

Texas Flex Program

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

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Program Area 1: CAH Quality Improvement

A significant quality improvement accomplishment by the Texas Flex Program for FY 2019 was the development and deployment of their Medicare Beneficiary Quality Improvement Project (MBQIP) Portal website. During one of their statewide in-person meetings with critical access hospital (CAH) quality champions, they received feedback and suggestions on exploring a mechanism to provide a one-stop-shop for MBQIP reporting. Many quality champions indicated that a challenge to reporting is due to the many measures that must be reported by different deadlines and then submitted to different data repositories.

After receiving the MBQIP Portal website suggestion from their CAH quality champions, the Texas Flex Program met with their partner, who developed, supports, and manages their Emergency Department Transfer Communication (EDTC) submission portal, to discuss this potential project further. After the meeting, their partner held an internal meeting to further iron out some of the website and technology possibilities. Their partner then developed the website and continuously sent screenshots for feedback and review. Throughout the website development process, they met with all state-level quality partners for review and feedback. The Texas Flex Program also included CAH quality champions to participate as end-users and advisors. The CAH quality champions were helpful in assisting them to understand how they access and input data. Expected outcomes for this activity were that at least seventy of the CAHs would visit the website at least once a quarter, resulting in 280-page views and website sessions.

Once the MBQIP portal website was launched, the Texas Flex Program used every opportunity to educate the hospitals on this new tool to support the quality champions in MBQIP reporting while decreasing the challenges and burden. They hosted a webinar tutorial with forty-three participants dedicated to informing and educating the hospitals on the MBQIP portal website. There is turnover in quality staff, so they continue to educate CAHs during site visits, quarterly quality webinars, and any other opportunity.

As the state with the most number of CAHs at eighty-seven, not only has the MBQIP Portal

website impacted CAH quality champions, but it has also had an internal impact on their quality partners and us. Specifically for CAHs, one user commented:

Lessons Learned and Best Practices

A lesson learned from this activity and that Texas continually incorporates into their overall Flex program is that CAHs know best what is working well and what is not. CAHs have great ideas and suggestions on how to improve processes and approach challenges through a lens that is pure and uninhibited by any outside constraints. The idea and success of this activity are directly contributed to the CAH quality champions. The Texas Flex Program continues to listen to quality champions on how to improve Medicare Quality Improvement Project (MBQIP) reporting and what resources are needed. Another lesson learned is that the MBQIP Portal Website is not final, and they will continue to update as needed to assist in quality reporting and as reporting changes are made. The MBQIP Portal website has provided them with a great tool to drive quality improvement efforts in their state.

Program Area 2: CAH Operational and Financial Improvement

A significant operational and financial improvement accomplishment for the Texas Flex Program during FY 2019 was their Flex32 Summer Initiative. This initiative worked with a cohort of thirty-two CAHs comprised of five to six CAHs in each of the six SORH regions. They intentionally engaged that many CAHs in each region to allow for peer learning opportunities, as well as maximizing resources. The CAHs who participated in this initiative received outmigration data based upon their identified service area along with a chargemaster review specifically targeting their emergency department. As outmigration data, and data, in general, can sometimes be overwhelming and challenging to interpret, and with the emergency department being the most utilized department at the CAH, this is why the initiative aligned outmigration with a chargemaster review of the emergency department. Outmigration data consisted of recent cost reports and data from Texas Health Care Information Collection (a state database on health care activity in hospitals and health maintenance organizations operating in Texas). Furthermore, a hub site was developed to interactively show outmigration data based upon selected criteria and serve as a one-place storage site for current and future operational and financial project reports. Each CAH has an individual login to log in to their respective hub securely.

The expected outcome of this initiative was that 32 CAHs would be able to interpret and utilize outmigration data to achieve financial and operational excellence. Their initial outcome was to work with at least three CAHs per region; however, they were able almost to double their outcome and partner with 32 CAHs. Another outcome was that the 32 CAHs would receive a review of their emergency department to ensure they were billing and coding accurately and timely.

The project began in June with regional kick-off meetings and then concluded in August with regional wrap-up meetings. Prior to the regional kick-off meetings, the Texas Flex Program worked with their operational and financial improvement partner to identify potential CAHs. The CAHs were selected based upon the annual statewide financial needs assessment, input from regional coordinators who support the CAHs and expressed interest from the CAH. Once CAHs were identified, regional coordinators reached out to the hospital administrator

to provide additional information on the initiative and solidify their participation. A kick-off meeting was then held virtually for each region where CAH introductions were made, the initiative overview was provided, next steps given, and questions answered. Prior to and after the kick-off meeting, regional coordinators confirmed service areas with the hospital administrator, as well as collected needed information for the emergency department chargemaster review. Then in August, the regional groups were brought back together where wrap-up information was shared while maintaining hospital anonymity.

Lessons Learned and Best Practices

A lesson learned from this activity was to make outmigration data interactive through an online portal that allowed hospital leaders to interact with the data and make individualized selections based upon their current needs. By hosting the outmigration data online, it allowed the hospital leaders to change maps and figures as needed. In the previous year's cohort, they distributed outmigration data in binders full of pages, and Texas facilities were immediately overwhelmed by the pages of data. As was expected, the final lesson learned was due in part to some of the CAHs not wanting to share their emergency department chargemaster with nearby facilities. To alleviate some of these fears, they made sure to provide all outmigration data from an anonymous, closed hospital that was not in the cohort, and for chargemaster review, they only provided themes from the region rather than from a specific CAH.

A best practice learned from this activity was to get buy-in from the CAH at the beginning of the process by working with them to select their service area. Allowing them to establish their own service area regarding outmigration data allowed them to own their data.