ND CAH Pre-Conference
Dakota Conference
June 18, 2014
ND Flex Program & CAH Quality Network

• 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
• Home to seven national programs

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

ruralhealth.und.edu
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.

Flex Team

Lynette Dickson, Flex PI/Associate Director CRH
Jody Ward, Flex/CAH Quality Network Sr. Proj. Coordinator
Angie Lockwood, Project Coordinator
Julie Frankl, Project Assistant
Brad Gibbens, Flex Evaluator, Deputy Director CRH
Shawnda Schroeder and Pearl Walker, Research Specialists
North Dakota Flex Steering Committee

Barb Groutt - North Dakota Health Care Review, Inc.
Tim Blasl - North Dakota Hospital Association
Curt Halmrast - North Dakota EMS Association
Lynette Dickson – Center for Rural Health
Jody Ward – Center for Rural Health
Brad Gibbens – Center for Rural Health

ND Medicare Rural Hospital Flexibility (Flex) Program

Flex Program Core Areas

- Quality Improvement
- Health System Development and Community Engagement
- Operational & Financial Performance
Flex Support to CAHs for Quality Improvement

CAH Quality Network Funding Sources
September 1, 2013 - August 31, 2014

- Flex Program Support to Network- $433,000
- NDDoH State Stroke Program(2014)- $125,000

ND CAH Quality Network
Established in 2008

- 100% CAH Participation
- Executive Committee Members (8 CAHs)
- Advisory Committee Members
- Staff - North Dakota Center for Rural Health
ND CAH Quality Network

The mission of the Network is to support ongoing performance improvement of North Dakota's Critical Access Hospitals

- Virtual Library of Shared Tools
- Conditions of Participation
- DON Mentorship Program
- Quarterly Newsletter
- CAH Event Reporting
- State Stroke Program
- Medicare Beneficiary Quality Improvement Program

Flex Support to CAHs for Quality Improvement

- Collaborate with other quality improvement related initiatives involving ND CAHs
- Maintain ND CAH participation in Healthcare Safety Zone (HCSZ) Portal
- Maintain ND CAHs Publicly Reporting Data to Hospital Compare and (MBQIP)
Hospital Consumer Assessment of Healthcare Providers Survey (HCAHPS)

- ND 100% HCAHPS participation
- Quarterly review data (national, state and individual)
- Develop education opportunities based on data
- Webinar Breakthrough Series- monthly
- For more information http://ruralhealth.und.edu/projects/flex/mbqip/hcahps

Medicare Beneficiary Quality Improvement Program (MBQIP)

CAH National MBQIP Update

- 94% are participating in MBQIP (1,240 CAHs)
- 81% are reporting inpatient measures (1,074 CAHs)
- 52% are reporting outpatient measures (688 CAHs)
- 55% are reporting HCAHPS (732 CAHs)
Maintain CAHs Publicly Reporting Data to Hospital Compare

- MBQIP streamline efforts for hospital inpatient and outpatient data reporting and HCAHPS
- Quarterly technical assistance webinars
- Benchmark statewide and individual CAH data
- Highlight high performers and share best practices

Congratulations to Carrington Health Center

3 Year High Performer on Bundle of Care for Heart Failure (HF)
- HF-1 Discharge Instructions
- HF-2 Evaluation of LVS Function
- HF-3 ACEI or ARB for LVSD
MBQIP Statewide CAH Meeting

• August 26 from 9:00 am – 3:00 pm in person at Carrington Health Center
• CAHs will be reimbursed for mileage
• National presenter on HCAHPS (Brian Lee, Custom Learning Systems Group, Ltd.)
• CMS Conditions of Participation (CoP); Sue Dill Calloway, RN, MSN, JD; part 3 of a 3 part webinar series

Flex Support for Financial and Operational Improvement

• Assist CAHs to identify areas of financial and operational improvement
  – Partnership with NDHA to offer assistance in areas of high financial risk
  – Flex Monitoring Team Reports
### Flex Support for Financial and Operational Improvement

- Support CAHs to plan and implement interventions to improve financial performance.
  - Flex offered competitive RFP funding for ND CAHs to complete a comprehensive revenue cycle management analysis
  - North Dakota Flex Program CAH Finance Education Presentations:
    - “The Financial Performance of CAHS in North Dakota” – George Pink
    - 2 webinars - Ralph Llewellyn/Eide Bailly
      - “Translating Critical Access Hospital Finance”
      - “Managing Productivity in the Critical Access Hospital”

### Flex Support for Health Systems Development & Community Engagement

- Support the inclusion of EMS into local and regional trauma systems of care
  - State trauma and EVENT data collection systems
  - Participate in state ND EMS Advisory Committee meeting; Community Paramedicine subcommittee
- Provide funding for EMS leadership and management training
- Promote regional ambulance services and CAH community meetings (hosted by EMS)
- SIM-ND and State STEMI and Stroke Conference
  - Aug 5 & 6 2014 Fargo – Ramada Plaza Suites
Flex Support for Health Systems Development & Community Engagement (continued)

- CAHs are moving into the next 3 year cycle of CHNA
- Must complete CHNA and strategic implementation of an identified need
- 36 ND CAHs (21 CHNA were conducted by CRH Flex)
- Flex offered competitive RFP funding for CAHs to implement a community project related to a need identified through CHNA
- CRH is facilitating the collaboration between CAHs and local PHU to reduce duplicate efforts

Community Health Needs Assessments Resources

Available on the Flex web page at
http://ruralhealth.und.edu/projects/community-health-needs-assessment
Continued Focus on Quality - SHIP

Small Rural Hospital Improvement Program (2013-2016)

The national healthcare environment is rapidly changing, and SHIP is adjusting to enable small hospitals to meet Affordable Care Act objectives.

Focus is to complement the Flex Program

• Supporting MBQIP activities
  – Data Submission
  – HCAHPS
• Supporting ICD-10 activities

Contact information

Jody Ward, RN, MS, APHN
Flex/Network Coordinator
University of North Dakota
Center for Rural Health
jody.ward@med.und.edu
2014 North Dakota CAH Quality Network Annual Meeting

Doris Vigen, DON, Sanford Mayville
(Network Chair)

Network Executive Committee

Doris Vigen (Chair)
Coleen Bomber (Vice Chair)
Candie Thompson (Harvey)
Dana Andress (Hettinger)
Jodi Atkinson (Bottineau)
Louise Dryburgh (Park River)
Peggy Larson (Lisbon)
Shawn Smothers (Kenmare)
Executive Committee Terms of Office

- Nomination for Executive Committee position
- Committee meets monthly
- Committee is a voice for statewide CAH activity on their behalf
- Executive Committee members attend national meetings
- Network annual meeting once-a-year

Center for Rural Health

Resources to Address Community Health Needs

- Rural Health Outreach Grants – federal grants from HRSA
  - 3 year grants
  - $200,000 a year starting for 2014 round (had been $150,000; $125,000; and $100,000 prior – significant increase
  - Requires a network of 3 separate legal organizations
  - Applicant must be rural and non-profit
  - Can have partner that is urban and/or for-profit
  - Common partnerships have been hospitals, public health, education
  - Program started 1991- one of oldest from Office of Rural Health Policy
  - 23 Outreach grants have been funded in ND since 1991 (ND one of leading states)
  - At least 17 rural hospitals involved as applicant or partner
  - 18 grants had a rural hospital
  - Dickinson in 4 Outreach grants; Wishek in 2
Resources to Address Community Health Needs

• Rural Health Outreach Grants – federal grants from HRSA
  o ND Outreach Grants have Addressed the Following:
    o Community wellness, education, exercise (network from CAH to 8 smaller towns)
    o Health screenings, community health education – CAH, public health, community action agency -covered 8 counties
    o Three-share program to increase insurance coverage – multiple hospitals
    o Mental health consortium – 4 CAHs
    o Behavioral health, telemedicine – CAH and tertiary hospital
    o Suicide prevention – CAH, public health, primary care clinic
    o Community wellness, education, exercise, chronic disease – CAH, public health, and Job/Economic Development
    o Chronic disease management – CAH, public health, multi-county service area
    o Prevention, screenings, chronic disease – CAH, public health, pharmacy, tertiary hospital
    o Alzheimer’s care, education, training – 2 CAHs and tertiary hospital
    o EMS – first responder training, pager system – CAH, tribal health, ambulance units, group home

Questions?

Thank you for attending!