

CAH/FLEX

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From Wisconsin: The Role of the Stakeholder Coalition Model in the Rural Hospital Flexibility Program

Background

Many states have convened work groups to obtain input into the planning and implementation of the state Rural Hospital Flexibility Program (Flex Program) and to foster collaborative relationships among the stakeholders that are essential to successful implementation of the Flex Program, (see Findings from the Field Volume 1, Number 11, [The Continuum of Work Groups in the Rural Hospital Flexibility Program](#)). A smaller number of states have developed stakeholder coalitions that not only provide significant input into the planning process but also share responsibility for ongoing policy development and program implementation.

A Critical Access Hospital (CAH) Coalition:

- partners with the state in developing and managing the Flex Program rather than serving solely as an advocate for the interests of the CAH Coalition's constituents;
- shares responsibility with the state for the success of the Flex Program;
- provides ongoing input into policy decisions regarding the state's Flex Program priorities and the distribution of Flex Program grant funds; and
- acts as an advocate for the state Flex Program and rural hospitals; and serves a technology transfer role by providing a forum for the exchange of information among CAH Coalition members and the rural hospital community.

Wisconsin's CAH Coalition

Wisconsin's Flex Program is located in the Bureau of Quality Assurance (BQA) in the Department of Health and Family Services (DHFS). Its CAH Coalition develops program priorities and funding plans. Wisconsin's CAH Coalition is made up of organizations that have a direct interest in the operation of the Flex Program. CAH Coalition membership includes the BQA project director and representatives from the Wisconsin Office of Rural Health (WORH), the Rural Wisconsin Health Cooperative (RWHC), the Wisconsin Health and Hospital Association (WHA), and the initial nine CAHs as well as all subsequent hospitals that have applied for CAH designation in Wisconsin. Other agency resource persons, such as staff from the Bureau of Emergency Medical Services and Injury Prevention, attend when needed to address specific issues related to the implementation process.

Wisconsin's CAH Coalition is the successor of a DHFS Advisory Committee established in 1991 to plan for the implementation of the Rural Medical Center (RMC) model, an alternative licensure model developed by WORH, RWHC, DHFS, rural hospital representatives, and state professional organizations and enacted by the Wisconsin Legislature in 1995. Although the momentum behind the RMC model has slowed for the time being, the Advisory Committee was instrumental in developing Wisconsin's Rural Health Plan and participated in the development of the initial Flex Program implementation. Participation on the Advisory Committee enabled key organizational stakeholders (WORH, RWHC, WHA, and DHFS) to learn to work together. This process of relationship-building carried over to the CAH Coalition, as it shares the core organizational stakeholders with the earlier Advisory Committee. The CAH Coalition approach to the implementation of the Flex Program has been to integrate national Flex Program objectives with state-specific needs and shape spending priorities and the distribution of grant funds to achieve those ends.

The CAH Coalition provides a rural focus not found in Wisconsin's policy or regulatory infrastructure (WORH is located within the University of Wisconsin-Madison not DHFS). By adding representatives from an expanding number of rural hospitals, the CAH Coalition has given rural providers a stronger voice in policy decisions, thereby contributing to increased participation in the program. The CAH Coalition is seen as the advocate for rural hospitals in this process. It has allowed rural providers and the state to achieve consensus around important policy issues.

The distinguishing feature of Wisconsin's CAH Coalition is that it is the state's partner in developing and managing the program rather than serving solely as an advocate for the interests of its constituents. The CAH Coalition:

- transmits Flex Program information from the state to rural hospitals;
- facilitates communication of Flex Program information among rural hospitals;
- allows providers to share their conversion experiences with one another and with hospitals considering conversion (participants identified this "technology transfer process" as one of the most valuable benefits of the CAH Coalition);
- allows for the rapid dissemination of information throughout the rural hospital community; and
- provides a continuing venue for these facilities to address future operational challenges. (One rural Wisconsin hospital administrator described participation in the CAH Coalition as "talking around the campfire.")

The CAH Coalition also participates in decisions regarding the development of Flex Program priorities and the use and distribution of Flex Program grant funds. The WORH views the CAH Coalition as a continuing education opportunity not only for CAHs but also for those hospitals that choose not to convert. Members of the CAH Coalition envision a role in rural health issues that evolves beyond its current responsibilities to include work on a broad-based rural health plan that will encompass and expand beyond the scope of the Flex Program. Others hold the opinion that the CAH Coalition will, over time, significantly strengthen the voice of rural hospitals in state policy discussions.

The Challenge of CAH Coalition Building

The CAH Coalition is composed of key stakeholders (including rural hospitals) with a clear and direct interest in the Flex/CAH Program (as opposed to all possible stakeholders who might have some level of interest in the Flex/CAH Program). The core organizations have provided a sense of continuity to the process. Their representatives have developed an internal level of trust and rapport by working on specific projects such as the rural medical center initiative. The added presence of rural hospital representatives, who have a strong vested interest in the success of the program, has lent an important provider focus to the process. The state has delegated a clear role to the CAH Coalition with the scope of that role defined by the federal Flex Program legislation. The CAH Coalition has met regularly throughout the development of the Flex Program, and its members will continue to be very active stakeholders during the implementation phase of the Flex Program.

Wisconsin's CAH Coalition is an ad hoc effort. It is effective because, over time, it has developed (and continues to develop) an internal level of trust and rapport among its members and an external level of trust with the leadership of BQA and DHFS who want this program to succeed. As a result, the state has allowed the CAH Coalition to assume significant policy-level responsibilities.

Strategies for Building CAH Coalitions in Support of the Flex Program:

- Convene a manageable group of stakeholders with a direct interest in the program's success.
- Clearly establish the state's overall policy goals and expectations for the Flex Program.
- Define both the CAH Coalition's and the state's roles and responsibilities in relation to those goals and expectations. Update these definitions as the CAH Coalition evolves.
- Provide opportunities that allow the group to learn to work together and with the state in the accomplishment of the Flex Program's goals.
- Look for opportunities to support and stabilize rural hospital and rural health leadership.
- Allow time for internal as well as external trust and rapport to develop.

States should look for opportunities for their advisory committees to assume expanded roles appropriate to the committee's level of organizational maturity. As the trust between state agencies and their committees develops, these committees can take on progressively more important and collaborative roles regarding the Flex Program. This will decrease demands on the state infrastructure, increase "buy-in" among the provider community, and develop a framework for addressing future rural health policy issues. A CAH Coalition can provide a vehicle for communicating about the Flex Program, developing collaborative problem-solving mechanisms, encouraging strong policy coordination, and sharing lessons learned among hospitals that have converted and those that are thinking about it.

Where can I get more information?

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BACKGROUND

The Rural Hospital Flexibility Program is a federal initiative to strengthen rural health. The Program:

1. Allows small hospitals the flexibility to reconfigure operations and be licensed as Critical Access Hospitals (CAHs).
2. Offers cost-based reimbursement for Medicare acute inpatient and outpatient services.
3. Encourages the development of rural-centric health networks.
4. Offers grants to states to help implement a CAH program in the context of broader initiatives to strengthen the rural health care infrastructure.

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