

# Mark your Calendar!

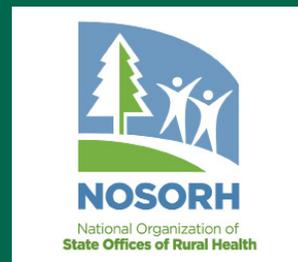


# The Branch

An Update for State Offices of Rural Health and our Partners

December 2013

Website: [www.nosorh.org](http://www.nosorh.org) Wikispaces: [nosorh.wikispaces.com](http://nosorh.wikispaces.com)



## December 5

- Webinar: The Medicare Hospital Readmissions Reduction Program -- Implications for SORHs (2pm EST)
- Joint Committee on Rural Emergency Care (JCREC) Committee (3pm EST)

## December 10

- Development Committee (2pm EST)

## December 11

- Webinar: Learn about New Funding Opportunities from the Federal Communications Commission (2pm EST)

## December 12

- Webinar: Fundraising and Development for Health Centers and Safety Net Clinics (2pm EST)

## December 16

- Rural Health Clinic Committee (2pm EST)
- TruServe for New Users Webinar (3pm EST)

## December 17

- Communications Committee (1pm EST)
- Policy Committee (2pm EST)
- Learning Community: Using TruServe for gathering PIMS data (3pm EST)

## December 19

- Webinar: SORH Grant Guidance Overview (2pm EST)
- Flex Committee (3pm EST)

## December 25-26

- NOSORH Holiday

## December 31-January 1

- NOSORH Holiday

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

## A Special Message from our NOSORH President

Dear Fellow NOSORHians and Friends of Rural Health,

Amazing as it may seem, we will soon be looking at 2013 in our rearview mirrors. I know we say it every year, but...well...it just flew right by! Particularly in this year of health care reform implementation, simply keeping up with the flow of new information, let alone helping our providers and communities act on it, has kept us busier than ever before. I am proud of the many ways NOSORH helped us stay on top of what is important for a State Office of Rural Health.

It has been my honor to serve as NOSORH President this year. One of my priorities was to make all of you feel welcomed and needed by NOSORH. I hope you will help me with that by making a New Year's resolution to participate in a NOSORH webinar, serve on a committee, or let NOSORH staff or your regional board representative know that you are interested in becoming more active. That will make my term a successful one. For those of you who are already very involved, thank you from the bottom of my heart.

Please give a warm welcome to 2014 Board President Alisa Druzba. Thank her for her service, and give her an earful about how NOSORH can help you in your state. I know Alisa will provide exceptional leadership to the board, and I look forward to the coming year.

Thanks for the honor extended to me this past year. Happy holidays, and best wishes for an exciting and successful new year!

--Scott Ekblad, 2013 NOSORH President



## National Leaders Speak at National Rural Health Day Press Conference



Panelists and participants at the NRHD press conference included (bottom row, l to r), Doug O'Brien (USDA), Madhulika Agarwal (VA), and Mary Wakefield (HRSA); (top row, l to r), David Lee (NRHA), Tom Morris (FORHP), Bill Finerfrock (NARHC), Gina Capra (VHA), and Teryl Eisinger (NOSORH).

"Rural America is critically important—not only to people who live in small towns, but to the future of this country," said Doug O'Brien, Under Secretary for Rural Development at the U.S. Department of Agriculture, speaking at a press conference at the National Press Club in Washington, D.C., on November 21st. "There are huge opportunities in rural America. It's a place of great potential, and certainly is deserving of significant focus of policy and resources." After his remarks, O'Brien read a [special message from President Barack Obama](#) celebrating National Rural Health Day.

Mary Wakefield, Administrator of the Health Resources and Services Administration (HRSA), said, "What's most important about National Rural Health Day is recognizing the vital contributions across the U.S. from State Offices of Rural Health and from rural health care providers, contributions that make a difference every day to the health of rural communities." Wakefield continued, "While there clearly are unique challenges, there are also, always, seeds of innovation, continuously sown in rural health care, which grow into new approaches to longstanding concerns impacting rural communities."

Madhulika Agarwal, Deputy Under Secretary of Health for Policy and Services for the Department of Veterans Affairs spoke of how the VHA has been "continuously identifying and implementing innovative services to overcome geographic barriers to bring services" to the 6.1 million veterans that live in rural areas. Access to care has been improved through telehealth, Agarwal said, especially for veterans with chronic diseases.

The speakers, and Tom Morris of the Federal Office of Rural Health Policy, responded to questions from the listening audience on funding for HIT and hospitals, recruitment of rural physicians, preventing closures of Critical Access Hospitals and implementation of electronic health records in rural facilities.

A video recording of the press conference is [available online](#).

## NRHD By The Numbers

- Press releases viewed - 2,435 times (up 97.9% from last year)
- Social media mentions - 409 (up 39% from last year)
- At least 27 Governors proclamations

### NRHD FIRSTS:

- National Rural Health Day was recognized on the floor of the U.S. House by Rep. Adrian Smith, R-NE and was entered into the Congressional Record by Senator Richard Durbin, D-IL
- HRSA Office of Communications sent out a HRSA Broadcast message to all employees notifying them about National Rural Health Day
- FORHP National Rural Health Day Open House

We would like to know more about the impact of NRHD in your state. Click [here](#) to respond to a survey about how NRHD went for you.

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## Third Annual National Rural Health Day Celebrated Nationwide



This photo by Tina Akins, which shows her grandson watching a medical flight in-process at Lost Rivers Medical Center in Arco, Idaho, won First Place in the [Idaho Rural Health Association's NRHD photo contest](#).

NOSORH would like to thank everyone who helped to make the third annual National Rural Health Day a huge success! A national press conference, [five webinars](#) with amazing speakers, 25 governors' proclamations, a [presidential message](#), mentions on the floors of the [House](#) and [Senate](#), events at Critical Access Hospitals and FQHCs, and photo contests were just a few of the events that were held around the country.

We would like to thank all of our webinar guest presenters who gave us all such a wonderful perspective on the various facets of what it means to be rural in America. And also a thanks to the SORHs and our partners for helping get the word out about our webinars and press conference. We had great discussions and insightful conversations that are due in great part to our amazing presenters.

Special thanks to FORHP, Tom Morris and Sherylin Pruitt for their efforts with the HRSA-wide celebration, press release and for engaging the White House Rural Council in the day's events.



### Promising Practices

## NOSORH Partnership Funds Lead to Collaboration Between Alabama and Georgia SORHs to Supporting Rural Health Clinics

The Georgia and Alabama State Offices of Rural Health (SORHs) have been working together to help provide training and technical assistance to the 165 Rural Health Clinics (RHCs) in their states, which lack RHC associations. The SORHs are also engaging with their state rural health associations (RHAs) in the effort.

Over the last three years, RHCs in Georgia identified three issues they were struggling with: HIT implementation, technical assistance and ICD-10 conversion, according to Charles Owens, director of the GA SORH. There is no RHC association (RHCA) in the state, and Owens describes the RHCs there as "low-hanging fruit—under-represented, and begging for resources and technical assistance."

"So, in Georgia, we started hosting RHC meetings," Owens said. "We then realized we could work with Alabama—I'm not sure who called who first. We frequently talk with the AL SORH about different issues since our states are similar and we have borders that cross over the state line." The multi-state NOSORH networking funding was instrumental in moving them to the next level of collaboration, Owens said.

The first [AL-GA RHC Conference](#) was held in Opelika, Ala., last summer. The conference has been followed by a series of webinars that focus on RHC technical assistance. The first was on RHC compliance and regulation, the second was on RHC billing, and the last webinar, which will be held on December 10<sup>th</sup>, will be on RHC Medicare bad debt.

"Alabama would like to partner with Georgia to have another joint conference," said Rob Boyles, Rural Programs Coordinator and Recruiter at the AL SORH. "However, funding is the main barrier. The joint conference in June would not have happened without the grant funding provided by NOSORH."

Another barrier with multi-state collaboration, Owens said, is geography, particularly in larger states. "Georgia and Alabama border each other, but our RHCs in the extreme north points and the east coast of Georgia were reluctant to travel all the way across the state." But, he added, the benefit of multi-state collaboration is "learning from nontraditional sources—it's not the people you hear from everyday. So that's why a lot of people, including the federal government, are encouraging us to do this."

As a result of conference participant feedback, Boyles said, it was apparent that Alabama RHCs also desire training opportunities, particularly on ICD-10. The GA and AL RHAs, in coordination with the Association of Rural Health Professional Coders, have provided two, one-day training sessions. The AL RHA will also provide two, multi-day ICD-10 "bootcamp" sessions after the first of the year. (The AL SORH has had a special training tract for RHCs in its annual rural health conference for the past two years, co-sponsored by the AL RHA.)

Owens thinks that other SORHs should consider reaching out and supporting their RHCs when there is no state RHCA or when those associations are struggling. "This is something that SORHs can do and NOSORH can help with." Owens said. "In the Southeast, the RHC organizations are small and struggle with finances, so it's very reasonable that SORHs could serve those RHCA's, especially since they are never going to be very large administratively."

*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](mailto:bethb@nosorh.org) to set up a short email or phone interview in which you can tell your story.*



Cupcakes sold at the Federal Office of Rural Health Policy's bake sale on November 21<sup>st</sup> spell out "National Rural Health Day." The bake sale was one of the many celebrations held across the country that day. (Proceeds from the bake sale went to the Combined Federal Campaign.)

## December Steal Sheet

The December 2013 Steal Sheet items include:

- NOSORH Seeking Guest Bloggers for Web Site Reboot
- Advocating Against Reimbursement Cuts to CAHs and Medicare Dependent Hospitals
- NOSORH Hosting Webinar on Medicare Readmissions Reduction Program's Impact on Rural Hospitals
- New AHRQ Evidence-based Guide Helps Implementation of Health Assessments in Primary Care Settings
- National Association of Broadcasters Launches Mental Health Campaign Geared Toward Teenagers and Young Adults

The Steal Sheet 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 December Steal Sheet is available from the NOSORH Steal Sheets section on the [NOSORH Toolkits](#) page.

## NOSORH Looking for Guest Bloggers for Web Site Reboot

NOSORH is currently finishing up work to get our new website up and running. "There have been many changes to make the website more user friendly and interactive. You will now be able to keep up to date with our social feed, and easily search existing documents from the "word cloud,"" according to NOSORH Special Projects Coordinator, Matthew Strycker.

As part of this reboot, we're inviting guest bloggers to share their ideas on rural health and related topics. Since the web site will launch at the start of the year, we're especially looking for posts on the upcoming year and all the challenges it will bring. We also hope that SORHs will help in making this a smooth transition by looking at the SORH [state directory](#) on the current site and letting Matt Strycker, [stryckerm@nosorh.org](mailto:stryckerm@nosorh.org), know if there are any changes that need to be made.

## Webinar: Medicare Readmissions Reduction Program Impacting Rural Hospitals

by Harvey Licht  
NM SORH Alumnus and NOSORH Consultant

The Medicare Readmissions Reduction Program (MRRP) has required CMS to reduce payments to Inpatient Prospective Payment System (IPPS) hospitals with excess readmissions since October 1, 2012. The Program covers short-term inpatient acute care hospitals, but excludes critical access, psychiatric, rehabilitation, long-term care, children's and cancer hospitals.

In FY 2013, the first year of the program, hospitals were penalized as much as 1% of their Medicare revenues for the year for excess admissions. In FY 2014, beginning October 1, 2013, hospitals were penalized as much as 2% of Medicare revenues for the year for excess admissions. In FY 2015, beginning October 1, 2014, hospitals will be penalized as much as 3% of Medicare revenues for excess readmissions. The penalties assessed in FY 2013 and FY 2014 for excess readmissions are in three areas:

- Pneumonia readmissions,
- Heart disease readmissions, and
- Acute Myocardial Infarction readmissions.

Additional factors will be added to the assessment beginning in 2015.

The Program is having a significant impact on rural hospitals. More than 900 rural hospitals are covered by the program, representing more than a quarter of all hospitals covered. More than 600 of these hospitals, about two-thirds, have been assessed a penalty in FY 2014. This penalty rate is more than a third higher than penalties for urban hospitals, and reflects poorer performance on readmissions in rural hospitals. There is a potential for even greater penalties in rural hospitals beginning in FY 2015.

The MRRP is only one of the programs authorized by the ACA that requires CMS to adjust hospital Medicare payments. The Hospital Value Based Purchasing Program can also have a significant impact. All told, Medicare revenues can be substantially reduced if hospitals do not adequately address quality performance. For more information, visit the [CMS webpage on the MRRP](#).

NOSORH will be presenting webinar on the MRRP on Thursday, December 5, 2013 at 2:00 p.m. EST.

## Policy Update

"We are down to the 12<sup>th</sup> hour" explained Maggie Elehwany on NRHA Grassroots call last week. It's important for you to send an email now to let your elected officials know that Medicare Dependent Hospitals and Critical Access Hospitals are important to you (and your partners and communities you serve), and that it is crucial that no cuts be made to any reimbursement which supports rural facilities. More information is available at the NRHA Grassroots Action Center <http://www.ruralhealthweb.org/go/left/government-affairs/grassroots-action-center/grassroots-action-center>.

The Michigan Center for Rural Health is taking a lead and planning visits to the Hill this week to drive the message home with a [letter signed](#) by CAH CEOs around the state. We'd like to confirm that you or your partners have been in touch with your representatives. Please email [Paigel@nosorh.org](mailto:Paigel@nosorh.org) so we can measure the impact of your collective efforts.

