National Governors Association Center for Best Practices
Request for Applications
Rural Health Learning Collaborative

IMPORTANT INFORMATION

Purpose:	To provide technical assistance to states interested in developing and implementing initiatives to increase access to high quality and cost-effective health care in rural areas.
RFA Release Date:	Monday, February 13, 2017
Optional Bidders' Calls:	Wednesday, February 22, 1:00 p.m. ET Dial- in: 888-858-6021 Passcode: 2026247729 Tuesday, February 28, 3:00 p.m. ET Dial- in: 888-858-6021 Passcode: 2026247729
Applications Due:	Friday**,** March 10, 5:00 p.m. ET
Selection Announcement:	Week of March 20, 2017
Project Period:	March 2017 – March 2018
Eligibility:	States, commonwealths, and territories ("states")
NGA Contact(s):	Lauren Block, Program Director lblock@nga.org or 202-624-5395

PURPOSE

The Rural Health Learning Collaborative is an opportunity for governors' senior staff and other state officials to receive technical assistance to identify and implement strategies regarding access to high quality and cost-effective health care in rural America.

BACKGROUND

Challenges facing rural America, particularly regarding access to high quality health care, are of primary concern to governors throughout the country. Rural communities face a significant set of barriers including poorer health and well-being, limited access to care, lower incomes, diminishing populations, higher rates of uninsured individuals, and aging populations. Increasing numbers of hospital closures and provider shortages compound the challenges facing rural America and ultimately contribute to poor health and unstable rural economies. Governors are seeking to identify short- and long-term solutions to improve the health and well-being of rural communities.

Recent trends point to a widening gap between the health status of rural Americans and their urban counterparts. Over time, rates of chronic diseases and mortality have declined across America. However, these improvements have been much slower in rural areas, and in some cases rates of chronic diseases have been rising.[1]

Lack of access to evidence-based and cost-effective health care has had a significant impact on the health outcomes of rural populations. This is true across the continuum of care – from primary to tertiary. For example, since 2010, rural communities have seen a significant increase in hospital closures.[2] Low patient volumes coupled with fee-for-service payment models, result in negative operating margins for many rural hospitals.[3] Furthermore, a heavy reliance on public payers results in payments for services that do not always cover costs. The absence of hospitals and adequate primary care within or near rural communities severely limits access to health care services. Hospital closures also may result in negative consequences for local communities where the hospital was a major employer, resulting in job loss and declining new investment in the local economy.[4]

In general, workforce shortages are a major issue for rural America with more than three quarters of the country's rural counties experiencing health care workforce shortages.[5] Rural communities struggle to recruit and retain health care providers, prompting residents to seek care outside of the community.[6] Furthermore, the remaining health care workforce is strained to provide necessary services and may face considerable burnout leading to additional departures. This additional burden on an already strained system adds to existing challenges for residents in accessing high quality primary care, behavioral health, and oral health care. Behavioral health providers in particular are disproportionately scarce in rural areas.[7] States have long been exploring strategies to maintain access to critical services through certain health care workforce strategies (e.g., maximizing primary care, telehealth, faith or lay workforce as extenders, creating home-grown health workforce pipeline, etc.).

Sustainable policy solutions rely on data; not just to estimate shortages, but to creatively address the health workforce needs that match the modern health systems. Having the right data to conduct a needs assessment to determine shortages and develop multidisciplinary, locally-meaningful solutions is an ongoing issue for states' officials, including State Offices of Primary Care. This is especially critical for rural communities where one provider (primary care, psychiatrists, etc.) may practice in multiple counties or work with providers other than physicians. Multiple states have implemented successful data collection and analysis strategies from which others may learn.

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[1] Frostenson, S. (2017, January 13). The Death Rate Between Rural and Urban America is Getting Wider. *Vox Media.* Retrieved January 17, 2017, from http://www.vox.com/science-and-health/2017/1/13/14246260/death-gap-urban-rural-america-worse

[2] 76 Rural Hospital Closures: January 2010 – Present – Sheps Center. (n.d.). Retrieved January 17, 2017, from http://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/

[3] Holmes, G. M., Pink, G. H., & Kaufman, B. G. (2016, June). Predicting Financial Distress and Closure in Rural Hospitals. *The Journal of Rural Health.* Retrieved January 17, 2017.

[4] Eilrich, F. C., Doeksen, G. A., & St. Clair, C. F. (2015, July). The Economic Impact of Recent Hospital Closures on Rural Communities. *National Center for Rural Health Works.* Retrieve January 17, 2017, from http://ruralhealthworks.org/wp-content/files/Impact-of-HospitalClosure-August-2015.pdf

[5] Goodwin, K., & Tobler, L. (2016, August). Improving Rural Health: State Policy Options. *National Conference of State Legislatures.* Retrieved January 17, 2017, from http://www.ncsl.org/documents/health/RuralHealth_PolicyOptions_1113.pdf

[6] ilrich, F. C., Doeksen, G. A., & St. Clair, C. F. (2007, January). The Economic Impact of Recent Hospital Primary Care Physician and the Potential Health Dollars Lost to Out-migrating Health Services. *National Center for Rural Health Works.* Retrieve January 23, 2017, from http://ruralhealthworks.org/wp-content/files/Physician-Dollars-Jan-2007.pdf

[7] http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/09/RHRC_DB160_Larson.pdf

DESCRIPTION OF THE LEARNING COLLABORATIVE

In this learning collaborative state applicants may choose to focus on a variety of policy issues impacting the health of their rural populations. Examples of such policy issues include, but are not limited to:

- Rural hospital closures and strategies to retain critical services along the continuum of care
- Behavioral health in rural areas
- Health care workforce shortages
- Health care workforce data and analytics
- Scope of practice and emerging professions
- Rural health care systems as a driver of economic development
- Preparing for potential new federal legislation and/or regulations and their impact on rural health
- Telehealth and telemedicine
- Oral health in rural areas
- Emergency medical transportation issues

Through this initiative, states will explore the underlying issues impacting their communities and work towards strategies to ensure new or continued access to care. Participating states will gain a firsthand understanding of innovative, evidence-based/promising policies, programs, and practices through a variety of activities including one or more of the following:

- Learning Labs: The NGA Center will bring 3-5 states together to tackle a specific policy issue with key experts. If there is an innovator state that has produced promising or evidence-based results in the issue area, the NGA Center will bring learning states to the innovator state to learn about their approach. States will develop a strategic action plan to articulate specific strategies and action items to address the desired policy changes.
- Multi-state Convening: Leaders from multiple states will convene with national experts to discuss specific policy issues impacting rural America. The focus of this meeting could be regional or topic based depending on the interest of participating states.
- Individualized State TA and In-state Retreats: The NGA Center will meet with state leaders, key stakeholders, and other state representatives (as applicable) to tackle specific individual state challenges (e.g. identifying strategies to use data to assess existing workforce capacity, engaging with rural hospitals to identify sustainability challenges and solutions, or implementing telehealth strategies).
- Teleconference Calls: The NGA Center will bring together states and national experts via teleconference to address specific policy questions, learn about initiatives in other states, and to discuss emerging issues in rural health policy.

The NGA Center for Best Practices (the Center) is committed to providing high quality technical assistance to meet the needs of states looking to improve health care in rural communities through evidence-based solutions.

This project is made possible through a grant from the Health Resources and Services Administration.

TIMELINE

The following is an overview of key project dates.

RFA Release Date	**Monday, February 13, 2017**
Optional Bidders' Calls	**Wednesday, February 22, 1:00 p.m. ET** Dial- in: 888-858-6021 Passcode: 2026247729 **Tuesday, February 28, 3:00 p.m. ET** Dial- in: 888-858-6021 Passcode: 2026247729
Applications Due	**Friday, March 10, 5:00 p.m. ET**
Selection Announcement	**Week of March 20, 2017**
Date Announcing First Learning Collaborative Opportunity	**Week of March 20, 2017**
Project Period	**March 2017 – March 2018**

REQUIRED APPLICATION CONTENT

All states may apply to participate in the learning collaborative. To apply, states must submit the following materials.

- **Letter from the Governor**. The letter must include the state's interest in and desired outcome related to the technical assistance opportunity. The letter should indicate who the governor is designating as the team leader. This individual will serve as the main point of contact between the NGA Center and the state.

- **Brief Narrative**. The narrative should not exceed **four (4)** pages (11-point font, single-spaced) and should include the following elements:

    - **Description of current challenges**. Applicants should provide a brief description of current challenges that exist as the state plans for and works on addressing access to high quality and cost-effective health care in rural areas. (20 points)

    - **Description of current work.** Applicants should provide a brief description of how state departments and agencies are currently working to address access to health care in rural areas, including specific goals, implementation steps, and benchmarks of progress. This description should identify existing state efforts, programs, and any technical assistance the state is receiving from the NGA Center or other organizations related to this issue. (20 points)

    - **Description of preliminary goals and expected outcomes**. Applicants should provide an overview of the state's goals, expected outcomes, and how success will be measured for this learning opportunity. Applicants also should describe how they envision using this technical assistance opportunity to meet broader state goals, and include a description of existing capacity or infrastructure to support initiatives that may be pursued through this learning collaborative. The description should include the policy issues that the team wishes to focus on (which may extend beyond the list provided above) and the preferred formats of technical assistance (e.g. multi-state convenings, in-state retreats, or cross-state sharing of best practices). (35 points)

- **Learning collaborative team**. Provide a brief statement describing the core team and team leader that will participate in the learning collaborative, including the reason for each member and agency's participation. If individuals who are instrumental to implementing the state's action plan are not included in the team, describe how these individuals will be included in this work. Provide the names, titles, and contact information of the team leader and all team members. State applications must include the name and contact information of an administrative staff person who is connected to the team lead and can help schedule conference calls and facilitate other team logistics. We encourage states to include representatives from the governor's office in the learning collaborative team. Examples of individuals that the state may consider on their team include individuals in the following roles:
    - Governor's office representative
    - Representative from the State Office of Rural Health
    - Representative from the State Primary Care Office
    - Representative from the State Area Health Education Center
    - Health secretary or other state health official
    - Medicaid director
    - State health care workforce data expert
    - Representative from the State Workforce Investment Board

  State teams should include five to six members.
  (25 points)

SUBMISSION INFORMATION

All applications must be received by **5:00 p.m. ET on Friday, March 10, 2017**. Applications must be submitted by the governor's office. Please combine all application materials into a single PDF document and email it to Lauren Block at lblock@nga.org. Following submission, applicants will receive a confirmation email from the NGA Center verifying receipt of your application.

Once accepted into the learning collaborative, states will not be required to reapply for any additional technical assistance opportunities related to this rural health learning collaborative. The NGA Center will work with the individually selected states to determine the combination of activities that will best meet the needs of the states.

Questions may be directed to Lauren Block (lblock@nga.org; 202-624-5395).

This request for application (RFA) is not binding on the NGA Center for Best Practices, nor does it constitute a contractual offer. Without limiting the foregoing, the NGA Center reserves the right, in its sole discretion, to reject any or all applications; to modify, supplement, or cancel the RFA; to waive any deviation from the RFA; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFA. Under no circumstances shall NGA be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFA.