

***Frontier Extended Stay Clinic Cooperative Agreement
Progress Report
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CFDA 93.912***

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Submitted By: Patricia Atkinson, Southeast Alaska Regional Health Consortium

Submitted To: Aaron Fischbach, HRSA Office of Rural Health Policy
Carolyn Cobb, HRSA Division of Grants Management Operations

PROJECT INFORMATION

Title of Project	Staff Person	Contact Information
Frontier Extended Stay Clinic Cooperative Agreement	Patricia Atkinson	Phone: 907-966-8662 Patricia.Atkinson@searhc.org

SECTION 1: PROJECT OVERVIEW

Grantee will provide a brief (one-paragraph) overview of the project including key activities, goals, and objectives.

The goal of this project is to examine the effectiveness and appropriateness of the Frontier Extended Stay Clinic (FESC), in providing health care services in remote locations in Alaska and Washington. The project works to demonstrate the viability and sustainability of the FESC provider type and service and ensure that FESC patients receive high quality services consistent with their medical conditions. This Cooperative Agreement builds on previous Cooperative Agreement work, continuing a substantial partnership with the HRSA Office of Rural Health Policy.

SECTION 2: WORK PLAN

Grantee will document progress in relation to its goals, objectives, and activities in the application and determine if progress to date is within stated expectations.

Objective 1: Manage the Cooperative Agreement and all associated activities.

As the lead agency, SEARHC is responsible for providing project leadership, oversight, and continuity to ensure project success. SEARHC engages in all activities necessary for the successful implementation of the demonstration. These include the following:

a. Maintain the Steering Committee consisting of an executive level administrator and clinical representative (when appropriate) from each Consortium site. Meet by teleconference at least monthly and face-to-face two times per year.

- The Steering Committee has continued to actively lead this project, and is a considerable resource for the Program Manager. Teleconference meetings during this reporting period were held May 17, July 19, and August 16

b. Establish and/or maintain and monitor subcontracts with each member of the Consortium and other significant subcontractors.

- Subcontracts were established in 2007 with all members of the Alaska FESC Consortium: Cross Road Medical Center, Iliuliuk Family and Health Services, Inter Island Medical Center, and the University of Alaska Anchorage. Subcontractors submit triannual reports on their activities, which are appended to this report. The subcontracts extend through August 2011.
- A contract with the University of Iowa to provide a final evaluation of the FESC was created and signed. The work will be accomplished by spring 2012.
- A contract for website hosting is maintained with Design PT, Inc.

c. Ensure compliance with the HIPAA Final Privacy Rule.

- A Business Associate Agreement has been developed and signed by representatives of the consortium and associates. The Business Associate Agreement delineates clearly the expectations for the health care providers (“covered entities”) and the other interested parties (“business associates”) working together on this project.

d. Provide information when requested by the Office of Rural Health Policy.

- All requests for information have been fulfilled in a timely manner.

Objective 2: Maintain and implement FESC protocols, activities, and Conditions of Participation at the participating sites.

a. Continue to provide high quality extended stay services and other services, staff, space, and equipment as needed to meet community needs.

- The demonstration is ongoing and active at the following five sites: Klawock, Haines, Unalaska, and Glennallen in Alaska; and Friday Harbor, Washington.

- Each demonstration site has the capacity to provide high quality FESC services, and is committed to maintaining that level of service throughout the duration of the project. All sites are using the HRSA demonstration money primarily to enhance existing staffing levels. There is aggressive recruitment to fill vacant positions when they occur.

b. Participate in CMS FESC demonstration.

- All FESC sites are now participating in the CMS demonstration. Problems with Medicare billing are being actively addressed.

Objective 3: Evaluate program and financial activities at the participating sites, including sustainability of the FESC model and analysis of start-up FESC clinic sites.

a. Continue management of the web-based outcome log.

- The UAA Institute for Social and Economic Research (ISER) worked with staff at each site to complete the outcome logs. They monitored the quality and timeliness of site submissions, and manage the technical aspects of the data collection. The outcome logs provide detailed clinical and financial information about each encounter. The data collection was terminated as planned on September 14, 2010, after five years of data collection. The sites are still able to utilize the website for data entry and collection, but the data is no longer being analyzed by UAA.

b. Provide intermittent data analyses upon request.

- ISER has provided analyses when requested.

c. Present monthly reports on progress of the evaluation to the Steering Committee.

- ISER has provided verbal updates on the evaluation at each Steering Committee meeting.

d. Provide a comprehensive report of five years of data, including specific analyses of encounters 4-48 hours in length with payer mix.

- The final report is still in development by ISER. The report is in final draft form, but was delayed because Klawock did not input a significant number of encounters in a timely manner. The report should be completed by the end of the calendar year.

e. Provide annual reports and five-year comprehensive reports specific for each demonstration site.

- The site reports are still in development by ISER, because of the data challenges detailed above. Final reports will be submitted to SEARHC by the end of the calendar year.

f. Provide a report to each hospital individually and to the Program Manager, comparing CAH to FESC encounters. If permission is granted, prepare comparative report for Steering Committee and/or FESC/CAH Workgroup.

- Per the SEARHC amended agreement ISER will prepare a report comparing two years of FESC and CAH data. Final report has been delayed but will be submitted to SEARHC by the end of the calendar year.

g. Analyze encounter database and other data provided by clinics to determine cost of services and billing potential for FESC, especially as compared to CAH. Analyze sustainability issues and make recommendations for changes to demonstration if necessary.

- The University of Iowa has been contracted for this report, and will complete it by spring 2012.

h. Analyze and report start-up activities and potential costs for clinics to meet CMS Conditions of Participation.

- This will be analyzed by the University of Alaska in the final report.

i. Make recommendations for changes to FESC demonstration to CMS, ORHP, State of Alaska, and other policy makers based on data analysis, if needed.

- The analyses conducted by the University of Iowa will inform potential recommendations for changes.

Objective 4: Provide technical assistance to CMS and participating sites.

a. Provide technical assistance to CMS upon request.

- The Program Manager has provided information to the CMS demonstration Project Officer frequently. The Alaska FESC Consortium and CMS are working closely together to move the demonstration forward. Regular meetings between CMS officials and Alaska FESC Consortium Steering Committee members are taking place. A good working relationship has been established. Payment and procedural issues are being addressed. The CMS Project Officer has participated in numerous teleconferences with the sites to address billing issues.
- CMS is planning an evaluation of the FESC demonstration and the Program Manager has shared information as needed with the CMS evaluation team.

b. Provide technical assistance to CMS demonstration sites upon request.

- The CMS demonstration sites are all part of the HRSA demonstration, and technical assistance is actively provided to each site as needed. A lot of coordination between the billers and finance staff at the sites, and the CMS project officer and FI's has been requested. Meetings have been arranged and troubles have been shot.

Objective 5: Develop or continue quality initiatives including the reporting of quality measures for clinical and financial performance in the participating demonstration sites.

a. Continue utilization of the web-based outcome log to document all extended stays and transfers.

- Sites finished inputting encounters on September 14, 2010 (although data entry continued for weeks afterwards as the encounter details slowly unfolded). ISER is also maintaining the website so clinic staff can use it for CMS reporting, if desired.

b. Implement QAPI Program, analyzing all FESC cases of community acquired pneumonia, myocardial infarction, and monitoring/observation visits resulting in transfers.

- The sites are all implementing and reporting on the QAPI Program. Reports will be aggregated and reported at the end of the calendar year, when a full year has been reviewed.

c. Work with Quality Consultant to develop and implement other appropriate quality measures, as approved by the Steering Committee.

- Quality measures developed by CMS and the State of Alaska for licensing and certification have been met, and the QAPI program is in place. Additional quality measures were not identified as needed.

Objective 6: Explore the concept of the FESC model in the lower 48 states including the relationship with Critical Access Hospitals.

a. Continue facilitating a working group to explore the relationship of FESC to CAH.

- ISER has not yet finished the report of findings of two years of data. It will be included in their final report.

b. Continue working with two hospitals to report outcome log data.

- This activity was completed previously.

c. Identify frontier clinics outside Alaska that meet the statutory requirements for FESC, but are not participating in the HRSA or CMS demonstration.

- The State of Alaska and the Office of Rural Health Policy have conducted this research.

d. Contact identified frontier clinics; facilitate dialogue and identify common concerns.

- By participating in the ORHP-sponsored Frontier Partners Group, a number of excellent contacts were made.

e. Convene meeting of FESC/CAH Workgroup to discuss findings of evaluation and other relative concepts.

- This activity was previously completed. After ISER completes the FESC/CAH report,

Objective 7: Continue additional activities that support the development of FESC.

a. Invite other participants to Steering Committee meetings when appropriate, e.g. AHSNA/ASHPIN, FESC/CAH Workgroup participants, Holy Rosary Medical Center staff, and state officials.

- The State of Alaska Office of Rural Health is an active participant in Steering Committee meetings. The Washington Office of Rural Health (Kris Sparks), and the Alaska State Hospital and Nursing Home Association are always invited to participate in meetings.

b. Represent the Alaska FESC Consortium at appropriate state and national meetings and workgroups.

- In May, we co-presented at a breakout session of the National Rural Health Association Annual Meeting.
- We met with officials from HRSA in August at two sites in southeast Alaska.
- Pat Carr is discussing FESC as part of the F-CHIP meetings.
- Active participation in the NRHA Frontier Constituency Group.
- Participation in monthly Alaska PCA meetings.
- Alaska legislators toured Iliuliuk on August 25.

c. Produce a White Paper describing demonstration and summarizing analyses; make recommendations to policy makers.

- The White Paper has been preempted by the RUPRI/Stroudwater analysis.

d. Maintain website: www.alaskafesc.org

- The website has operated smoothly.

e. Pursue publication and presentation opportunities.

- ISER will present at the National Public Health Association in October.

SECTION 3: SITE REPORTS

Reports for the four-month period May through August 2011, from Cross Road Medical Center, Inter Island Medical Center, Haines Health Center, Alicia Roberts Medical Center, Iliuliuk Family and Health Services, and the UAA Institute for Social and Economic Research are appended to the end of this report.

SECTION 4: SIGNIFICANT CHANGES

Grantee will address any major changes in goals, objectives, methodology, budget, and staffing.

- SEARHC applied for additional funds from ORHP to pay for the RUPRI evaluation. This was approved, and the project is moving forward. A no-cost extension was also approved to allow time for the evaluation and other activities.
- No other changes in goals, objectives, methodology, budget or staffing are noted.

SECTION 5: CONCERNS/BARRIERS

Grantee will address any concerns or barriers that have arisen and report if adequate steps have been taken to address them.

No concerns or barriers noted.

SECTION 6: NEXT PERIOD ACTIVITIES

Grantee will identify new activities that will occur during the next period.

The no-cost extension will allow the Alaska FESC Consortium to complete the important evaluation activities that were funded in this period. The UAA Institute of Social and Economic Research should complete their reports by the end of 2011, and will then focus on submitting articles for publication and submitting proposals for presentations of the data. The University of Iowa RUPRI Center will complete their evaluation in spring of 2012 and prepare a report for policy makers.

The Alaska FESC Consortium will continue to work to ensure proper billing for FESC and other codes. A contract with Stroudwater Associates to help this process has been extended.