# Rural Healthcare Provider Transition Project (RHPTP)

Application and Interview Process for 2024-2025

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### **Table of Contents**

| RHPTP Purpose and Goal                  | 2 |
|---|---|
| ldeal Applicants                        |   |
| Application                             |   |
| Interview Questions                     |   |
| Interview and Scoring                   |   |
| Selection Process                       |   |
| Selection Notification and Announcement | 3 |
| Contact Information                     | 3 |
| Appendix A                              | 4 |
| RHPTP Interview Questions               | 4 |
| Appendix B:                             |   |
| Interview Scoring                       |   |



# RHPTP Purpose and Goal

With the support of the Health Resources Services Administration's Federal Office of Rural Health Policy (FORHP), the National Rural Health Resource Center provides selected small rural hospitals (SRH) and certified rural health clinics (RCH) with technical assistance (TA) through the Rural Healthcare Provider Transition Project (RHPTP). This project is designed to strengthen recipients' foundation in the key elements of value-based care (VBC), including, but not limited to quality, efficiency, patient experience, and safety. RHPTP's goal is to guide SRH and RHCs not currently participating in VBC, in preparing for and positioning their organizations for future participation in value-based care. Five applicants will be chosen each year to receive virtual and onsite TA.

# **Ideal Applicants**

All <u>eligible</u> SRH and RHCs are encouraged to apply. Ideal SRH or RHC applicants are those that demonstrate need and readiness for comprehensive TA, a level of financial stability, and a strong, stable leadership committed to active engagement in all phases of the project, including the application and interview process, where timeliness and responsiveness to any request for additional information is critical to the selection process. While all eligible SRH and RHCs are encouraged to apply, this project will best support candidates that are not currently or have not previously received similar TA, and do not have readily available support and access to VBC transition tools and resources.

# **Application**

The RHPTP <u>application</u> is used to capture basic information about the applicant and, although required, is not scored. Applications are completed and submitted electronically on a rolling basis; however, a deadline is assigned for each upcoming project year. Once the deadline for an upcoming project year has passed, generally in September, organizations may begin applying for the next project year at any time.

#### **Interview Questions**

RHPTP interview questions (Appendix A) focus on exploring organizational leadership, a demonstrated need for the resources provided by project TA, and a level of financial stability that allows for the organization to fully participate.

# Interview and Scoring

Each submitted application is followed by a 60-minute virtual interview with the RHPTP program manager and program specialist where a possible 28 points can be earned and an overall recommendation will be assigned (Strongly Recommend, Recommend, Recommend with Barriers, or Do Not Recommend) concerning the organization's likelihood of benefiting most from RHPTP focused TA. Interview scoring is completed for two focus areas: Readiness and Demonstrated Need. The Readiness score is weighted at 40% of the overall interview score and includes leadership stability and commitment, and financial stability. Demonstrated Need is weighted at 60% of the overall score and



includes areas such as strategic planning process, quality improvement process, population health activities, chronic disease management, and telehealth utilization. See <u>Appendix A</u> for interview questions, and <u>Appendix B</u> for scoring quidance.

#### **Selection Process**

Upon completion of interviews, scores and overall recommendations are shared with The Center's RHPTP Team, where five organizations are selected and recommended to the FORHP RHPTP Program Coordinator for final approval. In addition to interview score and overall recommendation, other variables may be considered in the selection process:

- Applicant type (SRH applying alone, SRH/RHC applying together, RHC applying alone, consortium of RHC applying together). This will allow for provision of TA to a variety of potential applicant types in and across cohorts.
- System affiliation. Organizations affiliated with a system tend have more support and resources than nonsystem affiliated hospitals and clinics. Where this is the case, preference may be given to non-system affiliated applicants.

#### Selection Notification and Announcement

Upon FORHP approval, selected organizations will be notified via phone call and a follow-up email, typically in November of each year. Technical assistance typically begins in January each year and runs through August.

#### Contact Information

For questions regarding eligibility, application, or scoring process, please contact Angie LaFlamme at <u>alaflamme@ruralcenter.org</u>, 218-216-7022, or email rhptp@ruralcenter.org.



# Appendix A

#### **RHPTP Interview Questions**

#### To determine READINESS for focused technical assistance in building a foundation for VBC:

- Describe your organizational and leadership strengths that will assist you in participating in this project and implementing consultant recommendations to move your organization towards future payment and delivery models.
- What variables (measurable and unmeasurable) did you consider in determining your organization's financial stability to participate in this project? Include source(s) for benchmarking, rationale, and measures (i.e., if you considered "Days Cash on Hand" as indicative of your financial stability, what source did you use as a benchmark?).

Additionally, please specify your organization's pre-pandemic and most recent operating margin and days cash on hand. These will be compared to state and national medians when available.

Operating Margin (%):

Days Cash on Hand:

#### To determine NEED for focused technical assistance in building a foundation for VBC:

- Describe your organization's strategic planning process, how often it's updated, dashboard used (i.e., Balanced Scorecard or other model) to monitor progress of your strategic goals and objectives, and how this information is shared within your organization.
- Describe your quality improvement process. Include information about who is involved; how data is collected, tracked, and used to make changes; and examples of quality improvement issues that have been addressed.
- Describe current activities to address population health, chronic disease management, and any initiatives within your organization that address the health of your employees. Some examples may include wellness and prevention, community collaboration, care management, education, information management/disease registry, addressing social drivers of health, collaboration with primary care physicians).
- Describe your past and current financial and operational activities to prepare your organization for the transition to a value-based payment system. (Include activities such as improvement in revenue capture, expansion of services or service area, improving provider engagement, improving clinical quality data, etc...
- Describe the ways you currently utilize telehealth services. Include any information about disease specific areas, use of remote patient monitoring systems, extent in which you utilize telehealth, and any future telehealth plans.



# Appendix B:

# Interview Scoring

| Question   | Scoring  | Notes |
|--|--|-------|
| What variables (measurable and unmeasurable) did you consider in determining your organization's financial stability to participate in this project? Include variable, source for benchmarking, rationale, and measures.  Also, please specify your organization's pre-pandemic and most recent measures (these will be compared to state and national medians if available):  Operating Margin (%)  Days Cash on Hand | 4= At or above median  3= Within 20% of median  2= 21%-50% below median  1= More than 50% below median   |       |
| Describe your leadership and organizational strengths that will assist you in participating in this project and implementing recommendations to move towards future payment and delivery models.   | 4= Strongly positioned for future participation in VBC  3= Moderately positioned for future participation in VBC  2= Slightly positioned for future participation in VBC  1= Not at all positioned for future participation in VBC                       |       |
| Describe your organization's strategic planning process, how often it's updated, dashboard used (i.e., Balanced Scorecard or other model) to monitor progress of your strategic goals and objectives, and how this information is shared within your organization.   | 4= Strategic planning process is minimal, and there is little to no access to resources to prepare for future participation in VBC  3= Strategic planning process is functional, and there are some resources to prepare for future participation in VBC |       |



| Question   | Scoring   | Notes |
|--|---|-------|
|  | 2= Strategic planning process in place, and there is reasonable access to resources to prepare for future participation in VBC  |       |
|  | 1= Strategic Plan and dashboard in place, and there is ample access to resources to prepare for VBC   |       |
| Describe your quality improvement process. Include information about who is involved; how data is collected, tracked, and used to make changes; and examples of quality improvement issues that have been addressed. | 4= QI program is minimal and there is little to no access to resources to prepare for future participation in VBC   |       |
| issues murmove been dudressed.   | <b>3=</b> QI program is functional and there are some resources to prepare for future participation in VBC  |       |
|  | 2= QI program is acceptable and<br>there are reasonable resources to<br>prepare for future participation in<br>VBC  |       |
|  | 1= QI program is robust and there is ample access to resources to prepare for VBC   |       |
| Describe current activities to address population health and chronic disease management. Include any initiatives within your organization that address the health of your employees.                                 | <b>4=</b> There are no population health activities, or they are just being planned for, and there is little to no access to resources to prepare for future participation in VBC |       |
| (i.e., wellness and prevention, community collaboration, care management, education, information management/disease registry, addressing social drivers of health, collaboration with primary care physicians)       | 3= Population health activities are initiated but not fully in place, and there are some resources to prepare for future participation in VBC                                     |       |



| Question  | Scoring  | Notes |
|---|--|-------|
|   | 2= At least one population health<br>activity is fully in place, and there<br>are reasonable resources to<br>prepare for future participation in<br>VBC  |       |
|   | 1= Two or more population health<br>activities are fully in place, and<br>there is ample access to resources<br>to prepare for VBC   |       |
| Describe your past and current financial and operational activities to prepare for the transition to a value-based payment system. Include activities such improvement in revenue capture, expansion of services or service area, improving provider engagement, and improving clinical quality data. | 4= Past and current financial and operational activities are minimal and there is little to no access to resources to prepare for future participation in VBC  3= At least one past financial or operational activity has been successfully completed, and at least more is being planned for, and there is some access to resources to prepare for future participation in VBC  2= At least one past financial and operational activity has been successfully completed and others are being planned for, and there are reasonable resources to prepare for future participation in VBC  1= Several past financial and operational activities have been successfully completed and others are being planned for, there is ample access to resources |       |
|   | to prepare for VBC, and the organization currently has 50% of revenue in VBC.  |       |
| Describe the ways you currently utilize telehealth services. Include any information about disease specific areas, use of remote  | <b>4=</b> Current utilization of telehealth is minimal and there is  |       |



| Question   | Scoring   | Notes |
|--|---|-------|
| patient monitoring systems, extent in which you<br>utilize telehealth, and any future telehealth<br>plans. | little to no access to resources to prepare for future participation in VBC   |       |
|  | <b>3=</b> Telehealth provides regular access for up to two services such as primary care visits or behavioral health, and there are some resources to prepare for future participation in VBC                         |       |
|  | 2= A robust telehealth program, which includes access to several specialists, is in place and there are reasonable resources to prepare for future participation in VBC   |       |
|  | 1= A robust telehealth program,<br>which includes access to several<br>specialists, and includes home<br>monitoring services; and there is<br>ample access to resources to<br>prepare for future participation<br>VBC |       |
| Total Score:   |   |       |
| Overall Recommendation:  |   |       |
| ☐ Strongly Recommend   |   |       |
| ☐ Recommend  |   |       |
| ☐ Recommend With Barriers  |   |       |
| □ Do Not Recommend   |   |       |
|  |   |       |



| Question   | Scoring    | Notes |
|--|------------|-------|
| How does your organization operate with health systems? (i.e., fully independent in ownership, referrals for specialty care, telehealth, electronic health record affiliation, system managed or owned) Used only if they responded "yes" to affiliated with a health system in the application. | Not scored |       |
| Ask if applicant participates in SHIP, FLEX, or other FORHP programs, discuss services received and verify not part of Delta Region Community Health Systems Development (DRCHSD) Program.   | Not scored |       |
| Ask if applicant is participating in any independent projects that may interfere/hinder full RHPTP project participation.  | Not scored |       |

