

My Turn

There are many benefits associated with ‘critical access’ hospitals

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Critical access hospitals (CAHs) provide vital services in rural areas and often serve as the foundations of rural health care delivery systems. To improve care for patients residing in rural areas, rural hospitals are expected to:

- Improve access to services, including urgent care services, and meet unmet community health needs in isolated rural communities.
 - Engage rural communities in rural health care system development. (The creation of Taos Health Systems (THS) has involved its first ever community health needs assessment, where the community has participated in strategic planning with THS administrators. The current leadership engages focus groups and advisory councils on a regular basis. This is the new culture of transparency and inclusivity for THS.)
 - Develop collaborative delivery systems in rural communities as the hubs of rural health care. (The conversion will create partnerships and opportunities for cross-training, coordinating and cost-sharing with other organizations for the benefit of the Taos community. We will become more efficient and effective in emergency responsiveness, controlling the spread of disease and decreasing the prevalence of chronic illnesses.)
 - Create transitions of care coordination with urban health care system alignment. (The development of partnerships with other health care providers and facilities is our goal. We will lead Taos County collaborations in providing quality jobs and top notch health care to our communities. We are also engaging in integrative health practices that focus on prevention, intervention and holistic/traditional healing.)
 - Be the subject matter experts and coordinators for the health care environment of providers, patients and staff. (Critical access will make it possible to purchase and upgrade our information technology, which allows us to communicate and transfer information safely and securely through cyberspace and receive the proper reimbursements/ credits for those purchases. THS will be better than the standard in medical technology and equipment. There is a lot that an individual can do to stay healthy and practice well-living, but it is when the situation becomes complex and needs medical intervention that we will provide safe and affordable care in the Taos community.) To be clear regarding the 96-hour rule and 20 percent co-pay — if we are designated as a CAH there will be a few patients that we will not be able to provide care for, especially those that we know will have a long length of stay. A few examples of patients that we will consider for transfer (patients that we currently consider for transfer):
- Cardiac conditions

- Neurologic conditions
 - Some patients who need renal dialysis or require platelet transfusions
 - Some elective surgical patients
- Other facts to consider:
- Our average length of stay for all patients from 10/1/15 to 9/30/16 was 3.07 days. For Medicare patients only, the average length of stay for that same time period was 3.59 days.
 - Our current practices will be updated to fully take advantage of the “swing bed” option.
 - A swing bed is a lower level of care than acute care. It can be thought of as a “step down” bed or a “skilled nursing facility” level of care.
 - The use of swing beds provides a great deal of flexibility in the treatment of acute care patients and often will remove the need to transfer the patient away from Holy Cross.

The 20 percent co-pay rule applies only to Medicare outpatient services. Consider the following:

- The change is how the copay is calculated by Medicare.
- Under the current PPS (prospective payment system), it's calculated based on payment amount.
- Under the CAH system, it's calculated based on gross charges.
- It only impacts conventional Medicare outpatient patients that do not carry a secondary insurance (such as BCBS, Presbyterian, Medicaid, etc.)
- It does not impact Medicare Advantage Plan patients.
- It does not impact patients with commercial insurance .
- It does not impact patients with any other insurance or payer.

Are we already a critical access hospital? In several respects, we already function like a CAH hospital. Our length of stay is within the CAH requirements. Our number of beds is almost at the 25 limit. We transfer patients who need a higher level of care, but we don't get any of the CAH reimbursement advantages! It has been suggested that we are paying a “dumb tax.” Some have suggested that we risk making the hospital financially vulnerable if we do not change our status. Financially and clinically, there is no apparent advantage to remaining a PPS hospital.

Please visit taoshospital.org for more information and for videos pertaining to THS and critical access conversion.

Vandever is the director of marketing for Taos Health Systems.



Holy Cross Hospital is located in Taos.

File photo

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