Flex and SHIP Funding Focus

2012 ND CAH Quality Network Annual Meeting
Doublewood Inn, Bismarck ND

Brad Gibbens, CRH Associate Director
Jody Ward, Flex Coordinator

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country’s most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity

Focus on
  - Educating and Informing
  - Policy
  - Research and Evaluation
  - Working with Communities
  - American Indians
  - Health Workforce
  - Hospitals and Facilities

ruralhealth.und.edu
ND Medicare Rural Hospital Flexibility (Flex) Program

Three Priority Focus Areas

- Quality Improvement (and Assurance)
- Health System Collaboration Community Engagement
- Financial / Operational Performance

Flex and the ND CAH Quality Network
September 1, 2012 - August 31, 2013

Budget Projection $267,000
- Personnel
- Travel
- Supplies/computers
- Communication
- Building/lights, etc.

Network Funding Sources
- ND Flex Program
- NDDoH- State Stroke Program
- NDDoH- Kognito
- Leveraging Funds from Flex and SHIP to support Health Care Safety Zone Portal
Flex Directive and ND CAH Quality Network Mission

<table>
<thead>
<tr>
<th>ND CAH Quality Network Mission</th>
<th>Flex Directive</th>
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<tr>
<td>To support ongoing performance improvement of North Dakota’s Critical Access Hospitals</td>
<td>Support efforts to improve and sustain the quality of care provided by CAHs to ensure that rural citizens receive high-quality, appropriate care in their communities</td>
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Flex Program Options to Support CAH Quality

1. Submitting quality data to CMS (Hospital Compare)
2. Implementing evidence-based protocols for common diagnoses
3. Participation in national QI training or capacity building programs
4. Participation in infection control programs
5. Extend QIO projects to CAHs (MBQIP)
Flex Program Options to Support CAH Quality

6. Implement activities to reduce unnecessary hospital readmissions

7. Assist with state survey plan of corrections and resource sharing

8. Work in coordination with regional CAHs to identify technical assistance needs related to implementation of electronic health records and health information exchanges

9. Link CAHs to online tools and local/regional HIT technical assistance resources

How is the Flex Program measured for its effort around quality?

• The # and % of CAHs participating in Hospital Compare

• State Flex Programs report the number and type of activities that they have undertaken to encourage CAH participation in public reporting

• The amount and type of assistance provided to CAHs

• Relevant measures of the impact of the project on the quality of care provided by the CAHs involved (e.g., increases in the percent of CAHs providing recommended care for patients with heart failure)
Small Hospital Improvement Program (SHIP) Focus

Continued focus on quality going forward and pooling your funds

1. Bundled payment
2. Accountable care organizations (ACO)
3. Value-Based purchasing (VBP)

SHIP - Bundled Payments

• Meant to build accountability across the continuum of care.
• Single payment for all services related to a treatment/condition; may span multiple providers and settings.
• SHIP funding may be used to improve care transitions between:
  • ambulatory and acute
  • acute to upstream acute
  • acute to step-down facility
SHIP - Accountable Care Organizations (ACO)

ACO – a local health care organization and a related set of providers that can be held accountable for the cost and quality of care delivered to a defined population.

The goal of an ACO is to deliver coordinated and efficient care.

ACOs need to:
• Care for patients across the continuum of care in different institutional settings
• Plan, prospectively, for its budgets and resource needs
• Support comprehensive, valid and reliable measurement of its performance

SHIP - Value-Based Purchasing

• Rewards providers for providing high quality, safe care for patients (relates to clinical process of care and patient experience based on HCAHPS)

• Use SHIP funds to improve data collection activities in order to facilitate reporting to Hospital Compare
ND Critical Access Hospital Quality Network

Fall Annual Meeting
October 8, 2012

Shawnda Schroeder, Project Coordinator
Jody Ward, Flex Coordinator

ND CAH Quality Network

• All 36 CAHs are Network Members

• CAHs make up the Executive Committee

• Advisory Committee representing ND stakeholders

• Network helps facilitate collaboration between partners
2012 Executive Members

- **Chair**, Louise Dryburgh, *Park River*
- **Vice Chair**, Doris Vigen, *Mayville*
- Jodi Atkinson, *Bottineau*
- Dana Andress, *Hettinger*
- Candie Thompson, *Harvey*
- Shawn Smothers, *Kenmare*
- Elnora Hokana, *Oakes*
- Coleen Bomber, *Northwood*

ND CAH Quality Network Staff

- **Lynette Dickson**, Flex Director - provides management support to the Network
- **Jody Ward**, Flex Coordinator
- **Shawnda Schroeder**, Project Coordinator
- **Brad Gibbens**, Evaluator
- **Angie Lockwood**, Project Assistant
- **KayLynn Bergland**, Administrative Assistant
Network Workplan & Goals

• **Goal 1:** Support CAH Quality Improvement Activity
• **Goal 2:** Assist CAHs with Medicare Conditions of Participation Compliance
• **Goal 3:** Develop and Manage CAH Quality Network

Goal 1: Support CAH QI Activity

Medicare Beneficiary Quality Improvement Program (MBQIP) – Flex Initiative

• 44 of 45 Flex States Participating
• 100% ND CAH Participation
• 100% ND CAHs Agree to Publically Report to Hospital Compare
• 33/36 to Collect HCAHPS data (Hospital Consumer Assessment of Healthcare Providers and Services)
• 22/36 to use RCCN (Flex support of year one expense)
Goal 1: Continued

• Regional Education
• Virtual Library of Shared Tools
• Health Care SafetyZone Portal
  – Regional Midas/IRIS Data Review
• Collaboration to Reduce Duplication

Goal 2: Assist CAHs with Medicare CoP Compliance

• Maintain CAH CoP Resources
• Prepare CAHs for State Surveys
• Quarterly CoP Calls
• Uniform Credentialing Form
Goal 3: Develop and Manage CAH Quality Network

- Sustain Network Infrastructure
- Implement Communication Plan
  - List Serve
  - Newsletter
  - Website
  - Site Visits

ND CAH Quality Network Tracking Quality Projects
Quality Projects

- National CAH Initiatives
  - Healthcare-Associated Infections
  - 10th Scope of Work
  - Meaningful Use
- North Dakota Initiatives
  - ND State Stroke Program
  - ND Missions Lifeline – STEMI
  - Transitions of Care
Network Stroke Update

• Working with 29 of 36 ND CAHs using GWTG Stroke Registry
• Regional and State approaches by participating in stroke protocol development
• Supporting ongoing statewide activity through committee participation
  – SSCTF (Stroke Systems of Care Task Force)
  – PHAC (Participating Hospitals Advisory Council)
  – Heart Disease and Stroke Advisory Council
ND Critical Access Hospitals’ Regional Updates

HCAHPS Data for Quality Improvement

Debera Zieman, RN, Quality/Risk Manager
Mercy Hospital, Devils Lake

Northeast Region CAHs

| Pembina County Memorial Hospital, Cavalier | Mercy Hospital, Devils Lake |
| Nelson County Health System, McVille | First Care Health Center, Park River |
| Cavalier County Memorial Hospital, Langdon | Unity Medical Center, Grafton |
| Northwood Deaconess Health Center, Northwood | Towner County Medical Center, Cando |
## HCAHPS Data Collection/Analysis

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Who?
- What?
- When?
- Why?

## CAH System of Care for Heart Care

Sandy Mulvaney, BSN, CPHQ
Mercy Hospital, Valley City

### Southeast Region CAHs

<table>
<thead>
<tr>
<th>Hillsboro Medical Center, Hillsboro</th>
<th>Nelson County Health System, McVille</th>
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<tbody>
<tr>
<td>Mercy Hospital, Valley City</td>
<td>Carrington Health Center, Carrington</td>
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<tr>
<td>Jamestown Hospital, Jamestown</td>
<td>Northwood Deaconess Health Center, Northwood</td>
</tr>
<tr>
<td>Sanford Medical Center, Mayville</td>
<td>Cooperstown Medical Center, Cooperstown</td>
</tr>
<tr>
<td>Oakes Community Hospital, Oakes</td>
<td>Lisbon Area Health Services, Lisbon</td>
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CAH Systems of Care for Heart Care

- STEMI protocol and policy
- EKG standing order

Building Quality into an EHR

Marcie Schulz, RN, Director of Patient Care
Sakakawea Medical Center

Southwest Region CAHs

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<thead>
<tr>
<th>Jamestown Hospital, Jamestown</th>
<th>West River Regional Medical Center, Hettinger</th>
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<tr>
<td>Jacobson Memorial Hospital, Elgin</td>
<td>Linton Hospital and Medical Center, Linton</td>
</tr>
<tr>
<td>Sakakawea Medical Center, Hazen</td>
<td>Garrison Memorial Hospital, Garrison</td>
</tr>
<tr>
<td>Ashley Medical Center, Ashley</td>
<td>St. Aloisius Medical Center, Harvey</td>
</tr>
<tr>
<td>Carrington health Center, Carrington</td>
<td>Southwest Healthcare Services, Bowman</td>
</tr>
<tr>
<td>St. Joseph’s Hospital, Dickinson</td>
<td>Community Memorial Hospital, Turtle Lake</td>
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<tr>
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<td>Wishek Community Hospital, Wishek</td>
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Building Quality into an EHR

1. Tobacco Screening
2. ICD – 9 for diagnosis and tobacco use to prompt core measures to be completed.
3. Patient presents to ER with a diagnosis. The ER Focus assessment will help guide care for the diagnosis by inserting reminders to the provider which includes the criteria for the CART diagnosis to assure a correct start of care. For example Pneumonia blood cultures and antibiotics in appropriate time.
4. Electronic Physician Admission Form for admission to the floor – CART diagnosis specific of needed fields to assure capture the correct data.
5. Clinical Outcome Measures – On discharge in both ER and Floor hard stops to assure appropriate measures have occurred before discharge.
6. Screen Shot Handout

Contact us for more information!

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