



2023 National CAH Quality Inventory & Assessment National Report

MEGAN LAHR, MPH; ROBERT BARCLAY, MPH; MADELEINE PICK, MPH

Assessment Background

This report includes a high-level summary of several key data points from the National Critical Access Hospital (CAH) Quality Inventory and Assessment (“Assessment”), completed in Fall 2023. This Assessment was designed to inform the Federal Office of Rural Health Policy about CAH quality improvement (QI) infrastructure and activities, service lines offered, and related quality measures. The Assessment, which is the first of its kind at a national level, provides a wealth of information on QI processes from CAHs in a standardized manner, to enhance support to CAHs in QI activities under the Medicare Rural Hospital Flexibility (Flex) Program. State Flex Programs will receive information about the CAHs in their state, and be able to better support quality initiatives and reporting for their CAHs. Find more information about the Assessment [here](#). Data in this report is intended to provide a broad, national overview of CAH characteristics and service lines.

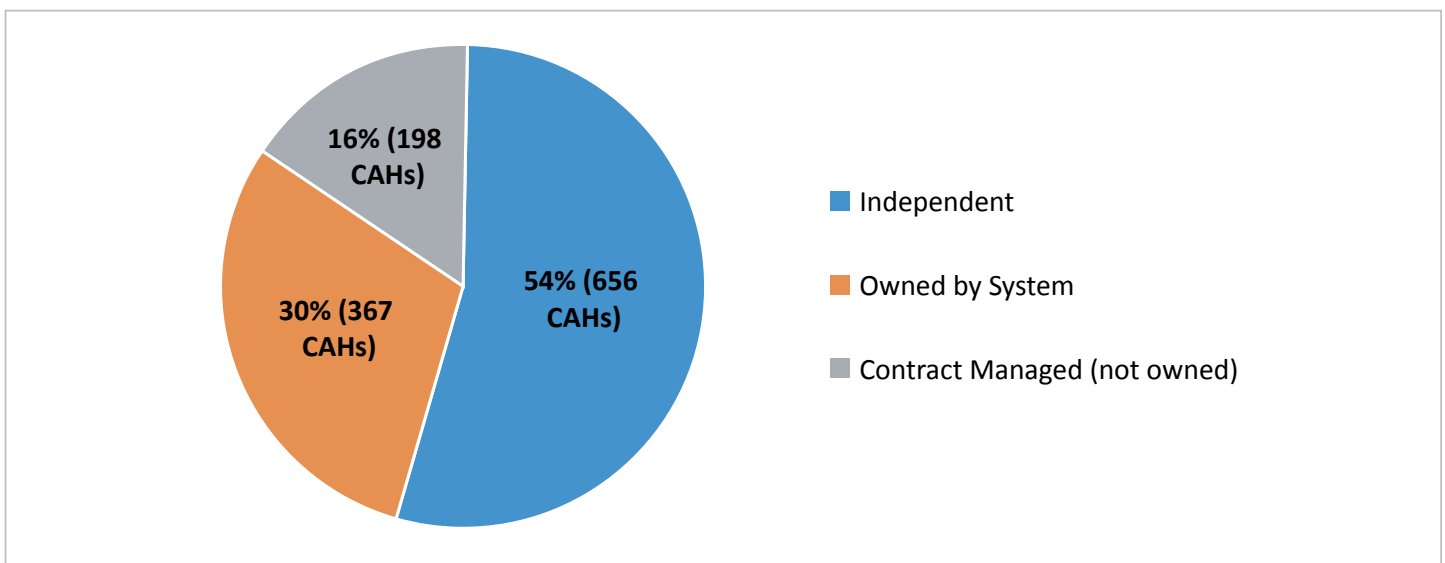
Assessment Response and CAH Characteristics

For the Assessment fielded in October-December 2023, there were a total of 1,221 responses received, with 89% of all CAHs nationally responding (including three hospitals in the process of converting to a CAH). Figure 1 shows CAH system affiliation and Table 1 includes two volume metrics, average daily census and emergency department volume, both for calendar year 2022.

TABLE 1: CAH Volume Measures

Description	CAH Respondents (n=1,221)
Median Average Daily Census (2022)	4.0
Median Emergency Department Volume (2022)	5,200

FIGURE 1: CAH System Affiliation

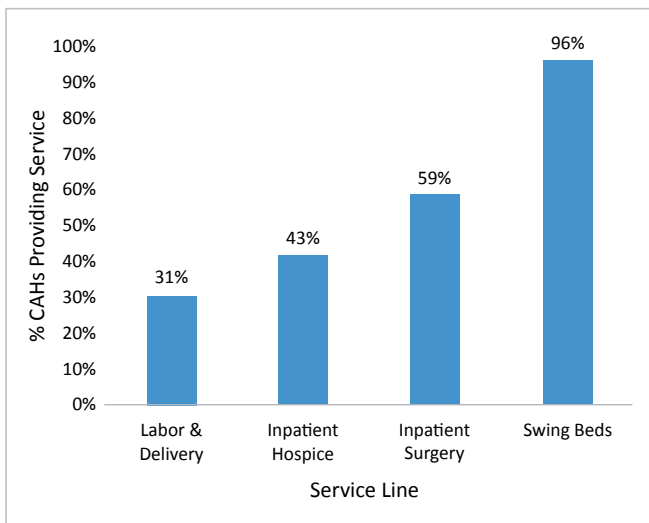




CAH Service Line Data

The Assessment captured information on a variety of service lines and services provided by CAHs. Figures 2-4 show a selection of these service lines categorized by topic: Hospital Inpatient Services, Behavioral Health & Specialty Care Services, and Outpatient and Other Services.

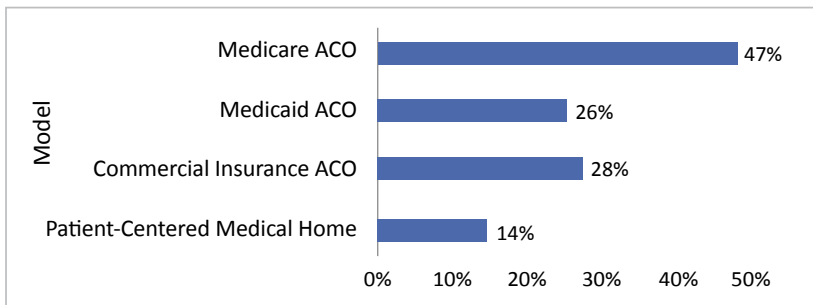
FIGURE 2: Hospital Inpatient Services (n=1,221)



Quality Payment Model Participation

Another question in the Assessment asked CAHs, “Does your hospital participate in any payment or other demonstration models which emphasize quality measurement and improvement?” and respondents were asked to select “yes” or “no” for each: Medicare ACOs, Medicaid ACOs, Commercial Insurance ACOs, and Patient-Centered Medical Homes. Figure 5 shows the distribution of CAHs indicating their participation in these models.

FIGURE 5: Quality Payment Model Participation in CAHs



*Note: CAHs were instructed to select all that applied

FIGURE 3: Behavioral Health & Specialty Care Services (n=1,221)

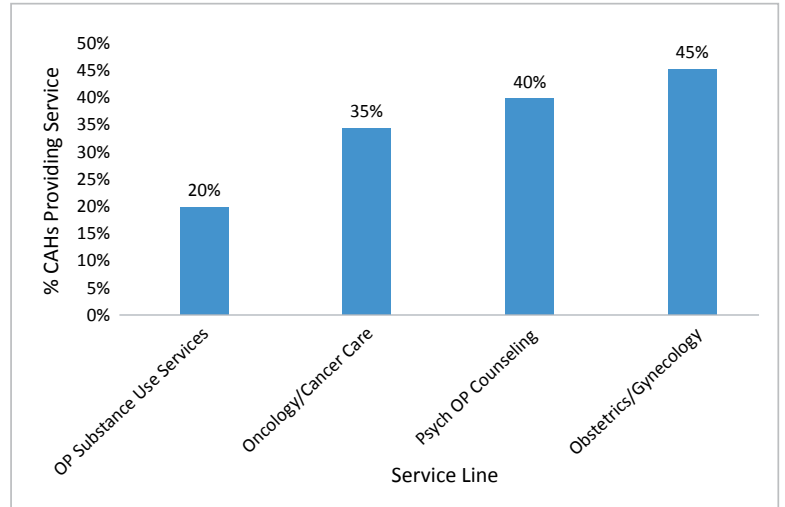
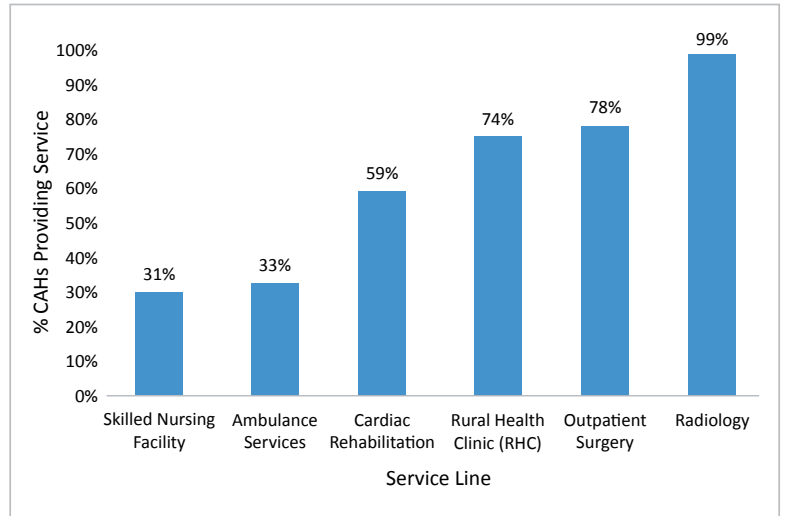


FIGURE 4: Outpatient and Other Services (n=1,221)



For more information on this report, please contact Megan Lahr, lahrx074@umn.edu.

This report was completed by the Flex Monitoring Team with funding from the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS), under PHS Grant No. U27RH01080. The information, conclusions and opinions expressed in this document are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.