



IDAHO FLEX
PROGRAM
ANNUAL REPORT

07



Idaho Flex Program Goals

Collaboration

Foster collaboration among Critical Access Hospitals (CAH), Emergency Medical Services (EMS), and other community health care providers.

Quality

Support initiatives that improve quality across the continuum of care.

Sustainable & Viable

Work towards a sustainable and financially viable rural health care services infrastructure.

Sharing

Promote the sharing of resources, expertise, and best practices.

Grants

Establish grant programs that support the implementation of electronic medical records, new programs, and best practices.

Eliminate Redundancy

Eliminate the redundancy of services/programs available through the Flex Program, networks, and the Idaho Hospital Association. Eliminate redundancy and unnecessary data collection and reporting activities.

Integration

Support the integration of health services across the continuum of care with a focus on pre-hospital and hospital care.



Mary Sheridan
*Director, Idaho Office
of Rural Health and
Primary Care*

“This year, the Patient Safety Collaborative has been a great success. Just seeing the improvement was terrific!”

Mission:

The Idaho Flex Program supports collaboration among healthcare entities to capitalize on resources, avoid duplication of activities, and enhance the integration of services. Program stakeholders work as partners to develop and incubate best practices to assure viability and access to high quality healthcare services.

About Rural Idaho and Idaho Rural Health Services

Located in the Pacific Northwest, Idaho is predominantly a rural state. Nationally, it is ranked 14th in terms of its geographic area (83,642 square miles) and 39th in terms of its population size (1,429,096 in 2005) (Source: US Census Bureau). Between 2004 and 2005 it was the 3rd fastest growing state in the nation. Idaho can be characterized as having vast mountain, desert, and agricultural areas that are sparsely populated. It has heavily traveled two-lane highways, recreation areas that experience large population increases during winter and summer months with newly emerging recreation areas, no medical school, an EMS system that has few hospital-based providers, two time zones, and a predominantly rural remote hospital infrastructure.

Idaho's hospital system consists of 37 acute care hospitals, four specialty care hospitals, six psychiatric hospitals, one rehabilitation hospital, one Veterans Administration hospital, and one Air Force hospital. Rural hospitals are scattered throughout the state while urban hospitals are located in the Boise metropolitan area, Coeur d'Alene, Idaho Falls, Lewiston, and Pocatello. There are 26 Critical Access Hospitals (CAHs) in Idaho: 10 are more than 35 miles from the next nearest hospital, four are more than 15 miles from the next nearest hospital in mountainous terrain or in areas with only a secondary road, and 12 meet the necessary provider criteria in the state.

Idaho's EMS system consists of 199 licensed EMS agencies that predominantly provide Basic Life Support Services. Like rural hospitals, they are scattered throughout the state and they serve very remote areas with varying geographic terrain. Some rural EMS squads have service response areas that are up to 7,000 square miles.





About the Flex Program

The Medicare Rural Hospital Flexibility Program (Flex Program) was established through the Balanced Budget Act of 1997. It is a national program that includes 45 states, including Idaho. In essence, the Flex Program is comprised of two components – grants to assist states in implementing state specific program activities and an operating program that provides cost-based Medicare reimbursement to hospitals that convert to CAH status. The U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration, federal Office of Rural Health Policy, administers the grant program, while the operating component of the program is administered by the Centers for Medicare and Medicaid Services (CMS), also located within DHHS.

Six Flex Program priority areas have been established for states implementing the program, they are:

- ***Creating and implementing a state Rural Health Plan***
- ***Designating and supporting CAHs***
- ***Fostering and developing rural health networks***
- ***Enhancing and integrating Emergency Medical Services (EMS)***
- ***Improving the quality of health care***
- ***Evaluating Flex Program activities and related outcomes***



The Idaho Flex Program is managed by the Idaho Department of Health and Welfare (IDHW), Office of Rural Health and Primary Care. During the past eight years, the Idaho Flex Program obtained \$4,082,605 or an average of \$510,325 per year from the Health Resources and Services Administration, Office of Rural Health Policy to implement the Flex Program in Idaho. As a part of the 2006 – 2007 Flex Program grant year, funding was administered by: Office of Rural Health and Primary Care (53%), Idaho Hospital Association (30%), State EMS Bureau (12%), and Others (5%).

Flex Program Partners

Idaho Office of Rural Health and Primary Care

The Idaho Department of Health and Welfare, Office of Rural Health and Primary Care, administers the Flex Program in Idaho along with many other rural and urban underserved programs.

www.ruralhealth.dhw.idaho.gov



Idaho Hospital Association

The Idaho Hospital is a statewide, nonprofit trade association that brings hospitals/health care leaders together to identify issues of mutual concern and to address these issues in a responsible manner that ensures quality health care for those served in Idaho.

www.teamiha.org

Qualis Health

Qualis Health is a private, nonprofit, healthcare quality improvement organization (QIO). They offer a suite of programs and services designed to help manage healthcare cost and quality for a variety of clients.

www.qualishealth.org



Idaho EMS Bureau

The Idaho Department of Health and Welfare, EMS Bureau, licenses ambulance and non-transport EMS services, certifies and re-certifies EMS personnel, operates the state EMS communication system, provides technical assistance and grants to community EMS agencies, and evaluates the EMS system's performance.

[/www.healthandwelfare.idaho.gov/portal/alias__Rainbow/lang__en-US/tabID__3344/DesktopDefault.aspx](http://www.healthandwelfare.idaho.gov/portal/alias__Rainbow/lang__en-US/tabID__3344/DesktopDefault.aspx)



IDAHO 2006 - 2007 FLEX PROGRAM ACTIVITIES AT A GLANCE

Below is a snapshot of all the activities that were supported through the Idaho Flex Program for the September 2006 – August 2007 grant year.

Supporting and Sustaining CAHs

- Sub contractual agreements of up to \$5,000 each to CAHs
- Sub contractual agreements of up to \$30,000 to 3 CAHs*
- CAH Annual Meeting at IHA
- Stakeholder attendance at the National Flex Program Conference
- NW Regional CAH Conference
- Statewide CAH HIT meeting
- Databank access and quarterly trend reports for CAHs

Quality Improvement (QI)

- Monthly CAH QI Committee meetings
- CAH QI database website
- CAH QA/PI data abstraction, resources, & education**
- Peer review network facilitation
- QI In-services at CAHs (e.g., EMTALA)**
- CAH QA/Credentialing reviews**
- CAH QI/Patient Safety Collaborative

EMS Integration

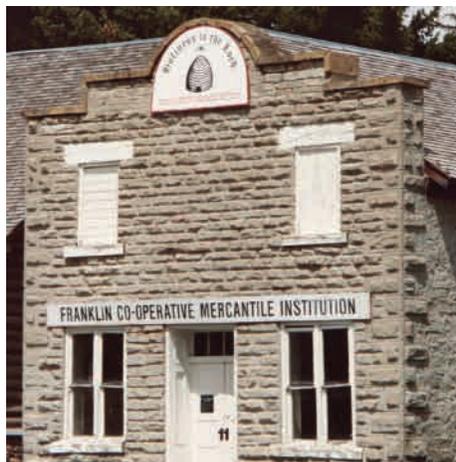
- Scholarships to support initial EMT testing in CAH areas to offset testing cost increases
- Access to mobile human simulator training unit
- EMS Six Sigma training workshop
- Sub contractual agreement of \$30,000 to one EMS agency

Network Development

- NW Regional CAH Conference
- Networks-of-Networks meeting
- CAH/FQHC Collaborative**
- HIT sub contractual agreements for regional networks (3)

Rural Health Planning & Program Evaluation

- Project measurement activities
- Statewide Flex Program planning meeting & report
- Case Studies (2)
- Annual report



* Hospitals participating in this activity were not eligible for a \$5,000 sub contractual agreement.

** QA indicates quality assurance, PI indicates performance improvement, EMTALA indicates Emergency Medical Treatment and Active Labor Act, FQHC indicates federally qualified health center



2007 Flex Program Funding and Participation

The Idaho Flex Program received \$500,806 in funding for the 2006 – 2007 grant year and had an additional \$101,953 in carry-over from the previous grant year. Grant funding was predominantly directed to activities that support and sustain CAHs; however, all funding is directed to activities that impact the communities that CAHs serve. Below are highlights of how the program funding was allocated, the organizations that received funding and the level of funding they received, and program participation levels according to program activity.

Administration and Staff: Program administration and staffing costs include .5 FTE at the Idaho Office of Rural Health and Primary Care and .8 FTE at the Idaho Hospital Association. Staff at the Office of Rural Health and Primary Care coordinate program activities, provide technical assistance to CAHs, manage the sub contractual agreements with CAHs, and administer and apply for the grant. Staff at the IHA provide technical assistance to CAHs, coordinate training sessions, and manage several program activities (e.g., peer review network).

Sub contractual Agreements with CAHs and Other Partners:

Sub contractual agreements for the year totaled \$301,612. The majority of grant funding (94 percent or \$274,696) was directed to CAHs while the remaining funding (\$16,401) was directed to three hospital networks in the state (SWICHN¹, NIRHC², and Public Hospital Cooperative) for CAH related activities and Gooding County EMS (\$26,916) to establish and support the Gooding County Healthcare Community Learning Project. Table 1 (included on the following page) includes an overview of CAH sub contractual agreements made for the year. Table 2 (included on the following page) includes an overview of other sub contractual agreements made.



Table 1: Sub contractual Agreements with CAHs

CAH	FUNDING	ACTIVITIES
Bear Lake Memorial Hospital	\$30,000	Develop and implement a “charge catcher” system to improve financial performance. System to be shared with 3 other CAHs.
Benewah Community Hospital	\$4,900	Infection control; staff training videos — HIPAA, service excellence.
Bingham Memorial Hospital	\$29,462	Improve access to pediatric rehabilitation services in Bingham county and provide educational materials and support to parents of children with developmental delays and disorders. Includes 5 local and state partners.
Boundary Community Hospital	\$4,106	Strategic planning.
Caribou Memorial Hospital	\$4,900	Cardiac monitoring system.
Cassia Regional Medical Center	\$4,861	Purchased laptops and projector units to enable web conferencing and education.
Clearwater Valley Hospital	\$4,900	Computer cart for emergency room access to medical records.
Elmore Medical Center	\$4,900	CAH reimbursement and operational opportunity analysis.
Franklin County Medical Center	\$30,000	Implement and integrate an EMR system across the health care continuum in Franklin County. Includes 3 local partners.
Gooding County Memorial Hospital	\$4,900	Implement 207 National Patient Safety Standards.
Gritman Medical Center	\$4,900	In-house skills lab.
Harms Memorial Hospital District	\$4,900	Cost reporting and budgeting training.
McCall Memorial Hospital	\$4,900	Community survey.
Minidoka Memorial Hospital	\$4,900	Purchase scanners and printer components for medical records.
Oneida County Hospital	\$4,790	Annual license and system upgrade for CBR Associates (Risk and QUALCAREplus).
Shoshone Medical Center	\$4,733	Purchased AV conferencing equipment for training room; expand capabilities.
St. Benedicts Family Medical Center	\$4,880	Purchased PDAs for the purpose of reducing medical errors and improving quality.
Steele Memorial Hospital	\$4,900	Purchased “Delphi Diabetes Manager” software, created diabetes patient registry.
St. Lukes Wood River Medical Center	\$4,998	Medication management kits.
St. Mary’s Hospital	\$4,900	Medpar data analysis for chargemaster review.
Syringa General Hospital	\$4,900	Strategic planning.
Teton Valley Hospital & Surgical Center	\$4,900	Echocardiography table.
Walter Knox Memorial Hospital	\$4,900	Funding for full-time QI Director.
Weiser Memorial Hospital	\$4,900	Improve financial software system and provide billing training.

Note: Cascade Medical Center and Lost Rivers Hospital District declined to participate.

Table 2: Sub contractual Agreements with Other Organizations

ORGANIZATION	FUNDING	ACTIVITIES
SWICHN	\$4,500	HIT development
NIRHC	\$4,500	HIT development
Public Hospital Cooperative	\$7,401	HIT development/CAH swing bed training
Gooding County EMS	\$30,000	Community EMS training facility and courses

Meetings and Conferences: Ten meetings and conferences were held throughout the year as reported in Table 3. All CAHs had staff participating in at least two Flex Program funded meetings or conferences.

Table 3: Flex Program Funded Meetings & Conferences

EVENT	LOCATION	DATE	# of CAHs REPRESENTED
CAH QI Meeting	Telephone	Monthly	19
Patient Safety Collaborative Session 2	Sun Valley	10/6/06	12
Annual CAH Meeting	Sun Valley	10/9/06	24
Statewide Flex Meeting	Boise	11/8/06	19
Network of Networks Meeting	Boise	11/14/06	N/A
Patient Safety Collaborative Session 3	Boise	4/16/07	12
Enhancing Financial Performance	Moscow	6/19/07	4
Enhancing Financial Performance	Boise	6/20/07	6
Enhancing Financial Performance	Pocatello	6/21/07	7
HIT Workshop	Boise	7/18/07	13

Travel: The Idaho Flex Program has been committed to supporting CAH's participation in all Flex Program activities through reimbursement for travel costs. This has been particularly important for hospitals that must travel a long distance, often times on secondary roads, to attend events. 85 percent of CAHs obtained travel support to attend the Patient Safety and Best Practices Learning Sessions, HIT Workshop, Enhancing Financial Performance Workshops, Statewide Flex Meeting, Northwest Regional Conference, and Western Regional Conference, totaling \$10,303.

CAH Program Participation: Considering all Flex Program funded events conducted during the 2006 – 2007 grant year, CAH staff participated in an average of 7 Flex Program funded activities during the year. Participation rates for key activities are highlighted in Table 4.

Table 4: CAH Program Participation

FLEX FUNDED ACTIVITIES	% of CAHs PARTICIPATING	FLEX FUNDED ACTIVITIES	% of CAHs PARTICIPATING
Subcontractual Agreements	92%	Patient Safety Collaborative	65%
Statewide Flex Meeting	73%	Regional Meeting	4%
Databank	73%	HIT Workshop	50%
Annual Quality Review	73%	Mock Survey	8%
Biennial Credentialing Review	50%	EMS National Registry Test Scholarships	65%
Website QI	96%	Inservices and Other Activities	65%
Peer Review Network	58%		
Balanced Scorecard Initiative	42%		

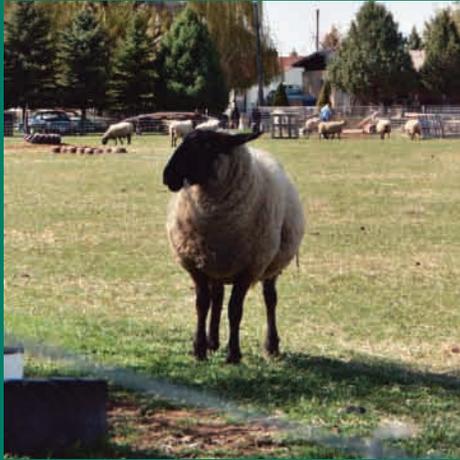
Quality (QI) and Performance (PI) Improvement

Quality improvement (QI) activities were primarily administered and managed by the Idaho Hospital Association and Qualis Health: the Idaho Hospital Association (IHA) as part of the on-going CAH QI Project and Qualis Health as part of the Patient Safety Collaborative.

CAH QI Project:

The CAH QI Project is administered and managed by IHA. It is an on-going project that has been in existence since 2004. It involves a web-based QI data collection and tracking tool that requires hospitals to input QI data that is then compared to other CAHs and returned in the form of a QI report. Data reports and charts are available for each measure on a monthly, quarterly, hospital rate, CAH weighted mean rate, and collaborative mean rate basis. The information can be downloaded by hospitals, as needed, while quarterly summary reports are provided to participants. Indicator changes and additions reflect current best practices and guidelines in the National Specifications Manual, with direct input from CAH quality improvement nurses that hold monthly conference calls to discuss the project. Project activities for the 2006 - 2007 Flex Grant year reflect:

- ***CAH QI meetings were held monthly via conference call***
- ***Considering all quarters, 20 CAHs (77%) participated in the QI project***
- ***Quarterly participation ranged from 30% (8) – 77% (20) CAHs participating (Annual target: 75% per quarter)***
- ***Considering all measures, the CAH weighted mean showed several measures without clear trends towards improvement. A small number of measures showed improving trends or regular compliance (at or near 100%). These measures included:***
 - *Emergency department (ED) x-ray discrepancies*
 - *Nosocomial infection rate*
 - *Prophylactic antibiotic selection for surgical patients*
 - *PNE-blood cultures performed in the ED prior to initial antibiotic received in the hospital*
 - *PNE-oxygenation assessment*
 - *COPD/asthma smoking cessation advice/counseling*



QI & PI Improvement cont...



CAH PI Project (Databank):

- **15 (58%) of CAHs participate in Databank (as of June 2007)**

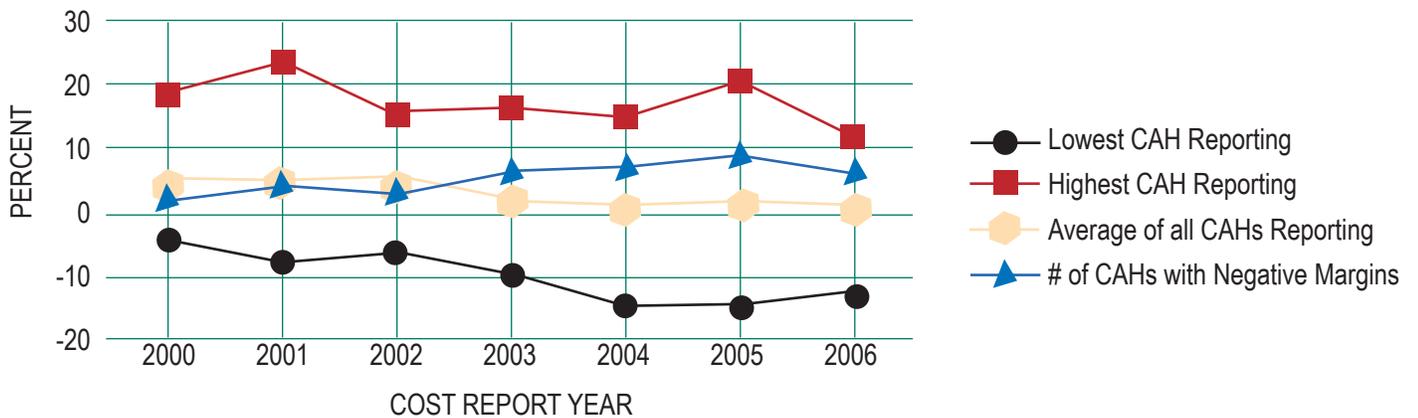
Other Indicators/Activities:

- **7.7% of Idaho CAHs (2) are reporting data to Hospital Compare as compared to 53% of CAHs nationally³**
- **Medication error reporting tool pilot was started May 2007**
- **10 on-site (CAH) in-services held**
 - EMTALA (5)
 - Charting and care plans
 - Survey and licensing
 - Quality improvement staff training
 - Peer review
 - Compliance review
- **2 mock surveys conducted**
- **27 quality assurance reviews (annual target 23)**
- **18 credentialing reviews (annual target 11)**

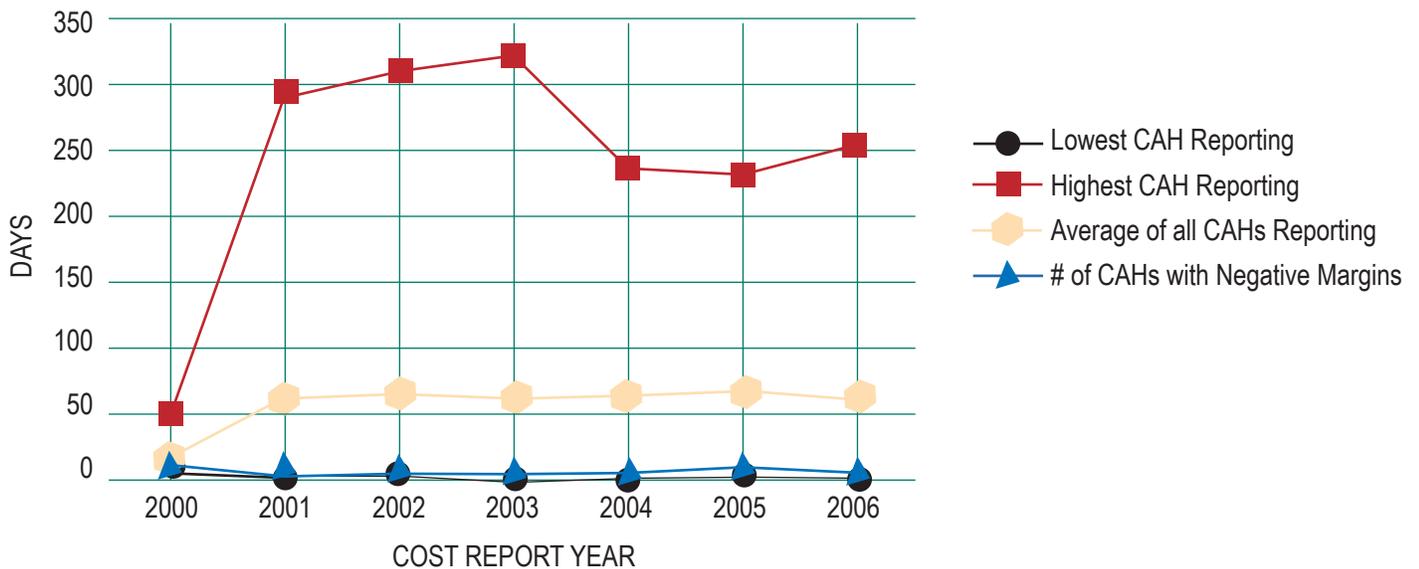
Changes in CAHs' Financial Status:

Most CAHs in Idaho have improved their financial status since converting to CAH status while a small number continue to struggle or have significant annual positive and negative fluctuations in key financial indicators. Below are charts highlighting key financial indicators (total margin, days cash on hand, days of revenue in accounts receivable, and salaries to total expenses) that reflect the changing financial status of CAHs between 2000 and 2006.

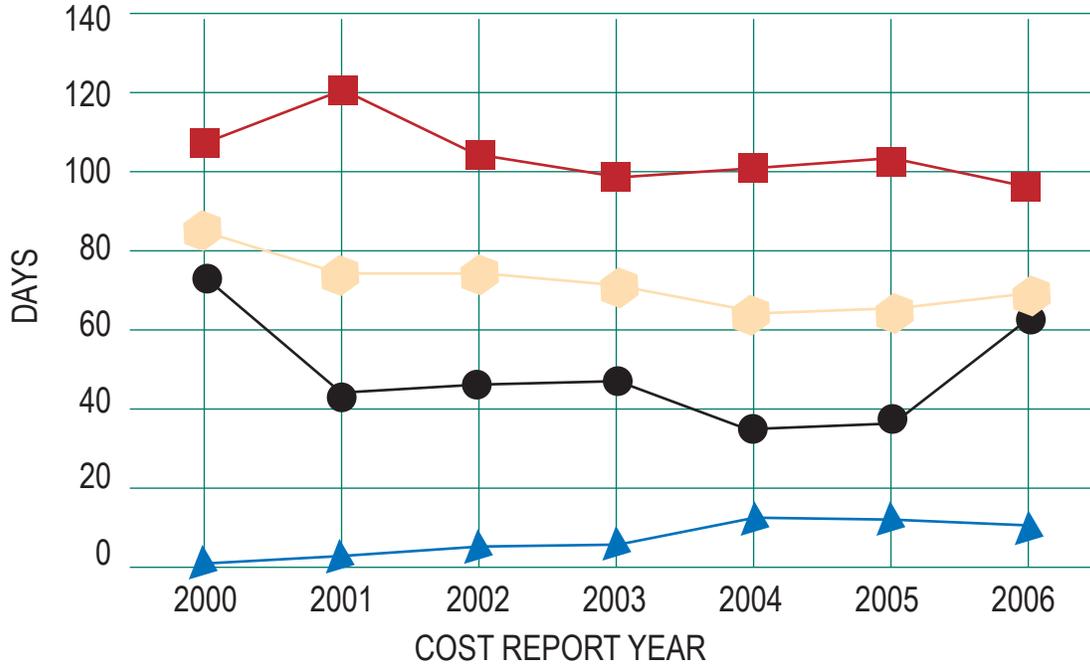
Annual Changes in CAHs' Total Margin



Annual Changes in CAHs' Days Cash on Hand

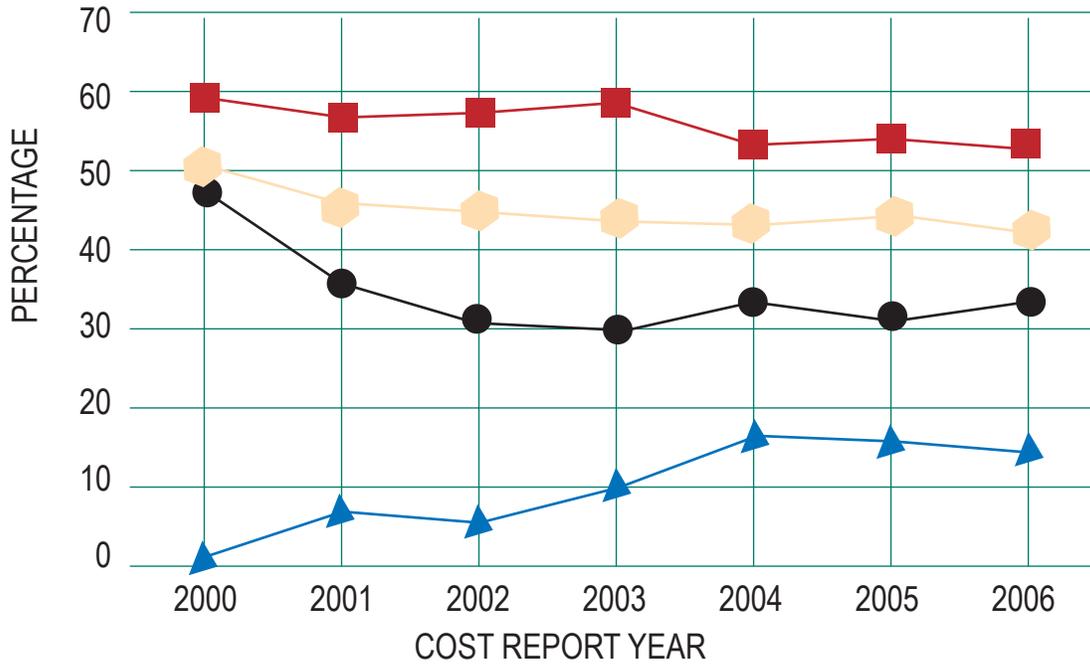


Annual Changes in CAHs' Days Revenue in Accounts Receivable



Lowest CAH Reporting
 Average of all CAHs Reporting
 Highest CAH Reporting
 # of CAHs Above ID Average

Annual Changes in CAHs' Salaries to Total Expenses



Lowest CAH Reporting
 Average of all CAHs Reporting
 Highest CAH Reporting
 # of CAHs Above ID Average

Looking Forward to the 2007 – 2008 Grant Year

The 2007 – 2008 grant year is already underway. Several projects from prior years will continue, such as the CAH and other sub contractual agreements. New projects are being expanded, such as the mobile human simulator training pilot project which will offer on-site training services to CAH and local EMS staff. Additional coordination and networking is occurring between Flex Program stakeholders to increase program coordination and effectiveness and reduce duplication of activities between organizations. CAH staff will continue to work with the Idaho Hospital Association to update hospital policies and procedures to improve clinical outcomes and quality of care and to improve hospital performance. New projects will begin such as the cultural competency project being completed by the Idaho Hospital Association. This project will work toward assuring all Idaho CAHs meet the federal regulatory requirements for language services.

“We have a big year ahead and Idaho’s CAHs are up to the challenge.”

- **Mary Sheridan**
*Director, Idaho Office
of Rural Health and
Primary Care*

ADDITIONAL INFORMATION:

If you have questions about the Idaho Flex Program or the Office of Rural Health and Primary Care, please contact Mary Sheridan, Director at **208/334-0669** or via e-mail at ruralhealth@dhw.idaho.gov. You can find the Office of Rural Health and Primary Care on the Web at www.ruralhealth.dhw.idaho.gov.

