



U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

FORHP Update

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Resources and Services Administration

SORH Regional Partnership Meeting / Region A – Portsmouth, New Hampshire
June 14, 2016

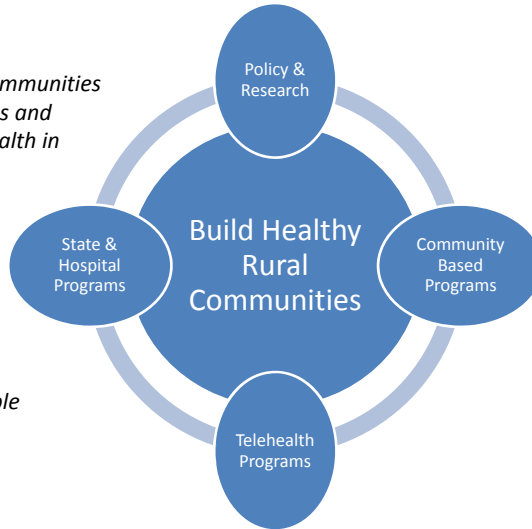
Your Requests

- FORHP and HRSA priorities
- Policy updates
- Value-based payment reform and MACRA
- Multi-payer/global budgeting
- Grant opportunities
- Help for former coal miners
- Addressing the opioid crisis

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.



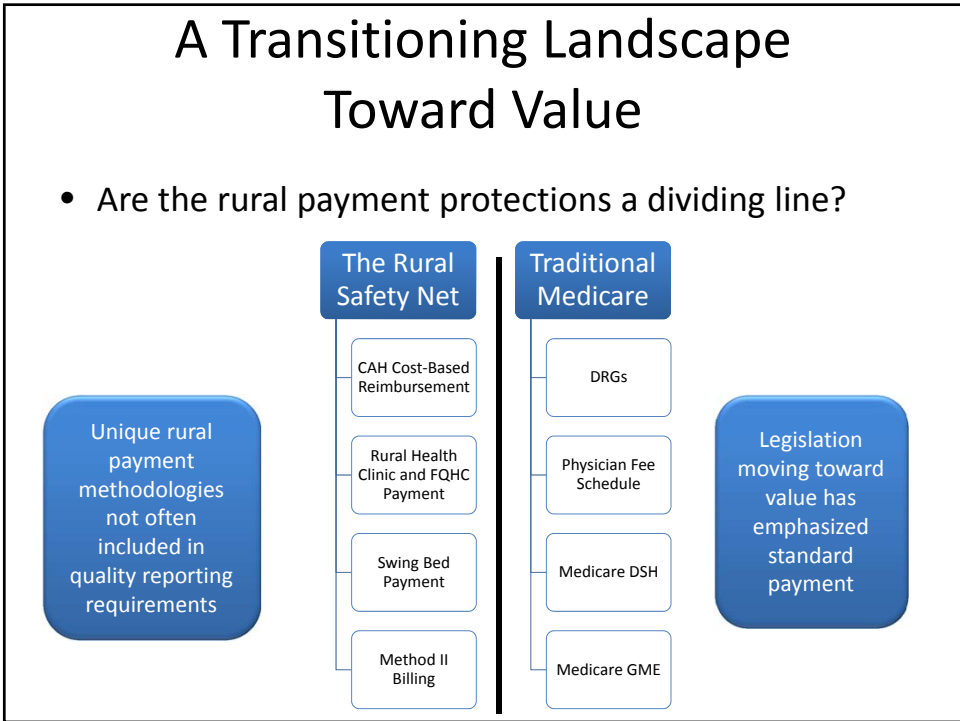
Values

Accountable	Knowledgeable
Collaborative	Respectful
Innovative	Responsive

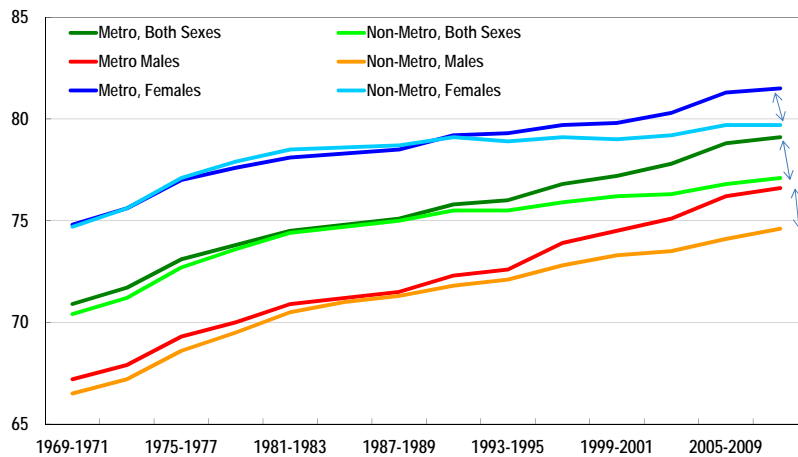
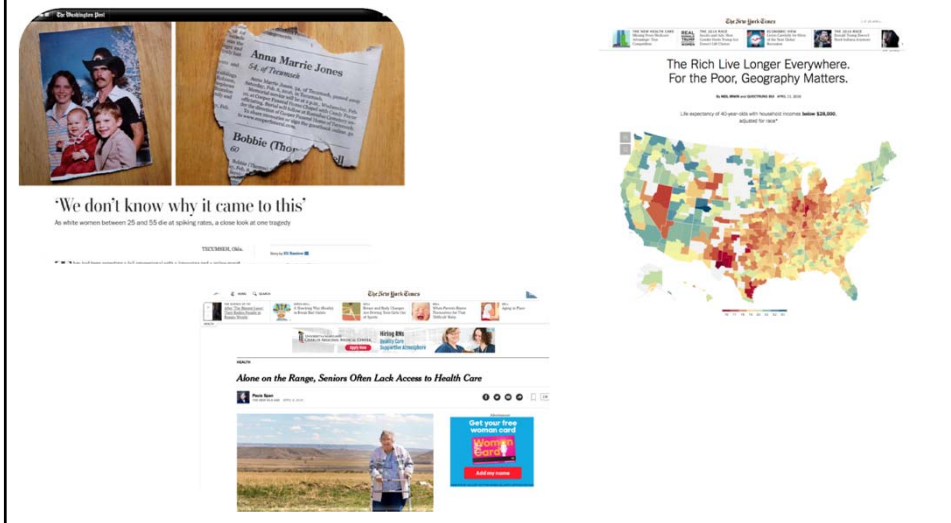
FORHP Divisions

Community-Based Division	<ul style="list-style-type: none"> • Administers broadly authorized, non-categorical grant funding to increase access to care in rural communities • www.hrsa.gov/ruralhealth/community/index.html
Hospital State Division	<ul style="list-style-type: none"> • Provides technical assistance and support to states and rural hospitals • www.hrsa.gov/ruralhealth/ruralhospitals/index.html
Office for the Advancement of Telehealth	<ul style="list-style-type: none"> • Promotes the use of telehealth technologies for health care delivery, education, and health information services • www.hrsa.gov/ruralhealth/telehealth/index.html
Policy Research Division	<ul style="list-style-type: none"> • 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

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
Total	\$149.5 million

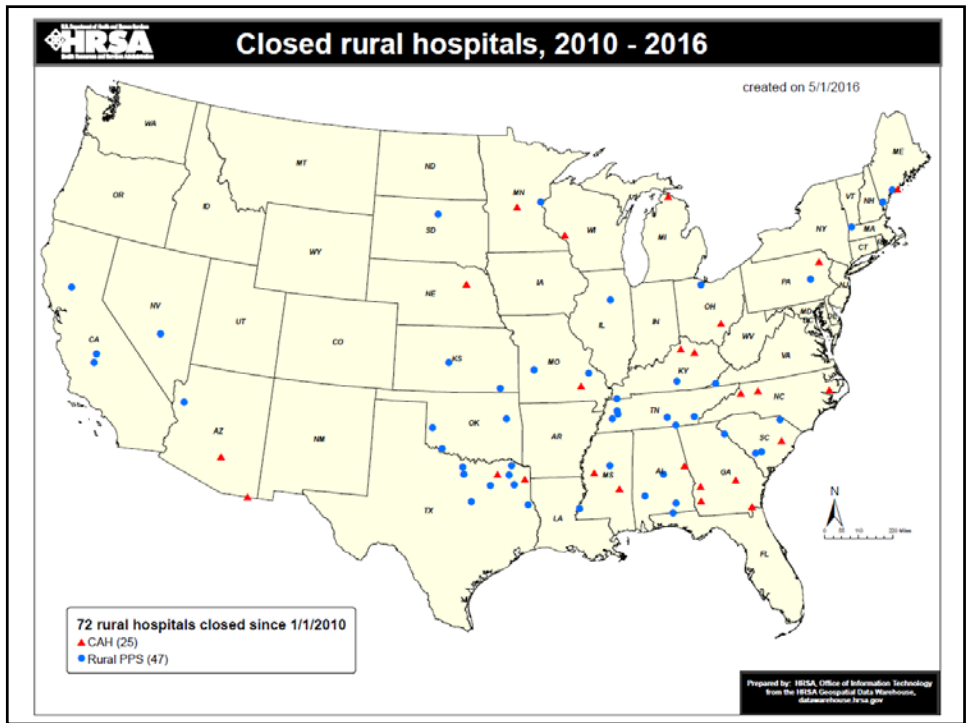
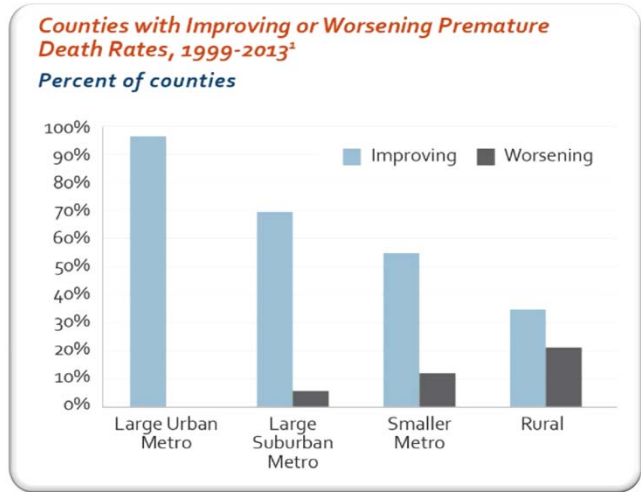


Declining Rural Life Expectancy



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



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 State, 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. Subcommitee meetings were held at the Center of Excellence in Rural Health in Hazard, Kentucky, and the Marston & 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 Smart Practice 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 Mahanomet, 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 Mahanomet 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. 5)
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. Unique structural challenges

¹ U.S. Department of Agriculture, Economic Research Service. "Child Poverty." Rural Poverty and Wellbeing. Last updated on July 19, 2015. Accessed on August 14, 2015. <http://www.ers.usda.gov/topics/rural-america/population/rural-poverty-well-being/child-poverty.aspx>

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

Policy & Research

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



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

Maine Rural Health Research Center
Area of Expertise: Health Insurance and the Uninsured, Long Term Services and Supports, Rural Health Clinics (PHCA), Mental Health, Substance Abuse
Phone: 207.760.4435

Rural Health Reform Policy Research Center
North Dakota and NCHC Rural Health Reform Policy Research Center
Area of Expertise: Health Policy, Health Services, Frontier Health, Workforce
Phone: 701.777.3848

RTRC
Rural Health Research Center
Area of Expertise: Telehealth, Health Information Technology, Technology
Phone: 319.264.5815

RUPRI
Rural Policy Research Institute
North Carolina Center for Rural Health Policy Analysis
Area of Expertise: Health Policy, Medicine, Medicare/Medicaid, Health Insurance and the Uninsured, Health Services
Phone: 319.364.3002

UNIVERSITY OF MINNESOTA RURAL HEALTH RESEARCH CENTER
Area of Expertise: Quality, Health Information Technology, Health Services
Phone: 612.624.6151

RURAL HEALTH RESEARCH CENTER
South Carolina Health Research Center
Area of Expertise: Health Disparities, Minority Health, Health Services
Phone: 803.251.6317

RURAL HEALTH RESEARCH CENTER
West Virginia Health Research Center
Area of Expertise: Workforce, Health Services
Phone: 206.865.0602

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
http://03672e4.netsolhost.com/?page_id=712
- Conference Calls
 - 6 per year on range of topics
 - Sign up and review previous calls
<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.



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>

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