Montana Flex Program

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

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Program Area 1: CAH Quality Improvement:

Medicare Beneficiary Quality Improvement Project (MBQIP) to Outcomes (M2O) Care Transitions

M2O is an annual project that brings a cohort of critical access hospitals (CAHs) together to systematically work through the improvement process to affect change in MBQIP measures. The project this year centered holistically around care transitions, using readmission and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data to measure change.

The outcomes data is not available as implementations are just being made. Still, the significant accomplishment was that twenty hospitals signed up to participate, and all twenty have been retained as active participants. Typically, this project attracts 12 to 15 hospitals, and a few drop off or do not complete the work.

Between each meeting, small amounts of homework were assigned, and CAHs were asked to identify a "Small Test of Change" and provide an update on that test. This allowed hospitals to pick a problem that was of the most pain to them and allowed for support and accountability.

Working through the process with the hospitals, the Montana Flex Program developed a toolkit that hospitals can use to assess or measure each piece of a care transition. At each step, vetted resources were provided, and hospitals had an open forum to discuss their own best practices and results and ask each other questions.

Lessons learned during this project include:

1. Build a foundation. Start at the most basic level and build a foundation based on best practices. It may be assumed that high-performing hospitals have this down, but they often need the validation, or they are just winging it.
2. Slow and steady. Hospitals responded so positively to the two-week small tests of change. It provided structure, deadlines, and accountability. This helped alleviate some overwhelm in tackling the work.
3. Networking. They had the platform and opportunity to ask questions of their peers safely.
4. Relationships. This project launched at an extraordinary and stressful time for hospitals. The Montana Flex Program and their subject matter experts (SMEs) paid close attention to the current bandwidth of participants, acknowledged their stressors outside this project, and supported all efforts.
5. Ask questions. The Montana Flex Program are not experts in care transitions by any means, and this provided a fantastic opportunity to lead and moderating this project. Don't be afraid to ask "why," even if it seems silly. Some waste was identified and areas for education by Flex staff having a peripheral point of view.
6. Frequent virtual meetings allow for complete teams to participate, which increases buy-in.

Program Area 2: CAH Operational and Financial Improvement

Development of a Montana-Centered Balanced Scorecard (BSC) for CAH Strategic Planning

The Montana Flex Balanced Scorecard project was developed to provide planning tools that address the issues facing Montana's CAHs and ensure that those tools would be specified relative to the size of net patient revenue (NPR) of the various CAHs. They intend to develop BSCs that include data on all three Flex domains that the Montana Flex Program addresses (quality improvement, financial and operational improvement, and population health improvement). They also intend to develop more straightforward and more focused BSC's, evaluating fewer yet still critical and relevant measures. This will allow entire leadership teams, including trustees, to focus on strategy and the activities they need to address to assure sustainability and improved access to care for their communities with less time in the weeds of hospital management.

The project began in FY18 with a collection of data from financial indicators for a cohort of CAHs willing to share their data for analysis by an SME; this was evaluated for improvement and best practices.

The Montana Flex Program intends to develop peer-group-specific BSCs, focusing on the smallest CAH Peer Group (12 of MT's 49 CAHs) with NPR below $5M. In addition, measures indicating potential future financial distress risking closure will be included in the BSC and population health measures based on the community's social determinants of health (SDOH). Work will then progress toward larger CAH organizations. The Montana Flex Program intends for the project to be completed in Spring 2021.

Lessons learned during this project include:

In the ramp-up for the BSC project, Montana Flex Program staff learned that while most CAHs in Montana use some scorecard or dashboard to evaluate performance in multiple fields, most of them are deeply complex, collecting data on extreme and potentially irrelevant measures. Through surveys of CAH leadership and trustees, it was learned that there is an intense desire for board education and tools that help them more effectively "lead" their organizations. The Montana Flex Program knew that Balanced Scorecards/Dashboards/ Benchmarking activities have been going on for a very long time, and there is a level of fatigue and concern about "re-inventing the wheel." They are also learning that there is strong interest in the successful development of BSC/Strategy Map tools that accomplish the stated goals.

Program Area 3: CAH Population Health Improvement

Community Access to Mental Health First Aid & Resources (CAMHFAR)

The Montana Flex Program, located within the Montana Health Research & Education Foundation (MHREF) at the Montana Hospital Association, collaborated with two of Montana's five Area Health Education Centers (AHECs). While MHFA trainers are widespread and increasing, the Montana Flex Program worked with the AHEC trainers to conduct MHFA training courses for rural and frontier community stakeholders to bolster the local capacity to support their neighbors who may be suffering from mental health issues or substance abuse.

North Central Montana and South-Central Montana AHECs, like the Montana Flex Program, are located within MHREF. Throughout the first several MHFA training events, the Flex program also worked with MHFA trainers from other AHECs in Montana, but the model was developed by the Montana Flex

Program and the two AHECS in the Foundation. The model was for the local CAH to be the "convener" of the training event, organizing up to 25 community stakeholders, providing space, catering, and general organization of the event.

The training included CAH staff, emergency medical services (EMS), law enforcement, border patrol, schools, pastoral leaders, and citizen volunteers. As a result, the training is very dynamic, and the stakeholder group leaves the training with a newer sense of community responsibility and capability. Resources developed, as a result, are things like a call list for volunteers to respond to individuals in crisis and refrigerator magnets with contact info for resources. In a few cases, many of the stakeholders were unfamiliar with each other and learned of resources in their community that they had previously been unaware of.

Lessons learned during this project include:

The Montana Flex Program learned early that a better job of supporting the CAH staff who were organizing the event was needed. This issue sometimes resulted in a stakeholder group more heavily weighted with hospital staff than a diverse community attendance as intended. One of the more significant challenges was inviting and involving stakeholders who could not attend the training but wanted to be involved in the effort as we advance, which is the point of the community conversation.

Program Area 3: CAH Population Health Improvement

Montana Rural Breastfeeding Support Initiative / Certified Lactation Counselor Scholarships and Train the Trainer Breastfeeding Support Training

This popular initiative was to grow lactation support services within CAH Labor & Delivery departments and perinatal staff to attend and complete the gold-standard 40-hour Certified Lactation Counselor (CLC) Certification Training. Over 16 CAH staff from eight CAHs applied for ten CLC scholarship awards.

To increase access to lactation education for community perinatal healthcare workers, partnered with CAH partners to host and promote a Certified Lactation Counselor Training on their campus. As a training host, the CAHs were awarded an additional three registration slots for their perinatal staff. As a result, three CAHs immediately applied to host a CLC training at their facility, indicating strong support for this initiative. The hospitals are scheduled to host the CLC training as soon as COVID restrictions lift.

Lessons learned during this project include:

Scholarship awarding was difficult due to the strength of applicant narratives. Work is required to develop a more robust scholarship application process to help identify the most vital applications. Feedback from Train, the Trainer participants, highlighted a need to address both primary breastfeeding curriculum but also include more advanced topics for challenging breastfeeding situations. To address this feedback, individuals were encouraged to apply for the CAH Certified Lactation Counselor scholarship and scheduled for a return and provide a more advanced breastfeeding topic training for floor nurses.