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# Flex Program News

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## Quality Improvement Network Update

### Contractor Will Coordinate Future Plans For QI Network

The Oregon Rural Health Quality Improvement Network has chosen Jennifer Pratt of Matrix Associates to work with the group and facilitate its growth and. "We had lots of replies to our RFP call, lots of experience and talent, however Ms. Pratt stood out the strongest candidate," said Tim Herrmann.

Pratt will complete a needs assessment for the group and coordinate activities to develop core functions and long-term goals for a statewide QI network. Ms. Pratt will also facilitate this year's remaining seven QI Network meetings.

### Oregon Rural Health Quality Improvement Network Kicks Off

The QI Network hosted a kick-off meeting on Friday, May 6, 2005 in Portland. The full day meeting included two guest speakers and a group work session. The focus of the meeting was to create a foundation for the Oregon Rural Health Quality Improvement Network. Attendees were given a chance to develop relationships and

establish the network as a team, while identifying a focused objective.



*Tom Martin, MBA, MSHA, Lincoln Hospital Administrator, Davenport, Washington*

The first guest speaker was Tom Martin, MBA, MSHA, administrator of Lincoln Hospital in Davenport, Washington. Mr. Martin is also the president of the Washington State Rural Healthcare Quality Network (WRHQIN). Martin shared his successful experience of starting a QI network among Washington's critical access hospitals.

"Eventually, all hospitals realized the benefits in sharing data, experience, and the ease of a combined effort when trying to meet federal regulations,"

he noted in his presentation. Only two years old, the WRHQIN was the recipient of an Agency for Healthcare Research & Quality grant and now operates as an independent entity with a staff and board of directors. All 35 of Washington's critical access hospitals are members of the network.



*Jeff Mero, Executive Director, RHQIN*

The executive director of WRHQIN, Jeff Mero, was the second guest speaker. He provided the group with detailed information on the organizational structure of WRHQIN. Mero suggested partnering with a state

hospital association and other organizations when forming a quality improvement network. He talked about the obstacles in getting a diverse group of hospitals together and the benefit of having all hospitals participate.

Meeting attendees then broke into smaller groups and discussed the reasons for forming an Oregon Rural Health Quality

Improvement Network, as well as ranked the priorities in developing of a new network.

These discussions will continue in future conference calls and face-to-face meetings.

If you are interested in participating in the Oregon Rural

Health Quality Improvement Network please call Linda Lang at (541) 942-6555, or email her at [llang@peacehealth.org](mailto:llang@peacehealth.org).



*Becky Larsen, Samaritan Pacific Communities Hospital, Tim Herrman, Cottage Grove Community Hospital, Bill Finney, Willowa Memorial Hospital, & Linda Lang, Cottage Grove Community Hospital*

# Flex Program News

CAH Inpatient Market Share in Local Primary Care Service Area

## Pre and Post Conversion by Total and Medicare Only

Hospital	Pre 1 Year %	Conversion	1 Yr Post %	2 Yr Post %	3 Yr Post %	4 Yr Post %
Blue Mountain	10.0*	7/30/2001	50.4	43.8	50.0	
Medicare	10.8*		52.5	43.5	50.0	
Coquille Valley	33.1	3/1/2003	34.0			
Medicare	29.2		31.0			
Harney District	61.6	10/10/2001	54.1	62.2	61.0	
Medicare	56.3		47.7	57.2	65.0	
Lake District	60.5	12/5/2001	64.9	64.3	64.0	
Medicare	64.6		67.7	66.7	69.0	
Lower Umpqua	43.1	7/24/2002	34.5	38.0		
Medicare	42.2		34.8	43.0		
Peace Harbor	63.5	7/1/2003	54.0			
Medicare	67.3		56.0			
Pioneer Memorial–Heppner	34.1	4/1/2002	35.5	38.0		
Medicare	49.7		51.6	56.0		
Pioneer Memorial– Prineville	44.9	2/14/2003	42.0			
Medicare	38.9		37.0			
Providence Seaside	48.5	9/1/2000	49.4	51.1	49.0	51.0
Medicare	53.4		54.3	61.4	56.0	60.0
St. Elizabeth	83.4	7/1/2002	80.5	81.0		
Medicare	89.4		88.8	89.0		
Samaritan North Lincoln	56.5	9/1/2000	56.4	55.6	57.0	56.0
Medicare	57.1		58.4	59.7	61.0	61.0
Samaritan Pacific Communities	49.4	7/1/2003	49.0			
Medicare	55.2		53.0			
Southern Coos	26.2	11/29/2000	28.7	32.4	28.2	25.0
Medicare	32.2		34.5	38.2	35.4	28.0
Wallowa Memorial	70.4	9/6/2001	73.4	75.5	81.0	
Medicare	75.2		77.0	80.0	85.0	
West Valley	17.7*	12/27/2001	6.5	6.7	4.0	
Medicare	27.7*		13.3	12.6	11.0	

Rate went up at least one point from previous year.

Rate went down at least one point from previous year.

\* Data does not seem accurate

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## NW Regional CAH Conference Grows

*Regional CAH Conference is held in conjunction with the NW Rural Health Conference*

The *Northwest Regional CAH Conference* was held in Spokane, Washington, March 23, 2005. This annual meeting is held in conjunction with the *Northwest Regional Rural Health Conference*.

Along with its counterparts from Idaho, Washington, and Alaska, the Oregon Office of Rural Health sponsors this conference. Sandra Assasnik, Community Grants Coordinator, Oregon Office of Rural Health, has chaired the planning committee for the past two years.

This was the third year of the *Northwest Regional CAH Conference* and, for the first time, the number of attendees exceeded those who participated in the *Northwest Rural Health Conference*. This year there were 322 who attended the CAH conference. Twenty-four of those who attended were from Oregon. Thirty-one exhibitors also attended the conference. Some participants came from as far away as Nebraska to take advantage of the billing sessions.

Steve Hirsch, Medicare Rural Hospital Flexibility Program Manager, Federal Office of Rural Health Policy, started off the conference by providing an overall perspective about quality and sustainability from the federal perspective. The day was then split into four tracks: Quality, Sustainability, Billing and CAH Partners.

The Quality track had three breakout sessions covering presentations from the Washington Rural Healthcare Quality Network, the Idaho CAH Collaborative, and the region's State Quality Improvement Organizations (QIOs). The Sustainability track had sessions about Washington State's CAH benchmarking project, putting financial benchmarks to use, and national CAH financial indicators.

The Billing track offered the following sessions: Finding Revenue Opportunities, Finding the Wins with Method II, and State Discussions with Medicare Financial Intermediaries.

The CAH Partners track offered sessions that discussed telehealth, EMS, collaboration between community health centers and CAHs, and recruitment and retention.

Several experts from Oregon participated in the conference presentations. Stacy Aguas, Manager of State & Private Contracts for OMPRO, provided an excellent overview of OMPRO activities for the State Quality Improvement Organizations session. Her regional counterparts also gave overviews of what is occurring in their parts of the region. Karen Newton, Supervisor, Provider Services at Medicare Northwest (Oregon's fiscal intermediary) was part of a panel discussion for the Billing track to answer questions from Oregon constituents.

Bill Sexton, CEO of Providence Seaside Hospital, and Robyn Cooke, American Hospital Association, gave a dynamic interactive presentation, *The Quality Initiative: What It Means for Rural Hospitals* during a luncheon plenary session. Mr. Sexton surprised the audience by appearing in a flight suit with scenes from *Top Gun* as a backdrop. Using this theme, he also provided *Top Gun* hats to those in the audience who correctly answered questions about rural hospital performance requirements. To wrap up the conference, Alma Hardy, of the Region X CMS office, provided the group with a Medicare Update and answered questions.

All presentations are available online at: [www.ahc.spokane.wsu.edu](http://www.ahc.spokane.wsu.edu).