

The Flex Program: Looking Ahead

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Purpose of today's webinar

- Understand plans for Flex program planning
- Share ideas for Flex future direction
- Explore environmental scan data reflecting the current state of CAHs and the national Flex Program



Terminology: acronyms

- CAH: Critical Access Hospital
- FFR: Federal Financial Report, completed on SF-425
- FY: Fiscal Year
- MBQIP: Medicare Beneficiary Quality Improvement Project – quality improvement in the Flex Program
- PIMS: Performance Improvement and Measurement System

Resources

- State Flex Profiles:
<https://www.ruralcenter.org/tasc/flexprofile>
- TASC: <https://www.ruralcenter.org/tasc>
- Flex Monitoring Team:
<http://www.flexmonitoring.org/>
- Federal project officers assignments and contact information: <https://www.hrsa.gov/rural-health/rural-hospitals/region-map.html>

Download files below

File Share ☰	
Name	Size
Flex Planning Outline for 1-18-2018.pdf	79 KB
Flex data summary packaged 1-17-18.twbx	445 KB
CAH FAR codes map packaged 1-17-18.twbx	440 KB
Flex program summary data as of 1-18-18.xlsx	342 KB
Flex Logic Model-version 1.1.pdf	279 KB

Flex dates and deadlines

- Future program planning: January – April 2018
- Flex overview webinar: January 18, 2018, 3:00 pm Eastern
- PIMS report-out webinar: January 25, 2018, 2:00 pm Eastern
- Federal Financial Reports (FFRs) due January 30, 2018
- Last day to submit carryover requests is March 1, 2018
- *Expected* Flex FY 2018 NCC release: March 14, 2018
- *Expected* Flex FY 2018 NCC due date: May 9, 2018
- *Expected* Flex FY 2019 NOFO release: December 2018
- *Expected* Flex FY 2019 NOFO due date: March 2019

Terminology: Flex grant years

- FY 2016 = grant year 9/1/2016 – 8/31/2017
 - PIMS reports for FY 16 were **due November 2017**
 - Federal Financial Reports for FY 16 are **due January 2018**
- FY 2017 = grant year 9/1/2017 – 8/31/2018
 - PIMS reports for FY 17 will be **due October 2018**
- FY 2018 = grant year 9/1/2018 – 8/31/2019
 - Progress reports for FY 18 funding will be **due May 2018**
- FY 2019 = grant year 9/1/2019 – 8/31/2020

Flex timeline



	2016				2017				2018				2019											
	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
	Project Year 2 (FY 16)				Project Year 3 (FY 17)				Project Year 4 (FY18)															
NCC Progress Reports							Y2				Y3													
PIMS Reports	Y1								Y2								Y3							
Competing Applications																								New App
Financial Reports	FFR FY15				FFR FY16				FFR FY17															

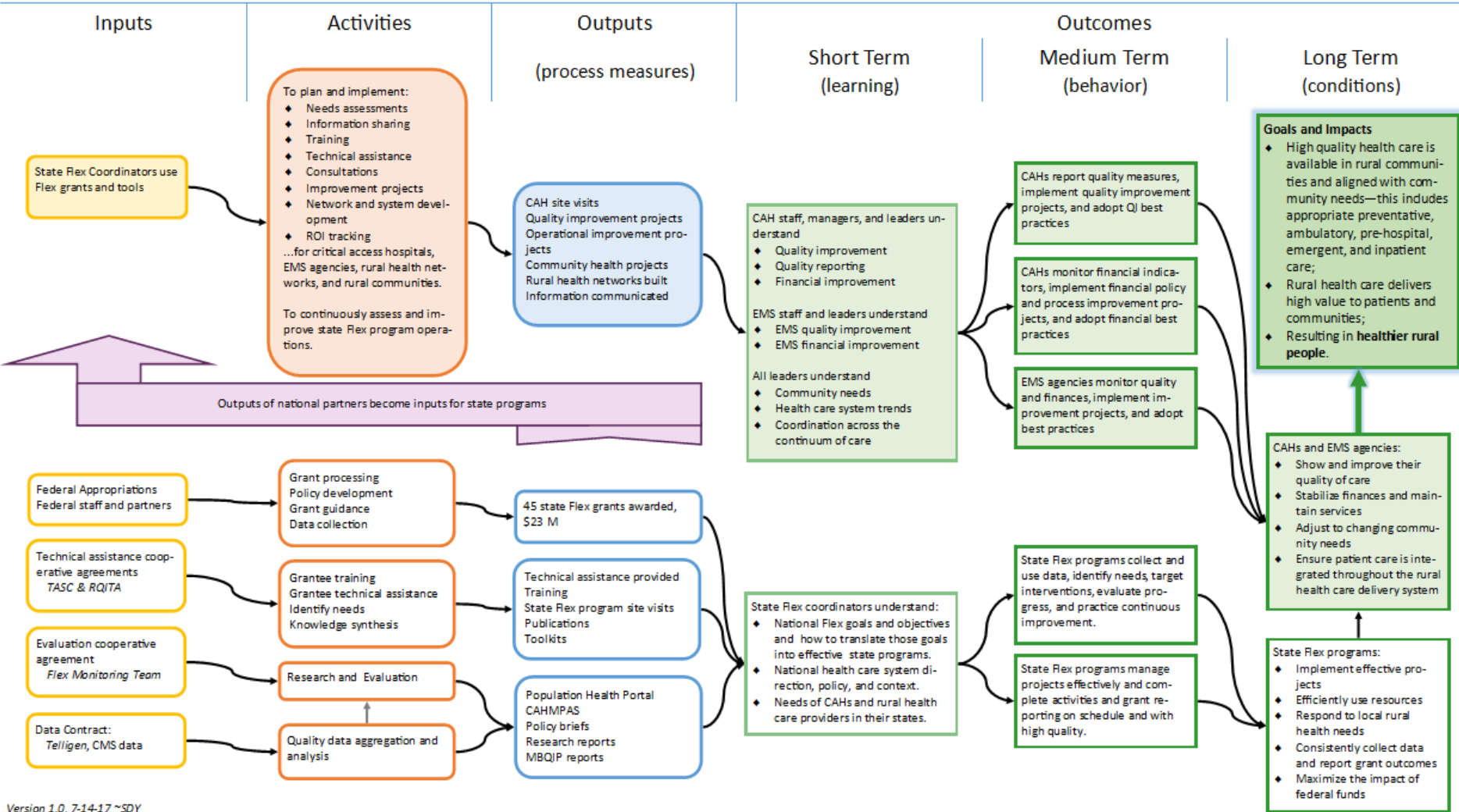


	2019				2020				2021				2022															
	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
	New Project Year 1 (FY19)				New Project Year 2 (FY20)				New Project Year 3 (FY21)				Year 4															
NCC Progress Reports							Y1				Y2								Y3									
PIMS Reports	Y4								Y1								Y2								Y3			
Competing Applications																												
Financial Reports	FFR FY18				FFR FY19				FFR FY20				FFR FY21															

Flex Program Logic Model—Overall Summary

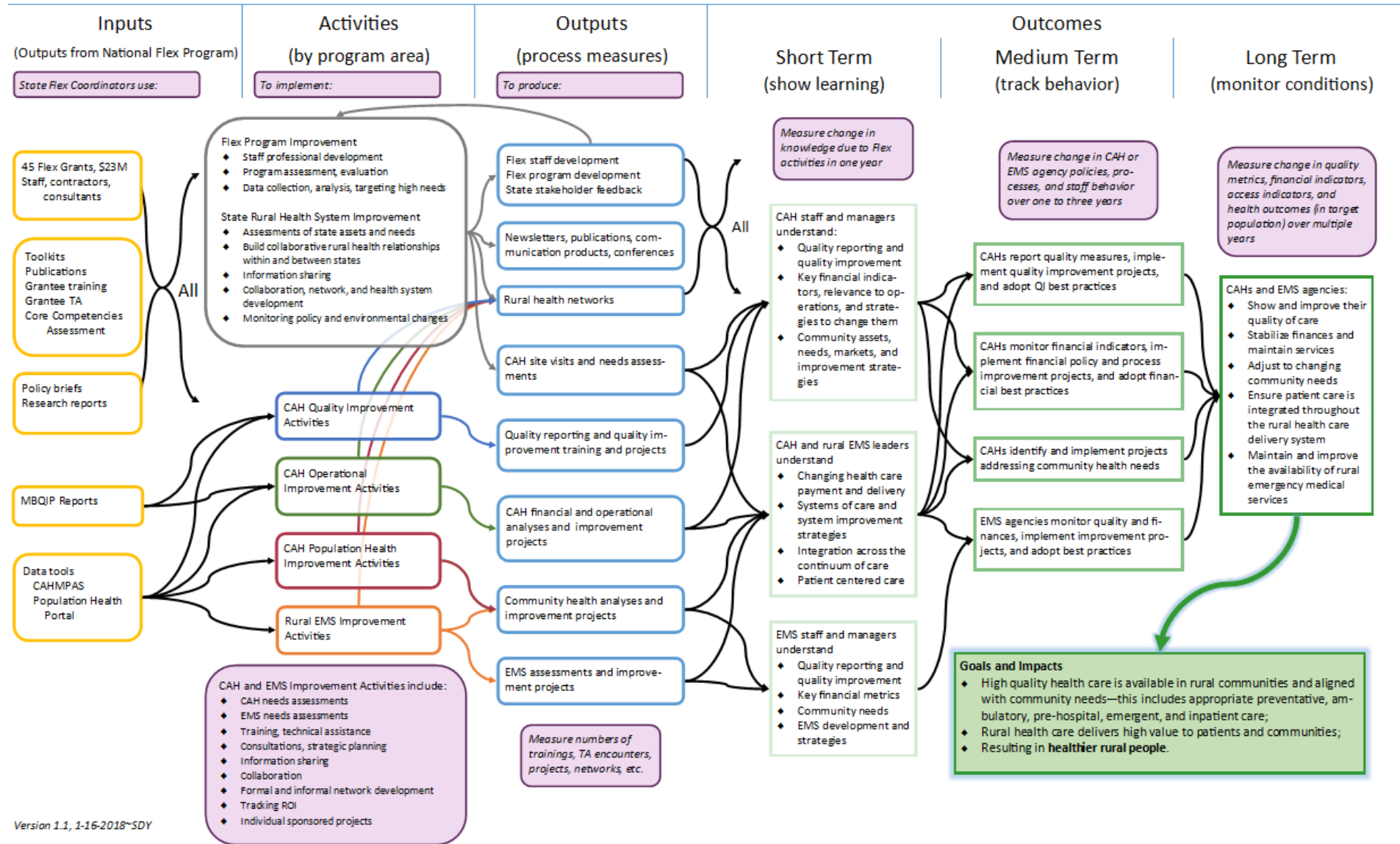
Need: Rural people have less access to health care and shorter life expectancies than urban residents.

Goal: Ensure access to health care services and improve people's health in rural communities.



Version 1.0, 7-14-17 ~SDY

Flex Program Logic Model—State Level

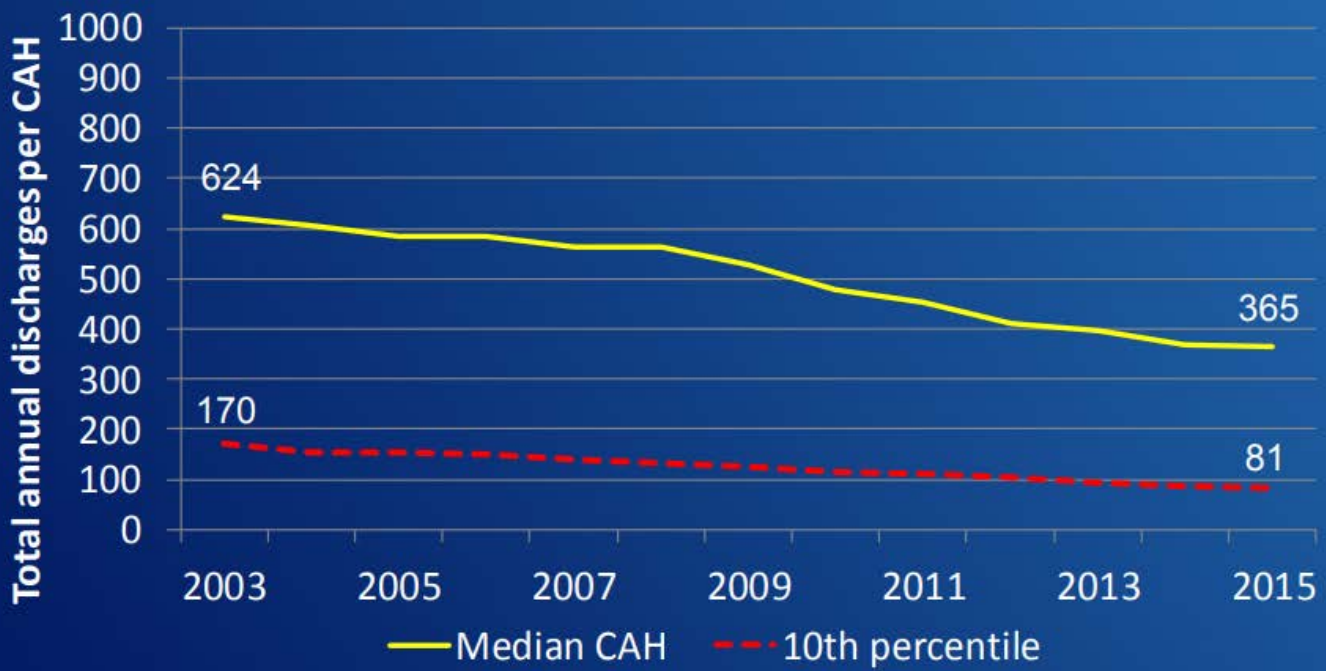


Federal budget performance measures

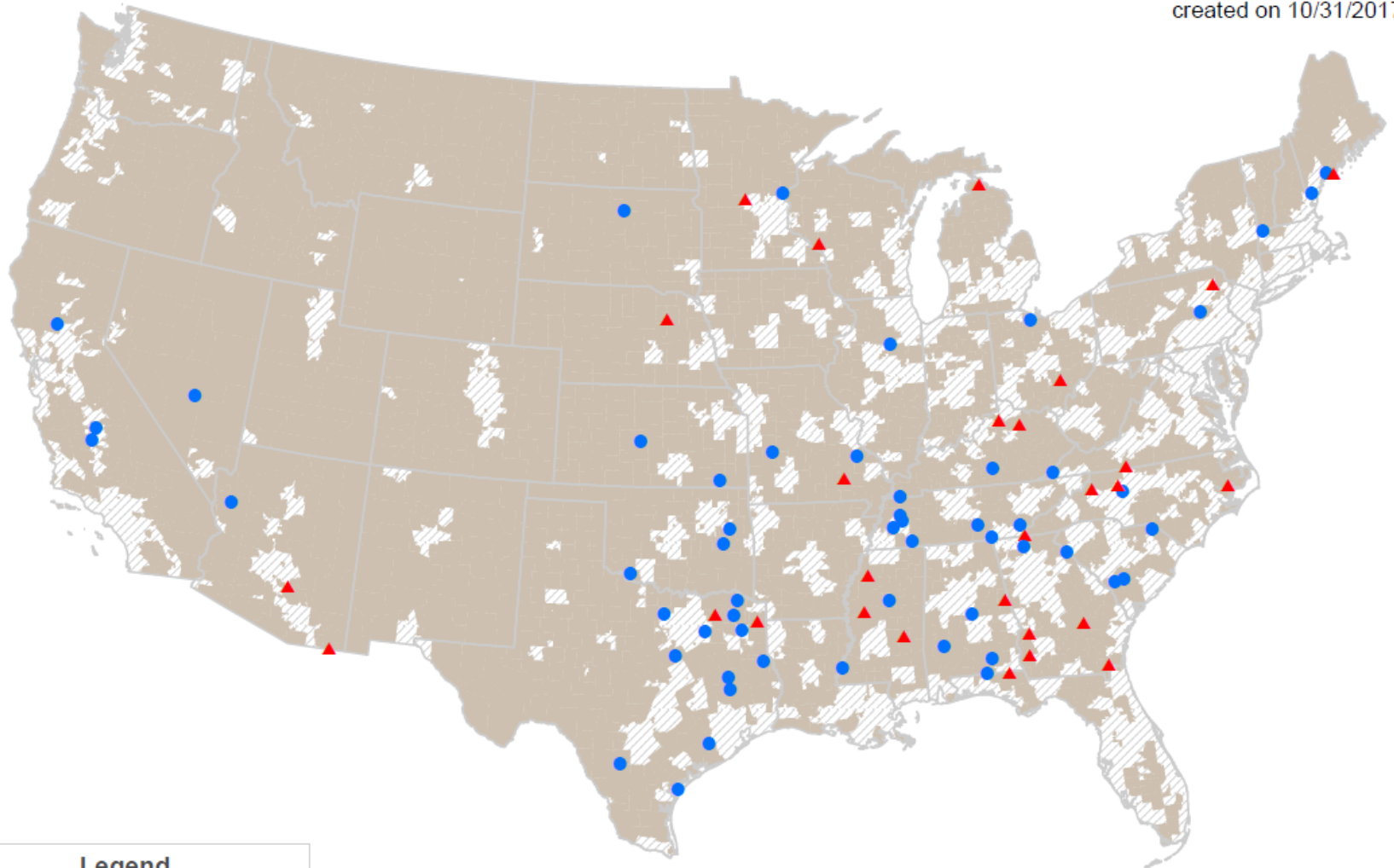
1. Increase the % of CAHs participating in HCAHPS
 2. Track the % of CAHs participating in MBQIP core measure quality improvement initiatives that improve
 3. Track the % of CAHs participating in MBQIP optional measure quality improvement initiatives that improve
 4. Increase the % of CAHs with positive operating margins
- Page 266, [FY 2018 Congressional Budget Justification](#)

MedPAC: ED presentation, 11/2/2017

Declining admissions at Critical Access Hospitals



Source: All-payer discharges reported by hospitals on Medicare cost reports
Preliminary results subject to change



Legend

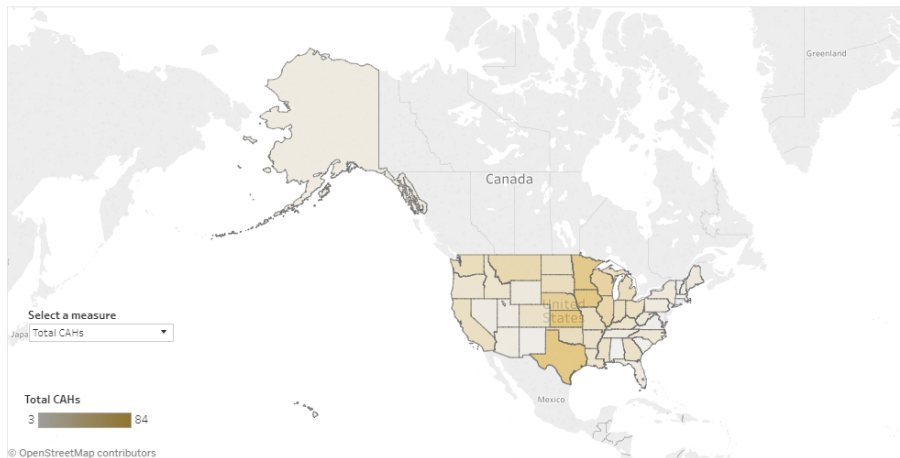
82 rural hospitals closed since 1/1/2010

- ▲ CAH (28)
- Rural PPS (54)
- FORHP Rural Health Areas
- ▨ Non-Rural Health Areas

0 150 300 Miles
Scale bar only applies to contiguous U.S.

Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Data Source:
HDW (<https://datawarehouse.hrsa.gov>)
FORHP (www.ruralhealth.hrsa.gov)

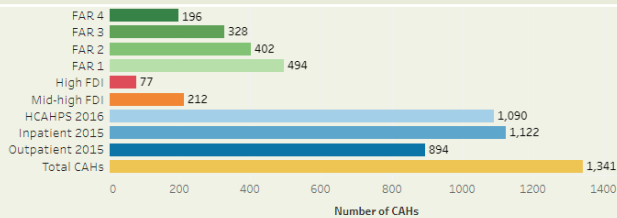
Flex Data Explorer



Flex funding, selected state(s):

\$23,659,822

Number of CAHs in selected state(s)



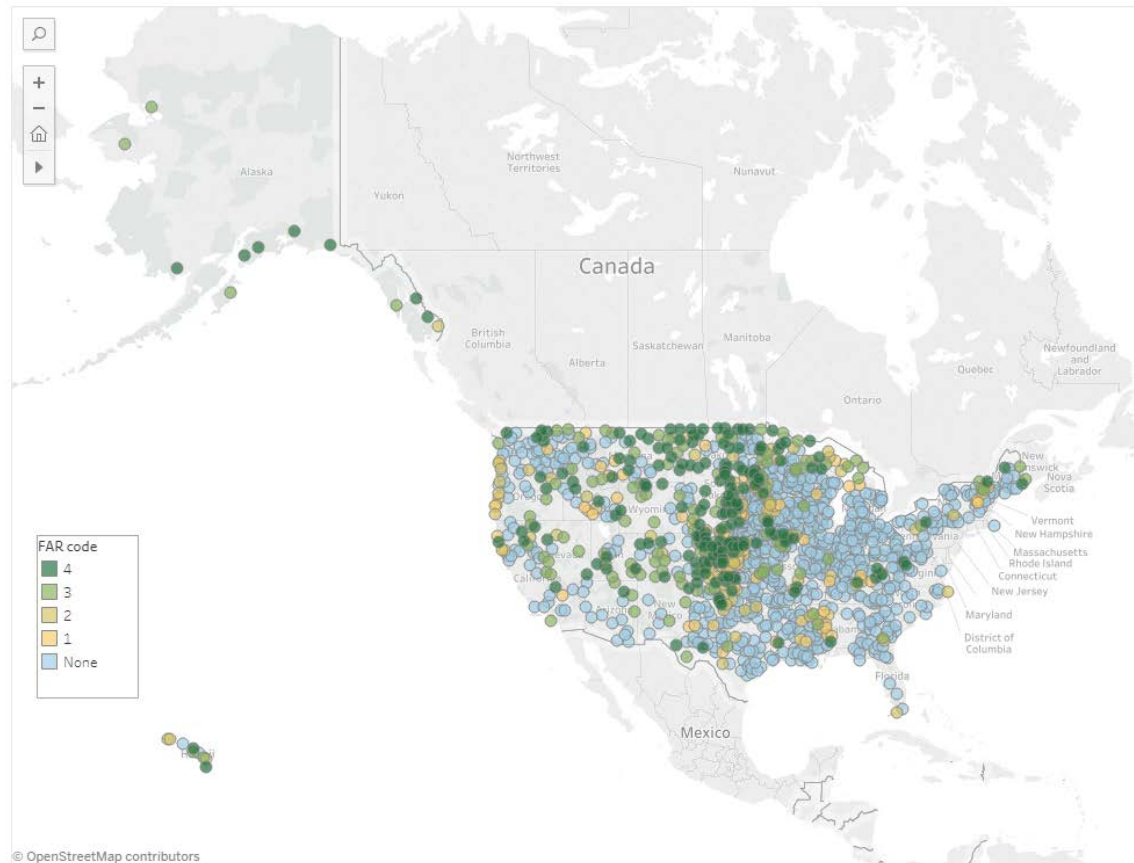
Select one or more states to see summary data. Hold down Ctrl to select multiple states. Click a blank section of the map to clear selection. Use the drop-down to switch which measure is displayed on the map.

Currently includes:

- Number of CAHs
- Financial Distress Index
- Frontier CAHs (FAR codes)
- CAHs reporting HCAHPS, Inpatient, and Outpatient
- Flex funding

CAH Locations and FAR Codes

CAH Locations and FAR Codes



Flex Planning Outline

Flex Planning Outline

This document is a starting point for discussion with Flex stakeholders about future Flex Program direction. The content is subject to change based on new data and input from stakeholders and partners.

PROPOSED PROGRAM AREAS AND ACTIVITY CATEGORIES

Program Area 1. CAH Quality Improvement

Goal 1: Increase number of CAHs consistently reporting MBQIP quality data

Goal 2: Improve the quality of care in CAHs.

Outcome measure: Number and percent of CAHs in the state consistently reporting data for all MBQIP core measures with reporting due dates during the grant year. Calculated by FORHP.

Participation measure: Number and percent of CAHs in the state participating in Flex-funded quality improvement activities. Target set in the application; actual participation reported in PIMS (aggregate of 1.1 – 1.8).

Activity Categories:

- 1.1. Core Patient Safety/Inpatient Measures
- 1.2. Core Patient Engagement Measures
- 1.3. Core Care Transitions Measures
- 1.4. Core Outpatient Measures
- 1.5. Additional Patient Safety Measures
- 1.6. Additional Patient Engagement Measures
- 1.7. Additional Care Transitions Measures
- 1.8. Additional Outpatient Measures

Program Area 2. CAH Operational Improvement

Goal 1: Improve financial viability of CAHs in the state.

Goal 2: Increase number of patients receiving care in CAHs.

- Download document from webinar sidebar or Flex Forum

Topic leads

- Quality and MBQIP:
 - Yvonne Chow, ychow@hrsa.gov, (301) 945-0782
- Population Health:
 - Owmy Bouloute, obouloute@hrsa.gov, (301) 945-9675
- EMS:
 - Christy Edwards, cedwards@hrsa.gov, (301) 945-0869
- Operational, Innovative Models, CAH Designation:
 - Sarah Young, syoung2@hrsa.gov, (301) 443-5905

Standard Outcome Measure

- A rollup measure that broadly reflects the success of a program area
- A measure that can be calculated from nationally-available data for all state Flex programs to allow comparisons
- Does not preclude additional state-defined outcome measures

Objectives of standard measures

- Fewer, more meaningful outcome measures
- Easier progress reporting
- Improve common understanding

Standard Measure: Quality

- *Number and percent of CAHs in the state consistently reporting data for all MBQIP core measures with reporting due dates during the grant year.*
- Issues: Stretch goal, numbers likely low initially, time lag for data availability

Standard Measure: Operational

- *Number and percent of CAHs in the state rated high or mid-high in the Financial Distress Index. Calculated by UNC.*
- *Number and percent of CAHs in the state with operating margins greater than zero. Data from CAHMPAS.*
- Issues: Time lag, missing cost report data

State Flex program improvement

- How should we address capacity building within state Flex programs?
- Capacity building activities currently in Flex:
 - Required regional and national meetings
 - Flex Workshop for new staff

Contact Information

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