

**Flex Advisory Committee Minutes**  
**December 8, 2010**  
**Webinar**

**Members Present:** Stacy Barstad, Sanford Tracy and Westbrook Hospitals; Ray Christensen, University of Minnesota, School of Rural Health; Rick Failing, Kittson Memorial Hospital; Jessica Faust, Office of Rep. Michele Bachmann; Anne Gibson, Minnesota Hospital Association; Mike Hagen, Riverwood Healthcare Center; Mike Hedrix, Essentia Health; Terry Hill, National Rural Health Resource Center, Maria King, Minnesota Department of Health Office of Provider Compliance; Sue Klabo, Mahnomon Health Center; Ben Koppelman, St. Joseph's Area Health Services; Frank Lawatsch, Swift County-Benson Hospital; Joe Schindler, Minnesota Hospital Association; Lori Sisk, Sanford Canby Medical Center; Colleen Spike, River's Edge Hospital and Clinic; Bobbe Teigen, Paynesville Area Health Care; Patricia Townsdin, Minnesota Valley Health Center; Karla Weng, Stratis Health; Gary Wingrove, Mayo Clinic Medical Transport.

**Staff present:** Craig Baarson, Doug Benson, Judy Bergh, Jill Myers, Mark Schoenbaum, Karen Welle.

**Guests:** Sunny Ainley, Normandale Center for Applied Learning; Tracy Morton, National Rural Health Resource Center; Gary Sabart; TSP Architects

**Office of Rural Health (ORHPC) Update**

***Mark Schoenbaum***

- Mark noted that Tom Emmer is expected to concede the Minnesota gubernatorial election to Mark Dayton this morning. It remains to be seen what affect the outcome of this race will have on ORHPC activity.
- Flex grant applications are due to ORHPC December 15, 2010. Mark reminded the group that changes were made to the RFP this year to reflect the changes in national Flex emphasis. Specifically, there is a focus on three areas of activity: financial and performance improvement; quality improvement; and community development.
- Over the last two years, ORHPC loaned out more than \$6 million in the zero-interest Electronic Health Record Loan Program. Some repayments are starting to appear in the revolving fund, and the Office anticipates that smaller loans will become available in January or February 2011. The ORHPC is also working with the Nonprofits Assistance Fund to provide further resources. Watch the ORHPC website and newsletters for updates.
- ORHPC, the National Rural Health Resource Center and the Minnesota Rural Health Association have begun planning for the 2011 Rural Health Conference in Duluth on June 27 and 28, 2011. One keynote speaker has been booked so far: Brock Slabach of the National Rural Health Association. We will continue to subsidize part of the cost of CAH and Flex Advisory Committee attendance.

***Craig Baarson***

Craig has received feedback from the CAH survey he recently conducted regarding chief financial officers' interest in holding a CFO Roundtable Series. The respondents were

positive about holding the meetings and suggested topics of interest. Generally, the roundtable sessions will focus on topics of financial improvement and performance improvement. The first meeting will discuss EHR incentives and cost reporting. Craig is arranging for a representative from a CPA firm to lead discussion on cost reporting. Announcements to CFOs will be coming out soon. Anticipate that the group will meet every other month.

### **Contracted Flex Activities for 2011 (Flex Year 12)**

ORHPC will again contract with the Minnesota Hospital Association (MHA) and Stratis Health using Flex funds for 2010-11 projects. Joe Schindler of MHA and Karla Weng of Stratis health presented a summary of those contracted and related activities.

#### ***Joe Schindler, MHA***

MHA contracted activities fall under three main categories: quality improvement benchmarking, general quality improvement, and performance/financial improvement.

- Quality improvement benchmarking.  
The bulk of Flex funding will support activity in this area. MHA purchased the online Quality Health Indicators (QHI) program from Kansas. This program benchmarks quality and performance indicators. Member hospitals submit data monthly and can compare themselves with peers from multiple states. The program is free to Minnesota CAHs, with the cost subsidized by Minnesota Flex funds. The goal is to enroll all 79 CAHs. Currently, 10 of the 30 enrolled hospitals are consistently reporting. MHA will be enlisting CAH members in Minnesota, providing technical assistance and education. QHI hosts quarterly webinars to help CAHs use the software and the data. For more information, contact Mark Sonneborn at MHA: [msonneborn@mnhospitals.org](mailto:msonneborn@mnhospitals.org) or 651-659-1423 or Joe Schindler at [jschindler@mnhospitals.org](mailto:jschindler@mnhospitals.org) or 651-659-1415.
- In the area of general quality improvement, MHA will undertake pressure ulcer prevention and falls prevention activity. MHA will create a toolkit for ulcer prevention. Statewide conferences will be convened to present best practices in both pressure ulcer and falls prevention.
- In the area of performance and financial improvement, MHA will do some strategic planning using current claims data with a goal of looking at the service level and DRG level to learn about patient mix and risk adjustment.

MHA will also be looking at the ICD 10 implementation expected in October of 2012 and hopes to develop ways to assist hospitals with the coding changes.

MHA will serve in a supportive role to the ORHPC CFO Roundtables Craig Baarson is organizing.

#### ***Karla Weng, Stratis Health***

- Stratis will continue to provide technical assistance for data collection for Hospital Compare and the Minnesota health reform reporting requirements. Assistance may consist of conference calls or individualized CAH technical assistance. Some hospitals are struggling with timely submission of reports to

Hospital Compare, so Stratis will specifically target those hospitals for one-on-one support.

- With regard to multi-hospital quality improvement, Stratis will focus on stroke care with the Minnesota Department of Health Stroke Unit, which is developing a statewide stroke registry. Sanford Tracy is leading the effort in southwestern Minnesota. Stacy Barstad of Sanford Tracy noted that they have signed up eight hospitals to collaborate on the stroke initiative.
- Stratis will coordinate a patient safety culture project, focusing on leadership and organizational culture. Stratis will recruit 10 hospitals to participate in Just Culture and Team STEPPS over a two-year project period.
- Stratis will begin exploratory work on coordination of care, looking specifically at those CAHs that have recently divested themselves of nursing homes. They expect to hold community meetings and develop action plans to ensure optimal coordination of care.

## **EMS Update**

### ***Gary Wingrove, Mayo Clinic Medical Transport***

- Gary was appointed to the Stratis Health Board of Directors.
- On December 7, Gary and Judy Bergh attended an American Heart Association (AHA) meeting at which a task force continued working on protocol development for STEMI care.
- Secretary of Transportation Ray LaHood reappointed Gary Wingrove and Aaron Reinert, both of Minnesota, to The National EMS Advisory Council (NEMSAC).
- The Community Paramedic movement continues to grow. Minnesota Flex dollars helps support curriculum development and piloting during the start-up period. Pilots have been held in Prior Lake, Minnesota, and in Colorado. The Colorado Department of Health determined that under this program, paramedics were practicing home health without a license. The community paramedic program is applying for licensure. Although the process has resulted in some angst, the expectation is that ultimately this is a good thing, opening the door for reimbursement in the future.
- Gary heard that one Minnesota hospital credentialed paramedics in home health; if anyone knows which hospital, let Gary know. The group speculated that it could be Fosston. Gary will check with the hospital there. There is the possibility of working with Colorado on undertaking a project to establish credentialing/licensing of community paramedics as home health workers.
- The state of Maine contributed \$30,000 in Flex funds to implement a community paramedic program.
- Internal discussion at the U.S. Department of Health and Human Services included the suggestion that money be budgeted to do program support that would link Community Health Clinics, Community Paramedics and the Medical Home Model through a grant process. So far, this is just discussion.
- The Joint Committee on Rural Emergency Care (JCREC) developed a draft EMS agenda and a paper on community paramedicine.

## **MnHIT: Update on HIT training opportunities for rural providers**

### ***Sunny Ainley, Normandale Center for Applied Learning***

Sunny Ainley is the project lead for a consortium of colleges committed to training HIT health professionals. The MnHIT goal is to train individuals, both currently employed in health IT and those not employed in health IT, to help with HIT planning, implementation and follow-up. Several universities developed the certificate curriculum, which targets several different IT work roles. Students are being sought for the term beginning in January, and for another term beginning in September. [Sunny's slides are linked to these minutes](#). The course is offered completely online and is instructor-led as opposed to self-directed. The Normandale Center for Applied Learning is particularly interested in reaching students in rural areas of Minnesota to help develop the rural IT workforce.

## **Update on REACH**

### ***Terry Hill, National Rural Health Resource Center***

Terry Hill presented an update on the Regional Extension Assistance Center for HIT (REACH). He gave an overview of meaningful use and Medicare incentives for CAH meaningful use, and summarized technical assistance availability for CAHs through REACH. [His slides are linked to these minutes for further detail](#).