



National Organization of
State Offices of Rural Health

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State Office of Rural Health **Roadmap** for Working with **Vulnerable Hospitals**

October 2016



A SORH Toolkit for Working with Vulnerable Hospitals & Communities

This toolkit was prepared as a reference guide for the State Offices of Rural Health Roadmap for Working with Vulnerable Hospitals & Communities. This toolkit highlights specific recommendations, tools and resources for the different areas of Technical Assistance (TA) that are recommended for State Offices of Rural Health (SORH) to provide for vulnerable hospitals and the communities they serve depending on the capacity of the SORH. All of the blue underlined text in this document is hyperlinked directly to that tool or resource.

The types of TA suggested include:

- ◆ Identifying Vulnerable Hospitals
- ◆ Ensuring Financial and Operational Resources are Available
- ◆ Preparing a Hospital and Community for Closure
- ◆ Offer Stakeholder Education on Other Key Topic Areas
- ◆ Support Community Decision Making



Indicates tools available to assist SORHs, hospitals or communities faced with a rural hospital closure. Tools include survey samples, step-by-step planning guides, or other materials providing information to allow for hands-on technical assistance.



Indicates resources available to assist SORHs communicate or educate rural hospitals and communities on the impact of a rural hospital closure and the future of health reform. Resources include presentations, research studies, or articles that support technical assistance.



Indicates a SORH example using these tools and resources to replicate in other states. These states serve as NOSORH mentors for other states and are available to discuss these tools and resources further.

Types of Technical Assistance	Recommendations	Tools, Resources & SORH Examples
<p>Identifying vulnerable hospitals</p>	<p>SORHs need to consider many factors when assessing the vulnerability of rural hospitals for closure. Recommendations, tools and resources focus on 5 key indicators, including: financial, quality, provider alignment, community support, and hospital self-assessment.</p> <p>Financial Indicators</p> <p>Look at rural hospital financial measures, such as overall payer mix, days cash on hand, consistently low operating margin, days in accounts receivable, etc. to determine the current financial situation of every rural hospital in the state.</p> <p>Look at other anecdotal evidence, such as CEO turnover.</p> <p>Partner with state hospital associations or contract with a financial consultant for collecting and formatting data, if needed.</p> <p>Compile and disseminate various sources of data, which are most meaningful to hospitals.</p> <p>Schedule routine visits to hospitals to review indicators.</p> <p>Convene rural hospitals to provide insight about the type of data collected and share best practices.</p>	<p> <u>North Carolina Rural Health Research Program (NCRHRP) Financial Distress Index (FDI)</u> – NCRHRP developed the FDI to forecast the risk of distress of rural hospitals using the most currently available hospital financial performance, government reimbursement, organizational characteristics and market characteristics.</p> <p> <u>The Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS)</u> – CAHMPAS is a data measurement tool available for SORHs, Critical Access Hospital (CAH) executives and federal staff to review the financial, quality and community-benefit performance of CAHs.</p> <p> The <u>Nevada Office of Rural Health</u> uses multiple data resources to create benchmarking reports for their CAHs. Examples of these reports along with data definitions are provided in Appendix E of the SORH Roadmap.</p>

Types of Technical Assistance	Recommendations	Tools, Resources & SORH Examples
<p>Identifying vulnerable hospitals</p>	<p>Quality Indicators</p> <p>Collect and analyze quality measures for all rural hospitals and compare scores with other hospitals.</p> <p>Encourage and track reporting participation with Medicare Beneficiary Quality Improvement Project (MBQIP), Hospital Compare, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), and other reporting initiatives.</p> <p>Look to see if hospitals are reporting above and beyond what is required for MBQIP, such as on other Medicare Inpatient Prospective Payment System (IPPS) or Medicare Outpatient Prospective Payment System (OPPS) measures, or even as part of an accreditation program, such as DNV or Joint Commission.</p> <p>Look at adoption and understanding of alternative payment methodology, participation in quality initiatives, achievement of meaningful use and other indicators, which may be related to vulnerability.</p> <p>Partner with local Quality Innovation Network — Quality Improvement Organizations (QIN-QIOs) for quality reporting and improvement initiatives.</p> <p>Provide training and award programs as a result of the data analyses.</p>	<p> <u>MBQIP Reporting Guide</u> — The MBQIP Reporting Guide was developed by Stratis Health to help Flex Coordinators, CAH staff and others involved with MBQIP understand the measure reporting process.</p> <p> <u>The Quality Reporting Center</u> — This website provides resources to assist PPS hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals and ambulatory surgical center with quality data reporting.</p> <p> QIN-QIOs are responsible for working with health care providers and the community on data-driven projects to improve patient safety, reduce harm and improve clinical care at the local level. Locate state QIN-QIO at <u>http://www.qioprogram.org/contact</u>.</p>

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<p>Identifying vulnerable hospitals</p>	<p><i>Provider Alignment Indicators</i></p> <p>Assess physician participation in Merit-Based Incentive Payment Systems (MIPS) or Alternative Payment Model (APM).</p> <p>Understand Accountable Care Organization (ACO) participation by rural practitioners.</p> <p>Understand the full dynamic of community providers including home health, Emergency Medical Services (EMS), public health, long-term care, etc. to fully understand the healthcare market place in the community.</p> <p>Identify Primary Care Medical Homes (PCMH) status of any provider-based primary care clinics.</p> <p>Assess the composition of the hospital medical staff – numbers, specialties, etc.</p>	<p> <i>Rural Hospital Transition Framework work</i> was presented at the 2016 NOSORH Annual Meeting takes an in-depth look at the industry as a whole and at the particular struggle faced by rural and community hospitals, and outlines strategies for these facilities to not only survive, but thrive in the fast-approaching era of population health.</p>
	<p><i>Community Support Indicators</i></p> <p>Look at HCAHPS scores on Hospital Compare as a possible indicator to understand patient perception and patient experience.</p> <p>Review top inpatient and outpatient procedures from hospitals by zip code detailing where people go for hospital services and for what service they had performed including ambulatory sensitive conditions.</p> <p>Assist hospitals in considering adding new service lines depending on the needs of the community and the competitive landscape.</p> <p>Help hospitals to develop a marketing/promotional campaign to illustrate how important it is for the community to utilize the local hospital.</p>	<p> The <i>National Center for Rural Health Works</i> conducts economic impact studies of the healthcare in a rural community that illustrates the importance of healthcare to the local economy.</p> <p> <i>Hospital Compare</i> provides results on emergency department and outpatient surgical quality measures, which evaluate the quality of care provided to patients.</p>

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<p>Identifying vulnerable hospitals</p>	<p><i>Hospital Self-Assessment Indicators</i></p> <p>Plan a regular “route” to visit all rural hospitals at least once per year to review information and assess vulnerability and needs.</p>	 <p>The <i>Kentucky Office of Rural Health</i> annually surveys all CAHs to understand key financial and community circumstances in order to inform annual site visits. Copies of the email and survey are included in Appendix D of the SORH Roadmap.</p>
<p>Ensure financial and operational resources are available</p>	<p>Use Medicare Rural Hospital Flexibility Grant (Flex) and Small Rural Hospital Improvement Program (SHIP) funds to conduct services to help vulnerable hospitals, including: Charge-master Reviews, Revenue Cycle Assessments, Revenue Cycle Team Development, Pricing Strategy Development, Data Collection and Benchmarking, Comprehensive Quality Improvement Program Assessment, Statewide Rural Hospital plans, Population Health Profiles, Population Health Readiness Assessment, etc.</p> <p>Match vulnerable hospitals with expert rural health financial consultants.</p> <p>Work with hospitals to help them understand the need to:</p> <ul style="list-style-type: none"> ■ Encourage physicians to become more concerned about the costs of supplies and other activities, such as unnecessary tests and inefficient coding processes that may drive up costs. ■ Help medical staff understand the connection of their referrals to the hospital’s viability so that their referral decisions reflect the value they place on the hospital. ■ Leverage their standing in the community by partnering with local physicians to share the revenue generated by efficient outpatient cases. ■ Identify and attract additional physicians as another way that hospital leaders can increase profits. 	 <p>RHHub’s Topic Guide on <i>Community Vitality and Rural Healthcare</i> shows the linkage between healthcare and the vitality of the community and focuses on how community and economic development can complement health services in rural areas and how collaboration between the sectors can address issues such as population health.</p>  <p><i>Report from 2016 Financial Leadership Summit</i> – The National Rural Health Resource Center (The Center) held a summit to identify strategies and actions that rural hospital leaders should consider as they transition to alternative payment models and population health management. The Report from the Summit provides key operational strategies that providers may deploy to overcome challenges and be successful in alternative payment models.</p>  <p>The <i>Wisconsin Office of Rural Health</i> developed a model to work with identified consultants to provide in-depth financial analysis and identified specific revenue cycle interventions for CAHs.</p>

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<p>Preparing a Hospital and Community for Closure</p>	<p><i>Understand requirements to transition hospital.</i></p> <p>Have a general awareness of where to find information on the laws in their state and what those laws and regulations govern.</p> <p>Help hospitals understand the complexities of these requirements.</p> <p>Identify the distance to nearest facilities, number of ancillary services owned (such as Rural Health Clinic (RHC), nursing home, home health, etc.), and whether or not the facility is independent, affiliated/owned by another organization or if the hospital is in a tax district.</p>	<p> <i>NOSORH compiled a summary of regulatory requirements for closure of a hospital</i> for SORH to be able to easily see the requirements in each state.</p> <p> The Alabama Office of Rural Health created a Hospital Closure Checklist modeled after the Georgia example. The AL Hospital Closure Checklist can be found in Appendix C of the SORH Roadmap. This checklist can be used as a template for other SORHs to create state version.</p> <p> The <i>South Carolina Office of Rural Health</i> established relationships with state agencies and county councils involved with the closure process and researched options for health care access points. The South Carolina Office of Rural Health shared their experience working in this community after closure in the presentation <i>“Sustaining Access to Rural Health Care Through Innovation.”</i></p>
<p>Offer stakeholder education on key topic areas</p>	<p>SORHs should take advantage of the many national and regional conferences available to them to learn about the latest health reform initiatives so that the SORH can pass along this information to vulnerable hospitals through hospital administration, hospital board, and physician education. Education recommendations, resources and tools are categorized into the following sections: leadership, changing systems — volume to value, and alternative models for providing care.</p> <p><i>Leadership</i></p> <p>Educate hospitals on the importance of strong board and physician leadership as hospitals navigate volume to value transitions.</p>	<p> <i>Engaging Your Board and Community in Value-Based Care Conversations</i> — Rural Health Value provides a list of conversation starting questions to help rural health care leaders facilitate value-based care discussions with board and community members.</p> <p> <i>Rural Provider Leadership Summit Summary</i> — This summary provides strategies for rural provider engagement in the transition to value.</p> <p> <i>Physician Engagement — A Primer for Health-care Leaders</i> — Rural Health Value highlights the importance of physician engagement and describes strategies to build effective physician relationships and trust, which includes a Physician Engagement Assessment tool, prioritization and action planning guides and a list of additional physician engagement resources.</p> <p style="text-align: right;">CONTINUED ON NEXT PAGE</p>

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<p>Offer stakeholder education on key topic areas</p>	<p>Leadership</p> <p>Educate hospitals on the importance of strong board and physician leadership as hospitals navigate volume to value transitions.</p>	<p>CONTINUED FROM PREVIOUS PAGE</p> <p> <i>Aligning Leadership on the Rural Road to Value</i> – The Center developed this series of leadership tools to enable rural health care leadership teams to examine and clarify roles for achieving performance excellence during the transition to value-based health care.</p> <p> <i>A Systems Development Guide for Rural EMS: A Systematic Approach to Generate Budgets for Rural EMS, August 2014</i> – This guidebook from the National Center for Rural Health Works is designed to assist rural emergency medical services leaders in generating budgets.</p>
	<p>Changing Systems, Volume to Value</p> <p>Prepare hospitals for value-based payment initiatives by helping them establish internal and external reporting mechanisms.</p> <p>Provide education to hospitals on the different quality reporting initiatives, how to get involved and how to improve measures.</p>	<p> <i>The Quality Payment Program</i> website is a great resource to monitor as CMS rules are continually implemented and updated.</p> <p> <i>Small Rural Hospital Transition (SRHT) Project</i> – SRHT is designed by The Center to prepare and assist rural facilities in moving from fee-for-service and volume based payment system to one that is dependent on value and quality.</p> <p> <i>Rural Hospital Performance Improvement (RHPI) Project</i> – The Center provided technical expertise and business tools to help hospitals with financial and operational strategies, quality improvement, and population health and community care coordination. A number of tools and resources are archived on The Center’s website.</p> <p> NOSORH developed state profiles on the <i>Combined Impact of Hospital Readmission Penalties</i> that includes penalties under the Medicare Readmission Reduction Program (MHRRP), the Hospital Acquired Condition (HAC) Program and penalties or bonuses under the Hospital Value-Based Purchasing Program (HVBPP).</p> <p> <i>Value-Based Care Assessment Tools</i> – The Rural Health Value Team created a comprehensive tool to assess 121 different value-based care capacities in eight categories. After completion of the online tool, organizations will receive a readiness report on their organization’s readiness for value-based care and to develop value-based care action plans.</p> <p style="text-align: right;">CONTINUED ON NEXT PAGE</p>

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<p>Offer stakeholder education on key topic areas</p>	<p>CONTINUED FROM PREVIOUS PAGE</p> <p><i>Changing Systems, Volume to Value</i></p>	<p> <i>Comprehensive Primary Care Plus</i> — A Rural Commentary — Rural Health Value overviews the new CMS Comprehensive Primary Care Plus (CPC+) program and the importance to rural providers.</p> <p> <i>“Framing Rural Health Value” Flex Conference Webinar Series</i> is a Technical Assistance and Services Center (TASC) effort aimed to assist State Flex Programs with designing and maintaining responsive technical assistance and education for CAHs in the emerging value-based health care system.</p> <p> <i>Blueprint for Performance Excellence</i> — The Center and Stratis Health developed this Blueprint to be a tool for rural hospital leaders to implement a comprehensive systems approach to achieving organizational excellence.</p> <p> <i>Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals</i> — This toolkit was prepared by Stratis Health to help CAH staff organize and support efforts to implement best practices for quality improvement.</p> <p> Through the work of the <i>Michigan Office of Rural Health</i>, the Michigan CAH Quality Network (MICAH QN) has been reporting a core group of measures to CMS, and benchmarking these measures at every meeting. Presentations from the last meeting on quality and financial measures can be found in the Accompanying Reports located on the <i>NOSORH website</i>.</p>
	<p><i>Alternative Models for Providing Care</i></p> <p>Understand the different alternative models of care, including but not limited to those listed on the page 15.</p> <p>Stay connected with NOSORH, National Rural Health Association (NRHA) and others to learn of new models and opportunities as they develop.</p>	<p> The <i>NOSORH Policy Committee</i> is open to any member of NOSORH who has an interest in the learning more about national policy issues and being engaged in the policy activities of the organization.</p> <p style="text-align: right;">CONTINUED ON NEXT PAGE</p>

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<p>Offer stakeholder education on key topic areas</p>	<p>CONTINUED FROM PREVIOUS PAGE</p> <p>Alternative Models for Providing Care</p> <p>Rural Freestanding Emergency Department — A rural freestanding emergency department (RFED) is one potential model for providing emergency services in areas where hospitals have closed.</p> <p>Frontier Extended Stay Clinician Demonstration — tested the feasibility of providing extended stay services to Medicare beneficiaries at clinics in isolated rural areas under Medicare payment and regulations.</p> <p>Frontier Community Health Integration Project (FCHIP) Demonstration aims to develop and test new models of integrated, coordinated health care in the most sparsely-populated rural counties with the goal of improving health outcomes and reducing Medicare expenditures.</p> <p>Practice Transformation Network (PTN) Program is a demonstration project from the Center for Medicare and Medicaid Innovation (CMMI) that was designed as part of their Transforming Clinical Practices Initiative (TCPI) to help small and safety net providers transition from fee-for-service payment models to advanced payment models.</p> <p>Rural Accountable Care Organizations Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to the Medicare patients they serve.</p>	<p> Research on the RFED model has been completed by NCRHRP titled <i>Estimated Costs of Rural Freestanding Emergency Departments, November 2015.</i></p> <p> <i>Evaluation of the Medicare Frontier Extended Stay Clinic Demonstration: Report to Congress.</i> — This report summarizes the five lessons learned from the 10-year experience relevant for assessing the advisability and feasibility of creating an alternative type of provider and payment system to promote the availability of basic acute and emergency care services in remote geographic regions of the country.</p> <p> <i>The Frontier Community Health Integration Project Demonstration</i> website provides additional resources.</p> <p> RHIhub provides more detail on the <i>FCHIP demonstration.</i></p> <p> <i>CMMI Transforming Clinic Practices Initiative</i> — This link is to the CMS Innovation Transforming Clinical Practice Initiative with links to more information.</p> <p> <i>ACO: Accelerated Development Learning Sessions</i> — This Learning Series is for existing or emerging Accountable Care Organizations (ACOs) to develop a broad and deep understanding of how to establish and implement core functions to improve care delivery and population health while reducing growth in costs.</p> <p> Resources available from Caravan Health</p> <ul style="list-style-type: none"> ■ <i>Rural Practice Transformation: Getting Ready for Value-Based Payments</i> ■ <i>Rural ACOs: Pathway to Sustainability (Video)</i> ■ <i>Rural Strategy: ACOs vs. CINs (PDF)</i> ■ <i>SGR “Doc” Fix: Rural Implications (PDF)</i>.

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<p>Offer stakeholder education on key topic areas</p>	<p>CONTINUED FROM PREVIOUS PAGE</p> <p>Alternative Models for Providing Care</p> <p>Telehealth Services offers an alternative to patient transfer to urban hospitals, which could translate to increased revenue and patient satisfaction for small rural hospitals.</p> <p>Community Paramedicine (CP) has been promoted as a strategy to help rural communities, which frequently experience significant health care disparities and service gaps, by using emergency medical technicians (EMTs) and paramedics in an expanded role to provide public health and primary care services.</p> <p>Mergers & Acquisitions may be the only viable option for hospitals to remain open in rural areas. SORHs need to be aware of potential mergers or acquisitions and the potential for the transactions to be mutually beneficial for all parties involved, including the community.</p>	<p> Telehealth Resource Centers (TRCs) are funded by the Office for the Advancement of Telehealth (HRSA/DHHS) to assist health care organizations, health care networks, and health care providers in implementing cost-effective telehealth programs to serve rural and medically underserved areas and populations. Here is a presentation on Telehealth for Rural Health: Regional Updates and Model Programs from the NOSORH Region A meeting.</p> <p>More information on Community Paramedicine can be found on the RHlhub website.</p> <p> Community Paramedic has a program manual and a curriculum people can request.</p> <p> The National Association of Emergency Medical Technicians (NAEMT) has a great webpage with links to resources (on the left column), including a toolkit that is a collection of useful documents from various sources and the “knowledge center” link that has a lot of material as well.</p> <p> HRSA has a Community Paramedicine Evaluation Tool as well—useful for thinking about up front when planning a program:</p> <p> WWAMI Community Paramedicine Research Study — WWAMI presented at the NOSORH Region B meeting a 2016 research study looking to see if CP could fill rural health care gaps.</p> <p> 5 Key Questions for Healthcare Executives Considering a Transaction and The Merger Frenzy — Rural Health Value offers resources for providers considering a merger.</p>

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<p>Support community decision-making</p>	<p><i>Encourage Community Stakeholder Engagement</i></p> <p>Identify leaders in the community and reach out to them to educate them on the impact of the potential hospital closure.</p> <p>Inform communities of federal resources available for community planning and health care redesign.</p> <p>Convene community stakeholders to review data on community needs.</p> <p>Work with communities to avoid closure or in the event of closure determine a set of needed services to meet the community's needs.</p>	<p> <i>How to Start a Community Coalition</i> — The Community Tool Box provides tools for community assessments including developing a plan for assessing local needs and resources and coalition building.</p> <p> Appendix G of the SORH Roadmap provides a list of federal resources available to rural facilities to assist in community planning and health care redesign.</p> <p> <i>The Economic Impact Analysis Tool</i> was developed for FORHP grantees to help them determine the economic impact of grant dollars in their communities. This tool can be used by any community health organization wanting to understand how its activities affect the community.</p> <p> <i>The Economic Impact of Recent Hospital Closures on Rural Communities</i> — Rural Health Works studies the potential impact of a hospital closure for a community and provides a template to assist local leaders interested in estimating the potential economic impact.</p>
	<p><i>Assess Community Health Needs</i></p> <p>Analyze Community Health Needs Assessment (CHNA) data to understand community need.</p> <p>Conduct CHNA if necessary.</p> <p>Provide information to hospital, community, and civic leaders.</p>	<p> <i>Using Data to Understand Your Community</i> — Rural Health Value explains how understanding a community's data can be a useful starting point to understanding how to improve the health of the population. This resource includes ideas and next steps for using data to understand the community.</p> <p> <i>Practical Community Health Needs Assessment and Engagement Strategies</i> presentation from the Maine Rural Health Research Center is a resource that can help SORHs understand how community health needs assessments can be used as a place to start the conversations among hospitals, communities and SORHs who serve them.</p> <p> <i>Population Health Portal</i> — The Center designed this portal to help CAHs, Flex Coordinators and rural health networks navigate towards improved population health. It includes an online readiness assessment, resources to support population health and information on how to effectively conduct population health analytics with access to a web-based database for acquiring geographic health data specific to your location.</p>

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<p>Support community decision-making</p>	<p>CONTINUED FROM PREVIOUS PAGE</p> <p>Assess Community Health Needs</p>	<p> The Oklahoma Office of Rural Health conducts CHNAs using multiple tools for a number of rural communities to help them understand the health care dynamics in their communities.</p> <p> The Montana Office of Rural Health has a program called Community Health Development Project to help communities understand their health care needs to make informed decisions about needed services.</p>
	<p>Evaluate Health Care Resources</p> <p>Discuss with community leaders the resources available to the community both within the community and those services available in neighboring communities.</p>	<p> RHlhub topic guide Healthcare Access in Rural Communities provides an overview of the impact of closures of healthcare facilities and services on access to care for rural citizens.</p> <p> Community Assessment from Community Toolbox – The Community Tool Box provides tools for community assessments including developing a plan for assessing local needs and resources and coalition building.</p>
	<p>Develop A Community Plan</p> <p>Work with community stakeholders to assess data on community need and resources and help them develop a health care plan for the community.</p>	<p> A simple outline for the major benchmarks of developing a community plan are included in Appendix F of the SORH Roadmap.</p> <p> County Health Rankings and Roadmaps created an Action Cycle with the goal of making communities healthier. There is a guide for each step that describes key activities within each step and provides suggested tools, resources, and additional reading.</p> <p> Community Engagement Toolkit for Rural Hospitals – This toolkit was developed by the Washington State Hospital Association to give administrators tools to engage in a community dialogue about health and form sustainable community partnerships.</p> <p> NOSORH Media Toolkit – NOSORH has developed a Media Toolkit to help SORHs navigate media coverage for an event. The toolkit includes strategies and templates to develop communication plans that can be crafted for vulnerable hospitals.</p>