



North Dakota Healthcare Workforce Group Projects

A COMPLETE RODEO OF ALL THE COOL THINGS WE GET TO DO!

National Resource Center on Native American Aging (NRCNAA)

- HWG Team Member(s): Robin Besse, Mandi-Leigh Peterson
- Funder: The Administration for Community Living (ACL)
- PI: Collette Adamsen
- Scope of Work:
 - The NRCNAA helps to provide resources and information to Native American Elders
 - Identifying Our Needs: A Survey of Elders collects health and social information from Elders nationwide
 - Processing surveys, sending information back to tribes for grants
 - Results can be used for Title VI nutrition and caregiving grants
 - Data analysis of surveys
- Deliverables: Policy briefs, infographics, other data requests as needed

Urban Indian Elder Project

- HWG Team Member(s): Karen Vanderzanden, Robin Besse
- Funder: American Association of Retired Persons (AARP)
- PI: Collette Adamsen
- Scope of Work:
 - Identify questions relevant to the Native Elder population in urban areas through focus groups
 - Create a survey which urban centers can use to collect data for tribes and to help advocate/raise awareness
 - Assist with focus group preparation and data analysis
- Deliverables: Survey instrument, fact sheets, other deliverables as requested

North Dakota Brain Injury Network (NDBIN)

- HWG Team Member(s): Karen Vanderzanden
- Funder: North Dakota Department of Human Services (DHS)
- PI: Rebecca Quinn
- Scope of Work:
 - Assist with evaluation of the program
 - Create infographics on brain injury related topics
 - Survey creation in Qualtrics
 - Data analysis
- Deliverables: Infographics, other data requests as needed

State Opioid Response (SOR) Grant

- HWG Team Member(s): Karen Vanderzanden, Shane Knutson, Jon Starkweather, Nathan Fix, Mandi-Leigh Peterson
- Funder: North Dakota Department of Human Services (DHS)
- PI: Mandi-Leigh Peterson, Rebecca Quinn
- Scope of Work:
 - Conduct evaluation of 16 communities in addition to vendors and tribes
 - Track monthly data regarding trainings, individuals served for treatment and recovery services, media campaigns, Naloxone distribution and administration, etc.
 - Participate in monthly conference calls
 - Training and implementation of GPRA assessment tool
 - Provide technical assistance to grantees as needed
- Deliverables: Monthly reports, year-end report, other data requests as needed

ND State Epidemiological Outcomes Workgroup (SEOW)

- HWG Team Member(s): Nathan Fix, Jon Starkweather, Mandi-Leigh Peterson
- Funder: North Dakota Department of Human Services (DHS)
- PI: Mandi-Leigh Peterson, Rebecca Quinn
- Scope of Work:
 - Update cataloged existing data sources
 - Seek out additional data sources
 - Continue to identify data limitations and gaps
 - Develop data review and selection for inclusion process
 - Partner with current behavior health projects within the state to further behavioral health efforts
 - Ongoing consultation and support for the SEOW (attend meetings, technical assistance, supplemental data dissemination and future product development, TA for SUND website)
- Deliverables:
 - Topic Briefs – pressing topics recognized by the SEOW
 - Data Booklet - updated data for the booklet
 - Epidemiological Profile – biennial update
 - Substance Use North Dakota Website – updated data and technical support

Area Health Education Center Program (AHEC)

- HWG Team Member(s): Shane Knutson
- Funder: Health Resources & Services Administration (HRSA), University of North Dakota, Dakota Medical Foundation
- PI: Gary Hart
- Scope of Work:
 - Assist in gathering and analyzing data for participants in AHEC programs such as SCRUBS Camps, SCRUBS Academy, and HOSA – Future Health Professionals
 - Assist in preparing reports to HRSA, the National AHEC Organization, and other entities
 - Identify methods to improve data collection and reporting processes
- Deliverables: HRSA Annual Performance Report

Area Health Education Center Project - Opioid

- HWG Team Member(s): Kristen Leighton
- Funder: Health Resources and Services Administration (HRSA)
- PI: Lynette Dickson
- Scope of Work:
 - Improve the distribution, diversity, supply, and quality of healthcare personnel in the healthcare services deliver system
 - Provide activates through health processional students, educational programs and recruitment and retention of health care providers
 - Collect and analyze community event feedback
- Deliverables: HRSA Annual Performance Report

Rural Community Opioid Response Program (RCORP): Planning Grant

- HWG Team Member(s): Sonja Bauman and Shane Knutson
- Funder: Federal Office of Rural Health Policy (FORHP)
- PI: Lynette Dickson
- Scope of Work:
 - Assist in gathering data around topics pertinent to the Needs Assessment, Strategic Plan, Workforce Plan, and Sustainability Plan
 - Assist in writing and editing of Needs Assessment, Strategic Plan, Workforce Plan, and Sustainability Plan
 - Gather data of interest to consortium members
- Deliverables: Needs Assessment, Strategic Plan, Workforce Plan, and Sustainability Plan

FLEX – Community Health Needs Assessments (CHNAs)

- HWG Team Member(s): Sonja Bauman
- Funder: Medicare Rural Hospital Flexibility Grant Program
- PI: Lynette Dickson
- Scope of Work:
 - Code writing for data analysis
 - Data analysis for final reports
 - Create spreadsheet of responses along with graphics for final reports
 - When appropriate, do qualitative coding on the open-ended questions and do a short write up for those questions
- Deliverables: CHNA Reports

FLEX - Quality Data

- HWG Team Member(s): Sonja Bauman
- Funder: Medicare Rural Hospital Flexibility Grant Program
- PI: Lynette Dickson
- Scope of Work:
 - Developing ways to analyze the data on quality measures to create workable spreadsheets of the data and to create reports
 - Writing SAS code to enable the creation of these spreadsheets and reports (working with Mandi)
 - When requested, generate graphics that demonstrate a comparison between individual hospital, state, and national rates on quality measures
- Deliverables: Requested graphics, spreadsheets, and/or reports

Rural Health Research Gateway



Quality of Care in Rural Hospitals

January

Edited by the Federal Office of Rural Health Policy (FORHP), under the Health Resources and Services Administration (HRSA), the Rural Health Research Gateway aims to disseminate the work of the FORHP-funded Rural Health Research Gateway (RHG) to those authors. Its IPEDS are restricted to providing timely, quality research on the most pressing rural health issues. This resource provides a summary of a research in quality of care, all of which may be located through www.ruralhealthresearch.org.

As healthcare payment models shift from patient volume to value-based care, there has been a push for higher quality health care services at lower cost. The National Quality Strategy uses various methods to assess and improve quality including a shift from a fee-for-service model to pay-for-performance.¹ Reimbursement for care is now contingent upon the quality of the healthcare provided and patient outcomes. However, developing these measures across unique health systems has been difficult, especially for low patient volume rural providers. Tracking relevant quality measures for each Critical Access Hospital (CAH) in a network or health system could improve both the quality of rural healthcare and reimbursement for rural providers.²

Collection of Rural Quality Measures

Currently, the Centers for Medicare & Medicaid Services (CMS) employ Star Quality Ratings for Hospitals. Although well accepted as a healthcare quality measurement system for Medicare Advantage contracts, some stakeholders argue that it is not an effective quality measure for hospitals and excludes many small rural hospitals.³ Under this system, hospitals are ranked utilizing self-reported data on 64 measures. Many small and rural hospitals do not have the patient volume or specific services that are measured and evaluated as part of the Star Quality Ratings.⁴

In 2013, 34% of all rural hospitals, including CAHs and Prospective Payment System (PPS) hospitals, were not rated under the CMS Star Quality Rating compared to only 12% of urban hospitals.⁵ See Table 1. When hospitals are excluded and do not receive a rating, individuals who review the quality of their local hospital(s) may equate no rating with poor quality care or simply register in reporting, even though CMS states this is not the case.

Table 1. CMS Star Categories 2017⁶

Star Quality Rating	Rural	Urban	%
★	8 (7%)	99 (52%)	
★★	166 (15%)	512 (75%)	
★★★	848 (48%)	313 (52%)	1
★★★★	417 (45%)	517 (55%)	
★★★★★	15 (1%)	67 (82%)	
Not Rated	752 (73%)	236 (27%)	2
Total Hospitals	2,223	2,386	4

Small rural hospitals were less likely than large rural hospitals to receive a star rating, and 83% of those that were located in the Midwest census region. If missing data limits the conclusions that can be drawn from these hospital comparisons. Due to the exclusion of hospitals in the CMS rating, some rural hospitals do not look for other systems to report on quality tracked through the Medicare Beneficiary Quality Improvement Program (MBQIP).⁷

Quality of Rural Healthcare

There is no consensus on which measures are clear indicators of quality healthcare. Given variability in definition of "quality healthcare services," research reports variable quality among rural health services rural areas:

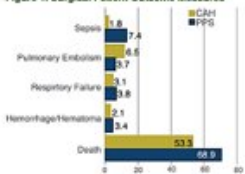
- Rural counties report poorer scores than urban counties on preventable hospitalizations (71.4 p 100,000 vs. 36.1 urban), receiving HbA1c test (8.84 vs. 8.86), and receiving mammography screening (0.50 for rural vs. 0.62 among urban)
- Rural hospitals report low post-hospital infection follow-up care among Medicare beneficiaries (1 among rural vs. 0.92.⁸

• Emergency rooms in small rural or isolated small rural area hospitals see a higher percentage (67%) of patients with non-emergent conditions compared to urban hospitals (62.2%).⁹

Although rural hospitals did not perform as well on preventable hospitalizations, certain screenings, and post-hospitalization follow-up care¹⁰, CAHs do report having fewer adverse drug events (ADEs) among the top 4 ADEs (53.9 per 100,000). Rural PPS hospitals reported 76.2 per 100,000 for the top 4 ADEs and urban hospitals reported 67.2 per 10,000 for the top 4 ADEs.¹¹

There have also been improvements in care quality for rural hospital-based nursing homes. From 2006-2011, the rural hospital-based nursing homes reported a 50% decrease in the use of physical restraints and a 10% decrease in the long-stay composite measure.¹² CAHs also provide high-quality surgical care on par with larger rural and urban PPS hospitals of comparable size.¹³ See Figure 1. On average, CAHs had fewer cases of perioperative hemorrhage or hematoma, perioperative pulmonary embolism or deep vein thrombosis, and postoperative sepsis.¹⁴

Figure 1. Surgical Patient Outcome Measures¹⁴



Future of Rural Hospital Quality

With the movement towards pay-for-performance, more rural hospitals are seeking to identify new and relevant quality measures that can demonstrate the quality of care being provided in a rural setting. As an example, rural CAHs are working on reporting measures that illustrate the quality and efficacy of swing-beds in rural communities.¹⁵

For more information, visit the Rural Health Research Gateway website, ruralhealthresearch.org.
 Shawnda Schroeder, PhD
 761.777.6787 • shawnda.schroeder@med.iowa.edu

Some of the quality measures that CAHs and C networks have begun measuring include:

- Discharge disposition
- Average length of stay
- Readmission within 30 days
- Functional status
- Process of care
- Patient experience of care

The goals of creating these quality measures are improve care and to be able to compare rural to care to other post-acute care providers. However, of the challenges that CAHs face in implementing quality measures and collecting data include limited resources, and the difficulty of analyzing and swing-bed patient data separately.¹⁶

Resources

1. University of Minnesota HRHC (2015). Rural Hospital and P Participation in Private Sector Quality Initiatives. <https://doi.org/10.1093/rh/hfp015>.
2. University of Minnesota HRHC (2016). CAH Hospital Quality Measures: Findings from Key Informant Interviews. <https://doi.org/10.1093/rh/hfp016>.
3. North Carolina HRH and Policy Analysis Center (2017). CMS Quality Star Rating for 762 Rural Hospitals, No Stars in 10. <https://doi.org/10.1093/rh/hfp017>.
4. University of Minnesota HRHC (2015). Rural Health Disparities: Environmental Characteristics. <https://doi.org/10.1093/rh/hfp015>.
5. North Carolina HRHC (2015). Rural Medicare Beneficiaries: A Follow-up Study and Current Emergency Department Use. <https://doi.org/10.1093/rh/hfp015>.
6. North Dakota and NDRC: RHPHC (2013). Use and Reforms: Variation in U.S. Rural Emergency Department Implications Implying Care Quality and Working Conditions. <https://doi.org/10.1093/rh/hfp013>.
7. University of Minnesota HRHC (2017). Identifying Advantages in Rural Hospitals: An Eight-Year Study. <https://doi.org/10.1093/rh/hfp017>.
8. University of Minnesota HRHC (2015). State Staffing Levels, Quality of Care in Rural Nursing Homes. <https://doi.org/10.1093/rh/hfp015>.
9. RHPHC Center for Rural Health Policy and Analysis (2016). A Patient Safety Outcomes and CAHs: How Do They Compare? <https://doi.org/10.1093/rh/hfp016>.

- HWG Team Member(s): Sonja Bauman
- Funder: Federal Office of Rural Health Policy (FORHP)
- PI: Shawnda Schroeder
- Scope of Work:
 - Assist in writing recaps based on topics requested by federal partners
 - This funding cycle also assisted in updating the Rural Health Research Dissemination Toolkit
- Deliverables: Rural Health Research Recaps and the Rural Health Research Dissemination Toolkit

Primary Care Office (PCO)

- HWG Team Member(s): Sonja Bauman
- Funder: Health Resources and Services Administration (HRSA) Shortage Designation Branch
- PI: Lynette Dickson
- Scope of Work:
 - Training on HPSA designations and the provider management system
 - Currently assisting in updating provider information, doing designations, gathering supplemental data for designations, maintaining spreadsheets for loan repayment programs, and uploading new information to Practice Sights
 - Participate in monthly team calls, monthly national calls, quarterly regional calls, quarterly calls with project officer, and annual PCO meeting with federal partners
 - In the future will be half time position and include technical assistance on the designation process and become point of contact for HPSA designations in North Dakota
- Deliverables: Designations, Needs Assessment (2021), Statewide Rational Services Area (2023), Performance Reports, and Progress Reports

Rural Health Information Hub

- HWG Team Member(s): Kristen Leighton, Mandi-Leigh Peterson
- Funder: The Federal Office of Rural Health Policy
- PI: Kristine Sande
- Scope of Work:
 - Download and prepare secondary data for use in the:
 - Rural Data Explorer
 - Interactive charts and graphs
 - Static state and national maps
 - Ensures that the data is correct, up-to-date, and the most appropriate source
 - Provides some technical assistances
- Deliverables: Updated data tables for the Rural Data Explore and interactive graphs/charts and static state and national maps

Behavioral Health Workforce

- HWG Team Member(s): Kristen Leighton, Karen Vanderzanden, Shane Knutson, Jon Starkweather, Mandi-Leigh Peterson
- Funder: Department of Human Services
- PI: Mandi-Leigh Peterson
- Scope of Work:
 - Provide information related to behavioral healthcare workforce across North Dakota
- Deliverables:
 - Telebehavioral Health Report
 - E-Scans of licensing and credentialing
 - E-Scan of recruitment and retention
 - E-Scan of loan repayment
 - Provider burnout survey

Workforce

- HWG Team Member(s): Literally all of us, hence, the name 😊
- Funder: State Appropriations
- PI: Mandi-Leigh Peterson
- Scope of Work:
 - Provide information related to healthcare workforce across North Dakota
- Deliverables:
 - Biennial Report
 - 2017 Hospital Report
 - Fact Sheets, Topic Briefs, Infographics on AMA/Physician Data
 - 2019 Survey of Long-Term Care Facilities, Clinics, and Hospitals
 - District Briefs

Links

- Healthcare Workforce Group webpage: <https://med.und.edu/healthcare-workforce/index.html>
- Biennial Report webpage: <https://med.und.edu/publications/biennial-report/index.html>
- Rural Health Information Hub: <https://www.ruralhealthinfo.org/>
- Rural Health Research Gateway: <https://www.ruralhealthresearch.org/>