What’s New in the Rural Quality Program?

Small Health Care Provider Quality Improvement Program
Peer Learning Session
November 4, 2015

Ann Ferrero, MPH
U.S. Department of Health & Human Services (HHS)
Health Resources & Services Administration (HRSA)
Federal Office of Rural Health Policy (ORHP)
Overview

• Grants Requirements
• Funding Opportunities
• ACA Open Enrollment
• TA Opportunities
• Opportunities for “Telling your story”
• PIMS Data
Upcoming Deadlines

11/30/2015 – Carryover Request
2/1/2016 – Sustainability Plan
3/31/2016 – PIMS Clinical Measures
Looking ahead to grant closeout…

6/15/2016 – No Cost Extension Request
8/31/2016 – Final PIMS Report
10/30/2016 – Federal Financial Report
10/30/2016 – Final Closeout Narrative Report
Funding Opportunities
Rural Health Network Development Planning Program

- One year grant program
- Award amount: $100,000
- Purpose: To promote the planning and development of healthcare networks
- Eligibility: rural, non-profit or public entity, network composed of at least 3 separately owned entities
- Applications available: Fall 2015
- Start date: June 2016
- Contact: Amber Berrian, aberrian@hrsa.gov
Delta States Rural Development Network Grant Program

- Three year grant program
- Award amount: $300,000-$500,000/year (depending on service area)
- Purpose: To address unmet health care needs and health disparities
  - Preventive or clinical health services related to chronic disease
  - Increase access to prescription drugs for the medically indigent
- Eligibility: Rural, public or non-profit entities located within an eligible county/parish: Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee
- Applications available: Late 2015/early 2016
- Start date: August 2016
- Contact: Marcia Colburn, mcolburn@hrsa.gov
Telehealth Network Grant Program

- Funds projects that demonstrate the use of telehealth networks to improve healthcare services for medically underserved populations in rural and frontier communities
- Start date: Sept 2016; 3 year project period
- # anticipated awards: 20
- Estimated amount for each award: $250,000
- Applications available: Early 2016
- Contact: Carlos Mena, cmena@hrsa.gov
Rural Health Network Development Program

- Three year grant program
- Award amount: $300,000 per year
- Purpose: To assist rural health networks in developing and maintaining sustainable networks with self-generating revenue streams
- Eligibility: Rural, non-profit or public entity, network composed of at least 3 separately owned entities
- Applications available: Fall 2016
- Start date: May 2017
- Contact: Jayne Berube, JBerube@hrsa.gov
Affordable Care Act (ACA)
Affordable Care Act (ACA)

- Open enrollment:

- FORHP, ACA and You Office Hours:
  - Thursday November 12, 2:00PM ET
  - Wednesday December 9, 2:00PM ET
  - Wednesday January 13, 2:00PM ET

- Websites:
  - https://www.healthcare.gov/
Technical Assistance
Rural Quality Improvement Technical Assistance

• Stratis Health
• Understanding and interpreting measures
• Data collection and reporting
• How to use data
• Work through GHPC TA Provider or Project Officer
State Offices of Rural Health

• Clearinghouse of information and innovative approaches to rural health services delivery
• Coordinate state activities related to rural health
• Provide technical assistance
• Strengthen Federal, State, and other partnerships in rural health
• Promote recruitment and retention of workforce
• Website: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/
Opportunities for “Telling Your Story”
Opportunity to publish!

• Special theme issue of *Journal of Health Care for the Poor and Underserved*:
  • Forging New Frontiers: Translating theory to practical health solutions in rural communities
• Abstracts due **Tuesday 12/15/2015** to JHCPUHelp@hrsa.gov
• Webinar: Monday 11/9/2015, 1PM ET
Opportunity to present!

• National Rural Health Association Quality and Clinical Conference
  • Working Together for Rural Access to Quality Care
  • July 13-15, 2016, Oakland CA
• Call for presentations due: Thursday 12/17/2015
• http://www.ruralhealthweb.org/quality
"In god we trust, all others must bring data"
- W. Edwards Deming
## Insurance Status

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<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>Uninsured</td>
<td>31.8%</td>
<td>27.6%</td>
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<tr>
<td>Medicaid</td>
<td>18.8%</td>
<td>21.4%</td>
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<tr>
<td>Private insurance</td>
<td>30.1%</td>
<td>31.2%</td>
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* 2015 Data is preliminary
# Sustainability Activities

$n = 29$ grantees

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<thead>
<tr>
<th>Activity</th>
<th>2014</th>
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<tr>
<td>Policy changes</td>
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<tr>
<td>Media campaigns</td>
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<td>6</td>
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<tr>
<td>Community engagement activities</td>
<td>15</td>
<td>15</td>
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<tr>
<td>Other</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>None</td>
<td>7</td>
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* 2015 Data is preliminary
## Sustainability Activities

n = 29 grantees

<table>
<thead>
<tr>
<th>Plan</th>
<th>2014</th>
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<tbody>
<tr>
<td>Sustainability Plan</td>
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<td>14</td>
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<tr>
<td>Business Plan</td>
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<td>Communications Plan</td>
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<td>Fundraising Plan</td>
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* 2015 Data is preliminary
Health Information Technology
n = 29 grantees

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<tr>
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<tbody>
<tr>
<td>Meaningful Use, Stage 1 and/or Stage 2</td>
<td>27</td>
<td>27</td>
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<tr>
<td>Incentive Payments</td>
<td>23</td>
<td>25</td>
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* 2015 Data is preliminary
## Quality Improvement

n = 29 grantees

<table>
<thead>
<tr>
<th>Initiative</th>
<th>2014</th>
<th>2015</th>
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<tr>
<td>Accountable Care Organization</td>
<td>9</td>
<td>7</td>
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<tr>
<td>Patient Centered Medical Home</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>Care coordination activities</td>
<td>27</td>
<td>24</td>
</tr>
<tr>
<td>Partnership for Patients</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Million Hearts</td>
<td>4</td>
<td>7</td>
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</table>

* 2015 Data is preliminary
Measure Clarification

NQF 0028: Tobacco Use: Screening and Cessation Intervention

• Numerator:
  • Patients screened for tobacco use
    • Tobacco non-users
    • Tobacco users AND received cessation counseling intervention
Clinical Measures

- HbA1c < 8%
  - PIMS 1: 68.0%
  - PIMS 2: 47.2%
  - PIMS 3: 55.0%

- LDL < 100
  - PIMS 1: 18.2%
  - PIMS 2: 27.1%
  - PIMS 3: 40.7%

- BP < 140/90
  - PIMS 1: 64.1%
  - PIMS 2: 59.9%
  - PIMS 3: 62.3%

* August 2015 data is preliminary
Clinical Measures

- Tobacco screening/cessation: PIMS 1 - 45.1%, PIMS 2 - 67.3%, PIMS 3 - 65.8%
- BMI screening/follow up: 45.1%
- Depression screening/follow up: PIMS 1 - 48.5%, PIMS 2 - 39.3%, PIMS 3 - 39.2%
- Flu: PIMS 1 - 27.1%, PIMS 2 - 27.6%, PIMS 3 - 26.7%

* August 2015 data is preliminary
### ACA Supplemental Funding

**September 1, 2014 – July 31, 2015**

**n = 13 grantees**

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Number of outreach events conducted</td>
<td>517</td>
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<tr>
<td>Number of individuals educated on health insurance options</td>
<td>11,760</td>
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<td>Number of newly insured individuals</td>
<td>5,018</td>
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<td>Number of individuals enrolled</td>
<td>3,015</td>
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<td>Additional funding leveraged</td>
<td>$112,495</td>
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It is not the strongest of the species that survive, nor the most intelligent, but the ones most responsive to change.

- Charles Darwin
Questions
Contact Information

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http://www.hrsa.gov/ruralhealth/index.html