Medicare Rural Hospital Flexibility Program

Multi-State MBQIP Educational Collaborative
Collaborative Participants

[Map of the United States with Wyoming and Illinois circled]
Illinois Department of Public Health – grantee and subcontracts with the Illinois Critical Access Hospital Network (ICAHN)
  ◦ Partners: Illinois Health and Hospital Association; universities; stroke and CHNA (community health needs assessment) consultants; rural accountable care organization (ACO)
  ◦ ICAHN manages activities/program
  ◦ Focus areas…peer groups/list servs/projects

51 critical access hospitals (CAHs)
  ◦ 33 Independent; 18 system facilities
  ◦ No closures – remaining financial viable
  ◦ 40/51 participating in some type of ACO
Wyoming Flex Program

- Administered by the Wyoming Department of Health, Public Health Division, Office of Rural Health
- Supports 16 CAHs
- Partners with:
  - Wyoming Hospital Association as a fiscal manager
  - Rural Health Solutions and Quality Reporting Services for Medicare Beneficiary Quality Improvement Project (MBQIP) activities and technical support
  - Mt. Pacific Quality Health for statewide collaborative projects
California Flex Program

- Administered by the California Department of Health Care Services, State Office of Rural Health

- Partners with:
  - California Hospital Association/Health Foundation Trust for financial/operational improvement activities
  - Rural Health Solutions for MBQIP activities
  - California Critical Access Hospital Network (CCAHN) for statewide projects

- Supports 34 critical access hospitals
The Quality Health Indicator (QHi) web site was developed through the Kansas Hospital Association and the Kansas Rural Health Options Project to as a benchmarking tool for rural Kansas hospitals.

Provides hospitals with a tool to evaluate internal processes of care and to seek ways to improve practices by comparing specific measures of quality with like hospitals.

Hospitals can select from a library of indicators to determine which measures meet their unique needs.
How Did We Get Here?

- Flex Administration
  - Use of QHi State Administrators
  - Overlapping activities
  - Recognition of limited resources
  - Willingness to collaborate and contribute resources to collaboration
  - Started our conversations mid-April
Identification of Common Challenges

- Staff turnover in critical access hospitals
- Inconsistent reporting
- Use of data analysis to identify focus areas

State and National Averages
State responsibilities based on expertise and strengths
- Planning meetings on focus areas, resources, efficiencies and responsibilities
- Wyoming was already developing Emergency Department Transfer Communication (EDTC) webinars
- California identified Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) as a focus area
- Illinois identified Immunization challenges as focus area
- Collaboratively looking at capacity building of the outpatient (OP) measures

Costs absorbed by each state

Planning and Scheduling
- Each state is responsible for developing and scheduling activity for area of focus
- Other states are responsible for disseminating information to their hospitals
## Collaborative Activities

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<tr>
<th>EDTC</th>
<th>HCAHPS</th>
<th>Immunization</th>
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<tbody>
<tr>
<td>Webinar Series</td>
<td>Webinar Series</td>
<td>Marketing Materials</td>
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<tr>
<td>➢ EDTC Focused Measures:</td>
<td>➢ Quietness in Hospital</td>
<td>Best Practice tools such as newsletter articles, fun games to engage employees</td>
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<tr>
<td>➢ EDTC #6</td>
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<td>➢ EDTC #4</td>
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<td>➢ EDTC #1</td>
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<td>Presentations materials are available at: <a href="http://www.wyqim.com">www.wyqim.com</a></td>
<td>➢ Response Rate</td>
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<td></td>
<td>➢ Transitions of Care Measures</td>
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Expected Outcomes

- Enhancement of core competencies for our state Flex Programs
  - Building partnerships
  - Improving processes
  - Promoting quality reporting and improvement
  - Management of Flex program resources as efficiently as possible
  - Sharing and using lessons learned and best practices

- Adapting to Change
  - As reporting becomes a requirement for participation, Flex Programs will have more work with the same resources
Critical Access Hospitals offered more resources
More consistent reporting
Improved scores
Networking
Expected Outcomes

- New ideas to improve engagement
- Greater participation improves reliability of benchmarking and quality scores
- Share training and marketing costs
- Why recreate the wheel?
Questions – Thank you

- Jennifer Brooks, California Flex Coordinator
- Michelle Hoffman, Wyoming Flex Coordinator
- Pat Schou, ICAHN Executive Director/Illinois Flex Program