# People Want to

et's make it possible with home-based primary, palliative and hospice care.

#### Statewide Problem:

Rural Healthcare Availability

 Adequate Medical Service Medically Underserved Area Medically Underserved Population

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**Statewide Problem:** New Medical Facilities Costly in Rural North Dakota







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Adequate Medical Service Gaps in Healthcare

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#### **Solution: Enhance Rural Healthcare**

#### Access

We travel in person to see our patients throughout the entire State. Current coverage areas are often limited to 30 miles from a medical site.

#### Quality

We provide primary, palliative and hospice services through specially trained healthcare professionals.

#### **Holistic Care**

Physical, spiritual and emotional support that also extends to loves ones with bereavement and grief counseling.

#### **Solution: Provide Positive Economic Impact**

#### Collaboration

We team up with existing local medical partners utilizing existing infrastructure and adding service capacity.

#### Sustainability

Our non-profit model is balanced with urban and rural patient revenue and it's proven to be sustainable.

#### Returns

Through our revenues, we re-invest back into the community.

#### **Solution:** Partner with Rural Communities

#### **Partnerships**

We partner with local communities to get people back home so the population stays as long as possible in the community instead of leaving to larger population centers.

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Creating demand for highly skilled medical professionals and by educating current highly skilled medical professionals in rural areas, thus meeting the demand for medical services in underserviced areas of North Dakota.

#### **Knowledge**

We have the capacity and the proven knowledge to operate medical services within the home and we can utilize this experience to bring much needed medical services to rural areas.



## **A Needs-Based Approach**

Hospice of the Red River Valley Has the Operational, Needs-Based Investment Approach to be Self-Sufficient in three years.

Dakota Be Legendary. Health & Human Services Consider NDHHS appropriation for their role in planning, implementation and oversight.

#### Priority 1 - Expanding Hospice to Rural Areas:

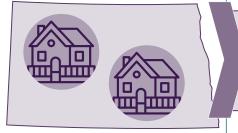
Staffing, patient related expenses, training, education, certifications, implementation marketing, start-up costs, office fit outs, and transportation **\$10.3 million\*** 

#### **Priority 2 - Expanding Primary Care to Rural Areas:**

Staffing, patient related expenses, training, education, certifications, implementation marketing, specialized equipment, and overhead **\$2.8 million\*** 

#### **Priority 3 - Further Expansion Palliative Care:**

Staffing, patient related expenses, training, education, and overhead **\$6.8 million\*** 



#### **Priority 4 - Creating (2) 12-bed Hospice Houses:**

As census and care needs expand, consider adding community-based Hospice Houses Land, architect & engineering fees, construction, furniture, and equipment, year 1 operating costs until break-even

#### <sup>\$</sup>62 million\*

\*Rough Order Magnitude



### Hospice of the Red River Valley?



Community Owned Non-Profit Reinvests Back to the Community



Proven Track Record with Defined Quality Metrics



Commitment to Serving the Care Continuum Across All Counties





Questions Regarding Hospice Services?

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