



Welcome  
to  
Rockville!

**Communicating Value and Opportunities**

2016 Flex Program Reverse Site Visit

# Housekeeping



- Food is not provided at the conference. There will be ample time at lunch for you to eat at a local restaurant
- Restrooms are located...
- There are scheduled breaks but please step out quietly if needed during the sessions
- Please silence cell phones



# Meeting Details

- Download presentation materials from TASC
- We need your feedback! (look for the email assessment)
- Sign up to share a key takeaway tomorrow afternoon
- Ask a question of your Project Officers and Grants Management Specialists
- Complete your **Reverse Site Visit Activity Worksheet** by August 5



Colored stickers on your name badges note the length of time you have been involved with the Flex Program:

Red – Less than 1 Year

Green – 1-3 Years

Yellow – 4-6 Years

Blue – 7 Years +



# The Future of the National Flex Program

July 20, 2016

Sarah Young

Flex Program Coordinator

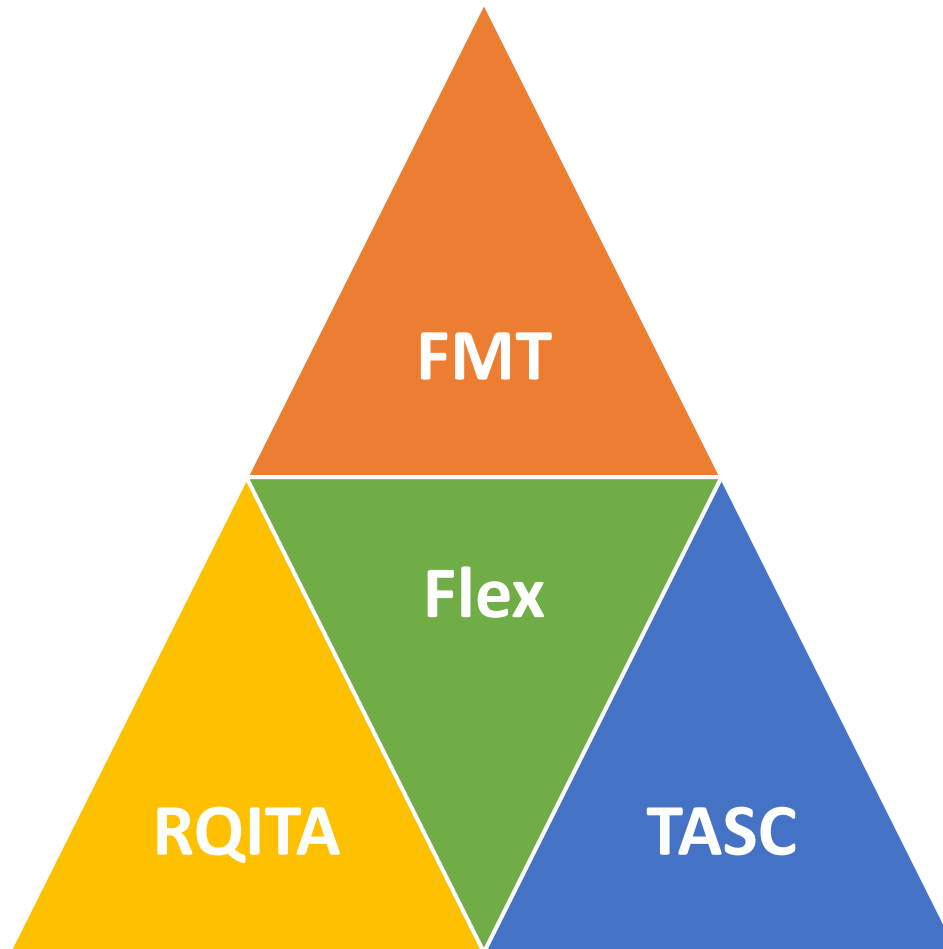


# What is *Flex*?

- A Federal grant program
- \$23.6 million in funding to 45 states
- 1332 critical access hospitals (CAHs)
- 1309 MBQIP memorandums of understanding (98% of CAHs)
- 382 financial and operational assessments in FY14
- Support for access to care in rural communities
- Shared knowledge and collaboration

**You**

# Flex TA and Evaluation Partners



# Why this meeting?



- Communicate the value from *your* work as part of the national Flex Program
- Strengthen *your* leadership as state Flex Programs
- Share *your* best practices and lessons learned from working with CAHs and rural stakeholders



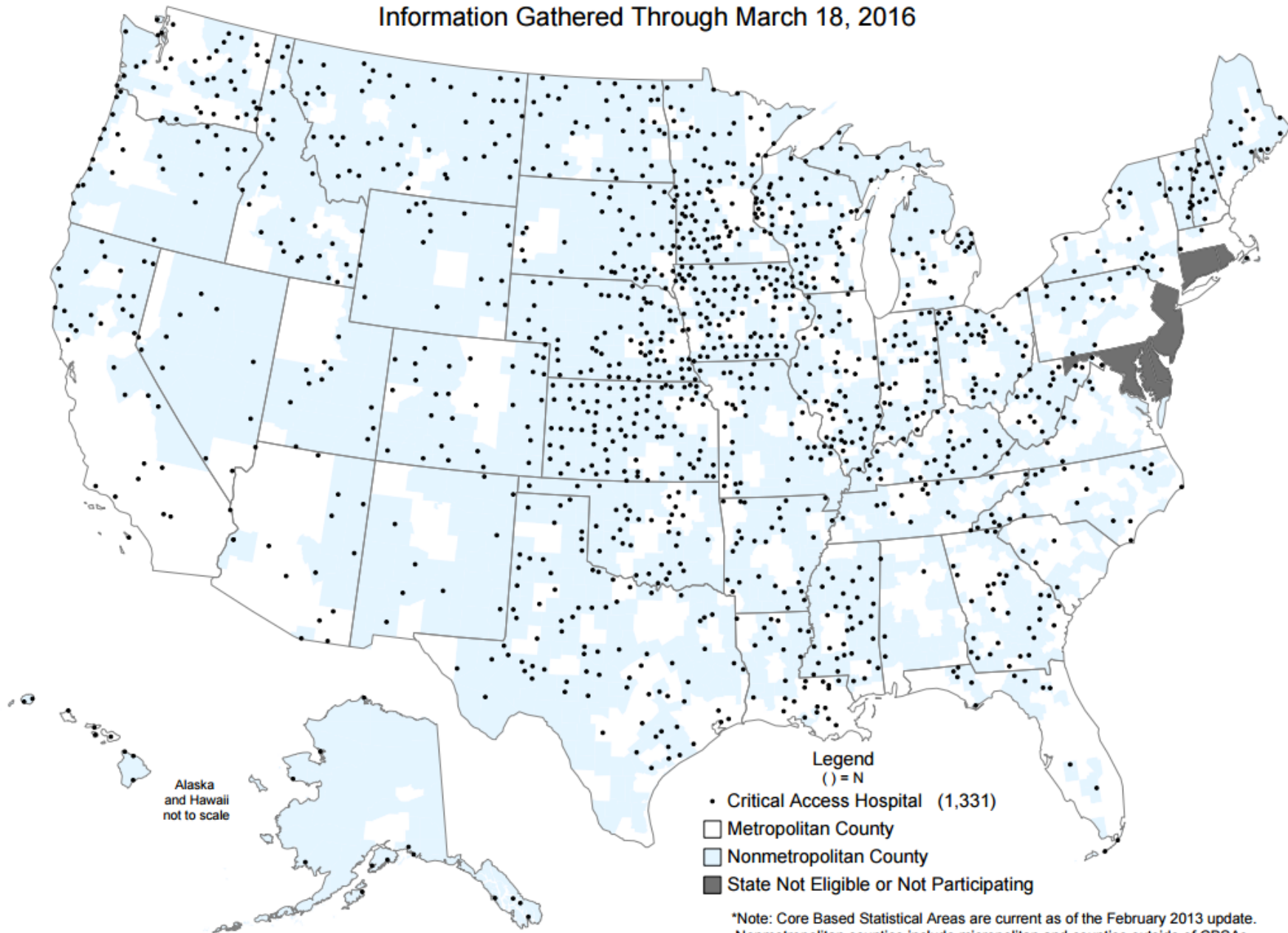


# Flex History

- In 1997 the Medicare Rural Hospital Flexibility Program (Flex) was *authorized* by Congress under Section 1820 of the Social Security Act (42 U.S.C. 1395i-4).
  - In response to the rapid increase of rural hospital closures
  - Established CAH designation and criteria
  - Established the Flex grant program
- Created the Flex grant program to engage *state designated entities* in activities relating to:
  - Planning and implementing rural health care plans and networks
  - Designating facilities as CAHs
  - Providing support for CAHs for quality improvement, quality reporting, performance improvements, and benchmarking; and integrating rural emergency medical services (EMS)

# Location of Critical Access Hospitals

Information Gathered Through March 18, 2016



# A few of your CAHs



# Core Areas of the Flex Program



1. Quality Improvement: *Medicare Beneficiary Quality Improvement Program (MBQIP)*
2. Financial and Operational Improvement
3. Population Health Management and Emergency Medical Services Integration
4. Designation of CAHs in the State
5. Integration of Innovative Health Care Models


Build on what you've accomplished





# Multi-year Flex Timeline

- NCC Progress Reports
- PIMS Reports
- Continuation Applications
- Financial Reports

2015	2016		2017		2018	
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	J F M A M J J A 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	J F M A M J J A S O N D
Project Year 1 (FY 15) 		Project Year 2 (FY 16)		Project Year 3 (FY 17)		New Project...
	Progress Y1		Progress Y2			
		PIMS Y1		PIMS Y2		PIMS Y3
				Application		
FFR FY14		FFR FY15		FFR FY16		FFR FY17



# Coming Up

- New Project Officer transitions
- FY 16 awards in process
  - NOAs in August
- Performance Improvement Management System (PIMS)
  - Reporting for FY15 in September & October
- Non-Competing Continuation (NCC) progress reports for FY 17 awards
  - Available ~ March 2017
  - Due ~ May 2017

# Reminder: National Quality Strategy



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



**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.

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

[See AHRQ resources at www.ahrq.gov/workingforquality](http://www.ahrq.gov/workingforquality)

# Reminder: The Value Equation



$$\text{Patient Value} = \frac{\text{Quality + Service}}{\text{Cost}}$$



# External Forces



- Changing technology
- Changing health care delivery
- Changing populations and local economies
- Changing expectations



# Showing Value in the Flex Program



- State Flex progress reports, data, and stories
- Flex Program evaluation – Flex Monitoring Team





# Preview of *New* PIMS

<b>Activity 2.03 – Revenue Cycle Management</b>		
	<b>9/1/15 – 8/31/16</b>	
	<b>Participate</b>	<b>Improve</b>
<b>RED BAY HOSPITAL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>PAGE HOSPITAL</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RIO GRANDE HOSPITAL</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>MARINERS HOSPITAL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>KAU HOSPITAL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>(auto-calculated)</b>	<b>4</b>	<b>1</b>
<b>Amount (\$) of Flex Funds utilized toward Activity 2.03 during the budget period</b>		<b>\$22,342</b>



# The future of Flex

- Quality, Quality, Quality
- Financial viability and access to care
- Value







# Questions?

Our goal is to listen to you and improve...



# Contact Information

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