Abstract

The Wyoming Office of Rural Health (ORH) has offered varied support to Wyoming’s Critical Access Hospitals (CAHs) over the years, including financial incentives to participate in certain quality, operational, and financial improvement projects. Such projects have included chart audits and trainings, Health Professional Leadership Training, financial workshops, Leadership Development Classes, and Kansas Hospital Education and Research Foundation (KHERF) Quality Health Indicators (QHi) multi-state benchmarking program. Additionally, Wyoming’s ORH has provided irregular financial support to Wyoming’s Rural Health Clinics (RHCs) over the years as funding has allowed, including travel scholarships to attend national conferences and billing and coding workshops. The Wyoming ORH conducted a survey of CAH and RHC staff to determine what types of support would best fit their needs in the future and how the ORH may better serve those needs.

Goals and Objectives

The overall goal for this project was to assess the needs of Wyoming’s CAHs and RHCs and to determine what types of support and/or services the Wyoming ORH could provide to meet those needs.

Objectives:

1. Develop a survey, which may include RHC and/or CAH specific questions, and distribute via e-mail to all contacts by August 30, 2013.
2. Collect and analyze responses starting September 13, 2013.
4. By December 31, 2013, analyze available funding and timelines and develop a plan of action to address at least one area of support identified by the survey as being of great value to respondents.

Background

Critical Access Hospitals

Critical Access Hospital is a designation of the Centers for Medicare and Medicaid Services (CMS) and describes hospitals that are:

1. Located in a rural area;
2. Located more than a 35-mile drive from the nearest hospital or CAH, or a 15-mile drive in areas with mountainous terrain or only secondary roads;
3. Furnish 24 hour emergency care services 7 days a week, using either on-site or on-call staff;
4. Have no more than 25 inpatient beds.

Wyoming has 16 Critical Access Hospitals. Based on a recent OIG Report, Wyoming has one CAH which may be in jeopardy under current rules if required to re-enroll in Medicare and was not certified as a Necessary Provider (NP).

Based upon feedback from CEOs during the Flex Strategic Planning Session held April 2013, the Wyoming ORH will begin offering webinars and toolkits for CAHs interested in fall prevention education. The educational trainings will begin in November.

**Rural Health Clinics**

Rural Health Clinic status is a CMS designation available to certain rural clinics in federally designated health professional shortage areas or governor-designated shortage areas and provides for increased Medicare reimbursement. Rural Health Clinics can be provider (i.e.: hospital) based or freestanding (i.e.: independent), and for or non-profit. Wyoming has 15 Rural Health Clinics, 2 of which have a satellite location in another community, 9 are Critical Access Hospital-based, and 6 are independent. For the last several years, the Office of Rural Health has provided mini-grants for travel to the National Association of Rural Health Clinics annual conference and in FY13 provided 11 mini-grants ($1,400/each) for travel, training, and/or quality improvement projects. This fall the RHCs have been invited to participate in the QHi benchmarking program with the participation fee paid through funding by the ORH.

During the 2011 legislative session, the Primary Care Support Act was enacted and grant funds of one million dollars were made available to new and existing Community Health Centers and Rural Health Clinics. The funding could be used for capital construction and start-up costs for brand new clinics, or for existing clinics wishing to expand the population served, initiate new services, or comply with quality criteria. The program rules and regulations became effective in December 2012, and applications were accepted through May 31, 2013. Seven applications were received totaling $1,488,760; of which one was for a brand new start up Community Health Center, one was from an existing clinic wishing to apply for Community Health Center status, and the remaining five were from existing Community Health Centers and Rural Health Clinics wishing to expand the population served, initiate new services and/or comply with quality criteria. Award determinations were made by the end of August 2013, and four awards were issued to one brand new start-up Community Health Center; two existing Community Health Centers, and one existing RHC.
Methodology

Between June and August 2013, the survey was developed and distributed to 16 CAH Chief Executive Officers and 15 Rural Health Clinic Managers by email and regular mail. The cover letter included the link to the survey via Survey Monkey, solicited participation in the survey, and asked the survey be forwarded to all staff which the CEOs/Managers felt would be able to provide valuable feedback to the ORH. The survey letter/link was sent via email and regular mail on September 4, 2013, with a deadline of September 18, 2013, to complete the survey.

The ORH received 17 responses, 11 from a CAH staff member, 3 from hospital-based RHC staff, and 3 from independent RHC staff; 4 responses were from a duplicate facility for a total of 13 non-duplicated facilities.

Findings

The survey consisted of nine questions. The first question gathered participant information and the second question asked the type of facility in which the survey participant is affiliated, CAH or RHC, which prompted whether or not the participant was asked Question 3. Only RHC staff were asked Question 3 which provided a description of Quality Health Indicators (QHi) and asked whether or not their RHC would be interested in participating in the QHi benchmarking program. Three respondents indicated they may be interested in QHi, but would need additional information before making a final decision; two RHCs were interested in participating.

For Question 4, an overwhelming 68.75% of survey respondents rated an annual in-state rural health conference including sessions on various topics such as billing/coding, quality improvement, recruitment and retention, and policy issues as top priority. Regular webinars on the same topics listed prior came in at second priority, annual or semi-annual billing/coding webinars rated third, and least priority was given to quarterly conference calls with peers.

Question 5 asked participants to rate the level of value, from Extremely Valuable to Least Valuable, the following would be to their facility, with the first as the response rated Extremely Valuable by the most respondents: 1) scholarships to attend national conferences; 2) scholarships to attend training workshops, programs, or conferences with cost of travel and registration fees paid; 3) mini-grants of up to $1,400 for use towards varied projects; and 4) financial support for membership in national organizations such as NRHA.

Question 6 addressed the previously mentioned series of webinars and toolkits the ORH will be sponsoring for CAHs and RHCs interested in falls prevention education. Fourteen participants (87.5%) indicated they or their facility would be interested in participating; two indicated not at this time, but would like additional information.

Question 7 asked whether their facility would be interested in Cultural Competency trainings. Out of 15 responses, 9 indicated yes they would be interested in the training (60%).

The last question in the survey asked if their facility would be interested in training for developing a Language Access Plan to provide meaningful access to individuals with limited
English proficiency (LEP). Sixty percent (60%), or 9/15, indicated they or their facility would be interested in this training.

The survey also prompted participants to provide additional feedback on other types of support the Wyoming ORH may be able to provide they or their facility would find valuable. Responses were: 1) change management skill development for staff and managers; 2) root cause analysis; 3) Best Practice Management in a Rural Health Clinic setting; and 4) Team work training, including doctors working with staff to assist in patient care.

**Conclusion**

The results of the Critical Access Hospital and Rural Health Clinic Support Survey have assisted the Wyoming ORH in setting priorities for projects. Staff time and available funding for priority projects is a concern, and the Wyoming Office of Rural Health will look for creative ways in which to fund support projects, including soliciting support from our partners.

After such an overwhelming rate of interest in access to an in-state Rural Health Conference, it is the Wyoming ORH’s hope that we will be able to provide and/or sponsor this opportunity for Wyoming’s CAHs, RHCs, safety-net providers, and other rural providers. In response, the Wyoming ORH will build a collaborative team of partners, including members of the Wyoming Hospital Association, Wyoming Critical Access Hospital Network, Wyoming Primary Care Association, and other rural health stakeholders, to discuss options for hosting a Rural Health Conference in Wyoming sometime during the next two years.

Additionally, the Wyoming ORH will collaborate with the Wyoming Office of Multicultural Health to discuss options for Cultural Competency and Language Access Plan trainings for those interested respondents. The Wyoming ORH will continue with its plan to provide falls prevention education and toolkits to CAHs and RHCs, as well as fund QHi benchmarking project participation for all Wyoming RHCs.

**Acknowledgements**

The Wyoming Office of Rural Health would like to thank the CAHs and RHCs who took valuable time out of their day to assist us by completing the survey and providing input. In addition, we would like to give a special thank you to our Capstone Project mentor, Scott Daniels, who provided valuable insight into the development of the survey. The survey and the process have provided us with valuable tools and knowledge on how we may better serve those who serve the citizens of Wyoming.

Thank you to NOSORH for the opportunity to learn, support, and improve how we assist the Critical Access Hospitals and Rural Health Clinics in Wyoming.
References

Wyoming Office of Rural Health Critical Access Hospital and Rural Health Clinic Support Survey, August 2013

Respectfully submitted by:

Keri Wagner
Wyoming Office of Rural Health

Michelle Hoffman
Wyoming Office of Rural Health