



SORH COVID19 Learning Community Notes

Call Date: April 16, 2020

National Organization of
State Offices of Rural Health

NOSORH Update

New resources available on the NOSORH website – starting to add to the bottom of the event reminder. For this week, we added:

[General Rural Guidance/Information](#)

- Stroudwater's Emergency Cashflow Planning document
- USDA's COVID-19 Federal Rural Resource Guide
- Angel Flight East update

[SORH Resources](#)

- Anabaptist outreach (poster, article and letter from PA)
- Hospital outreach (memos and social media cards from MT)
- Foundation outreach for RHC support (CO example)

NOSORH's CEO, Teryl Eisinger, discussed the difficulties of the challenging environment and balancing the work plans, with the need to react to the COVID-19 pandemic and managing the stressors of personal life. She explained that NOSORH is working to identify resources for SORH and to be the voice of SORH with project officers, policy makers and partners. She encouraged the membership to consider that they should frame any work that they do in light of the fact that they are focal points for rural health and doing the important work of disseminating information, collaborating and providing technical assistance. Any discussion of their work should continuously point back to their rural health focus to collect and disseminate rural-relevant information, collaborating with partners at the state and local level to reduce duplication of efforts, and the provision of technical assistance can all be linked back to your COVID-19 efforts. If you need any assistance or would like to ensure the link to the role of the SORH, please reach out to Teryl at teryle@nosorh.org or (888) 391-7258 ext. 107.

Rural Challenges and Concerns

Pennsylvania's hospitals were surprised to find out that the Advanced Payment Program calculations do not include payments from Medicare Advantage Program.

- SC was aware of the issue only after a provider received funding from [United Healthcare](#) directly

Rural EMS are seeing a 40-50% reduction in call volume but are seeing some support. However, these funds must be accepted electronically; need to make sure that they all have valid, updated email addresses.

Tribal nations are continuing to see surges, with some seeing per capita surges larger than in New York City.

- University of Arizona and Banner Health are targeting reservations with testing and resources to aid.



- AZ noted that there had been some propaganda saying all Navajo people were infected; NV noted a similar backlash in rural communities where the first diagnosed patient is being blamed. PA and NV both noted backlash towards Asian-Americans in rural areas.

Rural hospital volume and public use of services is a concern for many states.

- NV noted that EMS services aren't doing transports because the volume has dropped off. Local rural hospitals used to see 60 patients a day in the ER, not they get about 15.
- MA noted that there have been deaths of individuals who needed emergency care but didn't go to the ED because of COVID-19 fears.

MA noted an uptick in rural overdoses, but also an uptick in the use of needle exchange and other harm reduction programs. This could be a silver lining towards implementing future harm reduction programs in rural communities. Using students to monitor data.

- CT noted the misuse of Benadryl and an increase in crisis center calls and alcohol overdoses
- IN raised the concerns of the mental health and well-being for the health care workforce.

MT noted that their state health department is seeking public health professional volunteers to deploy to rural communities, where local public health/tribal health leaders are understaffed.

- NV and OH are using medical students to help with contact tracing and answering phones.

In some states, there was a noted increase in the number of patients frequenting rural birthing centers, rather than going to a traditional hospital. One state noted that this can exacerbate financial strain on the remaining rural birthing centers.

Partners raised concerns about domestic violence and child abuse reporting. ME noted that child abuse reporting is down 30% in the state and are putting out communications on how to identify and report.

Identified Rural Strategies

States discussed a number of ways in which the needs of homeless populations are being addressed. VT is moving homeless populations and offering isolation in local hotel and motel rooms, with spot testing and referral to a PCP. CT is seeing their homeless shelters close, creating concern for the most vulnerable. ME is seeing temporary housing, particularly in empty university dormitories.

Veteran's Health resources

During the emergency declaration, CAHs may be eligible to access resources and services from the Veterans Health Administration. NOSORH is learning more about the process and will provide more details as they become available.



- Follow up: Governor's may petition FEMA for assistance from the Veterans Health Administration to assist CAHs in addressing an outbreak, if encountering a rural hotspot. NOSORH will be partnering with the VA to provide more details of the program, either on the weekly calls or through a separate webinar.

The Federal Reserve is conducting a stakeholder survey and asked about “*local community efforts to minimize household and business instability and improve resilience during this pandemic*”. Are SORH seeing any of this? (will be a follow-up question on 4/23 call)

- NV Gold to help businesses along Northern Nevada and the interstate. Food is the biggest issue in the region, received food and supplies from pantries associated with the UT Church of Jesus Christ of Latter-Day Saints.
- The [Vermont Community Foundation](#) built a network of corporate partners to raise over a \$1 million towards the local response

IN recently conducted a SHIP-sponsored webinar on [Zero Suicide](#) for staff and patients; which raises the concern about helping staff to cope when the pandemic passes.

- IN noted that while revenue is down for CAHs, this is an opportunity to engage with patients in a meaningful way and still be a billable service.

CO asked if others are monitoring the financial conditions of their rural facilities, particularly those struggling before the pandemic; if so, what are you doing with the data?

- Multiple states noted that they are in a holding pattern to offer assistance when the emergency SHIP funding becomes available.
- WY noted that they are monitoring the advance payment program applications because they are very specific; hosting weekly calls with hospital CFOs with a particular focus to what telehealth or other billable services can bring revenue at the current time.
- AL mentioned that they were one of the few remaining states without expanded Medicaid and that their hospitals had been struggling financially as a result. Discussions are occurring at the state again about expanding Medicaid to help shore up the rural infrastructure.

Some states mentioned that there are concerns in their state over access to the CMS Advanced Payment (AAP) program.

- ND mentioned that the EMRs get tripped up because they aren't able to handle advanced payments and codes. Additional financial strain as many hospitals aren't eligible for the PPP because they are part of a large health system (too many employees).
- MA noted that their hospitals are interested as well, but many of them are part of larger health systems and are ineligible.

SORH Discussion of Federally funded Programs

Participants shared their approaches to planning for the upcoming SHIP funding and posed questions to the peers as they prepare



- VT began by creating a list of expense categories for the funding, including telehealth equipment and building of an isolation room. Looking at it as part of a [strategy to support rural infrastructure needs](#); would be interested in seeing what other states have come up with!
 - ID is hesitant to provide guidance yet and waiting until the NOA is in hand before making remarks.
 - WY conducted a survey of the needs of their rural hospitals when the funding was announced. The needs assessment will help to develop the expense categories.
 - Some participants noted the importance of ensuring that the funds go directly to the rural hospitals, and not to the larger health system that manages or owns them.

- MT asked if other states are concerned with the indirect rate or contracting/RFP process
 - NOSORH will conduct a survey of Directors to ask these questions and share results with Directors, to use as needed.