Supporting CAHs during the COVID-19 Pandemic: Results of a Survey of State Flex Coordinators

Flex Monitoring Team

Survey Report

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INTRODUCTION

COVID-19 has exacerbated the financial and operational vulnerabilities of Critical Access Hospitals (CAHs). CAHs and other rural hospitals have reported revenue losses; reductions in non-emergent utilization; shortages of personal protective equipment (PPE), testing supplies, and ventilators; and limited capacity to care for COVID-19 patients.[1] Due to these challenges, many CAHs are at increased risk for closure and others will emerge from this pandemic in significantly weakened financial states.

Under the Medicare Rural Hospital Flexibility (Flex) Program, State Flex Programs (SFPs) receive grant funding to support CAHs. COVID-19 complicated the work of SFPs and caused many to reassess their activities to better assist CAHs during the pandemic. The Flex Monitoring Team (FMT) administered this survey to collect information on COVID-19's impact on CAHs, SFP efforts to support CAHs during the pandemic, their plans to support CAHs once the immediate crisis has passed, and SFP promising strategies. The survey also collected information on the immediate and post-pandemic technical assistance (TA) and resources needed by SFPs to support CAHs. This paper reports on the results of this survey and provides links to resources to assist SFPs in their efforts to support CAHs (Appendix A).

METHODOLOGY

An online survey was conducted from May 26 through July 2, 2020 using SNAP Survey software. The survey was sent to the Flex Coordinators from the 45 SFPs and the corresponding directors of the State Offices of Rural Health (SORHs). Reminder emails were sent to those SFP Coordinators who had not completed the survey, which remained open until a 100 percent response rate was achieved.

The survey was developed with input from our Project Officers at the Federal Office of Rural Health Policy (FORHP) and Flex Program partners from the National Organization of State Offices of Rural Health (NOSORH) and the Technical Assistance and Services Center (TASC). The survey included:

- Yes/No questions to segment the respondents and direct them through the skip patterns.
- Closed-ended questions with a predefined response set and an option for a narrative response.
- Open-ended questions which enabled respondents to supply their own narrative responses.

As a result of this mix of questions and skip patterns (Appendix B), responses to each question had a different *n*. For clarity, we provide the *n* for each response and related graphs.

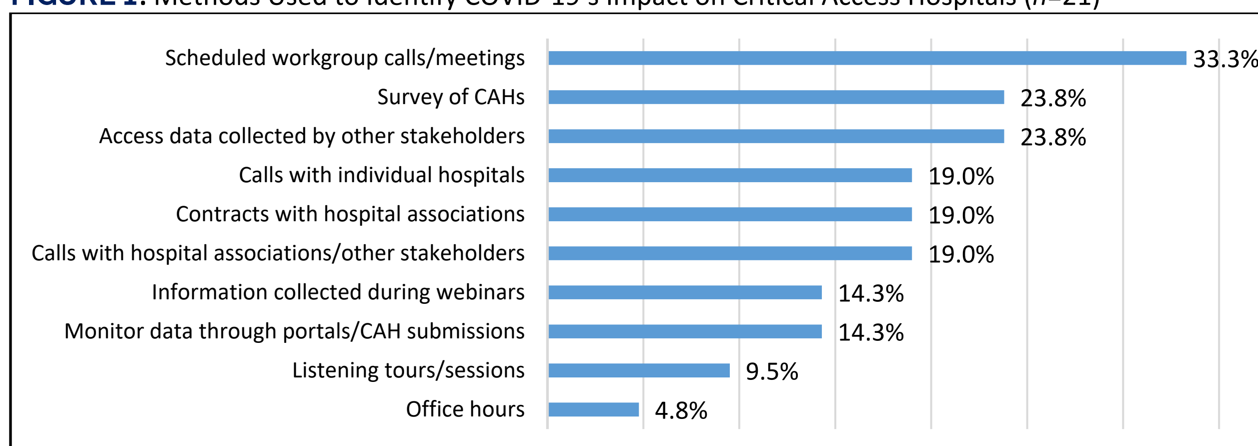
All narrative responses were reviewed by two study team members to identify common themes. The team subsequently met to review the identified themes and reconcile any differences. This approach ensured a consistent and accurate classification of the responses.

SURVEY RESULTS

Q1. Monitoring the Impact of COVID-19 on CAHs: Data on COVID-19's impact on CAHs' financial and operational performance and their COVID-19-related needs are necessary to assess their vulnerabilities and inform SFP efforts to support them. Forty-seven percent of SFPs (21 of 45) collect these data from CAHs in their states (Figure 1). Thirteen percent (6 of 45) SFPs are not collecting CAH data but reported that they had access to similar data collected by other stakeholders (not shown).

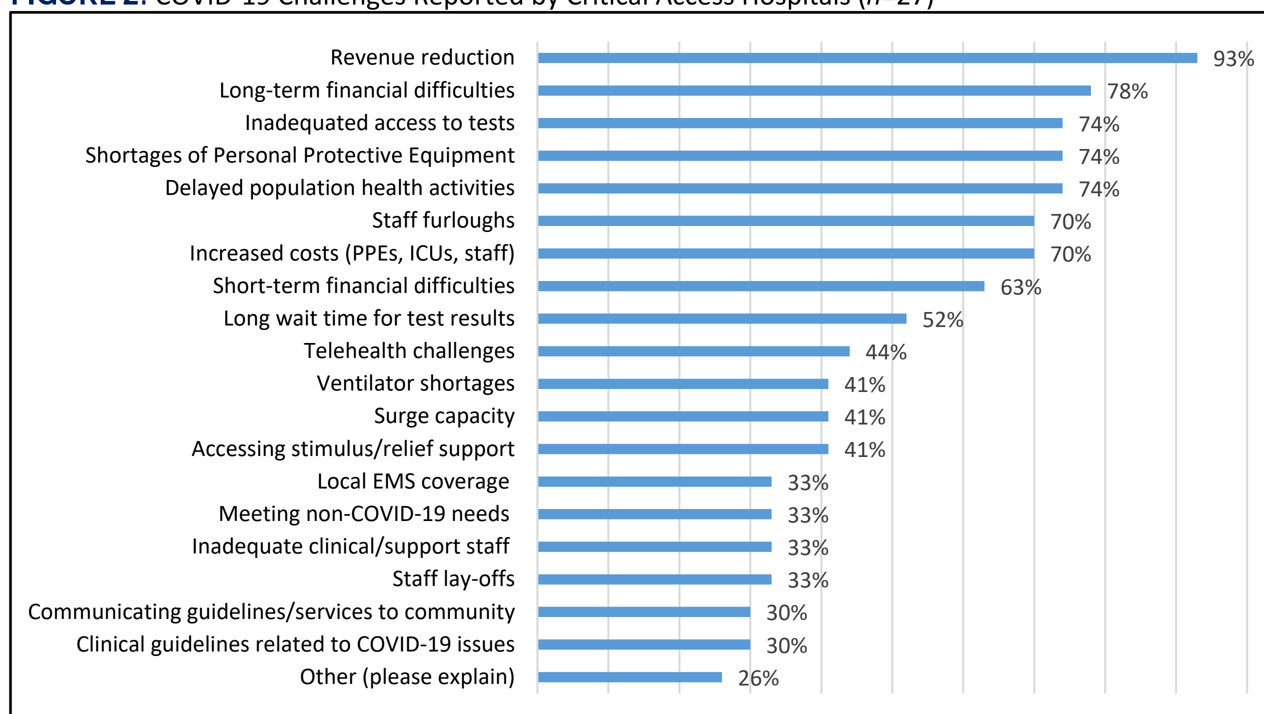
Q2. COVID-19's Impact on CAHs: The issues reported by CAHs paint a distressing portrait of COVID-19's impact COVID-19 on CAHs (Figure 2). These challenges also highlight opportunities for SFPs to work with CAHs and collaborate with other stakeholders to address their needs.

FIGURE 1: Methods Used to Identify COVID-19's Impact on Critical Access Hospitals (*n*=21)*



**Respondents reported multiple data collections methods.*

FIGURE 2: COVID-19 Challenges Reported by Critical Access Hospitals (*n*=27)*



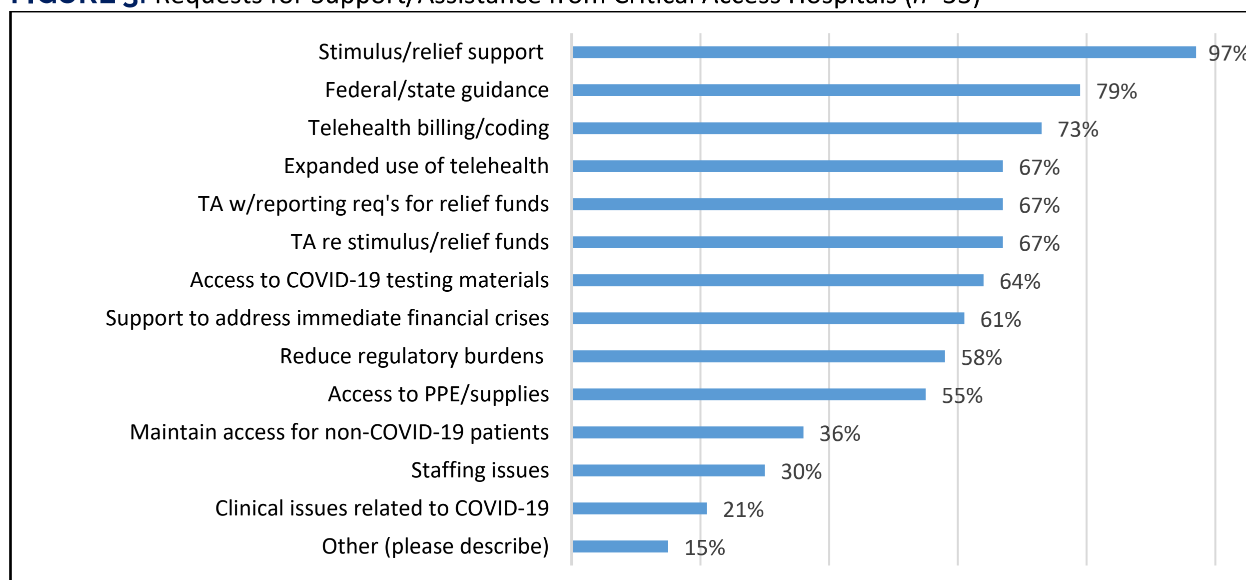
** Respondents reported multiple issues.*

Other issues reported by SFPs included:

- Concerns about the ability of tribal CAHs to cope with COVID-19;
- Difficulty reassuring patients that it was safe to seek care for non-COVID-19 conditions;
- Nursing homes unwilling to accept transfers unless patients had two negative COVID-19 tests;
- Concerns about COVID-19's impact on the mental health of their patients; and
- Challenges working with local health authorities and county commissioners due to the tension between reopening local economies and maintaining necessary testing and surge capacity.

Q3-Q4. Requests for Support/Assistance from CAHs*:* Nearly 75 percent (33 of 45) of SFPs received requests for support from CAHs (Figure 3). "Other" responses included requests for emergency cash management guidance and strategies to deal with transient populations (e.g., tourists and seasonal workers) to reduce COVID-19 risks and surges in cases.

FIGURE 3: Requests for Support/Assistance from Critical Access Hospitals (*n*=33)*

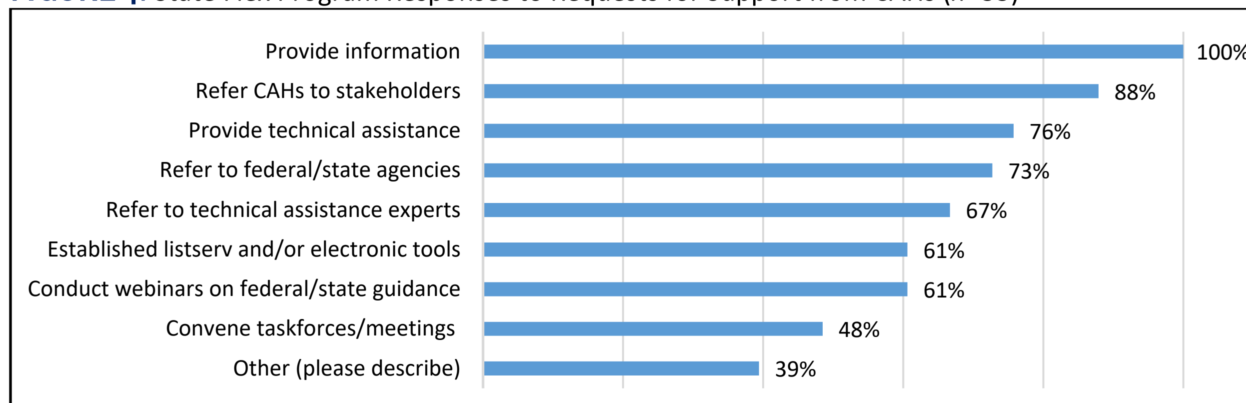


** SFPs reported multiple types of requests for assistance from CAHs in their states.*

Figure 4 provides insight into the ways that these 33 SFPs responded to these requests. "Other" responses described the development of COVID-19 resource guides and a funding tracking tool, partnerships with rural health associations to help CAHs acquire PPE and other supplies, and the use of Project ECHO's televideo capacity to conduct weekly COVID-19 updates with providers.

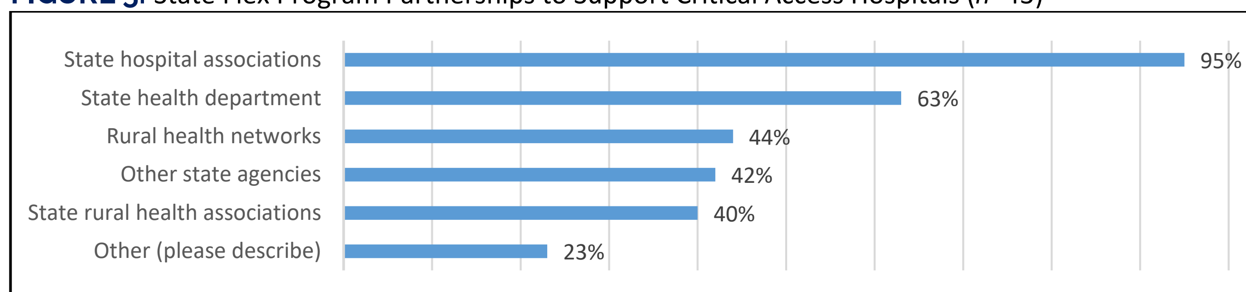
Q5. SFP Partnerships to Support CAHs: Almost all SFPs (96 percent) reported working with various stakeholders and partners (Figure 5). The "other" partners included Telehealth Resource Centers, SFP contractors, state quality improvement networks (QINs), quality improvement organizations (QIOs), area health education centers, universities, broadband providers, and law firms.

FIGURE 4: State Flex Program Responses to Requests for Support from CAHs (*n*=33)*



** SFPs could report multiple ways of responding to requests for assistance.*

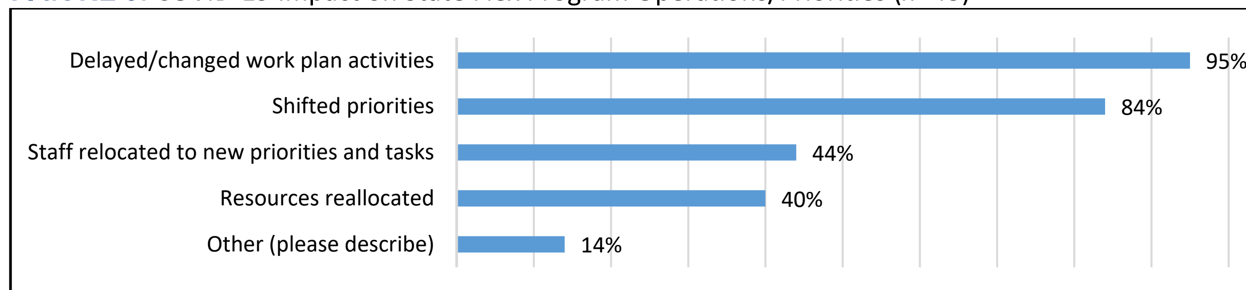
FIGURE 5: State Flex Program Partnerships to Support Critical Access Hospitals (*n*=43)*



** SFPs reported working with multiple types of stakeholders and partners in their states.*

Q6. Impact of COVID-19 on SFP Operations and Priorities: Ninety-six percent of SFPs reported that COVID-19 has impacted their operations and priorities (Figure 6). The "other" responses included: (1) SFP relationships with stakeholders and partners, communication networks, and project structures allowed them to cope with shifting demands; (2) travel restrictions that resulted in the cancellation of rural health meetings and training; and (3) CAHs have limited capacity to engage in scheduled Flex initiatives and, as a result, higher than anticipated carryovers are predicted.

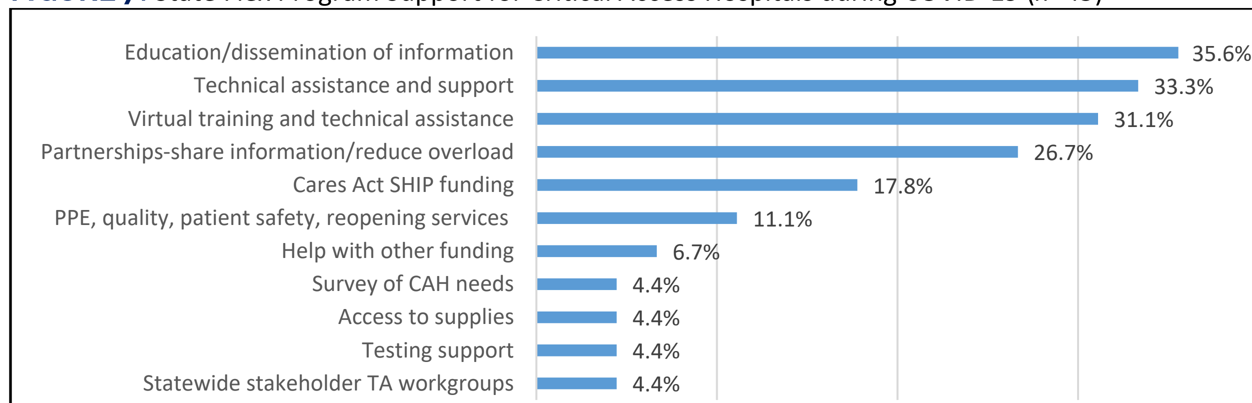
FIGURE 6: COVID-19 Impact on State Flex Program Operations/Priorities (*n*=43)*



** States reported multiple impacts on their operations and priorities.*

Q7. Promising SFP Initiatives to Support CAHs during the Pandemic: SFPs reported that their initiatives to educate CAHs, disseminate information, provide TA and support, and offer virtual training on COVID-19 (Figure 7) had the greatest potential to benefit CAHs.

FIGURE 7: State Flex Program Support for Critical Access Hospitals during COVID-19 (n=45)*



** SFPs had the opportunity to identify multiple promising efforts to support CAHs.*

The following promising initiatives may be helpful to other SFPs as they seek to expand their support to CAHs, during and post-COVID-19.

Supporting clinical and service improvement:

- **Arizona** worked with *IPCWell*, a consulting group, to assist CAHs with PPE use, reopening safely, and creating plans to isolate COVID-19 rooms and ensure staff/patient safety.
- **Montana** supported a clinical pharmacist to assist CAHs with medication lists, inventories, and treatment protocols. Montana partnered with its SORH to offer CAH staff training on resiliency.
- **Oklahoma** hosted a COVID-19 webinar by an emergency medicine physician who shared his facility's protocols for patient care processes from intake through discharge as well as information to support planning in the hospital and community.
- **Nevada** used Project ECHO to review the testing and treatment of COVID-19 patients.

Supporting CAH and Rural Health Clinic financial performance:

- **Arizona** supported studies of the economic impact of COVID-19 on CAHs and a Financial Impact Survey Tool for CAHs produced by the Arizona Hospital Association.
- **Oregon** implemented TA programs for CAH-based Rural Health Clinics (RHCs) on emergency preparedness, new telehealth policies, and billing/coding issues. It also hosted RHC listening sessions to share best practices on acquiring PPE, navigating telehealth policies, and more.
- **Pennsylvania** provided two coding and billing boot camps to educate CAH and RHC staff and providers on the new COVID-19 waivers and guidance.
- **Idaho** used a contractor to provide one-on-one TA on financial and operational issues. In collaboration with its QIN-QIO and hospital association, Idaho organized CAH bimonthly peer sharing webinars to discuss lessons learned, challenges, and other COVID-19 issues.

Improving communication of COVID-19-relevant guidelines and information:

- **Illinois** used its Illinois CAH Network (ICAHN) listservs and webinars to provide information on changing telehealth regulations and TA from subject matter experts.

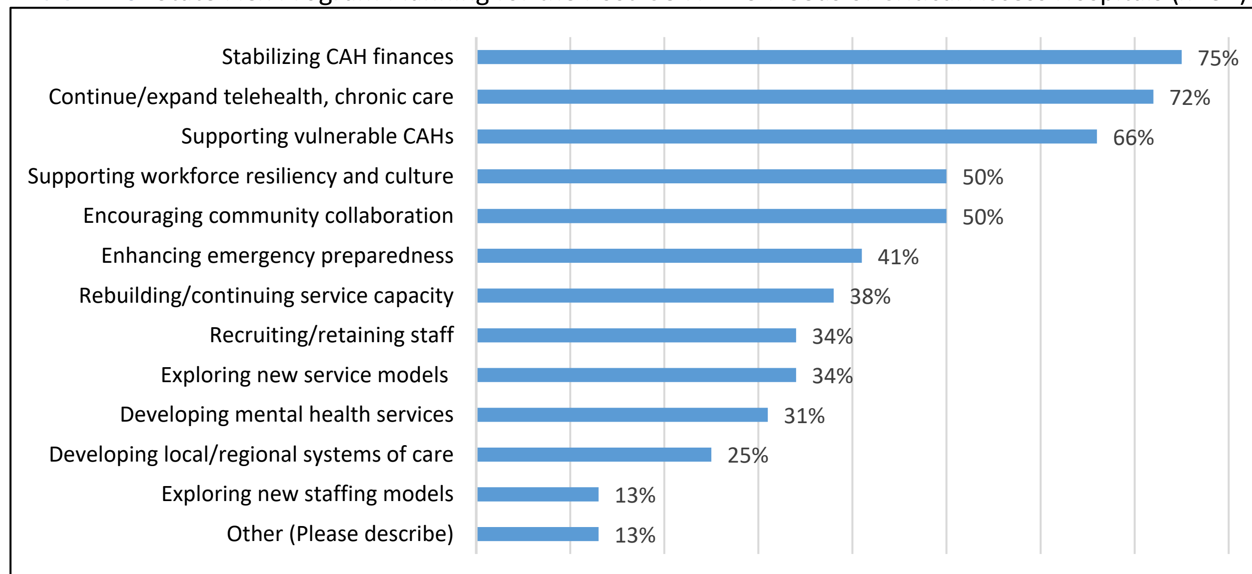
- **Pennsylvania** compiled a daily email summarizing state and federal updates on COVID-19 regulatory changes, guidance, stimulus funding, webinars, and other pertinent information for CAHs, SHIP hospitals, and RHCs.
- **Kentucky** worked with a consultant to prepare a COVID-19 social media campaign for hospitals, clinics, and health departments. Providers can brand these materials and share them on social media and within communities.

Stakeholder/hospital workgroups:

- **Florida** organized a statewide COVID-19 TA workgroup for CAHs. Participants included representatives from rural health networks, the Florida Hospital Association, and the Florida Rural Health Association, as well as the Deputy Secretary for Health from the Department of Health.
- **Massachusetts** coordinated a weekly virtual rural hospital CEO/CFO forum in collaboration with Stroudwater Associates and the Massachusetts Hospital Association. The forum provides a venue for peer sharing and a clearinghouse for federal, state, and industry information.

Q8. SFP Planning for CAHs' Post-COVID-19 Needs: Many CAHs will emerge from the pandemic in significantly weakened financial states. Seventy-one percent of SFPs reported they are planning for their CAHs' post-COVID-19 needs. Figure 8 describes the planning initiatives that SFPs are exploring. Among the "other" responses, one Flex Coordinator noted the important role CAHs play as clinical education sites and highlighted the need to support rural training opportunities. Another focused on expanding access to mental health and other population health services. He also suggested the importance of exploring new payment models, such as Pennsylvania's Rural Health Model and global health budgets.[i]

FIGURE 8: State Flex Program Planning for the Post-COVID-19 Needs of Critical Access Hospitals (*n*=32)



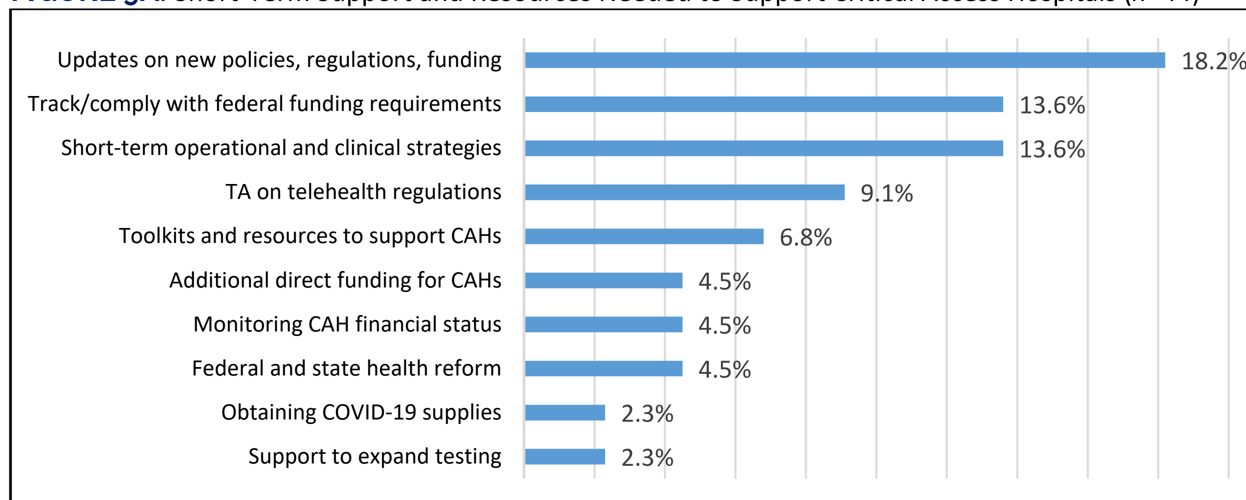
**Respondents had the option to identify multiple planning efforts*

[i]The Pennsylvania Rural Health Model is testing the use of care delivery transformation and hospital global budgets to increase access, reduce hospital expenditure growth, and improve rural hospital viability.

Q9. Short and Long-Term Resources Needed to Support CAHs: SFPs were asked to identify the resources and support they need to assist CAHs during and after the pandemic. Their needs fell into two categories. The first included resources, TA, and regulatory issues focused on the needs of CAHs. The second involved issues related to the operation and management of state Flex grants to make it easier for SFPs to undertake their work with CAHs.

Short-term support and resources needed by SFPs: Figure 9A summarizes the support and resources needed by SFPs to assist their CAHs during the pandemic. Of the 44 SFPs that responded, 18.2 percent reported no immediate needs (7 SFPs) or were unsure of their needs (1 SFP) (data not shown).

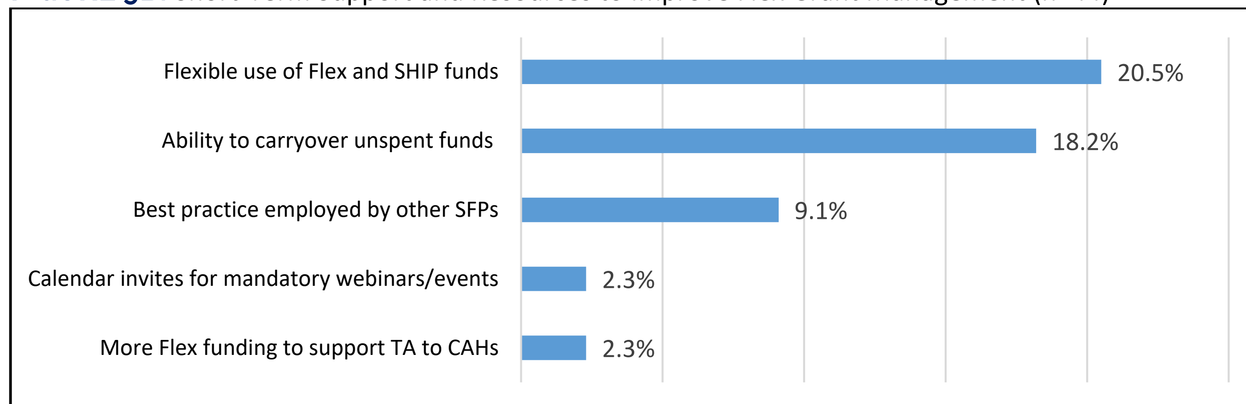
FIGURE 9A: Short-Term Support and Resources Needed to Support Critical Access Hospitals (*n*=44)*



** SFPs could identify multiple support and resource needs.*

The most common Flex grant management needs included flexible use of Flex and SHIP grant funds, the ability to carryover unspent funds, and information on SFP best practices to support CAHs (Figure 9B).

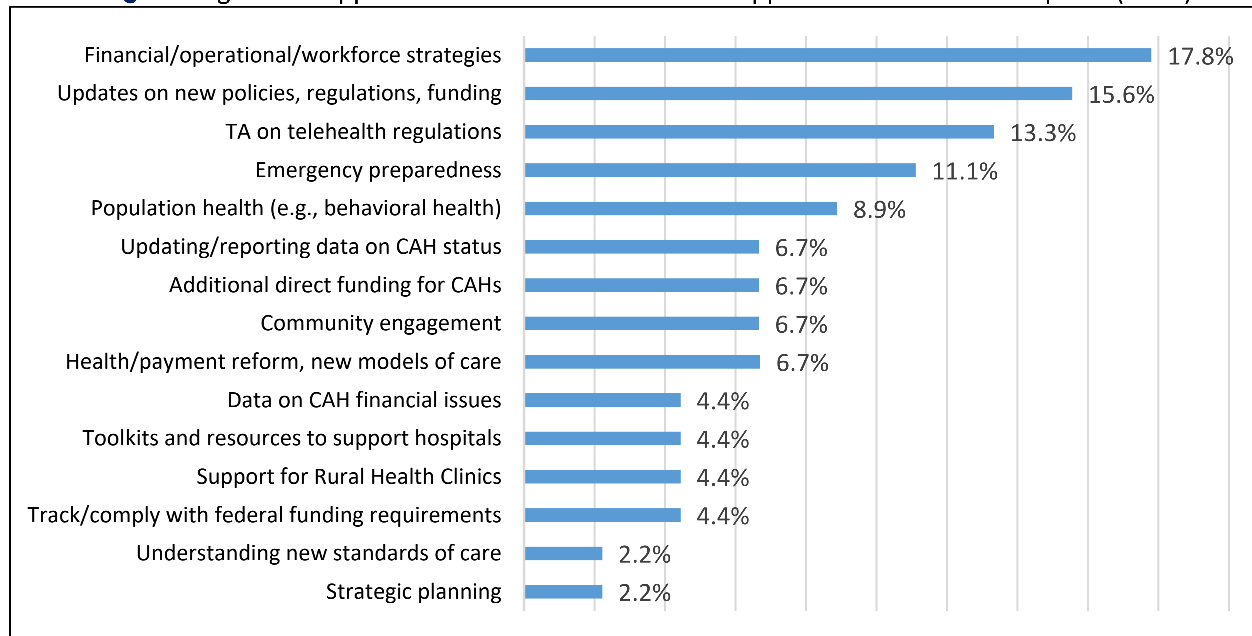
FIGURE 9B: Short-Term Support and Resources to Improve Flex Grant Management (n=44)*



** SFPs could identify multiple support and resource needs.*

Long-term support and resources needed by SFPs: Figure 9C presents the resources and TA needed by SFPs to address CAHs' post-COVID-19 financial, operational, clinical, and workforce challenges. Thirteen percent reported that they were unsure of their needs (5 SFPs) or had none at this time (1 SFP).

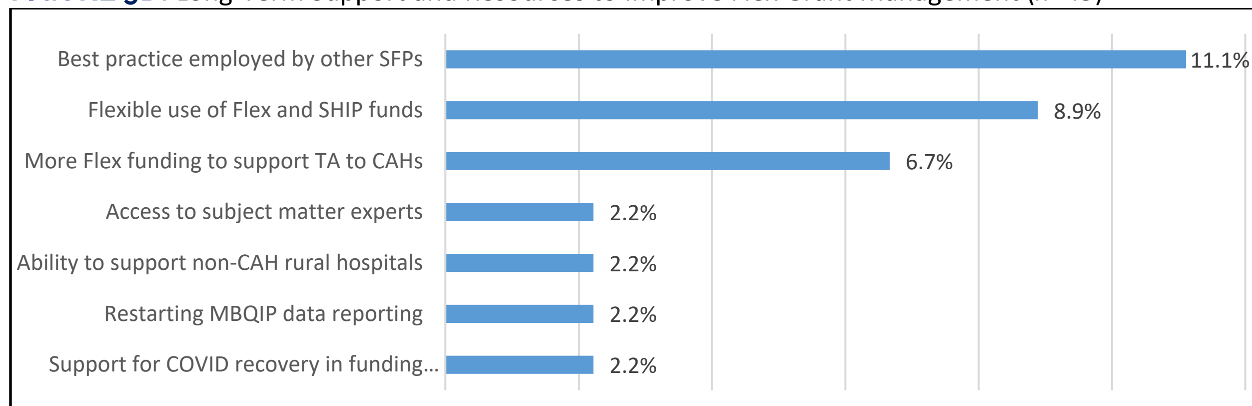
FIGURE 9C: Long-Term Support and Resources Needed to Support Critical Access Hospitals (*n*=45)*



** SFPs could identify multiple support and resource needs.*

Figure 9D identifies SFP recommendations regarding long term support and resources to improve Flex grant management and their ability to support CAHs as they emerge from the COVID-19 pandemic.

FIGURE 9D: Long-Term Support and Resources to Improve Flex Grant Management (*n*=45)*



** SFPs could identify multiple support and resource needs.*

CONCLUSIONS

SFPs played an important role in supporting CAHs during the early stages of the pandemic by:

- Providing TA and support;
- Connecting CAHs to appropriate experts;
- Disseminating information on funding opportunities, regulatory changes, telehealth, and clinical and public health issues; and
- Convening meetings/taskforces of experts, hospitals, and partners.

This work aligns with the long-term objectives of the Flex Program to enable CAHs, CAH-owned clinics, and rural EMS agencies to improve care quality, stabilize finances, maintain services, address community needs, and integrate patient care throughout the rural health care delivery system.[2]

SFPs needed flexibility to redirect funding and initiatives to meet the COVID-19 needs of their CAHs. FORHP offered this flexibility, provided the proposed COVID-19 activities fit within the legislative mandates of the applicable grant programs. Working with their Project Officers, SFPs were able to respond to CAH requests. One respondent noted that similar flexibility is needed for SHIP funding.

CAHs continue to struggle with COVID-19 and will likely do so until the spread of the virus is controlled or an effective vaccine is developed. At the onset of COVID-19, CAHs needed immediate assistance with:

- Accessing federal and state relief funds;
- Obtaining information on funding opportunities, regulatory changes, telehealth, and clinical and public health issues;
- Purchasing PPE and other supplies; and
- Implementing telehealth services under the new regulations.

As the pandemic continues, CAHs' needs are shifting to:

- Reopening services;
- Stabilizing their finances;
- Rebuilding clinical capacity; and
- Revising systems, facilities, and services to safely care for COVID-19 and non-COVID-19 patients.

As they emerge from the pandemic, many CAHs will need long-term support to:

- Ensure their long-term financial and operational viability;
- Integrate technology and telehealth;
- Rebuild clinical capacity;
- Understand new standards of care;
- Develop new clinical services;
- Cope with payment and regulatory reform;
- Regain the trust of their communities; and
- Adapt to new models of care.

To support CAHs during the pandemic and beyond, SFPs will need continued resources and TA. Resource needs identified by SFPs include toolkits and strategies to assist CAHs with federal reporting requirements, reopening non-emergent services, safely caring for COVID-19 and non-COVID-19

patients, integrating telehealth services, addressing public and population health needs, and exploring new financing and delivery system models to meet community needs. To be effective, these resources must be tailored to the unique needs of CAHs and their communities. This will take the combined efforts of Flex Program partners and other FORHP funded programs including the FMT, TASC, NOSORH, Rural Quality Improvement Technical Assistance (RQITA), Telehealth Resource Centers, Rural Health Value Project, Vulnerable Rural Hospital Assistance Program, and Rural Health Research Centers.

REFERENCES

1. Office of the Inspector General. *Hospital Experiences Responding to the COVID-19 Pandemic: Results of a National Pulse Survey March 23-27, 2020.* OIG;2020. OEI-06-20-00300. Accessed July 28, 2020. https://oig.hhs.gov/oei/reports/oei-06-20-00300.pdf

2. Federal Office of Rural Health Policy, Health Resources and Services Administration. *Medicare Rural Hospital Flexibility Program. Notice of Funding Opportunity FY 2019.* FORHP;2019. Funding Opportunity Number: HRSA-19-024. Accessed July 1, 2020. https://grants.hrsa.gov/2010/Web2External/Interface/Common/EHBDisplayAttachment.aspx?dm_rtc=16&dm_attid=e215d1f4-efe3-4bec-8d29-05b24290b235.

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For more information on this study, please contact John Gale at john.gale@maine.edu

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APPENDIX A: COVID-19 Resources from Flex Program Partners

<table>
<tr><th colspan="3">National Organization of State Offices of Rural Health (NOSORH)</th></tr>
<tr><td>COVID-19 Information Hub</td><td>This page contains links to updated CMS regulations and other information relevant to SORH and SFPs.</td><td>nosorh.org/covid-19-updates/</td></tr>
<tr><td>State Offices of Rural Health COVID-19 Resources Page</td><td>This page synthesizes COVID-19 information and tools discussed during weekly NOSORH calls. The material targets Flex, SHIP, and other grant programs. Other examples describe work with hospitals and communities.</td><td>nosorh.org/rural-health-concerns-opportunities-strategies-for-covid19-early-thoughts-of-the-sorh/</td></tr>
<tr><td>NOSORH COVID-19 Data Tool</td><td>This ArcGIS tool allows SORHs/SFPs to map COVID-19 and facility data as well as the Center for Disease Control and Prevention’s (CDC’s) social vulnerability index.</td><td>arcg.is/1Pmqfj</td></tr>
<tr><th colspan="3">Technical Assistance and Services Center (TASC), National Rural Health Resource Center (NRHRC)</th></tr>
<tr><td>COVID-19 Funding Sources Impacting Rural Providers</td><td>This resource helps rural providers navigate federal funds to support COVID-19 response and recovery efforts. Seven tables describe eligibility for participation in funding sources by provider type with an executive summary, detail on the use of funds, and reporting requirements.</td><td>ruralcenter.org/resource-library/covid-19-funding-sources-impacting-rural-providers</td></tr>
<tr><td>COVID-19 Collection</td><td>This page links to COVID-19 tools and resources for rural clinics, hospitals, and their communities from the CDC, American Hospital Association, National Rural Health Association, NOSORH, and others.</td><td>ruralcenter.org/resource-library/covid-19</td></tr>
<tr><td>CARES Act - Small Rural Hospital Improvement Program (SHIP)</td><td>The Federal Office of Rural Health Policy uses Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to assist SHIP eligible hospitals in preventing, preparing for, and responding to the COVID-19 emergency. Resources include information on SHIP COVID-19 grant management and guidance, hospital tools and resources, and reporting templates and forms.</td><td>ruralcenter.org/ship/cares-act</td></tr>
<tr><td>Delta Region Community Health Systems Development Program (DRCHSD) COVID-19 Financial Recovery Series</td><td>This page provides access to five recorded webinars on hospital and clinic COVID-19 financial issues. Subject matter experts provide best practices and strategies on hospital and clinic COVID-19 finances and operations. Topics include tracking, reporting, compliance, and expenditures for COVID funding, operational considerations, additional funding opportunities, revenue cycle strategies, and physician's strategic planning.</td><td>ruralcenter.org/resource-library/drchsd-covid-19-financial-recovery-series</td></tr>
<tr><td>DRCHSD TA Webinar: Changing RHC Telemedicine Policies - COVID-19 Updates and Cost Report Impact</td><td>In this recorded webinar, subject matter experts discuss updated telehealth coding and billing instructions for Part B and Rural Health Clinic (RHC) providers, potential reimbursement, and cost report impact. The Centers for Medicare & Medicaid Services (CMS) have released guidance on new regulations that expand the use of telemedicine and virtual communication technology to broaden patient access to health care.</td><td>ruralcenter.org/events/drchsd-hospital/-clinic-technical-assistance-webinar-cms-loosens-restrictions-on-rhc</td></tr>
</table>

DRCHSD TA Webinar: COVID-19, New Federal Policies, Regulations, and Programs for Rural Hospitals and Clinics	This webinar reviews the issues related to the declaration of the COVID-19 pandemic Public Health Emergency (PHE). In this recorded webinar, Brock Slabach, Senior Vice President for Member Services for NRHA, describes elements of the PHE response, the impact of the PHE on rural providers, and the funding opportunities that have developed as a result.	ruralcenter.org/events/drchsd-technical-assistance-webinar-covid-19-navigating-new-federal-policies-regulations-and
DRCHSD COVID-19 Telehealth Talk	This webinar provides advice on telehealth during the COVID-19 pandemic. CMS has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their providers remotely. This recorded webinar provides an overview of what should be considered to prepare a telehealth plan.	ruralcenter.org/events/drchsd-covid-19-telehealth-talk
DRCHSD COVID-19 Telehealth Billing and Coding Collection	This page links to resources on telehealth billing and coding for hospitals/clinics. Includes information on CMS COVID-19 telemedicine updates and cost report impact; federal funding updates; state-specific Medicaid coding/billing updates; and Medicare/state-specific Medicaid telehealth billing guidelines.	ruralcenter.org/resource-library/drchsd-covid-19-telehealth-billing-and-coding-collection
Public Health Foundations COVID-19 TRAIN Learning Network	The Public Health Foundation provides COVID-19 training through their TRAIN Learning Network on contact tracing, crisis/emergency risk communication, infection control in long-term care facilities, non-pharmaceutical interventions, and personal protective equipment.	ruralcenter.org/resource-library/public-health-foundation%26%23039%3Bs-coronavirus-disease-2019-covid-19-train-learning
Revenue Cycle Crisis Management COVID-19	This recorded webinar details the importance of establishing daily revenue cycle dashboard reports, provides detailed coding guidance, illustrates best practices for remote staff management, and discusses strategies for billing and coding telehealth services.	ruralcenter.org/events/help-webinars/revenue-cycle-crisis-management-coronavirus-covid-19
American Hospital Association (AHA)	The COVID-19 Pathways to Recovery was developed by the AHA Board Task Force, It provides resources to guide hospitals/health systems on a path to recovery	ruralcenter.org/resource-library/covid-19-pathways-to-recovery
National Consortium of Telehealth Resource Centers	Telehealth Resources to Address COVID-19 is a compilation of telehealth tools and resources to help address COVID-19, including state-specific resources prepared by the National Consortium of Telehealth Resource Centers.	ruralcenter.org/resource-library/telehealth-resources-to-address-covid-19
Centers for Medicare and Medicaid Services	Ambulance Fact Sheet: CMS Flexibilities to Fight COVID-19: This CMS fact sheet details the temporary regulatory waivers and new rules to assist ambulance services in responding to the COVID-19 pandemic.	ruralcenter.org/resource-library/ambulance-fact-sheet-cms-flexibilities-to-fight-covid-19

APPENDIX B: Survey Questions

1. Are SFPs collecting information on the impact of COVID-19 on CAHs? (Yes/No)
    a. If yes, how? (Open-ended)
    b. If no, are other stakeholders in your state collecting information on the impact of COVID-19 on CAHs and other hospitals? (Yes/No)
    c. If yes, does the SFP have access to this information? (Yes/No)
2. What are the COVID-19 related challenges reported by CAHs? (Close-ended)
3. Are CAHs contacting SFPs for assistance/support related to COVID-19? (Yes/No)
    a. If yes, what support have they requested? (Close-ended)
4. How are SFPs responding to those requests? (Close-ended)
5. Are SFPs partnering with other stakeholder organizations to support CAHs? (Yes/No)
    a. If yes, what organizations are they partnering with? (Close-ended)
6. Has COVID-19 impacted the operations and priorities of SFPs? (Yes/No)
    a. If yes, how has it impacted their operations and priorities? (Close-ended)
7. What promising practices have SFPs implemented to support CAHs? (Open-ended)
8. Have SFPs begun planning for the post-COVID-19 needs of CAHs? (Yes/No)
    a. If yes, what are SFP's planning for? (Close-ended)
9. What support and resources are needed by SFPs to support CAHs:
    a. During the pandemic (short term)? (Open-ended)
    b. Post-COVID-19 (long term)? (Open-ended)