

Rural Health Clinics

State Offices of Rural Health
Technical Assistance Project

National Association of State Offices of Rural Health

Rita Salain

Rural Health Clinics

Essential Primary Care Provider

Opportunity and Need

Overview of the Project

- History – who, what, where, when
- The RHC Advisory Team
- Development of a work plan
- Outlining learning modules
- Backing up
 - Surveying SORH
 - Surveying RHCs
- Development of three modules, with resource materials

RHC Advisory Team

- Ten states expressed interest when asked by NOSORH and serve as members of the AT
 - Colorado, Louisiana, Iowa, Michigan, Minnesota, NC, Oregon, SC, Virginia, Washington
 - NARHC, NOSORH and contractor
 - Meet by teleconference, give advice, review and comment, actively participate in the development of modules and other tools

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Approach

- Clarified the target audience – SORH staff new to the SORH, new to working with primary or new to working with Rural Health Clinics.
- Reviewed materials – lots of materials
- Materials and information are available but not designed for SORH staff
 - Designed for primary care practices, staff of RHCs, federal or state staff, CPAs or consultants

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Approach

- There was not an RHC TA needs assessment
- The assessment of interest in developing training or TA by SORH was not as focused as NOSORH wanted
- So we backed to gain a clearer picture
 - SORH Survey in April and May 2010 – interest and future plans for development
 - RHC Survey in April and May – TA and training needs

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RHC Survey

- Questions developed, AT review, NOSORH set up on Survey Monkey, E-mail request to participate by Bill Finnerfrock and Teryl Eisinger
- Survey sent to NARHC listserv in late April
- Encouraged participation and to send to others
- Received 445 completed surveys

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SORH Survey

- Purpose – to determine interests of SORH
- Survey was developed, AT reviewed and it was sent to the NOSORH listserv of Directors of SORH
- Received 36 responses, including 2 with no RHCs in their state
- The survey results helped the AT recognize the potential for the modules and work

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Why this project? Why now?

- RHCs provide primary care.
- RHCs are exclusive rural providers – i.e. they have to be located in a rural (non-urbanized) location
- Rural people need increased access to primary care.
- The Affordable Care Act features access to primary care as the heart of the program.
- Unprecedented opportunity to strengthen the primary care infrastructure in rural America

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Why this project? Why now?

- RHCs need help.
- SORH's have expertise and resources that can help.
- SORHs have expressed interest in developing more expertise and assistance.
- Federal resources are available for RHCs but they need to be connected to those resources.

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RHC Note Card

- PL 95-210, passed in 1977, is the RHC legislation
- RHCs are certified by Medicare as primary care providers. There's a process.
- RHCs must be located in a non-urbanized area, with a current MUA or HPSA designation.
- 50% of the time the RHC is open for RHC services, a NP, PA or CNM must be on site providing care.
- RHCs are safety net providers.
- RHCs can be for profit, not for profit or publicly owned
- Two types of RHCs –
 1. Free standing or independent
 2. Provider based

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RHC Note Card

- RHCs receive special reimbursement from Medicaid and Medicare for the beneficiaries served.
- The primary benefit of RHC certification is considered the difference in how Medicaid and Medicare pay for care for beneficiaries – per encounter and based on the cost of care in the clinic.
- Medicare cap, per visit for free standing RHCs, is \$77.76 for 2010.
- For Medicaid states are mandated to reimburse RHCs using a Prospective Payment System or an alternative method but not less than what they would receive using PPS.
- There is no per visit cap for provider-based RHCs affiliated with a hospital under 50 beds.
- There is no federal grant subsidy to support care to uninsured people.

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SORH Can Help RHCs

- NOSORH RHC project is designed to help you ... help RHCs
- The first 3 modules are for SORH new to RHCs, the state office and primary care development
- Several options for primary care development – along a continuum of intervention and assistance
- Historic opportunity for RHCs to gain significant help from NHSC resources

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RHC Module 1

1. Introduction to the RHC Program
2. Review basic info about primary care and the pivotal role of primary care in improving and preserving health
3. Outline issues and resources available to states, communities and providers in assuring access to primary care in rural, underserved communities.
4. Examine basic differences between RHCs and Federally Qualified Health Centers (FQHCs).

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RHC Module 2

1. Review basics
2. Outline information on where RHCs are located by state.
 - Maps are available
3. Examine TA needs of RHCs and what resources for TA are currently available.
 - ORHP web site, support of NARHC – listserv and calls, support of NOSORH
 - CMS Regional Rural Health Coordinators and the web site, Open Door Forum, RHC Fact Sheet, etc.
4. Provide information, ideas and suggestions to assist SORH become more comfortable reaching out to RHCs.

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RHC Module 3

1. Review TA needs of, and resources publicly available (free) for RHCs.
2. Provide info, ideas and suggestions to help SORH develop basic TA or outreach services to RHC, i.e, introduce your self, your office, web site, etc.
3. Outline opportunities for SORH to provide TA
4. Outline the benefits to SORHs for providing TA

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Information RHCs Need and Want

More on the NOSORH web page

All RHC Respondents Total Participants: **445**

RHC DEMOGRAPHIC PROFILE

| Description | Count of Responses | % of Total Participants | Description | Count of Responses | % of Total Participants |
|----------------------------|--------------------|-------------------------|-------------------------------|--------------------|-------------------------|
| RHC Type | | | Network Affiliation | | |
| Provider Based | 255 | 57.3% | Part of a Network | 115 | 25.8% |
| Independent | 176 | 39.6% | No Network Affiliation | 309 | 69.4% |
| No Answer | 14 | 3.1% | No Answer | 21 | 4.7% |
| Clinic Organization | | | Government Affiliation | | |
| For-Profit | 157 | 35.3% | Local Ownership | 58 | 13.0% |
| Non-Profit | 272 | 61.1% | State Ownership | 11 | 2.5% |
| No Answer | 16 | 3.6% | No Affiliation/No Answer | 376 | 84.5% |

Role of Survey Respondent in the operation of the RHC (respondent could select no more than two categories)

| | | | | | |
|---------------------|----|------|-------------------------|-----|-------|
| Owner | 30 | 6.7% | Certified Nurse Midwife | 0 | 0.0% |
| Physician | 22 | 4.9% | Office Manager | 181 | 40.7% |
| Nurse Practitioner | 21 | 4.7% | Billing or Coding Staff | 70 | 15.7% |
| Physician Assistant | 4 | 0.9% | Other | 163 | 36.6% |

Do you know the staff in your State Office of Rural Health? Yes: 197
44.3% No: 161
36.2%

All RHC Respondents Total Participants: **445**

CONSULTATIONS PAID FOR WITHIN PAST YEAR

How many times have you paid for consultation in the past year?
 Note: Not all participants responded or provided specific information.

| 0 | 1 | 2 | 3 | 4 | 5 | >5 |
|-------|-------|------|------|------|------|------|
| 242 | 63 | 24 | 12 | 3 | 1 | 15 |
| 54.4% | 14.2% | 5.4% | 2.7% | 0.7% | 0.2% | 3.4% |

Range of Amounts Paid:
 Minimum \$100
 Maximum \$160,000

= Count of Responses
 = Percent of Total Participants

Percent of Total Participants who responded that they utilized paid consultants one or more times in past year: 26.5%

All RHC Respondents Total Participants: **445**

METHODS OF ASSISTANCE THAT MIGHT BE USEFUL

| Method of Assistance | Assistance Method (Counts of Responses) | | | Percent of Total Participants | | Ranking of "Helpful" plus "Very Helpful" |
|---|--|---------|-----------------|----------------------------------|-------------------|---|
| | Not Helpful | Helpful | Very Helpful | "Helpful" + "Very Helpful" | "Very Helpful" | |
| Written Instructions/Guidance Materials | 32 | 210 | 100 | 69.7% | 22.5% | 5 |
| Workshops or Training Programs | 25 | 195 | 128 | 72.6% | 28.8% | 2 |
| Webinars or Other On-Line Programs | 20 | 180 | 146 | 73.3% | 32.8% | 1 |
| On-Site Assistance | 70 | 185 | 77 | 58.9% | 17.3% | 6 |
| Telephone Assistance | 26 | 204 | 114 | 71.5% | 25.6% | 4 |
| E-mail Assistance | 18 | 183 | 140 | 72.6% | 31.5% | 2 |

All RHC Respondents Survey Participants: **445**

TYPES OF ASSISTANCE THAT MIGHT BE USEFUL

| Type of Assistance | Number of Topic Areas Listed (Including "Other" | Number of Topic Areas with Overall Rankings in Top 10 |
|-------------------------------|---|---|
| FINANCIAL ASSISTANCE | 8 | 1 |
| ADMINISTRATIVE ASSISTANCE | 10 | 0 |
| CLINICAL ASSISTANCE | 10 | 4 |
| INFORMATION SYSTEM ASSISTANCE | 6 | 3 |
| OTHER ASSISTANCE | 10 | 2 |

Choices, Options, Decisions

- Lot of demands on SORH
- Adding another thing – even though vitally important – requires a resource decision ... and consideration of benefits and opportunities
- Options – primary care practices wanting to develop RHCs, existing RHCs, etc., etc.

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Choices, Options, Decisions

- Ways to learn and engage
 - Modules
 - Education and mentoring resources
 - One on one discussions or coaching
 - Webinars
 - Help you develop a strategic direction for helping RHCs
 - A set hour each month to all over the country – focus on RHCs – learning, thinking, planning
 - Form a RHC learning group
- Want to track changes in RHC TA you are providing, so please let us know what you do
- Call or e-mail Stephanie Hansen or Teryle at NOSORH or me

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Contact Info

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