

# Flex Direction: Where Are We Going, Where Have We Been?

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# Flex Program

## Support to State to Assist Critical Access Hospitals

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



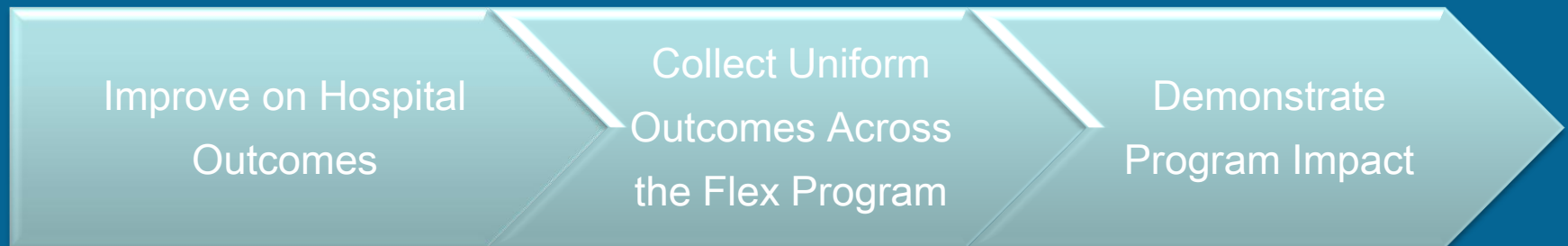
# We've Been Going Through Changes...

- A focus on Core Areas
- Qualitative is leading to Quantitative
- Process:



- Terminology

# Flex Big Picture





# PLEASE STAND BY

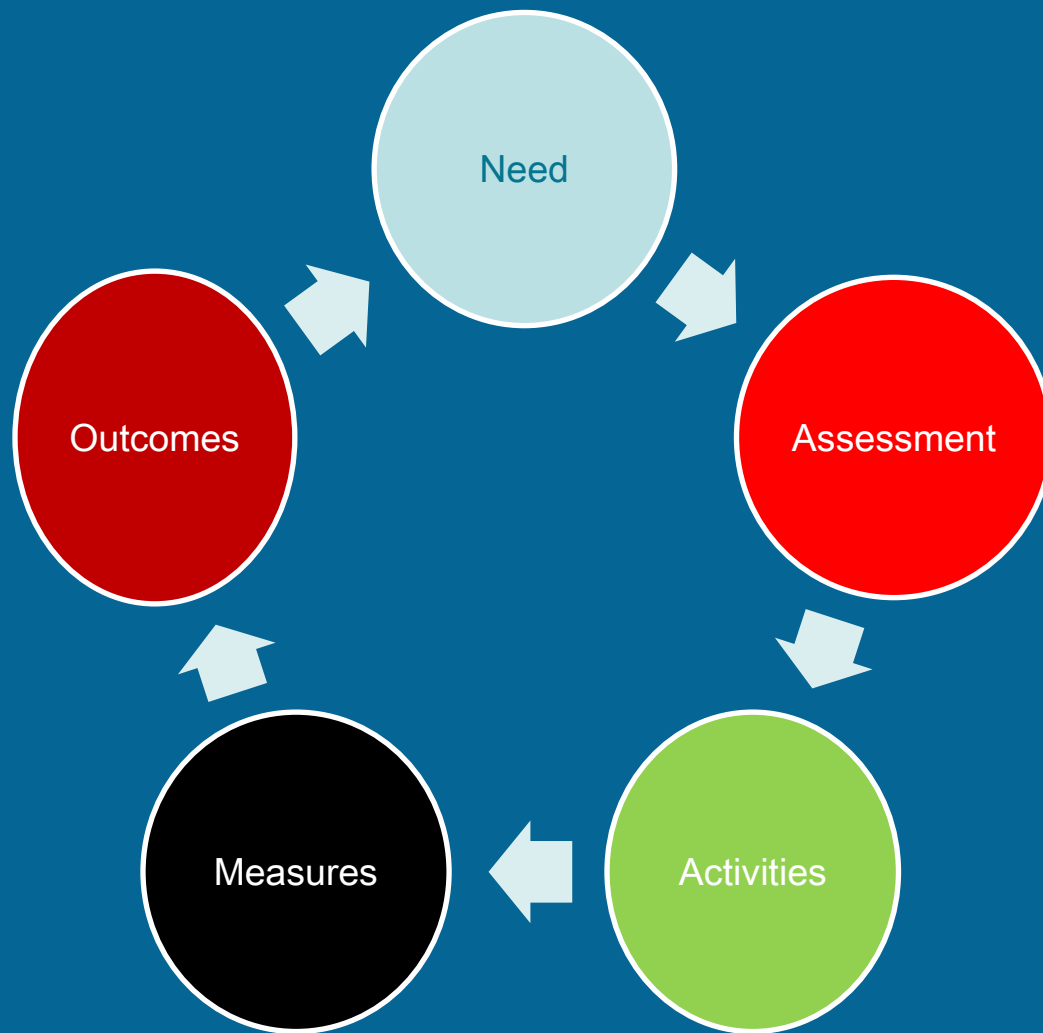


# How'd We Go About It?

- Project Officer Involvement throughout
- Focus groups
  - Key Informants: TASC, FMT, financial experts
  - Flex Coordinators
- Flex workplan reviews
  - Pulling examples from previous workplans
  - Best Practices



# Mission



# Be Prepared To Change

- Need won't be static
- The linkage is need changes, so should your workplan
- Why are you doing a specific activity?
- What is the benefit?
- How are you going to use it?
- Once you're done, what's the next step?
- Need is *Adaptation*





# Flex Today

- We've talked about format changes, narrative changes, representative measures, and in the end impact
- The program has started to move from process to outcomes
- In the end, the process and outcomes will lead to a program outcome



# The NCCs

- Learning and Comprehension Curve
  - These are *not* the same
- Learning: Production of program requests
  - PO's, Flex Coordinators
- Comprehension: Implementation with explanation
  - PO's, Flex Coordinators



# What Did We Get When The NCC's Were Submitted?





Your Project Officers at work



# NCC Reviews

- Project Officers reviewed most of the Flex applications within three weeks of submission
- Phone calls were set up to discuss adjustments/change requests



# NCC Reviews

- Majority of Changes related to clarification of future workplan activities, measures, and outcomes
- Returned NCC's were given on average two weeks to complete edits
- Project Officers re-reviewed Information



# NCC Reviews

- Many lessons learned from this exercise
  - Template needed
  - Sample asks
    - Examples of activities, measures, and outcomes
  - Uniform release of materials
  - Explanation associated with materials
  - Technical assistance materials



# Where We Are

- Most at least mention use of data (FMT, other state and national data)
- Participation and understanding the importance of MBQIP
- Transition from single year to multi-year plans





# Where We Are

- Responsiveness and acceptance to change requests
- Most States have good need assessment/evaluation plans in place with solid rural stakeholder involvement
- On the path to improving the submissions



# Where We Are

- All listed activities in all three core areas
- All chose an intervention from each of two menu sets
- Embracing the logic model



# Opportunities For Improvement

## Terminology

- Rollout confusion
- Much confusion persists related to the difference between process and outcome measures
- Majority still need to improve outcomes versus impact “statement”
- Outcome measures generally need to be more quantifiable and detailed



# How We Get There

- Clear, uniform definitions
- Evaluation Toolkit
  - Due 3<sup>rd</sup> Quarter
  - Defines Terms
  - Provides Examples
- CAH Finance Toolkit
  - CAH Finance 101
  - Uniform messaging
- Uniform Template



# Opportunities For Improvement

## Messaging

- The big picture still doesn't appear to be uniformly understood
- Work plans need to reflect stakeholder needs in conjunction with ORHP direction



# How We Get There

- Continual feedback
  - PO's maintaining contact throughout the year
- Living the message not just acknowledging the message



# Opportunities For Improvement

## Content

- Where does need fit in?
- Some States are still fairly casual regarding their reporting
  - Evaluative components
- Rely too heavily on the CAHs to tell what interventions are needed
- Some States have limited State resources/staffing to meet their Flex goals and objectives
- More detail needed about many contractals



# How We Get There

- Using the need gathering mechanisms
  - Assessments, requests, FMT, Hospital Compare
- Reinforcing the need to provide the whole story
  - Activities lead to measures that lead to outcomes leading to Impact
- Defining and sharing techniques to assist low resource offices.





# What Does This Mean?

- There's more work to be done on both sides
- The transition won't be easy
- Program **MUST** provide effective clarification
  - Uniform message
  - Easy to understand resources



# Conclusion:

- Everyone is making progress
- Remember this is still a test
- We have time to get you ready for the competitive cycle
- You are doing a great job!
- We don't expect you to do this all on your own- Program, TASC, FMT, and other states are here for you



But, we do have one more thing  
to ask....



# Flex Conference Homework

- While you're here we want you to identify one activity/solution you've encountered here and implement it
- TASC will be gathering your choices and they will be doing a follow-up contact of whether you:
  - Implemented it
  - Still are using it
  - If not, why aren't you using it?





# Questions?

# Contact Information

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