



Findings from the Rural Hospital Flexibility Program Tracking Project

Organizational Relationships and CAHs: Implications for Operational Performance, Availability of Services and Quality Improvement

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CAH/FLEX NATIONAL TRACKING PROJECT CONSORTIUM



Organizational Linkage 2001

- **Network only** (119) 31%
- **Network plus system** (117) 30%
- **System only** (95) 24%
- **Free-standing** (57) 15%



Organizational Linkage 2001

- **CAHs in formal network relationships 61%**
- **Hospital member only networks 31%**
- **Broad membership networks 69%**

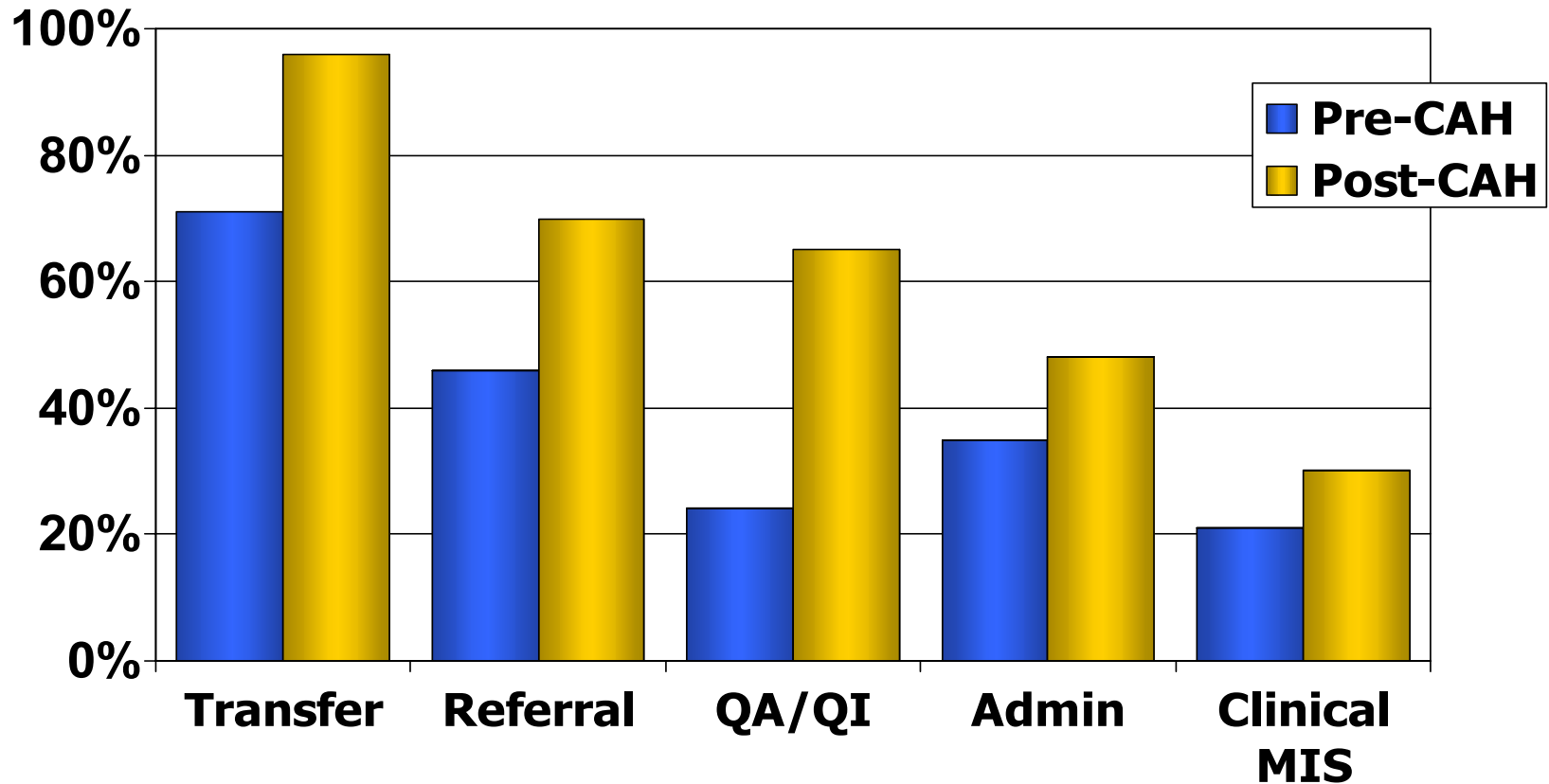


Benefits of Network Participation 2001

Very/Extremely Beneficial

- **Strengthen Existing Services** 58%
- **Obtain Technical Assistance** 53%
- **QA/QI Processes** 49%
- **Financial Performance** 37%
- **Diversify into New Services** 35%
- **Obtain New Technologies** 32%
- **Obtain Capital** 19%

Most Frequent Service and Activity Agreement Areas

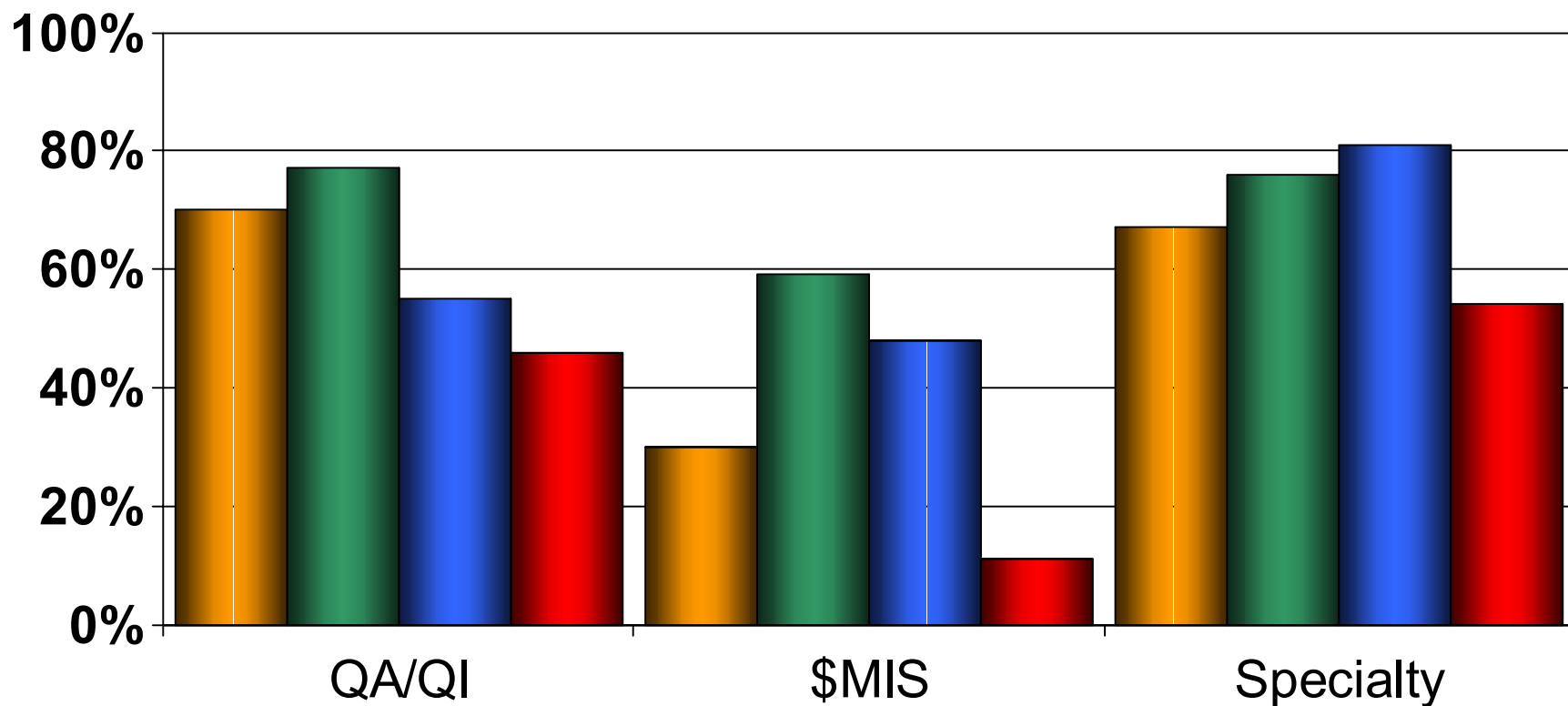




Five Most Valuable Service/Activity Agreements

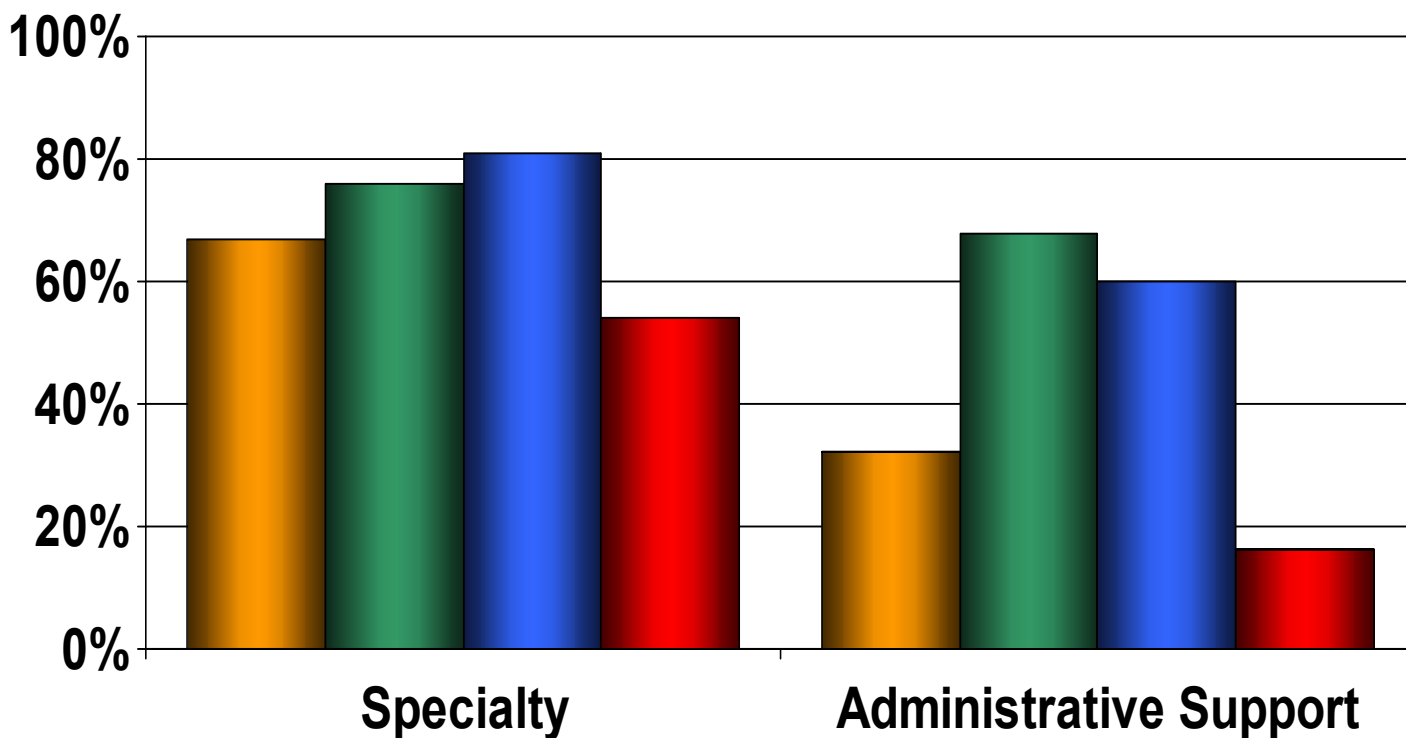
- **QA/QI** **27%**
- **Financial MIS** **16%**
- **Specialty Care** **14%**
- **Patient Transfer** **14%**
- **Administrative Support** **13%**

CAH Service and Activity Agreements by Organizational Linkage



■ Network Only ■ Network + System ■ System Only ■ Free Standing

CAH Service and Activity Agreements by Organizational Linkage



■ Network Only ■ Network + System ■ System Only ■ Free Standing



CAH Linkages for QA/QI Activities

	Pre CAH	Post CAH
• None	77%	35%
• Support Hospital	10%	50%
• Other Affiliated Provider	3%	11%
• Non-Affiliated Provider	10%	4%

Involvement of External Entities with QA/QI Activities of CAHs 2001



- **Affiliated Hospital (consultation and oversight) 47%**
- **PROs/QIOs (project in a box) 45%**
- **State Hospital Association (data abstracting, benchmarking) 32%**



Service/Activity Agreements by CAH Organizational Linkage, 2001

- **Network CAHs participate in Service Development (e.g. Special Clinics, QA/QI)**
- **System CAHs participate in Infrastructure Supports (e.g. MIS, Administrative Support)**
- **Free-Standing CAHs participate in program required Services/Activities**



Service/Activity Agreements and Interorganizational Links the Future of Rural Health Networks

- **Networks forming – providers can no longer depend on self-reliance.**
- **Expertise, advice and funding helps but only a little without a clear vision.**
- **Best practices, innovative strategies and models are most effective with a vision.**
- **Successful projects, applications and systems use vision to shape the form to fit the function.**