Federal Office of Rural Health Policy Welcomes You!
Flex Reverse Site Visit:

Pathways To Value
• Food is not provided at the conference. There will be ample time at lunch for you to find lunch at a local restaurant.

• Restrooms are located.....

• There are scheduled breaks but please step out quietly if needed during the sessions

• Turn your cell phones to silent or vibrate

• Minimize our Carbon Foot-Print!
Colored stickers on conference attendee name badges note the length of time individuals have been involved with the Flex Program:

- **Red** – Less than 1 Year
- **Yellow** – 1-3 Years
- **Green** – 4-6 Years
- **Blue** – 7 Years +
Activity Sheets

• Flex Conference Activity Worksheet. Required to complete one per state. Turn in at Registration desk by end of Reverse Site Visit tomorrow.
Thanks!

• Valuable partners who traveled here to be a part of the Reverse Site Visit include:
  • Flex Monitoring Team
  • National Rural Health Resource Center
    • TASC!!!!!
  • Rural Assistance Center
  • Rural Health Value
  • Rural Recruitment and Retention Network (3RNet)
Don’t Forget! FORHP Regional PO meetings at the end of the Reverse Site Visit tomorrow.
Special Guest!

• Diana Espinosa
• Deputy Administrator of the Health Resources and Services Administration (HRSA)
• When: 1:45 p.m. Today!
• Where: Ballroom AB
The Future of the National Flex Program

Kevin Chaney and Kristin Martinsen
FORHP

DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.
“I need someone well versed in the art of torture—do you know PowerPoint?”
Purpose of the Flex Reverse Site Visit

• Highlight *Past, Current, Future Pathways to Value* in the Flex Program including:
  • improvements to quality of care,
  • financial and operational performance,
  • population health, and
  • emergency medical service integration.

• Focuses on the latest information and issues;
• Feature states sharing stories of their experiences, lessons learned and successes;
The Landscape of Health Care is Rapidly Changing
Emerging Questions & Challenges

Moving Beyond Fee for Service
- Reimbursement & the Increasing Link to Quality Outcomes
  - Value-Based Purchasing
  - Patient-Centered Medical Homes
  - Accountable Care Organizations
  - And …

Changing Payer Mix Post ACA
- Newly Insured
- DSH Reductions
- Fitting into the Many New Networks
- Role in Ongoing Outreach and Enrollment
- Helping Educate about Insurance Basics

Changing Dynamics of Workforce
- Team-Based Care
- Community-Based Training
- Emergence of New Training Models
- Disconnect with Existing Training Models
- Scope of Practice

Transitional and Volatile Environment
- Mergers & Acquisitions
- Moving to Employed Clinician Model
- Market Segmentation
- Changes and Variability in Federal and State Policy Arenas

Role of Health IT
- EHR Implementation
- Reaching Meaningful Use
- Role of Telehealth

What Might This Mean for Rural Health… for Flex?
Vision for Health Care Transformation

System designs that simultaneously improve three dimensions:

- Improving the health of the populations
- Improving the patient experience of care (quality and satisfaction)
- Reducing the per capita cost of health care
Does this sound familiar?

NATIONAL QUALITY STRATEGY

1. **Better Care:** Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe

2. **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care

3. **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government

http://www.ahrq.gov/workingforquality/
Does this sound familiar?

Better care, smarter spending, healthier people
Patient Value = \frac{\text{Quality} + \text{Service}}{\text{Cost}}
Critical Access Hospitals (CAHs)

Source: Centers for Medicare and Medicaid Services; U.S. Department of Health and Human Services; October 2014.

Note: Alaska and Hawaii not shown to scale.
“I’ve been a cow all my life, honey. Don’t ask me to change now.”
How it can feel at the FORHP...
Future of Flex – what it means for States…CAHs
FY 2015 Flex Program Areas

- Quality Improvement (MBQIP)
- Financial and Operational Improvement
- Population Health Management & EMS Integration
- CAH Conversion
- Integration of Innovative Models*
Medicare Beneficiary Quality Improvement Project (MBQIP)
It tells us how the health system is performing:

- Micro-Level
  - Departmental
  - Hospital
  - Systems
- Macro-Level
  - State
  - Regional
  - National

Where is improvement needed?

Are we improving?

How do we compare to others?
Why QI?

- Aligns with the National Quality Strategy
  - Better Care, Healthy People/Healthy Communities and Affordable Care.

- Aligns with Delivery System Reform Initiatives
  - ACO; Value Based Payment
  - Measuring, Reporting, Improving to Play

- Transparency on Multiple Levels
  - Hospital
  - State
  - Federal
  - Programmatic
Finance

• Where Does Rural Fit In …
  • ACOs
  • Medical Homes
  • Bundling
  • Value-Based Payment
  • Deficit Reduction
  • Cost-Master Review
Finance & Population Health

- Variable National Picture
- Identifying and Promoting Successful Interventions — beyond the hospital walls!
- Monitoring “At-Risk” Communities
- Helping Rural Health Clinics
EMS and Flex Funding

• FORHP is working to better understand this complex issue and ways to assist states with higher EMS needs

• Also, in the wake of rural hospital closures, we are closely monitoring how EMS and para-medicine could serve as innovative models of care delivery.
Innovative Models of Care

- We have states and CAHs doing tremendous work across all areas.
- FORHP wants to promote the development, integration, and dissemination of such models for other CAHs.
- Identifying what models work for rural and which ones might need adjustment.
The Future of FLEX - Program

- Understanding Key Competencies
- Updated Resources
- Improving State and Regional Partnerships
  - Networking
  - Peer-to-Peer Learning
  - Non-Geographic Partnerships
- Strategic investments
  - SHIP to support state need
  - CAH Cohorts
What comes Next

• Funding Memos are being processed (Now – August)
  • PO will let you know of potential conditions/terms
• PIMS Update (Now – July)
  • FY 14 PIMS and FY 15 PIMS (2016)
• Flex NoA (August-September)
  • ORC Summary Statements / Scores
  • Discuss with your PO
Last, but not least....

Our goal is to listen and improve...

“Nobody ever asks ‘How’s Waldo?’”
Thanks!