



SORH COVID19 Learning Community Notes

Call Date: May 28, 2020

National Organization of
State Offices of Rural Health

NOSORH Updates

- PARC has released a [brief fact sheet](#) on the \$10 billion rural allocation for CAHs, RHCs and rural FQHCs.
- Further details from the Immigration office on J-1/Conrad 30 slots, participants may **not** be moved to a location seeing surges. Must remain in their location but may provide telemedicine.
- [Rural Primary Care Tools and Resources for Managing Suicidal Ideation during COVID-19](#) was held on June 2nd at 3:00 pm. The slides, recording and resource links are now available for download.
- Virtual Meetings learning community – for all of us to identify challenges and solutions for hosting quality, engaging virtual meetings. Wednesday June 10th at 4:00pm ET – please encourage your staff in charge of developing this type of content to attend. If you haven't received the invite, please contact Trevor Brown, trevorb@nosorh.org

State-based Concerns for Programs

- Legislative budgets were of concern:
 - PA noted theirs last for 6 months, hopefully funds will be renewed.
 - ND noted theirs doesn't meet until January, but the Governor's office is reducing budgets up to 15%. UND is facing a shortfall of \$11 million. Seeking opportunities for "reduction in efforts" to meet that shortfall, not really impacting Federally funded programs.
- Those changes in staffing were issues for some offices, but not all:
 - ND isn't as much impacted by the reduction in effort because they rely a little heavily on Federal programs – which is usually the least secure form of funding.
 - ME saw staff totally reassigned and are only available about 5 hours/week right now for their SORH/Flex/SHIP responsibilities.
 - SHIP funds were set to go – audit office stepped in and said more changes had to be made; has greatly extended their timeline.
- Some of the offices are concerned with match if they are seeing major budget cuts; Nevada noted they're facing up to a 25% overall cut.
- MO noted that they started with a higher match than most but are seeing a 30% reduction. This money usually goes to the AHECs but will likely have to be cut. Be able to maintain their match, but not do extra stuff. Rural hospitals reporting 40-60% reductions, with nearly \$5.3 million per day loses in the state. Refocusing Flex to help CAHs capitalize, but with only 2.25 FTE it's hard to maintain.
- WY is keeping close tabs on financials; seeing a correlation between high Medicaid reimbursement and low days cash on hand. Hypothetically posing the question of if they see their employees agreeing to go to 2/3rd time to retain their jobs? Will there be a renegotiation of provider contracts to include reductions, and how can that be tied into housing assistance? High number of inpatient/outpatient reliance, 6 months of sustainability but for others it's make-or-break right now.



- ND noted the Chartis webinar that non-CAH/PPS/sole-community hospitals were worse off than even CAHs, seeing a decline in utilization by 20%. What they've received will be used up quickly, need to get back to revenue generating activities. These are the referral centers for CAHs and are certainly a key component of the rural health infrastructure.

Identified Rural Strategies

- PA hosted a webinar for their hospitals on how to use and document SHIP funds. The [recording](#) and [the slides](#) are now available on the NOSORH website.
- What if we aren't able to travel – that's a big chunk of most people's budgets. What can we do with that funding?
 - AR has started expanding their trainings, virtually, to more RHCs – such as ArchPro Coding opportunities.
- NC has been having calls on how to engage the entire community in the discussion. As programs are getting cut and COVID-19 funds may be drying up, what are the unique ways to braid funding together and make sure services are available. May look really different within a state, from region to region, but trying to identify what funding is available from all partners and tying that together. Interested to see how this plays out, and what other states may see in similar situations.
- How does this all play into the original mission of a SORH – focused on community development, need to include them as part of the process and this may be an opportunity to “get back to the basics”.

Needed Rural Resources

- Keep doing what you're doing – giving us this platform and responding with resources as able. And the addition of the Virtual Meeting learning community; this is what we need from NOSORH and it's very much appreciated.

General rural challenges and concerns

- Rural areas are often the tourist areas, and there hasn't been a lot of pre-planning. Epidemics are density dependent, and summer will impact rural in a different way.
- WY noted all rodeos are cancelled and for the state that is a HUGE deal – it's the biggest economic driver. When a vaccine is introduced, what does re-entry look like?
- NV mentioned “don't eat your seeds” ...hold off as long as you can. With budget cuts, it's short sighted and causes cuts to programs – equivalent to eating your seeds. What's going to happen down the road?