The Medicare Rural Hospital Flexibility Program

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The Rural Hospital Flexibility Program

- The Flex Program consists of two separate but complementary components:
  - A State grant program administered by ORHP to support the development of community-based, rural, organized systems of care in the participating States.
  - Cost-based reimbursement for certified Critical Access Hospitals (CAH)

Original Flex Program Goals

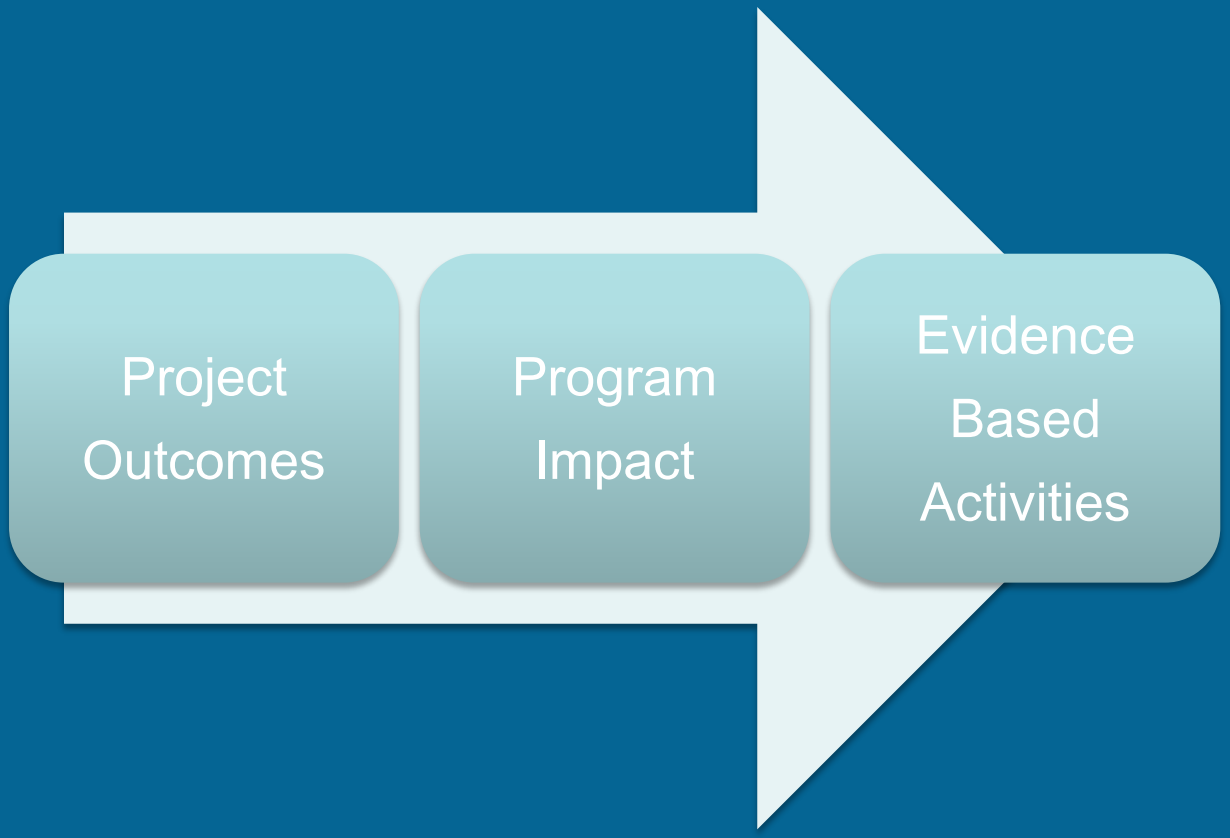
- Development of State Rural Health Plan (SRHP)
- Designation of CAHs in the State
- Development and Implementation of Rural Health Networks
- Improvement and Integration of EMS Services
- Improving Quality of Care

Hospitals in the USA

- Total Community Hospitals = 5,008
- Number of Rural Community Hospitals = **1,997**
- Total CAHs (December 2010) = **1,324**
  - 26% of all Community Hospitals
  - 65% of all Rural Hospitals
- Variation- CAH setup

Source: ***Fast Facts on US Hospitals, American Hospital Assoc. Updated December 6, 2010***

Trends in Federal Programs



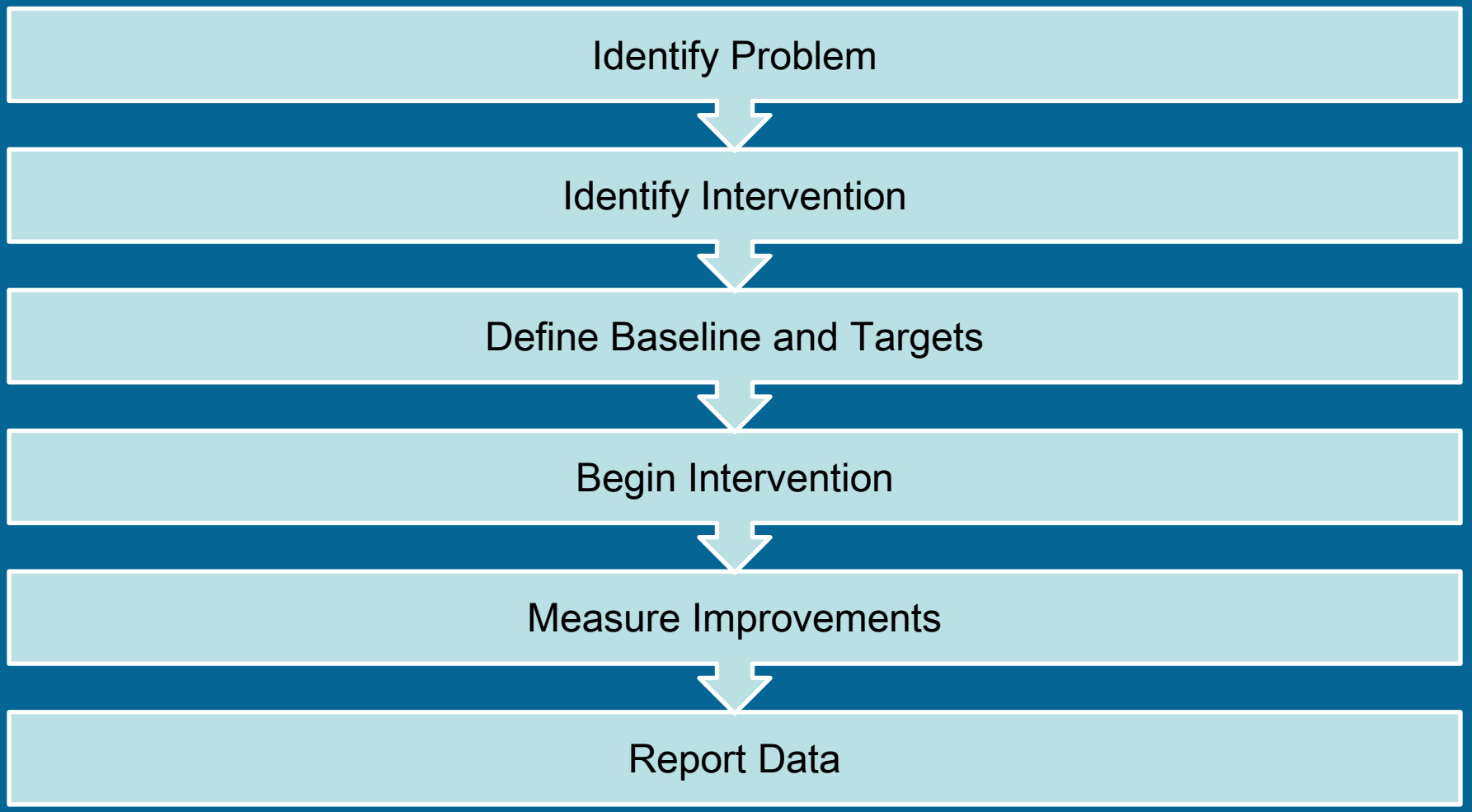
The Future of Flex

- Virtual end of conversions.
- What comes next?
- What happens with eligible hospitals that did not convert?

Flex Challenges

- Inability to measure program impact uniformly
- Too much variability from State to State

Moving to a More Defined Program



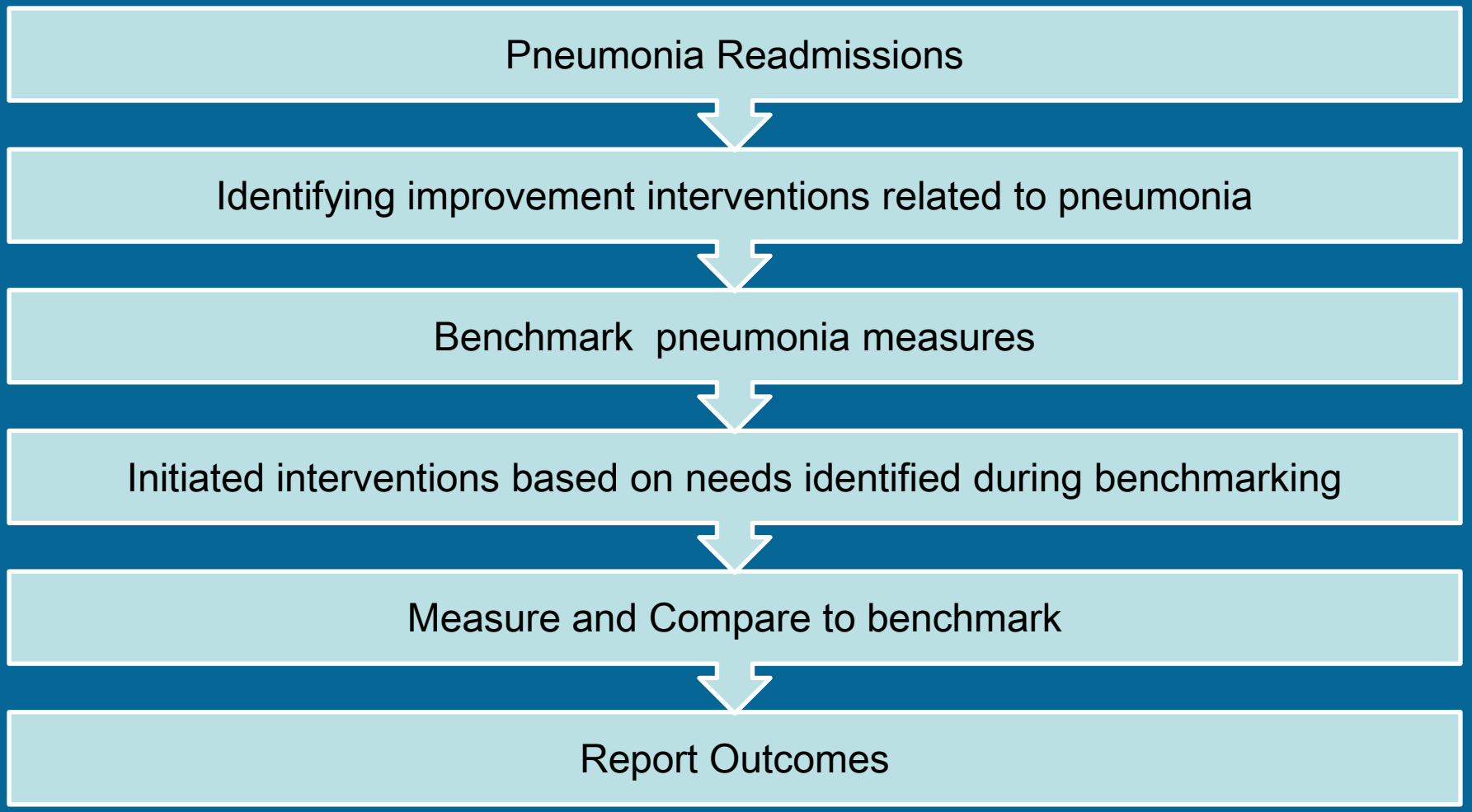
Flex Core Areas

- Quality Improvement
- Financial and Operational Improvement
- Health Systems Development and Community Engagement
- Conversion to CAH Status

Quality Improvement

- While Flex always included QI activities, the virtual end of conversions increased the emphasis on QI.

Moving to a More Defined Program



Strategies for QI

1. Support for CAH participation in quality measurement, reporting, and benchmarking
2. Support for CAHs to build quality and patient safety improvement systems and capacity

Activities for QI

1. Tools to improve CAH reporting and performance on Hospital Compare
2. Helping CAHs with data entry and exporting
3. Development of state-specific QI measurement, reporting and benchmarking systems

Flex Medicare Beneficiary Quality Improvement Project

- Pilot Project under Quality Improvement
- Common Metrics
- Measuring Outcomes and Demonstrating Improvements
- Sharing Best Practices

MBQIP

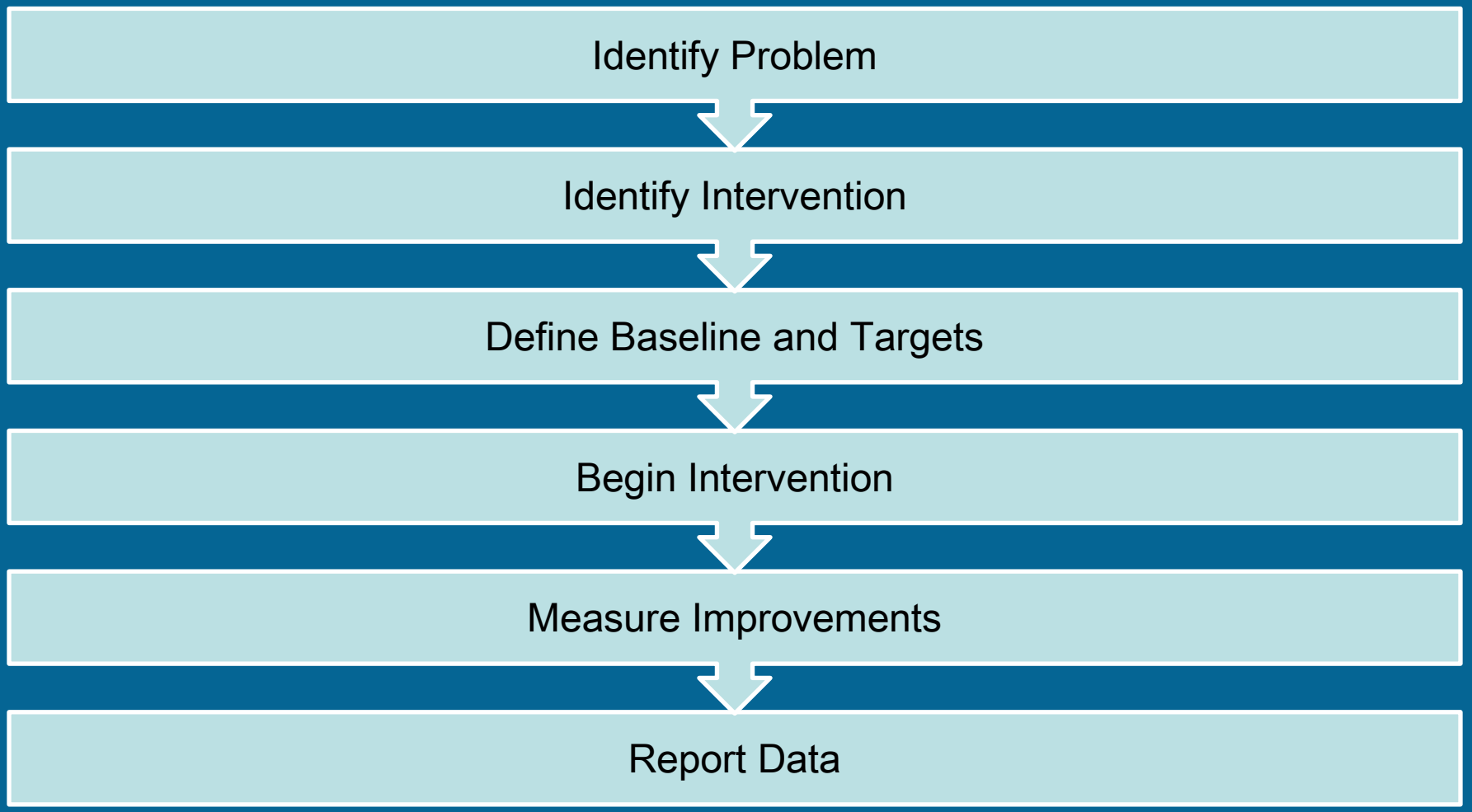
- Across Multiple States
- Involving significant number of CAHs
- Aggregating the data – national benchmarking.
- Rural Appropriate Measures & Processes

  - Heart Failure, Pneumonia, (30 Day Re-admissions)
  - OP Measures , HCAHPS
  - Ed OP Transfer Measure, Med Orders Reviewed within 24 hours

EMS

- States have engaged in activities such as :
  - Recruitment, retention, and training
  - State planning and assessment activities
  - Mini-contracts (e.g., for EMS quality improvement, networking, and purchasing equipment)
  - Statewide data collection and reporting
  - Rural trauma system development.

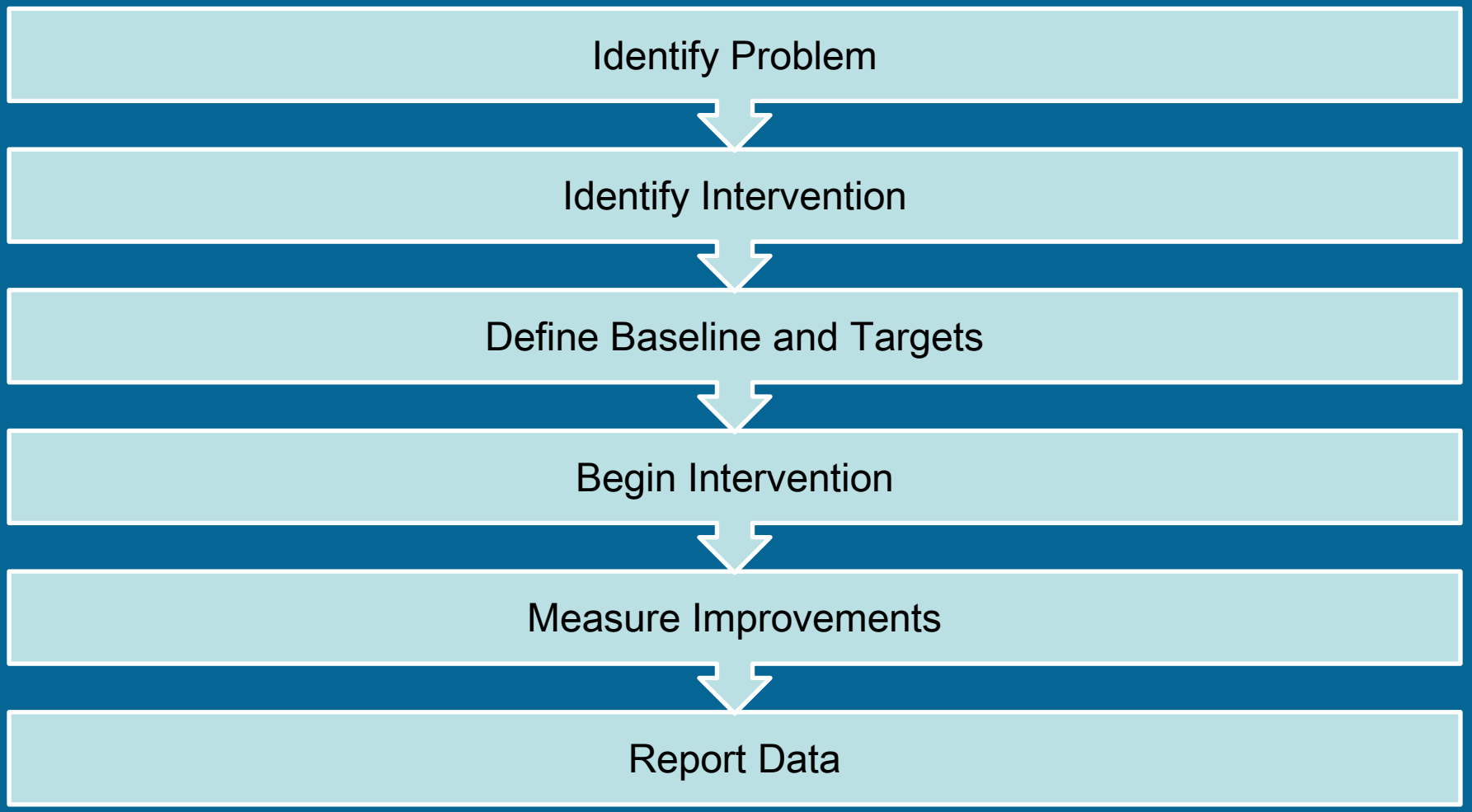
Moving to a More Defined Program



Financial and Operational Improvement

- States have engaged in:
  - Financial Benchmarking
    - Labor performance
    - Operations at the Department level
  - Coder Education
  - Chargemaster update/ training

Moving to a More Defined Program



Identifying Need

- Flex dollars should be targeted to address identified needs
- Potential resources for identifying needs:
  - Flex Monitoring Team Reports
  - State Rural Health Plans
  - State Networks
  - CAH surveys

Flex Monitoring Team

www.flexmonitoring.org

- Develops products for State Flex Programs to use in designing Flex activities
- Identifies best practices for States and CAHs to improve performance

FMT Products

- CAH Financial Indicator Reports
- State Hospital Compare and Quality Measure Reports
- Community Benefit / Impact Indicator Reports
- Many other briefs and reports each year on quality, finance, and community engagement

U.S. Department of Health and Human Services
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FMT Usage?

- How much do you use the information they provide?
- Do you follow-up with the CAHs that appear to be underperforming?
- Why do you need the FMT Data?
- With all of this the underlying message is "all we want is for you to succeed!"
  - Help is available
  - Take the time to review

TASC

- Targeted TA for Flex Programs and CAHs
- Virtual Knowledge Groups
- Network Development
- Performance Improvement

Virtual Knowledge Groups

- Emergency Medical Services
- Financial and Operational Improvement
- Health Information Technology
- Health System Development and Community Engagement
- Quality Improvement

Virtual Knowledge Groups

- Provide a vehicle for discussion of Flex-related topics and communication between State Flex Programs
- Build knowledge through shared experiences and lessons learned
- Contribute to a web-based collection of Flex information, resources, and models
- Serve as key information groups to provide input to TASC, the federal Office of Rural Health Policy (ORHP), Flex Monitoring Team, and policy makers

How do the State Flex Programs Fit in?

- Innovation
  - What are you doing that is different?
  - What innovations work for you?
  - What is the impact of your programs?

What About ORHP?

- Project Officer Training
- Review of the Applications
- Feedback
- Identifying the needs early

How do the State Flex Programs Fit in?

- As new measures are developed try to incorporate them into the work plans
- Understand that with the changes in Flex program core areas, non-flex activities need to phased out.

Evolution

- As the environment changes there is a need for adaptation
- We're not just in it for CAH conversion anymore
- Prove our worth
- Our goal is to meet the need by framing it
- Landscape is littered with those that haven't adapted

Contact Information

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http://www.hrsa.gov/ruralhealth

MBQIP
CELEBRATION

5 Questions

- How many have 50 (or more) signed up?
- How many have 25 (or more) signed up?
- How many have at least 50% signed up?
- HOW MANY HAVE 100% SIGNED UP?
- ?????

Flex Medicare Beneficiary Quality Improvement Project

- Pilot Project under Quality Improvement
- Common Metrics
- Demonstrating Improvements
- Sharing Best Practices
- Official Start: Sept 2011; Waivers: Now

http://www.hrsa.gov/ruralhealth/about/video/index.html

Or

www.Youtube.com [MBQIP]

Question???

Youtube.com [MBQIP]

Who own's our story?

JAMA

Quality of Care and Patient Outcomes In Critical Access Rural Hospitals

"Compared with non-CAHs, CAHs had fewer clinical capabilities, worse measured processes of care, and higher mortality rates for patients with AMI, CHF, or pneumonia."

JAMA

"For all 3 conditions, CAHs had lower performance on HQA measures than non-CAHs did among reporting hospitals."

"Patients admitted to CAHs had higher 30-day risk adjusted mortality rates for all 3 conditions than patients admitted to non-CAHs."

JAMA

"Despite more than a decade of concerted policy efforts to improve rural health care…

…CAHs …

…less often provided care consistent with standard quality metrics and generally had worse outcomes than non-CAHS."

JAMA

"…our findings suggest that these efforts have been insufficient in ensuring high-quality care."

"Engaging in the process of collecting and reporting data is an important step toward developing an internal quality improvement strategy."

JAMA

"More than a decade after major federal and state efforts to save US rural hospitals, these findings should be seen as a call to focus on helping these hospitals improve the quality of care they provide so that all individuals in the United States have access to high-quality inpatient care regardless of where they live."

The 5th Question

- How many have 50 (or more) signed up?
- How many have 25 (or more) signed up?
- How many have at least 50% signed up?
- HOW MANY HAVE 100% SIGNED UP?

How many of you will make your best effort to sign up the rest of your CAHs before September 1st ?

Sprint to the Starting line!

(Next 6 weeks)

Empower the ready…
Encourage the reticent…
Engage the reluctant…
Enlist the remaining…

The Time is NOW…

Community-Based Care Transition Program

(Sec. 3026 of the Affordable Care Act)

Work with communities to improve transitions between care settings:

$500 million available for community-based organizations

CMS is now accepting applications to participate in the Community-Based Care Transitions Program on a rolling basis…

We are working toward CAHs being able to work with Area Agencies on Aging as the grant applicant.

The Time is NOW…

Work with our partners to support the hard work of changing care delivery to make care safer.

- **Up to $500 million in financial support from the Innovation Center**

Partnership for Patients: Better Care, Lower Costs

1. **Keep patients from getting injured or sicker.** By the end of 2013, preventable hospital-acquired conditions would **decrease by 40%** compared to 2010.
   - Achieving this goal would mean approximately 1.8 million fewer injuries to patients with more than **60,000 lives saved** over the next three years.

2. **Help patients heal without complication.** By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be **reduced by 20%** compared to 2010.
   - Achieving this goal would mean more than **1.6 million patients would recover** from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.

Potential to save up to $35 billion dollars over three years.

Hospital-Acquired Conditions: Some of the Many Opportunities for Improvement

Condition/Adverse Event (examples)	Total Cases (2010)	Preventable Cases (2010)
Central Line-Associated Blood Stream Infection	41,000	20,500
Pressure Ulcer	250,000	125,000
Surgical Site Infection	290,000	101,500
Adverse Drug Event	1,900,000	950,000
Injury from Fall	200,000	50,000
Ventilator-Associated Pneumonia	40,000	20,000
All Other Hospital Acquired Conditions For example: - Delay in administration of aspirin leads to hemorrhage - Misplacement of feeding tube leads to choking - Failure to manage diabetic symptoms leads to coma	2,240,589	985,859
Total ALL Hospital Acquired Conditions	**5,982,768**	**2,623,150**

Partnership For Patients
WHY for CAHs?

- We cannot afford to sit this one out!

RURAL CAN LEAD THE WAY!

We are engaged in activities poised for great improvement already!

MBQIP Phase 3

Phase 3
MBQIP

- E.D. Patient Transfer Communication

  (care transitions)

- *Pharmacist CPOE or Verification of Medication Orders within 24 hours*

  (patient safety)

Encourage CAHs to Get Involved!

- Join the Partnership for Patients – Sign the Pledge!

- Go to www.healthcare.gov/partnershipforpatients

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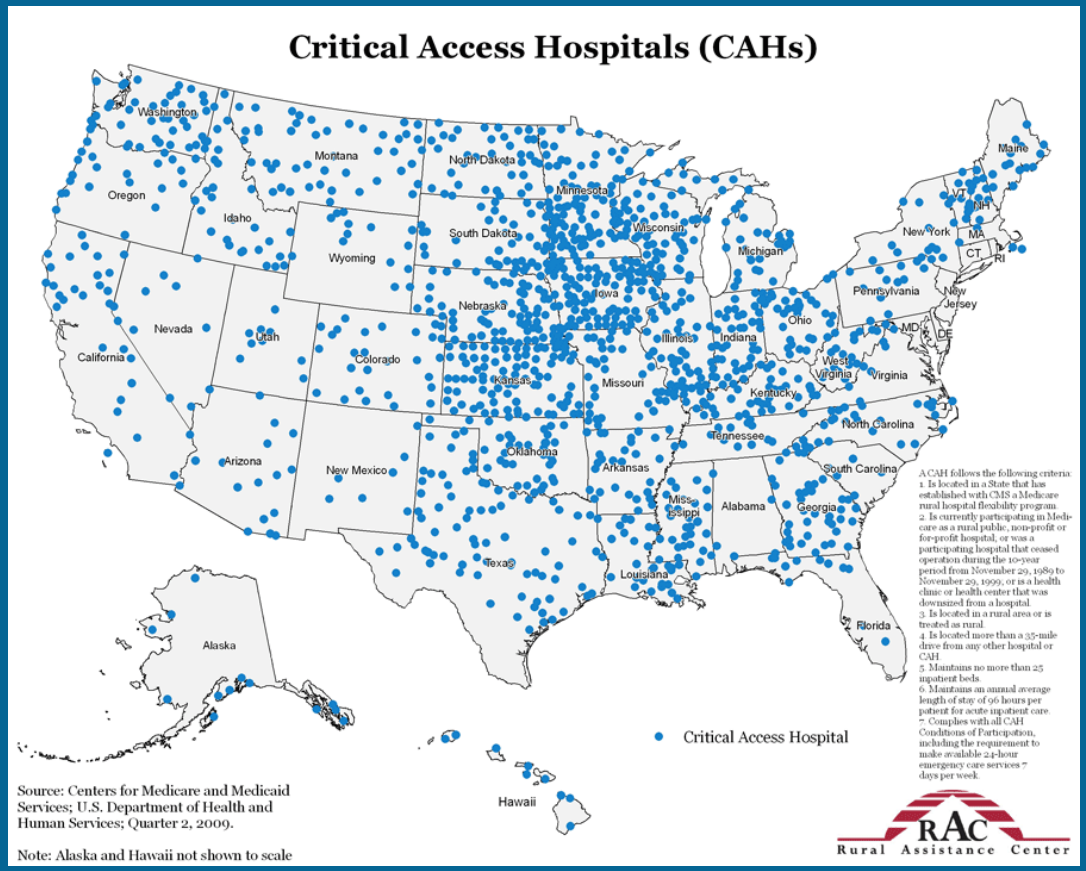
At the end of the day…



…we will decide our own story.

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