

# Mark your Calendar!



# The Branch

An Update for State Offices of Rural Health and our Partners

November, 2013

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



## November 7

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

## November 12

- Development Committee (2pm EST)

## November 18

- Rural Health Committee (2pm EST)

## November 19

- Policy Committee (2pm EST)

## November 21

- National Rural Health Day
  - AgriSafe: Protecting the People who Feed America webinar (noon EST)
  - NRHD Rural 101: The Basics of Rural Health webinar (1pm EST)
  - Population Based Health & Health Promotion in Rural webinar (2pm EST)
  - The Affordable Care Act in Rural America webinar (3pm EST)
  - Resources for Recruitment, Networking and Telehealth webinar (4pm EST)

## November 26

- Communications Committee (1pm EST)

## November 28

- Happy Thanksgiving

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

## Highlights from the 2013 NOSORH Annual Meeting



They came, they tweeted, they networked, they ate barbecue.

This year's meeting of State Offices of Rural Health was attended by 139 individuals, representing 47 State Offices of Rural Health (SORHs), in addition to federal offices. The meeting included presentations on:

- Understanding the role of SORHs in Affordable Care Act implementation (Deepti A. Loharikar, FORHP)
- Improving Rural Health Initiative, leveraging telehealth efforts and other federal initiatives (Tom Morris, FORHP)
- Information on Top Performing Hospitals (Greg Wolfe, iVantage Analytics)

- The film "Ola: Health is Everything" presented by Hawaii Office staff and producer/director Matthew Nagato

In addition, NOSORH shared details about its upcoming new web site and improvements to the TruServe service.

"It was a great meeting," said NOSORH Executive Director Teryl Eisinger. "Stephanie Hansen and the Planning Committee created a wonderful learning experience. People tweeted, used technology, and had deep conversations during capacity building sessions. Sponsors, exhibitors and SORHs were generous with their funding, their expertise and their time. The North Carolina State Office was a great host, and SORH leaders facilitated the capacity building sessions and helped document them. Thanks to the South Carolina Office of Rural Health for organizing a pub crawl and to Unique Solutions for providing entertainment."

Early evaluation results document that 72% of participants rated the meeting as excellent and 42% reported gaining a great deal of new knowledge. Participants commented on the great networking and said "the ability to take time to learn and share from peers is the best way to brainstorm ways to create new initiatives and/or redesign old." If you were unable to attend you can still take advantage of conference resources and presentations, which are available on the [NOSORH Past Event Materials](#) page (check listing for Oct. 28-30).

## National Rural Health Day Is Almost Here!

In a little more than two weeks we will be "Celebrating the Power of Rural" throughout the country—we hope you are as excited as we are!

On November 21<sup>st</sup> join us with a Twitter fest at 2 PM—we're asking all SORHs and their partners to tweet about #NationalRuralHealthDay and watch for it to trend. NOSORH will also offer a series of free webinars throughout the day featuring representatives from State Offices of Rural Health and several of our National Rural Health Day partners, who will highlight some of the great work being done to address rural health concerns. Topics include "The Affordable Care Act in Rural America" (Tom Morris, FORHP) and "Rural 101 – The Basics of Rural Health" (Kristine Sande, Program Director, Rural Assistance Center). Click [here](#) to see a complete list of 2013 NRHD webinars (the list is available in the [Resources](#) section of the [National Rural Health Day website](#)). Plans for a press conference also are shaping up with Dr. Mary Wakefield, HRSA Administrator, and Under Secretary of Agriculture Doug O'Brien (invited)—stay tuned for more information on this event!

How will your state celebrate NRHD? States and SORHs have also shared their [Community Success Stories](#) on the NRHD web site—we've received 22 success stories from 19 states—but we



welcome more! Upload your stories on the [Contact Us](#) web page, or mail them to Bill Hessert, NRHD Coordinator at [billh@nosorh.org](mailto:billh@nosorh.org). We'll be sharing these stories on Facebook, Twitter and the NRHD web site. (Click [here](#) to download a Community Success Story "Tip Sheet").

NOSORH has been busy getting the word out about NRHD. Last month, Matt Strycker, NOSORH Special Projects Coordinator, was at the 3RNet conference in St. Louis, and Stephanie Hansen, NOSORH Education and Services Director, was at the NRHA CAH-RHC Conference in Austin, to share NRHD resources with rural health clinics and critical access hospitals.

We look forward to the 2013 National Rural Health Day celebration as the best one yet!

## Upcoming Plans for the Policy and Program Monitoring Team

The NOSORH PPMT is charged with the responsibility to watch for emerging policy and program changes that will impact SORHs and the providers they serve. The team is led by Lynette Dickson (ND) and Pat Carr (AK), and is supported by Harvey Licht (alumni of the NM SORH). Upcoming plans include:

- Information and a webinar on the Medicare Readmissions Reduction Program (MRRP) including state-by-state listings of penalized hospitals under the MRRP, with indications of rural hospitals on the listings
- Simple charts that document current knowledge about state decision making on key ACA topics
- A short survey to highlight health care reform impact on rural areas in each state

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## 2013 NOSORH Award Winners Announced

**Graham Adams** (SCORH) received the **Distinguished Andrew W. Nichols Award**.



Adams was praised for helping NOSORH and the Pennsylvania Office of Rural Health think more strategically about its funding portfolio and “grapple with issues of how we work together as a team, and to envision the future of our office in

ways that we hadn’t considered.” Adams has led NOSORH development efforts in garnering sponsorships of over \$175,000, and the successful launch of the NOSORH Grant Writing Institute.

**Mary Sheridan** (ID SORH) was given the **Distinguished Service Award**. Sheridan was cited for expanding the programs and technical assistance her SORH provides, and for being an advocate for patient safety and quality improvement.



**John Eich** (WI SORH) was awarded the **James D. Bernstein Mentoring Award** for being a tremendous teacher and mentor to staff at other SORHs by offering assistance on online tools, technology, and logic models “in meaningful and thoughtful ways.”



**Alisa Druzba** (NH SORH) was given the **Recognition Award**



for being “a strong proponent for issues affecting access to care for all rural Americans, not just those within New Hampshire” and for serving in numerous rural leadership roles, including NOSORH President next year.

**Kathy Collison** (DE SORH) received the **Emerging Leader Award**.



Cited as “one of the quiet, unsung heroes of the SORHs” Collison was commended for being part of a regional effort to assess mental and behavioral health issues, which resulted in the opening a non-inpatient facility in her state last year.

The **Nevada State Office of Rural Health** received the **Award of Merit**.



The Office was commended for its work in forging collaborations with and on behalf of rural veterans, for managing the annual Western Region Flex Conference, and “providing services and resources with excellent humor and spirit.”

## Policy Update

At the NOSORH Annual Meeting, Bill Finerfrock, NOSORH’s Legislative Liaison, updated participants on appropriations, sequestration and the effort to reauthorize the SORH program. Finerfrock reported that the current Continuing Resolution (CR) expires on January 15, 2014. Congress must renew the CR or enact individual appropriations by that date or we will face another government shutdown. House and Senate Budget Conferees have been appointed and have been directed by their respective chambers to work out a unified budget by December 15, 2013. This is important!

### Appropriations

The current CR is spending money at the 2013-approved levels. But the Budget Control Act of 2011 (BCA), which mandated sequestration, set a FY 2014 TOTAL spending level at approximately \$20 billion below the 2013 level, or approximately \$967 billion. This was a reduction below the FY 2013 spending cap of \$986 billion. The resolution of the shutdown effectively extended the FY 2013 spending levels, which means that the government is spending at a

rate consistent with total spending of \$986 billion; if this continues through the remainder of this fiscal year, it will exceed the BCA cap. If federal discretionary spending exceeds the cap, then across the board cuts in discretionary spending—sufficient to lower total spending to the authorized level—must commence. This means that prior to January 15th, Congress and the President will have to agree on new spending levels consistent with the \$967 billion cap OR there will have to be a sequestration of approximately \$20 billion between non-defense discretionary spending and defense discretionary spending. Finerfrock warned that if Congress fails to adopt an alternative, and come January 15 adopts a 2<sup>nd</sup> Continuing Resolution, across-the-board cuts would be mandated concurrent with adoption of the new CR—unless spending levels are reduced.

### Sequestration

It is not clear, however, how sequestration-related cuts would be applied given that most non-defense spending is at the BCA-approved

levels. The higher spending is largely attributed to defense spending. Congress and the President are expected to engage in additional budget deliberations over the next few months. The President has asked Congress to repeal his sequester idea and it appears that most members of Congress are unhappy with how the sequester has been implemented. The current disagreement is over what to do in lieu of the sequester, given the stated goal of each side to ultimately reduce the long-term federal deficit.

### SORH Reauthorization

NOSORH will seek SORH Reauthorization and will aim to grow a new line for funding capacity-building activities of SORHs. Issues to be addressed with the reauthorization include the match and indirect cost requirements. At the NOSORH annual meeting participants were queried about how an additional \$50,000 in funding could be used by their SORH. To see the results online, click [here](#).

## New Officers Elected

Mary Sheridan and Scott Daniels have been elected to serve on the NOSORH Board for the upcoming year. Mary was named President-Elect and Scott was elected to serve a second term on the Executive Committee as Secretary. Congratulations to Mary and Scott!

## TruServe News

Stand by for a TruServe update! We're working to make [TruServe](#) even more accessible and customizable, which will allow for easier reporting and improved communications.

TruServe is a web-based tracking system that allows organizations to conveniently monitor and report progress tailored to their needs. NOSORH provides guidance on the direction of TruServe, while facilitating the process for TruServe client enrollment.

Mark Barclay and Kelly Quigley of the North Dakota Center for Rural Health, which produces TruServe, will be working with each enrolled SORH one at a time, to help convert them to the new and improved TruServe. In another effort to improve TruServe, a TruServe Advisory Committee was recently formed.

## NOSORH Partners Build Capacity to Work with Non-Profit

The National Center for Frontier Communities (NCFC) and the University of New Mexico Office for Community Health plan to work with NOSORH and SORHs to develop resources to build the capacity of non-profit rural and frontier health care service providers. The project has the potential to:

1. increase the ability of rural and frontier health providers to develop, coordinate and improve the quality of integrated healthcare systems,
2. improve organizational efficiencies, community engagement, and collaborative capacity, and
3. sustain and expand rural access to essential health care services

The project, funded by a Federal Office of Rural Health Policy Network Planning Grant, will be guided by a five-SORH-member Capacity Building Workgroup. "We will start out by launching an assessment of rural providers' needs and assessing SORH capacity to meet those needs," said NOSORH Executive Director, Teryl Eisinger. "NOSORH has been able to obtain excellent response rates from CAHs, and RHCs in the past with the help of all 50 SORHs. This work builds on that success and may ultimately provide additional resources to SORHs to meet the needs of non-profit providers in rural and frontier areas."

### *Promising Practices*

## Alaska State Office Widens Outreach to Rural Veterans

Through a federal grant program, the Alaska State Office of Rural Health (AK SORH) is expanding telehealth technology and mental health services for veterans in the state. Alaska is one of three states (including Montana and Maine) awarded \$300,000 for the second three-year cycle of the [Flex Rural Veterans Health Access Program](#); (it was awarded funds in the first program cycle as well). The program is part of an ongoing collaboration between HHS and the Department of Veterans Affairs (VA) towards implementing an information infrastructure for rural health. "The federal mandate is to provide access of care closer to home and develop increased collaboration between the VA and local providers," according to Tracy Speier, Health and Social Service Planner and RVHAP Director at the AK SORH.

Speier said that the focus on veterans is important in Alaska because the state has the number one veterans population, per capita, in the country. And telehealth is essential in a frontier area like Alaska, Speier said, because there is no road system in much of the state--most of its towns are accessible only by boat or small aircraft or, in the winter, snowmobile or dogsled. Speier gave an example of a veteran in a rural community in Southeast Alaska who has been getting care at a VA clinic in Anchorage. A one-hour visit there required three days of travel due to airline schedules—one day to travel to Anchorage, one day for her appointment, and one day to travel back. "I don't think people realize how vast Alaska is," Speier said. "Now through telehealth, she can meet with her counselor through video conferencing technology."

In the last year and a half, the AK SORH has developed a telehealth network from the ground up in seven rural, remote communities in Southeast Alaska; trained 150 community-based providers on military culture PTSD, TBI and military sexual trauma in Juneau, Anchorage and Fairbanks; sponsored VA-approved PTSD treatment training to 19 behavioral health providers; and trained health administrators from non-tribal community health centers, Community CAH, and CMHC state-wide on how to do business with the VA. "This develops an increased collaboration between the VA and rural clinics in order to increase access to and quality of care for veterans in rural communities," Speier said. "This could be duplicated in other areas with a commitment by the VA to work with non-VA clinics."

Over the next three years, the AK SORH plans to work to identify veterans who are enrolled in public assistance programs in the state, to help them access VA and other benefits. "It has been challenging to identify veterans in need of services," said Pat Carr, AK SORH director. "Many providers don't ask people if they are veterans." The AK SORH plans to use the PARIS (Public Assistance Reporting Information System) system in this effort. Carr said that other states that have worked with their public assistance agencies to implement this model "have saved significant funding."

NOSORH hosted a Learning Community Call on Working with Rural Veterans on September 26<sup>th</sup> (in which Speiers described the Alaska program). Click [here](#) for a recording.

*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.*

## Thank You NC SORH



NOSORH wishes to thank the NC SORH for its help in organizing our 2013 Annual Meeting.

*The NC State Office of Rural Health joined us for the Annual Meeting. Pictured (l to r), Dr. Robin Cummings, Tammy Norville, Traci Miller, Andrea Murphy, Parcheul Harris and Jay Kennedy.*