Things You Wish You Knew the First 6 Months on the Job
Facilitated Discussion

Rebecca Bradley Dowdy, MBA
Vice President, Healthcare Consulting Services
July 21, 2016
Bethesda, MD
Agenda

- FLEX Program Background
- Project Life Cycle
  - Initiation Phase
  - Planning Phase
  - Executing Phase
  - Closing Phase
- Group Discussion
FLEX Program Background

• Balanced Budget Act (BBA) 1997
  ◦ Established Medicare Rural Hospital Flexibility Program

  ◦ Goals of FLEX Program
    - Improve Quality of Care in CAHs (Critical Access Hospitals)
    - Improve Financial Operations of CAHS
    - Improve Operational outcomes of CAHS
FLEX Program Background

• Where is the FLEX Grant “housed” in your state?
  ◦ Typically in SORH (State Office of Rural Health)?
• FLEX Program enables states to:
  ◦ Assess community healthy
  ◦ Assess EMS (Emergency Medical Services) needs of CAHs
  ◦ Improve Community/Population health
  ◦ Improve critical diagnoses ID and management time
  ◦ Support transition to value-based healthcare models for CAHs
Project Life Cycle

• 4 Phases of Project Life Cycle

Source: http://www.method123.com/project-lifecycle.php
Initiation Phase

• Project conceptualization process
  ◦ Outline basic processes to start project
  ◦ Define what the project is to accomplish

• Pre-Grant Award
  ◦ Scope of activities necessary to execute objectives of grant proposal

• Core Competencies for State Flex Program Excellence Self-Assessment
• **Subcontractor Selection Criteria**
  ◦ Good written and oral communication skills
  ◦ An established and trusted relationship with rural hospitals
  ◦ Obtaining references from trusted sources
  ◦ Clear understanding of project deliverables
  ◦ Availability to perform work load within grant time constraints
  ◦ Social media or web based presence
  ◦ Following states guidelines for subcontractors (if available)
Planning Phase

• Develop individual subcontracted projects
  ◦ Define Scope of Work (SOW), Deliverables & Payment for Services
  ◦ SOW – clearly defined deliverables tied to definitive timeline and completion dates

• How does your state FLEX team complete the planning phase work?
  ◦ RFP (request for proposal) process, collaboration with state partners, SORH team input?
Planning Phase

• Deliverables
  ◦ Contract execution date (Kick-off)
  ◦ Major Milestones
  ◦ Deliverable / Completion Date

• Payments
  ◦ Tied to specific deliverables
  ◦ Options for withholding payment if deliverables not met
    - Partial payments; non-payment; termination of agreement
Planning Phase

• Data Sharing
  ◦ FLEX Monitoring Team (FMT) data reports
  ◦ Medicare Beneficiary Quality Improvement Project (MBQIP)
  ◦ Data available through state partners
    - State Hospital Association
    - State Rural Health Association
    - Quality Improvement Organization
    - State Health Information Exchanges
  ◦ Use of Data Use Agreements / Non-Disclosure Agreements?
Data Sharing

• FMT Available Reports:
  ○ Critical Access Hospital (CAH) Financial Indicators Report: Summary of Indicator Medians by State
    - State & National Median Values for 22 Financial Indicators
  ○ Critical Access Hospital Measurement & Performance Assessment System (CAHMPAS)
    - Financial, Quality & Community-Benefit Performance of CAHs
Execution Phase

• Monitor / Manage Work Output
  ◦ Technical Monitoring
    - Tracking and reporting progress on key performance indicators & timely completion of deliverables
    - Engaging Subcontractors and Partners in Demonstrating Outcomes
  ◦ Financial Monitoring
    - Revenue Cycle Management
    - Flex Program Sub-Contract Tracking Spreadsheet
Closure Phase

• Project Close-Out Process
  ◦ Submittal of closeout notice
  ◦ Submission of final deliverables
  ◦ Submission of final invoices

• How does your state address un-met Contract Deliverables?
  ◦ Deliverable timeline not met
  ◦ Scope of work not completed
  ◦ Data/reports not delivered
  ◦ Failure to provide benchmarking tools or demonstrate outcomes of project
Closure Phase

• Project Close-Out Process
  ◦ Submittal of closeout notice
  ◦ Submission of final deliverables
  ◦ Submission of final invoices

• How does your state address un-met Contract Deliverables?
  ◦ Deliverable timeline not met
  ◦ Scope of work not completed
  ◦ Data/reports not delivered
  ◦ Failure to provide benchmarking tools or demonstrate outcomes of project
Conclusion

• FLEX Program is in place to provide resources for CAHs to improve the quality of care provided to rural patients
  ◦ Imperative that the FLEX Program can demonstrate the impact of federal investment on rural communities
  ◦ Must be able to tell our story
  ◦ Tracking and demonstrating success through benchmarks & utilization of available data strengthens the overall FLEX Program
Rebecca Bradley Dowdy
Vice President
225-223-9224
Rbradley@aesllc.org

Get to know us better:
http://www.ruralcenter.org