



Innovation & Integration

How affiliation is helping preserve rural healthcare



Background

Adventist Health is a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii. Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Although we serve a broad spectrum of patients and communities, many of our facilities are in rural and non-urban areas. Rural healthcare today faces significant challenges in trying to reduce health disparities while maintaining a sustainable business model that can thrive in rural settings. Part of the reason rural residents face disparities is because of a lack of access to care, exacerbated in recent years by the closing of rural hospitals and clinics.ⁱ Thought leaders in the healthcare space, policymakers and legislators have been searching for solutions to this growing problem. While there is no single answer to save the dwindling number of rural healthcare facilities, Adventist Health has been taking steps to be a part of the solution.

Clinically integrated networks, such as Adventist Health, encompass hospitals, clinics and other provider facilities that work together across different settings of care. Such networks have the benefit of improving patient experience through greater collaboration between providers, service lines and care settings. Health systems with clinically integrated models are able to establish more consistent practices in utilization review, quality assurance, protocols and guidelines and medical records access.ⁱⁱ Adventist Health partners with financially stressed hospitals to enable them to utilize the advantages that a clinically integrated network provides. These partnerships are also a way to ensure care can continue to be delivered in rural and underserved communities.

Another major way care is delivered in rural communities is through rural health clinics, or RHCs. RHCs are smaller than traditional hospitals, but are a critical component to enabling access to primary care services for patients in rural areas.ⁱⁱⁱ Adventist Health operates 69 RHCs in areas where care may not otherwise be accessible for rural residents. Because our RHCs are part of the greater integrated system, they are not only able to provide basic care to these underserved populations, but are also able to provide care that is high-quality and coordinated.



Access Through Integration and Innovation

Adventist Health keeps healthcare local. In many cases in rural communities, there is only one facility within an area. If a sole provider hospital closes, patients are forced to drive long distances just to receive basic care. Affiliation with a larger system helps these sole providers keep their doors open for patients who need care locally. Those with chronic conditions or others who need frequent appointments and check-ups fare better when they are able to access these services close to home. For example, Adventist Health's partnership with Mendocino Coast District Hospital ensures patients that they can access care locally and avoid navigating treacherous mountains and lengthy commutes on narrow, rugged coastal roads.

Adventist Health's integrated system also helps to add services to hospitals within our network. Many stand-alone care facilities are only able to offer a set number of services that they are able to sustain financially.

When systems are clinically integrated, a larger number of facilities within the network are able to provide a variety of services through the sharing of resources.

This means that resources like certain healthcare professionals who specialize in a specific service, technology and equipment and financing capabilities are shared between multiple facilities, allowing each of them to provide a broader range of services.

Another asset Adventist Health possesses as a clinically integrated network is the Hospital@Home program, one of the most significant developments in remote care. In May of 2020, Adventist Health launched its Hospital@Home program to furnish acute-level services to patients in their home. Adventist Health's Hospital@Home serves patients in six locations throughout California and Oregon. The program has served hundreds of patients, delivering complex comprehensive acute care to qualifying patients in their homes. These services, provided in person and virtually include infusions, nursing care, medications, laboratory and imaging services and rehabilitation services from a network of registered nurses, community paramedics and an ecosystem of support team members—all under the clinical direction of credentialed board-certified hospitalists in Adventist Health command centers.

Hospital@Home allows the benefits of integration to go even further than just the facilities within a network. Providers are able to bring high-quality acute care to a patient's home, while still having the support of a hospital and its resources.

Prioritize Community Well-Being

An essential asset of an integrated system that Adventist Health is spearheading is the ability to focus on community well-being. Well-being goes beyond the clinical boundaries of traditional hospitals and health systems. Many integrated networks have begun the transition toward whole-person care; however, few have reached the point of addressing well-being within an entire community.

Adventist Health has been able to use its resources as a system to begin focusing on the community around a patient and how that impacts health.

Adventist Health knows that to continue existing models of healthcare is to ignore shortcomings that have led to a steady increase in chronic disease along with the cost of treatment. It's time not just for a fresh approach, but a revolutionary one. That's why Adventist Health is reshaping the role of healthcare through the creation of its Well-Being Division. We have restructured our entire organization to enable an intentional, focused investment into improving the well-being and quality of life for individuals, organizations and communities. To achieve an aggregate improvement in well-being, Adventist Health has created a repeatable, sustainable model of well-being that measurably impacts the well-being of people, well-being of places and equity.

While Adventist Health's well-being work is extremely important and necessary to build healthier communities, it is something that would not be possible without the support of a large integrated network. Stand-alone hospitals do not have the resources to devote to healthcare work so far beyond the walls of traditional care facilities



Benefits of Operating at Scale

Horizontal integration refers to two or more like providers, such as hospitals, joining forces.^{iv} This type of integration helps groups of providers gain economies of scale—which can be an asset when dealing with issues like eliminating inefficiencies, removing duplicate service lines, purchasing drugs and supplies at lower costs, revenue cycle management and maintaining human resources.^v Adventist Health makes use of horizontal integration through elements like a dedicated supply chain team focused solely on personal protective equipment procurement for the entire system. Operating at “scale” allows resources to be redistributed in rapid time to meet critical needs.

This was of particular benefit to the system during the COVID-19 pandemic. Twenty percent of Adventist Health's administrative staff was redeployed to the front lines in roles such as unit clerks and vaccination processing teams. More resources were allocated to service areas in need rather than spread out across all service lines. Having a horizontally integrated system also helps to increase operational efficiencies. These include reducing patient wait times, streamlining individual department operations and accelerating discharge and planning.

Through the increase of operational efficiencies, the ability to utilize economies of scale, and the resources to devote to community well-being, quality of care in Adventist Health facilities has improved.

Many of Adventist Health's facilities were integrated into the network because they were struggling to sustain an operating model on their own. Often serving rural and vulnerable populations, it was difficult to maintain quality of care while also thriving as a hospital. By integrating into Adventist Health's larger provider network, these facilities were able to take advantage of far more resources and collaboration between providers and service lines. As a part of a system, these facilities no longer have to focus on staying afloat and can instead focus on providing quality care, which in turn creates an overall higher quality patient experience.

A recent study conducted by researchers with IBM Watson Health and the Agency for Healthcare Research and Quality and published in JAMA Network Open, examined 435 hospitals to assess the impact of mergers and acquisitions of rural hospitals on quality.^{vi} The researchers concluded that merged hospitals had a lower patient mortality rate after one year, and that the lower mortality rate continued for several years after the merger was completed. These findings are important to enhancing rural healthcare and reducing urban-rural disparities in quality of care—and suggest that such deals can play a significant role in improving the quality of rural healthcare services.

Mendocino Coast

Case Study 01

In 2019, Fort Bragg was in danger of losing Mendocino Coast District Hospital (MCDH), which was experiencing significant debt and suffering from poor health ratings. The 25-bed critical access hospital is a lifeline for approximately 20,000 residents along the North Coast of California.

Without MCDH, the next nearest hospital for many residents would be over an hour away. In order to ensure that patients could access care close to home, the district decided to look for an affiliation with a health system who understood the complexities of sustainably operating rural healthcare.

Because Adventist Health operates in many rural areas across the state, when MCDH began facing challenges with generating revenue and care quality, it was ideal to transition into a system with experience in providing high quality rural healthcare. The affiliation between Adventist Health and smaller rural facilities, including MCDH, has been able to help stabilize hospitals and clinics with additional services like orthopedics, oncology, GI and cardiac care, reduce employee turnover and add nurses and other hard to recruit roles. Additionally, patients in Mendocino County now have access to 32 newly recruited primary care and specialty physicians that they would not otherwise have, had the hospital been forced to close. Since the affiliation, MCDH has been able to drive down administrative costs by more than 30% as a result of sharing resources with the other two Adventist Health hospitals in the county. The hospital's affiliation with Adventist Health has also helped grow community partnerships using the larger system's resources to conduct outreach and follow-ups.

[As a system, Adventist Health is able to negotiate better supply costs, improve efficiencies, and enhance quality—resulting in improved patient satisfaction.](#)



Tulare

Case Study 02

In 2017, Tulare Regional Medical Center declared bankruptcy and was forced to close its doors. Two years later, the hospital reopened as part of the Adventist Health system.

[Since partnering with the Tulare Local Healthcare District in October 2018, Adventist Health has not only restored basic emergency hospital services, but it has also added numerous additional services, providing residents with access to comprehensive care in their own community.](#)

Adventist Health's commitment to Tulare has reenergized the health of the community.

In keeping with our promise to Tulare, within one year after reopening the hospital, Adventist Health opened the birth center, giving expectant mothers the option to deliver their babies in Tulare. In addition to OB services, inpatient dialysis services, mammography and sleep center services were added to the hospital services. Five new clinic sites have opened since 2019, offering access to primary care, rapid care and specialty services such as general surgery and orthopedics and endocrinology, with plans to expand to offer chiropractic, vascular, podiatry, cardiology, urology and dental services.

The most recent clinic to open (March 2021) is our Earlimart medical office, located in a Tulare County community of 8,500 people, mostly of Hispanic descent, with a poverty rate of about 49%. Adventist Health teamed up with the Earlimart School District to bring a school-based clinic to this community in need. Our largest clinic in Tulare opened on October 15, 2020, two years after the hospital's acquisition. This clinic is a 17,000 square-foot facility featuring 28 exam rooms and offering a wide range of specialty services. It also serves as the home to our Tulare Family Medicine Residency Program.

The Central Valley is experiencing a physician shortage. To address the physician shortage and to encourage physicians to remain in the Central Valley, Adventist Health began a Family Medicine Residency program in Tulare with the first class in 2021 and the majority of the first year's residents having ties to the Central Valley.

Tehachapi

Case Study 03

Adventist Health took over Tehachapi Valley Hospital in 2016. Adventist Health Tehachapi Valley is a 25-bed critical access hospital that offers a wide range of outpatient services, 24/7 emergency department and three rural health clinics. The partnership between Tehachapi Valley Healthcare District and Adventist Health brought orthopedic, GI, podiatry and pain management surgery capabilities as well as 15 new specialists to the community, rotating through Tehachapi and other clinics in the area. The hospital was also able to provide state-of-the-art imaging as a result of the support from Adventist Health, including upgraded CT scanner, the first ever MRI scanner for the hospital, echocardiogram and 3D mammogram capabilities.

Tehachapi Valley Hospital was also able to benefit greatly from its link to a larger health system during the COVID-19 pandemic. Prior to its partnership with Adventist Health, the hospital did not have piped in oxygen and instead had to rely on heavy and inconvenient-to-transport oxygen tanks. Piped in oxygen during the pandemic surges allowed the hospital to care for patients efficiently and expanded their capabilities for COVID care.

[Tehachapi's affiliation with Adventist Health has also allowed the hospital to grow its partnerships with other local community organizations and improve overall health in the area.](#)

Adventist Health Tehachapi Valley was able to work with the Kern County Department of Public Health to have the first mobile vaccine clinic for residents of the community, especially those who live in remote and difficult to access areas.

Additionally, behavioral health was a major problem in and around Tehachapi Valley with a #1 ranking for suicide in the state as of 2016. To combat this problem, Adventist Health Tehachapi Valley started partnering with schools and other community organizations on prevention programs to create a greater impact. The Behavioral Health Integration Program finds at-risk patients and connects them with substance abuse counselors, dieticians and other social service professionals to preemptively address any behavioral health issues and conditions that may arise from difficult living conditions and other social determinants of health. The affiliation between Adventist Health and the Tehachapi Valley hospital has greatly benefited the community over the past several years and provides much greater access to comprehensive, specialized care that is close to home for patients who would otherwise not have the opportunity.

Sources

- i. Ollove M. Rural America's Health Crisis Seizes States' Attention. Pew. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/01/31/rural-america-health-crisis-seizes-states-attention>
- ii. TrendWatch: The Value of Provider Integration. American Hospital Association. <https://www.aha.org/system/files/2017-11/14mar-provintegration.pdf>
- iii. Rural Health Clinics (RHCs). Rural Health Information Hub. <https://www.ruralhealthinfo.org/topics/rural-health-clinics>
- iv. TrendWatch: The Value of Provider Integration. American Hospital Association. <https://www.aha.org/system/files/2017-11/14mar-provintegration.pdf>
- v. TrendWatch: The Value of Provider Integration. American Hospital Association. <https://www.aha.org/system/files/2017-11/14mar-provintegration.pdf>
- vi. Jiang HJ, Fingar KR, Liang L, Henke RM, Gibson TP. Quality of Care Before and After Mergers and Acquisitions of Rural Hospitals. *JAMA Netw Open*. 2021;4(9):e2124662. doi:10.1001/jamanetworkopen.2021.24662

