

# 2024 ORH Hospital Quality Workshop

June 26-27, 2024

St. Charles Medical Center | Bend, OR

National CAH Quality Inventory & Assessment - Oregon  
Maddy Pick, MPH, Flex Monitoring Team

# Flex Monitoring Team



A Performance Monitoring Resource for Critical Access Hospitals, States, & Communities

## National CAH Quality Inventory & Assessment - Oregon

Flex Monitoring Team

Maddy Pick, MPH

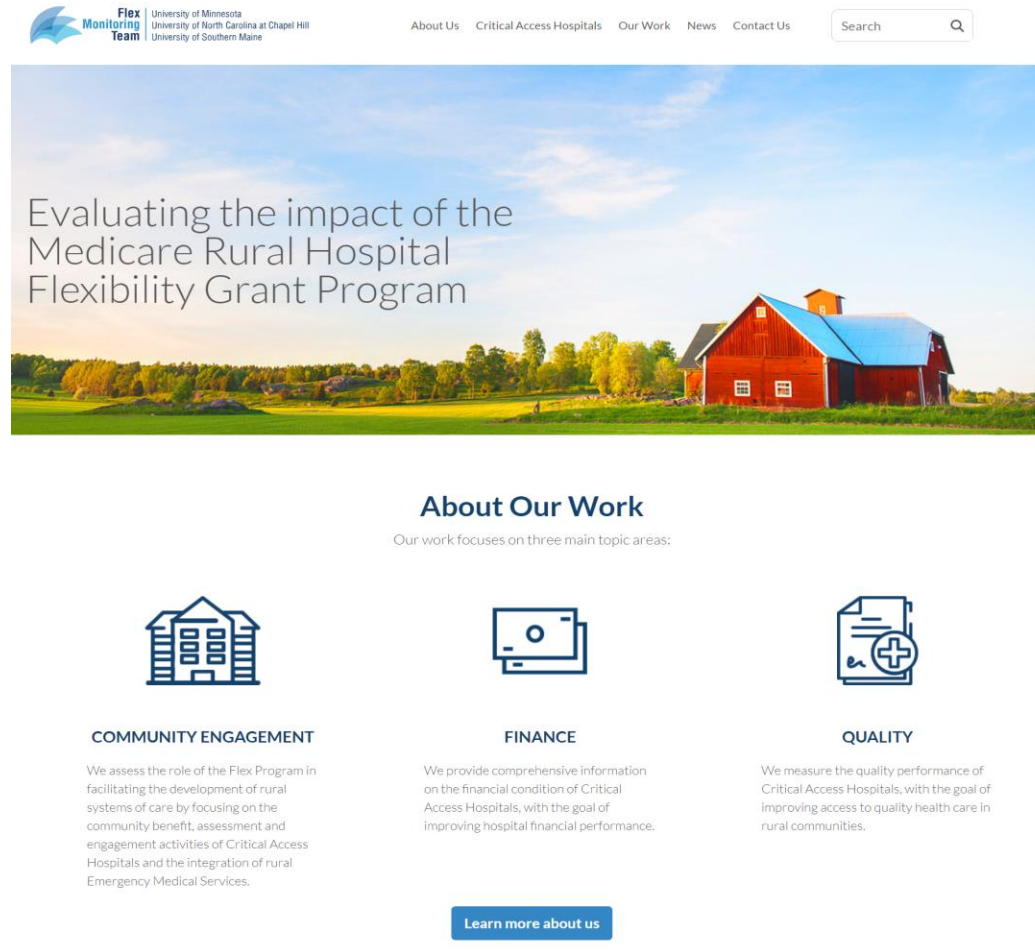
June 26, 2024

# Flex Monitoring Team Overview

- FMT is a consortium of researchers who evaluate the Medicare Rural Hospital Flexibility (Flex) Program that supports Critical Access Hospitals (CAHs):
  - UMN – Quality
  - USM – Community Health and EMS
  - UNC – Finance
- Project Team: Megan Lahr, MPH; Alyssa Furukawa, MPH; Bobby Barclay, MPH

This work was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement grant #5U27-RH01080. The information, conclusions, and opinions expressed in this presentation are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

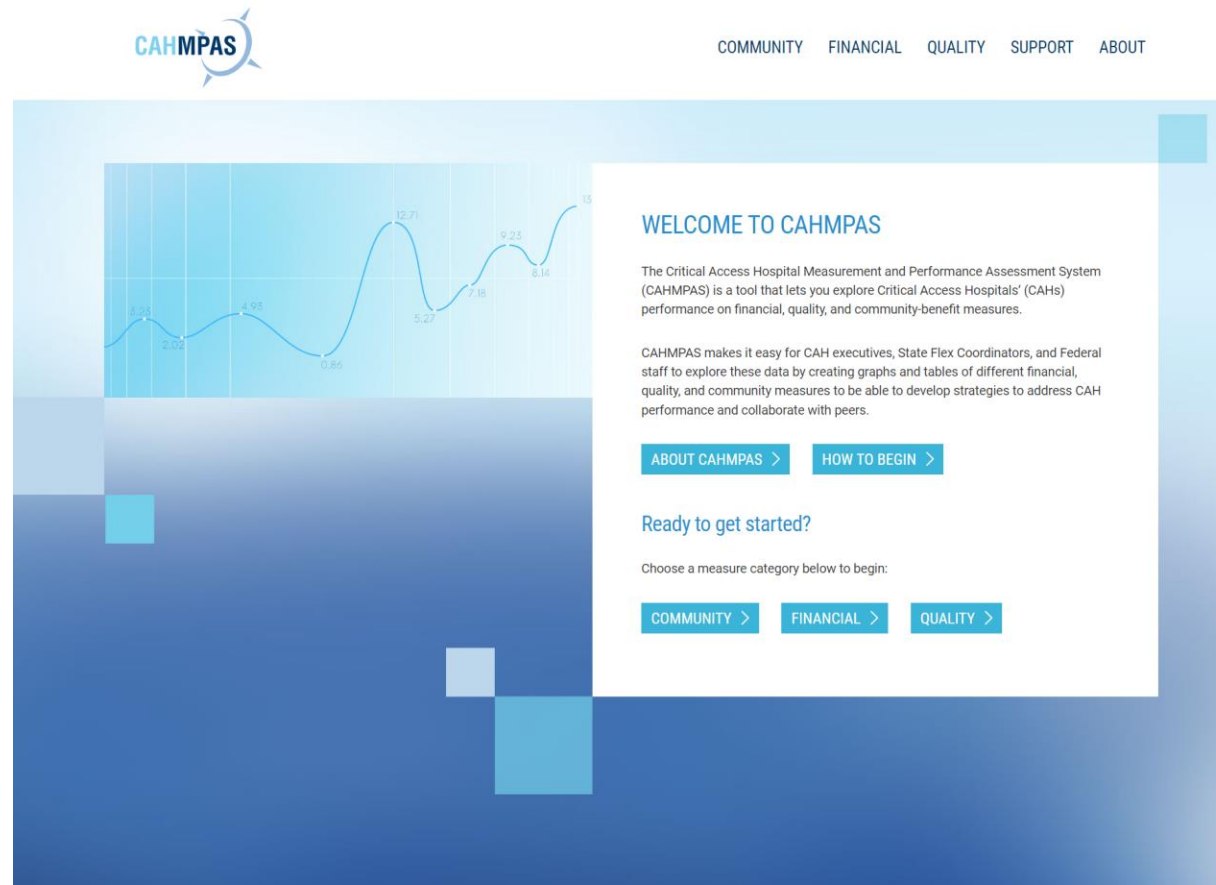
# Flex Monitoring Team Website



<https://www.flexmonitoring.org/>

[www.flexmonitoring.org](https://www.flexmonitoring.org/)

# CAHMPAS Website



<https://cahmpas.flexmonitoring.org/>

[www.flexmonitoring.org](http://www.flexmonitoring.org)

# Assessment Background

The goals of the Assessment are to:

1. Gather an inventory of hospital service lines and related quality measures to identify trends and help inform Flex initiatives at the state and national levels
2. Assess CAH quality infrastructure to identify gaps and opportunities for enhancement

Related to two goals, assessment has two components (not to be conflated)

1. Data collection on CAH characteristics, services, measures for Flex Program benefit (for CAHs, SFPs, FORHP, Partners)
2. CAH Submission of CAH Quality Infrastructure Measure

# Supporting Quality at Various Levels

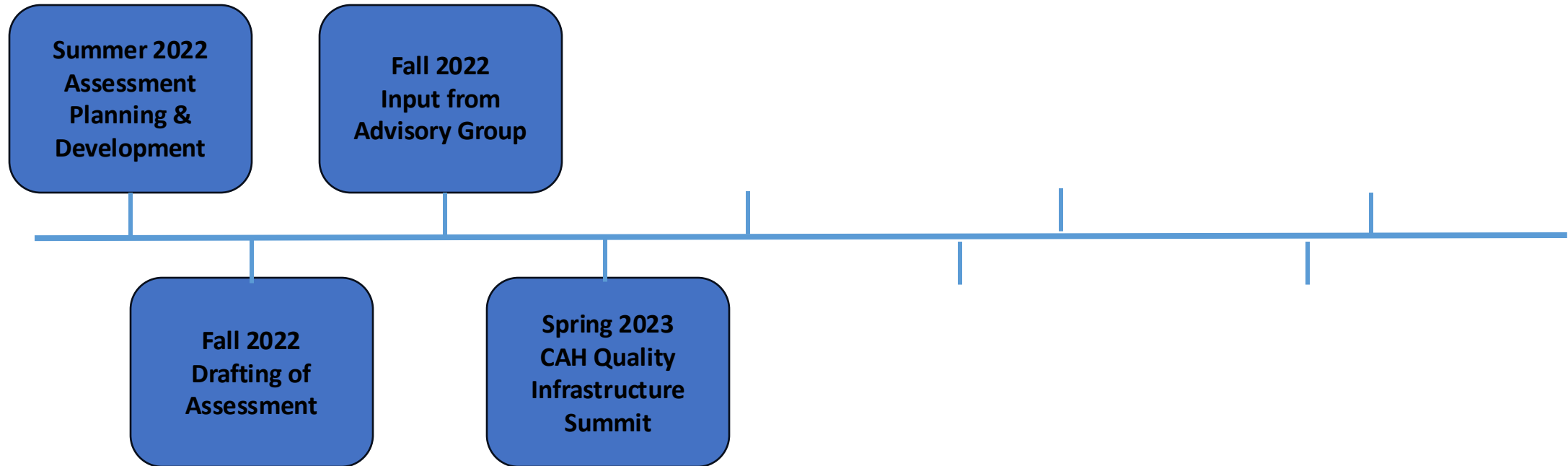
- Hospital-level: Provide state and national comparison information related to quality infrastructure, QI processes, and quality activities and measurement across different CAH service lines.
- State-level: Provide timely, accurate, and useful CAH quality-related information to help inform technical assistance for CAH improvement activities.
- National-level: Provide hospital and state-specific information to help inform the future of MBQIP and national technical assistance and data analytic needs.

# Benefits for CAHs

- Access an assessment of your CAH's quality infrastructure and information on areas for improvement for your facility.
- Compare your facility with others in your state and nationally on areas of infrastructure, service lines, general facility characteristics (e.g., patient volume, EHR vendor, participation in quality-related initiatives), and other important quality-related data.
- Work with your State Flex Program to network and connect with other CAHs in your state or nationally that have similarities. This might include other CAHs with the same EHR vendors and those that provide less common services that either match the services your CAH currently provides or ones it may like to provide in the future (such as labor and delivery, Rural Health Clinics, or Swing Beds).
- Receive more targeted technical assistance and activities through your State Flex Program based on your service lines, quality reporting, quality infrastructure, and other key needs (e.g., based on EHR vendor).



# 2023 Assessment Timeline



# CAH Quality Infrastructure Summit

Two-day facilitated consensus workshop to identify:

## Core Elements

Those aspects of infrastructure that are necessary to have a successful and robust quality program.

## Criteria

The ways in which core elements can be achieved or demonstrated.

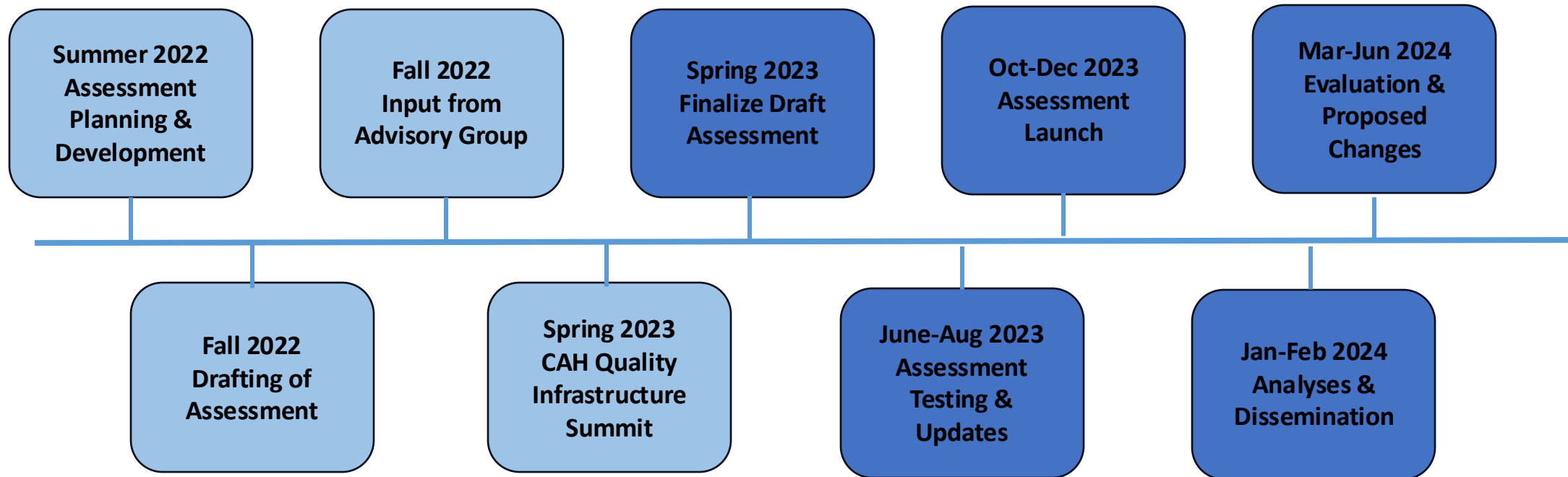
***Read the report:***

[Building Sustainable Capacity for Quality and Organizational Excellence](#)



March 7 – 8, 2023, Bloomington, MN

# 2023 Assessment Timeline



# Inventory & Assessment Overview

Four Main Sections of Assessment:

1. CAH Characteristics
2. CAH Services and Service Lines
3. CAH Quality Measures
4. CAH Quality Infrastructure Measure

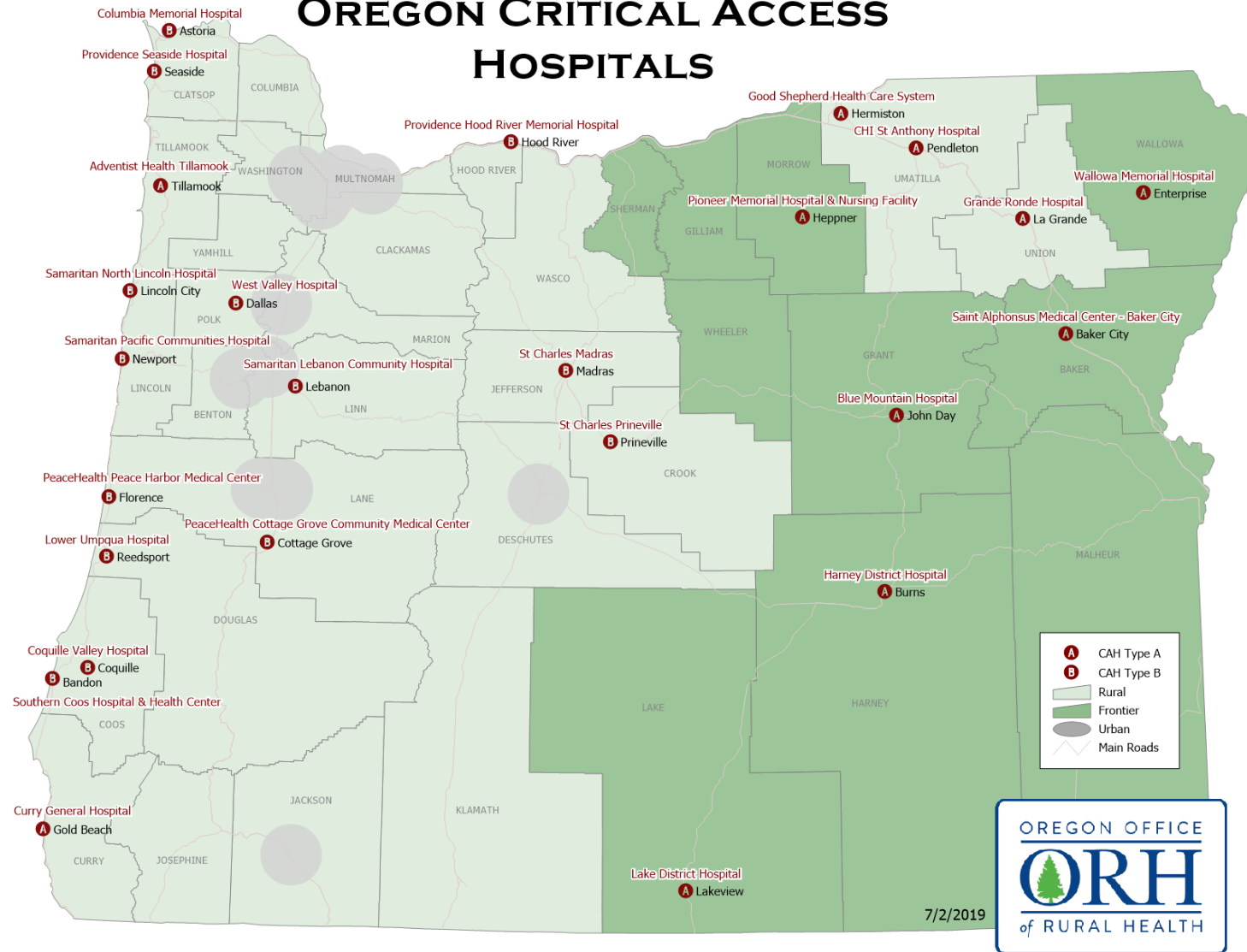
# Overall Assessment Results

- Fielded from October 25 – December 31, 2023
- Response rate – 89% of all CAHs
- 19 states (of 45 Flex states) had all CAHs complete – including Oregon!
- Overall positive feedback from respondents and SFPs

# CAH Characteristics

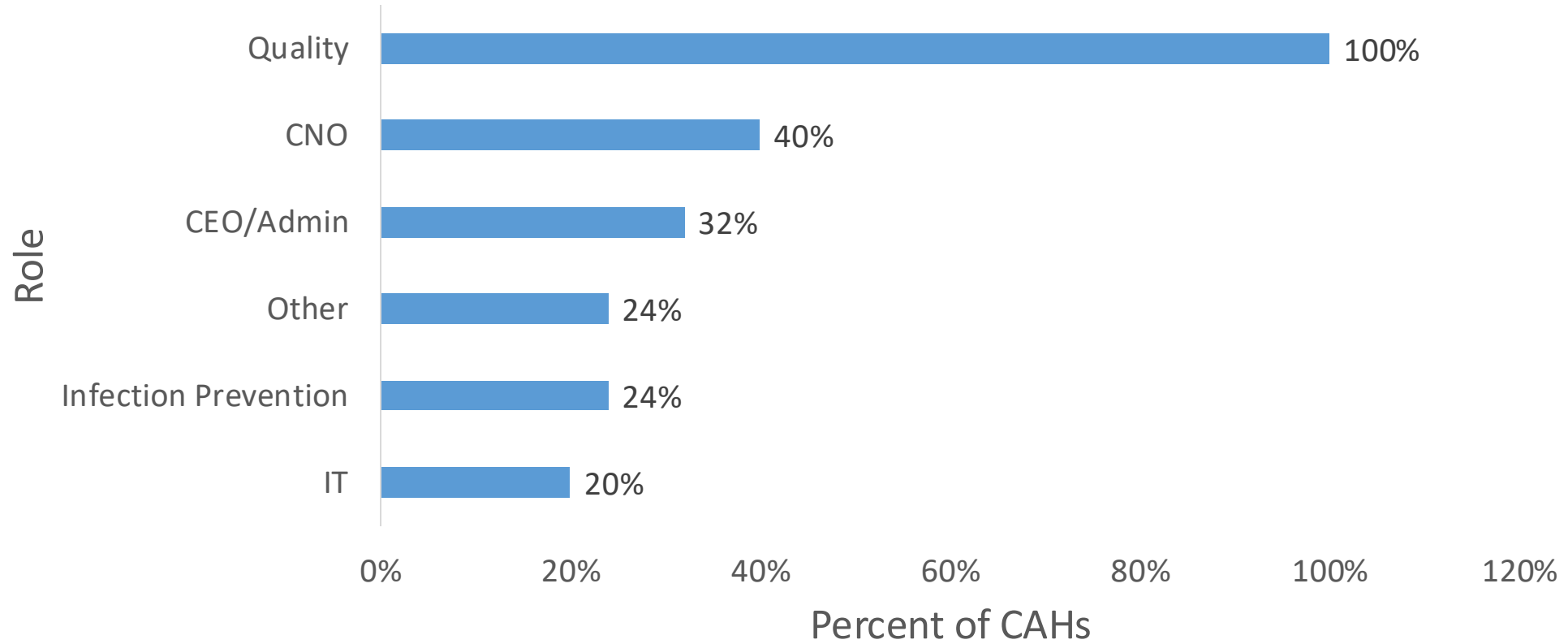
- Staff roles of survey respondents
- CAH system affiliation – independent, owned, managed
- Volume measures – average daily census, ED volume
- Participation in quality initiatives
- Participation in payment or other demonstration models
- Electronic health record (EHR) vendor

# OREGON CRITICAL ACCESS HOSPITALS



# Staff Role of CAH Respondents, Oregon

Types of CAH Staff Contributing to Assessment Submission, Oregon

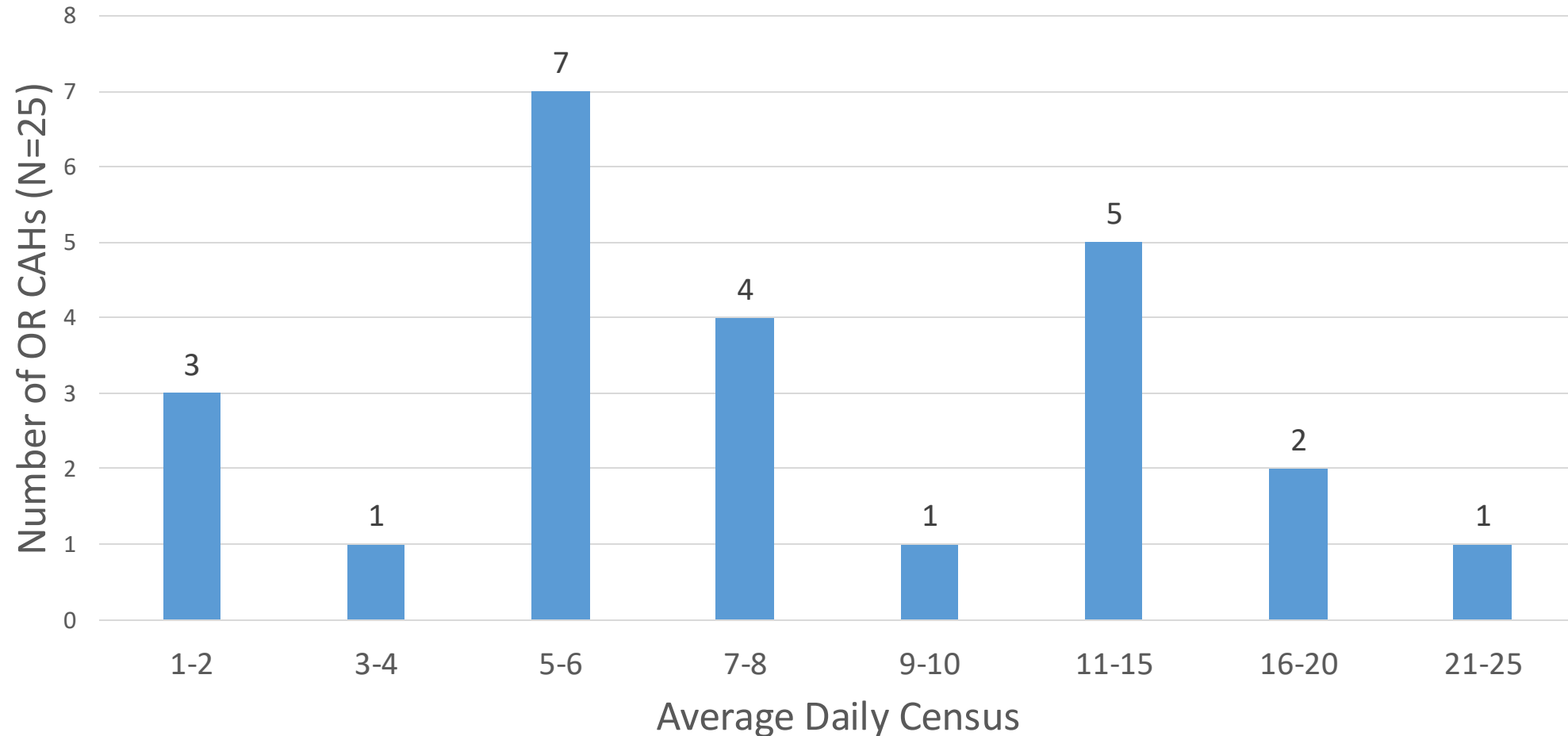




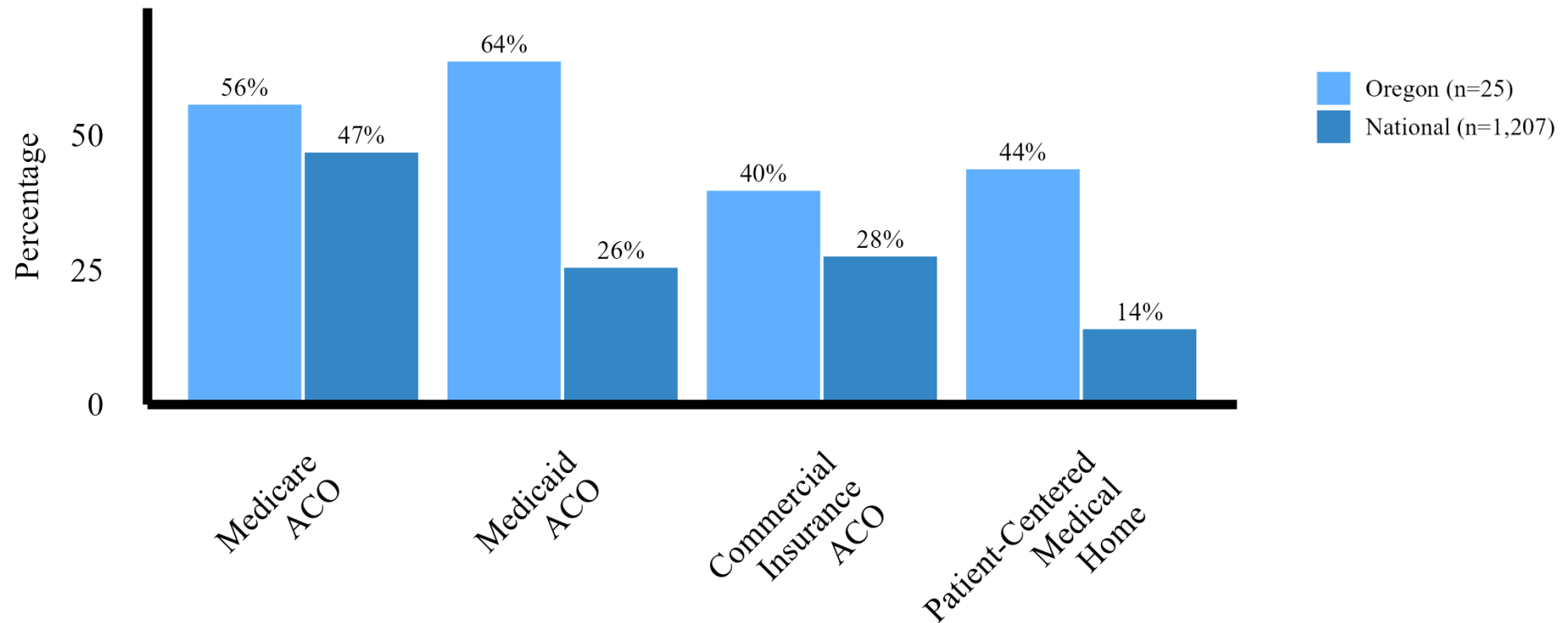
# CAH Characteristics - Results

Description	All Assessment Respondents (n=1,221)	OR Assessment Respondents (n=25)
CAH Independent	656 (54%)	12 (48%)
CAH Owned by System	367 (30%)	12(48%)
CAH Contract Managed (not owned)	198 (16%)	1 (4%)
Median Average Daily Census (2022)	4.0	8.0
Median Emergency Department Volume (2022)	5,200	10,569

# Distribution of Average Daily Census, Oregon (CY2022)



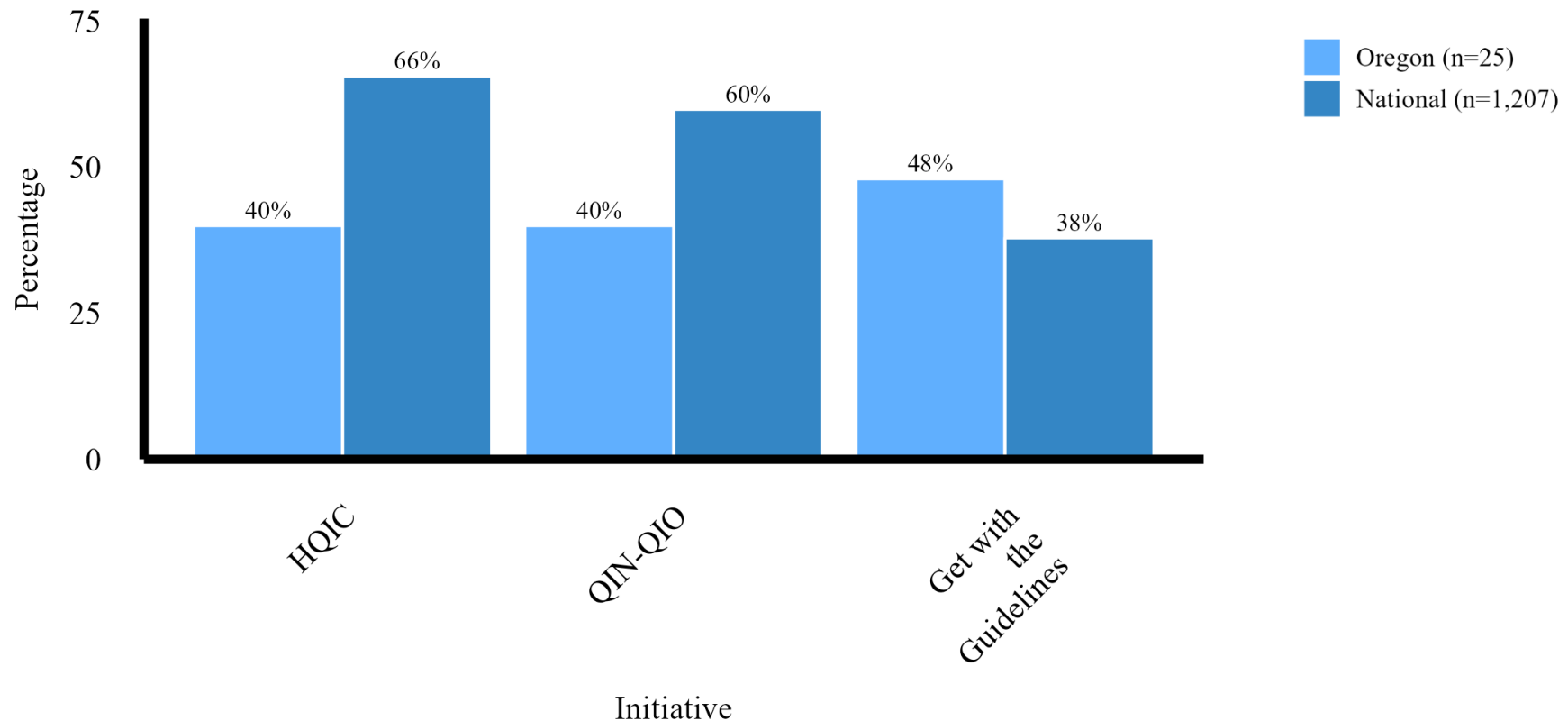
# Quality Models



## Model

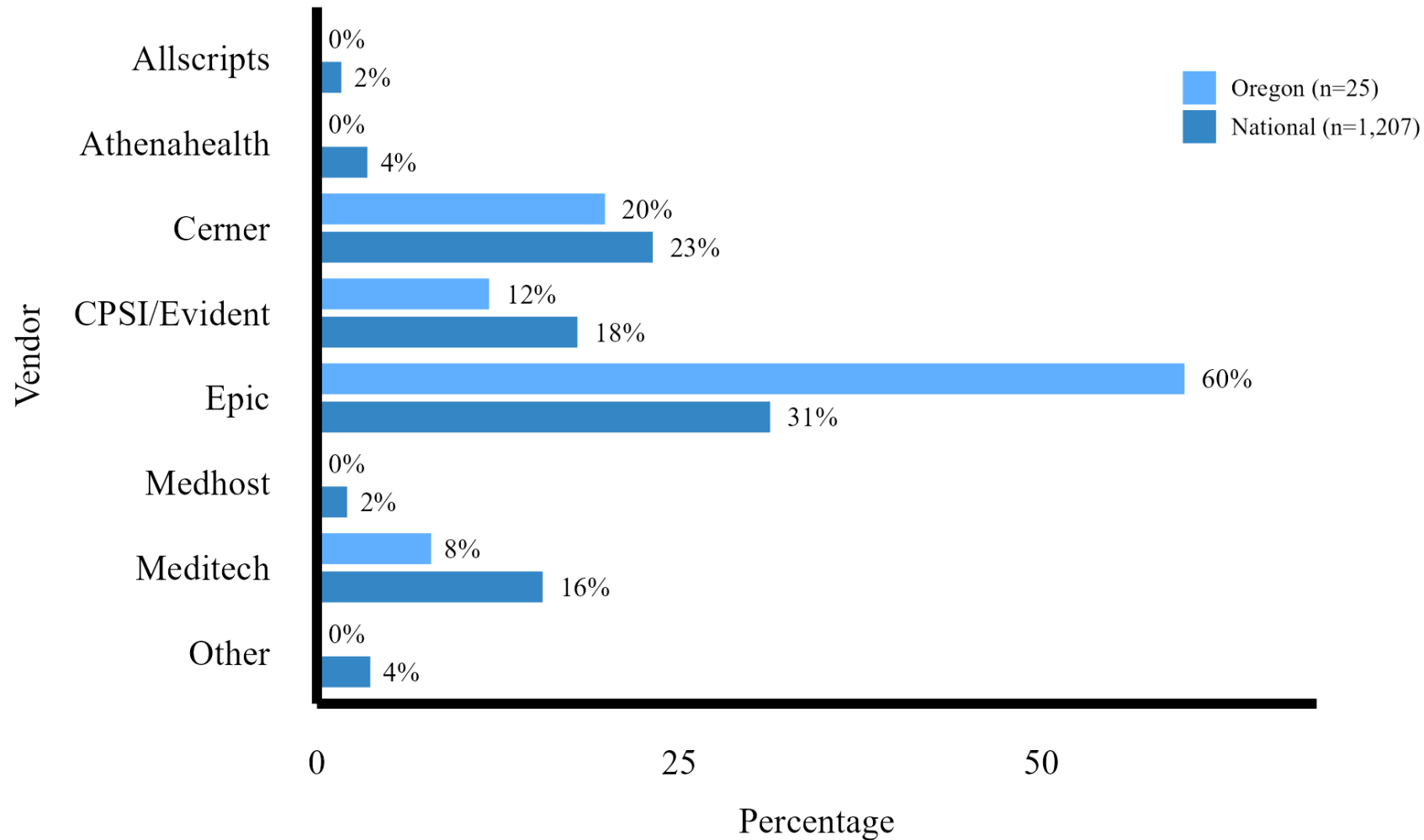
Note: Respondents were asked to select “yes” or “no” for each response option. Percentages reflect the percent that selected “yes”.

# Quality Initiatives

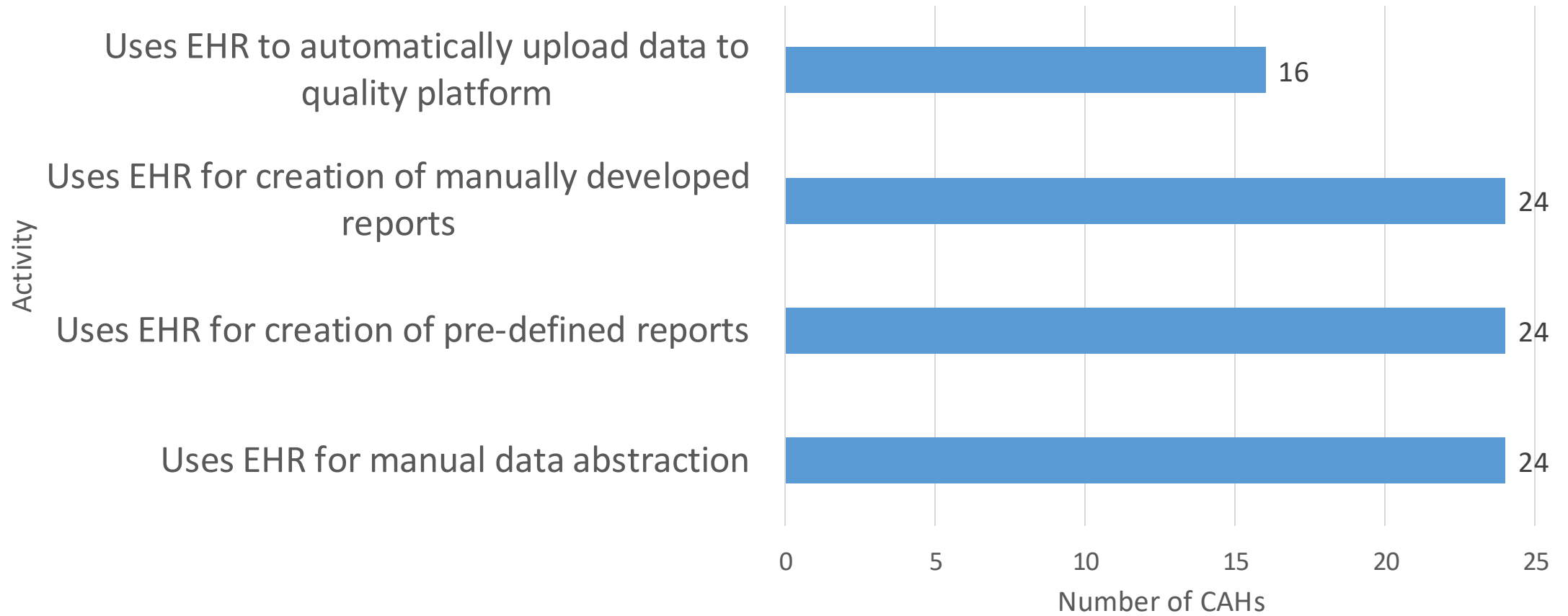


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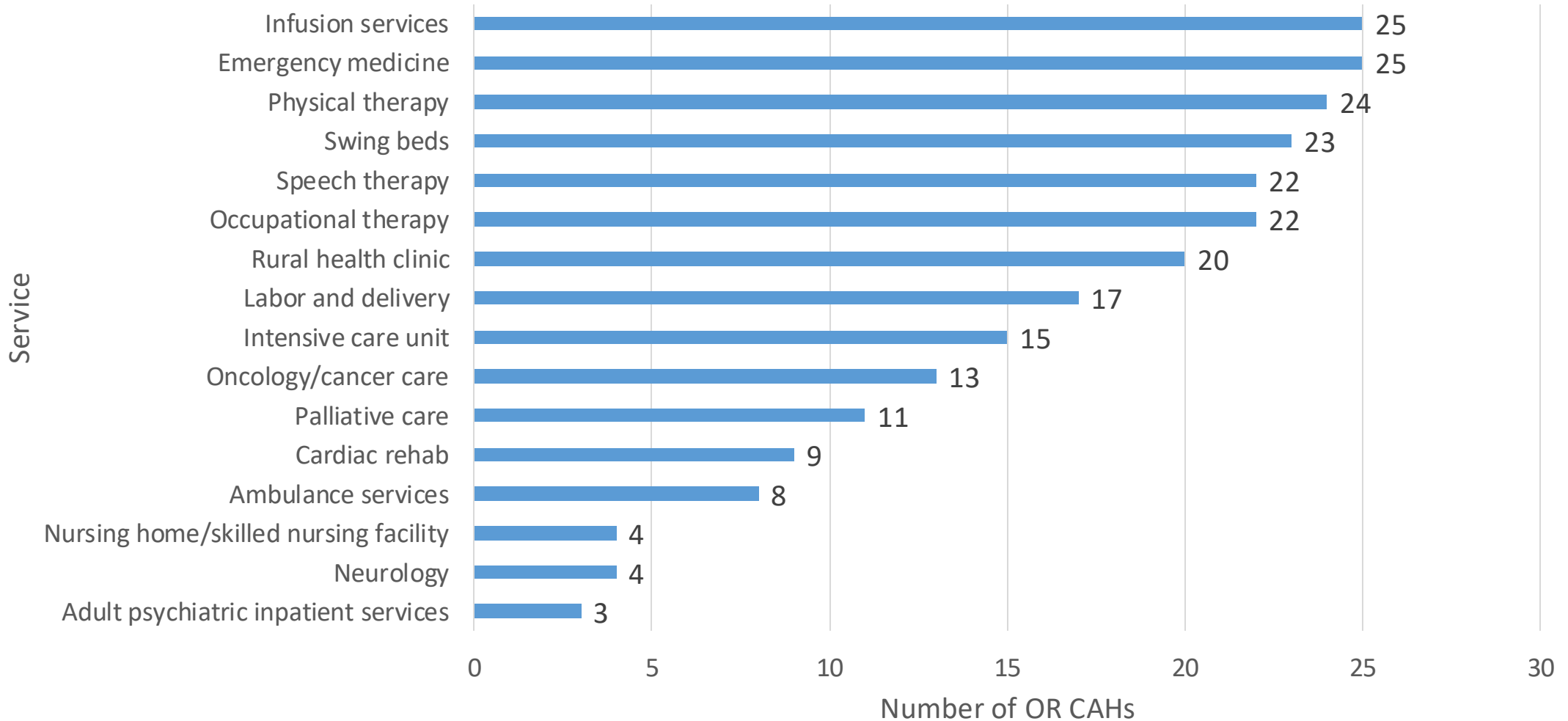
# Primary EHR Vendor, Oregon



# EHR Use for Quality Activities, Oregon



# CAH Services & Service Lines, Oregon

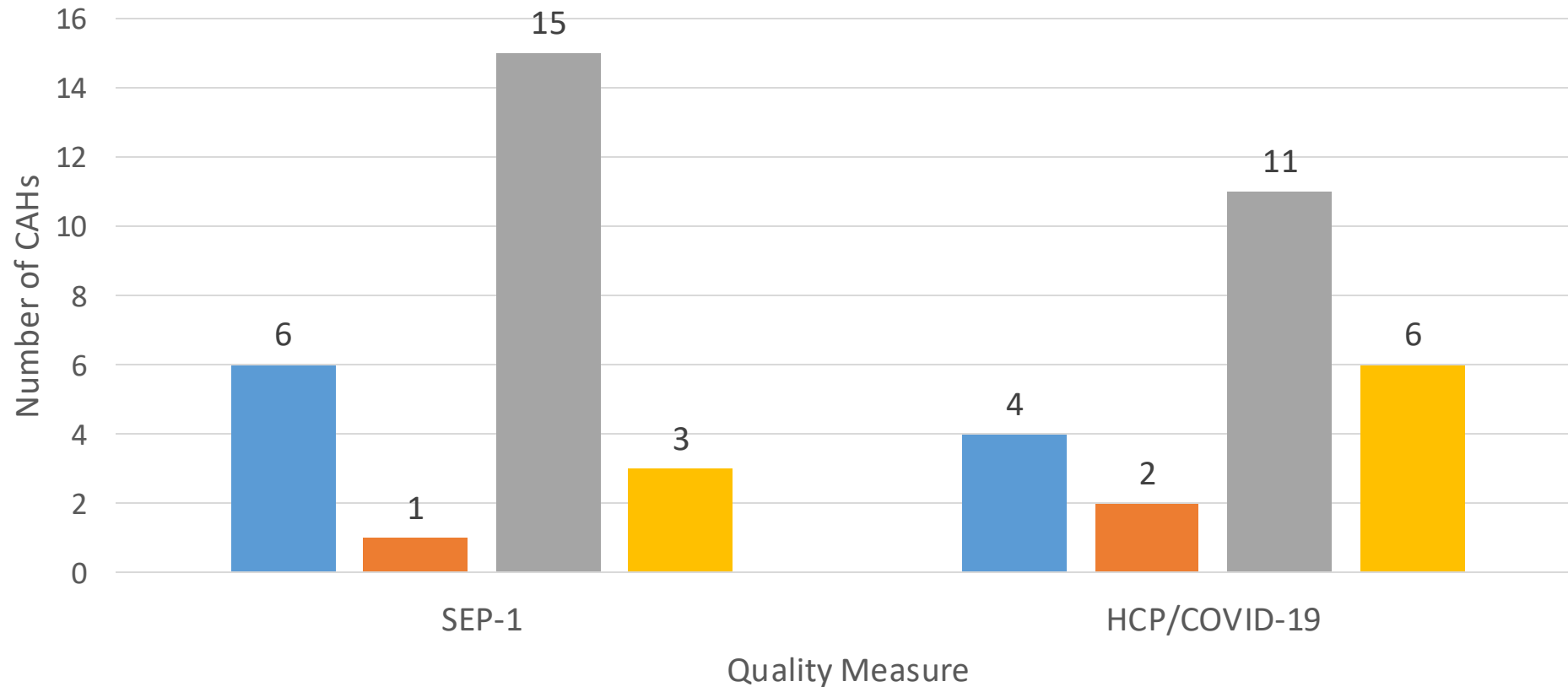


# CAH Measures

- Several questions about non-MBQIP quality measures that CAHs track and/or submit
- Purpose to find out more about what measures CAHs are already tracking and/or reporting
- Asked about specific measures part of CMS IQR/OQR programs
  - Including claims-based measures and eCQMs



# Select CAH Measures, Oregon



- Does not submit or actively monitor
- Only actively monitors
- Submits and actively monitors
- Submits but does not actively monitor

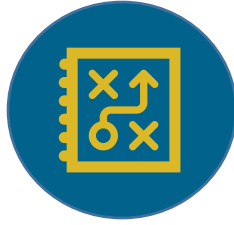
# CAH Quality Infrastructure Measure

- Nine Core Elements of CAH Quality Infrastructure
  - Developed via CAH Infrastructure Summit by CAH Quality Experts
- Each Element has 3-4 Criteria associated with it
- CAHs must meet each of the Criteria for an Element to be considered “meeting” the Element (proposed)
  - In most instances there are several ways to “meet” each criteria
  - The measure has a total of 24 questions (all selection questions, no write-in data)
- CAHs will receive a score of 0-9 out of 9 for the number of Elements met (proposed)

# Core Elements of CAH Quality Infrastructure



**Leadership  
Responsibility &  
Accountability**



**Quality Embedded  
Within the  
Organization's  
Strategic Plan**



**Workforce  
Engagement  
& Ownership**



**Culture of  
Continuous  
Improvement  
Through Systems**



**Culture of  
Continuous  
Improvement  
Through Behavior**



**Integrating  
Equity into  
Quality Practices**



**Engagement of  
Patients, Partners,  
& Community**

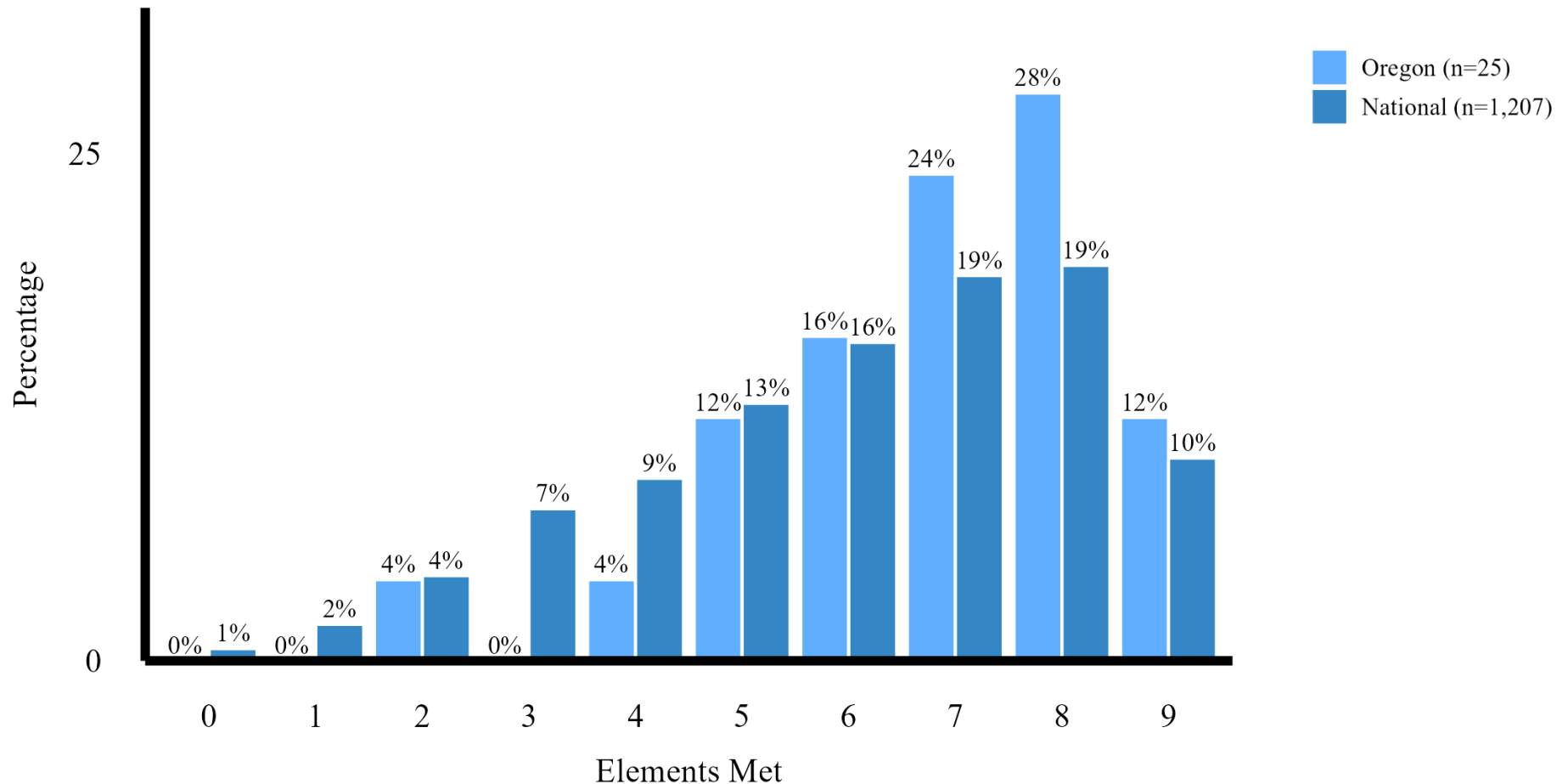


**Collecting  
Meaningful  
& Accurate Data**

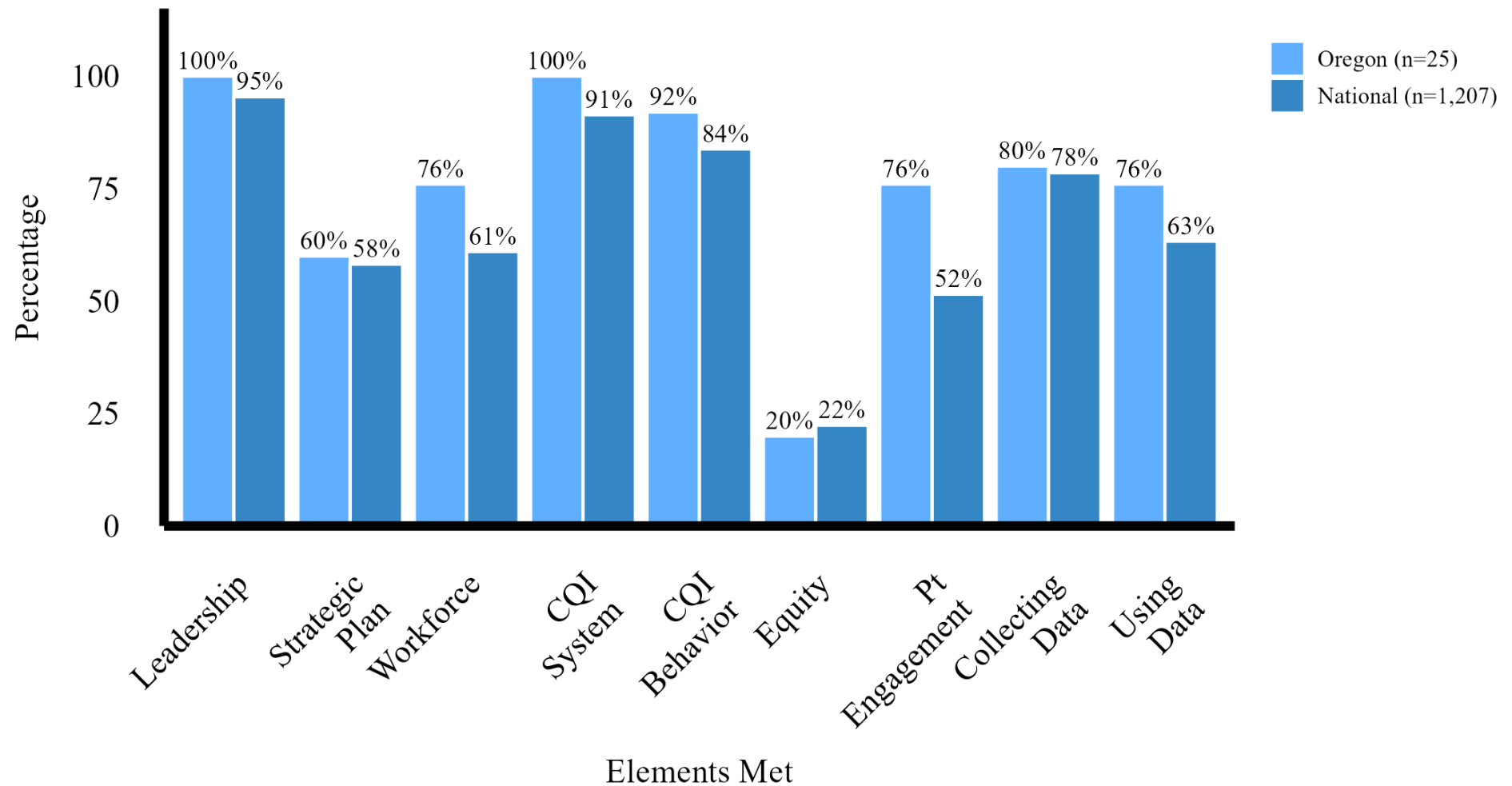


**Using Data to  
Improve Quality**

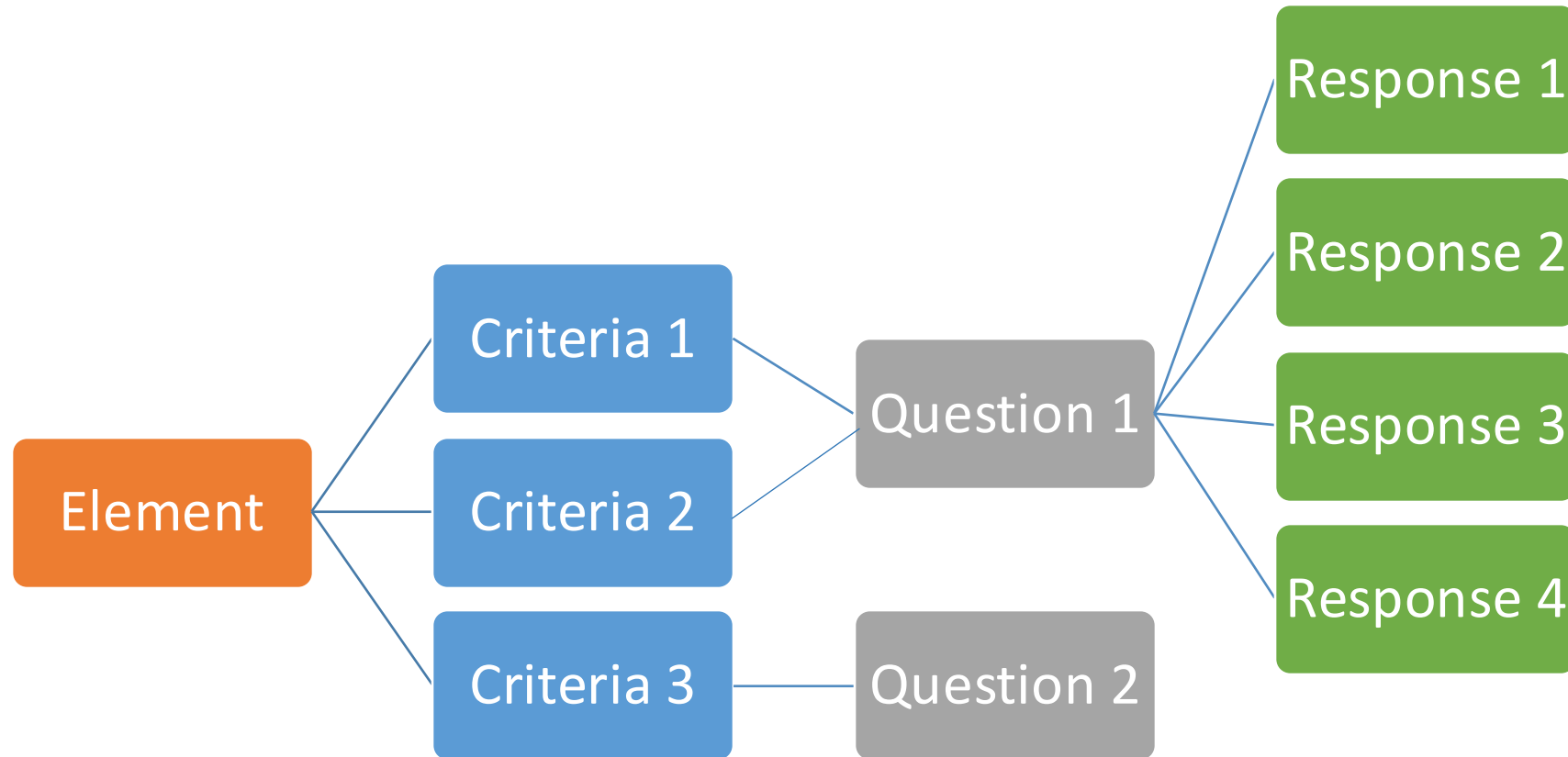
# CAH Quality Infrastructure – Results



# CAH Quality Infrastructure – Results



# Determining Criteria and Elements Met



# Integrating Equity into Quality Practices

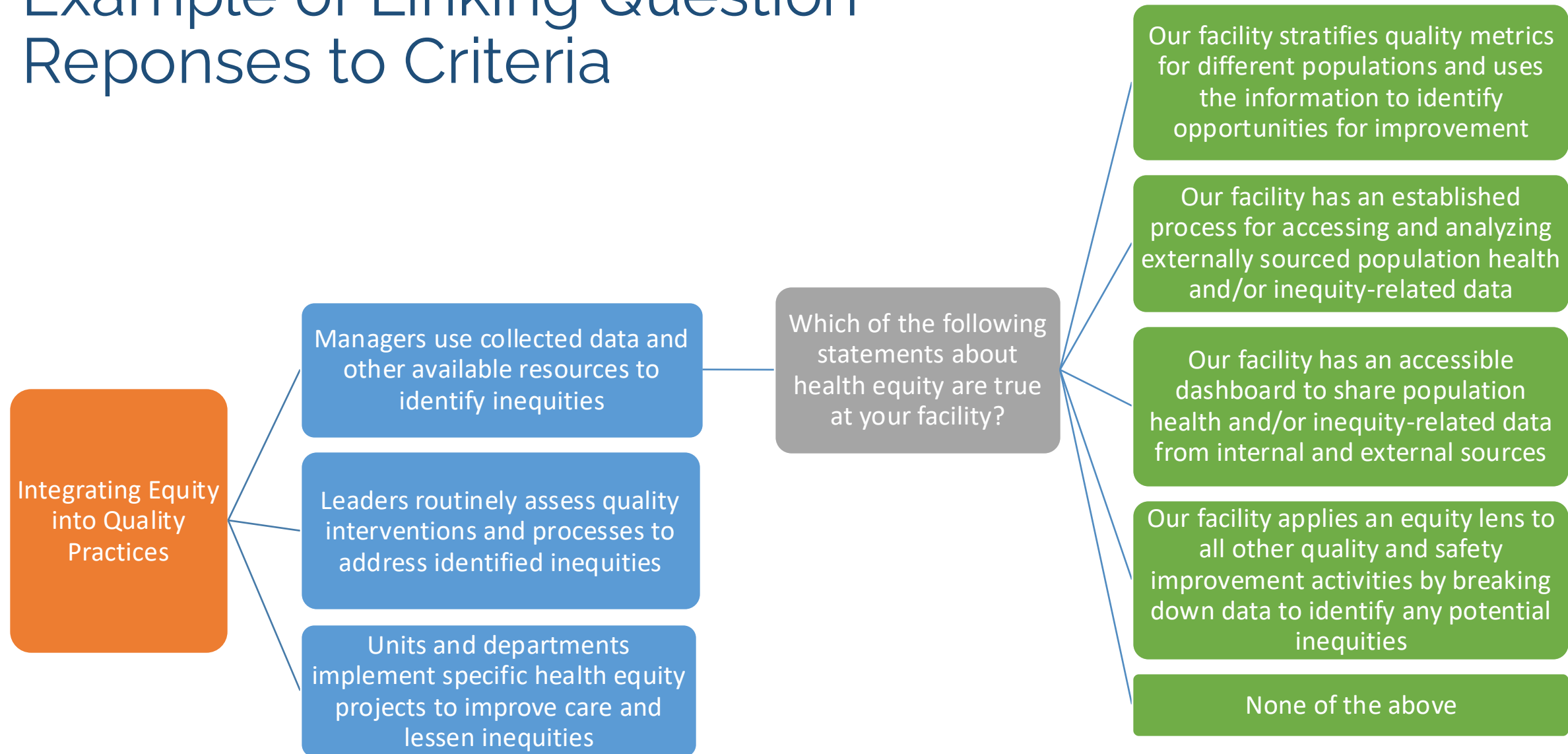


**Element:** Undertake intentional improvement activities to ensure everyone in the community has a fair and just opportunity to be as healthy as possible

**Criteria:**

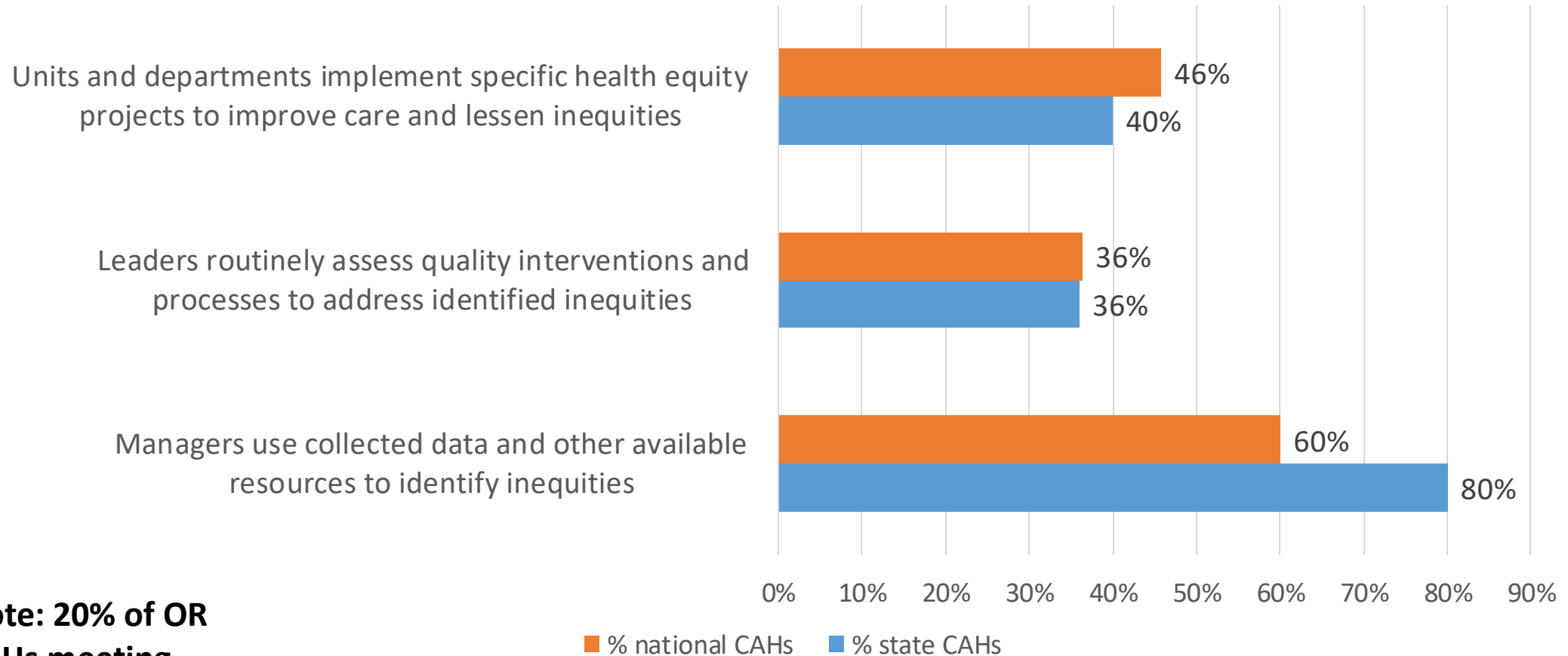
- Managers use collected data and other available resources to identify inequities
- Leaders routinely assess quality interventions and processes to address identified inequities
- Units and departments implement specific health equity projects to improve care and lessen inequities

# Example of Linking Question Responses to Criteria





# Percent of CAHs Meeting Criteria for “Integrating Equity into Quality Practices”



**Note: 20% of OR  
CAHs meeting  
Element**

# Quality Embedded Within the Organization's Strategic Plan

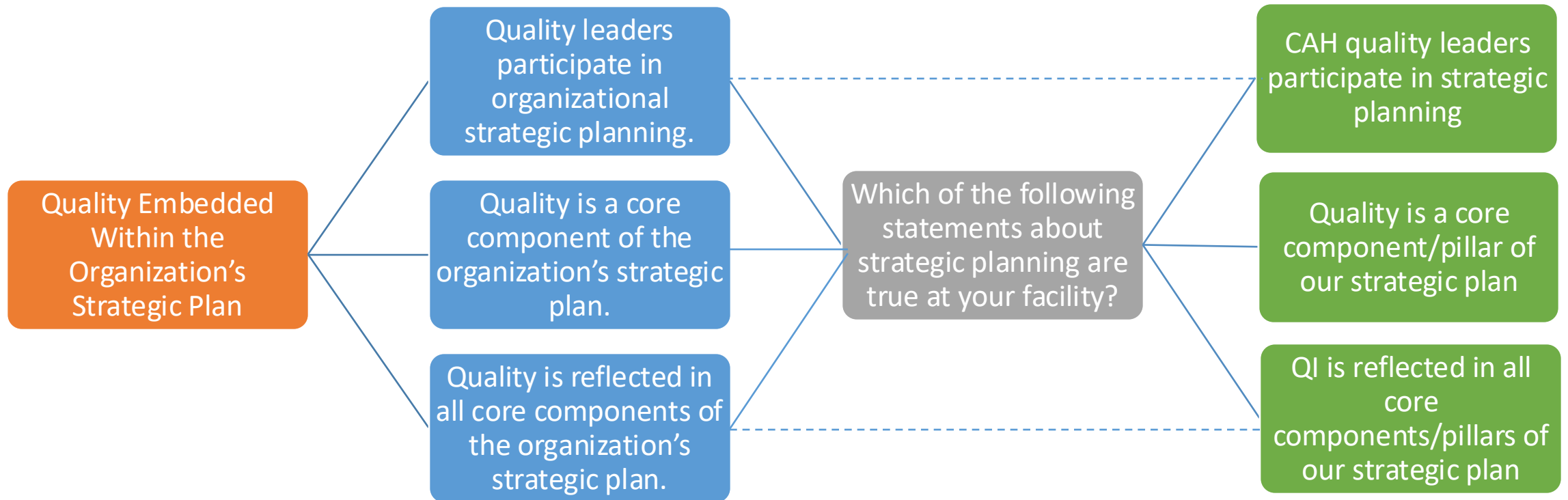


**Element:** Ensure quality is an intentional component of the strategic plan process and strategic plan.

**Criteria:**

- Quality leaders participate in organizational strategic planning.
- Quality is a core component of the organization's strategic plan.
- Quality is reflected in all core components of the organization's strategic plan.

# Determining Criteria and Elements Met



# Percent of CAHs Meeting Criteria for “Quality Embedded within the Organization’s Strategic Plan”



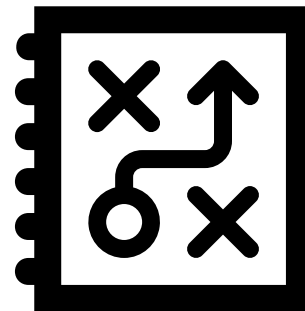
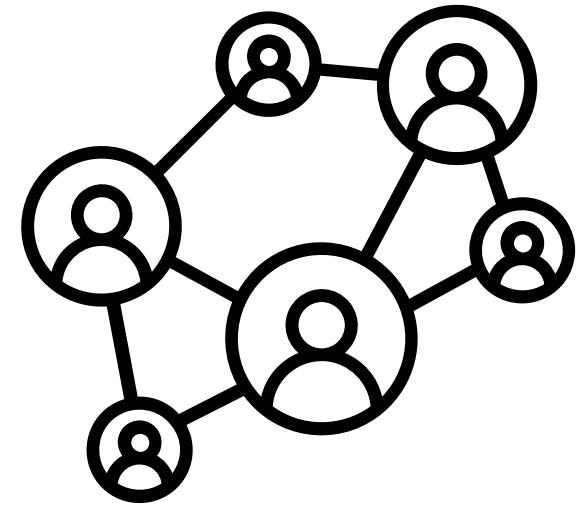
**Note: 60% of OR CAHs meeting Element**

# Data & Dissemination

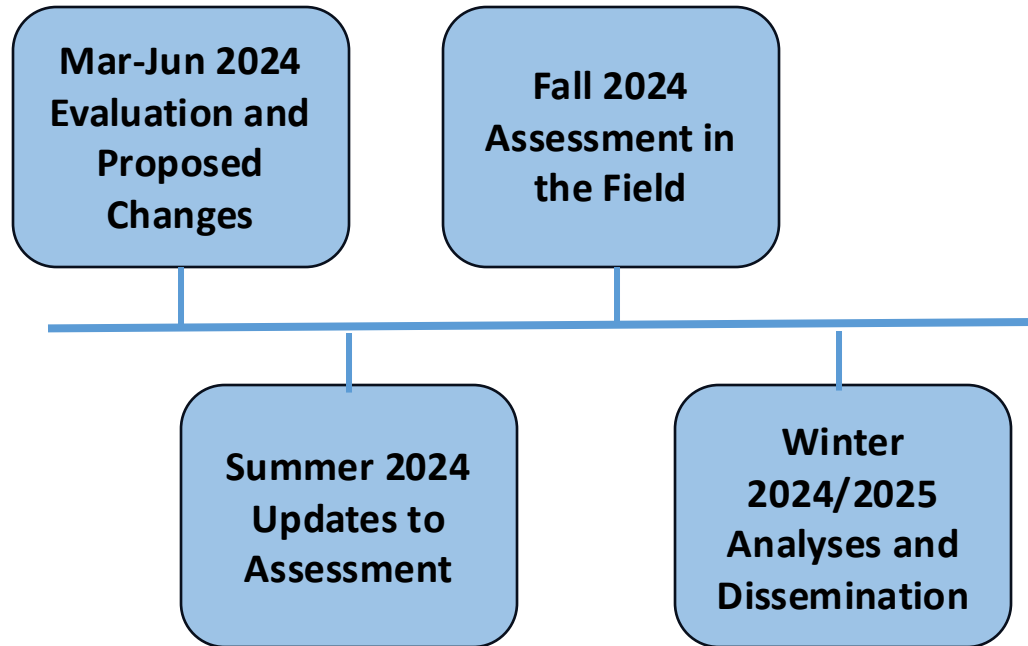
- State Flex Programs received full data from CAHs in their state, as well as 3 tools to help them use their data
- Will be integrating CAH Quality Infrastructure data into MBQIP reports (for CAHs and states) within the next year
- Data will help support State Flex Programs and national Flex Program initiatives supporting quality improvement
- Released National Report on FMT website – <https://www.flexmonitoring.org/publication/2023-national-cah-quality-inventory-assessment-national-report>

# How States Are Using Assessment Data

- Cohort development & making connections
- Quality support outreach
- Grant writing and planning



# Assessment Timeline Going Forward



- Adapting Assessment processes, questions, support materials, and data disseminated based on feedback from all stakeholders
  - CAHs
  - SFPs
  - Federal partners

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## Questions?

Maddy Pick, [pickx016@umn.edu](mailto:pickx016@umn.edu)

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## Thank you!

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