The Branch

An Update for State Offices of Rural Health and our Partners

April 2013

Website: www.nosorh.org Wikispace: nosorh.wikispaces.com

Mark your Calendar!

April 9

- Development Committee (2 pm EDT)

April 16

- Policy Committee (2 pm EDT)

April 17

- Webinar: Building Collaboration with the Veterans Health Administration (1 pm EDT)

April 23

- Communications Committee (2 pm EDT)
- Learning Community SORH Grant (3 pm EDT)

April 25

- Flex Committee (3 pm EDT)

April 30 – May 1

- Region D Grantee Meeting, San Diego, CA

Please visit our News & Events section to learn about these and additional upcoming events.

CMS Calls for Comments on Regulatory Reforms That Will Impact Rural Providers

CMS is calling for comments on changes to regulatory requirements that will impact rural health clinics and Critical Access Hospitals. They are seeking general comments on how to provide additional flexibility for RHCs to provide home health and hospice. Some of the proposed changes for which CMS asks for specific comments include:

- The requirement that a physician be on-site
- The requirement that a CAH must use outside staff to conduct reviews
- The requirement that only on-staff practitioners can order hospital output services

"These opportunities to comment to CMS don't come around that often—it's a great opportunity, and really important for people to read and provide comment," according to NOSORH FLEX Committee Co-Chair Scott Daniels. The NOSORH Flex Committee is seeking input from State Offices of Rural Health as they craft NOSORH's response. If you'd like to lend your voice to this work please contact Scott Daniels at scott.daniels@doh.hawaii.gov.

Comments are due April 8. Click here to view the Federal Register Notice.

Integrating Oral Health in the Patient Centered Health Home

We live in a time of rapid change in the health care field. New concepts and terminology are emerging as patients, health care providers and funders seek to access and/or provide quality health care while controlling costs. One phrase that has recently surfaced is the Patient Centered Health Home (PCHH).

The PCHH can be defined as a place where all aspects of patient care between health care providers are integrated and coordinated, with the goal of improving health care quality and outcomes, and lowering health care costs. In some respects the PCHH is more than just an actual location; it is an approach to health care delivery.

To support health centers in integrating oral health into their PCHH structures and to assess their current readiness in this effort, NNOHA conducted interviews with the Dental Directors of early adopter Health Centers. This revealed the following characteristics that contributed to the ability to integrate oral health with the other services:

- Leadership vision and support for integration of dental
- Dental integrated into the Health Center executive team
- Co-location of dental with medical and other health services
- An organizational culture of Quality Improvement
- Getting dental staff buy-in through understanding "why" integration is important
- Use of patient enabling services to facilitate integration
- Dental Director leadership

Among the promising practices developed by health centers to further the integration of oral health were: using their clinical information systems to generate lists of specific populations of medical patients targeted for care in the dental clinic; using service staff to make dental appointments for clients; and fostering "max-packed visits" that offered immunizations in medical and an exam with the dentist in one visit.

More promising practices and useful tips to help health centers increase communication and integration with medical and other departments can be found in the Oral Health and the Patient Centered Health Home Action Guide.

-- *Irene Hilton, DDS, MPH, NNOHA Dental Consultant*

[**Note to Region D SORHs**: If you are attending the Regional Meeting in San Diego, you can look forward to a presentation on PCHH activities on May 1st from 1:15-2:15 pm to learn more about this topic!]

Policy Update

The NOSORH Policy Committee, staff and Legislative Liaison are continuing their efforts for reauthorization of the SORH program. We want to thank the 35 state offices that provided valuable information about the impact of the match requirement on their SORH program.

At its last board meeting, the NOSORH Board reviewed a strategy recommendation from the Policy Committee to focus on a few changes to the authorizing language. These would include a cap on indirect costs, and language that could allow the DHHS Secretary to provide a waiver to match requirements for the grant in the event of a state hardship to provide those matching funds. NOSORH is focusing on finding bi-partisan support for the reauthorization and leadership in the House and Senate to ensure that reauthorization will be supported.

2013 Dates to Remember

- April 30-May 1, Region D San Diego, CA
- June 18-20, Region A Providence, RI
- July 10-11, Region E Denver, CO
- Aug 6-8, Region B Lexington, KY
- Aug 20-21, Region C Omaha, NE
- Oct 28-30 - NOSORH Annual Meeting, Asheville, NC (*downtown Asheville, pictured above*)

Get Help for SORH Grant Applications

We know that you are working on your grant applications for SORH grants. If you need help, let us know! NOSORH can give your application a quick review. Please contact Stephanie Hansen at steph@nosorh.org.

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For questions, comments or ideas for Branch articles, please contact Beth Blevins, Branch editor at bethb@nosorh.org. For questions about Branch distribution, please contact Paige Law at paigel@nosorh.org.

NOSORH Survey Reveals How SORHs Are Readying for the ACA

Last month, NOSORH asked SORHs to respond to a survey to assess SORH work related to the Affordable Care Act (ACA), including health care system changes and other activities that will help improve access, care and health of rural people. Thirty-nine (78 percent) of SORHs responded.

Of all the work done toward the ACA so far, a majority of the SORHs responding said their primary focus has been towards "supporting CAHs or other hospitals to transition to a focus on primary care." In addition, more respondents said that their biggest obstacle to engaging in ACA initiatives was "no staff resources to commit to this issue." Respondents were almost equally divided among the other three obstacles named: no expertise, no organizational support for the SORH to have a role, and other organizations or agencies are engaged in this work for rural areas.

The survey will help NOSORH determine how it can help support SORHs in their ACA activities. NOSORH may develop an "environmental scanning" tool that could help states to assess activities and needs related to ACA in their state. Full survey results were sent to the responding SORHs last week. A summary of the survey results can be found by clicking here. Stay tuned for a webinar on this topic.

Promising Practices

Recruitment and Retention Programs Drawing More Physicians and Health Care Providers to South Dakota

This promotional piece is part of the SD Healthcare Workforce Initiative for SD SORH recruitment programs.

Two Recruitment and Retention (R&R) programs sponsored by the South Dakota State Office of Rural Health (SD SORH) have been so successful that they were recently revised and expanded. The programs are designed to help rural facilities—including hospitals and long-term care facilities—recruit physicians and other health professionals.

"We have great support from the executive and legislative branches in the state—both programs are funded by the state government," said Sandra Durick, Administrator of the SD SORH. "Our governor has been supportive of rural health care including R&R programs."

The Recruitment Assistance Program (RAP), which has been in existence in various forms since 1988, was expanded in the state's last legislative session to encompass more levels of practice. Whereas in the past only family medicine physicians, general practice dentists, physician assistants and nurse practitioners were included in the program, it now also includes pediatricians, internists, ob/gyns, pediatric dentists and nurse midwives, said Josie Petersen, who coordinates the RAP program.

The Rural Healthcare Facility Recruitment Assistance Program (RHFRAP) was enhanced and approved by the 2012 legislature, with the incentive amount increasing from $5,000 to $10,000, along with the service obligation expanding from two to three years. The program recruits health professionals from a variety of fields including dietitians, LPN or RN nurses, occupational, physical and respiratory therapists, pharmacists and laboratory technologists. "With the legislative changes, all 60 spots for the 2012 program were filled and we anticipate filling all spots in the 2013 program as well," said Karen Cudmore, RHFRAP program coordinator.

"The retention rates have been excellent," Durick said. When a facility finds someone they want to recruit, they apply to the SD SORH for the funding. Communities of 10,000 people or less are eligible to participate in either program. Communities will pay a portion of the incentive payment based on their population size. Health professionals receive the full amount of the incentive after they have worked the required three years.

Does your SORH have a "Promising Practice"? Each month, NOSORH is showcasing efforts that highlight the good work of SORHs in areas like marketing and communications, networking, policy development, staff leadership initiatives and planning. We're interested in the innovative, effective and valuable work that SORHs are doing. (Stories and information on these efforts will also be uploaded to the NOSORH web site). Contact Beth Blevins, Branch editor, at bethb@nosorh.org to set up a short email or phone interview in which you can tell your story.

April Steal Sheet Available!

Get your April Steal Sheet—items from this month's Branch that you can "steal" for use in your newsletters, emails, etc. It's all in a downloadable Word file that you can cut and paste as needed. To get your Steal Sheet, go to the NOSORH Steal Sheets section of the Toolkits page.

Top 100 CAHs and Benchmark Performance for CAHs Now Available

iVantage Health Analytics has just released the 2013 Top 100 Critical Access Hospitals (CAHs) list, which defines characteristics based on its Hospital Strength Index (HSI). The HSI is the first nationwide hospital rating system to evaluate U.S. general acute care hospitals using a balanced scorecard that covers market strength and population growth, value-based purchasing and qualitative factors, and financial measures most predictive of sustainability. To see the Top 100 list, click here. In addition, iVantage has also released the 2013 Benchmark Performance for Critical Access Hospitals study. For more information on both reports, in addition to information on its HSI methodology and a Top CAH report of findings, visit the iVantage 2013 Top 100 CAH page.

Nonprofit SORHs Strengthen Collaboration

Participants in the Colorado Educational Exchange were (l to r) Mark Griffith, Teryl Eisinger, Melinda Merrill, John Barnas, Michelle Mills, Jennifer Dunn, Melinda Bosworth, and Graham Adams.

In February, directors and staffers from nonprofit State Offices of Rural Health (SORHs) met in Colorado to collaborate and exchange information. "For the last ten years, every other year or so, we get together and talk about the trials and tribulations of being a nonprofit SORH," said John Barnas, executive director of the Michigan Center for Rural Health. The meeting was sponsored by NOSORH as an Educational Exchange program.

There are three nonprofit SORHs—Michigan, Colorado and South Carolina. These are independent, 501c3 membership-based organizations with their own board of directors (of the other 50 SORHs, 10 are university-based, and the rest are located in their state's health department).

Michelle Mills, CEO of the Colorado Rural Health Center, which sponsored the meeting, said the event allowed participants to "share membership, revenue opportunities and structure of our SORHs." Topics included revenue-generating strategies, policy initiatives, team and staff organization, membership structure, developing relationships with potential sponsors, and working with Rural Health Clinics. Participants in the Colorado Educational Exchange included Barnas from Michigan; Mills, Jennifer Dunn and Melissa Bosworth, from Colorado; and Graham Adams, Melinda Merrill, and Mark Griffith from South Carolina.

"The time spent thinking about these issues is invaluable for not-for-profit SORHs," Adams said. "Board governance, sustainability, grants management and compliance are all key issues we work hard to master."

One of the highlights, Barnas said, was that "Graham shared fundraising tips, including fee for service. We probably won't implement this, but I now have a greater understanding of how their organizational structure works." Mills said that another highlight was "the sharing of how each SORH is engaging in telemedicine and mental health work. We have already reached out to the SW Telehealth Resource Center to begin a collaboration."

The Educational Exchange program supports leadership and partnership efforts of SORHs by offering and/or facilitating mentoring, education, information exchanges and training assistance. NOSORH paid the travel costs for the Colorado meeting.

National Telenursing Center Seeks National Pilot Sites

In 2012, the Office for Victims of Crime and the National Institute of Justice awarded funds to the Massachusetts Department of Public Health (MDPH) to develop a national telemedicine center. The center will provide 24/7 access to guidance and support for clinicians in remote sites. Sexual Assault Nurse Examiners (SANEs) will help with conducting forensic evidence collection for sexual assault victims. MDPH has issued a Request for Response (RFR) for three sites serving priority populations (rural, tribal and corrections) to partner with the National TeleNursing Center. A fourth site, serving the military, will be a U.S Navy facility and selected in a separate process.

If you are interested in responding to this request, please visit www.comm-pass.com. To access the RFR and all associated forms and documents at this web site, click on the **Solicitations** tab, then click on **Search for a Solicitation**; enter "305918" into the Document Number field, then press **Search**; then click on the link at the top of the page that says **There are 3 Solicitation(s) found that match your search criteria**. (The most recent versions of Internet Explorer, Mozilla Firefox or Safari are recommended.) **Note: the deadline for RFR responses is: May 15, 2013.** If you have any questions about any of the content in the RFR, you may submit those questions via email to: christine.murphy@state.ma.us.

SORH Grant Learning Community

Tuesday, April 23, 2013, 3:00-4:00 PM EDT
SORH Grant Learning Community
For: SORH staff
What: Open discussion of SORH grant writing successes and challenges; share planned activities
Theme: SORH Grant FOA – due May 13th
Phone: 877-668-4493
Access Code: 666 722 394