


Region A Meeting



**Office of Rural Health Policy
Update**

HHS Update

- Protecting and enhancing the Nation's Health and Well Being
- A Key Focus in 2011: Implementation of the Affordable Care Act




HHS Headquarters





HRSA: Key Focus Areas

- Primary Care Access
- Workforce Training, Recruitment and Retention
- Serving Those with HIV/AIDS
- Maternal and Child Health Block Grant
- 340B Discount Drug Program
- Organ Donation



HRSA Administrator Mary Wakefield



HRSA's Strategic Plan

- **Vision:** Healthy Communities, Healthy People
- **Mission:** To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.
 - **Goal I:** Improve Access to Quality Health Care and Services
 - **Goal II:** Strengthen the Health Workforce
 - **Goal III:** Build healthy communities
 - **Goal IV:** Improve health equity

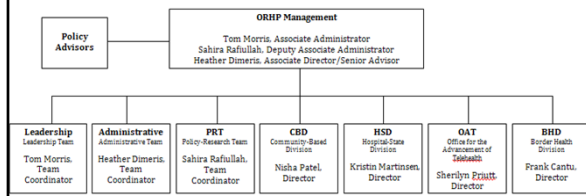


Office of Rural Health Policy

- “Voice for Rural” within HHS
- Rural-Focused Review of HHS Regulations
 - Research and Policy Development
- Rural-Specific Grant Programs
- Technical Assistance



Organizational Structure



2012 President's Budget

Office of Rural Health Policy (FY12)

Rural Health Policy Development	\$10 million
Rural Health Outreach	\$57 million
Rural Hospital Flexibility	\$26 million
State Offices of Rural Health	\$10 million
Telehealth	\$12 million
Radiogenic Diseases	\$2 million
Black Lung	\$7 million



Rural Initiative



DEPARTMENT
of HEALTH
and HUMAN
SERVICES

Fiscal Year
2012

Health Resources and
Services Administration

*Justification of
Estimates for
Appropriations Committees*

"Within the total amount requested for Rural Health activities, the Budget includes \$79 million to continue the President's initiative to improve rural health. The goal of this initiative is to improve the access to and quality of health care in rural areas."



The Improving Rural Health Initiative: Key Elements

• Building a Programmatic "Evidence Base"



• Health Workforce Recruitment and Retention



• Telehealth/HIT Coordination



• Cross Governmental Collaboration



Partnership for Patients

1. Reduce harm caused to patients in hospitals.

We will accelerate the reduction of preventable harms to inpatients starting now, so that by the end of 2013 we will observe a 40% reduction in preventable harm compared to 2010. Based on our calculations, this would mean almost two million fewer injuries to patients and more than 60,000 lives saved.

2. Reduce preventable hospital readmissions.

We will advance efforts to decrease preventable hospital readmissions within 30 days of discharge, so that by 2013 all readmissions would be reduced by 20% compared to 2010. This would mean prevention of more than 1,600,000 hospital readmissions.

Achieving these two goals will not only save lives and greatly reduce injuries to millions of Americans – it will also result in savings of billions of dollars that help put the nation on the path to having a more sustainable health care system.



Hospital-Acquired Conditions: Some of the Many Opportunities for Improvement

Condition/Adverse Event (examples)	Total Cases (2010)	Preventable Cases (2010)
Central Line-Associated Blood Stream Infection	41,000	20,500
Pressure Ulcer	250,000	125,000
Surgical Site Infection	290,000	101,500
Adverse Drug Event	1,900,000	950,000
Injury from Fall	200,000	50,000
Ventilator-Associated Pneumonia	40,000	20,000
All Other Hospital Acquired Conditions For example: - Delay in administration of aspirin leads to hemorrhage - Misplacement of feeding tube leads to choking - Failure to manage diabetic symptoms leads to coma	2,240,589	985,859
Total - ALL Hospital Acquired Conditions	5,982,768	2,623,150

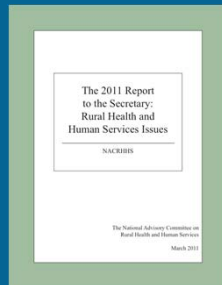
The goal of the Partnership for Patients is to achieve a 40 percent reduction of preventable hospital acquired conditions in three years.



National Advisory Committee on Rural Health & Human Services

- Advises the Secretary of HHS on Rural Issues
- 2011 Report Available
 - Now Focusing on Rural Impact of Key Affordable Care Act Provisions

<http://ruralcommittee.hrsa.gov>



Building a Rural Evidence Base

Tapping into the Rural Programs ...



- Community-Based Programs
- Hospital-State Programs
- Telehealth Programs



Community-Based Programs

Programs:

- Rural Health Outreach
- Rural Network Development
- Network Planning
- Quality Improvement
- Rural Workforce

2011 Focus:

- Identify best practice models
- Push for Sustainability
- Measure Performance
- Providing Tools



New Tools: An Example

- Economic Multiplier Calculator for Community-Based Programs
- Available on the Rural Assistance Center Website this summer.

HRSA ORHP Grantee Economic Impact Analysis Formula Model

Economic Impact Analysis Formula Model

Pharmacia Trial

Input Example

View Results

The Health Resources and Services Administration (HRSA) Office of Rural Health Policy (ORHP) created the Economic Impact Analysis Formula Model (EIA Model) available for ORHP grantees to estimate the economic impact of their program investments to local economies. The Tool is for any quantitative or qualitative data entered to be reported, and is not for commercial purposes without the specific permission of ORHP.

ORHP is not responsible for any decisions made by grantees using the Tool. ORHP makes no warranty, expressed or implied, regarding the completeness, accuracy, or quality of any information provided through the Tool.

Results from Economic Impact Model

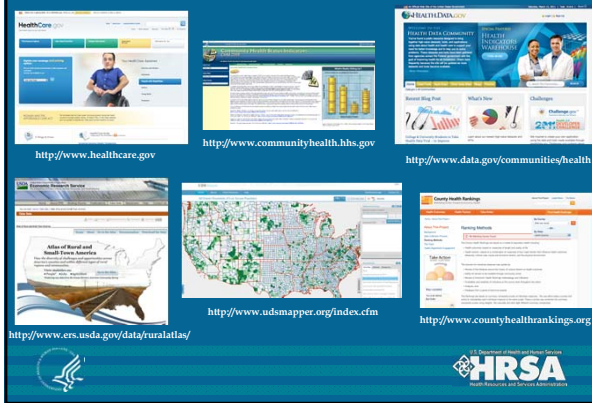
Total program spending	\$ 100,000.00
Total economic impact	\$ 140,949.83
Ratio: Economic impact v. total program funding	1.41
Ratio: Impact v. personnel spending	1.41
Ratio: Impact v. equipment/facilities spending	1.41
Ratio: Impact v. contract personnel spending	1.41
Ratio: Impact v. other operational personnel spending	1.41
Ratio: Economic impact v. HRSA program funding	1.41



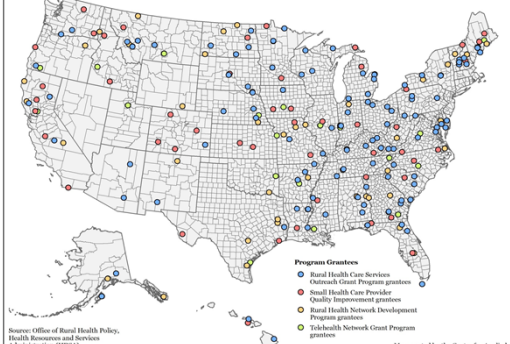
ORHP TA Workshops (2008-2010)



Data & Information Resources



Telehealth Network Grant Programs and Community-Based Rural Outreach, Quality, and Network Development Grantees



Health Information Technology And Telehealth

Challenges and
Opportunities for
Rural America



Office for the Advancement of Telehealth

Key Programs:

- Telehealth Network Grant
 - Including Tele-Home Care
- Telehealth Resource Centers
 - Free Technical Assistance Nationally



State Offices of Rural Health (SORH) FY13 Competing Continuation

- FY 13 grant guidance to be released in late 2012
 - New 5 year project period
- Application will be comprehensive (versus abbreviated non-competing application)
- Submit via Grants.gov
- SORH / NOSORH workgroup
 - PA, MN, MI, KY, WY
 - Guidance to have major revisions
 - Will be finished by Summer 2012
 - Your thoughts for improvement are welcome
- Updates to be provided at the NOSORH meeting



Small Rural Hospital Improvement Program (SHIP)

- FY11 - Year four of five, non-competitive grant period
- Anticipated award date: September 1, 2011
- Anticipated amount of award: ~ \$9,000 per hospital
- FY11 SHIP Focus:
 - How to encourage network participation to maximize purchasing power and encourage collaboration



Rural Hospital Flexibility Grant Program (Flex)

Forty-five States Participate

- Grants Total \$22.8 million
- Up to \$750,000 per year, per grantee, with an average grant of \$490,000
- Over 1,300 hospitals have converted to CAH status



Flex Grant Program Continued

Focuses on four core areas:

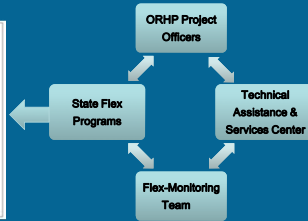
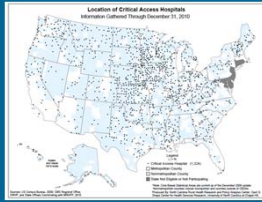
1. Support for Quality Improvement in CAHs
2. Support for Operational and Financial Improvement in CAHs
3. Support for Health System Development and Community Engagement
 - Including integrating EMS in regional and local systems of care
4. Designation of CAHs in the State



MBQIP: Quality Improvement

The Flex Program and the Medicare Beneficiary Quality Improvement Project (MBQIP)

- Working with CAHs



Quality Improvement

Over 70 percent of CAHs voluntarily reported quality data to the Hospital Compare Web site.

CAHs have shown significant increases in the percent of patients receiving care under recommended protocols.

The Medicare Beneficiary Quality Improvement Project (MBQIP) will focus on Medicare beneficiary health status improvement.



Operational and Financial Improvement

Increasing Emphasis on Evidence Based Practices, e.g.,

ORIGINAL ARTICLE

Adoption and Perceived Effectiveness of Financial Improvement Strategies in Critical Access Hospitals

George M. Holmes, PhD^{1,2} & George H. Pink, PhD^{1,2}

¹Department of Health Policy and Management, UNC Gillings School of Global Public Health, Chapel Hill, North Carolina
²North Carolina Rural Health Research and Policy Analysis Center, Sheps Center for Health Services Research, University of North Carolina, Chapel Hill, North Carolina

Abstract

The authors gratefully acknowledge Roger Thompson who provided valuable advice and expertise. This work was funded through a cooperative agreement with the federal Office of Rural Health Policy, Health Resources and Services Administration, US Department of Health and Human Services (PH10CE000168). For further information, contact: George M. Holmes, PhD, 1506 McGowan-Greenberg Hall, Department of Health Policy and Management, UNC Gillings

Purpose: To ascertain the use and perceived success of strategies to improve the financial performance of Critical Access Hospitals (CAHs).
Methods: Information about the use and perceived effectiveness of 44 specific strategies to improve financial performance was collected from an online survey of 293 CAH Chief Executive Officers and Chief Financial Officers. Responses were merged with financial and operational characteristics of the respondents' hospitals obtained from Medicare cost reports. Use rates and perceived success and failure were calculated for each strategy. A cluster analysis was applied to classify strategies based on their use and success. Finally, CAH characteristics were examined to predict the use of individual strategies.
Findings: Financial improvement strategies are pervasive among CAHs. The administrators who responded to the survey in this study reported using an av-



Health System Development and Community Engagement

Rural Health Networks

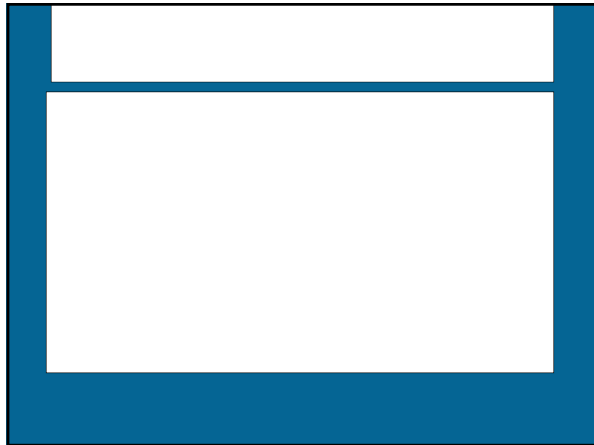
Long-term plans for improving the health of the community.

Health status assessments of the community.

Services Urban Hospitals don't provide:

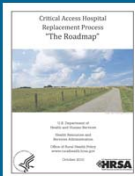
- Ambulance services
- Long-term care





Access to Capital & Building Resources

- Capital Planning Manual
<http://www.hrsa.gov/ruralhealth/resources/access/index.html>
- CAH Prototype Design
<http://www.rurdev.usda.gov/rhs/ct/Design/PROTOTYPE.pdf>
- USDA's Community Facilities Program
- HUD 242 Program
- Rural Hospital Replacement Study
<http://www.stroudwaterassociates.com/ResourcesAssets/Rural/2008-Rural-Hospital-Study.pdf>



Workforce: Improving Recruitment and Retention

- Testing Out New Ideas ...
- Improving Links to Other Workforce Programs
- Continuing Support for the Rural Recruitment and Retention Network



Building On A Model That Works: Rural Training Tracks

Technical Assistance Grant with the National Rural Health Association

- Sustaining and Expanding the "1+2" Family Medicine Residencies
- Helping Communities Start New RTTs
- Increasing Resident Interest in RTTs
www.raconline.org/rtt_new



Getting Health Professions Students into Rural Clinical Settings

Rural Workforce Network Pilot Grants

- 20 Awards in 2010



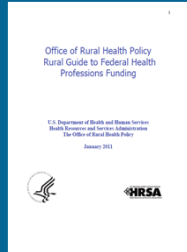
Medical students at a rural community hospital in Nebraska



Linking Rural Health Care Providers to the Federal Workforce Programs

- HRSA Programs such as ...
- National Health Service Corps
 - Nursing Loan Repayment
 - Primary Care Training
 - Nursing Education

Key Challenge: Linking Providers and Educational Institutions



<http://www.hrsa.gov/ruralhealth/pdf/ruralhealthfundingguidance.pdf>



The National Health Service Corps

Scholarships and Loans

- Primary Care
- Dentistry
- Mental Health

Flexible Options



<http://www.nhsc.hrsa.gov>



Key Partners and Resources

National Rural Health Association

- Annual Policy Brainstorming Sessions
- State Rural Health Association Support
- Rural Medical Educators
- Rural Public Health Series
- Border Health Task Force



Key Partners and Resources



<http://www.3rnet.org>



<http://www.nosorh.org>



<http://www.nchn.org/>



<http://www.agrisafe.org/>



<http://www.ruralhealthworks.org/index.html>



Flex Monitoring Team



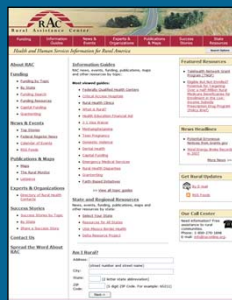
- Develops products for State Flex Programs to use in designing Flex activities
- Identifies best practices for States and CAHs to improve performance

FMT Products

- CAH Financial Indicator Reports
- State Hospital Compare and Quality Measure Reports
- Community Benefit / Impact Indicator Reports
- Many other briefs and reports each year on quality, finance, and community engagement



Rural Assistance Center



Web-Based Services

- <http://www.raconline.org>

Electronic Updates

- Subscribe on the website

Customized Assistance

- Phone: (800) 270-1898
- E-mail: info@raconline.org

Home for the Emerging Rural Community Health Evidence Base



Health Workforce Information Center

HWIC provides free access to the most recent resources on the nation's health workforce in one easy-to-use online location.

- <http://www.hwic.org/>

Available services include customized assistance from information specialists.

- E-mail: info@hwic.org
- Phone: (888) 332-4942
- Fax: (800) 270-1913



Health Workforce Information Center

HWIC's online library can help you find the latest:

- Health workforce programs and funding sources
- Workforce data, research and policy
- Educational opportunities and models
- E-mail news, updates and events

59 topics available:

- <http://www.hwic.org/topics/topics.php>



Rural Guide to Federal Health Professions Funding

Accessible via the "Resources" page of the ORHP Web site:

- <http://www.hrsa.gov/ruralhealth/resources/index.html>

Includes information to increase the familiarity of rural health care providers and health systems regarding the broad range of Federal workforce funding availability



Health Information Technology Assistance

Resource assistance includes:

- Workforce
 - HIMSS and ONC
- Capital
 - USDA
- Broadband Support
 - FCC
- Planning, Implementation, and Adoption
 - ONC and ORHP



Office of Rural Health Policy Contacts

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Mental Health:
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Grants

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- Rural Health Network
- Small Healthcare Provider Quality Improvement
- Network Planning/Development

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- State Offices of Rural Health
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<http://www.hrsa.gov/ruralhealth/index.html>