ND Medicare Rural Hospital Flexibility (Flex) Program

Accomplishments and Future Focus

Brad Gibbens Deputy Director and Assistant Professor
May 30, 2012
Flex CAH Pre-Conference
Dakota Conference on Rural and Public Health
Alerus Center, Grand Forks, ND

Flex Program Report - 2011

Focus Areas
- Quality Improvement
- Financial and Operational Improvement
- Health System Development/Community Engagement

UND Center for Rural Health Partners
- Providers – CAHs, EMS, Tertiary Centers
- North Dakota Hospital Association
- North Dakota Healthcare Review, Inc.
- North Dakota EMS Association
- North Dakota Department of Health
Flex Program Report - 2011

Staff Acknowledgements
• KayLynn Bergland, Administrative Assistant
• Brad Gibbens, Deputy Director
• Angie Lockwood, Program Assistant
• Marlene Miller, Program Director
• Shawnda Schroeder, CAH Quality Coordinator
• Jody Ward, CAH Quality Coordinator

Flex Program Statistics

• 1,198 activities logged impacting 40 of 53 counties
  • 709 – Quality Improvement
  • 211 – Financial and Operational Improvement
  • 332 – Health System Development
  • 214 - Program Management
Flex Program Website Analytics

- The **Flex** project had a total of 22,744 visits
- The **CAH Quality** project had a total of 11,176 visits – this includes the password protected folder for the Virtual Library of Shared Tools.
- The **SHIP** project had a total of 2,040 visits

Core Area 1: Quality Improvement

- **ND CAH Quality Network Support**
  - Listserv (130 CAH personnel use on average 3x/week)
  - CAH Virtual Quality Library – 56 new resources posted
  - 10 tools developed (e.g. conditions of participation checklist, falls protocol, PDSA worksheet)
  - MBQIP outreach (100% CAHs signed MOUs)
  - CAHs rated highest based on all available Flex outreach
  - Statewide credentialing process continues
  - 8 regional meetings
Core Area 1: Quality Improvement

- **Event Reporting**
  - 18 ND CAHs participating (increase of 5 since last year)
  - Monthly user group calls/participation in national benchmarking project/presentation at NRHA in April 2012
  - Focus on falls prevention
  - Vendor visit/evaluation; 3 new reporting tools developed to streamline CAH efforts and reduce duplication (safety rounds, employee illness, root cause analysis)

- **Collaboration**
  - NDHCRI (QIO) – MBQIP/other
  - NDHA – HEN/HCAHPS/other
  - AHA – STEMI
  - NDDoH – Stroke/Injury Prevention/Trauma/EMS

Core Area 2: Financial Improvement

- **CAH Subcontract Awards**
  - $214,395 awarded (23 subcontracts to 20 CAHs; 11 involved local EMS).
  - 15 awards related to program development, 3 related to financial analysis, 3 related to network enhancement, and one to community engagement.

- **CAH Finance Study**
  - In progress by LarsonAllen
  - Findings/recommendations will be presented at NDHA Annual Convention in October 2012
Core Area 2: Financial Improvement

- **Information Dissemination**
  - 12 Flex Updates
  - Weekly NDHA Informer
  - CAH Profiles – 15 updated

- **Peer Exchange Program**
  - Travel expenses to learn from peers (EMR, surgical procedures, ER transfer protocols, pulmonary rehabilitation)
  - Supported attendance for 20 CAHs to Dakota Conf
  - Supported 3 nurse leaders to attend national quality and clinical conference

Core Area 2: Financial Improvement

- **Apgar Study**
  - Community assessment of recruitment strategies
  - 16 completed for ND CAH communities

- **Technical Assistance**
  - 5 CAHs assisted with strategic planning
  - 11 CAHs assisted with grant writing
  - NDHA Attorney
  - NDHA policy/reimbursement assistance

- **Educational**
  - NDHA offering
  - CAH Pre-Conference
  - CAH CEO to National AHA Convention
Core Area 3: Health System Dev.

• **ND Trauma System support**
  - 36 CAHs remain designated
  - Quarterly regional meetings/discuss performance
  - Site visits conducted and patient charts reviewed/recommendations made

• **EMS Leadership Development**
  - Two leadership trainings supported
  - JCREC meeting/committee
  - EMS Video for annual conference
  - A Vision for the Future of EMS in ND
  - Speaker support/exhibit – ND EMSA Convention

---

Core Area 3: Health System Dev.

• **Community Health Needs Assessment**
  - 6 completed – themes/priority needs:
    1. recruiting and retaining an adequate number of providers;
    2. addressing mental health and substance abuse issues;
    3. ensuring that emergency medical services will be available 24/7 in the future, especially where the EMS personnel are entirely (or mostly) volunteers; and
    4. dealing with the demands placed on health systems by increased energy (especially oil)
Core Area 3: Health System Dev.

• **State Stroke Program**
  • 28 of 36 CAHs participating
  • Staff logged 374 activities to support
  • Regions working on discharge and transfer protocols

Flex – Future Focus 2012-2015

Core Area 1: Quality Improvement

• MBQIP
  • (Data reporting and QI: Inpatient, Outpatient, HCAHPS – all publically available)

• ND CAH Quality Network
  • Peer mentoring, technical assistance (QI and QA), conditions of participation, education, event reporting, and more!
Flex – Future Focus 2012-2015

Core Area 2: Financial Improvement

- Quarterly CAH Finance calls hosted by NDHA to follow up on Larson Allen Study Results
- Flex grants to support charge master reviews and revenue cycle management

Flex – Future Focus 2012-2015

Core Area 3: Health System Development

- ND State Trauma Registry
- Flex grants to support Community Health Needs Assessments
- Support community paramedicine model currently being discussed by a stakeholder group
- EMS Leadership Training
- EMS/CAH collaboration
- EMS Voluntary Event Notification Tool
Flex – Future Focus 2012-2015

Program Changes

- Leadership
- Technical Assistance
  - Community Health Needs Assessments will no longer be provided.
- Flex Grants
  - Funds set aside for specific purposes and those most in need will be invited to apply.
  - Use of funds:
    1) Charge Master Reviews (10 per year)
    2) Revenue Cycle Management Studies (10 per year)
    3) Community Health Needs Assessments (5 per year)

Flex – Future Focus 2012-2015

Percent of Total Budget ($702,968/year) by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement</td>
<td>51%</td>
</tr>
<tr>
<td>Financial &amp; Operational Improvement</td>
<td>22%</td>
</tr>
<tr>
<td>Health System Development</td>
<td>27%</td>
</tr>
</tbody>
</table>
Flex – Future Focus 2012-2015

Budget Summary (Total: $702,968)

Personnel: $219,000

Operating:

• Travel - $13,000
• Communication/other - $10,000
• CAH Flex Awards - $260,000
• Partner Subcontracts
  • NDHA $80,000 (includes $60,000 for HCAHPS)
  • NDDoH $14,000 (trauma registry)
  • NDEMSA $20,000 (EMS leadership, other)
• Indirect Cost (15%) - $75,191

Contact us for more information!

501 North Columbia Road, Stop 9037
Grand Forks, North Dakota 58202-9037

ruralhealth.und.edu/projects/flex
701.777.3848