Flex Program Fundamentals 2020
About the Flex Monitoring Team

University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine
INTRODUCTION

The Flex Monitoring Team (FMT) is a consortium of researchers from the Universities of Minnesota, North Carolina at Chapel Hill, and Southern Maine. With a five-year (2018–23) cooperative agreement award (PHS Grant No. U27RH01080) from the Federal Office of Rural Health Policy (FORHP), 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 Critical Access Hospitals (CAHs) and rural communities. The team also 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 CAHs, and engaging rural communities in healthcare system development.

HOW THE FLEX MONITORING TEAM CAN HELP YOU

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

The Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) is an online data query system that allows state Flex Coordinators to explore the financial, quality, and community-benefit performance of CAHs. Data for CAHs in your state are identified by name; however, data for CAHs in other states are shown but not identified. The financial data portal requires an authorized login and password made available to state Flex Coordinators, State Office of Rural Health directors, and CAH CEOs and CFOs. New developments to the financial portal include data visualizations showing predicted risk of CAH financial distress and showing state-level CAH reporting and performance on select financial indicators as compared to national benchmarks. Quality and community data are now aggregated to the state level and are publicly available without a login on a new website, launched in early 2019. For quality performance, users can create customized tables and graphs with Hospital Compare data, make comparisons between states, and create tables and graphs for individual or pre-defined sets of measures. Community data also allow users to create customized reports with measures related to community socioeconomic characteristics, health outcomes, health risks and behaviors, and more. Visit the CAHMPAS website for more information and, for financial CAHMPAS login credentials, contact the FMT at 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**

*Analyzing Financial, Quality, and Community Impact Performance of CAHs*
Purpose: to improve financial, quality, and community impact performance of CAHs through data analysis and dissemination in the three domains. The project will produce numerous data products on financial, quality, and community impact, using a variety of data sources, including the American Hospital Association Annual Survey, the Hospital Compare database, and the Medicare Beneficiary Quality Improvement Project (MBQIP).

*CAHMPAS Query System Maintenance, Enhancement, and Development*
Purpose: to prepare and upload updated data for CAHMPAS, develop new and maintain existing features on the website, and provide technical assistance to registered users. In the coming year, this project will refine the financial dashboard and enhance user functions for the financial, quality, and community data to provide information in the most useable format for CAHs and state Flex Coordinators.

*Maintaining and Updating the National CAH Database*
Purpose: to continue tracking CAH conversions and closures. A CAH 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 FMT website, including a spreadsheet that lists all certified CAHs and a map of current CAHs. The site also includes a table that contains state-level totals of the number of CAHs, the number of CAHs with rehabilitation distinct part units (DPU), and the number of CAHs with psychiatric DPUs.

**NEW PROJECTS, 2019–2020**

*Evaluation of the Role of State Flex Program Activities*
These two separate evaluation projects will: A) evaluate the use of quality improvement (QI) cohorts by state Flex Programs by examining their strategies to identify shared CAH QI needs, select cohorts of CAHs, develop interventions to address QI needs, promote shared learning among cohort participants, use external consultants/contractors, and monitor the impact of cohort efforts; and B) evaluate and assess the role of state Flex Programs in supporting CAHs that are at a high risk of closure by examining the strategies state programs use to identify, assess, and target the needs of these CAHs.
Assessing CAH Community Engagement
This project will: A) examine the partnerships CAHs have with communities, ranging from loose collaborations to more formal resource sharing arrangements, to support their population health improvement activities and identify resources to assist CAHs in developing and sustaining community partnerships; and B) identify and evaluate the strategies used by CAHs that are successfully engaged with their communities to address the social and economic factors (e.g. poverty, housing, food security, education, transportation, broadband access, public safety) that affect the health of rural populations.

Enhancing Financial Performance Monitoring for Critical Access Hospitals
This project aims to: A) assess the quality and usefulness of the existing 23 comparative financial indicators reported in CAHMPAS; B) determine whether any existing indicators should be retired and/or new comparative indicators should be developed; C) assess and revise the current benchmarks and, as appropriate, establish new benchmarks; and D) develop a reporting mechanism that can be used by CAH leadership to effectively communicate hospital financial performance and condition to stakeholders.

Flex Program Evaluation Data Utilization and Strategy Plan
This project will outline how the FMT will build on previous planning with FORHP to identify ways to best use program data and develop a plan for evaluation projects going forward. This project will be a collaboration between all three partner centers, led by UMN.

RESEARCH PUBLICATIONS
The Flex Monitoring Team publishes research findings in the form 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 on the website by topic, date, or keyword and are freely available for download. The Flex Monitoring Team’s most recent publications include:

- CAH Participation in Flex Financial and Operational Improvement Activities, 2015–2018 (policy brief)
- Community Impact and Benefit Activities of CAHs, Other Rural, and Urban Hospitals, 2017 (state report)
- Characteristics of Communities Served by Critical Access Hospitals at High Risk of Financial Distress in 2019 (policy brief)
- Hospital Compare Quality Measure Results for US CAHs, 2017 (data summary report)
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