

Flex PIMS

Updates and report-out

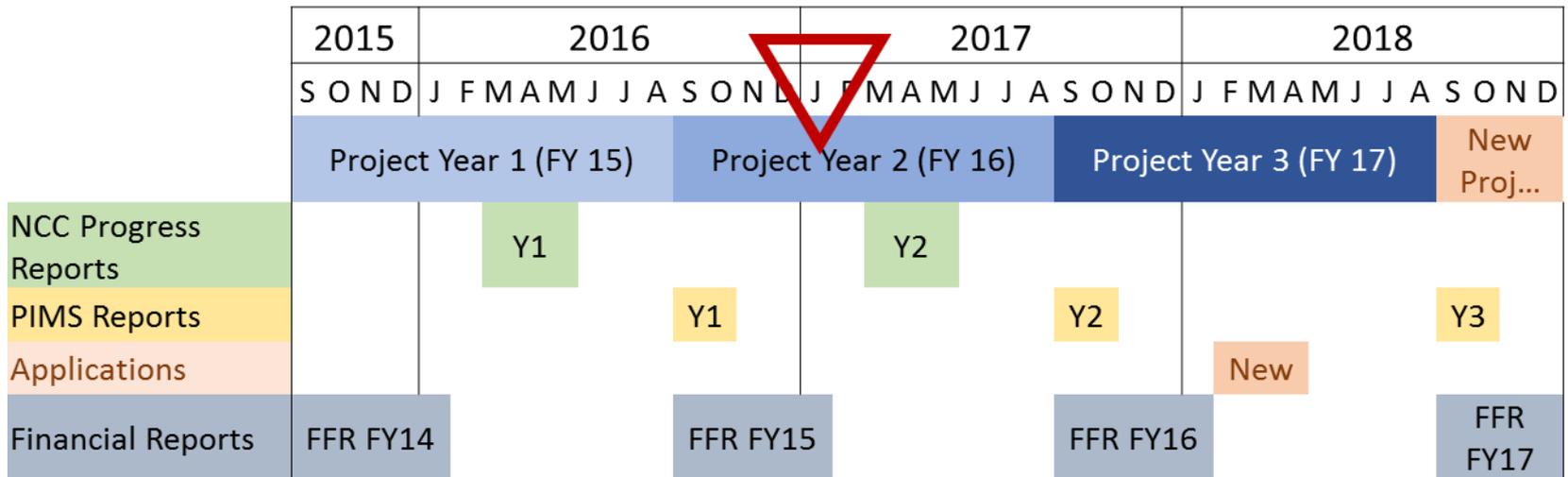
January 24, 2017

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Agenda

- Review PIMS timing, history, and purpose
- Present FY 2015 data collected in PIMS
- Discuss future PIMS data collection

Flex Program Timeline



Background

- PIMS = Performance Improvement and Measurement System, an online data collection system
- Access via the HRSA Electronic Handbooks (EHBs)
- Collect a limited set of Flex grant-specific data
- Standard questions
- Flexible category selection
- **Completely revised** for FY 15 data collection

Welcome to Performance Improvement and Measurement System

As required by the Government Performance and Review Act (1993), all federal agencies must develop strategic plans, describing their overall goals and objectives. These "GPRA Plans" must provide annual performance reports containing quantifiable measures of each program's progress in meeting the stated goals and objectives.

The performance measures developed by the Office of Rural Health and Policy (ORHP) with its grantees will fulfill GPRA requirements to report to Congress on the impact of ORHP's grant programs. Moreover, ORHP hopes to use the data from PIMS to assess the impact that ORHP programs have on rural communities and to enhance ongoing quality improvement. ORHP has incorporated these performance measures as a requirement for all ORHP grant programs in order to achieve the stated objectives

Thank you for taking the time to document your program's data in PIMS. We welcome your comments and should you have any questions, please contact the [HRSA Contact Center](#).

Purpose

PIMS data is used to:

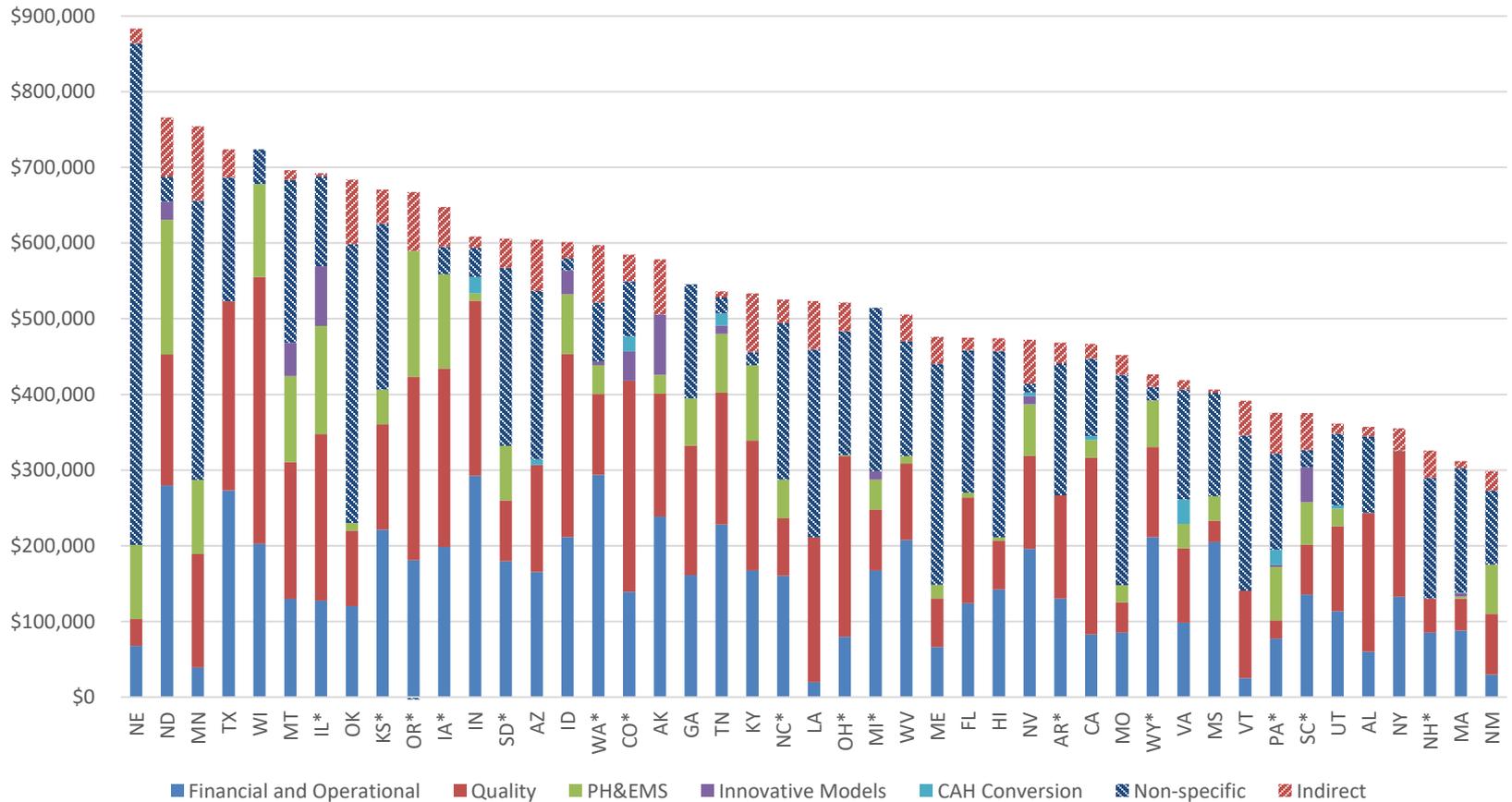
1. Meet federal reporting requirements* for the Flex Program
2. Conduct program-wide monitoring and evaluation
3. Inform individual state program development

* Flex grant performance measures are in the annual [HRSA performance report](#).

Topics

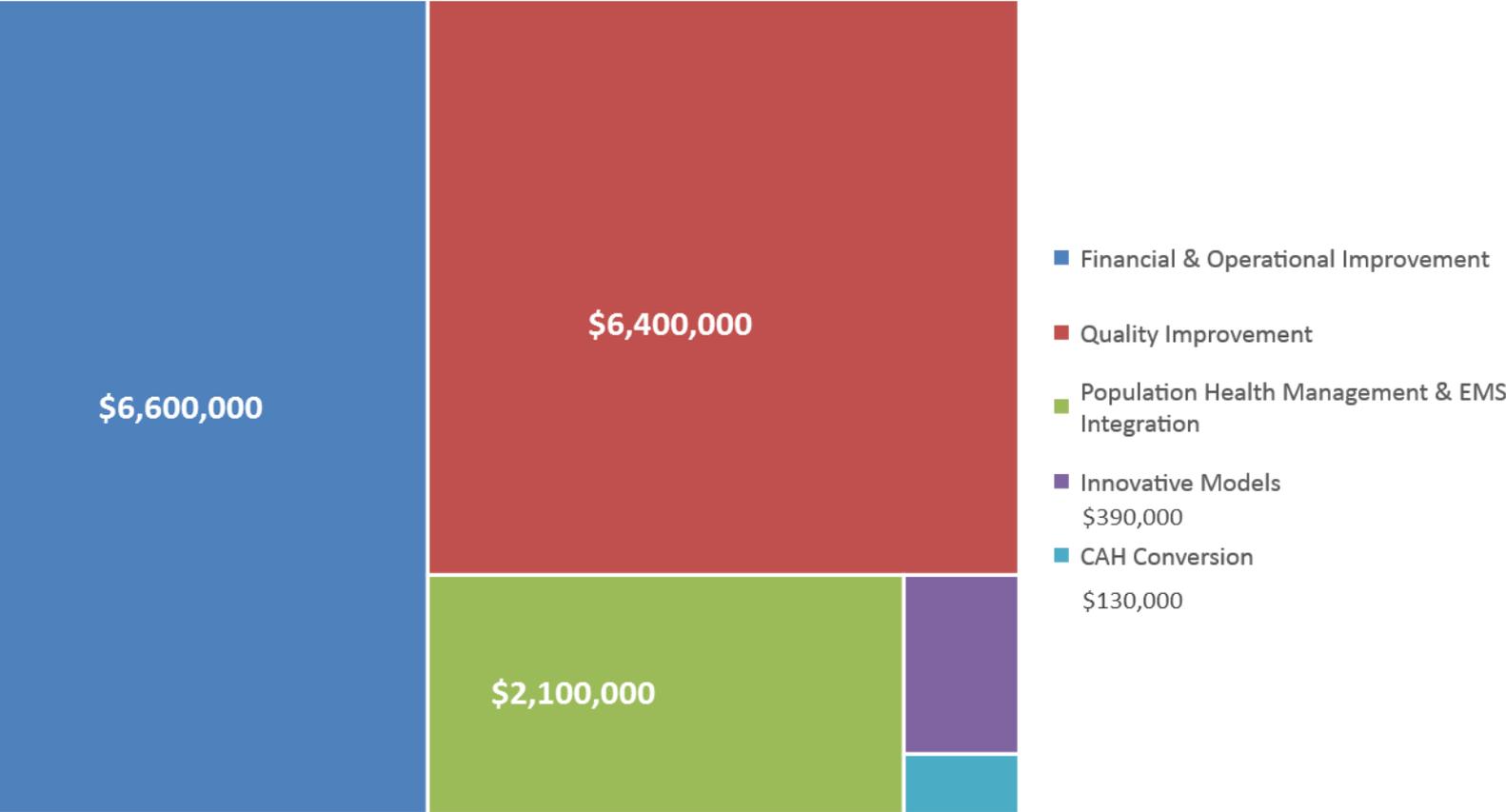
- Performance improvement
 - CAHs participating in Flex-funded performance improvement projects
 - EMS agencies participating in Flex-funded performance improvement projects
- Program spending by category
- Tracking CAH conversions

FY 15 Flex Spending - preliminary

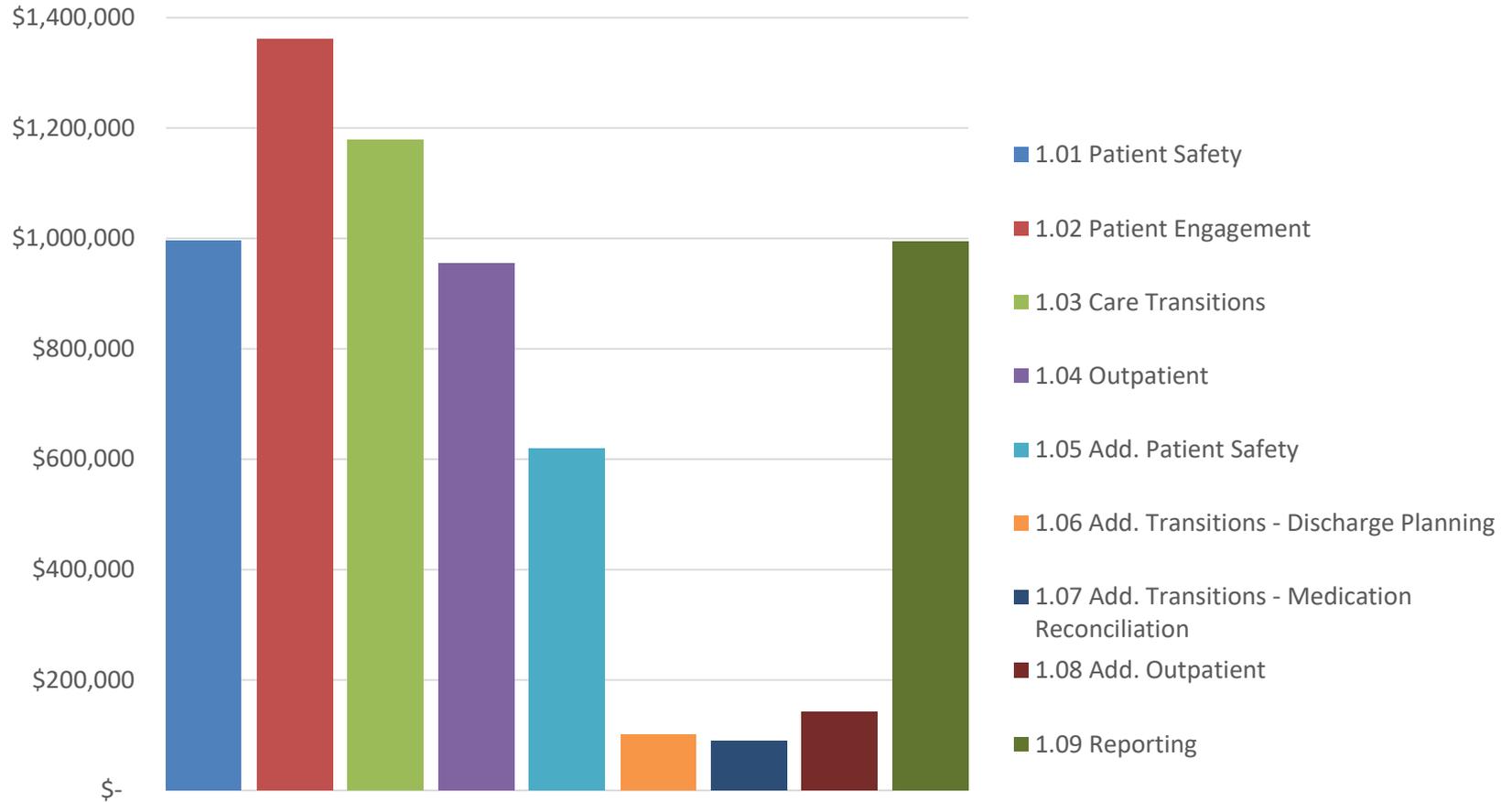


*UOB reported and removed from non-specific spending for these states

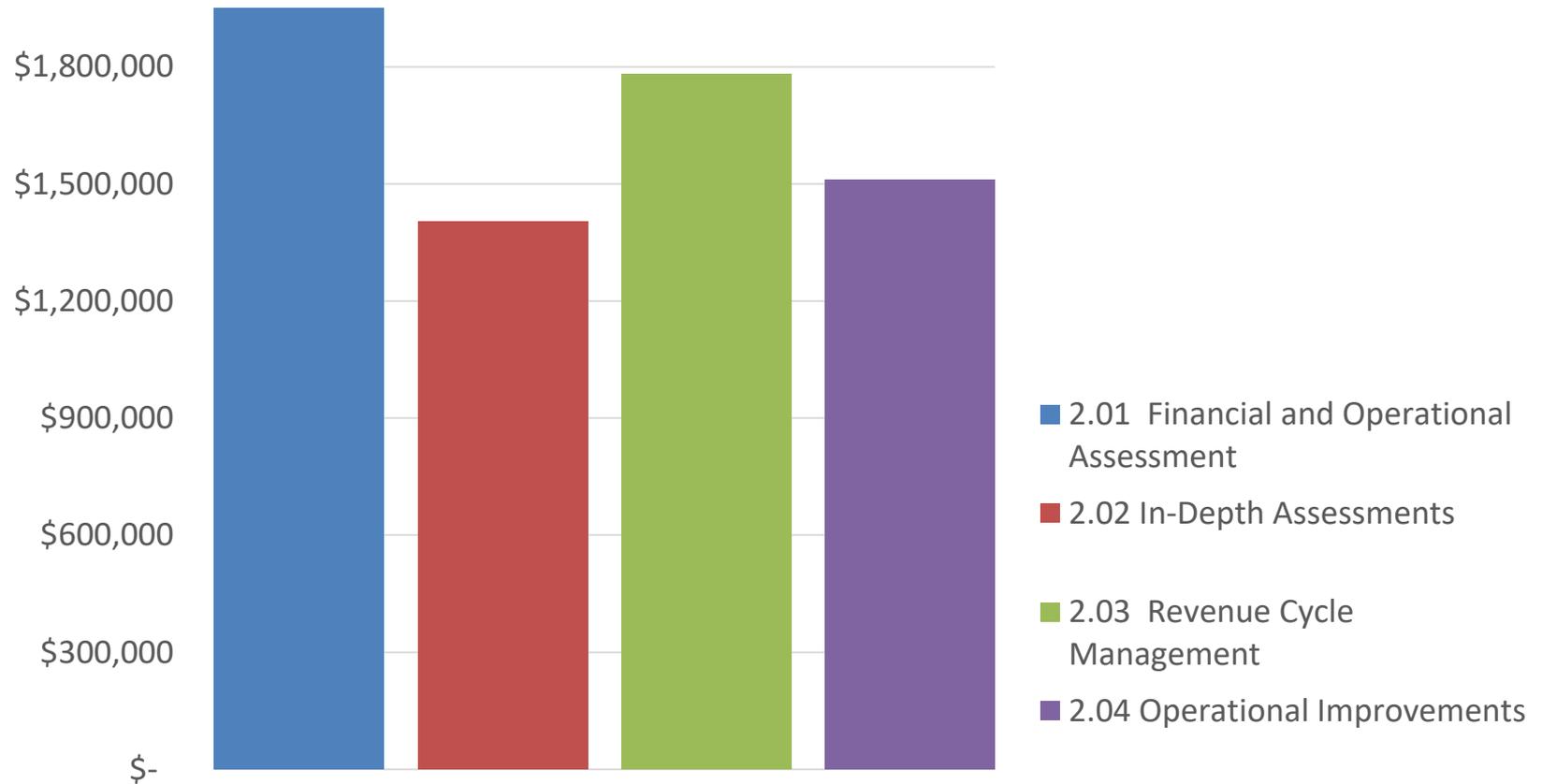
National Flex Spending by Core Area



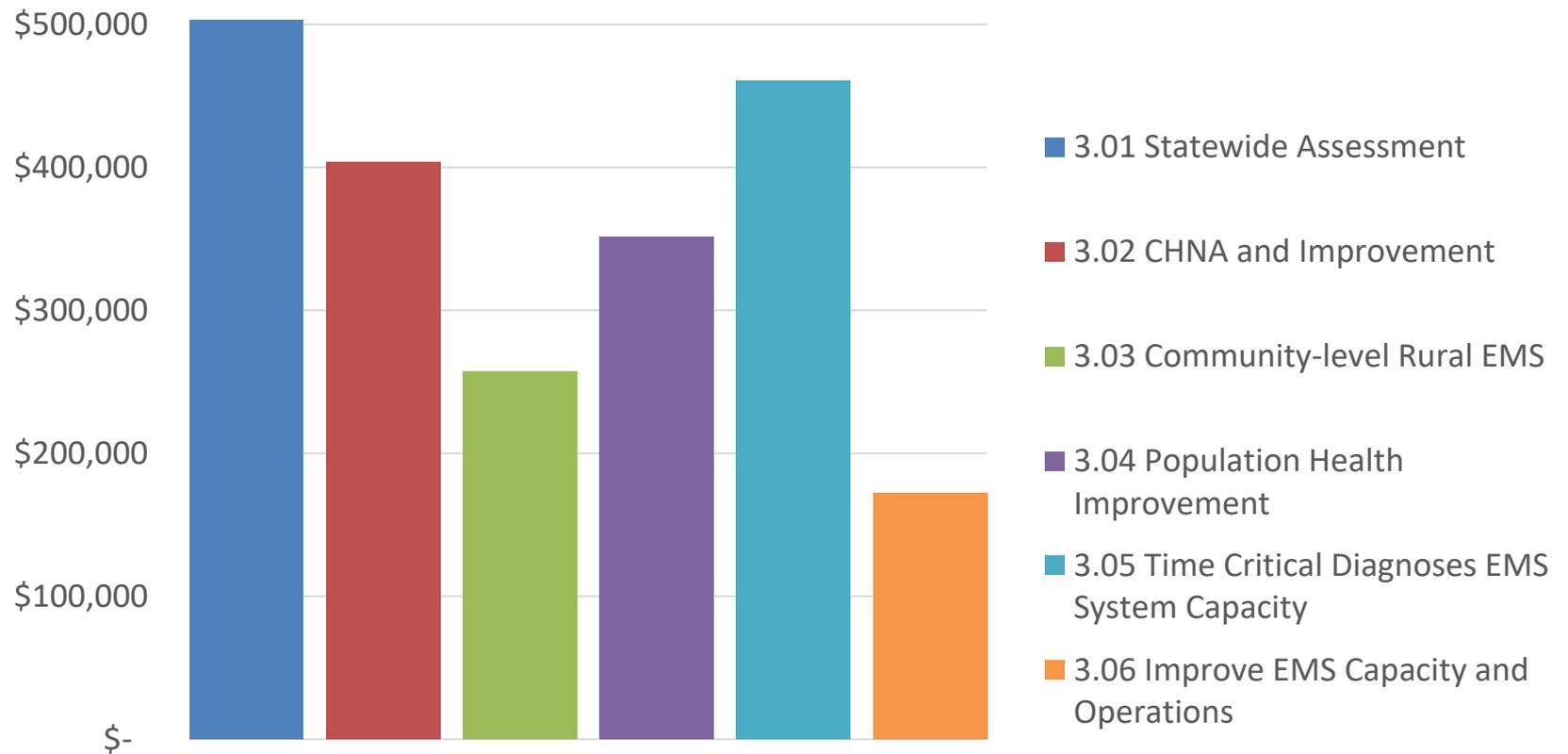
Quality Improvement Spending



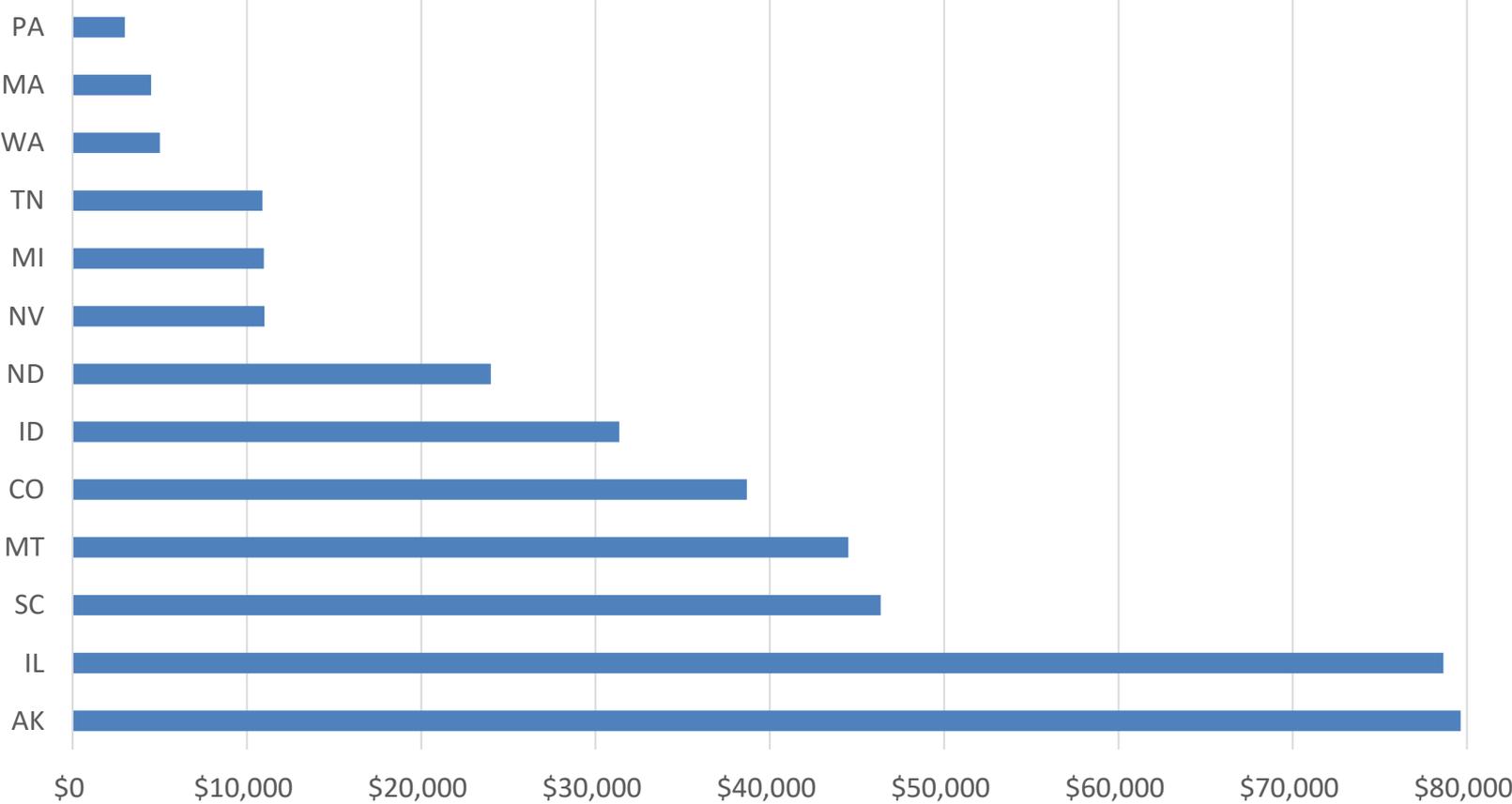
Financial Improvement Spending



Population Health & EMS Improvement Spending



State Spending in Innovative Models of Care



Proposed Flex Program Measure – Core Quality Domains

- **Numerator:** Number of CAHs (unduplicated) participating in one or more **required** Flex-funded quality improvement activities that showed improvement in one or more quality domains.
- **Denominator:** Number of CAHs (unduplicated) participating in one or more **required** Flex-funded quality improvement activities.

756	CAHs showed improvement
1170	CAHs participated
65%	Reported improvement

Proposed Flex Program Measure – Optional Quality Domains

- **Numerator:** Number of CAHs (unduplicated) participating in one or more **optional** Flex-funded quality improvement activities that showed improvement in one or more quality domains.
- **Denominator:** Number of CAHs (unduplicated) participating in one or more **optional** Flex-funded quality improvement activities.

218	CAHs showed improvement
490	CAHs participated
44%	Reported improvement

In Development Flex Program Measure – Revenue Cycle

- **Numerator:** Number of CAHs (unduplicated) participating in one or more Flex-funded revenue cycle management activities that showed improvement on revenue cycle management indicators.
- **Denominator:** Number of CAHs (unduplicated) participating in one or more Flex-funded revenue cycle management activities.

164	CAHs showed improvement
358	CAHs participated
46%	Reported improvement

In Development Flex Program Measures – Pop Health & EMS

# Participated	# Showed improvement	% Show improvement	Measure Description
151	75	50%	CAHs participating in a Hospital Community Health Needs Assessment and Improvement Activity (3.02)
128	36	28%	CAHs participating in Community-level Rural EMS System activities (3.03)
90	53	59%	CAHs participating in Population Health Improvement Activities (3.04)
183	47	26%	CAHs participating in Improve Time Critical Diagnoses EMS System Capacity Activities (3.05)
118	66	56%	EMS entities participating in Improve Time Critical Diagnoses EMS System Capacity Activities (3.05)
101	26	26%	CAHs participating in Improve EMS Capacity and Operational Activities (3.06)
75	22	29%	EMS entities participating in Improve EMS Capacity and Operational Activities (3.06)

CAH Conversion Activity

- 20 hospitals requested and received assistance from state Flex programs
- 9 hospitals converted to CAH status during the FY 15 budget period

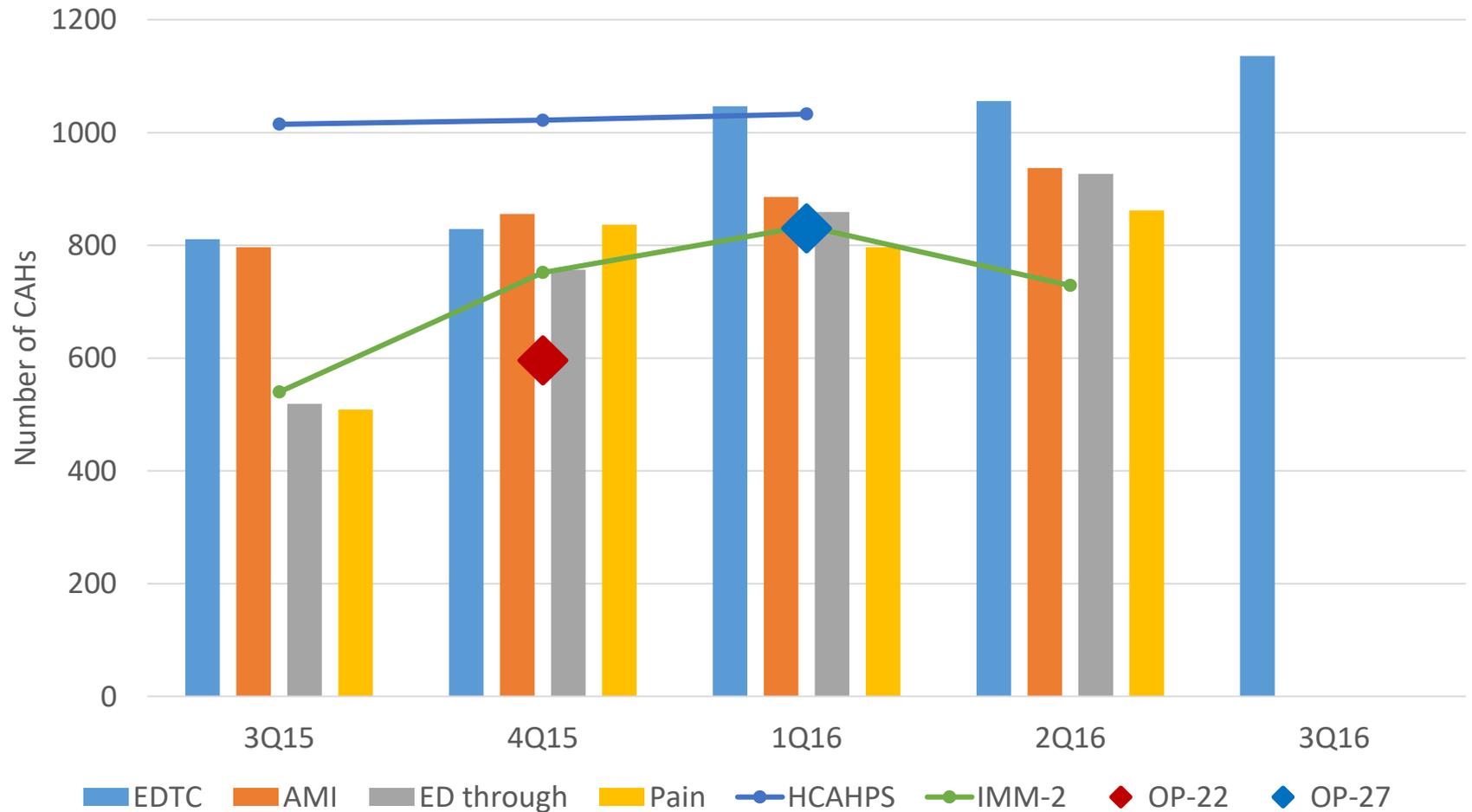
Innovative Models of Care

- 135 CAHs participated in Integration of Innovative Models of Care Activities (5.01)

Quality Reporting Rates

- Data compiled from MBQIP reports
- Not reported in PIMS to avoid duplication

Number of CAHs Reporting MBQIP Core Measures



Next Steps / Questions

- Developing data tracking tool for PIMS
- Improve PIMS instructions and definitions
- Improve PIMS interface for FY 16 reporting

- Are there other measures that should be added to PIMS to more completely reflect state Flex work?
- Are there measures that should be removed from PIMS because they don't reflect state Flex work?

Thank you!

Comments and questions:

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