverage as needed.
  - Seek support from payers to provide incremental resources to fund these contractual relationships.
  - Extend post-graduate medical training initiatives to include rotations at the regional community hospitals.
  - Support the availability of medical education capacity at URMC.

# Regional Community Hospital Task Force

## Suggested Interventions

- **Support remote consultation for patients cared for in the non-Rochester Hospitals via integrated electronic records, telemedicine, and eICU technology.**
  - Extend the RHIO initiative to include the regional community hospitals as soon as practical.
  - Develop a telemedicine task force to establish specific clinical applications, technology requirements, business plans, and utilization protocols for these technologies.
  - Assess the viability of eICU support between Monroe County based tertiary providers and the regional community hospitals.

# Regional Community Hospital Task Force

## Suggested Interventions

- **Create financial incentives for urban hospitals to support managing non-tertiary level patients in the regional community hospitals.**
- Design a payer demonstration initiative that provides compensation to hospitals to support telemedicine, specialty clinics, and other initiatives that facilitate managing patients in the regional community hospital facilities and communities.

# Regional Community Hospital Task Force

## Suggested Interventions

- **EMS protocols**
  - Create a new 911/EMS diversion pilot testing the viability of diverting emergent trauma patients not requiring tertiary levels of care to the regional community hospitals' EDs.

# **Regional Community Hospital Task Force**

## **Summary and Conclusions**

- 1. Rochester hospitals are running at or above capacity**
- 2. Admissions from outside of Rochester are an important component of this equation**
- 3. Inpatient capacity exists outside of Rochester**
- 4. Regional community hospitals are willing to work collaboratively to address acute care bed availability issues in the region**
- 5. A regional approach can create collaborative, cost effective solutions that generate win-win results**