Marketing and Community Support Perspective
Jim Easter

The conversation within the healthcare industry seems **focused on TRANSFORMATION**. I am reflecting on this term in comparison to the more traditional **strategic planning** and **facility master planning** (MP) endeavors, that we are familiar with within the healthcare industry (many of the credentialing and licensure programs require this knowledge). Seems that rural health transformation may be more about SURVIVAL than transformation (the critical tipping point may be about impressions). "We really don't know the diagnosis, until we have completed the work-up", to coin a medical perspective on a patient's condition. What is the rural hospital's vision, mission and values?

Have the county commissioners, local business leaders, and hospital board members discussed the current status/situation at their local hospital and do they understand their situation (potential demise and/or foreclosure due to lingering capital debt)? Are the policy setters willing to look at the rural hospital's situation with sincere "reality-based" eyes. Are we too large, in the wrong location, have a bad image, possibly poorly staffed among other symptoms of disease. The future is about these key factors based on current protocols in the healthcare industry:

- What is Our **Community Need** and Who Do We Serve?
- What is Our **Vision, Mission and Values** and How Does This Translate to The Return on Investment (ROI) factors:
  - An Economic Engine
  - A Service Meeting The Consumer Need
  - A Place For Care and Caring
  - Emergency Intervention
  - Disaster Relief
  - A Partner Within The Care Community (Health Department, Emergency Rescue, Industrial Health, School and Home, Family Unit)
  - An Extension of The Family (Voter and Tax Payor), Similar to the Church, the School, Police, Fire, and the Employer
  - Developing A Renewed **Proforma For Transformation** Given All the Assets and Resources In A New Service Delivery Package (Look at over time, carefully!)
- What Does Our **Hospital Look Like**, Those First Impression Factors and Dynamic Forces?
  - Welcoming
  - Friendly
  - Healthy and Kind to All
  - Clean and Refreshing and Easy to Access
  - Responsive, Educational and Confident
  - Organized and Efficient and Comfortable
  - Innovative and Technologically Savvy (young and old love being here)
  - Facility Age, Condition and Maintenance Strategy (keeping the lights burning and safely packaged for all who visit)
- Where Is Our **Hospital and The Delivery System Located**?
  - Are We On The Growing Side of Town, or The Dying Side of Town (Impact Of Gentrification and Urban/Rural Plans). Are there "Rural" plans too?
  - Are We Convenient To All (Autos, Buses, Ambulance, Service and Staff Linkages…911)
  - Where Is Our Front Door and Do I Have a Place to Park (ADA and Emergency Access)
  - Who Uses our Facility and Are We **Accessible to the Community** (Service Groups, Education, Non-Profits, Friends)

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- Are We In Touch With our Local and Regional System:
    - Public Health Partnerships
    - Mental Health Partnerships
    - Fire and Rescue and Police
    - Nursing Home and Senior Care
    - Correctional and Detention
    - Food and Shelter Needs of the Underserved Population
    - TeleHealth and University/College System and Primary/Secondary Schools
    - Church, Spiritual and Non Profit Community (Housing, Meals on Wheels)
    - Civic and Service Organizations (Rotary, Kiwanis, Ruritan, High School and Elementary Education and Sports)

Possibly a **STRATEGIC and FACILITY MASTER PLAN** working in tandem with community "Fathers and Mothers", would reveal the ANSWERS to the QUESTIONS and, possibly, these answers would reveal some very affordable, manageable and asset-driven solutions that would lead to a **BETTER CARE PLAN and TRANSFORMATIONAL PROGRAM** for the rural community in fear of healthcare demise. When the community needs assessment (CHNA) has been completed, new directions and "transformation options" may be revealed. As much as funding and finance impact services, the image/impression and value of the service likely drives the program's ultimate success. It is clear that the WINNING PROVIDERS gaining the healthcare business, urban and rural, are addressing the elements questioned herein. Combining NEED + STRATEGY + FACILITY + LOCATION + LEADERSHIP would be the first, second, third and fourth objectives:

1. Our Services Need to Be Focused on Urgent, Emergent and Primary Care
2. Our Location(s) Must Be Visible, Convenient and Friendly
3. Our Staff Need To Be Professional, Responsive and Committed
4. Our Buildings Must Be Clean, Efficient and Well Designed
5. Our Buildings Must Be Safe, Compliant and Secure
6. Our Care Team and Facility Should Be "Right Sized"
7. Our Technology Must Be Advanced And Connected to Our True Partners
8. Our Transformation Will Require Change, Quickly to Avoid The Crisis:
    a. Focus on "Must Do" Assets
    b. Focus on Effective Care
    c. Focus on Functionality
    d. Focus on Quality Technology
    e. Focus on Need (Reasonable and Rationale)
    f. Downsize to "Real" Need (Outpatient and Urgent)
    g. Re-Define The Image and Phase In The Changes Strategically
    h. Price The Changes and Assess The ROI, Carefully
    i. Build Smaller and Smarter:
        i. Partner and Contract
        ii. Master Plan (MP) Following the Strategic Plan (SP)
        iii. Design With Flexibility and Solid Data
        iv. Design With Remote Techology Partners
        v. Listen To Staff and Community
        vi. Empower The Board and Commissioners
        vii. Empower The County and City Fathers and Mothers
        viii. Empower The Corporate Community
        ix. Transform Incrementally and Strategically

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Opinion Piece

(Discussion Item For Consideration)

Insurance (BC/BS/Others) are part of the **rural health OPPORTUNITY** for change. Not sure the state of TN has the responsibility, in total, what about the **COUNTY SUPPORT** in partnership with schools, economic development, real estate taxes, and other local and voluntary initiatives? The days of local gifts and grants "to keep our hospital alive" may be the new mantra. Years ago, this is how the rural hospitals got started and have been sustained? Some have sold and others have merged, many have closed, interesting? Thanks David W. for sharing this article.

Gov. Bill Lee: Rural Tennesseans need you to save their health care

Your Turn
Wendell Potter
Guest columnist

When McKenzie Regional Hospital closed last fall, it meant more than the loss of the only hospital in rural Carroll County.

It meant the loss of one of the county's largest employers. It meant babies born in McKenzie can no longer be delivered there. It meant nursing students at Bethel University could not graduate and work locally. It meant people with life-threatening injuries had to be transported an additional twenty minutes for care — and close to an hour if the road to the nearest hospital flooded.

I traveled from Memphis to Knoxville last month to hear directly from Tennesseans about the health care problems they face. I once worked as a reporter in Memphis and Nashville and I grew up in Mountain City and Kingsport, so affection for Tennesseans runs in my blood. (I'm best known as the former head of public relations for big health insurance companies. I blew the whistle on the insurance industry during the Affordable Care Act debate.)

The terrible toll closure of the McKenzie hospital had on that rural town repeated a theme I heard throughout the trip: Tennessee's rural health care system has failed.

Today, more than a fifth of Tennessee counties no longer have a community hospital, largely because of the growing problem of uncompensated care. Seventeen do not even have an emergency room.

Collectively, Tennessee rural hospitals provide more than $100 million in uncompensated care each year. With fewer hospitals, people in rural areas trying to recover from opioid addiction, already underserved in Tennessee compared to other states, will go untreated.

Today, more than a fifth of Tennessee counties no longer have a community hospital, largely because of the growing problem of uncompensated care. Seventeen do not even have an emergency room.

People will travel further for care; some will die because of the distance. And every time another hospital closes, the economic problems plaguing McKenzie will continue to spread like a virus across rural Tennessee.

It's no secret how rural Tennesseans voted in 2018. By margins of 40 and 50 percentage points, voters in rural counties delivered the governor's mansion and legislature to Republicans. Governor, it's time to deliver for them. It will require more than sending out-of-state consultants to rural towns to tell them why their hospitals closed — the primary policy solution included in last year's Rural Hospital Transformation Act. It will require dollars.

It is a tenet of faith to many that the free market is infallible, that the government should just get out of the way and let the invisible hand of the market work its magic. The reality is that the invisible hand in health care has been devastating to rural communities across Tennessee and the country.

Costs are higher than revenues at rural Tennessee hospitals, which has led them to close at a faster rate than anywhere else in this country. If we continue to expect rural hospitals to seek "innovation" or "profit centers" to survive, we'll continue to see closures.

There are solutions. Republican governors of states that expanded Medicaid greatly strengthened the financial situation of rural hospitals in their states. (See Ohio.) But I recognize that's more challenging in Tennessee than elsewhere. So rather than wait on legislators to send you a Medicaid-expansion bill, consider providing subsidies to Tennessee's roughly 60 rural hospitals to cover their losses (a cost to the state of approximately $30 million annually, .0008% of Tennessee's annual budget.)

Why? These hospitals are the main employers in their counties. The state will come out ahead. And there are lessons from other states. Last year, Georgia offered a dollar-for-dollar credit on state taxes to residents and businesses who donated to dozens of rural hospitals. Georgians ponied up $60 million — the most the state would allow.

This is the chance, governor, for you to save both jobs and lives in rural Tennessee. I urge you to take it.

Wendell Potter grew up in Tennessee. He is founder of nonprofit investigative journalism website Tarbell.org, president of the Business Initiative for Health Policy and the author of several books. He previously served as head of corporate communications for Humana and Cigna.