

# Medicare Rural Hospital Flexibility (FLEX) Grant and Quality Update

March 1, 2016

# FLEX Grant

- National grant to support quality and performance improvement activities, stabilize rural hospital finance and facilitate population health management
- 33 out of 36 Missouri CAHs participating

# 2016 Work Plans

# Financial and Operational Work Plan

- Analyze annual financial report, Stress Test, Management and Productivity Report, Annual Licensing Survey, Cost Report, Wipfli assessments and FLEX Monitoring Team Financial Indicator Report
  - Identified seven hospitals that would benefit from targeted support
- CAH Network meetings
  - Review activities and provide feedback
- Technical assistance and training
- Use of national stewards and best practices

# 2016 Financial and Operational Trainings

Training	Method	Date	Location
CAH Network Meeting	In-person	March 1	MHA office, Jefferson City
Hospital Case Management Boot Camp: Influencing Positive Clinical and Financial Outcomes	In-person	May 18-19	Old Kinderhook, Camdenton
CAH Network Meeting/MHA Leadership Forum	In-person	June 10	Radisson Hotel Branson, Branson
Another Set of Medical Eyes — The Emerging Role of the Physician Advisor	In-person	June 17	Hilton Garden Inn, Columbia
FLEX Statewide Meeting	In-person	July	Columbia
CAH Network Meeting/MHA Convention	In-person	November	Tan-Tar-A Resort, Lake of the Ozarks

# Quality Work Plan

- Increased reporting through awareness and education
- Site visits for individualized support
- Regional meetings twice a year
- Statewide meeting
- Orientation manual
- Data analysis to drive strategy and improvement

# 2016 Quality Trainings

<b>ALL Trainings</b>	<b>Method</b>	<b>Date</b>	<b>Location</b>
<b>Statewide FLEX Update</b>	In-person	July	Columbia
<b>Regional Meetings</b>	In-person	March, October	Chillicothe, Festus, Springfield
<b>Quarterly Webinars</b>	Electronic	February, May, August, November	N/A

# Population Health Work Plan


- Community Health Needs Assessment Guidance Document distribution and education
- MO CAH CHNA aggregation with focused resources
- Collaboration with DHSS
- Statewide meeting
- Data analysis to identify common community health issues




# Registration Fee Reimbursement

- Are there any upcoming educational events that are related to the FLEX topics, that could possibly be included in our education reimbursement budget?




# Resources - Website



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[Learning & Networking](#)
[Research & Analytics](#)
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## MBQIP

The Medicare Beneficiary Quality Improvement Project is a quality improvement activity under the Medicare Rural Hospital Flexibility (FLEX) grant program. The goal of the FLEX grant is to improve the quality of care and financial and operational performance, as well as manage population health needs. This national project provides an opportunity for individual hospitals to look at their own data, measure their outcomes against other CAHs and partner with other hospitals in the state around quality improvement initiatives to improve outcomes and provide the highest quality care to each and every one of their patients. Read more about FLEX and MBQIP [here](#).

MBQIP LEARNING NETWORK


RESOURCES

PRESENTATIONS


EVENTS

[FLEX Sign Up Information](#)


[List of Missouri FLEX Critical Access Hospitals](#)



Contact An Expert



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# Resources – Reporting Guides



# Resources - Handouts

- January 28, 2016 FLEX webinar slides
- Eliminate Health Disparities flyer
- Missouri Quality Transparency Update
- Aim for Excellence Award flyer

# Aim for Excellence Award



The Missouri Hospital Association is pleased to announce the Aim for Excellence Award to recognize Missouri hospital's innovation and outcomes. The award will recognize up to six member organization- or team-based projects that address at least two of the three Triple Aim principles.

Applications must be received by **Monday, May 2**. Please visit MHA's website for additional information.  
[www.mhanet.com/afea/](http://www.mhanet.com/afea/)

# Categories

- Critical access and rural hospitals
- Small and large metropolitan statistical area hospitals
- Care collaboratives or health care systems

\*maximum of one application per category

# Eligibility

- Project-based applications designating a team or organization
- Limit of one application per hospital, although a hospital also may be part of the larger comprehensive care model award
- Intervention must have been implemented for at least one year and have evidence of results
- Hospital-based applications must address at least two of the three Triple Aim principles; awards for the comprehensive care model or health system must address all three principles



# Scoring

Each eligible application will be judged and scored by a team of three external Missouri partners including funders, academics, health-related centers and health-related organizations.

Scoring Criteria	Scoring Explanation	Scoring Point Allocation
Triple Aim Alignment	Hospitals with at least two principles OR Collaboratives or health systems with all three principles	10
Triple Aim Alignment	Evidence of all three principles incorporated into the initiative and results	10 bonus points per discretion of each judge
IOM STEEP Alignment		10
Problem Statement	Clear, data-supported opportunity	5
Project Goal	Clear, measurable improvement	5
Strategy	Evidence-based and innovative	15
Data Source(s)	Recognized, appropriate, complete	10
Engagement	Leadership and external partners	10
Results	Data-driven outcomes	20
Sustainability	Plan for replication and spread	10
Lessons Learned	Strategy to improve	5
<b>Total</b>		<b>110 possible</b>

Scores will be based on one-half and full point increments. The top application in each category must receive a minimum average total score of 75 of 100 points to receive the award. Ties for the top score in each category will be recognized in alpha-order. Second place organizations scoring at least 75 points will receive honorable mention. If no applications in a particular category receive at least 75 points, that category will not receive an award in that year.

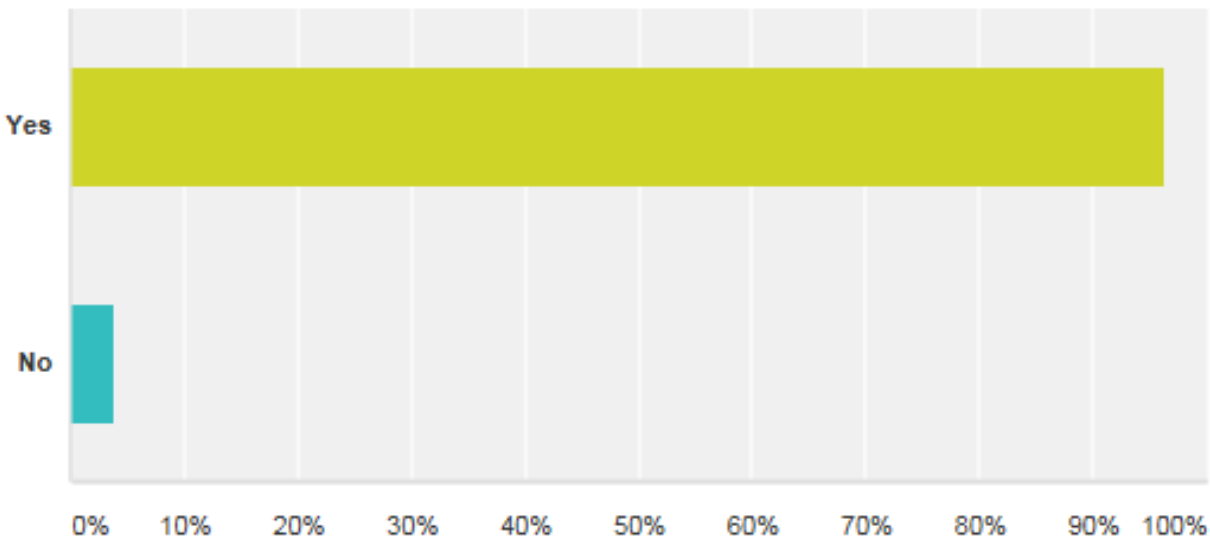
# Award Timeline

Action	Timeline
Application Release	March 1, 2016
Application Due Date	May 2, 2016
Awardee Notifications	Beginning August 15, 2016
Awardee Announcement	November 3, 2016

# CEO CAH Quality Reporting Networking

### Are you interested in networking with other Missouri critical access hospital CEOs regarding quality data collection and reporting?

Answered: 26 Skipped: 0



Answer Choices	Responses
Yes	96.15% 25
No	3.85% 1
Total	26

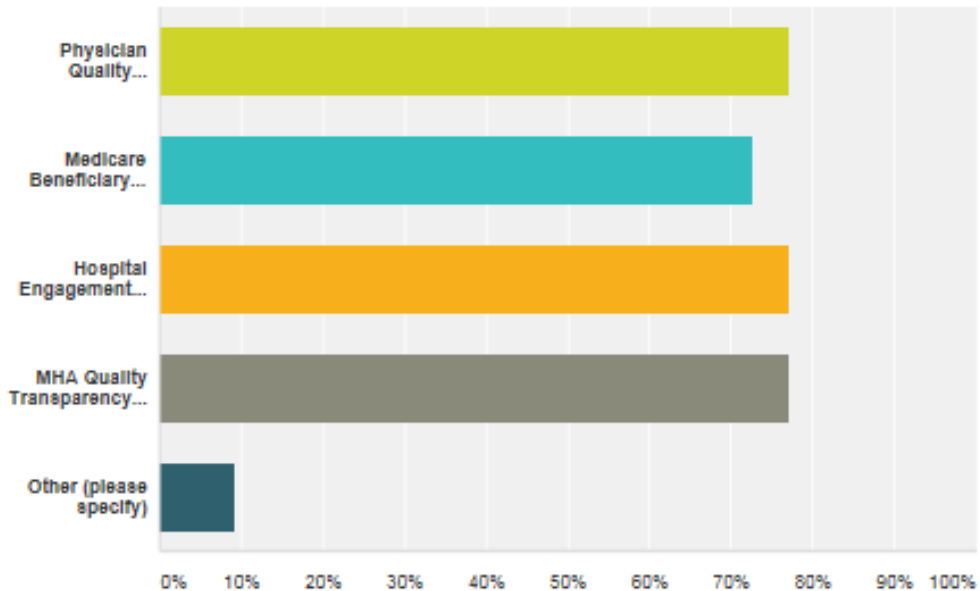


# Goal

- What are you most interested in learning from others:
  - Ask questions of other CEOs (peer to peer)
  - Get ideas and share ideas
  - Learn about details of programs

### If yes, what reporting programs are you interested in networking and spreading best practices?

Answered: 22 Skipped: 4



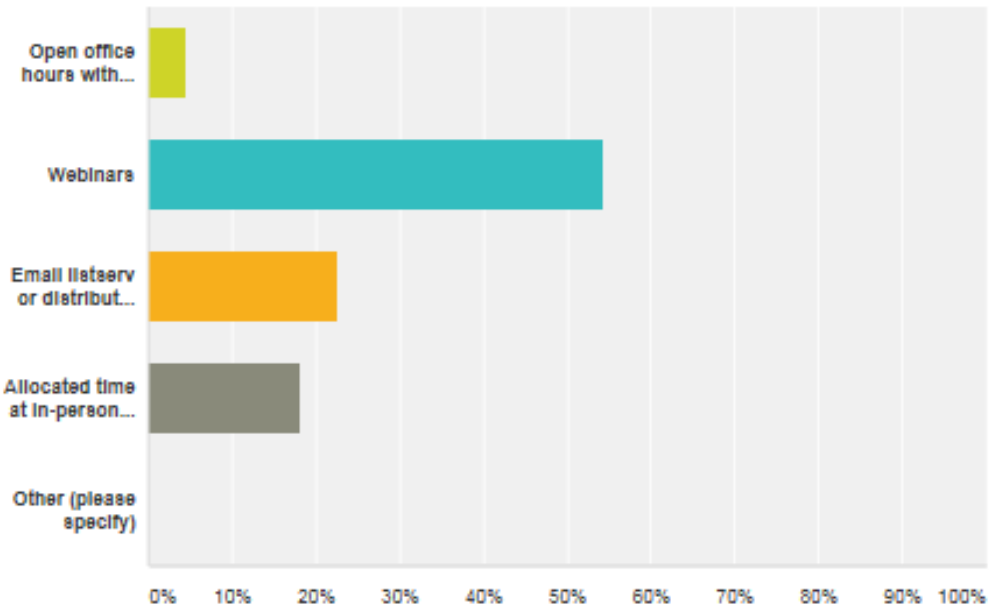
Answer Choices	Responses
Physician Quality Reporting System (PQRS)	77.27% 17
Medicare Beneficiary Quality Improvement Project (MBQIP)	72.73% 16
Hospital Engagement Network (HEN)	77.27% 17
MHA Quality Transparency Initiative	77.27% 17
Other (please specify)	Responses 9.05% 2
Total Respondents: 22	

# Options

- Quality-focused CEO visits
- Receive SQI Monthly Newsletter
- Email SQI staff with questions to ask the group
- In-person updates at relevant meetings
- Webinars

### What type of format would be most conducive to this best practice sharing and learning?

Answered: 22 Skipped: 4



Answer Choices	Responses
Open office hours with facilitated CEO discussion	4.55% 1
Webinars	54.55% 12
Email listserv or distribution group	22.73% 5
Allocated time at in-person meetings	18.18% 4
Other (please specify)	0.00% 0
<b>Total</b>	<b>22</b>





Answered: 6 Skipped: 20

As a small CAH, I have no one but myself to collect and submit quality data. Makes it very hard to stay on top of it. Having one site to submit o and they disseminate all data would be optimal and save countless hours and headaches.

2/22/2016 9:19 AM

"pitfalls and pearls" newsletter for CEO, QI managers and others involved in the process as a Drudge-type aggregator of what you've heard (good bad and ugly) as you monitor the various meetings with constituents/users. We need a do this, not that format for small institutions that may not have the personnel horsepower that larger places do. Thanks for all you do!

2/22/2016 8:24 AM

I would think our quality directors need to be part of the networking. They have the firsthand knowledge of the reporting requirements.

2/15/2016 2:19 PM

Develop a parallel group for the staff actually doing the reporting to identify pitfalls, best practices, etc.

2/14/2016 10:38 PM

If it will just be CAHs, then do at our face to face meeting. My guess is we all get overwhelmed with requests so side-by-side discussion of each would be useful.

2/12/2016 3:14 PM

# Support

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