

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.

DEFINITIONS FOR COMMON UNDERSTANDING

Program Area: Expansive grouping of Flex program work with one or two overarching goals for each area.

Activity Category: Specific categories of interventions and activities within each program area. We organize activities and interventions into categories to identify similar programs, define allowable activities, and structure PIMS reporting.

Measures: Clearly defined quantitative or qualitative indicators that relate to a program's stated objectives, goals, and activities.

Outcome measure: Measure that reflect the results of program activities and the effects of the program. Trends in outcome measures over time can demonstrate program impact.

Output measure: Measure that reflects the number or scale of program activities. Trends in output measures over time may indicate program efficiency but cannot demonstrate impact.

Participation measure: This is an output measure specifically tracking the number of CAHs or rural EMS agencies participating in Flex-funded activities.

PROPOSED PROGRAM AREAS AND ACTIVITY CATEGORIES

Program Area 1. CAH Quality Improvement (required)

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 each year. Target set in the application; actual participation reported in PIMS (aggregate of 1.1 – 1.8).

Activity Categories:

- 1.1. Report and improve Core Patient Safety/Inpatient Measures
- 1.2. Report and improve Core Patient Engagement Measures
- 1.3. Report and improve Core Care Transitions Measures

- 1.4. Report and improve Core Outpatient Measures
- 1.5. Report and improve Additional Patient Safety Measures
- 1.6. Report and improve Additional Patient Engagement Measures
- 1.7. Report and improve Additional Care Transitions Measures
- 1.8. Report and improve Additional Outpatient Measures

Program Area 2. CAH Operational Improvement (required)

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

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

Outcome measure: Number and percent of CAHs in the state rated high or mid-high in the Financial Distress Index. Calculated by UNC.

Outcome measure: Number and percent of CAHs in the state with operating margins greater than zero. Calculated by UNC and reported in CAHMPAS.

Participation measure: Number and percent of CAHs in the state participating in Flex-funded operational improvement activities each year. Target set in the application; actual participation reported in PIMS (aggregate of 2.2 – 2.5).

Activity Categories:

- 2.1. Statewide financial needs assessment
- 2.2. Individual CAH-specific needs assessment and action planning
- 2.3. Financial projects
- 2.4. Operational projects
- 2.5. Value-based payment projects

Program Area 3. CAH Population Health Improvement (optional)

Goal 1: Increase capacity of CAHs to improve population health status in their communities

Outcome measure: TBD

Participation measure: Number and percent of CAHs in the state participating in Flex-funded population health improvement activities each year. Target set in the application; actual participation reported in PIMS (aggregate of 3.1 – 3.3).

Activity Categories:

- 3.1. Identify needs in CAH Communities
- 3.2. CAH Action Planning
- 3.3. Implement Population Health Improvement

Program Area 4. Rural EMS Improvement (optional)

Goal 1: Improve rural EMS capacity in the state

Goal 2: Improve management of patients with time critical diagnoses

Outcome measure: TBD

Participation measure: Number and percent of rural EMS agencies in the state participating in Flex-funded improvement activities each year. Target set in the application; actual participation reported in PIMS (aggregate of 4.2 – 4.4).

Activity Categories:

- 4.1. Statewide rural EMS needs assessment
- 4.2. Community-level rural EMS assessments and action planning
- 4.3. EMS quality improvement
- 4.4. EMS operational improvement

Program Area 5. Develop Innovative Models (optional)

Goal 1: Increase knowledge and evidence-base supporting new models of rural health care delivery

Outcome measure: Increased rural evidence base as shown by a published report on positive and negative results of each model including health outcomes and replicability assessment (one report per project period, not annually).

Participation measure: Number of CAHs in the state participating in Flex-funded innovative model activities each year. Target set in the application; actual participation reported in PIMS (aggregate of 5.1, 5.2).

Activity Categories:

- 5.1. Develop and test innovative models and publish report or documentation of the innovation
- 5.2. Develop and test CAH provider-based outpatient clinic (including provider-based RHCs) quality reporting and publish report or documentation

Program Area 6. CAH Designation (required if requested)

Goal 1: Assist rural hospitals to seek or maintain appropriate Medicare participation status to meet community needs

Output measures: 1) number of rural hospitals requesting conversion assistance; 2) number of new CAHs receiving CMS certification in reporting year. Reported in PIMS.

Participation measure: Number of CAHs expected to request assistance. Target set in the application; actual participation reported in PIMS.

Activity Categories:

- 6.1. CAH Conversions: Assist rural hospitals exploring or pursuing conversion to CAH status
- 6.2. CAH Transitions: Assist CAHs with a planned transition to other types of health care services when an inpatient hospital is not viable or doesn't meet community needs

PROPOSED STANDARD PROGRAM AREA MEASURES

Program Area 1: Quality

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.

- Numerator = number of CAHs with data (including zero cases) for all core MBQIP measures for every quarter of the grant year
- Denominator = number of CAHs in the state that were in operation for every quarter of the grant year
- Exclusion = CAHs not in operation (or not operating as CAHs) for part of the grant year

Program Area 2: Operational

Outcome measure: Number and percent of CAHs in the state rated high or mid-high in the Financial Distress Index. Calculated by UNC.

- Numerator = number of CAHs with high or mid-high FDI scores
- Denominator = number of CAHs in the state that were in operation for every quarter of the grant year
- Exclusion = CAHs without FDI score due to lack of cost report data.

Outcome measure: Number and percent of CAHs in the state with operating margins greater than zero. Data from CAHMPAS.

- Numerator = number of CAHs with operating margins > 0
- Denominator = number of CAHs in the state that were in operation for every quarter of the year
- Exclusion = CAHs without operating margins in CAHMPAS due to lack of cost report data.

Program Area 3: Population Health, and Program Area 4: EMS

Question: Are there standard outcome measures that we should define for these two program areas?

COMPARING THIS DOCUMENT TO THE FY 2015 GUIDANCE

Similarities

- Quality and operational (financial) continue to be required areas
- EMS, population health, and innovative models continue to be optional areas

Differences

- Remove activity category 1.09 and combine reporting and improving MBQIP quality measures in activity categories 1.1 – 1.8 to reflect the way state Flex programs are implementing MBQIP projects.
- Add value-based payment projects as an activity category in operational improvement
- Separate population health improvement and EMS improvement into separate program areas.
- Emphasize evidence development in Innovative Models
- Add provider-based clinic quality reporting as a specific category in Innovative Models
- Renumber CAH Designation as program area 6 and add CAH Transitions as a category
- Improve definitions of program terms
- Propose specific standard measures for some program areas

Review previous Flex guidance: <https://www.ruralcenter.org/content/flex-grant-guidance>