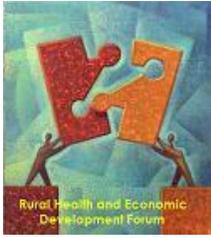


Rural Health Development Council Meeting Notes



Thursday, June 6, 2014

10:00 a.m. – 2:00 p.m.

University of Wisconsin Pyle Center

Madison, WI

Present:

Traici Brockman, *WI Division of Public Health*

Byron Crouse, *UW School of Medicine and Public Health*

John Eich, *WI Office of Rural Health*

Sarah Grossheusch, *Adams County Public Health*

Kevin Jacobson, *WI Office of Rural Health*

Wilda Nilsestuen, *UW Department of Family Medicine*

Jeremy Normington, *Moundview Memorial Hospital & Clinics*

Jim O'Keefe, *Mile Bluff Medical Center*

Kathy Schmitt, *WI Department of Agriculture, Trade and Consumer Protection*

Tim Size, *Rural WI Health Cooperative*

Jackie Szehner, *Community Care of Central Wisconsin*

Gail Towers-MacAskill, *WI Economic Development Corporation*

Charlie Walker, *Chippewa County Economic Development Corporation*

The Council was in executive session from 10:00 to 11:00.

John Eich opened the meeting at 11:00.

The meeting topic was alternative health care delivery models. John said this is an area to keep an eye on especially in rural, where there is concern with provider shortages.

Mary DeVany, Great Plains Telehealth Resource and Assistance Center, reviewed several new models:

School based clinics, where schools becomes a practice site

Work site clinics

Stand-alone telehealth kiosk

Smart homes

Direct to consumer models, like Virtuwell

These models raise policy issues such as reimbursement parity with in person care, multi state licensing requirements and how to measure and ensure quality of care under these systems. They will lead to new and different business models, too.

Tim S. suggested that cherry picking could make it harder for rural providers. Mary replied that cherry picking is a concern but these changes can open up opportunities for rural providers. They no longer would have to work exclusively within their system but could draw on other sources for specialty consulting, etc. John added that the danger for small systems or rural is that a Mayo app

could become the provider, rather than the local clinic. Jim O. said this will be a real challenge for rural providers. The public will want this, how do we convince them to stay with local providers? John added, what will happen to the existing infrastructure as the public adopts telehealth? Does the hospital become the lab? Tim: We have to ask the question how far do we want to go? There has to be a balance between the technology and in person. Gail added the large providers have seen that the current model isn't sustainable, they're putting money into these alternatives. It's important for rural providers to start thinking about this or they'll be left in an uncompetitive position.

Jay Mason, Elli Health, discussed some products and programs he has been involved with, such as My Health Direct, a patient scheduling program. He suggested that private insurance exchanges will grow to outpace the public exchanges. Employers will give employees a sum and they will purchase coverage on their employer's exchange.

There is a significant majority of people who avoid health care for cost or convenience reasons. On demand care is becoming more attractive. No appointment necessary, always open and available. The provider shortage will drive a lot of people to virtual care. The challenge is, how do you build a relationship with that younger group that prefers virtual care, so when they get older with chronic issues, they come to you?

Jay described the Elli Health virtual product. Patients interface with an app or online site and answer a series of questions that are monitored by a provider on the other end, who makes treatment or referral decisions. The product is co-branded with a hospital or system, patients access the program through the hospital site and the behind the scenes provider is the hospital's. John suggested that it could be taken to another level, providing follow up, information on the condition, etc.; a wraparound product. It could conduct a health risk assessment at the patient's first encounter so it has that information available. Could do reminders, to stop smoking, eat vegetables, etc.

Meeting adjourned at 2:00