

Flex, Quality, and Rural CHF Patients: What a Team!

Congestive Heart Failure (CHF) in Rural Hospitals

Clinical Training Program

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Prologue: Foundations of Flex

- Rural Hospital Closures
- Medical Assistance Facilities (Montana demonstration)
- Multi-State Demonstration (essential access and rural primary care hospitals)
- Intent: Sustain access for rural Medicare beneficiaries
- Mechanism: Cost-based reimbursement
- Development: Encourage networking and EMS integration



Program Maturation

- From hospital conversions to sustainable rural delivery systems of care
- Improving performance and quality
- Technical Assistance and Services Center
- Evaluation
- Issues:
 - Funding, reviewing, legislative changes
 - Grantee performance



Current State: Strengths

- Rural Constituency
- Demonstrated Outcomes
 - Financial performance of critical access hospitals
 - Quality initiatives
 - Capital improvements
 - Service expansions
- Technical Assistance



Current State: Opportunities

- Quality initiatives
- Performance improvement
- Demonstration of systems of care
- New conversions




Strategic Intent, Future Direction

- Implement Legislative Requirements
 - Support conversion to CAH
 - Develop collaborative networks
 - Strengthen and integrate rural EMS
- Implement Legislative Intent
 - Improve performance (clinical, financial, service)
 - Community engagement
 - Workforce development
- Support Program Capacity (grantees, contractors)



Proposed Action Agenda

- “Grass Roots” education and advocacy
- Seriously address performance improvement in CAHs
- Measure results and USE the data!
 - Share with stakeholders
 - Improve performance
- Join the Quality Revolution!



Quality: The big thing, not an optional endeavor

- It’s what we do!
- Our communities require and expect it.
- So do payers and purchasers.
- Ethics, values mandate it.
- It is the reason we exist.
- Caring for those we serve requires it.
- Six Aims of Healthcare (safe, timely, effective, efficient, patient-centered, and equitable) equate to quality!



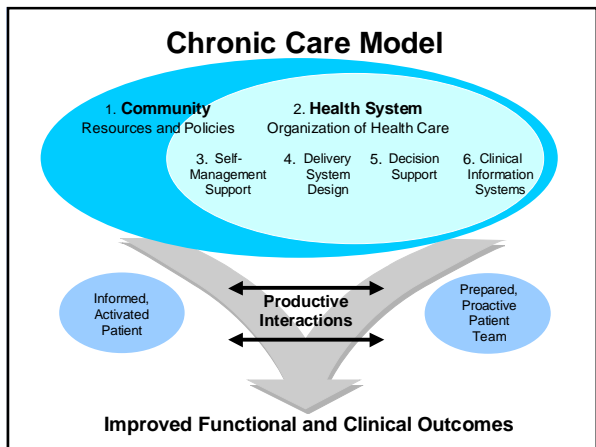
Ten landmarks on the path to optimal quality

- Collaboration
- Continuum of care
- Relevant measures
- Leadership development
- Strategic thinking
- Health status indicators
- Culture of safety and improvement
- System building
- Community engagement
- Quality: the organizing principle (It’s our product.)




Quality: The Rural Conceptual Framework

- Quality: The **product** of rural healthcare, not an add-on
- Collaboration across the continuum of care vs. encounter/procedure orientation
- Health and functional status vs. disease only
- Interdisciplinary teamwork vs. silos
- Relevance to the context of care
- Organizational performance vs. quality in isolation
- Anticipatory vs. reactive

Care Across the Continuum

- The Concept
 - Place
 - Provider
 - Time
- The Application
 - Ambulatory, hospital, home settings of care by
 - Physicians, nurses, therapists, nutritionists for
 - Many years!



Collaboration

- The Concept
 - Community benefit focus
 - Enables continuum of care focus
 - Note **formal** collaboratives
- The Application
 - Patient, home, home health, rehabilitation, pharmacist, office-based practices, emergency dept., hospital, tertiary care facility must all work together in caring for CHF patients



Best Practices

- The Concept
 - The literature made accessible
 - Enables currency of knowledge
 - Supports effective decision-making
- The Application
 - Drug therapy, latest advances, diet, activity, monitoring, follow-up planning; designing the most effective customized plan of care for each CHF patient



Interdisciplinary Care

- The Concept
 - Mutual respect
 - Every profession contributing what it does best
 - Educational implications
- The Application
 - The only way to implement care of the CHF patient according to best practices across the continuum of care



Patient Centeredness

- The Concept
 - Convenience
 - Comfort
 - Cultural appropriateness
 - Adds value for the patient and family
- The Application
 - The CHF patient is a full partner in deciding how the plan of care is implemented for maximal benefit and optimal functional capacity as experienced by the patient



Innovation and Adaptation

- The Concept
 - The context of care: Who, Where, What
 - Make the plan of care work where the patient lives
- The Application
 - Fit available resources, home situation, CHF patient and family preferences to achieve patient-centeredness as described above



Leadership

- The Concept
 - Enlightened and progressive
 - Enable an entirely new process of care
 - Clinical, in addition to financial
- The Application
 - Disperse leadership and decision-making throughout the interdisciplinary team to enable the plan of care for the CHF patient to be effected



Measurement and Improvement

- The Concept
 - The measures are relevant to the process of care
 - The measures do not add burden
 - The measures are used to improve processes and outcomes
- The Application
 - Select process and outcome (short, medium, and long term) measures that fit your program and resources and use them to improve your CHF care and your clinical outcomes, and to document compliance and promote your program



External Forces

- The Concept
 - The “market”
 - Social and cultural expectations
 - The regulatory environment
- The Application
 - Acknowledge and discuss the impact of these factors among team and with CHF patients; engage patients in dealing with social and market issues and in understanding regulatory constraints



Reimbursement Issues

- The Concept
 - May not cover all you want to do
 - Inadequate to marshal all the resources needed
 - “We are not grant-writers”
- The Application
 - Through collaboration and optimal business practices, decrease overhead and find avenues for sustainability of your CHF program even under current reimbursement policies and practices



Our Own Little Cultural Revolution

- The Current State
 - Reactive and provider-centered
 - Centered on disease, encounter, procedure
 - Inpatient focus
- The Desired Future State
 - Anticipating the CHF disease trajectory, the interdisciplinary team works collaboratively with the patient and family across the continuum of care to optimize function and maximize patient satisfaction and partnership (and all the other things we have talked about today!)



CONTACT INFORMATION

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