Idaho Flex Program

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

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Program Area 1: CAH Quality Improvement

The Idaho Flex program created a standard contract with the University of Washington Tele-antimicrobial Stewardship Program (UW-TASP) to provide Idaho critical access hospitals (CAHs) with weekly Antimicrobial Stewardship (AMS) education, mentoring, community building, and resource sharing by combining video conferences, asynchronous telementoring, and support via email and telephone. By participating, the CAHs work to accomplish the seven core elements of AMS programs. Nine CAHs applied, were awarded, and participated consistently in UW TASP. Nearly all reported their Annual Facility Survey data to the National Healthcare Safety Network (NHSN).

The Idaho Flex program collaborated with the Washington and Oregon Flex programs and the Healthcare-Associated Infections (HAI) programs in all three states funded by the Centers for Disease Control and Prevention (CDC). Idaho, Washington, and Oregon Flex programs collaborated to provide support for the CAHs to participate in UW-TASP. This collaboration redesigned the funding structure for UW-TASP into a subscription fee for this ECHO model for CAH AMS support. Recently, Utah and Arizona Flex programs also engaged in UW-TASP.

Seven CAHs responded to a UW-TASP end-of-year evaluation. The teams assessed their overall knowledge of AMS before and after they began UW-TASP participation. This program not only provided a foundation for AMS; it also offered some guidance for COVID-19 response. UW-TASP has integrated COVID-19 response, tools, and best practices into their weekly calls to support CAHs. This support early in the pandemic allowed a forum and network to provide questions and seek input from the UW-TASP panel of infectious disease physicians and pharmacists. UW-TASP also offered insight

into significant barriers for CAHs concerning advancing AMS in their organizations.

Lessons learned during this project include:

One best practice from this effort was coordinating with nearby states to establish similar contracts/agreements with UW-TASP. Oregon, Washington, and Idaho Flex program collaboration helped to avoid duplicative effort. For example, Idaho Flex coordinated with Oregon Flex to create an application that requires CAHs to report their NHSN annual survey and, when possible, encourage more than one person to participate in the UW-TASP calls for sustainability and building a team.

Program Area 2: CAH Operational and Financial Improvements

Four CAHs received awards to implement a chargemaster review, and one received an award to implement a revenue cycle analysis. At the end of August 2020, each submitted a report of their chargemaster review or revenue cycle. In July 2021, they will present their progress toward implementing the chargemaster review or revenue cycle analysis recommendations.

By July 31, 2021, the Idaho Flex Coordinator receives the four chargemaster reviews initial reports and the one revenue cycle analysis. Each CAH will submit a final report in July 2021 to demonstrate the status of implementing the recommendations they received from their respective vendors to improve their financial and operational indicators.

Each of these CAHs participates in the Financial Indicator Project (FIP) to submit quarterly, real-time data on the top 10 indicators in the Small Rural Hospital and Clinic Finance 101 Manual. They will measure the impact one-year post-implementation of the chargemaster review and the revenue cycle analysis to ascertain if implementing the vendor recommendations impact the financial and operational indicators. By offering subgrant opportunities for chargemaster reviews and revenue cycle analysis, the Idaho Flex Coordinator has maintained momentum for the financial and operational real-time data submission for FIP. This data is for benchmarking and giving insight into the type of education the CAHs may need to improve financial and operational performance. Also, by providing these opportunities, the Idaho Flex program meets the needs and requests from the Idaho CAH CEOs and CFOs from their Flex Program Evaluation.

Lessons learned during this project include:

The Small Rural Hospital and Clinic Finance 101 Manual provides the CAH financial indicator medians. Embedding this information in the application and having the CAHs identify which measures are below median helps establish need when awarding CAHs. Requiring CAHs to submit quarterly data to FIP as a requirement to apply is a best practice. It rewards those who are participating in the data submission but also supports real-time data collection for the financial and operational indicators for the Idaho Flex program.

Program Area 3: CAH Population Health Improvement

The Idaho Flex program was able to go out for a competitive bid and secure Rural Health Innovations (RHI) services to provide support for Idaho CAH population health initiatives. One of RHI's primary goals is to help the CAHs create their action plans related to their population health initiative of choice to impact their respective communities.

The Idaho Flex Coordinator contacted CAHs in May 2020 to inform them about the opportunity to participate in Idaho Path to Value (IDPTV) project. The first webinar held was meeting IDPTV interested hospitals and RHI team, understanding the project components and time commitments, reviewing the timeline, exploring the following steps, and providing questions and discussion. Participating hospitals were supported with education and customized technical assistance (TA) to address the needs of the specific population of their choosing. The participation resulted in each participating CAH improving their knowledge and identifying a population health strategy with actionable initiatives for implementation. TA included webinars, a population health snapshot report, strategic and action planning, 1:1 coaching calls, and additional tools and resources. Seven hospitals initially committed to participate in the project. There were four CAHs able to complete the entire action plan process.

Participating hospitals were appreciative even with the competing priorities of COVID-19. The CAHs now have actionable plans to implement population health strategies in their community. The Idaho Flex program now has data and education, and resources to provide to the CAHs to help them implement population health strategies in their respective communities.

Lessons learned during this project include:

Flexibility during COVID-19 is critical since participants managed hospital issues during webinars and workshops. These efforts should continue to be

flexible and "meet the hospitals where they are." Also, participants asked for more opportunities to network and learn from each other. The Idaho Flex program is building in peer-sharing calls and webinars that specifically target networking and sharing.

Program Area 4: Rural EMS Improvement

The Idaho Flex program coordinated with the Bureau of Emergency Medical Services (EMS) and Preparedness to provide Rural Trauma Team Development Course (RTTDC) courses in two CAH communities. On November 15, 2019, an RTTDC course was held with twenty-one participants attending. Twenty participants improved from the pre-test baseline. On February 27, 2019, another RTTDC course was held with thirty participants. Twenty-five participants showed improvement from their pre-test.

The Bureau of EMS and Preparedness oversees all the logistics of the RTTDC courses held in CAH communities. These training pieces are provided for CAH Emergency Department (ED) staff and EMS staff to support Idaho's first comprehensive system of care, Time Sensitive Emergencies (TSEs), and support education to improve performance time-sensitive diagnoses such as trauma. Flex provides input on the communities, outreach to increase participation, funding for the books, trainers' fees, travel, and lodging. Trainers follow the American College of Surgeons Course curriculum.

Participants received education on rural traumas, teamwork and communication, airway and breathing, circulation, disability, exposure and environment, performance improvement and patient safety, special topics (pediatric, geriatric, pregnancy, thermal), team scenarios, and secondary survey and transfer to definitive care. These topics provided a targeted and strategic opportunity for teams within CAHs and with local EMS to strengthen communication and knowledge to improve trauma transfers.

Lessons learned during this project include:

The best practice in Idaho is having their local EMS Bureau take the lead on these courses' logistics. They hire the instructors, arrange all travel, and oversee registration and the course implementation. It is an excellent collaboration between the Idaho Flex program and the local EMS Bureau to support TSEs.

Program Area 5: Innovative Model Development

This activity occurred out of a need identified and articulated with the Idaho CAH leadership. Value-based healthcare has become an attractive delivery

model to Idaho CAHs. They would like rewards for helping patients improve their health, reduce chronic diseases, and receive cost-effective care. The Idaho Flex program assisted in creating the Rural & Frontier Healthcare Solutions Workgroup. This group met in person for monthly all-day meetings until April 2020. After COVID-19 impacted travel and in-person meetings, the group began meeting virtually for approximately one hour every other month. These meetings focused on developing an Idaho solution focused on improving rural community health and increasing healthcare access through a sustainable value-based model.

In February 2019, the state established the Healthcare Transformation Council of Idaho (HTCI) to continue Idaho's transformation efforts and movement toward value-based payment models. HTCI recognized that, although the national focus on value-based healthcare strategies has predominantly addressed the urban and suburban markets, rural and frontier areas can also benefit from transformational efforts. As a result, in November 2019, HTCI established the Rural & Frontier Healthcare Solutions Workgroup to develop an Idaho-specific value-based model for rural and frontier health systems. The Idaho Flex program took the lead in inviting CAHs to participate, organizing and implementing each meeting, hiring a facilitator, and working with co-chairs to determine subject matter expertise and content for each session.

Implementing value-based payment models is complex. Idaho CAHs have limited financial resources to invest, lack interoperable data systems, and are struggling with the current pandemic burden. The group continues to meet virtually every other month and discussing opportunities such as the Community Health Access and Rural Transformation (CHART) Model. However, the CAHs struggle to maintain focus on potential future opportunities while working with current staffing and an overwhelming number of COVID-19 patients.

They were finding a path to stabilizing and transforming valuable healthcare resources significant to the Idaho Flex program. The Rural & Frontier Healthcare Solutions Workgroup has had presentations from subject matter experts from Maryland and Pennsylvania. This group has been important for creating a safe space for CAH leadership to voice concerns and challenges and capture ideas for potential solutions. This initiative has strengthened the relationship the hospitals have with the Idaho Flex program and created connections among CAH leadership regardless of geography.

Lessons learned during this project include:

A best practice is to ensure the Flex program has a good rapport with CAH leadership. The Idaho Flex program has prided itself on supporting CAHs, listening to their needs, and responding accordingly. CAHs would not have engaged in the Rural & Frontier Healthcare Solutions workgroup if they felt they would not consider concerns or ideas.