



Reversing the Hub-and-Spoke

Pioneering new models in value-based care for rural practices

By Scott Fowler, M.D., FACOG

Even in the best of times, rural communities struggle to access quality, affordable health care. COVID-19 exponentially compounded those issues by stretching provider availability and capacity to their limits. Nevertheless, rural providers have learned how to move forward.

In fact, the challenges created by the pandemic have taught us that we *can* do things differently. They forced us to take a fresh view of the customary “hub-and-spoke” model of care, which prompted new ways to expand practice operations.

The Pandemic’s Effects

Access to care has remained a universal concern throughout the pandemic. As it became apparent that returning to “normal” wouldn’t happen quickly, every practice has had to broaden the

way it interacts with patients. Holston Medical Group (HMG) has taken several steps to build confidence in its ability to continue to deliver safe, effective care for rural communities.

HMG, an independent, physician-owned practice dedicated to underserved populations in the Appalachian region, has long embraced technology as the foundation for data-driven best practices. Our diversified group of more than 160 primary care physicians, specialists, and mid-level providers is located across rural Tennessee and Virginia.

Like many groups, one of our first endeavors during the pandemic involved physically separating “sick” from “well” patient visits. We did this to safeguard patients and staff against coronavirus exposure, as well as to reassure patients and prevent delay of routine preventive or chronic care management visits that need to occur in person.

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Holston Medical Group (HMG) is a 40-year-old independent physician group. Its service area straddles the border between western Virginia and northeastern Tennessee. HMG comprises nearly 230 primary care physicians, specialists, and mid-level providers. HMG's Urgent Care Center in Bristol, TN, is shown below, and its recently reopened Renaissance Surgery Center, also in Bristol, is seen at bottom. HMG relies increasingly on its secondary and tertiary care facilities to deliver value-based care.

Some HMG locations conduct well visits each morning and sick visits each afternoon. At other practices, patients who present for sick visits are asked to park in designated areas and call us when they arrive. A nurse then escorts them down alternative hallways to exam rooms equipped for routine lab testing and reserved for sick patients. Patients who present for well visits, on the other hand, arrive through the socially distanced front lobby and are shown to rooms designated for routine preventive care.

Contactless check-in and check-out are available for patients who come into one of our practices. Those who prefer and qualify to be seen remotely, however, can take advantage of virtual visits. This has been especially beneficial for elderly patients at risk for COVID-19 and for patients who lack transportation.

One Sure Thing

If one thing is for sure, COVID-19 has demanded that practices find new ways to preserve access to care. Even temporary interruptions to primary care services or outpatient surgeries leave patients with few good options in rural areas. In some cases, they drive hours to seek care in the nearest urban area. Unfortunately, too often they simply go without the care they need.

HMG has reinforced its rural outreach, opening offices and diagnostic capability in rural Tennessee and southwest Virginia. Like most practices, HMG had limited exposure to telehealth before COVID-19. However, we got a fairly robust program up and running quickly. An efficient implementation resulted from creating a new schedule type within our practice management system, as well as a new EMR visit template to



help providers meet all the telehealth documentation requirements. We also scheduled daily updates for the entire group to keep everyone abreast of payor-specific changes. Most importantly, we trained all of our providers to make it easy for both them and their patients to conduct visits via telehealth.

One additional key element in the success of HMG's telehealth program was our proactive patient outreach.

Outreach to patients is critical to managing access. Social media, YouTube videos, local media outlets, and the HMG website are all used to communicate our telehealth and in-person services, update patients about ongoing plans, and set expectations for changes in the patient experience. Throughout every form of communication, our message always goes beyond just: "We're open. Please come in." Our goal is also to provide comfort, reassurance, and stability for patients in the face of the unknown.

At HMG, relationships fuel the success of our rural healthcare practices, including relationships with the communities we serve and individual doctor/patient relationships. Even the supply chain has become a lesson in relationships during the pandemic. Early on, as personal protective equipment (PPE) suppliers started to run short, our practices worked within their communities to find innovative solutions—from local residents sewing face masks for our providers to local companies providing hand sanitizer. It has been both uplifting and humbling to be a part of all-out efforts to help small communities withstand unprecedented healthcare challenges. Those efforts rely on personal relationships as the foundation of a responsive healthcare system.

A Newfound Future

Reflecting on the effects of COVID-19, HMG plans to hold on to improvements that meet two criteria:

- ▶ They generate a satisfying patient/provider experience.
- ▶ They offer low cost of care while improving access and outcomes.

From a business standpoint, it's risky to assume that every pandemic-related measure meant to protect patients must be maintained. The costs are real, even for measures such as separating sick from well patients or erecting plastic shields at reception desks. Therefore, once the COVID-19 threat diminishes, HMG will carefully assess which measures showed a significant impact on care quality and cost. In the long run, understanding return on investment

(ROI) in quality of outcomes is essential to preserving care delivery. It dictates resources available for patient care.

What has become clear, however, is that the traditional hub-and-spoke care model is not flexible enough to manage complex chronic diseases in adverse circumstances. Local access to care is key to enabling diagnostic and preventive services that ultimately lower costs and improve outcomes for rural populations. So, even with the newfound acceptance of telehealth, HMG anticipates an ongoing need to open primary care offices, ambulatory surgical centers (ASCs), and diagnostic centers where they make sense. Although telehealth is an incredibly valuable tool for reaching patients, its greatest value comes out of its use as a supplement to in-person visits.

Consider this: Chronic disease accounts for a huge amount of the overall healthcare spend. Chronic disease is also fairly prevalent in rural communities. For years, small communities have suffered fee-for-service reimbursement models that favor a hub-and-spoke model of care. Yet, value-based care contracts support the expansion of rural access points to better manage patient populations. In many ways, the pandemic has pushed value-based care forward.

Incentives for Rural Care

COVID-19 has fully revealed the downsides and disparities inherent in the current fragmented fee-for-service reimbursement models. Conversely, it has illustrated the importance of collaboration and coordination—starting with basic data needed to get real-time knowledge of which patients are most at risk and where to find them.

In some respects, our practice will always be paid based on what we do. However, value-based care contracts balance that with, "Did you do the *right* thing for the patient?" Practices preserve



ICU-at-home programs help reduce admissions for chronic care patients.

Tech Value-Added

Technology promises to aid the move toward outpatient care models. The telehealth explosion is one obvious example. Others include hospital-at-home and ICU-at-home programs. Installing beds supported with remote monitoring and on-site staff across sizable geographic regions may not always be appropriate, of course. Still, in many cases, such models help prevent hospitals from being overrun by patients who don't necessarily need to be there.

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profits in value-based models by encouraging effective and proactive utilization. Going forward, bringing rural populations into value-based care models will preserve access for patients in rural settings.

Indeed, the answer for rural health care is to reverse the hub-and-spoke model and instead care for people as close to home as possible, accessing care outside the community only when it adds value—especially for patients with chronic illness. COVID-19 has taxed the hub-and-spoke, centralized version of chronic care management. We've witnessed how quickly those hubs become overwhelmed in times of need. The model doesn't flex enough, or fast enough, to handle such rapid shifts.

Rather than ask rural residents to travel to large multispecialty centers, we should take care of common conditions *outside* of those health systems. What that means, though, is that we must improve access for the 80% of care that doesn't need to be performed in a specialized setting.

This involves examining chronic care treatment and other areas where cost savings could be achieved through community-based care. For example, surgery centers are critical to access in rural towns where the community hospitals that *used* to be surgery centers now don't even have sufficient staff surgeons for common care. The same goes for primary care offices. Making it easy for patients to establish relationships with local primary care physicians and access routine diagnostics helps keep patients well rather than letting conditions escalate to the point they must be treated at high-cost specialty centers hours away.

A Win/Win

Expanding local care is actually a win/win because it not only brings care close to home for patients, but also gives "hub" medical centers an opportunity to become truly effective and efficient at caring only for the complex conditions they specialize in treating (see "Tech Value-Added").

In health care, value equals cost-plus-outcome. Improving outcomes by reducing cost is a reality in our current HMG model. Recent history proves that vertical integration seldom delivers on expectations when it comes to cost control. We can't maximize value just by focusing on financials. It's more complicated than that. Delivering

value requires care coordination that drives the Quadruple Aim. Value-based models that fare best build on *relationships*—with the doctor/patient relationship at the center.

It makes sense if we consider that patients with the most complex—and costly—problems often see multiple providers. Fee-for-service doesn't incentivize doctor/patient or doctor/doctor relationships, but value-based models support patient-centered collaboration.

HMG plans to pursue even more collaborative efforts to share data and coordinate care to bend both the cost and outcomes curves within rural communities. Physician-driven accountable care organizations (ACOs) offer one example. They can develop strong relationships with their providers, their companies, and their marketplaces (e.g., local home health agencies, lab companies, and radiology centers). Thus, they are likely to achieve savings and distribute it back, investing in cultural change and expanding rural health networks.

A Commitment to Rural Patients

COVID-19 is already pushing rural care toward value-based care models and away from hub-and-spoke delivery systems. This is especially noticeable in areas where hospital emergency departments (EDs) and admissions capabilities have been taxed to the breaking point.

Although the pandemic strained HMG, too, we know that leaning hard into value-based care has helped us weather the storm better than most. It has allowed us to continue caring for rural populations in a way that promotes both a healthy bottom line and patient outcomes. If we've learned nothing else from COVID-19, it has validated our plans to keep moving down the path toward population management, supported by IT infrastructure and risk-bearing value-based contracts.

COVID-19 certainly created challenges, but it has also shown us we have a vibrant, flexible care model. HMG has great providers focused on and dedicated to patient care. A value-based arrangement deepens patient/provider relationships, improves patient care, and reinvigorates the provider community—and that's where we will continue to focus. [GRJ](#)

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