

Panel Discussion Notes: Balancing the Flex Coordinator Role

Panel discussion was facilitated by Tracy Morton, Program Manager, National Rural Health Resource Center

Panelists:

- Angie Emge, Michigan Center for Rural Health
- Kathryn Miller, Wisconsin Office of Rural Health
- Kate Payne, Bureau of Oral and Health Delivery Systems, Iowa Department of Public Health
- Mary Sheridan, Idaho Office of Rural Health and Primary Care

State Flex Program Descriptions

Michigan has 35 critical access hospitals (CAHs). There is a large amount of distance between hospitals. Michigan has two Flex Program staff. They are one of three Flex Programs that reside within non-profit organizations and they are physically house on the campus at Michigan State University.

Wisconsin has 58 CAHs. They have 1.5 full time employees (FTE) staffing their Flex work. In Kathryn's four years, she hasn't been able to visit all 58 CAHs. They are at the University of Wisconsin.

Iowa has 119 hospitals, 82 of which are CAHs. The Flex Program is located within the state's Division of Public Health. Iowa has 1.6 FTE on Flex and a part-time emergency medical services (EMS) person.

Idaho's Flex Program is also within the state's Department of Public Health. This state has a significant amount of health professional shortage areas (HPSAs) and recruiting and retention are big issues. Mary has one other staff that helps her keep track of five programs. They have split the 27 CAHs between the two of them to conduct site visits and between the two of them are able to see all of their CAHs every program year.

Working with Partners

Some Flex Programs contract out work for entire core areas of the Flex Program.

Idaho has a contract with their hospital association to do quality improvement activities with their CAHs. There are a total of 75 contracts that Mary oversees for the five programs she manages. She has created templates to help maintain various aspects of each of the five programs. Hard copies of documents are maintained and a checklist is created when a contract is initiated. Monitoring frequencies differ per contract. She uses Excel spreadsheets to track payments received in order to have a quick view of what it still owed. Microsoft Outlook is used to schedule reminders about monitoring events as they need to happen. Quality improvement activities are also provided via contracted services with the Idaho Hospital Association. There are three networks that work with the hospitals

on finance activities and three other initiatives for unique projects like reducing hospital activities.

The State of Iowa put into place the "Accountable Government Act" six years ago with the intent to be accountable to the citizens of the state as they conduct government business. Kate manages only the Flex Program, whereas in some states, the Flex Coordinator also manages the Small Hospital Improvement Program (SHIP). All subcontracted work has to go through a competitive request for proposals (RFP) process. Templates have been created by the financial department of the state government. They use SharePoint for document sharing. Hospitals have access to it so that they are able to upload reports and payment vouchers. Kate uses flow charts, logic models and gantt charts to keep track of various aspects of her Flex work. Some of their contracts have their own workplans as well. She makes it a point to attend as many meetings as possible where a contractor is working with a CAH.

In the Wisconsin Flex Program, some of the same contractors are used year to year to provide services. The downside to that is that it is easy to lose track of things when you're working with someone that you trust. Due to that level of trust, the tendency can be to leave it to them to get their part of the work done. Budgets act as reminders to follow up with contractors to ensure that the work is complete. The Wisconsin Flex Program is part of a university, so there are other budget issues to keep in mind with that. Payments are not made out of the office that houses the Flex Program. Kathryn uses Outlook reminders as well to remind her to review and monitor what funds have been spent since the payments do not go in or out of her office. Performance measures are also tracked by the Flex personnel, so it becomes more like project management.

In Michigan, Angie explained that she manages her own contracts due to being located in a non-profit organization.

Miscellaneous state suggestions:

- Barb Brendel (Missouri): Ties reporting from contractors to payment. When they report, they are then paid. Iowa said they do the same.
- Anthony Jones (Virginia): Anthony has experience with a program, called QuickBooks, and has developed his own system within that software that includes "field action plans" which take the form of an email. He is able to do invoicing this way using such a template. This is a system separate from what the state process is for invoicing and receiving payment. He states that it allows for significantly quicker turnaround of payments received.

Technical Assistance (TA)

Tracy Morton of the Technical Assistance and Services Center (TASC) explained that a project management system is being considered for the TASC program. Addressing TA usually trumps all other work being done.

Kathryn stated that in Wisconsin they have modeled their TA system after TASC in that it also is an extremely high priority when received. She makes sure that the question is not lost in the hustle and bustle of other things and follows up with whomever she is turned to as a resource to assist her in providing an answer. She

keeps a folder within her email just for TA questions that are in-process and checks it a few times per week to make sure nothing has gotten lost and follows up as necessary. She uses tasks within Outlook to keep a "to-do" list, similar to what someone else might do on paper. They have found vendors, health care law firms and others to be helpful in answering TA.

Angie answers TA as immediately as possible, but at least acknowledges the contact to let them know she's received it and will get back to them. Michigan uses TruServe to track their activities. Angie felt that this immediate acknowledgement is a key relationship building strategy. Others agreed with this statement.

Managing the Work, Conferences, Committees, Site Visits, etc.

Mary stated that she is terrible about saying no to any requests for her participation in a meeting, committee or whatever it may be. She expects herself and everyone else to work at the high end of their job duties in order to ensure efficiency. Don't do work that is better suited to someone else's job expectations and duties. Also don't be possessive of the work - delegate!

Kate agreed that she has had to learn to delegate and decline invitations to participate upon asking herself, "What will this accomplish for rural?" It may be that someone else is better suited to attend such as hospital personnel to ensure that the rural voice is still provided. At times, she relies on partners to accomplish this.

Flex Advisory Committees

Montana and North Dakota both use such committees. Montana has five Flex regions. Hospital CEOs, Director of Nurses, Quality Coordinators, CFOs, etc. make up their Flex Advisory Committee which meets quarterly. The Montana Flex Program uses them to receive input on activities, including performance improvement, which is a big chunk of the Flex work done in their state. They also provide input related to strategic planning.

North Dakota has a Flex Steering Committee. On a monthly basis, participants including the hospital association, quality improvement organization, and EMS partners meet to give reports on work plan progress. The CAH quality network also reports on their progress.

Iowa has a rural health and primary care advisory committee. Kate provides updates to this committee. They also have a quality coordinator group that meets.

Discussion About Next Steps

- Webinar?
- Forum?
- Participants felt this session contained critical information and should really be shared and moved forward somehow.