

Mississippi Flex Program

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

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Program Area 1: Critical Access Hospital (CAH) Quality Improvement

The Mississippi Flex Program's activity focused on improving core patient safety and inpatient measures reports and increasing the number of critical access hospitals (CAHs) that report on all four Medicare Beneficiary Quality Improvement Project (MBQIP) domains. Their vendor provided technical assistance (TA) to aid the CAHs with developing antibiotic stewardship programs.

The activities implemented by the sub-grantee under this program area helped CAHs improve their reporting results and increasing the number of CAHs reporting and gave them a better understanding of the new reporting requirements and the new Emergency Department Transfer Communication (EDTC) spreadsheet. Each training session was geared toward providing information to the CAHs about any changes and updates being implemented. Because of the different updates and new reporting measures, this activity keeps the CAHs well-informed of any recent reporting changes.

Lessons learned during this project include:

For the activities under this program area, it is important to be strongly engaged. Flex coordinators need to participate in all training and roundtable activities with the CAHs to see what areas the CAHs are lacking. Engaging in this activity allows the Flex Coordinator to know what facilities have a new quality director and allows the CAHs to be comfortable with reaching out for questions. Being heavily involved with this activity also helps get a better understanding of the Flex coordinator's reporting measures. These activities

were implemented by a vendor with whom the CAHs trusted and felt comfortable working, resulting in high participation and accomplishing the expected outcome goal.

Program Area 2: Critical Access Hospital (CAH) Operational and Financial Improvement

This activity focused on doing market assessments on all 31 CAHs and outmigration assessments on 10 CAHs. The outmigration assessment provided the 10 CAHs with insight into patients seeking services out of network or being referred out of network for inpatient and outpatient service lines from that CAH's service area.

The Mississippi Flex Program completed this activity during FY19 with no interruptions. The CAHs received information on their facility, including other CAHs in Mississippi. Seeing the results on where other CAHs ranked on each benchmark encouraged each CAH to improve. The benchmarks are based on every CAH in the United States, which allows every CAH to make improvements compared to other CAHs in the United States and their state.

Lessons learned during this project include:

When implementing this activity, it is best to be heavily involved when communicating with the CAHs. Mississippi's office was involved in the one-on-one TA sessions with the CAHs and vendors when they would meet to discuss the outmigration assessment for that facility. They also ensured that they included the office director and Flex coordinator in all emails and correspondence between the vendor and the CAHs. This allowed the Mississippi Flex Program to see which CAHs were communicating and engaging with the vendor and how they were grasping the information.

Program Area 3: Critical Access Hospital (CAH) Population Health Improvement

The Mississippi Flex Program's activity from the third program area was their National Diabetes Prevention Program. The expected outcome for this activity was to engage 75% of crucial personnel trained in diabetes education management programs. They implemented this activity through a local vendor via online courses.

This activity resulted in eight personnel from four different CAHs completing the program and becoming certified. Those four CAHs now have certified Life Coaches for their facility. These facilities now have the option to enroll in the

Medicare program. Through this program, the facility can receive payments for Medicare patients who participate in this activity at their facility. The patients must participate in the program at the facility over six months before the facility can receive any payments for the programs. Overall, this activity made other CAHs want to join because of the benefits of having a certified Life Coach at their facility.

Lessons learned during this project include:

When implementing this activity, participants should sign an acknowledgment before registering. An acknowledgment should consist of each CAH agreeing to thoroughly complete the training they decided to participate in for that FY. Not completing the activity or dropping from the training could impact future funding opportunities or result in other ramifications, as explained in the acknowledgment. Because of the pandemic, this activity stopped for a short period, resulting in most CAHs dropping. An acknowledgment would be great to include to ensure accountability and participant engagement.

Program Area 5: Innovative Model Development

The Mississippi Flex Program's innovative model development activity focused on adding more CAHs to their accountable care organization (ACO) and providing educational materials on the ACO. Through this activity, 12 CAHs joined the ACO. The expected outcome for this activity was to have 3 CAHs join the ACO by the end of FY19. They implemented this activity through the Mississippi Hospital Association (MHA).

Lessons learned during this project include:

This activity requires a lot of documentation and communication with the sub-grantee. To know if the CAHs get what they need and benefit from this activity, a detailed monthly report from the vendor on the ACO and CAHs is required.