



Rural Health Care Coordination Program (HRSA-23-125)

Welcome Webinar & Kick-off Call

September 26, 2023

Alitasha Younger, MPH
Public Health Analyst – Care Coordination Program Coordinator
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People



Agenda Overview

- I. [HRSA/FORHP Overview](#)
- II. [FY23 Program Cohort](#)
- III. [Program Overview](#)
- IV. [Program Requirements](#)
- V. Technical Assistance Overview
- VI. Breakout Rooms
- VII. [Q&A](#)
- VIII. [Resources](#)



Welcome FY23 Care Coordination Program Grantees

Meet Your HRSA Care Coordination Program Team



HRSA/FORHP Program Coordinator (PC) and Project Officer (PO)

Alitasha Younger, MPH

ayounger@hrsa.gov

TA Provider/Contractor

Georgia Health Policy Center

Amanda York Phillips Martinez, MPH

aphillipsmartinez@gsu.edu

Tony Price, DrPHc, MS, CHES, ACSM EP-C, CSCS

tprice9@gsu.edu

HRSA Grants Management Specialist (GMS)

Eric Brown

ebrown@hrsa.gov

GMS Office Hours- September 28, 2023 2-3pm ET



How Do the Roles of the Care Coordination Program Team Work?

Grant Recipient (You!)

- Responsible for achieving project goals and activities
- Ensure programmatic and grant compliance
- Manage federal funds

Program Coordinator (PC)

- Responsible for overall coordination of FORHP Care Coordination Program grant administration.
- Works with grantees, GMS, PO team and TA teams.

Project Officer (PO)

- Responsible for monitoring grantee's project/progress
- Primary HRSA program of point of contact
- Assist with programmatic issues

Grants Management Specialist (GMS)

- Business management and financial point of contact
- Assists grantees with financial matters related to your grant
- Works as team with POs and PC

Technical Assistance (TA) Provider

- Each grantee will have an assigned TA Provider point of contact that works with your PO and PC. This is offered through an FORHP contract to the grantees, at no additional cost to the grantee.



Health Resources and Services Administration (HRSA) & Federal Office of Rural Health Policy (FORHP)

General Overview



Health Resources and Services Administration

U.S. Department of Health and Human Services

Agency Goals



**Increase
Access to
Quality
Health Care
and Services**



**Strengthen
the Health
Workforce**



**Build Healthy
Communities**



**Improve
Health Equity**



**Strengthen
Program
Operations**



The Federal Office of Rural Health Policy

Authority: Section 711 of the Social Security Act

The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America.

Cross Agency Collaboration

Works across HRSA, HHS, and several other federal partners to accomplish its goals

Capacity Building

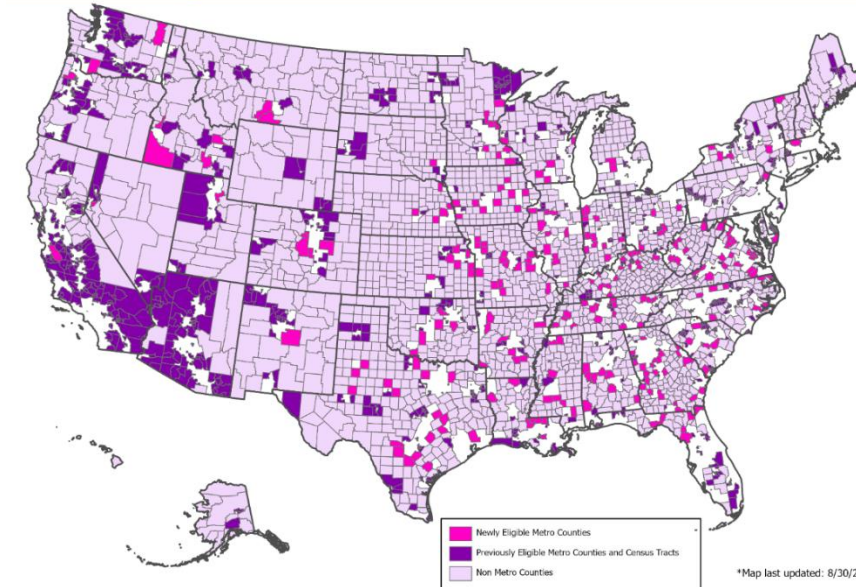
Increases access to health care for people in rural communities through grants and public partnerships

Voice for Rural

Advises the HHS Secretary on policy and regulation that affect rural areas



Counties and Census Tracts Eligible for FORHP Funding



The Federal Office of Rural Health Policy

Key Program Activity Areas



Community-Based Efforts

Rural Health Outreach Authority:

- Supports Capacity Building Efforts and Pilots (RMOMs, Healthy Rural Hometowns)
- Public Health Programs
 - Black Lung, Radiation Screening
- Direct Health Care Services Provision
 - Outreach, Quality, Care Coordination



Hospital Efforts

The Rural Hospital Flexibility and Small Hospital Improvement Programs

Done in partnership with States

Targeted Hospital Assistance

- Delta Systems Initiative
- Transition to Value
- Small Vulnerable Rural Hospital Program



Policy & Research Efforts

Rural Health Research Centers to inform Office's Policy role

- Collaboration with AHRQ, CDC/NCHS
- Administer the Rural Residency Planning Grants
- Staff the National Advisory Committee on Rural Health and Human Services
- Rural Health Information Hub



Rural Communities Opioid Response

Targeted community-based grants to target behavioral health care needs and the opioid epidemic in rural areas

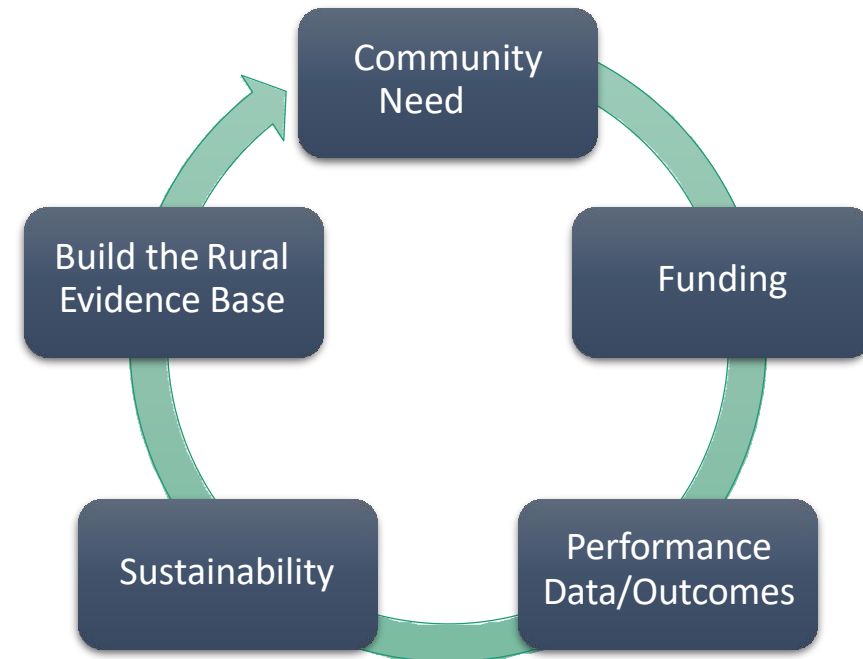
- Rural SUD Centers for Excellence
- Collaboration with HRSA partners, SAMHSA, CDC and NIDA

Federal Office of Rural Health Policy

U.S. Department of Health and Human Services

- 330a of Public Health Service Act (PHS)
 - Rural Health Outreach Services
 - Rural Health Network Development
 - Rural Network Development Planning
 - Small Healthcare Provider Quality Improvement
 - Delta States Network
 - Rural Public Health Workforce Training Network Grant Program
 - **Rural Health Care Coordination Program**
 - Rural Maternity and Obstetrics Management Strategies Program
 - Rural Northern Border Region Planning Program & Rural Northern Border Region Healthcare Support Program
- Black Lung Clinics Program & Black Lung Center of Excellence
- Radiation Exposure Screening Education

Community Based Programs



Care Coordination Program

Funding Authorization

- This program is authorized by Section 330A(e) of the Public Health Service Act, 42 U.S.C. 254c(e), as amended, to promote rural health care services outreach by improving and expanding delivery of health care services through comprehensive care coordination strategies addressing a primary focus area: 1) heart disease; 2) cancer; 3) chronic lower respiratory disease; 4) stroke; or 5) maternal health.



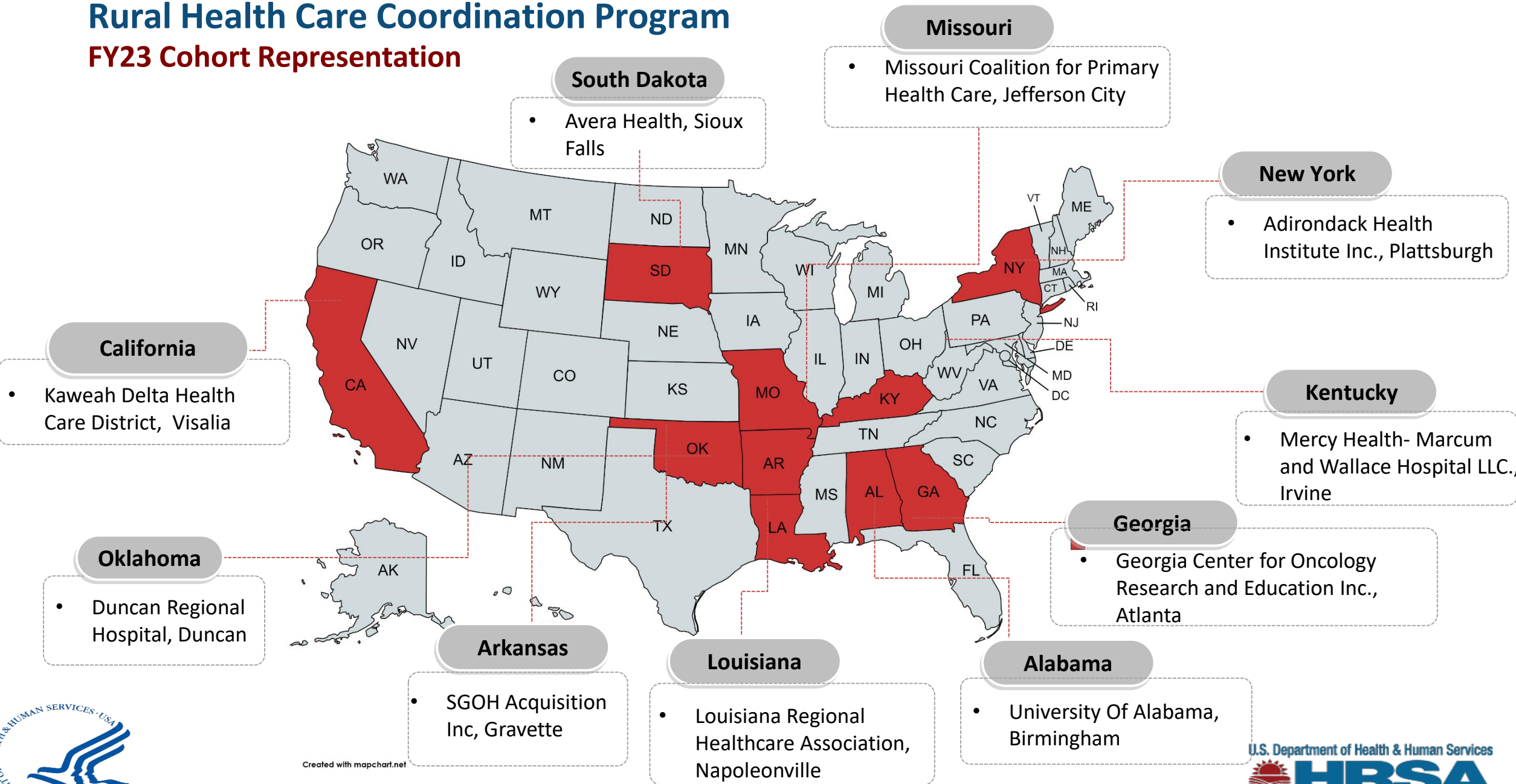
FY23 Rural Health Care Coordination Program Cohort



Congratulation Award Recipients!

Rural Health Care Coordination Program

FY23 Cohort Representation



Created with mapchart.net

FY23 Program Overview



Care Coordination Program

Goals

- Expand access to and quality of equitable health care services
- Utilize an evidence-based, promising practice, and/or value-based care model(s) to improve patient health outcomes and service delivery
- Increase collaboration among multi-sector and multidisciplinary network partnerships to address SDoH
- Develop and implement sustainable strategies of care coordination into policies, procedures, staffing, services, and communication systems



Program Requirements

Care Coordination Program



Program Requirements (From the Notice of Funding Opportunity (NOFO))

- **Urban Applicants**

Urban-based recipient organizations must serve rural underserved populations, and awarded funding must be used for the sole purposes of serving rural underserved populations

- **Network Partners**

Network must be composed of 3 or more organizations, including the grantee organization.

HRSA requires at least **66% or two-thirds** of the network composition involved in the proposed project to be located in a HRSA-designated rural area, as defined by the [Rural Health Grants Eligibility Analyzer](#).

MOU/As for each network member will be **required within 6 months** from the program start date (9/1/23) if not submitted at the time of application (Pg.11)

- **Funding restrictions:**

Funds under this announcement may not be used for the following purposes:

- To build or acquire real property
- For construction



Program Requirements (From the Notice of Funding Opportunity (NOFO))

- **Staffing:**

Project Director who will have administrative and programmatic direction over award-funded activities

Must have a permanent or interim Network Director to oversee the daily functions of the network, contribute to the success of the network, and promotes program sustainability

Recommend Network Director is 1.0 FTE and that the Project Director is at least 0.5 FTE

- **Deliverables :**

Performance Improvement Management System (PIMS) –Annual

Non-competing Continuation (NCC) Report – Annual

- **Year 4 Reporting Requirement: Final Sustainability Plan**

Federal Financial Report (FFR) – Annual

Grantee Directory

Baseline Services Map

Data Collection Plan and Baseline Data

Strategic Work Plan



Notice of Award


(NoA)

- Official document that states the terms, conditions, and amount of the award
- Signed by the Grant Management Official (GMO) who is authorized to obligate HRSA funds
- First page includes basic information about the award:
 - Date issued
 - Award/grant number
 - Project/budget period
 - Grantee/Project Director name and address
 - Budget (current/future support) and;
 - Special remarks
- **NOA Definitions and Data Elements:** <https://www.hrsa.gov/grants/news-announcements/page-1-data>



NOA Template

NoA NoA Extension Terms & Conditions Award Email

 **Department of Health and Human Services**
Health Resources and Services Administration

Notice of Award
FAIN# [REDACTED]
Federal Award Date: 08/10/2020

Recipient Information

1. Recipient Name
[REDACTED]
2. Congressional District of Recipient
01
3. Payment System Identifier (ID)
[REDACTED]
4. Employer Identification Number (EIN)
[REDACTED]
5. Data Universal Numbering System (DUNS)
[REDACTED]
6. Recipient's Unique Entity Identifier
[REDACTED]
7. Project Director or Principal Investigator
[REDACTED]
CEO
[REDACTED]@test.com
{000}000-0000
8. Authorized Official
[REDACTED]
[REDACTED]@hotmail.com

Federal Agency Information

9. Awarding Agency Contact Information
[REDACTED]
Health Resources and Services Administration
[REDACTED]@systems.com
{000} 000-0000
10. Program Official Contact Information
[REDACTED]
Health Resources and Services Administration
[REDACTED]@systems.com
{000} 000-0000

Federal Award Information

11. Award Number
[REDACTED]
12. Unique Federal Award Identification Number (FAIN)
[REDACTED]
13. Statutory Authority
Public Health Service Act, Title III, Section 330
Public Health Service Act, Section 330, 42 U.S.C. 254b
Affordable Care Act, Section 10503
Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330(e), 42 U.S.C. 254b
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and
Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended)
Public Health Service Act, Section 330(e), (g), (h), or (i), as amended (42 U.S.C. 254b(e), (g), (h)
and/or (i))
The Health Center Program is authorized by Section 330(e), (g), (h) and/or (i) of the Public Health
Service Act, as amended (42 U.S.C. § 254b(e), (g), (h), and/or (i)). Specifically, IBHS supplemental
funding will be awarded under section 330(e)
14. Federal Award Project Title
Health Center Program
15. Assistance Listing Number
93.224
16. Assistance Listing Program Title
Community Health Centers
17. Award Action Type
Administrative
18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2020 - End Date 03/31/2021	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$4,340,893.00
24. Total Approved Cost Sharing or Matching, where applicable	\$12,277,421.00
25. Total Federal and Non-Federal Approved this Budget Period	\$16,618,314.00
26. Project Period Start Date 04/01/2020 - End Date 03/31/2023	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$16,618,314.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
[REDACTED] on 08/10/2020

30. Remarks

Terms and
Conditions

GMS Name
and Contact
Information

PO Name
and Contact
Information

Please include award number
in emails to PO and GMS



Terms and Conditions

- **Review all terms listed in your NoA**
 - Standard
 - Grant Specific
 - **Program Specific:**
 1. Award recipients are required to ensure travel expenses are budgeted for attendance to annual in person program meetings for up to two (2) staff members. Dates to follow!
 2. Grantees are required to maintain at least 3 network members throughout the entire project/budget period and least two-thirds, or 66%, of must be located in a HRSA-designated rural area.
 3. The service area and target population is in HRSA-designated rural area.
 4. A non-competing continuation (NCC) progress report must be submitted to HRSA annually for each budget period.
 5. PIMS must be submitted annually within 30 days of the budget period end date.
 6. Urban recipients must certify the capacity of their organization to serve rural underserved populations, use awarded funding appropriately, and ensure local rural control in the project planning/decision making.
 7. MOU/A within 6 months of budget start date

- **Submit information as indicated by grant specific conditions by requested due date in EHB**
 - Look for placeholder under “Submissions” in EHB
 - If approved, a new NoA will be issued removing the condition



Terms and Conditions

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

- 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
- As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
- All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
- The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>

Program Specific Term(s)

Standard Term(s)

- Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

- Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.
- Due Date: 03/04/2024**
The award recipient must submit a baseline services map during the planning year that will include an asset mapping exercise of the relevant health services in the service area and a gap analysis. Additional instructions will be provided upon receipt of the award. Report template and additional information will be provided to recipients by the Federal Office of Rural Health Policy.
- Due Date: 05/06/2024**
The award recipients must submit a data collection plan during the planning year that details each network site-level data and the network's plan to meet data reporting requirements. Additional instructions will be provided upon receipt of the award. Report template and additional information will be provided to recipients by the Federal Office of Rural Health Policy.
- Due Date: 07/15/2024**
The award recipient must submit a four-year work plan and logic model during the first year of the period of performance that implements and tests the proposed model in an iterative process using baseline data established in the first year. Elements of strategic planning tied to internal and external analysis and alignment of the model with the network goals should be integrated into the work plan. Additional instructions will be provided upon receipt of the award. Report template and additional information will be provided to recipients by the Federal Office of Rural Health Policy.
- Due Date: Within 90 Days of Project End Date**
Grantee is required to submit a final closeout report is due within 90 days of the budget period end date. The format will be prescribed by the Office of Rural Health Policy at a later date. Please upload the required documentation into the HRSA Electronic Handbooks.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts



Summary of Care Coordination Program Requirements

• Year 1

30 Day Conditions (If applicable)
Due Date: October 1, 2023

MOU/A (If applicable)
Due Date: March 1, 2024

Baseline Services Map
Due date: March 4, 2024

Data Collection Plan & Baseline Measures
Due Date: May 6, 2024

Strategic Work Plan
Due Date: July 15, 2024

Performance Improvement Measurement System (PIMS) Baseline Report
Due Date: September 30, 2024

Non-competing Continuation (NCC) Progress Report
Due date: June 3, 2024

Year 1 Annual Federal Financial Report (FFR)
Due date: November 30, 2024

• Year 2

Performance Improvement Measurement System (PIMS) Baseline Report
Estimated Due date: September 30, 2025

Non-competing Continuation (NCC) Progress Report
Estimated Due date: June 3, 2025

Year 2 Annual Federal Financial Report (FFR)
Estimated Due date: November 30, 2025

• Year 3

Performance Improvement Measurement System (PIMS) Baseline Report
Estimated Due date : September 30, 2026

Non-competing Continuation (NCC) Progress Report
Estimated Due date: June 3, 2026

Year 3 Annual Federal Financial Report (FFR)
Estimated Due date : November 30, 2026

• Year 4

Performance Improvement Measurement System (PIMS) Baseline Report
Estimated Due date : September 30, 2027

Final Closeout Report
Estimated Due date : November 30, 2027

Year 4 Annual Federal Financial Report (FFR)
Estimated Due date : November 30, 2027

All requirements due in EHB



HRSA Electronic Handbook (EHB)

EHB is an online program file – contains all information and submissions related to your program.

HRSA EHB Roles for Your Grant

- Project Director (Point of Contact) --*Ensure all key staff info is correct*
- Financial Reporting Administrator (FRA) **will only have access to financial reporting*
- Other

Grant Access & Registration FAQs:

<https://help.hrsa.gov/display/public/EHBSKBFG/Grants+Access+and+Registration+FAQs>

REMEMBER:

Add this grant to your EHB portfolio

Your PO does not see the same interface

Your TA Coach does not have access to EHB

Everything must go into EHB unless otherwise noted by your PC. Information and deliverables most commonly uploaded under the “submissions” and “prior approvals” tab

Need help with EHB?: Call 1-877-464-4772 // <https://www.hrsa.gov/about/contact/ehbhelp.aspx>



Remember...

A Few Start Up “To-Dos”

- ✔ Register for HRSA Electronic Handbook and add this grant to your portfolio (project director, financial reporting administrator and other staff)
- ✔ Register in the Payment Management System (PMS):
<https://pms.psc.gov/training/pms-user-guide.html>
- ✔ Submit items listed under grant specific terms/conditions (if applicable)
Review HRSA Award Management Tutorial (web-based)
- ✔ Email your PC any contact updates and/or emails that need to be added to the grantee contact and distribution list
- ✔ First Deliverable: Baseline Services Map Due on **March 4, 2024**



Questions?



Resources



Award Management

Information to assist with successful administration and fiscal management of your grant:

<https://www.hrsa.gov/grants/manage-your-grant>

<https://www.hrsa.gov/grants/manage-your-grant/training/how-to-manage-grant-guide>

HRSA Award Recipient FAQs:

<https://www.hrsa.gov/grants/faqs>



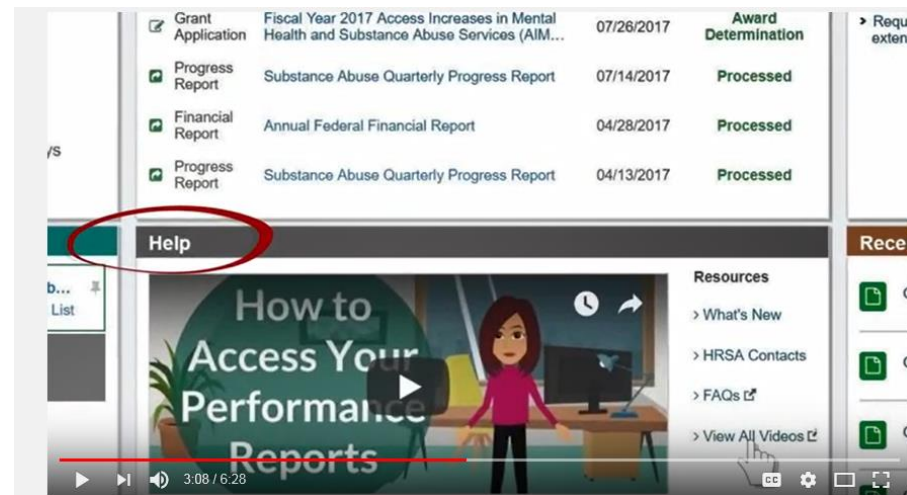
Using the HRSA Electronic Handbook System (EHBs)

Programmatic Reporting & Requests

- “Prior Approval” Authorization Requests
 - Project director change
 - Budget revisions / Re-budgeting
 - Carryover
 - No-cost extensions
 - Personnel Change
 - Change in Scope
- Submission of Reporting Requirements
- Submission of Federal Financial Reports

Electronic Handbooks Help & Knowledge Base

<https://help.hrsa.gov/display/public/EHBSKBFG/Index>



EHBs Help and Ticketing System:

<http://www.hrsa.gov/about/contact/ehbhelp.aspx>

EHB Help Desk Assistance: 1-877-464-4772 (M-F 8am-8pm ET)

Payment Management System (PMS)

Creating an Account/Accessing Existing Account

- <https://pmsapp.psc.gov/pms/app/userrequest>

Managing Award Funds in the PMS

- PMS serves as the financial reporting authority
- A *Federal Cash Transaction Report (FCTR)* must be completed within 30 days of each quarter electronically in the PMS.
- The FCTR identifies cash expenditures against the authorized funds for the grant and should align with the annual federal financial report submitted to HRSA in the EHB.
- FCTR Quarterly Date & Reporting Information: <https://pms.psc.gov/pms-user-guide/federal-cash-transaction-report.html>

PMS User Guide & Help Services

- PMS Website: <https://pms.psc.gov/>
- Help Services: 1-877-614-5533
- User Guide: <https://pms.psc.gov/training/pms-user-guide.html>





Rural Health Information Hub (RHIhub)

- One-stop shop for anything rural
- All services are free!
- Electronic Updates, subscribe on the website
- Customized Assistance: 1.800.270.1898; info@ruralhealthinfo.org
- <https://www.ruralhealthinfo.org/>



RHIhub Community Health Gateway

- helps you build effective community health programs, improve services you offer and develop new programs
- <http://www.raonline.org/communityhealth/>



National Rural Health Association (NRHA)

- Annual Policy Brainstorming Sessions
- State Rural Health Association Support
- Rural Medical Educators
- Partner in Rural Hospital Issues Group
- <http://www.ruralhealthweb.org/>



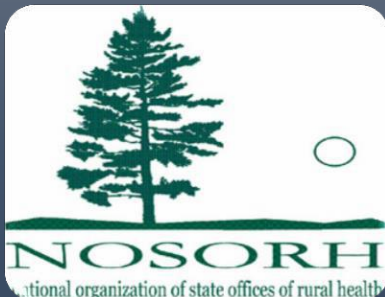
Rural Health Research Gateway

- provides access to publications and projects funded through the federal ORHP
- <http://www.ruralhealthresearch.org>



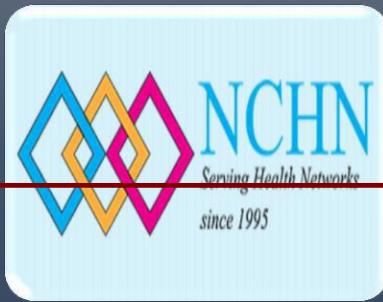
Rural Policy Research Institute (RUPRI)

- provides unbiased analysis and information on the challenges, needs, and opportunities facing rural America
- <http://www.rupri.org/>



National Organization of State Offices of Rural Health (NOSORH)

- Find your State Office of Rural Health representative
- www.nosorh.org



National Cooperative of Health Networks

- National association of health networks and strategic partners with a mission is to support and strengthen health networks
- <http://www.nchn.org/>



Telehealth Resource Centers

- Provides assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care at a distance
- <http://www.telehealthresourcecenter.org/>



FCC Healthcare Connect Fund

- Supporting Broadband Connectivity to Rural Health Care Providers
- <http://www.fcc.gov/encyclopedia/rural-health-care>



USDA Broadband

- Increasing access to broadband and 21st century telecommunications services
- <http://www.rurdev.usda.gov/RUSTelecomPrograms.html>



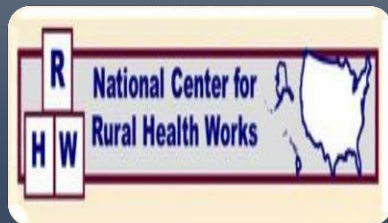
National Center for Frontier Communities

- National advocacy voice for frontier communities across the country with a mission to assure frontier needs and voices are not only heard but that are a key part of solutions
- <http://frontierus.org/>



AgriSafe Network

- The AgriSafe Network is dedicated to supporting AgriSafe health professionals who are prepared to serve the health care needs of farmers
- <http://www.agrisafe.org/>



The National Center for Rural Health Works

- provides tools and templates by which community residents can evaluate their health systems.
- <http://ruralhealthworks.org/>

Georgia Health Policy Center Technical Assistance Program

Tuesday, September 26th 2023

Presentation Overview

GHPC's Technical Assistance Program



HISTORY



OUR APPROACH



THE TEAM



NEXT STEPS

About the Georgia Health Policy Center





Rural Technical Assistance Program

- On-going relationship with the Federal Office of Rural Health Policy since 2002
- Provided technical assistance to more than 1,200 rural communities across the country
- Worked with the following HRSA Grant Programs:
 - Care Coordination
 - Benefits Counseling
 - Outreach
 - Quality Improvement
 - Delta States
 - Network Development
 - Workforce Development
 - HIT
 - Network Planning
 - RMOMS grantees

Technical Assistance Program

National Coordinating Center: RWJF Aligning Systems for Health

- Effective ways to align health care, public health, and social services

National Coordinating Center: RWJF Bridging for Health

- Financing innovations for population health

Center of Excellence in Child and Adolescent Behavioral Health

- Workforce development, data utilization, evaluation

Patient-centered Outcomes Research Institute

- Southern Program Office

Georgia SHAPE Program

- Sustainability of school physical activity and nutrition programming

Georgia APEX Program

- School-based mental health programs



Guiding Principles of Technical Assistance

Relationship-based

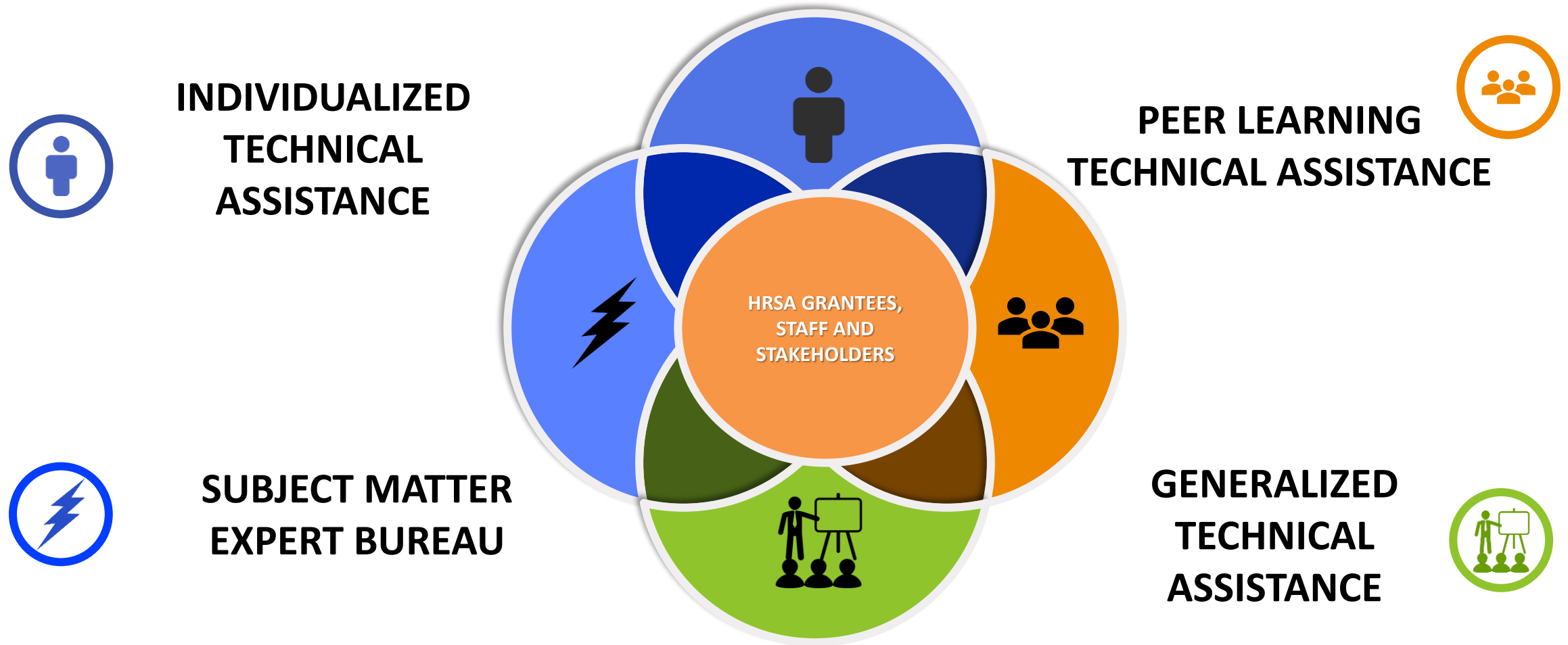
Systematic but flexible

Focused on sustainable impact

Technical and adaptive

Refined through continuous learning
and sense-making, and evaluation

GHPC Partnership Technical Approach





Basics of Technical Assistance

Dedicated Technical Assistance Provider

Technical Assistance Action Plan

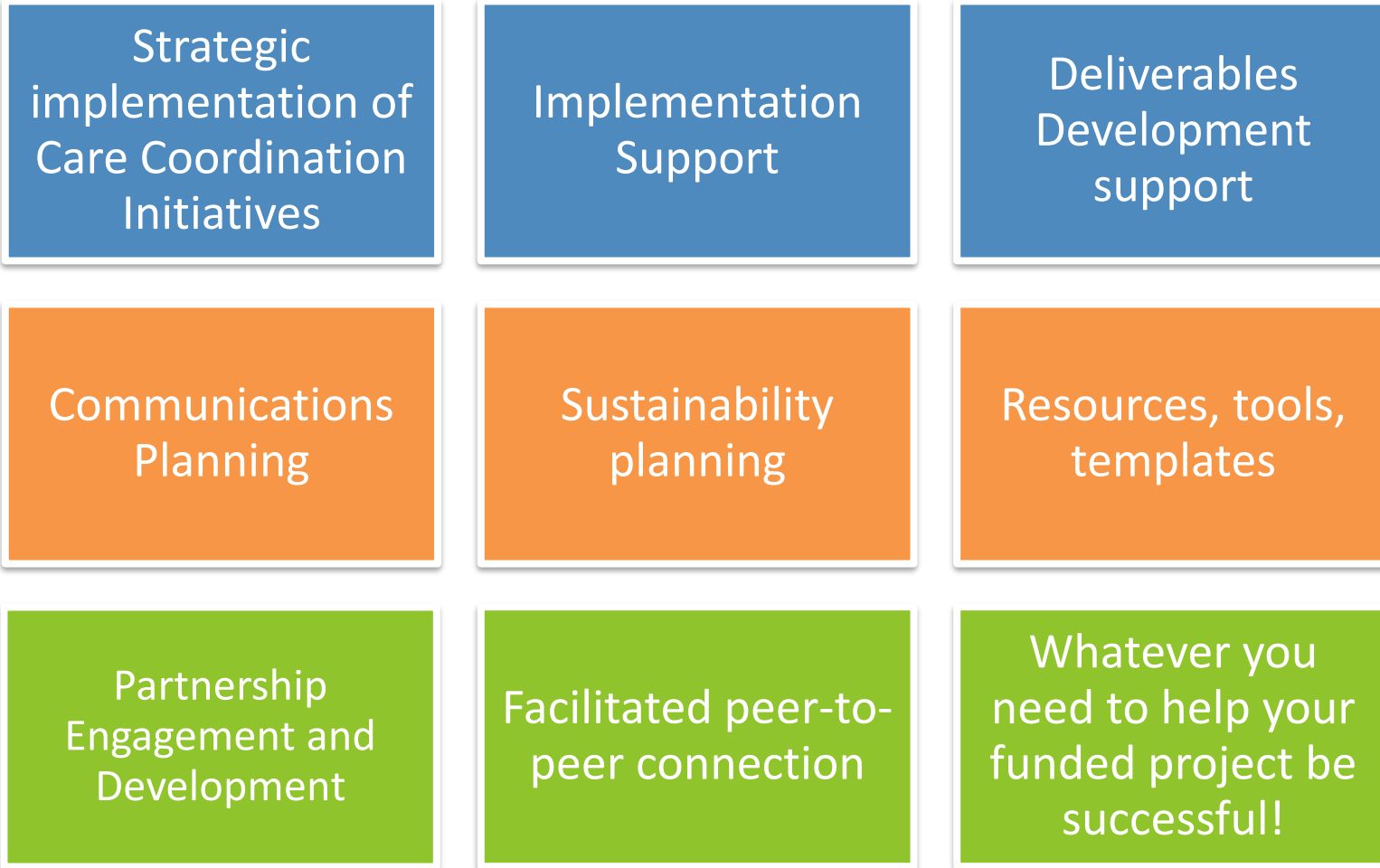
Regular communication with TA Provider and Project Officer

Site Visits in Year 1

Focus on Peer-to-Peer Learning

Trainings, self-directed resources, webinars, etc.

Technical Assistance Support



Care Coordination Technical Assistance Team



**Amanda Phillips
Martinez, MPH**



Tony Price, DrPHc



Ann Abdella, MPH



Roxanne Elliott, DHS

Successful TA Outcomes

What are some benefits of technical assistance?



Continuity, being understood, having a thought partner, asking critical questions, providing options to consider rather than solutions, connecting to peers, tools

Level of trust

Using deliverables (and driving purpose behind them) to strengthen program approach

Opportunity for experience to be framed and communicated

Next Steps



Intake Call with TA
Provider and Project
Officer



Development of
Technical Assistance
Action Plan



Set regular call schedule



Learning Opportunities

Rural Health Care Coordination Directory

Summary Profile of your funded Care Coordination initiative

Public document posted to RHIHub

Submit to your TA Provider and Project Officer

Due: October 20th, 2023

California

El Dorado County Community Health Center

Organization type:
Federally Qualified Health Center

Primary Focus Area:
Cardiovascular Disease

Other Focus Area(s):
Clinical Quality,
Health Equity,
Health/Wellness Coaching,
Social Determinants of Health,
Tobacco Use

Grantee Contact Information

Organization	El Dorado County Community Health Center
Address	4212 Missouri Flat Road
City/State/Zip	Placerville, CA 95667
Website	www.edcchc.org
Project Director	Alicia Kelley
Telephone No.	530-621-7700
Email	akelley@edcchc.org

Target Populations

The target population for the project is 3,500 low-income adults living in rural areas at risk for heart disease and stroke and patients of El Dorado County Community Health Center.

Project Description

The El Dorado Million Hearts Project will implement locally the national Million Hearts initiative to reduce heart disease and stroke among low-income adults living in rural areas. Working with a rural community collaborative, the project will build healthy communities through increasing physical activity, and particle pollution exposure. The project will focus on optimizing care and stroke by implementing the ABCS of cardiovascular disease prevention, which include (1) aspirin use, (2) blood pressure control, (3) cholesterol management, and (4) smoking cessation. The project will also focus on health equity by implementing policies and practices that will ensure equitable access to resources through social determinants of health screening and referrals to community resources.

Health Information Technology Used

Systems that will be used to track and manage program data will include eClinicalWorks (eCW), EDCCCHC's electronic health record, and Tableau and Relevant, which are data analytics and data reporting visualization tools. eCW will be used to track PRAPARE survey results, referrals, and follow-up for the target population. These systems will allow EDCCCHC to create provider dashboards and reports that will allow for tracking performance in key project activities. Other systems essential to successful implementation of project activities include written workflows and referral processes and the use of Excel spreadsheets for tracking project activities outside of eCW.

Evidence-based or Promising Practice

The El Dorado Million Hearts Project will use two evidenced-based quality improvement models during project implementation. These models are the Model for Improvement and Plan-Do-Study-Act (PDSA).

Project Goals

The goal of the El Dorado Million Hearts Project is to reduce heart disease and stroke among 3,500 low-income adults living in rural designated areas of El Dorado County.

Expected Outcomes

Project expected outcomes align with those of the national Million Hearts initiative. Outcomes are categorized by three impact areas:






1. Improved health outcomes. The project will improve health outcomes among participants through 20% reductions in tobacco use, physical inactivity, and exposure to particulate pollution and a 20% improvement in the ABCS of cardiovascular disease prevention. Seventy percent of project participants will receive cardiac rehabilitation and referral for social determinants of health issues.
2. Expanded capacity for essential health care services. Essential health care will be expanded by improved interagency referral practices, integration of the ABCS of cardiovascular disease prevention, and more tobacco cessation and education classes.
3. Increased financial sustainability. Financial sustainability will be increased through an experienced ACCEL collaborative capable of securing funding, increased patient visits, and improvement in health plan-incentivized measures.

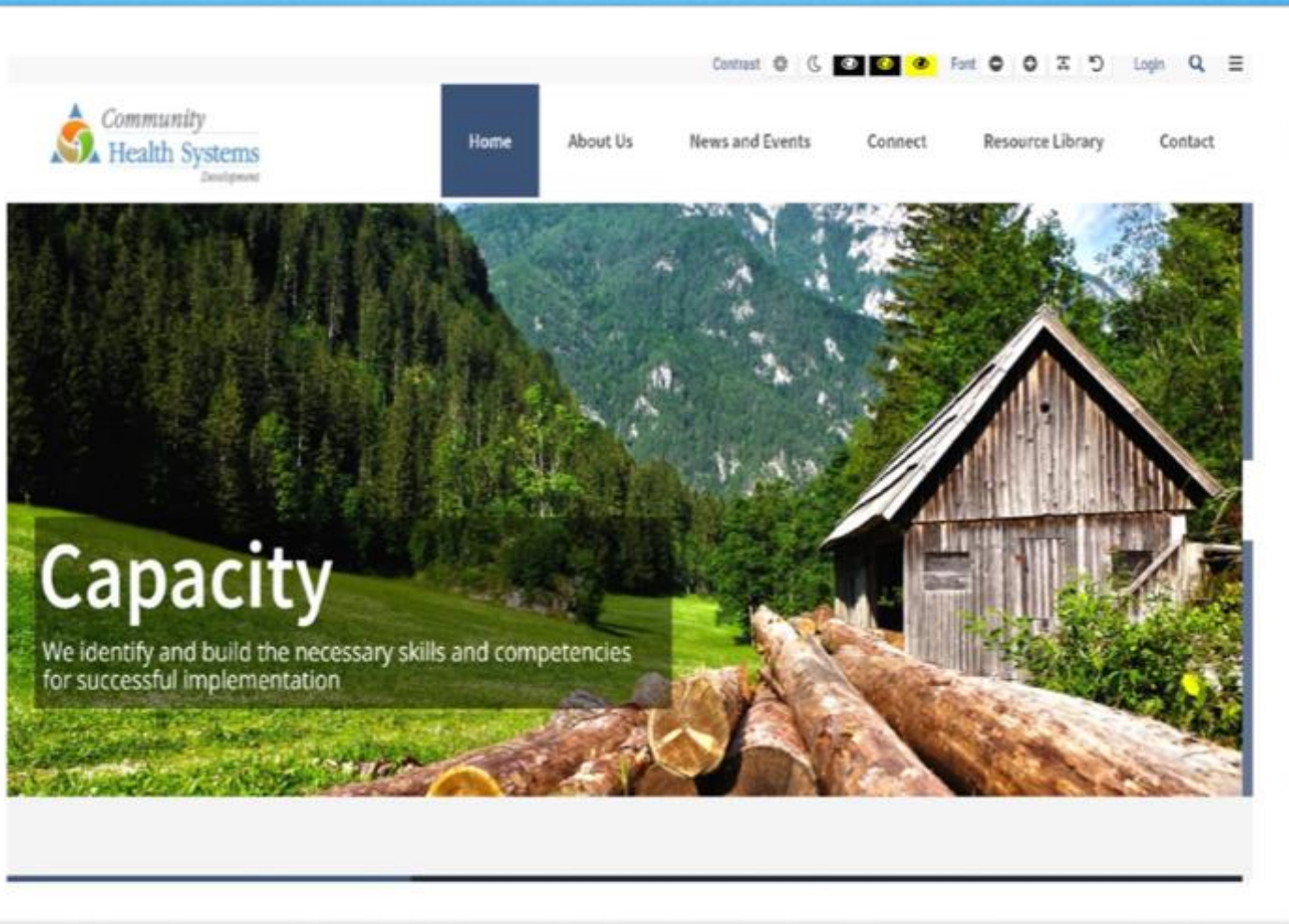
Intake Call Discussion

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Grantee: _____

Date: _____

Briefly discuss grant-funded program's purpose and key activities:	
Structure of partners and their history and role in project implementation:	
Strengths and weaknesses:	
Activities to be completed and outcomes to be achieved:	
Technical Assistance needs and support:	



Visit www.ruralhealthlink.org

- Announcements/Events
- E-learning Modules
- Resources
- Training Materials
- Tools
- Templates
- Quick Courses
- Connections

Let's Talk

Brief introductions and overview of your care coordination initiative

Room 1- Ann	Room 2- Roxanne	Room 3- Tony
Adirondack Health Institute	Duncan Regional Hospital	Georgia Center for Oncology Research and Education
Avera Health	Kaweah Delta Health Care District	Louisiana Rural Health Association
Mercy Health - Marcum and Wallace Hospital	Missouri Coalition for Primary Health Care	University of Alabama at Birmingham
SGOH Acquisition Inc		

Thank You

Georgia Health Policy Center
Care Coordination Technical Assistance Team