

Mark your Calendar!



The Branch

An Update for State Offices of Rural Health and our Partners

August, 2013

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August 1

- Joint Committee on Rural Emergency Care (JCREC) Committee (3pm EDT)

August 6

- TruServe Learning Community - (2pm EDT)

August 6-8

- Region B Meeting – Lexington, KY

August 13

- Development Committee (2pm EDT)
- Learning Community: What are you doing to support ACA implementation? (4pm EDT)

August 19

- Webinar: Mental Health First Aid Training and Resources for Rural Communities (3pm EDT)

August 20-21

- Region C Meeting – Omaha, NE

August 22

- Flex Committee (3pm EDT)

August 26

- Policy Committee (2pm EDT)

August 27

- Webinar: Understanding Free and Charitable Clinics (3pm EDT)
- Communications Committee (1pm EDT)

August 29

- Webinar: Setting Up A Dental Program-Part 1-Needs Assessment (3pm EDT)

Region E SORHs Meets in Denver



Representatives from State Offices, NOSORH and the Federal Office of Rural Health Policy kept their cool during hot weather and hot topics at the Region E grantees meeting in Denver last month.

Patient-centered medical homes, health insurance marketplaces and the healthcare safety net, and the future of rural health, were among the topics discussed last month at the Region E Grantees meeting in Denver. The Region E meeting is, “always a great place to learn about best practices,” and a “great learning and networking opportunity,” according to participants.

Highlights of the meeting included:

- Maria Smith, MPA, Project Coordinator for the National Network for Oral Health Access, spoke on [Medical-Dental Integration: What It Looks Like and How to Achieve It](#)
- John A. Gale, a Research Associate at the Maine Rural Health Research Center, gave the presentation, [Are Rural Health Clinics Ready to Function as Patient Centered Medical Homes](#)
- Laura Tobler of the National Conference of State Legislatures discussed [ACA: Where Are We now?](#)

Be “Virtual” at the NOSORH Annual Meeting!

Can't send everyone from your State Office to Asheville, N.C., for the NOSORH Annual Meeting in October? There's still a way that they can participate. NOSORH is offering a “virtual meeting” option, where those not present at the Annual Meeting can access and interact with selected sessions via webinar. Virtual participants will be able to hear everything said at the session as well as ask questions when the speaker opens the forum. This option is available

to SORHs that are sending at least one person to the Asheville meeting. Sessions with the virtual option are marked on the [agenda](#) with the telephone symbol. The cost for virtual attendees is \$75/person. For more on the 2013 NOSORH Annual Meeting, check out the Oct. 28-30 entry on [upcoming events](#) or contact Donna Pfaendtner, NOSORH Administrator, at donna@nosorh.org.

Celebrate Success: Make a 2013 NOSORH Awards Nomination!



Karen Madden received the 2012 NOSORH Distinguished Nichols Award at the NOSORH Annual meeting last year. This year—it could be you!

There's no better way to say, “job well done!” than to make a NOSORH Awards nomination! With a few simple clicks, you can help recognize an outstanding federal legislator, a colleague who is an emerging leader, and/or a SORH that has made a significant contribution in the last year to the

field of rural health. Awardees will be recognized at the NOSORH Annual Meeting in October.

“Please take a few minutes to think about the great work SORHs, partners, and legislators are doing on behalf of rural health,” said Sharla Allen, NOSORH Awards Chair. “We all make a difference every day—let's celebrate each other!”

Awards include the **NOSORH Award of Merit** (for a SORH that has made a significant contribution in the field of rural health); the **NOSORH Distinguished Service Award** (for an individual who has made a significant contribution to NOSORH); the **NOSORH Legislator of the Year Award**; and the **Emerging Leader Award** (for an individual SORH staff member who has demonstrated new leadership, initiative, involvement and commitment to the mission of NOSORH or SORHs). For a complete list of NOSORH Awards, visit the [Awards Committee](#) page. To make a nomination online, please click [here](#). All nominations are due by 5 PM (EDT) **October 1, 2013**. For more information, contact Sharla Allen at sharla.allen@health.wyo.gov.

Please visit our [News & Events](#) section to learn about these and additional upcoming events.

New Resources and Upcoming Training

This month, New Resources and Upcoming Training are available only on the August **Steal Sheet**. These include:

Training

- Webinar on Understanding New Health Insurance Marketplaces
- Healthcare Connect Fund Training
- ICD-10 Basics

Resources

- Draft White Paper on EMS Innovation Opportunities
- Rural Oral Health Toolkit
- New AHRQ Patient Safety Resources

The Steal Sheet also includes selected articles from this issue written in a more generic format, so that they may be used in newsletters, blogs, web pages, etc. NOSORH members are free to use and distribute any item from the Steal Sheet. The August Steal Sheet is available from the NOSORH Steal Sheets section on the [NOSORH Toolkits](#) page.

Contact Information

Teryl Eisinger
Executive Director
(586) 739-9940
teryle@nosorh.org

Stephanie Hansen
Education & Services Director
(208) 375-0407
steph@nosorh.org

Donna Pfaendtner
Administrator
(586) 336-4627
donnap@nosorh.org

Matthew Strycker
Special Projects Coordinator
(574) 855-4671
stryckerm@nosorh.org

Paige Law
Information Assistant
(586) 745-7458
paigel@nosorh.org

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 Grant Writing Institute: Two Great Options for Learning

Want to know more about rural health grant writing or help build grant writing expertise in your state? The NOSORH Grant Writing Institute (GWI) is ready to help! Its introductory-level series of webinar classes will begin again in October. In addition, for the first time, the GWI will offer an intermediate-level "Beyond the Basics" Mini-Institute in March 2014.

Participants will learn the basics of rural health grant writing, from how to get started writing a proposal, to finding funding, how to use data to make the case for rural areas and

much more. Once again, Kassie Clark is leading the Institute; she will be joined by other content area experts throughout the course.

In a recent survey, last year's GWI participants commented that it offered "a great overview," "interesting topics and great presenters," and that the instructor was "obviously very dedicated in making this webinar series of high value."

In the past, a number of State Offices of Rural Health (SORHs) offered scholarships to their rural constituents

to attend the GWI. If your SORH is interested in learning more about how to do this, please contact Matt Strycker (stryckerm@nosorh.org) for additional details.

The GWI will run from October 3, 2013 to February 20, 2014. Watch for an email for more information and registration. Registration closes October 1. Space in the class is limited and early registration is recommended. Additional information and registration for the intermediate-level "Beyond the Basics" Institute will be available later in the fall.

NRHD 2013: Key Messages and Other Resources Ready

Rural communities are wonderful places to live, work and visit. Rural America also offers tremendous opportunities for healthcare providers to deliver innovative, resourceful models of quality care; however, despite these opportunities barriers for delivering and accessing this care still remain.

These are the Key Messages that NOSORH seeks to promote as part of its 2013 National Rural Health Day (NRHD) celebration. A copy of these [Key Messages](#), along with a host of other resources, is already available for your use in the [Resources](#) section of the [National Rural Health Day](#) website. Other information currently available includes:

- A downloadable Gubernatorial and Legislative Proclamation [Template](#) (which lets users fill in the name of the State/Commonwealth, name of the Governor, etc.,

where indicated);

- A [PowerPoint Presentation Template](#) (which SORHs can individualize by filling in the name of their states and descriptions of their SORH activities); and
- The [National Rural Health Day logo](#), a "[Save the Date](#)" [card](#) to share with partners and other rural stakeholders, and a [NRHD Merchandise Order Form](#) to use when ordering your t-shirts, scrubs, buttons, magnets and banners.

Additional resources will be added over the next few months, so be sure to visit the [National Rural Health Day](#) website on a regular basis! You can also contact NRHD Coordinator Bill Hessert (814-231-1213 or by email at billh@nosorh.org) for more information.

SORHs Meet With National Policymakers and Philanthropists



Representatives from rural organizations and agencies attended a Rural Health 101 session at the Rayburn Office House building.

NOSORH members were invited to represent SORHs at two events in D.C. last month—at the White House Meeting on Opportunities for Public-Private Collaboration in Rural Health Care and at a House Rural Health Care Coalition information event.

Scott Ekblad, director of the Oregon SORH and current NOSORH President, attended sessions of the White House Meeting, a two-day event organized by the National Rural Health Association (NRHA) and supported by the Federal

Office of Rural Health Policy and [Grantmakers in Health](#). The meeting was a first of its kind in recent history.

The purpose of the event was to bring together different federal agencies and philanthropy organizations so that they had a chance to meet and interact. Representatives from more than 36 foundations attended. Alan Morgan, Chief Executive Officer of the NRHA, said that the meeting established a new dialogue between national rural groups, foundations and the federal Government. "I'm optimistic that this first meeting will result in future collaborative opportunities for improving rural health," Morgan said. Foundation representatives at the meeting expressed a desire to meet together again in the future on a regular basis.

"I appreciated being invited to the meeting so that participating foundations could learn about the fantastic SORH resources that exist in every state," Ekblad said. "I was pleased

to see that so many grantmakers truly understand rural and the needs of rural communities. I am excited about NOSORH's continued participation with this group."

Alisa Druzba, director of the NH SORH and NOSORH President-Elect, participated in a Rural Health 101 presentation for Legislative Assistants on July 22nd. The session was hosted by staff from the offices of Rep. Ron Kind (D-WI) and Rep. Cathy McMorris Rodgers (R-WA). The presentation included information about State Offices of Rural Health, their roles, and how they can be state-level resources, as well as details about National Rural Health Day. "Those in attendance seemed very interested in using SORHs as a resource to get state-specific information," Druzba said. NOSORH thanks Bill Finerfrock and Maggie Elehwany, NRHA Vice President for Government Affairs, for helping get the invite for our members to the session.

SORHs Respond to Survey on Free and Charitable Clinics

NOSORH and SORHs around the country understand the fragility of the rural health system and work hard to support rural providers of all kinds. In order to help SORHs grow their work with free and charitable clinics (FaCCs), NOSORH recently conducted a survey on SORH work on FaCCs. "We received an excellent response from SORHs, with at least 40 states replying to the survey," said Teryl Eisinger, NOSORH Executive Director. Early review of responses document the five top roles for State Offices working with FaCCs. They were:

1. Disseminate information
2. Offer general TA
3. Partner with other organizations to meet needs of FaCCs or refer to other organizations
4. Fund initiatives to support FaCCs
5. No role with FaCCs at this time

Nine respondents said that they expect to do work with FaCCs within the next 12 months. Twelve respondents reported state funds, other assistance, programs and state legislation supportive of FaCCs. Watch for a toolkit that will come out of the survey results, which NOSORH will release in the near future.

This survey provides basis from which we plan to grow resources for SORHs and FaCCs. The NOSORH Board envisions a strategy to grow new funding for SORHs to work with safety net providers of all kinds including FaCCs.

NOSORH will host a webinar on Understanding Free and Charitable Clinics on August 27th at 3pm (EDT).

Promising Practices

Iowa SORH Works for Rural Veterans Through Collaboration with VHA



If rural veterans are going to get more access to good care, there must be more collaboration between the Veterans Administration and non-VA providers, according to Gloria Vermie, Director of the [Iowa State Office of Rural Health](#) (IA SORH). To aid in that effort, Vermie has worked to develop a collaborative relationship between her Office and the [Veterans Rural Health Resource Center-Central Region](#), (VRHRC-CR) located in Iowa City.

"Maybe because my dad was a veteran, it has kept it upfront for me," Vermie said. When the Iowa City VA got a grant from the Veterans Health Administration's (VHA) Office of Rural Health to be a resource center for the central region of the United States, Vermie contacted them. "I spent some time talking with them about rural health care in Iowa and about Critical Access Hospitals. I put them on my distribution list, and they invited me to meetings." Since then, Vermie has been to meetings where she was one of the few non-VA people in attendance,

and where she has served as a guest panelist speaking about rural Iowa.

The result of the collaboration, Vermie said, is that the SORH has a better understanding of VA resources, and the VA has a better understanding of rural Iowa and non-VA resources, as well as the barriers rural veterans may face in getting the care they need. For example, Vermie said, "if a veteran goes to a rural hospital and not a VA hospital, the rural hospital may not get paid. Also if an ER physician calls the VA for medical records on a veteran that has just come in, they can't always get those records."

The [Co-Managed Care Toolkit](#), developed by the VRHRC-CR, helps to address such communication issues. The toolkit provides a set of resources and tools to help non-VA providers navigate the VA system when they have a patient who is seeing both a VA provider and a non-VA provider. Vermie recommends that CAHs and RHCs download the toolkit and put in a binder. "I wish I could get it to all of them right now," she said. The toolkit is for all non-VA providers, whether in the Central Region or not.

Additionally, the IA SORH has been involved and has supported VRHRC-

sponsored trainings and community resource fairs, veterans' foster care and mental health initiatives. "When they contacted me and said they were sponsoring a community resource fair on non-VA resources in the community, I recommended they provide information on dental care for children, including the I-Smile program," Vermie said. To help the VA get the word out about the VA's [Medical Foster Homes](#) program, the IA-SORH office has hosted webinars about it.

"Not all SORHs are involved with the VA—yet every state has veterans," Vermie said. "I sensed there was a huge chasm that needed to be crossed between VA and non-VA providers to better coordinate our programs. I think the VA is doing huge things, trying to bridge a big divide. The relationship that the IA SORH has had with the VRHRC-CR has resulted in both groups continuing to move forward. I think it has been enlightening for them and us.

Does your SORH have a "Promising Practice"? We're interested in the innovative, effective and valuable work that SORHs are doing. 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.

Policy Update

FY 2014 Rural Health Funding

The Senate Appropriations Committee has recommended an appropriation of \$141,798,000 for Rural Health programs for Fiscal Year 2014 (FY14). Although this is good news, it should also be noted that due to significant differences between the total amount of money available for health programs between the House and the Senate, it is unlikely that the two houses of Congress will come to an agreement on a FY14 appropriations bill.

The House Appropriations Committee has yet to even hold a Committee hearing to formally consider and make their recommendations for FY14. It is not clear if or when such a hearing will occur.

It is highly likely that in lieu of individual appropriations bills, the Congress will approve a Continuing Resolution funding most agencies for FY14 at levels comparable to what was available in FY13.

It should be noted that in its report, the Appropriations Committee commended the Federal Office of Rural Health Policy (FORHP) for its collaborative efforts with the

Department of Veterans Affairs on behalf of rural veterans. The Committee also urged FORHP to continue providing its expertise across the government in ways that improve healthcare delivery in rural areas and requested that in the fiscal year 2015 budget justification, the HRSA Administrator report to Congress on FORHP's efforts in this area.

The following are the specific programmatic recommendations approved by the Committee for various rural health programs.

Rural Health Outreach - The Committee provided \$55,442,000 for the Rural Health Outreach program.

State Offices of Rural Health - The Committee provided \$10,016,000 for State Offices of Rural Health.

Rural Health Research - The Committee provided \$9,847,000 for the Rural Health Research program.

Rural Hospital Flexibility Grants - The Committee provided \$40,958,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. The Committee rejected the proposed elimination of the Small Hospital

Improvement Program.

Rural Access to Emergency Devices - The Committee provided \$5,000,000 for the Rural Access to Emergency Devices program.

Frontier Extended Stay Clinics - The Committee urged HRSA to assist clinics in maintaining their infrastructure while they wait for CMS's evaluation of data from the demonstration.

Black Lung Clinics - The Committee provided \$7,125,000 for the Black Lung Clinics program.

Radiation and Exposure Screening and Education Program - The Committee provided \$1,931,000 for activities authorized by the Radiation Exposure Compensation Act.

Telehealth - The Committee provided \$11,479,000 for the Office for the Advancement of Telehealth.

-- Bill Finerfrock, NOSORH Legislative Liaison

For more information on how the federal budget applies to rural health and SORHs, please contact Finerfrock at bf@capitolassociates.com.