Primary Care Office/State Office of Rural Health Collaboration

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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
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.
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

Active Physicians per 100,000 population by Physician Specialty and Urbanization Level: United States, 2010

Rural Considerations

Hospital Closures

Figure 2. Closed rural hospitals, 2010 - 2016

72 rural hospitals closed since 1/1/2010

- CAH (25)
- Rural PPS (47)

Prepared by: HRSA, Office of Information Technology
From the HRSA Geospatial Data Warehouse,
<https://hrsa.gov>
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 healthcare
   - innovative approaches to the delivery of care in rural areas

2. Coordinate activities within state to avoid duplication.

3. Identifying Federal and state programs regarding rural health, and providing technical assistance regarding 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 SORH activities.
Contact Information

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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
- Learning Communities
- Institutes
- Toolkits
- Meetings
- Legislative Activities
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 health 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:
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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 – data-driven fact sheet
Contact Information

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Health Provider Access
Nebraska PCO Perspective

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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 Primary Care 2017

Source: Health Professions Tracking Service | Office of Community and Rural Health | May 2016
Location: K:\Rural Health Intern\HPISA Federal Designations\HPISA_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

Source: Health Professions Tracking Service
| Office of Community and Rural Health |
Date: January 2016
Location: K:\Rural Health Intern\CHC_Indian Health Services\EMF_PDF

Cartography: Heather Hansen | Community and Regional Planning Intern | DHHS
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2017 Governor-Designated Eligible Areas for Medicare Certified Rural Health Clinics

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

Eligible areas on this map represent 32 percent of the population and 94 percent of the geographic area.

The communities of Columbus, Fremont, Grand Island, Hastings, Kearney, Norfolk, North Platte, South Sioux City, and Scottsbluff/Gering are not eligible.

Sources:
Low Birth Weight and Infant Mortality Rate - Nebraska Department of Health and Human Services, 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 April 2017 by Primary Practice Location

2015 Population Estimates

- 0-5,000
- 5,001 - 15,000
- 15,001+

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

Cartography: Maggie Harthoorn, Community and Regional Planning Intern
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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

There are 905 physician assistants and 1,151 nurse practitioners 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

82% (85/104) of the Physician Assistants are Primary Care Specialists (FM, IM, Ped, OBGYN)

89% (76/85) of the Primary Care Specialists are Family Medicine

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

Physician Assistants
- Sub-Specialties (19)
- Primary Care (85)
  - 1
  - 2
  - 3
  - 4

Cartography: Maggie Harthoorn, Community and Regional Planning Intern
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Obligated Placements by Year and Program

- ORH
- NHSC
- NHSC SLRP
- J-1
BHECN Webinar
Psychiatric Providers in Nebraska

Where are they in Nebraska
MD/DO; APRN; PA
Types of practice locations

Where are they coming from
Training programs

What changes are taking place
Transitions in practices

Retention associated factors
Multistate Study 2012 - 2016
Health Policy Reports

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

January 2014 - The Cancer Care Workforce in Nebraska, 2008-2012
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


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

Access to Health Services PDF
Adolescent Health PDF
Arthritis PDF
Cancer PDF
Diabetes PDF
Disability and Health PDF
Environmental Health PDF