

National Rural  
Health Day  
*Celebrating the Power of Rural!*



# Rural Health Network Success Stories

Rebecca J. Davis, Ph.D.

Executive Director

National Cooperative of Health Networks Association

National Organization of **State Offices of Rural Health**

# NCHN

NCHN is a national professional membership organization comprised exclusively of health networks, alliances, and/or network stakeholders dedicated to supporting the success of health networks.

Find out more at [www.NCHN.org](http://www.NCHN.org)

NCHN has a membership of:

- 56 Networks
- 8 Associate members
- 3 Business Partners
- 3 Strategic Partners

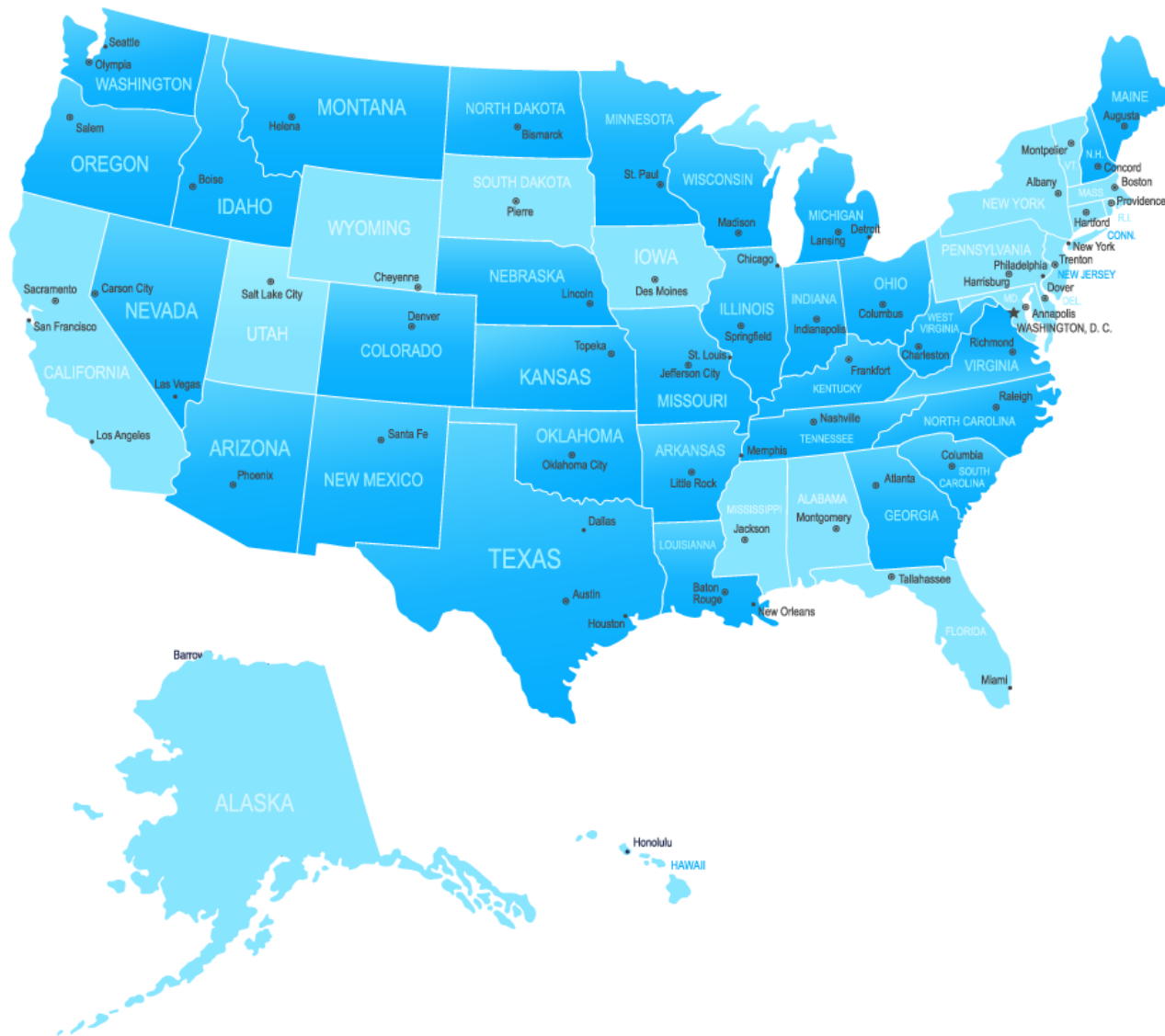
The large majority of the over 1,500 hospitals, clinics, nursing homes, community health centers, and other entities represented by the network members are rural.

National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*





National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*



# INDIANA VETERANS BEHAVIORAL HEALTH NETWORK

## THE FORMATION OF A RURAL HEALTH NETWORK

---

Through grant funding from the Health Resources and Services Administration, the Indiana Veterans Behavioral Health Network (IVBHN) was formed in 2010. It established a partnership with Affiliated Service Providers of Indiana, Inc. (ASPIN) and the Roudebush VA Medical Center in Indianapolis which facilitated the establishment of five rural telehealth connections with Roudebush; thus enabling rural veterans to receive behavioral health counseling services from their VA clinicians at locations within rural community mental health centers.

As of the end of the grant period (April 30, 2014), the IVBHN tele-behavioral health network had 328 completed visits. Veterans using the tele-behavioral health sites saved 35,218 driving miles by attending appointments in their home communities compared to traveling by car to the Roudebush VA in Indianapolis. This represents over 704 hours of drive time. At Indiana's current median wage of \$15.26, the savings in drive time accounts for \$10,749. Additionally at the federal mileage reimbursement rate (\$0.555 for 2012, \$0.565 for 2013 and \$0.56 for 2014), the cost savings for miles driven is \$19,834. With 328 completed, visits the IVBHN network has realized a cost saving for veterans and their families in drive time and mileage of \$30,583.

MORE: <http://www.nchn.org/blog-post/featured-formation-of-indiana-veterans-behavioral-health-network.html>

National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*



# LOUISIANA RURAL AMBULANCE ALLIANCE:



LRAA, in collaboration with partners, has formed the E-RHIT Network. With grant funding from HRSA-ORHP, the Alliance was able to buy technology/equipment as well as pay the linkage fee to Image Trend software for each rural provider in the state. The services that apply to participate in the grant can then distribute the equipment to each unit in their fleet and use ImageTrend software on a daily basis for electronic patient care records, billing accuracy, and to input data into the statewide patient care registry.

As a result of the collection of data in real-time, more complete patient data is available to a broader spectrum of providers. The system has improved charge capture and inventory management for the rural ambulance services. For the first time many of the ambulance services are collecting good data that can be used for process improvement. In addition, the collection of accident type data will be used to focus community education efforts. For example, if a large portion of ambulance calls are for ATV accidents, then community education on ATV safety can be provided.

MORE: <http://www.nchn.org/blog-post/featured-project-erhit-network-louisiana.html>

National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*



# NORTHEAST OREGON NETWORK: COMMUNITY HEALTH WORKER TRAINING PROGRAM

---

In 2012, the State of Oregon established Traditional Health Worker certification legislation that created a scope of work, competencies and certification pathway for Community Health Workers, Peer Mentors, Doulas, Promaturas and other traditional health worker roles. The legislation also established a pathway for community based entities to become state approved training programs. The Northeast Oregon Network was the second certified training program in the State of Oregon, and the only one to focus specifically on the training of rural and frontier individuals.

To date the NEON program has held three training sessions, with 45 CHWs trained and four certified trainers. 38 of these individuals, or 84%, of those trained are working in a practice setting, and are already impacting the provision of services. These 38 CHWs have served over 500 individuals in the last year alone with over 1,200 episodes of care. 29 individuals, or 64%, continue to be involved in the Community of Practice one year post training.

MORE: <http://www.nchn.org/blog-post/community-health-worker-training-program-northeast-oregon-network.html>

National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*



# NORTHEAST OREGON NETWORK: PATHWAYS COMMUNITY HUB

---

The Pathways Community Hub Program is a community wide, community based care coordination infrastructure that ensures the highest risk individuals in a community are connected to meaningful health and social services that contribute to positive health outcomes. The Northeast Oregon Network (NEON) serves as the neutral entity that is neither a payer nor a service provider. In the role of the Hub, NEON is dedicated to providing the partner coordination services that help reduce duplication of services, aids in identifying those most at risk, provides training, a community based data system, and evaluation of outcomes.

Work to date on the project has achieved six contracted care coordination agencies, with 20 trained and certified Community Health Workers, seven evidence based pathways chosen, and payment rates and operational agreements negotiated.

MORE: <http://www.nchn.org/blog-post/featured-project-neon-pathways-community-hub.html>

National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*



# NW ILLINOIS RURAL HEALTH NETWORK PEDIATRIC DEVELOPMENTAL CENTER

---

The network's service area is in a medically underserved region of Northwest Illinois. With a long history of collaboration, the partners applied for and received a grant to expand services beyond children with Autism Spectrum Disorder to embrace other children with complex needs. The partners have formed the Pediatric Developmental Center (PDC). Its mission is the creation of a quality, coordinated, integrated, affordable and accessible system of care for children and youth who display developmental, emotional, social and/or behavioral concerns and their families who access services in Lee, Ogle, Carroll, and Whiteside Counties or surrounding areas who are in need of child/youth diagnostic services.

Through this work, network partners have learned the value of "the network", the strength and effectiveness of working together. Progress has been made in the determination of a physical site, work flow, and other objectives. In addition, training for parents has begun. Clinical and medical assessments have been conducted, and referrals have been initiated. The network continues the synergy required to accomplish our goals in a collaborative effort.

MORE: <http://www.nchn.org/blog-post/featured-project-pediatric-developmental-center.html>

National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*





# RURAL WISCONSIN HEALTH COOPERATIVE WISCONSIN QUALITY RESIDENCY PROGRAM

---

RWHC, along with strategic partners; Wisconsin Hospital Association, Bellin Health, and Qualitas Consulting, have developed and launched the “Wisconsin Quality Residency Program”. The concept was first addressed in a submission for federal grant to create a "pilot program". While the submission did not receive grant funding, the parties developed the training curricula, and set a "go live" date for Spring of 2014. Modeled after the existing and extremely successful Wisconsin Nurse Residency Program, the Quality Residency Program will engage new and novice QI Directors in a two-year track of essential QI learning modules, establishing peer and mentoring relationships, and developing effective management and leadership strategies.

The first class was held in the spring of 2014, with 30 quality staff participating. The Quality Residency Program, well-planned and thoroughly documented, will be replicable in other settings – whether in rural health hospital networks, state associations, hospital systems, or even in integrated care networks. We intend that the model be used to “raise all boats” by establishing basic competency training in QI methods, leadership and management skills, and networking support.

MORE: <http://www.nchn.org/blog-post/featured-project-rwhcqi.html>

National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*



# TENNESSEE RURAL PARTNERSHIP CLINICAL ROTATIONS IN RURAL TENNESSEE

---

TRP received the HRSA Network Development grant in 2010. The goal was to provide 48 rotations for medical residents in 14 rural Tennessee counties and facilitate activities within the communities to promote maximum exposure to rural “life” during the rotations.

The network development activities produced 104 completed rotations. The activities also resulted in additional partnerships, the inclusion of non-physician primary care health providers, and “pipeline” activities involving high school students. Additionally, TRP now operates as an effective healthcare workforce network. Through partner relationships, TRP connects clinicians to rural rotations opportunities and ultimately to permanent clinical practice in rural and underserved communities.

MORE: <http://www.nchn.org/blog-post/featured-program-rotations-tn.html>

National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*



# Contact

Rebecca J. Davis, Ph.D.

Executive Director

National Cooperative of Health  
Networks Association, Inc.

[rdavis@nchn.org](mailto:rdavis@nchn.org)

Ph: 970.712.0732

[www.nchn.org](http://www.nchn.org)

National Organization of  
**State Offices of Rural Health**



**NCHN**  
*Serving Health Networks  
since 1995*

