Primary Care Office/State Office of Rural Health Collaboration

April 19, 2017

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Today's Presentation

- Background on the Federal Office of Rural Health Policy (FORHP)
- Divisions within FORHP
- Overview of the State Offices of Rural Health (SORH)
 Program



The Federal Office of Rural Health Policy

Authorizing Legislation

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.





The Federal Office of Rural Health Policy

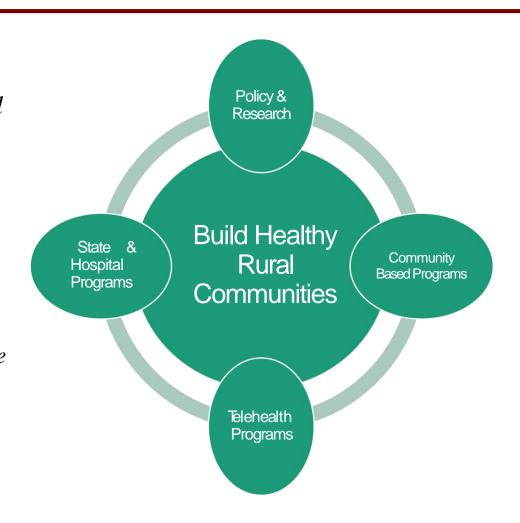
Building Healthy Rural Communities

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

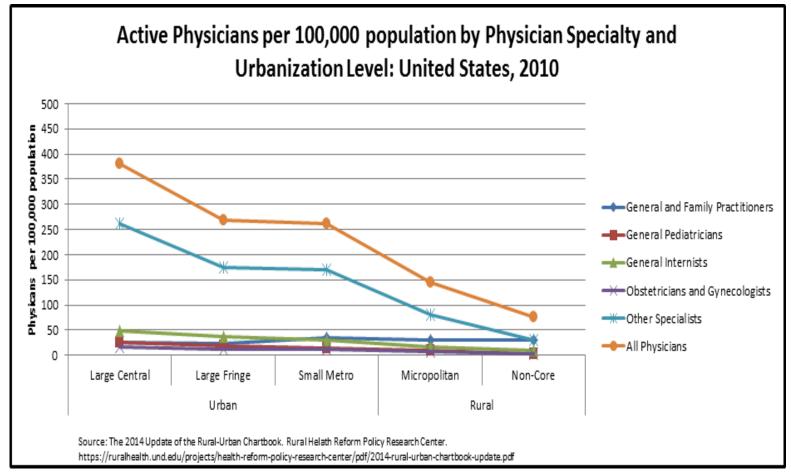






The Federal Office of Rural Health Policy

Monitoring Workforce Data

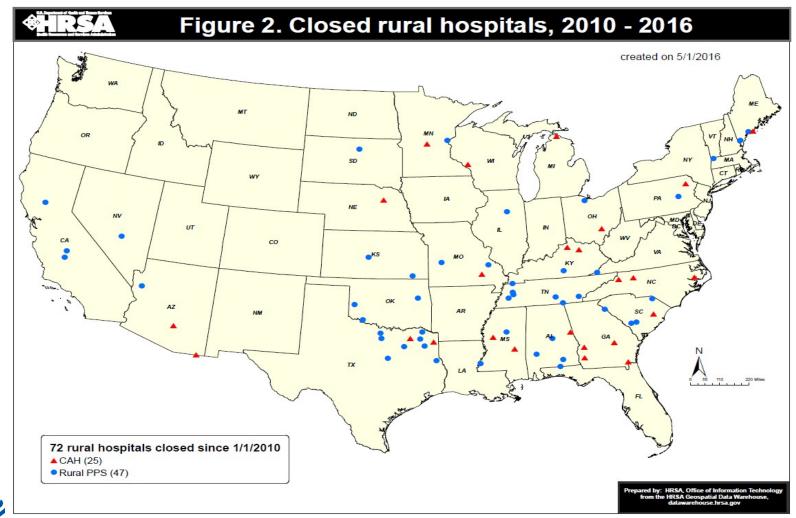






Rural Considerations

Hospital Closures





State Offices of Rural Health (SORH) Grant Program





SORH Grant Background

- Authorized by Public Health Service Act (42 U.S.C. 254r) as amended, 1990
- Reauthorized by Congress 1998
- Funds appropriated by Congress since FY1991
- Primary goal to assist States in strengthening rural health care delivery systems by creating a focal point for rural health in each State



SORH Authorizing Legislation

- 1. Establish and maintain clearinghouse for collection and disseminating information on:
 - rural healthcare issues

 - research findings related to rural healthcareinnovative approaches to the delivery of care in rural areas
- Coordinate activities within state to avoid duplication.
- Identifying Federal and state programs regarding rural health, and providing technical assistance regarding 3. application and participation.

SORHS may also: conduct activities pertaining to the recruitment and retention of health care professionals to serve in rural areas; and provide sub-awards and contracts to public and non-profit organizations to carry out SORHactivities.





Contact Information

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Primary Care Office/State Office of Rural Health Collaboration

Chris Salyers, MA
Education and Services Director

National Organization of State Offices of Rural Health

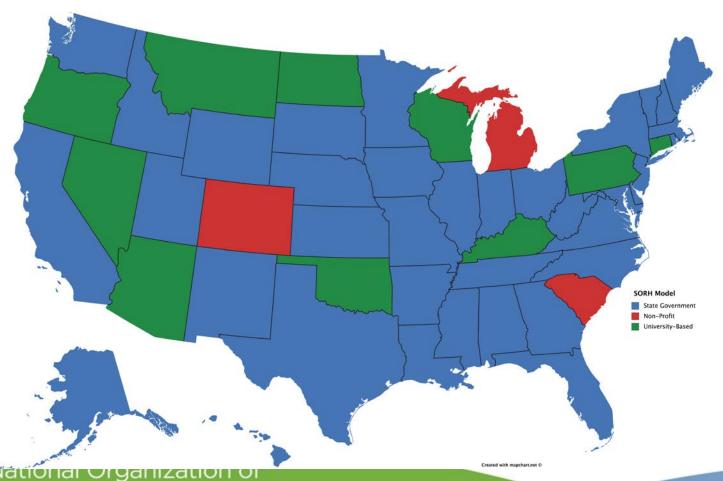
Who is NOSORH?



- Mission: NOSORH
 promotes the capacity
 of state offices of rural
 health to improve health
 care in rural America
 through leadership
 development, advocacy,
 education, &
 partnerships.
- Webinars
- Fact Sheets
- LearningCommunities
- Institutes
- Toolkits
- Meetings
- Legislative Activities



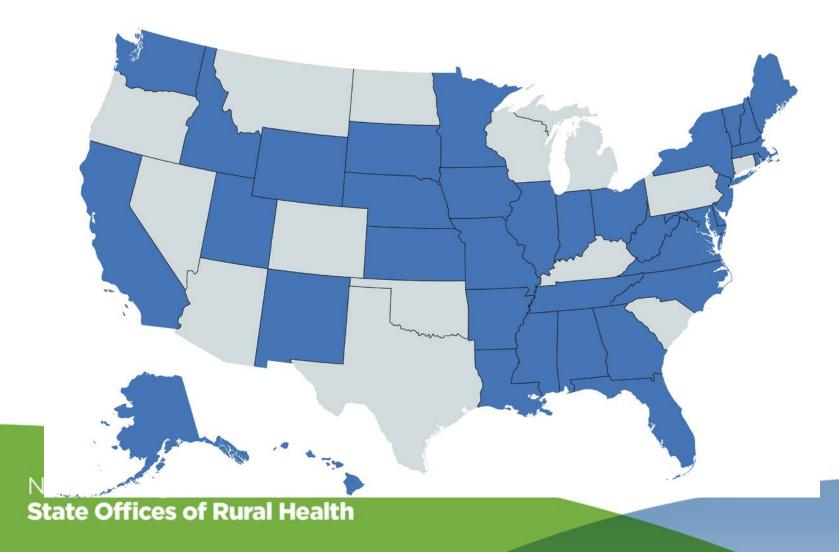
SORH State Models



State Offices of Rural Health



Co-located SORH-PCO



How can we collaborate?



- Recruitment and Retention
- Shortage Designations
- Reporting
- Other Opportunities

Recruitment and Retention



- Majority of SORH are also the 3RNet member
- Assist with recruiting sites for loan repayment programs
- Assist with linkage of community facilities to J-1 and other PCO programs

Shortage Designations



- Site visits
- Population insights
- Direct linkages
- NOTE: HPSA score can impact: loan repayment, reimbursement rates, etc.

Reporting



- PCO can be that link between urban underserved and rural
- State Rural Health Plans
- Grant Applications
- Policy/Issue Briefs on Rural Needs
- Strategic Planning
- Joint Health Professions Workforce Plan (DOL Initiative)

Other Opportunities



- PCO can be the link between urban underserved and rural
- Public Health Accreditation
- Consider HHS Priorities:
 - Opioid Use
 - Childhood obesity
 - Behavioral helath care
 - Reducing regulatory burdens



NOSORH Services

Available to PCO for capacity building

TruServe



- Web-based performance tracking tool
- Customizable reports and inputs
- Currently used by 3 PCO offices (not including joint offices)

Contact:

Matt Strycker (888) 391-7258 x103 stryckerm@nosorh.org

NOSORH Institutes



Grant Writing Institute

- 9 session over 18 weeks
- Complete grant writing process
- Final project project narrative

Data Institute

- 8 sessions over 16 weeks
- Data use process
- Final project datadriven fact sheet

Contact Information

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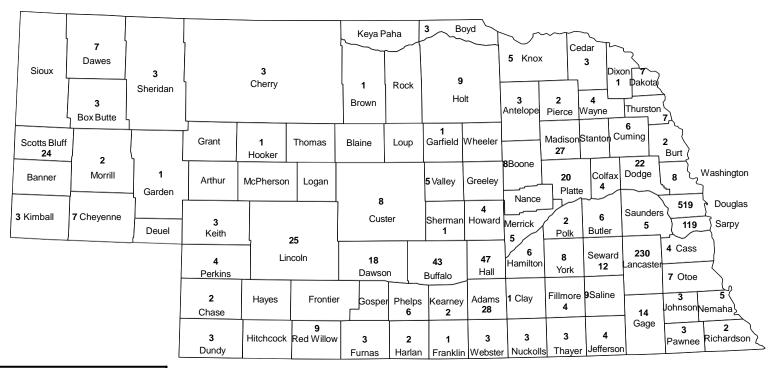


Health Provider Access Nebraska PCO Perspective

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Web page: http://www.dhhs.ne.gov/orh

Primary Care Physicians Primary Practice Location Nebraska 2015

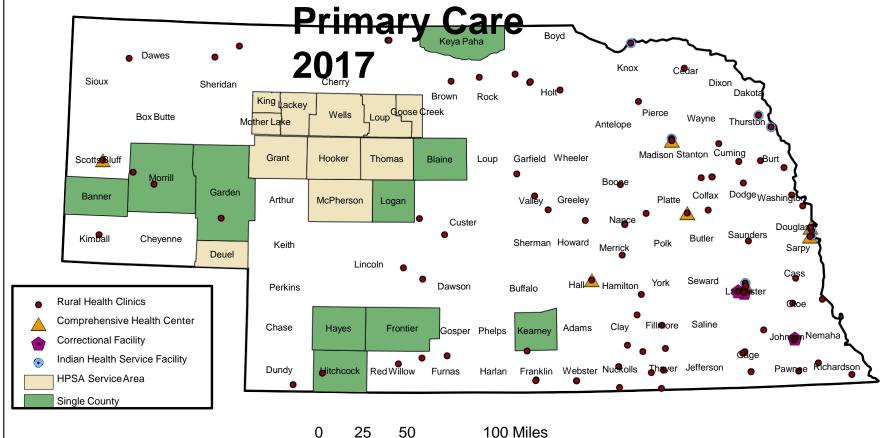




Counties without Physicians

3875 physicians have been identified with a primary practice in Nebraska. 1388 (36%) are identified as working in the primary care specialties of family medicine, internal medicine, obstetrics/gynecology and pediatrics.

Health Professional Shortage Areas

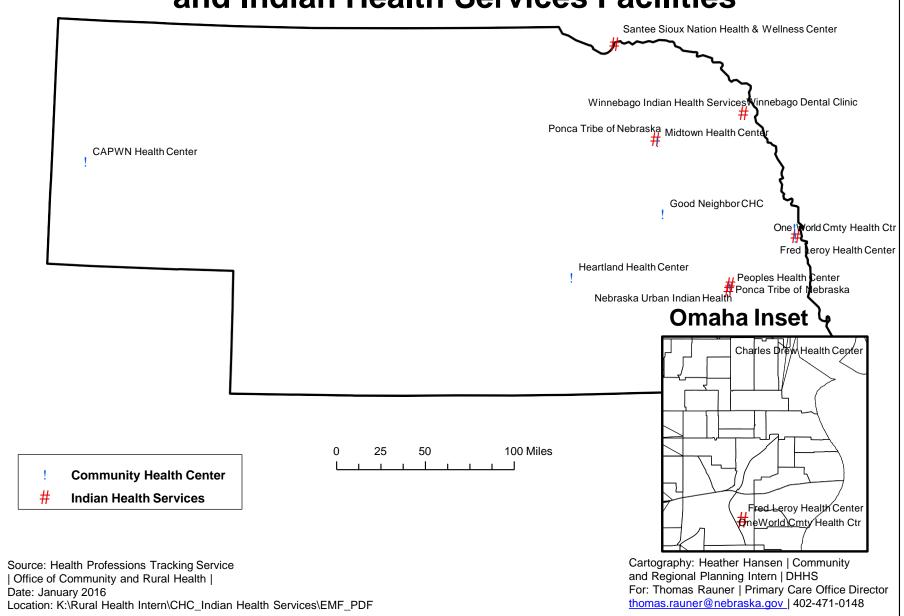


Source: Health Professions Tracking Service | Office of Community and Rural Health | Date: May 2016

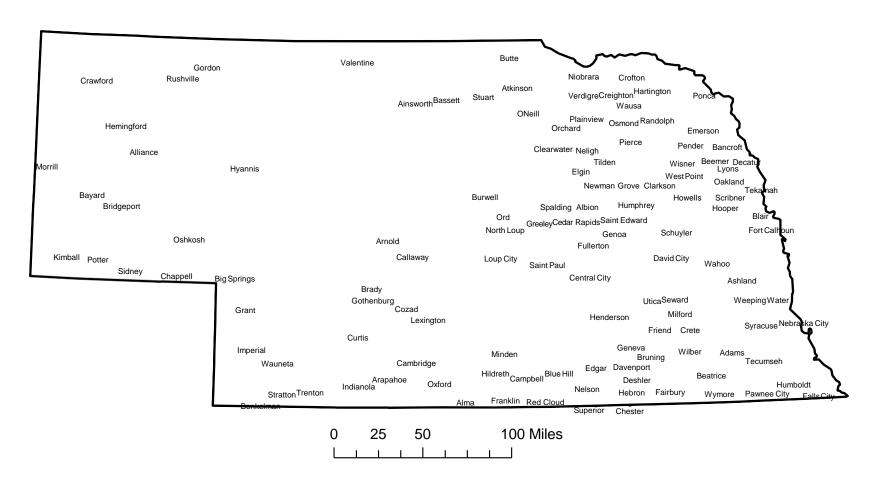
 $Location: K:\ Rural\ Health\ Intern\ HPSA\ Federal\ Designations \ HPSA_2016\ EMF_PDF$

Cartography: Heather Hansen | Community & Regional Planning Intern | DHHS For: Thomas Rauner | Primary Care Office Director thomas.rauner@nebraska.gov | 402-471-0148

Nebraska Community Health Centers and Indian Health Services Facilities



Medicare Certified Rural Health Clinics 141 as of January 2017



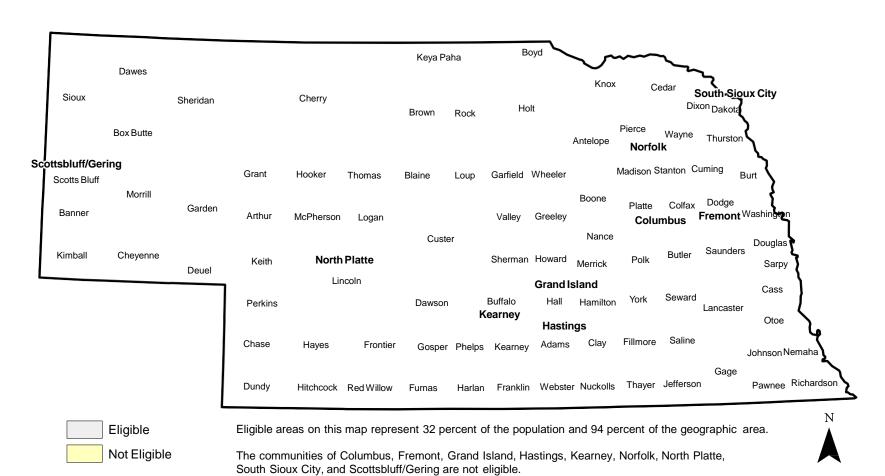
Source: Health Professions Tracking Service Office of Community and Rural Health | Last Updated: January 2017

Location: K:\Rural Health Intern\Rural Health Clinics\Rural Health Clinic_2017\EMF_PDF

Cartography: Heather Hansen | Community and Regional Planning Intern | DHHS For: Thomas Rauner | Primary Care Office Director thomas.rauner@nebraska.gov | 402-471-0148

2017 Governor-Designated Eligible Areas for Medicare Certified Rural Health Clinics

Submitted for approval to the Division of Policy & Shortage Designation January 2017



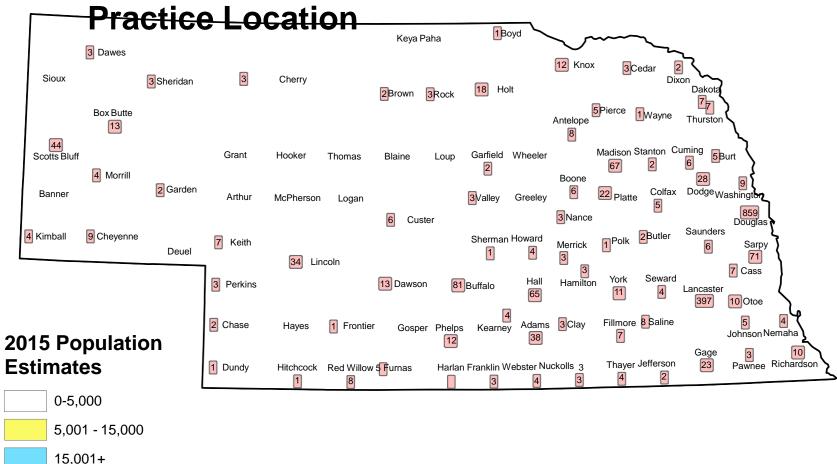
Sources:

Low Birth Weight and Infant Mortality Rate - Nebraska Department of Health and Human Serivces, Public Health Division, November 2016 Family Medicine Physicians - University of Nebraska Medical Center, Health Professions Tracking Service, November 2016 US Census - S0101 Age and Sex, B01003 Total Population, B17007 Poverty Status in the Past 12 Months by Sex by Age

Cartography: Maggie Harthoorn, Community and Regional Planning Intern, DHHS For: Thomas Rauner, Primary Care Office Director thomas.rauner@nebraska.gov, 402-471-0148

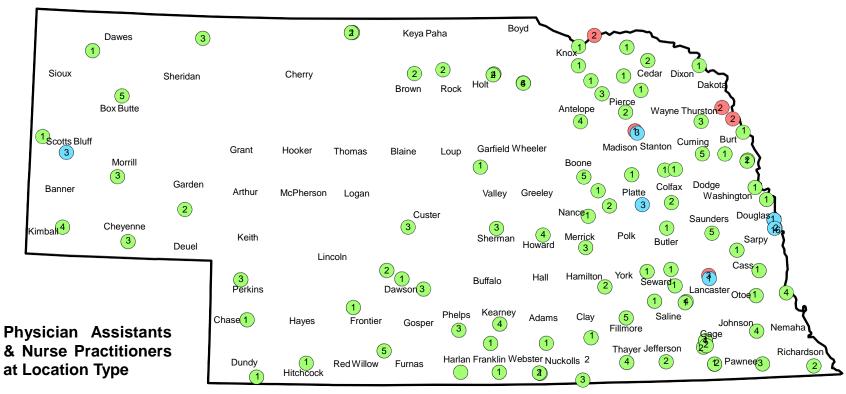
Physician Assistants & Nurse Practitioners as of

NAPril T20 And Sistem 269) and Nurse Practitioners (1,151) by County



Physician Assistants & Nurse Practitioners as of April 2017 by Safety Net Sites

Federally funded Community Health Centers, Indian Health Service/Tribal Clinics, and Medicare certified Rural Health Clinics



27 Federally funded Community Health Centers

13 Indian Health Services/Tribal Clinics

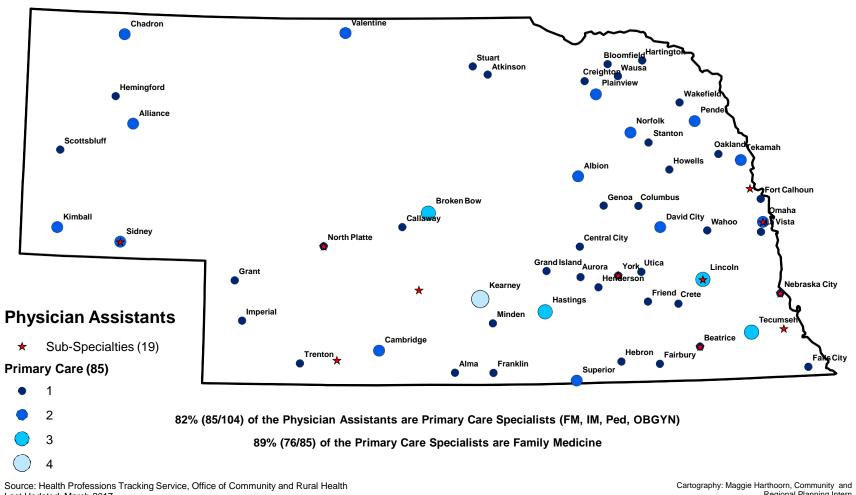
199 Medicare certified Rural Health Clinics

There are 905 physician assistants and 1,151 nurse practitioner listed by community and primary practice location.

239 of 2,056 (11.6%) of physician assistants and nurse practitioners work at safety net sites.

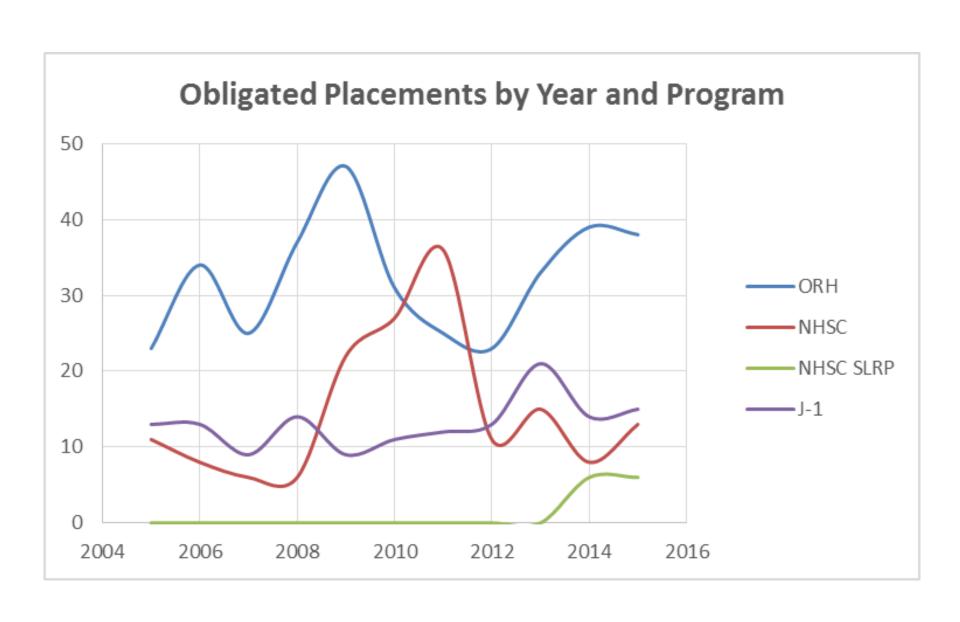
Physician Assistants who are or have served a loan obligation to an underserved area (1991-Present)

Primary Practice Location



Source: Health Professions Tracking Service, Office of Community and Rural Health Last Updated: March 2017 Location: K:\Rural Health Intern\HPTS Data

Cartography: Maggie Hartnoom, Community and Regional Planning Intern For: Thomas Rauner, DHHS Primary Care Office Director thomas.rauner@nebraska.gov_402-471-0148



BHECN Webinar Psychiatric Providers in Nebraska

Where are they in Nebraska

Types of practice locations

Where are they coming from Training programs

What changes are taking place

Retention associated factors

Multistate Study 2012 - 2016

ealth Policy Reports

Published in conjunction with the University of Nebraska, College of Public Heath, Health Policy Center

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January 2014 - <u>The Cancer Care Workforce in Nebraska</u>, 2008-2012
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October 2013 - Trends in Retail and Urgent Care Clinics in Nebraska

April 2013 - Access to Oral Health Care in Nebraska

January 2013 - Primary Care Nurse Practitioners in Nebraska

January 2013 - Primary Care Physician Assistants in Nebraska□

August 2012 - Active Primary Care Physicians in Nebraska: Data Comparison,

Supply, and Characteristics □↑

August 2011 - Nebraska Behavioral Health Workforce 2000 - 2010

September 2009 - "A Critical Match" Nebraska Health Workforce Planning Project

Final Report□

Nebraska Family Physician Survey Report 2009 **

 $^{{\}color{red} \bullet} \underline{https://www.unmc.edu/publichealth/hpts/news/reports-publications.html}$

^{**} http://www.hhs.state.ne.us/orh/docs/FP_SurveyReport2009.pdf



The Nebraska Healthy People 2020 presents a comprehensive review of the state of health and well-being for Nebraskans within 24 focus areas, and includes current data as well as goals for 2020. While these target values represent our desired population health levels to achieve, the Healthy People 2020 is not an action plan that identifies specific strategies towards each focus area. Nonetheless, the performance of activities statewide by the state and local health departments and community partners is anticipated to improve population health in these areas.

Nebraska Healthy People 2020 Final Report

HP2020 Focus Area Dashboards	PDF
Access to Health Services	<u>MPDF</u>
Adolescent Health	<u>TPDF</u>
<u>Arthritis</u>	<u>T</u> PDF
<u>Cancer</u>	<u>TIPDF</u>
<u>Diabetes</u>	<u>TPDF</u>
<u>Disability and Health</u>	<u>TPDF</u>
Environmental Health	<u>TIPDF</u>

Retention Collaborative State Members 2016

