Developing a Rural Health Clinic Network
Introductions

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  - NH Department of Health and Human Services

- **Patricia DiPadova, MBA, Senior Consultant**
  - JSI Research & Training, Inc.
Baby Steps

- Small SORH with limited funding so Rural Clinic TA started off as offering stipends for attendance at the National Rural Health Association RHC Conference and ad-hoc requests for information around CMS guidelines, required shortage designations, and receiving automatic designations.
- Created and had approved Governor Designated Secretary Certified Rural Health Clinic Designation Policy
Bigger Steps

• Worked with NOSORH to perform needs assessment of all NH Rural Health Clinics to determine future planning for TA network.
• Identified internal partners (in Public Health) that may have programmatic goals of reaching rural providers.
• Began working with the Chronic Disease Section on joint Request for Proposals for Rural Health Clinic TA Network. TA Network would cover basic RHC needs but also need to include a clinical QI component.
Funding

• Health Resources and Services Administration - State Office of Rural Health Grant $30,000/year which covers the basic infrastructure and webinars.

• Centers for Disease Control - State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health 1305 Grant $80,000/year for first two years, $65,000/year for next two years.
Partnerships

• JSI Research & Training, Inc. (JSI)

• The Institute for Health Policy and Practice (IHPP) – University of New Hampshire

• Rudolph Fedrizzi, MD
  ▫ Cheshire Medical Center/Dartmouth-Hitchcock Keene
4,084 RHCs Nationally

Rural Health Clinics (RHCs)

Source: Centers for Medicare and Medicaid Services; U.S. Department of Health and Human Services; April 2015.

Note: Alaska and Hawaii not shown to scale
RHCs in NH

Antrim Medical Group
Cottage Hospital Internal Medicine
Dartmouth Hitchcock – Plymouth
Newfound Family Practice
Newport Rural Health Clinic
North Country Primary Care
Plymouth OB/GYN
Saco River Medical Group
Speare Primary Care
Weeks Medical Center – Stratford
Weeks Medical Center – Groveton
Weeks Medical Center – Lancaster
Weeks Medical Center – Whitefield
Westside Health Care
NH RHC TA Network

**Goal:** To provide support to Rural Health Clinics based on determined needs.

**Strategy:** Develop an ongoing Technical Assistance (TA) Network targeting all certified NH Rural Health Clinics (RHC) for communication, learning and assessment.

**Overview:**
- Needs Assessment
- Technical Assistance Webinars
- Collection of Clinical Measures Data (Hypertension/Diabetes)
- Action Learning Collaboratives (Hypertension/Diabetes)
Needs Assessment
Services of NH RHCs

- Primary Care
  - Family Practice, Internal Medicine, and Pediatrics
- Obstetrics/Gynecology
- Behavioral Health
- General Surgery
- Diagnostic Orthopedics
- Podiatry
RHC Provider Types

- NP
- FP
- PA
- Ob/Gyn
- IM
- Podiatry
- Pedi
- Psych
- Surgery
## NH RHC Payor Mix

<table>
<thead>
<tr>
<th>Payor Type</th>
<th>Average %</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>24.92%</td>
<td>10 - 60%</td>
</tr>
<tr>
<td>Medicare</td>
<td>30.24%</td>
<td>5 - 50%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>41.6%</td>
<td>35 - 57%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>3.24%</td>
<td>0 - 6%</td>
</tr>
</tbody>
</table>
Technical Assistance Needs

- Clinical Integration: 62%
- QI: 62%
- RHC recertification: 54%
- Practice Management: 46%
- Billing: 46%
- MU: 46%
- CQM: 38%
- Data collection/reporting: 31%
- HIE: 31%
- Financial reporting: 23%
Technical Assistance Webinars

- Introduction to Rural Health Clinics
- RHC Recertification
- Recruitment and Retention
- Conducting a Practice Operational Assessment
Collection of Hypertension Data

- NH Accountable Care Project EMR Web Reporting Portal
  - Quarterly reports
  - Comparisons to state RHCs median and all providers participating in the Accountable Care Project
- Assistance to RHCs for proper data collection and accurate reporting
• Identify barriers and enablers associated with hypertension care for regional populations

• Implement changes or interventions that could be made to improve care

• Determine effective ways to improve care for hypertensive patients
Learning Collaborative Process

- Pre-Work
- Problem Identification
- Intervention Planning
- Coaching Support
- Reflection
Problem Identification & Intervention Planning

In person meeting: Kick-Off

Prework:
- Establish Team
- Conduct Baseline Assessment
- Develop Charter

In person meeting: Kick-Off Webinar

Action Period
Intervention Implementation

Call #1
Kick-off Webinar

Call #2
Call #3
Call #4
Call #5
Call #6
Key Elements

• MOU – clearly defined roles
• ListServ
• Incentives
• In-person visits and frequent follow up via telephone
  – Assessment
  – Collect data
  – Inform of upcoming webinars
  – Learning collaborative
  – Survey
  – Response to individual questions/issues