Lilypad®

2022 Rural Health Clinic Projects for SORHs

Five years ago, we started our collaboration with a small group of SORHs and their rural primary care providers. Our goal then, as it is now, was to help state offices better engage their Rural Health Clinics (RHC) and to use data as a roadmap for performance improvement. We expected challenges because clinics for the most part are exempt from public reporting, there are no dedicated federal grant programs to support improvement activities and to be honest, RHCs have a reputation for being insular. Our challenges were greater than expected but we learned a lot along the way, and now we feel we have a handle on the strategies necessary to help SORHs connect with and help their rural clinics. Here's what we propose:

Two Project Options to Build RHC Engagement

SORHs can fund the projects described below using either their SORH, SHIP or Flex grants because they all include in their guidance a focus on provider-based and/or independent RHCs. Page 2 of this document provides proposed language and grant guidance references to assist with your applications. Specifically, we encourage states to consider allocating a portion of their upcoming 2022 SHIP grant (potentially as a SIP project) to engage their RHCs and to use data to understand performance variation and opportunities for improvement in their states. Here's how:

COMPONENT A. The Practice Operations National Database (POND®) is a web application we developed specifically for rural primary care benchmarking. It has two parts: the initial module that involves manual data entry for clinic staffing, financial, compensation and productivity data; and a new module released in 2019 that includes every Medicare cost report for every clinic in the US for the past four years. The Cost Report module provides for comprehensive clinic, state, region and national comparative analytics. The $5,000 per year cost for a state subscription makes POND available to all rural clinics and SORH staff so they can monitor progress and run reports.

COMPONENT B. A key finding over the first three years is the need for us to work more directly with SORH staff to help with the interpretation of the data, to develop and roll out educational programs for clinics and to generally be more involved with SORH staff to make sure clinics have access to advanced analytics. When we conceived POND years ago, we underestimated the importance of providing hands-on support to SORH staff for data interpretation, and we see Component B as a way to support additional technical assistance and strategies to help cut through all of the noise. The cost is $5,000 per year for individualized technical assistance, education and training for your state's clinics and designated SORH staff in addition to a set of new state-specific customized clinic reports that identify performance gaps and assist with the development of priority lists).

RHCs are more important than ever. We want to help SORHs provide useful resources to their rural health clinic communities by co-creating with SORH staff 12-month implementation action plans that includes individualized education, training, webinars and in-person technical assistance related to data. Our goal is to help SORHs use data to identify performance gaps, missed reimbursement opportunities, strategies for clinic alignment, cost reporting errors and sub-optimal staffing models for all of your state's clinics.

Sample Language and References for Grant Applications

ITEMS	SAMPLE LANGUAGE	
	COMPONENT A (POND)	**COMPONENT B** (Advanced Analytics)
Project Description	Annual subscription to the POND web application for all rural primary care providers in the state; the subscription provides clinic scorecards and state, regional and national RHC benchmarks	Technical assistance for interpretation of POND benchmark data to enable prioritization, case finding and action planning for the state RHC community
Participation Measure(s)	Number and percent of RHCs in the state utilizing the POND web application; Number and percent of RHCs in the state participating in Lilypad webinar(s)	Number and percent of RHCs in the state attending state RHC conference; Number and percent of RHCs in the state receiving Lilypad State Detail reports (updated quarterly)
Outcomes Measures(s)	Number and percent of RHCs in the state providing full and accurate data to POND; Number and percent of RHCs in the state sharing performance benchmarks with clinic management	Number and percent of RHCs in the state meeting the SORH-developed benchmarks: Consolidation percentage; APP Leverage Coefficient; Cost Report errors; Minimum Productivity Thresholds
Deliverables	24x7 access to POND web application for every rural primary care practice in the state; Access to clinic-specific reports including POND Summary reports and Cost Report scorecards	Documented 12-month RHC engagement plan developed in collaboration with SORH staff; All source materials from webinars and conferences; State-specific Lilypad Detail Report (updated quarterly)
Timeline and Milestones	12-month period beginning with grant cycle; 3 statewide training webinars	12-month period beginning with grant cycle; 4 SORH staff planning and educational webinars; Annual engagement plan by end of first quarter
Staffing	SORH staff, Lilypad staff, NOSORH staff and other third parties (as indicated)	SORH staff, Lilypad staff, NOSORH staff and other third parties (as indicated)
Budget	$5,000 per state per year	$5,000 per state per year

GRANT REFERENCES

SHIP Grant
> Value-Based Purchasing (VBP) Investment Activity
>> D. Provider-Based Clinic Quality Measures Education

Flex Grant
> Program Area 2: CAH Operational and Financial Improvement (required)
>> Program Area 2 Goal: Maintain and improve the financial viability of CAHs
>>> 2.4 Operational improvement (optional)

SORH Grant
> Program Objective 1. Collect and disseminate information;
> Program Objective 2. Coordinate activities and avoid duplication; or
> Program Objective 3: Provide technical assistance (TA) to public and non-profit private entities.