

The Wisconsin Office of Rural Health, as part of its Medicare Rural Hospital Flexibility (Flex) Program, hosted a one-day Flex Stakeholder Strategic Planning Session on February 21, 2007 in Stevens Point, Wisconsin. There were 23 stakeholders representing: small rural hospitals, the Rural Wisconsin Health Cooperative, MetaStar, Inc., Wisconsin Hospital Association and the UW School of Medicine and Public Health. The event was facilitated by Rochelle Schultz Spinarski of Rural Health Solutions, Saint Paul, Minnesota.

The strategic planning meeting included an overview of national Flex Program activities, an overview of activities/responsibilities of the Wisconsin Office of Rural Health and its Flex Program, a discussion of the goals and mission of Wisconsin's Flex Program, a discussion of Wisconsin rural health issues, brainstorming of potential solutions to respond to those issues and a prioritization process that identified top components that may be included as part of future grants for Wisconsin's Flex Program.

As a result of this session a program mission statement, needs, priorities and strategies were created and are identified in this report.

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## **MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM**

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The Medicare Rural Hospital Flex Program was established through the Balanced Budget Act of 1997. It is a national program that includes Wisconsin and 44 other states. The Flex Program is comprised of two components: 1. Grants to assist states in implementing state specific program activities which is administered by the federal Office of Rural Health Policy (ORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS); 2. An operating program which provides cost-based Medicare reimbursement to hospitals that convert to Critical Access Hospital (CAH) status. The operating component of the program is administered by the Centers for Medicare and Medicaid Services (CMS), also located in DHHS.

Six priority areas have been established for states implementing the Flex Program:

1. Creating and implementing a state Rural Health Plan
2. Converting hospitals to CAH status and supporting them after conversion
3. Fostering and developing rural health networks
4. Enhancing and integrating rural Emergency Medical Services (EMS)
5. Improving the quality of rural health care
6. Evaluating Flex Program activities and related outcomes

All states participating in the Flex Program are required at a minimum to support activities addressing rural health quality improvement, CAH conversion and support, and evaluating their Flex Program.

There are 58 CAHs in Wisconsin - the 6<sup>th</sup> highest of all states, with the national average at 28.6 per state.<sup>1</sup> Wisconsin's Flex Program has been funded an average of \$681,803 per year by the federal ORHP to support its program. This is the third highest level of funding of all states.



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<sup>1</sup> Flex Program Monitoring Team, <http://www.flexmonitoring.org> reporting June 26, 2006 figures, [obtained August 2006].

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## ***RURAL HEALTH ISSUES/NEEDS***

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As part of a brainstorming session, stakeholders discussed and identified rural health issues in Wisconsin. Issues related to each of the national Flex program goals as well as Wisconsin's Flex program priorities include:

### **Rural Health Planning**

- Need a unified “voice” among state stakeholders
- Need to update the state rural health plan
- Need information to complete various projects and address issues
- Manage the decline in statewide numbers of long-term care beds and the changes in policy and the reimbursement shift to in-home care options
- Financial viability of long-term care

### **Quality Improvement**

#### **Metrics**

- Inconsistencies with what is being collected by different organizations
- Competition between projects
- Lack of understanding about what “should be” collected and what “must be” collected
- Lack of staff to input data
- Multiple data collection systems/tools

#### **Health promotion and disease prevention**

- Injury prevention
- Tobacco and alcohol use
- Local/community culture that impacts alcohol and drug use in particular
- Diabetes
  - Staying abreast of best practices
  - Need to share tools/knowledge
  - Need to tap into regional and Rural Wisconsin Health Cooperative resources
- Need for community leadership
- Need to tap into employers, local public health officials
- Need to utilize the small scale of developing and implementing projects in a rural area
- Finding cost effective ways to do outreach within sparsely populated areas

### **Network Development**

- Lack of awareness about the networks that exist and their roles/relationships
- Determine the value of using networks

### ***Mission:***

The Wisconsin Flex Program fosters collaboration and supports partners as a means to empower communities, improve the quality of healthcare, increase access and develop the healthcare workforce in rural Wisconsin.

### ***Priorities:***

- **Support the financial viability of rural hospitals and other rural health services**
- **Avoid duplication of activities among program partners in Wisconsin and nationally**
- **Foster community collaboration towards health improvement**
- **Serve as a voice for rural**
- **Encourage collaboration between WI rural health stakeholders**
- **Work towards improved quality of care**
- **Develop the rural health workforce**

## **CAH Conversion / Supporting and Sustaining CAHs**

- Financial viability of rural hospitals
- Long term viability of cost-based reimbursement for CAHs
- Emergency preparedness

### **Rural Health Facilities**

- Meeting life safety codes
- Endangering hospitals' CAH status due to building new physical plants
- Rules/policies governing relocations and/or the building of new hospitals

### **Electronic Health Record (EHR) / Health Information Technology (HIT)**

- Cost
- Leadership are not on the same page (e.g., IT staff, management, nurses, pharmacist)
- Lack of IT staff
- Lack of expertise related EHR and HIT
- Inability to negotiate with HIT vendors
- Inability to compete within the marketplace without implementing HIT
- Need to work together
- National standards have not been determined
- Lost productivity during HIT transition
- HIT education needs
- Transparency
- Need for statewide planning
- Patient needs
  - Portability
  - Local, state, national compatibility
- Financial risk
  - HIT required changes/updates
  - HIT/EHR updates
  - Reimbursement

### **Healthcare Workforce**

- Lack of understanding about the healthcare workforce issues [need to look at data from the Department of Workforce Development (DWD)]
- Training and retraining of staff
- Lack of access to “good” workforce supply and demand data
- High demand vs. low supply of professionals
- Accreditation/instructor requirements, outdated requirements
- Lack of faculty
- Number of training programs available for some healthcare professions
- Need to create “grow-your-own” training programs
- Some are interested in health careers but have little/no opportunity to translate their education (e.g., biology) into a health career
- Need to apply best practices from other states
- Need to identify those who are interested in working in rural areas
- Lack of health career information at primary and secondary level education
- Rural health care provider work demands (e.g., specialists need to be on-call)

## **EMS Integration and Improvement**

- Recruitment and retention of staff
- Delays in getting patients to the correct facility
- Access to transportation services
  - Incorrect staffing
  - Lack of availability
  - Lack of knowledge related to the extent of the problem (may be regional issue)
  - Lack of ground transport may be causing an overuse of air transport
- Poor reimbursement

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## ***STRATEGIES***

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The next step in the strategic planning was to identify strategies that could be applied to solve Wisconsin's rural health needs within the context of the national Flex Program goals and also Wisconsin's newly identified Flex Program priorities. Once this list was created, each stakeholder was given 10 votes to indicate his/her support for each of the strategies for inclusion as part of Wisconsin's Flex Program. All of the strategies and their respective number of votes are reported below according to each of the national Flex Program goals. *Items that are bolded received five or more votes.*

### **Rural Health Planning**

- 1) Establish the Flex Program as a rural Ombudsman for organizations with activities impacting rural health (13 votes)**
- 2) Identify opportunities for development of web-based educational opportunities (e.g., technical schools offer courses at new locations, on-site at hospitals) (12 votes)**
- 3) Identify and share the state of EHR planning and its planning process in the state (7 votes)**
- 4) Develop a database of rural health research/research work being conducted within the University of Wisconsin system (6 votes)**
- 5) Create incentives for people to pursue academic teaching for health careers (3 votes)
- 6) Identify or collect data on the supply of/demand for health care workers in Wisconsin (3 votes)
- 7) Create a model to market the economic impact of rural hospitals to show the opportunity cost of communities not using local health services (2 votes)
- 8) Facilitate a planning process between academic institutions and rural health stakeholders on addressing rural health workforce issues (1 vote)
- 9) Explore options recruitment options for potential health care workforce faculty (e.g., trained nurses with a masters degree in public administration but not in nursing) (1 vote)
- 10) Assemble a workgroup to design and create a state rural health plan (1 vote)
- 11) Assemble and facilitate a group of Wisconsin health care provider workforce stakeholders (e.g., colleges, universities, health care providers, hospitals) to identify issues and solutions to resolving the health care workforce shortage (1 vote)
- 12) Study national best practices on alcohol and tobacco prevention (0 votes)
- 13) Coordinate conference calls of state Flex Program stakeholders across states to share best practices (0 votes)

### Network Development

- 1) **To facilitate networking – create My-Space-like networking opportunities and opportunities to share best practices (9 votes)**
- 2) Encourage partnerships between long-term care facilities in certain geographic areas (2 votes)
- 3) Support the development of community advisory councils to gather information, educate, and provide input into rural health planning (0 votes)

### Quality Improvement/Health Promotion/Disease Prevention

- 1) **Continue to support the Strong Rural Communities grants program (16 votes)**
- 2) **Mini grants for health promotion/disease prevention (e.g., alcohol/tobacco project) (14 votes)**
- 3) **Funding for community health needs assessments (12 votes)**
- 4) Assemble and facilitate a group a metrics experts to address duplication issues (1 vote)
- 5) Assemble and facilitate a group of metrics experts to improve the quality of the metrics (1 vote)
- 6) Sponsor disease specific forums in the state to educate providers on best practices/the latest approaches to improve outcomes and prevent the disease (1 vote)

### CAH Conversion/Supporting and Sustaining Rural Hospitals

- 1) **Establish a rural WARM (Wisconsin Academy for Rural Medicine) program for other non-physician health care workers (15 votes)**
- 2) **Support an EHR summit with a focus on needs assessments, benefits to workforce development, disease prevention/health promotion) (13 votes)**
- 3) **Support a seminar/consultant/resources for local long-term care financial planning and performance improvement activities (13 votes)**
- 4) **Funding for community health needs assessments (12 votes)**
- 5) **Tele-health summit to plan and discover ways to use equipment and address issues such as after hour care needs (11 votes)**
- 6) **Create consultation/options to address rural hospital financial issues (10 ends)**
- 7) **Establish and consult an EHR advisory panel of experts (5 votes)**
- 8) Expand tuition loan repayment programs to laboratory and radiology technicians
- 9) Establish a nurse leadership development program (3 votes)
- 10) Establish mini-grants for HIT (3 votes)
- 11) Fund/support the development of rural hospital promotional videos (2 votes)
- 12) Develop a “How To Guide” to support rural hospitals in presenting their needs to legislators (1 vote)
- 13) Expand the use of tele-meetings (0 votes)
- 14) Identify and create a resource persons/expert contacts listing (0 votes)
- 15) Develop linkages with the statewide trauma system (0 votes)
- 16) Organize, support, and host a rural health management training program (0 votes)
- 17) Establish a grant for rural hospitals to join the Rural Wisconsin Health Cooperative’s EHR project (0 votes)
- 18) Create a forum to promote rural health care provider education/career information (0 votes)

### **EMS**

- 1) **Fund EMS training (10 votes)**
- 2) **Establish and consult an EMS advisory panel of experts (5 votes)**

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## ***FLEX PROGRAM PLANNING PARTICIPANTS***

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