

Medicare Rural Hospital Flexibility Program (Flex):

Performance Improvement Measurement System (PIMS) Orientation

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Agenda

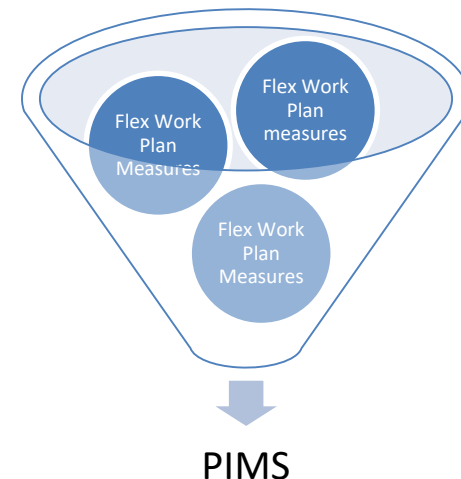
- PIMS Refresh
- PIMS Changes
- 2015-17 PIMS Measures
- Capturing Impact and Improvement
- Synthesis and Utilization of Flex PIMS Data
- Motivation for Measurement
- Coming Soon
- Summary
- Questions

PIMS Refresh

- Flex is a Federal grant program assisting 45 state designated entities - grantees.
- These grantees conduct activities supporting critical access hospitals in their state, based upon the Flex Grant Guidance.
- On an annual basis, grantees access the Performance Improvement Measurement System (PIMS) in Electronic Handbook (EHB), where they submit program related data, on the types of activities performed.

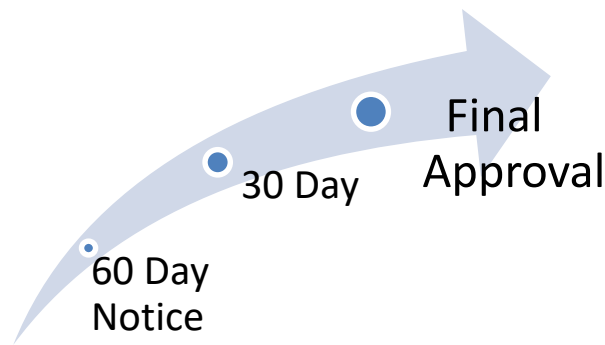
Where do PIMS measures come from?

- The measures in PIMS are derived from Flex Guidance Work Plan Measures.
- Work Plan Measures are developed by FORHP in coordination with our partners, such as the Flex Monitoring Team (FMT), and are meant to align with the Flex activities when FORHP develops the Flex Grant Guidance.



Approval Process for Collection

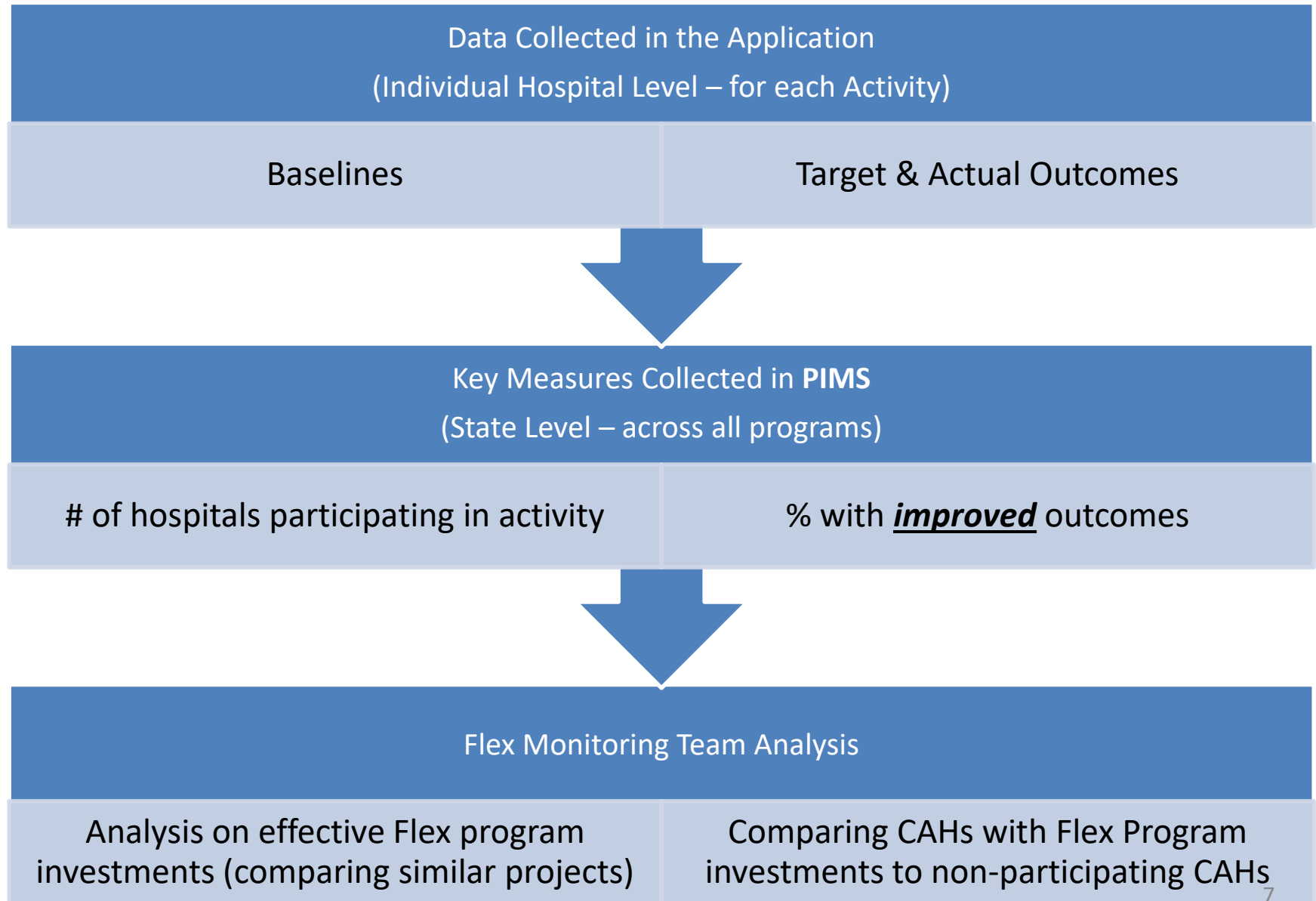
- Before FORHP can collect this uniform set of Work Plan Data via PIMS, we must go through Paperwork Reduction Act (PRA) clearance, ensuring the data collection doesn't cause undue burden on the public.
- Final approval comes from the Office of Management and Budget (OMB), following their review and a public comment period, which is announced in the Federal Register Notice (FRN).
- FORHP is seeking a three year renewal for the revised Flex Work Plan measures – some of which will be collected in PIMS beginning Fall 2016.
 - A 60 Day Federal Register Notice (FRN) was published May 27th, 2015;
 - A 30 Day FRN, open for public comment came out February 16th, 2016.
 - <https://www.gpo.gov/fdsys/pkg/FR-2016-02-16/pdf/2016-03014.pdf>



PIMS Changes

- Previous iterations of PIMS data (2012-14) provided our office with *a lot* of insight about the measures, the process, timing, and utility. As did grantee feedback!
- We then identified which elements returned the most consistent data. The best data elements was for basic CAH participation and improvement questions.

2015-17 Flex PIMS



2015-17 Flex PIMS

- Focus primarily on three areas:
 - # of CAHs participating in Program Area Improvement Activities
 - # of CAHs that improved in those Program Area Activities
 - \$ Amount Spent
- Gauge whether CAHs improve based on *your* activities and metrics?
 - Programs have varying needs;
 - Programs design different activity types;
 - We are not at a place for granular benchmarks, yet;
- Fewer Measures!
 - Apx: 350 to 175 in total
 - Less granular approach for grantees
- Complements other data elements in which FMT and our Partners utilize:
 - MBQIP Data reports
 - TA Request Metrics
 - CAH Finance Reports
 - Non Competing Continuation Reports

Flex Data FY15-17

Roll –up Measure	Number or percent of hospitals showing improved quality activity	Number of percent of hospitals showing financial improvement	Number or percent of hospitals showing improved operations
FY15			
FY16			
FY17			

2015-17 Flex PIMS

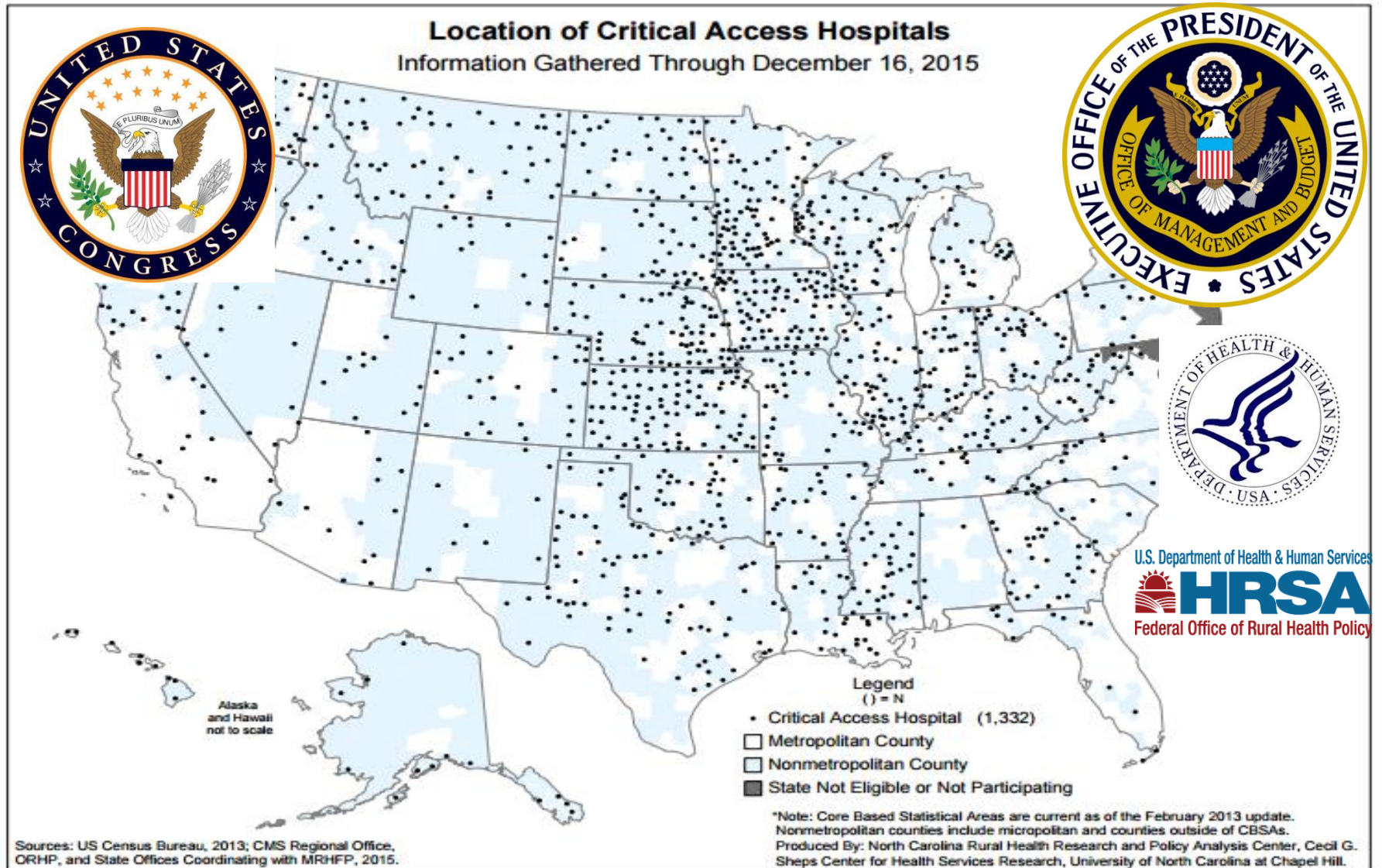
- Identify Program Areas
 - Note/Count CAHs participating for each program area – engaged in an improvement activity
 - Note/ Count whether that CAH improved
- Identifying the cost for related activities
- This general structure will be across most program area activities.
- This is all data, you should be tracking as a part of your monitoring processes.

The Utilization of Work Plan / PIMS Data?

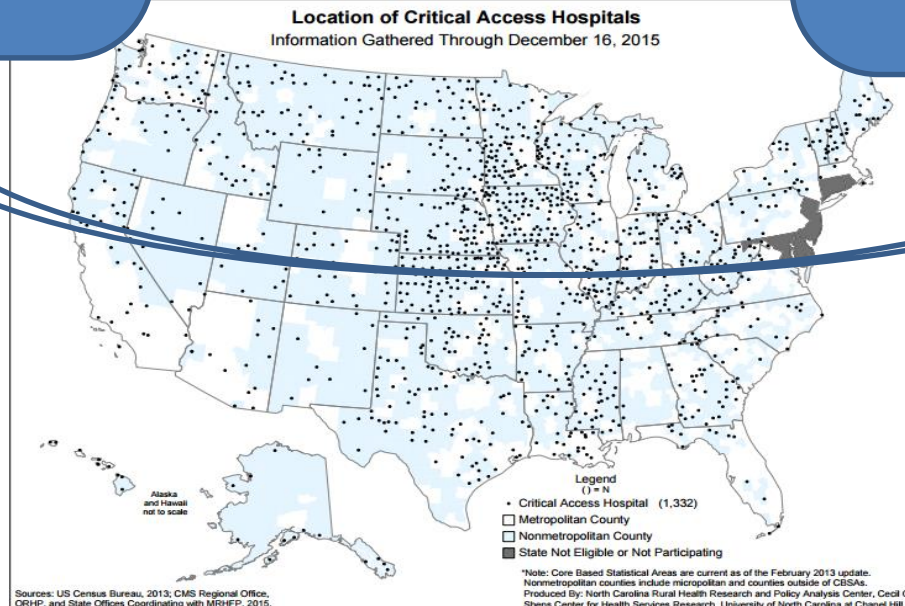
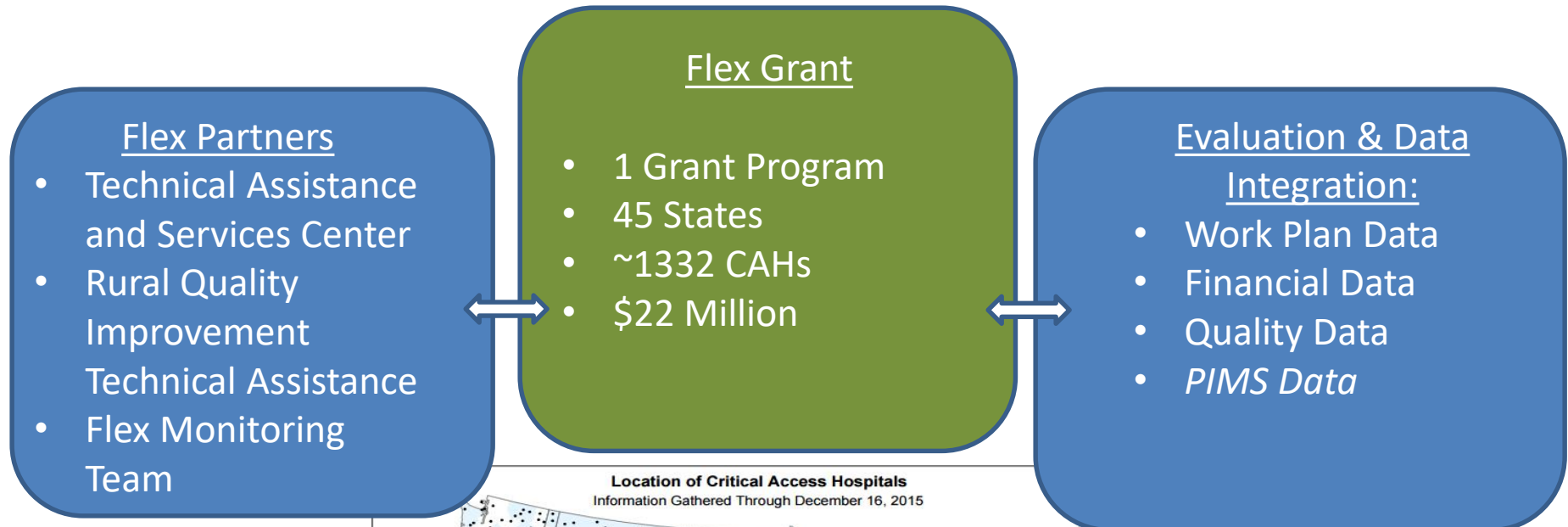
Informs Executive Branch and Congress of the 'Impact' Flex is having and what *opportunities* still exist for improvement

Creation of PIMS reports for states to chart progress!

Accountability for Program Performance



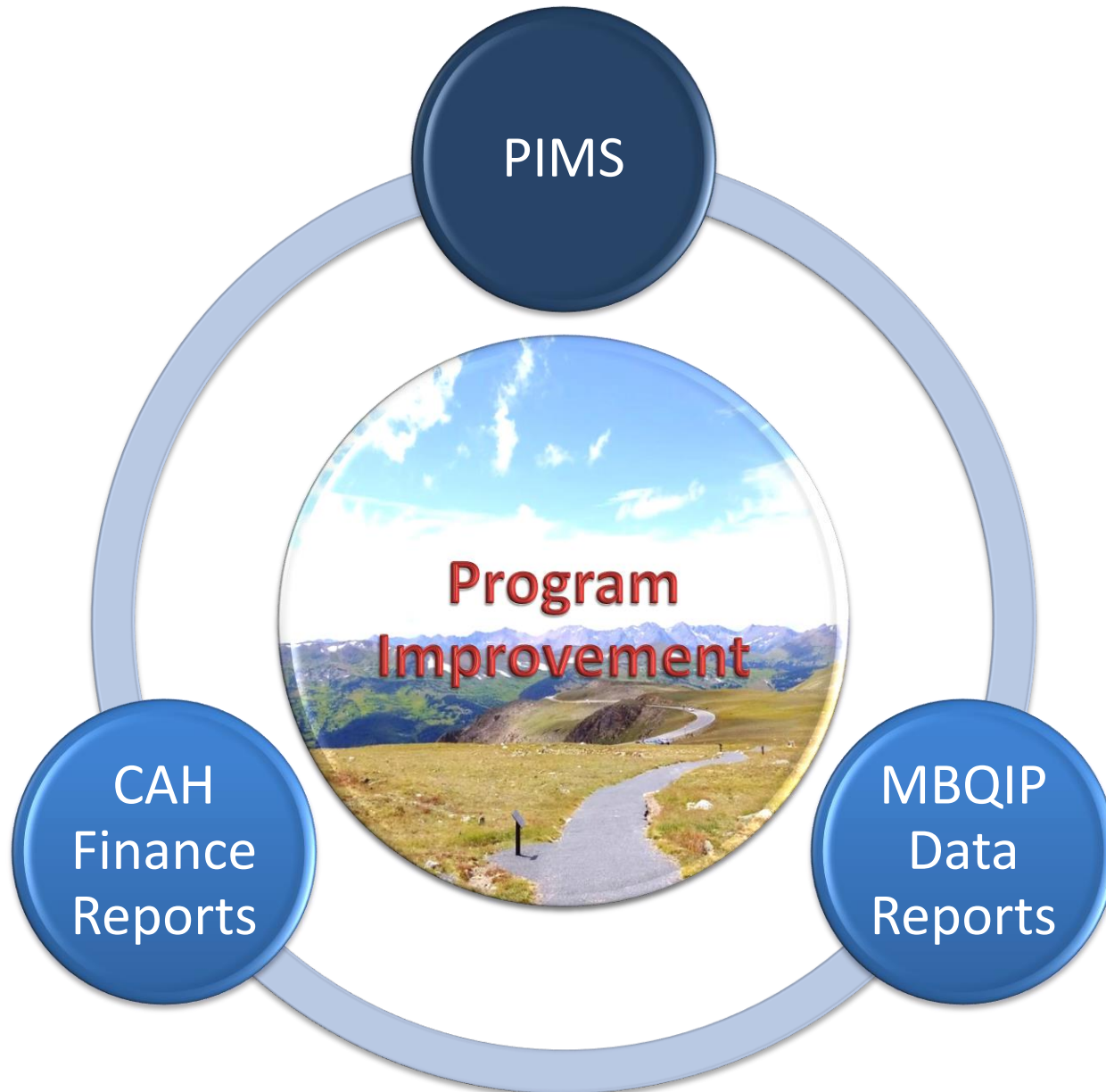
Capturing Impact *and* Improvement



Flex Evaluation and Research

- **Flex Monitoring Team (FMT)**
 - Consortium of the Rural Health Research Centers at the Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine, funded by the [Federal Office of Rural Health Policy](#) to evaluate the impact of the Medicare Rural Hospital Flexibility Grant Program (the [Flex Program](#)).
 - FMT synthesizes work plan, CAH quality and financial data
 - FMT creates policy briefs and other reports as informed by data elements
 - Provides recommendations about program direction and measurement.

Synthesis of Flex Data



Synthesis of Flex PIMS Data

- Allow FORHP / TASC / FMT and RQITA identify trends, identify best practices, programs in need of additional TA
 - Identify states with steady progress
 - Identify states with gaps
 - Cross Compare with Quality Reports
- Inform TASC and RQITA's Tool and TA resource development strategies for not only MBQIP but other parts of Flex
 - Focus moving from 'reporting' to 'improvement'
- Provides additional context for FMT's evaluations and in-depth analyses.
- Use of PIMS charts, graphs, and reports for easier interpretation by Flex Coordinators.

Coming Summer 2016

- We will provide more information about what to expect:
 - Reverse Site Visit
 - Webinars
- Screen Shots
- Walk-through Examples
- An increased understanding of FMT's evaluation work

Summary Slide

- Despite the many acronyms and references between Work Plan Data and PIMS data, it's not as painful as it looks!
- We've worked hard to make this a more friendly, less onerous process.
- There are state offices and individuals very interested and engaged in this arena – please continuing doing so.
- We're working on improving these connections to better inform our evaluation work in coordination with FMT.

Questions....Feedback?