

Strengthening the Rural Health Infrastructure:
Improving Rural Health Systems
The Final Year of FLEX
Session 10-R

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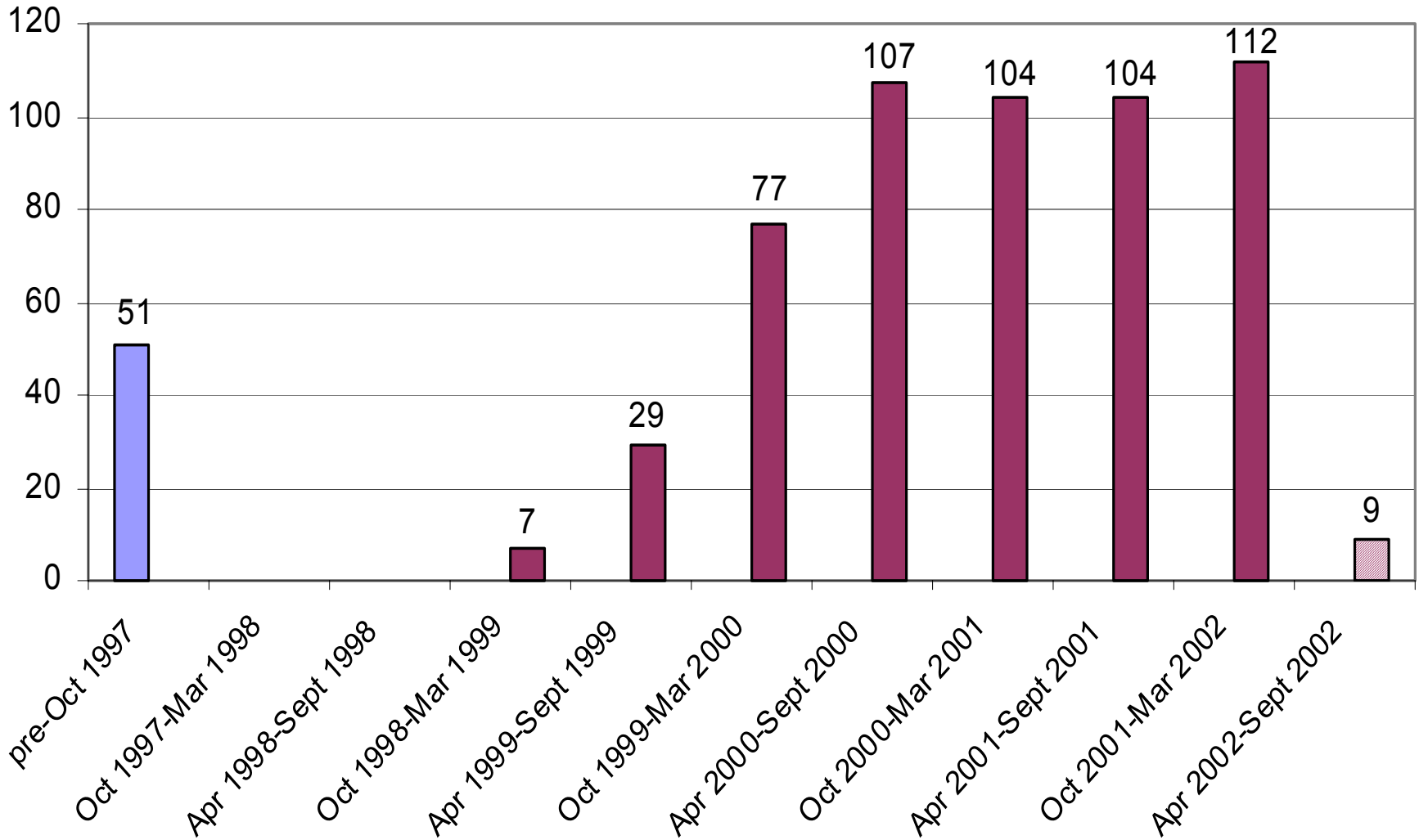
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What the numbers tell us...

- 600 certified CAHs
- 140 CAH certifications pending
- 691 small, rural hospitals still eligible

*These data are current as of May 1, 2002 and based on information collected during the monthly email survey to state FLEX/CAH Coordinators.

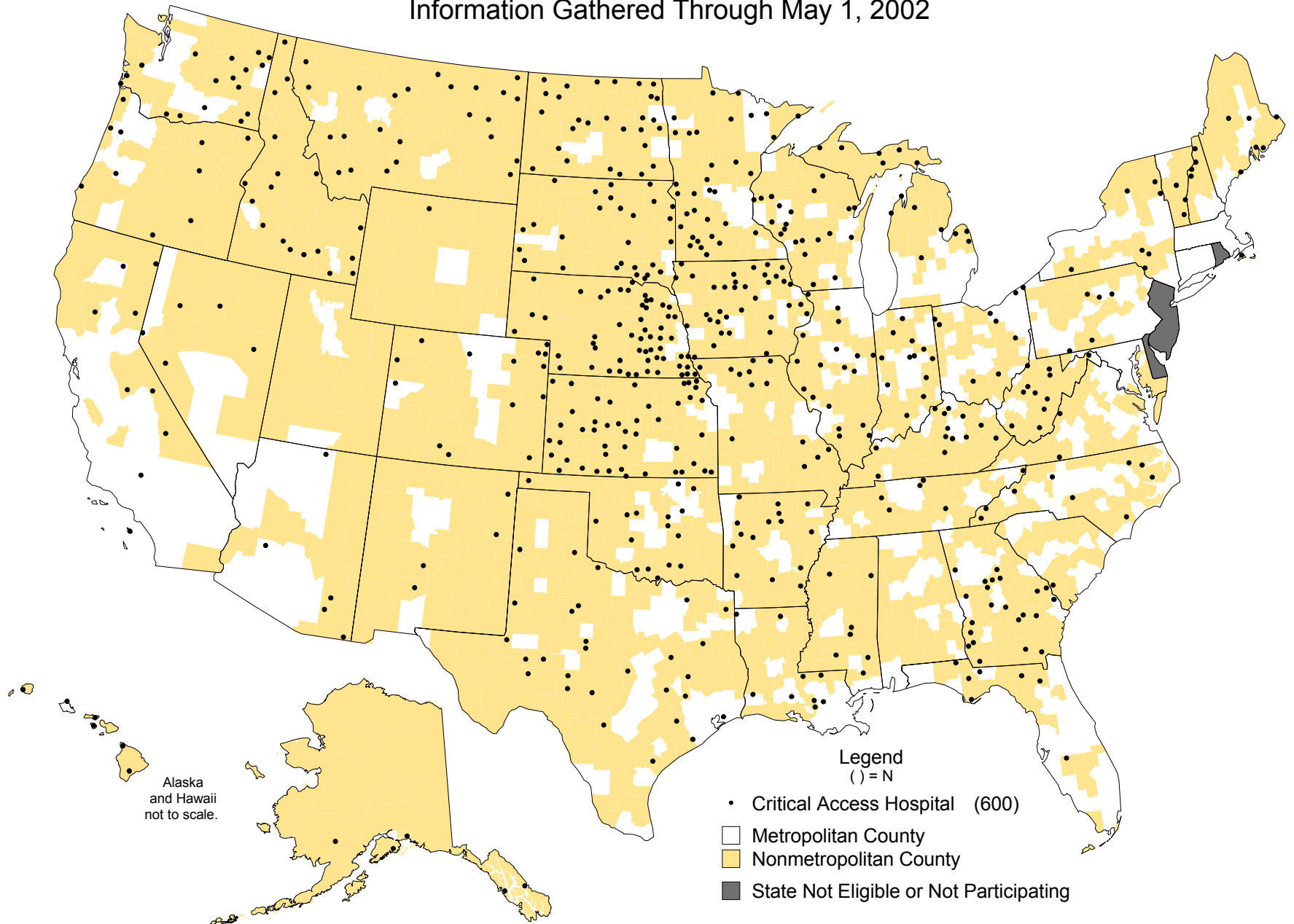
Timeline of CAH Conversions



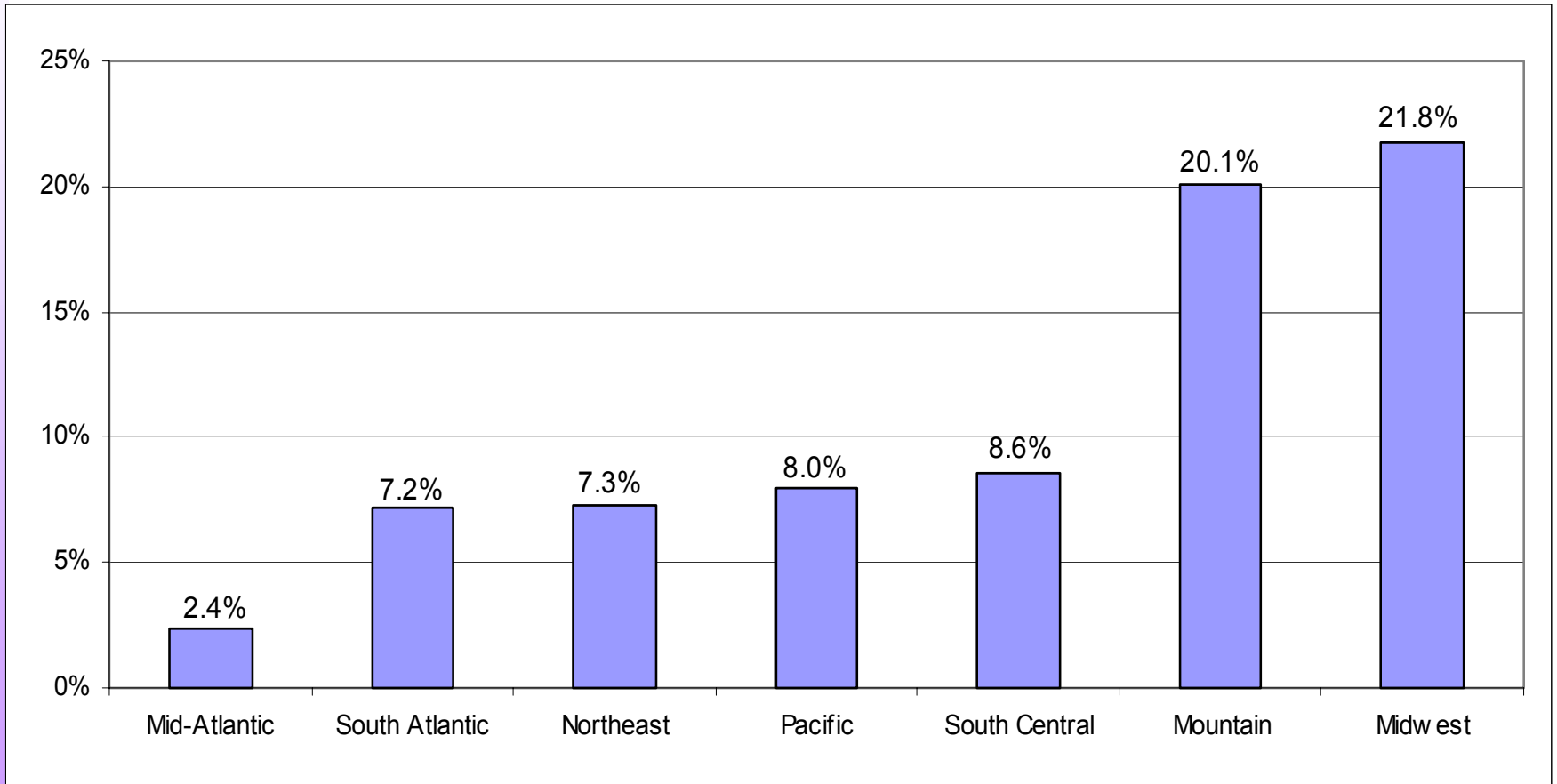
These data are current as of May 1, 2002. Total number of CAHs = 600

Location of Critical Access Hospitals

Information Gathered Through May 1, 2002



All CAHs as a Percent of All Hospitals, ranked by Census Region



Data current as of May 1, 2002. Total CAHs = 600.

What the CAHs Look Like:¹

- Average length of stay (acute only) 3.3 days
- Average daily census (acute only) 4.2 patients
- Average daily census (acute and swing) 6.8 patients
- Average occupancy (both acute and swing) 24.3%
- Average Medicare utilization (% discharges) 60.8%
- Average Medicaid utilization (% discharges) 8.3%
- Percent of CAHs in MSAs² 8.4%

¹Source: Hospital Cost Report Information System Minimum Data Set, PPS 16, Centers for Medicare and Medicaid Services, 1998-1999.

²Source: Area Resource File, Bureau of Health Professions, DHHS, HRSA, 2001.

Methods: Annual Telephone Survey of FLEX/CAH Coordinators

- October 2001 to January 2002
- 100% response rate (n=47)
- Used to determine the progress of each state's FLEX Program
 - Focused on: conversion of CAHs, network development, rural EMS systems, Medicaid payment arrangements for CAHs, and recruitment and retention initiatives

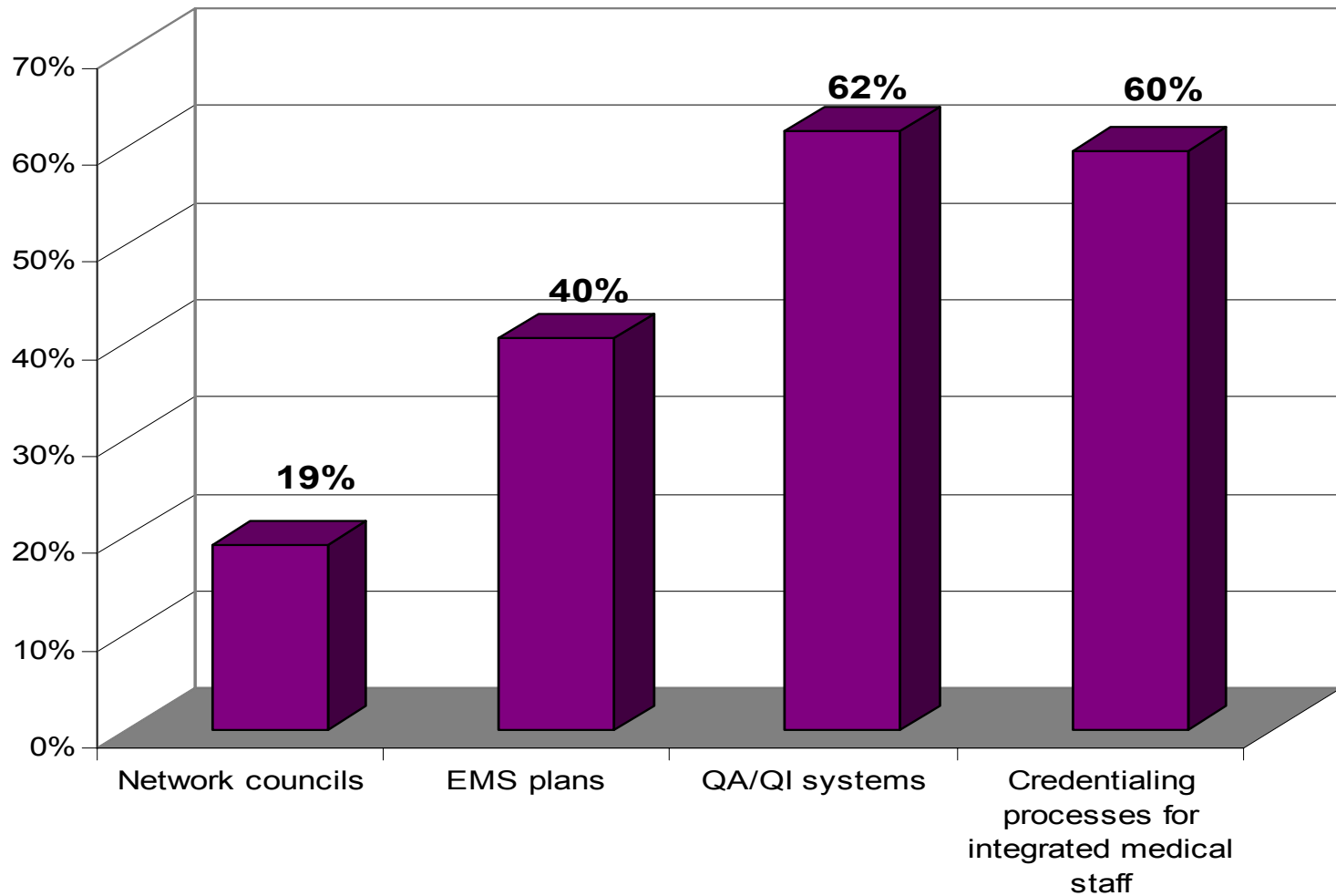
State Rural Health Plans

- Many states are in the process of updating their state rural health plans
 - To reflect changes in the state FLEX Programs
 - To increase the depth of the activities
 - To shift the focus from CAH conversions to rural health system improvements

Financial status of CAHs

- There is anecdotal evidence that conversion to CAH status has been financially beneficial for many facilities
- Formal analyses by states and hospitals is a goal for the near future

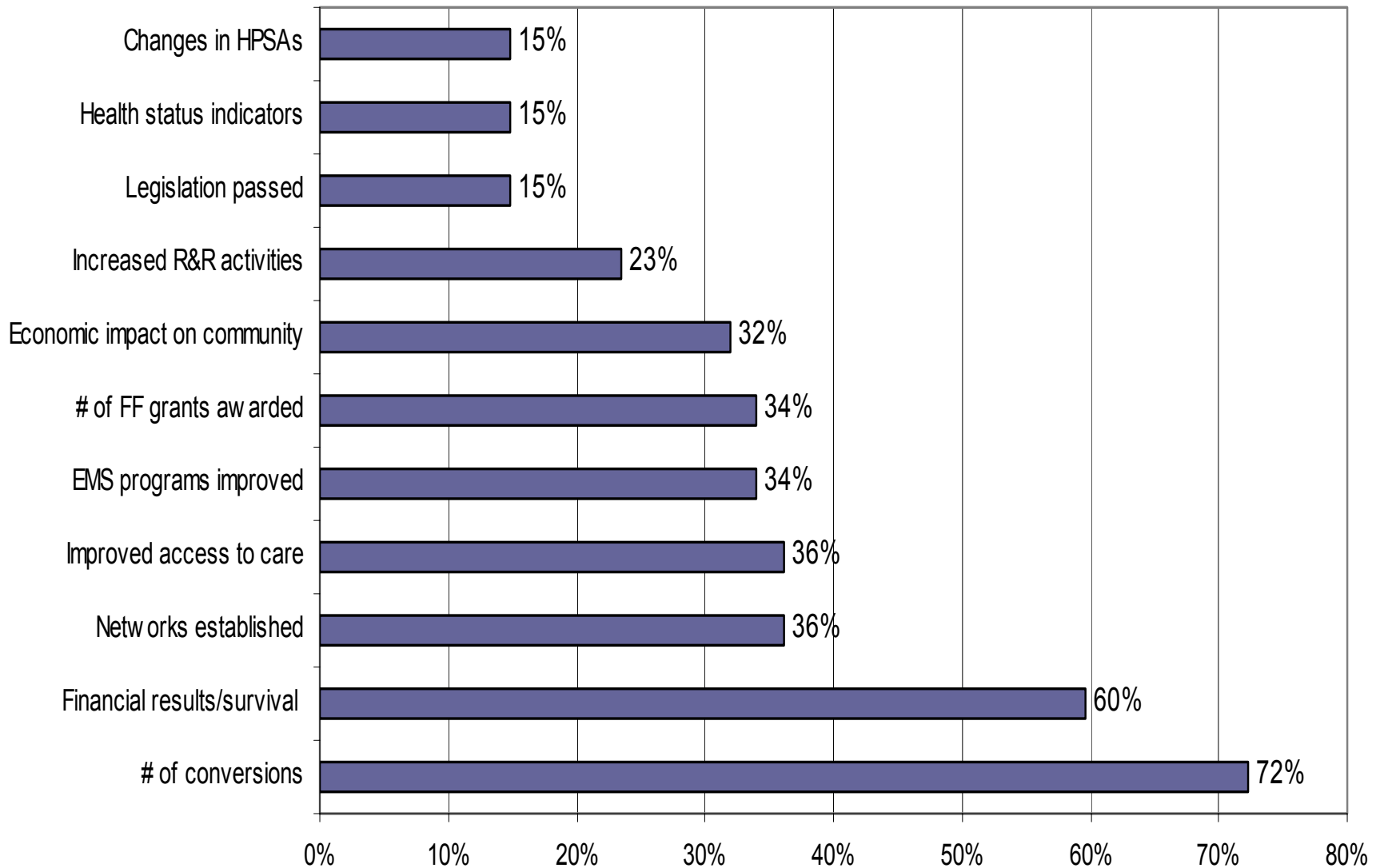
Percent of States with the Various Provisions for CAHs in Network Agreements



n=47

Types of Network Provisions

How States Measure Outcomes of FLEX



n=47