Frontier Medicine Better Health Partnership

CMS Innovations Grant Overview



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What is the FMBHP?

- An innovative, evidence-based, community responsive clinical infrastructure of CAH Communities:
 - The "voice of data-driven frontier medicine"
 - Leverages strategic resources to develop relevant, evidence based models of care and care delivery throughout Montana

FMBHP Funding

 3-Year \$10.5 million CMMI Innovations Grant

FMBHP Staff

- 5 Full-Time, 1 Part-Time Employees
- 2 Part-Time Physicians
- 1 Part-Time Pharmacist
- 25 Better Health Improvement Specialists

FMBHP Staff



Denyse Traeder, MPHDirector/Principle Investigator



Monica Bourgeau Associate Director



Faith Jones, MSN, RN, NEA-BC Chief Clinical Officer



Rebecca MorganDirector of Workforce
Development



Tawnie Sabin, JD, BSIEDirector of Community
and Lean Coordination



Kate ValerioTeam Coordinator



Frontier Medicine Better Health Partnership

Participating Communities



FMBHP Goal: Achieve the Triple Aim

"To improve health outcomes for frontier and rural populations, patients, and communities while lowering total expenditures and improving patient satisfaction."



FMBHP Pillars

"Just in Time" Rural Inter-Participation Community Integrated Data-driven Professional in Value-Engagement EHR system **Best Practices** Workforce Based Development Purchasing,

Guiding principles:

- Rural and frontier communities need a voice in identifying and addressing health care needs.
- CAHs and Community Providers are vital components in the health of their communities.
- Community-engagement, robust data collection, monitoring, benchmarking, and evaluation are needed to successfully address community needs.
- Providing appropriate health care locally will increase access and patient satisfaction, improve quality and decrease costs.
- Workforce training must be tailored to meet identified needs and support patients in lower cost and community based settings.

The Voice of Data-Driven Frontier Medicine

- The FMBHP CAH Communities are committed to realizing a higher standard for healthcare access, outcomes, processes, and cost-effectiveness.
- In return, the FMBHP will provide necessary financial, clinical, and technical support to help:
 - Identify community specific priorities and needs
 - Design best practice systems of care that will be sustainable in a reformed environment.
 - Transfer learning and best practices to other communities

The Better Health Improvement Specialist (BHIS)

- "Backbone" of FMBHP
- Grant funded employees of Critical Access Hospitals
- Varied backgrounds clinical, IT, engineering, marketing, etc.
- Hired for ability to lead, motivate, change and facilitate
- Trained in LEAN, Change Management, and Facilitation
- Conduits between the community, hospital, patients, providers.
- Facilitates the coordination of resources to ensure all aspects of the FMBHP are implemented and coordinated with other activities



Infrastructure

- Critical Access Hospital Partnerships
 - Recruit CAH's, Contracts, Hire BHIS,
- Workforce and Professional Development
- Better Health Improvement Plan (BHIP)
- Fostering Partnerships for Improvements
 - PIN, HEN, QIO, HealthLink Now, etc.
- Electronic Medical Record (EMR/EHR)
 - HealthShare Montana

Data

- Hospital Strength Index -
 - Financial
 - Market Size/Growth,
 - Quality
 - MBQIP (Quality Outcomes)
 - HCAHPS (Patient Satisfaction Survey)
- Rural Operational Assessment
 - Functional, Clinical and Volume Statistics
- FMBHP Project Inventory

Lean Methodology

- Train BHIS
 - Lean reView Course by Lean Healthcare West (6 weeks)
 - Completed Dec 2013
- Certify FMBHP Lean Instructors (completed Dec 2013)
- Lean Sustainability Opportunity
 - FMBHP Instructors provide Lean reView Courses onsite at partner CAH's (2014- June 2015)
 - (2) Trainers/CAH
 - Community Members encouraged to be invited
 - 6/20 CAH's participating more expected

Community Collaboratives

- Community Health Needs Assessment (CHNA)
 - Performed by Montana Office of Rural Health
 - Funded by FMBHP
- CAH Implementation Plan
- Create or participate in existing community collaborative
- CrossTX Community Care Coordination Product Pilot
 - Software in design
 - Pilot/Testing at 3 sites to begin Feb/March 2014

Research

- Practice Based Research Network (PBRN)
 - Frontier Rural Innovation Network (FRIN)
- Swing Bed Research Project
 - Restorative Care goal to increase utilization
- Formulary Management

Better Health Better Care Plans

The blueprint for the future of rural health care delivery in Montana



- Pull together all the "pieces" of the FMBHP into one comprehensive "Plan" that identifies:
 - Unmet and/or high priority community health needs.
 - Areas for improvement related to cost, efficiencies and quality.
 - Specific steps taken to implement the Triple Aim and address identified needs
 - Evaluative measures and outcomes documented improvements in quality and access and reductions in cost

- Define the process
- Define the community
- Define the current health care delivery system
 - Providers, EHR, care coordination, inventory
- Provide baseline operational and clinical measures
 - Rural operational assessment
 - Emergency room readmissions
 - Readmission rates
 - Clinical indicators

- Describe community identified priorities and needs
- Community-driven strategies for addressing needs
 - Workforce training
 - Lean principles
 - Implementing operational and clinical best practices
 - EHR development/utilization
 - Care coordination
 - Enhancing local services

- Measure Outcomes
 - Operational, Clinical, Financial
- Identify commonalities in issues between facilities, unique issues, and trends.
- Identify successes, challenges, barriers

Partnership Opportunities

- Graduate research in rural communities
- Networking, recruiting, job placement of students in rural communities
- Dissemination of information to CAH Communities
 - Education, Research, Partnerships, Funding, etc.

And more...



DISCUSSION. QUESTIONS?