



Promising Flex Program Initiatives to Support Critical Access Hospitals during the COVID-19 Pandemic

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HIGHLIGHTS

Promising State Flex Program strategies to support Critical Access Hospitals during the COVID-19 pandemic included:

- Resiliency training for frontline staff;
- Packaging and dissemination of COVID-19 information;
- Public health messaging;
- Infection prevention and pharmacy consultations; and
- Financial technical assistance and programs.

INTRODUCTION

The Flex Monitoring Team (FMT) at the University of Southern Maine surveyed State Flex Programs (SFPs) in the spring of 2020 to understand the impact of the COVID-19 pandemic on Critical Access Hospitals (CAHs), SFP efforts to support CAHs during the pandemic, the resources and technical assistance (TA) needs of CAHs related to COVID-19, and the resources needed by SFPs to support CAHs as they emerge from this public health crisis.¹ This study builds on the survey results by highlighting promising SFP initiatives, particularly those with the potential for replication by other SFPs. This brief also explores the post-pandemic needs of CAHs identified by SFP staff during their interviews.

METHODS

The study team reviewed the survey results¹ and the SFPs' FY20 Non-Competing Continuation (NCC) applications (submitted in May 2020) to identify promising strategies to address the COVID-19 needs of CAHs that could be replicated by other SFPs. In consultation with our project officers from the Federal Office of Rural Health Policy (FORHP), we selected seven SFPs for qualitative interviews. We selected five SFPs based on their survey responses (Arizona, Idaho, Kentucky, Montana, and Pennsylvania) and two based on their FY20 NCCs (Alaska and Wyoming). The seven states were selected based on the substance of their projects and the extent to which the projects could be implemented by other SFPs. The study team conducted interviews over Zoom in November and December 2020, using a semi-structured interview protocol.



PROMISING STRATEGIES

In response to the COVID-19 pandemic, SFPs considered the best way to support CAHs amidst the pandemic and developed initiatives to address priority needs. In some cases, SFPs noted that they leveraged existing quality and financial improvement meetings to assess emerging issues, provide timely support, and offer a platform for CAHs to share best practices related to COVID-19. Other interview respondents noted that strong working relationships with CAH administrators and partnerships with state hospital associations, state government agencies, and other stakeholders enhanced their efforts to support CAHs. The following are descriptions of promising strategies discussed in the interviews.

Support for Frontline Staff

The **Montana** SFP implemented an ongoing biweekly Resiliency Lunch and Learn series for frontline health care workers that provided resources and tools to respond to sustained stress. The Montana SFP coordinated this effort with partners from the Montana Hospital Association, three Area Health Education Centers (AHECs), Montana State University, and the Montana Office of Rural Health. By collaborating with key partners, they eliminated duplication of effort and reached health care workers in hospital, clinic, hospice, and public health settings. Subject matter experts from the AHECs, the University of Montana, and other external organizations developed the content for the series. Topics included burnout, positivity, resiliency, compassion fatigue, self-empathy, and collaborative communication. Attendance for these sessions ranged from 42 to 84 individuals with up to 26 staff from Montana CAHs. After each session, the SFP sent an email containing the session links as well as “stress buster” tips and recipes. The series can be accessed on the Montana Flex Program website: <https://mtpin.org/education-meetings/education/wellness-for-healthcare-workers/>.

The **Wyoming** SFP offered four half-day resiliency workshops to CAH frontline staff led by a CAH physician and life coach; this eventually became a multistate initiative with participants from California and Colorado. Attendance ranged from 8 to 24 participants per session. The workshops covered common reactions to stress; strategies and benefits of resiliency; creating and finding joy in work, at home, and socially; and cultivating empathy and compassion. Participants learned how to care for themselves (mentally, physically, emotionally, spiritually, and socially), identify personal values and apply their values in their goal-setting and decision-making. The goal of the workshops was to provide participants with knowledge, skills, and tools that could be shared within their organizations. PowerPoint presentations and recordings of the workshops are accessible with the following link: <https://www.wyqim.com/calendar>.

Timely and Relevant COVID-19 Communication

During the onset of COVID-19, the **Alaska** SFP worked with the Alaska State Hospital and Nursing Home Association to support implementation of a consolidated hospital data collection system to reduce hospital reporting burden. The system also provided the state Emergency Operation Center with a common set of data on personal protective equipment (item, supply on hand, seven and fourteen day projected need, average daily use, and the number of days to receive an order via normal supply chain), ventilators (baseline and current availability), hospital capacity (baseline, current bed count, negative pressure room availability by service area, and closed/inactive floor beds), testing supplies (COVID approved swabs, universal transport medium, and viral medium tubes), average daily occupancy, surge capacity, and cases (by age, gender, race, ethnicity, resident vs. non-resident status, and geographic region). This centralized system allowed for increased awareness of COVID-19 needs and better forecasting of potential needs as the pandemic progressed and cases fluctuated. As



reporting requirements changed for CAHs and Rural Health Clinics (RHCs), the data collection system evolved to serve as a communication conduit for federal and state guidelines related to COVID-19.

In response to concerns from CAH hospital staff regarding the flow of information on COVID-19 funding opportunities and related policy and regulatory changes, the **Pennsylvania** SFP developed a process to review, validate, package, and disseminate evolving information on COVID-19 for CAH and small rural hospital executive, financial, nursing, and quality management staff. SFP staff reviewed, assembled, and distilled information from state and federal agencies as well as state and national rural health and hospital associations and packaged the information in a concise email format. As an example, one email detailed requirements for the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding and reporting of COVID-19 cases. Initially, the SFP sent the emails daily, but the frequency dropped to weekly as the flow of information slowed. This initiative facilitated communication with CAH leaders and generated questions and requests for assistance from the SFP.

Support for CAH Communication to Rural Communities

Early in the pandemic, the **Kentucky** SFP offered a series of public safety messages to their 28 CAHs as well as other providers in the state including RHCs, rural hospitals, EMS agencies, and local health departments. These public safety messages could be customized by facilities with their logos and used as part of their social media efforts. The messages covered topics such as slowing the spread of COVID-19 and strategies for staying healthy. The SFP staff noted that most rural health care providers do not have the resources (e.g., staffing, time, skills, and technology) to produce their own social media campaigns. The SFP staff also noted that CAHs are trusted health care authorities in their communities and that messaging from CAHs can be more effective than messaging from external organizations such as the Centers for Disease Control and Prevention or the state. More information is available on the Kentucky SFP website: <https://ruralhealth.med.uky.edu/cerh-covid-19-communication-resources>.

Support for Clinical and Service Improvement:

The **Arizona** SFP contracted with an infection prevention consulting firm to host weekly calls with CAH quality managers and nursing officers from April to October 2020 to prepare for and respond to COVID-19 cases. Topics focused on safely closing and reopening services, proper use of PPE, and how to configure hospital hallways and rooms to limit the spread of COVID-19. On average, 10-15 participants representing 5-6 CAHs attended and actively engaged in the discussions. The consultant also provided one-on-one TA. For example, one CAH's medical-surgical, pediatric, and labor and delivery units all shared the same hallway. The consultant assisted the staff in redesigning work flow plans to minimize exposure. Resources and recordings are available on the Arizona SFP website: <https://crh.arizona.edu/programs/flex/quality-improvement>.

The **Montana** SFP supported a pharmacist to provide technical assistance to prepare CAHs for a surge of COVID-19 patients by advising them on condition-specific pharmaceutical protocols. The consultant helped 24 CAHs obtain needed medications and shared lessons learned from her own experience in managing medications for CAH COVID-19 patients.

Support for CAH and RHC Financial Performance

The **Arizona, Idaho, and Wyoming** SFPs contracted with financial consultants to assist CAHs in navigating COVID-19 issues including reimbursement and funding opportunities. The **Wyoming** SFP contracted with financial consultants to provide technical assistance in completing accelerated advanced payment requests, data



collection for Federal Emergency Management Agency assistance, billing and coding for telehealth/telemedicine services, and developing innovative revenue streams during the crisis. These consultants also assessed the financial impact of COVID-19 on CAHs. The Idaho SFP facilitated one-on-one technical assistance to CAHs to address facility-specific issues such as how to report relief funding in Medicare cost reports.

The **Pennsylvania** SFP hosted a two-day virtual coding and billing boot camp for CAHs and a similar two-day boot camp for RHCs. By using Flex funds budgeted for staff travel, the SFP offered the program to participants at no charge. Attendance was higher than expected with 85 attendees for the CAH boot camp and 54 for the RHC boot camp. The SFP staff noted that factors contributing to the high rates of participation included timing (the camps occurred during the suspension of elective procedures), the lack of registration fees, and the fact that the virtual format eliminated the need for travel and related costs.

ONGOING CONSIDERATIONS

The study team also asked SFP staff to describe their observations regarding the ongoing COVID-19 needs of CAHs. **Alaska, Arizona, Idaho, and Wyoming** SFP staff raised concerns about the increased financial vulnerability of CAHs due to lost revenue from suspended elective procedures and non-urgent office visits. They noted that CAHs will need continued technical assistance for reporting and auditing federal support payments and how to account for those funds on their cost reports. **Alaska** SFP staff shared that CAHs and RHCs supported the continuation of expanded telehealth reimbursement and regulatory relief, and that rural providers want these payment policies and regulations to continue once the public health emergency has ended. Moving forward, the **Pennsylvania** SFPs plans to continue its coding and billing boot camps. **Arizona** SFP staff noted that their past work with CAHs on billing and coding was very popular and stated that they believe this work will remain important post-pandemic. The **Idaho, Arizona, and Wyoming** SFPs plan to continue the TA provided to CAHs by financial consultants.

Several SFPs noted that the pandemic has exacerbated existing rural workforce shortages. Many CAHs will need support in recruiting and retaining providers and staff to replace those who resigned due to concerns about safety or to take advantage of higher salaries paid by other hospitals and staffing services. Others noted that CAHs will need support in helping their staff process the trauma of serving on the frontlines during the pandemic. The **Montana** and **Wyoming** SFPs recommend resiliency training and programs to improve overall health and wellness of the workforce.

A few SFP staff expressed concerns that some CAHs allowed their quality reporting to lapse during the pandemic due to staffing shortages and turnover. These respondents also stated their belief that it may be difficult to restart quality reporting given the loss of institutional memory resulting from staff turnover. The **Montana** SFP identified the need to rebuild quality and financial improvement efforts by focusing on certifications for health care quality and infection control, risk management, billing and coding, understanding and complying with regulatory changes, and building a culture where staff more readily accept and adapt to change.

CONCLUSION

SFPs adapted existing initiatives and implemented new activities to address the emerging needs of CAHs during the COVID-19 pandemic. Promising strategies highlighted in this brief include resiliency training to support frontline staff; timely and relevant COVID-19 communication to CAH leaders and communities; infection prevention and pharmacy consultations to prepare staff for surge in cases; and technical assistance and programs



to support financial performance. With FORHP's approval, the SFPs redirected funds and activities to address the evolving COVID-19 needs of CAHs while maintaining fidelity to Flex Program goals.

SFP staff identified the need to support CAH financial, operational, and quality performance as they emerge from the current public health emergency. SFP staff also reported that COVID-19 has further weakened already vulnerable CAHs due to lost revenues and increased expenses related to PPE, testing, and surge staffing. While the financial challenges CAHs face are not new, COVID-19's impact on CAHs' finances will require renewed efforts to improve their financial efficiency and stability, rebuild patient utilization, and optimize revenues. Some CAHs will need support to reestablish quality reporting and improvement, including training on the Medicare Beneficiary Quality Improvement Program (MBQIP). Finally, CAHs will need assistance to rebuild their workforce by supporting providers and staff traumatized by the pandemic and improving recruitment and retention efforts.

Limitations of this qualitative study

The goal of this project was to capture and report the promising strategies implemented by SFPs to support CAHs during the pandemic. As such, it was not intended to serve as a formal evaluation of these strategies.

REFERENCES

- 1 Gale J, Croll Z, Jonk Y, Kahn-Troster S, Pearson K. Supporting CAHs during the COVID-19 Pandemic: Summary Results of a Survey of State Flex Coordinators. 2020. Policy Brief #54. <https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/fmt-pb-54-2020.pdf>

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