Rural Health Policy and Research Issues Facing Rural Hospitals

Introductions ……..

Tom Morris MPA

Associate Administrator

HHS/ HRSA/ Federal Office of Rural Health Policy

Join the Policy Momentum: Possibilities in Rural Health Delivery and Finance ……..

Keith Mueller PhD

Gerhard Hartman Professor – Department of Health Management and Policy

Director, RUPRI Center for Rural Health Policy Analysis

University of Iowa College of Public Health

Rural Hospital Closures and Financial Trends ……..

George Pink PhD

Research Fellow -Department of Health Policy and Management

Cecil G. Sheps Center for Health Services Research UNC Chapel Hill

Challenges Facing Rural Hospitals in 2023 ……..

Pat Schou FACHE

Executive Director

Illinois Critical Access Hospital Network (ICAHN)

Federal Office of Rural Health Policy Update ……..

Tom Morris MPA

Associate Administrator

HHS/ HRSA/ Federal Office of Rural Health Policy

Join the Policy Momentum: Possibilities in Rural Health Delivery and Finance

Presentation in 2023 AHA Rural Health Care Leadership Conference

January 21, 2023, San Antonio, TX

Keith J. Mueller, PhD

Gerhard Hartman Professor of Health Management and Policy

Director, RUPRI Center for Rural Health Policy Analysis

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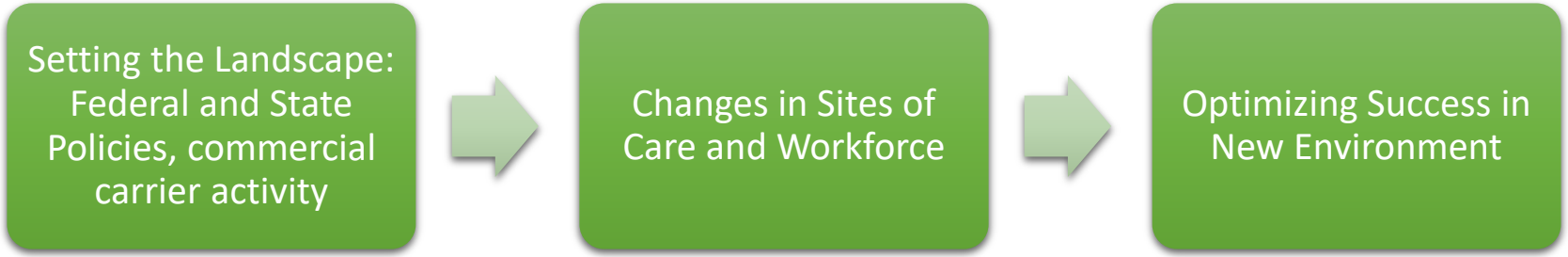
Outline of Comments



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Landscape: Federal Policy Goals

- Getting to categories 3 and 4 of HCPLAN model: alternative payment models with both upside shared savings and downside risk; population-based payment
- Federal policy goals to reach 100% of beneficiaries in an advanced payment model by 2030 – applied to both Medicare (directly) and Medicaid (through letters to state Medicaid directors)
- Specific actions
  - Medicare Shared Savings Program – the program, not demonstrations
  - Other designs to shift downside risk to providers (global budgets, direct contracting, i.e. ACO REACH)
  - Eye on the prize: quadruple aim

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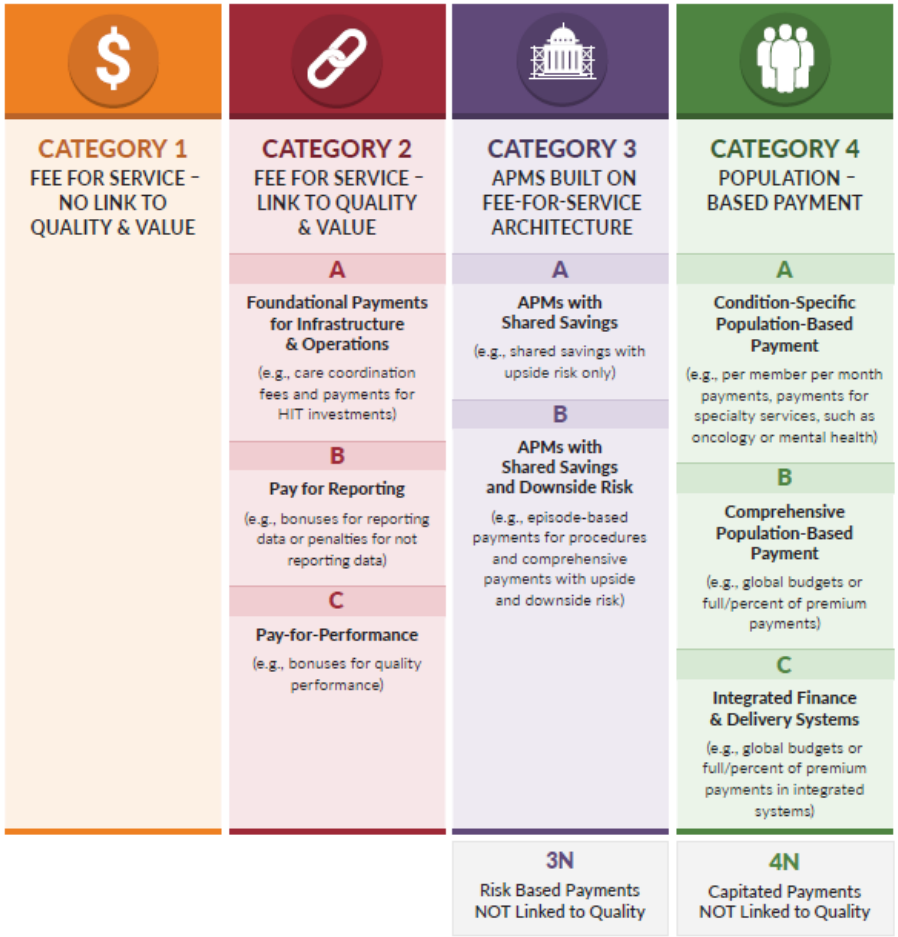
Health Care Payment Learning and Action Network (HCP LAN) Alternative Payment Model Framework



Source: http://hcp-lan.org/workproducts/apm-framework-onepager.pdf

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Shared Savings Program

- Plateau of 561 in 2018, fell to 477 in 2021, 483 in 2022
- Composition in 2022
  - 269 low revenue (56%)
  - 1,645 Rural Health Clinics
  - 430 Critical Access Hospitals
  - One-sided: 41% (199)
  - Two-sided include 138 in basic tracks, 146 in enhanced track

Source: CMS: Savings Program Fact Facts – As of January 1, 2022

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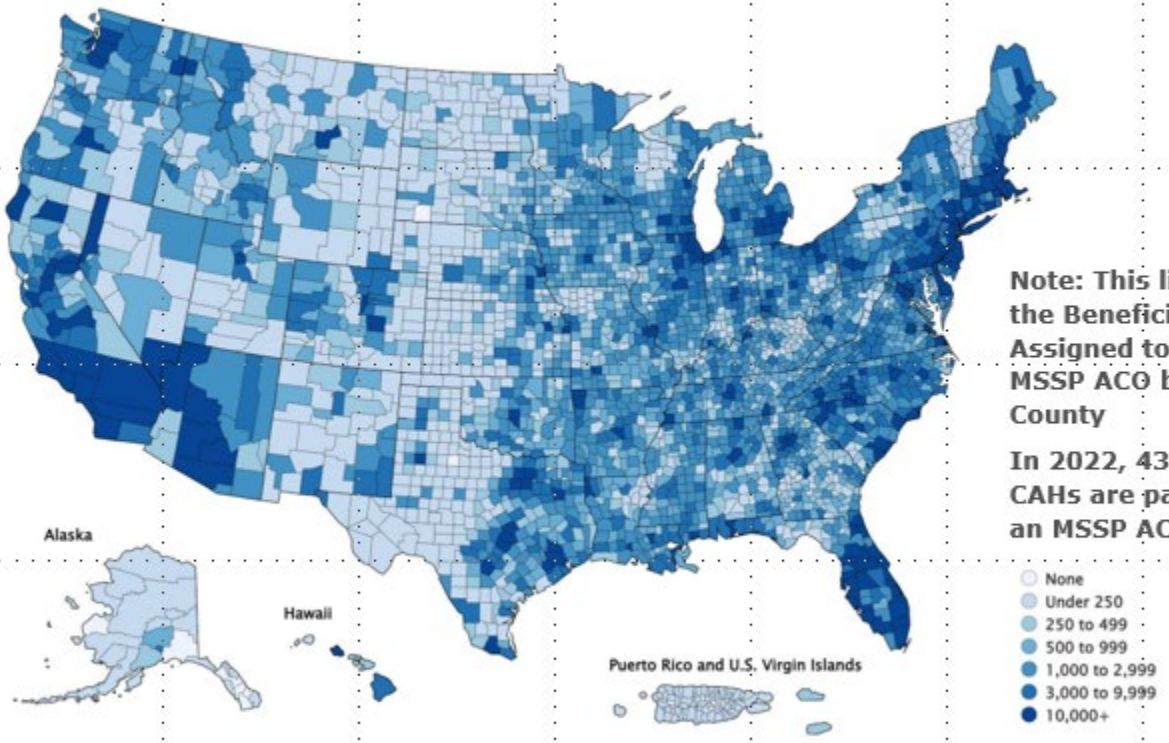
ACO Spread - 2022

Medicare Shared Savings Program ACO Assigned Beneficiary Population by County



Note: This lists the Beneficiaries Assigned to an MSSP ACO by County

In 2022, 430 CAHs are part of an MSSP ACO

Source: CMS - Medicare Shared Savings Program Fast Facts

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SSP Changes 2023 for 2024

- Longer time in Basic track A, for inexperienced ACOs: (upside risk only): up to 7 years
- Advanced Interest Payment: one-time $250,000 and quarterly per-beneficiary payments for first 2 years
- Changes to minimum savings rate (MSR) to allow shared savings at half regular rate until MSR is met
- Introduce Accountable Care Prospective Trend to adjust benchmarks calculated based on national and regional rates
- Reduce Negative Regional Adjustment Cap from 5% to 1.5%

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SSP Changes 2023 for 2024

- Adjustment for Prior Savings: Adding back into benchmark a portion of savings generated by ACOs
- Risk Score Growth Cap Adjustment: allow flexibility within a 3 percent cap on growth in the risk score
- Sliding Scale for Shared Savings and Losses: allow percentage of shared savings when ACO quality performance is below 30th percentile but at least in 10th percentile in of four outcome measures

Source: Medicare Shared Savings Program: Rule Changes and Implications for Rural Health Care Organizations. *Rural Health Value Policy Brief*. 2022. https://ruralhealthvalue.public-health.uiowa.edu/files/RHV%20MSSP%20Rule%20Changes%20and%20Implications.pdf

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Landscape: State Policies

- Medicaid payment policy, including requirements built into contracts with Managed Care Organizations (MCOs) – 29 require MCOs to implement VBP models; 26 define the types of VBP models
- State regulatory policies facilitate or inhibit change
- CMS role of transmittal letters to state Medicaid directors:
  - January 7, 2021, letter re opportunities to address SDOH
  - January 4, 2023, CMS guidance re SDOH waivers

Sources: Most States Require Managed Care Organizations to Implement VBP Models with Providers. *Insights* Guidehouse. July 19, 2022. https://guidehouse.com/insights/healthcare/2022/blogs/managed-care-implement-vbp-models?lang=en

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Landscape: Commercial Plans

- Helped create the bandwagon of VBP – earliest efforts predated SSP
- Inherent interest in VBP based on
  - Marketing advantage
  - Reduces medical loss ratio
  - Impacts return on investment
  - Lower premiums in a competitive market
- Examples:
  - Cigna Collaborative Accountable Care – Core Physicians in Exeter, NH: https://www.pcpcc.org/initiative/cigna-collaborative-accountable-care-core-physicians
  - Blue Cross NC, Caravan Health expanding Blue Premier to Community and Rural Hospitals: https://www.bluecrossnc.com/provider-news/blue-cross-nc-caravan-health-collaborate-expand-blue-premier-community-and-rural

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Summary of New Payment Policies

- ACOs/SSP the most widespread, new rule likely to create more momentum
- Bundled Payment still in play, may spread more through commercial plans
- Global Budgeting
- Other CMMI demonstrations, TB
- Next up?

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Changing Sites of Care

- Telehealth – Disruptor?
  - Use increased dramatically in 2020-2021
  - Declined since 2021, but leveled off at higher percent of all visits than pre-PHE, including primary care
  - Not yet a major disruptor, but use in primary care and remote patient monitoring indicate potential impact
- Increased use of ambulatory sites for formerly inpatient services
- Shift in sites of care for rehabilitation, monitoring and treating chronic conditions

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Effects on Legacy Sites

- Hospital information from previous presentation: closure, financial stress, onset of a new classification (Rural Emergency Hospitals)
- Closures of Skilled Nursing Facilities in Rural places: 472 in 400 nonmetropolitan counties between 2008 and 2018; as 2018 10.1% of nonmetropolitan counties without a nursing home
- In 2021, 138 counties with no retail pharmacy, 101 in noncore counties and 15 in micropolitan counties

Sources: Sharma H et al. 2021. Trends in Nursing Home Closures in Nonmetropolitan and Metropolitan Counties in the United States, 2008-2018. *Rural Policy Brief 2021-1.* RUPRI Center for Rural Health Policy Analysis. https://rupri.public-health.uiowa.edu/publications/policybriefs/2021/Rural%20NH%20Closure.pdf

RUPRI Center for Rural Health Policy Analysis. 2022. Nursing Homes in Rural America: A Chartbook. https://rupri.public-health.uiowa.edu/publications/other/Nursing%20Home%20Chartbook.pdf

Constantin J, Ullrich F, and Mueller KJ. 2022. Rural and Urban Pharmacy Presence – Pharmacy Deserts. *Rural Policy Brief 2022-2.* RUPRI Center for Rural Health Policy Analysis. https://rupri.public-health.uiowa.edu/publications/policybriefs/2022/Pharmacy%20Deserts.pdf.

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The Health Teams of 2024

- Primary care foundation and focus – comprehensive, continuous, coordinated
- Include clinical care focused on behavioral health (including substance use)
- Include community-based service providers
- Link to others in community, including public health
- Think about what is meant by *engagement* – an **action** orientation focused on quadruple aim (improve population health, enhance patient experience, increase provider satisfaction, reduce cost of care

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One Possible Scenario: Old Wine in New Bottles

- New Bottle: combination of new payment and new treatment modalities
- Old Wine: Traditional organizational configuration and reliance on volume as driver of payment
- Consequence: Short term survival (perhaps); long term problems as payment continues to shift and modality changes bring new competitors –***missed opportunities***

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A Different Scenario: New Wine in New Bottles

- New Bottle: combination of new payment and new treatment modalities
- New Wine: (*example):* community health care organizations (including, most often led by, hospitals) providing services through health teams and negotiating (or accepting) new payment designs that support strategies tied to quadruple aim
- Consequence: sustainable services appropriate for each community – ***optimizing opportunities created by changes in payment and treatment modalities***

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Conclusion: What Needs to be Done

- Take full advantage of advances in health care to shift locus of care to most cost-effective site
- Take full advantage of any investment capital available to build and maintain information systems
- Take full advantage of support for building networks and taking action through networks

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Rural Health Value Resources

- Value-based Care Assessment tool: https://ruralhealthvalue.public-health.uiowa.edu/TnR/vbc/vbctool.php
- Social determinants of health opportunities guide: https://ruralhealthvalue.public-health.uiowa.edu/files/Understanding%20the%20Social%20Determinants%20of%20Health.pdf
- Care Coordination: A Self-Assessment for Rural Health Providers and Organizations: https://ruralhealthvalue.public-health.uiowa.edu/files/RHV%20Care%20Coordination%20Assessment.pdf

Rural Health Value
UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION.

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Rural Health Value Resources

- Upcoming compendium of resources focused on community engagement
- Profiles of rural innovators
- Other tools and resources

Rural Health Value UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION.

For further information:

- Web portal to all resources: www.ruralhealthvalue.org.
  - The RUPRI Center for Rural Health Policy Analysis http://cph.uiowa.edu/rupri
  - The RUPRI Health Panel http://www.rupri.org

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Rural Hospital Closures and Financial Trends (and why the REH has arrived)

George H Pink PhD

AHA Rural Health Care Leadership Conference

February 21, 2023

This presentation uses funded by Federal Office of Rural Health Policy, Award #U1GRH03714

What long-term trends have led to REHs?

1. Rural hospital closures
2. Hospital unprofitability
3. Less inpatient care
4. More outpatient care
5. Patient bypass
6. Value-based care, ACOs, telehealth
7. Demographics and other factors

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What long-term trends have led to REHs?

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7. Demographics and other factors

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1. Rural hospital closures fell during COVID but they are beginning to resume

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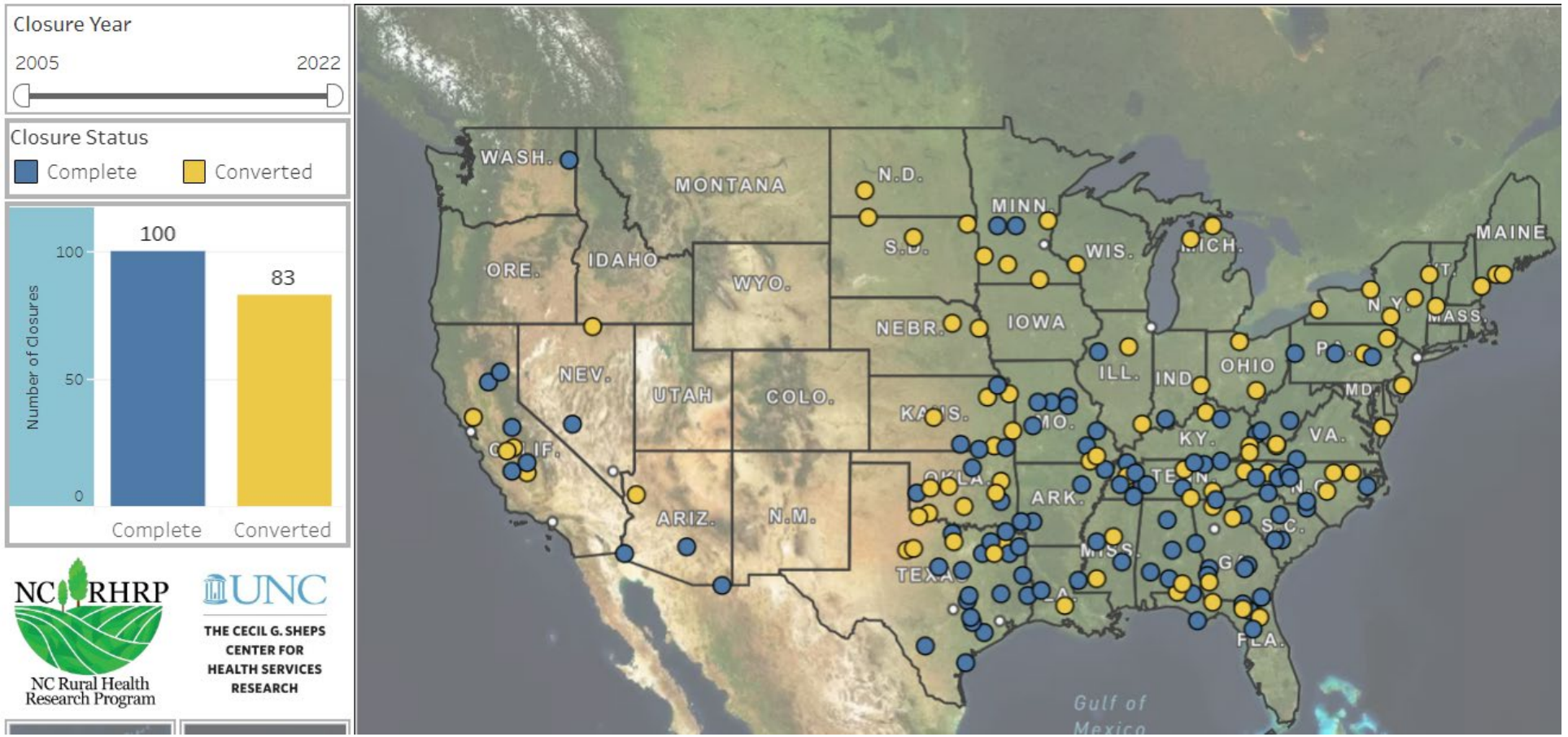
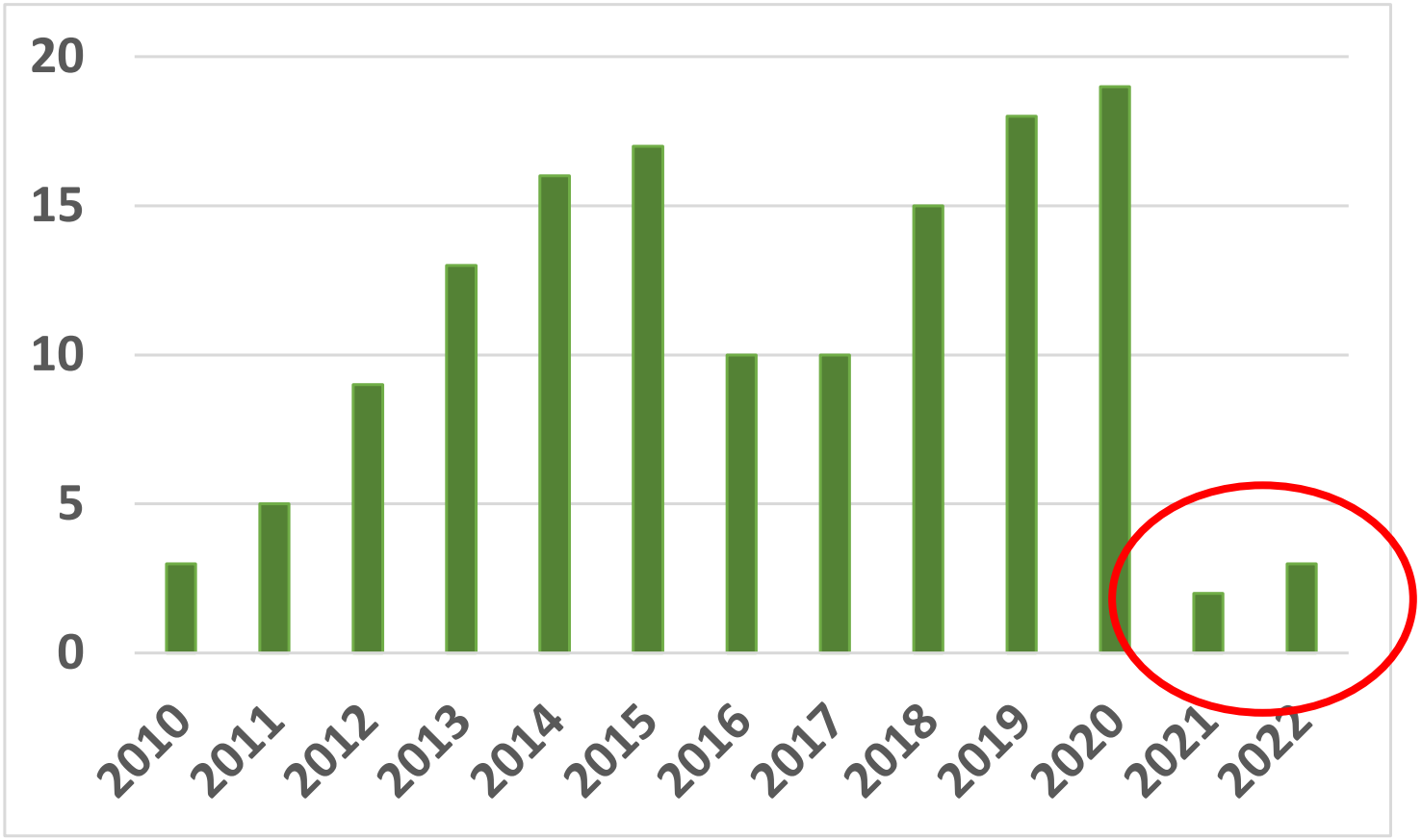
183 Rural Hospital Closures since January 2005



140 Rural Hospital Closures since January 2010



Our problems are over, right?

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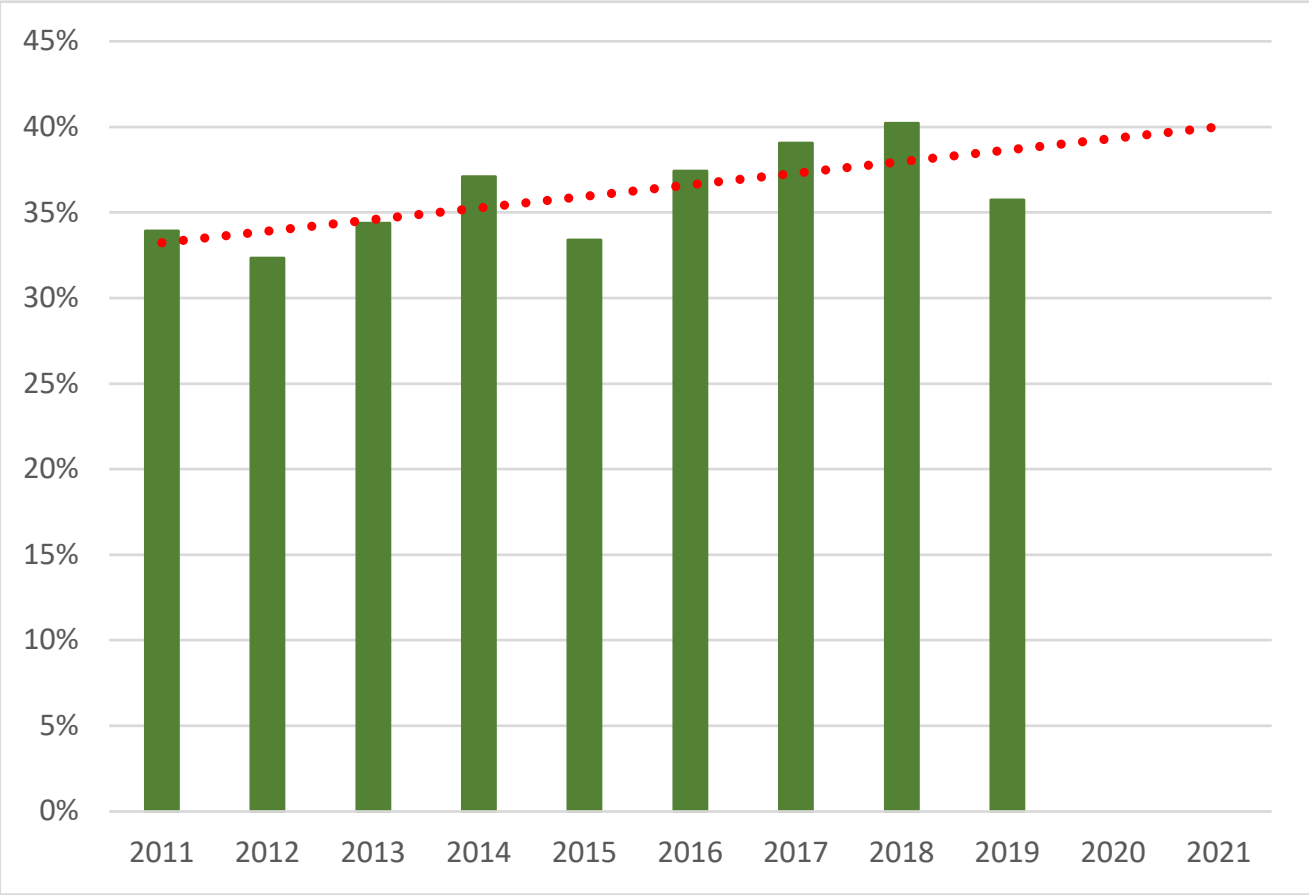
2. Long-term unprofitability has not gone away

Rural Hospital Profitability during the Global COVID-19 Pandemic Requires Careful Interpretation

George Pink, PhD; Susie Gurzenda, MS; Mark Holmes, PhD

The percentage of rural hospitals with a negative total margin was trending upward before COVID funding



PRF and other COVID funding probably provided a lifeline for many rural hospitals

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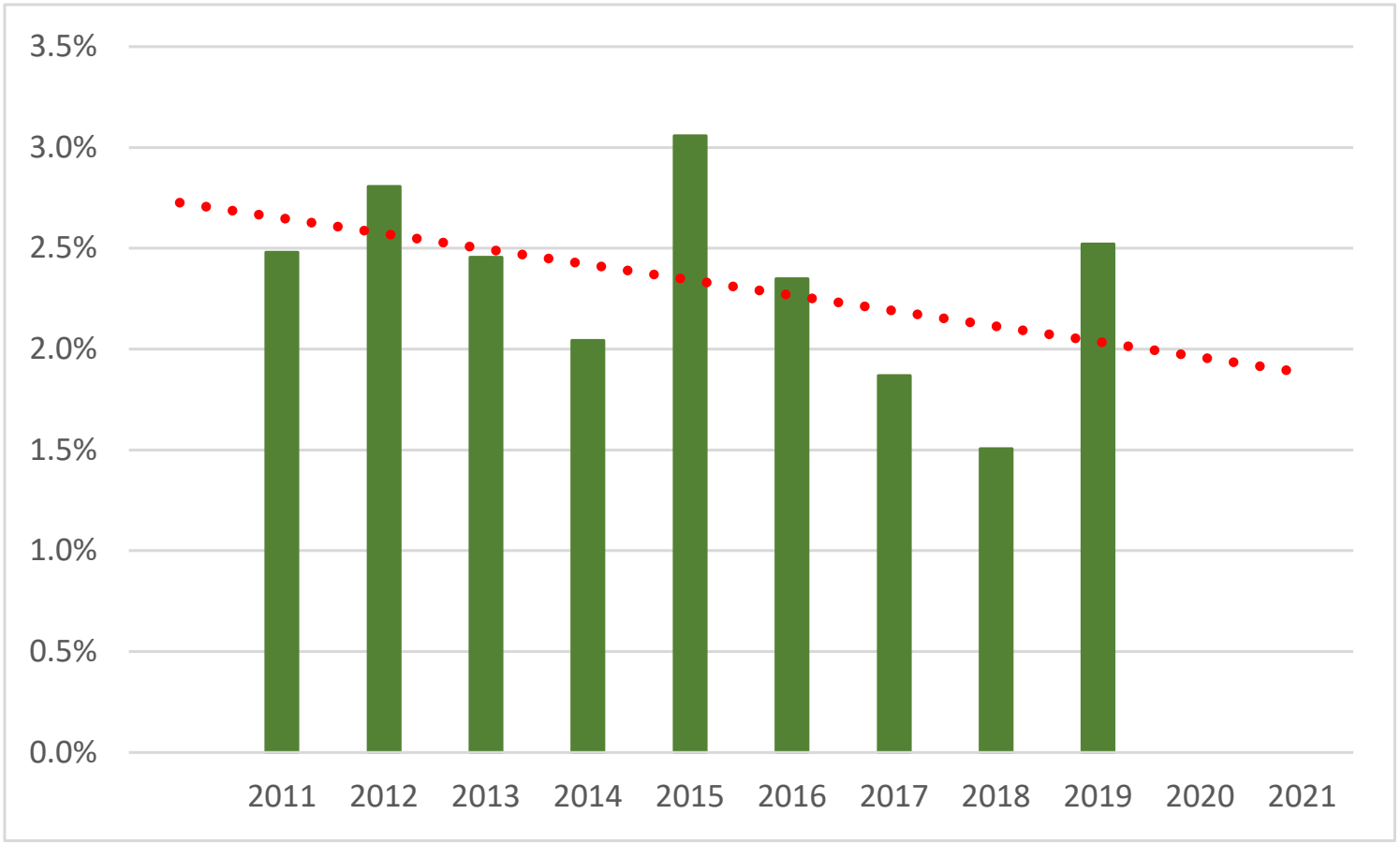
The median total margin of rural hospitals was trending downward before COVID funding



Long-term unprofit-ability has not gone away

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Rural hospital profitability increased during COVID but…

Table 1. Estimated Distribution of Provider Relief Funding to Hospitals as of February 2021 (millions)

			General distribution		General, safety-net, rural, and tribal distribution		General, safety-net, rural, tribal, and high-impact distribution	
Hospital type	Number of hospitals	Number of beds (thousands)	Total funding	Funding as a share of FY 2018 operating expenses	Total funding	Funding as a share of FY 2018 operating expenses	Total funding	Funding as a share of FY 2018 operating expenses
Urban	3,567	567.8	$18,643	2.0%	$30,305	3.3%	$49,273	5.3%
Rural	2,454	102.5	$2,433	1.9%	$14,261	11.0%	$14,967	11.5%
Total	6,021	670.3	$21,077	2.0%	$44,566	4.2%	$64,241	6.1%

Source: COVID Relief Funding for Medicaid Providers, MACPAC Issue Brief February 2021. (https://www.macpac.gov/wp-content/uploads/2021/02/COVID-Relief-Funding-for-Medicaid-Providers.pdf)

- The Provide Relief Funds, Paycheck Protection Program, and timing differences in reporting could temporarily distort reported profitability measures and conceal the long-term financial challenges facing rural hospitals.

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3. Rural hospitals have fewer and fewer inpatients

THE JOURNAL OF RURAL HEALTH

BRIEF REPORT

Decline in Inpatient Volume at Rural Hospitals

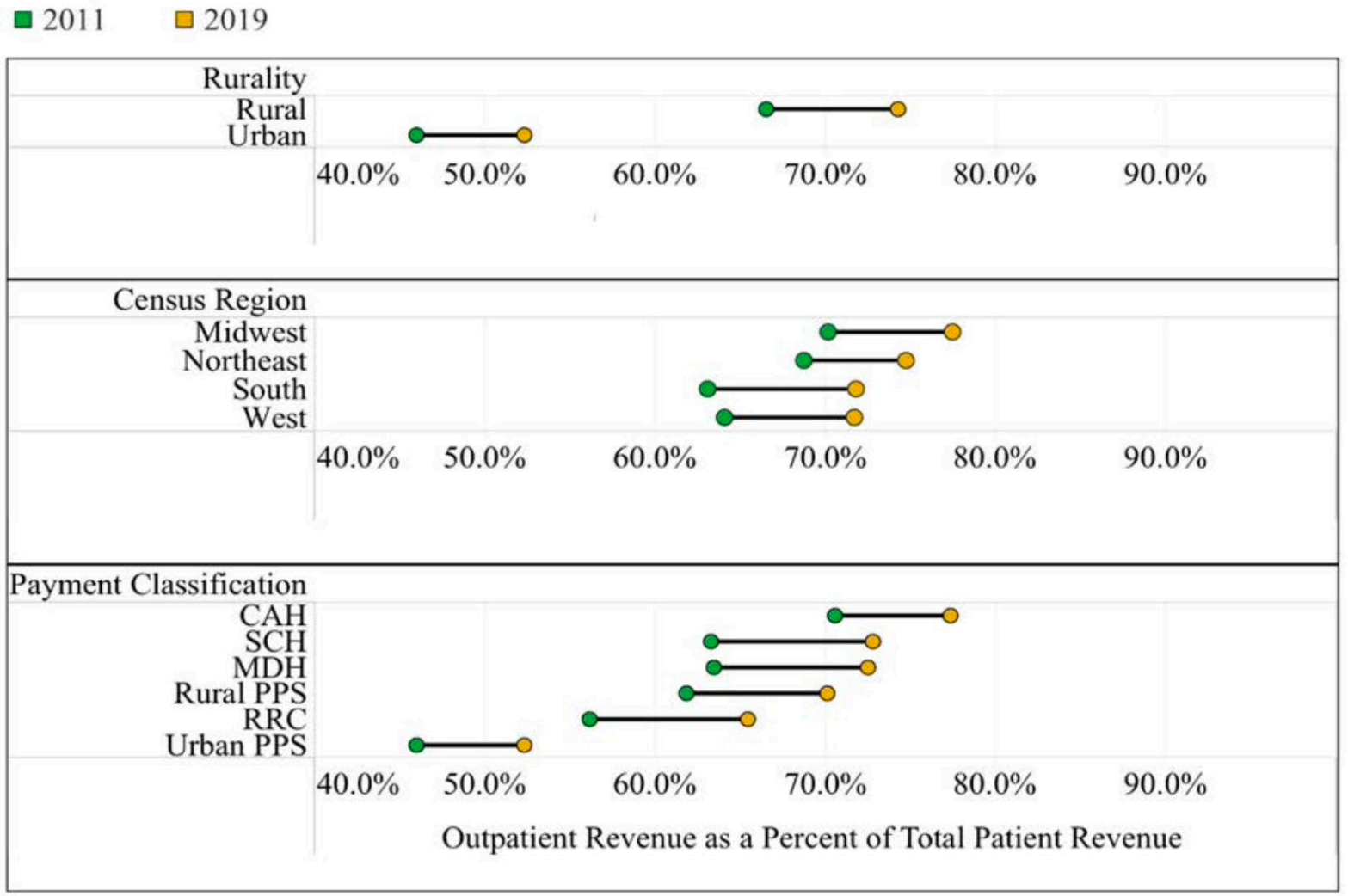
Tyler L. Malone MS, George H. Pink PhD, George M. Holmes PhD

First published: 31 December 2020 | https://doi.org/10.1111/jrh.12553 |

- Rural hospitals experienced an average change in ADC of −13% between 2011 and 2017.
- Hospital characteristics (eg, census region, Medicare payment type, ownership type, total margin, whether the hospital was located in a Medicaid expansion state) and patient population characteristics (eg, percent of population in poverty) were significant predictors of inpatient volume trends.

4. Rural hospitals are in the outpatient business

Figure 1. Trends in Hospital Outpatient Revenue as a Share of Total Patient Revenue for the Average Rural Hospital, Stratified by Additional Hospital Characteristics, 2011-2019



Outpatient volume continues to grow

- For the average hospital in our sample of 1,866 rural hospitals, the percent of revenue coming from outpatient services increased from 66.5% in 2011 to 74.2% in 2019.
- Preliminary analysis of 2021-22 data show the median percent of revenue from outpatient services is now over 80 percent.

Trends in Revenue Sources among Rural Hospitals

Randall John, BSPH; Tyler Malone, MS; George Pink, PhD

5. Rural residents increasingly receive inpatient care in urban hospitals

HSR Health Services Research

RESEARCH BRIEF

Rural Medicare beneficiaries are increasingly likely to be admitted to urban hospitals

Hannah R. Friedman BA, George Mark Holmes PhD

First published: 30 June 2022 | https://doi.org/10.1111/1475-6773.14017 | Citations: 1

- Rural Medicare FFS beneficiaries were more likely to be admitted to an urban hospital in 2018 than in 2010, even after controlling for hospital closures.

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So where does that leave us?

- Hospital closures and unprofitability set to resume after COVID funding disappears
- Inpatient care will continue to decline, and outpatient care will continue to increase
- Patient bypass is uncertain but demographic trends towards older and sicker patients will continue

Need for a new model based on outpatient and emergency services – Rural Emergency Hospital (REH)

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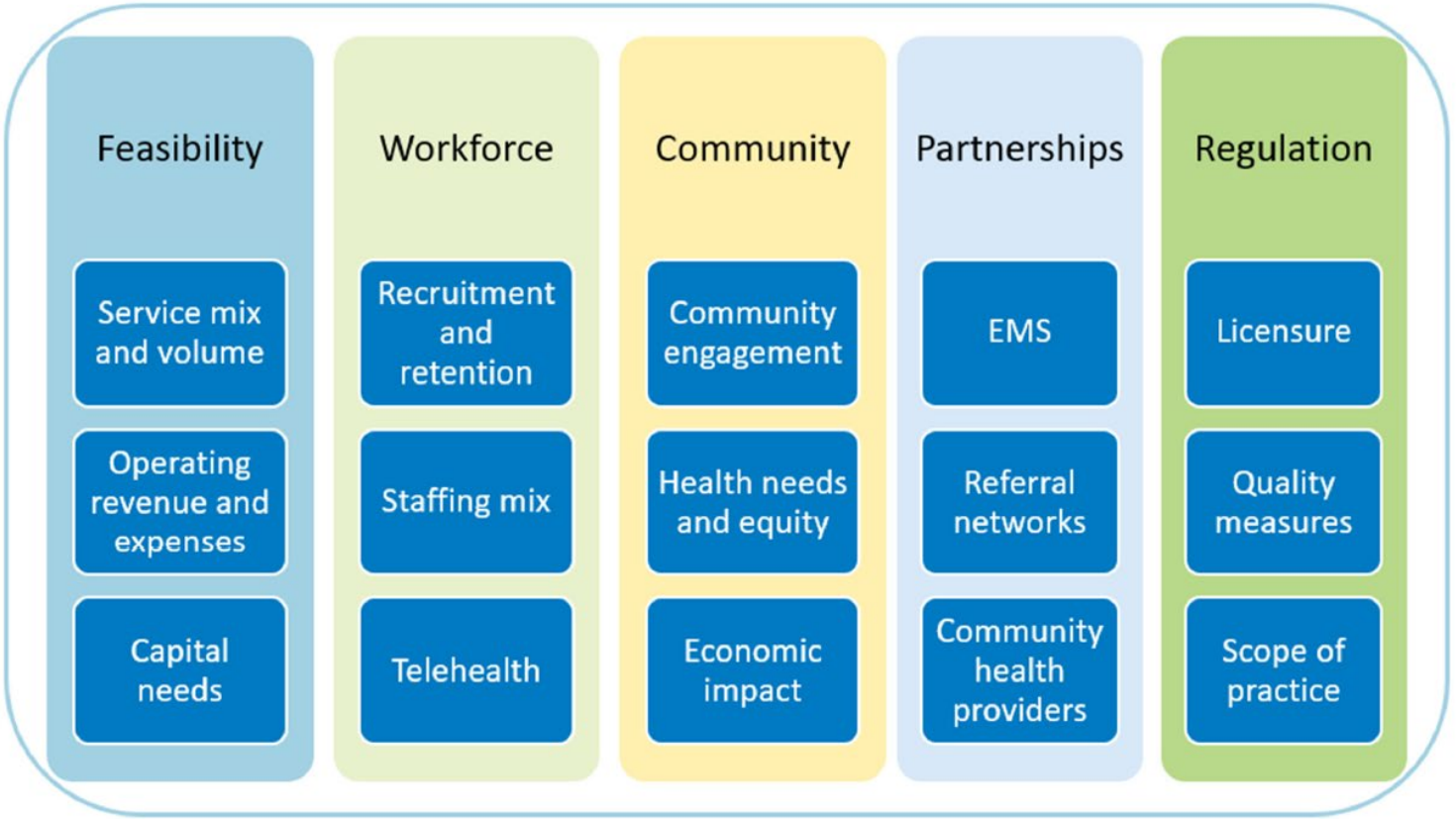
There are many factors to consider in deciding whether to convert to a REH

Figure 1. Conceptual Framework of Key Considerations for Conversion to an REH



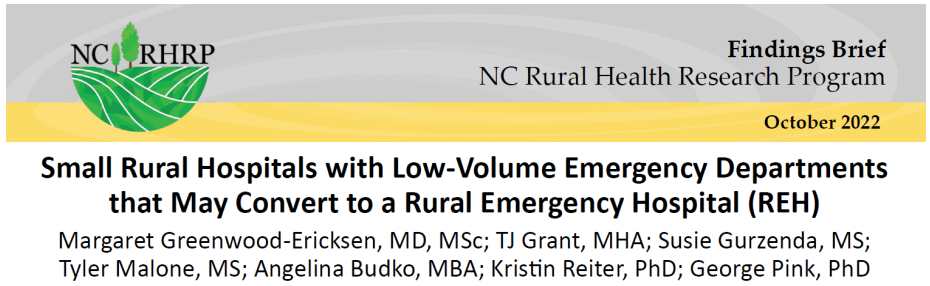
Findings Brief
NC Rural Health Research Program
October 2022

Key Considerations for a Rural Hospital Assessing Conversion to Rural Emergency Hospital

Kristin Reiter, PhD; TJ Grant, MHA; Susie Gurzenda, MS; Angelina Budko, MBA; Margaret Greenwood-Ericksen, MD, MSc; George Pink, PhD

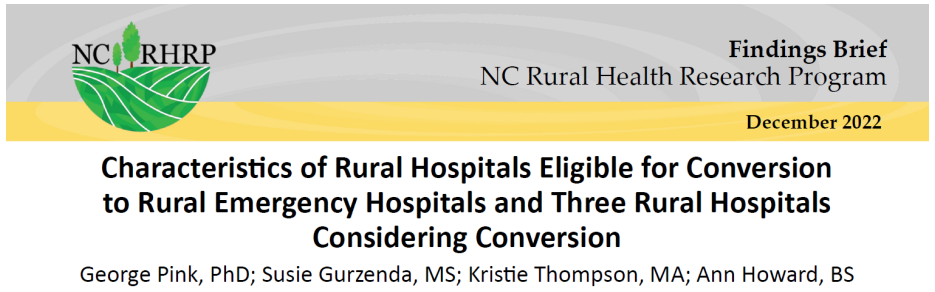
Hospitals with low volume EDs may be more likely to convert to REH

- Have lower acute inpatient volume
- Have lower outpatient volume
- Are more likely to own and operate their own ambulance service, more likely to have a Rural Health Clinic or a skilled nursing facility, but less likely to be affiliated with an air ambulance company.
- Have similar access to computed tomography (CT) scanner services but are less likely to provide MRI services.
- Have fewer overall physicians with hospital privileges, but a similar number of Advanced Practice Providers (APPs).



The REH model may appeal to a wide range of rural hospitals

- There are large differences among selected financial and operational measures for three rural hospitals that are on the record as having expressed interest in REH conversion.
- REH conversion may attract a wider range of hospitals than we estimated in our 2021 study.
- Factors that might ultimately determine how many rural hospitals convert to REHs include the risk of financial distress and closure, the business case, community support, and consolidation.



North Carolina Rural Health Research Program

Location:

Cecil G. Sheps Center for Health Services Research
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Website: http://www.shepscenter.unc.edu/programs-projects/rural-health/
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Colleagues:

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Ann Howard
George Pink, PhD
Kristie Thompson, MA
Kristin Reiter, PhD
Julie Perry
Susie Gurzenda, MPH
Tyler Malone, MSc

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Resources

North Carolina Rural Health Research Program
http://www.shepscenter.unc.edu/programs-projects/rural-health/

Rural Health Research Gateway
www.ruralhealthresearch.org

Rural Health Information Hub (RHIhub)
https://www.ruralhealthinfo.org/

National Rural Health Association
www.ruralhealthweb.org

National Organization of State Offices of Rural Health
www.nosorh.org

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The Rural Health Research Alert email provides periodic updates when new publications become available. Alerts are available by email and posted on our Facebook and Twitter accounts.

Recent Updates

- **May 22, 2020**
  County-Level 14-Day COVID-19 Case Trajectories
  New Research Product
- **May 18, 2020**
  Estimated Reduction in CAH Profitability from Loss of Cost-Based Reimbursement for Swing Beds
  New Research Product
- **May 14, 2020**
  Rural-Urban Residence and Mortality Among Three Cohorts of U.S. Adults
  New Research Product
- **May 13, 2020**
  Most Rural Hospitals Have Little Cash Going into COVID
  New Research Product
- **May 12, 2020**
  Characteristics of Counties with the Highest Proportion of the Oldest Old
  New Research Product

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Funded by the Federal Office of Rural Health Policy, Health Resources & Services Administration.

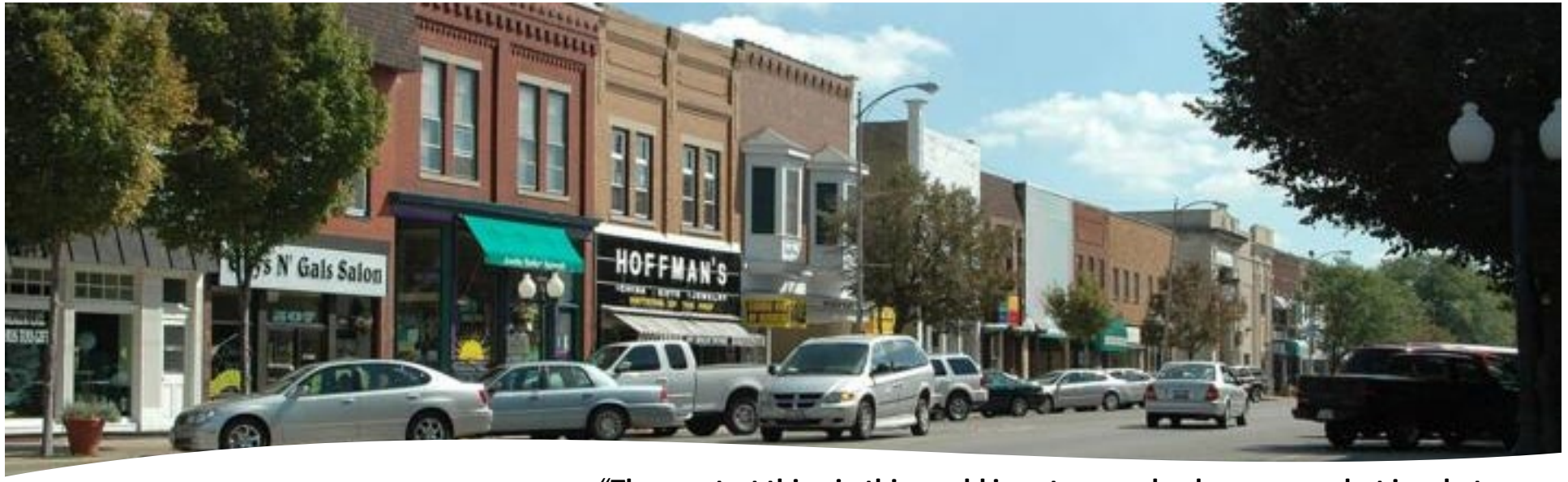
ICAHN
Illinois Critical Access Hospital Network

Challenges Facing Rural Hospitals 2023

Pat Schou

Challenges Facing Rural Hospitals 2023

- Workforce
- Changing Medical Staff/Primary Care
- Reimbursement
- Payer-Provider Contracts
- Telehealth
- Interoperability
- Local Economics
- Governance



Rural Hospitals and Communities

- **"The greatest thing in this world is not so much where we are but in what direction we are moving." O.W. Holmes**
- **What will hospitals need to address in 2023?**
- **Princeton, Illinois / population 7,900 / Bureau County /rural**

Workforce

- Higher wages and fewer workers
- Competition
- Growing your own – new ideas
  - Community College partnerships
- Flexible work schedules
- Childcare
- Baby boomer retirements
- Success strategies
  - Staff recruit fellow workers
  - Think out of the box

GROW OUR OWN SCHOLARSHIP FUND HAS SUCCESSFUL FIRST YEAR

December 29, 2022 by Memorial Hospital

Memorial Hospital Foundation announced the launch of the Grow Our Own Scholarship program, in May 2022. This scholarship fund will...

Memorial Hospital, Carthage, IL

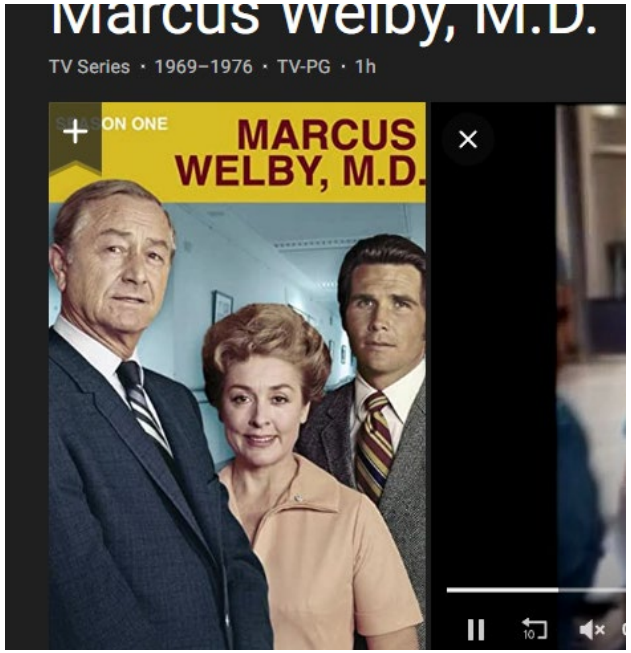
6

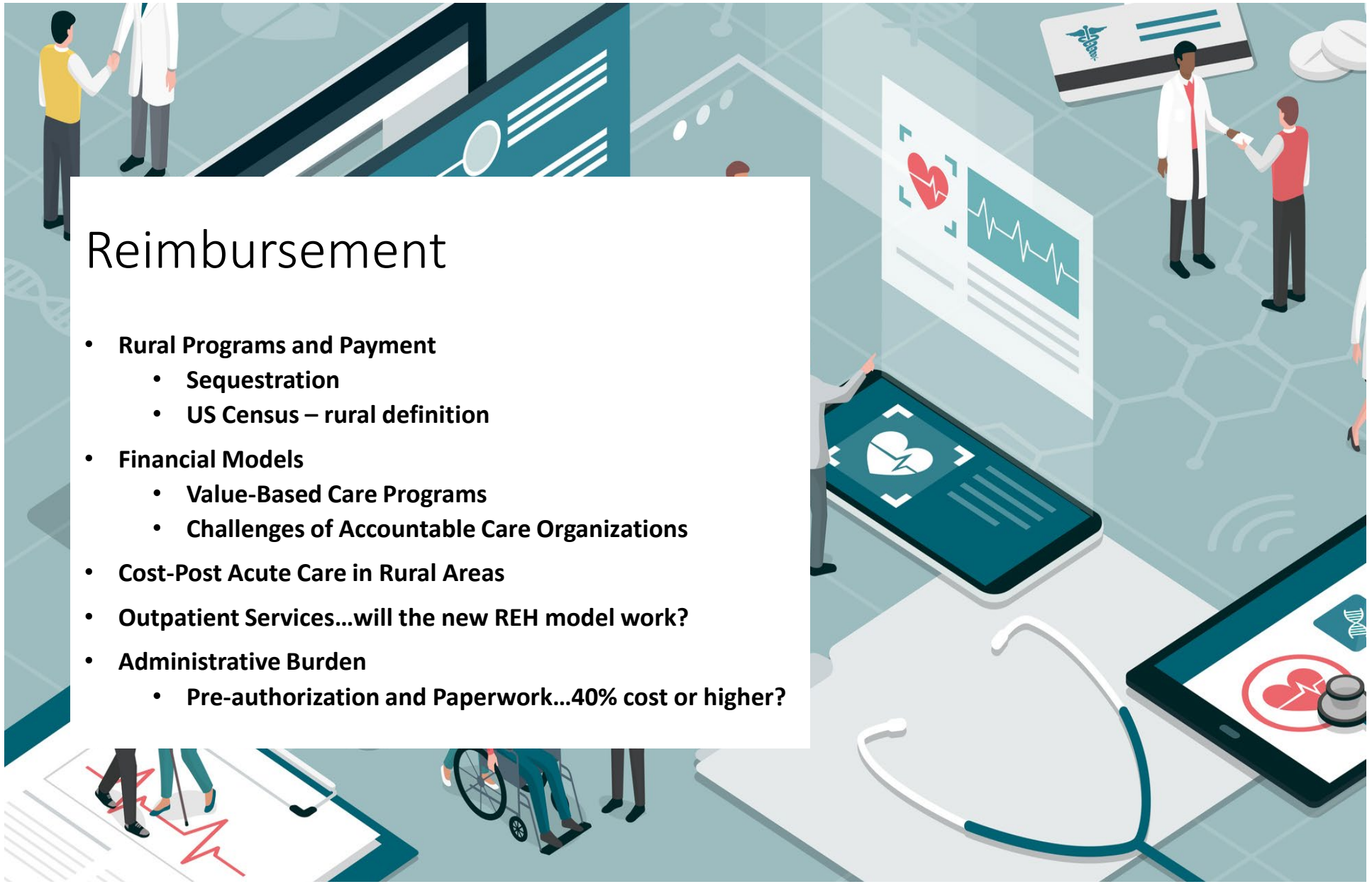
Violence in the Workforce

- Impact of substance use
- Violence against healthcare staff
- Anger from visitors/families
- De-escalation training
- Mental Health – lack of resources

Rural Hospital Medical Staff

- Paradigm Shift
  - Less physicians and more practitioners
- Support Systems
  - Orientation – no more medical staff lounge
  - Responsibilities – hospital and medical staff management
- Specialty Support
  - Telemedicine versus local specialists
  - Bringing them to your community
- Mental and Behavioral Health
  - Where do these practitioners fit?





Reimbursement

- **Rural Programs and Payment**
  - **Sequestration**
  - **US Census – rural definition**
- **Financial Models**
  - **Value-Based Care Programs**
  - **Challenges of Accountable Care Organizations**
- **Cost-Post Acute Care in Rural Areas**
- **Outpatient Services…will the new REH model work?**
- **Administrative Burden**
  - **Pre-authorization and Paperwork…40% cost or higher?**

Value Based Care Models

- ICAHN – Accountable care organization for seven years
- Challenges – electronic records, clinic workflow, providers not interested in value-based care, continuity of care/settings, transportation, dual eligible, and lack of resources

- Successes – finally implementation of care coordination, paradigm shift to wellness, focus on quality, building loyalty, increasing market share, better contracts
- Secret Sauce – working together, patient first, and accepting accountability

Rural Economics

- Bring together hospital and local community
- Housing – impacts workforce
- Food Insecurity
- Training and education
- Remove the silos
- ICAHN “Economic Summit”

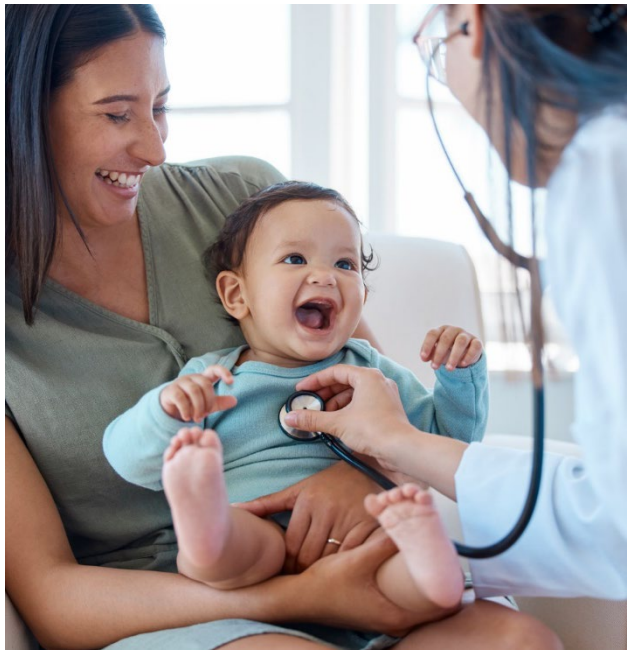
Rural Governance

- Independent Hospital
  - Interdependence
  - Government and non-profits
- System Support
  - Joint medical staff (rural system and system)
  - Joint governance (rural hospital and system)
- Governance Education and Leadership
  - 2023…still conflicts of interest; lack of support
- Community Loyalty

Genesis Medical Center, Aledo

Successful Strategies

- Master Facility Planning
- Strategic Planning – annual reviews
- Culture
- Seamless transfer of care
- Resource Sharing
- Payer-Provider Alignments
- Work with Competition
- Focus on the Patient



Contact information

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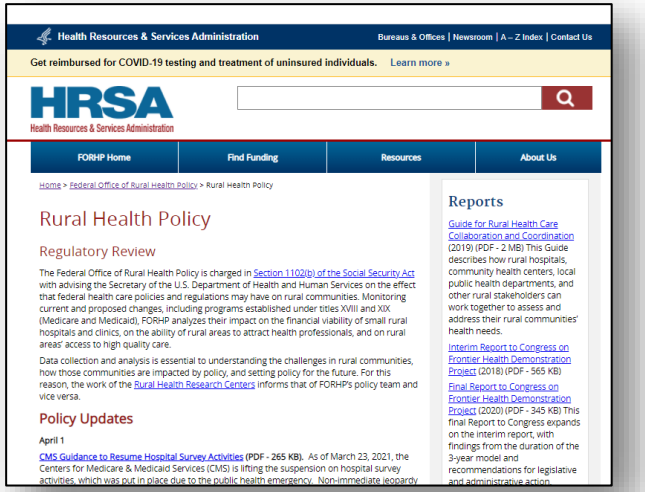
Rural Health Policy Update

Tom Morris

The Federal Office of Rural Health Policy

Accessible and Through a Rural Lens



Questions about Policy Updates?

Write to ruralpolicy@hrsa.gov

https://www.hrsa.gov/advisory-committees/rural-health/index.html

www.ruralhealthresearch.org

Opportunities for Rural Residency Training

Building New Rural Residency Slots in Rural Hospitals and Clinics

Moving the Training Into the Community Setting

Allocation of New Medicare Graduate Medical Education SLots	HRSA Grants for Residency Planning and Development and Teaching Health Centers	Medicare Changes Supporting Rural Residency Training

Consolidated Appropriations Act, 2021 (H.R.133)
https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf

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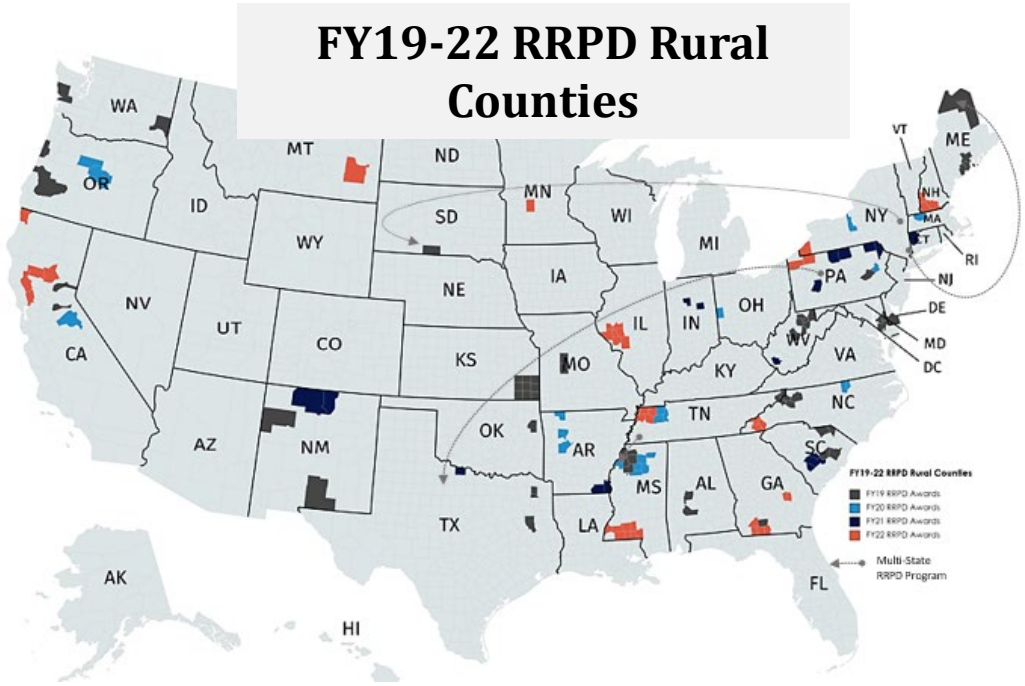
RRPD Program

Creating Sustainable Rural Residencies

FY19-FY22 RRPD Grant Program

- HRSA awarded **$43.4M** to 58 award recipients spanning across 32 states and 5 medicine disciplines.
- Support the development of **new, accredited and sustainable rural residency programs** in family medicine, internal medicine, psychiatry, general surgery, preventive medicine, and obstetrics and gynecology.
- Created **32 new accredited rural residency programs for 415 new resident positions*** in family medicine, psychiatry, internal medicine and general surgery.
- 22 Programs enrolled nearly **190 resident physicians** training in rural clinical settings



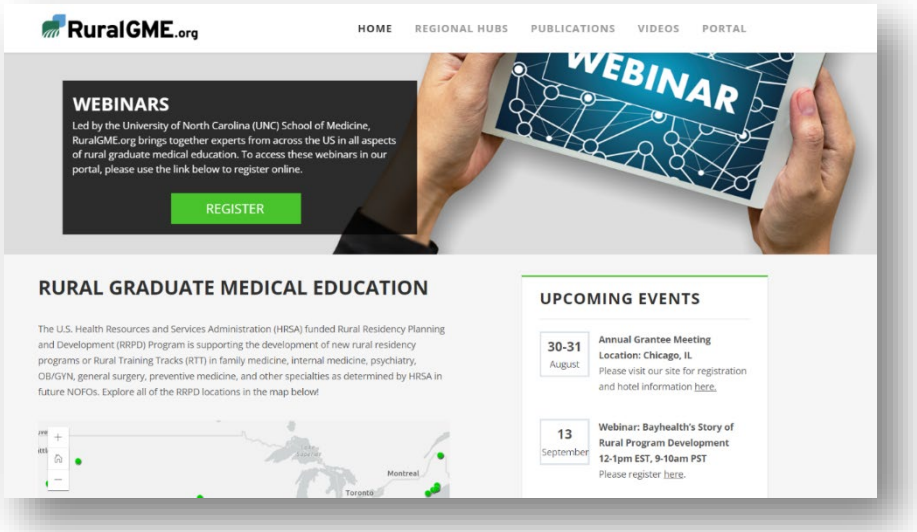
** As of November 2022*

Rural Residency Planning & Development (RRPD) Program

Creating Sustainable Rural Residencies

RRPD Technical Assistance (RRPD-TA) Program

- Consortium led by the University of North Carolina (UNC) at Chapel Hill consists of **experts in all aspects of rural residency development** and structured into 3 regional hubs (central, eastern, and western).
- Awarded in FY18 to establish the RRPD-TA Center and again in FY21 to provide direct technical assistance and resources to RRPD awardees and applicants.
- Free resources and tools (e.g., webinars, presentations) are available on the RuralGME.org portal for key topics such as **program accreditation, financing, faculty development, and resident recruitment and training**.
- **Website:** https://www.ruralgme.org/



Lifting Up Rural Community Health

Community-based programs helps test new ideas

Watch Video Profiles of Innovative FORHP Grantees:
https://www.ruralhealthinfo.org/project-examples

Direct Services

- Rural Health Care Services Outreach
- Small Health Care Provider Quality Improvement
- Delta States Network Program
- Pilot Programs
- Care Coordination

Capacity-Building

- Rural Health Network Development
- Rural Health Network Development Planning
- Pilot Programs
- Rural Maternal Obstetrics Management Strategies Program

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Leveraging the Appropriate Programs

FORHP Grants Target Specific Areas of Concern

Building Capacity

These programs focus on developing a collaborative plan to address community need by bringing together partners and/or engaging in community planning.

- Rural Health Network Development Planning Program
- Rural Public Health Workforce Training Network Program
- Rural Northern Border Region Planning Program
- Rural Community Opioids Response Program

Expanding Services

These programs expand access to and improve the quality of health care in rural communities.

- Rural Health Outreach Services Program
- Rural Communities Opioid Response Program – Medication Assisted Treatment Expansion
- Rural Communities Opioid Response Program Implementation

Supporting Hospitals

These programs provide technical assistance and/or support to rural hospitals.

- Rural Healthcare Provider Transition Project
- Small Rural Hospital improvement Program
- Medicare Rural Hospital Flexibility (Flex) Program
- Rural Health Outreach Services and Network Development
- Rural Network Planning

Providing Direct Services

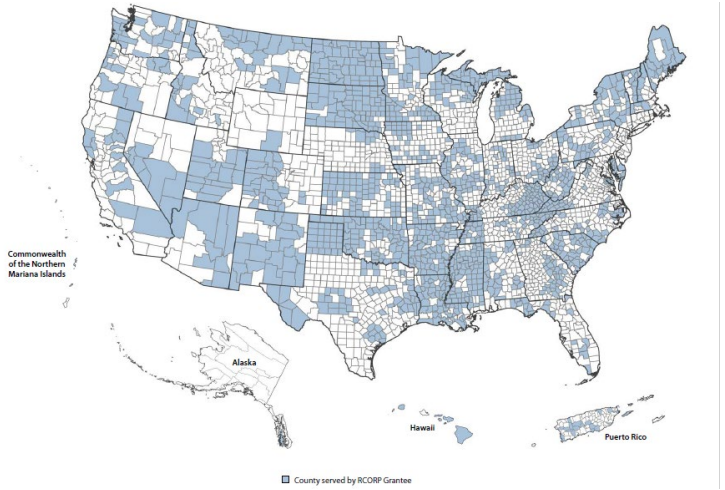
These programs directly improve upon the delivery of health care services and improve population health.

- Rural Health Care Services Outreach
- Small Health Care Provider Quality Improvement
- Delta States Rural Development Network
- Rural Maternity and Obstetrics Management Strategies Program
- Rural Care Coordination
- Rural Community Opioids Response Programs

Opioid and Substance Use Funding Opportunities

Rural Community Opioids Response Program

Capacity Building	Expanding Access and Building Infrastructure	Targeted Approaches	Centers of Excellence
• Previously funded Planning Grants to support networks of community partners • Ensuring diverse cohorts that help build economies of scale in rural communities.	• Flexible funding to adapt to unique community needs. • Focus on prevention and treatment.	• Medication Assisted Treatment • Neonatal Abstinence Syndrome • Addressing Psycho-Stimulants • BH Integration	• VT: Evidence-based practices • Fletcher: Supporting Recovery Housing Efforts • Rochester: Synthetic Opioid Overdose Mortality



RCORP – Opioid focused → **SUD more broadly** → **Behavioral Health**

Community Health Funding

Outreach Funding Opportunity Forecast (Pending Appropriations)

	FY 2023	FY 2024	FY 2025	FY 2026
Rural Health Care Coordination	NOFO Available Spring Project Period 9/15/2023			
Rural Health Care Services Outreach			NOFO Available TBD Project Period Start 5/1/2025	
Rural Health Network Development*	Project Period Start 7/1/2023			
Rural Health Network Development Planning	NOFO Available Fall 2022 Project Period Start 7/1/2023	NOFO Available TBD Project Period Start 7/1/2024	NOFO Available TBD Project Period Start 7/1/2025	NOFO Available TBD Project Period Start 7/1/2026
Small Health Care Provider Quality Improvement				NOFO Available TBD Project Period Start 8/1/2026
Delta States Rural Development Network	NOFO Posted Publicly Project Period Start 8/1/2023			
Rural Maternity and Obstetrics Management Strategies	NOFO Available Winter 2023 Project Period Start 9/1/2023		NOFO Available Winter 2024 Project Period Start 9/1/2025	

Rural Opioids and Substance Use Funding

Funding Opportunity Forecast (Pending Appropriations)

	FY 2023	FY 2024	FY 2025
RCORP-Child and Adolescent Behavioral Health	NOFO Available: Winter 2022 Project Start Date: 9/1/2023		
RCORP-Neonatal Abstinence Syndrome	NOFO Available: Winter 2022 Project Start Date: 9/1/2023		
RCORP-Overdose Response	NOFO Available: Posted Project Start Date: 9/1/2023	NOFO Available: Fall 2023 Project Start Date: 9/1/2024	
RCORP-Psychostimulant Support		NOFO Available: Fall/Winter 2023 Project Start Date: 9/1/2024	
Other Planned RCORP Funding (TBD)		NOFO Available: Fall/Winter 2023 Project Start Date: 9/1/2024	NOFO Available: Fall/Winter 2023 Project Start Date: 9/1/2024

Hospital and Workforce Funding

Funding Opportunity Forecast (Pending Appropriations)

	FY 2023	FY 2024	FY 2025
Rural Residency Planning and Development Grants	NOFO Available: Late Fall 2022 Project Start Date: 8/1/2023	NOFO Available: Late Fall 2023 Project Start Date: 8/1/2024	Rural Residency Planning and Development Grants

Broadband Funding

Infrastructure Act Created $658 Billion in Funding

NTIA will administer $48B of this new funding

BEAD	DIGITAL EQUITY	TRIBAL	MIDDLE MILE
$42.45B	**$2.75B**	**$2.00B**	**$1.00B**
Title I - Broadband Equity, Access & Deployment Program	***Title III – Digital Equity Act***	***Title II - Tribal Connectivity Technical Amendments***	***Title IV - Enabling Middle Mile Broadband Infrastructure***
Formula-based grant program for U.S. states and territories. BEAD aims to close the access gap for unserved & underserved areas of the country.	Three programs, established for planning & implementation of programs that promote digital equity, support digital inclusion activities, and build capacity related to the adoption of broadband.	Furthers current Tribal Broadband Connectivity Program by investing an additional $2B to fund broadband adoption and infrastructure projects.	Provides funding to extend middle mile capacity to reduce cost of serving unserved and underserved areas and enhance network resilience.

FCC to administer $14B

$14.2B

For Affordable Connectivity Program, which will replace the EBB program

USDA to administer $2B

$2.0B

Via the Rural Utilities Service

Private Activity Bonds $600M

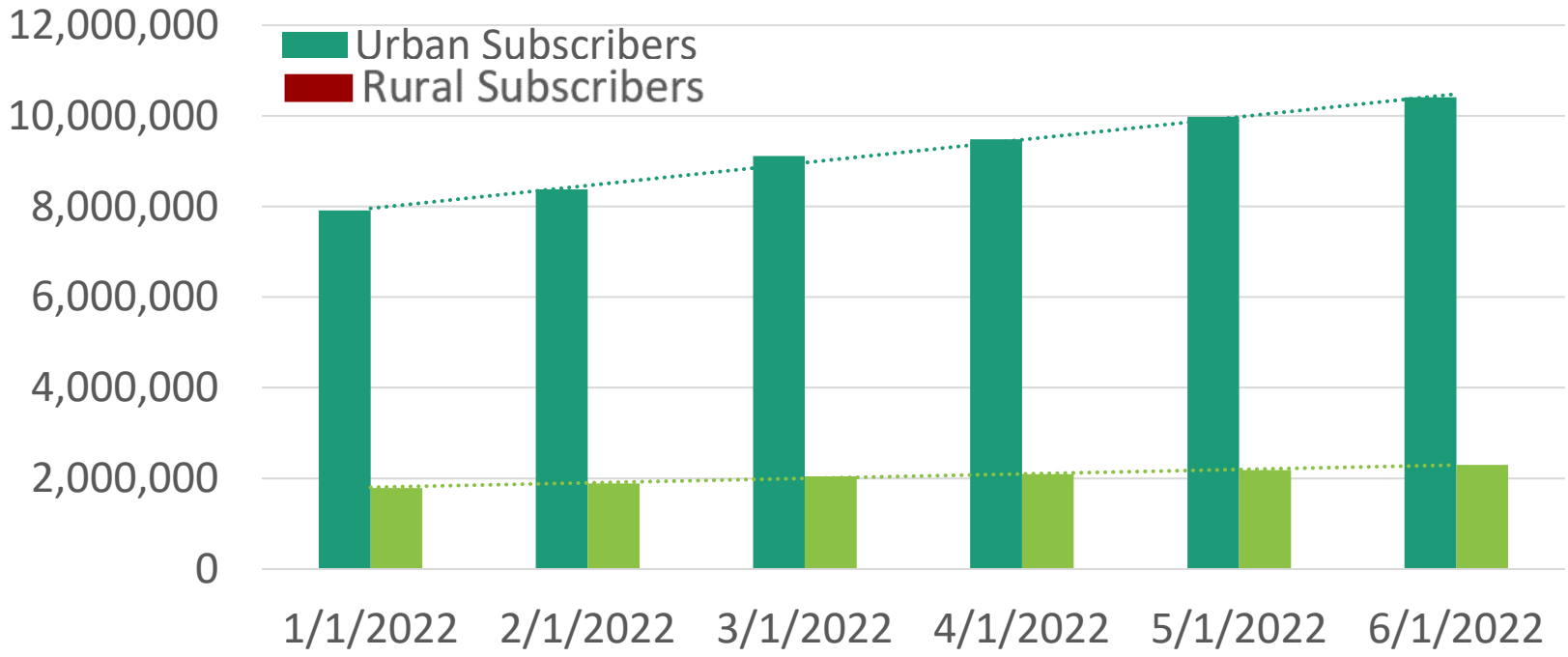
$600M

Authorizes State/local gov'ts to use private activity bonds

** IIIJA, Div F, Pub. L. 117-58 (Nov. 15, 2021) Note: funding amounts inclusive of all administrative set-asides.*

Addressing the Rural Broadband Access Gap

A Rural-Urban Divide in Sign Up for the Affordable Connectivity Program



Enrollment growing 600,000 per month, with rural staying about 18% of urban

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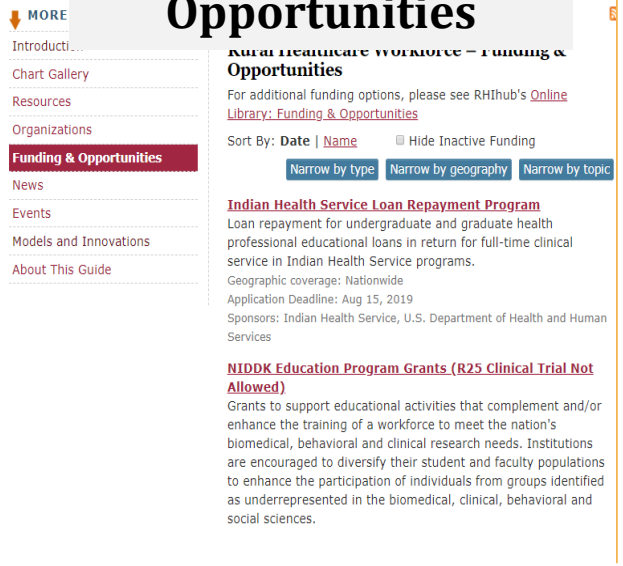
Health Resources for Rural Communities

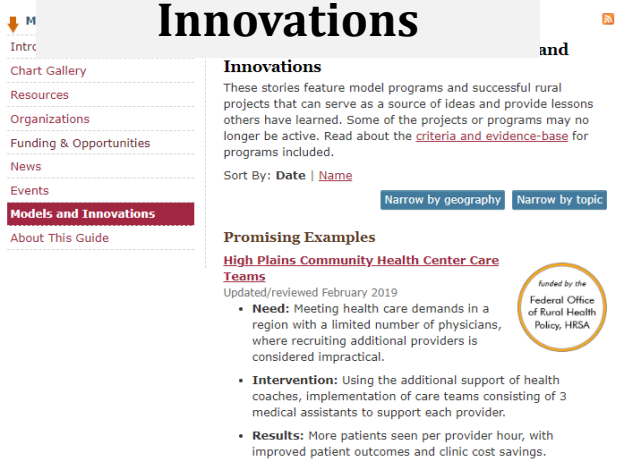
Rural Health Information Hub (RHIhub)

Topic Guides

Funding Opportunities



Models and Innovations



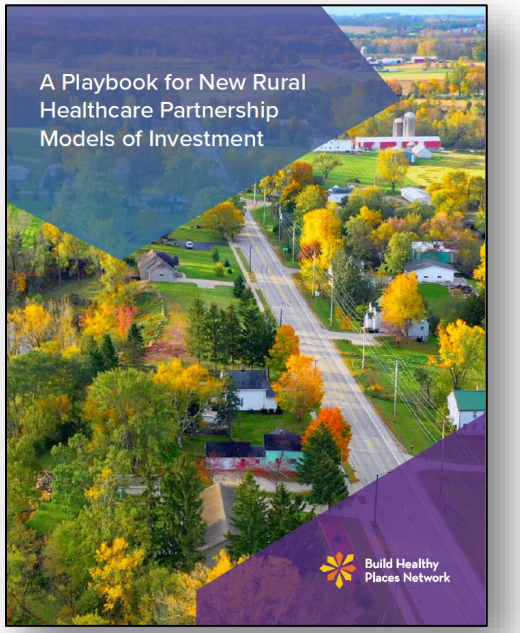
https://www.ruralhealthinfo.org/

Resources for Rural Communities

New Rural Tool from the Building Healthy Places Network

Mission of BHPN: To transform the way organizations work together across the health, community development, and finance sectors to more effectively reduce poverty, advance racial equity, and improve health in neighborhoods across the United States.

Purpose: To uplift community-led solutions and accelerate cross-sector investments in persistently marginalized communities to create healthier, more equitable, and thriving places.



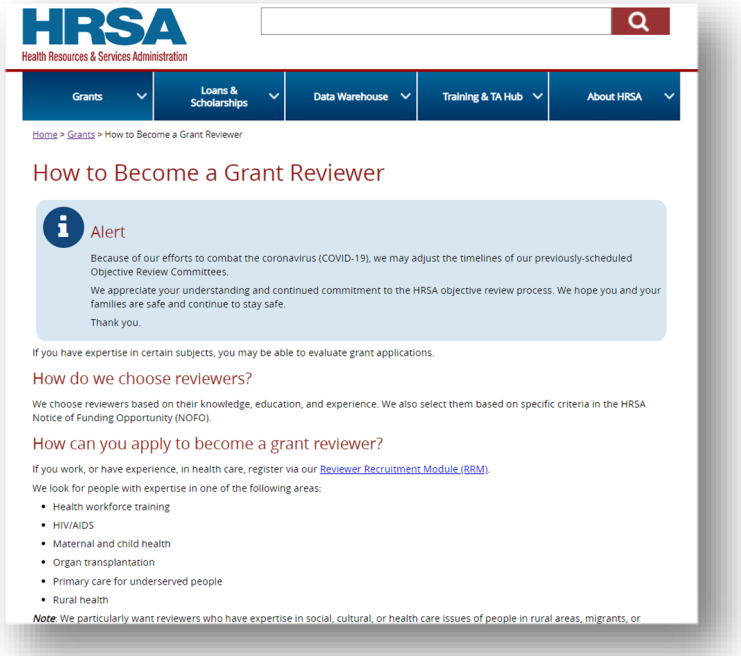
https://bit.ly/3PDF4N9 and https://bit.ly/3amz4Zn

HRSA Needs Your Help!

Consider being a grant reviewer

- Ensures we get the rural perspective
- Provides a good insight into the grants process

- Key Steps:
  - Once registered note rural as your area of expertise
  - Let us know when you are in the database (so we can select you)
    - Email Lisa Chechile at lchechile@hrsa.gov



https://www.hrsa.gov/grants/reviewers

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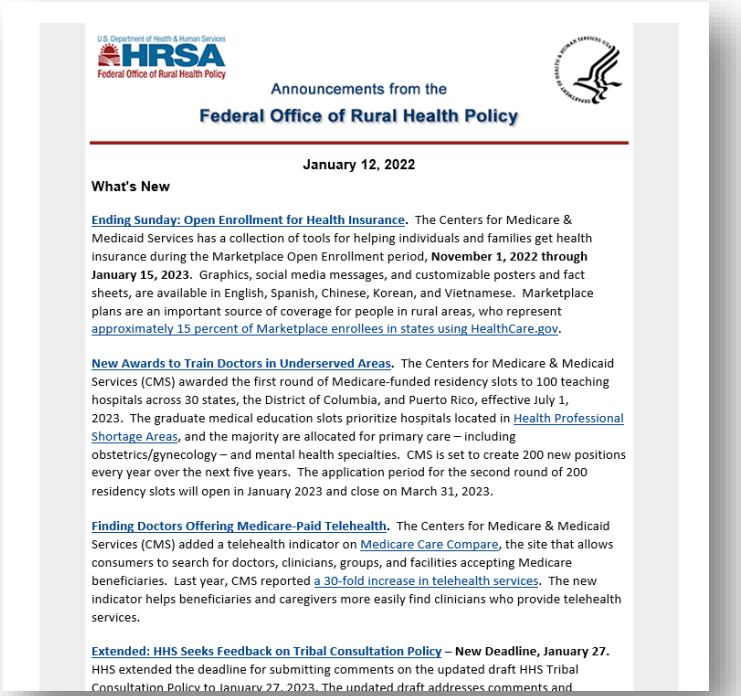
FORHP Weekly Announcements

Focus on …

- ✓ Rural-focused Funding opportunities
- ✓ Policy and Regulatory Developments Affecting Rural Providers and Communities
- ✓ Rural Research findings
- ✓ Policy updates from a Rural Perspective

To sign up:
https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?qsp=HRSA-subscribe



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Announcements from the
Federal Office of Rural Health Policy

January 12, 2022

What's New

Ending Sunday: Open Enrollment for Health Insurance. The Centers for Medicare & Medicaid Services has a collection of tools for helping individuals and families get health insurance during the Marketplace Open Enrollment period, **November 1, 2022 through January 15, 2023.** Graphics, social media messages, and customizable posters and fact sheets, are available in English, Spanish, Chinese, Korean, and Vietnamese. Marketplace plans are an important source of coverage for people in rural areas, who represent approximately 15 percent of Marketplace enrollees in states using HealthCare.gov.

New Awards to Train Doctors in Underserved Areas. The Centers for Medicare & Medicaid Services (CMS) awarded the first round of Medicare-funded residency slots to 100 teaching hospitals across 30 states, the District of Columbia, and Puerto Rico, effective July 1, 2023. The graduate medical education slots prioritize hospitals located in Health Professional Shortage Areas, and the majority are allocated for primary care – including obstetrics/gynecology – and mental health specialties. CMS is set to create 200 new positions every year over the next five years. The application period for the second round of 200 residency slots will open in January 2023 and close on March 31, 2023.

Finding Doctors Offering Medicare-Paid Telehealth. The Centers for Medicare & Medicaid Services (CMS) added a telehealth indicator on Medicare Care Compare, the site that allows consumers to search for doctors, clinicians, groups, and facilities accepting Medicare beneficiaries. Last year, CMS reported a 30-fold increase in telehealth services. The new indicator helps beneficiaries and caregivers more easily find clinicians who provide telehealth services.

Extended: HHS Seeks Feedback on Tribal Consultation Policy – New Deadline, January 27. HHS extended the deadline for submitting comments on the updated draft HHS Tribal Consultation Policy to January 27, 2023. The updated draft addresses comments and

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