

Iowa Flex Program

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

This document was created with permission to use information from the Iowa Office of Rural Health's FY19 Flex End-of Year Report.

Program Area 1: CAH Quality Improvement

The Iowa Flex Program implemented quality improvement work in collaboration with the quality improvement contractor, Iowa Healthcare Collaborative (IHC). IHC distributed an "intake survey" to obtain information about hospitals' technical assistance needs and about the Medicare Beneficiary Quality Improvement Project (MBQIP) domains hospitals currently or plan to submit measures. A large majority of the respondents identified enrolling in the Centers for Medicare and Medicaid Services (CMS) Abstraction and Reporting Tool (CART) as a need. Results of the survey were summarized in a report. Based on assessment findings, IHC directed technical assistance and education around identified needs and hosted a workshop to provide data abstraction training.

Also, IHC developed MBQIP reports for hospitals in place of Telligent reports. These revised reports are more visual and include graphs with benchmarking to see their progress since previous quarters quickly and compare to other hospitals in the state and country. IHC offered free training opportunities to hospitals. Two of these opportunities prepared attendees for certifications. Iowa Healthcare Collaborative also provided "Flex CAHLs" periodically and held its first CAHL on March 11, 2020. IHC held a statewide meeting for hospital staff on June 17, 2020. IHC provided hospitals with "MBQIP Monthly," MBQIP reports, MBQIP reporting reminders, quality improvement technical assistance, and any MBQIP updates.

Though MBQIP reporting is currently optional, IHC continues to encourage and support hospitals in their MBQIP reporting efforts. As part of their quality efforts, seven district meetings occurred virtually. The Iowa Flex Program provided education on Emergency Department Transfer

Communication (EDTC) measures at all these meetings, the CAH and Rural Forum, and the Rural Hospital Advisory Panel meetings. IHC also offered support via virtual site visits, on-site calls, phone calls, live webinars, training modules, brochures, newsletters, and online resources. IHC has a significant existing relationship with Iowa's hospitals and uses their insight to drive education and resources.

Lessons learned during this project include:

This year's programming's main goal was to increase understanding of these programs and Flex Program aspects to more effectively implement future years' activities. It is beneficial to re-assess the need to do this everyone once in a while.

Monthly contractor calls that include all Flex contractors have increased communication and collaboration among contractors, creating a more integrated program.

Program Area 2: CAH Operational and Financial Improvement

HomeTown Health (HTH) used primary (via hospital survey) and secondary data to create a statewide financial needs assessment. Using these assessment results, HTH has identified areas for future technical assistance and educational topics. The results of this assessment indicate which hospitals would benefit from in-depth financial evaluations and action plans. Ten hospitals received in-depth evaluations and action plans. They executed virtual meetings for these hospitals for all ten hospitals.

HTH also completed a statewide operational needs assessment using primary and secondary data. Iowa developed technical assistance and education topics around these identified needs. The results of this assessment indicated which hospitals would benefit from in-depth operational evaluations and action plans.

HTH created a Financial Integrity through Revenue Education and Strategies (FIRES) program. The FIRES program provided hospitals with tools for monitoring key financial indicators, education to address standards for compliant practices with integrity, and individual hospital assistance for those in high distress. This program sought to improve finances, increase operational efficiency, develop day-to-day habits and patterns, use resources more effectively, improve accuracy, and improve financial stability. HTH developed a financial integrity webinar series.

HTH created a Hospital Operational Education and Strategies (HOPES) program. The HOPES program's goal was to analyze and assist hospitals in following best practices in operations that lead to financial success or improvement. The program helps hospitals identify opportunities for improvement in various functions, such as leadership, efficiency, data utilization, workforce, employee engagement, market share, care management and coordination, and performance in different specific service lines.

HTH has been developing a peer mentoring program for financial and operational improvement and will execute this program in the FY20 Flex Program year.

Lessons learned during this project include:

The Iowa Flex Program will further assess the impact of the in-depth assessments in FY20. The financial and operational needs assessments provided helpful information that drove financial and operational improvement activities. Education and workshops provided hospitals with tools and knowledge to address identified needs.

The Iowa Department of Public Health (IDPH) issued two requests for proposals (RFPs) for financial and operational improvement, including financial gain and another for operational improvement. This structure has allowed them to ensure both financial and operational improvement activities are made available.

Program Area 3: CAH Population Health Improvement

IDPH has assessed hospital community health needs assessments (CHNAs) and has identified most frequent community health priority areas and areas where technical assistance is needed to improve CHNA content. In addition to this assessment information, IHC surveyed hospital staff to determine their interests and needs for CHNA technical assistance webinar topics. IHC develops these webinars and provides them to hospital staff. Continuing education unit (CEUs) are offered to webinar participants.

IDPH also provided a small amount of funding (i.e., \$2,000) to hospitals that completed the survey if they chose to participate in this opportunity. To receive this funding, hospitals submitted documentation of two deliverables. The first deliverable was documentation that the hospital agrees to work with local public health on a population health project (i.e., letter of commitment). The second deliverable was a work plan developed in

collaboration with local public health to implement a population health project.

As part of the ongoing opioid use disorder project, the contractor (i.e., Stroudwater Associates) offered the Iowa Opioid Steering Committee members the opportunity to participate in implementing their choice of identified strategic initiatives. Strategic initiatives identified in the action plan included:

- Developing a joint health partners committee.
- Implementing a peer recovery support program.
- Implementing the six-building block model.

Four hospitals responded with interest in one of these projects, and they selected two from this offering. Both hospitals chose to implement the six-building block model, and Stroudwater Associates will continue working with these hospitals to implement these projects.

The CHNA assessment and survey found many needs around understanding the CHNA process. The webinar series (which continues into FY20) provides hospital personnel with a base understanding of CHNAs. This base understanding will allow the Iowa Flex Program's future years to include more in-depth CHNA technical assistance and education. When hospitals can resume work on implementing the opioid project, this understanding will better equip hospital personnel to manage opioid patients and provide comprehensive care and referrals.

Lessons learned during this project include:

Assessing CHNAs served as a "needs assessment" for population health, as the CHNA serves as a base for identifying community needs and subsequent population health program development. Depending on workload, a contractor for performing future assessments could help. This assessment was beneficial in three ways:

- It provided information on gaps in CHNAs/needs for technical assistance.
- It provided information on what the greatest hospital-identified community health needs are.
- It served as an indicator of how closely hospitals are working with local public health.