

**Summary of Initial Comments
First Planning Session
Rural Health Plan Development**

Principles that should guide the development of Virginia's Rural Health Plan

- 1a) Develop the plan based on what is important to rural people as opposed to what we, the experts think is important. Do the homework.
- 2a) Collaboration
- 2b) Performance Improvement
- 3a) Build consensus, create a vision, and end up with a 2-3 year implementation plan/strategies
- 4a) Develop "buy-in" that is truly rural in focus
- 4b) Should be quality driven
- 4c) Should involve local and community leaders (perhaps local task forces)
- 4d) Stay patient centered
- 5a) Cooperation/collaboration
- 5b) Put individual organizations to the side in order to come together for rural needs
- 6a) Comprehensive
- 6b) Integrated with other state health plans
- 7a) Needs and resources should guide the plan rather than availability of funding, especially grant funding
- 7b) A broad definition of health should be considered and incorporated into the plan
- 9a) Agree with STEEEP (Note this is from Wayne Myers presentation that addressed the Institute of Medicine's position that health care should be Safe, Timely, Effective, Equal, Efficient, and Patient Centered.)
- 10a) Don't exclude anything
- 11a) Improve access to quality care for rural communities
- 11b) Affordable Care

13a) Collaboration

13b) Leveraging of Resources

13c) Coordination

14a) Access to Care

14b) Identification of funding streams

14c) Collaboration/coordination of services

18a) Equity (not just with urban areas, some of our rural areas receive far more emphasis and support than others)

19a) Base Plan on evidence-based decision making

Most significant issues that need to be considered in the Rural Health Plan (key services issues, demographics, disparities, access issues, public health issues, workforce, etc.)

1a) Workforce

1b) Disparities (poverty)

1c) Funding/resources

2a) Access to Primary Care

2b) Access to resources for the uninsured

2c) Mental health

2d) Transportation

2e) Understanding of Quality Issues

4a) Access to providers in rural areas, transportation

4b) Expedited timely access to screenings

6a) Development of Rural Infrastructure (technical resources and people)

7a) Access to dental and mental health services

7b) Disparities—access to health care for immigrants, especially undocumented immigrants

- 7c) The influence of the lack of transportation on accessing health care
- 8a) Access issues
- 8b) Workforce/physicians
- 9a) Numbers and locations of health workforce personnel
- 9b) Health indicators
- 10a) Use some of the issues identified in the FLEX meeting
- 11a) Quality EMS
- 11b) Strong primary care/ physician and nurse practitioner workforce/strengthen recruitment and retention efforts
- 11c) Strengthen rural hospitals
- 11d) Strengthen rural AHECs
- 12a) Demographics of aging baby boomers; elders living longer
- 12b) Disparities, across the commonwealth and within geographic areas
- 12c) Mental Health
- 13a) Recruitment and retention of EMS personnel
- 13b) Improved patient care reporting
- 13c) EMS leadership and management
- 13d) EMS revenue recovers (billing for services)
- 13e) Access and availability of EMS education and training
- 14a) EMS staffing, recruitment and retention
- 14b) EMS response to mass casualty incidents
- 18a) Rural labor and delivery
- 18b) Rural EMS

18c) Lack of good data

18d) Affordable broadband access

19a) Oral health

19b) Transportation to care

19c) Access to medical specialists for rural residents

Studies or sources of data and information that would highlight rural issues in Virginia

1a) Virginia Healthcare Foundation Urban Institute Study of the Uninsured

4a) Study of statewide death rates

5a) VHQC statistician, re: the large data bases the QIO uses (Note: there may be some CMS restrictions.

6a) FCC Rural Health Care Pilot Grant

6b) FLEX HIT Grant and FLEX grant

9a) Southwest Virginia GMEC, re: captured demographic health indicators and health workforce data for the far Southwest counties

10a) Paul Levine at Valley Program for Aging Services, re: IT info

11a) Southwest VA GMEC demographic database

11b) Federal census

11c) Healthlandscape.com

12a) VT Center for Gerontology , re: Survey of 2000 rural elders living in southwest Virginia, 18 counties (health variables/problems, ADLs, service use/needs--collected 1999-2000)

13a) Virginia Statewide Trauma Registry, re: Mandatory Pre-hospital Patient Care Reporting data base

13a-14a) Rural and Frontier EMS Agenda for the Future

13b-14b) IOM publication EMS at the Crossroads

13c) Virginia Strategic EMS Plan

- 13d) EMS Workforce Retention Tool Kit
- 13e-14c) JLARC (Oct 2004) Review of EMS in Virginia
- 13f) JLARC (Nov 2004) Use and Financing of Trauma Centers
- 15a) C. Dovan and C. Delcher, Poverty and HIV/STDs in Virginia, 2007 (in preparation)
- 15b) HIV in Latinos living in Rural Virginia, Survey and research laboratory VCU/VDH
- 17a) Health Families of Warren County, Karen Walton (Karen.walton@vdh.virginia.gov) for a survey done recently in Warren county. This may have health resource access data
- 18a) Virginia Atlas
- 18b) Rural OBS Report
- 18c) Joint Commission Reports
- 18d) AHEC Report (OHPP)
- 18e) Rappahonock United Way Healthcare Survey
- 18e) State Injury Prevention Reports
- 19a) GMEC survey of physicians and the general public (huge one underway now)
- 19b) Appalachian regional commission documents

Other People to Invite to the Process

- 1a) Terry Dickenson, VA Dental Association
- 1b) Debbie Oswalt, VA Health Care Foundation
- 1c) Representative from Community Service Boards
- 4a) Marty Wunsch, VCOM, Addiction and Pain Management specialist
- 10a) Kathie Roper, Senior Navigator, seniornavigator.org
- 15a) Governor's Office of Substance Abuse and Prevention (GOSAP)

Other Suggestions

- 2a) Develop multi-disciplinary rural health quality networks.
- 2b) Work on community micro-systems quality (health)issues (hospital, EMS, LTC, community health local health departments).
- 4d) Keep the process/planning moving; don't let it get stale.

5b) Do not reinvent the wheel; steal shamelessly.

6c) Leverage past/current work.

10b) Network with everyone.

19) Do not have too much “committee” work on drafting documents let staff do it and let us react.

Miscellaneous comments

OEMS Strategic Plan addresses four core strategies:

Develop Partnerships

Create Tools and Resources

Develop Infrastructure

Evaluation

Working Document