

Flex Supplemental Funding

Reporting and Evaluation Process

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Christy Edwards, Sarah Young and Tracy Morton



Agenda

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- **Evaluating Impact**
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Background

Rural Hospital Flexibility Grant Program. “The agreement provides an additional \$2,000,000 for rural hospital flexibility grant program. With the additional funds, HRSA is directed to issue a new funding opportunity announcement. The agreement directs HRSA to give preference in grant awards to Critical Access Hospitals serving rural communities with high rates of poverty, unemployment, and substance abuse.”



Overview of Activities

- **~14 CAHs doing a Quality Improvement project**
 - HCAHPS, EDTC, infection control and chronic care management
 - **~8 CAHs doing a Financial and Operational Improvement project**
 - Revenue Cycle Management, in-depth assessments, LEAN
 - **~21 CAHs doing a Substance Abuse project**
 - Prevention: Implementing new pain management policies and community education
 - Treatment: Training law enforcement and community training on use of naloxone, implementing new ED policies for overdose patients, connecting overdose patients with longer term treatment options
- *Some CAHs are participating in activities in more than one category and work plans have not been finalized for some CAHs

Reporting Requirements

The reporting requirement in the Notice of Award

Due Date: Semi-Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 60 days after end of reporting period.

- This award includes Flex Supplemental funds to support approved projects at identified CAHs. The Flex Supplemental project will require a mid-year report and final report. Reports are due 60 days after the end of the reporting period.
- Due April 30, 2018: mid-year report outlining the progress/outcomes of the project and status on completion of Work Plan activities. Further instructions will be provided by your project officer.
- Due October 30, 2018: end-of-year report detailing project results, methodology, challenges, outcomes for each participating CAH, including related outcome measures as a result of this supplemental funding opportunity. Further instructions will be provided by your project officer.



FORHP Report

- [FY 17 Flex Supplement Report Template.docx](#)
- Due in EHB on April 30th and October 31st
- Mid-year report will discuss activities from September 1, 2017 to February 28, 2018
- End-of-year report will discuss the entire project period- September 1, 2017 to August 31, 2018



FORHP Mid-Year Report Template

Total amount
for all CAHs

State	Program	Grant Number	Total Supplemental Award Amount
Enter State	Flex	H54RH-00000	\$ 000,000

For budget period ending:

2/28/2018

Amount of FY 17 supplemental award spent at end of
the current budget period: (use best estimate)

\$ 000,000

Amount of
supplemental funds
spent between
9/1/17 and 2/28/18



FORHP Mid-Year Report Template

List CAHs that have not submitted and give a reason for each one

Have data reports been submitted to TASC for every hospital? If not, please explain.

Enter text here.

Provide a brief status update for planned activities for each CAH. Were there any challenges impacting completion of work?

Enter text here.

Explain any project delays or other changes from the approved work plan.

Enter text here.

Are there any budget issues (i.e. staffing, travel, contracts) for any participating CAHs impacting the work plan timeline or the ability to drawdown related financial resources as planned? Provide action steps for resolution of any issues.

Enter text here.



Evaluating Impact

- **The supplement's targeted approach provides a unique opportunity to better understand the impact of Flex dollars**
- **The purpose of the data we are collecting:**
 - Quantify the impact of supplemental funds on individual CAHs and their communities
 - Quantify the impact of supplemental funds nationwide
 - Use success stories from individual CAHs to build a compelling narrative about the less quantifiable impacts of these projects on individual CAHs as well as the collective impact on all supplement grant recipients supported by the quantitative evidence produced through the projects.

TA from TASC

- Educational materials related to supplemental project topics
- Education on Recommendation Adoption Progress (RAP) method using teach-back method
- Data collection and reporting assistance
- Overall project assessment



Education Materials

- May TASC 90 webinar for state Flex Programs on substance abuse
- [SRHT HELP webinar](#) on substance abuse
- Resources, tools and guides available on [The Center's website](#)
- Rural Hospital Toolkit for Transitioning to Value-based Systems
 - [Self-assessment for Transition Planning](#)



Recommendation Adoption Progress (RAP)

Evaluation tool that captures the degree to which program activities have been implemented and/or services utilized by program participants

Goal: Demonstrate progress over time by indicating the extent to which a project and/or recommendations have been implemented



RAP Overview

- 30-40 minute phone interview with hospital CEO and project leadership team
- Interview discusses accomplishments, identifies outcomes and determines impact of activities and services
- Uses a 1 – 5 scale to rate the extent to which the hospital has implemented the project
 - 1 = none or few project steps implemented
 - 5 = all project steps fully implemented with outcomes

RAP Uses Appreciative Inquiry

- Discover what “the best of what is”, dream what it could be, design the desired state, deploy individual actions
- Not a problem-solving model
- Encourages interviewees to share stories and
- Focuses on successes
- Success motivates continued engagement in the project
- Considers culture change which leads to sustainable outcomes

Example RAP Questions

- What is your hospital's current status with the project?
- What are your hospital's expected next steps toward implementing the project?
- Aside from measurable outcomes, what are some of the ways this project has impacted your hospital, its culture and the community?

RAP Interviews to Hospitals

- **TASC will use teach-back method to train state Flex Programs to use RAP to interview hospital participants to gather outcomes**
 - Webinar trainings
 - 1:1 coaching calls with TASC (2-3 calls per state)
- **State Flex Programs will conduct individual hospital RAP interviews at 6-months and 12-months (Mar 2018, Sept 2018)**
- **TASC will conduct RAP interviews with a sample of hospitals at 15-months (Dec 2018)**

Data Reporting

- State Flex Programs will gather data from individual hospital participants and report all individual hospital data to TASC
- State Flex Program to report RAP results from individual hospital interviews to TASC
- TASC will review data and RAP results and provide feedback as needed to the state

Data Reporting Schedule

Data Type	Deadline	Data Requested
Baseline	October 2017	hospital data submitted by State Flex Program to TASC, hospital completes self-assessment for transition planning
6-Month	March 2018	hospital data, RAP interview results submitted by State Flex Program to TASC
Mid-Year Report	April 30, 2018	Report due by State Flex Program to EHB
12-Month	September 2018	hospital data and RAP interview results submitted by State Flex Program to TASC, hospital completes self-assessment for transition planning
Year-End Report	October 30, 2018	Report due by State Flex Program to EHB
15-Month	December 2018	hospital data submitted by State Flex Program to TASC, TASC to conduct RAP interviews with sample of hospitals

Overall Project Assessment

- TASC is conducting a Return on Community Investment (ROCI) analysis
- ROCI assesses impact of a government investment in a community using a common base for comparison
- Based on economic cost-benefit analysis
- Measures economic return or value to the community and constituents
- A form of evaluation that compares various outcomes across programs and projects

Assessment Elements

- **Various Data Sources**

- Hospital data reports, Self-Assessment for Transition Planning, Hospital RAP results

- **Hospital Site Visits**

- Best practices, success stories, lessons learned

- **ROI**

Project Timeline Oct '17 – Mar '18

	2017			2018		
	October	November	December	January	February	March
State Flex Program	Communicate project resources and expectations to hospitals	Submit all individual Hospital Measures Tracking Documents to TASC by November 3	Participate in webinar training on how to conduct a RAP and successful communication with hospitals Hold check-in calls with individual hospitals by December 15 to assess hospital progress and provide interventions for effective project management	<i>1:1 RAP coaching calls with TASC</i>		Conduct 6-month RAP interview with each hospital by March 31
TASC		Provide any needed feedback on data in Hospital Measures Tracking Document to state Flex Programs by November 17 Provide roll-up results of hospital scores from self-assessment by November 17		<i>1:1 RAP coaching calls with state Flex Program</i>		
Hospital	Complete online self-assessment for Transition Planning by October 31 Complete Hospital Measures Tracking Document reporting baseline data and send to state Flex Program by October 31					Complete Hospital Measures Tracking Document reporting 6-month data and send to state Flex Program by March 31

Project Timeline Apr '18 – Sept '18

	2018					
	April	May	June	July	August	September
State Flex Program	Submit individual hospital RAP interview results and 6-month Hospital Measures Tracking Document Tool to TASC by April 13		1:1 debrief calls with TASC on RAP progress			Conduct 12-month RAP interview with each hospital by September 30
	Submit mid-year report for FORHP via EHB by April 30					
TASC	Provide any needed feedback on data in Tool to state Flex Programs by April 27	Assess states' progress and provide TA support				
			1:1 debrief calls with state Flex Program on RAP progress			
Hospital					Complete second online self-assessment for Transition Planning by September 30 Complete Hospital Measures Tracking Document reporting 12-month data and send to state Flex Program by September 30	

Project Timeline Oct '18 – Sept '19

	2018			2019		
	October	November	December	January	February	March - September
State Flex Program	Submit individual hospital RAP interview results and 12-month Hospital Measures Tracking Document for each hospital to TASC by October 12			Submit individual hospital 15-month Hospital Measures Trackign Document for each hospital to TASC by January 11		
	Submit year-end report to FORHP via EHB by October 30					
TASC	Provide any needed feedback on data in Hospital Measures Tracking Document to state Flex Programs by October 19		Conduct final RAP to a sample of the hospitals to support ROCI	Provide any needed feedback on data in Hospital Measures Tracking Document to state Flex Programs by January 25	ROCI analysis finalized and results delivered to FORHP by September 30	
	Conduct site visits to a selection of hospitals to ascertain outcomes, best practices, lessons learned and qualitative data			Data aggregated and submitted to SME for ROCI analysis		
	Develop one-page Spotlight reports of select hospital projects					
Hospital			Complete Hospital Measures Tracking Document reporting 15-month data and send to state Flex Program by December 31			

Reporting Requirements

- State Flex Programs are expected to complete the mid-year and end-of-year FORHP reports
- CAHs are expected to collect all required data and provide it to the state Flex Programs
- Both the State Flex Programs and all CAHs receiving supplemental funding are expected to fully participate in the Recommendation Adoption Progress (RAP)



Questions?



Flex Project Officers

Sarah Young

syoung2@hrsa.gov

(301) 443-5905

Yvonne Chow

ychow@hrsa.gov

(301) 945-0782

Christy Edwards

cedwards@hrsa.gov

(301) 945-0869

Owmy Bouloute

obouloute@hrsa.gov

(301) 945-9675

