Mark your Calendar!

The Branch
An Update for State Offices of Rural Health and our Partners

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June, 2013

Region D State Offices Meet in San Diego

Representatives from NOSORH, FORHP, RAC and western SORHs met in San Diego last month at the Region D meeting.

Promising practices, the Affordable Care Act, oral health initiatives and a new documentary film produced by the Hawaii SORH were among the topics presented and discussed at the Region D meeting in San Diego, Calif., last month. “There was lots of sharing back and forth at the meeting,” said Stephanie Hansen, NOSORH Education and Services Director. “I think it’s always valuable for everyone.”

Highlights of the meeting included:

- Keith Mueller, Director of the RUPRI Center for Rural Health Policy Analysis, talked about health care models of the future, in addition to changes that have already been brought about by the Affordable Care Act.

- Irene V. Hilton, DDS, a dental consultant with the National Network for Oral Health Access, spoke about medical-dental integration at rural Health Centers.

- Davis Patterson gave a presentation on Building the Health Information Technology (HIT) Workforce for Rural Primary Care Practices.

All presentations from the meeting are posted on the NOSORH website.

In addition, the Hawaii SORH discussed a 90-minute documentary film they have produced, Ola: Health is Everything. The film is being shown in select sites in Hawaii and will be presented at the NOSORH Annual Meeting in October.

We look forward to another great Region D meeting next year in New Mexico!

Policy Update

Here are some of the key issues and events to note this month:

Revised Metropolitan Designation
Because the Office of Management and Budget has revised its Metropolitan and Micropolitan statistical areas (see the February 28th OMB Bulletin), there are 104 counties that were changed from nonmetropolitan to metropolitan. This could have an important impact on the 44 Critical Access Hospitals located in those counties, which could lose their CAH status and have to transition to PPS payments. In addition, because of this revision, dozens of formerly rural counties may lose their telehealth Medicare benefits.

Federal Budget and Sequestration
The House and Senate have both approved Budget Resolutions for the first time in several years, according to Bill Finerfrock, NOSORH legislative liaison. “While this is generally good news, the impact of this is a mixed bag,” Finerfrock said. “Although the Senate and House have both adopted Budget Resolutions, the spending levels approved by the respective bodies are very different. Within the next few weeks, the House and Senate Appropriations Committees will determine the top line allocations for all appropriations. NOSORH will provide members with an alert once the allocations levels are announced.

Affordable Care Act and CMS Funding
As part of the Affordable Care Act, federal dollars have been designated for “navigators” (people or organizations that will help explain the health law’s new programs). CMS is offering approximately $54 Million and HRSA is offering approximately $150 million in funds for navigators. The CMS money will go to contractors (for-profit or non-profit entities); the HRSA money is going exclusively to FQHCs. In addition, in May CMS announced that it will make another one billion dollars available for innovative healthcare reform/delivery initiatives. Click here for more info.

Tom Morris Testifies on the Hill
Tom Morris, Associate Administrator at the Federal Office of Rural Health Policy (FORHP), testified before the U.S. Senate on May 23rd. Morris gave an overview of FORHP, its history and its current programs. Click here to download his testimony.
Quality Improvement Pilot Project begins in Region C

A new pilot project initiated recently by the Federal Office of Rural Health Policy (FORHP) is asking state Flex Coordinators in all Region C states to help look at how quality improvement can be organized into a more formalized venture using data as a guide. The overall goal is to improve quality of care and patient satisfaction in those states.

Flex Coordinators in participating SORHs will select one measure of hospital quality—a Medicare Beneficiary Quality Improvement Project (MBQIP) Phase 1 or 2 measure—that can be significantly improved at the state level and set a target for improvement. The Flex Coordinators will then recruit between 10 to 15 Critical Access Hospitals (CAHs) to form a quality improvement cohort that will improve upon this measure. The Flex Monitoring Team partners at the University of Minnesota will track improvement measures in these CAHs.

David Dietz and Megan Meacham, Region C project officers at Federal Office of Rural Health Policy, said that this pilot resulted from their analysis of their region’s MBQIP data. “We’ve been collecting data for a year and a half and came to the realization that we need a structured quality improvement activity to correlate it to,” Dietz said. “There’s been a lot of discussion, but not many specific ideas that would correlate precise data points to quality improvement activities.” Meacham added, “We have gotten hospitals to record data, but recording data doesn’t necessarily improve quality.”

“We with this pilot, the hospital themselves will determine how much they may wish to improve. I think, based on our Flex Coordinators’ diligent efforts and understanding of the importance of quality improvement, we’re very optimistic of positive changes taking place.”

“Assuming we see some improvement after a year of activities, we want to continue rolling it out not only in our region, but in other regions so they can use the data and move forward with it,” Meacham said. “We’re excited to see where this goes!”

The Region C pilot program will be discussed further at the annual Flex conference in Bethesda in July, which SORHs from other regions are welcome to attend. SORHs that want to know more or wish to learn about target setting in their own states can contact Dietz and Meacham at DDietz@hrsa.gov or MMeacham@hrsa.gov.

Promising Practices

Delaware Partnership Yields New Mental Health Service

An ongoing partnership between the Delaware State Office of Rural Health (DE SORH) and the Delaware Rural Health Initiative (DRHI), which serves as the state rural health association, has helped forge new ways of helping the mentally ill and those experiencing psychiatric crises in rural areas of the state.

The partnership has evolved over time with the support of DE SORH funding, according to Kathy Collison, director of the DE SORH. The DE SORH and DRHI collaborate on an annual rural health conference that focuses on issues that affect access to health care for rural Delawareans. For the last several years, the conferences have focused on mental health. “As a result of networking and bridge building at the rural health conferences, a mental health leadership team was established to look at the rural mental health system,” Collison said. “That team has identified and addressed problems with infrastructure in rural Delaware.”

They found that individuals presenting at emergency departments in rural Delaware were often transported to inpatient facilities in urban areas, and Delaware law required the use of a police officer for that transport. “In addition to facing a mental health or psychiatric crisis, the individual would also face the trauma of being put in handcuffs and placed in a police vehicle,” Collison said. “And police indicated that thousands of dollars were being spent simply to transport people to inpatient facilities.”

One result of the team’s work was the opening of a non-inpatient facility in southern Delaware in August 2012. The Crisis and Psychiatric Assessment Center/Recovery Response Center, funded by the Delaware Department of Health and Human Services, is a 23-hour crisis assessment and engagement program for individuals 18 years and older who have significant mental health and/or substance use challenges. The goal of the Center’s services is to divert patients from hospitalization and higher levels of care by rapidly getting to know their needs, engage them in a voluntary recovery opportunity, and connect them to community services and supports. A nurse practitioner is either on-site or on-call 24/7 and works under the supervision of a medical director. Additional 24/7 staff includes mental health professionals, psychiatric nurses and peer support specialists.

“Our SORH funding supported conferences and partnerships that allowed this issue to come to light,” Collison said. “We are pleased to have stimulated this critical dialogue and subsequent investments in infrastructure,” said Paul Lakeman, DRHI President. Lakeman said. For more information on this partnership and the Delaware mental health facility, please contact Kathy Collison at Katherine.Collison@state.de.us.

Leadership Institute Meets to Discuss Community Engagement

The 2013 NOSORH Leadership Institute (LI) held a learning session on “Engaging the Community” during the National Rural Health Association’s Annual Meeting on May 7. In addition, participants reviewed tactics for increased involvement, explored the use of branding for image development, and developed ideas for creating, managing and supporting groups. The students also joined NRHA Scholars for a presentation by Tom Morris of the Federal Office of Rural Health Policy. LI learning sessions are usually conducted via webinar, so the conference gave the 2013 LI participants the opportunity for their first face-to-face meeting.
**NNOHA Continues Outreach to SORHs, Rural Health Organizations**

NOSORH’s partnership with the National Network for Oral Health Access (NNOHA) continues. “The information that NOSORH has gleaned from our partnership with NNOHA has been helping us keep SORHs informed about oral health workforce and access,” said Teryl Eisinger, NOSORH Executive Director. “We know that in some states SORHs play an important role in bringing rural issues to the oral health policy discussion. We appreciate their work and think this partnership will help in those efforts.” NOSORH shared information about NNOHA with attendees of the National Rural Health Association’s Annual Meeting last month.

NNOHA is reaching out to State Offices of Rural Health that want to learn more about oral health issues and invites them to attend their 2013 National Primary Oral Health Conference. The annual oral health conference, which will be held in Denver from November 10-13, is the largest gathering of health center program staff in the country. This year’s conference will feature Dr. Marcia Brand from Health Resources and Services Administration, and the Executive Director and the President-Elect of the American Dental Association. For more information, visit the NNOHA conference page. Please share information on this conference with oral health providers in your state (click here to download the June Steal Sheet, which has a short blurb on NNOHA).

**New Resources**

**New AHRQ Reports Show Health Care Quality Improving, But Access Still a Problem**

The quality of U.S. health care is slowly improving, while access to health care remains a great challenge for some Americans, especially racial and ethnic minorities and low-income people, according to the Agency for Healthcare Research and Quality’s 2012 National Healthcare Quality Report and National Healthcare Disparities Report. The reports note that “urgent attention” is needed to ensure continued improvements in the quality of diabetes care, maternal and child health care, and treatment for conditions such as pressure ulcers and blood clots. This year’s reports include new measures on early and adequate prenatal care, colorectal cancer screening, national rate of hospital-acquired conditions, standardized infection ratios at the state level for central line-associated bloodstream infections, and patient safety culture hospital survey findings. The reports’ quality and access data predate passage of the Affordable Care Act, which is now addressing many of the issues raised in the reports.

The reports are available online on the AHRQ National Healthcare Quality and Disparities Reports page. Print copies can be requested by emailing ahrqpubs@ahrq.hhs.gov or calling 800-358-9295.

**Keep Up to Date on Agricultural Safety**

The AgriSafe Network is offering a free distance learning webinar on June 19th (12 PM CDT) on Grain Safety, presented by Dan Neenan, director of the National Education Center for Agricultural Safety. Webinar participants will learn about the proper way to enter a grain bin, Lock-Out Tag Out procedures and proper use of body harnesses when working with grain. To register, click here.

This is just one of AgriSafe’s many webinars, which are offered on an ongoing basis. To see a list of upcoming webinars, visit the AgriSafe Training Calendar or the AgriSafe Facebook page. To sign up for upcoming webinar announcements, and to receive a free monthly newsletter, email info@agrisafe.org.

**Positions Available on the NOSORH Education Exchange Committee!**

The NOSORH Education Exchange (EE) Committee, which supports and enhances the leadership of State Offices of Rural Health (SORHs) through education and training assistance, is looking for new members. One example of its work is the SORH Education Exchange, where SORHs meet together to collaborate and learn from one another (recent examples include EEs between the CO and SC SORHs and the WA and ND SORHs).

The EE Committee also helps determine future educational opportunities for all NOSORH members via webinars and Learning Community calls, as well as through the NOSORH Leadership Institute and Grantwriting Institute. EE Committee members meet together at the NOSORH Annual Meeting and hold six conference calls a year. “This is an easy way to get involved in your membership organization!” said Stephanie Hansen, NOSORH Education and Services Director, who offers staff support for the EE Committee.

To volunteer, please contact Committee chairs Natalie Claiborne (MT SORH) at natalie.claiborne@montana.edu or Melinda Merrell (SC SORH) at merrell@scorh.net. For more information on the EE Committee, contact Stephanie Hansen at steph@norsorh.org.