

Oklahoma Flex Program

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

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Program Area 1: CAH Quality Improvement

Critical access hospitals (CAHs) in Oklahoma participated in several Flex-funded activities in the area of quality improvement (QI). These activities include CART training, Institute for Healthcare Improvement (IHI) modules, in-person and virtual site visits, COVID-19 response webinars, Comprehensive Advanced Life Support (CALs) classes, quarterly Medicare Beneficiary Quality Improvement Project (MBQIP) webinars, and Strategic Quality Support System (SQSS) utilization.

During FY 2019, the Oklahoma Office of Rural Health (OORH) implemented virtual Cart training for new CAH quality staff and refreshers for existing staff. The OORH once again partnered with the Oklahoma Foundation for Medical Quality (OFMQ) for this service. OFMQ has a long-standing reputation with CAHs in Oklahoma for their expertise with quality reporting. One of OFMQ's staff members is widely known for her detailed knowledge of CART and for providing invaluable assistance with new and existing hospital staff with chart abstraction. This is the first year that these training have been completely virtual. The OORH sets up a Zoom meeting with the participating CAH, and they share their screen. It is like the trainers (Oklahoma Office of Rural Health and Oklahoma Foundation for Medical Quality) are behind their computers with them. This allows the set up of the facility, user, and the running of sample abstractions.

The OORH was able to reach 14 CAHs during FY 19 for Cart training. Of this total, 11 were unique CAHs. Two of these CAHs either started reporting outpatient measures or continued reporting after starting their new position in quality. Due to reporting lags and timing, data are not available for training that was completed during July-August 2020.

Lessons learned during this project include:

The OORH has always provided this training, but they were largely in-person, on-site at the CAH facility trainings. By moving to virtual, the OORH has been able to complete more training by scheduling multiple in a single day. It was also noted

that newer quality staff needed a couple of brief meetings before their first submission to answer any questions. By utilizing the Zoom platform, the OORH has been able to schedule follow-up meetings easily.

Program Area 2: CAH Operational and Financial Improvement

The OORH provided virtual Medicare Bootcamp training for CAH billers and coders in collaboration with HCPro. This program has been offered in previous years; however, this was the first opportunity that the training has been offered virtually. By moving to virtual, some of the informal networking opportunities were lost, but the travel burden was alleviated for some CAHs that previously faced that barrier.

52 individuals participated and completed this program. This number represents 16 different CAHs in Oklahoma. Several participants are repeat students because the information they receive in this class is constantly changing and being updated by Center for Medicare and Medicaid Services (CMS). HCPro does a great job at updating their materials when new regulations or billing policies change, so their classes are timely and relevant to the CAH Medicare biller's and coder's daily job requirements.

The OORH budgeted approximately \$48,000 for two boot camps that took place in December 2019 and April 2020

Lessons learned during this project include:

Since this is a virtual setting, it is easier for participants not to engage or join the meetings as they would in person.

Therefore, a signed Memorandum of Understanding (MOU) does help ensure the participation and commitment of the course participants. Participants had the option to select the format and length of days. The overall format was moved to half days which lengthened the overall training. But, half days over a two-week period kept the students focused yet not overwhelmed or fatigued by sitting in front of their computer logged on to Zoom all day long. Also, upon successful completion of the post-course exam, participants receive continuing education credits.

Program Area 3: CAH Population Health Improvement

During FY19, the OORH started creating community health needs assessment (CHNA) annual reports. These reports were created for CHNAs completed in the calendar year 2018 and 2019. The reports include a map of completed CHNAs, brief summaries from each community, and a listing of priorities adopted by each facility.

The motivation behind the creation of these reports was to easily share with internal and external stakeholders some of the trends of needs derived from the CHNAs.

This activity has helped the OORH easily identify trends in needs and priorities that

are identified through the CHNA process at a state-level rather than facility to facility. This has also created greater ease in sharing findings with partners. Due to the lack of in-person meetings with partners and stakeholders, impact examples are not readily available.

The OORH does not budget a finite dollar amount for this program area as most CHNA activities are conducted with OORH staff and not contracted out to third parties.

Lessons learned during this project include:

This product is dependent upon timing. While it would be ideal for releasing this document at the end of each calendar year, it is not always feasible due to lags in report completion, identifying and creating action plans, and finally, board approval. It has been important to include the dates of the meetings and the board approval date per facility in the final report.