

OH CAH Network

Annual Conference

August 13, 2021



Agenda



Hospital Strength INDEX[™] Update



• Deep Dive Projects Update



SHIP VBP Consortium



FLEX Quality Innovation Lab

OH CAH NETWORK Hospital Strength INDEX™

Hospital Strength INDEX®

Provides a **comprehensive** and **objective** assessment of rural hospital performance.

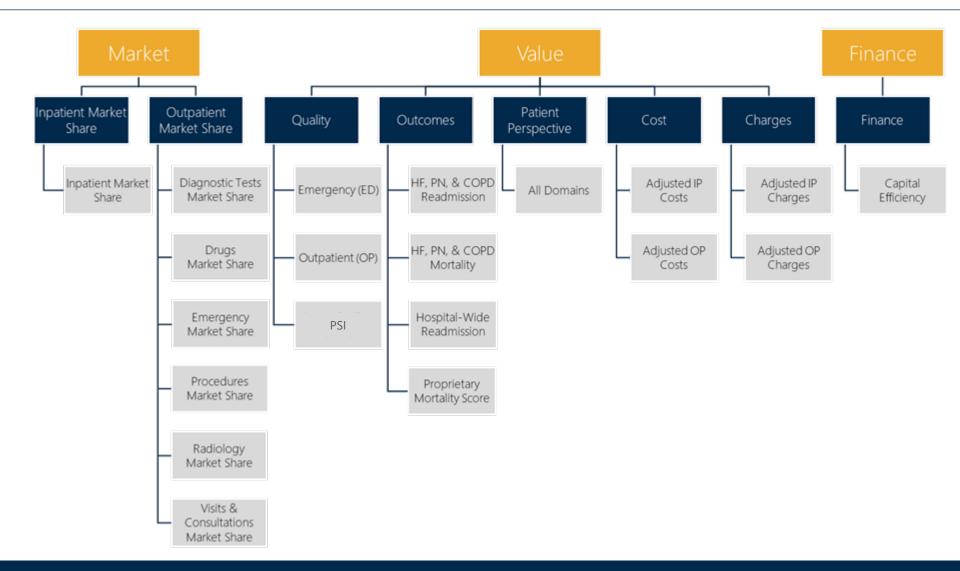
Offers the first national rating system to include the roughly **1,300 Critical Access Hospitals** and 900 Rural & Community Hospitals.

Benchmarks performance to peers nationally using percentile ranks.

Aggregates CMS data across 8 Performance Pillars comprised of roughly 36 rural-relevant indicators.

Provides transparent and actionable performance metrics, **updated three times per year**.

Performance Pillars Span Market, Value, and Finance



INDEX Data Sources

Pillar	Source	Data Set Name	Time Period	ı
Inpatient Market Share	CMS	Service Area File 2019	January 2019-December 2019	
Outpatient Market Share	CMS	Standard Analytical File - OP 2019	January 2019-December 2019	
Quality	CMS	MedPAR 2019 Final Rule	October 2016-September 2019	
Quality	CMS	Hospital Compare - Core Measures	Jan 2019-Dec 2019	
Outcomes	CMS	MedPAR 2019 Final Rule	October 2018-September 2019	
Outcomes	CMS	Hospital Compare - Mortality / Readmissions	July 2016-June 2019	
Patient Perspectives	CMS	Hospital Compare - HCAHPS	Jan 2019-Dec 2019	
	CMS	Standard Analytical File - OP 2019	January 2019-December 2019	
Cost	CMS	MedPAR 2019 Final Rule	October 2018-September 2019	
Cost	CMS	Healthcare Cost Report Information Systems (HCRIS) Q1 2021	Most recent Cost Report provided as of 6/30/2021	
Chargo	CMS	MedPAR 2019 Final Rule	October 2018-September 2019	
Charge	CMS	Standard Analytical File - OP 2019	January 2019-December 2019	
Financial Stability	CMS	Healthcare Cost Report Information Systems (HCRIS) Q1 2021	Most recent Cost Report provided as of 6/30/2021	







INDEX Reports

Performance Summary





Network Pillar Report (Blinded)

THE CHA	RTIS GROUP		HOS	PITAL STREN	3TH INDEX® I	NDICATOR RI	EPORT
MARKET INDICATORS PROVIDER NAME	MED IP MICT SHARE	MED OP MIKT SHARE DIAG TESTS	MED OP MIKT SHARE DRUGS	MED OP MKT SHARE EMERG	MED OP MIKT SHARE PROCS	MED OP MKT SHARE RADIOLOGY	MED OP MKT SHAR
2918 (CAH)	31%	42%	20%	70%	21%	52%	45%
2930 (CAH)	53%	45%	39%	74%	19%	50%	26%
2935 (CAH)	51%	37%	47%	40%	8%	27%	30%
2933 (CAH)	76%	48%	53%	54%	37%	44%	21%
2967 (CAH)	43%	62%	73%	86%	31%	70%	15%
2938 (CAH)	76%	30%	71%	32%	10%	31%	15%
2963 (CAH)	61%	74%	39%	92%	40%	72%	36%
2919 (CAH)	74%	75%	47%	87%	42%	79%	42%
2929 (CAH)	34%	63%	71%	79%	42%	64%	30%
2936 (CAH)	45%	30%	35%	73%	30%	60%	54%
2939 (CAH)	21%	27%	13%	34%	4%	22%	5%
2944 (CAH)	54%	81%	60%	85%	34%	66%	61%
2954 (CAH)	46%	52%	47%	75%	38%	59%	46%
2947 (CAH)	57%	51%	48%	81%	31%	60%	54%
2949 (CAH)	67%	37%	8%	38%	9%	36%	15%
2927 (CAH)		50%	40%	44%	11%	37%	11%
2945 (CAH)	18%	33%	77%	58%	23%	44%	16%
2966 (CAH)	51%	38%	71%	83%	39%	77%	51%
2955 (CAH)	61%	41%	64%	74%	41%	55%	36%

Network Indicator Report (Blinded)

INDEX Performance Summary Report

PERFORMANCE SUMMARY

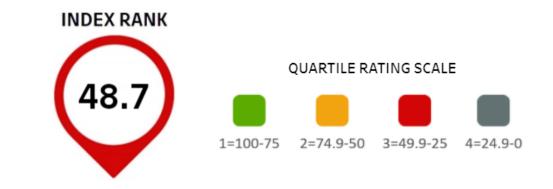
Provider Name:

INC

Medical Provider:

Location:

Release Date: Winter 2021





Percentile rankings of performance as compared to all rural hospitals nationally.

Performance Benchmarks to Peers

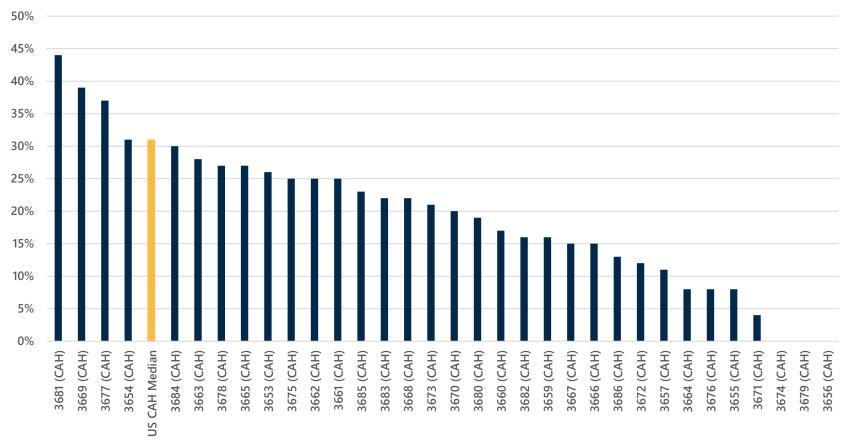
QUARTILE RATING SCALE

1=100-75 2=74.9-50 3=49.9-25 4=24.9-0

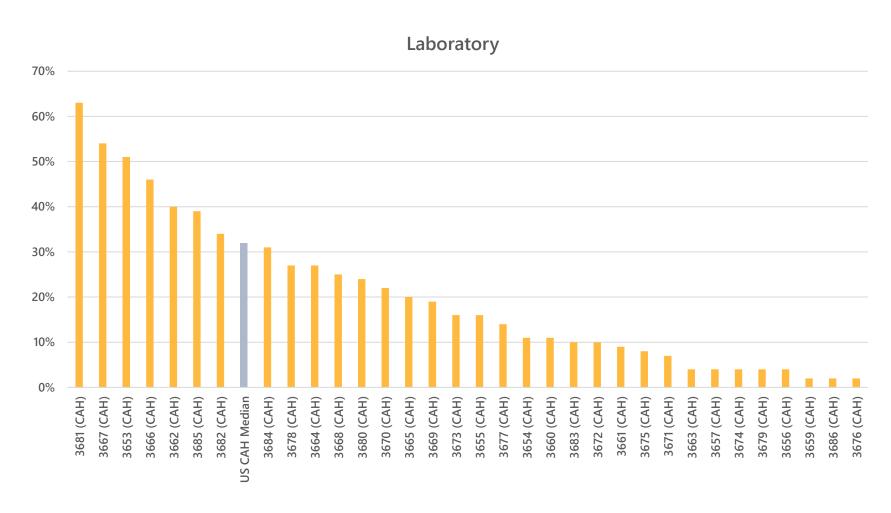
	Overall INDEX Score	IP Market Share	OP Market Share	Quality	Outcomes	Patient Sat.	Cost	Charges	Financial Stability
OH CAH Median	32	25	21	52	54	66	60	41	59
All U.S. CAH Median	55	42	47	64	51	66	34	59	50

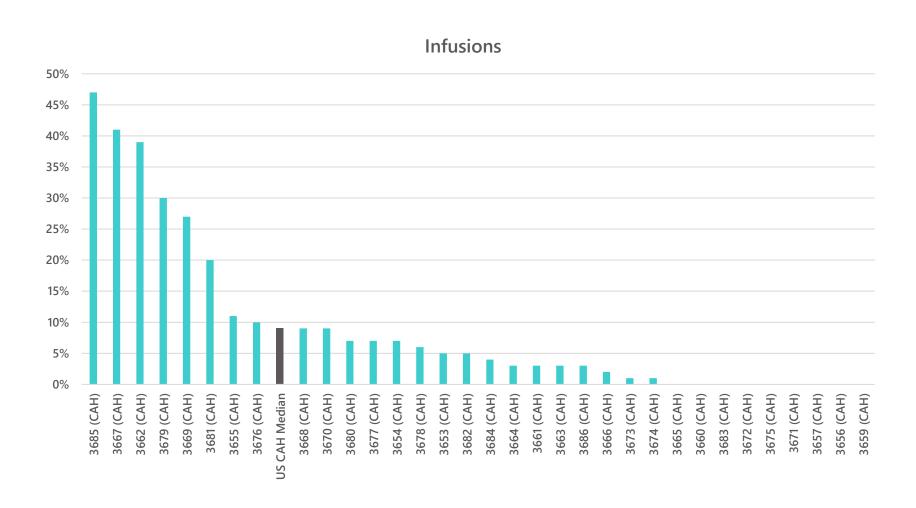


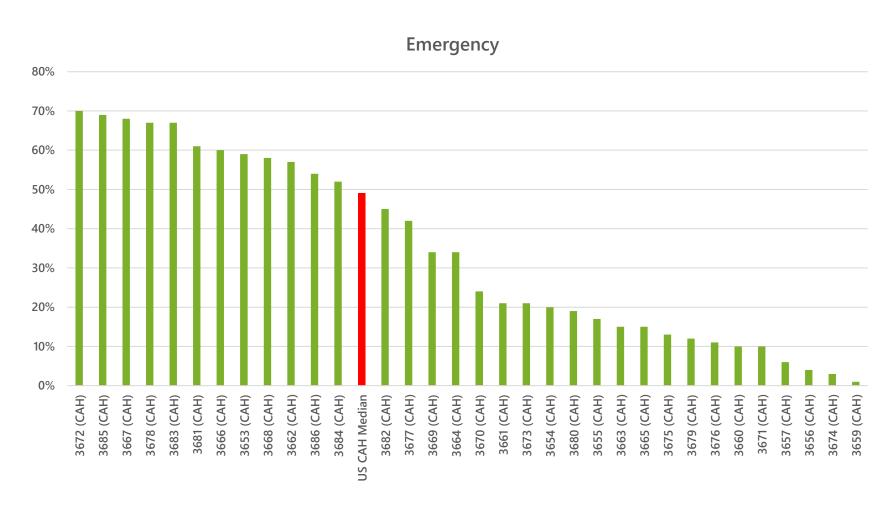


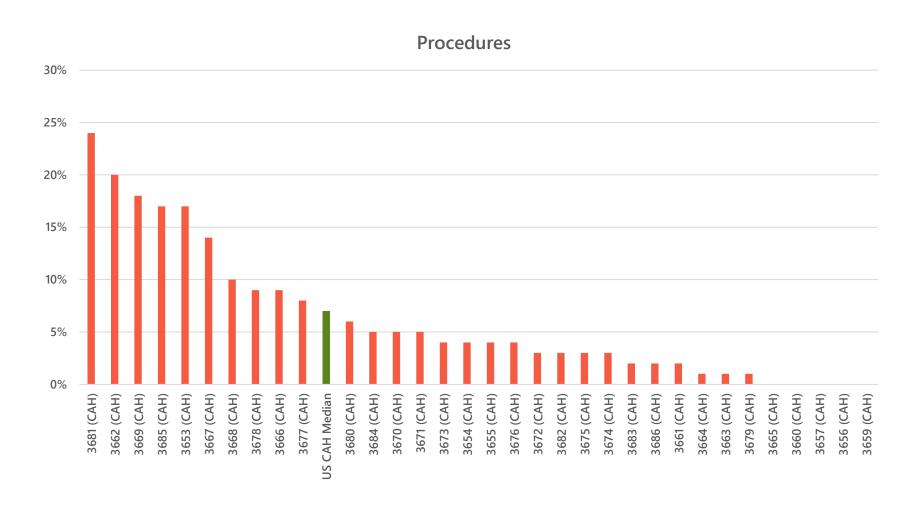


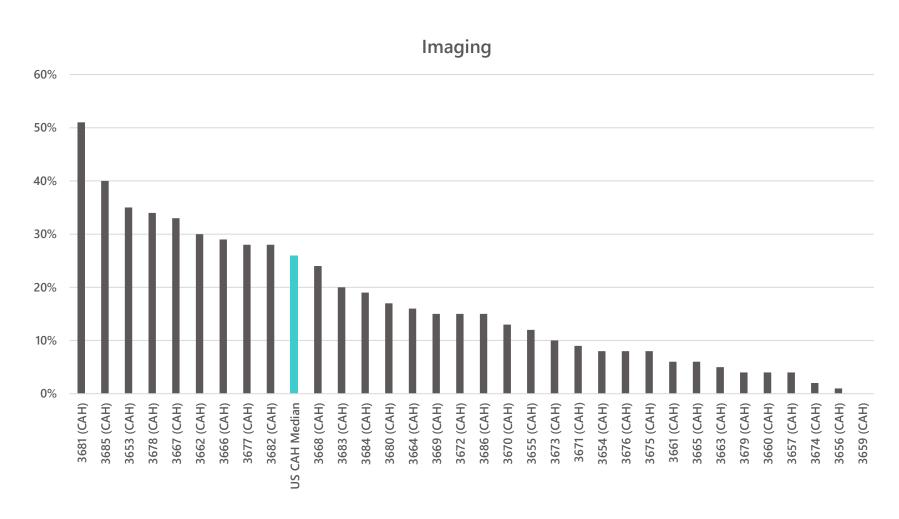
Sources: Service Area File 2019. MedPAR 2019 Final Rule.

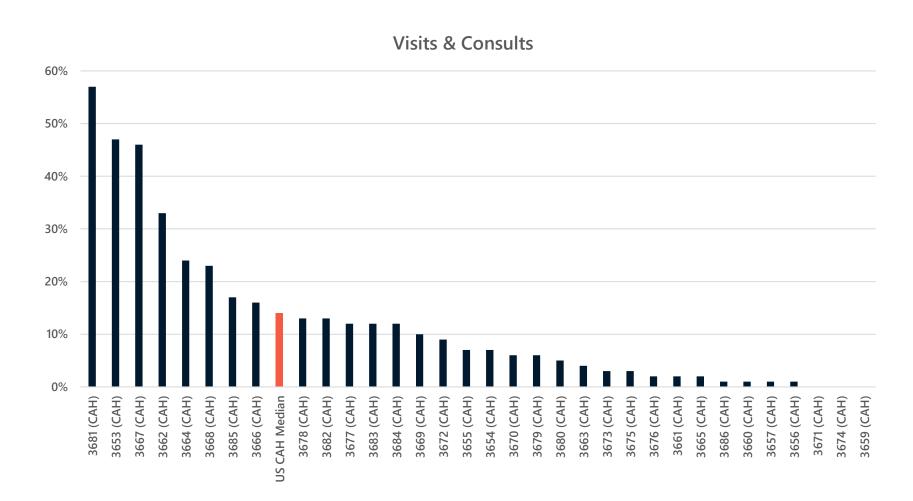












Quality Deep-Dive

	ED2 Decision to Admit to Admit	OP18b Med Time ED Arr to Depart	OP22 Patients Left w/o Being Seen
OH CAH Median	Retired	102 min	1%
U.S. CAH Median	Retired	107 min	0%

High of 132 min 3677

High of 2% 3672

	Risk Adjusted Rate per 1000 Cases									
PSI 6 latrogenic PSI 9 PeriOp PSI 11 PostOp Resp Pneumothorax Hemorrhage/Hematoma Failure PSI 13 Post										
OH CAH Median	0.0	0.0	0.0	0.0						
U.S. CAH Median	0.0	0.0	0.0	0.0						



8 facilities with noted cases High of 131.6 / 1000 cases #3677

Outcomes Deep-Dive

	30-Day HF Readmit	30-Day PN Readmit	30-Day COPD Readmit	30-Day PN Mortality	30-Day HF Mortality	30-Day COPD Mortality	Hosp-Wide 30-Day Readmit	Hosp All- Cause Mort Score*
OH CAH Median	21.7%	16.1%	19.5%	15.0%	11.7%	8.2%	15.5%	0.0
U.S. CAH Median	21.8%	16.3%	19.4%	15.5%	12.0%	8.4%	15.5%	-1.1
	High of 24.2% #3668	High of 17.7% #3677	High of 21.2% #3678	High of 18.1% #3680	High of 15.6% #3673	High of 9.8% #3668	High of 16.9% #3678	High of -3.7 #3673

Source: Hospital Compare – Mortality/Readmissions (July 2016-June 2019), MedPAR 2019 Final Rule

^{*}Hospital Risk-Adjusted All-Cause Mortality Score. A positive score indicates all-cause mortality rate is lower than expected based upon your cases and patient mix. A negative score indicates all-cause mortality rate is higher than expected.

Patient Perspectives Deep-Dive

	Definitely Recommend	Rating 9 or 10	Cleanliness	Nurse Comm	Doc Comm
OH CAH Median	77%	80%	81%	85%	85%
U.S. CAH Median	77%	79%	83%	85%	86%
	Low of 56% #3684	Low of 65% #3686	Low of 67% #3683	Low of 76% #3678	Low of 73% #3678

	Staff Responsiveness	Medications Well Explained	Discharge Instructions	СТМ	Quietness
OH CAH Median	79%	69%	90%	59%	61%
U.S. CAH Median	78%	70%	89%	57%	68%
	Low of 65% #3684 & #3678	Low of 58% #3684	Low of 80% #3686	Low of 47% #3684 & #3665	Low of 50% #3665 & #3683

Source: HCAHPS 2019

Cost & Charge

	IP Cost	OP Cost	IP Charge	OP Charge
OH CAH Median	\$6,312	\$278	\$16,654	\$822
US CAH Median	\$7,379	\$407	\$13,484	\$759
	High of \$13,240 #3654	High of \$600 #3679	High of \$30,475 #3680	High of \$1,367 #3660

FLEX Financials

		OH CAH Median	US CAH Median
	Total Margin	4.7%	3.0%
Profitability	Cash Flow Margin	5.8%	6.5%
rofita	Return On Equity	8.1%	6.9%
<u> </u>	Operating Margin	5.8%	1.396
>	Current Ratio (Times)	1.4	2.1
Liquidity	Days Cash On Hand (Days)	60	96
Li	Days Revenue in Net Accounts Receivable (Days)	46	48
_ e	Equity Financing	49%	52%
Capital Structure	Debt Service Coverage (Times)	7	9
S. f.	Long Term Debt To Capitalization	32%	3396

FLEX Financials Definitions

- **Total Margin** Measures the control of expenses relative to revenues
- Cash Flow Margin Measures the ability to generate cash flow from providing patient care services
- **Return on Equity** Measures the net incomes generated by equity investments (net assets)
- Operating Margin Measures the control of operating expenses relative to operating revenues
- Current Ratio Measures the number of times short-term obligations can be paid using short-term assets
- Days Cash on Hand Measures the number of days an organization could operate if no cash was collected or received
- Days Revenue in Net AR Measures the number of days that it takes an organization to collect its receivables
- **Equity Financing** Measures the percentage of total assets financed by equity
- **Debt Service Coverage** Measures the ability to pay obligations related to long-term debt, principal payments and interest expense
- Long Term Debt to Capitalization Measures the percentage of total capital that is debt

FLEX Financials

		OH CAH Median	US CAH Median
× ×	Outpatient Revenues to Total Revenues	84%	81%
Medicare Cost & Payor Mix	Patient Deductions	6296	4696
t & F	Medicare Inpatient Payer Mix	54%	6996
e Cos	Medicare Outpatient Payer Mix	29%	36%
dicar	Medicare Outpatient Cost to Charge	33%	4396
Me	Medicare Acute Inpatient Cost Per Day	\$2,817	\$2,934
	Salaries to Net Patient Revenue	37%	4696
Labor	Average Age of Plant (Years)	16	12
Lak	FTEs per Adjusted Occupied Bed (FTEs)	5	6
	Average Salary per FTE	\$61,507	\$63,235
Census	Average Daily Census Swing-SNF Beds (Days)	2	2
Cen	Average Daily Census Acute Beds (Days)	3	2

FLEX Financials Definitions

- Outpatient Revenues to Total Revenues Measures the percentage of total revenues that are for outpatient revenues (including, for example, Rural Health Clinics, free-standing clinics, and home health clinics)
- Patient Deductions Measures the allowances and discounts per dollar of total patient revenue
- **Medicare Inpatient Payor Mix** Measures the percentage of total inpatient days that are provided to Medicare patients
- Medicare Outpatient Payor Mix Measures the percentage of total outpatient charges that are for Medicare patients
- Medicare Outpatient Cost to Charge Ratio Measures outpatient Medicare costs per dollar of outpatient Medicare charges
- Medicare Acute Inpatient Cost per Day Measures the average daily cost of a Medicare acute inpatient
- Salaries to Net Patient Revenue Measures the percentage of net patient revenue that are labor costs
- Average Age of Plant Measures the average accounting age in years of the fixed assets of an organization
- FTEs per Adjusted Occupied Bed Measures the number of full-time employees per each occupied bed
- Average Salary per FTE Measures the price and mix of labor
- Average Daily Census Swing/SNF Measures the average number of swing-SNF beds occupied per day
- Average Daily Census Acute Measures the average number of acute care beds occupied per day

OH CAH NETWORK EDTC Trended Performance

Emergency Department Transfer Communications (EDTC)

EDTC Trending	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Trending
1. Home Medications							
	95%	94%	95%	95%	94%	94%	
2. Allergies and/or Reactions							
	97%	96%	96%	96%	96%	95%	
3. Medications Administered in ED							
	97%	96%	97%	96%	96%	95%	
4. ED Provider Note							
	96%	96%	96%	96%	96%	94%	
5. Mental Status/Orientation Assessment							
	95%	95%	96%	96%	95%	95%	
6. Reason for Transfer and/or Plan of Care							
	97%	97%	97%	97%	96%	96%	
7. Tests and/or Procedures Performed							
	97%	96%	96%	96%	96%	95%	
8. Tests and/or Procedures Results							
	97%	96%	96%	96%	96%	95%	
All EDTC Measure							
	92%	93%	94%	94%	94%	93%	

EDTC – Home Medications

- Does the medical record documentation indicate that the patient's current home medication list was sent to the receiving facility?
 - Select YES if there is documentation that the patient's current home medication list was sent to the receiving facility.
 - Select NO if there is no documentation that the patient's current home medication list was sent to the receiving facility.
- Barriers for compliance?
 - o Conneaut, Geneva, Community Memorial, Fayette, Holzer, Magruder, Wyandot, Greenfield









EDTC Due Dates

- Q3 2021 Due October 15, 2021
- Q4 2021 Due January 15, 2022
- Q1 2022 Due April 15, 2022
- Q2 2022 July 15, 2022
- Q3 2022 October 15, 2022

Email reminders will be sent prior to the 15th of each month.

OH CAH NETWORK Deep Dive Projects 2021

Deep Dive Project Reservations

Strategic, Financial & Operational Assessment

- Adams County
- Aultman Orrville
- Avita Bucyrus
- Avita Galion
- Community Wellness
- Community Memorial
- Fulton County
- Henry County
- Highland District
- Hocking Valley
- Holzer
- Lodi
- Magruder
- Mercy Allen
- Mercy Willard
- Morrow County
- Paulding County
- Selby
- Trinity Twin City
- UHHS Conneaut
- UHHS Geneva
- Wyandot

Market Assessment

- Adena Greenfield
- Adena Pike
- Barnesville
- Hardin
- Harrison
- Shelby

Invitation for review sessions beginning next week

OH CAH NETWORK VBP Consortium

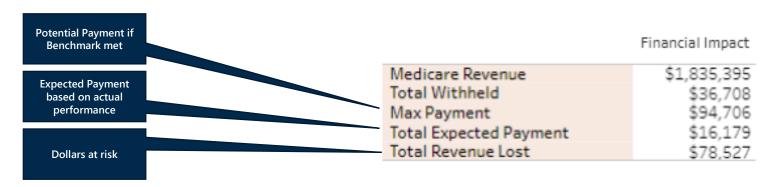
2021/2022 SHIP VBP Consortium Members

- Adena Greenfield
- Adena Pike
- Community Wellness*
- Hardin Memorial*
- Henry County
- Holzer
- Morrow County
- ProMedica Defiance
- ProMedica Fostoria*
- ProMedica Memorial*
- Selby General
- Shelby Hospital*
- Wyandot Memorial

^{*} New Members

VBP Modeled Performance & Impact

Dimension	Measure	Baseline Performance	Current Performance	Achv.	B'mark	Score	Withheld	Maximum Payment	evenue Lost
								4	4
	FORMULA_H_QUIET_H_CLEAN	65.500	66.000	65.460	79.410	1	\$2,294	\$5,919	\$5,327
	H_COMP_1_A_P	80.000	76.000	79.180	87.530	0	\$2,294	\$5,919	\$5,919
	H_COMP_2_A_P	77.000	73.000	79.720	87.850	0	\$2,294	\$5,919	\$5,919
HCAHPS	H_COMP_3_A_P	52.000	65.000	65.950	81.290	4	\$2,294	\$5,919	\$3,551
TICATIFS	H_COMP_5_A_P	68.000	60.000	63.590	74.310	0	\$2,294	\$5,919	\$5,919
	H_COMP_6_Y_P	85.000	89.000	87.120	91.950	5	\$2,294	\$5,919	\$2,960
	H_COMP_7_SA	53.000	56.000	51.690	63.110	4	\$2,294	\$5,919	\$3,551
	H_HSP_RATING_9_10	69.000	70.000	71.370	85.180	0	\$2,294	\$5,919	\$5,919
	COMP_HIP_KNEE			2.983	2.149				
	MORT_30_AMI			86.179	88.131				
OUTCOMES	MORT_30_CABG			96.821	97.900				
OUTCOMES	MORT_30_COPD	93.000	91.300	92.006	93.696	0	\$6,118	\$15,784	\$15,784
	MORT_30_HF	88.600	86.600	87.987	90.361	0	\$6,118	\$15,784	\$15,784
	MORT_30_PN	85.300	85.400	83.612	87.051	5	\$6,118	\$15,784	\$7,892



2020/2021 SHIP VBP Consortium

• Project Focus – Medicine Communications/Discharge Communications

	Q2 2020	Q3 2020	Q4 2020	Q1 2021
Medicine Communications	60%	71 %	72%	64%
Discharge Communications	91%	92%	92%	88%

OH SHIP VBP Consortium Quarterly Updates

	A	В	С	D	E	F
1	OH SHIP VBP Consortium	April-June	July-Sept	Oct-Dec	Jan-March	April-June
2	Total Acute Discharges (No OB or Swing)					
3	Total Readmissions					
4	HCAHPS (Top Box Scores)					
5	Nurse Communications					
6	Doctor Communications					
7	Staff Responsiveness					
8	Environment (Cleanliness/Quietness)					
9	Medication Instructions					
10	Discharge Instructions					
11	Care Transitions					
12	Overall Score 9-10					
13						
14						
15	Readmissions-HCAHPS July-Sept Project Up	odate Oct-Dec P	roject Update	Jan-March Project (Jpdate April-Ju	une Project Update
Ready	eadv Scroll Lock Display Setting					

OH SHIP VBP Consortium Calendar

Education Session Schedule

- September 2021 –Education Session 1 –**Kick Off/Performance Improvement Plans**
- November 2021 Education Session 2 Care Transitions
- January 2022 –Education Session 3 –**Nurse/Doctor Communications**
- April 2022 Education Session 4 Data Analytics/Project Wrap Up



OH CAH NETWORK FLEX Quality Innovation Lab (QIL)

Quality Innovation Lab

- HRSA/FORHP led initiative for all State Flex Programs
- MBQIP focused initiative
- OH Focus: HCAHPS Medicine Communications
- Participating Hospitals will submit quarterly HCAHPS updates on performance during the cycle of the project (September 2021 – August 2022)
- Education and Collaboration sessions will be held throughout the grant year
- Hospitals will create performance improvement plans utilizing the Plan, Do, Study, Act (PDSA) model
- Could be an overlapping project with the VBP collaborative
- Chartis will be available for assistance in the development of your internal PI plans

Project Timeline

Describe Activity	Person Responsible	When	Notes
Project Rollout to Participating hospitals	Troy/Daniel	8/13	Annual CAH Conference
Collect Q1 and Q2 baseline data from hospitals	Troy	By 8/30	Hospital will submit data via email using provided template
Kickoff WebEx	Troy	By 9/30	Review baseline data and measure specifics, best practices exchange and development of PDSA plans
WebEx #2 – Developing Improvement Plans	Troy	By 10/31	
One on one assistance with plan development	Troy	Ongoing	
Request Q3 data	Troy	By 11/30	
Collect PDSA plans from each of the hospitals	Troy	By 11/30	
identifying the interventions they intend to implement			
Collect performance data from hospitals Quarterly	Troy	Quarterly	Use NHSN definition – hospital self-reported to SFP via
during performance period		Throughout	email using provided reporting template
WebEx #3 – Data Review	Troy	By 1/31	Review data updates and project plan successes and challenges. Network exchange of best practices.
Face to Face Meeting	Troy	By 3/31	Working session to identify challenges, wins, best practice exchange.
WebEx #4 – Data Review	Troy	By 6/30	Review data updates and project plan successes and challenges. Network exchange of best practices.
WebEx #5 – Project Wrap Up and Review	Troy	By 8/31	Success to goals

Connect with Our Team



Michael Topchik National Leader mtopchik@chartis.com



Troy Brown Network Consultant tbrown@chartis.com



Melanie Pinette MEM, Senior Analyst mpinette@chartis.com



Billy Balfour Communications wbalfour@chartis.com



Hayleigh Kein Analyst hkein@chartis.com



Kate De Luca Analyst kdeluca@chartis.com