



2024 National CAH Quality Inventory & Assessment National Report

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Assessment Background

This report includes a high-level summary of several key data points from the National Critical Access Hospital (CAH) Quality Inventory and Assessment (“Assessment”), completed in Fall 2024. This assessment was designed to inform the Federal Office of Rural Health Policy about CAH quality improvement (QI) infrastructure and activities, service lines offered, and related quality measures. The Assessment provides a wealth of information on QI processes from CAHs in a standardized manner, to enhance support to CAHs under the Medicare Rural Hospital Flexibility (Flex) Program. State Flex Programs receive information about the CAHs in their state to better support quality initiatives and reporting for their CAHs. Find more information about the Assessment [Find more information about the Assessment here](#). Data in this report are intended to provide a broad, national overview of CAH characteristics and service lines.

Assessment Response and CAH Characteristics

For the Assessment fielded in September – November 2024, there were a total of 1,296 responses received, with over 94% of all CAHs nationally responding (including two hospitals in the process of converting to a CAH). Figure 1 shows CAH system affiliation and Table 1 includes four volume metrics for calendar year 2023: average daily census and emergency department volume among all respondents, plus swing bed admissions and average length of stay for swing beds among CAHs with swing beds.

FIGURE 1: CAH System Affiliation

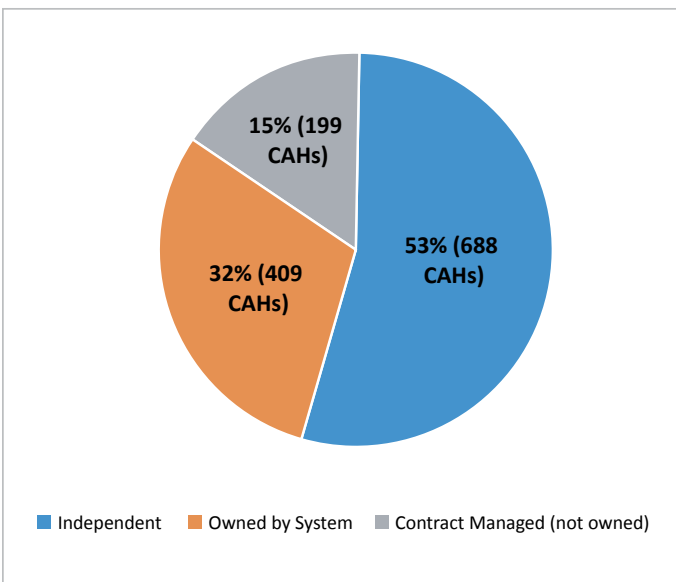


TABLE 1: CAH Volume Measures

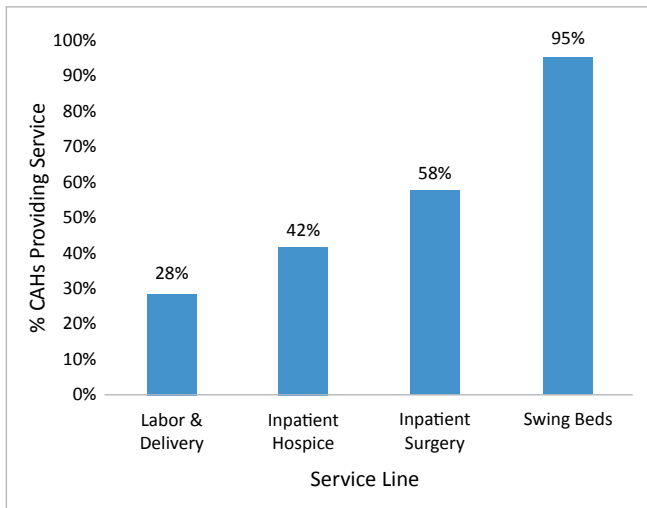
Description	CAH Respondents (n=1,296)
Median Average Daily Census (2023)	3.0
Median Emergency Department Volume (2023)	5,416
Description	CAH Respondents (n=1,236)
Median Swing Bed Admissions (2023)	61
Median Swing Bed Average Length of Stay (2023)	11



CAH Service Line Data

The Assessment captured information on a variety of service lines and services provided by CAHs. Figures 2-4 show a selection of these service lines categorized by topic: Hospital Inpatient Services, Behavioral Health & Specialty Care Services, and Outpatient and Other Services.

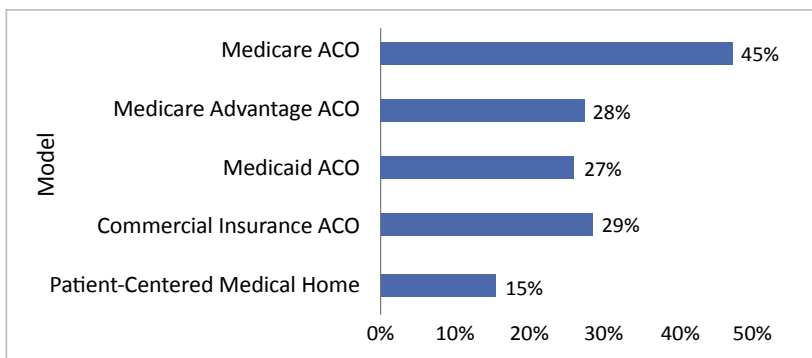
FIGURE 2: Hospital Inpatient Services (n=1,296)



Quality Payment Model Participation

Another question in the Assessment asked CAHs, “Does your hospital participate in any payment or other demonstration models which emphasize quality measurement and improvement?” and respondents were asked to select “yes” or “no” for each: Medicare ACOs, Medicare Advantage ACOs, Medicaid ACOs, commercial insurance ACOs, and Patient-Centered Medical Homes. Figure 5 shows the distribution of CAHs, indicating their participation in these models.

FIGURE 5: Quality Payment Model Participation in CAHs



*Note: CAHs were instructed to select all that applied

FIGURE 3: Behavioral Health & Specialty Care Services (n=1,296)

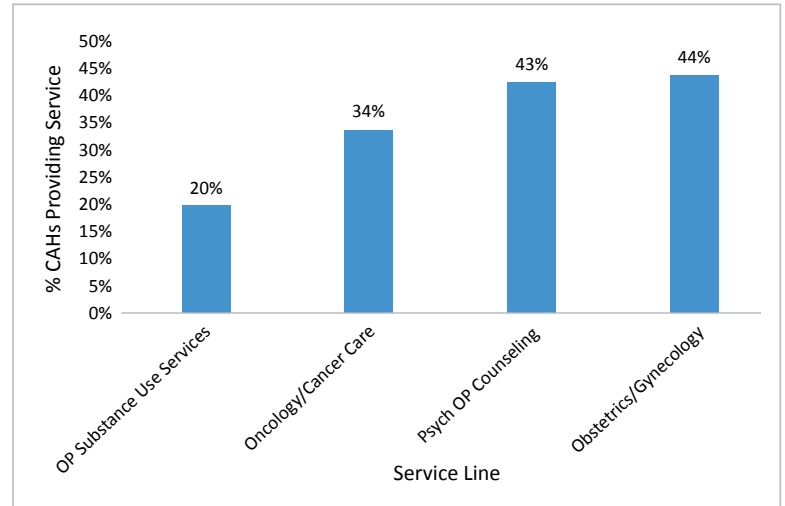
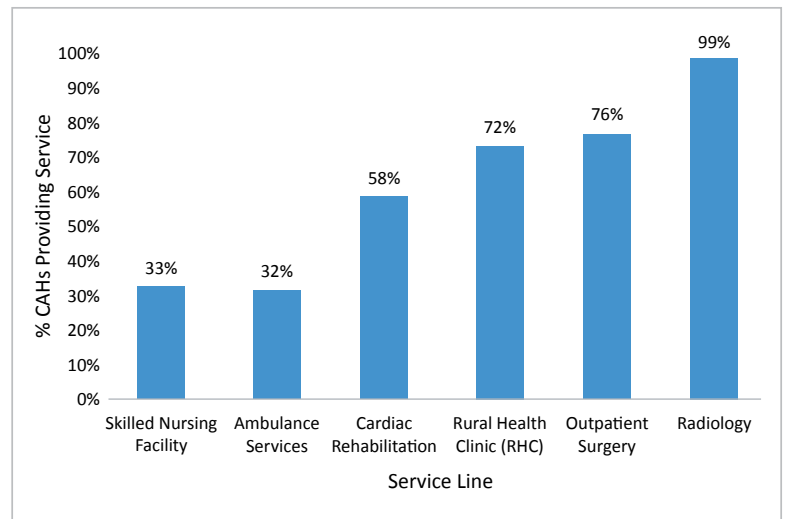


FIGURE 4: Outpatient and Other Services (n=1,296)



For more information on this report, please contact Megan Lahr, lahrx074@umn.edu.

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