

Massachusetts Flex Program

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

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

Program Area 1: CAH Quality Improvement

Building on the emergency department (ED) process and quality improvement was an essential part of the Massachusetts Flex Program's efforts in FY19. ED throughput measures have been a challenge for all Massachusetts critical access hospitals (CAHs), and improving them throughout this grant cycle is among their priority QI goals. The Massachusetts Flex Program chose multiple approaches to improvement: a combination of (1) targeted external consulting expertise, (2) rural ED Network input and peer-sharing, and (3) rural ED capacity building for high risk/low volume events to improve overall triage and response time.

The Massachusetts Flex Program essentially put the first strategy on hold due to the pandemic, but they continued with the other two strategies. As part of their Rural ED Network, they assembled regional emergency medical services (EMS) leaders for extensive dialogue with rural ED managers on improving rural EMS/ED collaboration, efficiencies, and hand-offs. This will be an ongoing effort and has already resulted in developing enhanced backup response options to enhance emergency triage.

Additionally, the statewide MA Tele-SANE (Sexual Assault Nurse Examiners) program presented to the Rural ED Network and worked with two of their CAHS to train and implement the Tele-SANE program at their respective sites in Fall 2019.

The third strategy of capacity-building overlapped with their New England Rural Hospital Performance Improvement (NEPI) Program's operational activity. NEPI is a long-standing collaboration between the Flex programs of

Massachusetts, Maine, New Hampshire, and Vermont along with the New England Rural Health Association. In addition to shared NEPI capacity-building activities, each state chooses an area of focus specific to its state. For the last couple of years, including FY2019, Massachusetts chose to focus on ED and trauma capacity building.

Specifically, in Flex FY2019, the Massachusetts Flex Program provided funds for Boston University/Boston Medical Center's Community Outreach Mobile Education Training (COMET) Pediatric In-Situ Simulation training at two CAHs. The Massachusetts Flex Coordinator participates in the advisory board of the Massachusetts Department of Public Health EMS for Children Program.

These efforts increased ED strategies and efficiencies, although it is still too soon to see them in ED measures quantitatively. Further, Tele-SANE and COMET pediatric training resulted in increased staff skill, confidence, efficiency, and better response time for two high-risk areas and great sensitivity. The Massachusetts Flex Program noted the multi-disciplinary local staff trained to function better as a team for both programs and received additional ongoing support before and after skill assessments. In response to its effectiveness and staff feedback, all CAH ED managers have universally requested COMET Pediatric Simulation training at their facilities at least once a year. This is something they hope to assist with via the Flex program.

Lessons Learned During this Activity

Improving ED throughput and related measures have proved to be a multi-layered, multi-disciplinary effort that requires ongoing training, reinforcement, and updating. Simulation training is an excellent hands-on development tool for small and rural hospitals. It is essential to find the right partner with the patience and foresight to work with managers and staff to improve over time.

Program Area 2: CAH Operational and Financial Improvement

The Massachusetts Flex Program's ongoing CEO/CFO Forum is the continuous infrastructure for their financial and operational improvement efforts. This activity centers on CAHs and small rural hospitals (SRHs) reviewing data analyzed by consultants annually and participating in two intensive presentations at the CEO/CFO Forum network meetings to improve selected financial and revenue cycle management. Expected outcomes included three CAHs and three SRHs reviewing the intensive market and

financial presentations at quarterly CEO/CFO Forum meetings and one-to-one progress monitoring via site visits with Stroudwater consultants.

In Flex FY2019, the group met twice in person. At their October 2019 meeting, in addition to his standard intensive market updates, Eric Shell of Stroudwater Associates presented his annual financial analysis of their Massachusetts economic indicator tracking and benchmarks, operational metrics, as well as department productivity measures for inpatient nursing, rehabilitation, imaging, and the emergency department. These are measures that have been tracked for this group over time and typically inspire informative and spirited discussion. The Massachusetts Flex Program gave additional intensive financial and operational improvement presentations.

Before the onset of the pandemic, Massachusetts rural hospitals have consistently found the guidance from these CEO/CFO Forums to be extremely helpful in gauging the success of various individual hospital financial improvement initiatives. The weekly webinar forum meetings held have strengthened their financial and operational responses to the many COVID-19 challenges. The hospital association liaison and their Flex staff kept the group informed on COVID-19 telehealth support and modifications unique to their state, in addition to federal changes and a range of statewide organizing efforts, including surge planning and crisis behavioral health strategies. Also, the Massachusetts Flex Program regularly elevated rural-specific concerns identified by the group to the statewide COVID-19 Command Center. While they could not conduct site visits this year due to the pandemic, they were able to continue the effort of one hospital-owned rural health clinic (RHC) redesign assessment per year.

Lessons Learned During this Activity

The Massachusetts Flex Program believed that bringing this group together weekly during the pandemic would be supportive but had not anticipated the high degree to which participants would find this a financially and operationally helpful strategy. Participants benefited from sharing everything from staffing/furloughing plans, messaging to encourage non-COVID patients to return to facilities for care, organization of safe community-based testing sites, and modifying physical plants for COVID patients. They have learned that groupthink and action can be a panacea to the institutional fear and loneliness of navigating uncertain times that require unusual or innovative solutions.

Program Area 4: Rural EMS Improvement

The original plan was for Massachusetts Flex Program and the Department of Public Health State Office of Emergency Medical Services (OEMS) to bring together rural EMS agencies for a statewide rural EMS meeting to determine data reporting status and priority MA rural EMS data quality improvement needs. Unfortunately, because of the COVID-19 pandemic, they needed to postpone this project in FY2019. Rural EMS agencies in Massachusetts continue to be pushed to their maximum capabilities and are limited in financial and staffing resources during the pandemic. While such limitations have always been present for small and rural EMS agencies, organizations are burdened when staff is exposed to or become sick with COVID-19 themselves.

Program Area 5: Innovative Model Development

Massachusetts Flex Program's activity in this program area included connecting CAHs and SRHs with innovative telemedicine models and related TA as part of their creative model development. Mainly because Massachusetts is behind many other states in adopting telehealth strategies, it also included advocating for rural-specific telehealth needs and opportunities. They expected to make rural expertise available to their internal partners developing telehealth services and offering financial technical assistance to CAHs. They are still in the process of accomplishing this by working with their partners, the MA Health and Hospital Association (MHA) and their TelMed Coalition and Stroudwater Associates via their CEO/CFO Forum Network.

During this Flex year, the COVID-19 pandemic and subsequent federal and state reimbursement changes created such a potent combination of necessity and opportunity to result in an explosion of telehealth access and reimbursement that they never had before. Emergency rules changes implemented by the Center for Medicare and Medicaid (CMS) and their state Medicaid program, other state health programs, and private insurers have had an enormous impact on implementing telehealth capability quickly in an environment where face-to-face visits were considered too risky. It was helpful to have already had a foundation of understanding and support among their rural hospitals and providers. When CMS implemented waivers and rules changes, Massachusetts rural organizations could promptly and successfully respond. The work is continuing through the MA TelMed Coalition to get their draft parity telehealth legislation enacted in state law so telehealth can successfully continue to be offered post-COVID19 with reimbursement from all payers.

Lessons Learned During this Activity

Building a foundation of ongoing support and resources before implementing significant changes is essential. Massachusetts rural facilities were then able to "hit the ground running" when regulatory changes suddenly came through. Encouraging rural hospital and provider participation in the MA Health and Hospital Association's TelMed Coalition has been a successful strategy. The group has accomplished a lot. They believe that parity telehealth legislation will be passed by the Massachusetts state legislature this year.