

Appendix A

Dissemination of Rural Hospital Flexibility Program Tracking Project Findings

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The following activities were either continued or initiated in Year 3 of this project:

1. Improving and maintaining the Rural Policy Research Institute (RUPRI)-maintained project Web site.
2. Presentations at professional meetings.
3. Publication of "Findings from the Field."
4. Publication of special products.
5. Coordination with the Technical Assistance and Services Center (TASC).
6. Briefing for Congressional staff.
7. Working with the state offices of rural health and state grantees.

1. Improving and Maintaining the Web Site

The RUPRI maintains the project Web site: www.rupri.org/srhf-track. The most recent work of the Tracking Team appears on the opening screen. For example, as the 23 June 2002 update of the Web site, the following items were accessible from the opening screen:

- Updated Flex Program Grid (as of June 1, 2002).
- Listing of Critical Access Hospitals (as of June 1, 2002).
- Updated CAH Map (March 1, 2002).
- Findings from the Field Vol. 2 Numbers 1-5.
- Year 2 Report.
- Year 2 Report Presentation.
- Year 2 Projects.

The site was created in November 1999, and through June 30, 2001, there have been 1,919 "hits." All Tracking Team documents and presentations can be downloaded from the site.

2. Presentations at Professional Meetings

Members of the Tracking Team gave the following presentations:

- “Strengthening the Rural Health Infrastructure” Melissa Fruhbeis. National Rural Health Association Annual Meeting. May 15.
- “What’s New for Rural EMS Improvements?” Julie Schoenman. National Rural Health Association Annual Meeting. May 15.
- “Staffing Patterns and Workforce Strategies Used by Critical Access Hospitals.” David Hartley. National Rural Health Association Annual Meeting. May 15.
- “Are America’s Critical Access Hospitals Disproportionately Reliant on International Medical Graduates to Provide Health Care Services?” Gary Hart. National Rural Health Association Annual Meeting. May 15.
- “Interorganizational Relationships and Critical Access Hospitals: Implications for Operational Performance, Availability of Services and Quality Improvement Initiatives.” National Rural Health Association Annual Meeting. May 15.
- “Tracking the Flex Program.” Full Tracking Team. National Conference of State Flex Programs. April 15.
- “Discussion of Federal Legislative Issues in Rural Health for 2002.” Keith Mueller. Session with Senate Rural Health Caucus and House Rural Health Coalition. February 15.
- “Medicare Rural Hospital Flexibility Grant Program: Successes to Date as Prologue for the Future.” National Rural Health Association Annual Policy Institute. March 4.
- “Rural Hospital Viability and Financial Performance.” Keith Mueller. User Liaison Program Workshop, “Rural Health Care: Readiness to Function Effectively in Times of Fiscal Constraint.” Sponsored by the Agency for Healthcare Policy and Research. June 3.
- Rural Hospital Flexibility Program Tracking Team’s 2nd Year Report. September 26, 2001, Kona, Hawaii, 1st Annual State Critical Access Hospital Conference. Amy Hagopian.
- An Evaluation of the Washington State Flex Program. March 21, 2002, Spokane, Washington. Northwest Regional Rural Health Conference. Peter House.

3. Publication of “Findings from the Field”

As of July 15, 2002, 20 “Findings from the Field” have been published and disseminated. All 20 are posted on the Web site and listed on the publications page. Hard copies of these documents are distributed directly to state offices of rural health, state recipients of the Flex Program grant (if different from the state office of rural health), state hospital associations, and hospitals visited as part of the Tracking Project. In addition, an email announcement is distributed to policy makers (staff in Congress in particular) and to critical access hospitals for which email addresses are obtainable. Copies are made available at regional and national meetings, including: the National Rural Health Association meeting, regional meetings of state offices of rural health, the Association for Health Services Research, TASC regional meetings, and some state rural health association meetings.

4. Publication of Special Products

The second annual report is available on the Web site. A special monograph summarizing second year findings was published and distributed widely to states, hospitals, and others. The monograph was distributed at the same meetings as the “Findings from the Field: and was distributed at a special briefing on Capitol Hill. The Federal Office of Rural Health Policy has distributed the monograph at various meetings. A short article was published in the *Journal of Rural Health* vol. 17, Spring 2001.

5. Coordination with the Technical Assistance and Services Center (TASC)

In addition to mutual “hot links” on the two Web sites, staff from TASC attend Tracking Team meetings, and the Director of the RUPRI Center attends TASC advisory committee meetings. TASC was included in the briefing for Congressional staff in May.

6. Briefing for Congressional Staff

A briefing session, “Medicare Rural Hospital Flexibility Grant Program: Accomplishments and Prospects for the Future,” was held at the Capitol in Washington, D.C. on May 6, 2002. More than 30 staff from various offices attended. Attendees included staff from the offices of the co-chairs of the House Rural Health Coalition and the Senate Rural Health Caucus. The briefing included presentations by Keith Mueller and Melissa Fruhbeis for the Tracking Team, Terry Hill for TASC, and Forrest Calico for the Federal Office of Rural Health Policy. Keith Mueller provided an overview. Melissa Fruhbeis provided information about the number of hospitals certified as critical access hospitals, the number contemplating conversion, and the number that considered conversion but decided not to do so. Terry Hill focused on specific legislative and administrative issues that have been communicated to TASC. Forrest Calico discussed the potential future direction of the Flex Program. Keith Mueller provided a summary of key

findings from the Tracking Team, as related to networking, quality improvement, and emergency medical services. Much of the dialogue during the briefing focused on these major points:

- The Flex Program has become a major building block in stabilizing delivery systems in rural communities.
- The Flex Program is focusing on improving health care in communities through the involvement of the hospital in reconsidering its own mix of services, and contributing to quality improvement projects and planning for integrated services.

7. Working with State Offices of Rural Health and State Grantees

Specific questions concerning evaluation are routed through TASC or the Web site directly to the appropriate research center given the specifics of the request. For example, emergency medical service assessment questions are routed to the Walsh Center at Project Hope.

Members of the Tracking Team attended various regional state office of rural health meetings during the year, sometimes speaking on related topics and being available as a general resource about the Flex Program. The Tracking Team has been involved in dialogues with state office representatives in other forums to consider the future of the Flex Program.