

Washington State Flex Program

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

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Program Area 1: CAH Quality Improvement

The Washington State Flex Program works tirelessly to ensure their hospitals are working towards antibiotic stewardship in their facilities. The program goals are to achieve 100% critical access hospital participation in the antibiotic stewardship survey and 90% of their critical access hospitals (CAHs) are meeting all seven elements of this survey.

To accomplish these goals, they promote participation in a tele-antibiotic stewardship program to gain tools, networking, and real-world insight into the methods and best practices of antibiotic stewardship. They work with the Department of Health Healthcare Acquired Infections (DOH HAI) program and the University of Washington to connect hospitals with the University of Washington TeleAntibiotic Stewardship Program (UWTASP). The Washington State Flex Program also collaborates with DOH HAI to negotiate a reduced price for the program and provide Flex funding to cover the cost burden for participating hospitals that cannot afford even the reduced price.

FY19 was their fourth year of promoting and funding the UWTASP program as well as working towards the participation and improvement goals. As with all programs, they had a slow start and continue to build on this program every year. With such a new program, Washington only possesses a few years of data and are pursuing their goals with the five-year grant cycle in mind. Currently, they have 36 CAHs participating in an antibiotic stewardship program. Out of those 36 hospitals, 29 are taking part in their UWTASP program and are actively participating. In the FY19 grant year, they had an average of 90 participants from their 29 hospitals, actively participating in the monthly seminars for the UW TASP program. Although

for FY19 they met their baseline for both of their goals, the hope is to see immense progress by the end of FY23.

Lessons Learned During this Activity

Lessons the Washington Flex Program has learned as they continuously implement this program are abundant. First, funding is not endless. They are just now working towards weaning some of their stronger and more financially stable hospitals off the funding assistance but maintain them in the program. The discounted rate for the program will not continue forever so they have to focus their monetary support.

Last, even though hospitals are aware of the importance of these programs and the benefits of improving antibiotic stewardship, hospitals still need continuous support, check-ins, and follow up. Participation reduces when they have longer times between communication with the CAHs to see how things are progressing.

They highly recommend researching and finding a state or national tele-antibiotic stewardship program that state Flex programs can collaborate with. By doing the leg work and finding a program that meets the needs of their hospitals, negotiating reasonable pricing, and marketing the program as the cohort they hoped to build, their hospitals were much more receptive and willing to participate. Offering a convenient and timely method for hospitals to gain knowledge, tools, and discussion with peers will hopefully assist in improving antibiotic stewardship across the state.

Program Area 2: CAH Operational and Financial Improvement

In the fall of 2019, the Washington State Flex Program offered a complimentary documentation, billing, and coding workshop applicable to reimbursement for chronic care and palliative care. The workshop was conducted virtually via Zoom and was coordinated through the Washington Rural Palliative Care Initiative (WRPCI). The workshop focused on Medicare codes that would enhance the reimbursement for chronic care and palliative care, including:

- Evaluation and Management
- Chronic Care Management
- Transitional Care Management
- Behavioral Health

The session included an in-depth consideration of appropriate code sets, "real life" scenario exercises, and other related activities. The entire revenue cycle management team was encouraged to participate. The goal of this workshop was to educate providers on appropriate documentation and coding practices. This will lead to successful billing practices and greater possibility of long-term sustainability for their organization as members of their rural community age in place.

They had 121 participants from 23 different organizations participate and plan to conduct another workshop in the new grant cycle depending on participant availability with the current pandemic. Hospitals found it extremely informative and beneficial.

Lessons Learned During this Activity

Although it was a very successful workshop, they are fully aware that this narrow-focused billing topic is not the only priority area that hospitals have and will be pursuing other Medicare and Medicaid billing workshops in the upcoming year and have organized an advisory committee of CAH billing managers.

The Washington State Flex Program recommends conducting similar billing and coding workshops as it is an area that is lacking in Washington. With the current state of the country, they highly recommend using a vendor that offers virtual trainings that require in depth participation from attendees.

Program Area 3: Population Health Improvement

Washington Flex Program's population health sub-recipient contract program completed its fourth year as of FY19. This program was created to help support CAHs in planning and developing population health improvement projects. Rural health systems are shaping their emerging role related to a broader range of health determinants and are exploring how to scope their engagement in community projects.

The Population Health project has two distinct activity phases.

1. Data Review and Partner Engagement is the initial stage of work that includes assessing health risks and conditions of the local community, engaging community partners, and strategizing process measures.
2. Continuation of Work and Assessment of the Impact on Your Community continues into the following grant fiscal year culminating with measurable outcomes that show the impact of the project on their rural community. The major component of the activities performed

using these funds is the collaboration with the community. It is vital to population health change that the community has buy-in and is fully engaged in the activity. In 2020, 9 hospital project proposals were accepted and funding was provided for their execution.

Since the beginning of the program, 36 projects have been initiated. Many projects have been completed, but some are still ongoing. Some of the projects that began in FY19 include:

- Strengthening Families Program – Implement a seven-week family centered program that increases family communication and bonding, increases school performance and attendance, development of family management and monitoring skills, and decreasing the early onset of problem behaviors.
- Standardized Screening of Social Determinants of Health – Introduce systematic screening for social determinants of health into its family practice. Identifying these deficits will allow it to better connect patients with resources in the community.
- Move More Feel Better Program – The Move More Feel Better program aims to identify patients with co-existing behavioral and metabolic diagnoses to offer them access to community partners that provide fitness classes, training, & equipment.
- Wanda Artificial Intelligence Health Program – By using home monitoring devices on high-risk chronic disease patients, they believe they can monitor these patients in their home with Artificial Intelligence (Wanda) to predict 14 days in advance if they will call 911 and/or be admitted to the hospital for their chronic disease.

Lessons Learned During this Activity

They have found since implementing this program, that hospitals are eager and highly motivated to collaborate with their community members to take the work of improving health outside of the hospital walls. The hospitals have very innovative and creative ideas that they just need some assistance implementing.

If funding is available, they highly encourage other states to implement a similar program. It is amazing what the hospitals can accomplish partnering with community members with small funding support, strong technical support, and consistent encouragement.

Program Area 4: Rural EMS Improvement

The Washington State Flex Program works closely with their emergency medical services (EMS) section at the Washington Department of Health to reach their rural first responders. A program they fund with Flex dollars is the National Registry of Emergency Medical Technicians (NREMT) certification voucher program. When an EMS student completes an EMS course and final examination through the NREMT, they will receive that recognized certification. With this, a provider can apply for state certification. A NREMT certification identifies individuals who have met minimum competency and is vital for their rural first responders.

According to the official website for the NREMT, the National Registry, established in 1970 as a non-profit organization, is the Nation's Emergency Medical Services Certification organization. The mission of the National Registry of Emergency Medical Technicians has always been centered on protecting the public and advancing the EMS profession.

This activity is so critical because it is imperative to rural communities to maintain fully trained first responder services. They specifically target volunteer first responders in order to reach those who need assistance the most. To execute the program, vouchers are purchased in bulk directly from NREMT. EMS services with volunteers in rural areas can then apply requesting one or more certification vouchers for their volunteer staff. They established a process for review, scoring, and approval of these applications. The vouchers are then distributed on a first come – first served basis with consideration given to availability of other financial resources, volunteer status, and requests per agency. Additional information, FAQ, and applications can be found here on the [Washington Department of Health](#).

Since the beginning of the program, 212 emergency medical technicians from 77 agencies have been certified.

Lessons Learned During this Activity

What the Washington State Flex Program has learned is that the workload is variable due to number of applications that are being received. It is also often difficult to get EMS services to complete the follow up survey. After evaluation, they expanded the application process to allow instructors to apply for and assist with voucher applications to increase the likelihood of small agencies applying for vouchers. Also, marketing the program and gaining participation from agencies takes a great deal of work and is a large portion of the program's time commitment.

They can't recommend this program enough. Rural volunteer first responders are the lifeline in many of these communities and this is one way they are trying to ensure their continued contribution.

Program Area 5: Innovative Model Development

The Washington Rural Palliative Care Initiative (WRPCI) is a pilot effort to better serve patients with serious illness in rural communities. Led by the Washington State Office of Rural Health at the Washington State Department of Health, this public-private partnership involves more than 24 different organizations to assist rural health systems and communities to integrate palliative care in multiple settings, such as emergency department, inpatient, skilled rehabilitation, home health, hospice, primary care, and long-term care. Initiative overarching goals include:

- Assist rural health systems and communities to integrate palliative care in multiple settings, such as emergency department, inpatient, skilled rehabilitation, home health, hospice, primary care, and long-term care.
- Better serve patients with serious illness in rural communities.
- Create sustainable funding for palliative care.
- Develop a structure that can assist successive waves of rural health care organizations to develop palliative care within a peer community of practice.
- Move upstream to serve patients with serious illness earlier in their experience of illness

The *Palliative Care: Rural Health Integration Advisory Team (PC-RHIAT)* guides the Washington Rural Palliative Care Initiative, engaging seven rural communities in the first cohort and 10 in the second cohort. Again, members of PC-RHIAT represent 24 public and private organizations with rural health, palliative care and telemedicine expertise.

Chartered work groups coordinated through PC-RHIAT focus on:

- Community engagement
- Clinical and culture change strategies
- Telehealth case consultation and clinical telemedicine

In June 2018, the Telehealth Case Consultation and Clinical Telemedicine Work Group launched a telehealth case consultation pilot program and began using an expert palliative care interdisciplinary team on a Health Insurance Portability and Accountability Act (HIPAA)-compliant web-based platform.

- The seven palliative care cohort site teams participated in a team-based case consultation pilot, designed to develop a learning community over a six-month period with 12 sessions.
- A nursing coordinator screens and organizes the cases from the seven sites, prepares the expert team, and facilitates the consultation process.
- Plan-do-study-act (PDSA) cycles have created a culture of continuous improvement. Each session is followed by a staff and panelist debrief, and a participant experience survey is disseminated to all who attended.

Lessons Learned During this Activity

From this work, what the Washington Flex Program has learned is that rural organizations can work with change management in COVID times as long as the pace is carefully titrated, and there is overtly expressed empathy for the competing priorities they face.

They highly recommend building a similar program if your state has the capacity and urge everyone to please do not give up on work that is not directly COVID related but communicate it in such a way that demonstrates empathy for the CAHs and promises to let them find their own pace in the improvement work.

Washington Flex Program believes that Flex programs can spur meaningful development of care for community members with serious illness and that work optimally takes place in a Learning Action Network.