

Background

The Virginia Rural Health Plan Development Process

2007

Proposed Approach to Plan Development

The development of the Virginia Rural Health Plan will build on substantial work that has already been done in Virginia; it will build a greater consensus among interested parties; and it will create a roadmap for subsequent action. It will result in an action-oriented Plan with approximately a two to three year planning horizon.

The initial assumption is that a great deal is known about the needs of rural Virginians and that there are many strategies in place to address these needs. However, in many cases, the pieces of various strategies have not been integrated into a more comprehensive whole. Rather than creating a great deal of new information or generating extensive new data, primary efforts will go into: pulling together existing data and knowledge into a useful format, analyzing the resulting composite findings, identifying gaps, and to making recommendations, that with subsequent review and discussion, will result in the desired Statewide Rural Health Plan.

Initial Work Plan

The proposed approach will have several steps, including the following:

1. Establishment of a consensus regarding the basic components of Services, Community and Public Health Issues, and Infrastructure the are necessary to address the needs of rural population segments.
2. Formation of an advisory group to oversee the creation of the Plan. This group would include the chairs of each of the following work groups and representatives of the Office of Health Policy and Planning.
3. Creation of suitable work groups to provide input on strategies related to Rural Health Plan Data and a Definition of Rural, Access, Quality, and the adequacy of a sustainable Workforce.
 - A. It is anticipated that these workgroups will have 8-10 members representing individuals and organizations that can contribute to the specific work group topic. (Note: the current members of the work groups follow below.)
 - B. Each work group will meet 3-4 time during the course of the project. Some of these discussions may be by conference calls.
 - C. An initial “kick-off” meeting was held on June 14, 2007 with many members of *all* groups meeting together, with additional participants who had just participated in a related FLEX Program Development meeting.

D. All members of the work groups will be asked for their individual or organization's input on issues and strategies to be addressed in the overall Plan, not just their specific work group's topic. (This is provide 32-40 sets of input.)

4. Development of a summary or description of current national rural health issues and challenges, including sources of information and an identification of how a sample of other State Offices of Rural Health have addressed and resolved these issues with rural stakeholders.
5. Development a working definition (or perhaps definitions) of "rural" that will lead to a recommended definition (s) for adoption in the final Plan. (With the Data and Rural Definition work group.)
6. Surveys (and consultant meetings) with various organizations and state agencies with current responsibilities for the identified basic components of the Plan (e.g., the Office of Health Policy and Planning, State Office of Emergency Medical Services) in order to:
 - o Identify their current "plans" applicable to rural areas or gaps in these plans.
 - o Ascertain what these entities define as their rural issues, their current strategies for addressing these issues, and other suggestions for content that they would like to have included in the Plan.

Since it will not be possible to meet with every affected party, it will be the intent that this process will result in an "open" framework, that can be further modified on an ongoing basis and remain responsive to changing conditions.

7. Interviews a sample of other individuals (e.g., providers, community leaders, etc.) and organizations that may contribute to the understanding of issues and the development of responsive strategies. The initial assumption is that approximately fifteen individuals or other organizations will be involved, beyond those participating in the work groups.
8. Obtaining input from existing regional planning organizations.
9. Obtaining input from organizations and individuals involved with rural economic development.
10. Reviewing and extracting helpful content and strategy ideas from several other states' rural health plans (e.g., those in place in Arizona, Nevada, Florida, Maine).
11. Identifying data sources that are applicable to understanding the characteristics of the rural population and their health status, including extracting pertinent data from any plans of other organizations. Key characteristics and findings will be summarized in an Appendix to the Plan. Recommendations will be made for future research. (The Plan needs to be data driven and this data base needs to be closely related to any recommendations. This step will be closely tied to the Data Work Group.)

12. Reviewing the State's 2006 and 2007 FLEX program grants and strategies, the original (albeit dated) version of a rural health plan created to meet initial FLEX program requirements, and the FLEX programs requirements for state health plans. This will include the recent FLEX program sponsored HIT project grant.
13. Reviewing the State's grant initiative to obtain funding from the FCC for a rural health information technology (HIT) project.
14. Reviewing rural related strategies resulting from the State's Planning Grant for addressing the uninsured.
15. Reviewing public input on rural health issues previously collected by other organizations..
16. Integrating findings with the current plans of the Office of Health Policy and Planning (e.g., the needs assessments and strategies of the Office of Rural Health, Office of Primary Care, Office of Minority Health, and the Telehealth program.)
17. Drafting a Plan and reviewing the draft with Director of OHPP and the Advisory Committee.
18. Presenting the Plan in meetings with constituents at two to three locations throughout Virginia.

Timeline

It is anticipated that the Plan will be drafted between June 2007 and the end of the year. The scheduling of public meeting will occur in early 2008.

Project Consulting Team

The Planning Process will be facilitated by the Office of Health Policy and Planning and led by the following consulting team.

Jonathan Sprague, Project Director

The project will be managed and primarily staffed by Jonathan Sprague, President of Rocky Coast Consulting. Jonathan has extensive consulting experience with hospitals, physicians, and other health care organizations, including State Offices of Rural Health. In addition to this experience with health-related strategic planning, specific to this project, he brings the following attributes. He has:

- Provided consultation leading to the development of strategic and business plans for the State Offices of Rural Health in Arkansas, Connecticut, Florida, Indiana, Kansas, Ohio, Oklahoma, Pennsylvania, South Carolina, Virginia, and Wisconsin
- Conducted educational presentations on Strategic Planning for regional and national meetings of the National Organization of State Offices of Rural Health
- Advised the Federal Office of Rural Health Policy (ORHP) on approaches for supporting SORH planning

- Developed, with ORHP and several State Offices including the Virginia Office of Health Policy and Planning, a model for quantifying the economic returns on investments associated with SORH programs
- Served as a member of the Operating Committee and National Advisory Council for Rural Health Works (and national rural planning and economic assessment project sponsored by ORHP)
- The President of the Maine Rural Health Association as well as the Association's Treasurer and Secretary
- A member of the State Association Council of the National Rural Health Association
- A member of the Consumer Advisory Committee and the Strategic Planning Committee for the Maine Health Access Foundation
- Chairman of the National Rural Health Association's Issue Group studying the impacts of Medicaid policy on rural communities

Additional Consultants

Two additional consultants will participate in this project. They will assist in evaluation of findings and crafting of recommendations and with the development of the planning data base. They will also assist in staffing the discussions of data, quality, access, workforce, and the definition of rural by the work groups.

Wayne Myers, MD

Dr. Myers has served in numerous positions directly relevant to this project. Some of Dr. Myers' most relevant experiences include:

- Clinical practice of pediatrics and medical school faculty
- Director of Alaska's part of a four state medical school program at centered in the University of Washington; heavily involved in the development of Alaska's health care system
- Associate Dean for Regional Affairs of the University of Washington Medical School: Directed a four state medical school program and developed a system of Area Health Education Centers (AHECs) in Washington, Alaska, Montana, Idaho.
- Developed & directed an outreach branch of the University of Kentucky Medical Center in Hazard, Kentucky, including an advanced training programs for place-committed Appalachian students, family practice physicians and lay health workers.
- Member, Rural Policy Research Institute Health Panel.
- Director, Federal Office of Rural Health Policy, 1998-2000
- Consulting work in Alaska, southeastern US, and Iraqi/Kurdistan
- Trustee, Appalachian Regional Healthcare, operating hospitals, clinics and home health agencies in coal mining areas of Kentucky & West Virginia
- President, National Rural Health Association (2003); trustee 2001-2005
- Chairman, Rural Health Plan Development Work Group for the State of Maine

Howard Eng, DPH

Dr. Eng has also served in numerous positions directly relevant to this project. Some of Dr. Eng's most relevant experiences include:

- Program Director and then Director, Southwest Border Rural Health Research Center, Rural Health Office, University of Arizona Health Science Center, Tucson, Arizona
 - During this time, Dr. Eng was responsible for managing the development of the Arizona Statewide Rural Health Plan. In addition, he has conducted numerous research and evaluation projects, as well as participating as a speaker or facilitator in a variety of state and national settings.
- Assistant Professor, College of Public Health, University of Arizona Health Science Center, Tucson, Arizona, July 2001 to present.
- Director, University of Arizona Community Health Practice Concentration, Arizona College of Public Health, Tucson, Arizona, March 2002 to present.
- Associate Director for Education and Research, Rural Health Office, University of Arizona, College of Public, Tucson, Arizona, April 2002 to June 2006.
- Affiliated faculty member in the Arizona Center on Aging, University of Arizona, Tucson, Arizona, October 2003 to present.

Work Groups

The following workgroups will be working on Plan development. Their discussions may be supplemented from time to time with other participants. Members indicated with an asterisk have confirmed their willingness to chair their workgroup.

Virginia Rural Health Plan Work Groups

Data/Rural Definitions Work Group	
Name	Title/Agency
*Ken Cook	Senior Health Care Consultant, Goodman & Co.
Chris Delcher	Epidemiologist, VDH Office of Epidemiology – Division of Disease Prevention
Travis Jackson	Area Director, USDA Rural Development
Tim Perkins	Planner, VDH Office of Emergency Medical Services
Ann Peton	Director, Center for Rural Health Policy, Education and Research - Virginia College of Osteopathic Medicine
Karen Roberto	Director, Center for Gerontology at Virginia Tech
Glen Sink	Executive Director, Council and Center for Rural Virginia
Ken Studer	Program Manager, VDH OMH/PHP

* Work Group Chair

Access Work Group	
Name	Title/Agency
Cynthia Barrigan	Telehealth/Rural Health Contractor, VDH OMH/PHP
Barbara Beale	Nurse Supervisor, Lord Fairfax Health District – VDH
Sabina Braithwaite	Assistant Professor of Emergency Medicine, UVA Health System
*Howard Chapman	Executive Director, Southwest Community Health Systems
Sharon Dwyer	Project Manager, Appalachian Cancer Coalition Network, Institute for Community Health at Virginia Tech
Frank Farrington	Professor Emeritus, VCU School of Dentistry/Virginia Dental Association
Neal Graham	Executive Director, Virginia Community Healthcare Association
Bekki Hughes	Licensed Professional Counselor, New River Valley Community Services – Giles Clinic
Beth O'Connor	Executive Director, Virginia Rural Health Association
Carol Pratt	Dentist and Member, Virginia Dental Association
Rick Shinn	Director of Public Affairs, Virginia Community Healthcare Association
Sarah Jane Stewart	Rx Relief Virginia Coordinator, Virginia Health Care Foundation
Gene Sullivan	Director, Office of Telemedicine - UVA
Diana Wallace	Executive Director, Appalachian Agency for Senior Citizens
Peggy Whitehead	Program Manager, Rural Health Outreach Program
Kathy Wibberly	Policy Advisor, VDH OMH/PHP

* Work Group Chair

Quality Work Group	
Name	Title/Agency
Thelma Burris	Associate, Council and Center for Rural Virginia
*Paul Crews	Director of Quality & Organizational Excellence, Riverside Tappahannock Hospital
Deborah Harris	Women's Health Coordinator, Division of Women's and Infants' Health, VDH
Marilyn Jackson	VDH OMH/PHP
Vicki Langdon	Director, Quality, Risk, and Compliance, Stonewall Jackson Hospital
Debbie Lipes	CEO, Bath Community Hospital
Mike Lundberg	Executive Director, Virginia Health Information
Edna Rensing	Senior Project Manager, Virginia Health Quality Center
Elli Sparks	Executive Director, Reach Out and Read Virginia

* Work Group Chair

Workforce Work Group	
Name	Title/Agency
Susan Alford	Executive Director, Southwest Virginia Area Health Education Center
Gary Crum	Executive Director, Southwest Virginia Graduate Medical Education Consortium
*Karen Guye	Director of Recruitment and Retention, Virginia Community Healthcare Association
Aileen Harris	Senior Incentive Coordinator, VDH OHPP
Roger Hofford	Director, Carilion Clinic Family Medicine Residency
Marilyn Jackson	Health Workforce Analyst, VDH OMH/PHP
Janet McDaniel	Professor, School of Nursing, Radford University
Pam Murphy	Executive Director, Shenandoah County Free Clinic
Gaynel Olsen	Assistant Professor of Family Medicine, Director of the Inner City/Rural Program, VCU School of Medicine
Karen Reed	Health Workforce & Minority Health Manager, VDH OMH/PHP
Dixie Tooke-Rawlins	Dean, Virginia College of Osteopathic Medicine
Janice Wilkins	Administrator, RJ Reynolds Patrick County Memorial Hospital
Jane Wills	Executive Director, Rappahannock Area Health Education Center
Scott Winston	Assistant Director, VDH Office of Emergency Medical Services

* Work Group Chair