



# **MENTORING PROGRAM FOR ORHP RURAL QUALITY GRANTEES**

**NOSORH LEADERSHIP INSTITUTE  
CAPSTONE PROJECT**

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# BACKGROUND

- Small Health Care Provider Quality Improvement Program (“Rural Quality Program”)
- Authorized under the Public Health Service Act, Title II, Section 330A(g) in 2002
- Eligibility:
  - Must be located in a rural area, or
  - Provide services to migrant and seasonal farmworkers and is supported under Section 330(g) of the PHS Act, or
  - Tribal
- Three-year project period
- Up to \$100,000/year



# BACKGROUND

- Improve patient care and chronic disease outcomes for diabetes and cardiovascular disease
- Implementation of quality improvement strategies
- Chronic Care Model and PDSA (Plan-Do-Study-Act) Cycles
- Use electronic patient registry system to track performance measures
- First year: readiness
- Second year: diabetes
- Third year: cardiovascular disease



# RURAL QUALITY GRANTEEES, FY2010-2013

Community Health Centers (CHC): 23

Critical Access Hospitals (CAH): 15

Rural Health Clinics (RHC): 4

Tribal entities: 4

Networks: 4

Other: 8

Total # Grantee Organizations: 58



# MENTORING PROGRAM

## ○ Purpose

- To provide Rural Quality Grantee Teams with peer support for their quality improvement activities

## ○ Goals

- Assist grantees with sustainability
- Establish relationships with other organizations
- Keep grantees engaged in the program



# MENTORING PROGRAM

- Definition of Mentoring
- Purpose of Program
- Defining Roles and Responsibilities
- Matching Mentors and Mentees
  - Organization – “like” or “unlike”
  - Geography
- Structure
  - Teams
  - E-mentoring
- Support and Monitoring



# QUESTIONS?

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