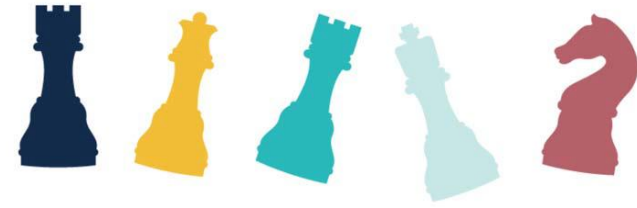




**Welcome
to
Bethesda!**

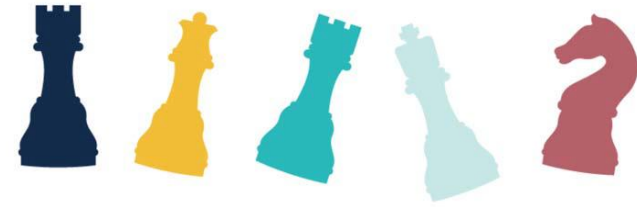
Leading Transitions to Value
2017 Flex Program Reverse Site Visit

Housekeeping



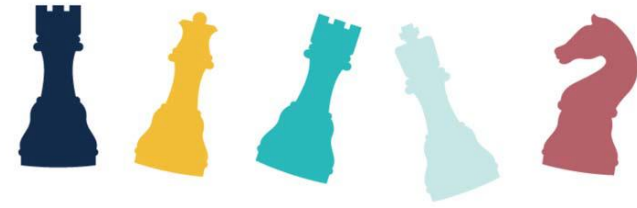
- **Food is not provided at this meeting. There are a number of local restaurants and ample time in the agenda for you to eat lunch.**
- **Restrooms are located...**
- **We have scheduled breaks but please step quietly out of the room if needed during the sessions.**
- **Please silence electronic devices.**

Meeting Details



- Download presentation materials from TASC
- We need your feedback! (look for the email assessment)
- Ask questions of your Project Officers and Grants Management Specialists
- Thursday morning coffee with your PO
- Connect with your peers

Flex Tenure



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

Green – Less than 1 Year

Yellow – 1-3 Years

Red – 4-6 Years

Blue – 7 Years +

The Future of the National Flex Program July 19, 2017

Sarah D. Young, MPH

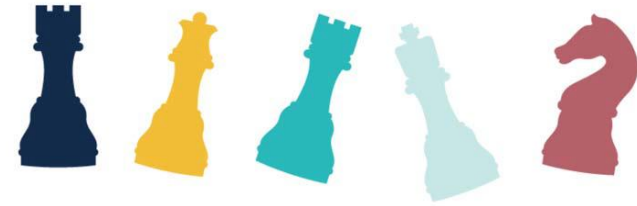
Flex Program Coordinator

Federal Office of Rural Health Policy (FORHP)

Health Resources and Services Administration (HRSA)



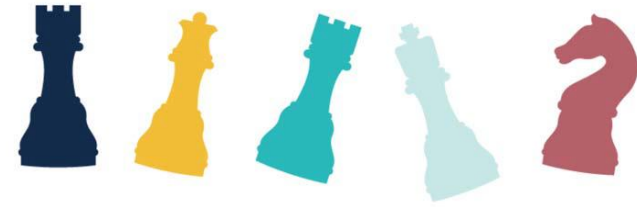
What is Flex?



- A Federal grant program
- \$23.6 million in funding to 45 states
- 1342 critical access hospitals (CAHs)
- 1331 MBQIP memorandums of understanding (99% of CAHs)
- Improved quality and financial performance
- Support for access to care in rural communities
- Shared knowledge and collaboration

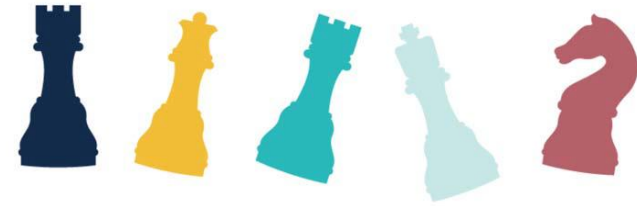
YOU

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

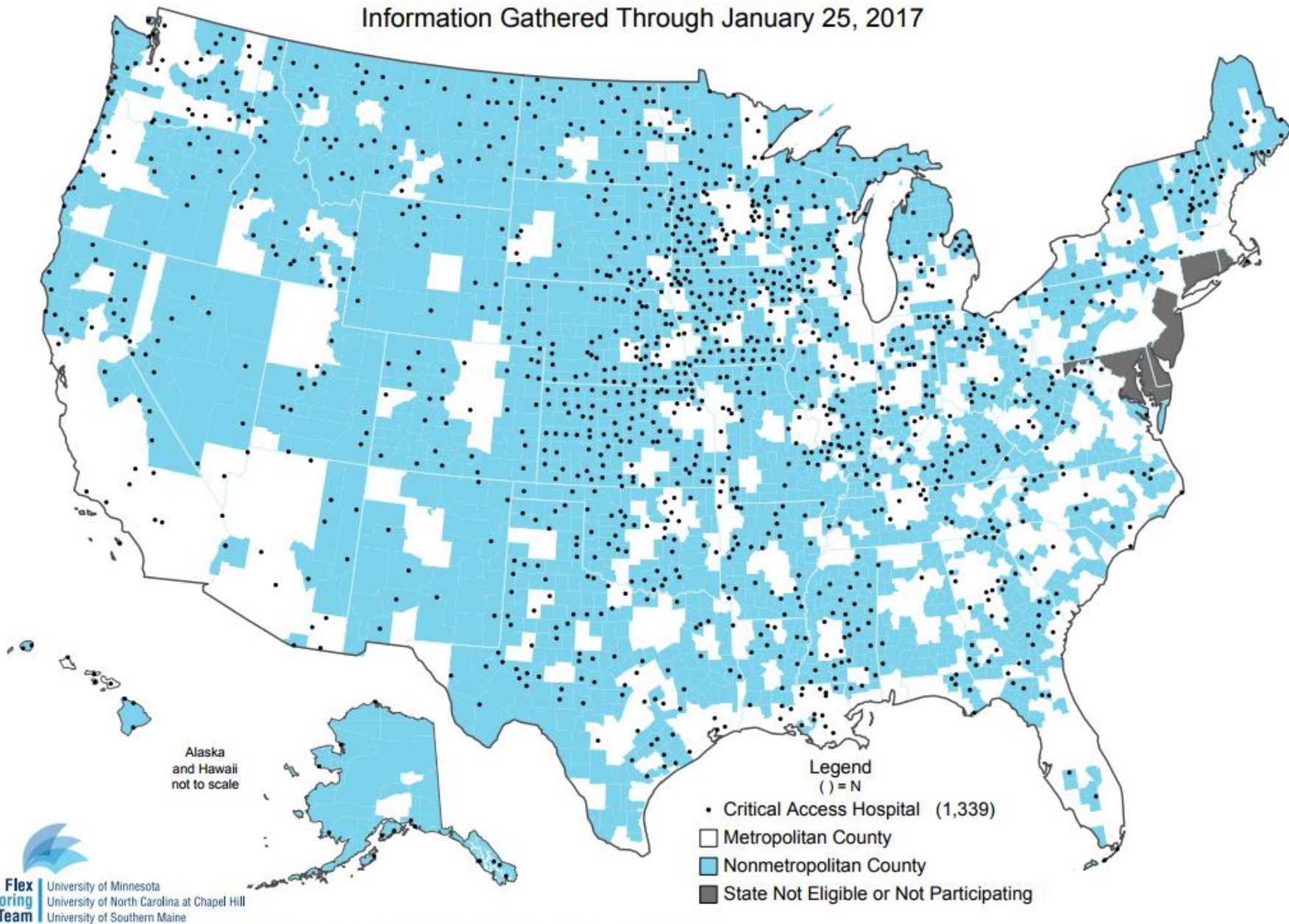
Flex History



- **The Medicare Rural Hospital Flexibility Program (Flex) was *authorized* by Congress in the Balanced Budget Act of 1997 which amended Section 1820 of the Social Security Act (42 U.S.C. 1395i–4)**
 - In response to 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 January 25, 2017

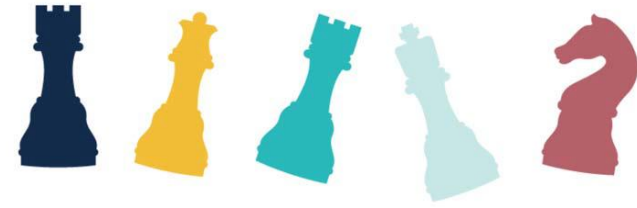


Sources: US Census Bureau, 2015; CMS Regional Office, ORHP, and State Offices Coordinating with MRHFP, 2017.

Note: Core Based Statistical Areas are current as of the July 2015 update. Nonmetropolitan counties include micropolitan and counties outside of CBSAs.

Produced By: North Carolina Rural Health Research and Policy Analysis Center, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Grant Requirements



- [45 CFR Part 75](#)
- [HHS Grants Policy – Publications](#)
- [HHS Grants Policy Statement](#)

ELECTRONIC CODE OF FEDERAL REGULATIONS

View past updates to the e-CFR.
Click here to learn more.

e-CFR data is current as of July 13, 2017

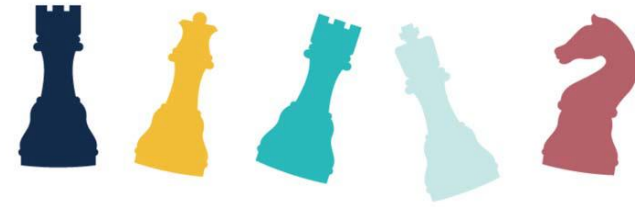
[Title 45](#) → [Subtitle A](#) → [Subchapter A](#) → [Part 75](#)

[Browse Previous](#) | [Browse Next](#)

Title 45: Public Welfare

PART 75—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS

Useful Resources



- [HRSA Manage Your Grant Webpage](#)
- [HRSA SF-424 Application Guide](#)
- [HRSA Electronic Handbooks Knowledge Base](#)

The screenshot shows the HRSA website interface. At the top, there is a navigation bar with 'HRSA Home', 'Grants', 'Loans & Scholarships', 'Data Warehouse', and 'About HRSA'. Below this is a sub-navigation bar with 'How to Apply', 'Manage Your Grant', 'Funded Projects', and 'Grant Reviewers'. The main content area features a 'Manage Your Grant' section with a yellow background, containing text about the transition to Grants.gov Workspace effective December 31, 2017. To the right of this section is a 'Tip Sheet for HRSA Grantees' section with a 'TIP SHEET' icon. The page also includes a search bar, social media links, and a 'Sign-up for e-mail updates' button.

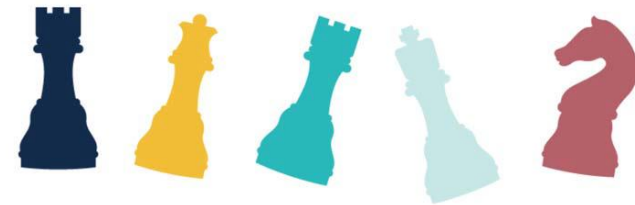
Welcome to the HRSA Electronic Handbooks Knowledge Base!

EHBs Knowledge Base allows you to access articles, frequently asked questions, and other resources to help you successfully navigate through the EHBs. We offer up-to-date information in a single location with topics ranging from Registration and User Account Management, Competing Applications and Post Award related items, and much more.

Publications

Grantees are encouraged to publish the

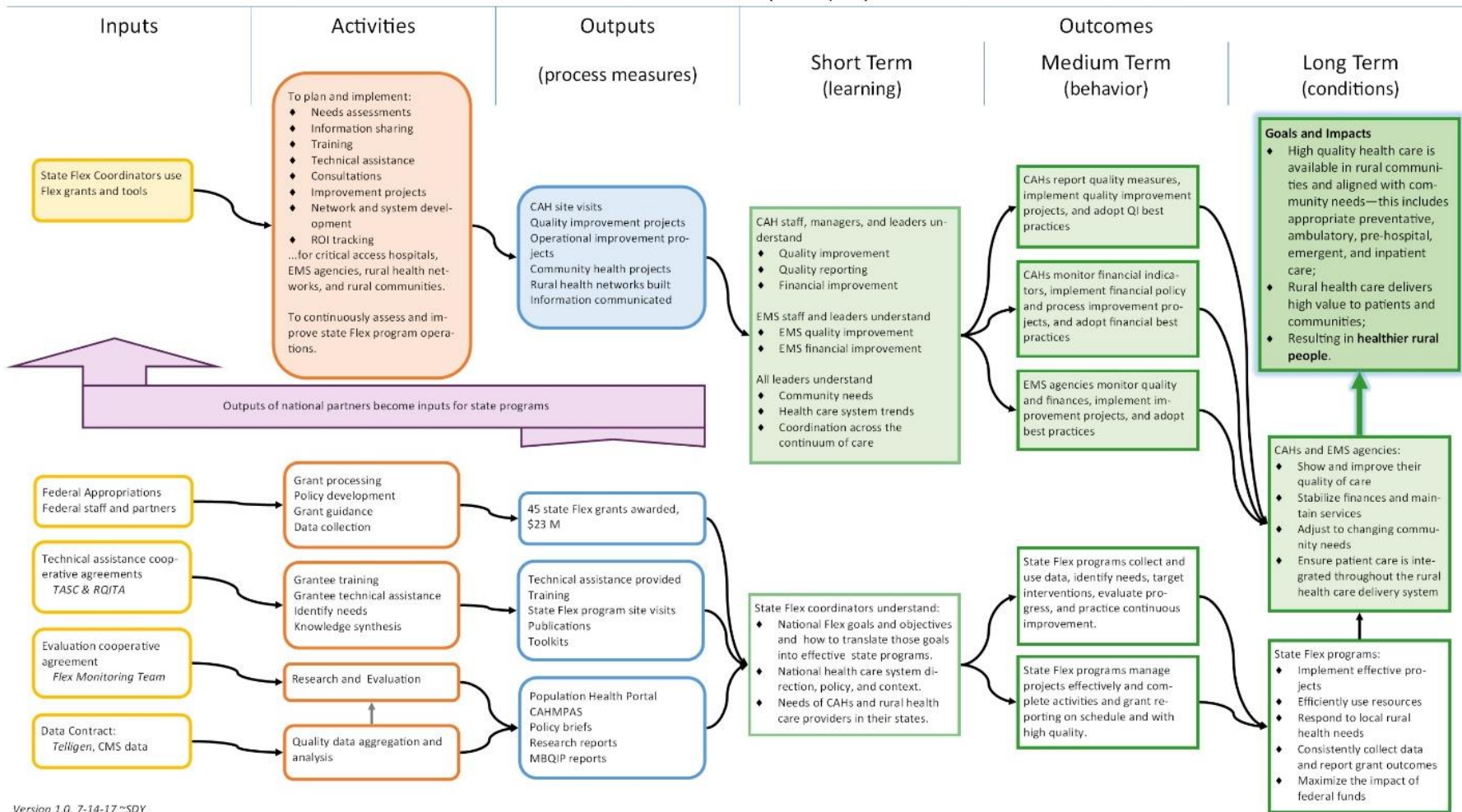
How I think about Flex



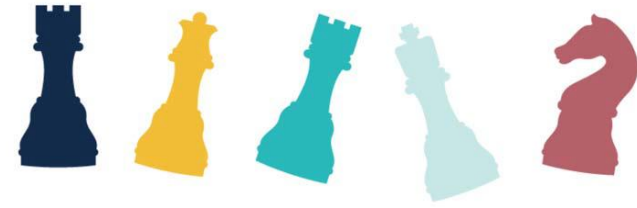
Flex Program Logic Model—Overall Summary

Need: Rural people have less access to health care and shorter life expectancies than urban residents.

Goal: Ensure access to health care services and improve people's health in rural communities.



What is Flex *for*?

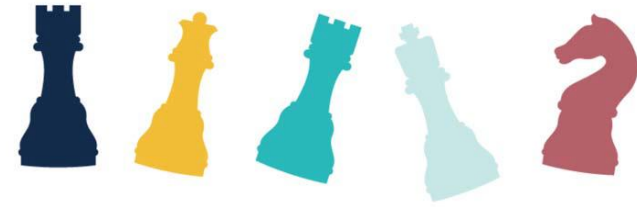


- High **quality** health care is **available** in rural communities and aligned with **community needs**
- Rural health care delivers high **value** to patients and communities

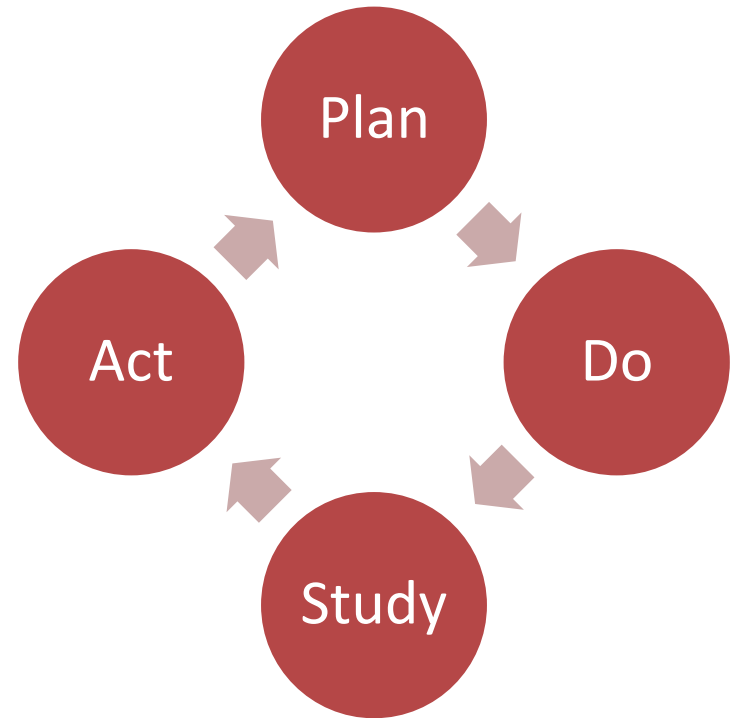


Healthier rural people

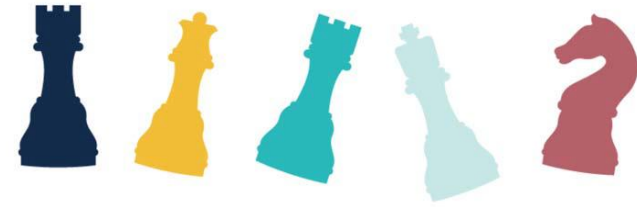
How do we do that?



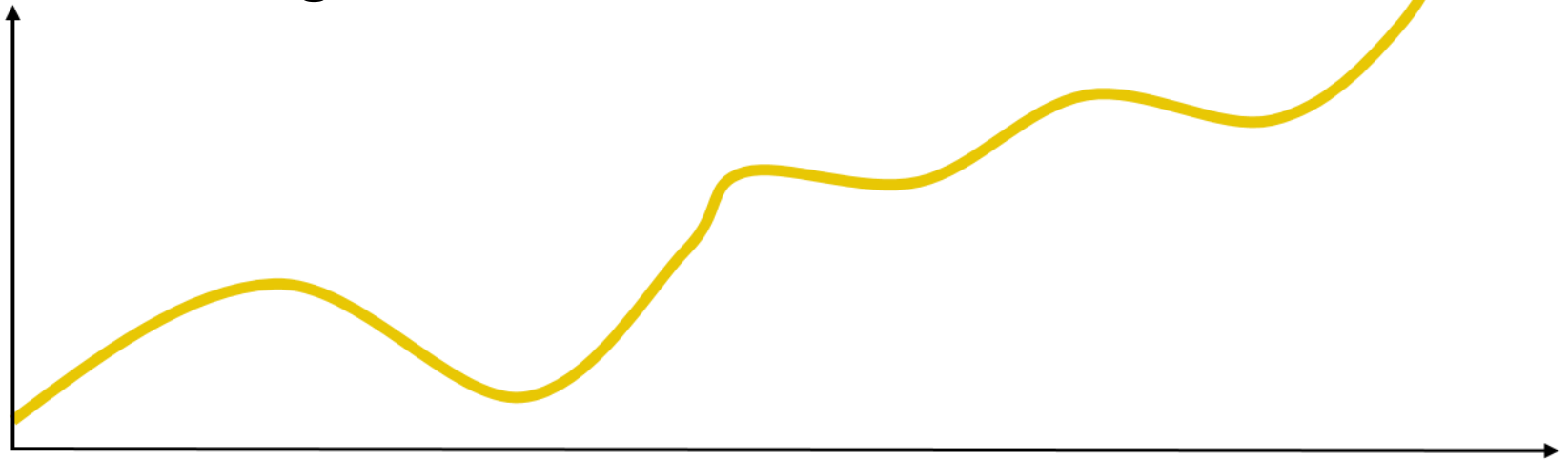
- Provide **training and technical assistance** to support **performance improvement**
- Help rural hospital assess and carry out **conversion** to CAH status
- Facilitate **communication, information sharing, and networking**



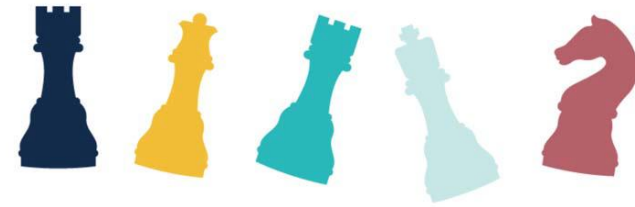
How do we know?



- Collect, analyze, and monitor **data**
- Track **outcomes over time**
 - Change in knowledge
 - Change in behavior
 - Change in conditions



Multi-year Timeline

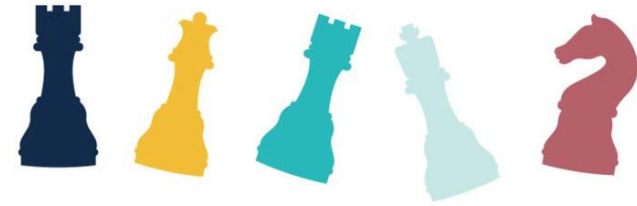


Key
NCC Progress Reports
PIMS Reports
Applications
Financial Reports



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		
Project Year 1 (FY 15)			Project Year 2 (FY 16)					Project Year 3 (FY 17)					New Project																
				Y1						Y2																			
FFR FY14			FFR FY15					FFR FY16					FFR FY17																
																	FY 18												

Upcoming Milestones



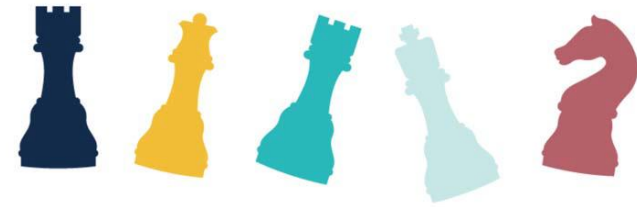
2017

- Notices of Award for FY 17 – anytime after July 24
- Feedback on future Flex ideas – August & September
- New budget year starts September 1
- PIMS reports due October 31

2018

- FFRs due January 30, Carryover requests March 1
 - New Flex guidance – released February, due April
-

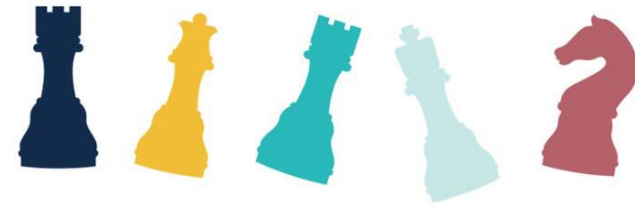
Revamped PIMS



- Historical Participation
- Report improvement based on any participation

CAH Name	Historical Participation	Participation	Improvement
<i>Select All</i>		<input type="checkbox"/>	<input type="checkbox"/>
381305 - Blue Mountain Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381320 - Columbia Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381312 - Coquille Valley Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381322 - Curry General Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381325 - Good Shepherd Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381321 - Grande Ronde Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

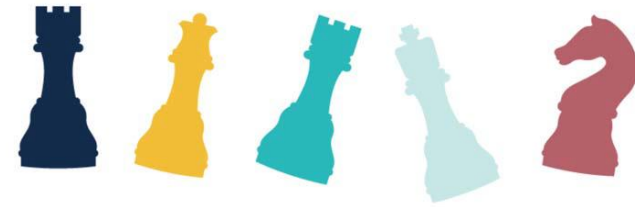
PIMS Spending Page



- Consolidates all of the “Flex Funds utilized” questions on a single page
- Aligns with the [PIMS Data Collection Tool](#)

Flex Spending	
Quality Improvement Financial and Operations Improvement Population Health Management and Emergency Medical Service Integration CAH Conversion Innovative Models of Care Total	
Quality Improvement	
<i>Please enter the amount of Flex Funds utilized in the following activity categories. The amount should be a whole number.</i>	
1.01 Core Patient Safety Quality Improvement	
Flex Funds utilized toward Activity 1.01	<input type="text" value="\$40000"/>
1.02 Core Patient Engagement Quality Improvement	
Flex Funds utilized toward Activity 1.02	<input type="text" value="\$10000"/>
1.03 Core Care Transitions Quality Improvement	
Flex Funds utilized toward Activity 1.03	<input type="text" value="\$50000"/>
1.04 Core Outpatient Quality Improvement	
Flex Funds utilized toward Activity 1.04	<input type="text" value="\$20000"/>
Subtotal	
Flex Funds Utilized Towards Quality Improvement	\$120000
↑ Return to Top (Index)	

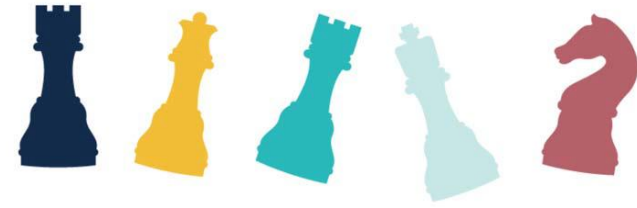
State-level Measurement



- Work Plan Data Table
- Outcomes **tailored** to each state's activities
- A parsimonious and meaningful set of measures **tracked over time**
- Compare your progress to your **target**

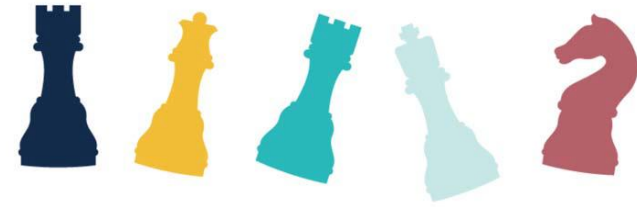
<i>Measure Name</i>				
Baseline Value	Target Value	Actual Value Year 1 (FY15)	Actual Value Year 2 (FY16)	Actual Value Year 3 (FY17)
Date Identified	Target Date	Date Identified	Date Identified	Date Identified

The Future of Flex



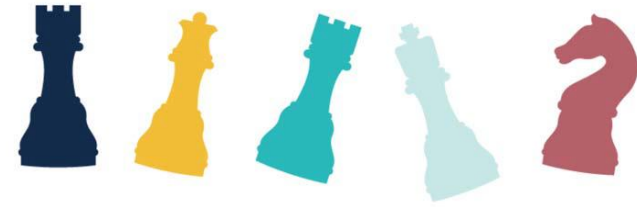
- **Focus on CAH Performance Improvement**
 - Quality
 - Financial viability
 - Access to care
 - Value
- **Navigate Rural Health Care System Changes**
- **Demonstrate Outcomes**

Questions for you:

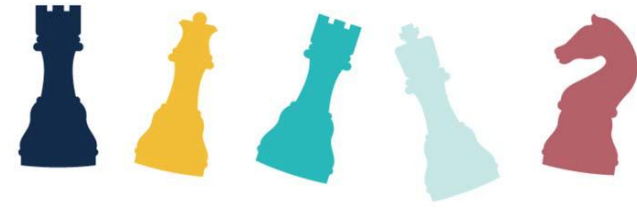


- How can I better communicate with you?
- What is working great with the current Flex guidance?
- What could be improved in the current Flex guidance?
- What do your CAHs *really need* in the coming years?

Questions for me?



Contact Information



Sarah Young

Flex Program Coordinator

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Facebook: facebook.com/HHS.HRSA