

# FORHP Update

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Federal Office of Rural Health Policy  
Resources and Services Administration

SORH Regional Partnership Meeting / Region D – Oklahoma City, OK

June 28, 2016



# Your Requests

- MACRA
- Future Direction of HRSA



# The Federal Office of Rural Health Policy

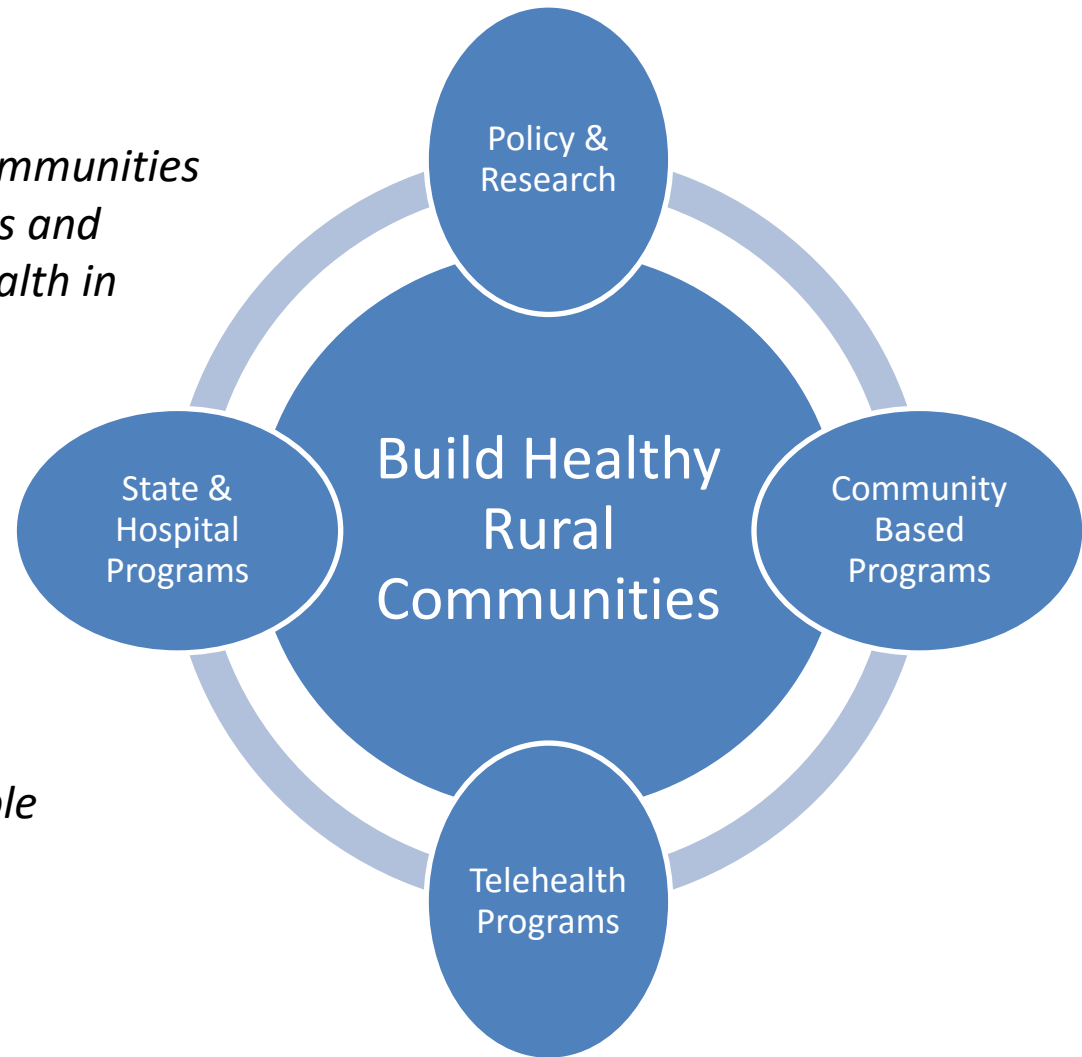
## **Mission**

*FORHP collaborates with rural communities and partners to support programs and shape policy that will improve health in rural America.*

## **Values**

*Accountable  
Collaborative  
Innovative*

*Knowledgeable  
Respectful  
Responsive*





# FORHP Divisions

## Community-Based Division

- Administers broadly authorized, non-categorical grant funding to increase access to care in rural communities
- [www.hrsa.gov/ruralhealth/community/index.html](http://www.hrsa.gov/ruralhealth/community/index.html)

## Hospital State Division

- Provides technical assistance and support to states and rural hospitals
- [www.hrsa.gov/ruralhealth/ruralhospitals/index.html](http://www.hrsa.gov/ruralhealth/ruralhospitals/index.html)

## Office for the Advancement of Telehealth

- Promotes the use of telehealth technologies for health care delivery, education, and health information services
- [www.hrsa.gov/ruralhealth/telehealth/index.html](http://www.hrsa.gov/ruralhealth/telehealth/index.html)

## Policy Research Division

- Supports research and policy analysis on the effect that federal health care policies and regulations may have on rural communities
- [www.hrsa.gov/ruralhealth/policy/index.html](http://www.hrsa.gov/ruralhealth/policy/index.html)

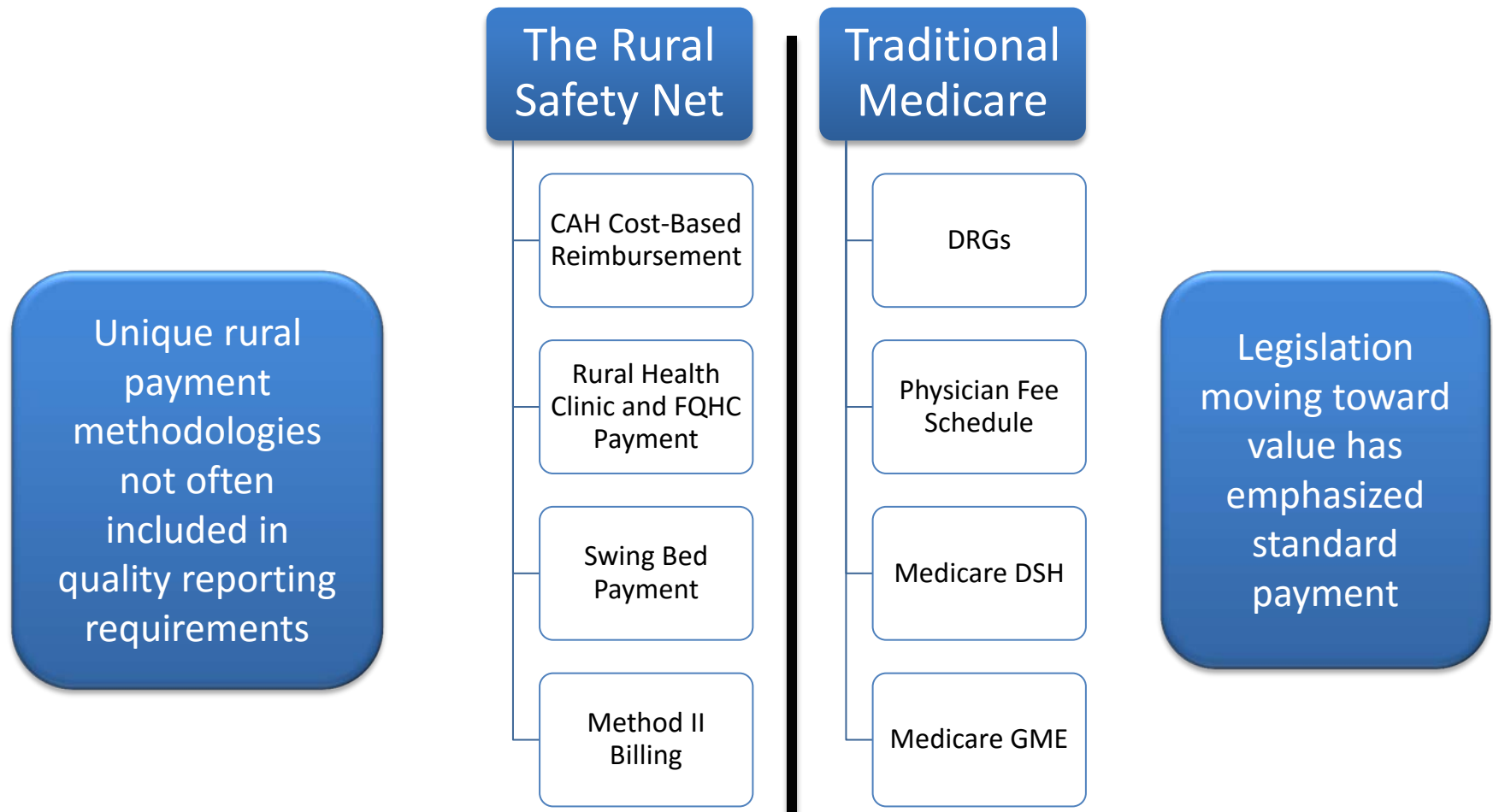
## Federal Office of Rural Health Policy 2016 Budget

Rural Health Policy Development	\$9.3 million
Rural Health Outreach Program	\$63.5 million
Rural Hospital Flexibility Grants	\$41.6 million
State Offices of Rural Health	\$9.5 million
Radiation Exposure & Screening	\$1.8 million
Black Lung Clinics	\$6.7 million
Telehealth	\$17.0 million
<b>Total</b>	<b>\$149.5 million</b>



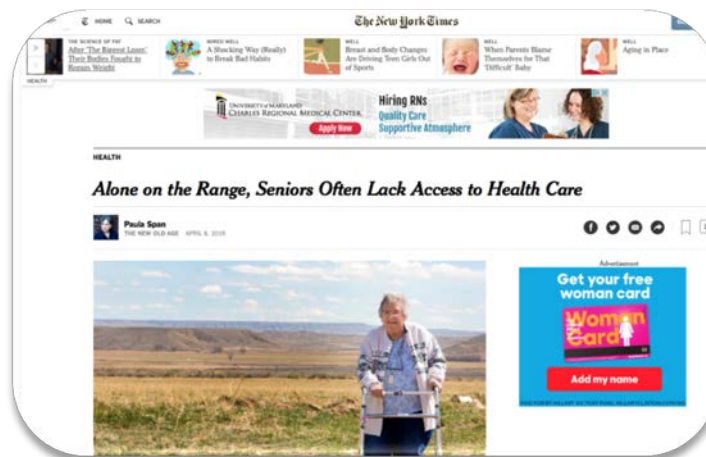
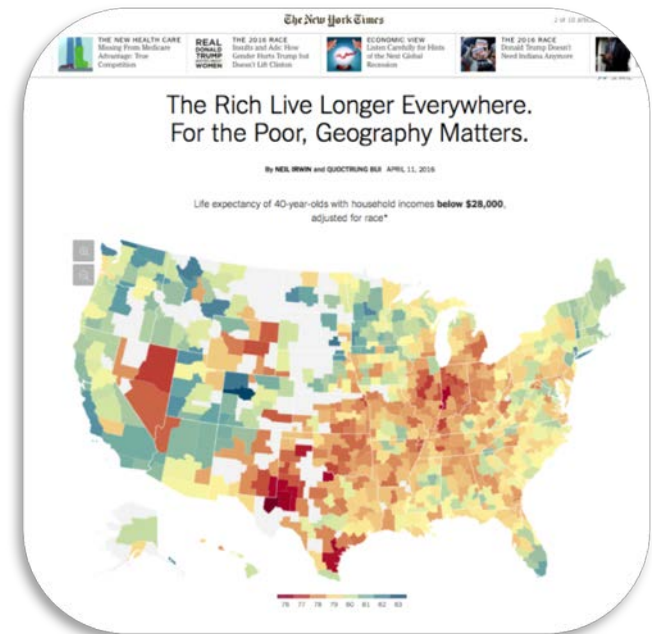
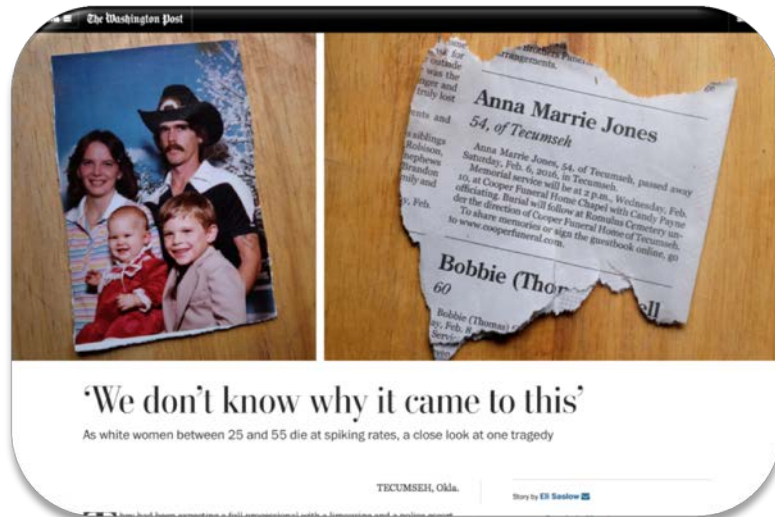
# A Transitioning Landscape Toward Value

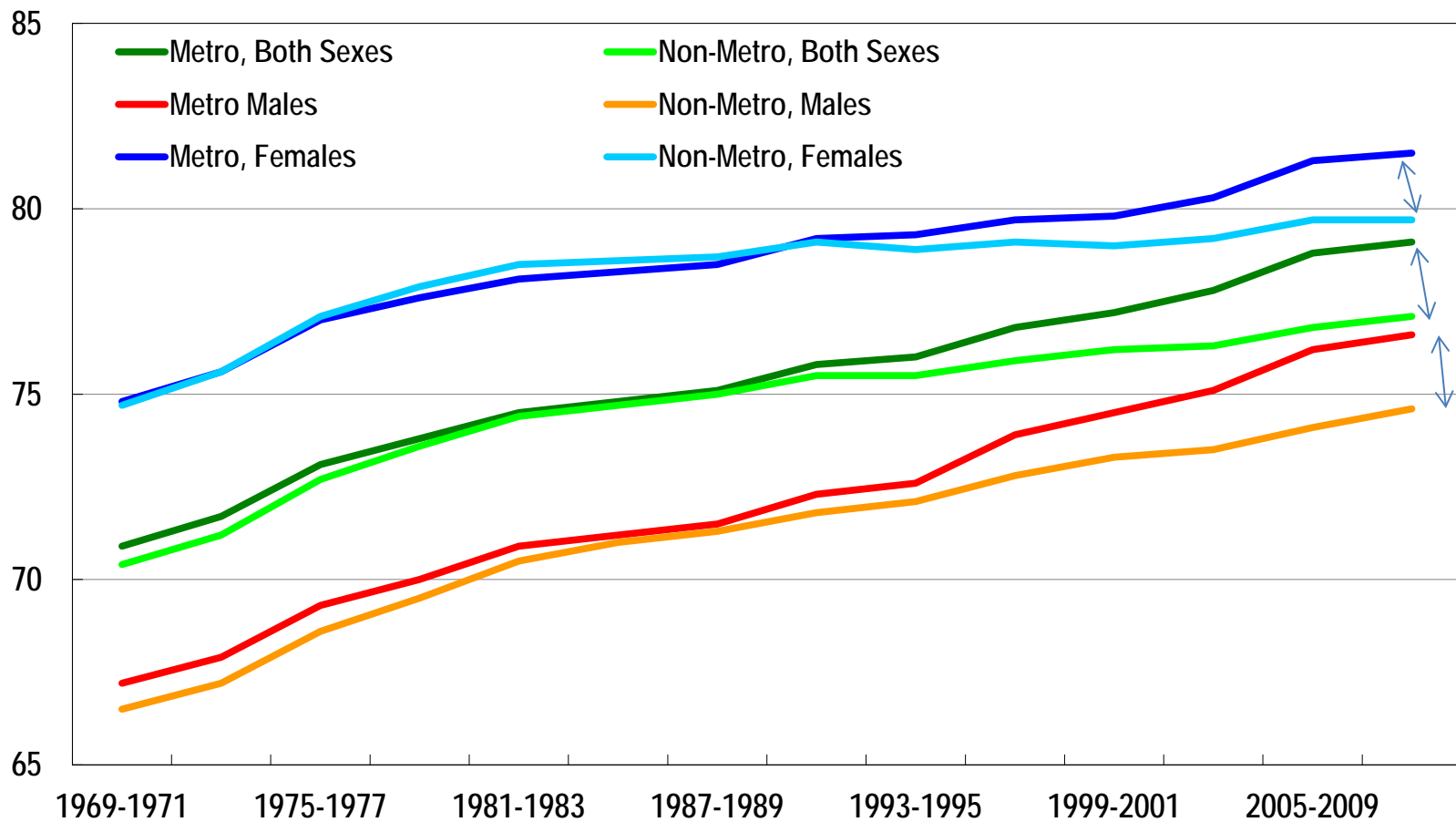
- Are the rural payment protections a dividing line?





# Declining Rural Life Expectancy





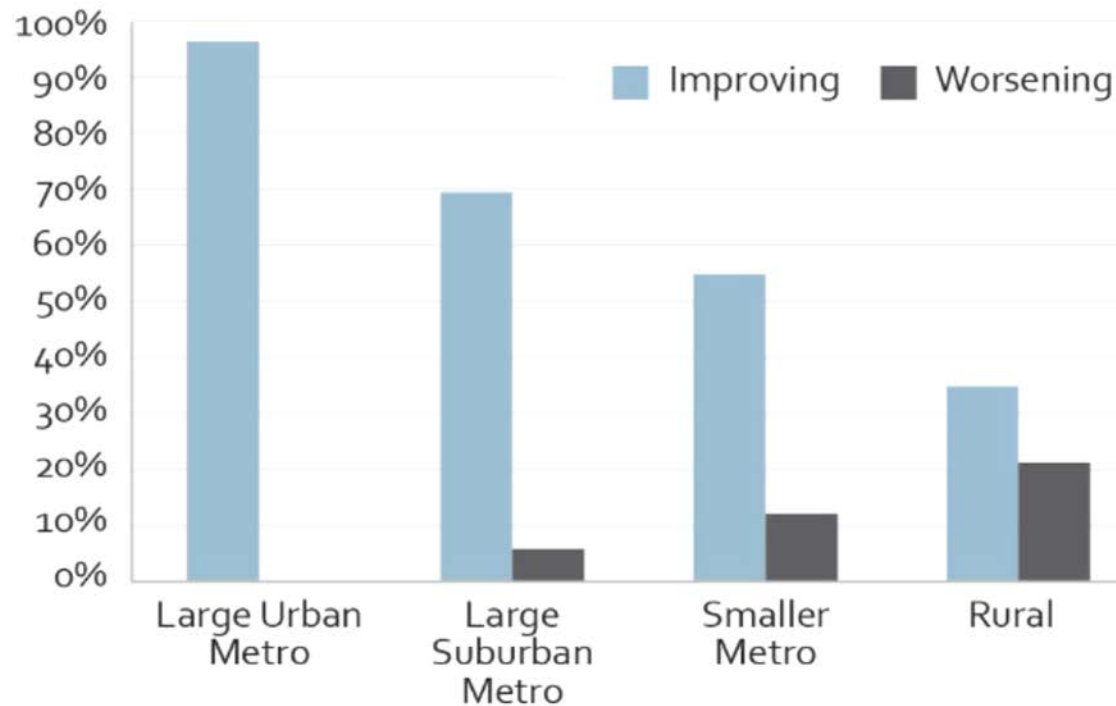
Source: Singh GK, Siahpush M. American Journal of Preventive Medicine. 2014;46(2):e19-e29 (updated data)



# Findings from the 2016 RWJ County Health Rankings

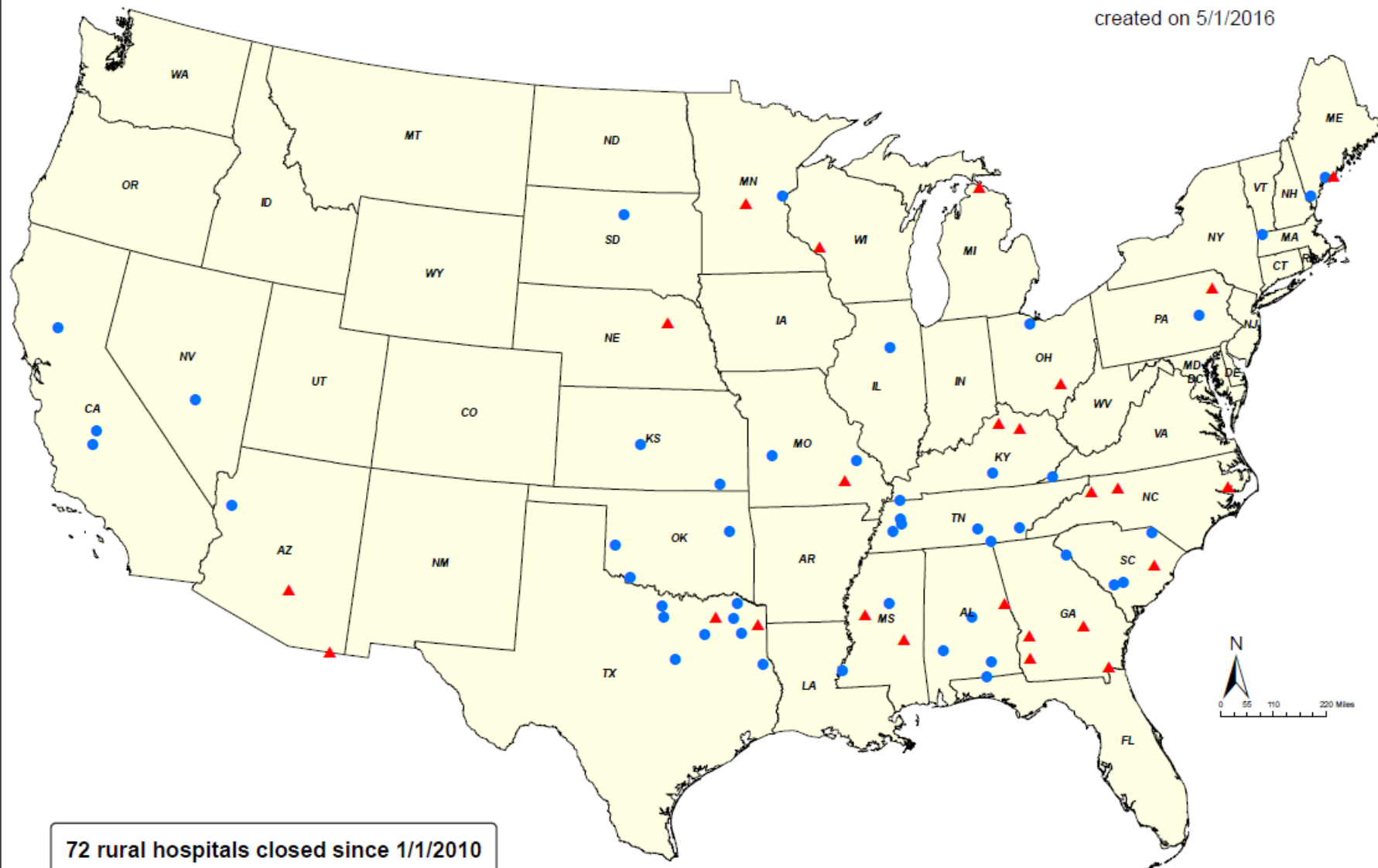
## *Counties with Improving or Worsening Premature Death Rates, 1999-2013<sup>1</sup>*

*Percent of counties*



# Closed rural hospitals, 2010 - 2016

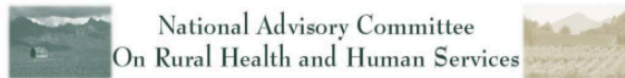
created on 5/1/2016



**72 rural hospitals closed since 1/1/2010**

- ▲ CAH (25)
- Rural PPS (47)

# Health Challenges Moving Beyond the Clinical



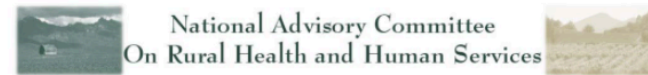
## Mortality and Life Expectancy in Rural America: Connecting the Health and Human Service Safety Nets to Improve Health Outcomes over the Life Course

Policy Brief October 2015

**Editorial Note:** During its May 2015 meeting in Slade, Kentucky, the National Advisory Committee on Rural Health and Human Services (the Committee) examined recent findings on increasing mortality and decreasing life expectancy in rural America, with Appalachia as a focus region. The problem of declining life expectancy is a broad-reaching issue that involves not only health care services but also many human services. The Committee met with government officials, rural experts, and service providers from both the health and human services sectors. Subcommittee meetings were held at the Center of Excellence in Rural Health in Hazard, Kentucky, and the Marcum & Wallace Memorial Hospital in Irvine, Kentucky.

### RECOMMENDATIONS

1. The Committee recommends the Secretary support research projects that examine behavioral health and primary care integration in rural communities to expand the evidence base for these efforts (see page 7).
2. The Committee recommends that the Secretary direct the National Institute on Drug Abuse to conduct research into the rural-urban implications of opioid use and overdose, including the use and/or potential use of heroin (see page 8).
3. The Committee recommends that the Secretary increase funding for training for primary care providers and all levels of emergency medical providers on the use of opioid overdose treatment drugs including naloxone (see page 8).
4. The Committee recommends that the Secretary include key programs from the Health Resources and Services Administration, the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, and the Centers for Disease Control and Prevention in future Promise Zone competitions (see page 8).
5. The Committee recommends that the Secretary enhance the departmental assessment, evaluation, and lessons learned from existing Community Health Worker projects in a manner that makes the findings easily accessible by the public (see page 9).
6. The Committee recommends that the Secretary consider a budget request for funding under Title XII of the PHS Act to support trauma system training and designation for small rural hospitals in high mortality areas (see page 10).



## Child Poverty in Rural America

Policy Brief December 2015

**Editorial Note:** During its fall 2015 meeting in Mahanomen, Minnesota, the National Advisory Committee on Rural Health and Human Services discussed the unique needs, challenges and experiences of rural children and families living in poverty. The Committee visited Mahanomen County, whose borders fall entirely within the White Earth Reservation, a tribal nation in Northern Minnesota. During its site visit the Committee heard from residents, service providers, and stakeholders about the challenges children face living in poverty. This brief is informed by those experiences, and conversations providing insight to inform better policy making for families.

### RECOMMENDATIONS

1. The Committee recommends that the Secretary create a position within the Department of Health and Human Services to coordinate the integration of regional health and human service systems for rural communities. (Pg. 7)
2. The Committee recommends that the Department of Health and Human Services commission a study to identify areas for revised safety net program eligibility that allow for the gradual growth in income and assets for families receiving assistance. (Pg. 8)
3. The Committee recommends that the Secretary integrate family asset building policies across appropriate health and human service delivery programs through technical assistance for local coordination between community health clinics, community action agencies and other family support organizations. (Pg. 9)
4. The Committee recommends that the Secretary encourage the creation of flexible grant funding streams to encourage linkages between health systems, community health needs assessments and rural community development efforts. (Pg. 10)

### INTRODUCTION

Although child poverty evokes an urban image, more than one-fourth of children in rural areas were poor in 2013, compared to about one-fifth of urban children.<sup>1</sup> Unique structural challenges

<sup>1</sup> U.S. Department of Agriculture, Economic Research Service. "Child Poverty." *Rural Poverty and Wellbeing*. Last updated on July 10, 2015. Accessed on August 14, 2015 at <http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/child-poverty.aspx>.

# Policy & Research

- Serving as a Voice ...
- Technical Assistance
- Focus on Partnerships
  - NRHA
  - NOSORH



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



**Maine Rural Health Research Center**  
**Areas of Expertise:** Health insurance and the Uninsured, Long Term Services and Supports, Rural Health Clinics (RHCs), Mental Health, Substance Abuse  
 Phone: 207.780.4435



**North Carolina Rural Health Research and Policy Analysis Center**  
**Areas of Expertise:** Medicare, Medicaid and S-CHIP, Health Care Financing, Health Policy  
 Phone: 919.966.5541



**Rural Health Reform Policy Research Center**  
**North Dakota and NORC Rural Health Reform Policy Research Center**  
**Areas of Expertise:** Health Policy, Health Services, Frontier health, Workforce  
 Phone: 701.777.3848



**RUPRI Center for Rural Health Policy Analysis**  
**Areas of Expertise:** Health Policy, Medicare, Medicare Advantage (MA), Health Insurance and the Uninsured, Health Services  
 Phone: 319.384.3832



**South Carolina Rural Health Research Center**  
**South Carolina Rural Health Research Center**  
**Areas of Expertise:** Health Disparities, Minority Health, Health Services  
 Phone: 803.251.6317



**RTRC Rural Telehealth Research Center**  
**Telehealth Focused Rural Health Research Center**  
**Areas of Expertise:** Telehealth, Health Information Technology, Technology  
 Phone: 319.384.3815



**University of Minnesota Rural Health Research Center**  
**Areas of Expertise:** Quality, Health Information Technology, Health Services  
 Phone: 612.624.6151



**WWAMI Rural Health Research Center**  
**Areas of Expertise:** Workforce, Health Services  
 Phone: 206.685.0402

# Delivery System Reform Support

- Potential Alignment with Rural Health
  - Transforming Clinical Practice Initiative
  - Health Learning Action Network
  - ACO Investment Model (AIM)
  - Global Budgeting RFI
  - MACRA TA
  - Chronic Disease Campaign





# Rural Health Clinic Technical Assistance Series

- ORHP funded through the National Association of Rural Health Clinics
- Listserv
  - Exchange info, ask questions
  - Sign up
- Conference Calls
  - 6 per year on range of topics
  - Sign up and review previous calls

[http://03672e4.netsolhost.com/?page\\_id=712](http://03672e4.netsolhost.com/?page_id=712)

<http://www.hrsa.gov/ruralhealth/policy/confcall/index.html>





# HRSA GME Eligibility Tool:

## A starting point for rural hospitals

Medicare supports graduate medical education through Direct Medicare Graduate Medical (DGME) and Indirect Medical Education (IME) payments. Rural hospitals that have **not** previously trained residents may qualify for Medicare GME payments.

U.S. Department of Health and Human Services  
**HRSA** Health Resources and Services Administration  
Data Warehouse

Rural Residency Planning and Development Program  
Eligibility

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CHEROKEE MEDICAL CENTER  
100 Northwood Dr  
Centre, AL 35960-1017

Hospital ID: 010022  
Number of Beds: 45

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Eligibility Status for Rural Residency Planning and Development (RRPD) Program: Eligible

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Analysis:

Hospital has reported receipt of Medicare payments supporting graduate medical education (GME) training at any time during the period from 1997-2016: No

Direct Graduate Medical Education Payment (DGME)	Indirect Medical Education Payment (IME)	Training
No	No	No

Hospital is located in rural area: Yes

Eligibility Criteria: Applicants for the Rural Residency Planning and Development Program (RRPD) who intend to qualify for Medicare Direct Medical Education (DGME) and Indirect Medical Education (IME) payments must be:

- Located in a rural area. For the purposes of this tool, 'rural' is defined as all counties that are not designated as parts of Metropolitan Areas (MA) and all census tracts with Rural Urban Commuting Area (RUCA) codes of 4 or greater, except 4.1, 5.1, 7.1, 8.1, and 10.1, which are urban. For more information about the definition of rural for the eligibility of this grant, please visit: <http://hrsa.gov/ruralhealth/Eligibility2005.pdf>
- No prior evidence of resident training since 1997 and/or thereafter as reported on Centers for Medicare & Medicaid Services (CMS) Cost Reports (Hospital Form 2552-99 and Hospital Form 2552-10) (i.e. no DGME payments, no IME payments, no Training Costs)

Please note that the determination provided by this tool is not a legal justification to qualify for Medicare Graduate Medical Education (GME) payments. Additionally, to fully demonstrate eligibility to receive Medicare GME payments, applicants must also provide a letter from the hospital's Chief Executive Officer or other responsible leadership stating that the hospital has not hosted pre-planned and scheduled residency training in past cost reporting periods that have been settled, but are still within the 3-year reopening period, and that the hospital does not have Medicare resident caps and is not in the process of building Medicare resident caps.

If you have questions about your eligibility status, please contact [rrpd@hrsa.gov](mailto:rrpd@hrsa.gov).

### How it works:

- Tool located on HRSA Datawarehouse:
- Filter by State, County, Hospital Name to select hospital
- 1 Report per hospital that indicates whether DGME, IME, or other training costs have been incurred since 1997
- **Not** applicable to CAHs
- Hospitals must still touch base with MAC to confirm

# Finding the Tool

<https://datawarehouse.hrsa.gov/>



Direct Link:

<https://datawarehouse.hrsa.gov/tools/hdwreports/Filters.aspx?id=462>

# Community-Based Grants

Program	FY 2017	FY 2018	FY 2019
Rural Health Network Development Planning (Network Planning)	X <i>*Funding applications available Winter 2016</i>	X <i>*Funding applications available Winter 2017</i>	X <i>*Funding applications available Winter 2018</i>
Delta States Rural Health Development (Delta Program)			X <i>*Funding applications available Spring 2018</i>
Small Healthcare Provider Quality Program (Quality Program)			X <i>*Funding applications available Spring 2018</i>
Rural Health Care Services Outreach Program (Outreach Program)		X <i>*Funding applications available Fall 2017</i>	
Rural Health Network Development Program (Network Development)	X <i>*Funding applications available Fall 2016</i>		
Black Lung Clinics Program (BLCP) & Black Lung Centers of Excellence (BLCE)	X <i>*Funding applications available Winter 2016</i>		
Radiation Exposure Screening & Education Program (RESEP)	X <i>*Funding applications available Winter 2016</i>		

# Helping Coal Miners

- Black Lung Clinics assist with medical care and benefits counseling (insurance enrollment and black lung benefits claims applications)  
<http://www.blacklungcoe.org/resources/black-lung-clinics/>
- DOL One-Stop Career Centers: <http://www.careeronestop.org/>
- State Offices of Workers' Compensation  
<http://www.cdc.gov/niosh/topics/surveillance/ords/cwhsp-resources.html>
- Appalachian Regional Commission has announced several million in funding to coal-impacted areas through its POWER Initiative  
<http://www.arc.gov/funding/POWER.asp>
- The United Mine Workers of America operates career centers and community programs  
<http://www.umwa.org/?q=content/career-centers>

# Contact Information

Bware@hrsa.gov

301-443-3822

[www.ruralhealth.hrsa.gov](http://www.ruralhealth.hrsa.gov)