

Florida Flex Program

Fiscal Year (FY) 2019 Significant Accomplishments, Best Practices, and Lessons Learned

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Program Area 1: CAH Quality Improvement

For FY19, Florida Office of Rural Health adjusted their goals to respond to the COVID-19 pandemic. As a Flex program, the office adapted their plans for a virtual format. The office conducted virtual site visits with hospitals, and as those progressed, they began planning a virtual critical access hospital (CAH) conference. Their office worked with the Oregon Office of Rural Health to create a Medicare Beneficiary Quality Improvement Project (MBQIP) reporting guide. As their office adjusted to the new virtual format of activities and built in more flexibility necessary during a pandemic, North Carolina and Virginia contacted them about the opportunity to collaborate on their respective CAH Conferences.

All of their office conferences were held in August. They developed content independently but coordinated to allow hospitals to attend a maximum number of sessions. They also planned a 90-minute networking lunch session and invited all hospitals to join.

The Florida Office of Rural Health held sessions on swing bed optimization, CAH revenue cycle, COVID-19 funding, and emergency medical services and emergency department telehealth during the conference. Virginia and North Carolina had sessions on finance and operations, cost reports, rural health clinic (RHC) optimization, quality improvement-based incentives, racial equity, and the future of population management (among other sessions).

The goal for this project was to have all Florida CAHs participate in the conference's Florida sessions. They worked towards achieving this goal by sending out save the dates and reminders and cueing certain hospitals that tend to be active on the other sessions and during the networking lunch.

Lessons learned during this project include:

This activity is something that they could repeat in the future. Each state developed its respective conference before the idea of collaboration was proposed, and therefore some overlap was observed. Better session planning to cover more topics can help educate more hospitals in a wider variety of subjects. It might also help have more sessions of hospitals presenting projects and best practices in the future. Hospitals hearing from hospitals can improve them to implement similar projects.

Program Area 2: CAH Operational and Financial Improvement

One significant accomplishment under Operational and Financial Improvement is the COVID-19 funding sources guide and webinar that they produced. The program decided to make this document due to many inquiries from CAHs regarding different COVID funding sources available to them and not understanding the reporting requirement or what was needed to receive the monies. The office worked with their Flex contractor and the Technical Assistance and Services Center (TASC) to complete the funding guide and ensure the information's accuracy. The activity involved research, attending webinars, speaking with experts, and talking to hospitals about what they felt they needed most. Their expected outcomes were that each hospital would receive a copy of the funding guide and that 7 out of 10 would attend a live webinar. The webinar presented the funding guide, walked through each section, and included a live panel of experts to answer any additional questions that hospitals have.

The office created a COVID funding guide for CAHs before other funding guides were available through this activity. A total of 14 participants, excluding Department of Health and contracting staff, joined the call. In addition to the webinar, they also provided a copy of the guide to all hospitals for their reference. The guide and the recorded webinar are available on their website for on-demand use.

Lessons learned during this project include:

They felt that this project was successful as they were able to respond to their hospital's needs promptly and create something beneficial. Because of COVID, timelines changed slightly. Having flexibility with the contractors is crucial and was demonstrated here.

Program Area 3: CAH Population Health Improvement

At the beginning of the year, the office contracted with Big Bend Rural Health Network to improve population health outcomes in rural counties impacted by Hurricane Michael, notably Franklin, Liberty, and Calhoun. The specific goals of this project were:

1. Regularly communicate with Florida's Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), Rural Emergency Medical Services (EMS) Agencies, County Health Departments (CHDs), and other community partners about the project.
2. Conduct monthly conference calls with the Department's Office of Rural Health to discuss, plan and troubleshoot issues related to the project.
3. Analyze available public health data and develop a list of community health-related needs.
4. Develop a comprehensive inventory (by county) of health entities and their provided services.
5. Review best practices and outreach models to improve population health and provide a list of successful interventions to be implemented by CAHs.
6. Review current billing practices and identify missed opportunities for CAHs to implement.
7. Review CAH electronic health records and facilitate an update of billing systems capturing billable population health initiatives.

They adapted this project to work within COVID-19 restrictions and were not able to complete some parts. One outcome was the grant application to provide health insurance navigator services; this grant was awarded and started on September 1. This grant will increase access to insurance coverage in Franklin, Liberty, and Calhoun counties. Big Bend Rural health network also began to work with the University of New Mexico to become an ECHO HUB site. Another project works with the Florida State University AmeriCorps program to apply for an AmeriCorps volunteer to assist outreach efforts. Their application was accepted and they are currently recruiting for this position. In addition to those specific projects, the contractor was also able to maintain communication with partners within each county while building new partnerships.

This project helped assess the population health capacity and educate the two CAHs most impacted by Hurricane Michael last year. It was able to provide the hospitals with education and additional resources on community activities and providers.

Lessons learned during this project include:

This was a great project that aimed to help hospitals focus on population health and be aware of their community's health needs and the resources available besides the hospital. Ideally, this project would have included more in-person meetings and training. However, the network attended many virtual meetings, made phone calls, and improved the counties' overall health landscape. One best practice was to have a contractor who already worked in these areas and had established relationships and a basic understanding of the health need ad landscape. That allowed them to join the conversations more seamlessly and identify needs easier.

Program Area 4: Rural EMS Improvement

A significant accomplishment in the EMS category is the online EMS leadership academy. The course consists of seven learning modules containing at least one-hour of training activities in each module, and the training offered continuing education (CE) credits to participants. The themes were sustainability and finance, management operations, quality improvement, partnerships and collaboration, workforce development, and leadership. The goal was for at least half of the rural EMS agencies in Florida to participate in the modules. The office worked with Suwannee River Area Health Education Center and a contractor to develop content and host the modules.

As of August 31, 2020, over 1900 CE credits have been issued through this program. They do not have access to the specific agencies that access the module, but these numbers far surpassed expectations. This module has been made available to EMS agencies across the country. It is currently on the TASC site and Suwannee river AHEC website.

Lessons learned during this project include:

The content was well developed and very informative, and the modules are all very relevant to the need of EMS agencies. A way to improve this activity could be to offer it live annually or biannually to help answer questions that arise and keep people abreast of its presence and train new incoming staff.