NORTH DAKOTA
Rural Health Clinic
NETWORK

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Center *for* Rural Health
University of North Dakota
School of Medicine & Health Sciences

NORTH DAKOTA RURAL HEALTH CLINIC NETWORK

July 2023

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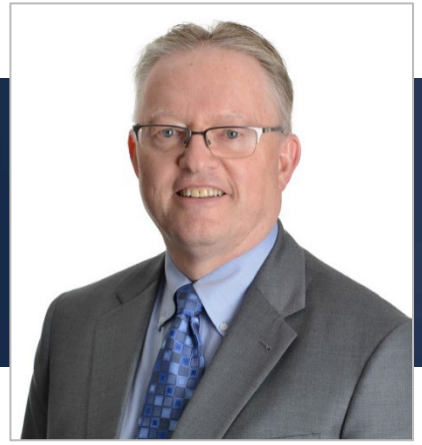
PRESENTERS

Anna Walter, BBA
Project Coordinator
Center for Rural Health



Ralph Llewellyn, CPA, CHFP
Partner
Eide Bailly, LLP

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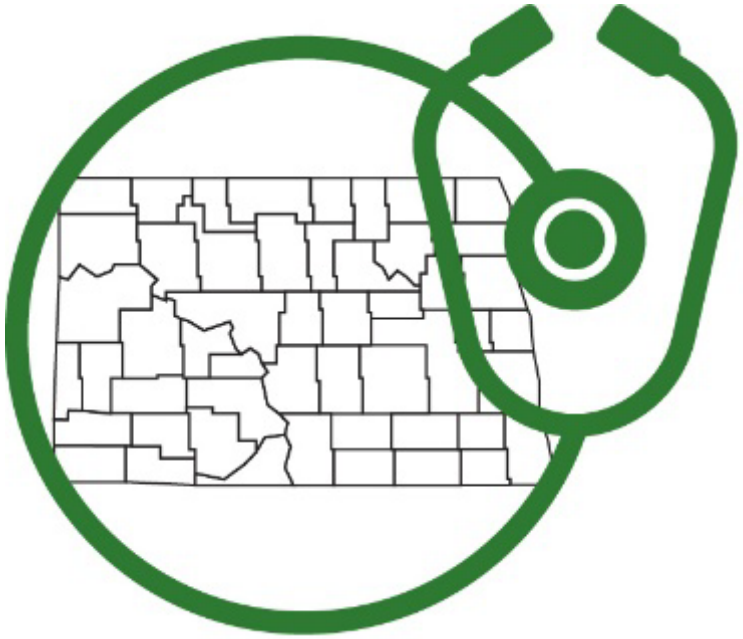
INTRODUCTION



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INTRODUCTION CONTINUED

Mission:

- Support North Dakota Rural Health Clinics through networking, education, and policy efforts.

Vision:

- North Dakota Rural Health Clinics will have the knowledge, tools, and resources to provide quality healthcare, sustainability, and patient access.

Goals:

- Collaboration/Networking
- Policy/Regulation
- Operations

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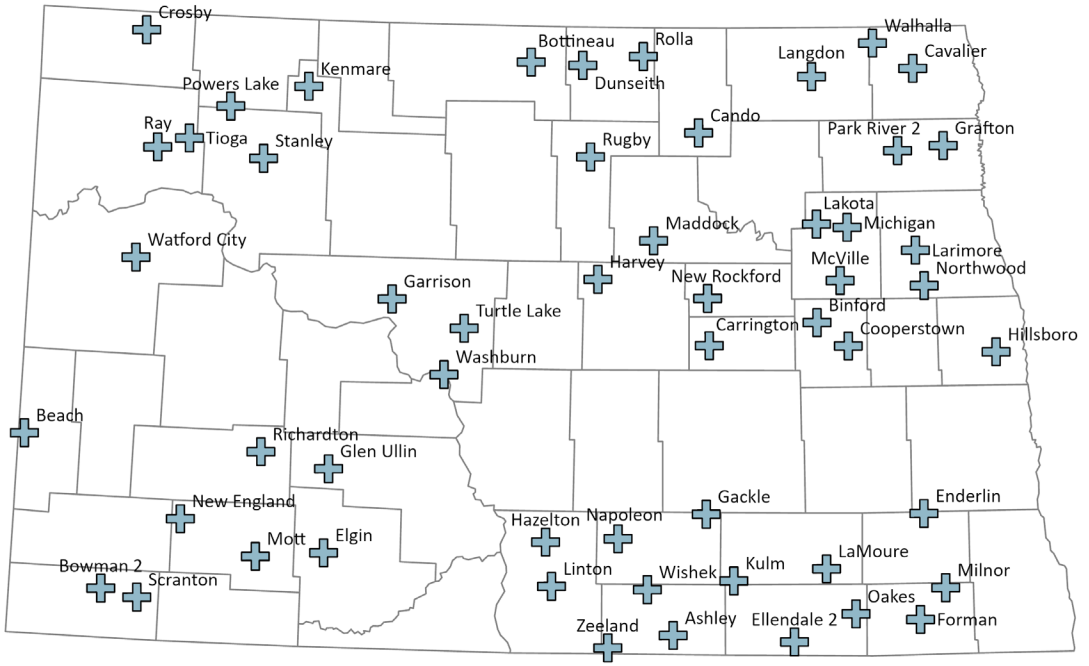
ND RHC NETWORK

- Launched Fall of 2021.
- Developed from the CAH Quality Network.
- Funded by our FLEX and SORH Programs.
- 100% participation from all ND RHCs:
  - Technical Assistance
  - Identification of statewide needs
  - Networking
  - Educational webinars
  - Virtual Library

ND RHC NETWORK ADVISORY COMMITTEE

- **Tammy Clemetson**
  - First Care Health Center
- **Dustin Hager, PA-C**
  - Heart of America Medical Center
- **Alison Peterson**
  - CHI Oakes Hospital
- **Shelby Davis**
  - Tioga Medical Center
- **Justine Puppe**
  - Towner County Medical Center
- **Theo Stoller**
  - McKenzie Health

North Dakota Rural Health Clinics, 2023



Sources: data.HRSA.gov, May 2023

Created by the North Dakota Healthcare Workforce Group, May 2023

Network's Mission: To support ongoing performance improvement of North Dakota's Critical Access Hospitals

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NEEDS IDENTIFIED

- Identified during strategic planning session.
- Annual Greatest Needs Survey.
- ND RHC Network Advisory Committee.

FLEX APPROACH

- ND Flex Team Communication/Discussion with Eide Bailly.
- The RHC Financial Indicator Analysis:
  - The need to create financial indicators for reporting:
    - No set industry format.
  - Filed cost reports utilized for source data:
    - Ensures greater participation in data reporting.
    - May be delayed due to filing deadlines:
      - Data from 7/1/2020 – 6/30/2021 submitted cost reports.

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FLEX APPROACH

- The RHC Financial Indicator Analysis:
  - Identified financial indicators:
    - Total Cost Per Visit
    - Healthcare Staff Cost per Visit
    - Other Cost per Visit
    - Medicare Payer Mix
    - Visits per FTE:
      - Physician
      - Nurse Practitioner
      - Physician Assistant
      - Certified Nurse Midwife
      - Visiting Nurse
      - Clinical Psychologist
      - Clinical Social Worker

FLEX APPROACH

- The RHC Financial Indicator Analysis:
  - NP & PA FTE as a Percentage of Total Provider FTE.
  - Provider Cost per FTE:
    - Physician
    - Nurse Practitioner
    - Physician Assistant
    - CNM Cost per Provider FTE
    - Visiting Nurse Cost per Provider FTE
    - Clinical Psychologist Cost per Provider FTE
    - Clinical Social Worker Cost per Provider FTE
  - Average Charge per Medicare Visit.
  - Cost per Vaccination.
  - Days in Accounts Receivable.
  - Discussion on Cost Reporting Strategies.
- Established Minimum, Maximum, 25th, Median, Average and 75th indicators.

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FLEX APPROACH

- Anna's approach to RHCs:
  - Used the August 2022 ND RHC Network Quarterly Meeting for Ralph to present the 15 benchmarks to all ND RHCs.
  - Shared unique identifiers with each RHC prior to meeting.
  - Presentation available in the virtual library.
  - Followed up with in-person meetings to discuss best practices for each benchmark:
    - Two meetings on East and West sides of ND.
    - Top performers identified for each benchmark.
    - Followed up with limited individual Technical Assistance sessions.

MAXIMIZING ENGAGEMENT AND COLLABORATION

- Needed to address the ongoing challenges involved in cohort engagement:
  - Needed to develop strategy for identifying top performers.
  - Needed to create process to assist top performers in identifying best practices.
  - Developed core group of consistently high performers:
    - 1:1 engagement in preparation for live sessions.
- Built state specific best practices into blended presentation.

ATTENDEE COMMENTS

"What I would say is this is a first iteration at looking to help organizations with benchmarking financial data. This opened doors for conversations around high performing organizations and those that were not so high performing, but paved ways to start discussions to look for common efficiencies that could be gained to better position organizations for the future. I enjoyed learning from my colleagues as much as I enjoyed sharing our organizations information in areas we performed strongly in. I have already begun to look for more efficiencies in areas we were not performing so well in, with hopes to see improvements in future data sets."

"I appreciated being able to meet with colleagues to review the benchmarking and hear firsthand from the top performers to get ideas that were easy to implement in my facility. It is always nice to be able to network with other facilities and brainstorm ways to improve our patient outcomes and experiences."

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NEXT STEPS

Year two RHC Financial and Operational Benchmarking Analysis.

Compare year 2 benchmarks with year 1 – expect results to show up in year 3.

Continue to hold in-person meetings to discuss best practices.

Continue to hold individual TA hours.

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UND CENTER FOR RURAL HEALTH FLEX TEAM

- **Jody Ward**, Program Director (Flex)
- **Nicole Threadgold**, Senior Project Coordinator (Finance & Operations)
- **Anna Walter**, Project Coordinator (Rural Health Clinic Network)
- **Brad Gibbens**, Acting Director (Center for Rural Health)
- **Kylie Nissen**, Program Director (State Office of Rural Health)

QUESTIONS?

THANK YOU!

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