

# Michigan Flex Program

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

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### **Program Area 1: CAH Quality Improvement**

Facilitating the Michigan Critical Access Hospital Quality Network (MICAH QN) was a substantial accomplishment under the CAH Quality Improvement Flex Program area in FY19. The facilitation of this network impacts activities 1.1-1.7, including the number of CAHs consistently reporting quality data and improving the quality of care in Michigan. Supporting the MICAH QN in FY19 included, but was not limited to the following:

- Planning and facilitating four quarterly network meetings
- Moving strategy group activities forward, including data analysis for each strategy group and promoting educational content related to each strategy group
- Facilitating monthly strategy group meetings
- Supporting MICAH QN clinical quality benchmarking via Persevia Consulting and Michigan Center for Rural Health (MCRH) staff
- Supporting the Medicare Beneficiary Quality Improvement Program (MBQIP)
- Supporting the MICAH QN supports improved quality of care in the 36 Michigan CAH communities

The MICAH QN develops a variety of educational content to share at their strategy group meetings, including but not limited to the following in FY 19:

- Safety Story Agenda
- MBQIP and MICAH QN core measures data report out
- Peer sharing on auditing for maintenance of process improvement initiatives
- Fall prevention

- Improving the Care Transition Domain in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data
- Reducing chronic obstructive pulmonary disorder (COPD) readmissions.
- Combating burnout among CAH personnel

Data showcase the results of facilitating the MICAH QN network. The MICAH QN impacts MI CAHs by giving them a formal structure to connect with their peers around quality improvement. It is a mechanism for them to engage in best practice sharing and data-driven quality improvement strategies. Also, it is a mechanism for them to connect less formally with their peers around the state. It provided a formal infrastructure for other partners to communicate with the MI CAH community.

### **Lessons Learned During this Activity**

Utilizing peer presentations at the MICAH QN meetings by giving CAH quality leaders a chance to share what they deem best practices. This approach builds an environment of trust and continuous improvement among the Michigan CAHs. The Flex coordinators' role is to identify these best practices (via data analysis or other means) and encourage sharing.

### **Program Area 2: CAH Operational and Financial Improvement**

The Michigan Flex Program provided consulting services to two CAHs to maximize their swing bed services using Allevant, LLC. Allevant, developed by the Mayo Clinic and Select Medical, offers technical assistance to enhance swing-bed operations in CAHs, maximizing post-acute care services for rural residents. Two Michigan CAHs received this resource; one was an independent hospital, and the other belongs to a system. The project's goal was to increase swing bed utilization and increase customer satisfaction with post-acute care services.

Both facilities had to "pause" the project due to COVID but have completed employee training aspects through the Allevant training portal. Thus far, employee knowledge and clinical capacity have increased in both facilities measured by the Allevant training tools. Also, both hospitals have noted an increase in swing bed days, yet due to COVID, the Michigan Flex program cannot directly attribute this increase to the Allevant program.

### **Lessons Learned During this Activity**

A lesson learned in implementing this activity is using system-based CAHs to spread learnings to other CAHs in the system. While the Michigan Flex

program always prides itself on sharing learnings, this was very deliberate due to technical assistance.

### **Program Area 3: CAH Population Health Improvement**

FY19 community health needs assessments (CHNAs) and associated implementation plans allowed for a comprehensive look at rural Michigan needs, and CAH plans to address their community's unique needs. The analysis assists in a regional focus and effort in understanding regional needs. For example, the upper peninsula of Michigan's needs varies from the southern rural areas of Michigan due to the geographic attributes, including the distance between health care facilities. Also, the report allows for an understanding of chronic disease needs for different regions of the state.

The activity's impact was a document in which CAH communities could learn from each other on their unique needs and how they were each working to address needs. Besides, the project allowed for connections to be made around similar needs for CAHs located in the same geographic areas.

#### **Lessons Learned During this Activity**

Bringing CAHs together to use similar tools for their CHNAs, such as identical survey instruments and quantitative data analysis, helps develop a statewide analysis.

### **Program Area 4: Rural EMS Improvement**

Each year, the Michigan Flex Program partners with SafeTech Solutions to provide the EMS Leadership Academy to allow rural emergency medical services (EMS) leaders to receive a four-level course taught by industry experts. In FY19, MCRH offered Levels III and IV.

The EMS Leadership Academy participants all noted an increased knowledge via the pre and post-test survey. It allows the Michigan Flex Program to impact the Michigan CAH communities outside of the hospital walls. EMS personnel are integral to the system of care in a community.

#### **Lessons Learned During this Activity**

Lessons learned include prioritizing EMS personnel in Flex program activities by engaging with CAH communities and using them to identify EMS leaders who would benefit from the program. Working with the State Department of

EMS (in Michigan, this is the Bureau of EMS, Trauma, and Preparedness) to identify EMS agency leaders who would benefit from the program.

### **Program Area 5: Innovative Model Development**

The Michigan Flex Program continued its long-standing work with the Michigan Rural Health Clinic Quality Network (RHC QN). This progressive set of certified RHCs will continue to meet quarterly, develop their operating strategies, and submitted clinical quality data to the Quality Health indicators (QHi) web portal. The Michigan Flex Program has learned a lot in the last five years working with the RHC QN.

Thirty-six CAH provider-based Rural Health Clinics practice managers are supported to benchmark three core clinical quality measures through QHi.

The core measures are:

1. Preventive care and screening: tobacco use: screening and cessation intervention (NQF #0028)
2. Controlling high blood pressure (NQF #0018), and
3. Preventive care and screening: body mass index (BMI) screening and follow-up (NQF #0421).

The group selected these core measures because they significantly impact the overall health of a majority of the RHC population and are integral in managing chronic conditions. The RHC QN holds quarterly meetings to address quality and performance improvement techniques, facilitate shared learning, and provide networking opportunities for RHC staff. During these meetings, project staff share information on evidence-based protocols to improve quality, financial, and operational performance.

### **Lessons Learned During this Activity**

Lessons learned would include choosing measures relevant to most RHCs strategic priorities or align with other state initiatives, including those that are incentive-based.