

Kentucky Flex Program

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

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Program Area 1: CAH Quality Improvement

For this program area, the Kentucky Flex Program aimed to have all 28 critical access hospitals (CAHs) receive training and resources to improve their Medicare Beneficiary Quality Improvement Project (MBQIP) scores. Despite COVID-19 restrictions and a last-minute cancellation of their Quality Leader Conference, they still provided a plethora of MBQIP education, resources, and technical assistance (TA).

The Kentucky Flex Program worked with Cynosure over the FY19 year to provide training and assistance to all Kentucky CAHs, and they provided over 28 instances of personalized TA. Any resources they receive or create are sent out immediately to all 28 CAHs. They are always available to field any questions, often along with help from Cynosure or partners like the Technical Assistance and Services Center (TASC) and the Rural Quality Improvement Technical Assistance (RQITA).

The most significant impact of this activity is that hospitals continue to improve their MBQIP scores. Nearly all CAHs improved at least one MBQIP measure comparing previous MBQIP data to the most recent; using data that they currently have available, the Kentucky Flex Program continues to measure impact for FY19 activities as they receive more current MBQIP data and reports.

Lessons learned during this project include:

Providing CAHs with the training, resources, and technical assistance around MBQIP is the easy part, but engaging CAHs in MBQIP reporting and improvement is an uphill battle. With frequent turnover, the Kentucky Flex

Program focuses on keeping new staff trained, updated, and interested in reporting. Conveying the program's usefulness and importance is the most important thing as they encourage them to report their measures and engage in the program.

Program Area 2: CAH Operational and Financial Improvement

The Kentucky Flex Program's partnership and work with Stroudwater Associates in this program area has been a significant accomplishment for their Flex program. In January, they held two in-person financial network meetings. They covered a variety of essential topics and were also able to partner with Stroudwater to provide more personalized technical assistance depending on hospital needs. Eight CAHs were able to receive financial technical assistance they may not otherwise be able to afford.

Hospitals could choose from a menu of three activities including:

- **Cost report analysis:** Designed to help chief financial officers (CFOs) minimize errors in their Medicare cost report and adopt accounting principles that optimize reimbursement consistent with the Centers for Medicare and Medicaid Services (CMS) rules and regulations.
- **Provider alignment impact analysis:** This activity provides an in-depth analysis of a CAH's primary and specialty care delivery model, an evaluation of clinic designation options, and an assessment of provider complement at each clinic location.
- **Strategic pricing tool:** Hospitals that participate in the strategic pricing program upload their electronic charge description master (CDM) file to a secure web portal and use the web application to review and modify their CDM files and apply the information to perform external benchmark analysis against a national database of CDM data from small rural hospitals.

Being able to provide CAHs with financial tools to ensure financial solvency is one of the most valuable and high-impact things Flex programs can offer. Considering most of these activities were only completed a few months ago, it isn't easy to show quantitative improvement.

Lessons learned during this project include:

Typically, the Kentucky Flex Program would provide their financial education in person. Being flexible and having Stroudwater meet their program where they needed to be was probably their most important lesson. It was difficult and time-consuming to make so many changes to initial plans, but it was necessary to continue their work.

Program Area 3: CAH Population Health Improvement

The Kentucky Flex Program aimed to support at least three rural health networks; these networks, including at least one CAH, will address unmet needs within their community. During each network meeting, they aim to have presenters who present on timely and relevant topics. COVID-19 restrictions certainly complicated this activity, as were most others. However, they were still able to hold several in-person meetings before travel bans, and after lockdown restrictions, they were able to support and attend network meetings virtually.

Staying engaged with these networks is one of the best ways to learn about issues their CAHs and CAH-owned rural health clinics (RHCs) are currently facing and how they can help them address those issues and needs. Engagement among all four networks remains high. They are also a great way to provide timely and essential education directly to their stakeholders.

Lessons learned during this project include:

The Kentucky Flex Program would like to expand population health activities outside of what they are currently doing and within their networks. They have talked to national partners about doing so and hope to expand this program area in the future.

Program Area 4: Rural EMS Improvement

The Kentucky Flex program hosted six statewide rural emergency medical services (EMS) listening sessions with action plan creations to address issues identified during the listening sessions. This activity was unlike any action their Flex Program has taken on before. Bringing nearly 200 people together across these six sessions to hear about their struggles, successes, and needs through a facilitated discussion was incredible. It will be some of the most valuable information they have regarding EMS. They unfortunately could not complete the final two sessions due to COVID-19 restrictions.

Lessons learned during this project include:

A formal report will be created and shared with stakeholders as well as federal partners. They gathered information regarding how well they worked together with their local rural hospital and what issues or successes were in their relationships with them.