



## SORH COVID19 Learning Community Notes

Call Date: May 14, 2020

National Organization of  
State Offices of Rural Health

### NOSORH Updates

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

- NOSORH will Co-Host webinar on [Rural Primary Care Tools and Resources for Managing Suicidal Ideation during COVID-19](#) on **Tuesday, June 2nd at 3pm ET**, with the Mountain Plains Mental Health Technology Transfer Center and the Suicide Prevention Resource Center. This is intended for primary care providers looking to implement billable practices during the pandemic, with a capacity of 3,000 people. Please share with your primary care stakeholders. [Register here!](#)
- NOSORH hosted a the [Data Resources for Responding to the COVID-19 Pandemic in Rural Communities](#) listening session with the Policy Analysis and Response Committee (PARC). Links to the recording, supporting documentation and additional information can be found on the [NOSORH website](#).
- The recording, slides and screenshots from the [Updated SORH PIMS and TruServe Collection](#) webinar are now available on the NOSORH website.

*Reminder: 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](mailto:ruralcovid-19@hrsa.gov)**.*

### Rural Challenges and Concerns

*What vulnerabilities in the rural health landscape of your state have emerged/been highlighted as a result of the pandemic?*

- NV – Broadband is an issue. As we move forward more will work from home, rural should not lose out on health care or jobs because there is not enough broadband. *Licensing for providers across the state should not reversed.*
- PA – Health care is never going to look the same as it did in the middle of February. We are going to have to be thinking about what is the new normal. It was hard enough to get them across Eric Shell's 'shaky bridge'.
- VA – Health care coverage is a vulnerability especially as employer provided coverage is reduced by unemployment. This will be a strain on rural hospitals and must be monitored.
- VT – Recently 6 out of 14 hospitals developed sustainability plans to get their margins up to 1% - the loss of revenue is estimated at 40-80%. Even with the funding from state and federal government they will continue to lose. Hospitals are selecting their inpatient and outpatient services people are afraid to come in and access services. We need a different model for care.
- PA – Have had a move away from assisting those who are most vulnerable (at the federal level) and we are going to need a shift back, especially for those hospitals and primary care providers who are serve the underserved – ie: reduction in SNAP, subsidies, etc... not just hospitals.



- SC – Over the next year we may see higher levels of chronic disease, well child checks are being done without being in the office this should be the case for chronic disease patients. More clinics are doing more chronic care management during this time. That may help sustain some of the smaller clinics. There is some maintenance of revenue in those cases.
- MT – The behavioral mental health needs, with more isolation, access to telemedicine has been improved and can we make that true for access to behavioral health services.

### Identified Rural Strategies

Participants discussed the way in which rural communities are rallying to support farmers.

- SC is seeing farmers selling out of their goods at local markets by using a drive-thru service. [Foodshare](#) in SC is engaging farmers who have not been able to sell to restaurants to help get their product out in the communities.
- Beef ranchers and potato farmers in MT are giving away food to the most vulnerable, as their supply chains are being disrupted.

*How are your hospitals tracking the influx of payments and various requirements that go along with COVID-19 funding? (Follow-up)*

SORH noted that they are hearing from their hospitals that they are fearful of using SHIP, and other federal funding, because of uncertainty in appropriate tracking and reporting. Would it be helpful to track what the legislation says, what the program guidance says, and to list what the operating guidelines say?

- That would be very helpful. One SORH reported that they cannot decipher who is reporting each piece, hard to decipher what goes in the Federal Funding and Transparency Act (FFATA) reporting system portal. NOSORH will try to get some clarification. WI has the support of the purchasing department to think of that. It might be helpful to have Stephanie or Wayne (audit or grants management staff) to provide insight. It would be helpful to know more about who is reporting to what system and provide examples of sub-recipient monitoring and some examples for different types of entities.
- Equipment purchases tracking and the fact that it can be reclaimed are of concern. Emergency response departments might know some of these requirements better. More information can be found in the [OMB circular](#).
- The intent of the program is that the data is needed on what they are spending and what categories of equipment they are purchasing. The requirements regarding receipts and cancelled checks are more than a minimal burden for some. Hospitals and other providers document the purchases regularly, in general. The FORHP has been responsive and flexible. In general, the thought is that if you are doing a regular process for review it is general, not necessary to change the process; however, the guidelines are more detailed than that.



- SC pointed us to a [Provider Relief Funds for RHCs](#) document by Healthcare Business Specialists. NOSORH will engage with other partners to try and get a comprehensive document.

Some members are looking for examples of *tele-cardiac rehabilitation* (follow-up). Limited discussion on the call led to NOSORH reaching out to the National TRC consortium. Members of the consortium pulled together the [Cardiac Telerehabilitation Webligraphy](#) of what is currently available.

WI encouraged data tracking on county by county practices regarding opening up. Analysis of the data can be about looking at it for lessons learned. The full dashboard is not yet live, but a demo can be seen in the recording of the [Data Resources for Responding to the COVID-19 Pandemic in Rural Communities](#) listening session.

**NEXT WEEK:** How do you see your office needing to shift future work to focus on the exposed vulnerabilities in your state? What support might you need in accomplishing this?