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

<table>
<thead>
<tr>
<th>State</th>
<th>Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>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.</td>
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<tr>
<td>Ohio</td>
<td>Establish community paramedicine programs in three rural communities with the aim of reducing hospital readmissions and proving the financially sustainability of the model.</td>
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<tr>
<td>South Carolina</td>
<td>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.</td>
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<tr>
<td>Washington</td>
<td>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.</td>
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## 2019-2022 Flex EMS Supplement Projects
### Rural Relevant Quality Measures

<table>
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<tr>
<th>State</th>
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<tr>
<td>Florida</td>
<td>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%.</td>
</tr>
<tr>
<td>Kentucky</td>
<td>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.</td>
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<td>New Mexico</td>
<td>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.</td>
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<tr>
<td>North Dakota</td>
<td>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.</td>
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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
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

**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 on-site 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

Health Resources and Services Administration (HRSA)’s Federal Office of Rural Health Policy (FORHP) funds the SRHT project and Rural Health Innovations implements it.
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).
Supporting Rural Organizations to Work Together

Develop a “community-minded” approach

- [https://www.ruralhealthinfo.org/webinars/collaboration](https://www.ruralhealthinfo.org/webinars/collaboration)
CDC Collaboration

- 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.
## Rural Community Opioids Response

### Funding Timeline

<table>
<thead>
<tr>
<th>Goal</th>
<th>RCORP-Planning</th>
<th>RCORP-Implementation</th>
<th>RCORP-MAT Expansion</th>
</tr>
</thead>
<tbody>
<tr>
<td>To strengthen the capacity of multi-sector consortiums to address opioid use disorder prevention, treatment, and recovery.</td>
<td>To strengthen and expand SUD/OUD prevention, treatment, and recovery service delivery.</td>
<td>To enhance access to medication-assisted treatment within small rural clinic and hospital settings.</td>
<td></td>
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<tr>
<td>Period of performance</td>
<td>1 year</td>
<td>3 years</td>
<td>3 years</td>
</tr>
<tr>
<td>Award amount</td>
<td>Up to $200K</td>
<td>Up to $1 million</td>
<td>Up to $725,000</td>
</tr>
<tr>
<td># Awards</td>
<td>95 (FY18); 120 (FY19)</td>
<td>80 (FY19); 34 (projected-FY20)</td>
<td>12 (FY19)</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Domestic public or private, non-profit or for-profit, entities. Additional applicant and consortium specifications as described in NOFO. <strong>All services must exclusively target rural areas.</strong></td>
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# Community-Based Division

## Upcoming Funding Opportunities

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<tr>
<th>Program</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>FY 2022</th>
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<tbody>
<tr>
<td>Rural Health Care Services Outreach Program (Outreach)</td>
<td></td>
<td>Funding applications available in Winter 2020. Awards in Summer 2021.</td>
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<tr>
<td>Rural Health Network Development Program (Network Development)</td>
<td>Funding applications available in Fall 2019. Awards in Summer 2020.</td>
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<tr>
<td>Delta States Rural Development Network Grant Program (Delta)</td>
<td>Funding applications available in Fall 2019. Awards in Summer 2020.</td>
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<tr>
<td>Radiation Exposure Screening and Education Program (RESEP)</td>
<td>Funding applications available in Fall 2019. Awards in Summer 2020.</td>
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<td></td>
</tr>
<tr>
<td>Program</td>
<td>FY 2020</td>
<td>FY 2021</td>
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<td>--------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Telehealth Network Grant Program (TNGP)</td>
<td>Funding applications available by Spring 2020.</td>
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<td></td>
<td>Awards in Summer 2020.</td>
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<tr>
<td>Telehealth Resource Center Grant Program (TRC)</td>
<td>Funding applications available by Spring 2020.</td>
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<tr>
<td></td>
<td>Awards in Summer 2020.</td>
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<tr>
<td>Telehealth Center of Excellence</td>
<td>Funding applications available by Spring 2020.</td>
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<tr>
<td></td>
<td>Awards in Summer 2020.</td>
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<tr>
<td>Evidence-Based Tele-Behavioral Health Network Program</td>
<td></td>
<td>Funding applications available by Spring 2021.</td>
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<tr>
<td></td>
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<td>Awards in Summer 2021.</td>
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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.
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.
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.
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

By Total Number of Grants
[Graph showing distribution of grants by重复 and non-重复 grantee states]

For all 13 grant programs from 2008-2018, 32% of grants were received by Repeat Grantees

25% of 330A CBG Grant recipients across programs were Repeat Grantees

Overall Distribution of [1218] 330A Grants
Overall Distribution of [299] Pilot Program Grants

Low Repeat Grantee States
High Repeat Grantee States
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To learn more about our agency, visit

www.HRSA.gov

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