

**Date:** February 11, 2004  
**Topic:** Legislative Updates & Discussion  
**Facilitator:** Terry Hill, TASC

**The meeting was called to order at 2:00 p.m. CST with opening comments by Terry Hill**

• **Legislative discussion included:**

- President's Budget (announced February 2, 2004) update by Steve Hirsch
  - Eliminated funding for SHIP and Flex programs
  - Networking and Outreach funding cut
  - Gather Flex success stories and data to demonstrate the value of the program
  - Alison Hughes commented that she sent an e-mail to the facilities in Arizona and wanted to know if she should encourage them to contact Congress representatives.
  - What options to state Flex programs have since they can't lobby?
    - Send a "blast e-mail" to affected facilities and encourage them to send positive information and statistics to reinforce the importance of the program
    - Involve state hospital associations
    - Help eliminate the misinformation gap about what this program is and who it affects
    - Educate CAHs to help create awareness of the situation
    - Look to allies who *can* lobby for state Flex programs
    - Coordinate a legislative push with NOSORH
- National Voluntary Reporting Initiative report
  - Financial incentives to participate in this program
  - Each facility reports on 10 pieces of quality information
  - The scores will be publicly reported
  - To date, there are 2,500 hospitals nationwide ( $\approx$  180 CAHs) currently pledged to participate
  - Supported by AHA, CMS, and others
  - CAHs are encouraged to participate

• **Flex Monitoring Team Update by John Gale (University of Southern Maine)**

- The team represents three universities including the 1) University of Southern Maine, 2) University of Minnesota and the 3) University of North Carolina along with TASC
- Working together to focus on issues of performance monitoring at three levels: (1) state, (2) institutional (financial and quality issues), and (3) community impact
- Assess the impact of the Flex program
- An advisory committee has been established with representatives from the state offices of rural health, TASC, AHA, ORHP as well as other organizations
- The University of Southern Maine is working on the State Performance Management Activities section. They are working to develop a tool called the Program Logic Model for states to use to evaluate their own programs. Working with Arkansas, Pennsylvania, Washington, and TASC in a trial run to see how it will affect the Flex program overall.

- Institutional performance has been broken into two areas: quality and financial
  - Currently conducting the third survey of CAHs for this project and they plan to go to go to ≈ 400 CAHs around the country to survey them on a variety of topics including financial performance, quality, service delivery, capital needs and other topics. The survey is currently in the field and they hope to have the information collected by the beginning of April for dissemination.
  - The University of Minnesota is working on the quality area
  - The University of North Carolina is working on the financial area
- Q: What is the timeline for the state program evaluation tool?  
A: The goal is to present the diagnostic models at the Flex meeting in June, 2004
- Q: How were the 400 hospitals selected?  
A: They were randomly selected for research purposes

- **Federal Update by Dr. Forrest Calico**

-

- **Global Information System (GIS) Mapping by Anne Peyton**

- These maps would help provide visual information for projects, exhibits and meetings
- There has been an increase in the number of new inquiries by hospitals regarding conversion to CAH designation

The meeting was adjourned at 3:30 p.m. CST. The next TASC 90 conference call will be **May 12, 2004.**

**See the TASC website for working papers discussed on this call**

For further information, please contact TASC at 218-727-9390 or [tasc@ruralcenter.org](mailto:tasc@ruralcenter.org)