ND Rural Hospital Flexibility (Flex) Program:
Grant and Technical Assistance for ND CAHs

Towner County Medical Center
Cando, ND
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Center for Rural Health

- Established in 1980, at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND
- CRH Focuses on:
  - Education, Training, & Resource Awareness
  - Community Development & Technical Assistance
  - Native American Health
  - Rural Health Workforce
  - Rural Health Research
  - Rural Health Policy
  - Program Evaluation
- A UND Center of Excellence in Research, Scholarship, and Creative Activity
- Web site: http://medicine.nodak.edu/crh
**North Dakota Medicare Rural Hospital Flexibility (Flex) Program**

- University of North Dakota Center for Rural Health
- Partners: hospital association, dept of health, QIO
- Flex Advisory Committee
  - 8 CAH administrators from across ND
- CAH QI Executive Committee and Advisory Committee

**Goals and activities related to:**

- Quality/Performance Improvement
- Network Development
- Emergency Medical Services
- CAH Designation
- State rural health planning
Building Capacity- Hospital, Community, Region

- Limited resources of ND CAHs – Flex works with CAHs to build local/area capacity, increase access to essential care, improve the quality of care, address EMS, and build collaboration through networks
- Surveyed how to best use Flex funding and implement performance improvement initiative(s)
- Build hospital capacity (staff, program, and service development to better meet community needs for improved health status)
- Build community capacity (increase/improve hospital’s image within the community, increase/improve dialogue with community, community input and engagement, strengthen community partnerships)
- Build regional capacity (emphasis on network development between CAHs, CAHs and tertiary providers, and between community groups)
- Train-the-Trainer

Grant Program, Technical Assistance, Information Dissemination

- **Grants**: CAH grants, EMS grants, Trauma Designation, Network Enhancement
- **Technical Assistance**: strategic planning, community needs assessment, staff surveys, key informant interviews, network development, balanced scorecard implementation, CAH profiles, community meeting facilitation, community presentations, more!
- **Information Dissemination**: Flex Updates (list serve), website, workshops, alerts, NDHA (Informer)

- [http://ruralhealth.und.edu/projects/flex/](http://ruralhealth.und.edu/projects/flex/)
Overview of Flex Technical Assistance

- Community Needs Assessments (20 CAHs, 24 assessments)
- Strategic Planning (13 CAHs, 15 plans)
- Balanced Score Card (8 CAHs)
- Internal Personnel Audits (10 CAHs)
- Community and/or Staff Meeting (27 CAHs, 38 meetings)
- Grant writing workshops (4 CAHs, CAH hosts for community and region, generally 15-45 in attendance, 3 or 6 hour sessions)

Overview on Flex Grants

- Formal grant guidance document issued to hospitals September 25th
- Hospital grants due to the Center October 31st
- Steering Committee reviews grants and notice to hospital by November 25th
- Grant completed by CAH or CAH Network by end of August the following year
- Individual CAH grants but emphasis placed on network (reviewed first) and “Making a Difference” award (one a year up to $20,000 to CAH with an established prior effort and record in a specific area e.g., Bowman on surgery, Rolla/Bottineau on HIT, Ashley for wellness program, Harvey for cardiac/pulmonary rehab, Mayville for quality network)
- Average for CAH $15-20,000 (range is $2-50,000)
- Average for Network $18-25,000 (range is $9,000-60,000)
Flex Funded Efforts

- Cardiac rehab (9)
- Pulmonary rehab (8)
- Financial assessments (27 CAHS, 40 separate assessments)
- HIT (computed radiography, PACS, EMR, software, shared server)
- Recruitment/retention of health professionals (e.g. physicians, nurses, PT/OT, paramedics, CNAs, and others)
- Board Training
- Staff Training and education (e.g. trauma care, clinical skills, critical care, chemotherapy administration, airway management)
- Community education
- Program development (e.g. diabetes, breast cancer, health promotion/wellness, chronic disease management, foundation development, urgent care, expanded physical therapy, and others)

Flex Funded Efforts (continued)

- Network Development
  - HIT (4 separate networks)
  - Surgery (originally 3 CAHs with a 4th added in later years, separate network of 2 CAHs)
  - cardiac emergency care
  - quality of care (9 CAHs and tertiary – 3 years of grants)
  - Cancer (CAH, clinic, EMS, and wellness)
  - CAH specialist-regulations/finance/medical records/facility enhancement (9 CAHs)
  - training for CPR/First Aid (CAH, ambulance, fire, first response unit, and public school)
  - new parent education (2 CAHs)
  - wellness center and education (CAH and Economic Development, CAH and school)
  - feasibility study of shared home care and hospice (3 CAHs)
  - In-home physical therapy (CAH, nursing home, and two care centers)
  - Evaluate cost of current supply chain system (11 CAHs)
  - Diabetic care services and prevention (CAH and CHC, CAH and public health)
  - Parish Nursing program (CAH and ministerial association)
  - Disaster and emergency responsiveness (CAH, Fire Dept., ambulance, police, city)
  - Board education (7 CAHs and 4 nursing homes, 5 CAHs)
  - Recruitment/Retention (2 CAHs)
Flex Subcontracts - Networks

Diabetes Care
Wellness Services
Emergency Preparedness
Hypertension Project

Federal Rural Health Outreach Grant

- Administered by the federal Office of Rural Health - 1991
- CRH assists ND organizations (facilitate planning meetings, research background, draft and proposal critiques, we do not write the grant)
- Up to three years (Yr 1 - $150,000; Yr 2 - $125,000; Yr 3 - $100,000) -- $375,000
- 3 separate legal entities must be involved (Separate employer tax IDs)
- Applicant must be rural and non-profit; however, partners can be urban and/or for-profit
- Next grant cycle 2010 (grant guidance July 2010; proposals due in Sept./Oct. – grant start June 2011)
- Wide range of ideas in health and/or human services can be addressed
- 21 grants to ND entities since 1991 (high rate)
  - Cancer screening and cancer education (Pathways to Healthy Lives in Dickinson – 3rd grant – Public health, hospital, and community action – serves 8 counties)
  - Mental health (Rural Mental Health Consortium with 4 rural hospitals – mid 90’s and still operation; Mental Health First Aid at Fort Yates; Wellness in the Valley Suicide Prevention in Valley City involving public health, hospital, and clinic)
  - Behavioral health (Behavioral Health Services Network (Hazen involving 13 rural hospitals, clinics, and public health)
Federal Rural Health Outreach Grant (continued)

- **Wellness (Wellness Interventions Lasting a Lifetime – WILL)** - Cavalier County - Job Development, hospital, public health, and city
- **Diabetes Project** - Garrison and 12 other rural hospitals and nursing homes using a disease management model and computerized data base
- **Healthy Lifestyle and Disease Management** - Hettinger comprised of hospital, public health, and UND SMHS
- **Regional Elder and Alzheimer’s Care Rural Health Network** - Elgin, Richardton, and Bismarck to provide care, education, and training to health providers and care givers
- **EMS (Community Emergency Medical Education** - Ashley with hospital, ambulance, public health, and fire department for EMT training, first responder education, certified heavy rescue and extrication training, and community education on farm safety/safe baby sitter training, and CPR; **Golden Heart Hour Emergency Access Response Team** - Rugby consisting of hospital, ambulance, clinics in 7 communities to create and provide ALS, continuing and advanced EMS education, and farm safety; two other EMS Outreach grants)
- **Spirit Lake Sioux Nation Mobile Prevention Project** - Fort Totten with tribal college, MCH, IHS, and Early Childhood Health Tracking on mobile health clinic

Federal Rural Health Network Development

- Administered by Federal Office of Rural Health Policy – 1997
- CRH provides assistance
- Outreach grants require a network of 3 or more organizations working together to address a common problem
- Network Development also requires a network of 3 or more organizations working together to address common problems; however, the primary purpose of the program is to develop a sustainable network
- Up to $180,000 a year for 3 years ($540,000)
- 3 ND grants
  - Northland Healthcare Alliance – Medicare managed care model
  - FamiNet – NDCPD, CRH, and Families Voices with others on family support network for families with children with disabilities
  - Northland Healthcare Alliance – PACE
Federal Rural Health Network Development Planning

- Administered by ORHP
- 1 year planning grants
- Up to $85,000
- 3 ND grants
  - Quality Improvement Network (McVille with CRH)
  - Home Health Network (Valley City)
  - FamNet (NDCPD with CRH and Family Voices)

Blue Cross Blue Shield of North Dakota Rural Health Grants -- HIT

- Administered by CRH since 2001
- About 5-9 awards for up to 18 months
- Range from $30,000 to $65,000
- Emphasis is HIT and telemedicine
Funding Searches and much more!

- **Rural Assistance Center (RAC)**

  Providing Health and Human Services Information for Rural America.

  Web-Based Services
  [http://www.raconline.org](http://www.raconline.org)
  RAC Listservs
  Customized Assistance
For more information contact:

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