

Flex Program Fundamentals 2019

About the Flex Monitoring Team





INTRODUCTION

The Flex Monitoring Team (FMT) is a consortium of the Rural Health Research Centers located at the Universities of Minnesota, North Carolina at Chapel Hill and Southern Maine. With a 5-year (2018-2023) cooperative agreement award from the Federal Office of Rural Health Policy (FORHP) (PHS Grant No. U27RH01080), the FMT monitors and evaluates the Flex Program by developing relevant quality, financial, and community benefit performance measures and reporting systems. FMT research assesses the impact of the Flex Program on rural hospitals and communities and examines the ability of the State Offices of Rural Health to achieve overall Flex Program objectives: improving access to quality health care services, improving the financial and operational performance of Critical Access Hospitals (CAHs) and engaging rural communities in health care system development.

HOW THE FLEX MONITORING TEAM CAN HELP YOU

The FMT's researchers have years of experience examining topics and issues that are directly relevant to CAHs and the Flex Program. Ongoing and annual research projects typically result in publications that you and other state Flex Coordinators can use to gain a better understanding of CAH finance, quality performance, and community impact and to support your work (in presentations & meetings, in grant applications, in publications, etc.) with CAH-relevant evidence. The [FMT website](#) provides access to all FMT publications, presentation slides, data reports, project descriptions and more.

In March 2016, the FMT launched the Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS), an online data query system which allows state Flex Coordinators to explore the financial, quality, and community-benefit performance of CAHs. CAHMPAS allows you to create custom graphs that compare CAH performance for measures that you define: by location, net patient revenue or other factors. Data for CAHs in your state are identified by name; data for CAHs in other states are shown but not identified by name. Visit the [CAHMPAS webpage](#) for more information and contact the FMT for login credentials: monitoring@flexmonitoring.org.

The FMT uses an email listserv to disseminate reports and publications. As a state Flex Coordinator, you are automatically subscribed to this list as a requirement of your grant award. Other Flex Program / CAH staff in your state can easily subscribe by contacting the FMT or submitting information via the FMT's homepage.



ONGOING PROJECTS

CAHMPAS Query System Maintenance, Enhancement, and Development

Purpose of the Project: to prepare updated data for CAHMPAS (described above), load this data into the system, develop new features, maintain existing features, and provide technical assistance to registered users. In the coming year, this project will include further refinement of the financial dashboard, and enhancements in user functions for the financial, quality and community data to allow the CAHMPAS platform to provide data in the most useable format for CAHs and state Flex Coordinators.

Maintaining and Updating the National CAH Database

Purpose of the Project: to continue the tracking of CAH conversions and closures. A CAH management information dataset, housed at the University of North Carolina, will be updated with information on conversions supplied by the Centers for Medicare and Medicaid Services (CMS). These data are also used to update products on the Monitoring Team website, including a spreadsheet that lists all certified CAHs, a map of current CAHs, and a table that contains state-level totals of the number of CAHs, and the number with rehabilitation distinct part units (DPU) and the number with psychiatric DPUs.

Measuring Community Impact and Benefit of CAHs

Purpose of the Project: to measure the community benefit and impact performance of CAHs nationally and by state using data from the American Hospital Association Annual Survey. This project is based on continuing work that has been ongoing under the previous cooperative agreement. This project builds upon previous Flex Monitoring Team and University of Southern Maine activities related to understanding the community impact and benefit activities of CAHs and the development and field-testing of appropriate community impact and performance measures. The data will be used to prepare national and state-level reports for CAH activity.

Analyzing Financial and Operational Performance of CAHs

Purpose of the Project: to use data from CMS Healthcare Cost Report Information System, the primary purpose of the CAH Financial Indicators Report is to provide CAH administrators with comparative financial indicators. The data in this report can be used to assess financial performance across time and in relation to other similar institutions.

Analyzing Quality Reporting and Improvement of CAHs

Purpose of the Project: to measure the quality performance of CAHs nationally and by state on an ongoing basis using quality measure data from the CMS Hospital Compare database and other relevant quality data sources, including Medicare Beneficiary Quality Improvement Project (MBQIP) data.



This project is based on continuing work that has been ongoing under the previous cooperative agreement. It will be an ongoing project for all five years of the cooperative agreement, with national and state-level reports prepared annually.

NEW PROJECTS, 2018-19

Evaluation of Flex Program Financial, Operational, and Quality Interventions

This project will assess whether participation in Flex-sponsored financial and operational interventions influences CAHs' financial performance, as well as if there is a relationship between participation in quality improvement activities and improvement in outcomes shown through MBQIP measures.

The financial and operational component will use a qualitative approach to categorize and measure the extent of participation in initiatives by CAHs in a state, and a quantitative approach to assess whether participating in an intervention influenced hospital financial performance in a later year. The quality component will look at participation in quality initiatives and use Hospital Compare data to look for a relationship between key MBQIP measures over time. This project will culminate in three policy briefs.

Delivery and Integration of Mental Health Services by CAH-based Rural Health Clinics

This project will identify CAH-based Rural Health Clinics that are providing mental health services and determine how they are integrating mental health services by using data from Medicare Cost Reports and qualitative interviews. Cost report data will be analyzed to identify and describe the number of provider-based Rural Health Centers offering mental health services. This project will culminate with a policy brief and webinar of findings.

Data Sources for Monitoring and Supporting Rural EMS

This project will identify potential sources of data to monitor the impact of state Flex Programs' EMS initiatives, review current Flex EMS measures, and update them as necessary. This project will include performing a literature review, meeting with an advisory committee, and performing qualitative interviews with key stakeholders. This project will culminate in a policy brief.

Assessing the Role of CAHs in Addressing the Opioid Crisis

This project will involve a qualitative analysis examining the ways in which CAHs are engaged in reducing the impact of opioid use in their communities. This project will include in-depth qualitative interviews with 10-15 CAHs that are addressing opioid issues, and the analysis will provide a description of the strategy identified, the context of the CAH and community in which it was implemented, the resources needed, challenges to implementation, and project outcomes. This project will culminate with a policy brief and webinar.



The Characteristics of Communities Served by CAHs at High Risk of Financial Distress and Best Practices in Environments Predictive of High Risk of Financial Distress

This project will analyze hospital and community data to assess the characteristics of CAHs at high risk of financial distress and the communities they serve. Data will be used to forecast the risk of financial distress and closure in 2019, and high performing CAHs and CAHs that have improved will also be interviewed. This project will culminate with two policy briefs.

RESEARCH PUBLICATIONS

The Flex Monitoring Team publishes research findings in the forms of briefing papers (detailed, comprehensive reports), policy briefs (shorter overviews paired with key findings), data summary reports (comprehensive collections of data), topic-specific toolkits and state-specific reports.

All publications are searchable by topic, date, or keyword and are freely available for download at www.flexmonitoring.org. Here are the most recent FMT publications:

- Quality Peer Group Indicators for CAHs ([Briefing Paper](#))
- Stroke Care Quality Improvement Initiatives in CAHs ([Policy Brief](#))
- CAH Financial Indicators Report: Summary of Medians by State ([Data Summary Report](#))
- An Interim Evaluation Report of the Innovative Projects Portfolio of the Flex Program ([Briefing Paper](#))

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