national center for frontier communities

UPDATE
Frontier Extended Stay Clinic (FESC)
SUMMER 2006

Introduction to the Frontier Extended Stay Clinic

Communities and providers have been talking about the need for a facility with more capability than a clinic, but less than a hospital for a number of years. They were looking for a facility designed to overcome the unique barriers faced by the most geographically remote, sparsely populated regions of the United States.

Congress acted in 2003 to develop and evaluate this type of provider, a model known as the Frontier Extended Stay Clinic or FESC. There were two parts to the Congressional action. First the Medicare Modernization Act of 2003, gave authority to the Centers for Medicare and Medicaid Services (CMS) at the Department of Health and Human Services (DHHS) to conduct a demonstration program to reimburse extended stay care received by Medicare beneficiaries (http://www.frontierus.org/documents/SEC.htm).

Clinic Description from the Legislation

A frontier extended stay clinic is described in this subsection if the clinic--
(1) is located in a community where the closest short-term acute care hospital or critical access hospital is at least 75 miles away from the community or is inaccessible by public road; and
(2) is designed to address the needs of--
(A) seriously or critically ill or injured patients who, due to adverse weather conditions or other reasons, cannot be transferred quickly to acute care referral centers; or
(B) patients who need monitoring and observation for a limited period of time.

Second, the Consolidated Appropriations Acts of 2004, 2005, and 2006 included funding for the federal Office of Rural Health Policy (ORHP) "to examine the effectiveness and appropriateness of a new type of provider, the FESC, in providing health care services in certain remote locations." This became the Frontier Extended Stay Clinic (FESC) Cooperative Agreement Program http://ruralhealth.hrsa.gov/funding/fesc.htm. Applicants for this Cooperative Agreement competed nationally and the Southeast Alaska Regional Health Consortium (SEARHC), an Alaska Native corporation, was awarded the funding. The Alaska FESC Consortium is a partnership of providers in Alaska and Washington states as well as evaluators from the University of Alaska, Anchorage and the Sheps Center at the University of North Carolina, Chapel Hill.

IMPORTANT CONTACTS:		
• Office of Rural Health Policy HRSA DHHS Emily Cook, Carrie Cochran 301-443-0835 ecook@hrsa.gov, CCochran@hrsa.gov	• Centers for Medicare and Medicaid Services, DHHS Siddhartha Mazumdar 410-786-6673 siddhartha.mazumdar@cms.hhs.gov	• Alaska FESC Consortium Patricia Atkinson, FESC Program Manager 907-966-8662 Patricia.Atkinson@searhc.org

Interest in FESC Development

Based on numerous meetings, discussions at several Annual Conferences of the National Rural Health Association, site visits to clinics and financial modeling of potential FESC clinics, a number of key interest factors have emerged. In a review of notes from these meetings, group discussions and participation in a number of site visits, the most important factors identified by the National Center for Frontier Communities are upper management support (Medical Director, Administration/Board) and a stable, well-functioning operation. If the clinic is currently experiencing other major problems/issues that need attention, it will not be interested in taking on something new or experimental.

It is important that medical, administrative staff and community members believe that quality of care for the patient and family is improved by keeping appropriate patients in the community. This quality concern is an important factor in deciding whether or not to deliver extended services or participate in a FESC demonstration.

The factors in the table are those identified in work dating back a number of years, but especially since 1997. The most likely sites for participation in any demonstration will find that a number of the high and moderate interest factors apply to them.

FACTOR	**LEVEL OF INTEREST**			
	None	**Low**	**Moderate**	**High**
ORGANIZATIONAL SUPPORT				
Strong organizational interest/support				X
Administration/Board interested in participation in demonstration		X		X
CLINICAL ISSUES				
Stable medical staff		X	X	X
Medical Director support				X
Medical Director opposed to participation	X			
Frequent provider turnover	X			
Strong local EMS system, backup available		X	X	X
FACILITY				
Re-engineering, significant capital needs	X			
Facility ready, minor capital needs				X
AWARENESS				
Participated in FESC meetings, discussions for more than 3 years	X	X	X	X

Centers for Medicare and Medicaid FESC Demonstration Timeline
It is anticipated that CMS will publish a guidance for the FESC Demonstration in 2006. In addition to a notice in the Federal Register, it is expected that the ORHP, State Offices of Rural Health, the National Center for Frontier Communities, and other interested entities will help to make communities and potential FESC clinics aware of the program and application process.

FESC on the Web:
http://www.alaskafesc.org
http://ruralhealth.hrsa.gov/funding/fesc.htm
http://www.frontierus.org/index.htm?p=2&pid=6007&spid=6097