



SORH COVID19 Learning Community Notes

Call Date: May 7, 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:

- The CDC has released a video “[Certifying Deaths Due to Coronavirus Disease \(COVID-19\)](#)”, please share with your constituents.
- The Chartis Center for Rural Health presented the webinar [Rural Health Safety Net Under Pressure](#) which is now available on the NOSORH website, along with the resources discussed on the call.
- NOSORH will be partnering to host a webinar [Rural Primary Care Tools and Resources for Managing Suicidal Ideation during COVID-19](#) on **Tuesday, June 2nd at 3pm ET / 2pm CT / 1pm MT / 12pm PT**. This webinar is targeted to rural primary care providers, using a platform with a capacity to accommodate 3,000 participants. A formal invitation email will be sent to your emails - please share with your primary care partners.
- The PARC will be hosting a [Data Resources for Responding to the COVID-19 Pandemic in Rural](#) Communities listening session on **Wednesday, May 20 at 3pm ET/ 2pm CT / 1pm MT / 12pm PT**. The session will demonstrate various aspects of the [New Mexico Community Data Collaborative’s tool](#) that examines county-level cases with social vulnerability data.
- RHC allocation: in the last round of funding it appeared that all RHC would get funding – it now appears that only those with a CMS certification number on or before December 17th will be eligible and that they can’t be owned by the urban entity. There is some uncertainty about definitions and other details.
- HHS has extended the deadline for attestation from 30 days to 45 days

*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**.*

Rural Challenges and Concerns

Some SORH noted that with all of the reporting requirements that are coming out for stimulus funds from various funders and making sure that the funds don’t overlap or are supplanted can be a big burden. Concern is that the facility may not use the funds inappropriately without adequate accounting staff. Hospital associations are helping in some states. It is difficult to provide a tool without final guidelines for example on PPP forgiveness. How are states making sure to efficiently report on the funds?

- WI has heard that there will be additional and supplemental information on reporting requirements.
- NH [sent a letter](#) to financial officers at their hospitals, with an abbreviated version for CEOs to help them understand allowable and unallowable expenses.



- Has there been final clarification on the work plan that is due later this month? Others on the call understand that the submission requirements are the template, simple budget narrative and SF424.
- Rural health clinics need the support as well. NH shared information on testing effort, there is some concern by some clinics taking the referral from tested patients due to worries about incomplete follow up.

Identified Rural Strategies

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

Several members noted that there is still a lot of uncertainty for healthcare providers on what the reporting requirements will be for the various sources of funding. OK in general they don't know what to expect.

VT has begun putting together several documents to assist the office and their rural hospitals in navigating the various funding streams.

- The [Funding Tip Sheet](#) combines the SHIP funding to an existing resource listing Federal funding and allowable expenses.
- [Appendix A](#) offers an annotated description of the COVID-19 allowable expenses.
- [Appendix B](#) provides subgrantee's with an expense tracking template
- Internally, the VT-SORH is using a [template](#) to track funding and reporting that they've shared with other SORH.

Have any of you seen examples of hospitals doing Tele-Cardiac Rehab (allowing patients to remain compliant from home vs. therapy gym)? If so, share examples!

Nothing at this time, will check in again on this next week.

During this pandemic, what are your SORH's strategies for: information dissemination, coordination of rural health activities, and providing direct technical assistance?

- NC has put information from these calls with other resources and is putting them into an issues and innovative strategies by list – will be sharing it with NOSORH. NC is seeing school buses furnished with Wi-Fi and will park where kids will get meals and be able to connect to schools.
- PA held 4 days of billing and coding boot camp with ArchPro Coding for RHCs and hospitals there was tremendous participation, 151 total participants. The training was virtual, 1 ½ days each. There was no drop off after lunch. They are offering TA to answer any questions of anyone. It was offered free. ND is planning the same. There are free resources from ArchPro on the NOSORH website. NOSORH asked SORH to share if there is interest and we will work with ArchPro one of our investing partners.



- AR was looking to use savings from not travelling to NRHA to propose to connect RHC to NRHA; may try a billing and coding boot camp instead.
- VA has had an opportunity to share information on needs of rural with the governor. It has allowed them to put together a series of newsletters and compiling information and categorizing it for rural stakeholders. Policy information they provided to the governor is turning into a blog with the state epidemiologist. A rural town hall was conducted with the governor and the state health officer with nearly 300 participants.
- MT did a series of [resiliency trainings for hospitals and clinics](#). Two cohorts (general and hospital) and they will continue to look for opportunities to do resiliency training. The training was done by the Rocky Mountain Public Health training center and the second series will be done by a MT LCSW. Natalie will share the newsletter article.

Needed Rural Resources

- CT looking for best practices for contact tracing. Volunteers are being used in CT. There is a 12-part training on how to do contact tracing from ASTHO.
 - OH checklist for volunteers is up on the website. Many volunteers are coming from academic institutions.
 - Multiple states mentioned that they are using the “[Massachusetts Model](#)” approach to contact tracing. Some volunteer issues were raised related to HIPPA requirements and patient confidentiality in training.
 - NH it would be interesting to see the differences in effectiveness in rural and urban areas for contact tracing. It would be helpful to demonstrate that broadband does not equal access.
 - NM noted that contact tracing is a statewide effort, led by the Epidemiology & Response Division (ERD). There aren’t differences in the rural/urban approach. Community members can use the [website](#) to find available testing sites near them.

SORH Discussion of Federally funded Programs

SORH noted their appreciation for the recent increase in SORH funding; no issues of concern were raised at this time.