



Linking RHCs and Hospitals for Performance Improvement Networking

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MICHIGAN CENTER FOR RURAL HEALTH

Non-Profit State Office of Rural Health

- Board of Directors
- One of Three Independent SORHs

Rural Health Programming

- Continuing Education
- Critical Access Hospital Programs
- EMS
- Population Health Programs
- **Rural Health Clinic Initiatives and Services**
- Workforce Development
- Northern Michigan Opioid Response Consortium

Rural Health Clinic Initiatives and Services

The **Michigan Rural Health Clinic Network (MRHCN)** is an initiative started in 2011 by dedicated RHCs throughout Michigan and the Michigan Center for Rural Health with a goal to measure and improve the quality of care in Michigan RHCs.

The Network was modeled after MICAH QN Medicare Beneficiary Quality Improvement Project (MBQIP) Program.

Michigan Rural Health Clinic Network

Quarterly Meetings

- National Updates
- Compliance and Regulation
- Quality Improvement
- Peer to Peer Sharing

What is our role in the MRHC Network?

- RHC Network meetings
- Technical Assistance & Support
- RHC Network Listserv
- Practice Manager Workshop
- Billing and Coding Workshop
- Access to Lilypad (LAKE/POND)

Quality Programing - Taking it to the Next Level

Medicare Rural Hospital Flexibility (Flex) Program

- The Medicare Rural Hospital Flexibility (Flex) Program was established by the Balanced Budget Act of 1997. States with rural hospitals could establish a Flex Program and apply for federal funding.
- The Flex Program requires states to develop rural health plans and funds their efforts to implement community-level outreach. The Flex Program includes support for the following five program areas:
 - CAH Quality Improvement (required)
 - CAH Operational and Financial Improvement (required)
 - CAH Population Health Improvement (optional)
 - Rural Emergency Medical Services ([EMS](#)) Improvement (optional)
 - **Rural Innovative Model Development (optional)**
 - CAH Designation (required if requested)

FLEX RHC Focused Rural Innovative Model Development Overview

Create and facilitate a targeted quality improvement project for CAH owned and operated Rural Health Clinics (RHC) that will yield quantifiable results in a specific clinical focus area based on a set of five industry-standard, rural-relevant measures.

- 12-month QI project starting September 2021
- Small group of volunteer Provider-Based RHCs
- Track a set of research-based quality measures
- Select one measure for a targeted project initiative
- Implement a Plan, Do, Study, Act (PDSA) initiative
- Analyze and document results by August 2022

[LilyPad® provides data, analytics and performance measurement tools for rural practices](#)

[The Compliance Team - Exemplary Provider Accreditation](#)

Rural Relevant Quality Improvement Metrics for RHCs

- **NQF #0018** / Quality ID #236 – Controlling Blood Pressure
- **NQF #0028** / Quality ID #226 – Preventive Care and Screening: Tobacco Use
- **NQF #0038** / eCQM 117v6 – Childhood Immunization Status
- **NQF #0059** / Quality ID #1 – Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- **NQF #0419** / Quality ID #130 – Documentation of Current Medications

Pilot Testing a Rural Health Clinic Quality Measurement Reporting System John Gale, MS, Anush Hansen MS, David Hartley, PhD, Andrew Coburn PhD

<http://muskie.usm.maine.edu/Publications/rural/RHC-Quality-Measurement-Reporting.pdf>

Call to Action



1. Create an Infrastructure for Quality
2. Identify a Quality Champion
3. Invest in Data Extraction and Analysis
4. Cultivate a **SPiRiT** of Quality
5. Bridge the Gap Between Quality and Finances
6. Engage and Support Quality Reporting

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