Flex Program Logic Model - Financial & Operational

Inputs *Resources needed to do the work*	**Activities** *Strategic processes or actions*	**Outputs** *Direct products, tools, and/or services*	**Outcomes** *Improvements that will drive impact*	**Impact** *End goals*
• Flex funding to 45 states • Flex Program Cooperative Agreements (TASC, FMT, RQITA) • CAHMPAS data • Research papers/Policy briefs	2.1 Statewide operational and financial needs assessments	• CAHMPAS data used effectively to inform needs assessment • Needs assessment completed and financial status identified • Evidence-based or high potential financial or operational improvement interventions/ activities identified to address needs • Needs assessments and best practices shared with hospitals	• State Flex Programs understand the financial status of CAHs in their states and areas of greatest need • State Flex Programs efficiently collect and analyze data from CAHMPAS and their needs assessments, use resources, and maximize the impact of funds • State Flex Programs and CAH staff understand financial indicators, relevance to operations, and strategies for improvement • State Flex Programs are able to respond to changing environments or needs	• High quality healthcare is available to rural communities and aligned with community needs. • High value healthcare is delivered to patients and communities, resulting in healthier rural people.
	2.2 Individual CAH specific needs assessment and action planning	• CAHs with greater needs identified and action plans designed • Group activities, consulting services, or cohorts designed to address high needs CAHs • Number and percent of CAHs meeting the benchmark for a financial or operational indicator • Evidence-based or high potential financial or operational improvement interventions/ activities identified to address needs • Number and percent of CAHs undergoing an in-depth assessment and action planning process	• Reduced number of CAHs in high financial risk • CAH staff effectively utilize CAHMPAS data to inform decisions • CAH staff understand community assets, markets, and improvement strategies and are able to respond to changing needs • Number and percent of CAHs showing improvement through the needs assessment and action planning process	
	2.3 Financial improvement	• Number and percent of CAHs implementing financial improvement projects • Best practices for billing and coding, revenue management implemented	• State Flex Programs effectively analyze financial data to implement projects • CAH finances are stabilized and services are maintained • Avoid hospital closures • Number and percent of CAHs demonstrating improvement on financial measures appropriate to the interventions implemented.	
	2.4 Operational improvement	• Number and percent of CAHs implementing operational improvement projects • Productivity and efficiency benchmarks established • Best practices implemented to leverage quality performance	• CAH staff understand and effectively implement all regulatory requirements • Patients continue to receive care locally • Service lines meet the needs of the community. • Number and percent of CAHs demonstrating improvement on operational measures appropriate to the interventions implemented.	
	2.5 Value based payment projects	• Number and percent of CAHs participating in value based payment projects • Self-Assessment for Transition Planning completed and results shared • CAHs can effectively implement strategies to begin the transition to value based care.	• Number and percent of CAHs making changes in systems to prepare for participation in value-based payment programs. • CAHs are prepared for future models of healthcare • Value Based Payment Program is ready to implement	

*Logic model components and descriptions adapted from Watson, D., Broemeling, A. M., Reid, R. J., & Black, C. (2004). A results-based logic model for primary health care: laying an evidence-based foundation to guide performance measurement, monitoring and evaluation. University of British Columbia, Centre for Health Services and Policy Research; and Watson, D. E., Broemeling, A. M., & Wong, S. T. (2009). A results-based logic model for primary healthcare: a conceptual foundation for population-based information systems. *Healthcare Policy*, *5*(Spec No), 33.