HRSA
Health Resources & Services Administration

FORHP Update

NOSORH Annual Meeting
Albuquerque, NM

October 16, 2019

Tom Morris
Associate Administrator
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People

Leadership Changes

Thomas Engels, Acting Administrator, HRSA

- Deputy Secretary of the Wisconsin Department of Health Services from 2015 to 2019.
- Grew up in Rural Wisconsin.
- Addressing the opioid epidemic through the integration of behavioral health into primary care and HIV settings; growing the behavioral health workforce; increasing access to evidence-based prevention and treatment services; and increasing access to health care services in rural communities.

HHS and Rural Health

Creation of the HHS Rural Task Force

- Prioritizing Rural Health Across the Department
- Emphasizing Rural-Focused Solutions
- Responding to Stakeholder Feedback and Needs
- Efforts to Date:
  - HRSA And CMS Listening Sessions

Regional Meeting Discussions

- **Emergent Issues**
  - Social Determinates of Health & Health Equity
  - Medication assisted treatment/opioids/ substance use disorder
  - EMS
  - Hospital Closures
  - Telehealth
  - Incentives for Recruitment and Retention
  - HPSA Designations
- **SORH Program Infrastructure or Strategies**
  - Putting on a Conference
  - Communicating the Work of Your SORH
- **Models of care**
  - Value Based Payments
  - Accountable Care Organizations
  - Care Coordination/Community Health Workers
  - Long Term Care
  - Rural Health Clinics

SORH Innovations

- **Working on Opioid Initiatives**
  - Michigan SORH – gathering multitudes of interdisciplinary rural partners
- **Responding to Emergencies & Natural Disasters**
  - Alaska SORH – acting efficiently and effectively to ensure stability for rural communities during an emergency
- **Engagement with Project ECHO**
  - Multiple SORH – helping to educate our remote rural providers on a variety of topics
- **Focusing on Aging Populations**
  - NOSORH Aging Workgroup – working to draw attention to the issues facing of our aging rural population
- **Organizing Rural Site Visits**
  - Thank you Tennessee SORH!

Flex EMS Supplement

- **Purpose:** To improve access to quality emergency medical care in rural communities. These projects will develop an evidence base for Flex Program EMS activities, by funding projects in the following two focus areas.
- **Flex EMS Supplement Focus Areas:**
  - ***Focus Area 1:*** *To implement demonstration projects on sustainable models of rural EMS care.* Projects will facilitate the development and implementation of promising solutions for the problems faced by vulnerable EMS agencies and contribute to an evidence base for appropriate interventions.
  - ***Focus Area 2:*** *To implement demonstration projects on data collection and reporting for a set of rural-relevant EMS quality measures.* Projects will facilitate the development of a core set of validated, rural-relevant EMS quality measures.

2019-2022 Flex EMS Supplement Projects

Sustainable Models of Rural EMS Care

State	Project Description
Arizona	Arizona Rural EMS Advanced Telemedicine Demonstration Initiative (AzREADI) will improve access to high quality EMS care by implementing a rural, EMS-based telemedicine program linked to board certified emergency medicine physicians and allow rural EMS agencies to extend communications and facilitate comprehensive, real-time vital sign patient telemetry and diagnostics to board-certified EMS physicians.
Ohio	Establish community paramedicine programs in three rural communities with the aim of reducing hospital readmissions and proving the financially sustainability of the model.
South Carolina	Build capacity within the existing community paramedicine programs by implementing telehealth and alternative destination pilot programs to sustainably treat patients in the location most appropriate for their immediate needs.
Washington	Work will focus on workforce recruitment and retention and leadership planning for succession by removing barriers to recruitment with scholarships for training, and create bridge curriculums and cross training, I.E., EMT to Advanced EMT (AEMT) training, intermediate care (ILS) protocols will move BLS agencies to ILS, cross train EMS personnel as Medical Assistants (Mas) and Community Health Workers.

2019-2022 Flex EMS Supplement Projects

Rural Relevant Quality Measures

State	Project Description
Florida	Create rural-relevant EMS quality measures endorsed by the National Quality Forum (NQF) and used as a national model. By December 2020, will increase the percentage of Florida's rural EMS agencies submitting NEMSIS data from 54% to 100% and agencies participating in state-wide performance improvement from 12% to 100%.
Kentucky	Improve out-of-hospital sudden cardiac arrest survival rates in rural communities through the Cardiac Arrest Registry to Enhance Survival program, bystander CPR training and AED registry promotion.
New Mexico	Enhanced training, technical assistance and consultation of rural EMS personnel and training of rural EMS managers and Medical Directors to improve the accuracy of patient care data and quality of patient care.
North Dakota	Establish a EMS Quality Improvement Steering Committee, that will identify Subject Matter Experts (SMEs) and rural EMS agencies. The SMEs and agencies will work collaboratively to identify rural relevant measures, provide training to rural EMS related to data collection and quality improvement utilizing the new state data repository and compare with the national rural EMS data base.

Focusing on High-Need Hospitals

The Vulnerable Rural Hospital Assistance Program (VRHAP)

Program Overview:

VRHAP works with hospitals and their communities to:

- Understand community health needs and resources
- Ensure hospitals and communities keep needed local health care
- Address economic challenges

Solutions may include:

- Assessing key health care services to provide
- Identifying cost efficiencies
- Exploring other mechanisms to meet community health care needs

Assistance Breakdown:

- Five hospitals receive on-site technical assistance
- Twenty-five hospitals receive remote facilitated technical assistance
- Self-directed technical assistance will be available
- New cohort of hospitals supported annually

Applications are being accepted until

October 31, 2019

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Focusing on High-Need Hospitals

The Small Rural Hospital Transitions Program

- Targets Help to Rural Hospitals in Persistent Poverty Counties
- Coordinated With State Offices of Rural Health

U.S. Department of Health & Human Services
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Small Rural Hospitals Transition Project

Fact Sheet | February 2019

PROGRAM OVERVIEW

The Small Rural Hospital Transition (SRHT) Project assists small rural hospitals and their communities in successfully navigating the changing health care environment.

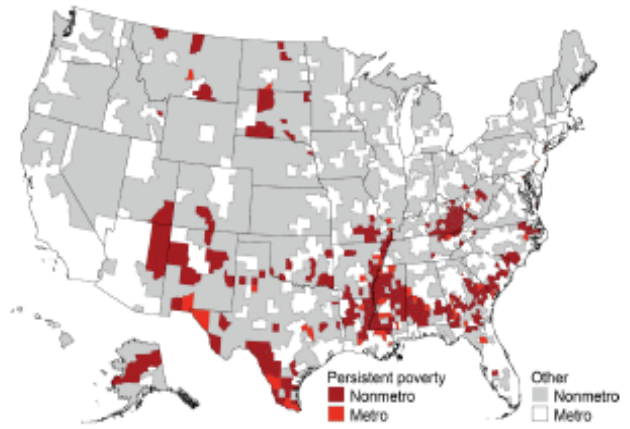
The project provides on-site technical assistance to small rural hospitals residing in federally-designated persistent poverty counties. The aim is to better prepare and assist hospitals in moving from a fee-for-service and volume-based payment system to one that is driven by value and quality.

Technical assistance includes educational trainings and comprehensive onsite consultations.

The SRHT Project assists hospitals to:

- Improve financial and quality performance
- Prepare for new payment and care delivery models
- Prepare hospitals for population health management

PERSISTENT POVERTY COUNTIES, 2015 EDITION



Persistent poverty counties are those where 20% or more of county residents were poor, measured by the 1980, 1990, 2000 censuses, and the 2007-11 American Community Survey.[1]

Heath Resources and Services Administration (HRSA)'s Federal Office of Rural Health Policy (FORHP) funds the SRHT project and Rural Health Innovations implements it.

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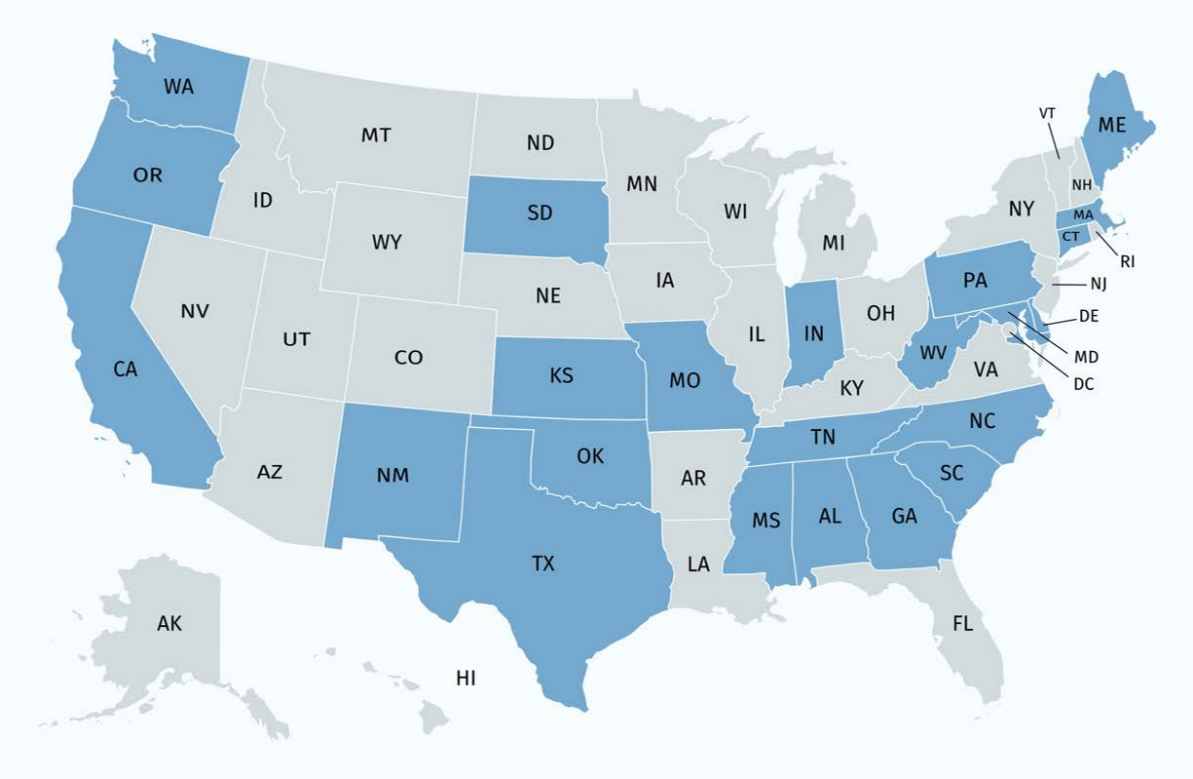
Focusing on High-Need Areas

The Delta Region Community Health Systems Development Program

- Selected hospitals and clinics, and their communities receive technical assistance to make in-depth **health system** enhancements over multiple years.
- TA Focus areas
  - Financial and Operational Improvement
  - Quality Improvement
  - Care Coordination
  - Population Health
  - Integration of Social Services
  - EMS
  - Workforce

Applications for new sites in FY 20 are accepted on a rolling basis

Expanding Rural Residency Training



- **Rural Residency Planning and Development Technical Assistance center**
  - Awarded to consortium lead by UNC-Chapel Hill
- **Rural Residency Planning and Development program**
  - Awarded to 27 organizations across 21 states.

Goal: By the end of the period of performance, each awardee is required to have established a rural residency program or RTT that is ACGME- accredited and has a stable future financial outlook (sustainability).

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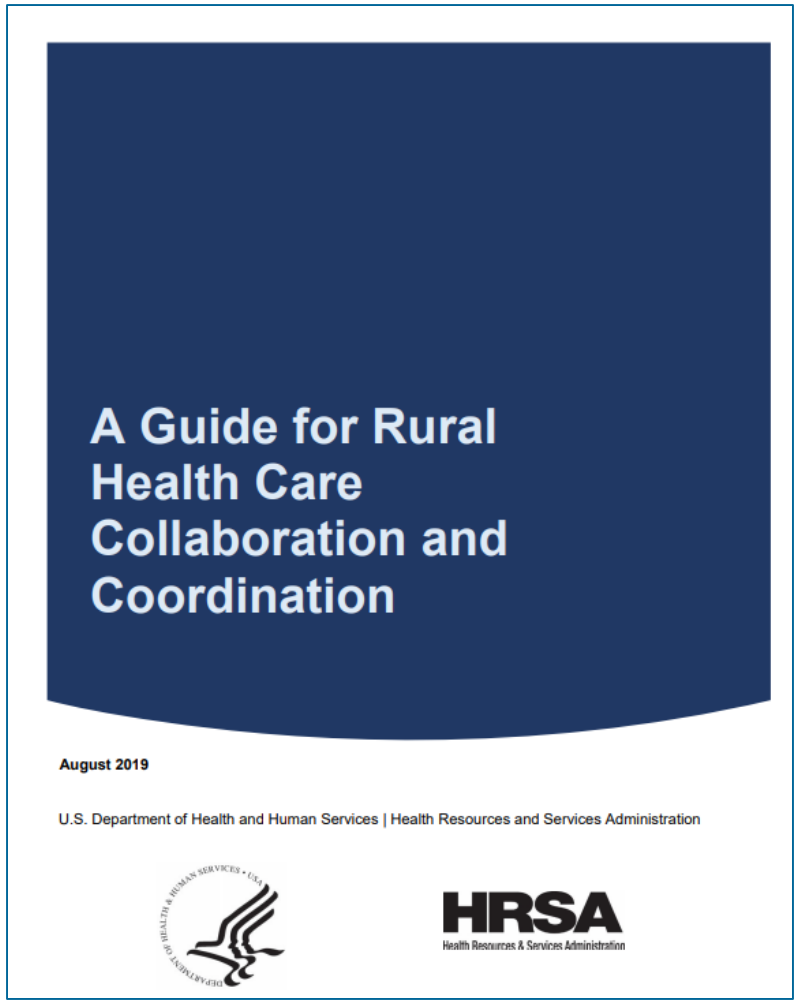
Supporting Rural Organizations to Work Together

Develop a “community-minded” approach



- https://www.ruralhealthinfo.org/webinars/collaboration
- https://www.hrsa.gov/sites/default/files/hrsa/ruralhealth/resources/hrsa-rural-collaboration-guide.pdf

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CDC Collaboration

NOSORH

Best Practice Guide for Engagement with SORH and CDC-funded State Programs

The ***Best Practice Guide for Engagement with State Offices of Rural Health (SORH) and Centers for Disease Control and Prevention (CDC)-funded State Programs*** is designed to assist SORH and state CDC-funded initiatives to identify opportunities to collaborate across programs at the state level.

This fact sheet includes three short success stories of SORH engagement with CDC partners in their state and documents how to integrate these programs. Success stories and resources were identified during a SORH listening session on social determinants of health and follow up interviews and a joint SORH, Federal Office of Rural Health Policy, and CDC meeting held during the 2019 National Rural Health Association annual meeting.

1 North Dakota: Leverging CHNA Efforts to Collaborate

ND

The North Dakota SORH (ND-SORH) has long been engaged in the community benefit efforts of critical access hospitals (CAH) throughout their state. Like many SORH, community benefit efforts were sparked by the work of the state's Medicare Rural Hospital Flexibility (Flex) grant program These efforts culminated in a rural-specific model of community health needs assessments (CHNA) that links community need to multi-sector resources. The peer-reviewed rural community group model (RCGM) offers a 10-step guide for implementation and an interactive online dashboard for communities to easily access CHNA results.

The ND-SORH provides a resource of Innovative Ideas for rural communities to address the community needs and existing gaps. In searching for available resources, the ND-SORH was introduced to existing CDC-funded activities in their state. The teams met to discuss the highest needs of rural communities across the state and identify existing resources. These resources were incorporated into the Innovative Ideas section of the website.

These joint efforts to ensure the allocation of existing resources to local community need translated beyond the CHNA process. Leadership from the ND-SORH was invited to sit on the state's Preventive Health and Health Services (PHHS) Block Grant advisory committee. Each state has a PHHS advisory committee, required by the authorizing legislation and chaired by the state's Public Health Officer or their designee. The advisory committee is designed to assist in targeting state CDC resources to areas of highest need, which should incorporate a rural perspective that the SORH can offer.

Opportunity: SORH share their knowledge and expertise of rural communities with state agencies and PHHS Block Grant advisory committees in their state!

Rural-Relevant National CDC Resources

MMWR Rural Health Series
Rural Health Series Policy Briefs (POLARIS)
National Center for Health Statistics Data Briefs
NCHS Data Visualization Gallery
Rapid Review of Rural Health Research
(CDC, FORHP, NRPHI, GHPC)

Best Practice Guide for Engagement with SORH and CDC-funded State Programs 1

- [Developed Resources for SORH on how to engage with CDC]
- Presented to CDC Staff on importance of including rural in programs
- [Case Study: Help End Addiction for Life Initiative]
- [National Advisory Committee on Rural Health and Human Services]
- Collaboration on various grant programs:
  - RCORP
  - RMOMS
  - Outreach
- Mental Health in Agriculture Communities Initiative
- Upcoming projects…

Aligned Funding Initiative

Rural Health Care Coordination Network Program

- **Purpose:** Support the development of formal, mature and rural health consortiums that employ evidence-based models in the application of care coordination strategies to improve health outcomes and to leverage partnerships for sustainability

- **Emphasis:** Public-Private Partnership, Sustainability, Innovative Approaches, Outcome-Driven Results, Evidence-Based Models, & Dissemination, Care Coordination

- **Funding Available:**
  - Up to 10 awards
  - Up to $250,000 for each award per year
  - 3-year project period

To find out more information visit RHI Hub's Rural Health Public-Private Partnership page.

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Rural Community Opioids Response

Funding Timeline

	RCORP-Planning	RCORP-Implementation	RCORP-MAT Expansion
Goal	To strengthen the capacity of multi-sector consortiums to address opioid use disorder prevention, treatment, and recovery.	To strengthen and expand SUD/OUD prevention, treatment, and recovery service delivery. **Learn more:** https://www.hrsa.gov/about/news/press-releases/2019	To enhance access to medication-assisted treatment within small rural clinic and hospital settings.
Period of performance	1 year	3 years	3 years
Award amount	Up to $200K	Up to $1 million	Up to $725,000
# Awards	95 (FY18); 120 (FY19)	80 (FY19); 34 (projected-FY20)	12 (FY19)
Eligibility	Domestic public or private, non-profit or for-profit, entities. Additional applicant and consortium specifications as described in NOFO. **All services must exclusively target rural areas.**		

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Community-Based Division

Upcoming Funding Opportunities

Program	FY 2020	FY 2021	FY 2022
Rural Health Network Development Planning (Network Planning)	Funding applications available in Summer 2019. Awards in Summer 2020.	Funding applications available in Fall 2020. Awards in Summer 2021.	Funding applications available in Fall 2021. Awards in Summer 2022.
Small Healthcare Provider Quality Program (Quality)			Funding applications available in Winter 2021. Awards in Summer 2022.
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 Fall 2019. Awards in Summer 2020.		
Delta States Rural Development Network Grant Program (Delta)	Funding applications available Fall 2019. Awards in Summer 2020.		
Black Lung Clinics Program and Centers of Excellence (BLCP)	Funding applications available Winter 2019. Awards in Summer 2020.		
Radiation Exposure Screening and Education Program (RESEP)	Funding applications available Fall 2019. Awards in Summer 2020.		

Office for the Advancement of Telehealth

Upcoming Funding Opportunities

Program	FY 2020	FY 2021
Telehealth Network Grant Program (TNGP)	Funding applications available by Spring 2020. Awards in Summer 2020.	
Telehealth Resource Center Grant Program (TRC)	Funding applications available by Spring 2020. Awards in Summer 2020.	
Telehealth Center of Excellence	Funding applications available by Spring 2020. Awards in Summer 2020.	
Evidence-Based Tele-Behavioral Health Network Program		Funding applications available by Spring 2021. Awards in Summer 2021.

The 2020 Census

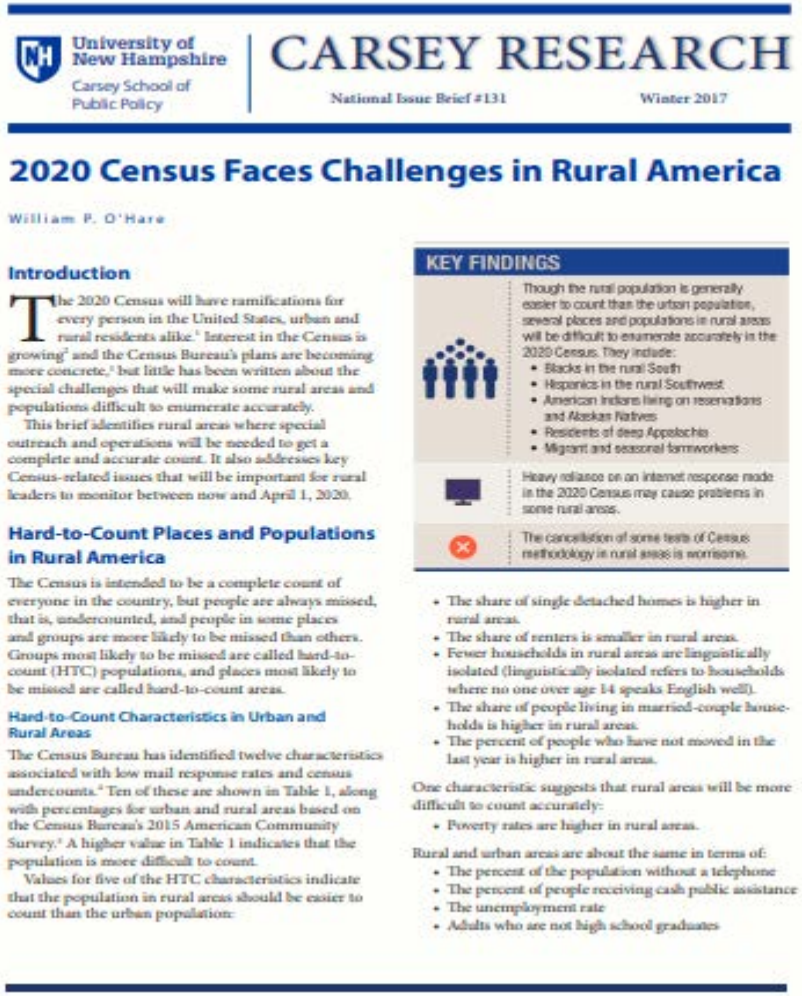
- Federal funds, grants and support to states, counties and communities are based on population totals and breakdowns by sex, age, race and other factors. Your community benefits the most when the census counts everyone. When you respond to the census, you help your community gets its fair share of the more than $675 billion per year in federal funds spent on schools, hospitals, roads, public works and other vital programs.

- The Census also determines rural and urban populations/areas which are used to designate Metropolitan Areas.

Rural Undercount?

- The Census is offering an online portal to allow people to respond.
  - Will lower internet availability in rural and frontier areas depress the response rate?

- Hard-to-Count (HTC) groups and areas are those at increased risk of being missed. In one study, 79% of the HTC counties in the 2010 Census were rural.



University of New Hampshire
Carsey School of Public Policy

CARSEY RESEARCH

National Issue Brief #131 Winter 2017

2020 Census Faces Challenges in Rural America

William P. O'Hare

Introduction

The 2020 Census will have ramifications for every person in the United States, urban and rural residents alike.[1] Interest in the Census is growing[2] and the Census Bureau's plans are becoming more concrete,[3] but little has been written about the special challenges that will make some rural areas and populations difficult to enumerate accurately.

This brief identifies rural areas where special outreach and operations will be needed to get a complete and accurate count. It also addresses key Census-related issues that will be important for rural leaders to monitor between now and April 1, 2020.

Hard-to-Count Places and Populations in Rural America

The Census is intended to be a complete count of everyone in the country, but people are always missed, that is, undercounted, and people in some places and groups are more likely to be missed than others. Groups most likely to be missed are called hard-to-count (HTC) populations, and places most likely to be missed are called hard-to-count areas.

Hard-to-Count Characteristics in Urban and Rural Areas

The Census Bureau has identified twelve characteristics associated with low mail response rates and census undercounts.[4] Ten of these are shown in Table 1, along with percentages for urban and rural areas based on the Census Bureau's 2015 American Community Survey.[5] A higher value in Table 1 indicates that the population is more difficult to count.

Values for five of the HTC characteristics indicate that the population in rural areas should be easier to count than the urban population:

KEY FINDINGS

Though the rural population is generally easier to count than the urban population, several places and populations in rural areas will be difficult to enumerate accurately in the 2020 Census. They include:

- Blacks in the rural South
- Hispanics in the rural Southwest
- American Indians living on reservations and Alaskan Natives
- Residents of deep Appalachia
- Migrant and seasonal farmworkers

Heavy reliance on an internet response mode in the 2020 Census may cause problems in some rural areas.

The cancellation of some tests of Census methodology in rural areas is worrisome.

- The share of single detached homes is higher in rural areas.
- The share of renters is smaller in rural areas.
- Fewer households in rural areas are linguistically isolated (linguistically isolated refers to households where no one over age 14 speaks English well).
- The share of people living in married-couple households is higher in rural areas.
- The percent of people who have not moved in the last year is higher in rural areas.

One characteristic suggests that rural areas will be more difficult to count accurately:

- Poverty rates are higher in rural areas.

Rural and urban areas are about the same in terms of:

- The percent of the population without a telephone
- The percent of people receiving cash public assistance
- The unemployment rate
- Adults who are not high school graduates

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Ensuring an Accurate Census

- **Complete Count Committees (CCC)**
  - The CCC program is key to creating awareness in communities all across the country.
  - CCCs utilize local knowledge, influence, and resources to educate communities and promote the census through locally based, targeted outreach efforts.
  - CCCs provide a vehicle for coordinating and nurturing cooperative efforts between tribal, state, and local governments; communities; and the Census Bureau.

https://www.census.gov/programs-surveys/decennial-census/2020-census/complete_count.html

Lifting the Voice of Rural Community Health

The Hidden Story of Twenty-Plus Years of Rural Creativity and Innovation

The Federal Office of Rural Health Policy (FORHP) has supported:

at least **750,000** people each year since 2011

with over **200** grantees

of which **80%** continue services after program ends

The goal of rural community programs is to improve health service delivery by strengthening health networks and encourage collaboration among rural health care providers.

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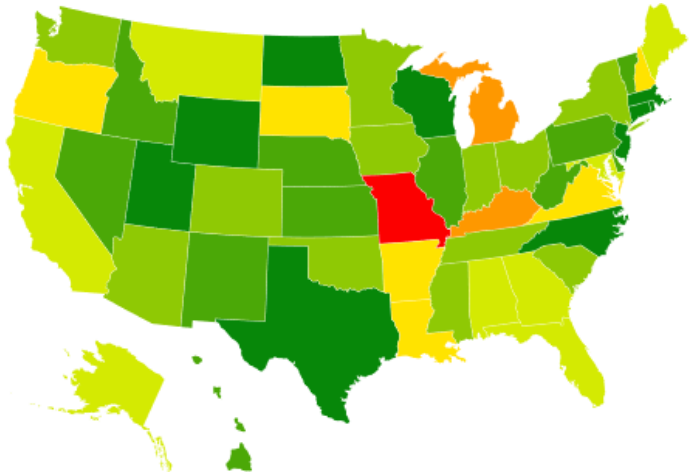
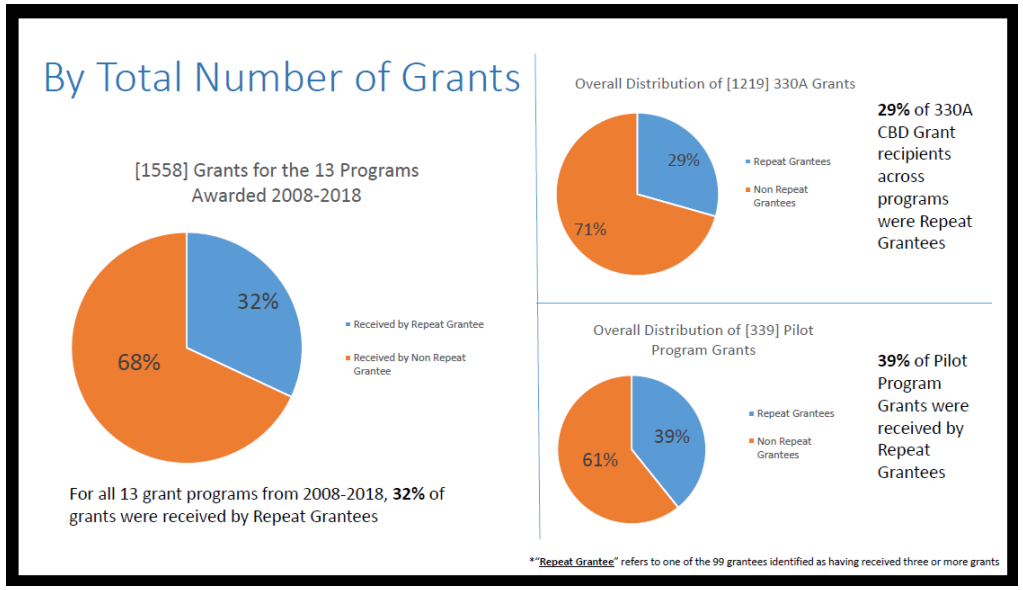
Lifting the Voice of Rural Community Health

The Hidden Story of Twenty-Plus Years of Rural Creativity and Innovation

- **Targeted Federal Investments Reap Ongoing Benefits**
  - Sustainability
  - Improved Outcomes; Potential Savings



Low Repeat Grantee States **High Repeat Grantee States**



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