Hawaii Flex Program

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

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Program Area 1: CAH Quality Improvement

The Hawaii Flex program continued to hold regular meetings and training on quality improvement over the year. The discussions during this project period always contained a review of quality measures and a learning session on quality improvement. Topics included implementing the Plan-Do-Study-Act (PDSA), better managing chronic pain, medication adherence and compliance, and overviews of Medicare Beneficiary Quality Improvement Project (MBQIP) measures and reporting changes.

This project year, they began working with the Hawaii State Medicaid program (MedQUEST) to use MBQIP data to provide enhanced payments to the critical access hospitals (CAHs) for meeting quality metrics. CAHs participated in the program with MedQUEST, but the measures were such that the CAHs were evaluated on a single process measure. Going over the MBQIP measures, they identified an additional measure that all CAHs should be reporting. They could create benchmarks to add aspects for enhanced quality payments. At this time, OP-18b was added and used to monitor the first set of quality payments expected in July 2021. If this is successful, the Hawaii Flex Program may include the Emergency Department Transfer Communication (EDTC) measure.

They continue to provide training on HCAHPS. Most of the CAHs have too small of an inpatient population and return rate to report anything. There does not appear to be a process with HCAHPS to get credit for reporting zero cases. The hospitals with reportable HCAHPS have such small participation that the data can vary significantly from period to period. The HCAHPS training continues because it applies to all parts of the hospital, not just the inpatient.

Lessons learned during this project include:

A significant lesson learned is identifying a high performer on a particular measure and presenting their experience. Learning from peers helps to alleviate the "you don't run a hospital" pushback that sometimes occurs. It is also essential to spread the recognition around by monitoring all of the measures and having a CAH present once they start showing a consistent improvement.

Program Area 2: CAH Operational and Financial Improvement

The Hawaii Flex program continued to hold quarterly meetings and training on operational and financial improvement over the year. Every meeting during this project period provided a review of measures, a session on leadership development, and sessions on market changes and how to prepare for them.

They continue to support the development of a Studer Learning Network within the state. They are working with three hospitals to implement Studer practices and serve as evidence-based learning centers for the other CAHs in the network. Two of the original CAHs have dropped from the program. Still, they continue to offer support on Studer methodology to the other CAHs, which serves the network's original purpose to develop a resource for such training within the state. They are now training two additional hospitals to be a part of the network.

The revenue cycle LAN (RC LAN) continued to meet monthly throughout the project period. Six CAHs participate in the RC LAN and focus on measures indicating revenue cycle improvement. They review measures and learn what implementations and barriers occur to drive or prevent progress. The RC LAN has also allowed the Hawaii Flex program to identify common issues to a specific payer and has allowed them to confront the case as a group instead of as individual facilities. It has also allowed them to raise issues about payers with MedQUEST.

According to the CAHMPAS financial distress chart, for the eight CAHs they had data on, five had reduced their risk of financial distress since 2013, and only one CAH is at high risk compared to five in 2013.

Lessons learned during this project include:

In working with the RC LAN, discovering common issues with specific entities helped the Hawaii Flex program better articulate the issue and brought in

additional partners to help address the issue. Since it was a common problem across the CAHs, it was not something that the CAH could change independently. Recognizing the pattern enabled them to enlist help from the Healthcare Association of Hawaii and MedQuest in resolving issues.

They have found that changes needed to improve gross days in AR usually result in the improvement of other measures without explicitly focusing on those other measures.

Program Area 3: CAH Population Health Improvement

The Hawaii Flex program developed community reports for three CAH communities and distributed them to the CAHs. These reports provide an overview of the community's demographics, economics, and health status for the CAH and help them better understand their community's needs from a population health perspective. They provide data concerning the community and a narrative to explain the data and its report.

The Hawaii Flex program continues to provide education and training on population health to the CAHs, especially in developing alternative payment models that focus more on maintaining a healthy population. They encourage the CAHs to utilize programs that pay for maintaining a population's health, such as the payments for an annual wellness visit or maintenance of a chronic condition and have them present on successes in implementing and maintaining programs around population health.

Data for population health are usually slow-moving and behind what is currently happening. Generally speaking, population health indicators have been improving, but all data is pre-pandemic. Access to health measures for Hawaii has been good and improving through 2018, the latest data available. CAHs are planning and participating in the community to better position themselves for changes in the payment environment.

Lessons learned during this project include:

An essential aspect of this initiative is not having the CAHs better understand their communities. Instead, it is better to have the communities better understand their CAHs with those CAHs reaching out to their communities. They encourage the CAHs to make their quality scores public and continually reach out to the community to let them know their services and what services the community needs. It can help collaboration as often the community does not distinguish between the CAH and a federally qualified health center (FQHC) when both are nearby.

Program Area 4: Rural EMS Improvement

Hawaii's CAHs continue to participate in the Hawaii Trauma Network as trauma support facilities. They are building partnerships with Hawaii emergency medical services (EMS) and the State Trauma Advisory Committee on obtaining low-level trauma status. Being a part of the trauma network as a support facility provides the CAHs with access to funds for improving trauma care and readiness, training on trauma care provided through the trauma network, and the network resources for caring for and transferring trauma patients.

Trauma care throughout the state has improved significantly with the implementation of the trauma network. While the Hawaii Flex program cannot obtain facility-specific data, they see enhanced transfer times from the rural islands and better care coordination for trauma patients.

Lessons learned during this project include:

CAHs and other rural facilities in a trauma network is an essential part of ensuring that rural populations receive adequate care. Incorporating CAHs into a formal trauma network positions them to ensure that patients receive the care to promote the best outcome. Since the CAHs are all part of the state trauma network, they receive training on caring and stabilizing patients for transfer and know the procedures for arranging a transfer with a minimum of delays.