SPOTLIGHT ON PRIMEWEST HEALTH: INNOVATIONS IN MEMBER ENGAGEMENT IN RURAL AREAS

Member engagement in rural areas requires understanding and addressing the unique challenges members face, including lack of transportation, reduced access to physicians and other health services, and social and geographic isolation.\(^1\) Rural populations also on average have lower incomes, higher rates of disease and disability, and are more likely to qualify for both Medicare and Medicaid.\(^2,3\) Understanding the unique assets of and challenges faced by rural communities, and tailoring engagement strategies to such environments, can help health plans engage their dually eligible members in rural areas.

This Spotlight describes innovative member engagement strategies at PrimeWest Health, a health plan that has been serving dually eligible beneficiaries since 2006. PrimeWest’s approach to member engagement includes community reinvestment and high-touch, face-to-face care management strategies combined with an understanding that plans can best address local challenges through unique, local solutions.

Service Area and Target Population
PrimeWest Health is owned by the 13 rural Minnesota counties it serves. PrimeWest serves over 2,000 dually eligible beneficiaries under the Minnesota Senior Health Options program.\(^4\) Across PrimeWest’s service area, many members living in the community reside on farm land and often live far from town centers and provider offices. Minnesota’s winter weather and associated increased travel times can also present barriers to care for members in rural areas throughout the state.

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2 Ibid.
Promising Practices for Engaging Rural Populations

PrimeWest Health employs a number of promising practices for engaging dually eligible beneficiaries in their rural Minnesota service area, including those described below.

- **Providing person-centered care management.** PrimeWest’s care management approach is a core component of its strategy to engage members in rural areas.
  - **Encouraging high-touch, face-to-face care management.** Each PrimeWest member has a case manager who works closely with the member to identify and meet the members’ needs and preferences. Case managers and members work together to establish a schedule and location for regular meetings. PrimeWest case managers live in the local community and frequently have face-to-face meetings with members. This is particularly important in rural areas since members may live far from providers and other resources; this regular in-person connection increases trust and helps maintain the member’s ongoing connection with the plan.
  - **Establishing collaborative, interdisciplinary teams with real-time access to key information.** Case managers at PrimeWest work as part of interdisciplinary care teams (ICT) that collaboratively support members. The member (with a caregiver, if appropriate) consults with their case manager and primary care provider to determine the composition of the ICT. Each participant in the ICT has access to an electronic individualized care plan (ICP) for the member, which is updated regularly and available in real-time. The electronic format of the ICP allows ICT participants to quickly access member information, identify potential gaps in care, and receive timely notification of changes in a member’s health status. Members (and designated caregivers) are offered access to the care plan electronically; as many members lack reliable internet access, members also receive paper copies of the ICP and case managers update the ICP electronically on behalf of members.
  - **Leveraging local contacts and knowledge to connect members to community resources.** Based on the members’ needs, goals, and preferences, case managers link members with a wide range of resources, including transportation, housing assistance, food assistance, community events, and churches. Having contacts at many local community and social service organizations helps case managers connect members to the best resources to meet their needs. Case managers also leverage knowledge of community resources based on their own lived experiences. Connecting members to resources helps meet members’ needs and fosters trust between the members and the plan.

- **Reinvesting in the community.** Community reinvestment can directly improve access to care in rural areas while also improving a plan’s integration with the community. PrimeWest has invested in expanding access to both transportation and dental care in the rural communities they serve.
  - **Expanding existing transportation infrastructure:** Members in rural areas often have limited transportation options, which can result in lack of engagement, missed
appointments, and delays in receiving needed services.\(^5\) PrimeWest provided grant funding to a long-term care facility and to county transportation authorities to purchase vehicles for member transportation to appointments as well as social activities.

- **Expanding access to dental care:** Members in rural areas report higher rates of cavities and other dental problems, and often have limited access to dental care due to low provider availability, as well as transportation difficulties and geographic barriers.\(^6,7\) To improve access to dental care, PrimeWest helped dental providers in their service area establish mobile dental clinics, which provide preventive care, diagnostic services, some restorative services, and referrals to local providers. These clinics visit members in skilled nursing facilities, adult foster care facilities, and other community locations. PrimeWest also provided grants to develop three new dental clinics, with a fourth planned for 2019, and to expand appointment capacity at existing dental clinics.

- **Identifying local solutions to local challenges.** PrimeWest emphasizes the importance of tailoring solutions to specific local areas, as each of the 13 counties that PrimeWest serves has its own geography, infrastructure, and community resources. A few examples of the strategies they have developed to address local challenges include:
  - **Creating opportunities for regular community feedback.** Individuals from community agencies and governing bodies can help to identify challenges that members may be facing, particularly in accessing services. For example, county commissioners sit on the PrimeWest board of directors and flag changes to community infrastructure, including provider retirement or relocation, clinic closings, and changes to local employment. PrimeWest uses this feedback to proactively address challenges that may affect member access and engagement, and identify specific community-level solutions.
  - **Tailoring transportation solutions to fit the geographic area.** While rural areas face similar challenges with transportation and geographic distances between members and providers, not all rural counties are the same. For some of PrimeWest’s smaller rural counties, providing direct funding to the county to expand existing transportation routes has improved member access to services. However, for the larger counties with greater distances between members and services, PrimeWest has focused on reimbursing volunteers who drive members to and from appointments. The county recruits volunteers locally for the purpose of providing transportation to members. To encourage more volunteer drivers to participate, PrimeWest reimburses both for miles driven with a member as well as “no-load” miles (without a member passenger). This adjustment in reimbursement allowed them to expand their volunteer networks.

\(^5\) Rural Health Information Hub, (n.d.). *Needs Related to Transportation in Rural Areas.* Retrieved from [https://www.ruralhealthinfo.org/toolkits/transportation/1/needs-in-rural](https://www.ruralhealthinfo.org/toolkits/transportation/1/needs-in-rural)

\(^6\) Rural Health Information Hub, (2017). *Oral Health in Rural Communities.* Retrieved from [https://www.ruralhealthinfo.org/topics/oral-health](https://www.ruralhealthinfo.org/topics/oral-health)

Additional Resources

These resources provide additional information on engaging members in rural areas:

1. **Centers for Medicare and Medicaid Services – Rural Health**: This page includes information on CMS’s Rural Health Council, resources for those serving members in rural areas, and reports and publications focused on rural health: [https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/index.html](https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/index.html)

2. **Innovations in Member Engagement in Rural Areas Webinar**: This Resources for Integrated Care webinar describes the importance of member engagement in rural areas and strategies that PrimeWest Health and Upper Peninsula Health Plan are using to engage their dually eligible beneficiaries: [https://resourcesforintegratedcare.com/MemberEngagement/2018_ME_Webinar/Rural_Health](https://resourcesforintegratedcare.com/MemberEngagement/2018_ME_Webinar/Rural_Health)

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This spotlight is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to [https://www.resourcesforintegratedcare.com/](https://www.resourcesforintegratedcare.com/).