



SORH COVID19 Learning Community Notes

Call Date: April 30, 2020

National Organization of
State Offices of Rural Health

NOSORH Update

Check the meeting invite for a complete list of updated resources on the NOSORH website. New resources this week that you may want to take note of include:

- CMS has updated several of their existing guidance's.
- The COVID19 uninsured portal now available – note it's on the **HRSA** website.
- Our partners at the Chartis Center for Rural Health have released research on the current and future impact of COVID-19 on rural hospitals; NOSORH will be co-hosting a webinar next week, specifically for SORH, to learn more.
- The CDC has released an update to their counts by county.
- Ohio shared their checklist resource for volunteers working to do contact tracing; ASHTO has a free 12-part course that SORH can participate in and share.
- Not on the website, but there was a great story in the Rural Monitor by Dr. Kay Miller Temple on COVID-19 violence risks, including resources; targeted at child abuse and neglect, and domestic violence.

There was new CMS guidance that came out just before the call; NOSORH will be digging in and provide an update on next week's call.

HRSA/FORHP are operating an email address to collect rural-specific questions, concerns, models, innovations, successes and challenges. Feel free to share additional information directly with FORHP, and please share with your rural stakeholders: ruralcovid-19@hrsa.gov.

Rural Challenges and Concerns

NOSORH is collaborating with the Suicide Prevention Resource Center (SPRC) and the Mountain Plains MHTTC to develop a webinar for rural primary care providers on suicide prevention and referral during COVID-19, and how to bill under current regulations. More information to come. NOSORH posed the following questions to get early thoughts of SORH:

- *Are you seeing spikes in rural suicides?*
 - IL and NV haven't seen data to support it yet. Suggested looking at suicide hotlines to see if there is a rise in calls.
 - ND had been working in advance of COVID-19 dealing with suicides in agriculture. According to First Link, crisis calls in the ND region increased by 300% since the onset of COVID-19.
 - Chris will follow up with how SPRC might be able to help with supporting data more broadly.
- *What concerns do you have for the future mental health needs of the rural health workforce?*
 - Members noted the need to be thinking about how the trauma of COVID-19 may impact the workforce; particularly those experiencing PTSD.



- NH noted that administrators need to be watching for divisions within the staff after the pandemic ends. There will likely be differences between those on the front lines vs. those who were furloughed that will be critical for leadership to address.
- MT noted that they are a behavioral health workforce training center for SAMHSA. Their portfolio includes paraprofessional training and working to build a culture that recognizes suicide prevention for patients and staff in CHCs and CAHs. Chris will follow up about leveraging expertise in webinar and resources.

Members also discussed their concerns about seeing a shift in hot spots *from urban to more rural* areas. Some concerns included:

- Hospitals near meat packing plants have increased needs for testing that outweigh the local resources.
 - IL noted that two hospitals worked together to test over 800 employees in 1 ½ days; similar efforts are underway in southwestern IL.
- Elective procedures are restarting, with some states seeing a requirement to be tested for COVID-19 before undergoing care.
 - In IL, patients must take a COVID-19 test 72-hours ahead of their procedures. Concern that some test won't be read in time, or that a patient could acquire the virus within that timeframe. IL hospitals are treating everyone as if they have the virus at this time.

Identified Rural Strategies

During this pandemic, what are your SORH's strategies for: information dissemination, coordination of rural health activities, and providing direct technical assistance? What has been done within your workplan with your core activities what are you finding successful or didn't work out so well.

- LA stated that they have been doing weekly Rural webinars with SORH staff providing updates. Holding on Tuesdays at 5pm to catch people after hours but before the day is over, has worked really well in the state.
- The IL SORH is partnering with ICAHN to host biweekly calls with CAH administration on COVID-19. The resulting report is given to public health administrators and other decision-makers in the state, and with partners like the Hospital Association.
- The WI SORH did an informal survey of their CAHs, limited to 4 simple questions. Had a response rate of 80% (rare). They asked about the number of COVID-19 cases, staffing issues, biggest changes, and what SHIP funds are being used towards. Challenges were everything from PPE, unclear and too many messages, worrying about surge, revenue shortages, and layoffs. Kathryn sent this with SHIP funding and put it into spreadsheet; it's in a report format with visualizations, is popular with the hospitals, and will be released statewide.

- SC shared that they did a survey of RHC, shared information on PPE, determined collection and testing rates, will be working with bigger systems and Clyburn's office to bring more resources. The office has been appointed as the testing focus for rural SC, to increase testing in rural areas. SCORH found that there is a real difference in collection or testing, and that was important to keep clear in all communications.
- CO is monitoring the data of their constituents to see how the changes in CMS rules and regulations are impacting the facilities in their state. They'll continue to monitor this after the emergency ends to see how it may help further develop service lines or help with advocacy efforts.

NOSORH Note: the new effort at Flex program reauthorization includes updating the language to allow for funding for technical assistance to certified RHC, ensure capacity of public health emergency and address transformation efforts.

Needed Rural Resources

The Flex Monitoring Team (FMT) is interested in doing a survey of the Flex program, to query about the needs of CAH. Members were asked to provide input on 1) whether programs would have time to respond, and 2) what suggestions do you have for information to be gathered?

- Attendees stated that they would be able to respond to a simple survey, but it needs to be kept short.
- Caution was raised that limited data may be available on hospitals currently, and they're often reporting daily already; don't want to overburden them to ask more questions.

SORH Discussion of Federally funded Programs

In previous calls, NOSORH has heard members discuss that their state budgets have been frozen, and a few concerned about their future matching funds to the SORH program. *Do you anticipate problem with the state match?*

- Some noted that they are not concerned about the match in the future.
- AZ has a furlough plan and not sure how that will be affecting the program match.
- MI is very concerned about the budget cuts and the reduction of funding.
- Many believe it is only a matter of time until states around the country are cutting budgets.
- *Note:* There is authorizing language now for SORH that allows a waiver of the funds, but it has never been done.

A few states raised concerns about their *carry forward funds*, particularly as it relates to the process for requesting and shifting funds. Participants commented that they have appreciated the fact that the FORHP has been able to be flexible with carry forward in the past.

- NH noted that when there is a crisis (i.e., opioids) then other priorities take precedence, and things for their contracts get "pushed to the bottom".
- Members were curious if there is something FORHP can do to streamline their process? Do not want there to be a perception that we don't need the funds.



- A few noted that it is very difficult to plan alternate activities that the hospitals or providers can take advantage of. Perhaps they could allow the “two year” spend again.
- Ohio offered that many of their CDC grants were going to a sort of “no-cost extension” called [Expanded Authority](#). Perhaps this is a model for FORHP to consider?