



Rural Health Update

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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 B Partnership Meeting
Wilmington, North Carolina
July 28, 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

- Payment Changes
- Proposed Reductions
- Changing Payer Mix

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
PublicAffairs@oig.hhs.gov*



Daniel R. Levinson
Inspector General

March 2015
A-05-12-00046

Department of Health and Human Services
OFFICE OF
INSPECTOR GENERAL

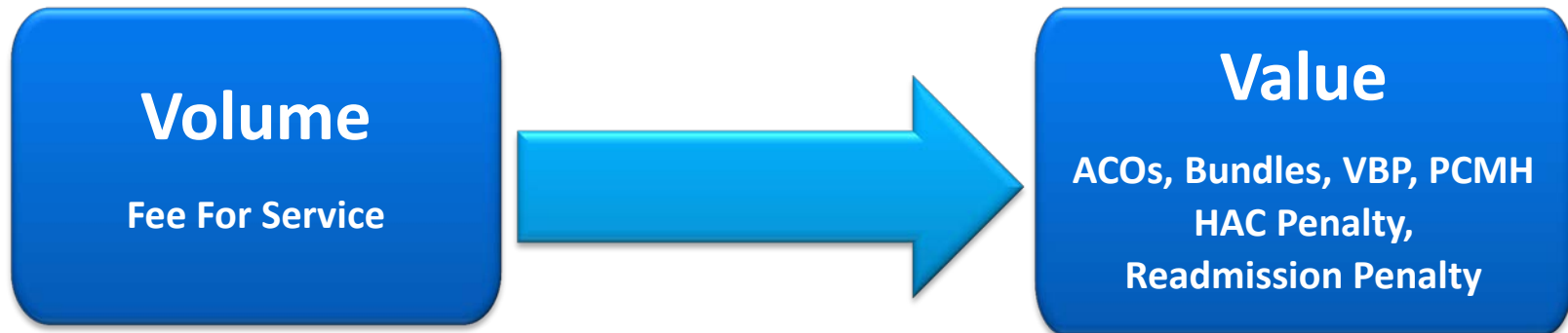
**MOST CRITICAL ACCESS
HOSPITALS WOULD NOT
MEET THE LOCATION
REQUIREMENTS IF REQUIRED
TO RE-ENROLL IN MEDICARE**



Daniel R. Levinson
Inspector General

August 2013
OEI-05-12-00880

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

CAH Cost-Based Reimbursement

Rural Health Clinic and FQHC Payment

Swing Bed Payment

Method II Billing

Traditional Medicare

DRGs

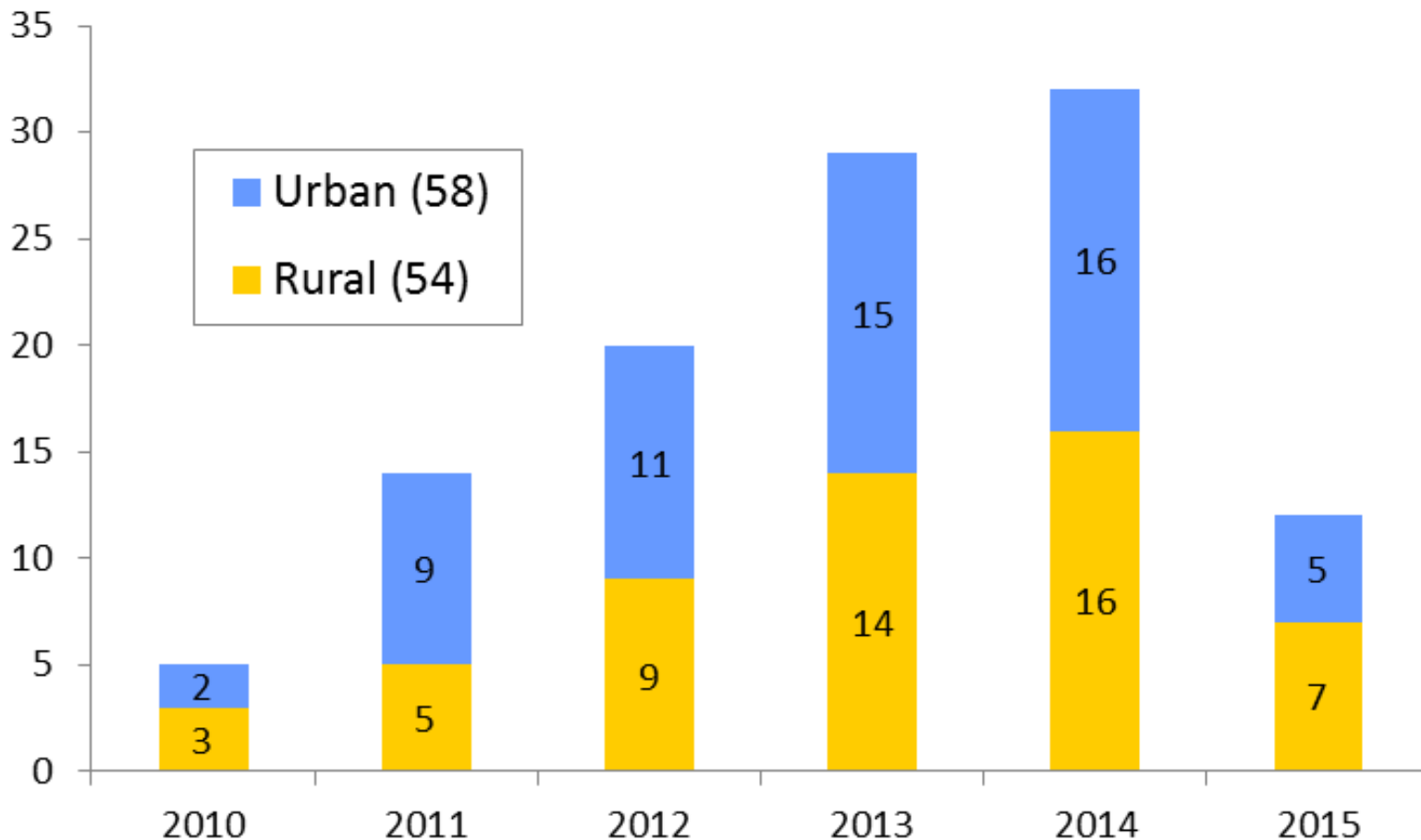
Physician Fee Schedule

Medicare DSH

Medicare GME

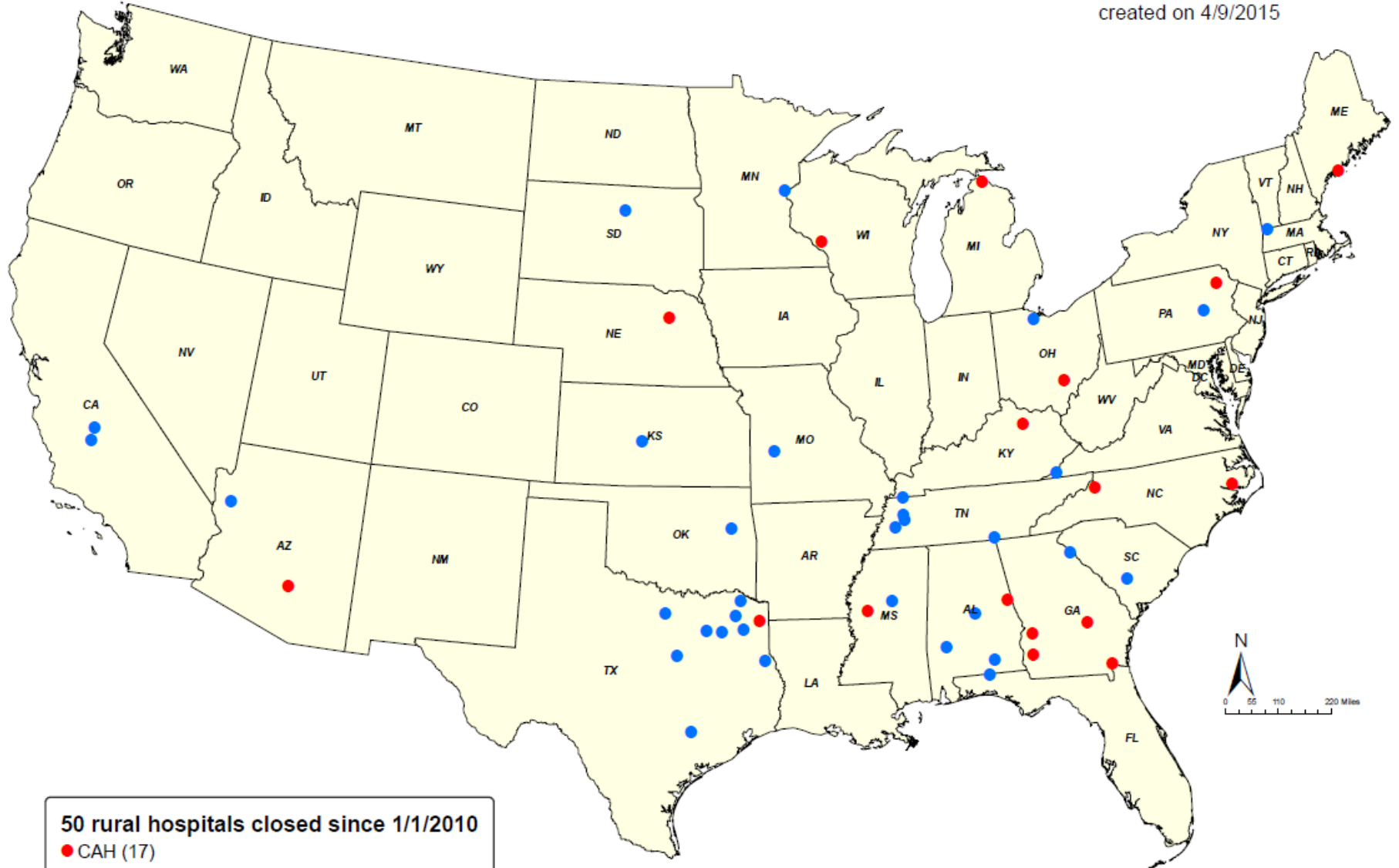
Legislation moving toward value has emphasized standard payment

Hospital closures are increasing



Closed Rural Hospitals, 2010 – 2015

created on 4/9/2015



50 rural hospitals closed since 1/1/2010

- CAH (17)
- Rural PPS (33)

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



Grants

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

Technical Assistance

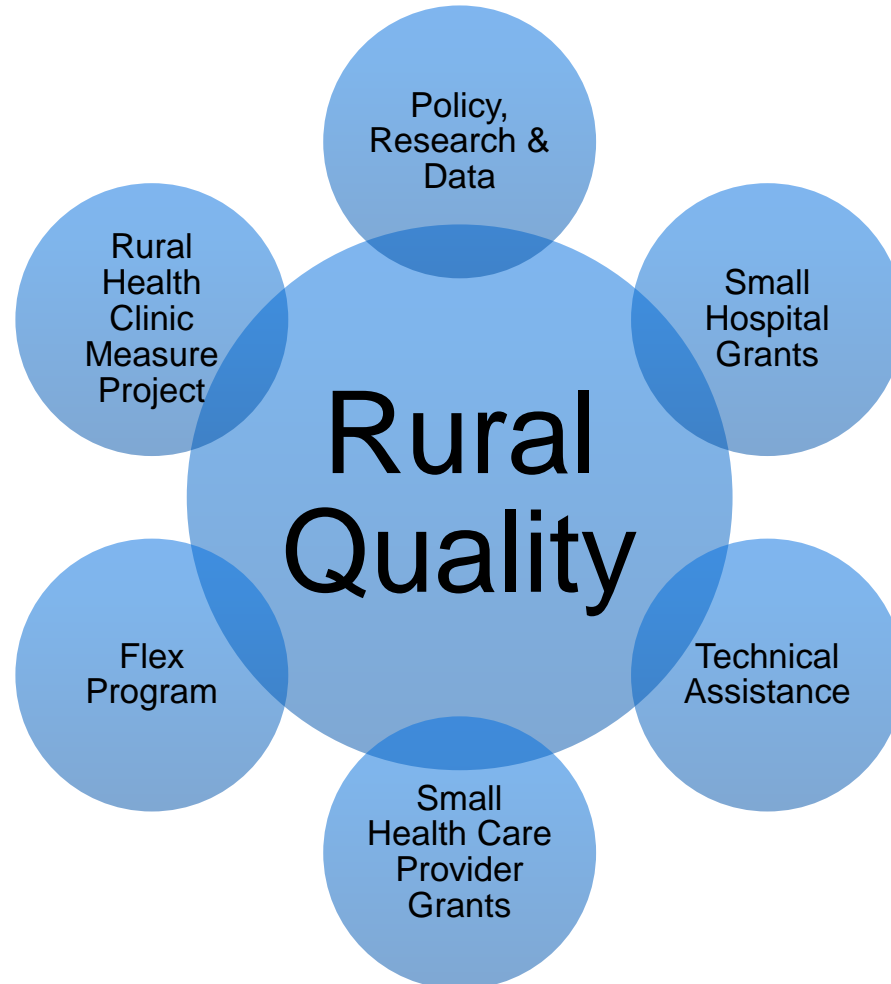
- Rural Hospitals
- Rural Health Clinics
- Rural Residencies
- Telehealth Services
- Workforce Recruitment & Retention

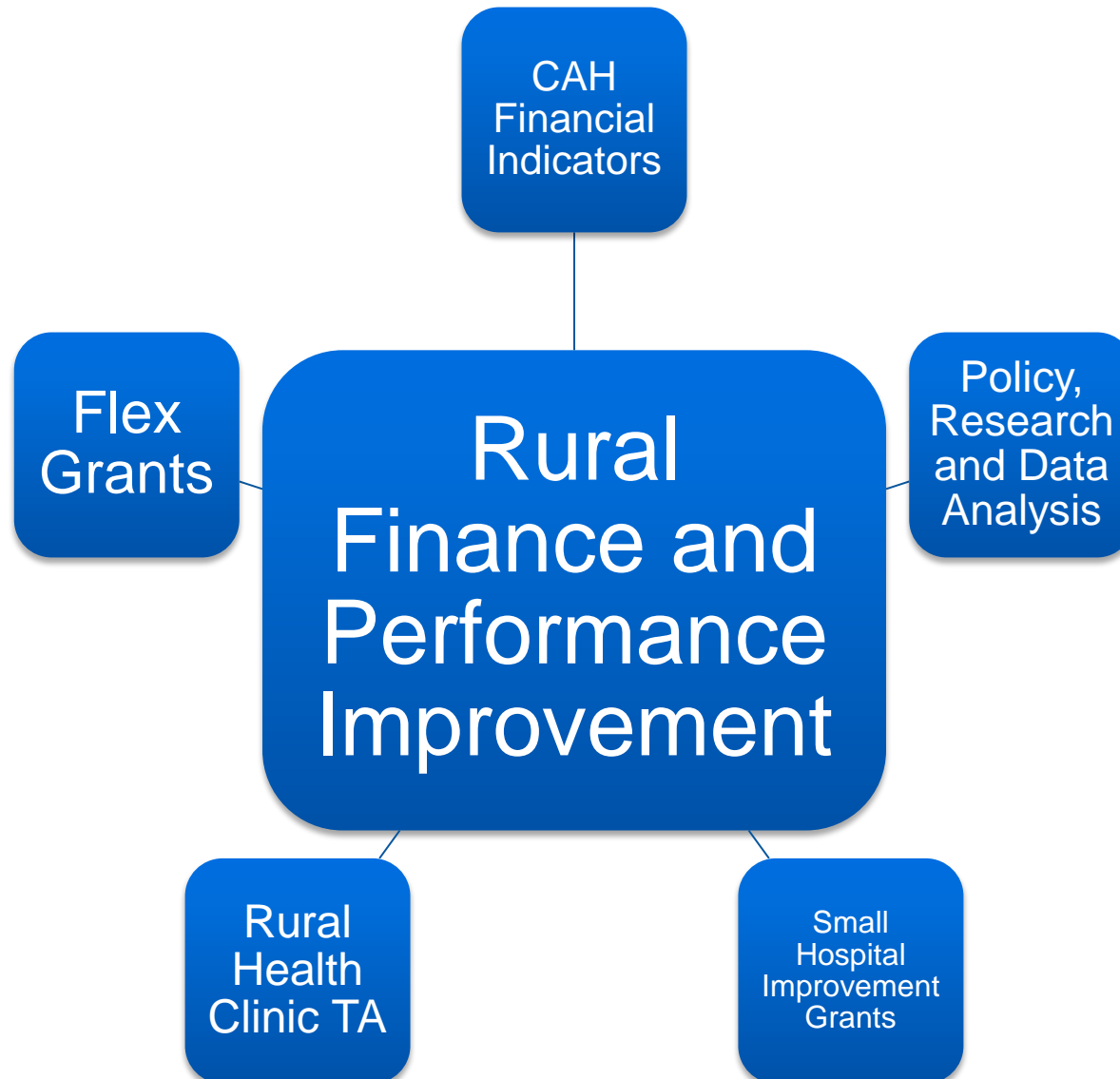
Policy & Research

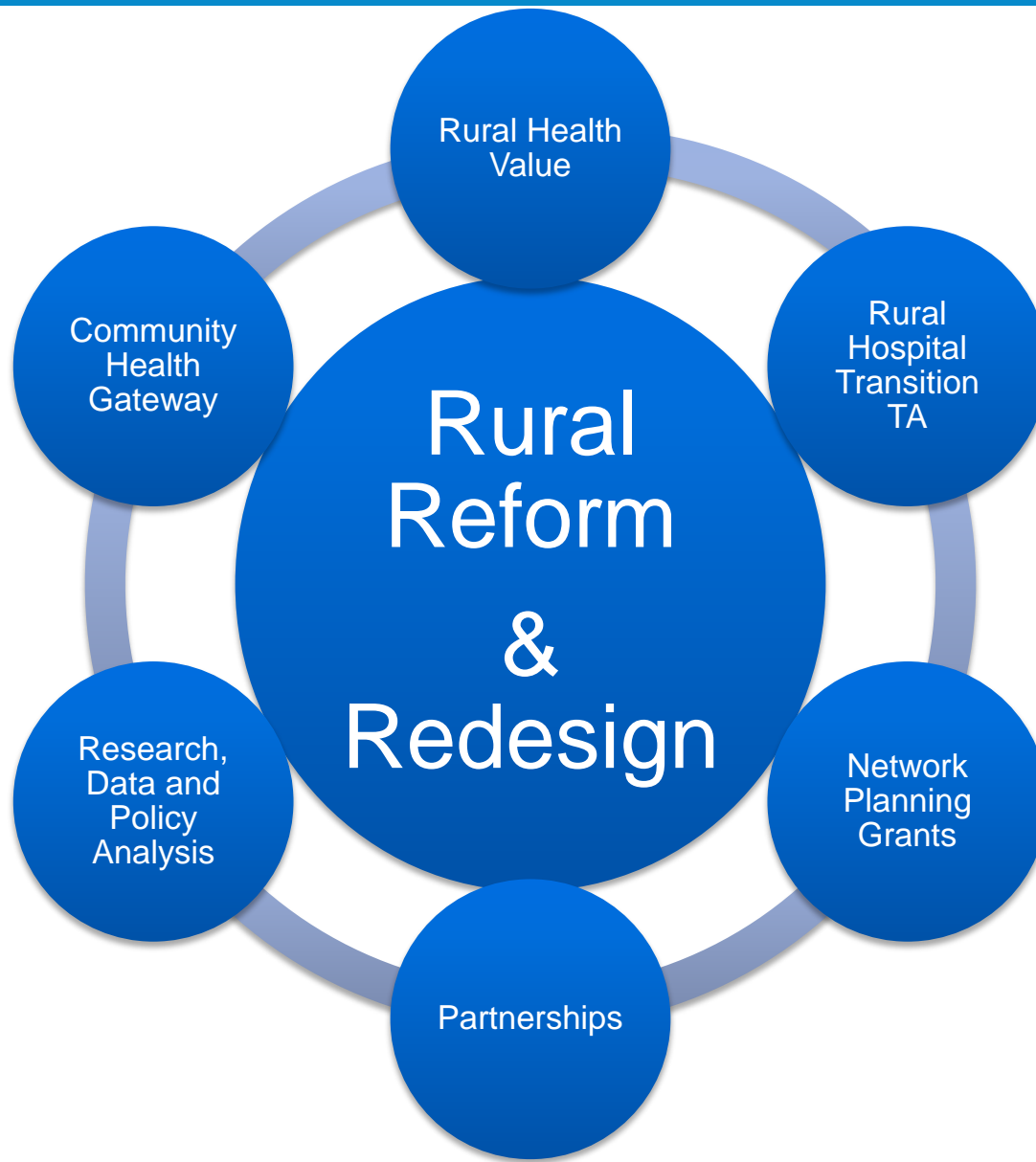
- Regulation Review
- White House Rural Council
- National Advisory Committee on Rural Health and Human Services
- Data analysis

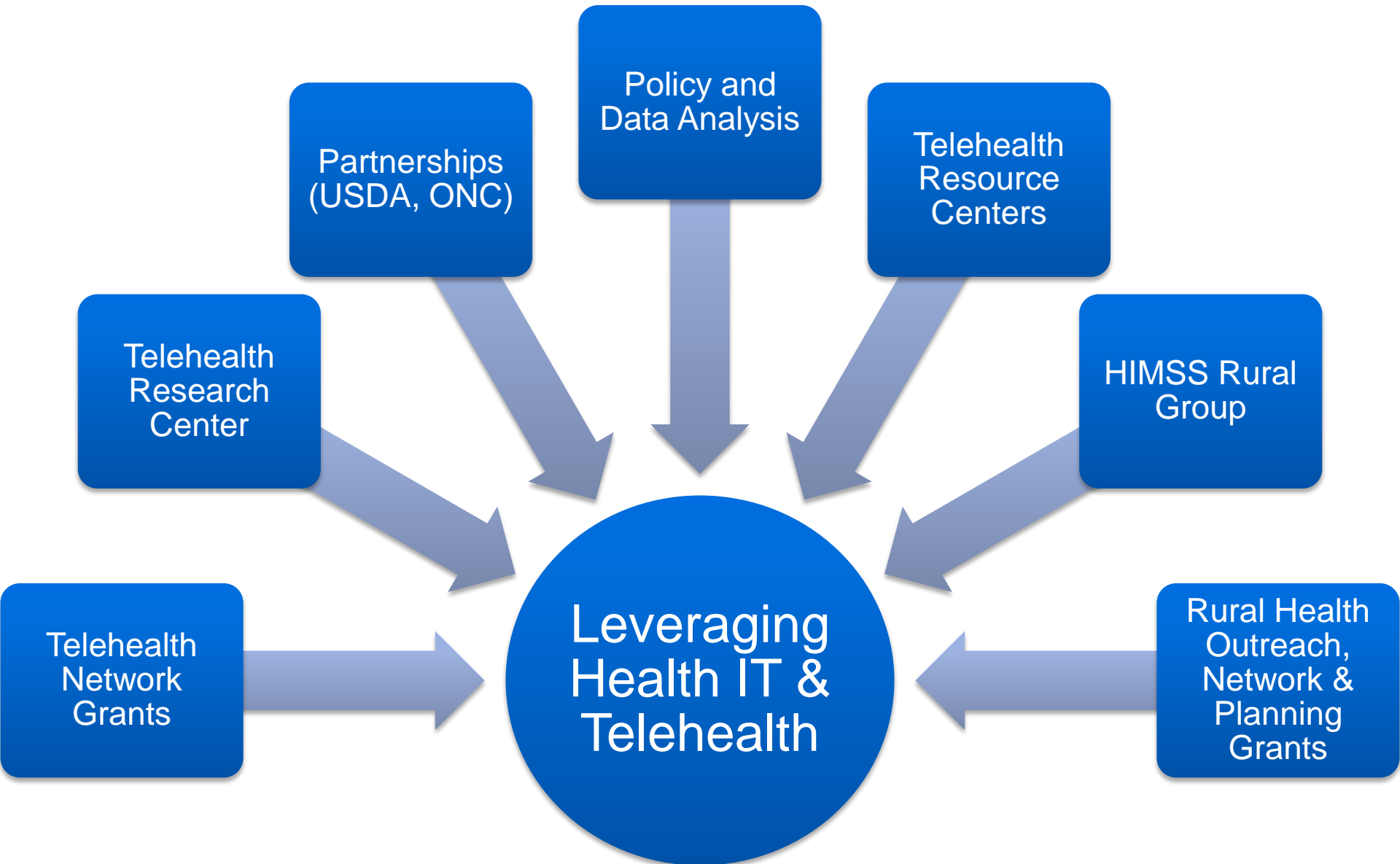
Funding & Resources

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









The Role Played by Rural Research



The screenshot shows the Rural Health Research Gateway website. The header includes the site title, navigation links for 'About' and 'Contact Us', and social media icons for RSS and Facebook. A search bar is also present. The main content area features a large banner with the text 'connecting research to diverse audiences' and an image of a family in a field. Below the banner are three columns: 'Research Alerts' with a list of links (E-mail, RSS Feed, Facebook), 'Rural Health Research Centers' with a welcome message and a link to learn more, and 'Featured Resources' with two links to reports. The footer contains a comprehensive list of navigation links.

Rural Health Research Gateway

connecting research to diverse audiences

Research Alerts

Stay on top of the latest federally-funded rural health research:

- [E-mail](#)
- [RSS Feed](#)
- [Facebook](#)

Rural Health Research Centers

Welcome to the Rural Health Research Gateway. This site provides access to publications and projects funded through the federal [Office of Rural Health Policy \(ORHP\)](#) as part of the [Rural Health Research Centers and Analysis Initiatives grant program](#).

[Learn more about the Rural Health Research Gateway.](#)

Featured Resources

[Challenges for Improving Health Care Access in Rural America: A Compendium of Research and Policy Analysis Studies of Rural Health Research and Policy Analysis Centers 2009-2010](#)

[Toxics Release Inventory Discharges and Population Health Outcomes in Rural and Urban Areas of the United States \(Final Report\)](#)

[Home](#) | [Topics](#) | [Centers](#) | [Researchers](#) | [Other Resources](#) | [Research Alerts](#)
[About Us](#) | [Contact Us](#) | [Site Map](#) | [Disclaimer](#) | [Privacy Policy](#) | [Accessibility](#)

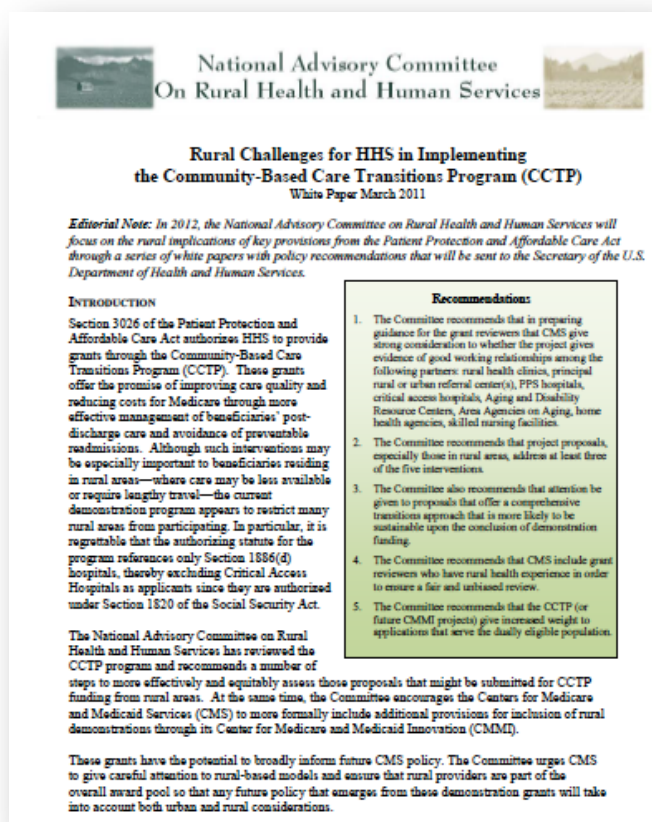
<http://bit.ly/ruralclosures/>

<http://www.ruralhealthresearch.org/>

Another Policy Voice

The National Advisory Committee on Rural Health & Human Services

- Policy Briefs and Recommendations Available online



**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 1856(d) hospitals, thereby excluding Critical Access Hospitals as applicants since they are authorized under Section 1820 of the Social Security Act.

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.

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.

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 health



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

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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

Office for the Advancement of Telehealth

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

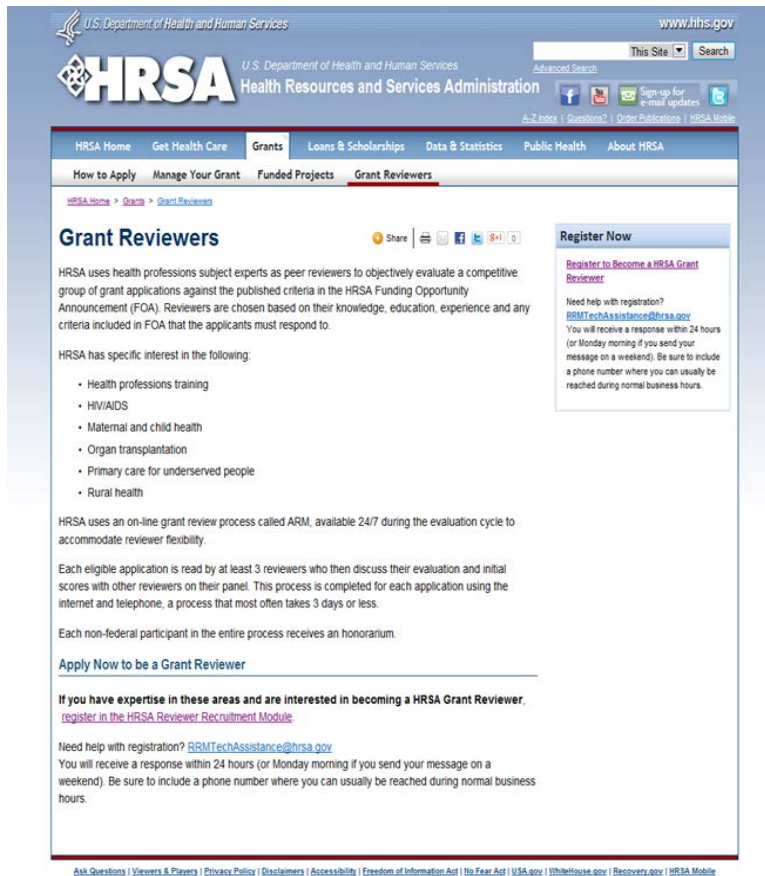
Hospital-State Division

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



The screenshot shows the HRSA website's "Grant Reviewers" page. The page header includes the HRSA logo and navigation links. The main content area is titled "Grant Reviewers" and contains the following text:

HRSA uses health professions subject experts as peer reviewers to objectively evaluate a competitive group of grant applications against the published criteria in the HRSA Funding Opportunity Announcement (FOA). Reviewers are chosen based on their knowledge, education, experience and any criteria included in FOA that the applicants must respond to.

HRSA has specific interest in the following:

- Health professions training
- HIV/AIDS
- Maternal and child health
- Organ transplantation
- Primary care for underserved people
- Rural health

HRSA uses an on-line grant review process called ARM, available 24/7 during the evaluation cycle to accommodate reviewer flexibility.

Each eligible application is read by at least 3 reviewers who then discuss their evaluation and initial scores with other reviewers on their panel. This process is completed for each application using the internet and telephone, a process that most often takes 3 days or less.

Each non-federal participant in the entire process receives an honorarium.

Apply Now to be a Grant Reviewer

If you have expertise in these areas and are interested in becoming a HRSA Grant Reviewer, register in the HRSA Reviewer Recruitment Module.

Need help with registration? RRMtechAssistance@hrsa.gov
You will receive a response within 24 hours (or Monday morning if you send your message on a weekend). Be sure to include a phone number where you can usually be reached during normal business hours.

At the bottom of the page, there is a footer with various links: [Ask Questions](#) | [Visitors & Careers](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Tos/Fair Use](#) | [USA.gov](#) | [Whitehouse.gov](#) | [Recovery.gov](#) | [HRSA Mobile](#)

- 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
- Help 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](https://www.facebook.com/NationalHealthServiceCorps)
- [Twitter.com/NHSCorps](https://twitter.com/NHSCorps)



NURSE Corps

- www.hrsa.gov/loanscholarships/nursecorps/
- [Facebook.com/HRSANURSECorps](https://www.facebook.com/HRSANURSECorps)





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 \$1 Billion 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>



Rural Assistance Center

- [Online Library ▾](#)
- [Topics & States ▾](#)
- [Tools for Success ▾](#)
- [RAC Publications & Updates ▾](#)

Resources and Strategies to Improve Rural Health and Human Services



Get Rural Updates



Stay current on rural health news, funding opportunities, research, and more with RAC's email updates.

[Sign Up](#)

Community Health Gateway



Find proven strategies for strong rural programs with toolkits like the recently updated [Rural Mental Health and Substance Abuse Toolkit](#) in the [Rural Community Health Gateway](#).

Funding Opportunities



Discover the latest funding and opportunities to support rural health and human services. [Browse all funding opportunities](#).

Key Rural Health Issues



Learn about issues that impact rural health in RAC's Topic Guides. Recently updated:

- [Community Health Workers in Rural Settings](#) **NEW!**
- [Browse all 60+ topics](#)



News Headlines

- [Strong Match, Advances in Workforce Reform Top Education Gains Last Year](#)
The American Academy of Family Physicians
- [Aging Tsunami: As Crisis Grows, a Search for Help](#)
NBC News

The Rural Monitor



Fall 2014
[Volunteering A Win-Win for Seniors and Rural Communities](#)
 Many rural nonprofit organizations benefit from senior volunteers, giving them a chance to share their expertise and stay engaged.

<http://www.raconline.org>

Community Health Gateway



Community Health Gateway



Find proven strategies for strong rural programs with toolkits like the recently added [Rural Health Promotion and Disease Prevention Toolkit](#) in the [Rural 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.

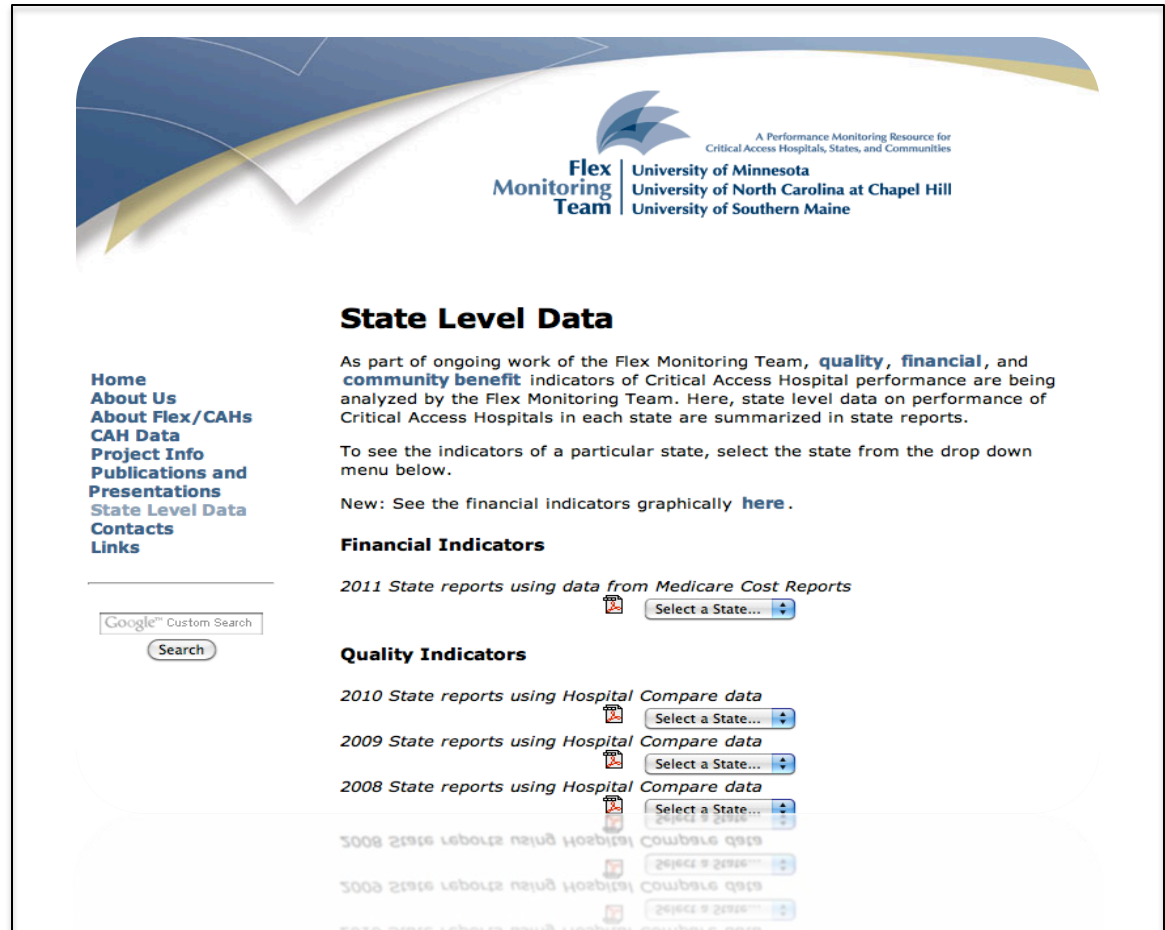
Economic Impact Tool

- 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



Flex Monitoring Team
A Performance Monitoring Resource for
Critical Access Hospitals, States, and Communities
University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

Home
About Us
About Flex/CAHs
CAH Data
Project Info
Publications and Presentations
State Level Data
Contacts
Links

Google™ Custom Search
Search

State Level Data

As part of ongoing work of the Flex Monitoring Team, **quality**, **financial**, and **community benefit** indicators of Critical Access Hospital performance are being analyzed by the Flex Monitoring Team. Here, state level data on performance of Critical Access Hospitals in each state are summarized in state reports.

To see the indicators of a particular state, select the state from the drop down menu below.

New: See the financial indicators graphically [here](#).

Financial Indicators

2011 State reports using data from Medicare Cost Reports
Select a State... ▾

Quality Indicators

2010 State reports using Hospital Compare data
Select a State... ▾

2009 State reports using Hospital Compare data
Select a State... ▾

2008 State reports using Hospital Compare data
Select a State... ▾

2007 State reports using Hospital Compare data
Select a State... ▾

2006 State reports using Hospital Compare data
Select a State... ▾

2005 State reports using Hospital Compare data
Select a State... ▾



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 ...



Rural Health Value
UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION.

[Home](#) [About Us](#) [News](#) [Contact Us](#) [Share Your Rural Innovation](#)

We build knowledge through research and collaboration to effect change toward a high performance rural health system.
[Learn More >](#)

[Tools & Resources](#) [Innovations & Demonstrations](#)



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

The screenshot shows a news article on the StratisHealth website. The article is titled "NATIONAL PILOT PROJECT TO IMPROVE EMERGENCY DEPARTMENT TRANSFER COMMUNICATION" and was published on Thursday, October 3, 2013. The article discusses a pilot project to improve emergency department (ED) transfers for critical access hospitals in eight states: Iowa, Maine, Missouri, Nebraska, Oklahoma, West Virginia, Wisconsin, and Wyoming. The project is led by Stratis Health, a Medicare Quality Improvement Organization (QIO), in collaboration with Centers for Medicare & Medicaid Services (CMS). The project aims to test CAH collection and submission of Emergency Department Transfer Communication Measures and to develop improvement action plans based on the data. The article also mentions that the project aligns with the Health Resources and Services Administration (HRSA), Office of Rural Health Policy's (ORHP) Medicare Rural Hospital Flexibility Program (Flex) Medicare Beneficiary Quality Improvement Project (MBQIP).

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



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

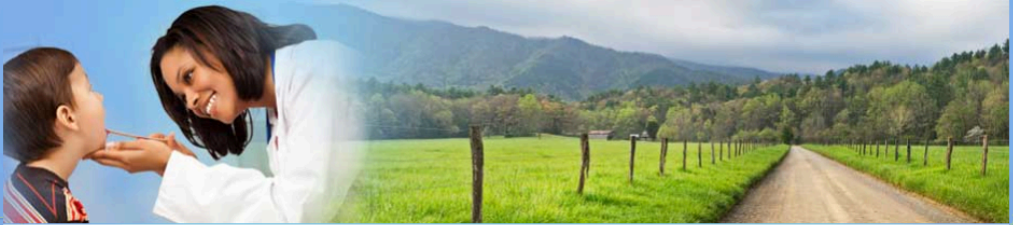
The screenshot shows the homepage of the National Rural Health Resource Center. The header includes the organization's logo, name, and navigation links for user search, feedback, login, Facebook, center blog, and Twitter. A search bar is also present. Below the header is a main navigation menu with categories: Performance (Performance Improvement), Health Information Technology, Recruitment & Retention, Community Health Assessments, Networking, and Contact. A secondary menu lists specific services: TASC, RHPI, SHIP, Minnesota Web Recruitment, RHITND, Consulting Services, Rural Health Innovations, and Conference Coordination. The main content area features a central banner with a photo of a woman and the text "Partnering with rural health care organizations...". To the left, there are sections for "FOR CLINICS, HOSPITALS & NETWORKS", "FOR FEDERAL, NATIONAL & STATE ORGANIZATIONS", and "FOR HEALTH CARE PROVIDERS". Below this is an "EVENTS" section listing the "IRRRB Health Care Forum: Seeking New Partners to Address Health Inequities" (Fri, May 30, 2014) and the "2014 Minnesota Rural Health Conference" (Mon, Jun 23, 2014 to Tue, Jun 24, 2014). The central banner also contains a description of the center as a nonprofit dedicated to rural health, listing five core areas: Performance Improvement, Health Information Technology, Recruitment & Retention, Community Health Assessments, and Networking. To the right, there is a "FEATURED RESOURCES" section with links to "2014 State Flex Program Profiles", "Critical Access Hospital Blueprint for Performance Excellence", and "Health Information Technology Network Readiness Assessment". Below that is a "NEWS" section with several recent announcements, including "National Rural Health Resource Center Announces Finalization of Leadership Transition", "November 21 was National Rural Health Day", "REACH Launches Patient Engagement for Care Teams Portal", and "On Center Blog Launched". At the bottom right, there is an "ABOUT" section.

Rural Recruitment & Retention Network

3RNet Healthcare Jobs Across the Nation

Username
***** [Forgot Password?](#)

[Search Opportunities](#) [Locations](#) [Resources](#) [Sponsors](#) [About](#) [Contact](#) [f](#) [t](#) [in](#) [✉](#)

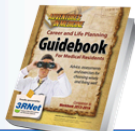


a national nonprofit network of members *working for you*
matching *health professionals* with rural & underserved jobs

Search Job Opportunities

Profession: << Any Profession >>

Adventures in Medicine




3RNet proudly presents the 2013-2014 "Adventures in Medicine Guidebook," a 188-page career and life planning guide for medical residents. This valuable guide offers advice, assessments, and exercises for choosing wisely and

Featured State

New Jersey

New Jersey is the place to go! When you aren't working, NJ has many sights close by: amusement parks, historical attractions, beaches, rivers, biking, birding, boating, fishing, wildlife, farms, orchards, gardens, golfing, state and national parks, tours and sightseeing, lighthouses, parks and forests, shopping centers, major metropolitan hubs and villages. [Learn More.](#)



3RNet Blog

Nebraska: Countless Ways to Work in Rural & Underserved Areas

Nebraska has many options if you're considering working in a rural or underserved area. We've compiled information on several pertinent recruitment and retention topics from the [Nebraska Office of Rural Health's website](#) including information on:

National Center for Rural Health Works

National Center for Rural Health Works

Improving the health of rural communities



Home About "The Products" Workshops Technical Assistance Resources

Welcome to The National Center for Rural Health Works

The National Center for Rural Health Works provides tools and templates by which community residents can evaluate their health systems. This is typically accomplished by training state teams to assist rural communities. The National Center (or RHW) provides training, tools, templates, and technical assistance in the following areas:

- [Economic Impact](#)
- [Community Health Needs Assessment](#)
- [Rural Health Needs Assessment](#)
- [Rural Health Service Profitability](#)



The tools and templates for each of these focus areas are referred to as "The Products". To share the tools and templates, the National Center provides [workshops](#) to train potential users. [Technical assistance](#) is available to assist users with development of the tools and templates for their organizations.

Ultimately, the success of the National Center for Rural Health Works must be measured through the outcomes at the local, regional, and/or state level. The tools are

Select a state below to view infor-

Search

"The Latest" from RHW

- [Regional RHW Workshop, August 6, 2014, in Austin, Texas. Hosted by the Texas Department of Agriculture, State Office of Rural Health.](#)
- [Regional RHW Workshop, October 22, 2014, in Terre Haute, Indiana. Hosted by Rural Health Innovation Collaborative.](#)

State Resources



The National Cooperative of Health Networks



The screenshot shows the homepage of the National Cooperative of Health Networks (NCHN). At the top left is the NCHN logo, which consists of three interlocking diamond shapes in blue, orange, and pink, followed by the text "NCHN" and "Serving Health Networks since 1995". To the right of the logo is a navigation menu with links for "Contact NCHN", "Careers", "Member Login", and a search box. Below the logo is a blue banner with the text "SUPPORTING AND STRENGTHENING HEALTH NETWORKS" and three portrait photos of individuals. A horizontal navigation bar contains links for "HOME", "ABOUT US", "NEWS", "NCHN RESOURCES", "JOIN NCHN", "DISCUSSION BOARD", "NCHN BLOG", "EVENTS", and "CONTACT". The main content area is divided into three columns. The left column has an orange background and text describing the NCHN as a national association of health networks and strategic partners, with a mission to support and strengthen health networks through collaboration, networking, leadership development, and education. Below this text are social media icons for Facebook, Twitter, LinkedIn, and YouTube. The middle column features the words "connect" and "share" above a globe and silhouettes of a group of business professionals. The right column has a blue background and a "CALENDAR" section listing events: "Executive Committee Call (Cancelled)" on April 15, 2014 at 11:00 AM; "2014 Conference Planning Committee Call" on May 13, 2014 at 3:00 PM; and "Leadership Learning Community Call" on May 16, 2014 at 12:00 PM. A link "View All Upcoming Events" is provided. At the bottom of the page, there are four utility boxes: "Member Map" (A map of NCHN Members), "Business Partners" (Partners offer discounted rates for NCHN Members), "Member Newsletters" (The latest newsletters posted by NCHN Members), and "Member Admin" (Manage your profile, add users, access private areas).

<http://www.nchn.org>

National Center for Frontier Communities



The National Center for Frontier Communities is the only national organization dedicated to the smallest, most geographically isolated communities in the United States - the Frontier.

Support NCFC on National "Give Local" Day

On May 6, 2014, NCFC is joining more than 300 nonprofits in New Mexico and more than 100 other communities throughout the United States for a national day of local giving. "[Give Grande New Mexico](#)" is New Mexico's first Day of Giving and is part of a larger campaign called Give Local America. Everyone can be a philanthropist, right here in Frontier America. [Click here to learn more!](#)



Annually, millions visit Frontier areas to enjoy the beauty and peacefulness of America's natural resources.

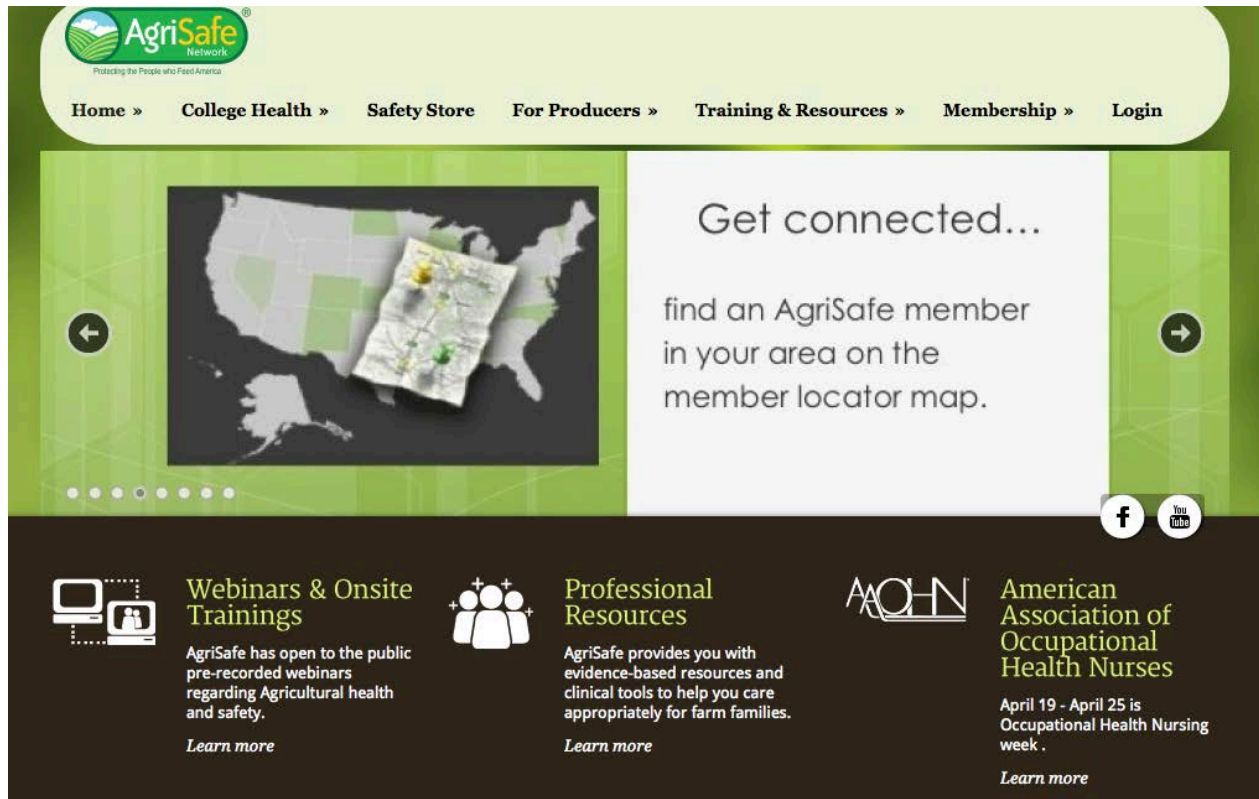
Frontier areas are a vital, integral and significant component of our national fabric.

Newsletter Check out our [quarterly newsletter](#), Frontier News & Updates!

Donate Help support the Center's work: [make a tax deductible donation.](#)

Internships NCFC offers [internships](#) for students and recent graduates. [Learn more...](#)

Agrisafe

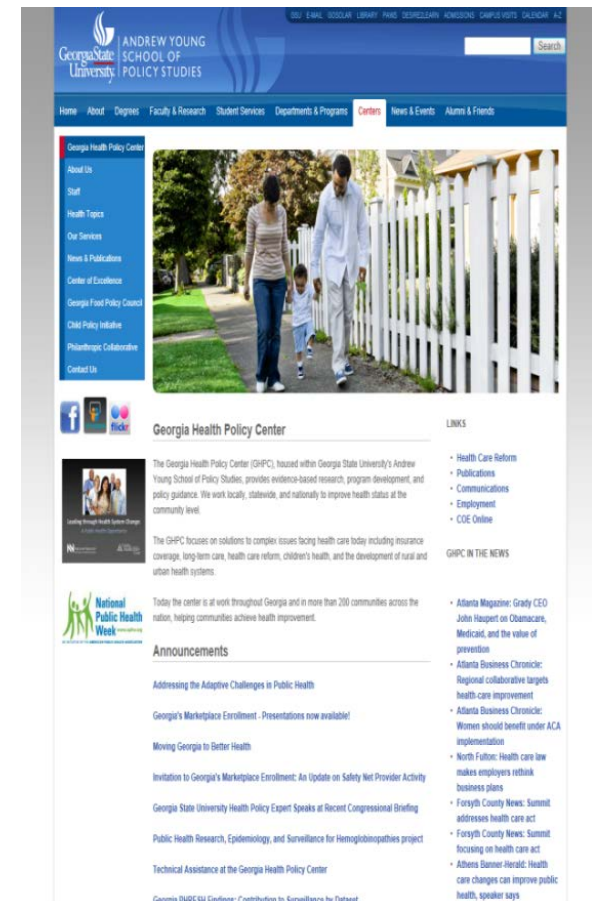


The screenshot shows the AgriSafe Network website homepage. At the top left is the AgriSafe Network logo with the tagline "Protecting the People who Feed America". A navigation menu includes: Home » College Health » Safety Store For Producers » Training & Resources » Membership » Login. The main content area features a map of the United States with a smaller map overlay showing member locations, flanked by left and right navigation arrows. To the right of the map, the text reads: "Get connected... find an AgriSafe member in your area on the member locator map." Below the map are social media icons for Facebook and YouTube. The footer is divided into three sections: 1. "Webinars & Onsite Trainings" with a computer and people icon, stating "AgriSafe has open to the public pre-recorded webinars regarding Agricultural health and safety." and a "Learn more" link. 2. "Professional Resources" with a group of people icon, stating "AgriSafe provides you with evidence-based resources and clinical tools to help you care appropriately for farm families." and a "Learn more" link. 3. "American Association of Occupational Health Nurses" with the AAOHN logo, stating "April 19 - April 25 is Occupational Health Nursing week ." and a "Learn more" link.

<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



The screenshot shows the Georgia Health Policy Center website. The header includes the Georgia State University logo and the Andrew Young School of Policy Studies. The navigation menu includes Home, About, Degrees, Faculty & Research, Student Services, Departments & Programs, Centers, News & Events, and Alumni & Friends. The main content area features a large image of a family walking on a path. Below the image, there is a section titled "Georgia Health Policy Center" with a brief description of the center's mission and a list of links. The links include Health Care Reform, Publications, Communications, Employment, and COE Online. There is also a section for "Announcements" with several news items, and a "National Public Health Week" logo.

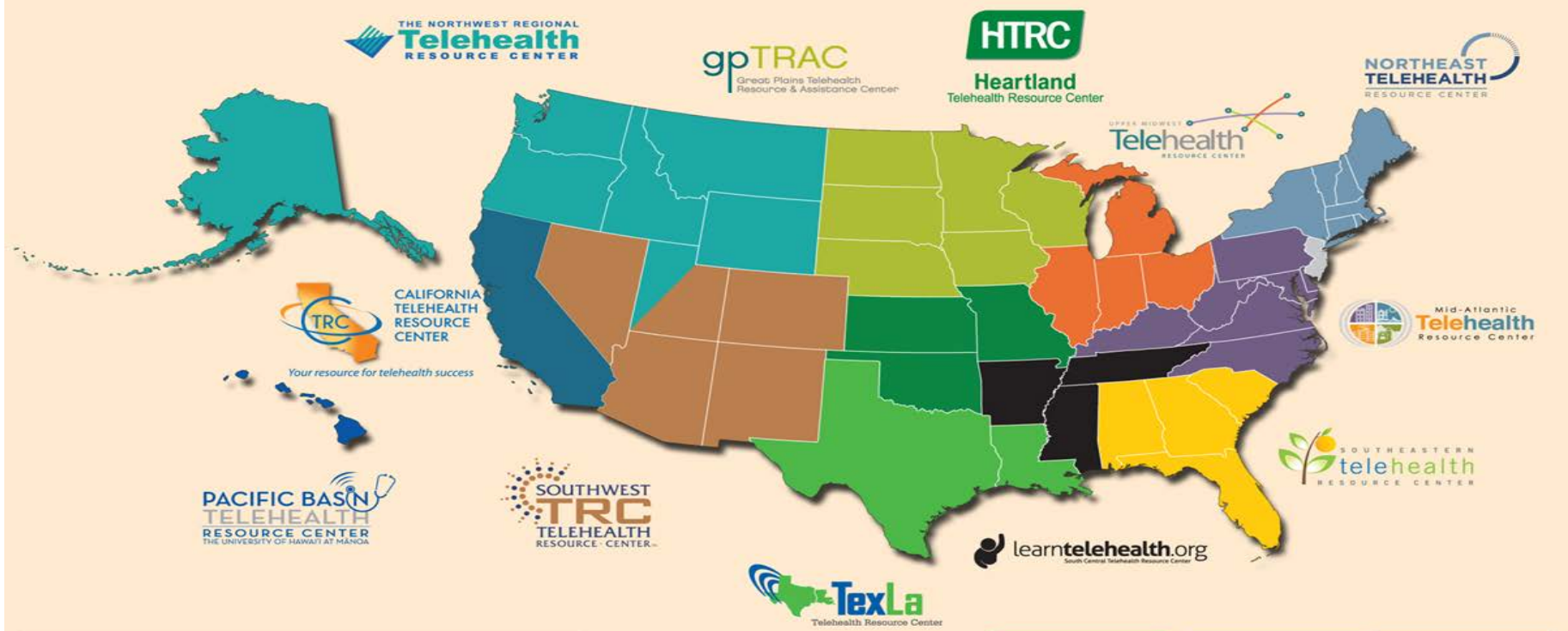
USDA's Distance Learning and Telemedicine Program

- 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



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

2 National Resource Centers

12 Regional Resource Centers

<http://www.telehealthresourcecenter.org>

Telehealth, Health Information Exchange & Broadband



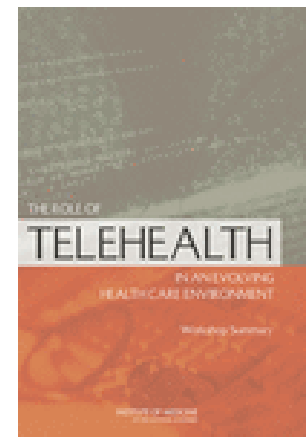
Two Key Federal Programs

- 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



Two Key Federal Programs

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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