Rural Health Update

Sarah Young, MPH
Public Health Analyst
Federal Office of Rural Health Policy
Health Resources and Services Administration
U.S. Department of Health and Human Service

State Offices of Rural Health, Region D Partnership Meeting

Austin, Texas

May 19-20, 2015

Who are We?

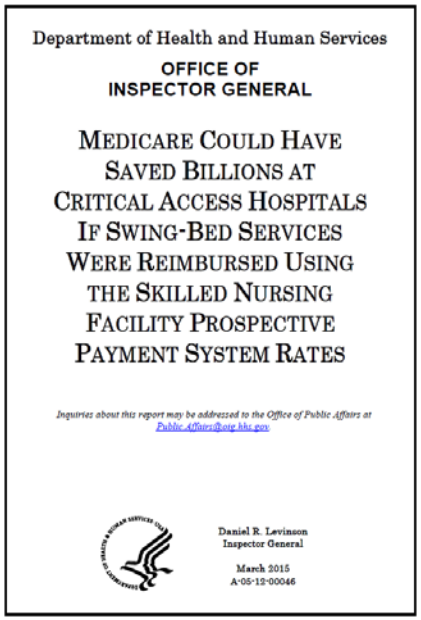
- Quick Background
  - Part of HRSA & DHHS
  - “Voice for Rural”
  - Policy and Research Role
  - Review HHS Regulations
  - Administer Grant Programs
  - Technical Assistance

- Organizational Set up
  - Community-Based Division (CBD)
  - Hospital-State Division (HSD)
  - Office for the Advancement of Telehealth (OAT)
  - Policy Research Division (PRD)

The Federal Office of Rural Health Policy

Sec. 711. [42 U.S.C. 912] (a) There shall be established in the Department of Health and Human Services (in this section referred to as the "Department") an Office of Rural Health Policy (in this section referred to as the "Office"). The Office shall be headed by a Director, who shall advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII and XIX on the financial viability of small rural hospitals, the ability of rural areas (and rural hospitals in particular) to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas.

Challenging Regulatory Environment


Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

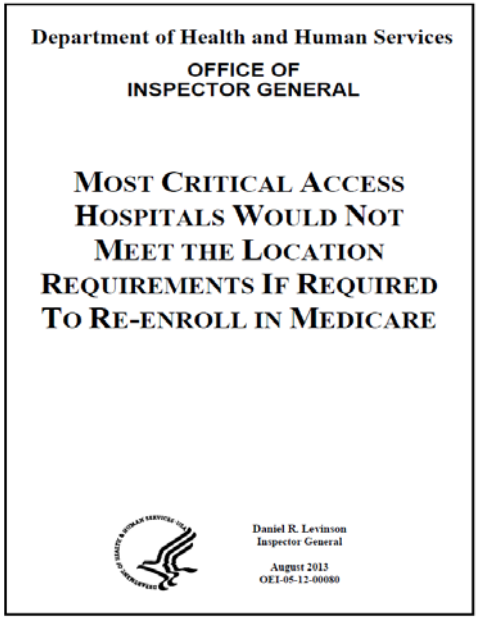
MEDICARE COULD HAVE SAVED BILLIONS AT CRITICAL ACCESS HOSPITALS IF SWING-BED SERVICES WERE REIMBURSED USING THE SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM RATES

Inquiries about this report may be addressed to the Office of Public Affairs at Public.Affairs@oig.hhs.gov

Daniel R. Levinson
Inspector General

March 2015
A-05-12-00046

- Payment Changes
- Proposed Reductions
- Changing Payer Mix


Department of Health and Human Services

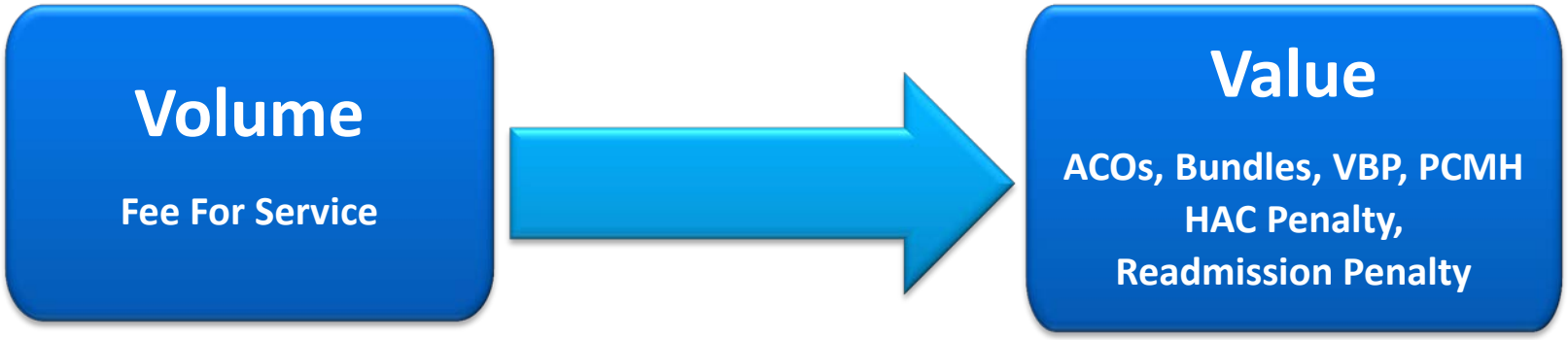
OFFICE OF INSPECTOR GENERAL

MOST CRITICAL ACCESS HOSPITALS WOULD NOT MEET THE LOCATION REQUIREMENTS IF REQUIRED TO RE-ENROLL IN MEDICARE

Daniel R. Levinson
Inspector General

August 2013
OEI-05-12-00080

A Transitioning Landscape



A Transitioning Landscape

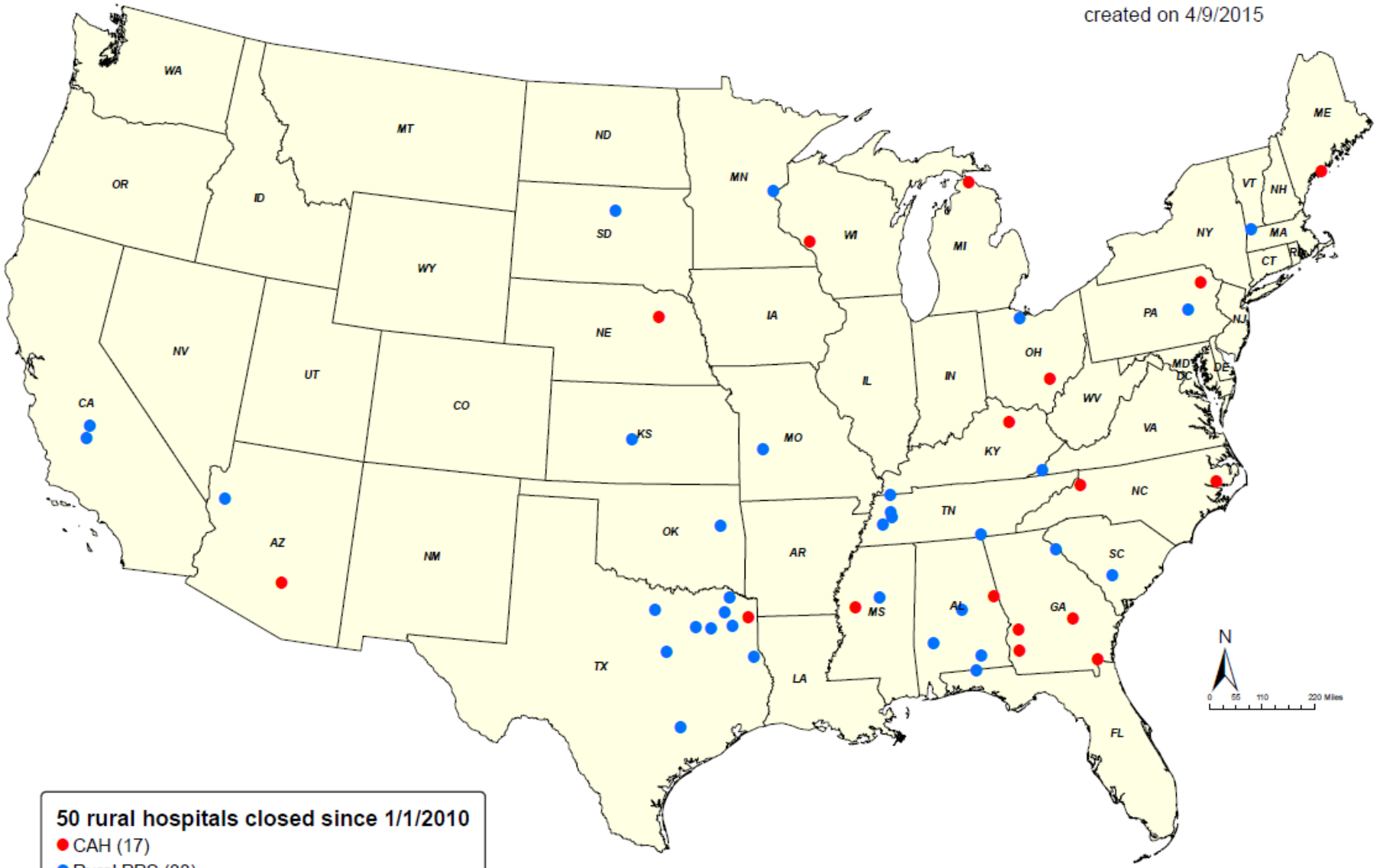
Are the rural payment protections a dividing line?

Unique rural payment methodologies not often included in quality reporting requirements

The Rural Safety Net	Traditional Medicare
CAH Cost-Based Reimbursement	DRGs
Rural Health Clinic and FQHC Payment	Physician Fee Schedule
Swing Bed Payment	Medicare DSH
Method II Billing	Medicare GME

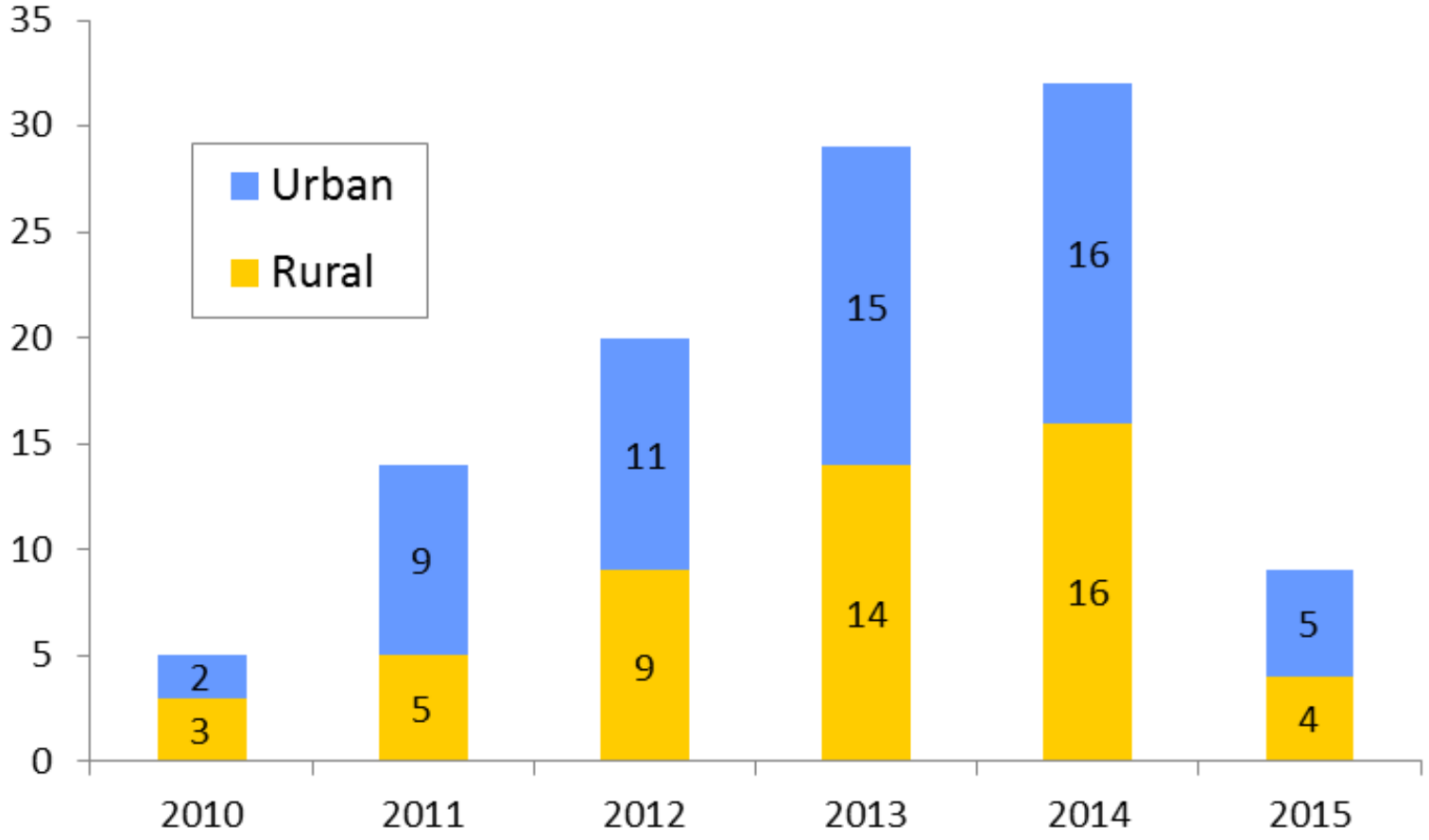
Legislation moving toward value has emphasized standard payment

Closed Rural Hospitals, 2010 – 2015



Prepared by: HRSA, Office of Information Technology from the HRSA Geospatial Data Warehouse, datawarehouse.hrsa.gov

Hospital closures are increasing



As of 5/15/2015. Source: FORHP and North Carolina Rural Health Research Program analysis of news reports and CMS data

Assessing Current Risk

- Tracking Rural Hospital Closures
- Re-Thinking Mix of Models for Rural
- Leveraging and Learning from Current Pilots and Demonstrations

Federal Office of Rural Health Policy 2015 Budget

Rural Health Policy Development	$9.3 million
Rural Health Outreach Program	$59 million
Rural & Community Access to Emergency Devices	$4.5 million
Rural Hospital Flexibility Grants	$40.5 million
State Offices of Rural Health	$9.4 million
Radiation Exposure & Screening	$1.8 million
Black Lung Clinics	$6.7 million
Telehealth	$13.9 million
Total	**$143.9 million**

Our Goal…Helping Rural Communities Make the Transition

Grants

- Supporting rural providers
- Addressing community health needs
- Addressing workforce needs
- Assisting state rural health efforts
- Leveraging telehealth & Health IT

Technical Assistance

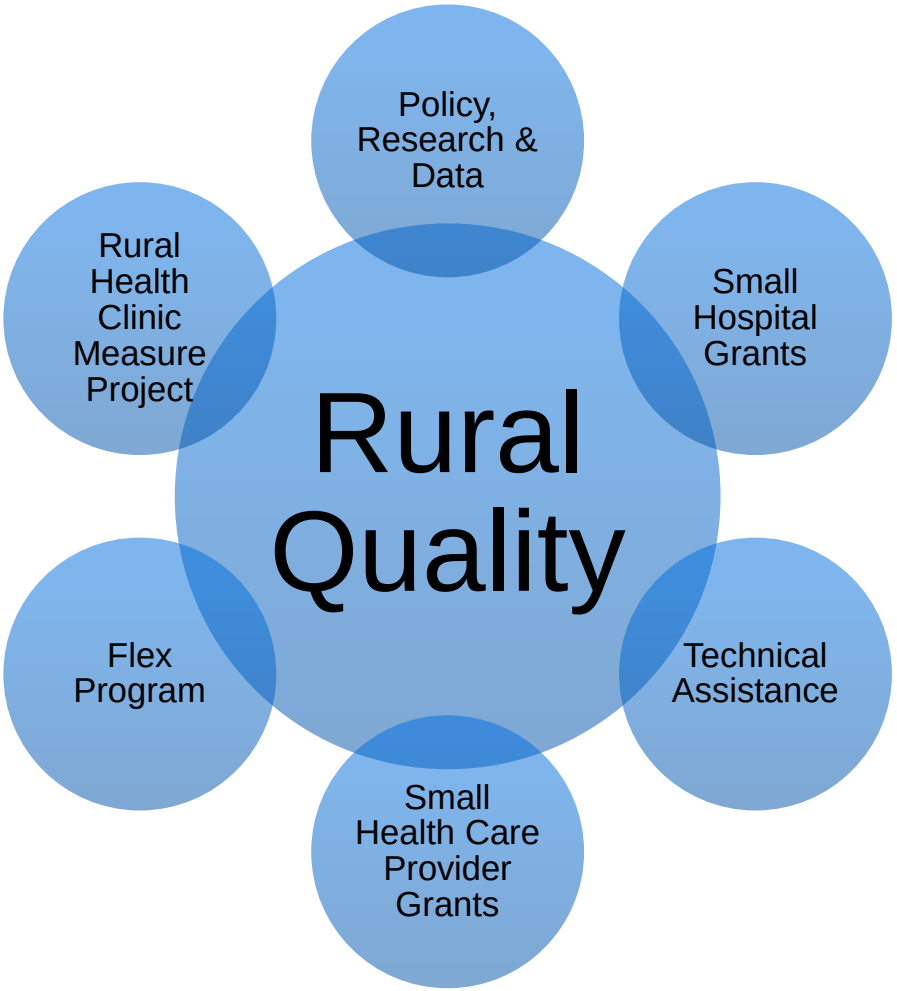
- Rural Hospitals
- Rural Health Clinics
- Rural Residencies
- Telehealth Services
- Workforce Recruitment & Retention

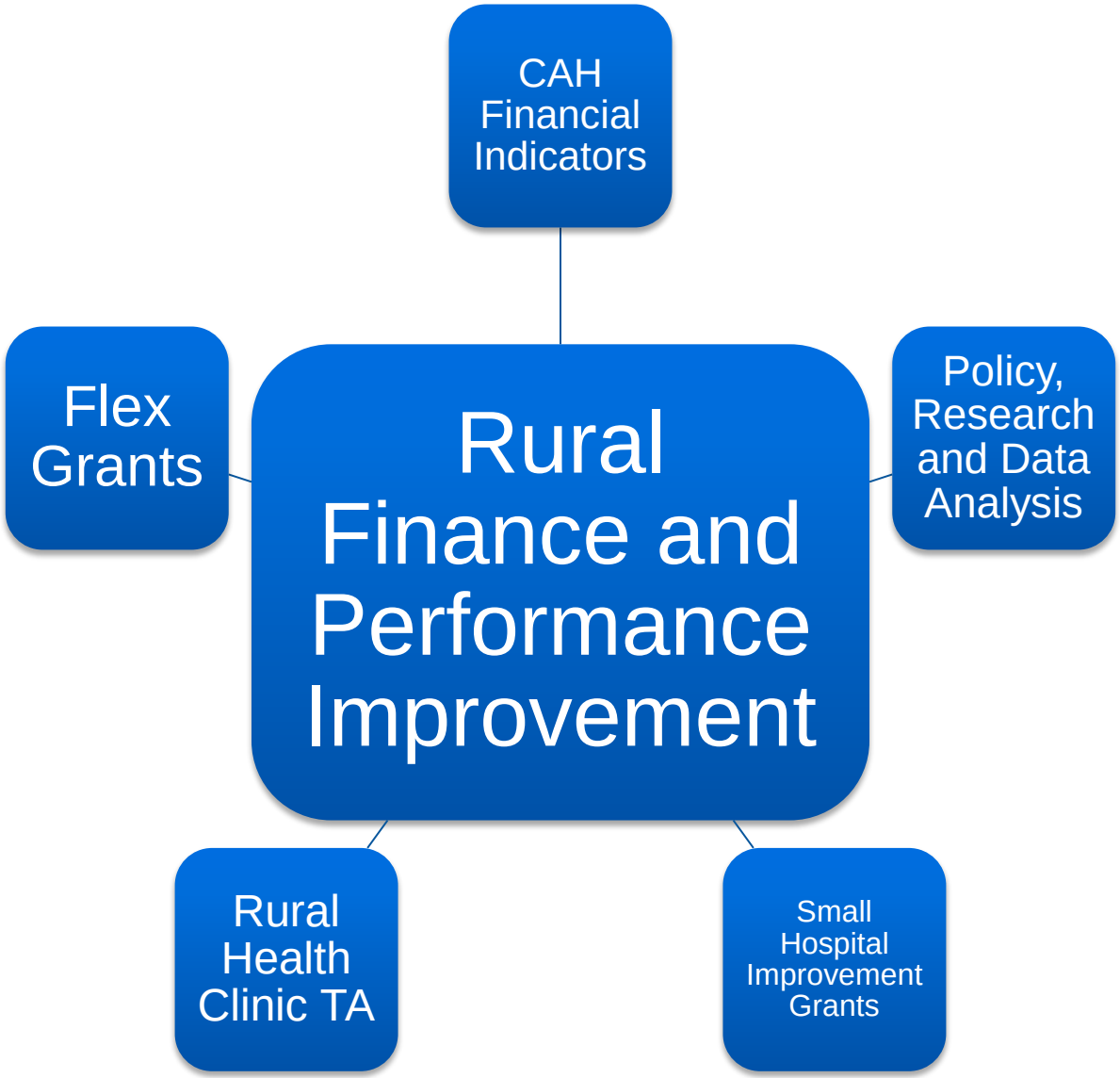
Policy & Research

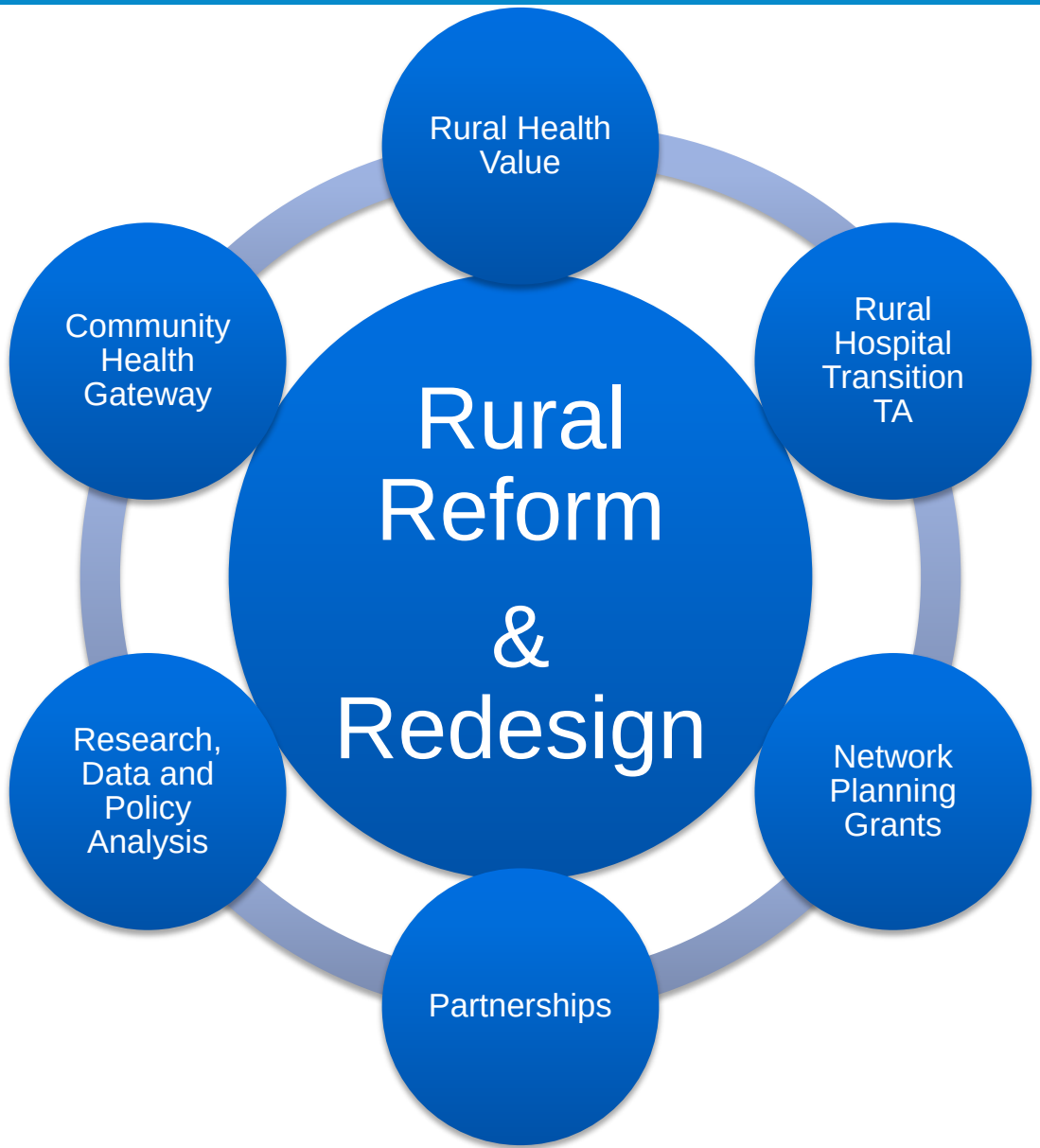
- Regulation Review
- White House Rural Council
- National Advisory Committee on Rural Health and Human Services
- Data analysis

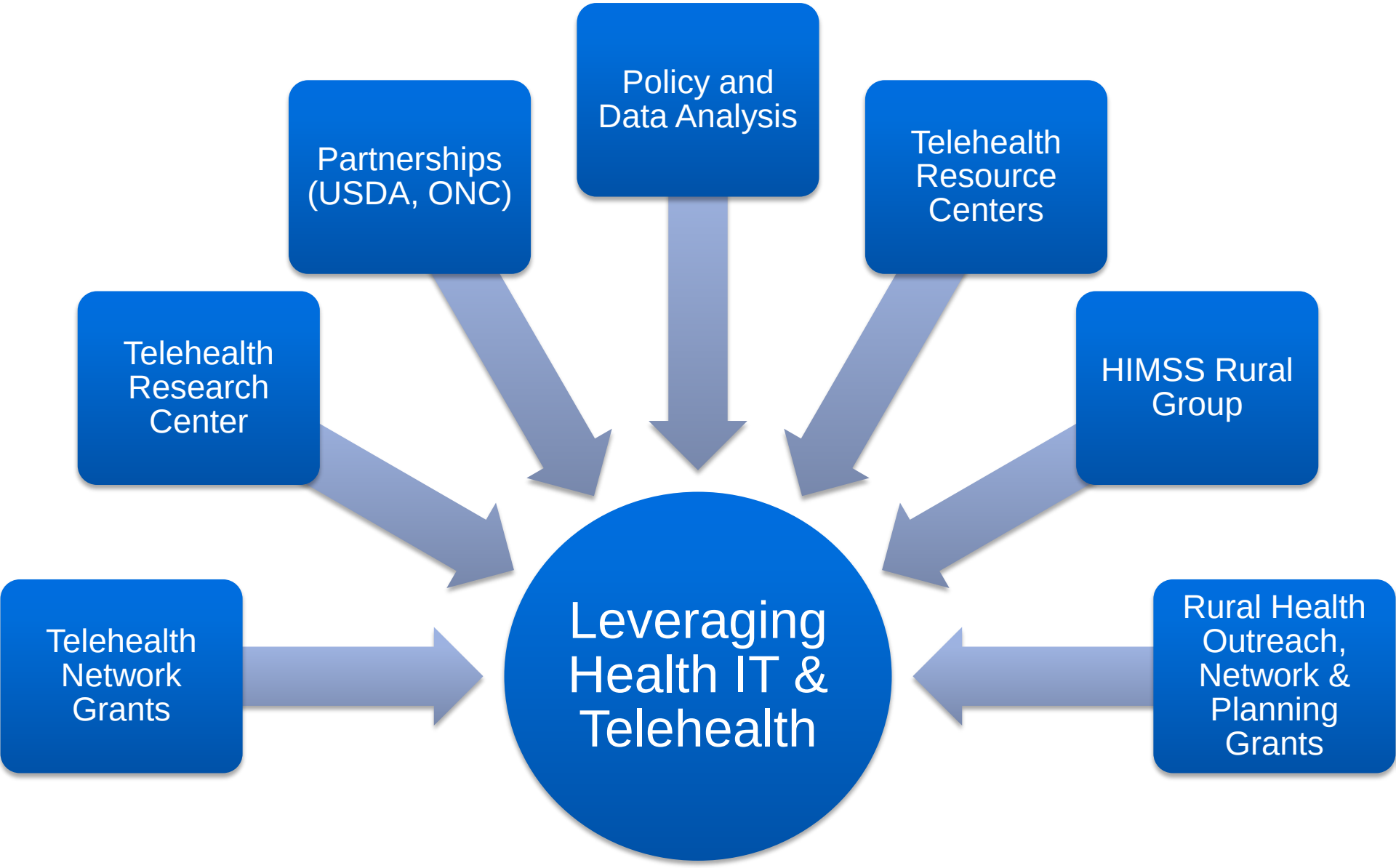
Funding& Resources

- Medicare Beneficiary Quality Improvement Project
- CAH Benchmarking Data
- Findings of the National Quality Forum




CAH Financial Indicators
Flex Grants
Rural Finance and Performance Improvement
Policy, Research and Data Analysis
Rural Health Clinic TA
Small Hospital Improvement Grants


Rural Health Value
Rural Hospital Transition TA
Network Planning Grants
Partnerships
Research, Data and Policy Analysis
Community Health Gateway
Rural Reform & Redesign

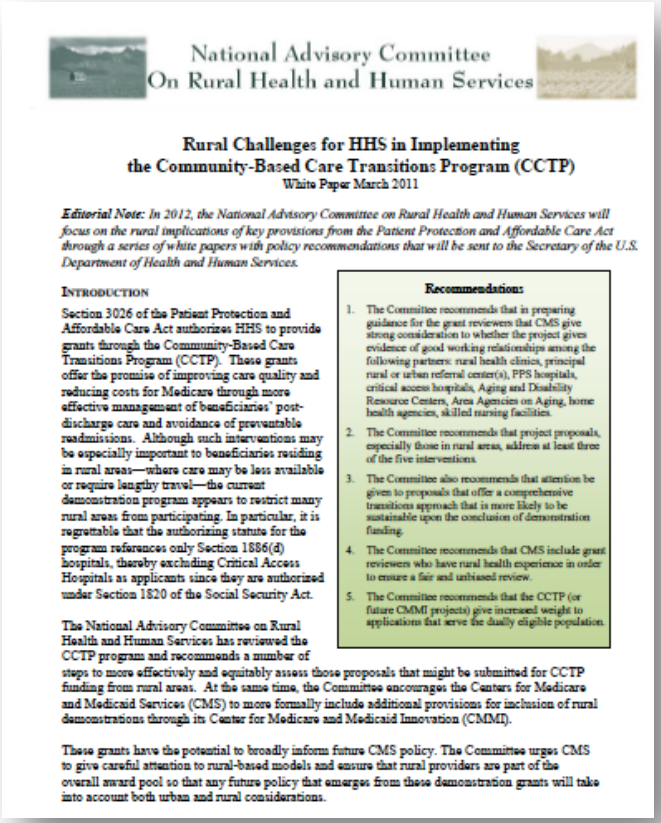

Policy and Data Analysis
Partnerships (USDA, ONC)
Telehealth Resource Centers
Telehealth Research Center
HIMSS Rural Group
Telehealth Network Grants
Leveraging Health IT & Telehealth
Rural Health Outreach, Network & Planning Grants

The Role Played by Rural Research

http://bit.ly/ruralclosures/

http://www.ruralhealthresearch.org/

Another Policy Voice



National Advisory Committee
On Rural Health and Human Services

Rural Challenges for HHS in Implementing the Community-Based Care Transitions Program (CCTP)
White Paper March 2011

Editorial Note: *In 2012, the National Advisory Committee on Rural Health and Human Services will focus on the rural implications of key provisions from the Patient Protection and Affordable Care Act through a series of white papers with policy recommendations that will be sent to the Secretary of the U.S. Department of Health and Human Services.*

Introduction

Section 3026 of the Patient Protection and Affordable Care Act authorizes HHS to provide grants through the Community-Based Care Transitions Program (CCTP). These grants offer the promise of improving care quality and reducing costs for Medicare through more effective management of beneficiaries' post-discharge care and avoidance of preventable readmissions. Although such interventions may be especially important to beneficiaries residing in rural areas—where care may be less available or require lengthy travel—the current demonstration program appears to restrict many rural areas from participating. In particular, it is regrettable that the authorizing statute for the program references only Section 1886(d) hospitals, thereby excluding Critical Access Hospitals as applicants since they are authorized under Section 1820 of the Social Security Act.

Recommendations

1. The Committee recommends that in preparing guidance for the grant reviewers that CMS give strong consideration to whether the project gives evidence of good working relationships among the following partners: rural health clinics, principal rural or urban referral center(s), PPS hospitals, critical access hospitals, Aging and Disability Resource Centers, Area Agencies on Aging, home health agencies, skilled nursing facilities.
2. The Committee recommends that project proposals, especially those in rural areas, address at least three of the five interventions.
3. The Committee also recommends that attention be given to proposals that offer a comprehensive transitions approach that is more likely to be sustainable upon the conclusion of demonstration funding.
4. The Committee recommends that CMS include grant reviewers who have rural health experience in order to ensure a fair and unbiased review.
5. The Committee recommends that the CCTP (or future CMMI projects) give increased weight to applications that serve the dually eligible population.

The National Advisory Committee on Rural Health and Human Services has reviewed the CCTP program and recommends a number of steps to more effectively and equitably assess those proposals that might be submitted for CCTP funding from rural areas. At the same time, the Committee encourages the Centers for Medicare and Medicaid Services (CMS) to more formally include additional provisions for inclusion of rural demonstrations through its Center for Medicare and Medicaid Innovation (CMMI).

These grants have the potential to broadly inform future CMS policy. The Committee urges CMS to give careful attention to rural-based models and ensure that rural providers are part of the overall award pool so that any future policy that emerges from these demonstration grants will take into account both urban and rural considerations.

The National Advisory Committee on Rural Health & Human Services

- Policy Briefs and Recommendations Available online

http://www.hrsa.gov/advisorycommittees/rural/publications/index.html

Leveraging FORHP Funding and Resources

Improved Finances

- Flex funding supported better use of cost report
- SHIP funding improved ICD 10 coding

Reduced Bypass

- Expanded Telehealth Services
- Planning Grant focused on retaining patients
- MBQIP participation showed improved quality to community
- USDA funding led to new facility

Expanded Access

- Planning Grant led to new CHC
- Network Development Grant added behavioral health services
- Network grant established new service lines to meet community need and improve population heatlh

Current Funding Opportunities

- HRSA-15-146 Rural Opioid Overdose Reversal Grant Program
  - Apply by June 8
- HRSA-15-150 Rural Quality Improvement Technical Assistance
  - Apply by June 22
- HRSA-15-145 Rural Child Poverty Telehealth Network Grant Program
  - Apply by June 22
- HRSA-15-149 Telehealth Focused Rural Health Research Center
  - Apply by June 29

Rural Opioid Overdose Reversal Grant Program

- Applications due June 8
- Start Date: September 1, 2015
- ~15 Awards
- Funding Amount: Up to $100K (1 year)
- Program Contact:

Michele Pray
mpray@hrsa.gov
301.443.7320

White House Rural Council

Strong rural communities are key to a stronger America...that's why I've established the White House Rural Council to make sure we're working across government to strengthen rural communities and promote economic growth.

– President Barack Obama

Contact Information

Sarah Young

301-443-5905

syoung2@hrsa.gov

www.ruralhealth.hrsa.gov

Rural Health Resources

- Funding
- Resources
- Websites
- Tools
- Partners

www.ruralhealth.hrsa.gov

FORHP Programs

Community-Based Division

- Rural Health Outreach Program
- Rural Access to Emergency Devices
- Black Lung Clinic Program
- Radiation Exposure and Screening Education Program

Hospital-State Division

- The State Offices of Rural Health Program
- The Rural Hospital Flexibility Grant Program
- The Small Hospital Improvement Program

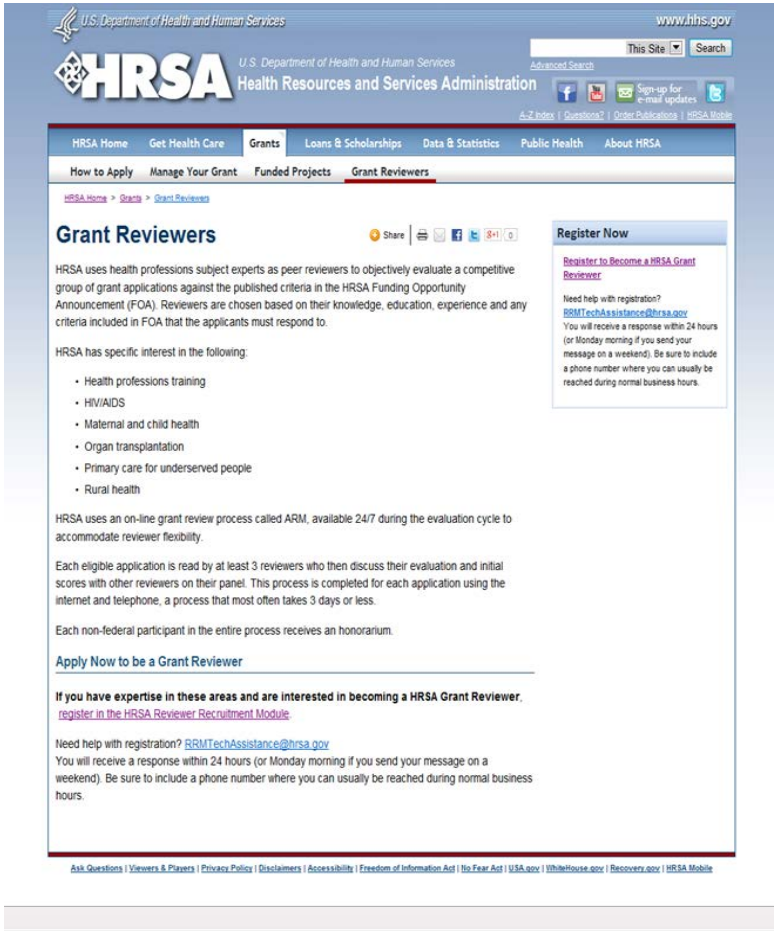
Office for the Advancement of Telehealth

- The Telehealth Network Grant Program
- The Telehealth Resource Center Program
- The Telehealth Licensure and Portability Program

Policy and Research Division

- Rural Health Research Center Program
- Rural Training Track Technical Assistance Center
- Rural Assistance Center
- Rural Policy Analysis
- Rapid Response Data Analysis

How to be a Grant Reviewer



- ORHP has multiple grant program reviews each year
- We need reviewers with rural experience to be a part of our Objective Review Committee panels
- You must register to be a reviewer:

http://www.hrsa.gov/grants/reviewers/

- Indicate “rural health” as one of your specialties in the background information

FY 2016 Competitive Grant Programs

Small Health Care Provider Quality Improvement Grant Program

- 3 years, $150,000 per year
- ~ 30 awards
- To deliver health care services in rural communities
  - Evidence-based
  - Outcomes oriented
- Eligibility: rural, non-profit or public entity, partner with 2 other entities
- FOA available Winter 2015
- Start date: August 2016
- Contact: Ann Ferrero, *aferrero@hrsa.gov*; 301-443-3999

Rural Health Network Development Planning Program

- 1 year, $100,000
- ~ 15 awards
- Hhelp to promote the planning and development of healthcare networks
- Eligibility: rural, non-profit or public entity
- FOA available Fall 2015
- Start date: June 2016
- Contact: Amber Berrian, *aberrian@hrsa.gov*, 301-443-0845

FY 2016 Competitive Grant Programs

Delta States Rural Development Network Grant Program

- 3 years, $460,000 per year, ~12 awards
- To deliver health care services in rural communities
  - Evidence-based
  - Outcomes oriented
  - Applicants are responsible for covering a defined service area
- Eligibility: rural, non-profit or public entity, partner with two other consortia members
- FOA available Winter 2015
- Start date: August 2016
- Contact: Valerie Darden, *vdarden@hrsa.gov*

FY 2016 Competitive Grant Programs

Telehealth Network Grant Program

- 3 years
- $250,000 per year
- To demonstrate the use of telehealth networks that improve health care for medically underserved people
- Eligibility: nonprofit entities that will provide services to rural communities through a telehealth network
- FOA available: Winter 2016
- Start date: September 2016
- Contact: Carlos Mena, *cmena@hrsa.gov*, 301-443-3198

Telehealth Resource Center Grant Program

- 3 years
- $350,000 per year
- To support Telehealth Resource Centers to provide TA for telehealth implementation
- Eligibility: nonprofit entities, including faith-based, community-based, and tribal nonprofit organizations
- FOA available: Winter 2016
- Start date: September 2016
- Contact: Monica Cowan *mcowan@hrsa.gov*, 301-443-0076

National Health Service Corps

- www.NHSC.hrsa.gov
- Facebook.com/NationalHealthServiceCorps
- Twitter.com/NHSCorps

NURSE Corps

- www.hrsa.gov/loanscholarships/nursecorps/
- Facebook.com/HRSANURSECorps

NURSE CORPS
Caring for communities in need

Bureau of Health Workforce (BHW)

- Created in May 2014, the Bureau of Health Workforce brings together HRSA's key workforce programs previously housed in two bureaus: Health Professions and Clinician Recruitment and Service
- Better meets the need for a well-trained, well-distributed 21st century workforce through realignment and built in connectivity
- Annual Appropriation of more than $1Billion that supports over 40 workforce programs and a staff of more than 450 people
- Supports the health care workforce across the entire training continuum – from academic training of nurses, physicians, and other clinicians to clinicians currently providing health care in underserved and rural communities across the United States

Bureau's Area of Support/Programs

- National Center for Health Workforce Analysis
- Medical & Dental Residency Programs
- Public Health
- National Practitioner Data Bank
- Nursing Training, Faculty, Infrastructure
- Mental and Behavioral Health
- Allied Health
- Scholarship & Loan Repayment Programs
  - National Health Service Corps (NHSC); NURSE Corps; Scholarships for Disadvantaged Students
- Pipeline Programs
  - Centers for Excellence; Health Careers Opportunity Program; Area Health Education Program
- Oral Health Programs
- Geriatrics

Health Workforce Priorities

- Increase health care workforce and align training and education with changing practice environment
- Inter-professional training:
  - Drive the integration of practice and training
  - Bring practice and academia together
- Integrate mental and oral health into primary care
- Focus on diversity and culturally competent care
- Support placement in underserved communities
- Increase availability and timeliness of workforce projections and analyses

Web Resources

- General information about the Bureau: http://www.hrsa.gov/about/organization/bureaus/bhw

- Reports from the National Center for Health Workforce Analysis: http://bhpr.hrsa.gov/healthworkforce

- National Health Service Corps Jobs Center: http://nhscjobs.hrsa.gov

The Rural Assistance Center

http://www.raconline.org

Community Health Gateway

Toolkits

- Resources and best practices to help you identify and implement public health programs

Rural Health Models and Innovations Hub

- Find examples of approaches you can adapt for your program, including models shown to be effective, as well as new and emerging ideas.

Sustainability Tools

- The tools provided here are intended to help you consider the sustainability of programs that address community needs and to engage your partners and stakeholders in this planning process.

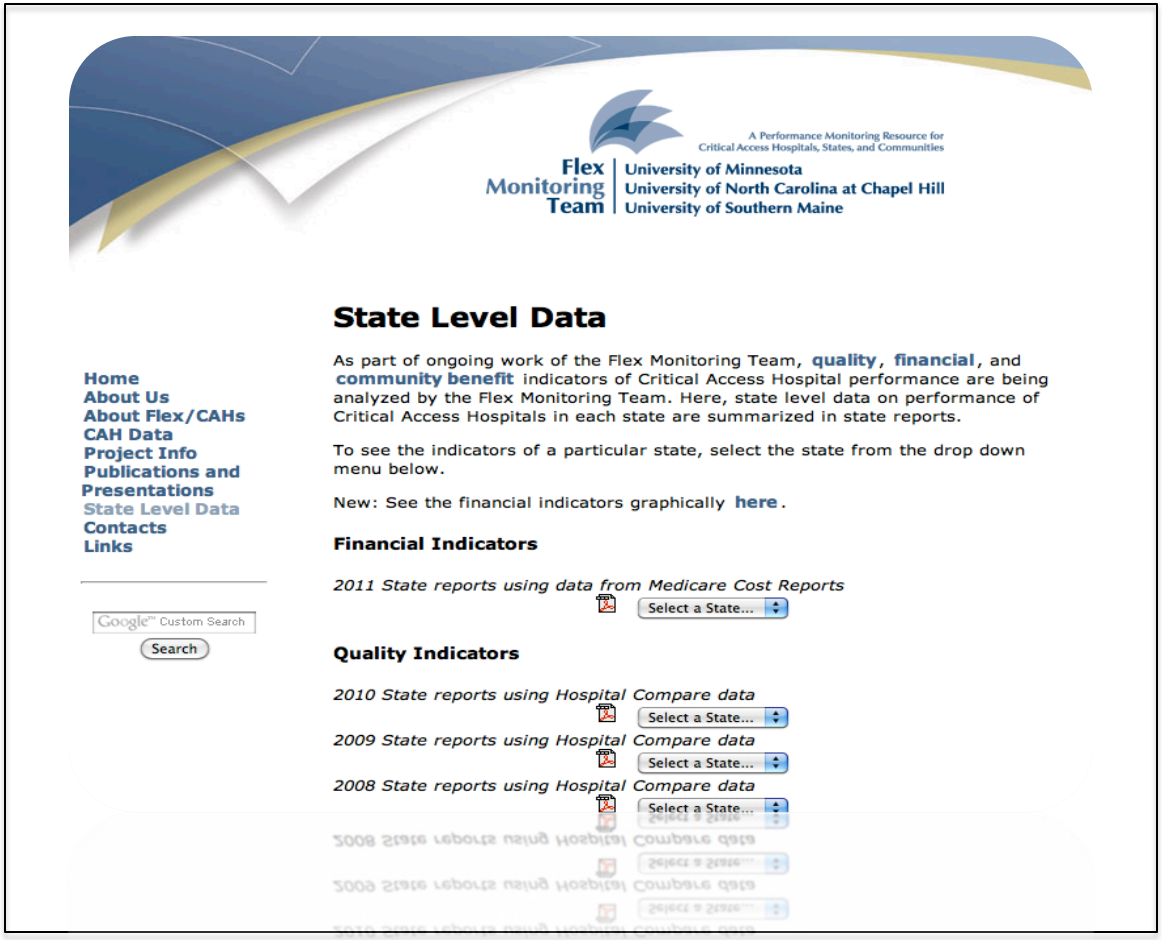
Economic Impact Tool

- Show how your program's grant funding affects your community's economic well-being

http://www.raconline.org/communityhealth/

Flex Monitoring Team

Studies and Data on Critical Access Hospital Issues and State Flex Programs



http://www.flexmonitoring.org/indicators.shtml

RHC TA Series

- ORHP funded through the National Association of Rural Health Clinics
- Listserv
  - Exchange info, ask questions
  - Sign up at *http://03672e4.netsolhost.com/?page_id=712*
- Conference Calls
  - 6 per year on range of topics
  - Sign up and review previous calls at *http://www.hrsa.gov/ruralhealth/policy/confcall/index.html*

A New Resource …

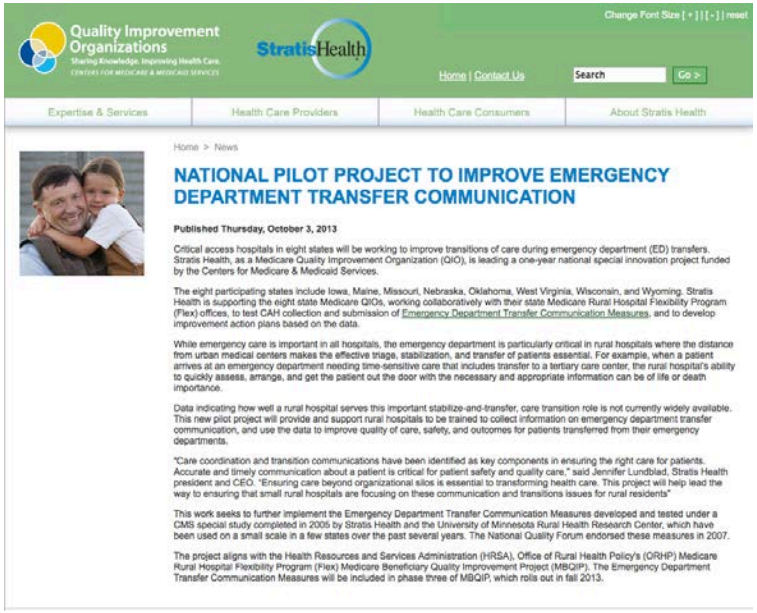
www.ruralhealthvalue.org

Centers for Medicare and Medicaid Services
Quality Improvement Organization

Special Project:

Emergency Department Transfer Communication Measure

Participating States: ME, WV, WI, MN, IA, MO, NE, OK, WY



For More Information:

http://www.stratishealth.org/providers/ED_Transfer.html

Rural Affinity Group

http://partnershipforpatients.cms.gov/about-the-partnership/aboutthepartn

For More Information: Contact Paul Moore, ORHP
pmoore2@hrsa.gov

PARTNERSHIP FOR PATIENTS

1. **Keep patients from getting injured or sicker.**

   By the end of 2013, preventable hospital-acquired conditions would **decrease by 40%** compared to 2010.

2. **Help patients heal without complication.**

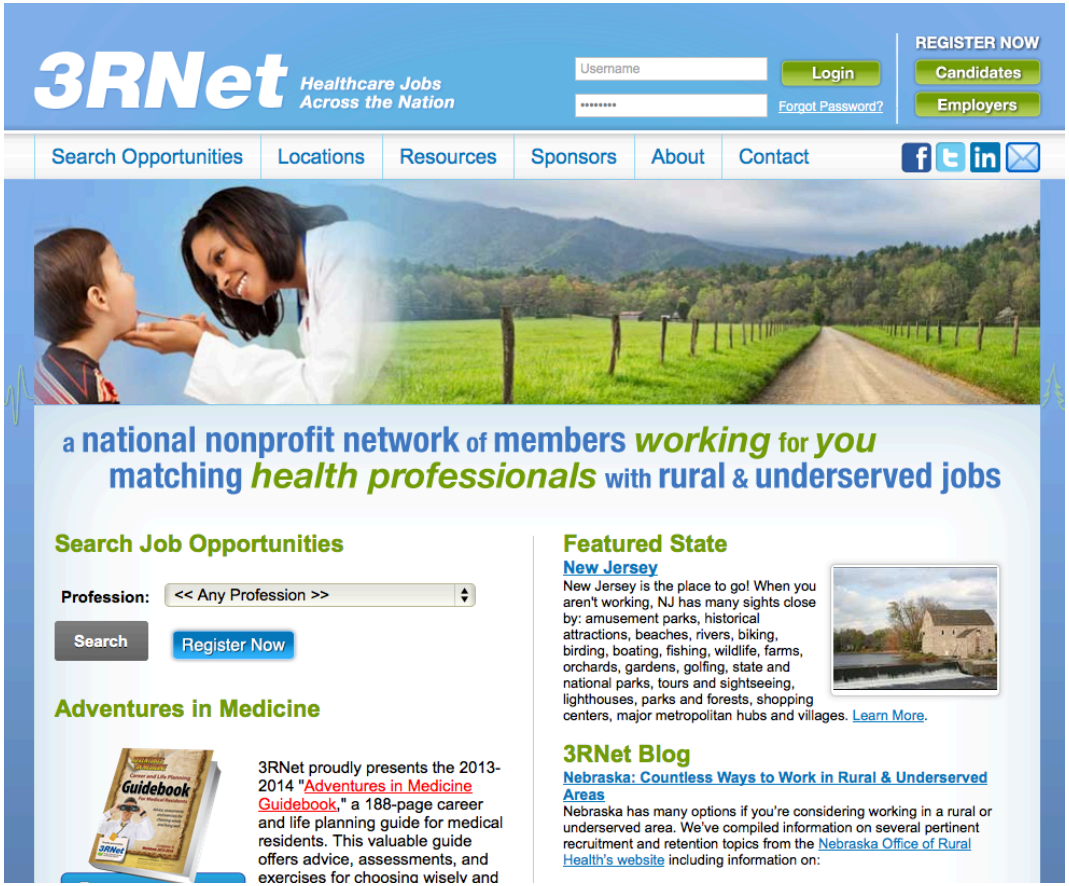
   By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be **reduced by 20%** compared to 2010.

Potential to save up to $35 billion dollars over three years.

National Rural Health Resource Center
&
Technical Assistance and Services Center

http://www.ruralcenter.org

Rural Recruitment & Retention Network



https://www.3rnet.org

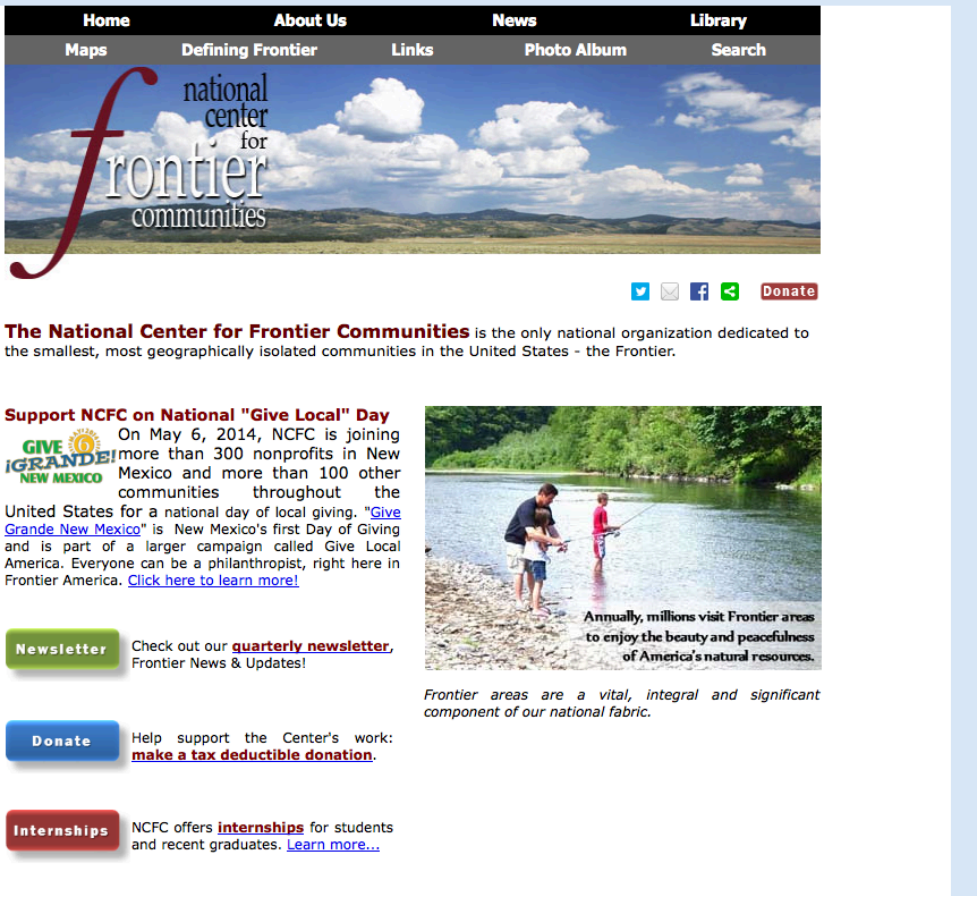
National Center for Rural Health Works

http://ruralhealthworks.org

The National Cooperative of Health Networks

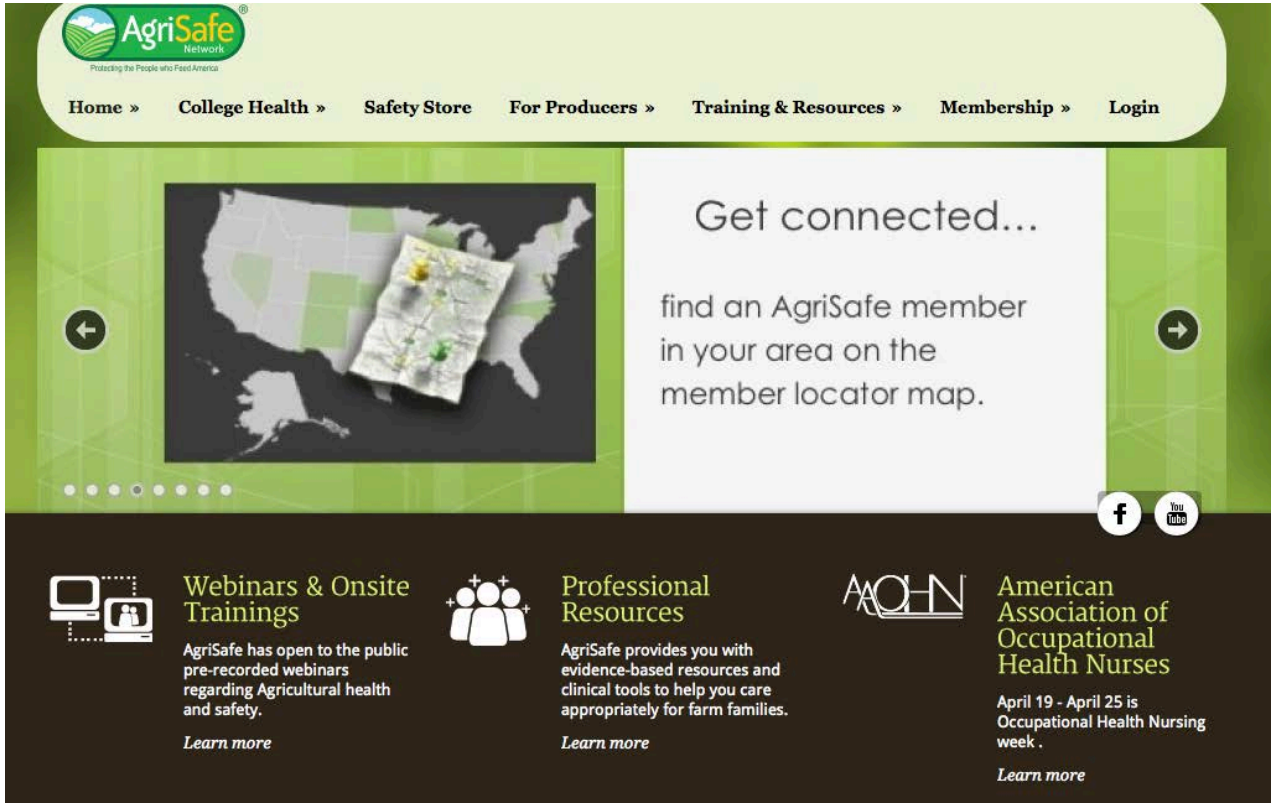
http://www.nchn.org

National Center for Frontier Communities



http://www.frontierus.org

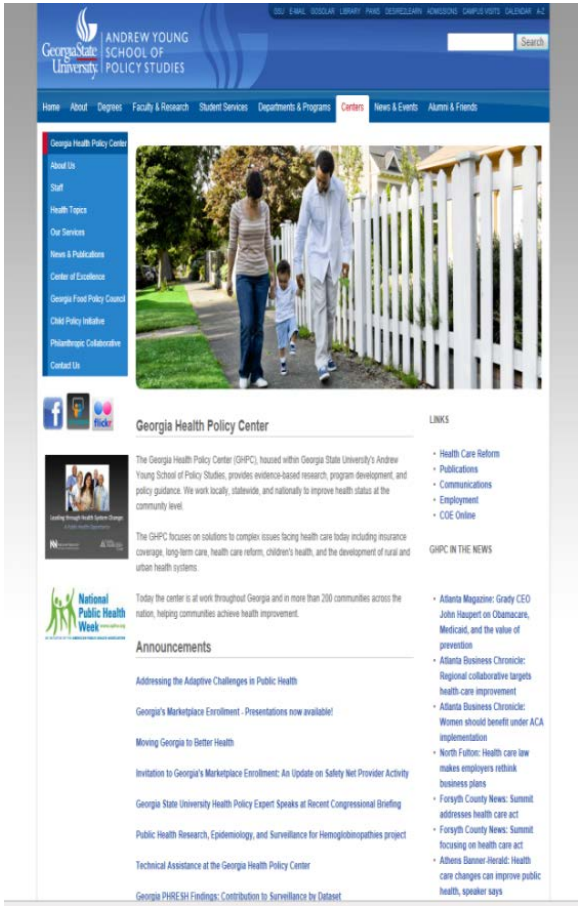
Agrisafe



http://www.agrisafe.org

Georgia Health Policy Center

- Technical Assistance contractor for the Rural Health Care Services Outreach Program, Delta State Rural Development Network Grant Program, Rural Health Network Development Program, and Rural Health Information Technology (HIT) Workforce Program grantees
- Technical Assistance supports grantees with strategic planning, evaluation, consortium and network development, program implementation, and sustainability
- Focus on peer-to-peer connections and learning
- Technical assistance delivered through monthly contacts, site visits, e-learning, and webinars
- Tools, resources, and e-learning modules available at www.ruralhealthlink.org

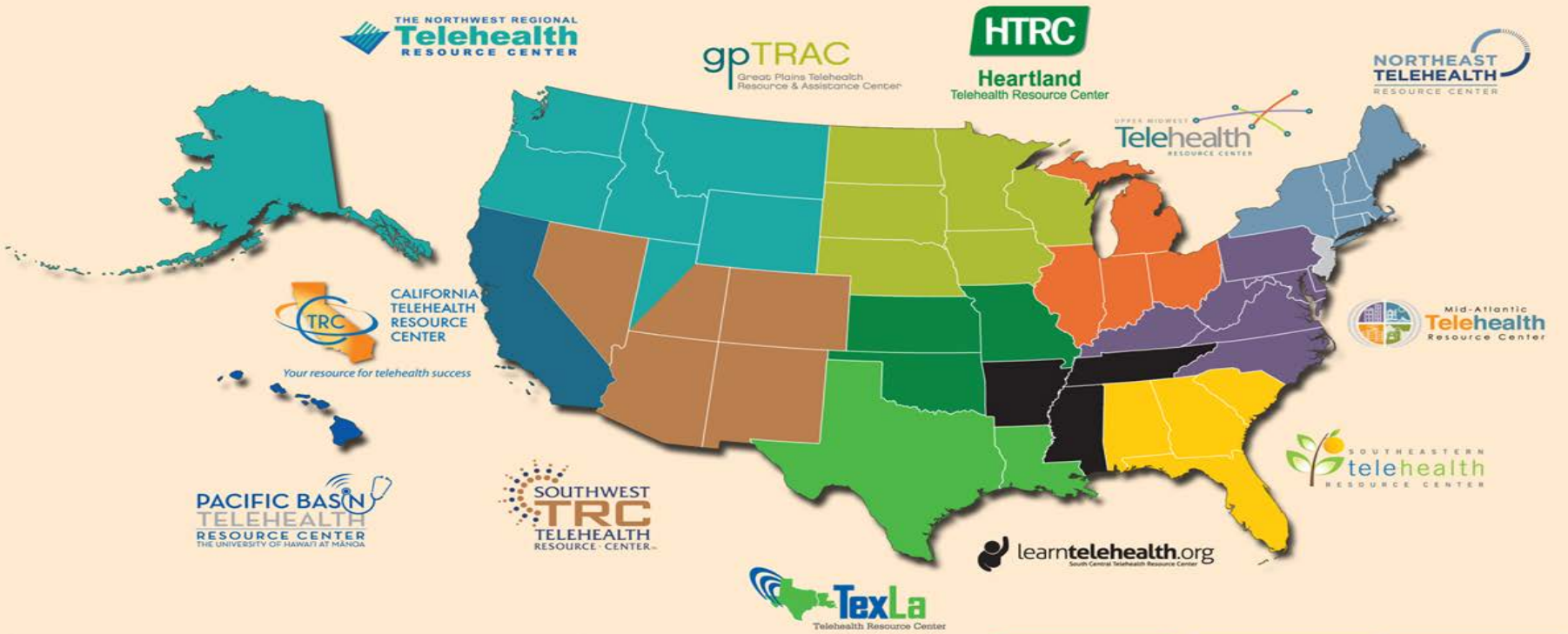


USDA's Distance Learning and Telemedicine Program

- Funds Telehealth Equipment

http://www.rurdev.usda.gov/UTP_DLT.html

TelehealthResourceCenters.org



TTAC
TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center

Center for Connected Health Policy

2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

http://www.telehealthresourcecenter.org

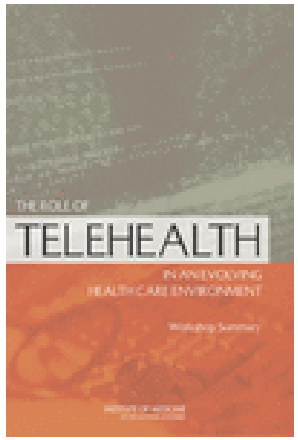
Telehealth, Health Information Exchange & Broadband

Two Key Federal Programs

- FCC's Healthcare Connect
  - Revised program
  - http://www.fcc.gov/encyclopedia/rural-health-care
- USDA Broadband
  - Annual program
  - http://www.rurdev.usda.gov/RUSTelecomPrograms.html

Both Provide Support for Improving Access to Affordable Broadband Services

The Role of Telehealth in an Evolving Health Care Environment



- IOM Meeting held in summer of 2012
- Workshop Summary published November 2012
- Key Findings:
  - Limited evidence base for telehealth
  - Increase telehealth training for providers and patients
  - Improve payment mechanisms
  - New applications emerging
  - Streamline licensure and credentialing processes
  - Payment focused on Value may increase incentives for telehealth utilization
    - http://www.iom.edu/Reports/2012/The-Role-of-Telehealth-in-an-Evolving-Health-Care-Environment.aspx

Telehealth, Health Information Exchange & Broadband

USDA

Two Key Federal Programs

- FCC's Healthcare Connect
  - Revised program
  - http://www.fcc.gov/encyclopedia/rural-health-care
- USDA Broadband
  - Annual program
  - http://www.rurdev.usda.gov/RUSTelecomPrograms.html

Both Provide Support for Improving Access to Affordable Broadband Services

FCC 2015 Broadband Report

- FCC updated its broadband benchmark speeds from 4 megabits per second (Mbps) for downloads and 3 Mbps for uploads in 2010, to 25 Mbps/ 3 Mbps in 2015.
- Since the updated benchmark, 55 million Americans or 17% of the population lack access to advanced broadband
- Over half of those, 22 million, are Rural Americans, causing a significant digital divide.
- The divide is even larger in Tribal lands and U.S. territories where nearly 2/3 lack access to today's speeds.

http://www.fcc.gov/reports/2015-broadband-progress-report

Federal Capital Programs

Quick Reference Guide on Capital Programs and Eligibility

http://www.raconline.org/pdf/financing-capital-investments-resource-overview.pdf

Program	Who Qualifies[1]	Use of Funds	Type of Funding	Maximum Maturity	Maximum Amount	Structure	Benefit[2]
USDA Community Facilities	Public and not-for-profit organizations serving rural communities with fewer than 20,000 people	Land, buildings, equipment including HIT equipment	Loans, some grants (with priority to small & low income communities)	40 years	None (grants typically less than $1 million)	Loan secured by assets. Either direct (USDA) loan or loan guaranty.	Predictable costs, reduced interest rates, full amortization
USDA Business & Industry Guaranteed Loan Program	Public, not-for-profit, or profit-motivated organizations serving rural communities with fewer than 50,000 people	Real estate, equipment, working capital	Loans	20 years for real estate, 15 for equipment, 7 for working capital	$10 million with certain exceptions up to $25 million	Fixed or variable rate loan as negotiated with lender. USDA guaranty of up to 80% of balance.	Reduced interest rates. Can enable small banks to do additional community lending.
HUD Section 242 Hospital Mortgage Insurance	Public, government-owned, private, not-for-profit, or profit-motivated acute care hospitals	Land, buildings, equipment. May refinance existing debt	Loans	25 years	None	Fixed rate loan secured by first mortgage. 99% loan guaranty	Predictable costs, reduced interest rates, full amortization