



MICHIGAN CENTER
for
RURAL HEALTH

Michigan RHC Quality Network

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Director of Provider
Solutions



RHC Quarterly Meetings

- February 8th, 2023: 1p – 4p (Virtual)
- April 26th, 2023 – 1p - 4p (In person)
- August 9th, 2023 – 9 am – 12 pm (In person)
- November 15th, 2023 – 1p – 4p (Virtual)



RHC Practice Management Workshops

August 8th, 2023

Save the Date

HSA is a practice management consulting firm that promotes access to health care across the country. Since 1980, our professional consultant team has specialized in helping rural health clinics operate at optimum efficiency while maximizing revenue.

Potential Topics Include

- Manager Survival Skills
- RHC Basic Compliance
- Documentation and Reporting Requirements
- RHC Cost Reporting
- Program Evaluation Requirements



National Association of Rural Health Clinics - Washington Update



[MI RHC Update Winter 2023
Recorded.mp4](#)

Sarah Hohman
**Director of Government
Affairs**



RHC Quality Improvement Background

RHCs are not exempt from the impact of national efforts to create a high-value health care system, despite no implicit program requirement from the Centers for Medicare and Medicaid Services (CMS) in the Conditions of Participation for RHCs.

Beginning in April 2021, encounter-based payments for new provider-based Rural Health Clinics was capped. This contrasts with the previous cost-based reimbursement. Many experts agree that quality metrics will eventually be introduced for Rural Health Clinics and payment structure could be tied to these metrics. While the timeframe for these potential changes is unknown, CMS has already started to move away from paying for quantity and moved towards paying for quality care.



MCRH Quality Improvement Programming

RHC Flex - MCRH implemented a formal quality improvement project for provider-based Rural Health Clinics (PB-RHC) that are owned and operated by Critical Access Hospitals (CAH). As announced by the Federal Office of Rural Health Policy (FORHP) in March 2021, one of the new requirements for Flex grantees is active support for a multi-hospital quality improvement project that is rural relevant, focused on a CAH quality improvement priority area and that quantifies demonstrable results.

Healthy Hearts for Michigan (HH4M) offers rural primary care practices a dedicated Practice Advisor who, through in-person and remote interactions, can help providers optimize current workflows, implement new best practices, establish screening and treatment protocols, and collect quarterly data.



What does Quality Improvement Programming Deliver?

The Rural Health Clinic Quality (RHC) Improvement projects help to improve patient care in rural communities, advance the quality measurement agenda and provides training for RHC staff to learn and implement a practice improvement model.

These project support RHCs efforts to improve the quality of care for their patients, simplify and streamline transitions of care between primary care and inpatient services, and strengthen chronic disease management processes.



Highlighting Success –Ubly Medical Clinic (Hills and Dales)

Lilypad® LAKE PDSA Initiative
Lilypad Hospital
Controlling Blood Pressure
Clinical Quality

Active Until	Improvement	Valid Measures	Results Expected
Dec 31, 2022	Yes	Yes	Yes

Goal: Achieve a minimum of 75% of patients aged 18-85 with a diagnosis of hypertension (HTN) whose blood pressure was adequately controlled (<140/90) during the measurement period.

Background: According to the CDC) High blood pressure (BP) is a significant risk factor for heart disease and stroke, both of which are leading causes of death in the US. Nearly one-third of all American adults have high blood pressure, and more than half don't control it. (Blood pressure control means having a systolic blood pressure of less than 140 mmHg and a diastolic blood pressure of less than 90 mmHg, among people with high blood pressure). Many with uncontrolled high blood pressure don't know they have it. Millions are taking blood pressure medicines, but their blood pressure is still not controlled.

PDSA Cycle	Duration	Start	End
1	364 Days	Jan 1, 2022	Dec 31, 2022



Highlighting Success – Ubly Medical Clinic (Hills and Dales)

Quality Metric CMS 165 Controlling High Blood Pressure

Performance Tracking

Goal	Baseline 2021	2Q-2022	3Q-2022	4Q-2022
75%	64%	65%	88%	90%

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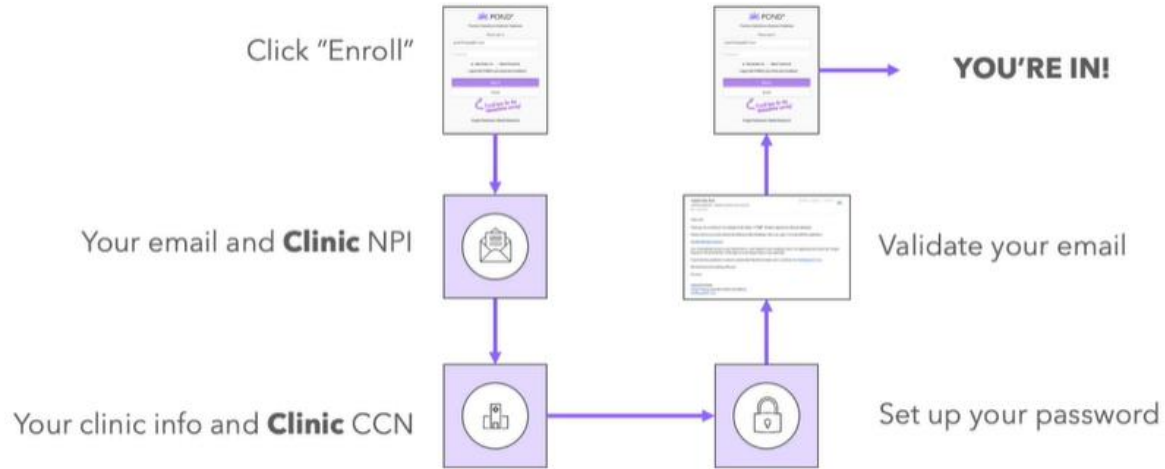
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Rural Relevant Metrics

These metrics have been recognized by the Flex Monitoring Team as the most rural relevant quality improvement metrics for rural health clinics.

- **Controlling Blood Pressure**
- Childhood Immunization
- Diabetes: Hemoglobin A1c
- Current Medications
- Preventive Care: Tobacco

