

# Wisconsin's Medicare Rural Hospital Flexibility Grant

## An Evaluation of Governance and Administration

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Wisconsin Office of Rural Health

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## **Introduction**

The Wisconsin Rural Hospital Flexibility Grant program (Flex grant) is finishing the third year of a five-year grant cycle. One component of the Flex grant is the Critical Access Hospital (CAH) program, created to assist and support rural hospitals attempting to achieve and maintain CAH status. CAH designation is provided to hospitals meeting specific federal guidelines regarding geographic location, hospital services, and financial information.

The CAH program is administered by the Wisconsin Office of Rural Health (WORH) and governed by the CAH Coalition. The Coalition includes all CAH hospitals and applicants along with representatives from the WORH, the Wisconsin Health & Hospital Association (WHA), the Rural Wisconsin Health Cooperative (RWHC), the Bureau of Quality Assurance (BQA), and several consultants. The Coalition meets on a regular basis to address pertinent issues facing Wisconsin's Critical Access Hospitals.

In July 2002 the Wisconsin Office of Rural Health conducted an evaluation of CAH Coalition member satisfaction with the administration and governance of the Flex grant. With the exception of WORH employees, all members of the CAH Coalition were invited to complete and submit an on-line questionnaire. The questionnaire was structured to include a variety of survey formats, including numerical satisfaction rankings and open-ended commentary spaces. Coalition members were contacted via e-mail for both the initial invitation to complete the questionnaire and a follow-up reminder.

*Respondents* - Of the 58 individual members contacted, 28 submitted a completed questionnaire. Twenty-four different facilities and/or organizations were represented, including all of the Group 1 hospitals<sup>1</sup>; seven CAH facilities failed to respond. The range of facilities/organizations represented helps to eliminate possible self-selection biases of those who chose to respond to the questionnaire, but the possibility of such effects should be duly noted. The typical respondent was a hospital administrator and had 2 or more years of involvement with the Coalition.

<b>Job Title</b>	<b>Number</b>	<b>Length of Involvement</b>	<b>Number</b>
Hospital Administrator	18	Under 1 year	6
Hospital Employee (other)	5	1 year	6
Hospital Financial Officers	3	2 years	5
Coalition Member	1	3 years	4
Director of Operations	1	4 or more years	6

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<sup>1</sup> Critical Access Hospitals are split into groups based on the year they began the CAH designation process – Group 1 hospitals are those who began the CAH designation process during the first year of the Flex grant, etc.

## **Executive Summary**

The main purpose of the survey was to evaluate how satisfied the members of the CAH Coalition were with the governance and administration of the Flex grant. Overall, CAH Coalition members are very happy with their Flex grant experiences, citing positive experiences with their peers and administrative staff. Points of dissatisfaction include geographic diversity, disparity among members in terms of individual needs, and the need for more financial flexibility.

Specifically in terms of grant governance, Coalition members reported being satisfied with their experiences. The Coalition members participating in the survey were actively involved – over 90% participate regularly in teleconferences and CAH workshops. The identified strengths of the CAH Coalition were numerous; over 75% of respondents felt that sharing information, education, networking, grant fund planning, and providing a support system were all important strengths of the Coalition. Successes/beneficial by-products of the Coalition were identified as peer support/assistance, CAH application assistance, and networking. Weaknesses were also pointed out; differing needs and geographic diversity were the two main obstacles to the optimal functioning of the Coalition.

The WORH's administration of the grant was also given an overall positive rating from respondents. The various components of administration (communication, organization, etc.) were all given averaged ratings of "good". Participants perceive the WORH as being organized, knowledgeable, and helpful. Respondents suggested changes in the area of grant money management, requesting more flexibility in the way funding is spent. When asked for any further commentary, most participants reiterated their positive experiences with the WORH and expressed an overall satisfaction with the program.

## Results

### Part I. Governance – The CAH Coalition

#### Participation

Respondents were asked to indicate what CAH Coalition meetings/programs they had attended. Overall, respondents were actively participating in the regular events sponsored by the Coalition. Teleconferences were the activity respondents were most likely to have participated in, followed closely by CAH workshops.

<b>Programs, Meetings</b>	<b># Participating (of 28 total)</b>	<b>% Participating</b>
Teleconferences	27	96%
CAH Workshops	26	93%
Rural Hospital Conference	21	75%
Other – Grant Advising	1	3.6%

#### Strengths of the CAH Coalition

Participants were presented with a list of nine choices and asked to select any and all options that they felt were reflective of strengths of the CAH Coalition. “Sharing information” was viewed as a strength of the Coalition by all respondents. Other popular features of the Coalition were networking opportunities, educational aspects, and the Coalition’s function as a support system for members.

Responses are summarized below.

<b>CAH Coalition Strengths</b>	<b>Respondents (#)</b>	<b>Respondents (%)</b>
Sharing Information	28	100%
Networking	27	96%
Education	26	93%
Planning w/ Grant Funds	22	79%
Providing a Support System	21	75%
Monitoring Progress of Flex Grant	17	61%
Addressing Rural Health Delivery	13	46%
Developing State Rural Health Plan	11	39%
Other – Maximizing Grant Funds	1	3.6%

## CAH Coalition Successes & Beneficial Bi-Products

Respondents provided many different examples of useful tools and success stories that have developed out of the CAH Coalition. Most responses could be sorted into the categories listed below. The number of responses (32) exceeds the number of respondents (28) because several individuals gave one answer with two or more distinct comments. Individual responses can be found in Appendix 2.

<b>Successes &amp; Beneficial Bi-Products</b>	<b>Number</b>
<b>Peer Support/Assistance</b> – information, sharing experiences/resources, support system, teamwork, collaboration	8
<b>Application Assistance</b> – assessment completion, peer advice, proactive intervention	7
<b>Networking</b> – getting to know other administrators, sharing ideas	5
<b>Successful Grant Administration</b> – noncompetitive environment, ability to maximize resources	3
<b>Other</b> – teleconferences allow participation, new meeting format, competent contact individuals	3
<b>No response given</b>	6
<b>Total =</b>	32

## CAH Coalition Weaknesses, Problems, Challenging Aspects

Participants were asked to comment on any aspects of the CAH Coalition that they found to be problems, challenges, or weaknesses. Responses (32) outnumber participants (28) because several individuals gave answers with two or more distinct components. See Appendix 3 for individual responses.

<b>Weaknesses, Problems, Challenges</b>	<b>Number</b>
<b>Differing Needs, Priorities</b> – designated CAH's vs. applicants, keeping everyone interested, use of shared services	8
<b>Geographic Diversity</b> – lengthy travel required, hard to gather the full group, loss of staff time because of meeting attendance	6
<b>Other</b> – limited decision-making authority, finding shared facilities, telecommunications difficulties, WORH support and coordination	5
<b>Group Diversity</b> – no uniform voice, diversity of participants	2
<b>No Response Given</b>	11
<b>Total =</b>	32

## **CAH Coalition Success in Addressing Rural Health Issues**

Respondents were asked if they felt the Coalition was sufficiently addressing rural health issues and the needs of Critical Access Hospitals. Those surveyed overwhelmingly replied (96%) that they felt the Coalition was successfully handling such concerns. One individual did not respond.

## **Suggestions for Change**

Participants were asked to provide ideas on how the Coalition could better address rural health issues and the concerns of Critical Access Hospitals. There was only one suggestion offered: "Be flexible to change as the environment changes."

## **Part II. Administration – The Wisconsin Office of Rural Health**

### **Administration Ratings**

Respondents were asked to rate four components of the grant administration on the following scale: 1 (poor), 2 (fair), 3 (good), 4 (excellent). All aspects of the administration were given average ratings of 3+, with "Communication" receiving the highest rating by a slight margin.

<b>Administration Component</b>	<b>Mean</b>	<b>Mode</b>	<b>Rating</b>
Organization	3.14	3	Good
Communication	3.21	3	Good
Meetings	3.07	3	Good
Clarity of Mission	3.11	3	Good

### **WORH Strengths and Weaknesses**

Participants were asked to identify any strengths and/or weaknesses they perceived in the WORH's administration of the CAH program. Respondents consistently reported strengths instead of weaknesses; only one weakness was listed, as shown below.

Comments on the strengths and weaknesses of the WORH tended to fall into one of the following categories. See Appendix 4 for full comments.

<b>Strengths</b>	<b>Number</b>
<b>Organized</b> – continuity of personnel, leadership, communication, proactive	<b>6</b>
<b>Helpful</b> – prompt answers, helpful in finding resources	<b>4</b>
<b>Knowledgeable</b> – knowledgeable group, good staff, can answer questions about application process	<b>3</b>
<b>Weaknesses</b>	
<b>Time management</b> – staff spread too thinly	<b>1</b>
<b>No Response</b>	<b>14</b>
<b>Total =</b>	<b>28</b>

## Financial Management

The WORH handles the management of grant money from the Flex program. Survey respondents were asked to identify any changes they would like see in how grant dollars are managed. A summary follows below and full comments can be found in Appendix 5.

Changes in \$ Management	Number
<b>Allow for Diversity</b> – shared services are difficult/not useful, allow each facility to determine use, more flexibility	5
<b>Different Uses</b> – allow \$ for renovations, don't spend on assessments, eliminate shared grant \$	3
<b>Other</b> – more \$, distribute \$ evenly to all members of CAH Coalition	3
<b>No Change Needed/ No Response Given</b>	17
	<b>Total =</b> 28

## Areas Needing Improvement

Participants were asked to identify any areas of administrative functioning that need improvement. Only two respondents felt there was room for change in administrative practices:

- "There is always room for improvement but on the whole it seems to be going well."
- "Perhaps after the first year or two, grant dollars could be allocated for specific hospital projects instead of group projects."

## Final Commentary

At the conclusion of the survey, participants were given an opportunity to voice any final comments on the program as a whole. One individual expressed frustration at the inconsistencies of regulations surveyors. Most respondents, however, used this chance to give encouragement ("Keep up the good work!") or express happiness/gratitude at the opportunity to be involved with the Flex program and CAH Coalition. On the whole, participants seem very satisfied with their experiences and involvement. See Appendix 6 for full comments.

## **Recommendations**

### **1. Explore perceptions of differing needs and make accommodations where possible.**

- Have sub-group meetings of hospitals in similar stages of the process – i.e., plan time for a brief, separate meeting of each group of hospitals.

### **2. Address geographic diversity issues.**

- Develop a wide rotation of meeting places so travel distances vary.
- Use more technology to eliminate travel – video conferencing, web broadcasts, etc.
- Alternate between regional and whole group meetings.

### **3. Review financial planning and management to explore ways to allow for more flexibility/individuality in hospital spending.**

## **Appendix 1**

### **CAH Coalition Member Questionnaire**

1. What is your involvement with the CAH Coalition?
  - a. Chairperson
  - b. Hospital Administrator
  - c. Hospital Employee
  - d. State Employee
  - e. Surveyor
  - f. Financial Officer
  - g. Other (specific)
  
- 1a. How long have you been involved with the Coalition?
  - a. Under 1 year
  - b. 1 year
  - c. 2 years
  - d. 3 years
  - e. 4+ years
  
- 1b. What workshops/programs have you participated in?
  - a. Teleconferences
  - b. CAH Workshops
  - c. Rural Health Conference
  - d. Other (specific)
  
2. What are the strengths of the CAH Coalition?
  - a. Sharing information
  - b. Education
  - c. Networking
  - d. Planning for use of federal grant funds
  - e. Developing the State Rural Health Plan
  - f. Addressing aspects of rural health delivery in the state
  - g. Monitoring the progress of the Flex grant
  - h. Providing a support system
  - i. Other (specific)
  
3. Are there aspects of the Coalition that you feel have been particularly useful or successful? Please explain.
  
4. What are the weaknesses, problems, or challenging aspects of the Coalition?

5. Do you feel that the CAH Coalition is addressing issues of rural health and CAH's sufficiently? How could it be changed?

6. How would you describe the Office of Rural Health's administration of the Flex grant? Rank on a scale of 1(poor) – 4 (excellent).

- a. Organization
- b. Communication
- c. Meetings
- d. Clarity of Mission

7. Does the administration have particular strengths or weaknesses? Please explain.

8. What, if anything, would you like to see change about the way in which grant dollars were managed?

9. Are there any other areas of administration that need improvement? Please explain.

10. Any other comments?

Thank you for your time!

## **Appendix 2**

### **CAH Coalition Successes & Beneficial Bi-Products – Full Comments**

**Question: Are there aspects of the coalition that you feel have been particularly useful or successful? Please explain.**

#### **Responses:**

"The networking was valuable in the completion of the application."

"Good resource for the application process for CAH."

"The grant program and how it works."

"Networking and information sharing among CAH hospitals. A means of keeping us informed of the legislative issues."

"Assistance in getting through the initial application process. Hearing how other CAH's are doing things... GREAT networking!"

"Too early for me to comment – I have been involved for less than 3 months."

"I have especially appreciated the assistance given by many members in making the application for CAH."

"The overall support system and updates by meeting as a group is the one greatest benefit."

"The team effort has brought together the Rural hospitals, WHA, WORH, BQA, and all of the necessary players in a noncompetitive environment to maximize the use of time and resources. It has allowed us, as Administrators, to focus on our organization needs and to help each other in the application, survey, and other processes."

"Point of contact for problems and concerns."

"The research done with group dollars to give us a better perspective of our local market."

"Shared learnings between organizations regarding application and survey process as well as billing and financial assessment."

"Information sharing, support and education."

"Teleconferences have been helpful – no travel expense, less time involved, able to attend at desk top."

"Proactive intervention to keep approval process of CAH applications moving."

"Education sessions, collaboration with colleagues."

"Contact individuals have been readily available for questions. Extremely informative. Always there to assist. Great support group."

"The coalition has been a positive sharing group that is not competing with one another. They share the same agenda and therefore do well."

"The networking and education aspects have been very helpful."

"The ability to network, to work together is very beneficial. The flex grant dollars have allowed our facility to participate in studies as well as purchase much needed minor equipment that normally would not be available to us."

"The new meeting format with specific education topics."

## **Appendix 3**

### **CAH Coalition - Weaknesses, Problems, Challenging Aspects**

#### **Question: What are the weaknesses, problems, or challenging aspects of the Coalition?**

#### **Responses:**

"Meetings are held 2 hours away from our facility. Teleconferences do not allow for a good networking opportunity."

"The diversity of the group makes for a challenge."

"Meetings held in Wausau require us to be on the road for 6 hours. Phone conferences help a lot with this."

"Getting everyone on the same page on certain issues. Everyone has slightly different priorities and needs."

"Attendance at the meetings...usually the same people, although have seen others start to attend recently. Challenge – Keeping everyone interested since where hospitals are in the process varies so much now."

"I am sure it is hard to address all issues which are current to individual members (Application, surveys, reimbursement issues)."

"Distance to meetings and the different foci of the different groups depending on how long they have been in the process."

"I have not found some of the shared services purchased as a group to be particularly useful or valuable. I am part of a System and therefore have access to some resources that others do not."

"None noted."

"I sometimes think we should move to the next level of coalition organization. The support and coordination from WORH. Getting everyone together with geographic disparity."

"It has been difficult to travel to the meetings – as small facilities we are very involved in operations so it is hard to prioritize the meetings while they are very valuable."

"Meeting everyone's needs."

"Limited authority to make decisions."

"Getting everyone to participate."

"Difficulty in finding shared facility projects for the shared funds."

"Each facility has a different order of priorities that need to be addressed. Hard to put on programs that address everyone's needs."

"We are all quite different – sometimes difficult to speak uniformly on various topics or needs."

"I am not sure if this is the proper place, but the Telecommunications survey/process with [name removed] was a complete waste of time and dollars. We learned absolutely nothing and are no further technology wise than we were before. Not that it was expected to be a silver bullet, but compared to the work done by the [names removed] it was a disappointment."

## **Appendix 4**

### **WORH Strengths and Weaknesses**

#### **Question: Does the administration have particular strengths or weaknesses?**

#### **Responses:**

"Available to answer questions or put you in contact with the needed resources."

"Barb and Ralph are accessible to us and available for questions – willing to find answers and to guide thru the processes."

"Continuity of personnel and growing up with the program like everyone else seems to add to synergy."

"Very prompt in responding to questions or need for additional information."

"Barb Duerst's leadership and understanding of rural health has been a huge strength."

"Very knowledgeable group. Work hard to meet our needs as a group and as individuals. Always available for questions."

"I feel the WORH is particularly skilled at keeping everyone on track. Especially strong with communication and organization. The program does a great job with these issues."

"Good staff."

"Prompt answers to questions."

"Proactiveness is a strength."

"They are good honest people who share our goals. No hidden agendas and straightforward people. Overall very excellent."

"Haven't been involved long enough to comment on. I have had no problems with items that I have dealt with the administration on."

"The ORH has been wonderful in disseminating information to the group, organizing the group, babysitting the group at times and basically doing everything to allow us to receive the enormous amount of Flex Grant dollars."

## **Appendix 5**

### **Financial Management**

**Question: What, if anything, would you like to see change about the way in which grant dollars were managed?**

**Responses:**

"I wish that more grant money could be used to purchase equipment or for building renovations so that organizations can stay competitive with neighboring providers."

"Some of the assessments were not useful to us, i.e. the telehealth assessment. We could have used that money in other areas of specific need to us."

"I think it will become more difficult to identify projects that can be accomplished involving grant dollars for the group."

"I just want more of them!"

"We have only been involved with the grant to support our analysis and application process. This was managed well. Shared services were difficult to manage at times when each Hospital's needs were different. It was hard to find a common area to spend the dollars."

"Some of the shared services dollars were questionable in the results obtained for the money spent particularly the telehealth assessment."

"I would like to see how we can benefit most on a more equal basis in the future. I like the way it is now done."

"Have no problem with current process."

"I think overall it is handled well. Some fixed and some flexible spending."

"Don't allocate as many \$[s] for the shared funds and allow each facility to use them as needed."

"Now that the money is away from BQA, or whatever their acronym is now, things are much smoother and easier."

"Eliminate the shared grant \$"

"Possibly a pool of topics to apply the monies to vs. a specific topic, giving us a little flexibility as things change within a years time."

"Grant money should be distributed evenly – not based on years of membership in the Coalition."

## **Appendix 6**

### **Final Commentary – WORH**

**Question: Any further comments?** [in regards to the WORH]

**Responses:**

“The Office of Rural Health has been a tremendous asset to the rural hospitals of Wisconsin.”

“Keep up the good work!” (3)

“The CAH program in WI would clearly not have progressed as quickly and effectively without the Coalition and the success of the Coalition is due in very large part to the work of WORH and WHA. Thank you.”

“WORH does a great job working with others – WHA, etc... I am glad that the WORH took on a greater role in the program. I sense a great deal more continuity of service and support.”

“We have just been granted CAH status. The WORH has been very helpful in this process. Being new to the Coalition, I have been happy with the direction and education the Coalition has taken.”

“A pleasure to be associated with these knowledgeable individuals, who are always there when you need them.”

“I feel staff does a good job of representing us at the state and federal level. Thank you.”

“I hope to get more involved with the CAH Coalition next year.”

“I’m not sure that this survey is the appropriate place to mention this, but I will. The surveyors interpretation of regs are extremely different depending on the surveyor particularly in the area of physical plant. You correct deficiencies on one survey, nothing changes, and the next year you receive deficiencies that may cost you hundreds of thousands of dollars to correct. Consistency of interpretation of the regs from surveyor to surveyor is needed!”

