

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

Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association.



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

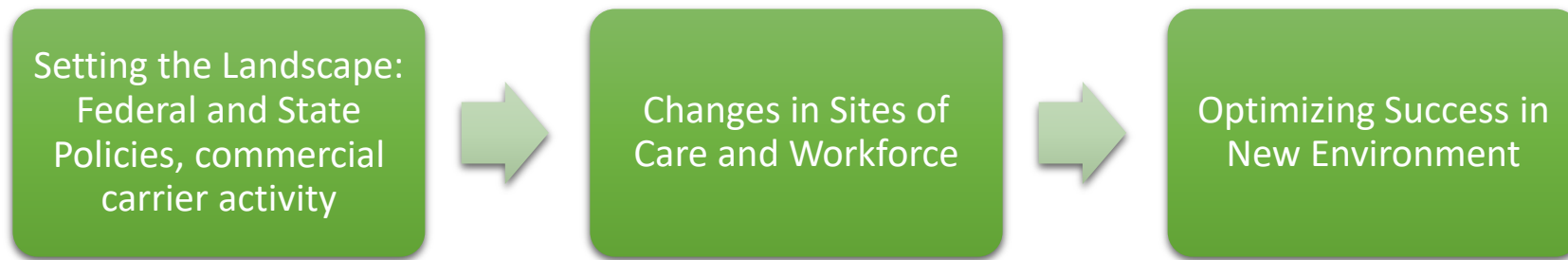
Director, RUPRI Center for Rural Health Policy Analysis



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Outline of Comments







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



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

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

			
CATEGORY 1 FEE FOR SERVICE - NO LINK TO QUALITY & VALUE	CATEGORY 2 FEE FOR SERVICE - LINK TO QUALITY & VALUE	CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	CATEGORY 4 POPULATION - BASED PAYMENT
	A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)	A APMs with Shared Savings (e.g., shared savings with upside risk only)	A Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	B Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
	C Pay-for-Performance (e.g., bonuses for quality performance)		C Integrated Finance & Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	4N Capitated Payments NOT Linked to Quality



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Shared Savings Program

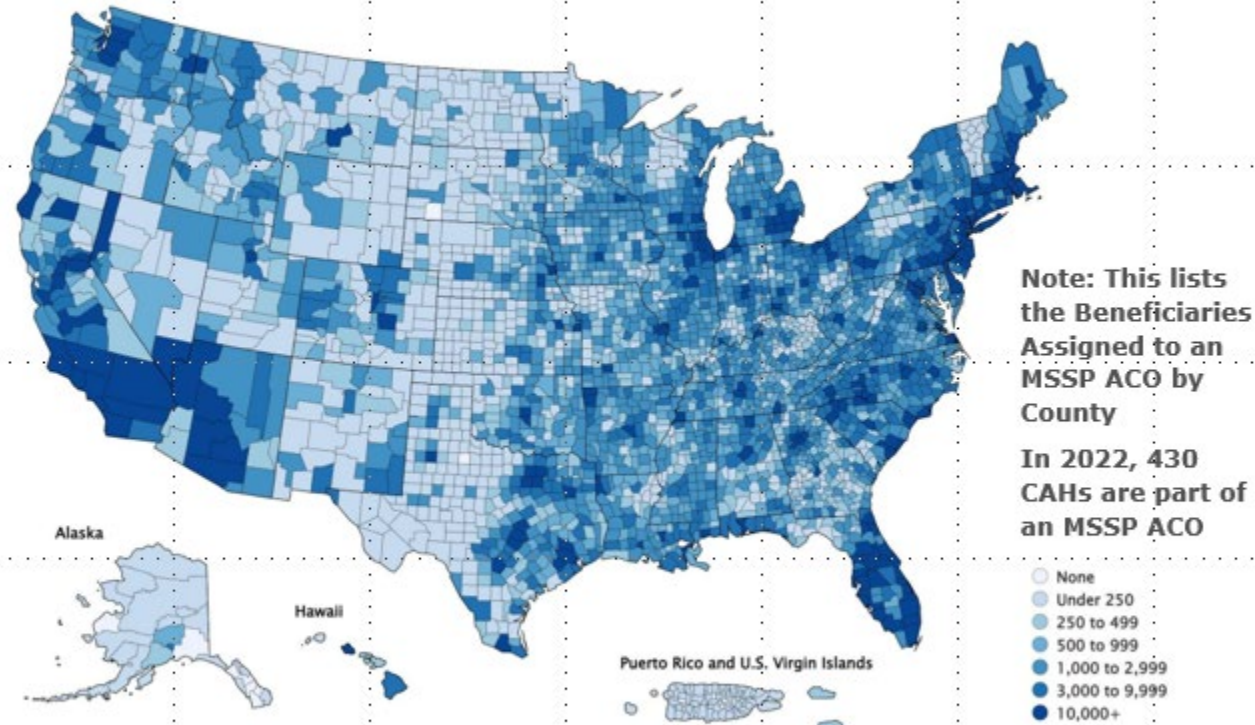
- Plateau of 561 in 2018, fell to 477 in 2021, 483 in 2022
- Composition in 2022
 - 269 low revenue (56%)
 - 1,645 Rural Health Clinics
 - 430 Critical Access Hospitals
 - One-sided: 41% (199)
 - Two-sided include 138 in basic tracks, 146 in enhanced track

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



ACO Spread - 2022

Medicare Shared Savings Program ACO Assigned Beneficiary Population by County



Source: [CMS - Medicare Shared Savings Program Fast Facts](#)

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%



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>



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>

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>

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?



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

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>.



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)



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***



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***



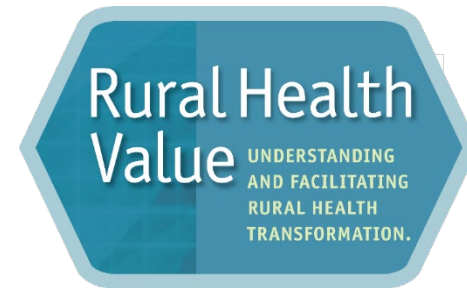
Conclusion: What Needs to be Done

- 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



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 Resources

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



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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The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.



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

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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 funds 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

What long-term trends have led to REHs?

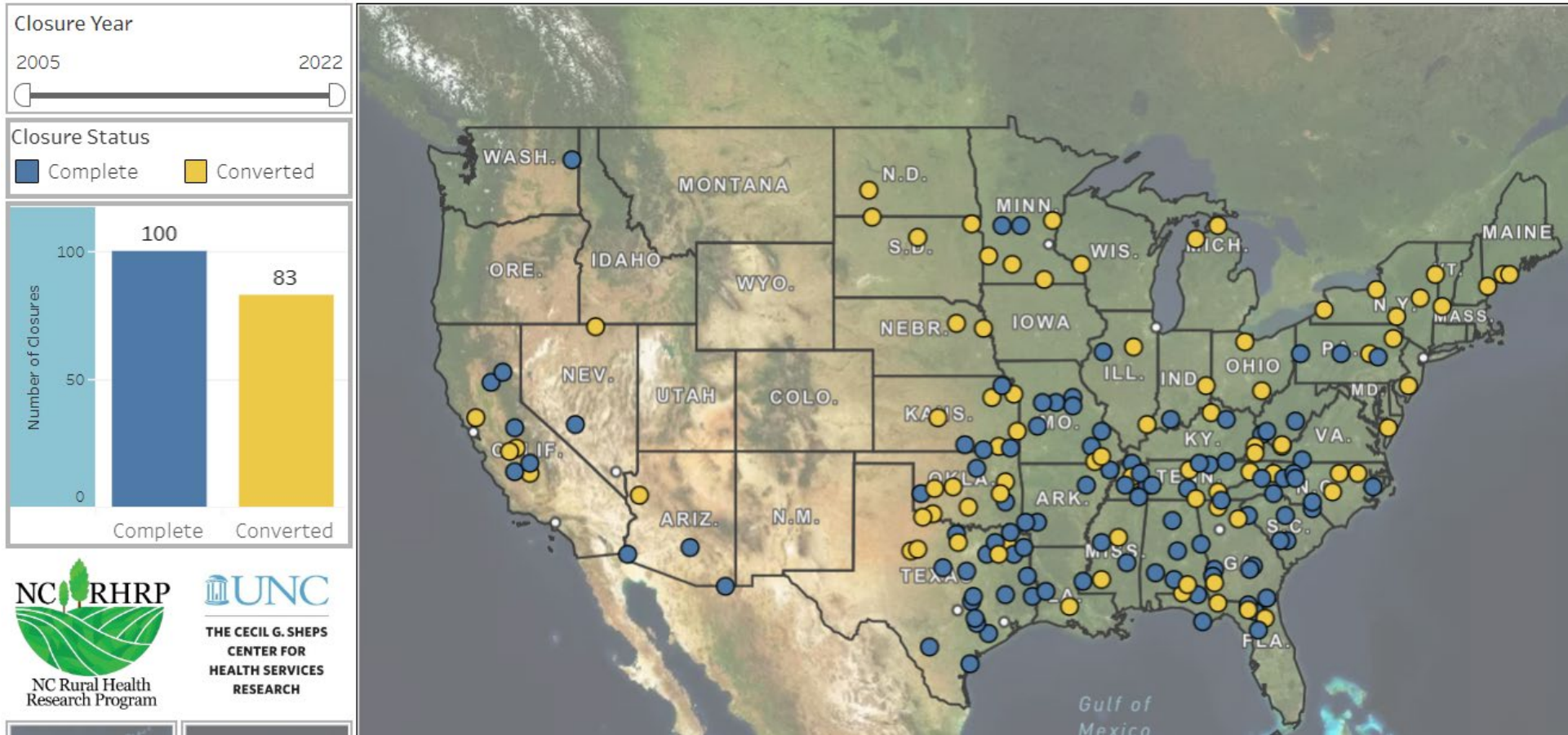
1. Rural hospital closures
2. Hospital unprofitability
3. Less inpatient care
4. More outpatient care
5. Patient bypass
6. Value-based care, ACOs, telehealth
7. Demographics and other factors

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

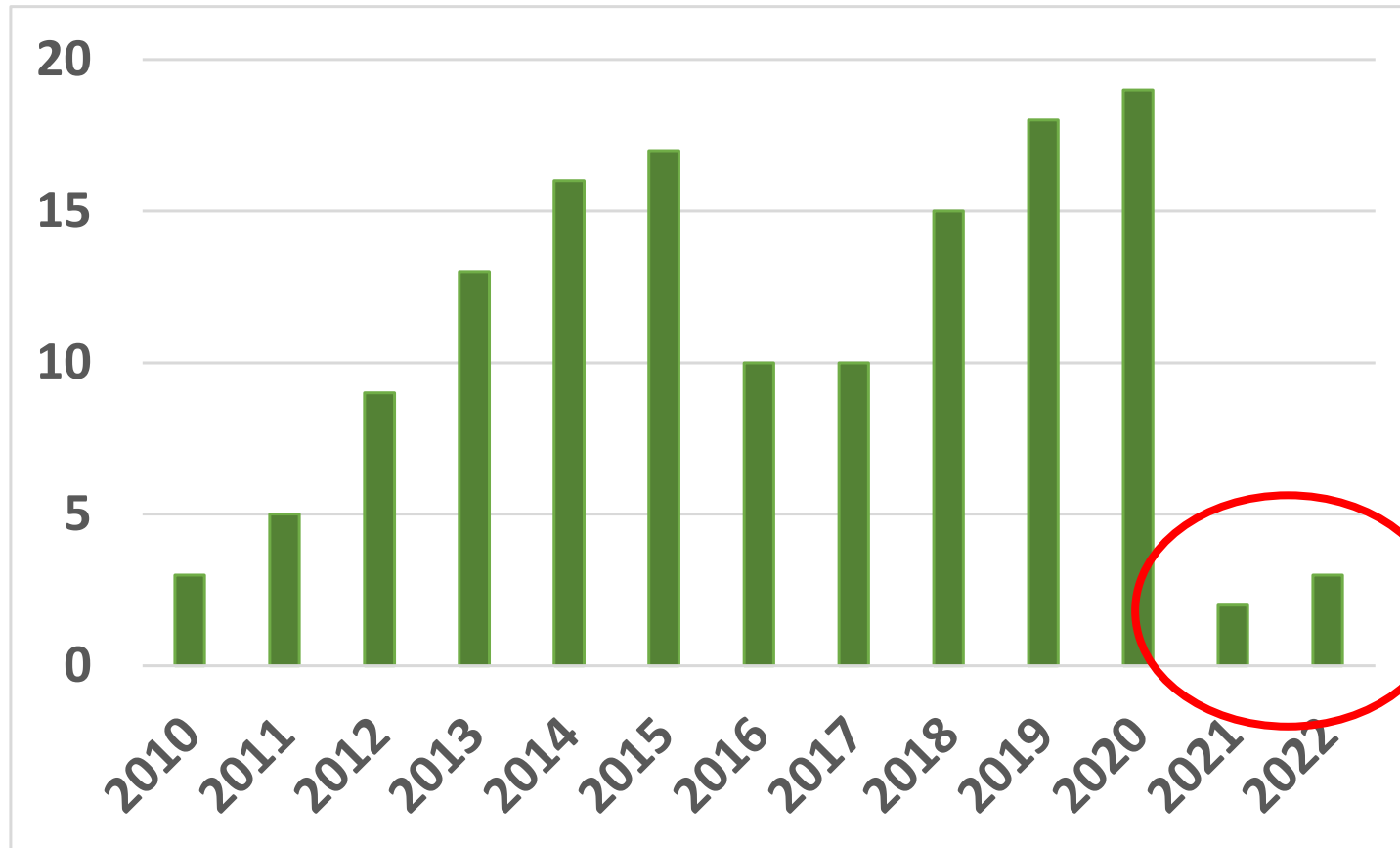


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183 Rural Hospital Closures since January 2005



140 Rural Hospital Closures since January 2010



**Our
problems
are over,
right?**

2. Long-term unprofitability has not gone away



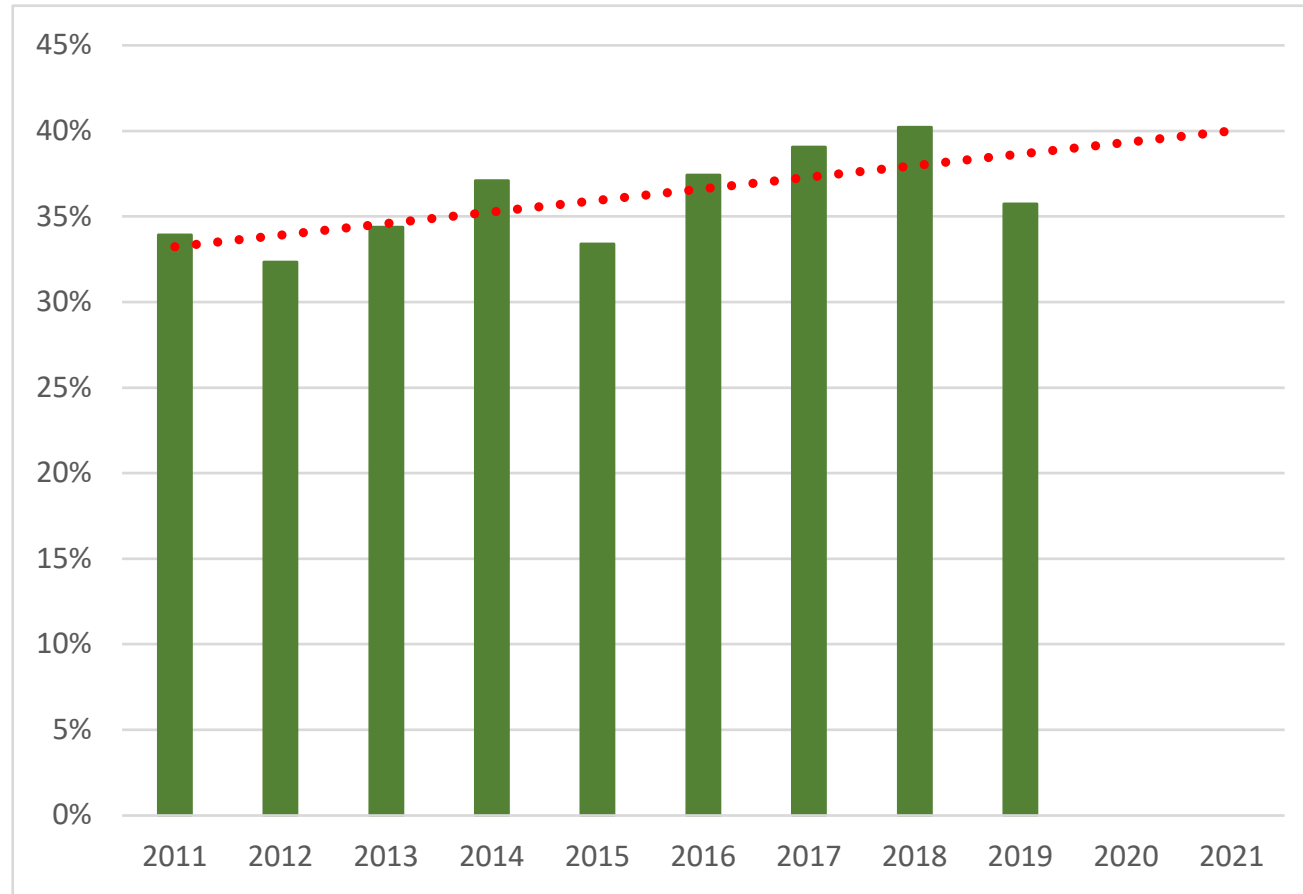
Findings Brief
NC Rural Health Research Program

March 2022

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

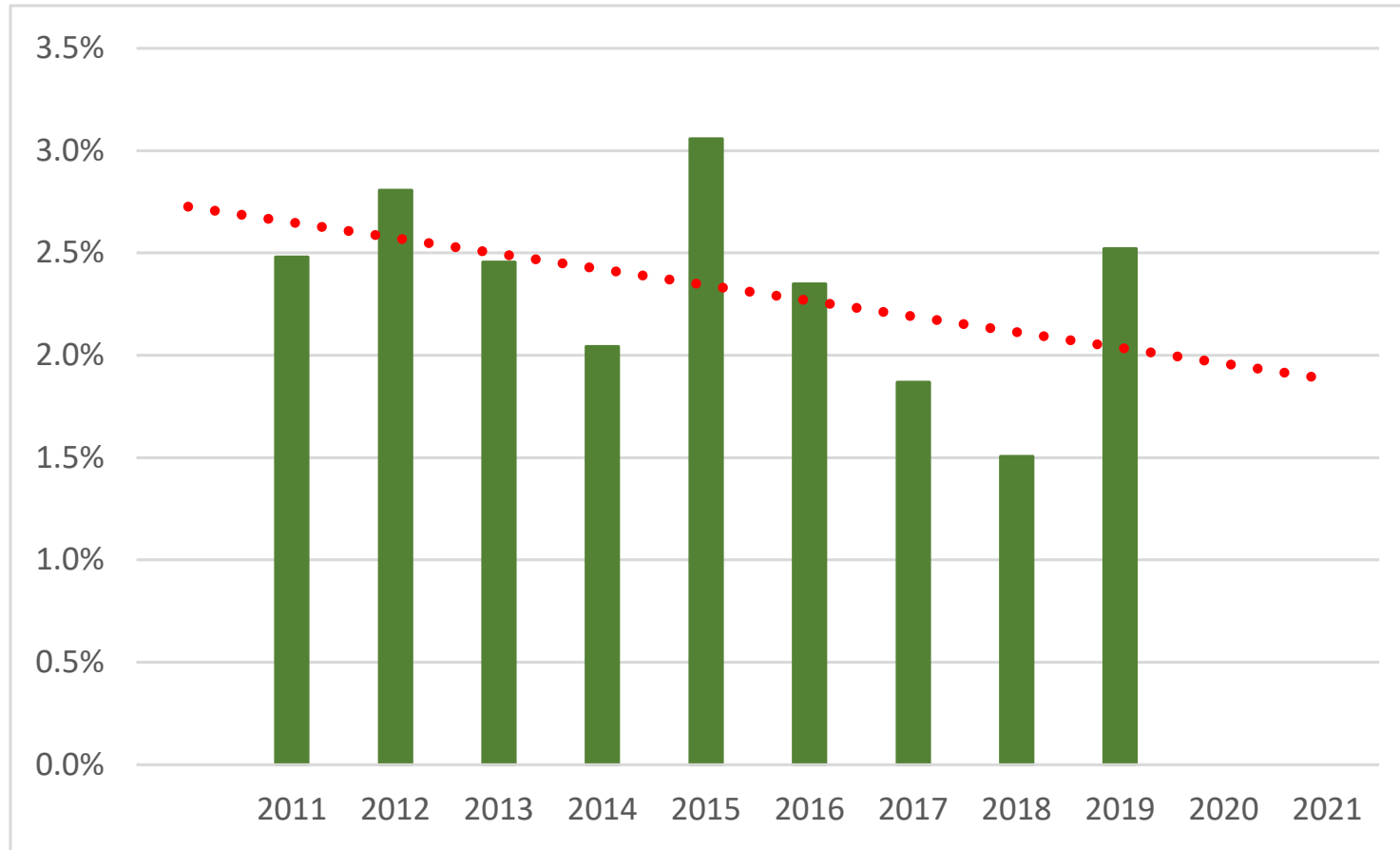
George Pink, PhD; Susie Gurzenda, MS; Mark Holmes, PhD

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

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



Long-term unprofitability has not gone away

Rural hospital profitability increased during COVID but...

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

Hospital type	Number of hospitals	Number of beds (thousands)	General distribution		General, safety-net, rural, and tribal distribution		General, safety-net, rural, tribal, and high-impact distribution	
			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.

3. Rural hospitals have fewer and fewer inpatients

THE JOURNAL OF RURAL HEALTH

BRIEF REPORT

Decline in Inpatient Volume at Rural Hospitals

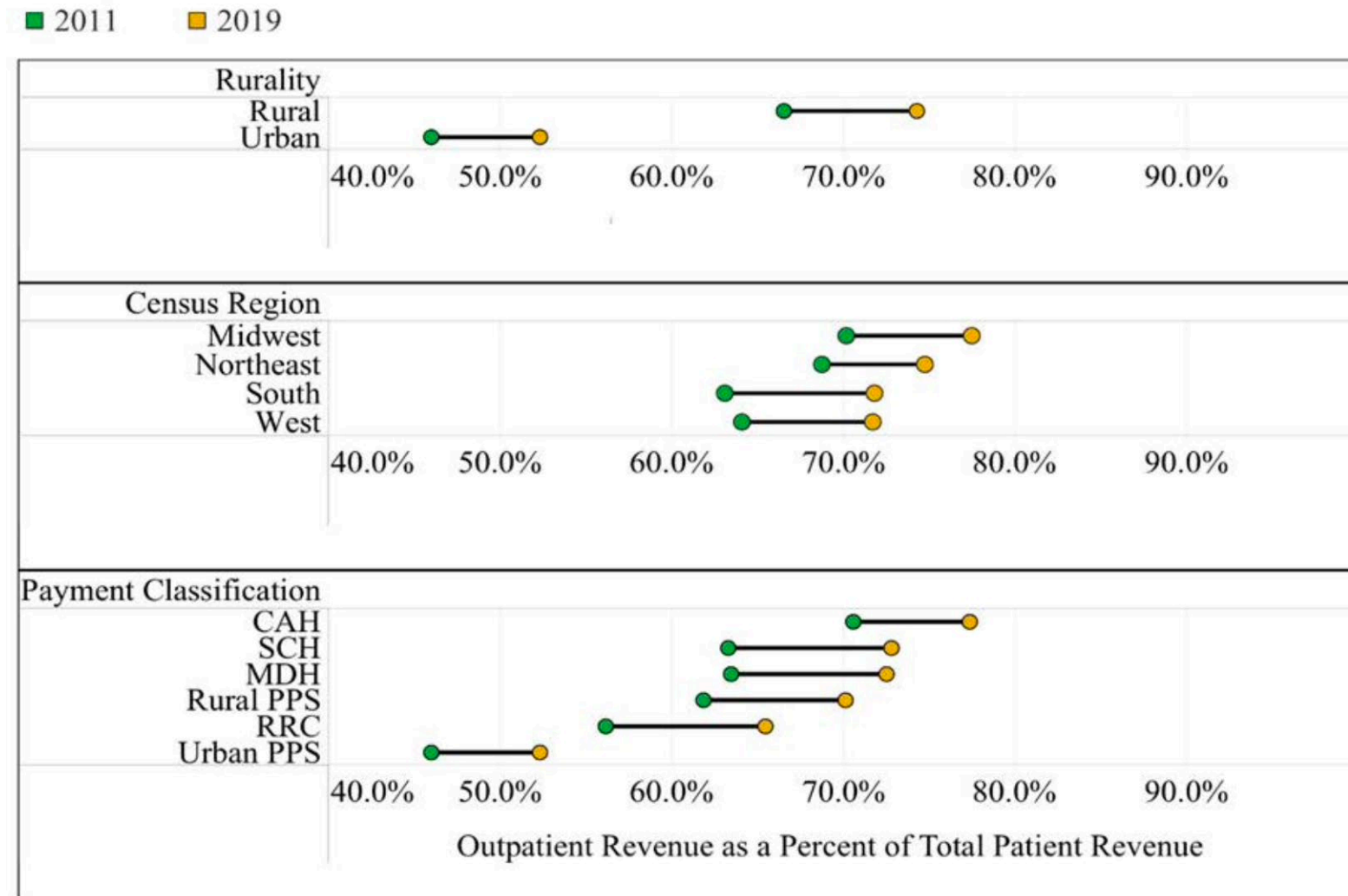
Tyler L. Malone MS✉, George H. Pink PhD, George M. Holmes PhD

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



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.

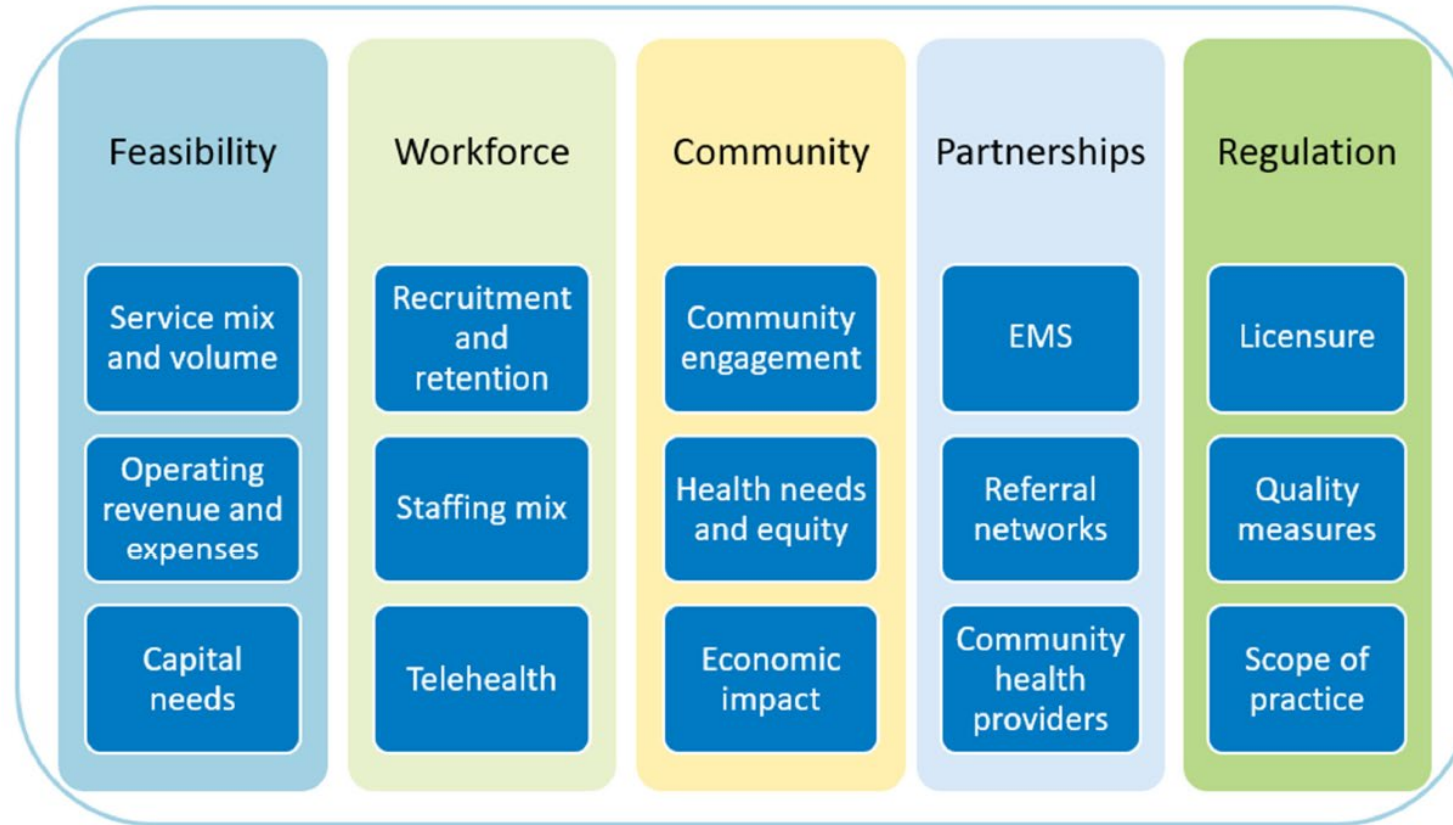
So where does that leave us?

- 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)

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



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
University of North Carolina at Chapel Hill

Website: <http://www.shepscenter.unc.edu/programs-projects/rural-health/>

Email: ncrural@unc.edu

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Julie Perry

Susie Gurzenda, MPH

Tyler Malone, MSc

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



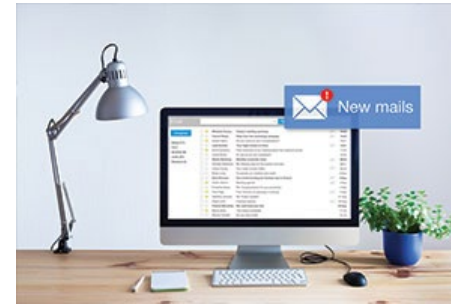
Rural Health Research Gateway

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

ruralhealthresearch.org/alerts



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



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

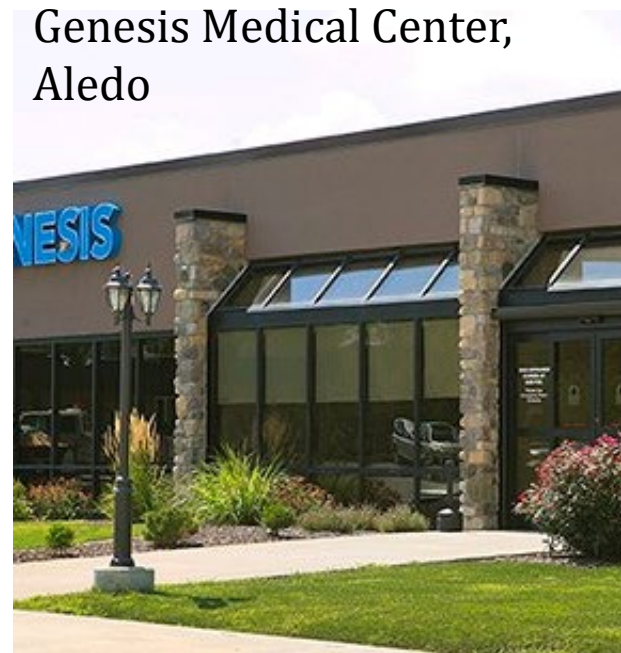
Rural Economics

- 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



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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U.S. Department of Health & Human Services



Federal Office of Rural Health Policy

Rural Health Policy Update

Tom Morris

The Federal Office of Rural Health Policy

Accessible and Through a Rural Lens

The screenshot shows the HRSA website with the following content:

- Header: Health Resources & Services Administration | Bureaus & Offices | Newsroom | A - Z Index | Contact Us
- Navigation: FORHP Home, Find Funding, Resources, About Us
- Section: Rural Health Policy
- Sub-section: Regulatory Review
- Text: The Federal Office of Rural Health Policy is charged in Section 1102(g) of the Social Security Act with advising the Secretary of the U.S. Department of Health and Human Services on the effect that federal health care policies and regulations may have on rural communities. Monitoring current and proposed changes, including programs established under titles XVIII and XIX (Medicare and Medicaid), FORHP analyzes their impact on the financial viability of small rural hospitals and clinics, on the ability of rural areas to attract health professionals, and on rural areas' access to high quality care.
- Text: Data collection and analysis is essential to understanding the challenges in rural communities, how those communities are impacted by policy, and setting policy for the future. For this reason, the work of the Rural Health Research Centers informs that of FORHP's policy team and vice versa.
- Section: Policy Updates
- Date: April 1
- Text: CMS Guidance to Resume Hospital Survey Activities (PDF - 265 KB). As of March 23, 2021, the Centers for Medicare & Medicaid Services (CMS) is lifting the suspension on hospital survey activities, which was put in place due to the public health emergency. Non-immediate liability

Questions about
Policy Updates?
Write to ruralpolicy@hrsa.gov

The screenshot shows the website for the National Advisory Committee on Rural Health & Human Services with the following content:

- Section: National Advisory Committee on Rural Health & Human Services
- Section: Ninetieth Meeting of the National Advisory Committee on Rural Health and Human Services
- Date: Monday April 11 - Wednesday April 13, 2022
- Text: Register now (PDF - 122 KB)
- Text: The National Advisory Committee on Rural Health and Human Services (NACRHHS) on the Committee advises the Secretary of Health and Human Services on health care challenges in rural America. The Committee is an independent advisory group representing a public-private partnership focused on the provision of health care in rural areas.
- Section: Charter
- Text: Read the NACRHHS Charter (PDF - 273 KB)
- Section: Vision, Mission, and Values
- Text: Read the Vision, Mission, and Values of the National Advisory Committee on Rural Health and Human Services (PDF - 132 KB)
- Section: Members
- Text: The Committee's 21 members serve overlapping four-year terms and have expertise in a wide range of rural health and human services issues.

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

Rural Health
Research Gateway
ruralhealthresearch.org

The Rural Health Research Gateway is an online library of research and expertise. The website is free to use, searchable, and provides access to the work of the Rural Health Research Centers and Analysis Initiatives funded by the Federal Office of Rural Health Policy.

The Rural Health Research Center program is the only federal program that is dedicated entirely to producing policy-relevant research on healthcare in rural areas. The centers study critical issues facing rural communities in a quest to secure adequate, affordable, high-quality health services for rural residents.

This online resource of research connects you to:

- Research and policy centers
- Products and journal publications
- Fact sheets
- Policy briefs
- Research projects
- Email alerts
- Experts
- Dissemination toolkit

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The project was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS).

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>

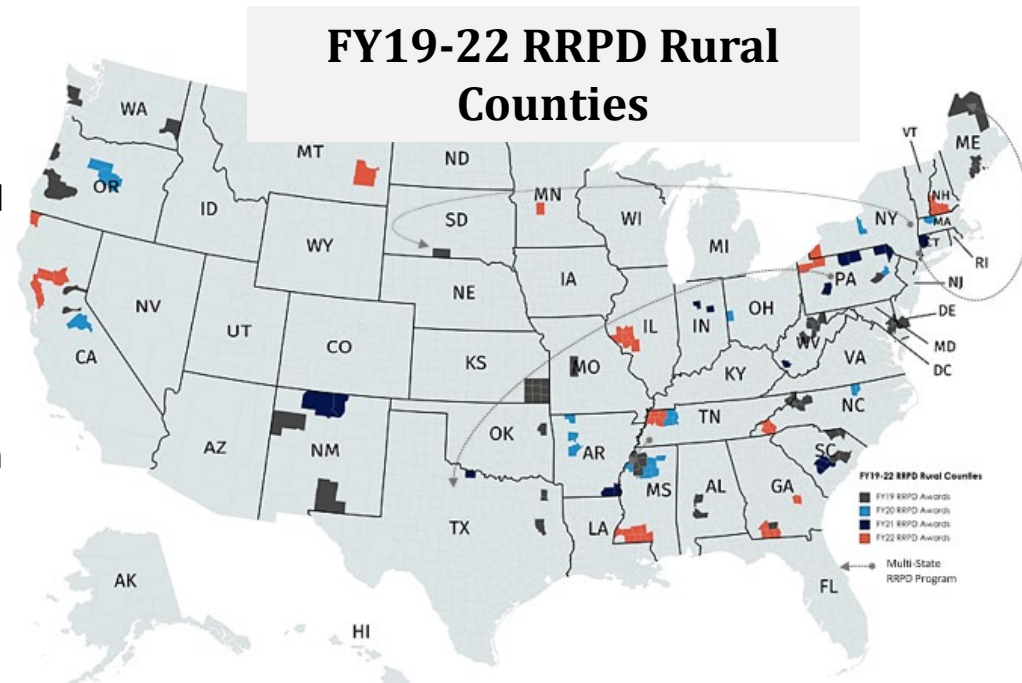
RRPD Program

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*

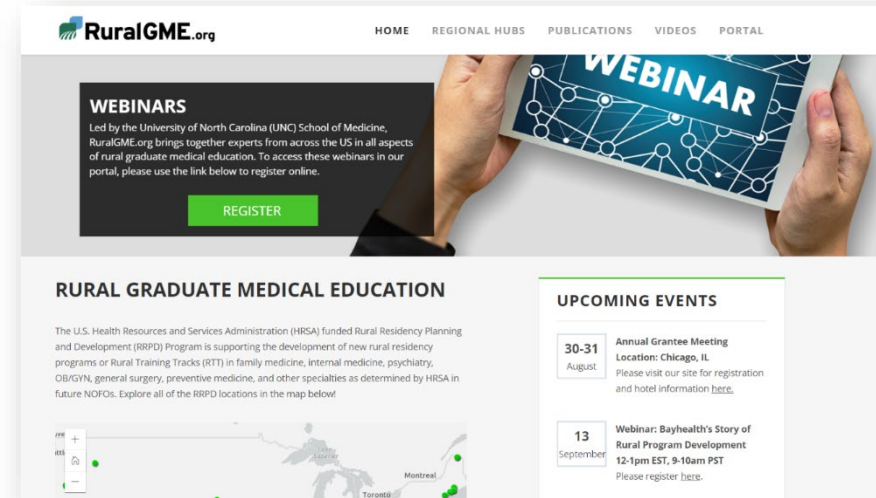


Rural Residency Planning & Development (RRPD) Program

Creating Sustainable Rural Residencies

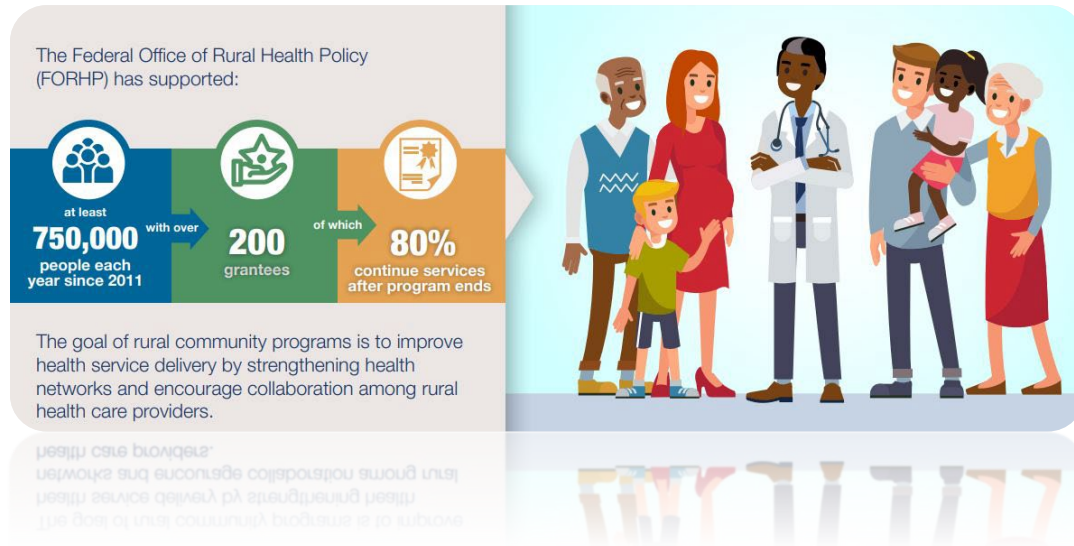
RRPD Technical Assistance (RRPD-TA) Program

- 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 help 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

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

- Previously funded Planning Grants to support networks of community partners
- Ensuring diverse cohorts that help build economies of scale in rural communities.

Expanding Access and Building Infrastructure

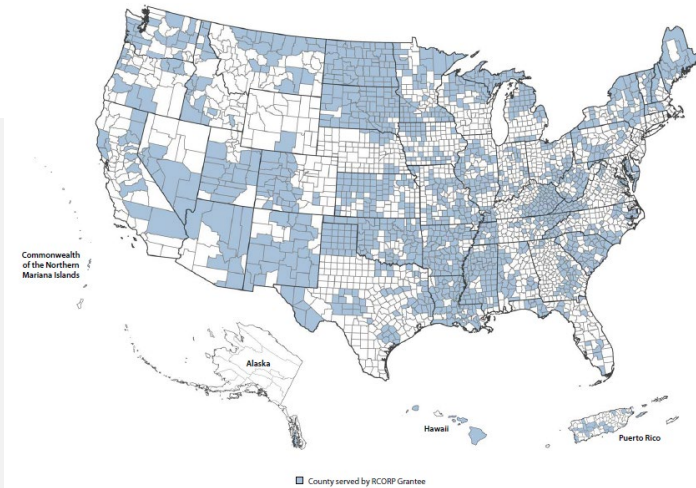
- Flexible funding to adapt to unique community needs.
- Focus on prevention and treatment.

Targeted Approaches

- Medication Assisted Treatment
- Neonatal Abstinence Syndrome
- Addressing Psycho-Stimulants
- BH Integration

Centers of Excellence

- 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

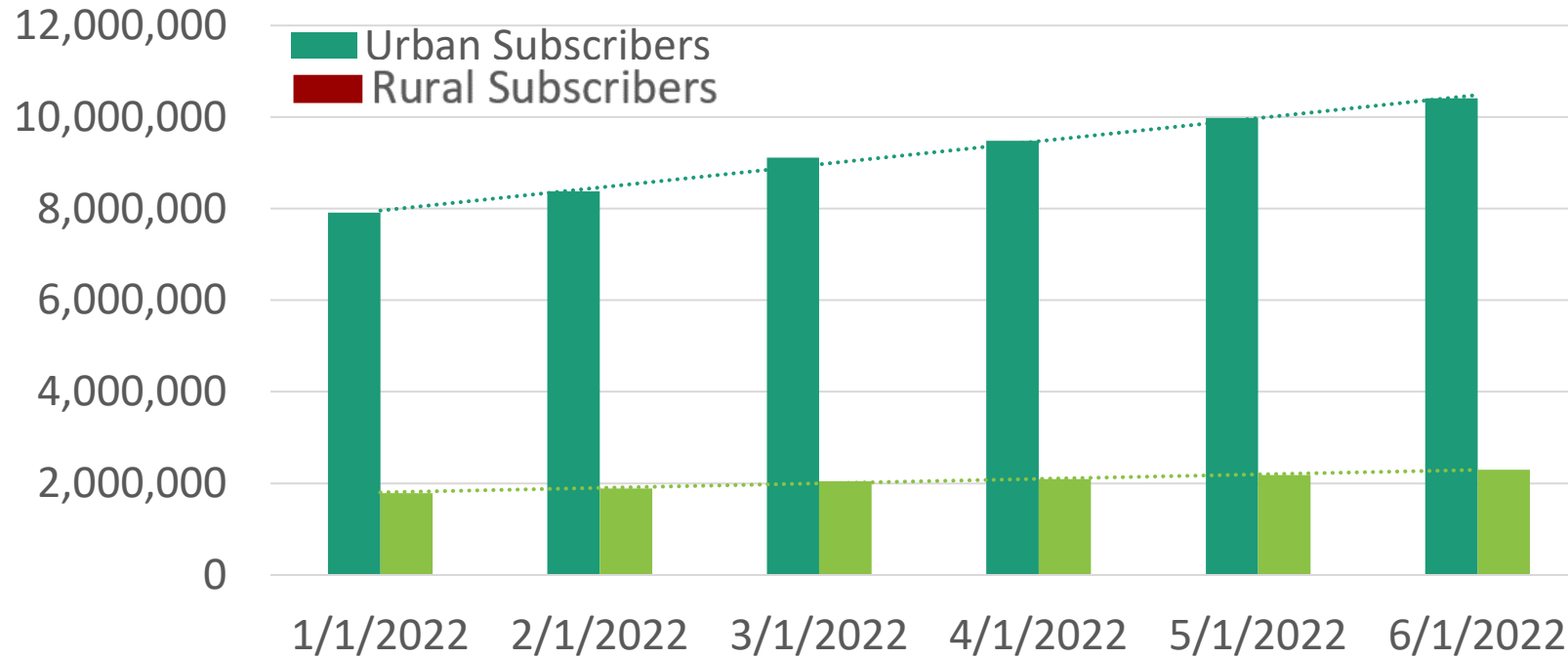
Infrastructure Act Created \$658 Billion in Funding

NTIA will administer \$48B of this new funding				FCC to administer \$14B
BEAD	DIGITAL EQUITY	TRIBAL	MIDDLE MILE	\$14.2B <i>For Affordable Connectivity Program, which will replace the EBB program</i>
\$42.45B	\$2.75B	\$2.00B	\$1.00B	USDA to administer \$2B
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	\$2.0B <i>Via the Rural Utilities Service</i>
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.	Further 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.	Private Activity Bonds \$600M <i>Authorizes State/local gov'ts to use private activity bonds</i>
* 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



Health Resources for Rural Communities

Rural Health Information Hub (RHInfo)

Topic Guides

↓ MORE ON THIS TOPIC

Introduction

• FAQs

Chart Gallery

Resources

Organizations

Funding & Opportunities

News

Events

Models and Innovations

About This Guide

Rural Health > Topics & States > Topics

Rural Healthcare Workforce

Maintaining the healthcare workforce is fundamental to providing access to quality healthcare in rural areas. Rural healthcare facilities must employ enough healthcare professionals to meet the needs of the community. They must have proper licensure, adequate education and training, and cultural competency skills. Equally important, optimizing how health professionals are used and enhancing coordination among them helps ensure that patients are getting the best care possible.

Strategies can include:

- Using interprofessional teams to provide coordinated and efficient care for patients and to extend the reach of each provider
- Ensuring that all professionals are fully utilizing their skill sets and working at the top of their license; that is, practicing to the full extent of their training and allowed scope of practice.
- Removing state and federal barriers to professional practice, where appropriate
- Changing policy to allow alternative provider types, once evidence shows they can provide quality care

Funding Opportunities

↓ MORE

Introduction

Chart Gallery

Resources

Organizations

Funding & Opportunities

News

Events

Models and Innovations

About This Guide

Rural Healthcare Workforce – Funding & Opportunities

For additional funding options, please see RHInfo's [Online Library: Funding & Opportunities](#)

Sort By: [Date](#) | [Name](#) Hide Inactive Funding

[Narrow by type](#) [Narrow by geography](#) [Narrow by topic](#)

Indian Health Service Loan Repayment Program

Loan repayment for undergraduate and graduate health professional educational loans in return for full-time clinical service in Indian Health Service programs.

Geographic coverage: Nationwide

Application Deadline: Aug 15, 2019

Sponsors: Indian Health Service, U.S. Department of Health and Human Services

NIDDK Education Program Grants (R25 Clinical Trial Not Allowed)

Grants to support educational activities that complement and/or enhance the training of a workforce to meet the nation's biomedical, behavioral and clinical research needs. Institutions are encouraged to diversify their student and faculty populations to enhance the participation of individuals from groups identified as underrepresented in the biomedical, clinical, behavioral and social sciences.

Models and Innovations

↓ M

Introduction

Chart Gallery

Resources

Organizations

Funding & Opportunities

News

Events

Models and Innovations

About This Guide

Innovations

These stories feature model programs and successful rural projects that can serve as a source of ideas and provide lessons others have learned. Some of the projects or programs may no longer be active. Read about the [criteria and evidence-base](#) for programs included.

Sort By: [Date](#) | [Name](#)

[Narrow by geography](#) [Narrow by topic](#)

Promising Examples

High Plains Community Health Center Care Teams

Updated/reviewed February 2019

- **Need:** Meeting health care demands in a region with a limited number of physicians, where recruiting additional providers is considered impractical.
- **Intervention:** Using the additional support of health coaches, implementation of care teams consisting of 3 medical assistants to support each provider.
- **Results:** More patients seen per provider hour, with improved patient outcomes and clinic cost savings.



<https://www.ruralhealthinfo.org/>

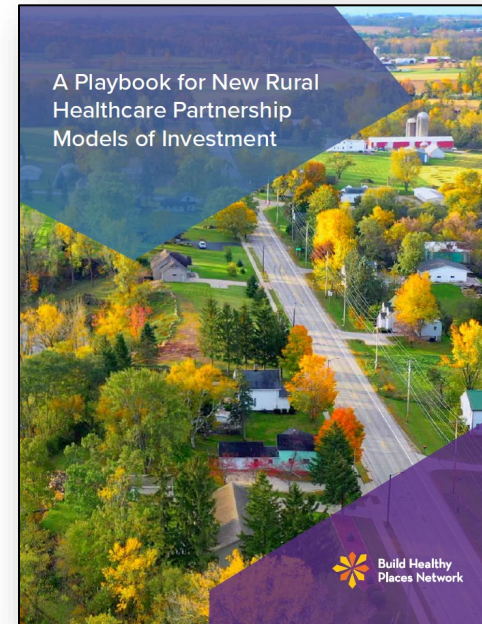


Resources for Rural Communities

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.



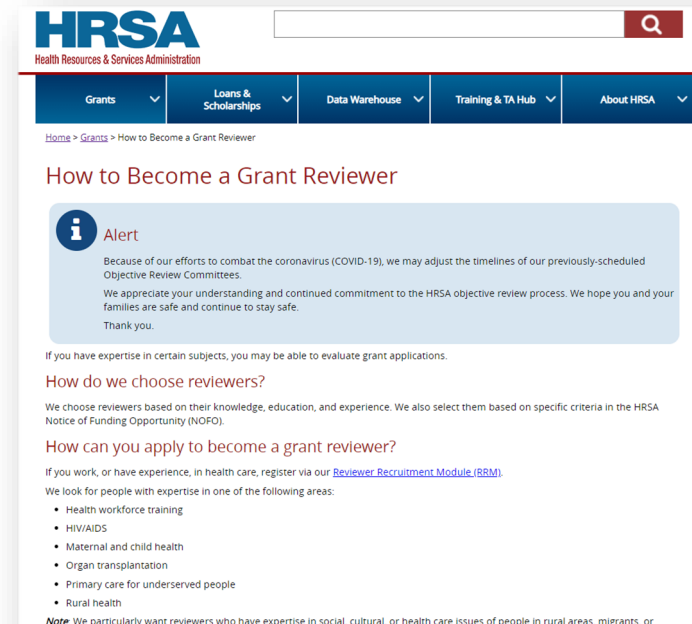
<https://bit.ly/3PDF4N9> and <https://bit.ly/3amz4Zn>

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>



The screenshot shows the HRSA website header with the logo and navigation menu. The main content area is titled "How to Become a Grant Reviewer" and features an "Alert" box with information about COVID-19 adjustments to review timelines. Below the alert, there are sections for "How do we choose reviewers?" and "How can you apply to become a grant reviewer?" with a list of expertise areas.

HRSA
Health Resources & Services Administration

Grants | Loans & Scholarships | Data Warehouse | Training & TA Hub | About HRSA

Home > Grants > How to Become a Grant Reviewer

How to Become a Grant Reviewer

i Alert
Because of our efforts to combat the coronavirus (COVID-19), we may adjust the timelines of our previously-scheduled Objective Review Committees. We appreciate your understanding and continued commitment to the HRSA objective review process. We hope you and your families are safe and continue to stay safe. Thank you.

If you have expertise in certain subjects, you may be able to evaluate grant applications.

How do we choose reviewers?

We choose reviewers based on their knowledge, education, and experience. We also select them based on specific criteria in the HRSA Notice of Funding Opportunity (NFO).

How can you apply to become a grant reviewer?

If you work, or have experience, in health care, register via our [Reviewer Recruitment Module \(RRM\)](#).

We look for people with expertise in one of the following areas:

- Health workforce training
- HIV/AIDS
- Maternal and child health
- Organ transplantation
- Primary care for underserved people
- Rural health

Note: We particularly want reviewers who have expertise in social, cultural, or health care issues of people in rural areas, migrants, or

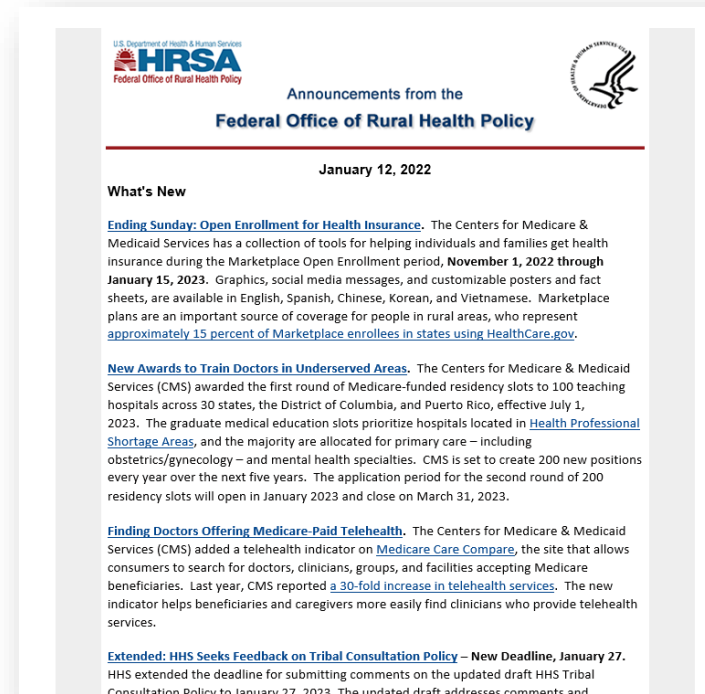
FORHP Weekly Announcements

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>



The screenshot shows the HRSA Federal Office of Rural Health Policy Announcements page for January 12, 2022. The page features the HRSA logo and the text "Announcements from the Federal Office of Rural Health Policy". Below the date, there is a "What's New" section with three items:

- 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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- Rural Health Questions? Email RuralPolicy@HRSA.gov

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