**Steal Sheet - March 2015**

NOSORH offers Steal Sheet articles for SORHs to distribute in emails, in your (or your partners’) newsletter, on web sites, Facebook pages, etc. The March Steal Sheet includes:

1. Federal Office of Rural Health Policy new funding opportunities offered: Rural Network Allied Health Training Program (Allied Health Training); Rural Outreach Benefits Counseling Program (Benefits Counseling); and Rural Health Care Coordination Network Partnership Program (Care Coordination).
2. The *Hillman Innovations in Care Program* Request for Proposals for the 2015 grant cycle
3. ONC recently announced three grant funding opportunity announcements
4. AHRQ Announces Grant Opportunity for Ambulatory Patient Safety Research
5. HHS Initiative Focused on Health Care Delivery System Reform
6. Registration Open for NOSORH 2015 Grant Writing Institute: Rural Health Grant Writing Specialist Training.
7. National Rural EMS Conference: New Opportunity to Learn about Rural EMS Issues
8. The Rural Training Track Collaborative Annual Meeting
9. CMS 2015 Updates to Federal Poverty Guidelines
10. New Manual Helps Hospitals Improve Medication Reconciliation
11. RUPRI Center for Rural Health Policy Analysis: 2014 Rural Medicare Advantage Enrollment Update

**1) FORHP Funding Opportunities**

Learn about the latest Federal Office of Rural Health Policy (FORHP) funding opportunities. NOSORH offered a webinar with FORHP on three new funding opportunities: Rural Network Allied Health Training Program (Allied Health Training); Rural Outreach Benefits Counseling Program (Benefits Counseling); and Rural Health Care Coordination Network Partnership Program (Care Coordination). For more information on these grant programs, review the [webinar recording](http://nosorh.org/webinar-new-forhp-grant-opportunities-information-for-sorh-2-20-15/).

**2) The *Hillman Innovations in Care Program* Request for Proposals for the 2015 grant cycle**

The Rita & Alex Hillman Foundation announced the second round of funding for the *Hillman Innovations in Care Program*, a multi-year effort intended to enhance and expand nursing-driven models of care that benefit vulnerable populations.

The Foundation will release a formal Request for Proposals for the 2015 grant cycle on February 2. It will hold an informational webinar for those interested in applying to the program on February 17.  Applications will be due on March 16.

The *Hillman Innovations in Care Program* seeks bold, creative, patient- and family-centered approaches that challenge conventional strategies, improve health outcomes, lower costs, and enhance patient and family caregiver experience. The Foundation is particularly interested in the areas of maternal and child health, care of the older adult and chronic illness management. The Foundation will award two grants of up to $600,000 each in late 2015.

**3) ONC recently announced three grant funding opportunity announcements**

In an effort to improve health care delivery and the ability of individuals to get the right care, at the right time and in the right place, ONC recently announced three grant funding opportunity announcements. These three funding opportunities, worth approximately $36 million, demonstrate HHS and ONC’s commitment to making the vision of interoperability described in the [Shared Nationwide Interoperability Roadmap](http://www.healthit.gov/interoperability) a reality. Better access to data where and when it is needed will significantly aid the effort to transform the health care delivery system into one that provides better care, spends health care dollars smarter and results in healthier patients. More information can be found in the pages below and we will continue to provide updates in the upcoming weeks and months.

**Upcoming webinars** are scheduled as follows:

* Monday Feb. 23rd from 3-4pm EST: [Workforce FOA Webinar](https://attendee.gotowebinar.com/register/1567201357425948929)[Web Site Disclaimers](http://www.healthit.gov/newsroom/web-site-disclaimers)
* Tuesday Feb. 24th from 3-4pm EST: [Advance Interoperable Health IT Services to Support HIE FOA Webinar](https://attendee.gotowebinar.com/register/3398558919765946881)[Web Site Disclaimers](http://www.healthit.gov/newsroom/web-site-disclaimers)

Thursday February 26th from 3-4pm EST: [Community Health Peer Learning Program FOA Webinar](https://attendee.gotowebinar.com/register/911869337527312897)

4) **AHRQ Announces Grant Opportunity for Ambulatory Patient Safety Research**

Patients can experience harm in different clinical environments, and ambulatory settings are no exception. AHRQ is seeking to expand its patient safety knowledge in the ambulatory setting through high-impact research projects that can produce results quickly. Details about this grant opportunity are available in a recently released [**Special Emphasis Notice**](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMjE3LjQxNzE5MjAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDIxNy40MTcxOTIwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxMDkzJmVtYWlsaWQ9a2Fzc2llY0Bub3Nvcmgub3JnJnVzZXJpZD1rYXNzaWVjQG5vc29yaC5vcmcmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&102&&&http://www.grants.nih.gov/grants/guide/notice-files/NOT-HS-15-006.html) (SEN). AHRQ has developed multiple evidence-based tools to make hospital inpatient care safer. However, more knowledge about the extents and nature of harm in ambulatory settings is needed. To address this need, AHRQ is looking for grant proposals to adapt or refine an existing method or develop a new method to study safety and harm in ambulatory settings. AHRQ expects that the proposals will include validation and testing of the method or its application for conducting research related to ambulatory patient safety. Of special interest are projects that can fill gaps where there is little scientific evidence and that can link research results with actions. This includes describing how to apply the research in the real world by using strategies that mitigate and eradicate harm and adverse events. For questions, contact AHRQ via **email** and reference NOT-HS-15-006 and visit the [**AHRQ website**](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMjE3LjQxNzE5MjAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDIxNy40MTcxOTIwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxMDkzJmVtYWlsaWQ9a2Fzc2llY0Bub3Nvcmgub3JnJnVzZXJpZD1rYXNzaWVjQG5vc29yaC5vcmcmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&103&&&http://www.ahrq.gov/funding/research/announcements/index.html) for information on grant mechanisms that apply to this SEN.

**5) HHS Initiative Focused on Health Care Delivery System Reform**

On January 26, HHS Secretary Sylvia M. Burwell announced a major new HHS initiative focused on health care delivery system reform. The announcement included measurable goals and a timeline to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they give patients. To support these activities, HHS is creating a Health Care Payment Learning and Action Network that will involve both public and private sector stakeholders. You can read more about the initiative in the links below.

This initiative will have important implications for all health care providers and the patients they serve. The Federal Office of Rural Health Policy wants to hear from rural providers to ensure that rural providers can leverage the opportunities to align with the goals laid out by the Secretary. For example, what are the implications of the unique payment classifications for rural hospitals and rural health clinics for engaging fully in these new directions? How can we ensure that the goals are attainable for rural providers?

FORHP is asking grantees and rural health stakeholders to take a thorough look at information available through the links below and provide feedback. Send comments to the following address: RuralDSR@hrsa.gov

You can also provide feedback on key rural issues for the Learning and Action Network at the following address: PaymentNetwork@cms.hhs.gov

Links with information about the initiative:

Delivery System Reform News Release

<http://www.hhs.gov/news/press/2015pres/01/20150126a.html>

Secretary Burwell’s Blog Item on Delivery System Reform

<http://www.hhs.gov/blog/2015/01/26/progress-towards-better-care-smarter-spending-healthier-people.html>

Secretary Burwell’s Article in the New England Journal of Medicine

<http://www.nejm.org/doi/full/10.1056/NEJMp1500445>

Delivery System Reform Fact Sheet

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-2.html>

Delivery System Reform Taxonomy

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-3.html>

**6) Registration Open for NOSORH 2015 Grant Writing Institute: Rural Health Grant Writing Specialist Training.**

NOSORH is pleased to announce registration is now open for the 2015 Grant Writing Institute: Rural Health Grant Writing Specialist Training.

Don't miss this opportunity to learn how to write better grant proposals, turn rurality to your advantage, acquire additional writing experience, and more. Participants will benefit from learning about a range of approaches to grant writing from an array of rural health partners. This series is perfect for beginners seeking to gain the skills to research and draft winning proposals for various agencies.

The NOSORH Grant Writing Institute was developed to meet the unique needs of rural grant writers. Participants in the course will benefit from:

* Learning assignments to apply what they learn to their everyday work and build a personal grant resource library.
* On-going virtual support to assist participants with current and future grant writing questions.
* Regular updates on upcoming grant opportunities.
* A certificate of completion at the end of the class series after completing 6 of 9 classes and 4 of 6 homework assignments.
* Connecting with other grant writers via the NOSORH Grant Writing Facebook group to learn about the latest hot topics in grant writing.

Registration ends March 26, 2015—class size will be limited and will be offered on a first-come basis, with a limit of 50 students. This is an opportunity for anyone looking to enhance their grant writing skills!

To register, visit NOSORH’s website [here](http://nosorh.org/grant-writing-institute/) to find all the information on this year’s Grant Writing Institute.

**7) National Rural EMS Conference: New Opportunity to Learn about Rural EMS Issues**

The **National Rural EMS Conference: Building Integration & Leadership for the Future** in Cheyenne, Wyoming on May 5-6, 2015 will feature hands-on learning and demonstrations of Simulation in Motion. In addition, conference participants will learn about the future of rural EMS, community paramedicine, systems of care, performance improvement, ambulance service sustainability, rural EMS education, and much more. The cost to attend the conference is $200 and includes food. Online [registration](https://www.regonline.com/EMS15) is now open. Sign-up today to reserve your spot!

Vendor space is still available. Contact Stephanie Hansen (steph@nosorh.org or 208-375-0407) or register online to reserve your organization’s spot.

DRAFT AGENDA: Click [**here**](http://nosorh.org/wp-content/uploads/2014/12/JCREC-Rural-EMS-Leadership-Conference-Draft-Agenda.docx).

REGISTRATION: [**https://www.regonline.com/EMS15**](https://www.regonline.com/EMS15)

CONFERENCE WEBSITE: [**http://nosorh.org/calendar-events/national-rural-ems-conference/**](http://nosorh.org/calendar-events/national-rural-ems-conference/)

VENDOR OPPORTUNITIES: Click [**here**](http://nosorh.org/wp-content/uploads/2014/12/Vendor-Invitation_draft.pdf).

# 8) The Rural Training Track Collaborative Annual Meeting

# The Rural Training Track Collaborative Annual Meeting

# Moving Forward in the Face of Chaos

## Madison, Wisconsin - May 27 to 29, 2015

With all the uncertainty around payment reform, workforce needs, medical education finance and governance, it’s sometimes difficult to know how to move forward, even to take the first step. There are lessons to be learned from other Rural Training Tracks, from the past as well as the present. This is your opportunity to both teach and learn! All are invited to participate and contribute to this rural training collaborative!

Click [here for a draft agenda](http://www.oucom.ohiou.edu/oru/pdf/The%20RTT%20Collaborative%202015%20-%20Draft.pdf%22%20%5Ct%20%22_blank) and click [here for registration, transportation and lodging details](http://www.oucom.ohiou.edu/oru/pdf/RTTC%20Annual%20Meeting%20one%20pager.pdf%22%20%5Ct%20%22_blank)

To directly register, [click here](https://ohio.qualtrics.com/SE/?SID=SV_cTLbx0FJA3xYQSh" \t "_blank). Following registration you will be sent an acknowledgement and an invoice or instruction regarding payment.

**9) 2015 Updates to Federal Poverty Guidelines**

The Centers for Medicare & Medicaid Services (CMS) recently released an informational bulletin regarding the 2015 updates to the federal poverty guidelines. By law these updates are applied to eligibility criterion for programs such as Medicaid and the Children’s Health Insurance Program (CHIP). The 2015 [Dual Eligible standards](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMjA2LjQxMjYyNDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDIwNi40MTI2MjQ5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3Mzc3ODcxJmVtYWlsaWQ9a2Fzc2llY0Bub3Nvcmgub3JnJnVzZXJpZD1rYXNzaWVjQG5vc29yaC5vcmcmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&100&&&http://go.usa.gov/hTFh) have also been updated based on the percentage of Federal Poverty Level. [Click here](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMjA2LjQxMjYyNDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDIwNi40MTI2MjQ5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3Mzc3ODcxJmVtYWlsaWQ9a2Fzc2llY0Bub3Nvcmgub3JnJnVzZXJpZD1rYXNzaWVjQG5vc29yaC5vcmcmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&101&&&http://go.usa.gov/hTFx) to read the complete informational bulletin.

<http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>

**10) New Manual Helps Hospitals Improve Medication Reconciliation**

The AHRQ-funded Multi-Center Medication Reconciliation Quality Improvement Study (MARQUIS) has produced an implementation manual to help hospitals improve medication reconciliation practices. These improvements can lead to reductions in negative outcomes such as inpatient adverse drug events and readmission rates, which have significant patient safety and financial implications for hospitals. Based on the experiences of five hospitals participating in a three-year project conducted by the Society of Hospital Medicine, MARQUIS identifies best practices for medication reconciliation processes throughout hospital admission, transfer and discharge. It also outlines a framework for assembling a team and developing an implementation strategy adaptable to any hospital system. The [**MARQUIS implementation manual**](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMjEwLjQxNDIwMjUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDIxMC40MTQyMDI1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDY2NzI2JmVtYWlsaWQ9a2Fzc2llY0Bub3Nvcmgub3JnJnVzZXJpZD1rYXNzaWVjQG5vc29yaC5vcmcmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&101&&&http://www.hospitalmedicine.org/MARQUIS) explains how hospitals can implement a bundle of interventions to improve medication reconciliation using a quality improvement process. The manual includes a site assessment to help implementers understand where to start with the process. Site leaders or pharmacists can use this assessment to help gauge the patient-centeredness of the institution’s medication reconciliation process and begin customization and implementation of the various bundle components. The manual also features accompanying online resources such as a return on investment calculator to help hospitals make the business case for medication reconciliation.

**11)** [**RUPRI Center for Rural Health Policy Analysis: 2014 Rural Medicare Advantage Enrollment Update**](http://cph.uiowa.edu/rupri/publications/policybriefs/2014/2014%20MA%20update.pdf)

[**http://cph.uiowa.edu/rupri/publications/policybriefs/2014/2014%20MA%20update.pdf**](http://cph.uiowa.edu/rupri/publications/policybriefs/2014/2014%20MA%20update.pdf)

Rural Medicare Advantage (MA) and other prepaid plan enrollment in March 2014 was nearly 1.95 million, or 20.3 percent of all rural Medicare beneficiaries, an increase of more than 216,000 from March 2013. Enrollment increased to 1.99 million (20.4 percent) in October 2014. MA enrollment increased in both rural and urban areas despite reductions in payment and the conclusion of the MA bonus payment demonstration at the end of 2014.

Some rural counties were reclassified, due to a change in population, and nearly 10 percent of the previously rural MA population is now considered urban; however, the percentage of the rural Medicare beneficiaries enrolled in MA did not change significantly. The majority of growth in rural MA enrollment was in Preferred Provider Organization plans, with over 56 percent of enrollment, while nearly a third of beneficiaries were enrolled in Health Maintenance Organization plans.