



INDEX Framework Helps to Deliver a #2 National Ranking for Maine Critical Access Hospitals

An interview with Nicole Breton, Director
Maine Office of Rural Health and Primary Care

The Chartis Center for Rural Health (CCRH) works closely with the **Maine Office of Rural Health and Primary Care** to provide sophisticated benchmarking data, analysis, education and quality improvement focused on patient satisfaction with HCAHPS.

For the last eight years, CCRH has led a longitudinal quality improvement initiative with the Maine State Office of Rural Health, which has resulted in Maine Critical Access Hospitals generating the second-best quality and patient satisfaction in the nation.

Q. What are some of the challenges rural providers in Maine are confronting?

In Maine, our Critical Access Hospitals face many of the same challenges we see at the national level; declining volumes, changing reimbursements, and recruitment and retention. All the while maintaining their status as their community's primary source of healthcare services.

Q. How involved is your team with hospital leadership and frontline decision makers?

Across the network we meet quarterly, for example, with quality improvement staff, nurse managers, CFOs and other executives. We also conduct multiple calls with our hospital CEOs and hold network meetings twice a year (winter and summer).

Q. How have the state's CAHs responded to the news that Maine is now ranked number two in the nation for quality and patient satisfaction?

Everyone involved worked very hard to make those improvements a reality. I think it shows that we're doing what we said we would do, and really reinforces the level of support our

Maine Rural Healthcare Snapshot



16

Critical Access Hospitals



9

CAHs that have achieved top performance



5

CAHs with top quartile performance in Patient Satisfaction

CAHs can expect from the Maine Office of Rural Health and Primary Care. We're invested in their success.

Q. What are some of the keys to success of this initiative?

I like to say that 'without good data, it's just an opinion.' The data and expertise that the CCRH team brings to the table has played a significant role in creating an open, collaborative environment for our network hospitals. CCRH provides the comparative metrics unblinded, so each hospital can see how the other hospitals in our group are performing. This has really opened the door for engagement, discussion and an enthusiastic exchange of best practices.

Q. What do you see as the biggest benefits to leveraging the INDEX framework?

First, the data is focused on rural-relevant indicators, which allows us to look at any scenario through a purely rural lens. Another benefit is the ability to look at comparative data to spot trends. We've been able to use the data to identify metrics moving (over time) in the right direction as well as those trending in the opposite direction. With those metrics, we're then able to dig deeper, figure out what's going on and develop a plan with our hospitals for addressing.

Q. As this program has progressed, have you noticed any change in attitude toward data?

One of the keys to this program's success has been having a consistent source of data as well as consistency in the individual indicators. Having a partner like CCRH that can leverage an established data methodology and framework has helped break down those barriers of resistance and really helped us build a collaborative group.

When you undertake an initiative like this, it's important that your partner not only provides the data but has the expertise to help facilitate the performance improvement process and work closely with stakeholders to ensure that progress blossoms and really takes hold.

Q. Do you see the Office's use of analytics broadening in 2018?

To date, this initiative has proven that performance analytics can be a springboard to solving problems and exchanging best practices. In the coming months, we expect to expand our engagement with CCRH to include an examination of patient outmigration trends for our CAHs. 

The Chartis Center for Rural Health is providing rural-relevant analytics and program facilitation to Departments of Health and Associations in states such as Colorado, Maine, Michigan, Mississippi, New Mexico, Ohio, Pennsylvania and Tennessee. To learn more about how CCRH can support rural programming in your state, email inquiry@ivantagehealth.com.

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