

Flex Program

CAH QIC/DON REGIONAL MEETINGS
OCTOBER 2022

Medicare Rural Hospital Flexibility Program aka Flex

History

- Established by the Balanced Budget Act (BBA) of 1997.
- The Flex program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The Federal Office of Rural Health Policy (FORHP) is within HRSA and coordinates activities related to rural health care within HHS.
- Developed on the experiences of rural demonstration projects developed through Montana Health Research and Education Foundation (MHREF).
- MT DPHHS Office of the Inspector General is the grantee with MHREF as a primary contractor.
- Grant year: 9/1-8/31 – 5 year cycles

Flex Program Areas & Objectives



2022 -2023 MT Flex Programming Update

As the HRSA awardee, DPHHS is pleased to announce Flex got a raise this year! The Consolidated Appropriations Acts of 2022 included an increase in the Flex Program budget and funding to support the new proposed Rural Emergency Hospital provider type. In dollar figures this amounts to \$880,105 for Year 4 of the 5-Year cycle. In addition, separate supplemental funding of \$70,408 was included for Rural Emergency Hospital outreach and education.

DPHHS issued a Request for Proposals in August to comply with State policy on contracting. The deadline for proposals was September 7. Due to the need to maintain continuity, the MHREF contract will be extended until October 31st and the new contracts will start November 1st. At the time of this presentation, a decision has not been made.

In addition to outside contractors, DPHHS partners with the Public Health & Safety Division Chronic Disease Prevention & Health Promotion Bureau EMS & Trauma Systems Section and Healthy Lifestyles Section to complete in-house Flex activities in the Financial & Operational Improvement, Population Health Improvement, and EMS Improvement Program Areas.

Eligibility Requirements

Flex Program funding is provided to CAHs through access to education and programs developed by MT Flex and not directly allocated to a hospital.

In order for hospitals to access Flex programming, FORHP/HRSA has put in place reporting requirements of the Medicare Beneficiary Quality Improvement Project (MBQIP).

Hospitals that don't meet minimum MBQIP data reporting requirements are not eligible to receive benefit of Flex-funded activities. Eligibility is tracked by MHREF Flex Program staff on a regular basis.

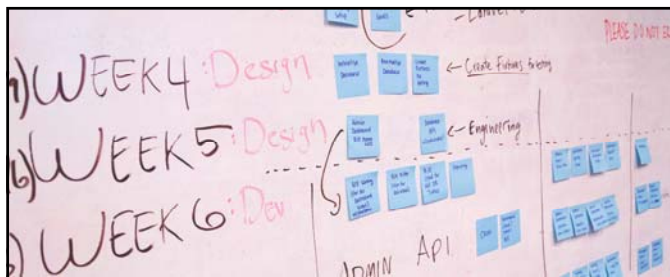
MBQIP Data Reporting Requirement

"Four for Four"

FOUR Core MBQIP Measures

for

FOUR consecutive quarters



Program Area 1: Quality Improvement

MBQIP: Medicare Beneficiary Quality Improvement Project

MBQIP	Care Transitions	Outpatient	Patient Engagement	Patient Safety
Core Required	<ul style="list-style-type: none"> Emergency Department Transfer Communications 	<ul style="list-style-type: none"> AMI (CMS OP-2 & OP-3) ED Throughput (CMS OP-18 & OP-22) 	<ul style="list-style-type: none"> HCAHPS 	<ul style="list-style-type: none"> Healthcare Worker Immunization Antibiotic Stewardship (NHSN Facility Annual Survey)
Additional Optional	<ul style="list-style-type: none"> Discharge Planning Swing Bed Care Medication Reconciliation Readmissions 	<ul style="list-style-type: none"> Chest Pain: Aspirin on arrival ED Throughput: Door to diagnostic evaluation 	<ul style="list-style-type: none"> ED Patient experience survey 	<ul style="list-style-type: none"> Healthcare Associated Infections (HAI) Adverse Drug Events (ADE) Falls

MBQIP Data Reporting

Hospital Quality Reporting (QualityNet)

- HCAHPS Survey: vendor or self administered
- Outpatient Measure OP-22: QualityNet via HQR
- Outpatient Measures OP-2, OP-3, OP-18: CAHRT or vendor tool
- Population & Sampling OP-2, OP-3: QualityNet via HQR

NHSN

- Antibiotic Stewardship Program: Annual Facility Survey
- Healthcare Worker Immunizations

State Program (via Quality Health Indicators)

- ED transfer Communications (EDTC)
- PIN Benchmarking

MBQIP Core Measure Deadlines

Domain	Measure	Submit To:	Q1: J-F-M	Q2: A-M-J	Q3: J-A-S	Q4: O-N-D
Care Transitions	ED Transfer Communications	QHI: Quality Health Indicators	May 1	August 1	November 1	February 1
Outpatient	AMI: OP-2 & OP-3	QualityNet & QHI	August 1	November 1	February 1	May 1
Outpatient	ED Throughput: OP-18	QualityNet & QHI	August 1	November 1	February 1	May 1
Outpatient	ED Throughput: OP-22	QualityNet	Calendar Year Due May 15			
Patient Engagement	HCAHPS	QualityNet (by vendor)	July 1	October 1	January 1	April 1
Patient Safety	Healthcare Worker Influenza Immunization	NHSN	Flu Season Data Due May 15			
Patient Safety	Antibiotic Stewardship Program	NHSN via Annual Facility Survey	Calendar Year Due March 1			

Activities

- Education on Quality Improvement Framework and best practices.
- Regional, Peer, and Interest Cohort opportunities.
- Live & virtual networking & education with state peers.
- Certification Prep Courses
- Quality Reporting technical assistance
- Support quality improvement projects via learning by doing

2021-2022 Activity Summary

Cultivating Roots of Quality Improvement (QI Roots)

- 105 Days – 7 Completed Projects - Project Satisfaction 5.0
- Directly improve patient care and experience by:
 - *scheduling efficiencies*
 - *medication education around indications*
 - *discharge planning*
 - *communication on transfers from the ED to receiving facility*
 - *chest compression*
 - *medication reconciliation*

"This was a very much needed class for me, it really propelled me into the start of my PI Career"
-QI Roots Participant

Champions of Quality Improvement (QI Champions)

- 7 Participants – Project Satisfaction 4.7
- Participants said:
 - *We can take the education and pass it on to our team. It is always nice to find a new or different way to present a topic.*
 - *Networking and building relationships. Great to have others doing same/similar work in a similar setting in a group*

2021-2022 Activity Summary

Swing Bed Quality Improvement Project

- Meeting SWB Conditions of Participation – 94% to 97%
- Patient Return to Previous Residence – 67% to 76%
- QA metrics introduced into PIN Benchmarking
- Cohort of CAHs engaged in SWB Patient Satisfaction Survey
- Montana Swing Bed Manual released by end of October

CPHQ Prep Course

- 20 students completed course
- 7 students received their CPHQ credentials.



Program Area 2: Financial & Operational Improvement

Activities

- Performance Improvement Network (PIN) Benchmarking Project.
- Support financial improvement projects via learning by doing.
- Annual coding education.
- Survey Readiness resources and education.
- Strategic Planning Facilitation with the Balanced Scorecard Model.
- Lean Internship Program with Montana State University.
- Advanced Trauma Life Support (ATLS) provider courses.

PIN Benchmarking

The PIN Benchmarking Project, collecting data since 2001, consists of measures requested by MT CAHs to use for utilization and operational performance indicators and internal reporting and comparison to peer hospitals.

Measure	Submit To:	Q1: J-F-M	Q2: A-M-J	Q3: J-A-S	Q4: O-N-D
PIN Benchmarking Project	QHI: Quality Health Indicators	June 1	September 1	December 1	March 1

PIN Benchmarking

Acute Patient Days *	Staff Turnover
Average LOS in hours for inpatient stays *	Nursing Staff Turnover
Total number of acute care discharges *	Staff Turnover: Non Nursing Clinical
Total number of SB discharges *	Staff Turnover: Non Clinical Staff
Total number of SB patient days *	Days cash on hand *
Average LOS in days for SB *	Gross days in account receivable *
Total number of ED visits *	Bad debt as a percent of gross revenue *
Total number of observation days	Charity care as a percent of gross revenue *
Readmission within 30 days (All Cause) Rate (same hospital)	Cost per Adjusted Patient Day *
Primary C-section Rate	Labor Costs as a percent of net patient revenue
Percent of acute care patients that are transferred	Swing Bed Occupancy per day
Return visits to ER within 72 hours for any/all cause	Emergency Room-Hours worked per visit
Percent of ED visits resulting in transfer	Acute Occupancy per day
Facility-Wide Hospital-Acquired Pressure Ulcer Rates	Nursing Hours per patient day
Facility-Wide Falls with any Type of Injury Rate	Operating Room-Worked hours per procedure

* Data Bank: if your facility reports regularly to Data Bank, MT Flex can obtain.
More information: <https://mha.org/about-mha/our-services/data-information-services/>

2021-2022 Activity Summary

Education

- CMS Conditions of Participation Series
 - 85 attendees
 - 4.8 Overall Satisfaction Score
- Summer Coding Series
 - 80 attendees
 - 4.7 Overall Satisfaction
- Revenue Cycle A to Z
 - 25 Facilities
 - 4.7 Overall Satisfaction
- EMS Coding/Billing
 - 40 attendees/28 EMS agencies
 - 4.6 Overall Satisfaction

2021-2022 Activity Summary

Finance & Operations Improvement Project (FOIP)

- 13 CAHs, 28 CAH staff (teams encouraged)
- 3.8/5.0 Overall Project Satisfaction (Only 3 evals received)

Cost Report Tool Pilot

- 3 CAHs received Cost Report Tool to allow Cost Report estimate on a monthly basis.
 - Rosebud Health Care Center, Madison Valley Medical Center, Prairie County Hospital
- Flex provided cost of the tool, and first year license fee. CAHs agree to second year license fee. Will review for further consideration as Flex project.

2021-2022 Activity Summary

Lean Internship Executive Summary

Type	Main Accomplishments
Workflow (ER registration) Redesign	-Increased the percentage of completed registration by 33%
Workflow (Patient contacting) Redesign	-Reduced average providers response time from 58 hours
Inventory Management	-Developed and implemented inventory layout of medical equipment in new ER facility -Reorganized inventory layout of pediatric cart
Inventory Management	-Reduced the inventory level by 68% by using customized PAR system -Rearranged the layout of main material storage room, that resulted in 88% decrease of distance traveling for physical therapy, and 100% decrease of distance traveling for housekeeping
Phone System	-Evaluated phone system needs -Decreased patient interruptions at switchboard to 5%
Clinic Scheduling	-Increased providers utilization by 10% -Developed more flexible clinic schedule for employees (4 days week) and patients (Morning hours & open during the lunch time)
Communication Flow	-Established a system of work groups to address outstanding record entries

2021-2022 Activity Summary

Advanced Trauma Life Support (ATLS) Training

- Trauma Systems was not able to complete all 5 Provider Courses last year. **But did increase the number of ATLS Instructors by 6 – halfway to the goal of 12!**
- This year 5 ATLS Provider courses are planned with Flex offering a stipend to the instructors.
- Only students who receive "Instructor Potential" at an ATLS Provider course are eligible to be instructors. In the past, Instructor Course eligibility was limited to doctors, however, Montana requested and received permission to have Advanced Practice Clinicians eligible for Instructor Potential, too.

Connect:

- Program Contact: Alyssa Johnson, Trauma Systems Program Manager
• Alyssa.Johnson@mt.gov (406) 444-0752
- Registration Info for 2022-2023 Courses: <https://dphhs.mt.gov/publichealth/emts>



Program Area 3: Population Health Improvement

Activities

- Community Health Needs Assessment (CHNA) Implementation Plans
- Data Hub of Community Health Services Development (CHSD)
- Worksite Wellness
- Rural Train-the-Breastfeeding Trainer Program
- Critical Access Certified Lactation Scholarship Program

2021-2022 Activity Summary

CHNA Implementation Plans – Montana Office of Rural Health

- Completed 8 Implementation Plans
- Applications available!

Connect:

- Email Jack for applications – jack.king@mtha.org
- Email Sara Jestrab with MORH with questions on the process - sara.jestrab@montana.edu
- For more info: <https://healthinfo.montana.edu/morh/chsd/index.html>

Healthy Places Index

The Healthy Places Index (HPI) Project is led by the Montana Health Research & Education Fund (MHREF) with support from the CDC. The purpose of the HPI Project is to develop a social needs metric that is tailored to the unique needs of Montana's communities.

Current indices, such as the CDC's Social Vulnerability Index, the University of Wisconsin's Area Deprivation Index, and California's Healthy Places Index were designed for specific settings and may not be relevant for Montana's populations.

In contrast, Montana's index will leverage innovative data sources that are the most relevant for Montana's social needs in rural, frontier, and underserved communities.

Over the next several months, the project will focus on piloting interventions with select hospitals and healthcare stakeholders based on insights from the HPI scores.

2021-2022 Activity Summary

Worksite Wellness – DPHHS Healthy Lifestyles Section

- The Worksite Wellness program met its goal with 8 CAHs participating with added funding for participating CAHs to utilize these CDC evidence-based programs:
 - Live Life Well Program
 - Walk with Ease Program

Prenatal & Post Partum Breastfeeding Support Training - DPHHS Healthy Lifestyles Section

- Provides free to low-cost options for CAH training for staff
- Rural Train-the-Breastfeeding Trainer Program (4 hours) on-site at no cost to the host facility
- Critical Access Certified Lactation Scholarship Program (40 hours) with Flex providing 12 scholarships for staff certification
- Increased the number of certified lactation counselors in our CAHs exceeding our 5-year target by 5%.

Connect:

- Program Contact: Jessica Ackeret, Health Education Specialist, jessica.ackeret@mt.gov (406) 444-6873
- Registration Info for 2022-2023 Courses: <https://dphhs.mt.gov/publichealth/chronicdisease/>



Program Area 4: EMS Improvement

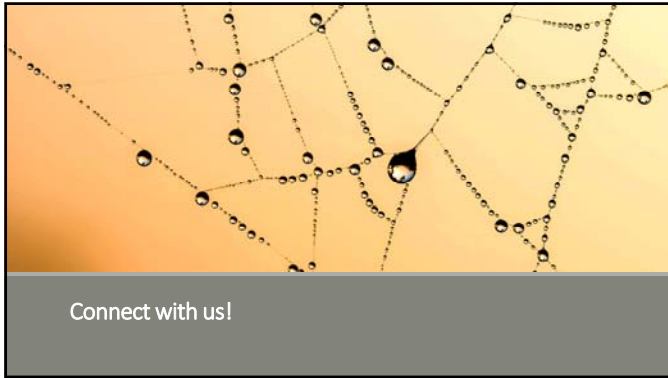
2021-2022 Activity Summary

Emergency Medical Services

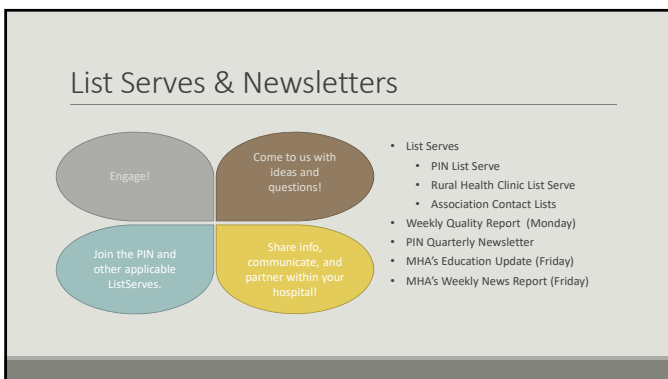
- In FY 2021-22, EMS partnered with Flex to maintain a contract with ImageTrend for a data bridge with the national CARES Registry removing the need for double data entry for EMS personnel.
- In FY 2022-23, Flex will share expenses with EMS for SIM-MT excellence in pre-hospital injury care (EPIC) joint CAH and EMS staff training.
- DPHHS Flex and EMS collaborated for submission of an application for a Flex EMS Supplement award. Notice of funding was announced and Montana was not successful. Stay tuned for a new EMS activity in the work plan.

Connect:

- Program Contact: Shari Graham, EMS Supervisor, SGraham2@mt.gov (406) 444-6098
- Registration Info for 2022-2023 Courses: <https://dphhs.mt.gov/publichealth/EMSTS/EMS/>







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