



NOSORH's Rural Health Resources

July 27, 2020

Learning Objectives



Locate resources on the NOSORH web site



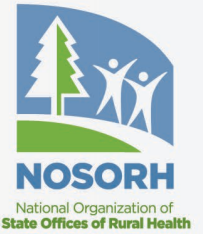
Integrate the resources into current SORH efforts



Utilize simple methods to share the resources with stakeholders

POWER OF RURAL - STRATEGIC PLAN

2019-2022



CULTIVATE

Cultivate a vital, innovative rural health landscape and infrastructure.

The value of rural innovation, integration and quality of care.

Grow capacity and share new models for community engagement and primary care access

Align with NOSORH corporate and association partners to build urban system and rural collaborative efforts for the future.

To ensure sustainability and growth of emerging access points for rural Americans.

25% growth in primary care TA reach and primary care proficiency



GROW

Grow leadership to address rural population health and health equity.

The importance of leadership to improve population health, achieve health equity and address the SDOH.

Utilize a leadership framework for alignment and integration of community-based programs to make the business case for population health and health equity.

Affiliate with state and county focused partners to grow leadership for SDOH and health equity.

Identify models and priorities for program integration and leadership to improve population health, health equity and address SDOH.

25% growth in leadership and proficiency for population health and health equity



BUILD

Build capacity for rural data driven program planning and decision making.

Rural relevant data and messages for the power of rural.

Share and analyze data for responding to program changes, integration of care, SDOH, population health and health equity

Connect research and data needs of SORH and rural stakeholders with research partners.

Resource SORH with state data sets which can inform programs and decision making on integration, rural urban connection, new access points, SDOH, health equity and population health.

25% increase of SORH providing TA and proficiency for data



ADVOCATE

Advocate for meaningful partnerships and additional resources for SORH, and their stakeholders.

The role of SORH, future TA needs of rural stakeholders and NOSORH policy and program priorities

Inform policy makers and partners on the unique position, model programs, and capacity of SORH and their stakeholders

Engage national, federal, state and local partners with their SORH to communicate rural success, needs and the Power of Rural.

Identify and resource communities, partners and SORH to seed new sustainable models of innovation.

New line of SORH funding and basic SORH funding increases to \$15 million by 2022

COMMUNICATE

EDUCATE

COLLABORATE

INNOVATE

IMPACT

Data Resources



- ▶ Identifying Vulnerable Populations during COVID-19 using the CDC's Social Vulnerability Index
 - ▶ NOSORH Data Tool
- ▶ Using Data to Define Rural Populations
- ▶ NRHD Key Messages and Data Points eBook
- ▶ Upcoming:
 - ▶ HPSA Rurality listening session - August 7, 2020 at 2:00pm ET
 - ▶ Rural Health Data Institute - Fall 2020



Population Health and Health Equity

- ▶ Rural Community Health Needs Assessments and Community Health Improvement Plans
- ▶ Upcoming:
 - ▶ Defining rural population health and health equity - fact sheet
 - ▶ Connect Americans Now: Bridging the digital divide for rural and underserved communities
 - ▶ Wednesday, August 5th, 2020 at 3:00pm ET / 2:00pm CT / 1:00pm MT / 12:00pm PT
 - ▶ Introduction to Community Development and Building Cross-Sector Health Partnerships
 - ▶ Tuesday and Wednesday, August 18 & 19 at 3:00pm ET / 2:00pm CT / 1:00pm MT / 12:00pm PT



SORH Proficiencies

▶ SORH Core

- ▶ Benchmarking Report
- ▶ At least 4 resources annually
- ▶ Re-assess Fall 2021

▶ Topical

- ▶ Health Professions Workforce
- ▶ Communicating SORH Value
- ▶ Primary Care Integration

- ▶ Assess Fall 2020
- ▶ Benchmark early 2021
- ▶ At least 3 resources annually



Building SORH Primary Care Capacity

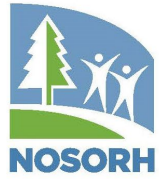


Helping SORH Make TA Decisions

Tiered TA Program

▶ Volumes

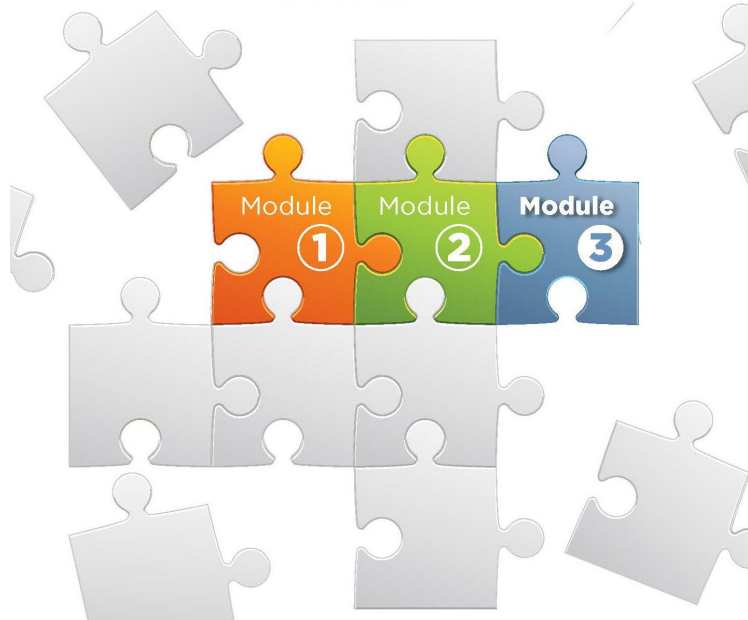
RHC Education Series Module #3: Helping SORH Make TA Decisions



Module 3

Helping SORHs Make Decisions about Providing Technical Assistance and Support to Rural Health Clinics and Other Rural Primary Care Providers

Rural Health Clinic Technical Assistance Educational Series

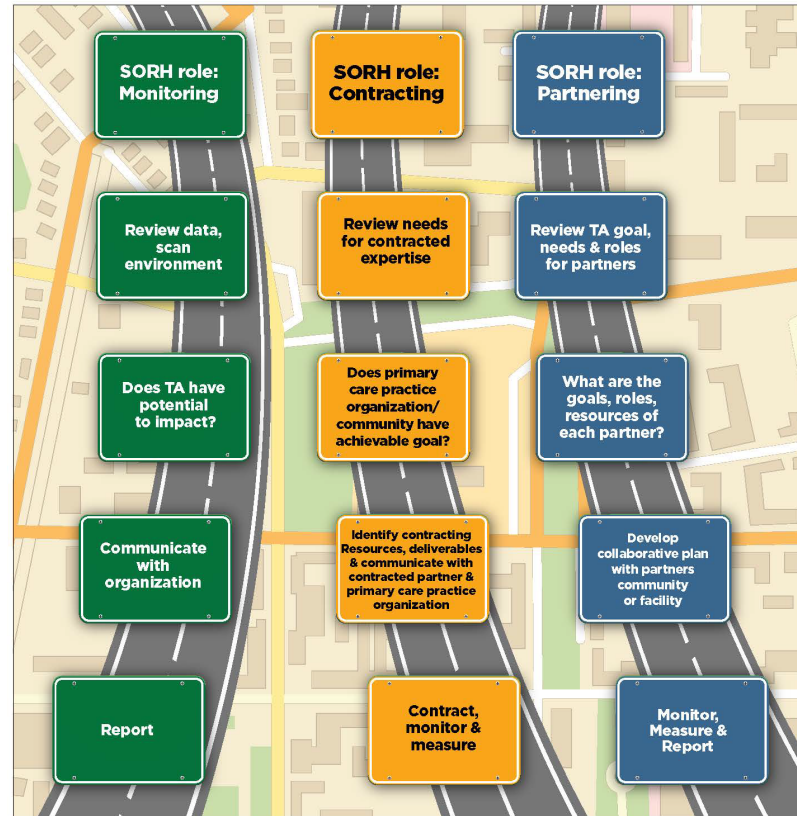


Available July 31 at nosorh.org

SORH Self-Assessment



SORH Delineation Map – Use this map to understand the role of the SORH and as a guide for the decisions and activities which must be made by SORH, provider practice organizations, communities, partners and contractors who are supporting the technical assistance efforts.



Tiered Technical Assistance Program



Tiered Technical Assistance Program

Program Options:

Level	Annual Fee	Included Technical Assistance Services*
Tier 1 Project focused	\$5,000	<ul style="list-style-type: none"> Determination of SORH staff capacity and bandwidth using SORH Proficiencies Benchmarking assessment and SORH self-assessment using RHC – specific matrix, if appropriate Development of SORH TA continuation strategy (SORH team member or outsourcing), if appropriate Assessment of rural primary care provider needs/project readiness Development and implementation of a technical assistance plan/strategy for focused project/identified need(s) Remote assistance with execution of technical assistance plan/strategy while increasing SORH team capacity Remote TA offered to rural primary care provider and/or project participants to supplement Local SORH efforts, as needed TA offered is focused on a single issue: adding a service line, recruitment, retention or compliance issue.

		<ul style="list-style-type: none"> Remote TA up to 3 organizations (not to exceed 10 individual rural primary care providers)
Tier 2 Open ended – general needs	\$7,500	<ul style="list-style-type: none"> All of Tier 1 PLUS: TA offered to supplement Local SORH efforts, as needed Remote TA up to 6 organizations (not to exceed 18 individual rural primary care Providers) TA may include workflow, revenue cycle – including coding, billing & documentation, quality metrics, process efficiencies, community development, leadership/management development, etc. High level of rural primary care provider engagement with contact every other day or more often; enhance rural primary care provider collaboration efforts
Tier 3 For SORH starting primary care engagement and technical assistance. Project focused or more open ended for general needs.	\$12,000	<ul style="list-style-type: none"> All of Tier 2 PLUS: Remote TA for up to 10 organizations (not to exceed 25 individual Rural Primary Care Providers) needing in-depth/hands-on assistance. TA may include workflow, revenue cycle – including coding, billing & documentation, quality metrics, process efficiencies, community development, establishing relationship(s) with rural primary care providers, leadership/management development, etc. SORH desire to begin work with rural primary care providers or enhance rural primary care provider engagement May have limited SORH staff time or new SORH staff

Tiered Technical Assistance Program

Expected Impact:

- Improve overall business literacy of participating rural primary care leaders, SORH team members and other participating stakeholders
- Increase technical assistance and community outreach capacity of SORH
- Evaluate sustainability potential of SORH technical assistance capacity through development of the technical assistance continuity plan
- Establish and/or strengthen relationships with rural primary care providers and rural communities



Volumes: A Tool to Help Manage the Business

Daily Patient Log

June		Provider 1 (AM)	Provider 2 (AM)	Provider 1 (PM)	Provider 2 (PM)	Provider 1	Provider 2	Total	Walk-ins (AM)	Walk-ins (PM)	Walk-ins Total
M	6/2/2004										
Tu	6/3/2004										
W	6/4/2004								A		
Th	6/5/2004										
F	6/6/2004										
M	6/7/2004										
Tu	6/8/2004										
W	6/9/2004	7	11	7	7	14	18	32			0
Th	6/10/2004	15		12		0	27	27	B	4	4
F	6/11/2004	10	10			10	10	20			0
M	6/14/2004	13	14	11		24	14	38		2	2
Tu	6/15/2004	9	9	5	7	14	16	30			0
W	6/16/2004	11	10	10	2	21	12	33			0
Th	6/17/2004		12	2	7	2	19	21	A	1	1
F	6/18/2004	11	11			11	11	22		3	3
M	6/21/2004	11	12	12	9	23	21	44		2	2
Tu	6/22/2004	12	15	3	8	15	23	38			0
W	6/23/2004	13	11	8	5	21	16	37		1	1
Th	6/24/2004	1	4	16	1	17	5	22	B	2	4
F	6/25/2004	10	9			10	9	19			0
M	6/28/2004	15			16	0	31	31		2	3
Tu	6/29/2004	12	12	12	7	24	19	43			0
W	6/30/2004	7	9	5	13	12	22	34		1	1
		127	179	91	94	218	273	491	16	5	21
July		Provider 1 (AM)	Provider 2 (AM)	Provider 1 (PM)	Provider 2 (PM)	Provider 1	Provider 2	Total	Walk-ins (AM)	Walk-ins (PM)	Walk-ins Total
Th	7/1/2004		7		10	0	17	17	A		0
F	7/2/2004	9	14			9	14	23		2	2
M	7/5/2004					0	0	0			0
Tu	7/6/2004	13	14	7	13	20	27	47			0
W	7/7/2004	12	9	7	8	19	17	36			0
Th	7/8/2004	10	3	10		20	3	23	B		0

AM	PM	Total	MTWTF	Th (Provider 1)	Th (Provider 2)	Fri	M	Tu	W	Th	F
18	14								0		
15	12					27				4	
20	0					20					0
27	11						2				
18	12							0			
21	12	101							0		
12	9					21				1	
22	0					22					3
23	21						2				
27	11							0			
24	13								1		
5	17	119		17						4	
19	0					19					0
15	16						3				
24	19							0			
16	18								1		
19	14	33.4	37	17	24	20	2	0	0	3	1
AM	PM	Total	MTWTF	Th (Provider 1)	Th (Provider 2)	Fri	M	Tu	W	Th	F
7	10									0	
23	0										2
0	0						0				
27	20							0			
21	15								0		
13	10			20						0	

Volumes: A Tool to Help Manage the Business

Profit / Loss Projections

		Working days	# of patients	Provider 1	Provider 2	Total Rev
		231	17	\$ 353,430	\$ 353,430	\$ 706,860
			20	\$ 415,800	\$ 415,800	\$ 831,600
			25	\$ 519,750	\$ 519,750	\$ 1,039,500
			30	\$ 623,700	\$ 623,700	\$ 1,247,400
	Monthly Expense					
January	\$ 84,625					
February	\$ 49,462					
March	\$ 78,689					
3-month avg	\$ 70,925					
Annualized	\$ (851,105)					

		# pts./day	100% Coll.	80% Coll.	70% Coll.	65% Coll.
		17	Total Rev \$ 706,860	565,488	494,802	459,459
			Total Exp \$ (851,105)	\$ (851,105)	\$ (851,105)	\$ (851,105)
			\$ (144,245)	\$ (285,617)	\$ (356,303)	\$ (391,646)
		20	Total Rev \$ 831,600	\$ 665,280	\$ 582,120	\$ 540,540
			Total Exp \$ (851,105)	\$ (851,105)	\$ (851,105)	\$ (851,105)
			\$ (19,505)	\$ (185,825)	\$ (268,985)	\$ (310,565)
		25	Total Rev \$ 1,039,500	\$ 831,600	\$ 727,650	\$ 675,675
			Total Exp \$ (851,105)	\$ (851,105)	\$ (851,105)	\$ (851,105)
			\$ 188,395	\$ (19,505)	\$ (123,455)	\$ (175,430)
		30	Total Rev \$ 1,247,400	\$ 997,920	\$ 873,180	\$ 810,810
			Total Exp \$ (851,105)	\$ (851,105)	\$ (851,105)	\$ (851,105)
			\$ 396,295	\$ 146,815	\$ 22,075	\$ (40,295)

Caveats

no co-pays
no rent
no other income
no past A/R

Improvements

Increase cost > maximize re-imbursement
Decrease expenses
Increase volumes
Increase collections

Tiered Technical Assistance Program

Additional Information & Registration:

All technical assistance services are provided and/or coordinated by Tammy Norville, NOSORH Technical Assistance Director. Tammy maintains Registered Medical Manager, Registered Medical Biller, Registered Medical Coder, Certified Professional Coder and Certified Professional Coder–Instructor certifications. Tammy served rural communities during her almost 15-year tenure at the North Carolina State Office of Rural Health. The cornerstone of her experience is operational efficiency in various healthcare settings allowing flexibility and innovative approaches to project management and challenge resolution.

Please contact Tammy for more information or to register for the program:

Tammy Norville, Technical Assistance Director

Phone: (888) 391-7258 Ext. 105

tammyn@nosorh.org



Tell us what you need!



SORH Technical Assistance
Rural Primary Care Provider
Rural Aging and Veterans Resource Needs List



Survey Says...

- ▶ SORH Technical Assistance Survey 2020
 - ▶ Survey is closed
 - ▶ 44 responses from 37 states!
 - ▶ Results shared following review by the Primary Care Committee
- ▶ Rural Primary Care Provider Survey 2020
 - ▶ Open to any rural primary care provider type!
 - ▶ Currently Open
 - ▶ ***Closes July 31***
 - ▶ Please distribute far and wide to any rural primary care provider type!

Rural Aging and Veterans Resource Needs List

- ▶ Compiled by the Aging in Rural SEED group
 - ▶ Send any identified resource needs to Tammy Norville (tammyn@nosorh.org)



Recent recordings

- ▶ Rural Primary Care Providers Managing Suicidal Ideation During COVID-19
- ▶ Center for Optimizing Rural Health webinar
- ▶ State of the Healthcare Industry: Market Updates for Rural

- ▶ Coming Soon:
 - ▶ Region E partnership meeting
 - ▶ Region A partnership meeting
 - ▶ pre-meeting on EMS



Contact Us

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