ND Flex Program
Progress (2010-2011)
& Plans (2011-2012)

July 20, 2011
(Video Conference)

ND Flex Steering Committee

Connecting resources and knowledge to strengthen
the health of people in rural communities.

Flex Partners

ND Flex Program
2010-2012
Objectives

Quality Improvement

Operational & Financial Improvement

Health System Development &
Community Engagement
## 2011-2012 Budget Overview

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<tr>
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<th>Budget Overview (2010-2011)</th>
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<th>Budget Overview (2011-2012)</th>
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<td>Indirect expenses (15%)</td>
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## Flex Impact – 9/1/2010 - 6/30/2011

- 654 total Flex encounters reported, impacting each of the state’s 53 counties.
- The ND Flex website received 16,178 visits during this time
Flex Focus Area 1: 2010-2011
Support for **Quality Improvement**

- Facilitate exchange of resources
- Provide technical assistance
- Coordinate/provide education
- Support clinical projects

- 30 CAHs collect CMS inpatient measures
- 19 ND CAHS (53%) post **inpatient** data publically
- 5 ND CAHS (14%) post **outpatient** data publically

Flex Focus Area 1: 2010-2011
Support for **Quality Improvement**

**Support Clinical Projects**

1. **Healthcare Safety Zone Portal**
   - 13 CAHs currently participating
   - Events reporting, studied fall rates, identify and share best practices

2. **Statewide Stroke Program**
   - Collaboration with NDDoH
   - 26 CAHs currently participating
Flex Focus Area 2: 2010-2011
Support Operational & Financial Improvement

Technical Assistance
- Strategic planning
- Community health needs assessments
- Staff surveys
- Economic impact studies

Disseminate information
- Flex Updates
- CAH profiles
- NDHA Informer

Flex Grants
- Awarded $255,000 total
- 26 applications reviewed
- Total of 22 awards made to 17 CAHs

Grant types:
(2) Network Enhancement
(2) Financial Analysis
(13) Program Development
(2) Community Engagement
(1) Making A Difference
(2) Regional Board Training

Support CAH attendance to national meetings
3 CAH administrators attended:
NRHA Policy Institute
NRHA CAH meeting
AHA Annual meeting

Support mentoring program
- Total $8,000 Flex funds
- 11 peer exchange activities supported
Flex Focus Area 2: 2010-2011
Support Operational & Financial Improvement

Conduct a CAH Finance Project
• Flex subcontract to NDHA/NDHA Foundation support

Contract with financial consultants LarsonAllen
• Understanding what separates top performing CAHs from others
• Develop menu of specific initiatives to improve performance

Flex Focus Area 3: 2010-2011
Support Health System Development

Develop Patient Centered Medical Home Model Demonstration – focus on CAHs

• Research models in other states
• Legislative study resolution was prepared & submitted
• Stakeholder meeting held 3/2011
• 17 meeting participants
• Meeting objectives:
  – raise awareness of existing ND PCMH activities,
  – increase knowledge of other states’ PCMH initiatives,
  – identify issues, barriers, & potential, determine interest for further action
Flex Focus Area 3: 2010-2011 Support Health System Development

Support ND Trauma System

NDDoH contract to fund ND trauma registry

- All ND hospitals (N=46) submit to registry
- Data used for: injury surveillance, used by statewide trauma team, used regionally and by individual hospitals
- 97% of ND CAHs (35 of 36) are trauma designated centers

Support ND EMS

- Flex director participates on statewide committee
- ND EMS strategic planning in progress
- ND EMSA’s annual convention:
  - Flex exhibited
  - presented to EMS managers
  - four conference speakers sponsored by Flex funds
- EMS representation on Flex Steering Committee
Flex Focus Area 3: 2010-2011 Support Health System Development

*Frontier Community Health Integration Program (F-CHIP)*

- Examining potential alternate reimbursement model for “frontier” CAHs
- Flex director served on national advisory committee
- NORC site visits to 2 ND CAHs (Rugby, Carrington)
- ND Flex remains engaged and ready!

Flex Focus Area 1: 2011-2012 Support for Quality Improvement

**Continued Efforts**
- Support ND CAH Quality Network (stroke, electronic patient registry (diabetes, cardiovascular disease), and more!
- Increase CAH capacity to implement QI strategies
- Curriculum development and CAH trainings (QIO):
  - Teams & Tools for Teams
  - Root Cause Analysis
- Support CAH HIT efforts

**New Efforts**
- Partnership for Patients
  - 100% CAH Pledges
- Implement national movement: Medicare Beneficiary QI Project (ND MBQIP)
  - Increased public reporting (inpatient and outpatient)
  - HCAHPS
  - Meaningful use

*NOTE: Participation is tied to all other Flex funding*
Flex Focus Area 2: 2011-2012
Support Operational & Financial Improvement

Continued Efforts
• Support operational and financial needs of ND CAHs
• Support mentoring program
• Offer relevant education
• Economic impact studies
• Support CAH CEO attendance:
  – NRHA CAH meeting
  – NDHA Convention
  – National AHA meeting

New Efforts
• LarsonAllen CAH Finance Project follow up
  – Share findings at NDHA Convention
  – Assist CAHs in identifying improvement areas
  – Support implementation of evidence-based strategies for improvement
  – Encourage collaborative learning across CAHs

Flex Focus Area 2: 2011-2012
Support Operational & Financial Improvement

Continued CAH funding
• 7/20 – Release RFP
  *(2011-2012 Grant = Priority for EMS focus)*
  *Must be participant of MBQIP (see quality improvement)*
• 7/27 – TA call
• 8/31 – Applications Due
• 9/27 – Steering Committee Review
• 9/29 – Award notification
Flex Focus Area 3: 2011-2012 Support
Health System Development

Continued Efforts
• Support ND Trauma System
• Support participation in ND State Stroke Program
• Support NDEMSA collaborative efforts
• Exhibit at EMS Convention

New Efforts
• Support ND EMS System
• JCREC involvement
• Support new Medical Director Manual use
• Provide TA to EMS leaders
• Partner to coordinate leadership trainings

Critical Access Hospital

QUESTIONS

FEEDBACK

SUGGESTIONS

OTHER
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