



Kansas Flex Program Evaluation: Findings and Recommendations

March 2005

Presented At: State Network Council Meeting

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Real World, Results.



Kansas Flex Program

“Kansas Flex Program staff have made a significant contribution to the success of Kansas’ Flex Program.”

“The Flex Program has changed EMS in Kansas.”

“Our hospital may not be here if we hadn’t converted.”



“We coordinate meetings between CAHs so they can work smarter, not harder.”

“My vision for KRHOP is the same as for my network: keep health care services local.”

“One of the biggest hurdles we needed to overcome was trust: trust that we weren’t trying to take their (CAH) business. We are finally getting over that hurdle.”

“No one is isolated, there is a lot of group-think.”



Evaluation Rationale

- **Required as part of the national Flex Program guidelines for federal funding**
- **Strategic planning**
- **Outcomes reporting**
- **Program performance improvement**



Evaluation Goals

- **Measure program satisfaction**
- **Track and report on grants made**
- **Identify stakeholder involvement**
- **Determine consistency of Flex Program goals with national goals**
- **Report specific CAH and community outcomes**
- **Identify program strengths and weaknesses**
- **Make program recommendations**



Federal Flex Program Goals

- **Creating and implementing a state rural health plan,**
- **Designating, supporting, and sustaining facilities as CAHs,**
- **Fostering and developing rural health networks,**
- **Enhancing emergency medical services (EMS),**
- **Improving the quality of health care, and**
- **Evaluating Flex Program activities and related outcomes.**



Evaluation Activities

- **State Stakeholder Interviews**
- **CAH Administrator Survey**
- **CAH DON Focus Group**
- **EMS Focus Group**
- **Network Interviews**
- **Grants Review**
- **Community Provider Survey**
- **Documentation review**
- **Hospital financial and operations data review**



Evaluation Participants

- **69/74 CAH Administrators (93%)**
- **38/72 Community Health Providers (52%)**
- **Seven CAH DONs**
- **Five ambulance service directors**
- **12 Network Coordinators**
- **13 state Flex Program stakeholders**
- **Others**

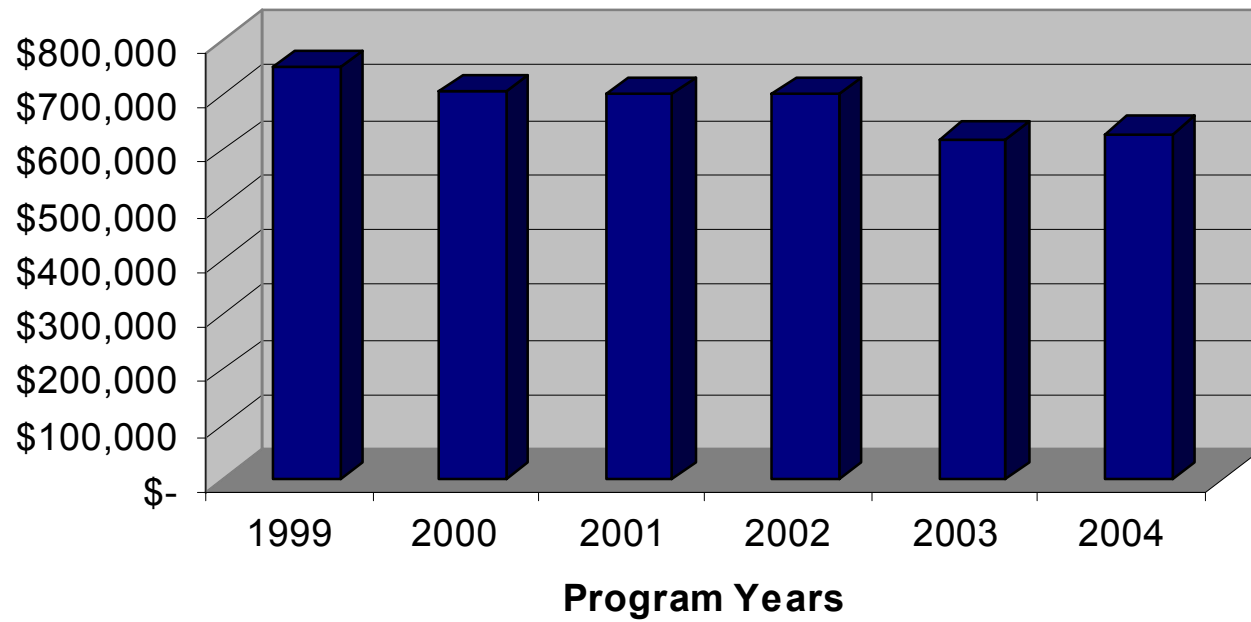


General Findings

- **State funding averages \$684,290 (96.4%) per year**
- **74 CAHs**
- **41% of funding to networks**
- **Kansas's Flex Program has been addressing all of the national Flex Program goals;**
 - **Web-based Quality Health Initiative (QHI) Web site**
 - **Multi-state QI project**
 - **EMS strategic planning**
 - **EMS Conference**
 - **Rural Health Works**
 - **Recruitment Center**
 - **EMS Assessment and Planning (CIT)**
 - **Diabetes prevention program**
 - **CAH Technical Assistance**



Kansas Flex Program Funding



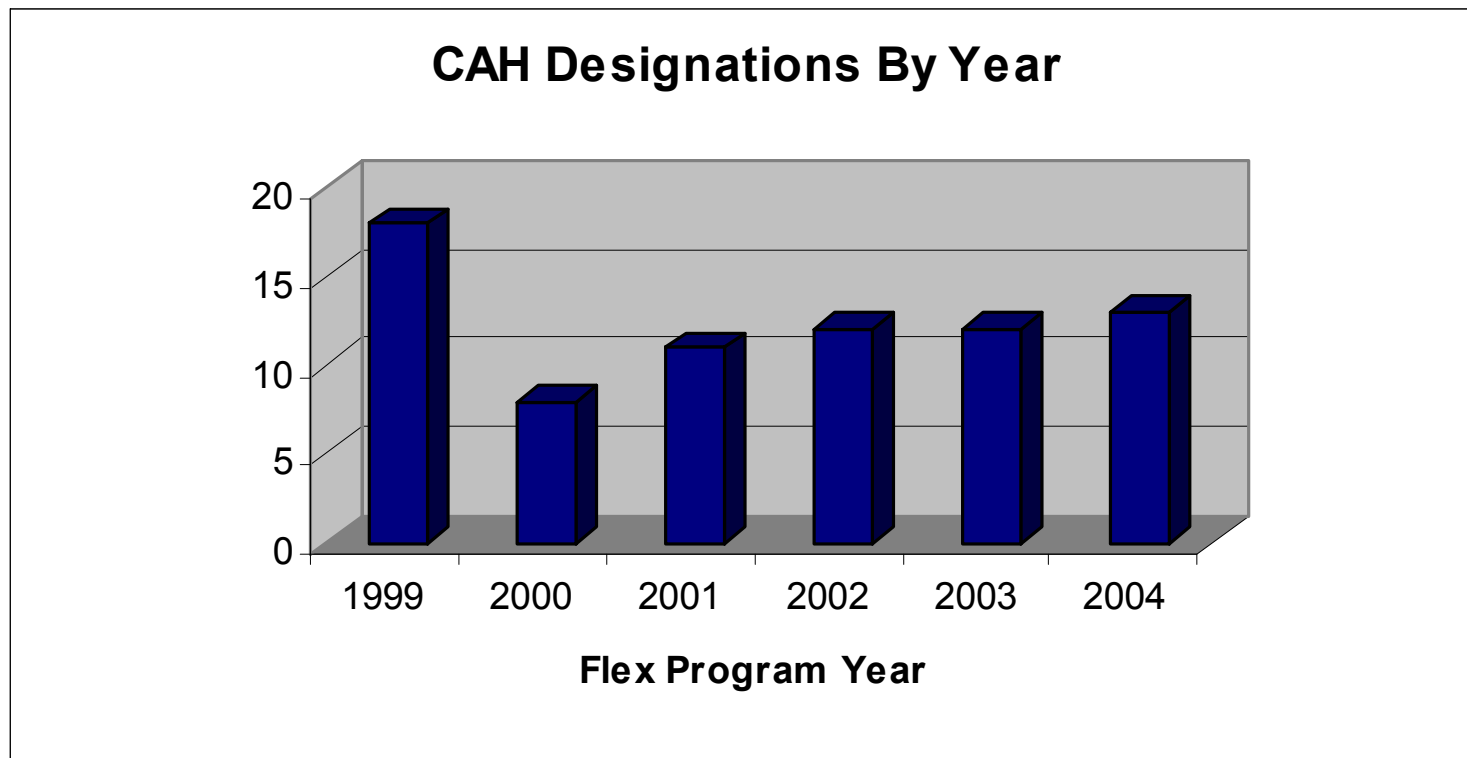


General Findings continued

- **Largest number of CAHs nationally**
- **Over 80 CAHs are anticipated by 1/1/06**
- **Unique and efficient management structure**



CAHs





CAH Survey Findings

- **CAH Administrators have worked an average of 9.8 years in their hospital**
- **22 CAH Administrators were not involved in the CAH conversion process**
- **2003: 4.9 survey deficiencies/CAH survey, 2001: 3.1 deficiencies/CAH survey**
- **Survey codes 308, 337, and 388 are on-going issues for CAHs**
- **CAHs have found CAH stakeholder and KRHOP technical assistance to be very helpful or helpful**
- **CAHs obtain CAH related information and updates primarily from the KRHOP (90%)**
- **75% reported improved financial conditions since conversion, 7% no impact, 4% negative impact, 17% too soon to tell**



Entities Providing Conversion Assistance	CAHs Reporting Assistance Received	CAHs' Rating of Assistance			
		Very Helpful	Helpful	Somewhat Helpful	Not Helpful
KDHE, Office of Local and Rural Health	<u>78%</u>	63%	33%	5%	0%
Kansas Hospital Association	<u>87%</u>	<u>83%</u>	13%	4%	0%
KDHE, Bureau of Health Facilities	70%	42%	47%	11%	0%
Fiscal Intermediary	67%	28%	58%	11%	3%
Network Supporting Hospital	<u>93%</u>	<u>71%</u>	14%	14%	2%
Accounting Firm	74%	68%	28%	5%	0%
Other Rural Hospitals/CAHs	72%	51%	41%	5%	3%
Consultant	24%	<u>75%</u>	0%	25%	0%
Hospital System	26%	50%	33%	17%	0%
Other	10%	50%	0%	25%	25%



CAH Satisfaction with KRHOP CAH Conversion Technical Assistance

Assistance Provided	CAHs Using Assistance	Level of Satisfaction with Assistance			
		Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
General Program Information	<u>83%</u>	59%	39%	0%	2%
CAH Application Development	72%	<u>68%</u>	26%	4%	2%
Telephone Consultation	81%	59%	31%	6%	4%
Hospital Board Awareness/Education	35%	55%	32%	0%	<u>14%</u>
Facility/staff Education and Training	<u>30%</u>	48%	33%	10%	10%
Survey and Certification Preparation	66%	59%	34%	0%	7%
Post-Survey and Certification Follow-up	53%	54%	37%	0%	9%
Other	12%	100%	0%	0%	0%



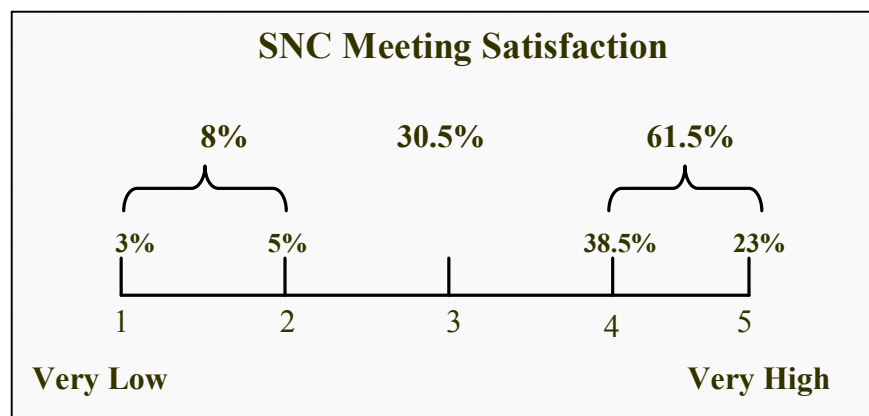
KRHOP Conversion Support Materials

KRHOP CAH Conversion Support Materials	CAHs Using the Materials	Level of Satisfaction with the Materials			
		Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
CAH Toolbox	51%	<u>59%</u>	38%	0%	3%
Network Agreement Templates	54%	54%	41%	3%	3%
Survey Preparation Materials	<u>68%</u>	55%	38%	4%	2%
CAH Conversion Communication Tools	33%	48%	48%	0%	4%
Sample Policies and Procedures	55%	54%	43%	0%	3%
KRHOP Website	<u>31%</u>	36%	36%	9%	<u>18%</u>
Other	5%	50%	50%	0%	0%



Satisfaction with Other KRHOP Activities: SNC Meetings

- All but two CAHs have had staff participate in SNC meetings
- 18 SNC meetings since 1999
- 17 CAHs and 8 networks have participated in at least 50% of the meetings
- No correlation between attendance at SNC meetings and satisfaction with meetings





Satisfaction with Other KRHOP Activities

KRHOP Tools and Services	CAHs Reporting Use of the Tool or Service	Level of Satisfaction with the Tool or Service			
		Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
Rural Health Works - County Economic Impact Assessment	<u>49%</u>	<u>46%</u>	40%	14%	0%
Kansas Recruitment Center	21%	29%	57%	14%	0%
Patient Satisfaction Surveys	48%	36%	45%	18%	0%

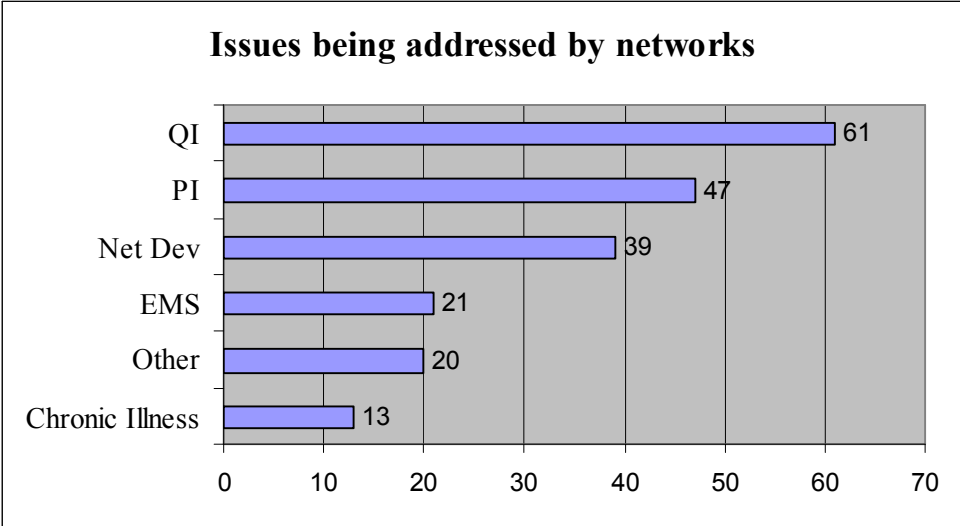
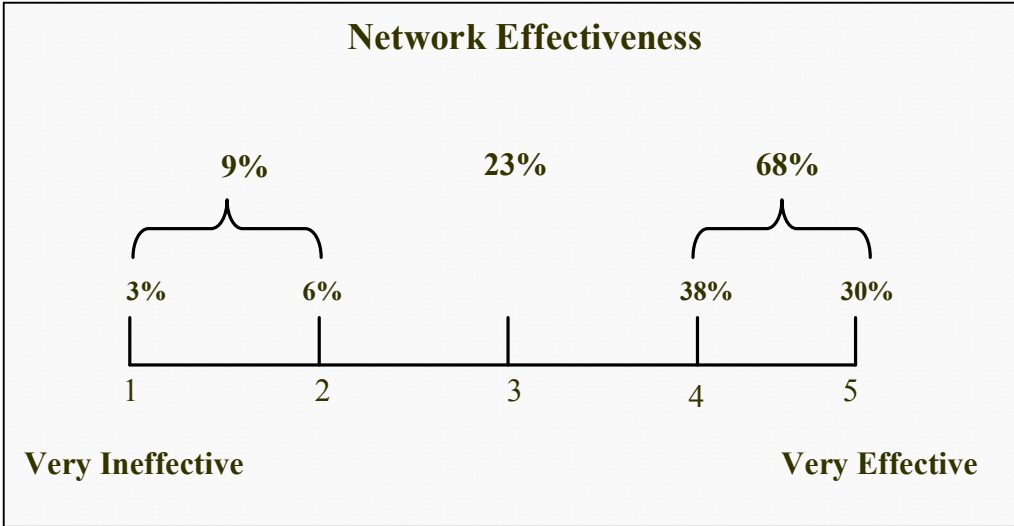


CAH Satisfaction with Annual Rural Health Symposiums (1999 – 2004)

Program	Excellent	Very Good	Good	Fair	Poor
Overall	39%	48%	13%	0%	N/A
Content	40%	45%	14%	1%	N/A
Registration	52%	39%	6%	0%	1%
Location	40%	39%	14%	5%	N/A



CAHs and Networks





CAHs Physical Plant Updates

Type of Project	Working on a Project	Planning to Work on a Project
Hospital Renovation	22	20
Hospital Expansion	14	13
Construction of a New Hospital	2	3



CAH Information Technology

Information Technology	CAHs that Have It	CAHs that Need It	CAHs that Don't Need It	CAHs that Don't Know Whether they Need It
Interactive Video Conferencing	28	31	6	4
Electronic Medical Record System	9	54	3	3
Auto-pharmacy System	13	39	7	10
Computerized Order Entry System	23	41	5	0
Clinical Telemedicine	13	33	9	13



CAH Post-Conversion Issues and Concerns

- **Staffing**
 - Physicians primary staffing concern
 - Most (70%) concerned about nurses
- **Services**
 - Hospital utilization is a concern of 77% of CAHs
 - QI (82%) and patient safety (64%) identified as concerns;
- **Finances**
 - Greatest concern (Medicare 66%, Medicaid 65%, other 56%)
- **Administration**
 - 69% working on strategic planning
 - 14% report being “very concerned” about network relations



CAH Post-Conversion Issues and Concerns Continued

- **Other Concerns**
 - **Quality of care at network hospitals**
 - **Replacement of capital equipment**
 - **Life safety code issues**
 - **Need for legislative education on the Flex Program**



Ranking of CAH Concerns

Issue	Score
Financial Performance	80
Recruiting and Retaining Physicians	47
Expansion/Enhancement of Services	38
Recruiting and Retaining Nurses	37
Medicare Reimbursement	31
CAH Utilization	19
Quality Improvement	18



Community Provider Survey Findings

- **67% know their local hospital is a CAH**
- **12% were involved in the hospital's decision to convert to CAH status and 92% either strongly supported or supported the decision to convert**
- **14% stated the community was involved in the decision to convert to CAH status while 68% did not know**
- **82% report having a "strong" or "very strong" relationship with their CAH**
- **71% are not involved in community health planning activities**
- **Most received health training in KS, IA, IL, MO, NE**
- **Overall opinions of CAHs: 53% "very good", 37% "good", 8% "undecided", 3% "fair"**
- **There was a direct correlation between opinion of CAHs and community provider involvement in the CAH conversion process**



Network Findings

“We coordinate meetings between CAHs so they can work smarter, not harder.”

- **Networks are reportedly assisting CAHs with:**
 - Designation activities
 - Establishing group health purchasing alliances
 - Continuing education
 - Mentoring
 - IT support
 - Credentialing and peer review
 - Referral and transfer
 - Management training and staff development
 - Financial support for physical plant updates
 - Survey and licensing preparation and support
 - Recruitment and retention
- **Networks report that network relations have had a positive impact on both the CAH and network hospital**



EMS Findings

“The Flex Program has changed EMS in Kansas.”

- **16 Network Grants totaling \$677,500 have been funded that include an EMS component**
- **Board of EMS strategic planning was identified as one of the greatest accomplishments of the KS Flex Program**
- **EMS Directors are concerned about education in KS, in particular literacy issues (not related to immigration)**
- **11 communities have engaged in local EMS planning**



State Stakeholder Findings

“We have done a very good job at maintaining a very fragile system”

- **All state that**
 - **KRHOP staff have done an exceptional job administering the program**
 - **SNC meetings have accomplished intended goals and resulted in positive outcomes**
 - **Flex Program has improved relations between key stakeholder groups**
 - **They are interested in engaging in Flex Program strategic planning**



Recommendations

- **Re-engage in a formal Flex Program planning process**
- **Establish a communication plan related to communicating program activities, changes, updates, and best practices to Flex Program stakeholders**
- **Consider changing its network grant program from a site-based application process to a project-based focus Respond to key CAH TA needs**
- **Incorporate grant outcomes information into its grant making process**
- **Respond to identified CAH technical assistance needs**
- **State Network Council (SNC) meetings should continue but changes should be considered**
- **Continue to support program planning activities that are followed by a commitment to supporting the related program implementation activities (next steps)**
- **Continue to monitor and evaluate program outcomes**



Next Steps

- **Some program changes are already underway**
- **A program strategic planning process is planned to begin in 2005**
- **Thoughts and questions?**



Need Assistance?



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Kansas Rural Health Options Project (KRHOP)

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