

# Missouri 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 Missouri Flex Program has reported the Emergency Department Transfer Communication (EDTC) measure since 2015 with expected outcomes of increased reporting and performance, resulting in improved health outcomes. They have continued to refine its approach based on emerging data trends and lessons learned from each hospital's journey through its process improvement and development. They have utilized a multifaceted approach to increase reporting and performance, including webinars, adaptive support, peer-to-peer support, discussions, face-to-face meetings, networking, and individualized dashboard reports.

During November 2019, Medicare Beneficiary Quality Improvement Project (MBQIP) regional meetings were completed in three separate geographic locations. They introduced cohort-based webinars with the following focus to allow for collaborative learning among critical access hospitals (CAHs) participating in the Flex program.

- Antibiotic Stewardship Program Cohort Webinar.
- EDTC Cohort Webinar.
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Cohort Webinar.
- Inpatient/Outpatient Cohort Webinar.

In July 2020, hospitals were introduced to the Canvas Learning Management System (LMS) to continue the collaboration. The Missouri Flex Program will use a hybrid approach with conference calls and Canvas LMS to keep hospitals engaged in the cohorts in FY20.

## **Lessons learned during this project include:**

The Missouri Flex Program's lessons learned and best practices from this program area include:

- Use the power of data to effect change, which resulted in improved reporting and performance during the FY19 Flex grant period.
- Share hospital-specific dashboard reports with MBQIP contacts and chief executive officers to keep facilities engaged and aware of their performance and benchmark among other CAHs in Missouri and the nation.
- Spotlight high performers and use peer-to-peer learning, cohorts, face-to-face meetings, and webinars to facilitate networking and drive improvement in EDTC scores.
- Best practice tools and resources are critical in the improvement process.

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

The Missouri Flex Program's financial subcontractor BKD, LLP provided a summary of historical financial performance (2016-2018) for each facility based on filed Medicare cost reports. Each hospital was evaluated within the Missouri CAH peer group as a percentile for seven key metrics. The expected outcome was to provide each hospital with their historical financial performance to compare their performance with other CAHs in Missouri.

BKD summarized the historical financial performance for each facility based on their filed Medicare cost reports. A hospital reference number was assigned to each CAH as indicated on their CAH financial metric graph summary. The CAH historical financial ranking was reported according to their percentile rank within the Missouri CAH group. All ratios were based on Medicare cost report classifications and calculations that may differ from amounts calculated from the generally accepted accounting principle (GAAP) financial statements.

The Missouri Flex Program performed a financial assessment of Flex-participating hospitals based on trends in volume, revenue, payor mix, operating margins, days in accounts receivable, cash on hand, and FTEs per adjusted occupied bed. They shared this assessment with BKD to assist with developing focus areas within their webinar series.

## **Lessons learned during this project include:**

Providing historical performance data allowed for a year-by-year comparison on the seven key metrics. It also provided the ability for each hospital to compare its performance with other CAHs in Missouri.

The COVID-19 pandemic caused a redirection of the activity. Chief financial officer (CFO) calls provided the latest news and information about the various payment mechanisms available to help CFOs get through the public health emergency. Calls were not limited to Flex participants but were open to all Missouri hospitals. Communication and engaging with CFOs from hospitals of all sizes to share concerns, ideas, and information remains vital for hospital sustainability during the pandemic.

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

The Missouri Flex Program educates CAHs on the importance of integrating population health strategies to control cost and improve care delivery. This population health activity has been ongoing since 2015. Lessons learned are applied to help improve participating CAHs' understanding and applications key to their population health strategy.

In December 2019, the Southeast Region Community and Population Health meeting occurred. This meeting assisted CAHs in engaging with community stakeholders and public health experts to address specific health needs as identified through their community health needs assessment (CHNA) process.

Multiple population health webinars with focuses on the importance of integrating population health in health care and addressing population health which is essential in reducing health disparity while promoting health equity. Post-survey results of population health webinars show 100 percent effectiveness in the relevance of the information provided to aid in their organization's strategic quality initiatives and the program's overall effectiveness in strengthening the individual participant's competence area.

### **Lessons learned during this project include:**

The Missouri Flex Program's lessons learned and best practices from this program area include:

- Learn and understand the strengths and weaknesses of each participating CAH.
- Create an environment of shared learning.
- Meet each CAH where they are on their population health improvement journey.

- Provide best practice tools and resources, and spotlight high performing hospitals whenever possible.

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

The Missouri Flex Program is addressing transportation as a social determinant of health (SDOH) as identified by CAHs through their CHNA process. The expected outcome is to improve access to care by providing transportation to those identified through the screening process.

All CAHs were invited to participate in this cohort. Conference calls were conducted multiple times with the hospitals to share their process. They provided social screening tools and resources to help identify areas lacking at their respective facilities and shared information on other innovative transportation models to educate them about different strategies hospitals use to address transportation issues.

In late July 2020, the Missouri Flex Program held a conference call with two hospitals represented by their population health/innovative model staff. Each hospital presented a recap and shared more details about the processes used to address the transportation gap of their patients.

### **Lessons learned during this project include:**

The Missouri Flex Program's lessons learned and best practices from this program area include:

- Conduct research and educate participants on the topics to set the stage.
- Create a conducive environment for learning and sharing.
- Convene and facilitate meetings routinely.