Medicare Rural Hospital Flexibility Program

Multi–State MBQIP Educational Collaborative

Collaborative Participants

Illinois Flex Program

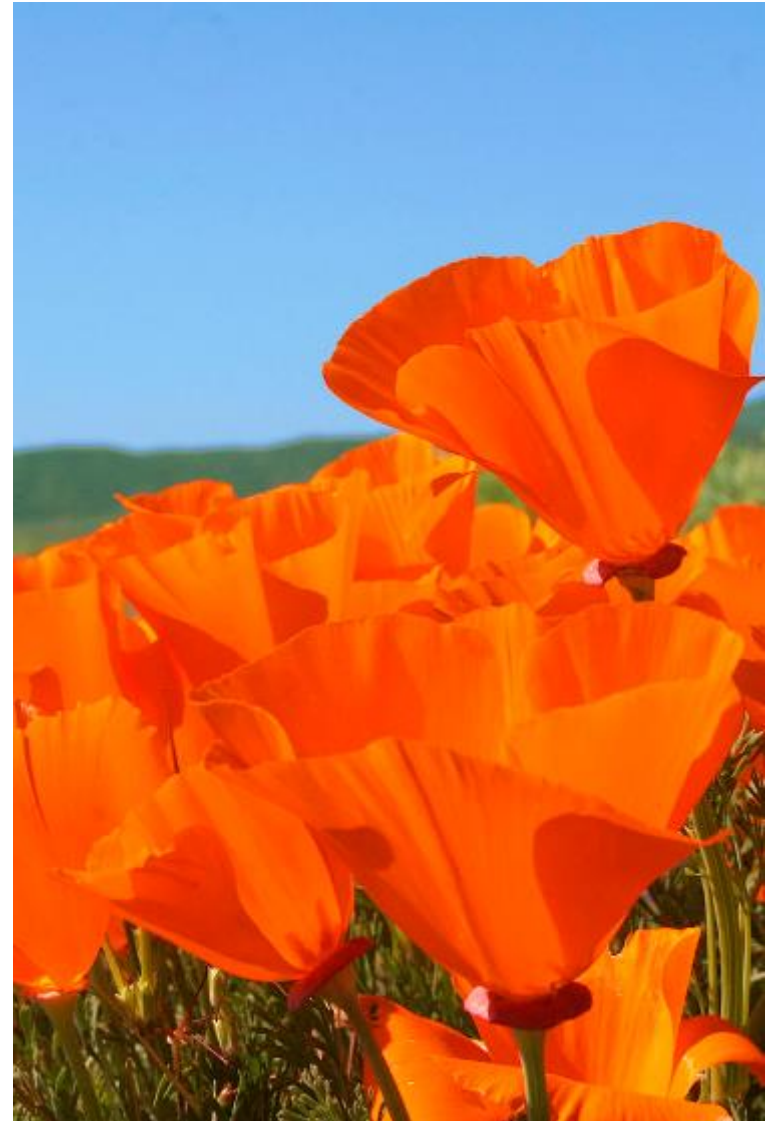- Illinois Department of Public Health – grantee and subcontracts with the Illinois Critical Access Hospital Network (ICAHN)
  - Partners: Illinois Health and Hospital Association; universities; stroke and CHNA (community health needs assessment) consultants; rural accountable care organization (ACO)
  - 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
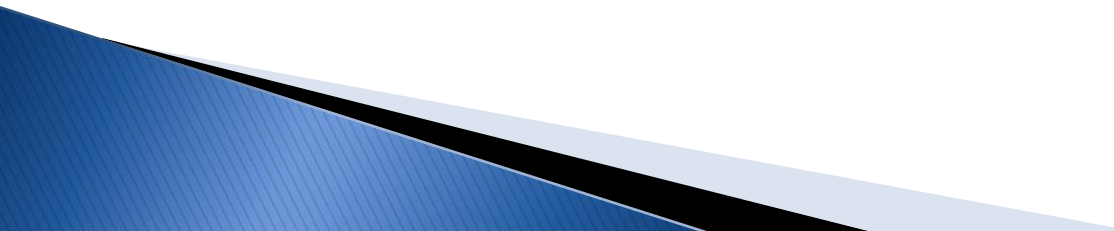 - 40/51 participating in some type of ACO

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

Quality Health Indicators (QHi)

▸ 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.

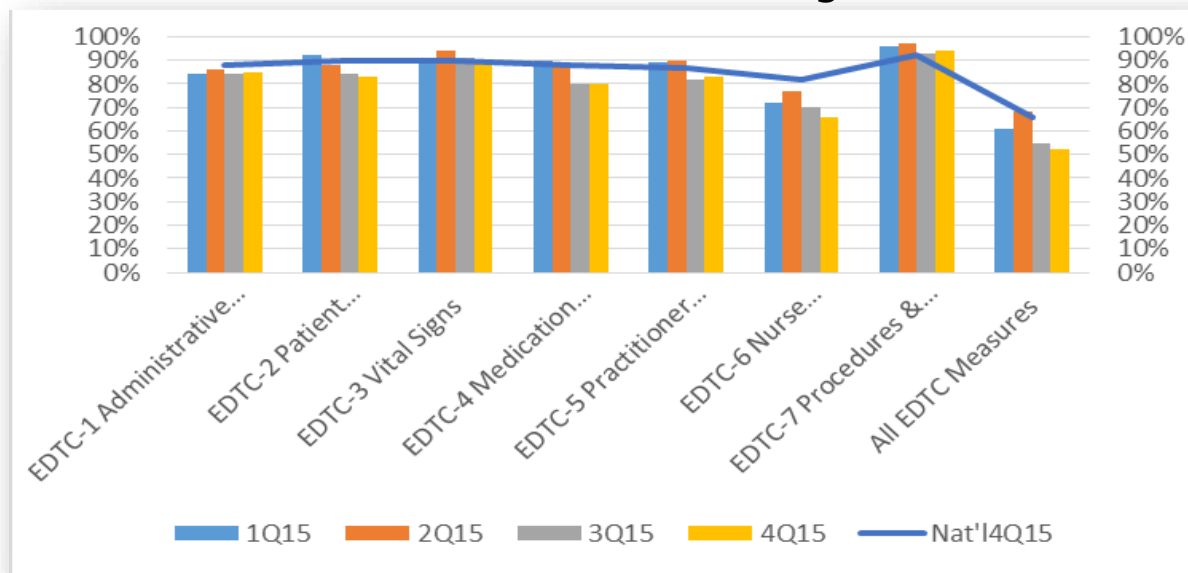▸ Hospitals can select from a library of indicators to determine which measures meet their unique needs.

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

Structure of Collaborative

- 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
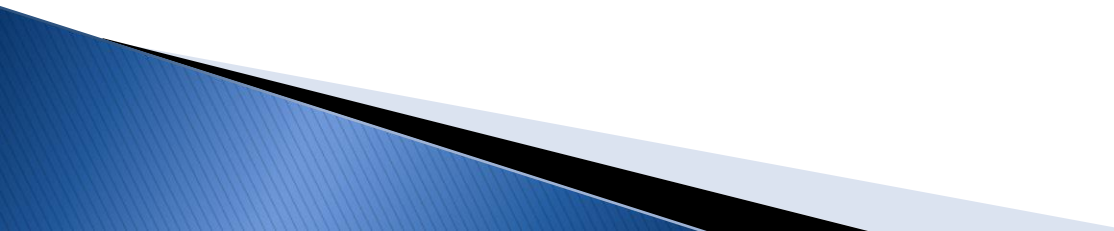 - Other states are responsible for disseminating information to their hospitals

Collaborative Activities

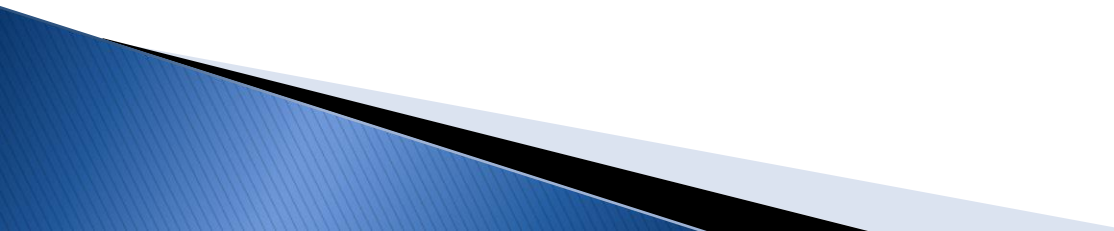| EDTC	HCAHPS	Immunization
Webinar Series	Webinar Series	Marketing Materials
➢ EDTC Focused Measures: ➢ EDTC #6 ➢ EDTC #4 ➢ EDTC #5 ➢ EDTC #1	➢ Quietness in Hospital	Best Practice tools such as newsletter articles, fun games to engage employees
Presentations materials are available at: www.wyqim.com	➢ Response Rate	
	➢ Transitions of Care Measures	
	➢	
	➢	

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

Expected Outcomes

- 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