National Organization of
State Offices of Rural Health

An Overview of the Work and Needs of State Offices of Rural Health

Analysis of 2016 Telephone Interviews with State Office Directors

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Introduction

During the months of March through May of 2016, the Education and Services Director (ESD) and the Communications and Development Coordinator (CDC) for the National Organization of State Offices of Rural Health (NOSORH) conducted structured telephone interviews with the Directors of the State Offices of Rural Health (SORHs). During these telephone calls, Directors were asked to discuss the activities and initiatives of their office to assist NOSORH in better understanding how each state is operating.

In addition to learning about the structure, activities, and initiatives of the SORHs, this gave the newest staff of NOSORH an opportunity to get introduced to each of the SORH Directors. The Directors were provided the opportunity to discuss their ideas for NOSORH related to membership services and organizational capacity to identify areas where they believe that NOSORH could add, expand, or refine programs.

Directors were provided with an on-line scheduling tool to sign up for a one-hour block of time to conduct their call. At the time, there were 49 designated SORH Directors, with Iowa having a vacancy in the position. Thirty-two of the Directors participated in the call (65%) representing SORHs from state-based, university-based, and independent non-profit offices. A map of the states that participated is shown below, which participating states shaded in blue (Figure I).

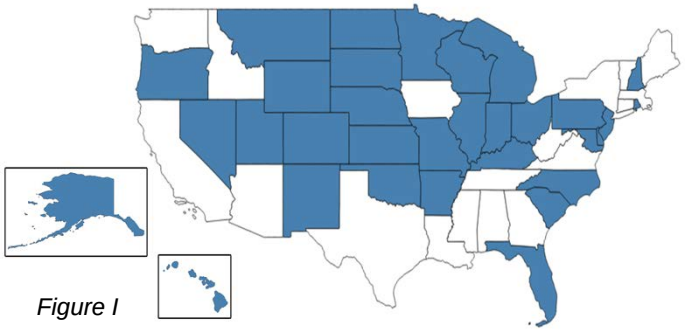


Figure I

The structured set of questions (Appendix A) allowed for flexibility for each office to answer within their own discretion. and Directors were assured that their individual responses would only be reported in an aggregated form. The major themes of the interview included: communication activities, potential promising practices, Affordable Care Act (ACA) activities, delivery system reform technical assistance, workforce initiatives, data use, population health activities, and experience with NOSORH services.

Communication

Information Dissemination is a key component of the SORH grant program, which includes the communication of state and federal policy changes in order to ensure a well-informed rural health system. To accomplish this, SORHs use a vast array of communication techniques ranging from e-mail distribution lists to social media and webinars.

SORH were asked to indicate their primary forms of communication with their key stakeholders within their state. Formal distribution lists (either through an e-mail client or through a formalized marketing tool like Constant Contact) were the most common with 91% of respondents indicating that they maintain a consistently updated distribution list. Respondents indicated that 88% of the Offices maintain a website, although many of them are limited in the control of the content as it is part of the larger state government website.

The top 3 means of communication for SORHs include regularly scheduled newsletters (59%), social media accounts (50%), and webinars (44%).

ACA Activities

Activities related to the initiatives within the Affordable Care Act (ACA) are broad and open to interpretation at the state level. Many SORHs are engaged with the ACA activities occurring within their state, but it should be noted that some states who have not accepted Medicaid Expansion are deterred from discussing or involving their offices in activities that may be linked to the ACA.

The Center for Medicaid and Medicare Services' State Innovation Model (SIM) grants are of particular interest in relation to ACA activities of SORHs. Of the respondents, 59% of the SORHs report involvement with SIM initiatives. Several SORHs have been involved in the writing, implementation, working groups, and advisory committees related to SIM activities within their states. This ranges from SORHs who have assisted in the writing of an unfunded SIM proposal, to chairing committees developed for tasks within the SIM project. The most common role of a SORH within the SIM process seems to be ensuring a rural voice during various committee and workgroup meetings, either through appointment or by ensuring voluntary participation in public workgroup meetings.

The next most common activity of SORHs within ACA-related programs is the interaction with rural Accountable Care Organizations (ACOs) within their states. SORHs interviewed reported 25% of their states were involved with ACO activities. This number includes a vast array of activities including one state which serves as an Executive Directors to ACOs in their state and spans to education for rural hospitals around the purposes of developing an ACO.

While every SORH, that is permitted by state political stances on the ACA, provides constituencies with important updates it should also be noted that each SORH's involvement in ACA activities is quite unique. Unique programs that SORHs are engaged in with relation to ACA activities include:

- Transforming Clinical Practice Initiative (TCPI) grants focused at engaging primary care practices in developing quality initiatives.
- Collaborative networks across the state which focus on bringing together community-level stakeholders to address the needs of a community or region, including those with financial accountability for individual care.
- Patient-centered medial home (PCMH) development and integration of other health service types including oral and behavioral health services.
- Serving on a number of committees and steering groups related to insurance Navigators, health benefit exchanges, and network adequacy for rural communities.

Delivery System Reform

In a recent discussion between the Federal Office of Rural Health Policy and NOSORH, the term "delivery system reform" (DSR) was defined as having three specific categories: incentives, care delivery, and information exchange. Focusing on activities that particularly related to these categories, SORH were asked to identify the technical assistance (TA) that has been provided by their office to organizations within their state. Activities that were simply limited to information dissemination were excluded from responses (i.e. forwarding email content, etc.).

The most common activity of SORHs in providing TA around DSR was care delivery (53%), followed by incentives (31%), and information exchange (22%). Examples of DSR specific activities conducted by SORHs includes:

- Implementation of new care delivery models including PCMH, Accountable Care Organizations, behavioral and dental integration, and Transforming Clinical Practice Integration (TCPI) grants.
- Curriculum development and training of new health professions including Community Health Workers, Community Paramedicine, and others.
- Assistance with implementation and education on incentives for PCMH, Meaningful Use, MACRA, and PQRS.
- Assistance with implementation of Meaningful Use, HIE, and Telehealth networks.

Workforce Initiatives

At the January 2016 NOSORH Board planning meeting, a "workforce liaison" position was added to the Board for the purpose of increasing NOSORH's efforts around workforce activities and begin looking at potential workforce activities. SORHs were asked to indicate their current involvement with workforce initiatives in their state in order to inform this work.

Even though the co-location of SORHs and Primary Care Offices (PCOs) is common across the nation, it was actually not indicated as the most common workforce related activities. SORHs which are not co-located with their PCO are additionally doing workforce initiatives or contracting activities with their PCO. Of the respondents, 66% indicated that they are the active Rural Recruitment and Retention Network (3RNet) member for the state. In addition, 59% indicated that they are the designated point of contact for National Health Service Corps either as the grantee or through a subcontract award.

Some examples of workforce initiatives being conducted by SORHs in their state include:

- Assistance with local recruitment and retention efforts through recruitment efforts and Community Apgar programs.
- Pipeline (K-12), GME, other graduate medical training programs, Allied Health professions, and AHEC initiatives.
- Loan repayment opportunities and tax credits for rural providers.

Data Use

National trends in healthcare are bringing about an age of increased use of strategic data that can be captured and utilized in program planning and evaluation. While some SORH offices are more advanced than others at using data, the use of data is emerging with consensus as an important topic for SORHs.

The majority of Directors indicated that they had the internal capacity to conduct advanced data analytics (56%), while 25% indicated that they had access to someone within the department with the necessary skills. Additionally, 25% of Directors indicated that they needed help with data services either in the form of education, software access, or contracted services.

Population Health

Population health is a common theme in this age of value-based care, particularly for those SORHs which are housed within the Department of Public Health of their state government. Whether initially considered as population health work, MBQIP and Community Health Needs Assessments (CHNAs) are the two most common population health activities conducted by SORHs. Of those who responded, 81% of SORHs indicated that they are involved in some sort of population health activity, with 41% conducting Community Health Needs Assessments and 18% involved in population health initiatives funded by an additional source. Examples of population health efforts being conducted by SORHs include:

- Regional/Community-based coalition facilitation to address population health needs.
- Development and collection of population health metrics from rural facilities to identify and address areas of greatest need.

- Chronic disease self-management programs, Community Health Workers, Health Coaches, and other efforts to increase individual health literacy.

NOSORH Services

SORH Directors were asked what NOSORH services offered to the membership should be added, modified, expanded or removed in an effort to ensure that the highest quality of services is available. This question provided an avenue for the Directors to examine the vast array of NOSORH services and make their priorities for the organization known.

Forty-seven percent of respondents indicated that their office would benefit from a data related service being provided by NOSORH. Some respondents indicated the need for analysis and publication of data to be provided by NOSORH, while others indicated the need for training. Still yet, some SORHs noted that they held the proper capacity in their office to address data-related needs but that they could benefit from negotiated rates on statistical software and other data programs.

TruServe was discussed as a service provided by NOSORH that is in need of attention. Of those surveyed, 41% stated that they felt TruServe needed to be made into a more functional and beneficial tool. Director comments included the need for a unified and easier input process, better functionality, and a more robust platform.

SORH Directors additionally noted that the educational programs offered through NOSORH needed attention to ensure that they were meeting the needs of the SORHs. Twenty-eight percent of respondents indicated that they would like to see modifications to the NOSORH webinars and meetings, or that the mentoring and travel scholarship program needed to be modified. Some of these recommendations that NOSORH will consider for implementation include: a reduction in the number of webinars and increase in other resources, increasing the amount of state sharing at meetings, and refreshing the travel scholarship application process.

Additional input from SORH Directors provided perspective on areas of membership engagement from the committee level, which included identifying annual objectives for committees, as well as a timelier and streamlined process for providing committee notes to the members.

Conclusions

Through the process of conducting interviews with the SORH Directors, the ESD and CDC could glean valuable information on the work being conducted in each state. Additionally, NOSORH staff were able to receive positive feedback about changes that would make NOSORH an even more valuable asset to their office.

NOSORH is utilizing the information gathered from the Directors to implement changes to the work plan and organization’s strategic plan. The statistics were summarized into a

single page fact sheet entitled *SORH Directors and Leadership Call Summary: Lessons for NOSORH* and distributed to the membership through the monthly Branch newsletter (Appendix B). This will allow for NOSORH to implement activities around workforce, data use, and population health in a manner consistent with the needs of the offices. Potential promising practices were identified to be shared in article format through The Branch. Respondents from 84% of the states indicated at least one potential promising practice as something that they were proud of, for a total of 55 different activities. The feedback provided will assist the Educational Exchange committee in identifying resources and education that meets the current needs of SORHs.

Priorities in the coming year for NOSORH, incorporated from the feedback collected on these calls, include:

- Increase in the educational resources provided to SORH in an effort to become further engaged with delivery system reform efforts within their state.
- Evaluation of the current Educational Exchange/Travel Scholarship program to better fit the needs of SORHs and increase the program's effectiveness.
- Introduction of new NOSORH activities related to data use, workforce, and population health including the continuation of activities with the Association of State and Territorial Health Officials (ASTHO).
- Modifications to the NOSORH committees including a reevaluation of the number, type, and focus of committees. This includes evaluating the need to focus on delivery system reform efforts, workforce initiatives, and others.

Appendix A: Outline of Interview Questions

Membership Interview Surveys

Dial-in Information:
Phone Number: (877) 668-4493
Access Code: 669 173 655

*Purpose: As NOSORH plans programs and projects to benefit each State Office of Rural Health, these calls will help NOSORH staff to ensure that we are planning meaningful activities and can help states share with one another. The calls are an informal scan of what your state office is doing as part of the grant. You may **not** be involved in all of these activities, but these are examples of the type of information that we are looking for:*

- What kind of communication activities does your SORH partake in?
  - Examples include: newsletter, social media (Twitter, Facebook), website, distribution lists, webinars

- Promising Practices – talk about an accomplishment in the last year that your SORH has completed that you are proud of.

- What, if any, involvement has your SORH had with ACA related activities in your state, including:
  - ACOs (ACO Investment Model, Pioneer ACO, Medicare Shared Savings Program, Next Generation ACO, Advanced Payment ACO, etc.)
  - Medical Homes
  - Medicaid Expansion
  - Innovation applications
  - Collaborative care organizations
  - Health insurance exchanges
  - Navigator programs/Enrollment
  - Network Adequacy
  - Medicaid Value-Based Payment (Community Care Organizations, etc.)
  - State Initiatives (all-payer systems, SIM grants, etc.)
  - Third party/private payer value-models

- What involvement has your SORH had regarding the delivery of Technical Assistance related to Delivery System Reform? Broadly defined, this means activities related to the following three categories:
  - Incentives
  - Care Delivery
  - Information Exchange

- If there have been any in your state, has your SORH been heavily involved with hospital closure? Is it a significant amount of work for your SORH?

- What vendors/contractors are you using to work with your Flex program?
- Workforce – what activities does your SORH conduct related to workforce initiatives?
- Data – how does your SORH use data, and what services could NOSORH provide that would be beneficial?
- Population health initiatives – is your SORH involved in any population health activities within your state? If so, what are they?
- Identify one NOSORH activity that you feel passionately about that we could improve:
    - TruServe
    - Grant Writing Institute
    - Travel Scholarships
    - New SORH Staff tools
    - NRHD
    - New Staff Orientation
    - Regional Meetings
    - Annual Meetings
    - Committees
- Is there anything that you feel NOSORH should add or expand in their services?

**In order to remain engaged with the conversation NOSORH requests to record the calls as they take place. Recordings will only be heard by NOSORH staff and deleted immediately following the collection of notes.*

**Responses will only be used as an aggregate (ie. 25 SORHs are engaged in Delivery System Reform activities) and individual responses are for NOSORH purposes only.*

Appendix B: SORH Directors and Leadership Call Summary

SORH Directors and Leadership Call Summary
Lessons for NOSORH

NOSORH National Organization of State Offices of Rural Health

Top 3 Areas of Membership Need

Data Services 47% *Software access, education, and infographics*
TruServe 41% *Most notably SORHs want this to be more efficient*
Education 28% *Changes to webinars, mentoring program, and meetings*

Top Affordable Care Act Activities of SORHs

State-Based Initiatives 59% *Includes State Innovation Model grants*
Accountable Care Organizations 25%
Medical Homes 22%
Innovation Applications 22%
Medicaid Expansion and Navigator Programs/Enrollment 13%

Delivery System Reform TA Delivered by SORHs

Care Delivery 53% *PCMH, Community health workers, Telemedicine, etc.*
Incentives 31% *MACRA MIPS, PQRS, etc.*
Information Exchange 22%

Top Workforce Activities of SORHs

3RNet 66%
National Health Service Corps 59%

SORH Participation in Population Health Activities

81% are conducting population health activities
41% working on Community Health Needs Assessments
16% have additional Population Health grant funding

Overview

Calls conducted March - May 2016

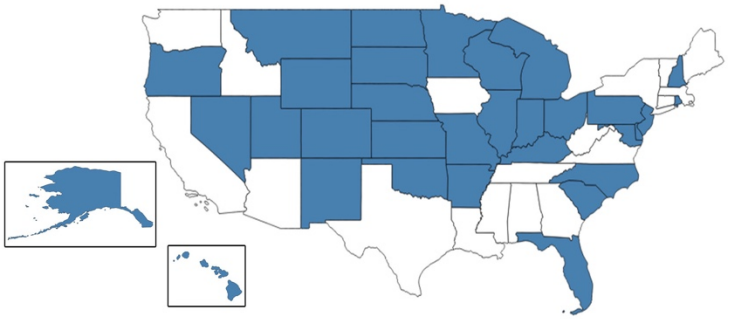
32 SORHs participated
highlighted on map

Structured set of questions asked of all SORH leaders

Individual responses tabulated to guide NOSORH activities and services

Communication Modalities Utilized by SORHs

Distribution Lists 91%
Website 88%
Newsletters 59%
Social Media 50%
Webinars 44%



NOSORH would like to thank all of the SORH Directors and staff that participated in the calls. The information you provided with help guide NOSORH in developing a plan for future education and services that will benefit you and your office.