SORH Toolkit

A Resource Guide for State Offices of Rural Health

7/27/2012

National Organization of State Offices of Rural Health

FIRST DRAFT

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NOSORH
national organization of state offices of rural health

Congratulations on your new position with a State Office of Rural Health (SORH)! If you are new to rural health we want you to know you've chosen work that makes a difference in the lives of people in your state, in the rural communities you are charged to serve and even at the national level.

The National Organization of the State Offices of Rural Health is the membership association of all 50 State Offices of Rural Health. Our mission is to build the capacity of SORH through education, advocacy and partnerships. At NOSORH we know that SORH are uniquely positioned to support rural health and we know that isn't an easy job. We've developed this toolkit for those that are new to rural health. We want you to know that you are now part of a network of 50 offices around the nation who have the same core functions to accomplish and that your best source of information is other SORH.

We hope that you will take advantage of a mentoring program designed by State Offices of Rural Health for State Offices of Rural Health. Once you've been in your role a little, while consider what your learning and mentoring needs are and reach out to visit another SORH to grow your understanding of good work. Check out the section on mentoring on page 30 of this manual.

No doubt you've discovered an overwhelming amount of information about rural health; we hope this manual will help provide you with information about NOSORH, the federal Office of Rural Health Policy, acronyms, examples of work of other state offices and topics of interest.

We're here to help you with any questions or concerns. Please give us a call to learn more about NOSORH and to allow us to learn more about you and the work in your office.

Best of luck,

NOSORH Staff

NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH

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National Organization of State Offices of Rural Health (NOSORH)

NOSORH is the State Offices of Rural Health membership association.

Mission

NOSORH promotes the capacity of state offices of rural health to improve health care in rural America through leadership development, advocacy, education, & partnerships.

Purpose

•Support the development of state and community leadership for rural health

•Facilitate partnerships at the national and state levels to enhance sharing and collaboration

•Help communities promote a healthy rural America through enhanced access to quality healthcare services

What We Do

•Strengthen the leadership and capacity of State Offices of Rural Health

•Provide a forum for the exchange and distribution of rural health information

•Promote the development and maintenance of State Rural Health Associations

•Provide leadership for state and community-based rural health activities

www.NOSORH.org

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The Federal Office of Rural Health Policy

The Office of Rural Health Policy (ORHP) coordinates activities related to rural health care within the U.S. Department of Health and Human Services. Part of the Health Resources and Services Administration (HRSA), ORHP has department-wide responsibility for analyzing the possible effects of policy on 62 million residents of rural communities. ORHP advises the Secretary on health issues within these communities, including the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

ORHP administers grant programs designed to build health care capacity at both the local and State levels. These grants provide funds to 50 State Offices of Rural Health (SORH) to support on-going improvements in care, and to rural hospitals through the Medicare Rural Hospital Flexibility Grant (Flex).

Through its community-based programs, ORHP encourages network development among rural health care providers; upgrades in emergency medical services; and places and trains people in the use of automatic external defibrillators. ORHP also oversees the Black Lung Clinics grant program and the Radiation Exposure Screening and Education grant program. While these efforts are not solely focused on rural health issues, many of the populations affected reside in rural areas.

http://www.hrsa.gov/ruralhealth/index.html

Office of Rural Health Policy
Hospital State Division

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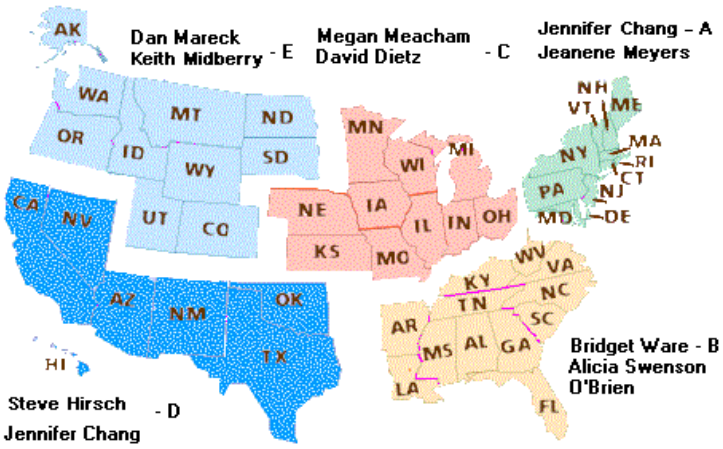

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May 2012

Project Officers carry out the day to day work on the three Hospital State Division grant programs and are the main point of contact for SORH, SHIP and Flex questions from grantees. If the grantee submits a budget revision or carry over requests, the project officer should be copied in any correspondence to the GMO. **If grantees have questions about the review of their application, how the grant funds can be used, potential changes to their program, or changes in staffing, they should contact their Project Officer.** Project Officers provide technical assistance to the states by providing ORHP and other updates, organize regular Regional conference calls and facilitate with the planning of Regional meetings.

Program Coordinators

Program	Coordinator
State Offices of Rural Health (SORH) Program; NOSORH Cooperative Agreement	Keith Midberry
Medicare Rural Hospital Flexibility (Flex) Program; Technical Assistance and Services Center (TASC)	Mike McNeely
Small Rural Hospital Improvement Program (SHIP)	Jeanene Meyers
Flex Monitoring Team (FMT) Program	Megan Meacham

Program coordinators provide leadership and perform administrative and oversight activities that contribute towards the overall success of the grant program. They are responsible for preparation of grant guidance and coordination of the grant application, review and funding processes. **Any questions related to the processing of the application, should be directed to the Program Coordinator.**

SORH Grant

SORH Grant - Goal 1 Establish and maintain clearinghouse

Establish and maintain within the State a clearinghouse for collecting and disseminating information on—

a) *rural health care issues;*

b) *research findings relating to rural health care; and*

c) *innovative approaches to the delivery of health care in rural areas;*

The following are examples of how states address this goal:

Established a web site providing a one-stop site for information on regulatory changes, research articles, general health care related articles, funding opportunities and a calendar on trainings, webinars and conferences.

Print and distribute rural health newsletter.

Contribute articles/information to other health care entities.

Provide information to statewide providers concerning RHCs, FQHCs, CAHs/small, rural hospitals and other rural health issues.

Serve as conference coordinator of the SC Rural Health Association and utilize the conference proceedings to disseminate information/educational offerings.

Participate on AHEC, DHEC, and other committees/boards which address issues that affect the health of rural communities.

Develop email listserv to disseminate rural health information in a timely manner to rural providers, communities and advocates.

Work with the ORHP-funded SC Rural Health Research Center to provide input to potential research topics, share ideas and disseminate pertinent research findings.

SORH Grant – Goal 2 Coordinate

Coordinate the activities carried out in the State that relate to rural health care, including providing coordination for the purpose of avoiding duplication in such activities.

The following are examples of how states address this goal:

Produce a quarterly publication that contains short articles on health and wellness articles. Articles provide a link to the programs to allow readers to gain further information.

Secure funding for SCORH and administer statewide grant programs.

Maintain funding for the Rural Physician Incentive Program and the Locum Tenens Program.

Work with other organizations including partners in state government to support their outreach to rural communities on programs, services and grants available to rural places.

Convene advisory councils of key stakeholders to advise the Office of Rural Health or to address a specific rural health issue.

SORH Grant – Goal 3 Identify programs and provide technical assistance

Identify Federal, State, and nongovernmental programs regarding rural health, and provide technical assistance to public and nonprofit private entities regarding participation in such programs.

The following are examples of how states address this goal:

As entities approach the SORH staff about interest in addressing a health issue, information is shared about resources and funding. SORH staff will assist entities applying for a grant with identifying data sources, reviewing application for clarity and providing a letter of support.

Participate in infrastructure development activities.

- Workshops held on various health issues: Managed Care, Stark Laws, NP/PA Practice Act issues, CAH/rural hospital issues, The Benefit Bank, capital projects for FQHCs, hospital affiliations, network development, EMS, RHC issues and strategic planning.
- Participation in statewide or local community development planning processes.

Provide organizations, communities, etc. with information regarding accessing the Rural Health Revolving Loan Program, RHC TA, HIT and Low Country Healthy Start Program.

Provide technical assistance to rural communities regarding the availability of grants, loans and other resource programs.

Ensure rural community stakeholders are aware of HRSA and ORHP funding programs.

SORH Grant – Goal 4 Encourage recruitment and retention

Encourage, but not directly fund, the recruitment and retention of health professionals in rural areas

The following are examples of how states address this goal:

Matching funds for the SORH grant consists of contracts with rural health care providers and communities to expand access to primary and preventive health care services through recruitment and retention of medical staff.

Provide rural communities with the resources of staff recruiters will operate Practice Sights Program and 3RNet and will assist physicians and other practitioners when visiting communities. (Supported by non-federal resources).

Support the administration of the NHSC Federal Loan Repayment Program. Also assist the NHSC in certifying practice sites and in placing NHSC Scholars. (Supported by non-federal resources).

Support the administration of non-federal loan repayment and scholarship funds for rural areas.

SORH Grant – Goal 5 Strengthen partnerships

Participate in strengthening State, local and Federal partnerships in rural health

The following are examples of how states address this goal:

State programs, as well as local and federal programs, are encouraged to submit articles for the Rural Spotlight. In addition, SORH staff routinely shares information pertinent to partners. SORH staff participates in webinars, conference calls and in-person meetings with local, state and federal entities to continue to strengthen partnerships.

Participate in state, regional, and national organizations whose mission is to promote the interests of rural communities.

- Staff members actively participate on Rural Health Research Center User's Workgroup.
- Nationally, staff attends all ORHP, NRHA, 3RNet and NOSORH meetings.
- Staff serves on the following national boards/committees: National Advisory Committee on Health and Human Services, NOSORH Board, NRHA Rural Health Policy Congress, NRHA Governing Board, GAC, SOC, SAC and Statewide Constituency and 3RNet Board.

Provide state perspective on national rural health care policy issues.

- Review and comment, upon request from NOSORH, NRHA, etc., on a variety of documents effecting rural health at state and national levels.

Participation in the National Organization of State Offices of Rural Health

Serve as a liaison between state/federal/national entities and local communities.

Primary Characteristics of Successful Offices, Supportive Abilities, and Practices

Several "Core" or "Primary" positive characteristics of successful Office have been identified. They are highlighted bold type. Each characteristic has several supporting "abilities" that contribute to developing and demonstrating the characteristic. These have been bulleted. A sample of associated SORH practices or action steps have been highlighted with italics. The following list does not indicate priority, although number one is critical to all Offices. The list is not inclusive of all SORH experiences or attributes. The sample list is only a subset of a wide range of practices. Additional examples are included in Appendix E, which profiles Useful Partnerships. The recommendations in the report are designed to build a more comprehensive and detailed set of examples that will be organized by topic. The strengths of the State Offices, as characterized by interviewed SORH Directors, have been mapped into this framework.

#1 Expert Relationship Developer

Key Abilities of the Characteristic

The ability to:

- Organize, Convene Stakeholders, and Sustain Partnerships
- Bring participants with rural interests to the table, to sustain their interest, foster their input and to keep them interested in continuing to collaborate
- Assure that Office gets "invited to the table" when significant rural issues are discussed and the ability to present an image that the SORH is a necessary participant for other to seek out when addressing rural issues
- Add value to discussions (as a good process participant and by intellectual value to discussions and strategy/program development)
- Nurture a strong rural health association (This is strength in some cases but not universally; this is very state-specific based on a wide range of factors, and the approaches are not consistent. This study did not explore this issue in depth.)

SORH Examples of Practices – Activities

- Partnership meetings monthly to go through all possible projects and to discuss mutual needs (VT)
- Memo of Agreement with partners organizations on info sharing, point of contact with multiple parties outside of state government, complemented by twice monthly calls (WA)
- Development of a rural forum for all Penn State faculty, staff, and students across all Penn State campuses and colleges interested in rural issues (PA)

#2 Adept "Positioner"

Positioning the Office as an "expert" or value-adding collaborator for constituents

Key Abilities of the Characteristic:

The ability to:

- Provide valued Technical Assistance
- Cultivate and market specific (albeit often limited) areas of recognized expertise as a visible sign of the Office's value
- "Claim the high ground", as non-regulators, through collaboration and facilitation

- Function as "go to" Information Clearinghouse (one that has sufficient recognition to be the place constituents turn for rural health information and data)
- Provide a data repository or conduit to data to support local, regional, and state-level issue analysis, planning, grant applications, evaluations, etc.
- Be "politically" observant and read state-specific changes in administrative and legislative needs
- Engage higher level decision-makers in executive and legislative branches to support rural health …and the Office (e.g., Work with a Legislative Commission on Rural Resources)
- Demonstrate effective contributions to addressing government initiatives to gain intra-governmental support from other agencies
- Engage rural development organizations in collaborative dialogues and to demonstrate interrelationships of health and health services with rural community development (Work with or done by the Center for Rural Health Works was frequently cited as a strategy that added value, but not the exclusive strategy.)
- Engage cooperative extension services in collaborative activities
- Work collaboratively with the State Primary Care Offices and Associations
- Argue (or advocate) within state governments for rural issues and rural funding (To some Offices this meant "through education" for other it can mean "active advocacy".)
- Network and develop relationships with constituents and call upon these relationships to support the Office and other rural health initiatives when necessary

SORH Examples of Practices – Activities

- Development of a center for data/info gathering, viewed as a valuable source of information that can be drilled down to the community level (LA)
- Work with constituents (often in conjunction with the Center for Rural Health Works) in demonstrating the economic value of health and health service and by demonstrating examples of support for community engagement (OK, OH, KY, NV)
- Development of a portion of the SORH website for sharing "successful models" of community projects (MN)
- Development of an accessible and substantial rural health information data base (AZ)
- $2 million in enhanced reimbursements due to technical assistance to rural hospital and rural health clinics (MN)

#3 Resourceful Resources and Funding Developer

Being innovative in finding and using funds to achieve more than the Office can achieve through independent funding or through SORH Grant funds alone

Key Abilities of the Characteristic:

The ability to:

- Leverage and use available funds as seed money to attract additional resources from partners and to stimulate multi-source funding
- Demonstrate the economic return on an Office's programs and grants acquired
- Attract new funding from Federal sources such as ORHP through or programs (e.g., Delta Project, HIT initiatives, special studies)
- Attract and retain state funding or contracts from other agencies and organizations in the state to sustain the Office, or to expand the Office through new or existing programs

- Develop multi-source funded initiatives through SORH facilitation but without direct Office funding
- Secure funds for the Office from foundations and other sources of to sustain or expand Office activities and build a sustainable platform for future activity (programs, sources of revenue, depth, and capabilities of staff)

SORH Examples of Practices – Activities

- Effective arguments with legislatures channel expanded programs through the Offices (LA MN)
- Summaries of financial leveraging and economic return in their SORH Grant Applications (AZ, GA)
- A project looking at collaboration opportunities, funded jointly by the SORH and all fifteen of the state's CAHs (ME)
- Leveraging funding by linking Office strategies and the Rural Health Plan with broader State strategies targeted to addressing chronic disease through implementation of a chronic care model (VT)

#4 Sufficient Size and Scope of Programs to be "Visible" and to Build Influence

Growing the "footprint" of the Office and building "critical mass" to foster the Office's Impact

Key Abilities of the Characteristic

The ability to:

- Engage in opportunistic growth (a key factor related to organizational setting and the Director's personality)
- Seek out "promising practices" elsewhere (nurturing of a culture of aggressive searching and borrowing from others)
- Incubate good ideas within the Office that can be spun-off to others for further development or management
- Grow existing businesses
- Diversify programs/services and to develop multiple revenue sources to decrease reliance on any one program or grant
- Anticipate trends for programs and resources and to capture issue lifecycles—opportunistically and to strategically target developing issues, e.g., workforce development and disaster preparedness
- Conduct Office-based research along with the capability to obtain grant/research funding
- Develop a "family" of interrelated and synergistic, program initiatives that in the aggregate have meaningful substance and effectiveness
- "Acquire" diverse state-programs under the SORH umbrella (or within a cluster of state-agencies activities of which the SORH is a part)
- Increase multi-state agency planning and problem solving, goal and resource alignment (ability to work off each other's strategies and funding)

SORH Examples of Practices – Activities

- Feasibility assessment, applications, practice management for Rural Health Clinics (SC)
- Fee for service recruitment and retention support, beyond general supportive activities) (SC, WI)
- Sponsoring discussions related to rural transportation services and then spinning them off to the Department of Transportation (IA)

- Working on state legislation that added several new programs to the SORH and Primary Care Office, including, responsibility for developing and evaluating a Safety Net Provider Network Program and several programs to advance access to mental health providers (IA)
- Development of a "family" of interrelated and mutually reinforcing workforce development initiatives within its recruitment and retention program (SC)
- Obtaining a grant to conduct a project to investigate the ability of small rural and urban businesses to provide health insurance benefits to their employees (PA)
- Development and management of revolving rural loan program (SC)
- Office managed grants/projects, (e.g., from grant funders such as RWJ, from state agencies looking to contract for support, from state legislatures needing an agency to disperse funds, or from other entities such as Universities. (AZ, FL, NY, SC, WA)
- Development of an agromedicine consulting program (PA)

#5 Effective Resource Manager

Organizing and using resources effectively and purposefully

Key Abilities of the Characteristic

The ability to:

- Create a compelling vision to move toward, and a Plan for the Office's development
- Attract and retain knowledgeable, credible, and constituent accepted staff
- Effectively build staff: identification of specific needed skills, targeted educational strategies, and development of internal synergism among staff (team)
- Contract outside the organizations for work that cannot be accomplished within the Office administrative or staffing constraints

SORH Examples of Practices – Activities

- Cross-training of staff (KY)
- Multiple states, but clearly not all, have engaged in some form of disciplined planning process for the Office. Examples of the States have engaged in Strategic or Business Planning include: OH, SC, MI, MN, IN, NH, VT, CT, FL, AR, KS, VA, PA, WI, DE
- Multiple Office's contract with outside organizations (Note however, that this is frequently without clearly defined expectations or evaluation processes that result in good accountabilities)

#6 Effective Communicator and Marketer

Key Abilities of the Characteristic

The ability to:

- Tell the Office's story and to showcase effectiveness/value
- Track the application of SORH funds and leveraged funds and to translate this into a presentation of the Office's effectiveness

SORH Examples of Practices – Activities

(Note: some suggested abilities are not all reflect activities in places.)

- Annual Reports (PA and LA)

- Development of a web-based tracking tool to record activities records and to sort Office actions by location, organizations involved, and type of activity (Note: this could also record quantitative impacts as well as be tied to various forms of "story-telling", especially to political constituents.) (ND)
- Brochures and other supportive media tools
- Legislative and constituent briefings
- Development of a pro-active communications "package" or plan (e.g., for the upcoming 6-12 months)
- Development of solid electronic communications capacity (development of creative and accessible, constituent supported Web portals, list servers, etc.) (KS)
- Discontinuation of a newsletter and development of a magazine to provide expanded opportunities for highlighting rural health programs and disseminating information (PA)
- Profiles of grants received by the Office or other organizations obtaining funding with Office support (AZ and GA)

Topics of Interest

Area Health Education Centers (AHEC) enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships.

SORHs often partner with AHEC to achieve rural health workforce goals.

AHEC Directory - http://www.nationalahec.org/Directory/AHECDirectory.asp

National AHEC Organization - http://www.nationalahec.org/home/index.asp

Search the Rural Assistance Center website (www.racoline.org) for success stories, publications, and links to AHEC organizations.

Behavioral and Mental Health Resources

The NHSC provides behavioral and mental health clinicians with financial support in the form of loan repayment and scholarships - http://nhsc.hrsa.gov/

The American Psychological Association has a Committee on Rural Health - http://www.apa.org/practice/programs/rural/index.aspx

Rural Mental and Behavioral Health: A Web Portal for Rural Communities - https://learn.aero.und.edu/pages.asp?PageID=101055

National Association for Rural Mental Health - http://www.narmh.org/

National Institute of Mental Health - http://www.nimh.nih.gov/index.shtml

National Office of Rural Mental Health Research - http://www.nimh.nih.gov/about/organization/od/office-of-rural-mental-health-research-ormhr.shtml

Search the Rural Assistance Center website (www.racoline.org) for success stories, publications, and links to behavioral health organizations.

Check the NOSORH web page policy platform on behavioral health to learn more about rural behavioral health, click here.

CMS – Rural Health

The **Centers for Medicare & Medicaid Services** (**CMS**), previously known as the **Health Care Financing Administration** (**HCFA**), is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, and clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments.

The Centers for Medicare & Medicaid Services (CMS) has ten Regional Offices (ROs) reorganized in a Consortia structure based on the Agency's key lines of business: Medicare Health Plans Operations, Financial Management and Fee For Service Operations, Medicaid and Children's Health Operations, and Quality Improvement and Survey & Certification Operations. Each regional office has a rural health consultant, listed below.

CMS also holds regular conferences calls called “Open Door Forums” on issues of interest to SORHs. The list includes:

- √ Special Open Door Forums
- √ Ambulance Open Door Forum
- √ Disability Open Door Forum
- √ End-Stage Renal Disease and Clinical Laboratories Open Door Forum
- √ Home Health, Hospice & Durable Medical Equipment Open Door Forum
- √ Hospitals Open Door Forum
- √ Low-Income Health Access Open Door Forum
- √ Medicare Beneficiary Ombudsman Open Door Forum
- √ Pharmaceutical, Pharmacy, and Device Manufacturers Open Door Forums
- √ Physicians, Nurses and Allied Health Professionals Open Door Forum
- √ Rural Health Open Door Forum
- √ Skilled Nursing Facilities/Long-Term Care Open Door Forum

Visit the CMS website to be notified when the next open door forums are scheduled - http://www.cms.gov/OpenDoorForums/**.**

Centers for Medicare & Medicaid Services (CMS)
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Collaboration

According to the Merriam-Webster dictionary, *collaborate* is a verb that means:

1. to work jointly with others or together especially in an intellectual endeavor
2. to cooperate with or willingly assist an enemy of one's country and especially an occupying force
3. to cooperate with an agency or instrumentality with which one is not immediately connected

State Offices of Rural Health achieve success, with limited resources, by collaborating with others to address rural health goals.

Potential partners for collaboration include, but are not limited to:

- Colleges and universities
- Family Practice Residency Program - Rural Training Tracks
- Primary Care Association (PCA)
- Primary Care Office (PCO)
- Public health departments
- Rural health associations
- Rural health clinic associations
- State Department of Education
- State hospital associations
- State health care provider associations, including:
  - Academy of Family Physicians
  - Nurse Practioners associations
  - Physician Assistant associations
  - Nurses associations
- United States Department of Agriculture (USDA) – Rural Development
- Veteran's Health Administration (VHA)

For more information about the collaborative work of the SORH check out the 2010 survey of SORH – http://www.nosorh.org/resources/files/sorh_profile_directory_summary.pdf

Community Health Clinics (aka Federally Qualified Health Centers - FQHC)

Federally qualified health centers (FQHCs) include all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must:

- Serve an underserved area or population
- Offer a sliding fee scale
- Provide comprehensive services
- Have an ongoing quality assurance program
- Have a governing board of directors

There are many benefits of being an FQHC. For FQHCs that are PHS 330 grant recipients, the biggest benefit is the grant funding. For new starts, funding up to $650,000 can be requested. Other benefits include:

- Enhanced Medicare and Medicaid reimbursement
- Medical malpractice coverage through the Federal Tort Claims Act
- Eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug Pricing Program
- Access to National Health Service Corps
- Access to the Vaccine for Children Program
- Eligibility for various other federal grants and programs

CMS Federally Qualified Health Centers Center - https://www.cms.gov/center/fqhc.asp

Overview of the FQHC Program - http://www.raconline.org/topics/clinics/fqhc.php

Fact Sheet - https://www.cms.gov/MLNProducts/downloads/fqhcfactsheet.pdf

HRSA “The Health Center Program” http://bphc.hrsa.gov/

FQHC Member Association – National Association of Community Health Centers (NACHC) - http://www.nachc.com/

Conference Planning

Many State Offices of Rural Health (SORH) plan and support rural health conferences and meetings. Conferences provide SORHs with the opportunity to bring rural stakeholders together for education, strategic planning, and networking. SORHs are not required as part of their federal funding to develop and support conference.

Examples of SORH conferences and meetings include:

- Billing and coding
- Critical Access Hospital
- Cultural competency
- EMS medical director education
- Financial performance improvement
- Grant writing
- Health care access
- ICD-10
- Medical interpreter education
- Patient Safety
- Opportunities to meet family practice residents
- Quality
- Recruitment and retention
- Rural Health Clinic
- Rural health
- Telehealth

See the NOSORH website for examples of recent SORH conference and meeting agendas, sample evaluations, and potential speakers.

http://www.nosorh.org/resources/files/rural_health_speakers_feb_2012.pdf

http://www.nosorh.org/members/resources/reports.php

Critical Access Hospitals (CAH)

The Critical Access Hospitals (CAH) program is designed to improve rural health care access and reduce hospital closures. Critical Access Hospitals provide essential services to a community and are reimbursed by Medicare on a "reasonable cost basis" for services provided to Medicare patients.

CAHs must be located in a rural area and meet one of the following criteria:

- Over 35 mile distance from another hospital, or
- 15 miles from another hospital in mountainous terrain or areas with only secondary roads

  (Please see the September 7, 2007 letter from CMS to State Survey Agency Directors titled Critical Access Hospitals (CAHs): Distance from Other Providers and Relocation of CAHs with a Necessary Provider Designation for more detailed information on the definition of mountainous terrain and secondary roads)

The Medicare Rural Hospital Flexibility Program (Flex Program) was created by the Balanced Budget Act of 1997 and is intended to strengthen rural health care by encouraging states to take a holistic approach. A major requirement for participation in the Flex Program is the creation of a state rural health plan. The Flex Program provides grants to each state which are used to implement a Critical Access Hospital program, to encourage the development of rural health networks, to assist with quality improvement efforts, and improve rural emergency medical services. The Flex Program promotes a process for improving rural health care, using the Critical Access Hospital (CAH) program as one method of promoting strength and longevity through CAH conversion for appropriate facilities.[i]

CMS CAH Center - https://www.cms.gov/center/cah.asp

Overview of CAHs - http://www.raconline.org/topics/hospitals/cah.php

Rural Health Resource Center Technical Assistance Service Center - http://www.ruralcenter.org/tasc

Cultural Competency

Effective health communication is as important to health care as clinical skill. To improve individual health and build healthy communities, health care providers need to recognize and address the unique culture, language and health literacy of diverse consumers and communities.[ii]

Cultural competency is one the main ingredients in closing the disparities gap in health care. It's the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.

Culture and language may influence:

- health, healing, and wellness belief systems;
- how illness, disease, and their causes are perceived; both by the patient/consumer and
- the behaviors of patients/consumers who are seeking health care and their attitudes toward health care providers;
- as well as the delivery of services by the provider who looks at the world through his or her own limited set of values, which can compromise access for patients from other cultures.

The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge to the health care delivery service industry in this country. The provider and the patient each bring their individual learned patterns of language and culture to the health care experience which must be transcended to achieve equal access and quality health care.[iii]

Resources:

HRSA - http://www.hrsa.gov/culturalcompetence/index.html

Free online course - *Effective Communication Tools for Healthcare Professionals* - http://www.hrsa.gov/publichealth/healthliteracy/index.html

Office of Minority Health - http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3

AHRQ - http://www.ahrq.gov/research/cultural.htm

Education Exchange – Travel Scholarships (NOSORH)

What Resources are Available?

Any NOSORH member may request travel scholarships to meet with another SORH to learn about a topic of importance to that member's SORH. Scholarships support travel which enable a NOSORH member to link with a mentor or peer at another SORH who will help that member develop or enhance his or her expertise and leadership skills; adopt a promising practice; and/or improve their program management or strategic planning/implementation effectiveness.

Who is Eligible to Apply?

SORH staff – including directors, FLEX coordinators, program coordinators or other staff – is eligible to apply for travel scholarships for educational exchange activities. Consultants to SORHs are not eligible.

NOSORH's Web-based directory of SORH staff will be used to verify whether applicants are eligible for funding. Eligible applicants must also have the verifiable endorsement of their respective SORH director to apply for funds.

How May Scholarships be Used?

Travel scholarships may be used by NOSORH members to visit another SORH in order to:

- Develop or enhance their rural health expertise or knowledge;
- Cultivate their leadership skills;
- Adopt a promising practice; or
- Improve their program management and/or strategic planning and implementation effectiveness.

Travel scholarships may not be used to support the following activities:

- Travel required by any federal grant;
- Consulting fees for state-specific projects;
- Activities already budgeted for by other funding streams; or
- Conference travel

Visit the NOSORH website for additional details: http://www.nosorh.org/education/resources.php

Emergency Medical Services/Emergency Preparedness

Emergency medical services (EMS) providers deliver on-demand medical care at a moment's notice. From rural regions to the busiest urban centers, EMS professionals – emergency medical technicians, 9-1-1 dispatchers, firefighters, law enforcement officials, educators, nurses, mid-level providers, and physicians – deliver quality medical care when unforeseen illness, injury, or disaster strikes.[iv]

Rural EMS systems face substantial challenges. Few rural communities have paid EMS personnel, depending instead upon volunteers, who often work full-time in non-EMS related vocations within the community, yet continue to donate their personal time to provide pre-hospital care and receive training. Sparsely populated regions lead to higher costs for EMS care, but there are fewer tax dollars to fund EMS programs. Rural populations are aging, which places an increased demand on EMS.

Additionally, poor access to training and medical supervision, higher response times, dated equipment, inadequate insurance reimbursement for services, and insufficient communications systems all combine to make rural EMS an area of critical concern.[v]

NEMSIS - The National EMS Information System (NEMSIS) will provide the framework for collecting, storing, and sharing standardized EMS data from States nationwide. The new NEMSIS database, to be housed at NHTSA's National Center for Statistics and Analysis, will empower EMS stakeholders at the local, State, and national levels with the information necessary to accurately assess EMS needs and performance today - and strategically plan for tomorrow.[vi] For more information, visit http://www.nemsis.org/.

Resources:

HRSA EMS Programs - http://www.hrsa.gov/EMS/index.html

National Highway Traffic Safety Administration Office of EMS (NHTSA) - http://www.ems.gov/

Rural EMS Overview - http://www.raconline.org/topics/ems/

Joint Committee on Rural Emergency Care (JCREC) –

> http://www.nosorh.org/committees/ems/. To join the committee or for more information, contact: Stephanie Hansen, steph@nosorh.org
>
> Enhancing EMS in Rural Communities Statement -http://www.nosorh.org/policy/platform.php

Patient Safety, Partnership for Patients and Quality Improvement Organizations

The Institute of Medicine defines patient safety in its landmark 1999 publication, *To Err Is Human* as, "Freedom from accidental injury." Improving patient safety can be done through standardizing approaches, decreasing complexity, and incorporating human factors design. Redesigns of processes combined with a shift in culture to focus on safety are essential for health care organizations to reduce harm to patients from medial errors.

The Partnership for Patients Initiative (PfP): Better Care, Lower Costs is a new public-private partnership that is aimed at improving the quality, safety and affordability of health care for Americans. The initiative brings together leaders of major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments in a shared effort to make hospital care safer, more reliable, and less costly. The two primary goals are:

- **Keep patients from getting injured or sicker.** By the end of 2013, preventable hospital-acquired conditions would decrease by 40% compared to 2010.
- **Help patients heal without complication.** By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20% compared to 2010

Quality Improvement Organizations (QIO) are private, mostly not-for-profit organizations, which are staffed by professionals, mostly doctors and other health care professionals, who are trained to review medical care and help beneficiaries with complaints about the quality of care and to implement improvements in the quality of care available throughout the spectrum of care.

NOSORH's PfP activities include:

- Active membership of the Rural Affinity Group-which generates and maintains momentum for success in reducing preventable harm and readmissions in rural-based health care settings.
- Informs SORHs with federal updates on PfP learning activities and action initiatives to disseminate to health care organizations in their states.
- Provides educational tools and resources to better understand PfP goals and quality improvement techniques.
- Offers networking activities for project sharing with other offices and PfP stakeholders.

Rural health faces unique challenges surrounding patient safety and quality. The geographic location makes its incredibly difficult for patients to access care in a timely manner or access a facility that provides advanced services. Facilities are often older with less cutting-edge equipment. Younger people within the community leave for urban areas as retired people move in. The elderly have a greater need for health care services, particularly for chronic disease management and long-term care. Rural populations tend to exhibit poorer health behaviors such as higher rates of smoking and obesity and lower rates of exercise. Attracting educated and experienced health care professionals can be problematic due to the isolated location, facility caliber, and community opportunities for their families.

Resources:
The Institute for Healthcare Improvement, Patient Safety:
http://www.ihi.org/explore/patientsafety/pages/default.aspx
HealthCare.Gov-Partnership for Patients
http://www.healthcare.gov/compare/partnership-for-patients/index.html
The Center for Medicaid and Medicare Services:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html?redirect=/QualityImprovementOrgs/
SORH Partnership for Patients Toolkit:
http://www.nosorh.org/members/resources/files/PfP_toolkit_edition.pdf
Critical Access Hospital/Hospital Engagement Network Engagement List:
http://www.nosorh.org/events/files/053112_cah_hen_engagement.xls
Hospital Engagement Network Contact List
http://www.nosorh.org/events/files/053112hen_contact.xls

Rural Health Clinics

CMS Rural Health Clinics webpage - https://www.cms.gov/center/rural.asp

RHC Resources for SORH - http://www.nosorh.org/members/resources/toolkits.php

Acronyms

3R Net	National Rural Recruitment and Retention Network
ACF	Administration for Children and Families
ADAP	AIDS Drug Assistance Program
AHA	American Hospital Administration
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
APA	American Psychological Association
ARC	Appalachian Regional Commission
ASPE	Assistant Secretary for Planning and Evaluation
ATF	Bureau of Alcohol, Tobacco, and Firearms
ATSDR	Agency for Toxic Substances and Disease Registry
BBA	Balanced Budget Act of 1997
BBRA	Balance Budget Refinement Act
BCRS	Bureau of Clinician Recruitment and Services
BHPr	Bureau of Health Professions
BIA	Bureau of Indian Affairs
BIPA	Benefits, Improvement, & Protection Act of 2000
BLCP	Black Lung Clinics Program
BPHC	Bureau of Primary Health Care
CAH	Critical Access Hospital
CAP	Community Access Program
CARE	Comprehensive AIDS Resources Emergency
CBO	Congressional Budget Office
CDC	Centers for Disease Control and Prevention
CFO	Chief Financial Officer
CFR	Code of Federal Regulations

CHC	Community Health Center
CHGME	Children's Hospitals Graduate Medical Education
CIO	Chief Information Officer
CISS	Community Integrated Service Systems
CMS	Centers for Medicare and Medicaid Services
CQ	Center for Quality (HRSA)
CSG	Council for State Governments
CSHCN	Children with Special Health Care Needs
DASH	Deputy Assistant Secretary for Health
Delta	Delta State Rural Development Network Grant Program
Denali	Denali Commission
DHHS	Department of Health and Human Services
DIR	Division of Independent Review
DOC	Department of Commerce
DOE	Department of Energy
DoED	Department of Education
DOI	Department of Interior
DOJ	Department of Justice
DOL	Department of Labor
DOT	Department of Transportation
DOT	Directly Observed Therapy
DRA	Delta Regional Authority
DSH	Medicare Disproportionate Share Hospital
EEOC	Equal Employment and Opportunity Commission
EIS	Early Intervention Services
EMA	Eligible Metropolitan Areas
EMSC	Emergency Medical Services for Children
EPA	Environmental Protection Agency

FAA	Federal Aviation Administration
FCC	Federal Communications Commission
FDA	Food and Drug Administration
FDIC	Federal Deposit Insurance Corporation
FEC	Federal Exchange Commission
FEMA	Federal Emergency Management Agency
FESC	Frontier Extended Stay Clinics
FHWA	Federal Highway Administration
FI	Fiscal Intermediary
FIMR	Federal and Infant Mortality Review
FLEX	Medicare Rural Hospital Flexibility Grant Program
FMFIA	Federal Mangers Financial Integrity Act
FOH	Federal Occupational Health
FQHC	Federally Qualified Health Center
FTC	Federal Trade Commission
FTE	Full-Time Equivalency
FY	Fiscal Year
GAO	Government Accounting Office
GHPC	Georgia Health Policy Center
GLMA	Gay and Lesbian Medical Association
GME	Graduate Medical Education
GMS	Grants Management Specialist
GPO	Government Printing Office
GPRA	Government Performance and Results Act
HAB	HIV AIDS Bureau
HEAL	Health Education Assistance Loans
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996

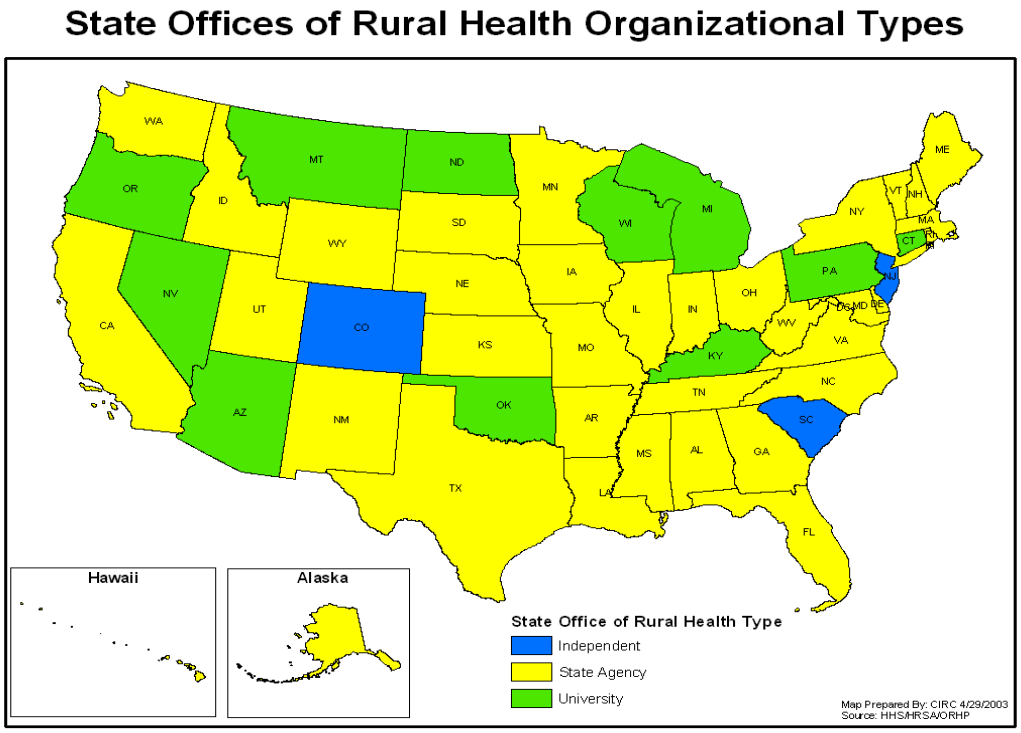
HIPDB	Healthcare Integrity and Protection Data Bank
HMO	Healthcare Management Organization
HOPWA	Housing Opportunities for Persons with AIDS
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
HSB	Health Systems Bureau
HUD	Department of Housing and Urban Development
IGA	Intergovernmental Affairs
IHS	Indian Health Services
IME	Indirect Medial Education
INS	Immigration and Naturalization Services
IOM	Institute of Medicine
IRS	Internal Revenue Services
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LBGT	Lesbian, Gay, Bi-Sexual, and Transgender Populations
LEAP	Lower Extremity Amputation Prevention Project
LTHC	Long Term Care Hospital
MA	Medicare Advantage (aka Medicare Part C)
MA-PD	Medicare Advantage Prescription Drug
MCTAC	Managed Care Technical Assistance Center
MDH	Medicare Dependent Hospital
MedPAC	Medicare Payment Advisory Commission
MMA	Medicare Modernization Act
MUA	Medically Underserved Area
NAC	Rural Health and Human Services National Advisory Committee
NACHC	National Association of Community Health Centers
NACRHHS	National Advisory Committee for Rural Health and Human Services
NADO	National Association of Development Organizations

NCCC	National Center for Cultural Competence
NCHS	National Center for Health Statistics
NEA	National Endowment for the Arts
Network Planning	Network Development Planning Grant Program
Network	Network Development Grant Program
NGA	National Governor's Association
NHSC	National Health Service Corps
NHTA	National Highway Traffic Safety Administration
NID	National Institute of Dental Care and Craniofacial Research (NIH)
NMDP	National Marrow Donor Program
NOSORH	National Organization of the State Offices of Rural Health
NPI	National Provider Identifier
NPRM	Notice of Proposed Rural Making
NRDP	National Rural Development Partnership
OA	Office of the Administrator
OAT	Office for the Advancement of Telehealth
OCR	Office of Civil Rights
OFAM	Office of Federal Assistance Management
OFP	Office of Family Planning
OGM	Office of Grant Management
OIG	Office of the Inspector General
OIT	Office of Information Technology
OL	Office of Legislation
OMB	Office of Management and Budget
OMH	Office of Mental Health
OMPS	Office of Management and Program Support
OPA	Office of Population Affairs
OPDIV	Operating Division

OPE	Office of Planning and Evaluation
OPM	Office of Personnel Management
OPR	Office of Performance Review
ORHP	Office of Rural Health Policy
OSHA	Occupational Safety and Health Administration
Outreach	Rural Health Care Services Outreach Grant Program
OWH	Office of Women's Health
PART	Performance Assessment Reviewing Tool Prospective Payment System
PCA	Primary Care Association
PCC	Poison Control Centers
PCO	Primary Care Organization
PFC	Partnership for Children
PFFS	Private Fee-for-Service
PHP	Public Health Preparedness
PHS	Public Health Service
PPO	Preferred Provider
PPS	Perspective Payment System
PQRI	Physician Quality Reporting Initiative
PSC	Program Support Center
QIO	Quality Improvement Organization
QuIC	Quality Interagency Coordination
RAC	Rural Assistance Center
RAED	Rural Automatic External Defibrillator
RESEP	Radiation Exposure Screening and Education Program
RHC	Rural Health Clinic
RHN	Rural Health Network
RHRC	Rural Health Research Center
RHWKS	National Center for Rural Health Works

RRC	Rural Referral Center
RUCA	Rural Urban and Commuting Areas
RUPRI	Rural Policy Research Institute
RWCA	Ryan White Care Act
SAMHSA	Substance Abuse and Mental Health Services Administration
SBA	Small Business Administration
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCHPQI	Small Health Care Provider Improvement Grant Program
SEARCH	Student/Resident Experiences and Rotations in Community Health
SEC	Security Exchange Commission
SMRF	State Medicaid Research Files
SNF	Skilled Nursing Facility
SORH	State Offices of Rural Health
SPRANS	Special Projects of Regional and National Significance
SPRANS	Special Projects of Regional and National Significance
SRDC	State Rural Development Councils
SSA	Social Security Administration
Treasury	Department of Treasury
TRHCA	Tax Relief and Health Care Act of 2006
USDA	United States Department of Agriculture
USMBHC	US.-Mexico Border Health Commission
VA	Department of Veteran's Affairs
VBP	Value Based Purchasing
VICP	Vaccine Injury Compensation Program
WIC	Women, Infants, and Children
WWAMI	Washington, Wyoming, Alaska, Montana, Idaho Research Center

State Offices of Rural Health by Organizational Type



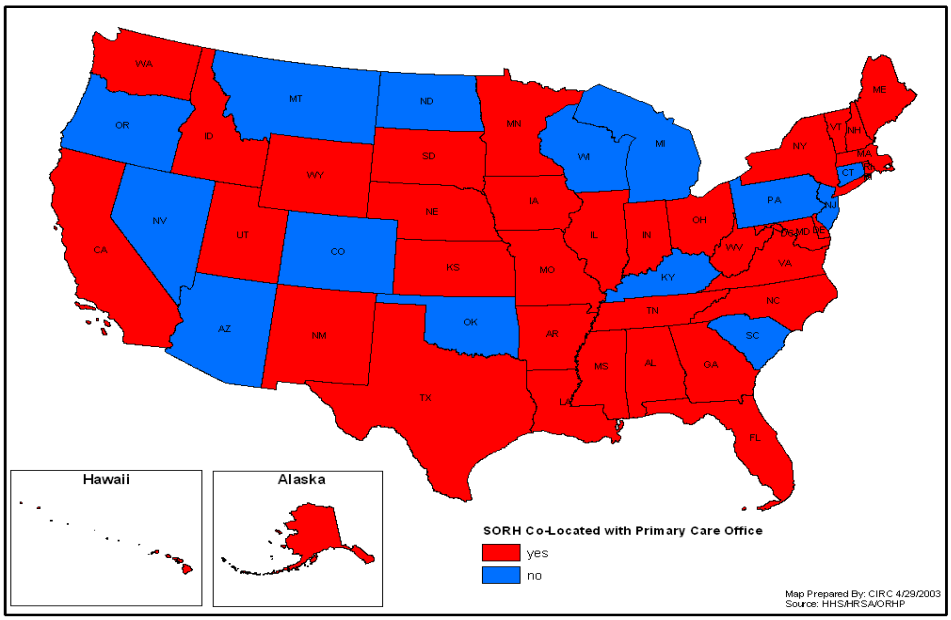
In 1987, the United States Congress identified a significant health care trend affecting many rural communities. Many rural hospitals were closing due to financial constraints. In response to this increasing compromised access for rural residents, the Congress created the State Offices of Rural Health (SORH) grant program in 1991. Administered by the Federal Office of Rural Health Policy, this program enables rural America's communities to sustain and strengthen their health care systems through creation of collaborative partnerships that support rural health development.

The State Offices of Rural Health differ substantially according to the unique nature of each State. The program grants are flexible and allow each State to determine the most appropriate location for its office with adequate consideration of their state-specific needs and preferences. Currently, there are 37 offices located in a State Agency, 10 offices within a University system and 3 offices operating as not-for-profit entities.

Some factors in which State's consider when choosing a location are scope of flexibility and development, ease of grant development and acquisition, access to research methods and resources, magnitude of quality focus and facility of collaboration. For example, a university location may offer increased resources and research that will aid in such areas as the development and implementation of health delivery systems or in grant management. However, there is no data to suggest that one organizational locus is preferable to another. All considerations rely on regionally dependent variables related to the diverse character of each state.

For additional information on this program, contact:
Keith J. Midberry, MHSA
State Office Program Coordinator
HRSA/ Office of Rural Health Policy
Phone: (301) 443-2669 / kmidberry@hrsa.gov
www.ruralhealth.hrsa.gov

Co-Location of SORHs with Primary Care Offices



The State Offices of Rural Health Grant Program's provision of matching funds enables states to create State Offices that serve as a forum for the discussion of strategies and methods to improve rural health care. The Offices facilitate stronger connections between small rural communities and Federal and State resources as well as ensure a more comprehensive awareness of rural health issues.

The State Offices of Rural Health are charged with the collection and dissemination of health information and data among rural communities and the provision of technical assistance to rural health providers. State Offices also support the recruitment and retention of health professionals and attempt to increase enrollment in such programs as SCHIP and Medicaid.

To facilitate the rural health care improvement process, the State Offices understand the importance of engaging in collaborative relationships with other organizations that share an interest in rural health. Many of the actions of the State Offices are engineered to foster new partnerships, increase shared decision making and coalition development, and improve professional relationships.

State Primary Care Associations (PCAs) and State Primary Care Offices (PCOs) are some of the State Offices of Rural Health's most important partners. Operating through grant funds authorized by Section 330 of the Public Health Services Act, PCAs and PCOs are administered by the Bureau of Primary Health Care (BPHC) in the Health Resources and Services Administration (HRSA). PCAs and PCOs are charged with the responsibility of building appropriate relationships and collaborating in support of primary health care delivery to underserved populations. Other responsibilities of PCAs and PCOs are to gather data and document the effects of such programs as CHIP and welfare reform on underserved populations, locate communities and specific populations that do not have access to primary and preventive care, and identify populations with significant health disparities. This information assists in the development of programs that will enhance preventive and primary care to all populations.

PCAs are private, non-profit membership associations that support and assist BPHC programs and other providers of preventive and primary care to underserved groups. On behalf of Health Centers, PCAs bring together organizations and individuals to build coalitions and support the strengthening and improvement of primary care.

PCOs are located within state health agencies or other sectors of state government that have primary responsibility for supporting and expanding access to health care. Unlike PCAs, PCOs work exclusively toward the enhancement of primary health care within the state. PCOs operate under cooperative agreements with the Office of State and External Affairs in BPHC. BPHC's goals are the expansion of primary care access and the elimination of health disparities guide PCOs' activities. The state cooperative agreements behind the management of PCOs are particularly helpful in promoting collaboration between the private, local, State and Federal levels. PCOs' primary responsibilities are tailored according to state-specific needs and available resources. PCOs conduct research in an effort to understand state and community needs and problems. Studies and other information enable PCOs to improve their methods and strategies for supporting underserved communities, addressing access barriers, and improving poor health outcomes and disparities across population and areas.

State Offices of Rural Health often are located proximate to or even within other organizational loci, specifically PCOs. The level of co-location varies from state to state. Some co-located State Offices of Rural Health simply occupy the same state government agency as the State Primary Care Office. Other State Offices of Rural Health share the same office space and personnel with the State Primary Care Office. This "co-location" can offer significant benefits to the State Office of Rural Health. For highly "co-located" offices (those that share space and staff with PCOs) there exists increased opportunities for creating economies of scale. Support staff, books, equipment and other resources can be shared between the two offices rather than duplicating resources. Supporting funds for both offices can be combined to meet larger goals that are in the interests of the SORH and the PCO. Staff that manage issues from both the SORH perspective and the PCO perspective have the opportunity to identify areas of interest to both Offices and can easily and conveniently facilitate collaboration and cooperation.

SORHs that are more broadly co-located with less direct sharing of space and resources with PCOs, can share in other advantages. Specifically, co-location can facilitate an expanded base of knowledge. With co-location, SORHs have an increased ability to identify and seize opportunities. Being part of a broader institutional framework can enable offices to extend beyond their immediate SORH horizon. Also, co-location can with PCO staff can result in decreased levels of institutional bureaucracy. A linkage to the State PCO can increase the SORHs' visibility and influence. The opportunity for the integration of roles and increased collaboration on a wider variety of issues that exists with co-location can give the SORH added privilege and priority and enable higher levels to regard the SORH as an equal partner rather than as an outside group. Consequently, within this collaborative organizational locus, State Offices are often better equipped to benefit from available opportunities and with increased resources can develop a larger range of projects that meet the shared goals of the Primary Care Office.

Citations

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[viii] http://www.raconline.org/topics/ems/ Accessed March 13, 2012.
[ix] http://www.nemsis.org/ Accessed March 13, 2012