Virginia Flex Program

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

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Program Area 1: CAH Quality Improvement

Historically, the Virginia Rural Hospital Coaching Collaborative (VRHCC) has been offered as a Small Hospital Improvement Program (SHIP) program menu option, which gives rural hospitals the opportunity to network, share, and implement strategies for quality, financial, and operational improvement through evidence-based coaching. In Fiscal Year (FY) 19, the Virginia Flex Program implemented the collaborative as a Flex programmatic activity, which was offered to CAH participating hospitals as well. The need-based education is directly stemmed from the one-on-one calls with hospitals, in which many expressed the desire for additional resources toward addressing certain quality initiatives. The VRHCC offers rural hospitals an opportunity for peer sharing and learning, access to subject matter expert (SME) coaching and resources, and a registration-waived fee to attend local conferences, such as the Virginia Patient Safety Summit, Virginia Hospital and Healthcare Association (VHHA) Annual Meeting, and Healthcare Leadership Institute.

In order to best inform the focus of this year's Rural Health Coaching Collaborative (RHCC), VHHAF conducted one on one calls with each of the CAHs quality leaders to learn about current quality initiatives, areas of focus and priorities, and areas and topics identified as needing additional support. Virginia CAHs participated as a Flex program activity, and recruitment for the annual RHCC was open to SHIP hospitals as well to foster collaboration and cross-system networking. This year's RHCC topic was addressing nursing and provider communication. The program was marketed to the CAHs and SHIP hospitals. The coaching collaborative was conducted virtually over two sessions with about 35 attendees.

Lessons Learned During this Activity

Using one-on-one calls with each of the CAHs to inform the focus of the RHCC might be considered a best practice moving forward. The calls allowed them to tailor the educational content of the RHCC to specific needs and topics that were proposed by the CAHs. As with any transition to a virtual platform, lessons were learned on which platform to use, how best to use it, how a virtual meeting schedule and attendance looks different from an in-person meeting. An additional best practice to consider would be the final, accountability call. The final coaching call served as an opportunity for participants to report back on what they had implemented since participating in the LDI.

Ultimately, the Virginia Flex program would recommend implementing an RHCC in any state. In Virginia, the RHCC serves as an invaluable opportunity for fostering collaboration, cross-system networking and tailored education that can be used in daily practice.

Program Area 2: CAH Operational and Financial Improvement

Aligning with the goal of improving financial and operational performance, the Virginia Flex Program will be creating a financial scorecard utilizing the top nine rural-relevant hospital financial indicators identified by the National Rural Health Resource Center access to over 35 continuing education credits in quality and safety. Using the Virginia CAHs Medicare Cost Report data, the financial scorecards will drill down the financial indicators to the hospital level and benchmark amongst the state average and the national benchmark (90th percentile). The scorecard will be updated annually and will be used to readily identify opportunities for improvement, training, and resources for CAH-specific financial and/or operational improvement. The financial indicator scorecard for FY19 was shared at the annual CAH meeting, on August 18th and 19th.

In July 2019, Virginia passed HB1700 which increased Medicaid reimbursement for CAHs. In order to ensure the Virginia CAHs are foundationally set to maximize their financial performance in the environment of expanded Medicaid, they participated in the Strategic Pricing Program, which provided hospitals a comprehensive review of their respective Charge Description Master (CDM). Hospitals were able to use the secure web-based portal and applications to update charge levels based on

quarterly updates from the American Medical Association (AMA) to maintain defensible, market-driven prices for new and existing service lines and procedures. In FY19, seven Virginia CAHs received site-specific report findings and recommendations for implementation.

The Virginia Flex Program also had a Medicare Cost Report Analysis project that was developed to help Virginia CAH chief financial officers (CFOs) minimize errors in their Medicare Cost Reports and adopt accounting principles that optimize reimbursement consistent with the Centers for Medicare and Medicaid Services' (CMS) rules and regulations. Six of the seven Virginia CAHs have merged with larger urban-based health systems that provide centralized administration, including financial and operational oversight. To ensure the cost report is done with a rural lens, the Virginia Flex Program provided this activity as a platform to identify an initial portfolio of financial improvement opportunities and needed resources. In FY19, seven Virginia CAHs received site-specific report findings and recommendations for implementation.

Lessons Learned During this Activity

For the CAH Financial Indicator Scorecard, in the future it will be beneficial to examine how each CAH was able to utilize their Financial Indicator Scorecard to improve financial and/or operational performance. To other Flex programs, they would recommend implementing financial indicator scorecards to foster operational and financial improvement among CAHs in any state. A thorough comparison of baseline scorecard data and future scorecard data will prove valuable to each CAH by allowing each of them to measure their progress among each of the nine indicators overtime.

For their CDM reviews, it is hoped that in the near future they will be able to report on how each CAH utilized their site-specific CDM Review to strengthen the foundation of their financial performance and ultimately, enhance it. Each CAH will have the opportunity to report back on if and how they utilized the recommendations for implementation. The Virginia Flex Program would recommend implementing CDM Review to help foster financial improvement among CAHs in any state.

The Virginia Flex Program would also recommend implementing Medicare Cost Report Analyses to foster operational and financial improvement among CAHs in any state.

Program Area 3: Population Health Improvement

In Virginia, their goal for addressing population health is to go further upstream and understand root causes, such as the societal factors causing the high rate of diabetes. Fiscal Year (FY) 19 was used as a planning year, to establish the Flex Program's initiative for the next four programmatic years.

The Virginia Flex Program received approval to utilize unspent FY18 funds to update the Virginia Rural Health Plan. To update the 2020 Virginia Rural Health Plan (VRHP), the Virginia State Office of Rural Health (SORH) hosted community conversations over supper in rural communities throughout Virginia. As they left the conversation, they have learned what is important to the community, barriers, and what type of tools they needed to share or create to help lift communities. They took a data-informed approach, utilizing their Health Opportunity Index, RWJF Community Health Rankings, Appalachian Regional Commission's Economic Distress Index and Virginia Flex Program staff's knowledge to identify intended communities. Updating Virginia's Rural Health Plan included the development and completion of two deliverables; a 2021 "Community Conversations Calendar" with an all-inclusive audience and a 2021 "State Rural Health Plan" with an audience of partners, stakeholders and policy-makers.

The State Rural Health Plan committee first focused on completing the first VA-SORH Community Calendar. They worked with a graphic designer from the Virginia Department of General Services, to build upon the template that was created. Each of the 12 months of the calendar highlights a topic discussed at a community conversation. The data spotlight of the month showcases the topic and shows a positive data point. Also each month, we chose to honor a community champion in which they highlight an organization/program or agency that is serving their community/region in order to increase the quality of life for their community. The pictures throughout the calendar are exclusively of rural Virginia. At the end of the calendar, they provided an appendix with local, regional, and state resources. The calendar was released and presented to community members and rural partners and stakeholders.

Once the calendar was completed, the State Rural Health Plan committee turned their attention to developing the actual plan. They utilized all qualitative data gleaned from community conversations to create a framework of topics deemed most important to achieving overall health and well-being in their rural communities. We received additional data gathering

support from the University of Virginia, Rural Virginia Initiative, Healthcare and Community Well-being workgroup to identify available resources/programs offered by academic institutions, as well as state/local agencies, non-profit organizations, and faith-based organizations. Each topic is a section of the larger plan and is complete with a narrative explanation of the importance, quantitative data visualizations, evidence-based best practices and approaches, a toolkit of resources respective to each topic and future policy recommendations.

Lessons Learned During this Activity

Lessons learned included how to quickly adapt to an exclusively remote work environment and not allowing the limits on social gatherings to silence the voices of community members that they had not yet heard from. It was critical that the Virginia Flex Program found a different approach to gathering more qualitative data and that no rural communities were overlooked, as each community has proved to have different successes and challenges.

The Virginia Flex Program would ultimately recommend this activity for other Flex programs. Strategically capturing qualitative data from their rural community members has given them the confidence to plan for population health improvement metrics and priority areas for future programs. The topics of importance gleaned from the conversations will continue to inform their Flex, SHIP, and SORH priorities for the foreseeable future.

Program Area 4: Rural EMS Improvement

For emergency medical services (EMS) activities, the Virginia Flex Program and the Virginia Office of EMS, Community Health and Technical Resources (CHaTR) division will collaborate to:

- Conduct a pre-visit review of previously completed assessments and recommendations
- Conduct formal interviews with various stakeholders of the EMS System in the CAH-specific county, as well as the CAH County 911 Coordinator
- Conduct formal interviews with CAH staff, including the CEO and Emergency Department Clinical Coordinator
- Conduct formal interviews with local EMS agencies

The plan was for these interviews to be held to gather information regarding the relationship between the CAH and the EMS System, and vice versa, as well as to determine the capabilities of both. After the site visit, the Office of

EMS CHaTR division will provide the CAHs & EMS system leaders with a report of findings, recommendations, and follow-up action planning. EMS CHaTR division will provide the CAHs & EMS system leaders with a report of findings, recommendations, and follow-up action planning.

Lessons Learned During this Activity

Progress in this program area was delayed significantly by the travel and gathering restrictions imposed on their team due to COVID-19. However, some progress was made prior to the lock-down. The team was able to visit the CAH-specific counties and held a community conversations. Their follow-up is limited at this time, due to the travel restriction and VDH's attention to the pandemic. The SORH/Flex Program has at minimum, monthly meetings with the State OEMS ChaTR division to discuss common work elements and challenges within rural communities. The rural EMS perspective is very helpful when speaking to hospitals about population health improvement activities. The Virginia SORH and Virgina Flex Program participated in the community paramedicine/mobile integrated health(CP/MIH) advisory panel for the state. This advisory group developed a statewide policy as a guide for EMS agencies considering CP/MIH. The Virginia SORH and Virgina Flex Program provided the needed rural voice in the room. Working with the state OEMS is allowing both OEMS and SORH to begin relationships and cross fertilize pre-hospital care and the primary care system. They anticipate this relationship will have long-term implications for Virginia and assist communities in working in the area of population health.

The Virginia Flex program would ultimately recommend conducting CAH and Regional EMS Site Visits, completing assessments and sharing findings. However, the challenges associated with traveling and gathering remain to date and it is unknown for how long the challenges will exist. It is possible thatadapting this program area to a remote, virtual environment may be better suited to a COVID-19 environment. However, we believe that the assessment and findings may not be as thorough or beneficial to the sites.