What is the FMBHP?

• An innovative, evidence-based, community responsive clinical infrastructure of CAH Communities:
  • The “voice of data-driven frontier medicine”
  • Leverages strategic resources to develop relevant, evidence based models of care and care delivery throughout Montana

FMBHP Funding
• 3-Year $10.5 million CMMI Innovations Grant

FMBHP Staff
• 5 Full-Time, 1 Part-Time Employees
• 2 Part-Time Physicians
• 1 Part-Time Pharmacist
• 25 Better Health Improvement Specialists
FMBHP Staff

Denyse Traeder, MPH
Director/Principal Investigator

Monica Bourgeau
Associate Director

Rebecca Morgan
Director of Workforce Development

Faith Jones, MSN, RN, NEA-BC
Chief Clinical Officer

Kate Valerio
Team Coordinator

Tawnie Sabin, JD, BSIE
Director of Community and Lean Coordination
Frontier Medicine Better Health Partnership
Participating Communities

- Year 1 Communities
- Year 2 Communities
FMBHP Goal: Achieve the Triple Aim

“To improve health outcomes for frontier and rural populations, patients, and communities while lowering total expenditures and improving patient satisfaction.”
## FMBHP Pillars

<table>
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<tr>
<th>Community Engagement</th>
<th>Data-driven Best Practices</th>
<th>Integrated EHR system</th>
<th>“Just in Time” Inter-Professional Workforce Development</th>
<th>Rural Participation in Value-Based Purchasing,</th>
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Guiding principles:

- Rural and frontier communities need a voice in identifying and addressing health care needs.
- CAHs and Community Providers are vital components in the health of their communities.
- Community-engagement, robust data collection, monitoring, benchmarking, and evaluation are needed to successfully address community needs.
- Providing appropriate health care locally will increase access and patient satisfaction, improve quality and decrease costs.
- Workforce training must be tailored to meet identified needs and support patients in lower cost and community based settings.
The Voice of Data-Driven Frontier Medicine

- The FMBHP CAH Communities are committed to realizing a higher standard for healthcare access, outcomes, processes, and cost-effectiveness.
- In return, the FMBHP will provide necessary financial, clinical, and technical support to help:
  - Identify community specific priorities and needs
  - Design best practice systems of care that will be sustainable in a reformed environment.
  - Transfer learning and best practices to other communities
The Better Health Improvement Specialist (BHIS)

• “Backbone” of FMBHP
• Grant funded employees of Critical Access Hospitals
• Varied backgrounds – clinical, IT, engineering, marketing, etc.
• Hired for ability to lead, motivate, change and facilitate
• Trained in LEAN, Change Management, and Facilitation
• Conduits between the community, hospital, patients, providers.
• Facilitates the coordination of resources to ensure all aspects of the FMBHP are implemented and coordinated with other activities
Better Health Improvement Specialists

- Workforce Training
- Community Health Needs Assessment
- Rural Operational Assessment
- Hospital Strength Index
- Standardized Data Collection and Reporting
- Community Collaboratives
- EHR Integration
- Benchmark Development/Best Practice Sharing
- Lean Principles
- Pilot Projects (Medical Home/Swing Bed)
- Care Coordination
Infrastructure

- Critical Access Hospital Partnerships
  - Recruit CAH’s, Contracts, Hire BHIS,
- Workforce and Professional Development
- Better Health Improvement Plan (BHIP)
- Fostering Partnerships for Improvements
  - PIN, HEN, QIO, HealthLink Now, etc.
- Electronic Medical Record (EMR/EHR)
  - HealthShare Montana
Data

- Hospital Strength Index
  - Financial
  - Market Size/Growth,
  - Quality
    - MBQIP (Quality Outcomes)
    - HCAHPS (Patient Satisfaction Survey)
- Rural Operational Assessment
  - Functional, Clinical and Volume Statistics
- FMBHP Project Inventory
Lean Methodology

- Train BHIS
  - Lean reView Course by Lean Healthcare West (6 weeks)
  - Completed Dec 2013
- Certify FMBHP Lean Instructors (completed Dec 2013)
- Lean Sustainability Opportunity
  - FMBHP Instructors provide Lean reView Courses onsite at partner CAH’s (2014- June 2015)
    - (2) Trainers/CAH
    - Community Members encouraged to be invited
    - 6/20 CAH’s participating – more expected
Community Collaboratives

- Community Health Needs Assessment (CHNA)
  - Performed by Montana Office of Rural Health
  - Funded by FMBHP
- CAH Implementation Plan
- Create or participate in existing community collaborative
- CrossTX Community Care Coordination Product Pilot
  - Software in design
  - Pilot/Testing at 3 sites to begin Feb/March 2014
Research

- Practice Based Research Network (PBRN)
  - Frontier Rural Innovation Network (FRIN)

- Swing Bed Research Project
  - Restorative Care – goal to increase utilization

- Formulary Management
Better Health Better Care Plans

The blueprint for the future of rural health care delivery in Montana
Better Health Improvement Plans

- Pull together all the “pieces” of the FMBHP into one comprehensive “Plan” that identifies:
  - Unmet and/or high priority community health needs.
  - Areas for improvement related to cost, efficiencies and quality.
  - Specific steps taken to implement the Triple Aim and address identified needs.
  - Evaluative measures and outcomes – documented improvements in quality and access and reductions in cost.
Better Health Improvement Plans

- Define the process
- Define the community
- Define the current health care delivery system
  - Providers, EHR, care coordination, inventory
- Provide baseline operational and clinical measures
  - Rural operational assessment
  - Emergency room readmissions
  - Readmission rates
  - Clinical indicators
Better Health Improvement Plans

• Describe community identified priorities and needs

• Community-driven strategies for addressing needs
  • Workforce training
  • Lean principles
  • Implementing operational and clinical best practices
  • EHR development/utilization
  • Care coordination
  • Enhancing local services
Better Health Improvement Plans

• Measure Outcomes
  • Operational, Clinical, Financial

• Identify commonalities in issues between facilities, unique issues, and trends.

• Identify successes, challenges, barriers
Partnership Opportunities

- Graduate research in rural communities
- Networking, recruiting, job placement of students in rural communities
- Dissemination of information to CAH Communities
  - Education, Research, Partnerships, Funding, etc.

- And more...
DISCUSSION. QUESTIONS?