Framework for the Flex Program Guidance

At the request of the Office of Rural Health Policy (ORHP), the Flex Monitoring Team (FMT) and the Technical Assistance and Services Center (TASC) are conducting three focus groups with representatives from 15 State Flex Programs to obtain their input on options for framing the Flex Program Guidance for the next competitive funding cycle. ORHP will use the information from these focus groups to provide stronger direction to the states through the Program Guidance. ORHP's goal is to focus the Flex Program to maximize its impact and facilitate measurement and tracking of its outcomes. To do so, ORHP will frame the Flex Program Guidance around a set of core areas and related activities. Flex Programs will be directed towards activities that have been shown to be effective, that are evidence-based interventions with a record of success. Those Critical Access Hospitals (CAHs) most at risk should receive precedence in Flex Programs' efforts.

The primary goal of the Flex Program is the development of collaborative community-based rural health delivery systems with CAHs as the hub of those local systems of care. As a starting point for framing the Flex Program Guidance, a preliminary list of core areas and related program activities have been developed:

- Quality improvement;
- Performance and financial improvement;
- Community engagement and impact;
- Health Information Technology (HIT); and
- Emergency Medical Services (EMS).

These core areas and related program activities will serve as the starting point for the web-based focus group discussions. The purpose of the focus groups is to solicit discussion and input around the following key questions:

- If Flex is to become a more focused grant program, what should the focus be?
- What should the core areas of program activity be?
- Within each core area, what should the program activities be?

We welcome your comments and suggestions on this framework. We are also interested in your thoughts on how to prioritize the core areas and which of the areas should be considered required areas of activity and which should be optional.

In preparing the list of program activities, we included potential measures for each activity to provide additional detail on the activities themselves and to ensure that the contribution of these activities to desired Flex Program outcomes could be measured. We will not, however, discuss the measures themselves during the focus groups. As described above, we will focus on the core areas and related program activities.

State Flex Program input will be invaluable to ORHP as it makes decisions on core areas and program activities. The FMT will summarize the results from each focus group and share them with the participants for review and comment. When all three focus groups have been completed, the FMT will analyze and summarize the results and prepare a written report for ORHP by mid-October.

Quality Improvement

As defined in the original legislation, a central goal of the Flex program is to assist CAHs to develop and sustain effective quality improvement (QI) programs. Priority activities range from supporting CAHs with quality measurement, reporting, and benchmarking to funding initiatives designed to build CAH capacity for QI. Funded activities should benefit networks/groups of CAHs and should be coordinated with other relevant organizations such as state Quality Improvement Organizations (QIOs) and hospital associations.

Quality Measurement, Reporting, and Benchmarking

- Support CAH participation in Hospital Compare (i.e., publicly reporting at least one quality measure)
    - Number and % of CAHs participating in Hospital Compare
- Support CAH participation in other quality reporting and benchmarking initiatives (e.g., state and multi-state CAH quality networks)
    - Number and % of CAHs participating
- Support CAHs in using QI and benchmarking data to identify QI needs and priority activities and resources
    - Identified areas of need and resources

Building Quality and Patient Safety Improvement Systems and Capacity

- Support multi-hospital patient safety and QI programs (e.g. implementation of medication reconciliation systems, evidence based protocols, TeamSTEPPS, AHRQ patient safety culture surveys)
    - Number of patient safety or QI programs implemented/supported by Flex Program
    - Number and % of CAHs participating in patient safety or QI programs
- Support QI education and training programs for CAH staff (e.g. Participation in national QI training or capacity building programs such as Institute for Healthcare Improvement)
    - Number of QI education and training programs offered/supported by Flex Program
    - Number and % of CAHs receiving QI-related education or training
- Support CAHs and staff in working with the QIOs
    - Amount of Flex funding provided
    - Number and % CAHs participating in Flex-funded QI with QIO
- Development of multi-hospital medical peer review assistance and support systems
    - Number and % CAHs receiving medical peer review support
- Mock state inspection surveys
    - Number and % CAHs receiving mock survey

Operational and Financial Performance Improvement

A major goal of the Flex Program is to help CAHs improve their operational and financial performance. Flex supported activities related to operational performance improvement include strategic planning, business practices, staffing comparisons, departmental efficiency improvement, scope of services assessment, staff leadership development, board leadership and engagement, LEAN management, best

practices, productivity benchmark development, and balanced scorecard implementation. Other potential activities include supply management systems (e.g., increased charge capture, reduction of excess inventory, etc.), integration of materials management billing, purchasing, and patient information systems, and work environment and workflow improvement. Commonly supported financial performance activities include financial condition assessment, charge master review, financial benchmark development, capital access, Medicaid reimbursement, revenue cycle improvement, recovery audits, cost report evaluation, building renovation processes, and group purchasing. Other potential activities include collaborative recruitment and retention strategies, and centralization of ancillary services.

- Coordinate/fund consultations to improve operational and financial performance
    - Total dollars a. provided to individual CAHs and/or hospital associations explicitly for financial consultants and /or b. used to directly contract with financial consultants
    - Number of CAHs receiving Flex-funded financial consultations
    - Sponsor operational and financial performance improvement seminars and workshops
    - Total number of seminars & workshops sponsored
    - Total number of CAHs attending each seminar &/or workshop
- Coordinate networks and user group meetings for CFOs and managers to discuss operational and financial issues
    - Total number of network and user group meetings
    - Total number of CAHs attending each network and user group meeting

Community Impact and Engagement

ORHP's Strategic Planning Outline for the Flex Program establishes expectations that CAHs will: engage with their communities; develop collaborative local delivery systems with CAHs as the hub of those systems of care; undertake collaborative efforts to address unmet community health and health systems needs; and/or improve the health status of their communities. The FMT's work on the community impact of CAHs informed the development of potential community program activities. The focus of these activities should be on the development of collaborative activities involving CAHs, local providers, government, business, and community leaders, and rural residents.

Identifying and Addressing Community Needs

- Assist CAHs in conducting assessments to address unmet community health and health service needs
    - Number and % of CAHs/communities completing assessments to address unmet community needs with Flex funding and/or technical assistance (TA)
    - Number of new activities/services developed using the results of the assessments
- Assist CAHs and communities in developing collaborative projects/initiatives to address unmet health and health service needs
    - Number and % of CAH/community collaboratives receiving Flex funding to undertake local initiatives to address unmet health and health service needs
    - Number of individuals served by initiatives implemented by community collaboratives

Managing Charity Care and Bad Debt Policies and Resources

- Assist CAHs in updating charity care/billing policies and managing charity care resources
    - Number and % of CAHs receiving funding or TA (using consultants, hospital associations or other resources) to update charity care and/or billing policies
    - Number and % of CAHs adopting billing and collection policies that adhere to recognized national standards (e.g., American Hospital Association's Statement of Principles and Guidelines on Hospital Billing and Collection Practices or Healthcare Financial Management Association's (HFMA) Patient Friendly Billing Project)
    - Number of and % of CAHs adhering to HFMA's Principles and Practices Board Statement 15: Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers to report charity care and bad debt

Benchmarking and Managing Community Benefit Activities

- Developing community benefit benchmarking initiatives
    - Number and % of CAHs participating in community benefit benchmarking initiatives
    - Number and % of CAHs that report community benefit data to the IRS or state reporting systems
    - Number of community benefit initiatives developed as a result of benchmarking/strategic planning activities
    - Number of people served by community benefit activities conducted by CAHs

Health Information Technology (HIT)

The goal of Flex HIT activities should be to assist CAHs in achieving "meaningful use" of HIT (as defined by the Office of the National Coordinator for HIT and CMS). Flex funds should support CAHs in using HIT to improve quality and patient safety rather than purchase technology. Funded activities should benefit networks/groups of CAHs and be coordinated with relevant organizations such as state QIOs and hospital associations.

Identify CAH HIT Needs and Link CAHs to Technical Assistance (TA) Resources

- Ensure that CAHs are informed about key national and state HIT policies (e.g., "meaningful use" reimbursement incentives and timelines) and that CAH needs are considered in developing and implementing state HIT plans and initiatives
    - Number of CAHs provided with materials on national and state HIT policies
    - Type of Flex Program participation in state HIT initiatives
- Identify CAH TA needs related to electronic health record implementation (e.g., preparing HIT strategic plans; conducting readiness assessments; vendor selection/contracting; identifying HIT financing resources; applying for grants and loans; and conducting workflow/process redesign; process and change management consultation)
    - Number of CAHs with identified TA needs
- Link CAHs to online tools and local/regional HIT TA resources to address identified needs (e.g., Agency for Healthcare Research and Quality's Health IT Toolkit; TASC HIT resources; and the

Health Information Technology Regional Extension Centers being established by the Office of the National Coordinator for Health Information Technology)
    - Number of CAHs provided with assistance in linking to TA resources

Facilitate Sharing of HIT Infrastructure and Staff

- Support CAHs in developing arrangements to share HIT infrastructure and/or IT staff with other CAHs, referral hospitals, and/or health care providers (e.g., facilitate meetings of CAHs and potential partners; provide CAHs with model contracts, policies and procedures; facilitate site visits or phone consultations with successful CAH HIT networks)
    - Amount and type of assistance provided to CAHs
    - Arrangement(s) established to share HIT infrastructure and/or IT staff

***Assist CAHs in training and supporting clinicians and staff in meaningful use of* EHRs**

- Arrange and/or fund initiatives to train and support CAH clinicians and staff in meaningful use of EHRs and related technologies (e.g., computerized order entry; clinical decision support for high priority conditions)
    - Training initiatives arranged and/or funded by Flex Program
    - Number of clinicians and staff who participated in training

Improvement and Integration of EMS Services

The goal of Flex activities in EMS is to support trauma and EMS assessments, integrate CAHs into state trauma systems, support trauma team development, improve EMS Medical Direction, and to implement mechanisms to support EMS agencies.

Support Trauma and EMS Systems (State, Regional, or Community) Assessment(s)

- Employ HRSA's Benchmarks, Indicators, and Scoring (BIS) approach
    - Number of activities with stakeholders to assess system strengths and weaknesses
    - Changes in the number of rural regions and/or communities assessed over time
- Facilitate Trauma System Development
    - Use of BIS findings in strategic planning and systems development efforts
    - Number of Trauma system consultations performed
    - Number of quality improvement activities directly linked to trauma system Consultation report recommendations
    - Participation in statewide trauma system quality improvement initiatives
    - Changes in benchmark scores over time

Support Trauma Center Designation of CAHs

- Trauma Center Standards (states where CAHs are not included in statewide trauma system)
    - Number of activities to establish designation/certification levels for CAHs
    - Activities to define a role for CAHs in a statewide trauma system
- Trauma Center Designation (states where CAHs are included in statewide trauma system)

- Number of TA efforts provided to CAHs seeking trauma center designation/ certification
- Changes in the number of CAHs designated/certified as trauma centers

Support Trauma Team Development

- Rural Trauma Team Development (RTTD) courses
  - Number of RTTD training courses arranged and/or funded by Flex Program
  - Number of CAHs engaged in RTTD efforts
  - Number of personnel trained
  - Changes in the number of CAHs with trained trauma teams
- Comprehensive Advanced Life Support (CALS) course
  - Number of CALS training courses arranged and/or funded by Flex Program
  - Number of CAHs engaged in CALS training efforts
  - Number of personnel trained
  - Changes in the number of CAHs with personnel trained in CALS

Improve EMS Medical Direction

- Medical Director Training
  - Number of Medical Director training courses arranged/funded by Flex Program
  - Number of participants in Medical Director training courses
  - Number of Medical Directors using materials promoted by NAEMSP and CITF
- Medical Director Recruitment and Retention
  - Number of activities fostering rural physician recruitment as EMS Medical Directors
  - Number of trained or recruited EMS Medical Directors
  - Number of activities fostering collaborative Medical Director/EMS relationships

Implement Mechanisms to Support EMS Agencies

- Recruitment and Retention
  - Number of evidence-based recruitment and retention programs initiated
  - Number of Flex activities supporting access to EMS training (EMT, ALS, ACLS, etc)
  - Number of EMTs and paramedics recruited over time (total and net increase)
- Reimbursement
  - Number of EMS (ambulance) budget model courses conducted
  - Number of managers trained in EMS (Ambulance) budget model courses
  - Number of activities fostering EMS involvement in group purchasing and/or billing
- Restructuring
  - Number of activities fostering use of BIS and/or community planning processes
  - Development/implementation of strategies to address weaknesses in EMS systems
  - Number of activities to support the provision of EMS manager leadership training
  - Number of managers trained
  - Development of systems/programs to better utilize pre-hospital personnel in meeting the health care needs of rural communities in cooperation with state EMS offices
  - Numbers of EMS (Ambulance) services supported to join a community network