The Wyoming Medicare Rural Hospital Flexibility (Flex) Program hosted the annual CAH meeting on Thursday, June 23, 2022, at 2 p.m. Mountain Standard Time (MST). In attendance at the meeting were eighteen (18) CAH staff from the following counties: Big Horn, Carbon, Converse, Crook, Goshen, Hot Springs, Lincoln, Park, and Weston. Sharon Weber, Manager, Office of Rural Health, Rochelle Spinarski, Rural Health Solution, and Kyle Cameron, Program Manager, were also in attendance.
Agenda

- Monkey Pox and COVID-19 update from Shawna Dereemer, Laboratory Preparedness Supervisor at Wyoming State Laboratory.

1) Quality Improvement
   a) Medicare Beneficiary Quality Improvement Project (MBQIP)
   b) Fall Workshop
   c) Quality improvement activity with the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) cohort

2) Financial/Operational Improvement
   a) Financial Productivity Indicators
   b) 2022 Flex Program Assessment
   c) Stroudwater Swing Bed
   d) iProtean Board Training

3) Population Health
   a) Health Improvement Plans
   b) Mental Health First Aid
   c) Telehealth:
      Wyoming Telehealth Network https://wyomingtelehealth.org/
      Northwest Regional Telehealth Resource Center https://nrtrc.org/
   d) Trafficking https://dvs.wyo.gov/human-trafficking-task-force

4) Rural EMS
   a) Financial Productivity Indicators for CAHs with hospital-based EMS.

5) Innovative Healthcare Models

6) CAH designation

7) Future Flex Program activity planning
If you or the CAH has received funding for these activities, will you talk about why, what you learned, and why others might like to attend a similar training? Or why other CAHs might want to request similar funding?

- Cost report assistance, Dietary conference for dietary education, charge master review,
- We have used funds for charge master review, strategic planning, staff training, education, etc.
- We have also used funds for cost report opportunities and education and training. This assistance has been essential for decision-making and improvements.
- We have used ours for education and training, most recently lean six sigma.
- We are also having onsite for Re-Ignite the Patient Experience in the fall.

What’s next for Wyoming’s rural healthcare?

- Center for Medicare and Medicaid Services (CMS) move to value-based care payments Independence, workforce, payer contracting, keeping care local.
- Ongoing concerns with staffing and the cost of staffing to remain competitive
- Conversations about implementing more training for staff regarding violent patients presenting to the emergency room (ER) and admitted to the floor. Ensuring staff is adequately trained to deescalate the situation.
- Management of Aggressive Behavior (MOAB) training and Alert, Lockdown, Informa, Counter, Evaluate (ALICE) training
- Nonviolent Crisis Prevention and Intervention Training (CPI) training

Comments on processes of the Flex Program.

- I really appreciate you keeping in touch regarding all the processes, sending reminders, etc., as we are relatively new.
- The process has always been smooth for us. You’ve been great to work with!

Appreciation for the Flex Program work.

- Thanks, El!
- Thanks again for all you do for Wyoming Rural health!
- Thank you!
- Thank you! Have a great evening, everyone.
- Thanks, everyone!
- Thank you, Kyle and Rochelle!
• Thanks, Flex team, I need to jump off to another meeting, but I know we greatly appreciate all the support that Flex provides our organization and Wyoming hospitals.
• Thank you, very much appreciated and critical in keeping us stable and prepared
• Thanks for everything you do!
• Thanks so much, Kyle and Rochelle!
Poll Results

Graph 1: Is the Small Rural Hospital Improvement Grant Program (SHIP) beneficial to the CAH?

Yes

Count

Graph 2: Has the CAH considered the transition to the Rural Emergency Hospital model?

Unsure 28.6%

No 71.4%
Graph 3: Do you agree the Rural Provider Modernization Technical Assistance will benefit CAHs sustainability?

- I don't know: 50.0%
- Yes: 50.0%

Graph 4: Do you agree the Rural Provider Modernization Grants will benefit the future of rural healthcare and should be authorized and funded?

- Unsure: 50.0%
- Yes: 28.6%
- Maybe: 14.3%
- No: 7.1%
Chart 5: Would you like to see Congress reauthorize the Medicare Rural Hospital Flexibility Grant?

- Absolutely: 71.4%
- I don’t know: 21.4%
- Certainly: 7.1%
# 2022 Flex Program Needs Assessments

## Wyoming Medicare Rural Hospital Flexibility Program

### Critical Access Hospitals

#### Quality Improvement

**MBQIP**

**2022 Quality Improvement (QI) Needs Assessment** (March 10, 2022 - April 4, 2022)

#### Chart 1: Program Satisfaction

<table>
<thead>
<tr>
<th>Program Satisfaction</th>
<th>If you participate, how satisfied are you with QI Roundtables?</th>
<th>How Satisfied are you with the Flex Program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Satisfied</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Very Satisfied %</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>Satisfied %</td>
<td>73%</td>
<td>73%</td>
</tr>
</tbody>
</table>

#### Chart 2: Level of Use for Flex Program Sponsored Tools

<table>
<thead>
<tr>
<th>WX QIM Website (<a href="http://www.wxqim.com">www.wxqim.com</a>)</th>
<th>QI Roundtables</th>
<th>QI Training/Scholarship Grant Funding</th>
<th>Stroudwater SWING Bed Data Reporting and QI Program</th>
<th>MBQIP Benchmarking Reports</th>
<th>MBQIP Monthly</th>
<th>WX Office of Rural Health Newsletter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using</td>
<td>9</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Not Using</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Using %</td>
<td>87%</td>
<td>83%</td>
<td>36%</td>
<td>50%</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Not Using %</td>
<td>25%</td>
<td>6%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>Unknown %</td>
<td>8%</td>
<td>17%</td>
<td>25%</td>
<td>8%</td>
<td>8%</td>
<td>0%</td>
</tr>
</tbody>
</table>

#### Chart 3: What Flex Program QI activities would your hospital like to be engaged in the coming year (2022-2023)?

<table>
<thead>
<tr>
<th>Falls Training - Targeted at Hospital-Specific Needs</th>
<th>Falls Training - Targeted Cohort Initiative Based on CANS' Common Needs</th>
<th>Falls - Environmental Assessment</th>
<th>HCAMS Training - Targeted at Hospital-Specific Needs</th>
<th>HCAMS Training - Targeted Cohort Initiative Based on CANS' Common Needs</th>
<th>ED CAMP - Funding for CANS not currently Implementing CAMP</th>
<th>Hospital-Wide Anti-Infective Stewardship Training</th>
<th>Hospital-Wide Antibiotic Stewardship Training</th>
<th>Departmental Directed Antibiotic Stewardship Training (e.g., lab, pharmacy, nursing)</th>
<th>Assistance with engaging with community stakeholder and public health experts to address specific health needs</th>
<th>Grant funding for QI continuing education/training (e.g., conference)</th>
<th>Grant funding for a hospital-specific QI initiative (specify QI initiative below as indicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>33%</td>
<td>8%</td>
<td>17%</td>
<td>58%</td>
<td>33%</td>
<td>17%</td>
<td>50%</td>
<td>33%</td>
<td>17%</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>
# Financial & Operational Improvement

<table>
<thead>
<tr>
<th>Program Satisfaction</th>
<th>How would you rate your satisfaction with the bi-monthly F/O Roundtables?</th>
<th>Overall, how would you rate your satisfaction with the Wyoming Flex Program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Satisfied</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% Very Satisfied</td>
<td>27%</td>
<td>53%</td>
</tr>
<tr>
<td>% Satisfied</td>
<td>73%</td>
<td>47%</td>
</tr>
<tr>
<td>% Dissatisfied</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

## Chart 6: Indicate the financial and operational support your hospital will be requesting from the Flex Program for the FY22 grant year.

<table>
<thead>
<tr>
<th>Continuing education through Healthcare Financial Management Association (HFMA)</th>
<th>Department specific, continuing education grants (e.g., housekeeping, dietary, maintenance)</th>
<th>Provider Relief Fund reporting support</th>
<th>Charge master review</th>
<th>Continuing education - Other specify below</th>
<th>Grant funded financial or operational improvement - hospital specific project - Other specify below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>% Yes</td>
<td>67%</td>
<td>40%</td>
<td>47%</td>
<td>40%</td>
<td>27%</td>
</tr>
<tr>
<td>% No</td>
<td>33%</td>
<td>60%</td>
<td>53%</td>
<td>60%</td>
<td>73%</td>
</tr>
</tbody>
</table>

## Fiscal Year (FY) 2020 Medicare Rural Hospital Flexibility (Flex) Program Carry-over requests (November 22, 2021 - March 1, 2022)

<table>
<thead>
<tr>
<th>Facility plan</th>
<th>Strategic planning</th>
<th>Billing and coding workshops</th>
<th>Medicare/Medicaid Bootcamp</th>
<th>Charge master reviews</th>
<th>Cost reports</th>
<th>Service line discovery</th>
<th>On site patient experience training, Studor, Custom Learning Systems, sustainability, mental health first aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nine (9) CAHs responded to the request for information and six (6) CAHs received funding for cost reports, chargemaster review, facility plan, and strategic planning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Population Health
Health Improvement plans in three counties. Two counties must have a critical access hospital, (identified needs through community health needs assessment include but are not limited to transportation, housing, food deserts, broadband).

### Rural Emergency Medical Service
CAH with hospital-based EMS are working on rural EMS Financial Productivity indicators.

### Innovative Health Care Models
Is your hospital interested in learning more about or exploring alternative payment models such as the global budgeting model?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Unsure</td>
<td>8</td>
</tr>
<tr>
<td>% Yes</td>
<td>13%</td>
</tr>
<tr>
<td>% No</td>
<td>33%</td>
</tr>
<tr>
<td>% Unsure</td>
<td>53%</td>
</tr>
</tbody>
</table>

### Critical Access Hospital Designation
Three Wyoming rural communities are working to establish CAHs in their communities:

- Lander
- Pinedale
- Saratoga
Resources

National Rural Health Resource Center  https://www.ruralcenter.org/
  ● Flex Program
  ● SHIP
  ● ARP
  ● Allowable Expenses
  ● MBQIP

Flex Monitoring Team  https://www.flexmonitoring.org/
Telehealth  https://wyomingtelehealth.org/
Trafficking
  https://dvs.wyo.gov/human-trafficking-task-force
Contact Information

Kyle Cameron, MS, MPhil, Program Manager
Kyle.Cameron@wyo.gov
307.777.8902

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