Core Competencies for State Flex Program Excellence Guide

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NATIONAL RURAL HEALTH RESOURCE CENTER

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OVERVIEW

A group of experienced State Office of Rural Health (SORH) Directors and Flex Program Coordinators, as well as staff from the Federal Office of Rural Health Policy (FORHP), Flex Monitoring Team (FMT) and Technical Assistance and Services Center (TASC) gathered May 19-20, 2015, for a Flex Program Leadership Summit in Bloomington, Minnesota to develop a framework of Flex Program core competencies and recommendations to achieve excellence in state Flex Programs. The Summit focused on identifying, discussing, and prioritizing the resources, tools, and training needed to enhance Flex Programs' understanding of strategies for improving rural hospital financial and quality performance, population health, and value-based payment models. Summit participants identified the key competencies and described best practices from their experience, as well as tools and resources available or that need to be developed to support those competencies. Participants made recommendations as to how FORHP, TASC, FMT, and other Flex partners can assist in developing education and other means of support to state Flex Programs in building and maintaining core competencies and knowledge.

This framework is intended for those who manage and/or work on the Medicare Rural Hospital Flexibility (Flex) Program. Directors and managers within SORHs, state Flex Program Coordinators and other staff working with state Flex Programs are charged with supporting improvements in critical access hospitals (CAHs), population health, and the integration of health services in the 45 states that participate in the Flex Program. The framework is based on national Flex Program goals as described in the February 3, 2015, Flex Program funding announcement which can be found on the TASC Flex Program Funding Guidance webpage.

PURPOSE

The following framework is intended to be used as a guide to assess state Flex Program strengths and weaknesses based on the core competencies listed below. Please note that the order of the competencies does not imply higher priority of any one over the others:

1. Managing the Flex Program
2. Building and sustaining partnerships
3. Improving processes and efficiencies
4. Understanding policies and regulations
5. Promoting quality reporting and improvement
6. Supporting hospital financial performance
7. Addressing community needs
8. Understanding systems of care
9. Preparing for future models of health care

Suggestions for developing or strengthening these competencies are built into the framework and links to an extensive list of supporting resources can be found in the Appendix.

Web Page

The content in this guide, as well as accompanying resources included in the appendix and the online self-assessment tool are housed on the Core Competencies for State Flex Program Excellence webpage maintained by TASC. On the web page, users can drill down into particular competencies to see suggested key resources related to that competency, as well as complete the Core Competencies for State Flex Program Excellence: Self-Assessment.

Assessment Tool

The primary goal of the assessment is to assist users in identifying and prioritizing opportunities for enhancing competency within their state Flex Program. The assessment is meant to consider competencies at the organization-level, not the individual-level. Based on assessment outcomes, resources can be identified for areas in which the program self-identifies a

gap or opportunity for improvement. The assessment tool is available at: https://www.ruralcenter.org/tasc/core-competencies/assessment

FORHP strongly suggests that state Flex Programs complete this assessment at least annually. Results of the assessment will not be used by FORHP to determine future funding levels. Users are encouraged to complete the assessment repeatedly over time to monitor progress on their continuous journey towards Flex Program excellence. Assessment results can be used to establish a baseline, create benchmarks, and aid in strategic planning and evaluation.

State Flex Programs receiving a technical consultation site visit from TASC will be asked to complete the assessment prior to the site visit. This will allow TASC to customize technical assistance provided while onsite to meet the needs of the state, while also highlighting areas in which the state is excelling, allowing an opportunity for TASC to learn more about best practices and techniques that could be shared with others.

Similarly, state Flex Programs sending participants to the FORHP Flex Program Workshop will be asked to complete the assessment prior to the Workshop. Results will be used to develop customized content and serve as a working reference document for participants.

Results will be sent to the person completing the assessment and will be shared with TASC. In collaboration with FORHP, TASC will use blinded results from all completed assessments to plan broad technical assistance services. TASC will not share individualized results with FORHP without the express consent of the completing organization.

Depending on your program, you may wish to complete the assessment as a team or to appoint an individual highly familiar with the program to complete the assessment on behalf of the program. Remember that the assessment is meant to reflect the state Flex Program as a whole, including internal and external resources, and is not an assessment of an individual Flex Coordinator or other staff persons.

Prior to completing the assessment, users are encouraged to review the contents of this guide as it provides the background meaning and importance of each of the competencies and related proficiencies. To complete the assessment, indicate your organization's level of competency as it relates to each listed proficiency. For each broader competency area, indicate whether the competency is met primarily through internal or

external resources and who is/are the primary knowledge/expertise person(s). Finally, indicate if your program would like to receive follow-up technical assistance based on the results. Upon completing the assessment, you will receive an email summarizing your results. The email will contain a unique link to the results. The link is for your own reference and organization's use. As a reminder, this assessment is meant to consider competencies at the organization-level, not the individual-level. When answering, think about your Flex Program as a whole, including internal staff and external partners and/or contractors.

With any of the below topics, TASC and their team of experts can provide technical assistance to state Flex Programs. You can contact TASC via phone at 877-321-9393 or email at TASC@ruralcenter.org. For more information on TASC, please review the Introduction to TASC section of the Flex Program Fundamentals Guide at https://www.ruralcenter.org/tasc/flex-program-fundamentals.

CORE COMPETENCIES
1. MANAGING THE FLEX PROGRAM

Future funding for the national Flex Program is dependent on strong program planning, operations, and demonstrable outcomes through reporting. This can only be accomplished through competent program management on the part of state Flex Program leadership.

Government programs are facing similar challenges to those of health care providers: improve quality and outcomes and decrease costs. Therefore, as state Flex Programs support CAHs and other rural health organizations with collecting data, improving quality, and making process improvements, they should be applying these same concepts internally as part of their overall program management and operations.

Proficiency in the following areas contribute to excellence in Flex Program management:

- Managing the grant
- Managing contracts and consulting services
- Continuously assessing the program
- Regularly reporting grant progress and outcomes

Managing the Grant

Grant management is one of the primary responsibilities of state Flex Programs and includes: budgeting, grant writing and submission, maintaining a relationship with the FORHP Project Officer (PO), working with partners, information management, and reporting. State Flex Programs should be aware of the requirements and details of the grant guidance, as well as the details of their own work plan, as this is where the goals, activities, timelines, and expectations are stated that will be used to determine progress outcomes. Additionally, if program changes, including budget adjustments, are needed during the grant year, the grant guidance should be used to determine changes in direction and possible next steps, along with guidance from your PO.

Flex Program funding guidance can be found at https://www.ruralcenter.org/content/flex-program-funding-guidance.

All Flex Programs must have:

- A detailed work plan
- Detailed and feasible timelines for completion
- Baseline measures and measurable outcome targets (including if the program is working with a subcontractor)

A well-written Flex Program funding application reflects positively on the program overall and is more likely to be fully funded. It serves as documentation for past accomplishments and current activities, as well as a detailed guide for project plans moving forward.

There are many resources to support Flex Program grant writing. If you have never submitted a proposal for Health Resources and Services Administration (HRSA) funding, consider starting with reviewing HRSA's tips on How to Write a Strong Application available here: https://www.ruralcenter.org/resource-library/write-a-strong-application. Flex Program specific resources are available on the TASC website (see Appendix).

The Flex Program focuses primarily on the needs of CAHs and it is important that state Flex Programs have a strong working knowledge of CAHs and rural health care systems (see Understanding Systems of Care). This knowledge and understanding should be reflected throughout the funding application.

Once drafted, have someone outside of your program review your proposal. TASC staff are available to review funding application components upon request.

All HRSA grants are submitted electronically so it is important that staff submitting the application are familiar with the submission tools and deadlines. Meeting the submission deadline is imperative, as late submissions are not funded.

After the funding award is issued, all state Flex Programs should read the Notice of Award (NoA) issued by FORHP to identify their FORHP PO and Grants Management Specialist (GMS). The NoA should be reviewed closely to identify any terms and conditions associated with the funding. All reporting requirements should also be reviewed. State Flex Programs should keep track of required deadlines associated with the funding award including:

- Submission of the Federal Financial Reports (FFRs)
- Submission of Unobligated Balance (UOB)/Carry-over Requests, which are due prior to January 30th

- Submission of Performance Information and Measurement System (PIMS) measures, due 60-day post project period end

FORHP POs are available to respond to questions about project plans and the program guidance overall. In addition, they are a good resource for project questions and to provide program updates during the grant year. Through regular contact with the PO, state Flex Programs can ensure that HRSA is well-informed of project activities and can assist with program needs in a more-timely manner.

Similar to the PO, it is important for state Flex Programs to develop and sustain project partner engagement in Flex Program planning, development, and implementation of activities. This will ensure project partners are on board, aware of expectations, and reporting outcomes. It will also ensure that state Flex Programs can track program progress and adjust as needed.

Some strategies state Flex Programs use to develop and manage their work with project partners include:

- Facilitating regular (annual or semi-annual) program planning meetings or conference calls
- Facilitating regular (monthly, semi-monthly, or bi-annual) meetings and/or conference calls that may include all program partners, topic-specific partners (e.g., partners working on quality improvement initiatives) and/or 1:1 meetings to discuss specific project activities
- Using email list serves or web-based tools, such as Drop Box, Google Apps, or TruServe, to share project information, outputs, and outcomes

Constant communication is important as it builds rapport and trust, decreases redundancy of work, and keeps projects moving forward.

Tips on Managing the Grant:
- Take a grant writing refresher course online
- For improved engagement and outcomes, seek input of CAHs and other stakeholders in proposed plans
- Know how to upload your funding application
- Establish a relationship with your FORHP PO and provide program updates
- Create a strategy to disseminate plans, monitor progress, and share the work being completed by program partners

Managing Contracts and Consulting Services

Most state Flex Programs contract for services to access the expertise, staff, time, and resources needed beyond what is available within the individual state Flex Program. These contracts are for training, financial assessments, quality improvement expertise, etc. Contracts may be with hospital associations, state agencies, universities, non-profits, consulting firms, independent consultants, and others. Since state Flex Programs are responsible for these contracts, they should have a strong working knowledge of the organizations, roles, responsibilities, and requirements of contractual relationships to be successful.

Contracting requirements are typically mandated by the parent organization of the state Flex Program. It is imperative that state Flex Programs understand such requirements prior to identifying and building a contractual relationship as these may determine the size or type of contracts available, timelines, etc.

When establishing a formal relationship with a contractor, remember, the contractor is working on behalf of the state Flex Program. Contractors can provide expertise to support decision making but they should not be the final decision-maker. When looking for a contractor, consider if the contractor can demonstrate the following:

- Skills and experience to meet program needs
- Knowledge and experience working with CAHs or rural partners
- Proven track record
- Commitment to open, regular communication
- Ability to report specific outcomes and measures in requested format
- Responsiveness to requests

Any contract established with an outside vendor should include a timeline for services and targets and outcomes to be achieved. The contract should require the contractor to report both activity outputs and outcomes. Outputs and outcome measures should be defined in advance and should be reported in a way that they can be easily tracked and reported by the Flex Program. These outcomes will be directly reflected in the PIMS measures. Having these requirements predefined will support Flex Program management.

Open communication is key to any successful relationship. Before establishing a contract with vendors, discuss communication expectations, needs, and limitations. It is not unusual for state Flex Programs to receive requests from FORHP, TASC, FMT, and/or Rural Quality Improvement Technical Assistance (RQITA) for information and updates. Inform your contractor of this and build the expectation for such communication into the contract.

Tips on Managing Contracts and Consulting Services:

- Establish well-defined contract expectations with stated objectives and agreed upon measures and timelines for deliverables
- Develop an agreement with the contractor regarding communications and data sharing
- Hold contractors accountable to meet deliverables in a timely manner consistent with the needs of the state and national Flex Program

Continuously Assessing the Program

Effective assessments ensure that state Flex Programs have access to the information and outcomes data needed to develop project plans, meet reporting requirements, and demonstrate measurable outcomes. Program assessment should be continuous; it is highly recommended that each state Flex Program assess its past, current, and future work at least semi-annually.

When developing a Flex Program assessment consider each objective and the intended outcomes as described in your state Flex Program funding application, as well as the required PIMS measures. Build these measures into assessment plans so you have access to the required data as needed during the grant year. Include in the assessment plan activities focused on reporting findings to program stakeholders, which will support overall program transparency and development, stakeholder buy-in, and accountability. State Flex Program activities completed through contractual arrangements must also be assessed and therefore all contracts should include language reflecting required deliverables, intended outcomes, and evaluation reporting requirements.

Some state Flex Programs are using TruServe, a tool created by the University of North Dakota, to monitor and track activities associated with the Flex Program. In some instances, state Flex Program staff, as well as contractors, are entering Flex Program activities information into the TruServe database. For more information about TruServe go to https://ruralhealth.und.edu/projects/truserve.

Tips on Continuously Assessing the Program:

- Develop a continuous program assessment process that occurs at least semi-annually, including a dissemination plan.
- Develop well-defined outcome measures that reflect the intended outcomes of program activities.
- Identify data sources, as well as who is responsible for data collection, management, analysis, and reporting.

Regularly Reporting Grant Progress and Outcomes

Program reporting supports sustainability, development, transparency, accountability, and stakeholder buy-in. It is required when seeking competitive or continuation funding, as well as at the end of the funding year, as part of the PIMS reporting process. It should also occur when requested by FORHP, TASC, FMT, and/or RQITA, and through regular communications with CAHs and other program partners.

Flex Programs are encouraged to build reporting into work plans as an aspect of good project management and assessment. Formal reporting should include acknowledgement of the funding source as specified by the program funder.

When planning for program reporting, consider the information that will be communicated and the target audience. Given our current time of information overload, it may be necessary to use multiple methods of communication to meet the needs of your target audience. Flex Programs should be aware of their audience's needs and preferences to improve program reporting (see Building and Sustaining Partnerships).

Tips on Regularly Reporting Grant Progress and Outcomes:

- Understand the reporting requirements of the funding

- Discuss reporting plans with program stakeholders to ensure they are meeting reporting needs
- Ensure reporting requirements are built into contracts
- Identify staff responsible for program reporting

2. BUILDING AND SUSTAINING PARTNERSHIPS

Partnerships lead to more informed and involved stakeholders and ultimately increase program impact, outcomes, and support. The national Flex Program has been able to evolve because of the web of partnerships established and maintained within communities, networks, states, regions, and nationally. As the health care system changes it is imperative that state Flex Programs have the skills, capacity, and commitment to build and sustain partnerships, new and old, to support CAHs and the national Flex Program.

Proficiency in the following contribute to excellence in building and sustaining partnerships:

- Communicating effectively
- Developing partnerships
- Networking
- Facilitating conversations and relationships
- Acting as a leader and building trust
- Knowing and leveraging available resources

Communicating Effectively

Effective communication has occurred when your audience understands the message and can communicate it to others. State Flex Programs are responsible for effectively communicating policy changes and other program information to their partners.

Effective communication begins with understanding what you are trying to communicate and translating information in a way that meets your audience's needs. This requires knowing the audience: who needs what information, by when, in what format, and for what purpose. Ask stakeholders and partners about their communication preferences and communicate accordingly. In addition, ask your audience about your communications: does your style meet their needs, does the format work, is the information clear?

Tips on Communicating Effectively:

- Communicate constantly. Repeat messages, be concise.
- Set up communication tools, such as email lists, online forums, electronic newsletters, conference calls, or webinars
- Utilize online teaching tools, such as Moodle, for education and peer-to-peer communication
- Solicit feedback about your communication effectiveness
- Use face-to-face communications, as allowed (i.e., site visits, conferences and meetings, CAH site visits). For most, this is the preferred and most effective communication method.

Developing Partnerships

A partnership is an arrangement between two or more individuals, groups, or organizations working together to achieve common goals. Partnerships are developed over time and typically support the sharing of resources, knowledge, skills, ideas, and/or costs. Partnerships are key to the success of the Flex Program. They allow for the leveraging of skills and resources, decreasing duplication of efforts, increasing overall impact and reach, and providing comprehensive approaches to opportunities and challenges.

Developing partnerships requires spending time getting to know state and local rural health care leaders and advocates, the work they are doing and their priorities. Periodic face-to-face meetings are imperative for building and sustaining partnerships and trust. For a list of potential partners and useful organizations, such as the Centers for Medicare & Medicaid Services (CMS) Regional Office Rural Health Coordinators, see this list of Useful Organizations in the Flex Coordinator Reference section of Flex Program Fundamentals Guide at https://www.ruralcenter.org/tasc/flex-program-fundamentals.

Tips on Developing Partnerships:

- Review current partners' websites and explore those of prospective partners for areas of collaboration
- Join committees within the state that will provide useful contacts and increase awareness of rural health issues
- Schedule periodic site visits to CAHs and other rural health organizations

Networking

When combined with successful leadership, networking can be a powerful tool to advance rural health care improvement. Networking enables providers and communities to increase access to health care and improve health care performance and quality while lowering costs. Networking can lead to new relationships, partnerships, and knowledge sharing. Networks can be an effective way for rural health care organizations and leaders, including state Flex Programs, to utilize limited resources to their advantage.

As your state Flex Program networks in both formal and informal relationships, consider the identified opportunities and challenges in relation to the goals of your program. Take actionable steps to leverage resources, build upon existing networks and partnerships, and further develop others. As the state Flex Program, play the role of introducing neighbors and shining the spotlight on common goals. Do not assume local service providers, partners, or networks are aware of each other.

Tips on Networking:

- Support collaboration and encourage the use of networks to accomplish Flex Program goals.
- Foster trust through sharing critical information, expertise, and resources.
- Focus on short-term objectives and build on those over time to achieve goals.

Facilitating Conversations and Relationships

State Flex Programs are often charged with convening groups of stakeholders to share information or ideas, build or sustain partnerships, strategically plan, make decisions, and complete activities. To be effective, facilitators must be objective and neutral. An effective facilitator fosters an energized, productive, inclusive, and participatory environment. While there are many approaches and processes used for facilitation, the best facilitators have had opportunities to practice using different facilitation methods and techniques.

Tips on Facilitating Conversations and Relationships:

- Practice facilitation within your own team. If your staff are not skilled or experienced with facilitation, identify reliable, experienced facilitators your program can rely on.

- Gather input and ideas from stakeholders and participants prior to convening a meeting, webinar, or conference call

- Do not assume anything unless it has been communicated

Acting as a Leader and Building Trust

Leaders set direction by building and communicating a common and inspiring vision. Leadership has the strongest relationship to organizational outcomes and value. Trust is foundational to the success of an organization and partnerships. It is established through open communication, integrity, and follow-through. It takes time to build trust, so look for easy wins and first steps while trying to articulate a larger vision. State Flex Programs are funded to serve as leaders in addressing CAH needs related to quality improvement, financial and operational improvement, population health, and health system development. It is through trusting relationships and strong leadership that state Flex Programs can engage and maintain partners and foster collaboration and innovation to advance the goals of the national Flex Program.

Tips on Acting as a Leader and Building Trust:

- Establish and communicate a vision for your state Flex Program that inspires and engages staff, CAHs and partners

- Communicate your state Flex Program work to ensure staff, CAHs and partners are aware of and engaged in goals, activities, and measurable outcomes

Knowing and Leveraging Available Resources

To leverage resources to advance program goals, state Flex Programs must be aware of the resources available to them. Resources can be from local, state and federal partners and associations, local or state networks, and technical assistance centers. Resources come in the form of electronic or paper materials and funding sources or initiatives, to name a few. It is

important for state Flex Programs to familiarize themselves with existing resources, both internal and external, to meet the needs of CAHs and their rural communities. State Flex Programs should be constantly educating themselves and others about resources to support improvement. Among the best resources for a state Flex Program are other state Flex Programs. Do not operate in a bubble or recreate the wheel; reach out to your peers to share best practices, lessons learned, resources, and tools. Flex Program funding has remained relatively stable. Explore integrating Flex Program funding with other sources such as the Small Rural Hospital Improvement Grant Program (SHIP), Rural Healthcare Provider Transition Project, Delta Region Community Health Systems Development Program (DRCHSD), the Rural Health Network Development Planning grants, or state and private foundation funding.

Tips on Knowing and Leveraging Available Resources:

- Do not operate in a bubble or recreate the wheel – reach out to your peer state Flex Programs to share best practices, lessons learned, resources and tools
- Utilize your partners' strengths and expertise for collaboration
- Build your own toolkit of local, state, regional and national resources, tools, and information
- Conduct searches on the internet, including searching sites that cater to the Flex Program such as TASC, FMT, and the Rural Health Information Hub (RHIhub)

3. IMPROVING PROCESSES AND EFFICIENCIES

Process improvement is one of the most valued concepts used in all industries, including health care and government. It is applied in operations, production, and customer service and is key to quality, cost savings, and outcomes. Process improvement and creating efficiencies goes hand in hand with change. Change is constant and spawns the adaptation of processes toward continued improvement. Therefore, it is necessary for those who engage in process improvement to support change. Any organizations or individuals not engaged and participating in process improvement are missing opportunities to meet or exceed the expectations of their patients, customers, coworkers, partners, or stakeholders.

As health care organizations increasingly participate in new delivery and reimbursement models with shifting market expectations for quality, cost, and outcomes, the need for continuous process improvement is becoming more evident. State Flex Programs can be the drivers of process improvement in rural health services by understanding and sharing concepts with health care providers and building process improvements into activities. Therefore, when thinking of process improvements and efficiencies, think of them both across external programs directed at CAHs and stakeholders as well as internal program operations.

Proficiency in the following contribute to excellence in improving processes and efficiencies:

- Applying continuous improvements
- Understanding and utilizing frameworks
- Sharing and using lessons learned and best practices

Applying Continuous Improvements

Continuous improvement is the systematic and ongoing effort to discover and improve services, processes, or products. State Flex Programs who use the continuous improvement approach are constantly assessing and improving their program to advance their efficiency, effectiveness, and flexibility. These same concepts should be encouraged, shared, and applied within CAHs to support their clinical, financial, and operational improvement efforts. Improvement initiatives should be informed by metrics, including sources like hospital quality data, cost reports, patient satisfaction assessments, and community health needs assessments (CHNAs). Similarly, state Flex Program improvements should be fueled by data, be it from customer satisfaction assessments, CAH input and feedback, grant scores or measurable work plan outcomes.

Tips on Applying Continuous Improvements:

- Use a continuous improvement approach to implement state Flex Program activities
- Establish a culture of performance improvement through regular activities (such as team meetings). Continuously talk about performance improvement of projects or relationships.

Understanding and Utilizing Frameworks

Application of process improvements is best achieved by using frameworks. Frameworks support a systematic approach, ensuring emphasis on various aspects of a system are balanced. Two suggested frameworks for use in process improvement in both state Flex Programs and CAHs are lean and Plan-Do-Study-Act (PDSA). Both are described briefly here; more resources can be found in the Appendix.

Lean manufacturing, lean thinking or lean production, simply referred to as "Lean," is a practice that evaluates how an organization utilizes its resources and provides methods, tools, and processes for identifying and eliminating anything that is waste or non-value added. Lean is one of the most common methods used in all industries, including health care, to make process improvements. As state Flex Programs develop their own work plans and support CAHs in their performance and operational improvement efforts, Lean is one approach that can be shared, explored, and applied.

PDSA is a model for testing ideas and new processes for improvement. It is commonly used to improve processes affecting quality and patient satisfaction in the health care setting. State Flex Programs should be familiar with this method and related resources as it is highly utilized by CAH quality improvement staff.

Tips on Understanding and Utilizing Frameworks:

- Use Lean or the PDSA approach to test new state Flex Program related management or processes
- Ask your CAHs if they have staff trained in Lean or PDSA and if such frameworks are routinely used to make process improvements. If so, identify CAHs that are successfully using these frameworks and ask them if they will serve as a resource for other CAHs exploring or using lean or PDSA.

Sharing and Using Lessons Learned and Best Practices

Since many CAHs have similar challenges, state Flex Programs can facilitate peer-sharing and share lessons learned and best practices. This can be accomplished by including stories as a part of regular Flex Program communications; encouraging networking, in-person or long-distance sharing between CAHs and other partners; and building formal processes to document and share experiences. Similarly, state Flex Programs are

encouraged to share lessons learned and best practices with each other. The annual FORHP Flex Program Reverse Site Visit is a great opportunity for learning and sharing with other Flex Programs, as are other national and regional conferences focused on rural health and CAHs, such as the National Rural Health Association (NRHA) Critical Access Hospital Conference.

Tips on Sharing and Using Lessons Learned and Best Practices:

- Encourage CAH staff to document lessons learned and best practices in a timely manner to better ensure accuracy and timeliness of sharing
- When sharing lessons learned be sure the focus is on what went well and what could have been improved
- Celebrate the successes!

4. UNDERSTANDING POLICIES AND REGULATIONS

Health policy, rules, and regulations have a profound impact on programs, services, reimbursement, and systems. State Flex Programs need to have an in-depth understanding of the policies and regulations governing the Flex Program, as well as a basic understanding of the policy-making process and other policies and regulations affecting CAHs and the rural health landscape as a whole. This knowledge will allow state Flex Programs to communicate more effectively with program partners, educate others about CAHs, rural communities, and rural health systems as well as to provide support on their behalf.

Proficiency in the following contribute to excellence in improving processes and efficiencies:

- Understanding policies affecting rural health
- Understanding regulations affecting rural health

Understanding Policies Affecting Rural Health

State Flex Programs need to have, at minimum, a basic understanding of the legislation that established the Medicare Rural Hospital Flexibility (Flex) Program. This is essential in order to understand the potential impact of proposed or new legislation that may affect CAHs and other rural health

providers and to communicate such impacts to stakeholders in a clear and concise manner. The major legislation impacting the Flex Program includes:

- Balanced Budget Act of 1997
- Balanced Budget Refinement Act of 1999
- Benefits Improvement and Protection Act of 2000
- Medicare Prescription Drug, Improvement and Modernization Act of 2003
- Medicare Improvements for Patients and Providers Act of 2008
- American Recovery and Reinvestment Act of 2009
- Patient Protection and Affordable Care Act of 2010
- Medicare Access and CHIP Reauthorization Act of 2015

Organizations that lobby on behalf of health care organizations and rural health research centers focusing on policy develop policy briefs and papers that describe the proposed or existing policies and present challenges, successes, and ideas for further consideration. These briefs can provide helpful information to understand the various views of stakeholders and the issue(s) at hand.

State Flex Programs should understand the broader government structure and where the Flex Program fits within that construct. As a stronger emphasis is placed on the need to demonstrate impact across all government programs, knowing how the Flex Program fits can prove useful when working with rural providers to understand the why behind initiatives, particularly the increasing demand for measurable outcomes.

Understanding Regulations Affecting Rural Health

Understanding regulations at both the national and state level can be accomplished through reviewing relevant rules and regulations and discussing these with program partners and those who are directly or indirectly impacted. Understanding the Conditions of Participation (CoPs) for acute care hospitals and CAHs can be intimidating. Making time to develop and maintain a basic level of understanding of the CoPs is important to be able to assist your CAHs with technical assistance questions and understanding how changes impact their daily work. Identify within your state or region a technical expert who can assist with CoPs. It is strongly encouraged for state Flex Programs to develop a relationship with their CMS

Regional Office Rural Health Coordinator and state surveying/licensing agency. Some state Flex Programs offer mock surveys to CAHs to assist them in preparing for licensure, certification, and/or accreditation.

Tips on Understanding Policies and Regulations:

- Through trusted relationships with key partners, such as the state hospital association, state Flex Programs have resources to assist with communicating and enhancing understanding of CAH related policies and regulations

- Establish a routine process for staying up to date on policies and regulations, including developing a relationship with your CMS Regional Office Rural Health Coordinator and signing up for listservs and newsletters that provide regular updates

- Develop a consistent communication method to stakeholders

5. PROMOTING QUALITY REPORTING AND IMPROVEMENT

Over the past 15 years, there has been significant movement towards quality reporting and a focus on improving quality of care, patient care experiences, and health care outcomes. This movement is evident throughout the continuum of care and is increasingly connected to payment methodologies (see Preparing for Future Models of Health Care).

Quality reporting and improvement are priorities of the CMS Quality Strategy: better health, better care, and lower cost through improvement. The national Flex Program is in alignment with these goals and has identified quality improvement as one of its program areas.

In order to build program plans and support CAHs in their quality improvement (QI) efforts, Flex Programs need to be aware of the various quality reporting initiatives and requirements, in particular the Medicare Beneficiary Quality Improvement Project (MBQIP) and Hospital Compare. Through communications with CAHs and by using MBQIP and FMT data and reports, state Flex Programs can develop a thorough understanding of CAH QI performance, including needs and successes.

Proficiency in the following contribute to excellence in quality reporting and improvement:

- Supporting QI principles

- Encouraging quality reporting
- Using available quality data
- Supporting MBQIP

Supporting QI Principles

The process of QI is continuous. Activities or processes within a health care organization contain two major components:

1) What is done (what care is provided)

2) How it is done (when, where and by whom care is delivered)

Improvement can be achieved by addressing either component; however, the greatest QI impact can be achieved when both are addressed at the same time.

As the health care system shifts to a value-based model, the requirement to have QI hardwired into health care operations will be increasingly evident. State Flex Programs should have a basic understanding of QI principles in order to work with project partners, develop project plans, implement MBQIP, establish QI initiatives, and report program outcomes.

Tips on Supporting QI Principles:

- Familiarize yourself with QI principles by reviewing information on your state Quality Innovation Network-Quality Improvement Organization (QIN-QIO) website and the Agency for Healthcare Research and Quality (AHRQ) website.
- Familiarize yourself with state Flex Program and CAH-specific QI reports on the FMT website.

Encouraging Quality Reporting

Quality reporting is for both internal use and decision making at a CAH, as well as for public use, benchmarking, and research. Internal reporting is the process by which health care providers capture quality data for their own tracking purposes, often by way of the electronic health record. Public reporting is the process through which internal health care provider quality data is made available to the public through a third party. State Flex Programs should be aware of CAH quality reporting efforts in order to

support them with their reporting needs. This includes having basic awareness of the various reporting initiatives and the processes being used to report data, such as the CMS Abstraction and Reporting Tool (CART), QualityNet, the emergency department transfer communication (EDTC) reporting tool, the National Healthcare Safety Network (NHSN), and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. State Flex Programs should encourage and support CAHs in reporting. State Flex Programs should also provide assistance in networking and relationship building between facilities to support one another. It is important for a state Flex Program to recognize they do not need to be the technical expert to support their CAHs with all data reporting questions. They should, however, know where to access this support on behalf of their CAHs.

Tips on Encouraging Quality Reporting:

- Become familiar with various CAH reporting methods and initiatives
- Develop a cadre of technical expertise to support CAH quality data reporting
- Have a discussion with CAHs about data reporting and the support they need to meet their QI goals
- Regularly review and share with CAHs the MBQIP Data Reporting Reminders produced by RQITA

Using Available Quality Data

Data is the cornerstone of QI because if you cannot measure it, you cannot improve it. Data is used to describe how well current processes and systems are working and to document performance improvement. State Flex Programs need to be familiar with quality data sources, where to access the data and how to use the data to develop program activities, prioritize program resources and support CAHs in their QI efforts. This includes data available through MBQIP, FMT and other national benchmarking tools.

Tips on Using Available Data:

- Utilize FMT annual state and hospital-specific quality data reports as well as reports on QI best practices
- Familiarize yourself with CAHs quality reporting methods

- Talk to CAHs about quality reporting and how they are using the data. Encourage CAHs to frequently monitor their quality data and develop QI projects

Supporting MBQIP

FORHP created MBQIP as a Flex Program activity focused on QI specifically in CAHs. The goal of this project, and a primary responsibility of state Flex Programs, is to engage CAHs in publicly reporting a standard set of rural-relevant measures determined by FORHP and using the resulting data to benchmark, guide, and improve quality of care. To accomplish this, CAHs participating in MBQIP are required to report a specific set of quality measures determined by FORHP and to engage in QI projects identified through state Flex Program needs assessments and MBQIP data analysis and planning. As of Flex Program Fiscal Year (FY) 2016, participation in MBQIP is a requirement for CAHs to participate in Flex-related activities. Information related to the eligibility criteria can be found here https://www.ruralcenter.org/resource-library/flex-eligibility-criteria-for-mbqip-participation-and-waiver-templates.

MBQIP activities are grouped into four different quality domains: care transitions, outpatient, patient engagement, and patient safety/inpatient. For more information about the MBQIP measures, search the MBQIP website at https://www.ruralcenter.org/tasc/mbqip.

Tips on Supporting MBQIP:

- Review MBQIP reports as they become available and share a summary of findings/highlights with CAHs
- Use MBQIP reports to identify areas for QI and connect with CAHs in groups and one-on-one as needed to discuss issues and develop strategies
- Regularly review and share with CAHs the MBQIP Monthly newsletter produced by RQITA

6. SUPPORTING HOSPITAL FINANCIAL PERFORMANCE

CAH financial and operational improvement is one of the primary goals of the Flex Program. Sustainable financial performance of CAHs is essential for

both the day-to-day operation of the facility as well as for needed investments in technology and infrastructure. Recent market forces and dramatic changes in payor reimbursement have resulted in financial challenges for many of the nation's smallest hospitals. This financial distress has led to the closure of many rural hospitals throughout the country, and several hundred more classified as financially distressed.

Given the complexity of Medicare and Medicaid regulations, billing codes and private payer contracts, rural hospital financial improvement is often dependent on access to financial expertise both within and outside the facility. Hospitals need to follow the most effective financial and business processes and utilize an efficient revenue cycle management system.

Proficiency in the following contribute to excellence in supporting hospital financial performance:

- Understanding basic concepts of CAH finance
- Utilizing financial performance improvement strategies
- Maintaining a cadre of trusted financial experts

Understanding Basic Concepts of CAH Finance

While state Flex Programs are not expected to have extensive knowledge of CAH finance, it is important that they understand the basic concepts of CAH financing. These basic concepts include cost-based reimbursement, revenue cycle management and CAH financial indicators, as well as acknowledged financial improvement strategies.

Utilizing Financial Performance Improvement Strategies

In 2012, FORHP and TASC held a national summit meeting on the topic of CAH finance. Included in the white paper that resulted from the meeting were the identification of the 10 most important CAH financial indicators, as well as the financial interventions that would provide the greatest value. Another national summit was held in 2018 to build upon the knowledge gained from the previous summit and to incorporate key strategies discovered through the Small Rural Hospital Transition Project's Rural Hospital Toolkit for Transitioning to Value-Based Systems. State Flex

Programs have employed various strategies to support improvement of CAH financial status including:

- Round tables and cohorts for hospital chief financial officers (CFOs)
- Financial education of hospital staff and boards
- Financial and business consulting support for CAHs
- Benchmarking rural hospital financial performance
- Financial how-to tools and informational resources

Maintaining a Cadre of Trusted Financial Experts

State Flex Programs may not have the expertise on staff to fully support CAHs in their financial improvement efforts; therefore, it is recommended that state Flex Programs have access to CAH financial experts for advice and to help them develop statewide financial improvement strategies. Such experts can be found in hospital consulting firms as well as through TASC and its cadre of expert advisors. FMT is another important source of information and research on CAH finances. They have a library of financial information on CAHs and periodically publish research reports and special studies on the topic. The [Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS)](#) makes it easy for CAH executives, state Flex Coordinators, and federal staff to explore the financial, quality, and community-benefit performance of CAHs. CAHMPAS provides graphs and data, which allows one to compare CAH performance for various measures across user-defined groups: by location, net patient revenue, or other factors.

Tips on Supporting Hospital Financial Performance:

- Understand the basic concepts of CAH finance
- Establish a relationship with a cadre of trusted CAH financial experts who can provide advice and direction when needed
- Review the state and hospital specific financial measures found in CAHMPAS. They provide insight into the unique challenges of all CAHs, as well as state and national trends.

7. ADDRESSING COMMUNITY HEALTH NEEDS

Health care services, such as those provided at CAHs, are intended to meet the health needs of their communities. Health needs can be identified from a variety of factors including demographic data, social and economic status, physical environment, clinical care, health behaviors, and health outcomes. It is important for state Flex Programs to understand the community needs of their CAHs to develop or leverage program activities in support of health system development, community engagement, and population health improvement.

To gain understanding of community health needs, a formal, systematic process that identifies and analyzes needs and assets should be completed. For CAHs, this is a CHNA that drives local planning, decision making, and programs. For state Flex Programs, this is a statewide assessment that includes reviewing all the CAH CHNAs.

Proficiency in the following contribute to excellence in addressing community health needs:

- Understanding the social determinants of health
- Supporting population health improvement
- Utilizing community health needs assessments and economic impact assessments

Understanding the Social Determinants of Health

The World Health Organization defines social determinants of health (SDOH) as, "the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development, agendas, social norms, social policies, and political systems." (World Health Organization, n.d.). Increasingly, SDOH are being recognized as key factors contributing to health inequities. Addressing SDOH is fundamental to increasing quality and access to health services and decreasing costs.

State Flex Programs should be familiar with SDOH, the role SDOH play in population health, and how health and community programs and services are changing to include and address SDOH. State Flex Programs should use

and convey this knowledge to prepare CAHs to participate in current and future state, regional, and local health system planning.

Tips on Understanding the Social Determinants of Health:

- Understand the definition of SDOH and how they impact value-based health care
- Identify data and resources to support CAHs in understanding the SDOH in their communities

Supporting Population Health Improvement

The term "population health" is currently used to describe two separate but related concepts:

- Targeted population is a focus on improving health and reducing costs for specific groups of patients, often grouped by insurance type and focused on chronic disease
- Community health addresses outcomes of an entire group of individuals, often geographically defined, including the distribution/disparities of outcomes within the group

Although these two aspects of population health are interconnected, they lead to different operational strategies. It is important that state Flex Programs and CAHs acknowledge this dichotomy and recognize the need for strategies that address both aspects. Additionally, population health is an important concept for state Flex Programs to understand and communicate because it is increasingly incorporated into quality and performance improvement initiatives and outcomes measures.

Tips on Supporting Population Health Improvement:

- Help CAH staff become familiar with population health in their patient population and community
- Identify tools, information, data, and resources for CAHs to foster discussions and develop activities that lead to population health improvement

Utilizing CHNAs and Economic Impact Assessments

CHNAs have been conducted by CAHs and other rural health organizations for years. Often the assessments were used to obtain grant funds, guide physical plan improvements, such as building a new hospital, or guide service development or expansion. Through the Affordable Care Act, requirements were established for hospitals wishing to maintain non-profit or 501(c)(3) status, requiring such facilities to conduct a CHNA and develop a related implementation strategy at least once every three years.

Although state Flex Programs cannot directly fund CHNAs, they can build program plans and provide technical assistance around CHNA findings, in particular if they fall within the five federal Flex Program areas.

Economic impact assessments examine the effect of an entity, business, or event on the economy in a specified geographic area. Typically, the assessment measures changes in economic activity between two scenarios: one assuming the event occurs and one assuming the event does not occur. Economic impact assessments are particularly useful when determining scenarios around CAH conversion, rebuilding, or expansion. A CAH may also conduct economic impact assessments to demonstrate the economic impact of its role as an economic engine in the community. State Flex Programs should be aware of and familiar with economic impact assessments as they are a tool to support CAH decision making.

Tips on Utilizing CHNAs and Economic Impact Assessments:

- Review the CHNAs completed by CAHs in your state. Identify commonalities where CAHs could work together to address shared community needs.
- Identify organizations or partners already working to address any of the identified CHNA priorities. Help CAHs leverage skills or resources to address similar needs.
- Help CAHs identify tools to support economic impact assessments
- Review the economic impact assessments completed by CAHs in your state. As appropriate, share assessment results with project partners and stakeholders.

8. UNDERSTANDING SYSTEMS OF CARE

The health care system in the US is a market-based system that lacks universal access. A greater majority of rural residents are uninsured or underinsured with high deductible health plans compared to their urban counterparts. Lack of access is particularly evident in rural areas where we see chronic shortages of primary care providers and key specialists, such as emergency room physicians and behavioral health providers, as well as health information technology professionals. Moreover, while most urban area ambulance services are staffed by paid paramedics, rural ambulance services are more likely to be volunteer based with basic level emergency medical technicians (EMTs) with more limited scope of practice. Although rural areas generally offer a limited set of health care services, technology and equipment, upgrades still are needed. The same quality and value of care is expected and should be delivered in rural areas as in urban areas.

Pressures are being felt in rural areas as the population ages, budgets tighten, and the need to bend the health care cost curve increases. Given the goals and role of the Flex Program, it is imperative that state Flex Programs understand the health system as a whole to participate in discussions and planning and to serve as a rural "voice" to ensure rural community needs are considered, represented, and understood.

Systems thinking is crucial to understanding how various health and social service providers can work together in rural communities to improve the health of populations. Since health outcomes are the product of social environment, personal behavior, genetic disposition, and available health services, achieving a desired outcome of excellent population health will require collaboration among those who influence the drivers and resisters to that outcome. Systems thinking is also required to understand how various critical success factors in rural hospital performance can be incorporated into a strategic plan and then managed to produce sustainable high-performance outcomes. Systems approaches are most effectively implemented with the use of systems frameworks, like those found in the Baldrige framework and CAH Blueprint for Performance Excellence, which include a broad range of quantifiable goals that measure and communicate progress.

Proficiency in the following contribute to excellence in understanding systems of care:

- Maintaining an overall knowledge of the rural health landscape

- Understanding the interconnection of hospitals, clinics, and long-term care
- Integrating emergency medical services (EMS)
- Incorporating behavioral and mental health services
- Collaborating with public health

Maintaining an Overall Knowledge of the Rural Health Landscape

To support CAHs, their communities and partners, state Flex Programs must have a basic familiarity with the rural health landscape within CAH communities, the state, and nationally. This knowledge can be gained through reviewing community economic impact assessments and CHNAs, developing relationships with partners and stakeholders, participating in learning opportunities, and keeping attuned to new resources and information.

Tips on Maintaining an Overall Knowledge of the Rural Health Landscape:

- Develop partnerships with other local and state health care organizations. Bring the rural focus to their attention.
- Join Flex Program relevant email listservs, such as those of NRHA, the National Organization of State Offices of Rural Health (NOSORH), the American Hospital Association (AHA), and CMS.
- Keep abreast of federal and national information regarding health care changes and policy. Communicate key pieces of information to your CAHs and other rural partners.
- Review the latest research published by FMT and other Rural Health Research Centers.

Understanding the Interconnection of Hospital, Clinics, and Long-Term Care

For state Flex Programs to understand the health care marketplace and participate in discussions related to CAHs, access, health policy, etc. it is important to have basic knowledge of the various roles and classification models of the types of hospitals, clinics, and long-term care facilities prevalent in rural America. It is important to understand the strengths and

challenges of each model, how they interconnect with one another in a system of care, and their strengths and challenges within the context of value-based health care.

Most importantly, state Flex Programs spend significant time developing and implementing initiatives targeted at CAHs. An in-depth understanding of CAH eligibility, participation, program engagement, systems of care and quality, and financial status for all CAHs in the state is necessary for each state Flex Program. It is imperative to develop a relationship with each CAH. Not only will this knowledge support the overall development of the program, but it is needed to ensure the efficient and effective provision of technical assistance and resources to the CAHs in your state. As health care focuses more on population health, primary care clinics are playing a larger and more significant role in care management, disease prevention, and health promotion. CAHs, particularly their outpatient departments or rural health clinics (RHCs), will progress prominently as the hub of primary care in rural communities, coordinating care, and promoting health and wellness with an eye toward population health and preventable hospitalizations. Long-term care (LTC), also known as skilled nursing facilities (SNFs) or nursing homes, are common in rural areas as rural populations tend to be older. Some CAHs own and operate a LTC facility as they allow for patients and their families to have their needs met close to home, addressing a community need. State Flex Programs need to be aware of the strengths and challenges facing LTC facilities because they are a vital part of many rural communities and are often a referral source or transfer site for CAHs, though sometimes at a financial expense to a CAH.

Tips on Understanding the Interconnection of Hospital, Clinics and Long-Term Care:

- Participate in the TASC listservs and webinars to receive program updates and information regarding the interconnection of hospitals, clinics, and LTC
- Develop a relationship with each CAH in your state. Learn about their strengths, challenges, and needs
- Build a collaborative relationship with your state hospital association, including constant communications regarding new programs and rule and policy changes, in particular those impacting CAHs

- Be aware of the clinics that are seeking RHC designation, identify any barriers delaying their designation, and support the resolution of those barriers
- Develop a relationship with the state LTC association, including constant communications regarding new programs and rule and policy changes, in particular those impacting CAHs

Integrating Emergency Medical Services

EMS is a critical extension of the health care team, providing pre-hospital care, working with hospital emergency departments, serving as part of trauma and transfer teams, and as part of care coordination and follow-up. As EMS roles and responsibilities evolve, state Flex Programs need to be aware of such changes in order to plan, engage, and communicate the impact with rural communities and CAHs.

There is an emerging EMS provider type: community paramedic. State Flex Programs should be aware of and track the development of this because of its impact on rural health systems and the continuum of care. While discussions are underway to determine the most suitable title or label for "community paramedic," this provider is intended to serve as a full-time paramedic with an expanded scope of practice that includes elements of primary care, public health, disease management, care coordination, mental health, and/or oral health.

Tips on Integrating EMS:

- Develop a relationship with the state office of EMS and state EMS association
- Understand the EMS services available to work with the CAHs
- Learn the needs of both the CAH and EMS in working together
- Establish communication plans that include the state office of EMS, the state EMS association, and other EMS partners

Incorporating Behavioral and Mental Health Services

As the health care system shifts to a value-based environment that includes SDOH, there is an increasing focus on the need for and integration of

behavioral and mental health services into primary care settings and across the continuum of care.

Throughout the U.S. there are significant access issues related to a severe shortage of behavioral and mental health providers coupled with lack of or limited reimbursement, among other factors. This shortage is more evident in rural areas. As the health system changes and primary care becomes the center for one's health and well-being services, care coordination between traditional primary care and behavioral and mental health services will need to evolve. State Flex Programs need to be aware of related policy and rule changes, opportunities, changes in reimbursement, and new provider types and services that affect rural communities. For example, CAHs and clinics are increasingly using telemedicine as a means to increase access to behavioral and mental health services for their patients. Not only can this information be shared and discussed with program stakeholders such as CAHs, but state Flex Programs can use this information to develop project plans and support CAHs in meeting community needs.

Tips on Incorporating Behavioral and Mental Health Services:

- Develop relationships with behavioral and mental health organizations within the state to stay abreast of proposed policy changes and opportunities. Bring the rural focus to their attention
- Explore and communicate to CAHs the best practices of integrating behavioral and mental health services into rural communities

Collaborating with Public Health

Per the Centers for Disease Control and Prevention and Prevention (CDC), "Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases. Overall, public health is concerned with protecting the health of entire populations" (CDC Foundation, n.d.). Public health is an important resource both locally and at the state level to support quality improvement, care coordination, and population health improvement. Public health agencies often collect, analyze, and report on the health needs of the communities they serve. This information can be used by state Flex

Programs and CAHs in planning. State Flex Programs should be familiar with the roles and responsibilities of public health as they have established relationships within communities and around the state that can be excellent for collaboration.

Tips on Collaborating with Public Health:

- Reach out to state and local public health officials to understand their goals and priorities and to build partnerships
- Connect CAH staff with local public health to develop relationships and address initiatives community wide

9. PREPARING FOR FUTURE MODELS OF HEALTH CARE

The U.S. health care system is undergoing transformative change driven both by the Affordable Care Act of 2010 and the broader market. These changes will impact the long-term success and viability of the continuum of care of rural health services, including CAHs, thereby effecting access to care in rural communities and overall population health.

State Flex Programs can help CAHs make a successful transition into value-based reimbursement and population health models through education, network support, facilitation of new partnerships, and technical assistance. For example, leadership understanding of the new models and transition strategies will be crucial and will require a great deal of education. CAHs will also need to develop partnerships with other community service providers, as well as participate in either networks or larger health systems to obtain the number of covered lives needed in the emerging models. Public health concepts will be important in managing the health of populations, presenting good opportunities for hospital-public health collaboration. As CAHs move into the new value models, they will increasingly reach out to state Flex Programs for assistance in the transition. The movement to value will be more rapid in some states, but ultimately all CAHs will need to find a place in the emerging systems.

Proficiency in the following contribute to excellence in preparing for future models of health care:

- Understanding value-based purchasing concepts
- Supporting the application of new models of care

Understanding Value-based Reimbursement Concepts

For the past several decades, the U.S. health care system has been characterized by poor quality, increasing costs, and decreasing access to care with declines in key indicators of population health. Despite efforts to make improvements, the health care system and its fee-for-service reimbursement structure continued to create barriers to improvement. This is because the system is volume driven: the more medical procedures performed, the more revenue produced. In contrast, the new health care system that is emerging is based on value: quality, patient experience, cost, and population health. CAHs and other rural health providers will need support in transitioning from the old volume-based system to the new value-based system. State Flex Programs have the opportunity to support CAHs and other rural health providers making this transition.

Many rural providers are eager to engage in value-based reimbursement models while others are in a wait and see mode. For those interested in testing the waters, they will need support in care contracting, understanding payment methodologies, and identifying, learning from, and participating in demonstration initiatives. State Flex Programs need to have a basic knowledge of these concepts to serve as a resource to rural providers engaging in or exploring value-based reimbursement. Flex Programs can also ensure others not yet ready to engage in value-based reimbursement are kept updated of new information, best practices, and lessons learned of those making the transition into this new health care environment.

Tips on Understanding Value-based Reimbursement Concepts:

- Identify CAHs in your state that are engaged in value-based reimbursement models. Share their experiences to foster peer to peer learning of best practices and lessons learned.
- Connect with CAH leaders to ensure awareness and understanding of value-based reimbursement concepts

Supporting the Application of New Models of Care

Across the country, new models of care are being developed and tested to increase health care value. Many of the models are being developed and led

by physicians and most are funded by the Center for Medicare and Medicaid Innovation Center (CMMI); however, foundations and other funders are also on board.

The new payment systems are emerging on three basic levels. Medicare's model is called the Accountable Care Organization (ACO). This model provides reimbursement to a group of providers (usually hospitals and/or clinics) to provide services to a group of 5,000 or more Medicare recipients. When care is provided at a lower cost with high quality, the savings are split between the Medicare program and the providers. This model requires new partnerships and effective care management as well as chronic disease management and wellness and prevention.

Medicaid ACOs are also emerging across the US, with services to Medicaid recipients being managed by groups of providers. Early state results have demonstrated both cost savings and good quality and are expected to be used in a growing number of states. In addition, third party insurance providers are forming ACO-like models to contract with groups of health providers and are expected to shift a majority of their business into value-based models in the next few years.

Many of these new care models will impact rural providers and, in fact, some CAHs are already participating. State Flex Programs should be familiar with and understand these new models of care in order to serve as a resource to program stakeholders and develop state Flex Program plans to foster innovation and align with these new models.

Tips on Supporting the Application of New Models of Care:

- If there is a State Innovation Model (SIM) initiative in your state or region, familiarize yourself with its work and any involvement by CAHs
- Understand which CAHs in your state are participating in ACO models. Learn from their best practices.
- Share new models of care information and resources with CAHs, inviting them to learn about what others, including CAHs, are doing around the U.S.

RECOMMENDATIONS: STATE FLEX PROGRAM FUTURE SUPPORT

While discussing the suggested competencies for state Flex Program excellence, Summit participants identified existing gaps in training, resources, and information to support the competencies. It is suggested that the resources be identified, developed, or updated to support Flex Programs in reaching the overall national Flex Program in the following areas:

- Change management resources and education
- Value-based reimbursement education
- ACO education
- Incorporating aging health services into rural health systems information
- Quality reporting education and tools
- Hospital finances with out-migration and market capture studies
- Facilitation education and resources
- Building cooperation and coordination between state rural health stakeholder organizations
- CAH board training resources

CONCLUSION

The contents in the guide identify and discuss the core competencies identified by state Flex Program peers to foster state and national program excellence. Application of the proficiencies related to the competencies will lead a state Flex Program toward improvement of rural hospital financial and quality performance, population health and value-based payment models. This guide identifies best practices, tools and resources currently available or that need to be developed to support those competencies. The guide and its supporting website and self-assessment are available at https://www.ruralcenter.org/tasc/core-competencies and will be continuously updated by TASC. Furthermore, through Summit participant recommendations, self-assessment findings and feedback shared by state Flex Programs, FORHP, TASC, FMT, and other Flex partners, TASC will continue to develop technical assistance, education, and other means of support to state Flex Programs in building and maintaining core competencies and knowledge.

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https://www.cdcfoundation.org/what-public-health

World Health Organization (n.d.). *Social determinants of health.* Retrieved
from http://www.who.int/social_determinants/en/

APPENDIX – RESOURCES

Overview of the Flex Program

The Medicare Rural Hospital Flexibility Program (Flex Program) is a national program administered in 45 states through the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP). State Flex programs use funds to assist critical access hospitals (CAHs). Flex training and technical assistance helps participants maintain and improve economic viability, clinical quality, and population health. Flex helps CAHs:

- Improve the quality of rural health care
- Improve financial and operational performance
- Understand the community's health and EMS needs
- Enhance rural communities through population health improvement initiatives

Additional background information and details related to each program component can be found on the TASC website. There are several federal and state level organizations that support state Flex Programs and CAHs, including:

- American Hospital Association (AHA) Section for Small or Rural Hospitals https://www.aha.org/advocacy/small-or-rural
- Federal Office of Rural Health Policy (FORHP) https://www.hrsa.gov/rural-health/index.html
- Flex Monitoring Team http://www.flexmonitoring.org/
- National Association of State EMS Officials (NASEMSO) and Joint Committee on Rural EMS Care (JCREC)
    - https://nasemso.org/committees/rural-ems/
    - https://www.ruralcenter.org/resource-library/joint-committee-on-rural-emergency-care-jcrec
- National Organization of State Offices of Rural Health (NOSORH) https://nosorh.org/
- National Rural Health Association (NRHA) https://www.ruralhealthweb.org/
- Quality Innovation Network (QIN)-Quality Improvement Organization (QIO)

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html?redirect=/QualityImprovementOrgs

- Rural Health Information Hub (RHIhub)
  https://www.ruralhealthinfo.org/
- Rural Health Value https://ruralhealthvalue.public-health.uiowa.edu/
- State hospital associations (search for your own state online)
- State rural health associations (search for your own state online)
- Technical Assistance and Services Center (TASC)
  https://www.ruralcenter.org/tasc
- Flex Program Fundamentals Guide
  https://www.ruralcenter.org/tasc/flex-program-fundamentals

Managing the Flex Program

- 2014 Federal Grant Writing Workshop materials developed for state Flex Programs https://www.ruralcenter.org/events/federal-grant-writing-workshop
- Alabama Budget Tracking Spreadsheet
  https://www.ruralcenter.org/resource-library/alabama-budget-tracking-spreadsheet
- Data Collection, MBQIP and CAHMPAS Data, and Creating an Evaluation Plan and Organizing Data
  https://www.ruralcenter.org/resource-library/medicare-rural-hospital-flexibility-flex-performance-management/evaluation-guide
- Data Sources & Tools Relevant to Rural Health
  https://www.ruralcenter.org/resource-library/data-sources-%26amp%3B-tools-relevant-to-rural-health
- Engaging Subcontractors and Partners in Demonstrating Outcomes
  https://www.ruralcenter.org/resource-library/engaging-subcontractors-and-partners-in-demonstrating-outcomes
- Example Budget Table and Work Plan
  https://www.ruralcenter.org/resource-library/federal-grant-writing-manual
- Federal Grant Writing Manual
  https://www.ruralcenter.org/resource-library/federal-grant-writing-manual

- Flex Program Forum https://www.ruralcenter.org/content/flex-program-forum-0
- Flex Program Funding Guidance https://www.ruralcenter.org/content/flex-program-funding-guidance
- Flex Program Sub-Contract Tracking Spreadsheet https://www.ruralcenter.org/resource-library/flex-program-sub-contract-tracking-spreadsheet
- Grant Writing Checklist https://www.ruralcenter.org/resource-library/federal-grant-writing-manual
- Health Resources and Services Administration (HRSA) Electronic Handbook (EHB) https://www.ruralcenter.org/resource-library/hrsa-electronic-handbook-ehb
- Health Resources and Services Administration (HRSA) Write a Strong Application https://www.ruralcenter.org/resource-library/write-a-strong-application
- How to Develop a Logic Model https://www.ruralcenter.org/resource-library/how-to-develop-a-logic-model
- Medicare Rural Hospital Flexibility (Flex) Performance Management/Evaluation Guide https://www.ruralcenter.org/resource-library/medicare-rural-hospital-flexibility-flex-performance-management/evaluation-guide
- PIMS Data Collection Tool https://www.ruralcenter.org/resource-library/pims-data-collection-tool
- Program activities as described by each state Flex Program and contact information available on State Flex Profiles at https://www.ruralcenter.org/tasc/flexprofile
- Program Evaluation Workshop Materials https://www.ruralcenter.org/events/program-evaluation-workshops
- Request for Proposals (RFP) template https://www.ruralcenter.org/resource-library/request-for-proposals-template
- State Flex Program Logic Model https://www.ruralcenter.org/resource-library/state-flex-program-logic-model

- The Grant Project Life Cycle: A Grant Subcontract Management Guide
  https://www.ruralcenter.org/events/the-grant-project-life-cycle-a-grant-subcontract-management-guide
- TruServe https://www.truserve.org/
- Using Logic Models for Flex Program Planning, Management, Evaluation and Reporting Webinar
  https://www.ruralcenter.org/events/using-logic-models-for-flex-program-planning-management-evaluation-and-reporting

Building and Sustaining Partnerships

- Building Commitment Through Group Decision Making
  https://www.ruralcenter.org/resource-library/building-commitment-through-group-decision-making
- Building Trust in Collaborative Partnerships
  https://www.ruralcenter.org/rhi/network-ta/events/building-trust-in-collaborative-partnerships
- Collaboration Building Resource Collection
  https://www.ruralcenter.org/tasc/core-competencies/building-and-sustaining-partnerships
- Collaborative Leadership Resource Collection
  https://www.ruralcenter.org/rhi/network-ta/sustainability-toolkit/resources-tools/collaborative-leadership
- Creating and Maintaining Partnerships Toolkit
  https://www.ruralcenter.org/resource-library/creating-and-maintaining-partnerships-toolkit
- Engaging Stakeholders During Times of Change and Transition
  https://www.ruralcenter.org/resource-library/engaging-stakeholders-during-times-of-change-and-transition
- Flex Programs and Rural Health Networks
  https://www.ruralcenter.org/resource-library/rural-health-networks
- How the Best Leaders Build Trust
  https://www.ruralcenter.org/resource-library/how-the-best-leaders-build-trust
- Leading Through Change webinar
  https://www.ruralcenter.org/events/help-webinars/leading-through-change

- Leading Your Healthcare Organization to Excellence: A Guide to Using the Baldrige Criteria by Patrice Spath
https://books.google.com/books/about/Leading_Your_Healthcare_Organization_to.html?id=C-pFAAAAYAAJ&source=kp_cover
- Methods for Building Effective Community Partnerships webinar
https://www.ruralcenter.org/events/methods-for-building-effective-community-partnerships
- National Partnership for Action to End Health Disparities: Toolkit for Community Action https://www.ruralcenter.org/resource-library/national-partnership-for-action-to-end-health-disparities-toolkit-for-community
- Partnership Assessment Tool for Health
https://www.ruralcenter.org/resource-library/partnership-assessment-tool-for-health
- Role of a Facilitator: Guiding an Event Through to a Successful Conclusion
https://www.ruralcenter.org/resource-library/the-role-of-a-facilitator-guiding-an-event-through-to-a-successful-conclusion
- The Community Toolbox: Creating and Maintaining Coalitions and Partnerships
http://ctb.ku.edu/en/creating-and-maintaining-partnerships
- Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality of Care by John Nance
http://www.whyhospitalsshouldfly.com/

Improving Processes and Efficiencies

- 2016 SHIP Lean Training – Part 1
https://www.ruralcenter.org/ship/events/2016-ship-lean-training-part-1
- 2016 SHIP Lean Training – Part 2
https://www.ruralcenter.org/ship/events/2016-ship-lean-training-part-2
- 2016 SHIP Lean Training – Part 3
https://www.ruralcenter.org/ship/events/2016-ship-lean-training-part-3

- A Nine-Step Roadmap for Implementing Lean in Rural Hospitals https://www.ruralcenter.org/tasc/core-competencies/improving-processes-and-efficiencies
- An Overview of Lean Guide https://www.ruralcenter.org/resource-library/an-overview-of-lean-guide
- Four Performance Management Tools: An Overview of Balanced Scorecard, Baldrige, Lean and Studer https://www.ruralcenter.org/tasc/resources/four-performance-management-tools-overview-balanced-scorecard-baldrige-lean-and-stude
- Framing Rural Health Value: Processes for Improved Financial and Quality Outcomes https://www.ruralcenter.org/events/framing-rural-health-value-webinar-series-processes-for-improved-financial-and-quality
- Improving Patient Experience in the Inpatient Setting: A Case Study of Three Hospitals https://www.ruralcenter.org/resource-library/improving-patient-experience-in-the-inpatient-setting-a-case-study-of-three
- New Hampshire CAH Lean/Process Improvement Project https://www.ruralcenter.org/resource-library/new-hampshire-cah-lean/process-improvement-project
- Overview of Improvement using PDSA https://www.ruralcenter.org/resource-library/overview-of-how-to-improve-using-plan-do-study-act
- Pennsylvania's Lean Outreach https://www.ruralcenter.org/resource-library/pennsylvania%26%23039%3Bs-lean-outreach
- PDSA Cycle Template https://www.ruralcenter.org/resource-library/plan-do-study-act-pdsa-template
- Strategy Map and Balanced Scorecard Learning Collaborative Recordings https://www.ruralcenter.org/resource-library/strategy-map-and-bsc-learning-collaborative-recordings

Understanding Policies and Regulations

- American Hospital Association (AHA) Rural Health Services
  https://www.aha.org/advocacy/rural-health-services
- CAH Legislative History
  https://www.ruralcenter.org/resource-library/critical-access-hospital-legislative-history
- Center for Connected Health Policy
  https://www.ruralcenter.org/resource-library/center-for-connected-health-policy
- Centers for Medicare & Medicaid Services (CMS) Regional Office Rural Health Coordinators
  https://www.ruralcenter.org/resource-library/cms-regional-office-rural-health-coordinators
- Centers for Medicare & Medicaid Services Rural Health Open Door Forum
  https://www.ruralcenter.org/resource-library/cms-rural-health-open-door-forum-odf
- Centers for Medicare & Medicaid Services Transmittals
  https://www.ruralcenter.org/resource-library/cms-transmittals
- Federal Office of Rural Health Policy (FORHP)
  https://www.ruralcenter.org/resource-library/federal-office-of-rural-health-policy-orhp
- FORHP Policy Team https://www.ruralcenter.org/resource-library/forhp-rural-health-policy-team
- National Organization of State Offices of Rural Health (NOSORH)
  https://www.ruralcenter.org/tasc/resources/national-organization-state-offices-rural-health-nosorh
- National Rural Health Association (NRHA)
  https://www.ruralcenter.org/resource-library/national-rural-health-association-nrha
- National Rural Health Resource Center (The Center)
  http://www.ruralcenter.org/
- Rural Health Research Centers and Analysis Initiatives
  https://www.ruralhealthresearch.org/centers
- State Operations Manual Appendix W – Survey Protocol, Regulations and Interpretive Guidelines for CAHs and Swing-Beds in CAHs
  https://www.ruralcenter.org/tasc/resources/survey-protocols-and-interpretive-guidelines-critical-access-hospitals-cahs

- Rural Health Information Hub (RHIhub)
  https://www.ruralcenter.org/resource-library/rural-health-information-hub
- Rural Health Value (RHV)
  https://www.ruralcenter.org/resource-library/rural-health-value-rhv
- Rural Policy Research Institute (RUPRI)
  https://www.ruralcenter.org/resource-library/rural-policy-research-institute
- State hospital associations (search online for your state)
- State rural health associations (search online for your state)

Promoting Quality Reporting and Improvement

- A Guide for Rural Health Care Collaboration and Coordination
  https://www.ruralcenter.org/resource-library/a-guide-for-rural-health-care-collaboration-and-coordination-0
- Advanced Payment Models 101 Learning Collaborative
  https://www.ruralcenter.org/tasc/events/advanced-payment-models-learning-collaborative
- Ask Robyn – Quarterly Open Office Hour Calls for MBQIP Data
  Abstractors https://www.ruralcenter.org/resource-library/ask-robyn-quarterly-open-office-hour-calls-for-mbqip-data-abstractors
- Critical Access Hospital Measurement & Performance Assessment
  System (CAHMPAS) https://cahmpas.flexmonitoring.org/
- Data Collection and CART
  https://www.ruralcenter.org/resource-library/cart-resources
- Flex Eligibility Criteria for MBQIP Participation and Waiver Templates
  https://www.ruralcenter.org/resource-library/flex-eligibility-criteria-for-mbqip-participation-and-waiver-templates
- Flex Monitoring Team Publications on Quality
  https://www.flexmonitoring.org/publications?field_topic_fields_target_id=266&field_location_administrative_area=All
- Guide to Implementing Quality Improvement Principles
  https://www.ruralcenter.org/resource-library/guide-to-implementing-quality-improvement-principles
- Health Resources and Services Administration (HRSA) Quality
  Improvement Toolkit

https://www.ruralcenter.org/resource-library/hrsa-quality-improvement-toolkit

- Hospital Compare
  https://www.ruralcenter.org/resource-library/hospital-compare
- Flex Program Guide: MBQIP Data Report and Excel Data Resources
  https://www.ruralcenter.org/resource-library/flex-program-guide-mbqip-data-report-and-excel-data-resources
- General Quality Improvement Resources
  https://www.ruralcenter.org/tasc/mbqip/general-qi-resources
- Medicare Beneficiary Quality Improvement Project (MBQIP)
  https://www.ruralcenter.org/tasc/mbqip
- MBQIP FAQs https://www.ruralcenter.org/tasc/mbqip/faq
- MBQIP Performance Score https://www.ruralcenter.org/resource-library/mbqip-performance-score
- MBQIP Quality Reporting Guide
  https://www.ruralcenter.org/resource-library/mbqip-quality-reporting-guide
- MBQIP State and Hospital Data Reports (sent by FORHP to each state Flex Program)
- MBQIP website
  https://www.ruralcenter.org/tasc/mbqip
- Online MBQIP Data Abstraction Training Series
  https://www.ruralcenter.org/resource-library/online-mbqip-data-abstraction-training-series
- Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals https://www.ruralcenter.org/resource-library/quality-improvement-implementation-guide-and-toolkit-for-cahs
- Quality Innovation Networks (QINs) - An Introduction to the New Quality Improvement Organization (QIO) Model
  https://www.ruralcenter.org/tasc/events/tasc-90/quality-innovation-networks-qins-an-introduction-to-the-new-quality-improvement
- Quality Innovation Network (QIN) - Quality Improvement Organization (QIO)
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html?redirect=/QualityImprovementOrgs

- Quality measures for CAH Swing-Bed Patients
  https://www.ruralcenter.org/resource-library/quality-measures-for-critical-access-hospital-swing-bed-patients
- State Flex Program Key Resources
  https://www.ruralcenter.org/tasc/mbqip/key-resource-list
- Transition to Value Learning Collaborative
  https://www.ruralcenter.org/tasc/events/transition-to-value-learning-collaborative
- Value-Based Payment Models 201 Learning Collaborative
  https://www.ruralcenter.org/tasc/events/value-based-payment-models-learning-collaborative

Supporting Hospital Financial Performance

- 2018 Financial Summit Findings
  https://www.ruralcenter.org/tasc/events/tasc-90/2018-financial-summit-findings
- Advanced Payment Models 101 Learning Collaborative
  https://www.ruralcenter.org/tasc/events/advanced-payment-models-learning-collaborative
- Best Practice Concepts in Revenue Cycle Management
  https://www.ruralcenter.org/resource-library/best-practice-concepts-in-revenue-cycle-management-guide
- CAH Financial Leadership Webinar Series
  https://www.ruralcenter.org/resource-library/cah-financial-leadership-webinar-series
- CAH Financial Management
  https://www.ruralcenter.org/events/help-webinars/cah-financial-managementCharity Care and Uncompensated Care Activities of Tax-Exempt CAHs https://www.ruralcenter.org/resource-library/charity-care-and-uncompensated-care-activities-of-tax-exempt-cahs
- Critical Access Hospital Financial Indicators Reports (CAHFIR) Primer and Calculator Resources https://www.ruralcenter.org/resource-library/cah-financial-indicator-reports-cahfir-primer-and-calculator-resources
- Critical Access Hospital Measurement & Performance Assessment System (CAHMPAS) https://cahmpas.flexmonitoring.org/
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- COVID-19 Funding Sources Impacting Rural Providers https://www.ruralcenter.org/resource-library/covid-19-funding-sources-impacting-rural-providers
- Flex Monitoring Team Publications on Finance https://www.flexmonitoring.org/publications?field_topic_fields_target_id=221&field_location_administrative_area=All
- Flex Monitoring Team Publications on Financial Distress https://www.flexmonitoring.org/publications?field_topic_fields_target_id=216&field_location_administrative_area=All
- Geographic Variation in the 2019 Risk of Financial Distress Among Rural Hospitals https://www.ruralcenter.org/resource-library/geographic-variation-in-the-2019-risk-of-financial-distress-among-rural-hospitals
- Hospital Fiscal Management Series (Four Part Series) https://www.ruralcenter.org/events/help-webinars/financial-management-training-for-department-managers-4-part-series
- Management Methodologies and Value-Based Strategics: An Overview for Rural Health Care Leaders https://www.ruralcenter.org/resource-library/management-methodologies-and-value-based-strategies-an-overview-for-rural-health
- Managing from the Middle: Leading Through Change https://www.ruralcenter.org/resource-library/managing-from-the-middle-leading-through-change
- Prediction of Financial Distress among Rural Hospitals https://www.ruralhealthresearch.org/publications/998
- Road to Value Series: Financial Strategies and Positioning Rural Hospitals for the Future (Three Part Series)
  - Part 1: https://www.ruralcenter.org/events/help-webinars/partnerships-positioning-hospitals-for-the-future-part-1
  - Part 2: https://www.ruralcenter.org/events/help-webinars/partnerships-positioning-hospitals-for-the-future-part-2
  - Part 3: https://www.ruralcenter.org/events/help-webinars/road-to-value-what%E2%80%99s-most-important-to-know-and-do-to-financially-position-the
- Small Rural Hospital and Clinic Finance 101 Manual https://www.ruralcenter.org/resource-library/finance-101-manual

- Transition to Value Learning Collaborative
  https://www.ruralcenter.org/tasc/events/transition-to-value-learning-collaborative
- Value-Based Payment Models 201 Learning Collaborative
  https://www.ruralcenter.org/tasc/events/value-based-payment-models-learning-collaborative
- Value Initiative Issue Brief 4: How Rural Hospitals Improve Value and Affordability https://www.aha.org/issue-brief/2019-02-04-value-initiative-issue-brief-4-how-rural-hospitals-improve-value-and
- Visionary Board Leadership and the Transition to Value Video Series
  https://www.ruralcenter.org/tasc/flex/visionary-board-leadership-and-the-transition-to-value-video-series

Addressing Community Health Needs

- 2019 Rural Care Coordination and Population Health Summit Findings
  https://www.ruralcenter.org/events/help-webinars/2019-rural-care-coordination-and-population-health-summit-findings
- 2020 Rural Behavioral Health Care Coordination Summit Findings
  https://www.ruralcenter.org/resource-library/2020-rural-behavioral-health-care-coordination-summit-findings
- AHA's Social Determinants of Health Series
  https://www.ruralcenter.org/resource-library/aha%26%23039%3Bs-social-determinants-of-health-series
- A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health https://www.ruralcenter.org/resource-library/a-playbook-for-fostering-hospital-community-partnerships-to-build-a-culture-of-0
- A Strategic Framework for Assisting Rural Hospitals to Move to Population Health https://www.ruralcenter.org/events/help-webinars/a-strategic-framework-for-assisting-rural-hospitals-to-move-to-population
- Collaborative Community Health Needs Assessments (CHNA): Approaches and Benefits for Critical Access Hospitals https://www.ruralcenter.org/resource-library/collaborative-chnas-approaches-and-benefits-for-cahs
- CHNA Toolkit https://www.ruralcenter.org/resource-library/community-health-needs-assessment-chna-toolkit

- Community Health and Well-Being
  https://www.ruralcenter.org/resource-library/community-health-and-well-being
- Community Health Assessment Toolkit
  https://www.ruralcenter.org/resource-library/community-health-assessment-toolkit
- Community Tool Box https://www.ruralcenter.org/resource-library/community-tool-box
- DRCHSD Community Champion Learning Collaborative: Using Data to Communicate Success https://www.ruralcenter.org/events/drchsd-community-champion-learning-collaborative-using-data-to-communicate-success
- Economic Impact Analysis Tool
  https://www.ruralcenter.org/resource-library/economic-impact-analysis-tool
- Flex Population Health Learning Collaborative
  https://www.ruralcenter.org/tasc/events/flex-population-health-learning-collab
- Flex Program's Population Health Initiatives
  https://www.ruralcenter.org/resource-library/flex-program%E2%80%99s-population-health-initiatives
- Framing Rural Health Value: Community, Customers and Population Health https://www.ruralcenter.org/events/framing-rural-health-value-webinar-series-community-customers-and-population-health
- Improving Population Health: A Guide for Critical Access Hospitals https://www.ruralcenter.org/resource-library/improving-population-health-a-guide-for-cahs
- Interactive Economic Impact Tool
  https://www.ruralcenter.org/resource-library/interactive-economic-impact-tool
- Leading Causes of Death in Rural America
  https://www.ruralcenter.org/resource-library/leading-causes-of-death-in-rural-america
- Pathways to Population Health Framework
  https://www.ruralcenter.org/resource-library/pathways-to-population-health-framework
- Population Health: A Self-Assessment Tool for Rural Health Providers and Organizations https://www.ruralcenter.org/resource-

library/population-health-a-self-assessment-tool-for-rural-health-providers-and
- Population Health in the Affordable Care Act Era
http://www.academyhealth.org/publications/2013-02/population-health-affordable-care-act-era
- Population Health Toolkit https://www.ruralcenter.org/population-health-toolkit Population Health Strategies
https://www.ruralcenter.org/resource-library/population-health-strategies
- Rural Community Health Gateway
https://www.ruralcenter.org/resource-library/rural-community-health-gateway
- Rural Health Disparities Topic Guide
https://www.ruralcenter.org/resource-library/rural-health-disparities-topic-guide
- Rural Health Value Profiles in Innovation
https://www.ruralcenter.org/resource-library/rural-health-value-profiles-in-innovation
- Social Determinants of Health for Rural People Topic Guide
https://www.ruralcenter.org/resource-library/social-determinants-of-health-for-rural-people
- Sustainable Community Care Coordination Guide
https://www.ruralcenter.org/resource-library/sustainable-community-care-coordination-guide
- Using Analytics to Manage Population Health
https://www.ruralcenter.org/events/help-webinars/using-analytics-to-manage-population-health
- The Community Tool Box: Developing a Plan for Assessing Local Needs and Resources
http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/develop-a-plan/main

Understanding Systems of Care

- 2020 Rural Behavioral Health Care Coordination Summit Findings
https://www.ruralcenter.org/resource-library/2020-rural-behavioral-health-care-coordination-summit-findings

- A Guide for Rural Health Care Collaboration and Coordination https://www.ruralcenter.org/resource-library/a-guide-for-rural-health-care-collaboration-and-coordination-0
- A Rural Hospital Guide to Improving Care Management https://www.ruralcenter.org/resource-library/a-rural-hospital-guide-to-improving-care-management-0
- Advanced Payment Models 101 Learning Collaborative https://www.ruralcenter.org/tasc/events/advanced-payment-models-learning-collaborative
- American Public Health Association http://www.apha.org/
- Association of State and Territorial Health Officials http://www.astho.org/
- CAH Booklet https://www.ruralcenter.org/resource-library/cah-booklet
- CAH Blueprint for Performance Excellence https://www.ruralcenter.org/resource-library/cah-blueprint-for-performance-excellence
- Collaboration with Public Health to Improve Population Health https://www.ruralcenter.org/events/help-webinars/collaborating-with-public-health-to-improve-population-health
- Critical Access Hospital Locations https://www.ruralcenter.org/resource-library/cah-locations
- Community Paramedic http://www.communityparamedic.org/
- Community Paramedicine Impact Reference Guide https://www.ruralcenter.org/resource-library/community-paramedicine-impact-reference-guide
- Federally Quality Health Center Fact Sheet https://www.ruralcenter.org/resource-library/fqhc-fact-sheet
- Joint Committee on Rural Emergency Care (JCREC) https://www.ruralcenter.org/tasc/resources/joint-committee-rural-emergency-medical-services-care-jcrec
- Moving from Loaded Miles to Value-Based Models: Flex Program Support for Rural Emergency Care https://www.ruralcenter.org/resource-library/moving-from-loaded-miles-to-value-based-models-flex-program-support-for-rural
- National Alliance on Mental Health (NAMI) https://www.nami.org/

- National Association of County and City Health Officials
  https://www.naccho.org/
- National Association of State EMS Officials (NASEMSO)
  https://www.nasemso.org/
- National Highway Traffic Safety Administration (NHTSA) Emergency
  Medical Services http://www.ems.gov/
- Federally Qualified Health Center (FQHC) Fact Sheet
  https://www.ruralcenter.org/resource-library/fqhc-fact-sheet
- Medicare Disproportionate Share Hospital (DSH) Fact Sheet
  https://www.ruralcenter.org/resource-library/medicare-
  disproportionate-share-hospital-fact-sheet
- Rural Community Ambulance Agency Transformation Toolkit
  https://www.ruralcenter.org/tasc/rural-community-ambulance-
  agency-transformation
- Rural Emergency Medical Services Integration Guide
  https://www.ruralcenter.org/resource-library/rural-emergency-
  medical-services-integration-guide
- Rural Health Clinic (RHC): Fact Sheet
  https://www.ruralcenter.org/resource-library/rural-health-clinic-fact-
  sheet
- Rural Health Fact Sheet Series: Critical Access Hospital
  https://www.ruralcenter.org/resource-library/cah-booklet
- Rural Mental Health Topic Guide
  https://www.ruralcenter.org/resource-library/rural-mental-health-
  topic-guide
- Rural Prevention and Treatment of Substance Abuse Toolkit
  https://www.ruralcenter.org/resource-library/rural-prevention-and-
  treatment-of-substance-abuse-toolkit
- Sole Community Hospitals (SCH)
  https://www.ruralcenter.org/resource-library/sole-community-
  hospitals
- Sustainable Community Care Coordination Guide
  https://www.ruralcenter.org/resource-library/sustainable-community-
  care-coordination-guide
- Swing Bed Services Fact Sheet
  https://www.ruralcenter.org/resource-library/swing-bed-services-fact-
  sheet

- Telehealth Services Booklet
  https://www.ruralcenter.org/resource-library/telehealth-services-booklet
- Transition to Value Learning Collaborative
  https://www.ruralcenter.org/tasc/events/transition-to-value-learning-collaborative
- State EMS Bureaus (search by state)
  https://www.nremt.org/rwd/public/states/state-ems-agencies
- Value-Based Payment Models 201 Learning Collaborative
  https://www.ruralcenter.org/tasc/events/value-based-payment-models-learning-collaborative

Preparing for Future Models of Health Care

- 2016 Rural Provider Leadership Summit Findings
  https://www.ruralcenter.org/events/help-webinars/2016-rural-provider-leadership-summit-findings
- 2020 Rural Behavioral Health Care Coordination Summit Findings
  https://www.ruralcenter.org/resource-library/2020-rural-behavioral-health-care-coordination-summit-findings
- A Rural Hospital Guide to Improving Care Management
  https://www.ruralcenter.org/resource-library/a-rural-hospital-guide-to-improving-care-management-0
- Accountable Care Organizations (ACOs)
  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/
- Advanced Payment Models 101 Learning Collaborative
  https://www.ruralcenter.org/tasc/events/advanced-payment-models-learning-collaborative
- CAH Blueprint for Performance Excellence
  https://www.ruralcenter.org/resource-library/cah-blueprint-for-performance-excellence
- CAH Financial Pro Forma for Cost Reimbursement
  https://www.ruralcenter.org/resource-library/cah-financial-pro-forma-for-cost-reimbursement
- CAH Financial Pro Forma for Shared Savings
  https://www.ruralcenter.org/resource-library/cah-financial-pro-forma-for-shared-savings

- Case Studies and Case Examples in Innovation
  https://www.ruralcenter.org/resource-library/case-studies-and-examples-in-innovation
- Catalog of Value-Based Initiatives for Rural Providers
  https://www.ruralcenter.org/resource-library/catalog-of-value-based-initiatives-for-rural-providers
- Critical Access Hospital Blueprint for Performance Excellence
  https://www.ruralcenter.org/resource-library/cah-blueprint-for-performance-excellence
- Hospital Value-Based Purchasing
  https://www.ruralcenter.org/resource-library/cms-hospital-value-based-purchasing
- How to Prepare for Value-Based Models and Population Health
  https://www.ruralcenter.org/events/pmg/how-to-prepare-for-value-based-models-and-population-health
- Payer Contract Negotiations: Getting Paid for Delivering Value
  https://www.ruralcenter.org/events/help-webinars/payer-contract-negotiations-getting-paid-for-delivering-value
- Physician Contract Negotiations: Forming Partnerships for Value-Based Payment Models https://www.ruralcenter.org/events/help-webinars/physician-contract-negotiations-forming-partnerships-for-value-based-payment
- Road to Value: What's the Financial Strategy to Survive the Transition to New Payment and Care Delivery Models
  https://www.ruralcenter.org/events/help-webinars/road-to-value-financial-strategy-to-survive-the-transition-to-new-payment-and
- Rural Health Models and Innovations
  https://www.ruralcenter.org/resource-library/rural-health-models-and-innovations
- Rural Health Value Innovation Profiles
  https://www.ruralcenter.org/resource-library/rural-health-value-innovations-and-demonstrations
- Rural Health Models and Innovation Hub
  https://www.ruralcenter.org/resource-library/rural-health-models-and-innovations
- Rural Hospital Toolkit for Transitioning to Value-Based Systems
  https://www.ruralcenter.org/srht/rural-hospital-toolkit

- Shifting to a Value-Based Health Care System Guide
https://www.ruralcenter.org/resource-library/shifting-to-a-value-based-health-care-system
- Transition to Value Learning Collaborative
https://www.ruralcenter.org/tasc/events/transition-to-value-learning-collaborative
- Transitioning to Value-Based Models Learning Collaboration
https://www.ruralcenter.org/tasc/events/transition-to-value-learning-collaborative
- Value-Based Care Assessment Tool
https://www.ruralcenter.org/tasc/resources/value-based-care-assessment-tool
- Value-Based Payment Models 201 Learning Collaborative
https://www.ruralcenter.org/tasc/events/value-based-payment-models-learning-collaborative