

# Identifying Data Sources and Tying Needs to Activities

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# Overview

- Setting the Context
- Background of the Medicare Rural Hospital Flexibility (Flex) Grant Program
- Why a needs assessment?
- FY15 Needs Assessment
- Flex Monitoring Team Resources

# Environmental Context

Moving Beyond Cost-Based Reimbursement and Fee for Service

Reimbursement & the Increasing Link to Quality Outcomes

- Quality Metrics
- HAC Penalties
- Readmission penalties
- And ...

How might Value be measured? Road signs along the way

National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination  
National Action Plan for Adverse Drug Event Prevention

Health of the Community

IRS 990 Community Health Needs Assessment  
Population health

Alignment of Conditions of Participation

Moving from voluntary to mandatory.  
Insurance Network requirements.

Greater Role of Health IT

“Meaningfully Using”  
e-capture of quality reporting requirements. (workload)  
Greater utilization of telemedicine to increase patient access to care

# Medicare Rural Hospital Flexibility Grant

- The Flex Program is an essential tool for states to ensure residents in rural communities have access to high quality, necessary care.
  - Supports improving the quality of health care in CAHs.
  - Supports the fiscal health and operational performance of the CAHs.
  - Supports the development of collaboration between local and regional delivery systems.

# Flex Program: Meeting the Need

- National Program level: Using the Flex funding to drive improvement and change
- State Level: Assessing and prioritizing need within the context of Critical Access Hospitals

# Why a needs assessment?

- Understand your state's CAH landscape:
  - Evaluate disparities of CAHs in the state
  - Identify trends of CAHs in the state
  - Identify stakeholders already engaged with critical access hospitals (QIO projects or state hospital associations)
- Know where to target limited resources
  - Guide decision on what to fund for FY15 and beyond
- Use as a baseline to measure progress or impact of project

# Challenges

- Data may be old
  - Use trends
  - Ask questions to understand the data
- There is limited funding to meet the need
  - Efficient ways to target funding to meet those high in need
  - How can Flex funds compliment other activities

# FY15 Flex Guidance

- Needs assessment is the essential (*and required*) component for setting priorities and funding activities
  - What is the environment for CAHs in your state – current status or trends?
  - Where are the challenges that impact the ability of CAHs to provide high quality care to communities?
  - What other stakeholders are engaged in supporting CAH efforts?



# FY15 Flex Guidance

- Required\* Use of Flex Monitoring Team Data
    - Quality Reports (provided for each state and hospital)
    - Financial Reports (provided for each state and hospital)
    - Community Benefit Reports (state info)
- \*unless equally robust but more recent data is available

# FY15 Flex Guidance

- Other data sources
  - Data from networks
  - Data from hospitals
  - Health department data
  - Conversations with hospital CEOs/CFOs/quality staff

# FY15 Flex Guidance

- Determining needs is an allowable activity
  - CAH and stakeholder focus groups
  - In depth financial and operational assessments

# How Do You Assess Needs?

## Example: Focus Groups

- A specially selected group to discuss an issue
- Open ended questions
- 7-10 people
- Contrasts with Key Informant
  - Key informant provides individual perspective
  - Focus group offers individual within the context of a group

## Advantages/Disadvantages

### Advantage

- Speed
- Low cost
- Flexibility
- Benefit of group dynamics

### Disadvantage

- Less control than key informant
- Difficulty in assembling the group
- Disadvantage of group dynamics

# How Do You Assess Needs?

## Example: Survey

- Sample of population (entire population)
- Typically a closed ended instrument (sometimes open ended)
- Mailed, telephone, personal interview
- Measure attitude
  - present services (awareness, use, need)
  - need for future services
  - quality of services/care
  - provider assessment

## Advantage/Disadvantage

- **Advantage**
  - Most scientifically valid and reliable
  - Representative of population
  - Commonly used and accepted
  - Amount of data gathered
- **Disadvantage**
  - Most expensive
  - Less flexible

# How Do You Assess Needs?

## Example: Community Forum

- Open public meeting with all interested persons invited to participate
- Generally provides a means of soliciting a broad range of views and concerns
- Pose questions to the audience
  - What do you see as the most important community or regional health problems?
  - What areas should be addressed?
  - How do we address these issues?

## Advantages/Disadvantages

### Advantage

- Speed and low cost
- Flexibility
- Most participatory
- Educate public and form of community development

### Disadvantage

- Can be unrepresentative of population
- “Gripe” session
- Challenge “expert” perspective

# Flex Monitoring Team Data

- The FMT provides comprehensive information about CAH financial and operational performance
  - **Data:** CMS Medicare Cost Reports, Medicare claims
  - **Products:** Annual hospital-level reports that compare CAH performance on key financial indicators; related resources

# Flex Monitoring Team Data

- 22 indicators of financial performance and condition specifically for CAHs
- Profitability, liquidity, capital structure, revenue, cost, and utilization measures essential to CAH financial management
- CAH peer groups facilitate apples-to-apples comparison
- Benchmarks for good performance targets



# Flex Monitoring Team Data

- Medicare outpatient indicators allow CAHs to better understand and manage a large source of revenue
- **NEW** market data – identifies ZIP codes that comprise 75% of inpatient Medicare discharges for each CAH
  - Number and percent of Medicare admissions from each ZIP
  - Allows CAHs to assess market position and identify Medicare beneficiary hospital bypass

# Flex Monitoring Team Data

- The FMT measures quality performance to identify areas to target for quality improvement.
- **Data:** Hospital Compare, MBQIP
- **Products:** national & state reports on CAH Hospital Compare participation & performance; state & regional MBQIP analyses
  - hospital-level reports in development

# Flex Monitoring Team Data

- **NEW** comparisons: CAH inpatient, outpatient & HCAHPS reporting rates for each state ranked nationally & compared to:
  - states with similar numbers of CAHs
  - states in same HRSA region
- Performance on each quality measure for all CAHs in a state compared to CAHs in all other states
  - statistically-significant differences highlighted

# Flex Monitoring Team Data

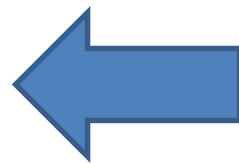
- The FMT measures how CAHs benefit and impact their communities
- **Data:** AHA Annual Survey, County Health Rankings, Medicare Cost Reports
- **Products:** Biennial national & state reports; CAH community benefit toolkit
  - hospital-level reports in development

# Accessing FMT Products

- FMT products are posted to our website [www.flexmonitoring.org](http://www.flexmonitoring.org)
- To access password-protected CAH-specific financial reports, email [CAH.finance@schsr.unc.edu](mailto:CAH.finance@schsr.unc.edu)

# ORHP – Additional Resources

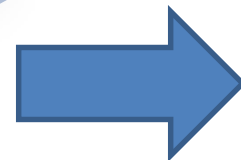
- Flex
- SHIP
- Small Health Care Provider QI



- Regulation Review
- Flex Monitoring Team
- National Advisory Committee on Rural Health & Human Services
- Policy Briefs



- State Office of Rural Health
- TASC
- Rural Assistance Center
- RHC TA Series
- Rural Hospital Transitions Project



- Outreach
- Network
- Network Planning
- Telehealth Networks
- USDA Capital Loans
- Workforce



# Additional Resources

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