Flex Program Update
Where we are and what to expect in 2020
July 10, 2019

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Flex Team
Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration (HRSA)
How many states are working in each Program Area?

- CAH Quality Improvement (MBQIP): 45
- CAH Operational & Financial Improvement: 45
- CAH Population Health Improvement: 35
- Rural EMS Improvement: 30
- Innovative Model Development: 10
- CAH Designation: 19
Flex Program Statistics

• 100.1 – State Flex program full time equivalent staff
• 639 – CAH site visits planned for FY 19
• 1346 – CAHs as of April 2019
• $26,659,826 – Primary Flex funding for FY 19
How many CAHs are participating in Flex activities?

![Bar chart showing the participation of CAHs in Flex activities across different categories and fiscal years.](chart.png)

- **Quality**: The participation varies across fiscal years with a significant increase in FY17 PIMS.
- **Finance & Operations**: Participation is relatively consistent across fiscal years.
- **Pop Health & EMS**: Participation shows a slight increase in FY16 PIMS.
- **Innovative Models**: Participation is low and shows no significant trend.
How many EMS entities are participating in Flex activities?

![Bar chart showing participation in EMS activities across different years and categories.](image)
Flex Timeline: New period of performance

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NCC Progress Reports | PIMS Reports | Financial Reports
Flex Roadmap

• Refer to the Flex Program Structure
• Six program areas
• Key terms
• Measurement framework
What to expect in 2020

• Implement year 1 of a five-year period of performance
• New Flex Structure
• Familiar cycle of annual reports
• Beginning to track outcomes across the next five years
• Working with you to improve program evaluation measures
• Responding to unexpected changes
CAH Quality Improvement

Program Area 1
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MBQIP Initiatives

- Strategic Planning
- Goal Setting
- Identifying Trends/Needs
Strategic Planning: MBQIP Strategic Planning Sessions

- SWOT analysis

- Topics we will cover
  - Rural relevant measures
  - Future initiatives
  - MBQIP performance standards
Goal Setting: MBQIP Performance Standards - Purpose

To set national goals for MBQIP and evaluate performance and improvement from a national level down to a specific measure.
Goal Setting: MBQIP Performance Standards - Timeline and Milestones

- **Summer 2018:** Develop methodology
- **Fall 2018 – Winter 2019:** Conduct focus groups
- **Spring 2019:** Refine methodology
- **Summer 2019 (Jun. 25 – Aug. 12):** Public comment
- **Fall 2019:** MBQIP Strategic Planning sessions
- **2020:** Launch MBQIP Performance Standards
Goal Setting: MBQIP Performance Standards - Public Comment Period

• Timeframe: Monday, June 25 – Monday, August 12, 2019

• Submit your comments: http://www.cvent.com/d/vyqlqx

Identifying Trends and Needs

Antibiotic Stewardship

Annual Facility Survey - Number of Core Elements Implemented

[Bar chart showing the number of core elements implemented from 2016 to 2018 for 0-1, 2, 3, 4, 5, 6, and 7 elements.]
Identifying Trends and Needs, cont.

Antibiotic Stewardship

• Antibiotic Stewardship: Best Practices of High Performing CAHs

• FORHP/CDC Webinar – National Rural Health Week
  • Date: November 20, 2019
  • Time: 1:00-2:00pm EST
Identifying Trends and Needs, cont.

- Antibiotic Stewardship
- Patient Experience
- Indian Health Services
- Electronic Clinical Quality Measures

- What is next?
CAH Operational and Financial Improvement

Program Area 2
CAH Operational and Financial Improvement

**Goal**
- Maintain and improve the financial viability of CAHs

**Activity Categories**
- Statewide assessments
- CAH assessments
- Financial improvement
- Operational improvement
- Value-based payment

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Why does financial viability matter?

Community impacts of CAH financial distress

CAHs at high risk were more likely to be in communities with:

• Higher proportions of Black and non-White people
• Higher unemployment
• Lower education
• Worse county health status

Flex Monitoring Team Policy Brief #48, May 2019

Characteristics of Communities Served by CAHs at High Risk of Financial Distress in 2019
CAH Population Health Improvement

Program Area 3
CAH Population Health Improvement

Goal
• Build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities

Activity Categories
• Support CAHs identifying community and resource needs
• Assist CAHs to build strategies to prioritize and address unmet needs of the community
• Assist CAHs to engage with community stakeholders and public health experts and address specific health needs

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3.1 Identifying Community and Resource Needs

• What are the CAHS’ strengths and needs?
  • Specific resource needs?

• Planning and Assessment activities for targeted interventions

• Building Local, Regional or State Coalitions

• Suggested Activities:
  • CAHs complete Population Health Readiness assessment and share results
  • State Flex programs offer CHNA training
  • State Flex programs track CHNA completion and information for population health cohort planning
3.2 Building Strategies to Prioritize and Address Unmet Needs of the Community

• CAHs will design an action plan to address the needs of the community
• CAHs engage community members in implementing and evaluating the impact of these strategies
  • Move toward value-based models of health care delivery and financing
• Integrate a population health action-plan in system-wide implementation strategy

• Suggested Activities
  • Share resources and tools
  • Facilitate the process for CAHs to create action plans
  • Identify and partner with stakeholders
  • Facilitate ongoing collaboration between CAHs and other community stakeholders
3.3 Engaging with Community Stakeholders and Public Health Experts

• Put into action information from CHNAs
  • Integrate activities related to population health
  • CAHs will begin to implement specific activities
• Create CAH networks and address common CAH action plan items
• Suggested activities:
  • Chronic Care Management
  • Substance and Opioid Use Prevention Treatment, and Recovery
  • Behavioral Health
  • Public Health, Wellness, and Social Determinants of Health
Flex Population Health Resources

- **Flex Monitoring Team**
  - CAHMPAS

- **TASC (Addressing Community Health Needs)**
  - Population Health Portal
  - Improving Population Health: A Guide for CAHs
  - Self-Assessment Tool for Rural Health Providers and Organizations
  - Social Determinants of Health for Rural People
Rural EMS Improvement

Program Area 4
Rural EMS Improvement

Goals:
1. Improve the organizational capacity of rural EMS
2. Improve the quality of rural EMS

Activity Categories:
- Statewide rural EMS needs assessment and action planning
- Community-level rural EMS assessments and action planning
- EMS operational improvement
- EMS quality improvement

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Rural EMS Improvement

Statewide Assessments
• Statewide needs assessment to inform Flex program activities
• Work in this category may include:
  • Participation in a statewide assessment conducted by another organization
  • An assessment of EMS systems in the area around the CAHs in the state
  • Other assessment that targets multiple rural EMS agencies in order to determine areas of need

Community-level Rural EMS System Assessment and Action Planning
• Identify areas of need in individual agencies and recommend improvement activities
• Assessment tools on [TASC’s website](#)
Rural EMS Improvement

Rural EMS Operational Improvement

• Activities that benefit vulnerable agencies that need significant changes to continue operations

Examples include:

• Develop an online Learning Management System for Basic EMS Leader Course (Data, Workforce, Education, Collaboration, Finance)
• Conduct training with Medical Directors around scope of practice
• Conduct training to facilitate data-sharing between EMS and CAH EDs
Rural EMS Improvement

The EMS Quality Improvement activities are intended to address two needs:

- The need to introduce quality improvement activities and measures to better integrate EMS with the wider health care delivery systems, and
- The need to support rural agencies with training and tools to improve the quality of patient care.

Examples include:

- Facilitating 3 existing time critical care collaboratives with EMS regional programs
- Implementing key data registries to link EMS and CAH patient data for better patient outcomes and more timely patient information
- Training to improve the efficiency of the trauma network and provide better care for children handled by EMS

- EMS resources on the TASC website
EMS Supplements

FY 18
• Awarded 37 states $52,631
• 35 states working on sustainable models of rural EMS (Focus Area 1)
• 2 states working rural-relevant EMS quality measures (Focus Area 2)

FY 19
• Will award 8 states up to $250,000 each for three years
• Four awards in each Focus Area
• Focus Area 1- Demonstration projects on sustainable models of rural EMS care
• Focus Area 2- Testing rural-relevant EMS quality measures, data collection, and reporting
• Notices of Award go out in August
Innovative Model Development

Program Area 5
Innovative Model Development

Goal

• Increase knowledge and evidence base supporting new models of rural health care delivery

Activity Categories

• Develop and test innovative models and publish report or documentation of the innovation

• Develop and test CAH outpatient clinic (including CAH-owned rural health clinics) quality reporting and publish report or documentation

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Proposed Models

• Nine states planning CAH models including:
  • Skilled nursing care navigator
  • Develop telehealth programs
  • ED patient experience surveys
  • Swing bed quality reporting
  • Workforce development
  • Develop a clinically integrated network
  • Access to palliative care

• Two states including RHC reporting
  • Benchmarking clinical quality measures for chronic care management
  • Collect operational data in the Practice Operations National Database (POND)
CAH Designation

Program Area 6
CAH Designation

Goal

• Assist rural hospitals to seek or maintain appropriate Medicare participation status to meet community needs

Maintain and improve the financial viability of CAHs

Activity Categories

• Conversions: Assist rural hospitals considering CAH status

• Transitions: Assist CAHs with a planned transition to other types of health care services

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CAH Changes

National Data
• Newly certified CAHs
  • 5 in 2018
  • 1 in 2019
• Closed CAHs
  • 3 in 2018
  • 5 in 2019

Flex Applications
• 7 states report a potential new CAH in the next year
• 3 states have a CAH that may transition to something else
• 19 states included this area in work plans
Questions?
Contact Information

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Federal Office of Rural Health Policy (FORHP)
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