Flex Monitoring Team

The Flex Monitoring Team (FMT) is a consortium of the Rural Health Research Centers located at the Universities of Minnesota, North Carolina at Chapel Hill, and Southern Maine. With a 5 year (2008-2013) cooperative agreement award from the Federal Office of Rural Health Policy (ORHP)(PHS Grant No. U27RH01080), the FMT is monitoring and evaluating the Medicare Rural Hospital Flexibility Program (Flex) Program. The FMT is continuing to develop relevant quality, financial and community impact performance measures and reporting systems to help state and federal policy makers and rural health care providers understand the impact of the Flex Program. The FMT's research assesses the impact of the Flex program on rural hospitals and communities and examines the ability of the State Offices of Rural Health to achieve overall Flex Program objectives. These objectives include improving access to quality health care services; improving the financial and administrative performance of Critical Access Hospitals (CAHs); and engaging rural communities in health care system development.

For 2012-2013, the FMT is conducting three ongoing projects that build on our previous work to develop relevant quality, financial and community impact performance measures and reporting systems. The ongoing projects are: 1) Maintaining and Updating the National CAH Database; 2) Measuring Financial Performance in CAHs; and 3) Measuring Quality Performance: National and State CAH Hospital Compare Analyses.

In addition, we are conducting six new projects: 1) Development of Hospital-Specific Reports and State Reports that Incorporate Quality, Finance, and Market/Community Measures for CAHs; 2) Case Studies of Successful Critical Access Hospital Turnarounds; 3) Implementation of Emergency Department Transfer Communication Measures in CAHs; 4) EMS/Role of Community Paramedics; 5) Evidence-based Financial/Operational Activities; and 6) Exploring Variations in the Community Benefit Activity of Critical Access Hospitals.

Continuing Projects

1. Maintaining and Updating the National CAH Database

   Lead Center: University of North Carolina Rural Health Research & Policy Analysis Center

   Principal Investigator: Mark Holmes, Ph.D., 919-966-9694 or holmes@schr.unc.edu
This project will continue the tracking of Critical Access Hospital (CAH) conversions. A CAH management information dataset, housed at the University of North Carolina, will be updated with information on conversions supplied by the Centers for Medicare and Medicaid Services (CMS). These data are also used to update products on the Monitoring Team website, including a spreadsheet that lists all certified CAHs, a map of current CAHs, and a new table that contains state-level totals of the number of CAHs, and the number with rehabilitation distinct part units (DPU) and the number with psychiatric DPsUs. Because the data from CMS do not capture changes in bed size, by agreement with Flex coordinators, an email will be sent to all coordinators once a year requesting updated information on the bed size of CAHs in their state.


Lead Center: University of North Carolina Rural Health Research & Policy Analysis Center
Principal Investigator: Mark Holmes, Ph.D., 919-966-9694 or holmes@schsr.unc.edu
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The purpose of the CAH Financial Indicators Report is to provide administrators and boards with comprehensive information about the financial performance and condition of their hospitals. The report includes 20 key financial indicators that are compared to benchmarks established specifically for CAHs and relative performance of other similar types of CAHs. This continuing project is based on work that has been ongoing under the current cooperative agreement. We also propose to extend this work by adding a survey of state Flex Coordinators to describe activities being conducted to improve the financial performance of CAHs in their states.

Using data from CMS Medicare Cost Reports, the primary purpose of the CAH Financial Indicators Report is to provide CAH administrators with comparative financial indicators. The data in this report can be used to assess financial performance across time and in relation to other similar institutions.
3. Measuring Quality Performance: National and State CAH Hospital Compare Analyses

Lead Center: University of Minnesota Rural Health Research Center

Principal Investigator: Ira Moscovice, Ph.D., 612-624-8618 or mosco001@umn.edu
Contact Person: Michelle Casey, M.S., 612-623-8316 or mcasey@umn.edu

The purpose of this project is to measure the quality performance of CAHs nationally and by state on an ongoing basis using quality measure data from the CMS Hospital Compare database. This project is based on continuing work that has been ongoing under the previous cooperative agreement. It will be an ongoing project for all five years of the cooperative agreement, with national and state-level reports prepared annually.

This project builds upon previous Flex Monitoring Team and UMN activities related to the development and field-testing of quality performance measures for small rural hospitals, previous national studies of CAH quality performance using Hospital Compare quality measure data and state-level CAH Hospital Compare reports. In each year of the cooperative agreement, we will use annual quality measure data from the CMS Hospital Compare website to prepare a national report and state-level reports on CAH participation and performance in Hospital Compare for each Flex state.

New Projects 2012-2013

1. Development of Hospital-Specific Reports and State Reports that Incorporate Quality, Finance, and Market/Community Measures for CAHs

Lead Center: University of North Carolina Rural Health Research & Policy Analysis Center, working with the University of Minnesota and the University of Southern Maine
Principal Investigator: Mark Holmes, Ph.D., 919-966-9694 or holmes@schr.unc.edu
Contact Person: George Pink, Ph.D., 919-966-5541 or gpink@schr.unc.edu

Purpose of the Project: The purpose of this project is: 1) to provide CAHs with a report that identifies the quality, finance, and market/community measures on which each hospital is performing well, the measures on which each hospital is performing poorly, and the hospitals from which it can learn and 2) to provide State Flex Programs with a report that identifies the measures on which most CAHs in the state are performing well, the
measures on which most hospitals in the state are performing poorly, and which hospitals are in greatest need of help. The FMT has been collecting and reporting quality, financial, and community benefit data for several years. These data have been reported at various levels to the public, ORHP, State Flex Programs, and CAHs, but a more comprehensive understanding of these data and how they align will enable a more efficient use of State Flex resources to target specific performance domains (e.g. quality), specific measures within domains (e.g. revenue cycle management), or hospitals.

2. Understanding Factors that Contribute to Critical Access Hospital Turnarounds

*Lead Center: University of Southern Maine*
*Principal Investigator: Andrew F. Coburn, Ph.D. 207-780-4435 or andyc@usm.maine.edu*
*Contact Person: Andrew F. Coburn, Ph.D. 207-780-4435 or andyc@usm.maine.edu*

*Purpose of the Project:* This study responds to concerns over the number of CAHs that are financially vulnerable due to low patient census/volume levels by identifying and examining “best practice” turn-around strategies for improving CAH financial performance. The study will develop detailed case studies of three CAHs that have significantly improved their financial performance, to understand the factors that contributed to their earlier problems and the strategies implemented by hospital leadership that contributed to improvement of their financial situations.

3. Implementation of Emergency Department Transfer Communication Measures in CAHs

*Lead Center: University of Minnesota Rural Health Research Center*

*Principal Investigator: Ira Moscovice, Ph.D., 612-624-8618 or mosco001@umn.edu*
*Contact Person: Jill Klingner, Ph.D., klin0089@umn.edu*

*Purpose of the Project:* The purpose of this project is to prepare a case study of Minnesota activities related to implementation of the Emergency Department transfer communication measures in CAHs. These measures assess the information communicated about patients who are transferred to another hospital, including administrative communications, patient information, nursing and physician information, procedures and tests, vital signs, and medication information. The measures are part of the Phase 3 measures for the Medicare Beneficiary Quality Improvement Project.
(MBQIP). Information for this case study will be gathered through interviews, review of tools, training activities, and policy documents.

4. EMS/Role of Community Paramedics

Lead Center: University of Southern Maine
Principal Investigator: Andrew F. Coburn, Ph.D. 207-780-4435 or andyc@usm.maine.edu
Contact Person: Karen Pearson, MLIS, MA, 207-780-4553 or karenp@usm.maine.edu

Purpose of the Project: This project will examine the evidence base for the use of community paramedics, their role in rural healthcare delivery systems, challenges states have faced in implementing programs (e.g., scope of practice laws, reimbursement, financing, and resistance from other health care professionals) and how these challenges may be overcome. In addition, we will examine and describe the roles that State Flex Programs have taken in supporting community paramedicine programs.

5. Developing Measures for Evidence-based and Promising Financial/Operational Activities

Lead Center: University of North Carolina Rural Health Research & Policy Analysis Center
Principal Investigator: Mark Holmes, Ph.D., 919-966-9694 or holmes@schr.unc.edu
Contact Person: George Pink, Ph.D., 919-966-5541 or gpink@schr.unc.edu

Purpose of the Project: The goal of this project is to work with ORHP and TASC to assess specific activities for commonly used financial/operational interventions such as Chargemaster updates and Revenue-cycle activities. This project will build upon knowledge gained from two previous projects (“Adoption and perceived effectiveness of financial improvement strategies in CAHs” and “Achieving benchmark financial performance in CAHS: Lessons from high performers”). In the 2012-13 Flex guidance, State Flex Coordinators will be asked to identify 8-10 quality, 8-10 operational, and 8-10 financial interventions to improve CAH performance that will be undertaken during the fiscal year.


Lead Center: University of Southern Maine
Purpose of the Project: The purpose of this project is (1) To better understand the factors contributing to variation in the community benefit and safety net activities reported by Critical Access Hospitals (CAHs); and (2) to recommend policy and/or other strategies to support CAHs and State Flex Programs in carrying out community benefit activities that meet the health care and safety net needs of their local communities. This project uses IRS Form 990 data and American Hospital Association Annual Hospital Survey and the Area Resource file and interviews with a geographically diverse set of CAHs to explore hospital strategies related to the provision and reporting of community benefit activities and to identify reasons for the variation across hospitals.

Flex Monitoring Team Expert Work Group

The purpose of the Flex Monitoring Expert Workgroup is to provide the Flex Monitoring Team with: 1) input into the identification of important rural health issues and project development; 2) feedback and advice on project reports and products; and 3) assistance with the development of subsequent cooperative agreement applications. Members help inform our research agenda and dissemination strategies.

The Flex Monitoring Team Expert Work Group members include state and national policy and program experts, representatives of state and national Offices of Rural Health and hospital associations, small rural hospitals and networks, and leaders in the fields of quality/performance improvement, health economics/finance, emergency medicine and health information technology.

Flex Monitoring Team Publications

Briefing Papers


BP2. Quality Improvement Activities in Critical Access Hospitals: Results of the 2004 National CAH Survey (September 2004)


BP5. *Scope of Services Offered by Critical Access Hospitals: Results of the 2004 National CAH Survey* (February 2005)


BP8. *Emergency Medical Services (EMS) Activities Funded by the Medicare Rural Hospital Flexibility Program* (February 2006)

BP9. *CAH Participation in Hospital Compare and Initial Results.* (February 2006)


BP12. *Quality and Performance Improvement Grant Activities under the Flex Program* (August 2006)


BP15. *The State Flex Program at 10 Years: Strengthening Critical Access Hospitals and Rural Communities* (May 2007)

BP16. *Critical Access Hospital Participation in Hospital Compare and Year 2 Quality Measure Results* (May 2007)


BP20. *Critical Access Hospital Year 3 Hospital Compare Participation and Quality Measure Results.* (August 2008)

BP22. *Critical Access Hospital Year 4 Hospital Compare Participation and Quality Measure Results.* (September 2009)


BP26. *Critical Access Hospital Year 5 Hospital Compare Participation and Quality Measure Result.* (March 2010)

BP27. *State Flex Program EMS/Trauma Activities and Integration of Critical Access Hospitals into Trauma Systems.* (March 2010)

BP28. *Critical Access Hospital Year 6 Hospital Compare Participation and Quality Measure Results.* (April 2011)

BP29. *Developing regional STEMI systems of care: A review of the evidence and the role of the Flex Program.* (October 2011)


BP31. *Critical Access Hospital Year 7 Hospital Compare Participation and Quality Measure Results.* (August 2012)


**Policy Briefs**

PB1. *Impact of Conversion to Critical Access Hospital Status on Hospital Financial Performance and Condition* (November 2006)


PB3. *State Initiatives Funded by the Medicare Rural Hospital Flexibility Grant Program.* (April 2007)

PB4. *Critical Access Hospital Year 2 Hospital Compare Participation and Quality Measure Results.* (May 2007)


PB8. Critical Access Hospital Year 3 Hospital Compare Participation and Quality Measure Results. (September 2008).


PB10. Critical Access Hospital Year 4 Hospital Compare Participation and Quality Measure Results. (September 2009)


PB15. Critical Access Hospital Year 5 Hospital Compare Participation and Quality Measure Results (March 2010)


PB17. State Flex Program EMS/Trauma Activities and Integration of Critical Access Hospitals into Trauma Systems (March 2010)

PB18. Changes in Obstetrical Services Among Critical Access Hospitals. (March 2011)


PB21. Improving Hospital Patient Safety Through Teamwork: The Use of TeamSTEPPS In Critical Access Hospitals. (June 2011)

PB22. Evidence-Based Pneumonia Quality Improvement Programs and Strategies for Critical Access Hospitals (June 2011)

PB23. Developing Regional STEMI Systems of Care: A Review of the Evidence and the Role of the Flex Program. (October 2011)

PB24. Evidence-Based Falls Prevention in Critical Access Hospitals. (December 2011)


PB26. Evidence-Based Heart Failure Quality Improvement Programs and Strategies for Critical Access Hospitals. (March 2012)


PB29. Evidence-Based Surgical Care Quality Improvement Programs and Strategies for Critical Access Hospitals. (August 2012)

PB30. Critical Access Hospital Year 7 Hospital Compare Participation and Quality Measure Results. (August 2012)


Data Reports and Toolkits

CAH Financial Indicators Report: Summary of Indicator Medians by State
Data Summary Report No. 1, October 2005
Data Summary Report No. 2, November 2006
Data Summary Report No. 4, August 2007
Data Summary Report No. 5, August 2008
Data Summary Report No. 6, October 2009
Data Summary Report No. 7, August 2010
Data Summary Report No. 8, May 2010
Data Summary Report No. 9, August 2011
Data Summary Report No. 10, August 2012


Rural Hospital Emergency Department Quality Measures: Aggregate Data Report (Data Summary Report No. 3, January 2007)


A Community Benefit Reporting Toolkit for Critical Access Hospitals (October 2009)

State Reports on the Flex Monitoring Team website

Community Benefit Indicators: Community Benefit Activities of Critical Access Hospitals, Non-Metropolitan Hospitals and Metropolitan Hospitals: National and State Data
- March 2010, using data from the 2007 AHA Annual Survey and Flex Monitoring Team core indicators
- November 2012, using data from the 2010 AHA Annual Survey and Flex Monitoring Team core indicators.

Financial Indicators:
2011 Statewide Financial Performance of Critical Access Hospitals, using Medicare Cost report data

Quality Indicators: 2007, 2008, and 2009 State reports, using Hospital Compare data

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For copies of Flex Monitoring Team publications, presentations and a current list and map of CAHs please visit http://flexmonitoring.org

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