



# Flex and EMS

## 2015 National Rural EMS Conference

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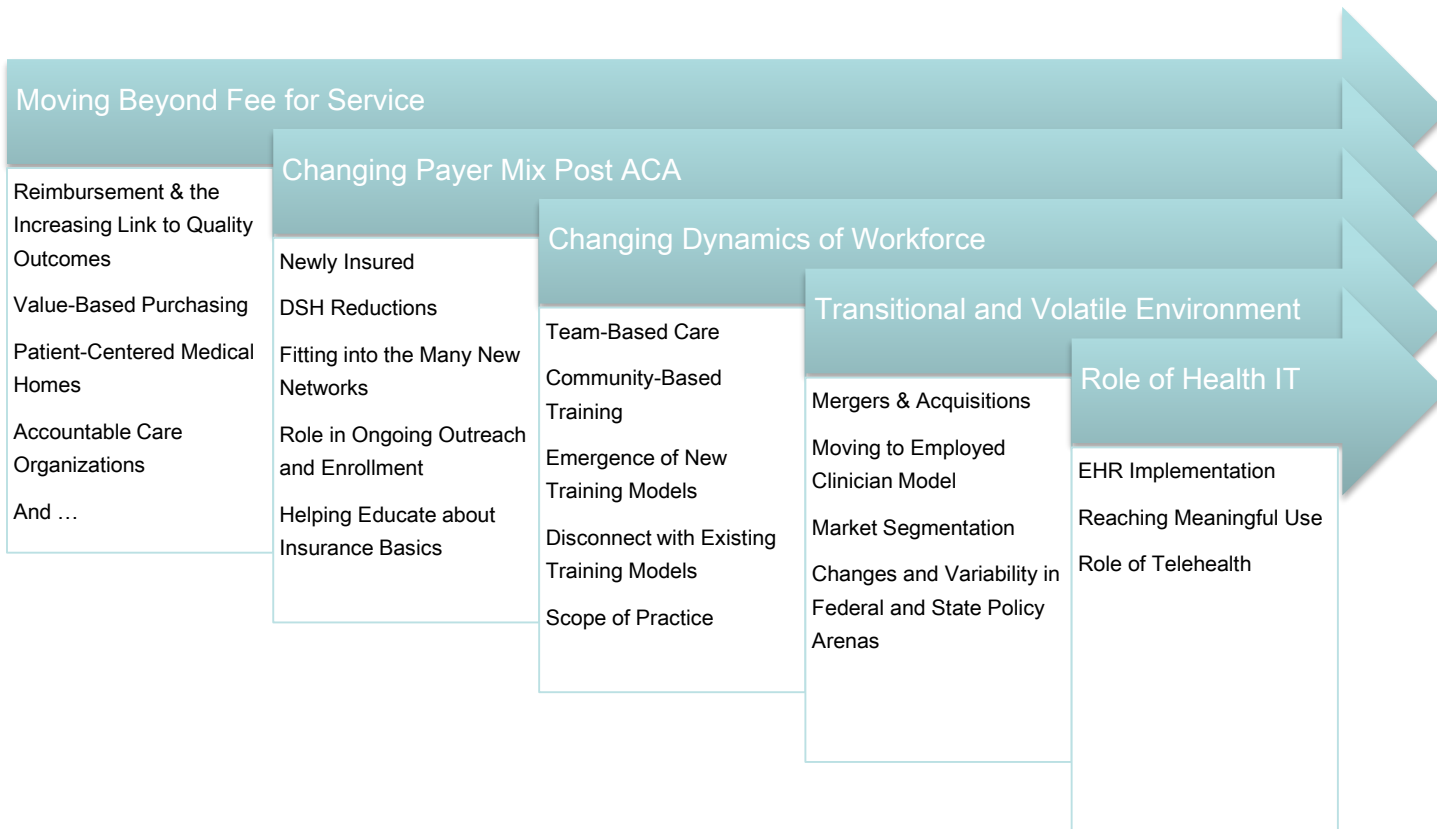
U.S. Department of Health & Human Services



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# Emerging Questions & Challenges



What  
 Might  
 This  
 Mean for  
 Rural  
 Health...  
 for Flex?



1. **Better Care:** Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe
2. **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care
3. **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government

<http://www.ahrq.gov/workingforquality/>



# FY 2015 Flex Program Areas

- Quality Improvement (MBQIP)
- Financial and Operational Improvement
- Population Health Management & EMS Integration
- CAH Conversion
- Integration of Innovative Models\*



# Flex Grant: Quality



- Flex Quality Goals:
  - Hospitals are providing high quality care to patients in their community.
  - Patients have good outcomes – preventing readmissions and avoiding harm.

# Flex Grant: Financial and Operational Improvement

- Flex Financial and Operational Improvement Goals:
  - CAHs are financially stable to provide necessary services to their community
  - CAHs are efficient and able to adapt to the changing environment

# Flex Grant: Financial and Operational Improvements

- Financial operational assessments
- Revenue Cycle Management
- Billing and Coding Education
- ED Operational improvements
- Lean Training and Implementation
- Financial Improvement Collaborative
- Billing and Coding Education

# Flex Grant: Population Health Management and Emergency Medical Services

- Flex Health Systems Goals:
  - CAHs are aligned with partners to meet the health and well-being needs of their communities.
- Flex EMS Goals:
  - CAHs have a coordinated system of emergency care.



# Flex Grant: Supporting CAHs

- Flex Supporting CAH Goals
  - Assisting hospitals to a smooth conversion to and from critical access hospital status.
  - Monitoring and informing Federal ORHP on hospital closures and conversions.



# Flex Grant: Innovative Models

- Supporting State Modernization
  - Innovative solutions to thorny problems
  - Potential Use Case / Best Practice
  - Testing those uncharted waters



# The Future of FLEX - Program



- Strong Focus on QI
- Population Health Management
- Flexibility to Innovate
- State and Regional Partnerships
  - Networking
  - Peer-to-Peer Learning
  - Non-Geographic Partnerships
- Strategic investments
  - SHIP to support state need
  - CAH Cohorts



# EMS and Flex Funding



- Important but complex history for how Flex has met EMS needs.
  - Varies by state, *greatly*
  - Flex alone can not and is not intended to solve this need
- Trend of Flex funds increasingly used on EMS in states with high needs;
  - Yet, limited evidence of improved outcomes
  - Doesn't mean improvement isn't happening, nor does it mean not valuable;
  - but we need a better way to measure, verify and inform these activities



# EMS and Flex Funding



- Programmatic responsibility that Flex funding is distributed to ensure other statutory areas are being addressed.
  - Quality; FOI; Population Health
  - These areas tend to be easier to measure / tie to outcomes.
- FORHP is working to better understand this complex issue and ways to assist states with higher EMS needs
- Also, in the wake of rural hospital closures, we are closely monitoring how EMS and para-medicine could serve as innovative models of care delivery.

# What does this mean for Flex and EMS?

- Essentially we have to move to an outcome based model
- Everything is not black and white
- EMS is a key member of rural health continuum of care
- Creativity is key