

July 30, 2018

M. Norman Oliver, MD, MA
Acting Commissioner Virginia Department of Health
109 Governor Street
Richmond, VA 23219

Dear Commissioner Oliver,

Please find enclosed Ballad Health's submission of the following plans:

- Population Health
- Children's Services
- Rural Services
- Behavioral Health Services

We appreciate the time spent in Johnson City with staff from both states and the Tennessee COPA monitor on June 7, 2018 and again on July 17, 2018. We believe it was time well spent discussing our measurement systems, format for the plans, and the draft plans which were submitted to Virginia. These final submissions reflect much of that mutual work. These submissions also reflect feedback received during multiple presentations of the draft framework to stakeholders in Tennessee and Virginia.

We are in receipt of later communications related to format changes, in particular certain process metrics, and appreciate the follow-up phone call held with both states on July 19, 2018. We have incorporated portions of this feedback in these final submission, and agreed with staff that because of time constraints we would follow-up with the additional comments during an August visit to discuss the submissions in detail.

We are continuing a dialogue with staff in Tennessee and Virginia regarding metric measurement. All parties have agreed there are number of important methodological and data source limitations which must be resolved. This includes questions regarding ambiguous or conflicting language in the both the Tennessee Terms of Conditions and the Virginia Order regarding the setting of baselines and targets. We recently received responses from the Tennessee Department of Health to our data proposal which we are reviewing. For this reason, as we continue to work through these issues, certain baseline data has not been submitted as part of these plans. We do not believe this affects the content of the plans themselves. We are requesting a follow-up meeting with department data experts from both states under separate cover.

We are pleased to have reached another milestone together and look forward to productive discussions with staff in both states.

Respectfully yours,



Alan Levine

Three-Year Plans for the Commonwealth of Virginia

July 31, 2018



It's your story. We're listening.

Introduction

- Final versions of the following plans were requested by the Commonwealth of Virginia Department of Health in a January 12, 2018 letter regarding “Final Cooperative Agreement Measures.” These plans are due in final form by July 31, 2018.
 - Behavioral Health Services Plan
 - Children’s Health Services Plan
 - Rural Health Services Plan
 - Population Health Plan
- The content of these Plans is consistent with requirements as outlines in the Cooperative Agreement and represent those actions to be taken by Ballad Health deemed by the Commonwealth 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

- The Commonwealth requested information regarding the “methodology for allocation of funds between Tennessee and Virginia” for the Behavioral, Children’s and Rural Health Services Plans
 - Investments and expenditures specific and unique to Virginia geographies or Virginia residents will be allocated 100% as a “Virginia Expenditure”
 - For investments and expenditures that are not specific or unique to Virginia (i.e., system-level investments, infrastructure investments, investment in specialists serving multiple geographies, etc.), the following allocation methodologies will be considered in order to determine what portion of the investment or expenditure is identified as a “Virginia Expenditure”
 - Demographic allocation – Virginia population served (or total Virginia service area population) as a percentage of the total population served (or total service area population served)
 - Utilization allocation – Utilization of defined service (or services) by Virginia residents as a percentage of the total utilization
 - Ad Hoc/Judgment – When neither of the allocation methodologies described above are applicable, Ballard will devise an appropriate ad hoc methodology, or use professional judgment to allocate funding

Important Dates

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

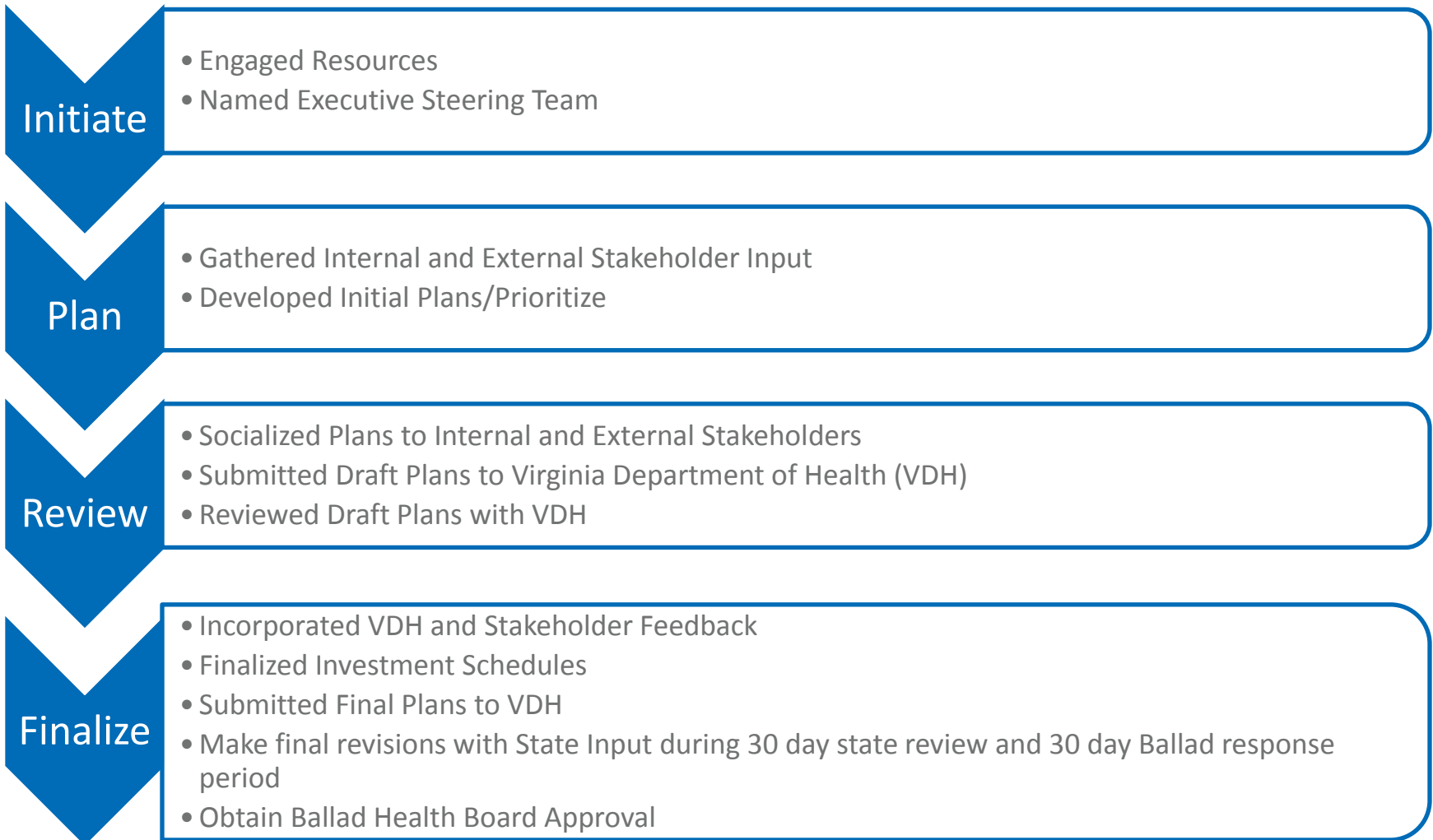
- Behavioral Health Services*
- Children's Health Services*
- Rural Health Services*
- Population Health*
- Capital
- Quality Improvement (VA)

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

- HIE
- Health Research/Graduate Medical Education

** Consistent with the The Commonwealth of Virginia Department of Health request, Ballad previously submitted draft versions of these Plans. This document presents the final versions of these plans, incorporating feedback received from the Commonwealth following review of the draft submissions.*

Process for Plan Development



Process and Participation for Plan Development

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

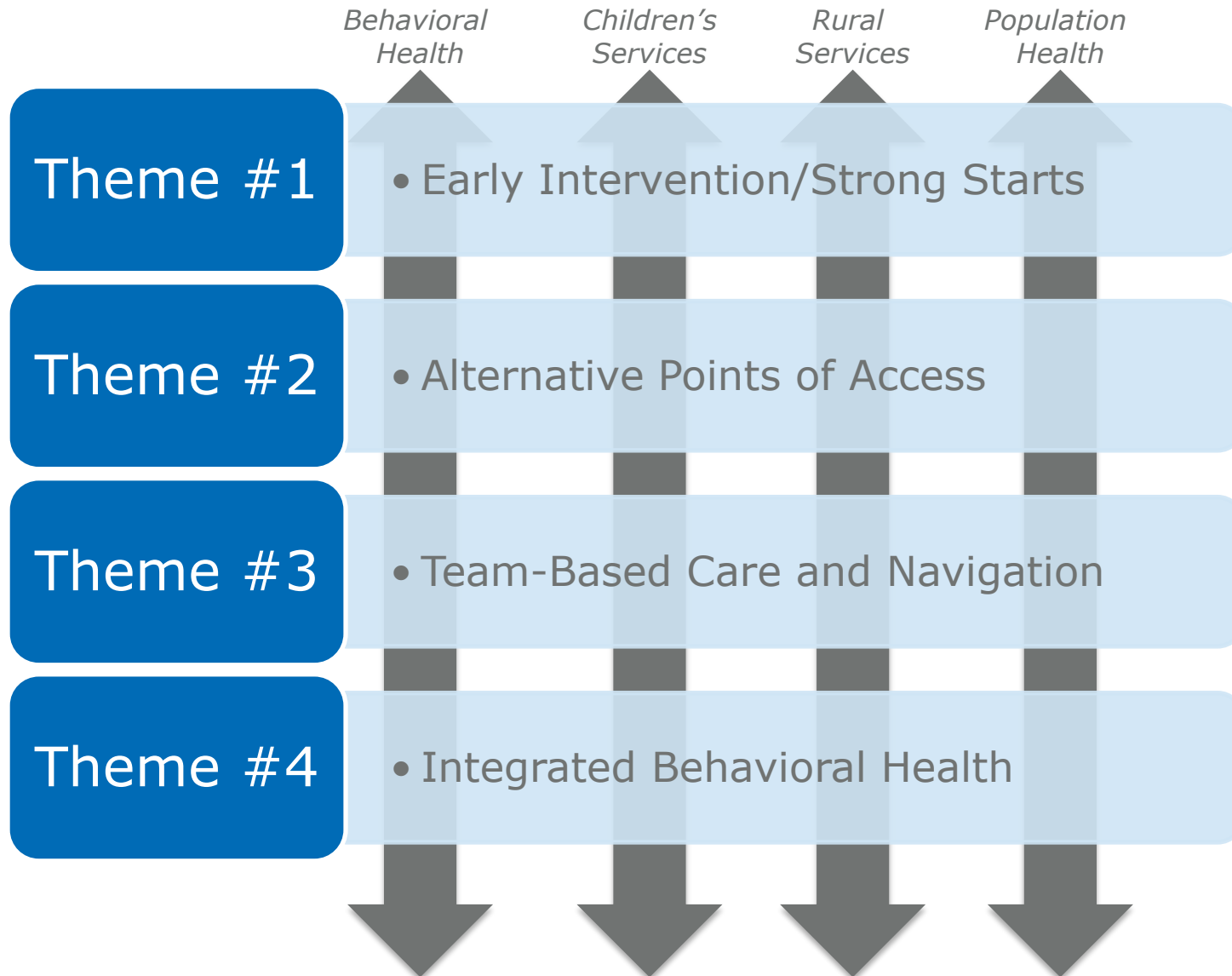
- Reviewing the following documents and plans:
 - Authority's Blueprint for Health Improvement & Health-Enabled Prosperity
 - Virginia Plan for Well-Being
 - Key Priorities for Improving Health in Northeast Tennessee and Southwest Virginia: A Comprehensive Community Report ¹
 - Legacy WHS and MSHA Community Health Needs Assessments
- Conducting approximately individual 150 interviews
- Holding approximately 40 meetings with external groups

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

Process and Participation for Plan Development (continued)

- Convening the Population Health Clinical Committee
- Presenting the plan overview to the Southwest Virginia Health Authority and a number of Ballad community boards in Virginia and in an open meeting in Abingdon
- 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 amenable to community intervention
 - Conducting bi-weekly calls with lead organizations
- Submitted draft plans to the State for review and feedback on June 30, 2018. Additionally, Ballad representatives and representatives from the Commonwealth met on July 10, 2018 to review and discuss the draft plans. Feedback from that meeting and subsequent communications have been incorporated into this document.

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
 - VA Cooperative Agreement Requirements
 - Key Metrics Assessed
 - Key Strategies
 - Crosswalk to Conditions
 - Investment Plan
- Strategic Approach
- Implementation Roadmap

Behavioral Health Services Plan for the Commonwealth of Virginia



It's your story. We're listening.

Behavioral Health Services Plan

1. Plan Overview

Plan Overview

VA Cooperative Agreement Behavioral Health Services Plan Requirements

VA Cooperative Agreement Requirement

1. Detail how new capacity for residential addiction recovery services will be created to meet the current and expected future needs of southwest Virginia.
2. Detail how community-based mental health resources, such as mobile health crisis management teams and intensive outpatient treatment and addiction resources for adults, children, and adolescents designed to minimize inpatient psychiatric admissions, incarceration, and other out-of-home placements, will be developed throughout the Virginia service area.
3. Appropriately and adequately consider the goals set forth in the Virginia DMAS ARTS (Addiction and Recovery Treatment Program) Program and by the community services boards in the Virginia service area.
4. Include a methodology for allocation of funds between VA and TN.

Sources: Virginia Cooperative Agreement, Section 33; Virginia Cooperative Agreement, Amendment 1, January 12, 2018.

Plan Overview

Behavioral Health Services Plan Key Metrics

A5: NAS (Neonatal Abstinence Syndrome) Births

A12: Frequent Mental Distress

B20: Follow-Up After Hospitalization for Mental Illness (within 7 days)

B21: Follow-Up After Hospitalization for Mental Illness (within 30 days)

B22: Anti-depression Medication Management – Effective Acute Phase Treatment

B23: Antidepressant Medication Management – Effective Continuation Phase Treatment

B24: Engagement of Alcohol or Drug Treatment

B25: SBIRT Administration – Hospital Admission

B26: Rate of SBIRT Administration – ED Visits

SBIRT = Screening, Brief Intervention, and Referral to Treatment

ED = Emergency Department

Plan Overview

Strategies for the 3-Year Behavioral Health Services Plan

Strategy #1: Develop the Ballard Health Behavioral Services Infrastructure

Strategy #2: Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care

Strategy #3: Supplement Existing Regional Crisis System – For Youth and Adults

Strategy #4: Develop Enhanced and Expanded Resources For Addiction Treatment

Plan Overview

Strategies Related to VA Cooperative Agreement Behavioral Health Services Plan Requirements

VA Cooperative Agreement Requirement	1. Behavioral Health Infrastructure	2. Primary Care/ Behavioral Health Integration	3. Regional Crisis System	4. Addiction Treatment Resources
1. New capacity for residential addiction recovery services				Y
2. Community-based mental health resources to minimize out-of-home placements		Y	Y	Y
3. Appropriately and adequately consider the goals set forth in the Virginia DMAS ARTS (Addiction and Recovery Treatment) Program and by the community services boards in the Virginia service area			Y	Y

Plan Overview

Behavioral Health Services Plan Estimated Investment Summary

Behavioral Health Services Plan	Year 1	Year 2	Year 3	Year 1-3 Total
#1 - Infrastructure Development	\$340,000	\$680,000	\$710,000	\$1,730,000
#2 - Behavioral Health and Primary Care Integration	\$200,000	\$690,000	\$1,360,000	\$2,250,000
#3 - Regional Crisis System for Youth and Adults	\$472,750	\$1,406,759	\$3,320,348	\$5,199,857
#4 - Expanded Resources for Addiction Treatment	\$750,000	\$1,223,241	\$4,609,652	\$6,582,893
Total	\$1,762,750	\$4,000,000	\$10,000,000	\$15,762,750
<i>CA-Mandated Minimum Expenditures</i>	<i>\$1,000,000</i>	<i>\$4,000,000</i>	<i>\$10,000,000</i>	<i>\$15,000,000</i>
Potential Funding Needed in Excess of Minimum Spending Requirements	\$762,750	\$0	\$0	\$762,750

Behavioral Health Services Plan

2. Strategic Approach



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Strategic Approach

Strategy #1: Develop the Ballad Health Behavioral Services Infrastructure

Why?

- Developing comprehensive and proactive behavioral health service offerings across Ballad Health's broad geographic region requires a leadership and support structure to develop consistent, high-quality systems of care and to integrate activities with other service lines.

How?

- Hire a dedicated Chief Medical Officer for behavioral health to oversee and take clinical responsibility for fully developing a regional service line.
- Hire two new Operational Market Leaders (one for TN and one for VA) to provide direction and support for market-specific operational implementation.
- Hire Financial Analyst for behavioral health operations.

Strategic Approach

Strategy #2: Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care

Why?

- Primary Care practices in the region have piloted Navigation-based Primary Care/Behavioral Health Integration (PCBHI) programs. This model is proving effective and Ballard Health believes broader implementation of navigators and embedded behavioral health professionals will greatly improve early identification and treatment of behavioral health issues.

How?

- Build out current PCBHI models within the Ballard Health service area to include approximately 17 FTE's within the first three years:
 - Behavioral Health Navigators
 - Pediatric Psychologists
 - Primary Care Psychologists
 - Social Workers
 - Psychiatric Nurse Practitioners
 - Adult Psychologists
- Final site selection will be completed during FY2019 for placement of these resources. Preliminary plans include locating 8 of the incremental FTE's described above into practices serving Virginia residents.

Strategic Approach

Strategy #2: Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care

Metrics Addressed

- B20: Follow-Up After Hospitalization for Mental Illness (within 7 days)
- B21: Follow-Up After Hospitalization for Mental Illness (within 30 days)
- B22: Antidepressant Medication Management – Effective Acute Phase Treatment
- B23: Antidepressant Medication Management – Effective Continuation Phase Treatment

Potential Barriers to Success

- Successful recruitment of behavioral health clinicians

Potential Mitigation Tactics

- Partner with existing providers
- Utilize behavioral telehealth to expand access to limited resources
- Incorporate training programs as an initiative in the Health Research and Graduate Medical Education plan

Strategic Approach

Strategy #3: Supplement Existing Regional Crisis System

Why?

- Many behavioral health issues reach a crisis phase that demands an organized, integrated approach to addressing crisis. Traditional crisis and emergency management systems have not been well designed to focus on or coordinate resources for behavioral health crises.

How?

Prevention

- Expand SBIRT to identify individuals at risk of behavioral health crises:
 - Hospital Emergency Departments
 - Hospital Admissions
- The data collected with SBIRT will help inform future initiatives including identifying additional locations for PCBHI.
- Supplement trauma-informed care initiatives throughout the region

SBIRT=Screening, Brief Intervention, and Referral to Treatment
PCBHI=Primary Care Behavioral Health Integration

Strategic Approach

Strategy #3: Supplement Existing Regional Crisis System

How?

Intervention

- Expand the Respond program to *all* TN and VA hospitals. Current Respond services include:
 - 24/7 Crisis line
 - Crisis assessment team for evaluating patients face-to-face and via telehealth in EDs, inpatient settings, and walk-ins to Woodridge Hospital
 - Recommendation and facilitation of safe dispositions for behavioral health patients
 - Assists with scheduling bridge appointments for patients discharging from an inpatient setting.
- Increase efficiency of transportation services by deploying 4 vehicles, serving Virginia and Tennessee patients throughout the Ballad service area:
 - 2 vehicles operating 24-hours per day
 - 2 vehicles operating 12-hours per day
 - These services will provided needed inter-facility transportation for patients traveling between behavioral sites of care. Currently, Ballad utilizes third party transportation (i.e. cabs), and local law enforcement to meet patient needs. The ability to provide reliable, timely, and secure transportation services will enhance the experience and outcomes of Ballad Health behavioral patients.
- Working to implement a Zero Suicide initiative which focuses on creating a high-reliability zero-harm approach to prevent suicide within healthcare and behavioral health systems.

Strategic Approach

Strategy #3: Supplement Existing Regional Crisis System

How?

Intervention

- Conduct region-specific Crisis Services Planning for youth and adults to identify specific gaps
- Develop an Crisis Stabilization Unit in Wise County
 - Would address mental health, substance abuse disorder, and co-occurring disorder needs
 - Initially opening 8 beds, with expansion of unit to 16 beds based on volume demands
 - Include 2-3 bed unit crisis unit and secure observation area for children and adolescents
 - Due to restrictions in the Cooperative Agreement, necessary conversions in Wise County will be delayed until at least FY 2021
- Enhance Regional Mobile Crisis and Stabilization Programs for youth
 - Pilot program consisting of one team with approximately 4 FTEs
 - Team Lead/Crisis Worker
 - 2 additional Crisis Workers
 - Psychiatric NP
 - Program protocols to be developed consistent with current best practices

Strategic Approach

Strategy #3: Supplement Existing Regional Crisis System

Metrics Addressed

- A12: Frequent Mental Distress
- B20: Follow-Up After Hospitalization for Mental Illness (within 7 days)
- B21: Follow-Up After Hospitalization for Mental Illness (within 30 days)
- B24: Engagement of Alcohol or Drug Treatment
- B25: SBIRT Administration – Hospital Admission
- B26: Rate of SBIRT Administration – ED Visits

Strategic Approach

Strategy #3: Supplement Existing Regional Crisis System

Potential Barriers to Success

- Recruitment of behavioral health professionals
- Coordinating collective efforts of local resources/agencies/authorities
- Timeliness and ease of access to supportive clinical and social resources post-crisis

Potential Mitigation Tactics

- Partner with existing providers
- Utilize behavioral telehealth to expand access to limited resources
- Incorporate training programs as an initiative in the Health Research and Graduate Medical Education plan

Strategic Approach

Strategy #4: Develop Enhanced and Expanded Resources for Addiction Treatment

Why

- The Ballad Health region is one of the regions in the U.S. most highly affected by the opioid epidemic, along with a significant impact of methamphetamine and alcohol use disorders. Residential addiction treatment resources, sober housing, and recovery community support are limited compared to need, not just for the uninsured, but for all populations.

How

- Expand addiction recovery services consistent with the goals and programs as outlined within the DMAS ARTS program:
 - Evaluate the feasibility for a new Dickenson County Residential Addiction Treatment Center for select populations.
 - Evaluate the ability to expand residential addiction treatment capacity with a current provider in TN or VA. Partnering with a current residential addiction treatment provider allows for a more rapid implementation of expanded services.
 - Conduct study on resources needs and federal waiver requirements for pregnant women with substance abuse disorders in Tennessee and Virginia

ARTS=Addiction and Recovery Treatment

Strategic Approach

Strategy #4: Develop Enhanced and Expanded Resources for Addiction Treatment

How

- Expand addiction recovery services consistent with the goals and programs as outlined within the DMAS ARTS program (continued):
 - Enhance outpatient services:
 - Further develop Overmountain Recovery's services and capabilities, focusing on expansion of medication assisted therapies (i.e., buprenorphine), and obtaining preferred OBOT designation from DMAS
 - Focus on expanded addiction treatment resources within primary care offices throughout the region – obtaining preferred OBOT designation from DMAS at three Virginia locations
 - Utilize behavioral telehealth to expand access to limited resources
- Integrate peer counselors into various behavioral health settings such as primary care, emergency departments, and outpatient treatment centers.
- Partner with DMAS and VDH to educate and train the Ballad provider community on the evidence-based use of buprenorphine and other medication assisted treatment options

Strategic Approach

Strategy #4: Develop Enhanced and Expanded Resources for Addiction Treatment

Metrics Addressed

- A5: NAS (Neonatal Abstinence Syndrome) Births
- A12: Frequent Mental Distress
- B20: Follow-Up After Hospitalization for Mental Illness (within 7 days)
- B21: Follow-Up After Hospitalization for Mental Illness (within 30 days)
- B24: Engagement of Alcohol or Drug Treatment

Strategic Approach

Strategy #4: Develop Enhanced and Expanded Resources for Addiction Treatment

Potential Barriers to Success

- Effective recruiting and retention of qualified behavioral health professionals
- Economic support of peer counselors seeking certification

Potential Mitigation Tactics

- Partner with existing providers
- Utilize behavioral telehealth to expand access to limited resources
- Incorporate peer counselor certification programs as an initiative in the Health Research and Graduate Medical Education plan

Behavioral Health Services 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. Develop Supporting Infrastructure	<ul style="list-style-type: none"> Identify priorities for new positions Develop job descriptions 	<ul style="list-style-type: none"> <i>Priorities for new positions established</i> <i>Job descriptions completed</i> 	<ul style="list-style-type: none"> Begin recruiting 	<ul style="list-style-type: none"> <i>Evidence of active recruiting</i>
2. Primary Care/ Behavioral Health Integration (PCBHI)	<ul style="list-style-type: none"> Establish best practices from existing programs Coordinate with PCP practices to prepare for behavioral health integration 	<ul style="list-style-type: none"> <i>Summary of best practices from existing programs</i> <i>Listing of contacted PCP practices</i> 	<ul style="list-style-type: none"> Gain final approval of new PCBHI sites and implementation needs Begin recruiting 	<ul style="list-style-type: none"> <i>Approved implementation plans</i> <i>Evidence of active recruiting</i>
3. Supplement Existing Regional Crisis System	<ul style="list-style-type: none"> Conduct regional crisis planning study – including a component focusing on mobile crisis for youth Plan SBIRT Pilot Programs for VA and TN 	<ul style="list-style-type: none"> <i>Regional crisis planning study initiated</i> <i>Mobile Crisis study completed</i> <i>Initiate plan for SBIRT pilot program</i> 	<ul style="list-style-type: none"> Continue regional planning study Plan Respond expansion in VA and TN Begin gap analysis of current care management plans with respect to Zero Suicide Continue planning SBIRT Pilot Programs for VA and TN 	<ul style="list-style-type: none"> <i>Respond expansion plan complete</i> <i>Zero Suicide Gap analysis initiated</i> <i>SBIRT Pilot Program plan complete for VA and TN</i>
4. Enhanced and Expanded Resources for Addiction Treatment	<ul style="list-style-type: none"> Residential expansion: Conceptual planning Research Overmountain service expansion opportunities to be provided at current location (i.e., buprenorphine) including analysis for preferred OBOT designation Initiate evaluation of opportunity for RATC in Dickenson County 	<ul style="list-style-type: none"> <i>Residential expansion: Conceptual plan completed</i> <i>Overmountain expansion findings complete</i> 	<ul style="list-style-type: none"> Residential Expansion: operations planning Complete consultant study in TN and VA of resource needs for pregnant women with substance abuse disorders Identify three primary care practices in VA with providers who will seek preferred OBOT designation Overmountain - Apply for Preferred OBOT status 	<ul style="list-style-type: none"> <i>Residential expansion: operations plan and site selection complete</i> <i>Consultant report/recommendations</i> <i>Providers and practices identified</i> <i>Preferred OBOT application for Overmountain completed</i>

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. Develop Supporting Infrastructure	<ul style="list-style-type: none"> Hire new positions: <ul style="list-style-type: none"> Medical Director Market Leaders – One in TN and one in VA Financial Analyst 	<ul style="list-style-type: none"> <i>New positions hired</i> 	<ul style="list-style-type: none"> Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> <i>Y2 milestones and metrics accepted</i>
2. Primary Care/ Behavioral Health Integration (PCBHI)	<ul style="list-style-type: none"> Hire Initial 4.4 FTEs, supporting a minimum three primary care practices, two of which will serve VA residents Begin gap analysis for preferred OBOT designation at selected PCBHI sites 	<ul style="list-style-type: none"> <i>Initial 4.4 FTEs hired</i> <i>OBOT gap analysis at selected sites initiated</i> 	<ul style="list-style-type: none"> Continue hiring as necessary Establish new PCBHI programs Complete gap analysis for preferred OBOT designation – make application 	<ul style="list-style-type: none"> <i>New PCBHI programs established</i> <i>Application for preferred OBOT status</i> <i>Y2 milestones and metrics accepted</i>
3. Supplement Existing Regional Crisis System	<ul style="list-style-type: none"> Complete regional crisis planning study – including a component focusing on mobile crisis for youth Finalize site selection for SBIRT pilot and Respond expansion programs Initiate study related to trauma-informed care initiatives 	<ul style="list-style-type: none"> <i>Completed study</i> <i>Sites selected for SBIRT pilot and Respond expansion</i> <i>Study initiated</i> 	<ul style="list-style-type: none"> Begin implementation planning for regional crisis plan Establish SBIRT Pilot Program in VA and TN Expand Respond to Pilot hospitals Complete study/approve recommendations from Zero Suicide evaluation Complete study related to trauma-informed care initiatives 	<ul style="list-style-type: none"> <i>Implementation plan initiated</i> <i>SBIRT Pilot Program established in VA and TN</i> <i>Respond expanded to Pilot hospital in VA</i> <i>Recommendations for Zero Suicide initiative</i> <i>Study completed</i> <i>Y2 milestones and metrics accepted</i>
4. Enhanced and Expanded Resources for Addiction Treatment	<ul style="list-style-type: none"> Residential expansion: Finalize budget and complete implementation plan Hire resources for Overmountain expansion Complete evaluation of RATC in Dickenson County Develop comprehensive education program for providers, utilizing DMAS and VDH resources 	<ul style="list-style-type: none"> <i>Residential expansion: approved budget and implementation plan</i> <i>Overmountain expansion: resources hired</i> <i>Completed study</i> 	<ul style="list-style-type: none"> Begin Overmountain service expansion Complete plan for initiation of Peer counseling support across the region Selected providers at three identified primary care sites complete preferred OBOT application 	<ul style="list-style-type: none"> <i>Overmountain service expansion underway</i> <i>Recommendations for Peer Counseling support</i> <i>OBOT application completed</i> <i>Y2 milestones and metrics accepted</i>

Implementation Roadmap

Milestones and Metrics for Measuring Strategies: 2020

Strategies	2020 Milestones and Metrics
1. Develop Supporting Infrastructure	<ul style="list-style-type: none"> Evaluate new positions added in 2019 and adjust as necessary Review/evaluate further infrastructure needs and implement if necessary
2. Primary Care/ Behavioral Health Integration (PCBHI)	<ul style="list-style-type: none"> Evaluate operations initiated in 2019 and refine Hire additional resources per 2020 plan Initiate approved Preferred OBOT services <i>Number of referrals from a Ballard PCBHI model to a behavioral health specialist</i> <i>Percent satisfied with service as indicated on their patient satisfaction survey</i>
3. Supplement Existing Regional Crisis System	<ul style="list-style-type: none"> Expand SBIRT to additional facilities Expand Respond to all hospitals Establish transportation services Implement regional crisis plan – including mobile youth services Implement initial Zero Suicide initiatives across select Ballard locations Implement select trauma-informed care initiatives <i>Number of SBIRTs performed</i>
4. Enhanced and Expanded Resources for Addiction Treatment	<ul style="list-style-type: none"> Implement economic support for Peer Counseling across the region Complete planning, site selection, and timeline for RATC Initiate comprehensive education plan for providers, utilizing DMAS and VDH resources <i>Number of patients receiving treatment from Preferred OBOT Ballard providers</i>

Implementation Roadmap

Milestones and Metrics for Measuring Strategies: 2021

Strategies	2021 Milestones and Metrics
1. Develop Supporting Infrastructure	<ul style="list-style-type: none"> Review/evaluate further infrastructure needs and implement if necessary
2. Primary Care/ Behavioral Health Integration (PCBHI)	<ul style="list-style-type: none"> Evaluate operations initiated in 2020 and refine Hire additional resources per 2021 plan <i>Number of referrals from a Ballard PCBHI model to a behavioral health specialist</i> <i>Percent satisfied with service as indicated on their patient satisfaction survey</i>
3. Supplement Existing Regional Crisis System	<ul style="list-style-type: none"> Research SBIRT registry findings and refine – utilize data to inform additional PCBHI locations Develop Wise County Crisis Unit Expand transportation SBIRT expanded to all Ballard hospitals (EDs and IP admissions) Implement Zero Suicide initiatives across additional Ballard locations Implement select trauma-informed care initiatives <i>Number of SBIRTs performed</i> <i>Number of patients benefitting from enhanced transportation services</i>
4. Enhanced and Expanded Resources for Addiction Treatment	<ul style="list-style-type: none"> Implementation of RATC plan Evaluate potential to prescribe buprenorphine in the Ballard Emergency Departments in Virginia <i>Number of patients receiving treatment from Preferred OBOT Ballard providers</i>

Children's Health Services Plan for the Commonwealth of Virginia



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Children's Health Services Plan

1. Plan Overview

Plan Overview

VA Cooperative Agreement Children's Health Services Plan Requirements

VA Cooperative Agreement Requirement

1. Detail how pediatric specialty centers and Emergency Rooms in Kingsport and Bristol will be developed to meet the current and expected future needs of the people in the geographic service area.
2. Detail how pediatric telemedicine and rotating specialty clinics in rural hospitals will be staffed and utilized to ensure quick diagnosis and treatment in the right setting in close proximity to patients' homes.
3. Include a methodology for allocation of funds between Virginia and Tennessee. The plan shall include milestones and outcomes metrics.

Sources: Virginia Cooperative Agreement, Section 35; Virginia Cooperative Agreement, Amendment 1, January 12, 2018.

Plan Overview

Children's Health Services Plan Key Metrics

B6: Pediatric Readiness of Emergency Department

B8: Specialist Recruitment and Retention

B17: Asthma ED Visits - Age 0-4

B18: Asthma ED Visits - Age 5-14

ED = Emergency Department.

Plan Overview

Strategies for the 3-Year Children's Health Services Plan

Strategy #1: Develop Necessary Ballard Children's Health Services Infrastructure

Strategy #2: Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol

Strategy #3: Develop Telemedicine and Rotating Specialty Clinics In Rural Hospitals

Strategy #4: Recruit and Retain Subspecialists

Strategy #5: Develop CRPC Designation at Niswonger Children's Hospital

Plan Overview

Strategies Related to VA Cooperative Agreement Children's Health Services Plan Requirements

VA Cooperative Agreement Requirement	1. Children's Health Infrastructure	2. ED Capabilities: Kingsport/Bristol	3. Telemedicine and Specialty Clinics	4. Recruit/Retain Subspecialists	5. Develop CRPC Designation
1. Pediatric Emergency Rooms in Kingsport and Bristol		Y	Y	Y	
2. Pediatric telemedicine and rotating specialty clinics in rural hospitals			Y	Y	

Plan Overview

Children's Health Services Plan Estimated Investment Summary

Children's Health Services Plan	Year 1		Year 2		Year 3		Year 1-3 Total	
	Low	High	Low	High	Low	High	Low	High
#1 - Develop Necessary Infrastructure	\$130,000		\$270,000		\$280,000		\$680,000	
#3 - Develop Telemedicine and/or Rotating Specialty Clinics in Rural Hospitals	See Rural Health ServicesPlan		See Rural Health ServicesPlan		See Rural Health ServicesPlan		See Rural Health ServicesPlan	
#4 - Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol	\$410,000		\$130,000		\$270,000		\$810,000	
#5 - Develop CRPC Designation	\$410,000		\$650,000		\$660,000		\$1,720,000	
Sub-Total	\$950,000		\$1,050,000		\$1,210,000		\$3,210,000	
#2 - Recruit and Retain Subspecialists	\$50,000	\$1,400,000	\$950,000	\$3,880,000	\$1,790,000	\$6,650,000	\$2,790,000	\$11,930,000
Total	\$1,000,000	\$2,350,000	\$2,000,000	\$4,930,000	\$3,000,000	\$7,860,000	\$6,000,000	\$15,140,000
CA-Mandated Minimum Expenditures	\$1,000,000		\$2,000,000		\$3,000,000		\$6,000,000	
Potential Funding Needed in Excess of Minimum Spending Requirements	\$0	\$1,350,000	\$0	\$2,930,000	\$0	\$4,860,000	\$0	\$9,140,000

Specialist recruiting (see Strategy #4) 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 demand for pediatric sub-specialists, the amount of time necessary to successfully recruit a sub-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 limited number of pediatric sub-specialists completing residencies annually often results in rapidly changing economic demands among potential recruits.
- Possible partnership opportunities – As described in Strategies #3 and #4, Ballad is actively discussing partnership and joint venture opportunities with multiple other pediatric providers and medical schools. The partnerships and/or joint venture relationships that may emerge from those discussions may result in economic support for the sub-specialists currently included in the Ballad recruiting plan.

Children's Health Services Plan

2. Strategic Approach

Strategic Approach

Strategy #1: Develop Necessary Children's Health Infrastructure

Why

- Building a coordinated children's health program across Ballad Health's service area and expanding Ballad's pediatric clinical capabilities will require a core support infrastructure, including additional leadership and partnerships.

How

- Internal/Management
 - Effective with the merger, Ballad Health appointed an Assistant Vice President for Pediatric Services
 - Additionally, Ballad Health will be recruiting additional resources, including:
 - Pediatric Chief Medical Officer
 - Project Administrator
 - Clinical Data Analyst
- Community and Other Resources
 - Ballad Health will continue to build on existing relationships with other Children's Hospitals.

Strategic Approach

Strategy #1: Develop Necessary Children's Health Infrastructure

How (continued)

- **Community and Other Resources (continued)**

- Ballad Health will continue to build relationships with community resources focused on pediatric health, including private practitioners, community organizations, and local and state governments. One such relationship effort will include the establishment of a Pediatric Advisory Council with Ballad and pediatricians to establish clinical protocols for inpatient, emergency department, urgent care and outpatient initiatives. The council's initial priority will be the implementation of standardized clinical care protocols for children with asthma.

Metrics Addressed

- B17: Asthma ED Visits - Age 0-4
- B18: Asthma ED Visits - Age 5-14

Strategic Approach

Strategy #2: Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol

Why

- Establishing pediatric specialty centers and ED capabilities in Kingsport and Bristol will allow pediatric patients to receive care closer to home.

How

- Complete necessary renovations to one of Ballad Health's Kingsport hospitals and to Bristol Regional Medical Center in order to better accommodate pediatric patients and their families.
 - Ballad Health is currently studying the region's trauma needs and anticipates completion of this engagement by July 31, 2018.
 - Once complete, Ballad Health will be able to designate which emergency room in Kingsport will include the pediatric capabilities.
 - Ballad Health anticipates completing necessary facility renovations in Kingsport and Bristol within the 2019 fiscal year.
- Expand dedicated emergency medicine provider coverage for pediatrics to ensure 24/7 coverage.
- Implement operational changes including the development of a dedicated pediatric triage line, urgent care triage protocols, and transfer protocols to Niswonger ED.

Strategic Approach

Strategy #2: Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol

Metrics Addressed

- B6: Pediatric Readiness of Emergency Department
- B8: Specialist Recruitment and Retention

Potential Barriers to Success

- The primary barrier to establishing expanded pediatric ED capabilities will be the availability of pediatric specialists for coverage.

Potential Mitigation Tactics

- Identify new opportunities to partner with other Children's Hospitals through coverage agreements, co-recruiting of telemedicine and other options
- Utilize pediatric telehealth to expand access to limited resources
- Utilize pediatric readiness assessment data to ensure that all Ballad ED's are equipped to provide emergency care for the children of the region

Strategic Approach

Strategy #3: Develop Telehealth and Rotating Specialty Clinics In Rural Hospitals

Why

- Access to Pediatric care through telemedicine and/or rotating clinics allows Niswonger specialty capabilities to expand to serve the pediatric populations in more rural areas of the region.

How

- Pediatric telehealth gaps will be addressed through the installation of comprehensive telehealth equipment at all Ballad Health EDs (see Rural Health Services Plan). This will allow connectivity to Niswonger Children's Hospital from all Ballad Hospital EDs.
- In addition to the expansion of telehealth to all Ballad Health EDs, Ballad will also expand pediatric access to telehealth services for those in the service area unable to travel to a Niswonger pediatric specialty location. Such access will be provided through locations established at rural hospitals and Ballad Medical Associates locations.

Strategic Approach

Strategy #3: Develop Telemedicine and Rotating Specialty Clinics In Rural Hospitals

How (continued)

- Additionally, Ballad Health is committed to participating in other provider/academic partnership agreements as necessary to achieve this Plan. Ballad Health currently enjoys partnership with both East Tennessee State University (“ETSU”) and East Tennessee Children’s Hospital (“ETCH”), among others, and is committed to exploring similar affiliation opportunities with institutions in Virginia, such as the University of Virginia Health System (“UVA”) and Virginia Commonwealth University (“VCU”).

Potential Barriers to Success

- Development of telemedicine and/or rotating specialty clinics is dependent on access to needed pediatric subspecialists.

Potential Mitigation Tactics

- Identify new opportunities to partner with other Children’s Hospitals through coverage agreements, co-recruiting of telemedicine and other options

Strategic Approach

Strategy #3: Develop Telemedicine and Rotating Specialty Clinics In Rural Hospitals

Other Considerations

- The Rural Health Services Plan includes incremental investments into telehealth services. See additional details in Rural Health Services Plan
- Ballad Health continues to explore opportunities to partner with other providers to provide additional access points through the use of telehealth services

Metrics Addressed

- B6: Pediatric Readiness of Emergency Department
- B8: Specialist Recruitment and Retention

Strategic Approach

Strategy #4: Recruit and Retain Subspecialists

Why

- Access to pediatric subspecialists meets community need and supports CRPC certification.

How

- Recruit or partner for access to pediatric subspecialists, guided by Niswonger provider workforce needs assessment, established referral patterns, coverage requirements necessary for CRPC designation, and other market conditions.
- Survey employed pediatric subspecialists to understand perception of workload, satisfaction, and perceived needs to help retention and support recruiting efforts.
- Reassess (at least every three years) workforce analyses to ensure recruiting and retention remain focused on community need areas.
- Explore relationship with East Tennessee State University (“ETSU”) and East Tennessee Children’s Hospital (“ETCH”) to support Niswonger pediatric subspecialty coverage.
- Explore relationships with the University of Virginia (“UVA”) and Virginia Commonwealth University (“VCU”) to develop pediatric subspecialty access points in Virginia.
- Work with State of TN on CRPC guidelines for rural geographies.

Strategic Approach

Strategy #4: Recruit and Retain Subspecialists

Metrics Addressed

- B8: Specialist Recruitment and Retention

Potential Barriers to Success

- Timing and complexity of negotiating affiliation coverage agreements with external entities
- The primary barrier to implementation of this strategy is the ability to recruit pediatric subspecialists - who are in high-demand nationally
- CRPC designation constraints in rural geographies

Potential Mitigation Tactics

- Identify new opportunities to partner with other Children's Hospitals through coverage agreements, co-recruiting of telemedicine and other options
- The Behavioral Health Services Plan will include focus on team-based care models in pediatric practices and on recruiting behavioral health specialists, including psychiatrists

Strategic Approach

Strategy #4: Recruit and Retain Subspecialists

Specialties Required for CRPC

Specialty	Incremental FTEs
Pediatric Surgery	2.0
Pediatric Gastroenterology	1.0
Pediatric Pulmonology	2.0
Pediatric Neurology	1.0
Pediatric ENT	1.0
Pediatric Urology	1.0
Pediatric Critical Care/Intensivist	1.0
Pediatric Neurosurgery	1.0
Pediatric Ophthalmology	1.0
Child Abuse	0.5
Total	11.5

- Ballard Health's focus for specialist recruitment will be on specialists required to meet CRPC requirements.
- Ballard Health will commit to increasing access to necessary specialties to build it's CRPC program over the next three to five years.
- There is a shortage for many of these specialties, so the exact timing of recruitment will vary.

Strategic Approach

Strategy #5: Develop CRPC Designation at Niswonger Children's Hospital

Why

- CRPC designation establishes the Niswonger ED as the regional hub for treating pediatric trauma patients without the need to transfer out of the area

How

- Recruit and retain pediatric subspecialists per Strategy #4
- Address additional operational and service needs as detailed in CRPC gap assessment (e.g., transfer agreements, data tracking, transport team)
- Hire additional administrative and clinical personnel as necessary per CRPC gap analysis

Strategic Approach

Strategy #5: Develop CRPC Designation at Niswonger Children's Hospital

Metrics Addressed

- B6: Pediatric Readiness of Emergency Department
- B8: Specialist Recruitment and Retention

Potential Barriers to Success

- Availability of pediatric specialists for coverage
- Ability to partner with other children's hospitals for coverage
- CRPC designation constraints for rural geographies

Potential Mitigation Tactics

- Identify new opportunities to partner with other Children's Hospitals through coverage agreements, co-recruiting of telemedicine and other options
- Utilize pediatric telehealth to expand access to limited resources

Children's Health Services Plan

3. Implementation Roadmap



It's your story. We're listening.

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. Develop Infrastructure	<ul style="list-style-type: none"> Finalize evaluation of infrastructure needs and staff capabilities to clarify gaps 	<ul style="list-style-type: none"> <i>Summary gap analysis including infrastructure needs and staff capabilities</i> 	<ul style="list-style-type: none"> Develop job descriptions Begin recruiting 	<ul style="list-style-type: none"> <i>List of positions to add and budget</i> <i>Evidence of active recruiting</i>
2. Establish Ped ED in Kingsport & Bristol	<ul style="list-style-type: none"> ID Kingsport pediatric ED location Begin facility planning 	<ul style="list-style-type: none"> <i>Kingsport location identified</i> <i>Facility planning begun</i> 	<ul style="list-style-type: none"> Finalize facility planning Approve final plans/budgets Develop operational plan and budget 	<ul style="list-style-type: none"> <i>Final facility plans</i> <i>Approved budgets</i> <i>Operational plans</i>
3. Develop Telemedicine/ Specialty Clinics in Rural Hospitals	<ul style="list-style-type: none"> Initiate development of a plan to expand rural hospital ED telehealth capabilities for pediatric specialties 	<ul style="list-style-type: none"> <i>Summary results of gap analysis and telemedicine plan</i> 	<ul style="list-style-type: none"> Complete plan to expand rural hospital ED telehealth capabilities for pediatric specialties 	<ul style="list-style-type: none"> <i>Priority listing of sites for installation of telehealth equipment</i>
4. Recruit and Retain Subspecialists	<ul style="list-style-type: none"> Initiate recruiting of year 1 subspecialists Begin relationship discussions with ETSU, ETCH, UVA, and VCU 	<ul style="list-style-type: none"> <i>Annual recruitment priorities/plan</i> <i>Report on status of partnerships discussions with other pediatric hospitals</i> 	<ul style="list-style-type: none"> Finalize support staff needs 	<ul style="list-style-type: none"> <i>Physician recruitment status - % of plan achieved</i> <i>Support staff recruitment status</i> <i>Report on status of partnerships discussions with other pediatric hospitals</i>
5. Develop CRPC Designation at Niswonger Children's Hospital	<ul style="list-style-type: none"> Review quality indicators/gaps Identify support staffing needs 	<ul style="list-style-type: none"> <i>Assessment summary: quality indicators, staff needs, gaps</i> 	<ul style="list-style-type: none"> Develop comprehensive CRPC plan 	<ul style="list-style-type: none"> <i>Comprehensive CRPC plan completed</i>

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. Develop Infrastructure	<ul style="list-style-type: none"> Continue recruiting / hire new staff Establish Pediatric Advisory Council 	<ul style="list-style-type: none"> <i>Evidence of recruiting / staff hired</i> <i>Report on membership of Pediatric Advisory Council</i> 	<ul style="list-style-type: none"> Continue hiring as necessary Pediatric Advisory Council to identify any additional priorities other than children's asthma 	<ul style="list-style-type: none"> <i>Evidence of staff hired</i> <i>Pediatric Advisory Council priorities</i> <i>Y2 milestones and metrics accepted</i>
2. Establish Ped ED in Kingsport & Bristol	<ul style="list-style-type: none"> Begin construction Develop pediatric ED program protocols 	<ul style="list-style-type: none"> <i>Begin construction</i> <i>Initiate protocol development</i> 	<ul style="list-style-type: none"> Finalize construction Complete remediation of all identified pediatric ED gaps at Kingsport and Bristol sites, including telehealth capabilities 	<ul style="list-style-type: none"> <i>Construction complete</i> <i>Y2 milestones and metrics accepted</i>
3. Develop Telemedicine/ Specialty Clinics in Rural Hospitals	<ul style="list-style-type: none"> Begin implementation of plan to expand rural hospital ED telehealth capabilities for pediatric specialties 	<ul style="list-style-type: none"> <i>Initiate implementation plan</i> 	<ul style="list-style-type: none"> Complete implementation for rural hospital ED telehealth capabilities for pediatric specialties 	<ul style="list-style-type: none"> <i>Services initiated</i> <i>Y2 milestones and metrics accepted</i>
4. Recruit and Retain Subspecialists	<ul style="list-style-type: none"> Hire subspecialists as identified and available Continue affiliation conversations 	<ul style="list-style-type: none"> <i>Physician recruitment status</i> <i>Report on status of partnerships discussions</i> 	<ul style="list-style-type: none"> Hire subspecialists as identified and available Continue affiliation conversations 	<ul style="list-style-type: none"> <i>Recruitment status update</i> <i>Report on status of partnerships discussions</i> <i>Y2 milestones and metrics accepted</i>
5. Develop CRPC Designation at Niswonger Children's Hospital	<ul style="list-style-type: none"> Hire according to CRPC plan 	<ul style="list-style-type: none"> <i>Evidence of recruitment and hiring according to CRPC plan</i> 	<ul style="list-style-type: none"> Hire according to CRPC plan 	<ul style="list-style-type: none"> <i>Evidence of recruitment and hiring according to CRPC plan</i> <i>Y2 milestones and metrics accepted</i>

Implementation Roadmap

Milestones and Metrics for Measuring Strategies: 2020

Strategies		2020 Milestones and Metrics
1. Develop Infrastructure		<ul style="list-style-type: none"> Review/evaluate further infrastructure needs and implement if necessary Pediatric Advisory Council plans to address priorities
2. Establish Ped ED in Kingsport & Bristol		<ul style="list-style-type: none"> Evaluate operations initiated in 2019 and refine <i>Number of pediatric ED visits in Kingsport</i> <i>Number of pediatric ED visits in Bristol</i>
3. Develop Telemedicine / Specialty Clinics in Rural Hospitals		<ul style="list-style-type: none"> Initiate specialty telemedicine program(s) Study feasibility of specialty clinic rotations and other e-visit strategies based on currently available physicians <i>Number of pediatric telemedicine visits</i>
4. Recruit and Retain Subspecialists		<ul style="list-style-type: none"> Continue to recruit and hire candidates as available Establish formal relationships as applicable with partners <i>Number of specialists accessible through new partnerships</i>
5. Develop CRPC Designation at Niswonger Children's Hospital		<ul style="list-style-type: none"> Plan and initiate Child Abuse Program Continue to address ongoing CRPC needs

Implementation Roadmap

Milestones and Metrics for Measuring Strategies: 2021

Strategies	2021 Milestones and Metrics
1. Develop Infrastructure	<ul style="list-style-type: none"> Review/evaluate further infrastructure needs and implement if necessary Pediatric Advisory Council continues to implement, refine and track plans to address priorities
2. Establish Ped ED in Kingsport & Bristol	<ul style="list-style-type: none"> Evaluate operations initiated in 2020 and refine <i>Number of pediatric ED visits in Kingsport</i> <i>Number of pediatric ED visits in Bristol</i>
3. Develop Telemedicine/Specialty Clinics in Rural Hospitals	<ul style="list-style-type: none"> Continue to expand pediatric specialty telemedicine program Implement specialty clinic rotations as feasible based on currently available physicians <i>Number of pediatric telemedicine visits</i>
4. Recruit and Retain Subspecialists	<ul style="list-style-type: none"> Continue to recruit and hire candidates as available Establish formal relationships as applicable with partners <i>Number of specialists accessible through new partnerships</i>
5. Develop CRPC Designation at Niswonger Children's Hospital	<ul style="list-style-type: none"> Continue to address ongoing CRPC needs

Rural Health Services Plan for the Commonwealth of Virginia



It's your story. We're listening.

Rural Health Services Plan

1. Plan Overview

Plan Overview

VA Cooperative Agreement Rural Health Services Plan Requirements

VA Cooperative Agreement Requirement

1. Effectively address and detail how meaningful and measurable improvements and enhancement in the Virginia service area to same-day access for primary care services, access to specialty care within five days, access to maternal and prenatal health services, access to pediatric and pediatric specialty services, access to “essential services” as defined in condition 27, preventive and restorative dental services, corrective vision services, and access to emergency services will be achieved
2. Detail how active and effective collaboration with local businesses, school divisions, and industry on community development necessary to attract and retain providers in the Virginia service area will be achieved
3. Have an active and effective focus on managing the burden of disease and breaking the cycle of disease
4. Detail how the New Health System will actively and effectively consult with the Southwest Area Health Education Center and regional educational institutions on the development of workforce development strategies
5. Detail how effective development of health professions education needed to help the New Health System’s workforce and the regional pipeline of allied health professionals adapt to new opportunities created as the New Health System evolves and develops will be achieved
6. Include a methodology for allocation of funds between Virginia and Tennessee. The plan shall include milestones and outcome metrics consistent with those approved by the Commissioner after receipt of the recommendations from the Technical Advisory Panel

Sources: Virginia Cooperative Agreement, Section 33; Virginia Cooperative Agreement, Amendment 1, January 12, 2018.

Plan Overview

Rural Health Services Plan Key Metrics

- B8: Specialist Recruitment and Retention
- B9: Personal Care Provider
- B10: Preventable Hospitalizations - Medicare
- B11: Preventable Hospitalizations - Adults
- B12: Screening – Breast Cancer
- B13: Screening – Cervical Cancer
- B14: Screening – Colorectal Cancer
- B15: Screening – Diabetes
- B16: Screening – Hypertension
- B17: Asthma ED Visits – Age 0-4
- B18: Asthma ED Visits – Age 5-14
- B19: Prenatal Care in the First Trimester
- B22: Antidepressant Medication Management – Effective Acute Phase Treatment
- B23: Antidepressant Medication Management – Effective Continuation Phase Treatment
- B29: Screening For Lung Cancer

ED = emergency department

Plan Overview

Strategies for the 3-Year Rural Health Services 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
- Strategy #5:** Coordinate Preventive Health Care Services

Plan Overview

Strategies Related to VA Cooperative Agreement Rural Health Services Plan Requirements

VA Cooperative Agreement 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	5: Coordinate Preventive Services
1.a. Same-day access for primary care services	Y		Y	Y	
1.b. Access to specialty care within five days		Y	Y	Y	
1.c. Access to maternal and prenatal health services	Y	Y	Y	Y	Y
1.d. Access to pediatric and pediatric specialty services	Y		Y	Y	
1.e. Preventive and restorative dental services					Y
1.f. Corrective vision services					Y
1.g. Access to emergency services				Y	
2. Collaboration with local organization on community development to attract and retain providers	See Health Research and GME Plan				
3. Managing the burden of disease and breaking the cycle of disease	Y	Y	Y	Y	Y
4. Consult with the SAHEC and regional educational institutions on the development of workforce development strategies	See Health Research and GME Plan				
5. Development of health professions education	See Health Research and GME Plan				

Plan Overview

Rural Health Services Estimated Investment Summary

Rural Health Services 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	\$280,000		\$770,000		\$1,130,000		\$2,180,000	
#3 - Team-Based Care Models to Support PCPs	\$150,000		\$590,000		\$890,000		\$1,630,000	
#4 - Deploy Virtual Care Services	\$140,000		\$660,000		\$50,000		\$850,000	
#5 - Coordinate Preventive Care	\$50,000		\$50,000		\$50,000		\$150,000	
Sub-Total	\$620,000		\$2,070,000		\$2,120,000		\$4,810,000	
#2 - Recruitment of Physician Specialists	\$380,000	\$570,000	\$930,000	\$1,550,000	\$880,000	\$1,960,000	\$2,190,000	\$4,080,000
Total	\$1,000,000	\$1,190,000	\$3,000,000	\$3,620,000	\$3,000,000	\$4,080,000	\$7,000,000	\$8,890,000
CA-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	\$190,000	\$0	\$620,000	\$0	\$1,080,000	\$0	\$1,890,000

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 – Ballard 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 – Ballard 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 Ballard less than the investments required to employ a specialist.

Rural Health Services Plan

2. Strategic Approach

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?

- Target counties with low appointment availability and limited PCP or urgent care infrastructure relative to the county population.
- 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 Russell County, and one Pediatrician in Wise County during 2020. 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
- Increase provider capacity through process reengineering and improved scheduling of expanded care teams
- Provide recruiting assistance to community providers

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 and Bristol Regional Medical Center will still treat a number of patients from rural counties and that has been accounted for in this list of priorities.
- 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)
Cardiology	Wise, VA
Orthopedics	Wise, VA
Pulmonary	Wise, VA
Psychiatry	Russell, VA
Psychiatry NP	Russell, VA
Nephrology	Washington, VA
CardioThoracic	Sullivan, TN
Neurosurgery	Sullivan, TN
General Surgery, Colorectal	Sullivan, TN

Strategic Approach

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

Metrics Addressed

- B8: Specialist Recruitment and Retention
- B10: Preventable Hospitalizations - Medicare
- B11: Preventable Hospitalizations – Adults
- This strategy will also increase the percentage of the rural population with access to specialty care within five days

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
- Increase provider capacity through process reengineering
- Provide recruiting assistance to community providers

Strategic Approach

Strategy #3: Develop and Deploy Team-based Care Models

Why

- PCPs in Ballard 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 Ballard and private practitioner care coordination resources to ensure effective resourcing within each region, and maximum impact for patients.
- Evaluate and determine appropriate team-based model for rural populations and implement one pilot each year, beginning in 2019.
- 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:
 - 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

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 and training 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 Health Research and Graduate Medical Education plan

Strategic Approach

Strategy #4: Develop and Deploy Virtual Care Services

Why?

- **Infrastructure:** Ballard 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 Ballard 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 Services Plan, Ballard is committed to providing telehealth services to Niswonger Children's Hospital Emergency Room Physicians and Specialists to all Ballard hospital emergency departments during 2019. The availability of telehealth resources in the Ballard hospitals will also be evaluated for use as outpatient access points for specialist consults.

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 Ballard 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 Ballard hospital-based services.
- Build on Ballard Health’s EPIC roll-out and plan for the deployment of E-visits (email) as an additional means of access to care.
- Collectively, these telehealth resources in Ballard’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

- B8: Specialist Recruitment and Retention
- B10: Preventable Hospitalizations - Medicare
- B11: Preventable Hospitalizations – Adults
- B22: Antidepressant Medication Management – Effective Acute Phase Treatment
- B23: 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

Strategic Approach

Strategy #5: Coordinate Preventive Health Care Services

Why?

- While increasing access to effective primary care and behavioral health is addressed in other strategies and plans, access to more specialized preventive health care services in rural areas is important to overall health and well-being. These services include maternal and prenatal health, preventive dental, and corrective vision services.

How?

- **Maternal and Prenatal Health:** Access to obstetrical care in rural areas is a nation-wide problem. A multi-stakeholder approach to infant and maternal mortality, pre-term birth, low birthweight, and neonatal abstinence syndrome is required. This includes establishing relationships with a personal care provider and public health communication campaigns to allow for early identification of pregnancy; programs to support primary care providers delivery of pre-natal care such as early identification and triage protocols for high-risk pregnancies; virtual hospital consults with MFM providers; centering pregnancy programs, and post-partum VLARC insertion. Successful models of collaborative action such as the South Carolina Birth Outcome Initiative exist and have shown success in rural geographies. A Maternal and Prenatal Health plan will be developed as part of the population health planning process, and potentially may be a specific area of focus for the Accountable Care Community.

Strategic Approach

Strategy #5: Coordinate Preventive Health Care Services

How?

- **Dental Services:** Ballard will propose an initiative to increase the current reach of dental sealant programming in schools be included as part of the community partnership activities designed to strengthen community action (see the Strengthen Community Action process outlined in the Population Health Plan under Focus Area Three)
- To increase the availability of additional preventive and restorative dentistry in the region, Ballard is exploring the opportunity to create a hospital sponsored rural dental residency program that would draw dental students from regional schools of dentistry, and provide additional capacity to treat individuals who cannot afford dental care. It is recommended that this initiative be evaluated as part of the Academics and Research plan.
- **Vision Services:** Ballard will propose that an initiative to increase the reach of current community based vision screening and corrective services be included as part of the community partnership activities designed to strengthen community action (see the Strengthen Community Action process outlined in the Population Health Plan under Focus Area Three)

Strategic Approach

Strategy #5: Coordinate Preventive Health Care Services

Metrics Addressed

- B19:Prenatal Care in the First Trimester

Potential Barriers to Success

- The implementation plan is dependent on the collaboration of community partners. To the extent that these partnerships take longer to develop than expected, certain aspects of the plan may be delayed.

Potential Mitigation Tactics

- Per the population health plan, leverage the Accountable Care Community to engage in these initiatives

Rural Health Services Plan

3. Implementation Roadmap

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	<ul style="list-style-type: none"> Determine priority locations for mid-levels in Virginia Begin recruiting PCP for Virginia location 	<ul style="list-style-type: none"> <i>Identified priority locations</i> <i>Recruitment progress</i> 	<ul style="list-style-type: none"> Begin recruiting mid-levels providers 	<ul style="list-style-type: none"> <i>Recruitment progress</i>
2. Recruit Physician Specialists	<ul style="list-style-type: none"> Determine priority locations/specialties 	<ul style="list-style-type: none"> <i>Identified priorities</i> 	<ul style="list-style-type: none"> Begin recruiting specialists 	<ul style="list-style-type: none"> <i>Recruitment progress</i>
3. Implement Team-Based Care Models to Support PCPs	<ul style="list-style-type: none"> Develop operational plan and metrics for regional deployment of an enhanced team-based care model 	<ul style="list-style-type: none"> <i>Operational plan drafted</i> 	<ul style="list-style-type: none"> Complete operational plan and metrics for regional deployment of an enhanced team-based care model Recruit staff for initial regional pilot site 	<ul style="list-style-type: none"> <i>Operational plan complete</i> <i>Begin staff recruitment</i>
4. Deploy Virtual Care Services	<ul style="list-style-type: none"> Develop plan for deployment of comprehensive telehealth equipment to nine (9) Ballad EDs 	<ul style="list-style-type: none"> <i>Deployment plan completed</i> 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> <i>Equipment deployed consistent with deployment plan</i> <i>Initiate service planning</i>
5. Coordinate Preventive Services	<ul style="list-style-type: none"> Refer to other plans 		<ul style="list-style-type: none"> Refer to other plans 	

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	<ul style="list-style-type: none"> Hire providers for initial sites 	<ul style="list-style-type: none"> <i>Providers hired for initial sites</i> 	<ul style="list-style-type: none"> Evaluate and refine operations in first sites Continue hiring per plan 	<ul style="list-style-type: none"> <i>New providers hired</i> <i>New provider pipeline</i> <i>Y2 milestones and metrics accepted</i> <i># of patients treated by additional PC providers</i>
2. Expand Access to PCPs Through Continuity Clinics	<ul style="list-style-type: none"> Hire providers for initial sites 	<ul style="list-style-type: none"> <i>Providers hired for initial sites</i> 	<ul style="list-style-type: none"> Evaluate and refine operations in first sites Continue hiring per plan 	<ul style="list-style-type: none"> <i>New providers hired</i> <i>New provider pipeline</i> <i>Y2 milestones and metrics accepted</i> <i># of patients treated by additional specialists</i>
3. Implement Team-Based Care Models to Support PCPs	<ul style="list-style-type: none"> Hire staff and begin operations for regional pilot site Begin planning for second regional pilot site 	<ul style="list-style-type: none"> <i>Staff hired for pilot site</i> <i>Second regional pilot site plan initiated</i> 	<ul style="list-style-type: none"> Evaluate and refine operations in first regional pilot site Complete planning for second regional pilot site 	<ul style="list-style-type: none"> <i>Evaluation report and future recommendations</i> <i>Second regional pilot site plan complete</i> <i>Y2 milestones and metrics accepted</i> <i># of patient lives under management of a team based care model</i>
4. Deploy Virtual Care Services	<ul style="list-style-type: none"> Continue deployment of comprehensive telehealth equipment to nine (9) Ballard EDs Continue service plan for addition of telehealth service programs to Ballard EDs – focusing first on tele-stroke, tele-peds, and tele-behavioral 	<ul style="list-style-type: none"> <i>Equipment deployed consistent with deployment plan</i> <i>Plan continuation</i> 	<ul style="list-style-type: none"> Complete deployment of comprehensive telehealth equipment to nine (9) Ballard EDs Complete service plan for addition of telehealth service programs to Ballard EDs – focusing first on tele-stroke, tele-peds, and tele-behavioral 	<ul style="list-style-type: none"> <i>All Ballard EDs have comprehensive telehealth equipment</i> <i>Plan for service deployment approved</i> <i>Y2 milestones and metrics accepted</i>
5. Coordinate Preventive Services	<ul style="list-style-type: none"> Refer to other plans 			<ul style="list-style-type: none"> Refer to other plans

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	<ul style="list-style-type: none"> 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 <i>Number of patients treated by additional primary care providers</i>
2. Recruit Physician Specialists	<ul style="list-style-type: none"> Evaluate operations initiated in 2019 to identify impact and opportunities for improvement <i>Number of patients treated by additional specialist providers</i>
3. Implement Team-Based Care Models to Support PCPs	<ul style="list-style-type: none"> Evaluate operations initiated in 2019 to identify impact and opportunities for improvement Initiate operations for second regional team-based care pilot Begin planning for third regional team-based care pilot <i># of patient lives under management of a team based care model</i>
4. Deploy Virtual Care Services	<ul style="list-style-type: none"> Add secondary carts ensuring all Ballard 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 Services Plan) Pilot e-visit program Add tele-behavioral health outpatient sites <i>Number of patients treated through new tele-stroke services</i> <i>Number of patients treated through new tele-behavioral services</i> <i>Number of patients treated through new tele-pediatric services</i>
5. Coordinate Preventive Services	<ul style="list-style-type: none"> <i>Refer to other plans</i>

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	<ul style="list-style-type: none"> 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 <i>Number of patients treated by additional primary care providers</i>
2. Recruit Physician Specialists	<ul style="list-style-type: none"> Evaluate operations initiated in 2020 to identify impact and opportunities for improvement <i>Number of patients treated by additional specialist providers</i>
3. Implement Team-Based Care Models to Support PCPs	<ul style="list-style-type: none"> Evaluate operations initiated in 2020 to identify impact and opportunities for improvement Initiate operations for third regional team-based care pilot <i># of patient lives under management of a team based care model</i>
4. Deploy Virtual Care Services	<ul style="list-style-type: none"> Continue adding tele-stroke hospital locations consistent with service deployment plan Continue tele-peds specialty deployment consistent with plans (see Children's Health Services Plan) Add tele-behavioral health outpatient sites <i>Number of patients treated through new tele-stroke services</i> <i>Number of patients treated through new tele-behavioral services</i> <i>Number of patients treated through new tele-pediatric services</i>
5. Coordinate Preventive Services	<ul style="list-style-type: none"> <i>Refer to other plans</i>

Population Health Plan for the Commonwealth of Virginia



It's your story. We're listening.

Population Health Plan

1. Plan Overview

Plan Overview

VA Cooperative Agreement Population Health Plan Requirements

VA Cooperative Agreement Requirement

1. Plan must address the 13 Virginia measures with one focused measure annually.
2. Plan must be consistent with the Southwest Virginia Health Authority's Blueprint for A Healthy Appalachia and the Virginia Plan for Well Being.
3. Plan must demonstrate provisions that address total cost of care, employee health outcomes, and use of IT and analytics to meet goals and objectives.
4. The spending requirements set forth must be incremental and funding distributions must consider the relative population size, the relative per capita cost of interventions, the relative value of interventions, and the spending needed to support a Virginia Accountable Care Community.

Plan Overview

Population Health Key Metrics

Category	Measure
Breastfeeding	<ul style="list-style-type: none"> •Breastfeeding Initiation
Child Health	<ul style="list-style-type: none"> •3rd grade reading level •Dental sealants (adolescents 13-15) •Dental sealants (children 6-9) •Infant Mortality •Teen Pregnancy
Mental Health	<ul style="list-style-type: none"> •Frequent mental distress
Obesity	<ul style="list-style-type: none"> •Obesity-counseling and education
Smoking	<ul style="list-style-type: none"> •Mothers who smoke during pregnancy •Youth tobacco use
Substance Abuse	<ul style="list-style-type: none"> •NAS births
Vaccinations	<ul style="list-style-type: none"> •Children on-time vaccinations •HPV females •HPV males

Plan Overview

Access Key Metrics

Category	Measure
ED	<ul style="list-style-type: none"> Asthma ED visits - age 0-4 Asthma ED visits - age 5-14 Excessive ED wait times Pediatric readiness of ED
Mental health	<ul style="list-style-type: none"> Antidepressant medication management - effective acute phase treatment Antidepressant medication management - effective continuation phase treatment Follow-up after hospitalization for mental illness (adults 18+) Follow-up after hospitalization for mental illness (children 6-17)
Patient access	<ul style="list-style-type: none"> Personal care provider Specialist recruitment and retention
Patient experience	<ul style="list-style-type: none"> Patient satisfaction and access surveys Patient satisfaction and access surveys - response report
Perinatal	<ul style="list-style-type: none"> Prenatal care in the first trimester
Screenings	<ul style="list-style-type: none"> Screening - breast cancer Screening - cervical cancer Screening - colorectal cancer Screening - diabetes Screening - hypertension Screening - lung cancer
Substance abuse	<ul style="list-style-type: none"> Engagement of alcohol or drug treatment Rate of SBIRT administration - ED visits SBIRT administration - hospital admissions
Utilization	<ul style="list-style-type: none"> Preventable hospitalizations - adults Preventable hospitalizations - Medicare

Geographic Access
<ul style="list-style-type: none"> Population within 25 miles of an urgent care center Population within 25 miles of an urgent care center open nights and weekends Population within 10 miles of an urgent care or emergency department Population within 15 miles of an emergency department Population within 15 miles of an acute care hospital

Plan Overview

Population Health Services Estimated Investment Summary

Population Health Services Plan	Year 1	Year 2	Year 3	Year 1-3 Total
Community Health Department	\$1,250,000	\$1,250,000	\$1,250,000	\$3,750,000
Accountable Care Community	\$250,000	\$250,000	\$250,000	\$750,000
Awareness Campaigns	\$550,000	\$550,000	\$550,000	\$1,650,000
Programs	\$0	\$500,000	\$2,950,000	\$3,450,000
Total	\$2,050,000	\$2,550,000	\$5,000,000	\$9,600,000
<i>CA-Mandated Minimum Expenditures</i>	<i>\$1,000,000</i>	<i>\$2,000,000</i>	<i>\$5,000,000</i>	<i>\$8,000,000</i>
<i>Potential Funding Needed in Excess of Minimum Spending Requirements</i>	<i>\$1,050,000</i>	<i>\$550,000</i>	<i>\$0</i>	<i>\$1,600,000</i>

Population Health Plan

2. Strategic Approach



It's your story. We're listening.

Population Health Model of Design: Expanded Chronic Care Model



Adapted from Edward H. Wagner, MD, MPH, Chronic Disease Management. Originally published: Effective Clinical Practice, Aug/Sept 1998, Vol 1

Strategic Approach

Population Health Plan: Ballard Focus and Strategies

1. Develop population health infrastructure within the health system and the community

- Ballard Health Department of Population Health
- Accountable Care Community

2. Redesign Ballard Health as a community health improvement organization

- Delivery system improvement and redesign
- Information systems and decision support and information exchange
- Improved self-management and personal skill development with supportive health resources and services

3. Enable community resources and sound health policy

- Strengthen community action
- Advocate for sound health policy
- Create supportive environments

Strategic Approach

Focus 1: Develop Population Health Infrastructure Within the Health System and the Community

Strategic Approaches:

- Ballad Health Department of Population Health
 - Ballad Health will construct a team of competent community health and value based services staff who will engage both internally and externally on strategies to improve population health and address the metrics. This will be supplemented by a newly convened Population Health Clinical Committee.
- Accountable Care Communities
 - Ballad will fund and take a lead role in the governance of a multi-stakeholder Accountable Care Community in Virginia which will organize itself around the pursuit of a limited number of complex population health challenges such as third-grade reading improvement, reduction in teen pregnancy, tobacco use, and so on.

Strategic Approach

Focus 2: Ballad as a Community Health Improvement Organization

Strategic Approaches:

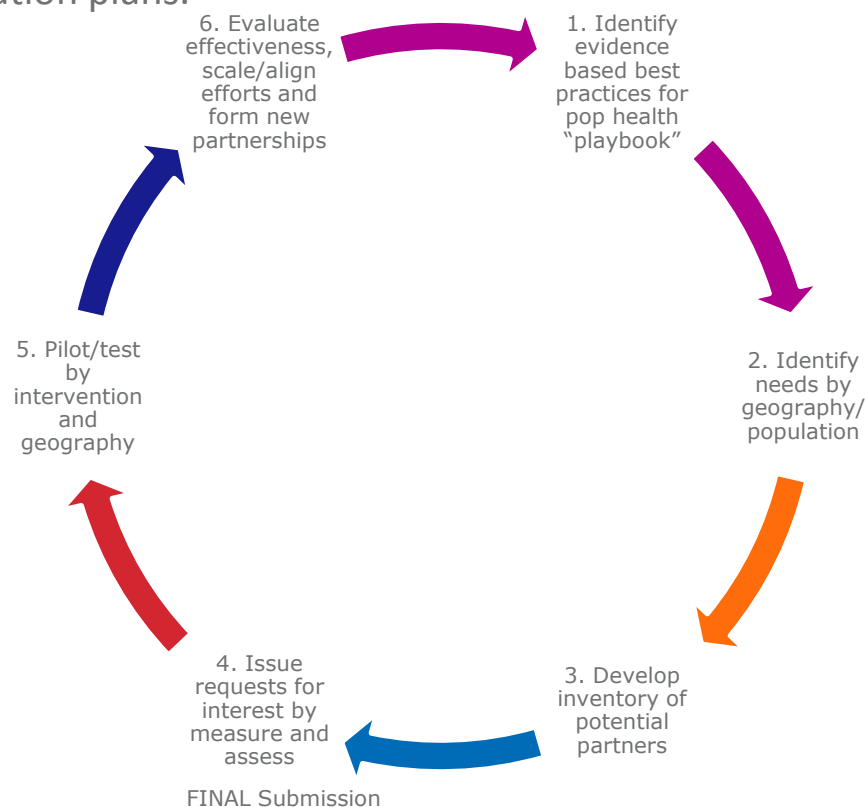
- Delivery System Improvement and Re-Design
 - Ballad will align operational excellence efforts and incentive programs to improve population health and access metrics amenable to health care in populations managed under Ballad Medical Group and other physician groups through mechanisms such as a Clinically Integrated Networks and Hospital Quality and Efficiency Programs. Initial focus populations will include Ballad's team members, ACO and other full risk contracts. Ballad will expand the total number of lives under management.
- Information Systems, Decision Support and Information Exchange
 - Ballad will move to a common Epic platform region-wide which will enable community clinical and social registries for population health improvement, improve clinical flow and gap closure and allow patients more engagement with their own health and health information.
- Self Management & Development of Personal Skills
 - Ballad will invest in internal and external programs, people, and technologies which enable patients to better manage their health and health care services and prevent disease.

Strategic Approach

Focus 3: Enable Community Resources & Sound Health Policy

Strategic Approaches:

- Strengthen Community Action
 - Ballard will fund and manage community efforts to implement evidence based and promising public health programs and practices throughout the region. The process below will generate specific implementation plans.



Strategic Approach

Focus 3: Enable Community Resources & Sound Health Policy

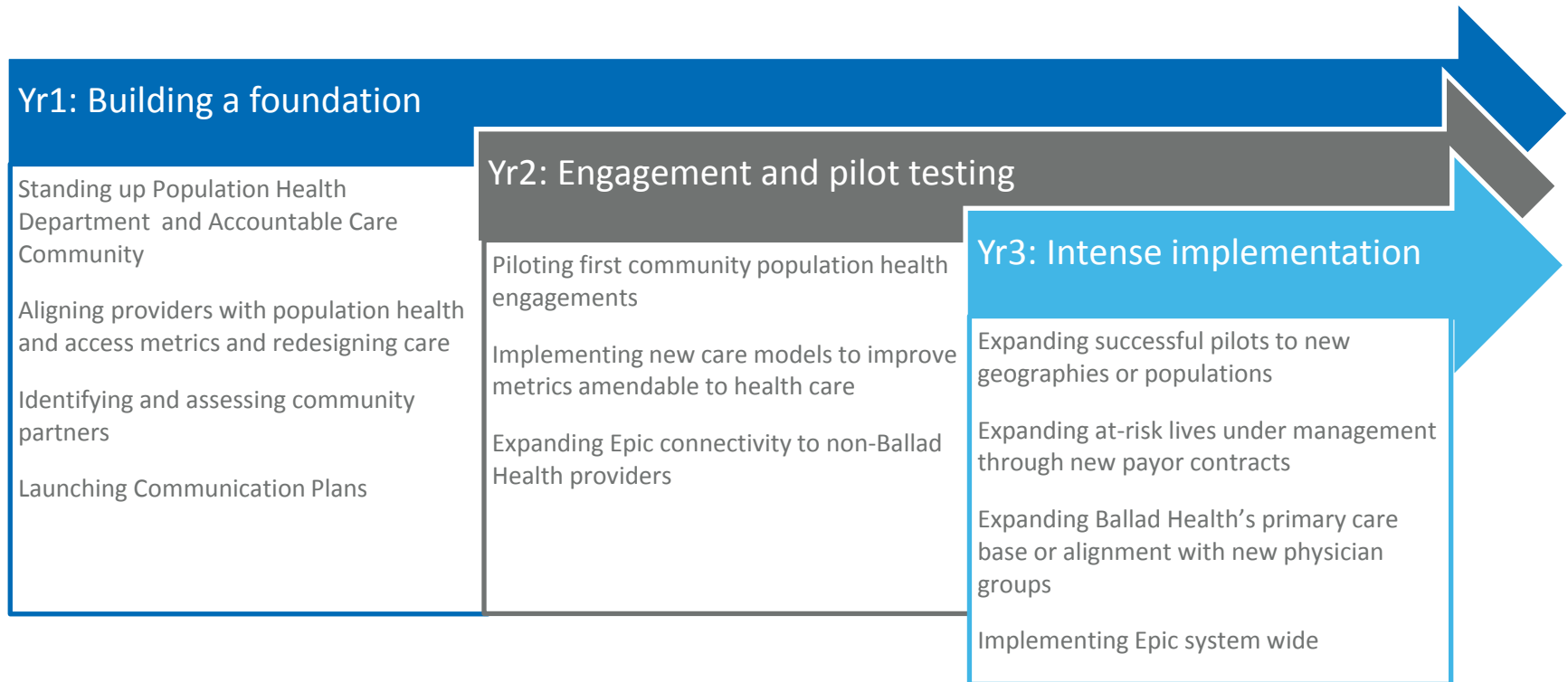
Strategic Approaches (continued):

- Build Healthy Public Policy
 - Ballard will engage in research and advocacy at the local, state and federal level to promote the population health and access goals included in the Virginia Cooperative Agreement.
- Create Supportive Environments
 - Ballard will implement broad based communication strategies to promote a culture of health in the region and to communicate specific health messages. Ballard will also invest in the built environment and other infrastructure necessary to make healthier choices easier choices.

Population Health Plan

3. Implementation Roadmap

Overview of 3-Year Phasing



Implementation Roadmap – Population Health Plan

Focus Area One 2019 Quarterly Milestones and Metrics

Develop Population Health Infrastructure

Implementation Milestones and Metrics: Q1 and Q2

Strategies	Q1 Milestones	Q1 Metrics	Q2 Milestones	Q2 Metrics
1. Develop the Ballard Health Population Health Department	<ul style="list-style-type: none"> Select candidates to hire Form Clinical Committee with internal and external representation Develop Clinical Committee charter, roles & responsibilities 	<ul style="list-style-type: none"> <i>Hires vs. Staffing Plan</i> <i>Completed committee membership list</i> <i>Charter completed</i> <i>Fill 100% of 10 Full-time Positions</i> 	<ul style="list-style-type: none"> Develop relationship tracking and management systems 	<ul style="list-style-type: none"> <i>System developed</i> <i>Establish and complete training with 10 end users</i>
2. Create and activate an Accountable Care Community (ACC)	<ul style="list-style-type: none"> Recruit TN and VA leadership for the ACC Develop ACC charter, roles & responsibilities 	<ul style="list-style-type: none"> <i>Completed leadership list</i> <i>Charter completed</i> <i>Construct 1 charter and 1 roles & responsibilities document for steering commit and each state leadership council</i> 	<ul style="list-style-type: none"> Develop strategic plan for ACC focus areas 	<ul style="list-style-type: none"> <i>Planning process started</i>

Implementation Roadmap – Population Health Plan

Focus Area One 2019 Quarterly Milestones and Metrics

Develop Population Health Infrastructure

Implementation Milestones and Metrics: Q3 and Q4

Strategies	Q3 Milestones	Q3 Metrics	Q4 Milestones	Q4 Metrics
1. Develop the Ballard Health Population Health Department	<ul style="list-style-type: none"> Extend reach of the department by establishing population health leadership teams at each Ballard facility and practice division to promote local population health initiatives 	<ul style="list-style-type: none"> <i>Accomplished in all Ballard hospitals and practice divisions</i> 	<ul style="list-style-type: none"> Evaluate department personnel Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> <i>Y2 milestones and metrics accepted</i>
2. Create and activate an Accountable Care Community (ACC)	<ul style="list-style-type: none"> ACC to begin identifying key community action partners by county 	<ul style="list-style-type: none"> <i>List of community partners created</i> <i>Selection of 3 to 5 strategic goals for the regional committee to communicate with prospective community action partners in each respective county</i> 	<ul style="list-style-type: none"> Identify ACC Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> <i>Y2 milestones and metrics accepted</i>

Implementation Roadmap – Population Health Plan

Focus Area Two 2019 Quarterly Milestones and Metrics

Ballad Health as a Community Health Improvement Organization

Implementation Milestones and Metrics: Q1 and Q2

Strategies	Q1 Milestones	Q1 Metrics	Q2 Milestones	Q2 Metrics
1. Delivery system improvement and re-design	<ul style="list-style-type: none"> Align Ballad Health Medical Group (BMG) & VDH metrics Determine external CIN/HQEP structure Submit New Ballad Health MSSP ACO application (subject to CMS timeline) 	<ul style="list-style-type: none"> <i>List of initial priority metrics provided</i> <i>Completed term sheet for contract</i> <i>MSSP Deadline met (subject to CMS timeline)</i> <i>Identify top 3 priorities applicable to practices</i> <i>Secure at least 1 major practice participant</i> 	<ul style="list-style-type: none"> Sign Ballad Health MSSP ACO Contract (subject to CMS timeline) Secure initial provider participants in CIN/HQEP Develop BMG/VDH priority metric workplan 	<ul style="list-style-type: none"> <i>Contract signed (subject to CMS timeline)</i> <i>Participant Agreement(s) signed</i> <i>Completed workplan</i> <i>Signed contract with aligned providers</i>
2. Information systems, decision support and information exchange	<ul style="list-style-type: none"> Epic Go-Live Unicoi Applied Health Analytics deployed for Ballad Health Team Members 	<ul style="list-style-type: none"> <i>Epic Launched</i> <i>Deadline met</i> <i>Epic UCMH Go-Live complete</i> <i>Utilize AHA for 100% of Ballad team member health risk assessments</i> 	<ul style="list-style-type: none"> Epic Go-Live Laughlin Deliver Draft HIE Report to VA 	<ul style="list-style-type: none"> <i>Planning process started</i> <i>Deadline met</i> <i>EPIC LMH Go-Live complete</i>
3. Self management and development of personal skills	<ul style="list-style-type: none"> Expand Health Risk Assessment and coaching to Ballad Health Team Members (TM) Launch TM diabetes management program 	<ul style="list-style-type: none"> <i>Program Launched</i> <i>Conduct A1C, blood pressure and BMI testing on 100% of Ballad team members participating in employee wellness program</i> 	<ul style="list-style-type: none"> Launch Ballad Health TM Stress Reduction Pilot Develop “Ballad Health as an Example” charter, roles & responsibilities 	<ul style="list-style-type: none"> <i>Program launched</i> <i>Charter completed</i> <i>Assign health coaches and provide educational sessions to 100% of enrolled team members</i>

Implementation Roadmap – Population Health Plan

Focus Area Two 2019 Quarterly Milestones and Metrics

Ballad Health as a Community Health Improvement Organization

Implementation Milestones and Metrics: Q3 and Q4

Strategies	Q3 Milestones	Q3 Metrics	Q4 Milestones	Q4 Metrics
1. Delivery system improvement and re-design	<ul style="list-style-type: none"> Launch Ballad Health MSSP ACO (subject to CMS timeline) Launch CIN/HQEP Implement BMG/VDH priority metric workplan 	<ul style="list-style-type: none"> <i>Program launched (subject to CMS timeline)</i> <i>Program launched</i> <i>Workplan milestones met</i> 	<ul style="list-style-type: none"> Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> <i>Y2 milestones and metrics accepted</i>
2. Information systems, decision support and information exchange	<ul style="list-style-type: none"> Epic configured for SBIRT pilot Deliver Final HIE Report to VA and TN 	<ul style="list-style-type: none"> <i>Epic Enabled</i> <i>Deadline met</i> 	<ul style="list-style-type: none"> Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> <i>Y2 milestones and metrics accepted</i>
3. Self management and development of personal skills	<ul style="list-style-type: none"> Develop “Ballad Health as an Example” strategic plan 	<ul style="list-style-type: none"> <i>Plan completed</i> <i>Establish 4 action teams to develop strategies in the areas of healthy eating/food policies; physical activities; healthy plan design; and health education and resources</i> 	<ul style="list-style-type: none"> Pilot first “Ballad Health as an Example” effort Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> <i>Pilot(s) launched</i> <i>Y2 milestones and metrics accepted</i>

Implementation Roadmap – Population Health Plan

Focus Area Three 2019 Quarterly Milestones and Metrics

Enabling Community Resources and Sound Health Policy

Implementation Milestones and Metrics: Q1 and Q2

Strategies	Q1 Milestones	Q1 Metrics	Q2 Milestones	Q2 Metrics
1. Strengthen community action	<ul style="list-style-type: none"> Work with internal and external Subject Matter Experts to complete first round research of interventions and programs found to be best or promising clinical and community practices Complete inventory of potential community partners to engage with in order to address population health metrics 	<ul style="list-style-type: none"> <i>Completed document</i> <i>Completed inventory</i> 	<ul style="list-style-type: none"> Using inventory created in Q1, distribute RFI to identify local capabilities and receive feedback on first round of research 	<ul style="list-style-type: none"> <i>RFI distributed</i>
2. Create supportive environments	<ul style="list-style-type: none"> Develop framework to leverage Ballard Health Business Health service offerings including a formal Business Health Collaborative with Chambers of Commerce as well as customized options for employers Develop regional awareness campaigns with Marketing Department 	<ul style="list-style-type: none"> <i>Frameworks completed</i> <i>Campaign plan completed</i> <i>Develop at least one regional awareness campaign and establish projected reach and impressions targets</i> 	<ul style="list-style-type: none"> Activate Business Health Collaborative with Chambers of Commerce Begin regional ad campaigns Create customizable package of Business Health offerings for employers 	<ul style="list-style-type: none"> <i>Collaborative activated</i> <i>Campaign launched</i> <i>Package completed</i> <i>Host 1 regional chamber of commerce forum to review needs, current solutions and strategies</i> <i>Regional awareness campaign projected reach and impressions</i>
3. Build Healthy Public Policy	<ul style="list-style-type: none"> Identify best practice approaches to legislation that supports healthy choices 	<ul style="list-style-type: none"> <i>Legislative playbook to support intervention playbook</i> 	<ul style="list-style-type: none"> Identify gaps in current laws and policies that support regional health 	<ul style="list-style-type: none"> <i>Gap analysis</i>

Implementation Roadmap – Population Health Plan

Focus Area Three 2019 Quarterly Milestones and Metrics

Enabling Community Resources and Sound Health Policy

Implementation Milestones and Metrics: Q3 and Q4

Strategies	Q3 Milestones	Q3 Metrics	Q4 Milestones	Q4 Metrics
1. Strengthen community action	<ul style="list-style-type: none"> Evaluate RFIs received Incorporate feedback received into best or promising clinical and community practices 	<ul style="list-style-type: none"> <i>Evaluations completed</i> <i>Feedback incorporated</i> 	<ul style="list-style-type: none"> Distribute RFPs for pilot interventions and programs to selected community partners Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> <i>RFPs distributed</i> <i>Y2 milestones and metrics accepted</i>
2. Create supportive environments	<ul style="list-style-type: none"> Develop strategic plan for the Collaborative with Chambers of Commerce Identify pilot program opportunities in collaboration with Chambers of Commerce 	<ul style="list-style-type: none"> <i>Plan completed</i> <i>Pilots identified</i> <i>Regional awareness campaign projected reach and impressions</i> 	<ul style="list-style-type: none"> Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> <i>Regional awareness campaign projected reach and impressions</i> <i>Y2 milestones and metrics accepted</i>
3. Build Healthy Public Policy	<ul style="list-style-type: none"> Develop legislative advocacy plan 	<ul style="list-style-type: none"> <i>Plan developed</i> 	<ul style="list-style-type: none"> Develop strategic approach for advocacy together with each regional legislator and their staff 	<ul style="list-style-type: none"> <i>Number of meetings with each legislative office</i>

Implementation Roadmap

Focus Area One 2020 Milestones and Metrics

Develop Population Health Infrastructure

Strategies	2020
1. Develop the Population Health Department	<ul style="list-style-type: none"> • <i>Review and revise budget</i> • <i>Evaluate staff</i> • <i>Evaluate tracking systems</i> • <i>Population Health Clinical Committee to evaluate and revise, if needed, clinical systems and protocols</i> • <i>Evaluate and expand, if needed, Population Health Clinical Committee membership</i>
2. Create and activate an Accountable Care Community	<ul style="list-style-type: none"> • <i>Begin rollout of ACC strategic plan pilots</i> • <i>Develop partnership arrangements in any remaining counties</i> • <i>Conduct leadership development with ACC and county partners</i>

Implementation Roadmap

Focus Area Two 2020 Milestones and Metrics

Ballad Health as a Community Health Improvement Organization

Strategies	2020
1. Delivery system design	<ul style="list-style-type: none"> Evaluate BMG performance on key metrics Evaluate CIN/HQEP performance on key metrics Identify opportunities to expand covered lives through new payor contracts or provider partners
2. Information System and Decision Support	<ul style="list-style-type: none"> Begin implementation of HIE report recommendations Epic ambulatory Go-Live at legacy MSHA Epic acute Go-Live at legacy MSHA
3. Self Management/ Develop Personal Skills	<ul style="list-style-type: none"> Evaluate Ballad Health Team Member coaching, stress reduction and diabetes management performance and revise as appropriate. Expand additional Ballad Health Team Member wellness initiatives Evaluate “Ballad Health as an Example” performance and revise as appropriate Expand “Ballad Health as an Example” initiatives according to strategic plan Identify opportunities to expand “Ballad Health as an Example” and Team Member wellness initiatives to community and Chamber of Commerce partners

Implementation Roadmap

Focus Area Three 2020 Milestones and Metrics

Enabling Community Resources and Sound Health Policy

Strategies		2020
1. Strengthen community action	<ul style="list-style-type: none"> Negotiate contracts with partners Implement interventions Evaluate intervention effectiveness 	
2. Create supportive environments	<ul style="list-style-type: none"> Launch Business Collaborative pilot interventions Launch customized Business Health offerings Evaluate regional awareness campaign Develop and implement thematic campaigns to build awareness around key pop health metrics and community initiatives 	
3. Build Healthy Public Policy	<ul style="list-style-type: none"> Meet with each regional legislator in VA and TN Geographic Service Area to review legislative agenda and seek advocacy support 	

Implementation Roadmap

Focus Area One 2021 Milestones

Develop Population Health Infrastructure

Strategies		2021
1. Develop the Population Health Department		• Review and revise budget
		• Evaluate staff
		• Evaluate tracking systems
		• Population Health Clinical Committee to continue to evaluate and revise, if needed, clinical systems and protocols
		• Continue to evaluate and expand, if needed, Population Health Clinical Committee membership
2. Create and activate an Accountable Care Community		• Review and revise, if needed, strategic plan
		• Provide ongoing leadership training
		• Develop partnership arrangements/community action committees in all counties

Implementation Roadmap

Focus Area Two 2021 Milestones

Ballad Health as a Community Health Improvement Organization

Strategies	2021
1. Delivery system design	<ul style="list-style-type: none">• Evaluate current contracts and strategies• Expand sites and contracts• Evaluate clinical systems and protocols• Evaluate CIN/HQEP performance on key metrics• Review and revise, if needed, CIN/HQEP metrics• Identify opportunities to expand covered lives through new payor contracts or provider partners
2. Information System and Decision Support	<ul style="list-style-type: none">• Evaluate system effectiveness• Construct progress reports and communicate internally and externally• Continued implementation of HIE report/recommendations
3. Self Management/ Develop Personal Skills	<ul style="list-style-type: none">• Expand “Ballad Health as an Example” to address more focus areas and to more team members• Engage communities in “Ballad Health as an Example”

Implementation Roadmap

Focus Area Three 2021 Milestones

Enabling Community Resources and Sound Health Policy

Strategies		2021
1. Strengthen community action	<ul style="list-style-type: none"> • Evaluate contracted partners for accomplishment of agreed upon intervention targets • Implement interventions • Evaluate intervention effectiveness 	
2. Create supportive environments	<ul style="list-style-type: none"> • Evaluate current business health contracts • Identify new engagement targets and approaches for business health • Develop and implement thematic campaigns to build awareness around pop health metrics and community initiatives 	
3. Build Healthy Public Policy	<ul style="list-style-type: none"> • Review and refine approaches • Track agenda elements 	