

Federal Office of Rural Health Policy

**NOSORH Annual Meeting
October 17, 2018**

Kristi Martinsen, Hospital State Division Director

Suzanne Stack, SORH Program Coordinator

Michael Fallahkhair, Community Based Division Deputy Director

Federal Office of Rural Health Policy

Health Resources and Services Administration



Presentation Overview

- **FORHP Overview**
 - FY 2019 Funding
 - FORHP and Departmental Priorities
- **Hospital State Division Program Highlights**
- **Key Updates from FORHP Policy Research Division**
- **SORH Updates**
- **New Vulnerable Hospital Technical Assistance Opportunity**
- **Community Based Division Updates**



FORHP Overview – FY19 Funding and Priorities from the SORH Perspective



Health Resources and Services Administration

Overview

- HRSA supports more than 90 programs through grants and cooperative agreements to more than 3,000 awardees
- HRSA provides access to health care for people who are:
 - Geographically isolated
 - Economically or medically challenged
- HRSA programs serve tens of millions of people every year, including:
 - Pregnant women, mothers and their families
 - People living with HIV/AIDS
 - People living in rural communities
 - Those otherwise unable to access quality health care



FORHP Mission and Values

- **Mission**

FORHP collaborates with rural communities and partners to support programs and shape policy that will improve health in rural America.

- **Values**

Accountable, Collaborative, Innovative, Knowledgeable, Respectful, Responsive



FORHP Organizational Set Up

Community-Based Division

- **Pilot Programs for Rural Communities**
 - Expanding the Community Health Gateway
- **Public Health Programs**
 - Black Lung and Radiation Exposure

Policy Research Division

- Policy and Regulatory Analysis
- Research



Hospital-State Division

- Grants Focusing on Performance and Quality Improvement for Small Rural Hospitals
- State Offices of Rural Health

Office for the Advancement of Telehealth

- Telehealth Network Grants
- Telehealth Resource Centers
- Licensure and Portability

FY 2019 Federal Office of Rural Health Policy Budget: \$317.8 million

Rural Health Policy Development	\$9.4 million
Rural Health Outreach Programs	\$77.5 million
Rural Hospital Flexibility Grants	\$53.6 million
State Offices of Rural Health	\$10 million
Radiation Exposure & Screening	\$1.8 million
Black Lung Clinics	\$11 million
Telehealth	\$24.5 million
Rural Communities Opioids Response	\$120 million
Rural Residency Program	\$10 million



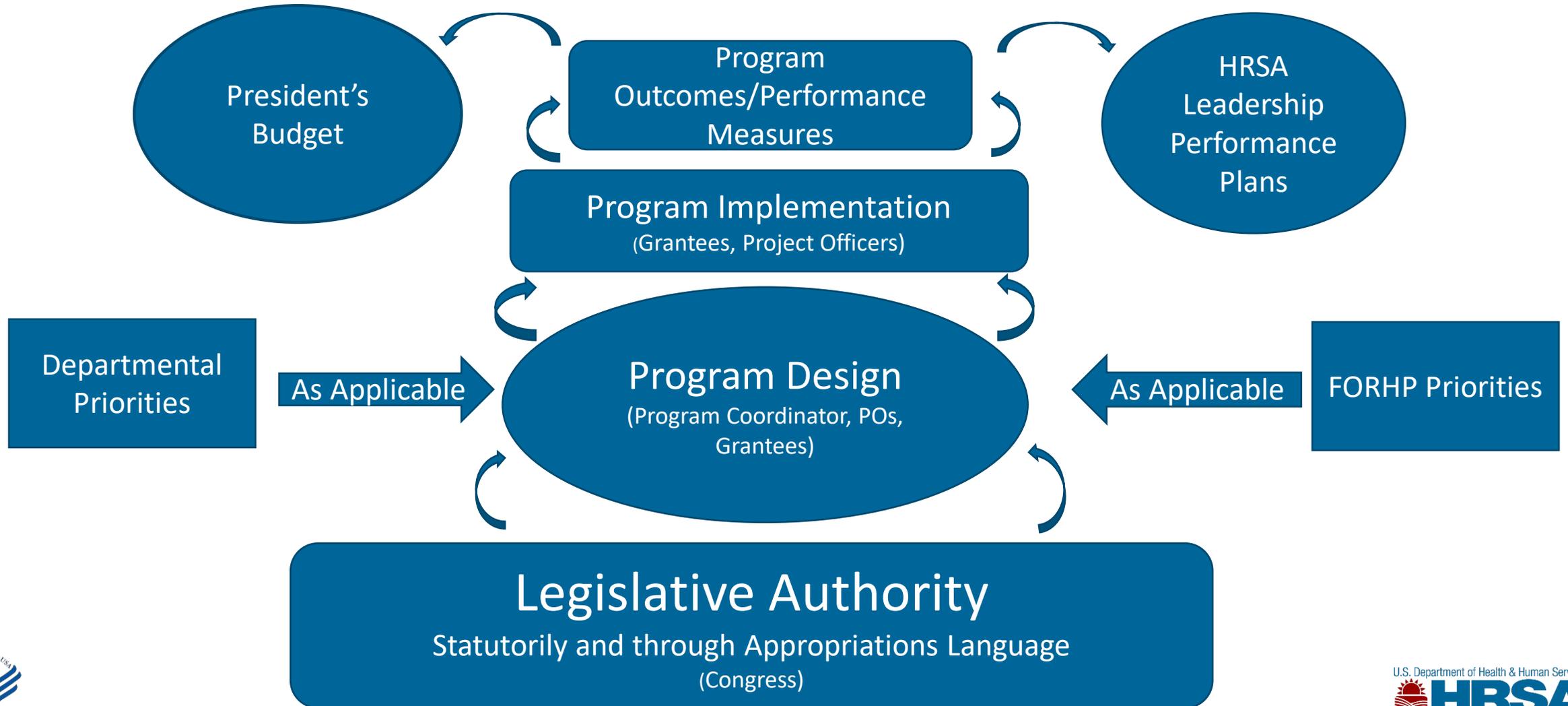
Hospital State Division Mission

HSD enhances access to quality care by supporting states with resources to strengthen the rural health infrastructure.



HSD Program Drivers

What we do and why



Legislative Authority

HSD Programs

Medicare Rural Hospital Flexibility Programs

- **Medicare Rural Hospital Flexibility Program**
 - Section 1820(g) of the Social Security Act
- **Small Rural Hospital Improvement Program**
 - Section 1820(g)(3) of the Social Security Act
- **Rural Veterans Health Access Program** Section 1820(g)(6) of the Social Security Act
- **State Office of Rural Health** (starting pg 233)
 - Section 338J of the Public Health Service Act



Priority Areas for FORHP

Regulation
Review &
Research

Rural Hospital
Viability

Telehealth

Departmental
Priorities

Federal and
Private
Partnerships

Enhancing
FORHP Program
Impact



- Opioids
- Drug Pricing
- Health Insurance Reform
- Value-Based Care



FORHP Priorities Applied to SORHs

Regulation Review and Research

- Regulation Review
 - The FORHP policy team reviews regulations through a rural lens
 - Updates to HSD stakeholders through:
 - FORHP Announcements
 - TASC 90 Calls
 - NOSORH Policy Committee Calls
- Research
 - SORHs must promote Rural Health Research Gateway as part of their requirements
 - Can inform your work and the work of your stakeholders
 - SORHs can recommend potential research topics
 - October 23 Webinar: [Benefits of Gateway for State Offices of Rural Health & Rural Community Programs](#)
- What else could we do?



FORHP Priorities Applied to SORHs

Rural Hospital Viability

- Medicare Rural Hospital Flexibility Grant (Flex)
- Small Rural Hospital Improvement Grant (SHIP)
- Small Rural Hospital Transitions Project
- Delta Regional Community Health Systems TA
- Vulnerable Rural Hospital TA

- Good summary -- Government Accountability Office's [Rural Hospital Closures Report](#)

- What else could we do?



FORHP Priorities Applied to SORHs

Telehealth

- **HRSA Telehealth Workgroup**
 - Promoting Use of Telehealth across HRSA
- **Linking SORHs and Telehealth Resource Centers**
 - TRCs attending Regional Meetings
- **Promoting TRCs to our grantees and their stakeholders**
 - Free resource available to anyone:
<https://www.telehealthresourcecenter.org/>

- **What else could we do?**





FORHP Priorities Applied to SORHs

Enhancing FORHP Program Impact

- **Continuously looking at ways to improve our programs**
 - **Measures**
 - **SORH PIMS Updates**
 - **Flex FY 17 supplements to hospitals with focus on measuring impact**
 - **Flex Monitoring Team – strengthen the link between their program evaluation work and PIMS data**
 - **MBQIP – aligning with HHS partners**
 - **Program Design**
 - **SHIP FY19 focus on consortiums and cohorts**
 - **Flex FY18 funding increase targeting # of CAHs and need**
 - **Flex FY18 EMS supplement**
 - **FY19 EMS Competitive Supplement**

What else could we do?



FORHP Priorities Applied to SORHs

Promoting Federal and Private Partnerships

- **FORHP Philanthropy Group**
 - Improve rural health through educating funding partners on rural health needs and priorities
 - 2018 Focus - COPD

- **What else could we do?**

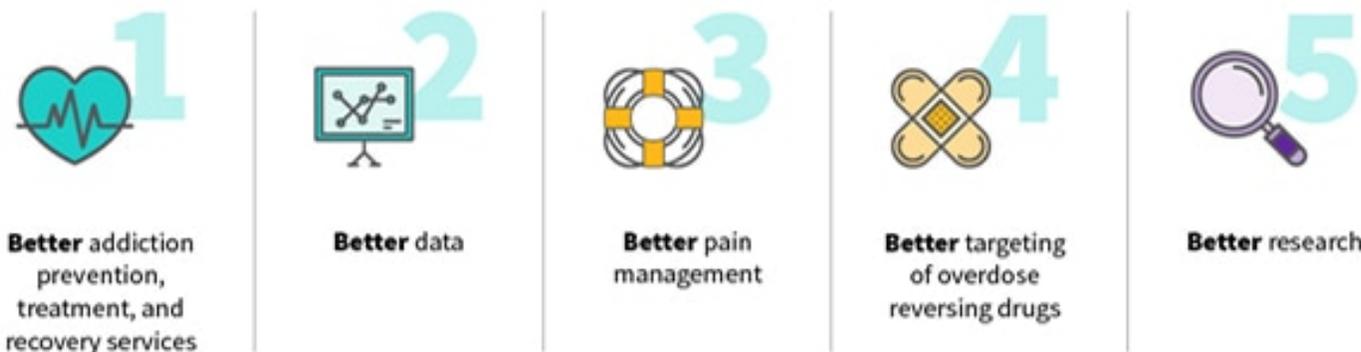


Departmental Priorities Applied to SORHs

Departmental Priorities - Opioids

- Flex FY17 Substance Use Awards
- SORH engagement in the FORHP RCORP
- Sharing information developed through FORHP work with opioids
- Focus groups for opioid specific to CAHs

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS



 [HHS.GOV/OPIOIDS](https://www.hhs.gov/opioids)



What else could we do?

Departmental Priorities Applied to SORHs

Departmental Priorities – Drug Pricing

- **Background: Lowering the price of prescription drugs for all Americans without discouraging innovation**
 - Could impact rural providers
 - [American Patients First Drug Pricing Blueprint](#)
- **Through FORHP Policy Team Updates and FORHP Announcements share information with our stakeholders**
- **Share information that you are hearing on success and challenges with FORHP (ruralpolicy@hrsa.gov)**
- **What else could we do?**



Departmental Priorities Applied to SORHs

Departmental Priorities – Health Insurance Reform

- **Background:** Improve the availability and affordability of health insurance. All Americans should have access to personalized healthcare that meets their individual needs and budgets.
- **Through FORHP Policy Team Updates and FORHP Announcements** share information with our stakeholders
- **Share information that you are hearing on success and challenges with FORHP** (ruralpolicy@hrsa.gov)
- **What else could we do?**



Departmental Priorities Applied to SORHs

Departmental Priorities – Value Based Care

- **Background: Americans deserve better, cheaper healthcare, and HHS is working to transform the system from one that pays for procedures and sickness to one that pays for outcomes and health (focus on 4 areas):**
 1. IT (and interoperability),
 2. Boosting transparency around price and quality,
 3. Pioneering bold new models in Medicare and Medicaid, and
 4. Removing government burdens and barriers (especially those impeding care coordination).
- This is not new – we've been working to align our programs to support the value based care model
- National Quality Forum – Rural Measures Recommendations
- Through FORHP Policy Team Updates and FORHP Announcements share information with our stakeholders
- What else could we do?



CMS Rural Health Strategy

CMS Rural Council

- Apply a rural lens to CMS programs and policies
- Improve access to care through provider engagement and support
- Advance telehealth and telemedicine
- Empower patients in rural communities to make decisions about their health care
- Leverage partnerships to achieve the goals of the CMS Rural Health Strategy
- <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf>
- What does this mean for SORHs?
 - Opportunities to align MQBIP Measures



Budget Performance Measures

FY 2018 Justification of Estimates for Appropriations Committees

Health Resources and Services Administration Budget Justification

Medicare Rural Hospital Flexibility Measures:

- Increase the percent of Critical Access Hospitals participating in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey
- Percent of CAHs participating in one or more Flex-funded required quality improvement initiatives that showed improvement in one or more specified quality domains.
- Percent of CAHs participating in one or more Flex-funded optional quality improvement initiatives that showed improvement in one or more specified quality domains. Increase the proportion of critical access hospitals with positive operating margins.



Budget Performance Measures

FY 2018 Justification of Estimates for Appropriations Committees

Health Resources and Services Administration Budget Justification

State Office of Rural Health Measures:

- Number of technical assistance (TA) encounters provided directly to clients by SORHs.
- Number of clients (unduplicated) that received technical assistance directly from SORHs.
- Number of clinician placements facilitated by the SORHs through their recruitment initiatives.



Hospital State Division Key Programs Updates



FORHP Indirect Hospital Support: Grants to States

Medicare Rural Hospital Flexibility Grant

- Supports critical access hospitals to ensure access to high quality care in rural communities
- 45 states (all states with CAHs receive funds)
- FY 2019 estimated awards: \$28.7 M
- Supports state efforts to promote quality and performance improvement, including around emergency medical services
- Estimated NOFO Release 12/3, Due 2/4

Flex EMS Competitive Supplement

- In addition to primary Flex EMS activities
- Focus on developing sustainable models for rural EMS
- Requirement to document innovation and provide clear evidence of what works
- ~\$2 million, up to 8 awardees, \$250K/ year, 3 years
- Estimated NOFO Release 12/3, Due 2/4

Interested hospitals should contact their [State Office of Rural Health](#)

FORHP Indirect Hospital Support: Grants to States

Rural Veterans Health Access Program

- Supports states to work with CAHs and other community partners to improve rural veterans' access to health care
- Revamped program for FY19
- Collaboration with VA Office of Rural Health
- Up to 3 programs, \$300K/year, 3 years
- Est. NOFO Release 11/5, Due 2/4

Small Rural Hospital Improvement Program Grant

- Supports purchases of hardware, software and training related to implementing value-based care
- 46 states (states with hospitals with 49 beds or fewer); 1,592 participating hospitals
- FY 2019: states receive ~ \$12,000 per participating hospital
- NOFO Released, due 1/3

Interested hospitals should contact their [State Office of Rural Health](#)

FORHP Direct Hospital Support: In-depth on- site assistance

Small Rural Hospital Transitions Project

- Helps small rural hospitals through on-site assistance to bridge gaps between the current health care system and the newly emerging system of health care delivery and payment.
- Targets hospitals with fewer than 50 beds in persistent poverty counties.
- Visit [Rural Health Innovations](#) for more information.
- Serves eight hospitals/year – Apply Now!

New: Vulnerable Rural Hospital Assistance Program

- Provides targeted in-depth assistance to vulnerable rural hospitals, nationwide, that are struggling to maintain health care services within the community on strategies on how they could continue to provide essential services locally.
- Texas A&M
- Serving 5 onsite and 25 virtual
- Mid October Application



FORHP Direct Hospital Support: In-depth on- site assistance

Delta Region Community Health Systems Development Program

- Helps small rural hospitals and their communities improve financial, operational, quality and population health over multiple years.
- In partnership with the Delta Regional Authority
- Targeted to small rural hospitals in the [Delta Region](#)
- Visit the for [The National Rural Health Resource Center](#) for more information
- FY18: \$4 million



FORHP Funded Hospital Resources

Resource	What it provides
Flex Monitoring Team	Data and research on Critical Access Hospitals
Technical Assistance and Services Center	Resources for small rural hospitals on quality, finance, emergency medical services, and population health
Rural Health Research Gateway	Research on rural health on wide-ranging issues
Rural Health Information Hub	One stop resource for rural health topics and resources, including rural innovative models
Rural Health Value	Resources for rural providers pursuing high performance rural health systems
Telehealth Resource Centers	Assistance available to anyone interested in learning how to implement telehealth



Updates from FORHP's Policy Research Division



Rural Residency Programs



Rural Residency Planning and Development (RRPD)

Create new rural residency programs in family medicine, internal medicine, and psychiatry

Watch [grants.gov](https://www.grants.gov) or FORHP announcements for NOFO

RRPD TA

Awarded to consortium lead by UNC-Chapel Hill

Will provide technical assistance to applicants/future grantees of the RRPD Program

FORHP – Brief Policy Updates

- **Proposed rule to remove unnecessary, obsolete Medicare requirements on health care providers (Comment by 11/19/18)**
 - Includes, but not limited to, proposals effecting emergency preparedness and frequency of patient-care policy review for CAHs, RHCs, FQHCs, and others
- **FY 2019 Inpatient Prospective Payment System (IPPS) Final Rule**
 - Extends Medicare-dependent hospital program and low-volume hospital adjustment through FY 2022
 - Removes 39 measures from the Hospital Inpatient Quality Reporting (IQR) program.
- **CY 2019 Outpatient Prospective Payment System (OPPS) Proposed Rule**
 - Payment rate for clinic visits at excepted off-campus provider-based departments changed from OPPS to Physician Fee Schedule (*not applicable to CAHs*)
 - Removal of 3 HCAHPS survey items related to “communication about pain,” effective with CY 2022 discharges (CY 2024 payment)



FORHP – Brief Policy Updates

- **CY 2019 Physician Fee Schedule and Quality Payment Program Proposed Rule**
 - Streamlines Evaluation and Management (E/M) coding and payment policies
 - Adds new codes to pay for Communication-Based Technology Services (virtual check-ins) and evaluation of patient-submitted photos for Part B providers, Rural Health Clinics, and Federally Qualified Health Centers
 - *Note: CMS clarifies that this is not a telehealth service*
 - Expands Medicare-covered telehealth services to include prolonged preventive services
 - Expands MIPS eligibility and participation options
 - Updates MIPS performance category measures and/or structure
- **RHC Updates**
 - **Chapter 13** of the Medicare Benefit Manual
 - **Appendix G** of the State Operations Manual
 - **NACRHHS Brief on RHCs**
- **FORHP Policy Email:** If you have any questions related to policy updates, please contact us at RuralPolicy@hrsa.gov.





Rural Work with HRSA National Partners

- **National Governors Association:**
 - Improving Health in Rural America: Addressing the Leading Causes of Death Learning Collaborative
 - AL, AZ, IN, LA, MO, OR
 - Improving Access to Behavioral Health Care in Rural America
 - KY, MI, NC, ND, NV, NY, PA
- **National Conference of State Legislators: [Scope of Practice Policy Website](#)**
- **National Academy for State Health Policy**
- **National Association of County and City Health Officials/Association of State and Territorial Health Officials**
 - Highlighting case studies from CDC's work in KY



Updates on the SORH Grant and the Vulnerable Rural Hospitals TA Program



State Offices of Rural Health: FY 19 Non-Competing Continuation

Anticipated NOFO Release: Mid-January 2019

Anticipated NOFO Due: Mid-March 2019

Start Date: 7/1/2019

Performance Period Length: The period of performance is five years.

FY 2019 will be a Non-Competing Continuation Cycle Year 4 of 5. As such, there are no expected changes to the program for the upcoming year.



State Offices of Rural Health: FFRs, UOB and Carryovers

- **FY 17 SORH Federal Financial Report (FFR) is due in Electronic Handbook (EHB) on October 30, 2018.**
- **After submitting the FFR, IF you have unobligated balance (UOB), contact your Project Officer (PO) to discuss carryover options. Carryover requests are due November 30, 2018.**
- **Carryover funds can only be used to start, finish or expand activities already approved for the five year project period. They cannot be used for new activities or initiatives without prior approval of a request for a change of scope.**
- **EHB FAQ on FFRs :**
<https://help.hrsa.gov/pages/releaseview.action?pageId=20873251>



Vulnerable Rural Hospitals Assistance Program (VRHAP)

- VRHAP is a cooperative agreement that was recently awarded to Texas A&M.
- This is a new award, that will be funded for \$800,000 per year for five years (pending future year availability of funds).
- The purpose of the Cooperative Agreement is to provide targeted in-depth assistance to vulnerable rural hospitals within communities struggling to maintain health care services.
- This program was created as the result of concerns related to hospital closures and the fact that that residents of communities with a hospital in financial distress are more likely than other rural residents to face risk factors that contribute to poor health outcomes.



Vulnerable Rural Hospitals Assistance Program (VRHAP)

- VRHAP will create the Center For Optimizing Rural Health (CORH) Team, which will include educational materials, research and a website.
- The VRHAP Technical Assistance Strategy will involve three tiers of facility intervention with the first two tiers being determined through a competitive application process.
 - **Tier One** will include five hospitals, which will receive direct onsite assistance.
 - **Tier Two** will include twenty-five hospitals, which will have access to virtual TA as well as one-on-one topical assistance from the newly created CORH Team.
 - **Tier Three** will be a self-directed group that will have access to all materials on the CORH website.
- **Tiers Two and Three will be eligible to apply for Tier One supports in subsequent years.**



Community-Based Division (CBD) Updates





Community-Based Division Programs

- **Direct Services**

- Outreach
- Quality
- Delta
- Black Lung
- Radiation Exposure Screening Education Program (RESEP)
- Pilot programs

- **Non-Direct Services (Capacity-building)**

- Network Planning
- Network Development
- Pilot programs

Common Themes Across CBD Programs

Partnerships

- Legislation: consortium eligibility

Sustainability

- Legislation: “a plan for sustaining the project after Federal support has ended”

Outcomes

- Legislation:
 - “description of how the local community or region to be served will experience **increased access** to quality health care services across the **continuum of care** as a result of the activities carries out by the entity.” (Quality)
 - “...to promote rural health care services...” (Outreach)

Allows for Innovation

- Legislation:
 - “Expanding...the delivery of healthcare services to include new and enhanced...” (Outreach)
 - “expand access to coordinate and improve health care services” (Network)

Community-Based Division Priorities



Collaboration

- Engagement of non-traditional partners
- Partnership with other HRSA grantees and programs
- Engagement of SORHs and CBD grantees



Evidence-based/Data

- Establishing what really works for rural



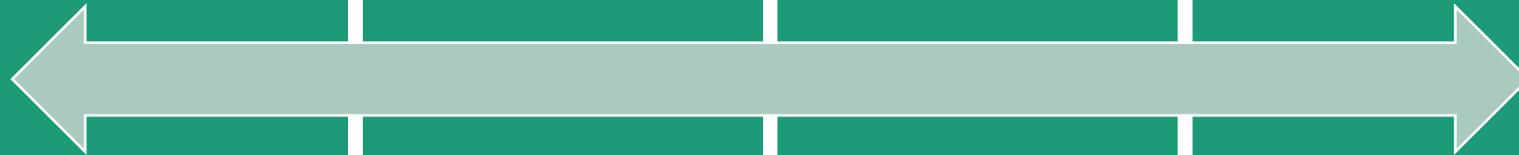
Innovation

- Innovative ways to show impact
- New approach for the Outreach Program



Information Dissemination

- Community Health Gateway
- FORHP Grants In Motion
- FORHP Weekly announcements



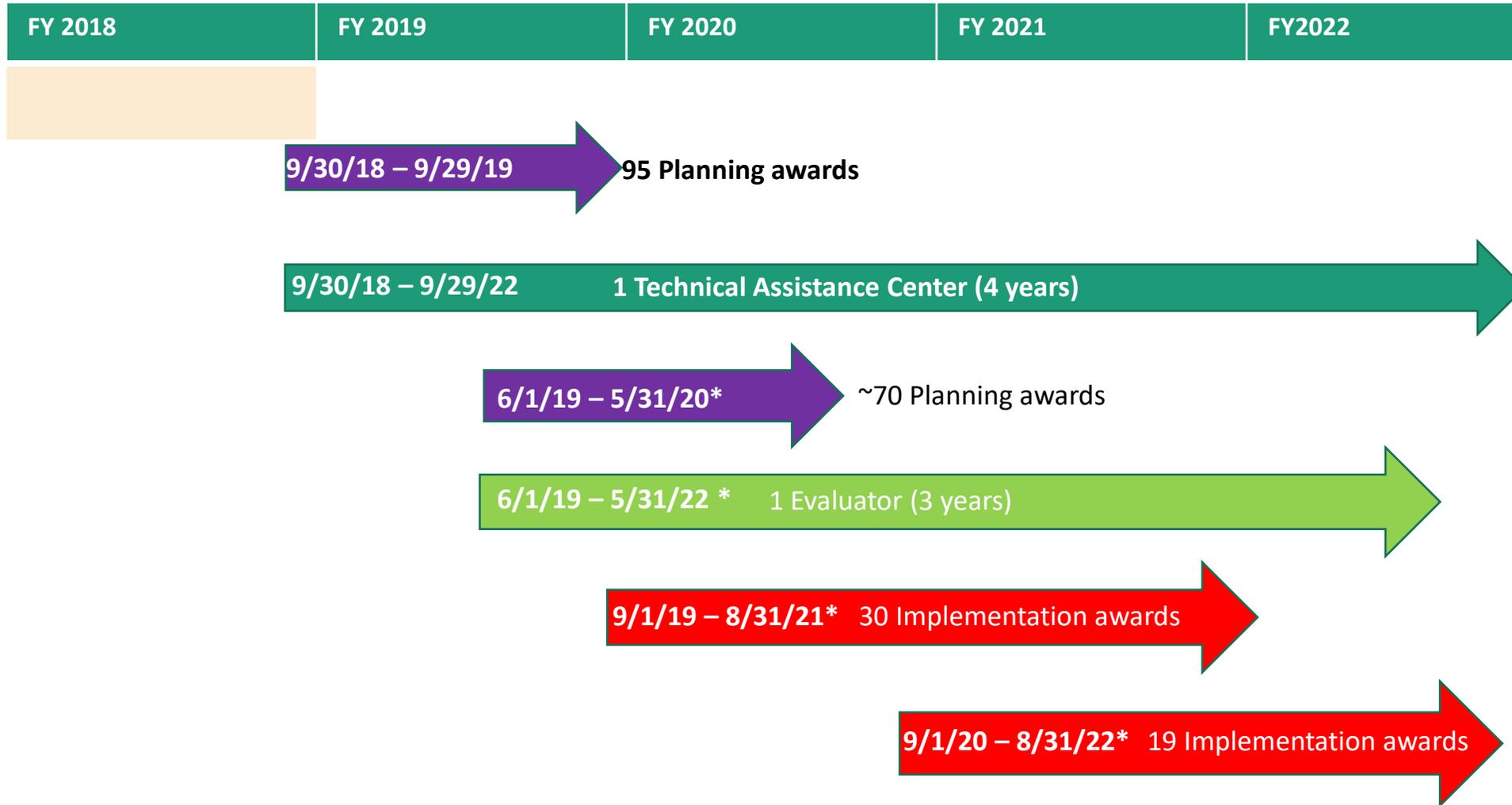


Rural Communities Opioid Response Program (RCORP)

- **RCORP-Planning grants** - strengthening the organizational and infrastructure capacity of multi-sector consortiums (Awarded: HRSA-18-116 and Forecasted: HRSA-19-081)
- **RCORP-Implementation grants** - funding established consortia to deliver opioid and substance use disorder prevention, treatment, and recovery activities in high-need rural communities (HRSA-19-082)
- **RCORP-Technical Assistance** - provide TA support for rural communities (RCORP grantees and the general public) to enhance the organizational and infrastructural capacity of multi-sector consortiums at the community, county, state, and/or regional levels (Awarded: HRSA-18-124)
- **RCORP-Evaluation** - provide monitoring and evaluate impact of the Planning and Implementation grantee activities, the TA provider, and provide analysis and recommendations for improving program areas



Rural Communities Opioid Response Program



Rural Communities Opioid Response (Planning) Funding

- Number of Awards by State

AL	1	MD	3	OH	5
AR	2	ME	3	OK	3
CA	1	MI	2	OR	3
CO	1	MN	1	PA	4
FL	2	MO	7	SC	3
GA	1	MS	2	SD	2
ID	1	MT	3	TN	5
IL	2	NC	4	TX	2
IN	4	ND	1	UT	1
KS	1	NH	1	VA	4
KY	3	NM	2	VT	2
LA	2	NV	1	WA	2
MA	1	NY	5	WV	2



Community-Based Division Upcoming Funding Opportunities

Program	FY 2019	FY 2020	FY 2021
Rural Health Network Development Planning (Network Planning)	Funding applications available in Winter 2018. Awards in Summer 2019.	Funding applications available in Winter 2019. Awards in Summer 2020.	Funding applications available in Winter 2020. Awards in Summer 2021.
Small Healthcare Provider Quality Program (Quality)	Funding applications available in Winter 2018. Awards in Summer 2019.		
Rural Health Care Services Outreach Program (Outreach)			Funding applications available in Winter 2020. Awards in Summer 2021.
Rural Health Network Development Program (Network Development)		Funding applications available Winter 2019. Awards in Summer 2020.	
Delta States Network Grant Program (Delta)	Funding applications available in Winter 2018. Awards in Summer 2019.		
Black Lung Clinics Program (BLCP)		Funding applications available Winter 2019. Awards in Summer 2020.	
Radiation Exposure Screening and Education Program (RESEP)		Funding applications available Winter 2019. Awards in Summer 2020.	



Resources



www.ruralhealthinfo.org



www.telehealthresourcecenter.org



www.ruralhealthresearch.org



Become a HRSA Grant Reviewer!

- Grant reviewers help HRSA select the best programs from competitive groups of applicants
- Will need reviewers with expertise in rural health and mental/behavioral health—*i.e., you!*—to evaluate applications for the RCORP Program
- Anticipate reviews for RCORP will occur in August/September
- Reviews are held remotely over a period of a few days
- Reviewers who participate and complete their assigned duties will receive an honorarium
- Learn more about becoming a reviewer here:
<https://rrm.grantsolutions.gov/AgencyPortal/hrsa.aspx>



Contact Information

Kristi Martinsen

kmartinsen@hrsa.gov

Michael Fallahkhair

mfallahkhair@hrsa.gov

Suzanne Stack

sstack@hrsa.gov





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