

Overview of Virginia's Rural Health Plan

2008 Rural Health Planning Summit

Hotel Roanoke

Roanoke, VA

Original Rural Health Plan

- Medicare Rural Hospital Flexibility Grant Program (Flex) requires each state to develop a rural health plan.
- Authorized by section 4201 of the Balanced Budget Act of 1997 (BBA). Started in Virginia in 1999.
- Purpose is to help sustain the rural healthcare infrastructure, with the Critical Access Hospital (CAH) as the hub of an organized system of care.



Original Rural Health Plan

- Must foster the growth of collaborative rural delivery systems across the continuum of care at the community level with appropriate external relationships for referral and support, thus maintaining access to high quality care for rural Medicare beneficiaries.



Original Rural Health Plan

- Works through the development of a State Rural Health Plan which provide for the:
 - Creation of rural health networks, the designation and support of Critical Access Hospitals;
 - Support of small rural hospitals;
 - Integration of Emergency Medical Services (EMS) into the health care system; and
 - Improvement in the quality of care provided to those served by all providers engaged through the Flex Program.



Original Rural Health Plan

Ultimate goal is to provide high quality health care services to rural residents of the State.



Original Rural Health Plan

- Virginia's original plan was developed during the first years of the Flex program.
- Initial plan guided the Flex program in the:
 - Conversion of eligible hospitals to Critical Access Hospital (CAH) status and the support these hospitals through the conversion process;
 - Identification of other potential hospitals that were eligible for CAH status and assisted with their financial feasibility analysis;
 - Development of a taskforce to implement the Flex program; and
 - Development of administrative support for federal and state regulatory requirements of the plan.



2007 Requirements for the Rural Health Plan

- In 2007, the Federal Office of Rural Health Policy (ORHP) required all states to update their Rural Health Plan.
- To meet minimum requirements, states were to develop a plan that would shift the Flex program from conversion of CAHs toward building and sustaining rural health care delivery systems in which CAHs and eligible hospitals are key partners.



2007 Requirements for the Rural Health Plan

- States must evaluate all that has taken place in prior years of funding and assess ways to continue to enhance and improve the ability of CAHs and eligibles and their rural communities to meet existing and emerging health care needs.



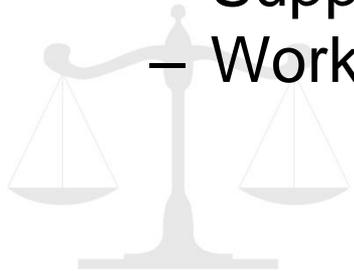
2007 Requirements for the Rural Health Plan

- Formal engagement with these entities:
 - State Hospital Association
 - CAHs and other CAH-eligible hospitals located in the State
 - State Office of Rural Health (if this is not the Flex grantee)
 - Quality Improvement Organizations (QIOs)
 - State EMS Offices
 - State Rural Health Associations
 - Medical Societies and other pertinent organizations
- Use of data from local, State, Federal and other sources.
- Create objectives with measurable outcomes including the measures required under the Flex program.



2007 Requirements for the Rural Health Plan

- **Components include:**
 - CAH Designation/Program Development
 - Community Development
 - Development and Implementation of Rural Health Networks
 - Improvement and Integration of EMS Services
 - Improving Quality of Care
 - Quality and Performance Improvement
 - Support of Existing CAHs and Eligible Hospitals
 - Workforce Issues



Virginia's Rural Health Plan

- Purpose is to develop a 3-4 year Plan and to build on the substantial work that has already taken place in Virginia
- Use the Plan to foster greater consensus among rural health stakeholders
- Plan will be a living document that will be revisited yearly to:
 - Examine progress of approved recommended activities
 - Examine the continuing appropriateness of the existing plan (i.e. to ensure that it continues to be consistent with changing conditions)
 - Determine needed modifications



Virginia's Rural Health Plan

- Complement current studies:
 - Governor's Health Reform Commission Report
 - DMHMRSAS 08-14 Comprehensive State Plan
- Include a comprehensive picture of rural, not just hospital and Flex
- Link the various gaps that currently exist in rural areas



Guiding Principles for Current Plan

- Improving rural health requires integrative thinking and strategies that address not only health care services, but the inseparable effects of individual behaviors and the social determinants of health
- Quality is a fundamental value and expectation
- There is a compelling need to be sensitive to local and regional conditions
- Rural residents must play critical roles in determining rural needs and strategies



Guiding Principles for Current Plan

- Collaboration must Be promoted and fragmentation reduced
- Funding sources must be better aligned to targeted strategies
- Pilot models should be used for community planning and engagement
- Rural health is a critical factor in sustaining and developing strong rural communities
- Virginia must move to improve data-supported decision-making



Previous Steps

- In 2007, Virginia contracted with Rocky Coast Consulting to develop the plan
- Officially kick off held in June 2007, in conjunction with the statewide rural health strategic planning session
- Over 40 rural health stakeholders participated
- Divided into four workgroups: Access, Workforce, Quality, Data/Rural Definition



Previous Steps

- Workgroups* met in September, November and December of 2007
- Data met in January and February of 2008



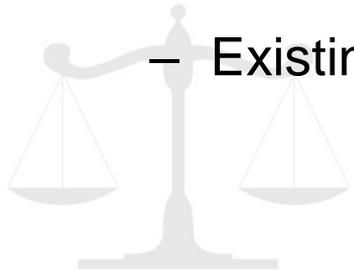
Access

- Examine rural health care access issues related to primary care, specialty care, emergency medical services, and mental and dental health care in order to make recommendations for improving health care access.
 - Existing studies, programs and initiatives;
 - Barriers and challenges to access in rural areas;
 - Current rural activities that integrates EMS into the health care delivery system;
 - Current activities that utilizes telehealth;
 - Additional ways to further integrate EMS in rural areas;
 - Possible ways to collaborate among secretariat levels (i.e. educational institutions, mental health/mental retardation, and technology); and
 - Ways to increase the use of telehealth and leverage the Virginia Telehealth Network (VTN).



Workforce

- Examine available resources and issues in order to make recommendations for improving health care workforce in rural Virginia.
 - Current recruitment needs and challenges;
 - Current retention needs and challenges;
 - Ways to more effectively use existing recruitment and retention programs and initiatives to address the health care workforce shortage in rural areas;
 - Initiatives on EMS recruitment, retention, leadership and management; and
 - Existing studies and recommendations.



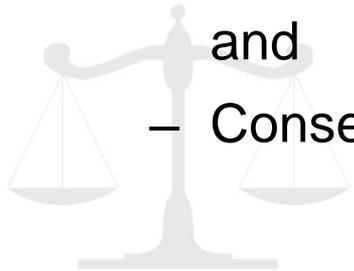
Quality

- Examine rural health care quality issues in order to make recommendations for quality improvement efforts and/or activities.
 - Existing initiatives, studies and programs in relation to performance and quality improvement;
 - Current quality improvement programs, initiatives and studies;
 - Challenges and barriers to rural health care quality; and
 - Alternative ways to strengthen the quality of health care in rural Virginia.



Data

- Examine available rural health data and identifies data gaps in order to make recommendations for future data collection efforts and/or activities.
 - Current and past rural health data;
 - Ways to streamline current data;
 - Methods of creating a more comprehensive approach to data collection;
 - Various ways to maximize the use of current data;
 - Areas in which more data is needed and should be collected;
and
 - Consensus on a rural definition in Virginia.



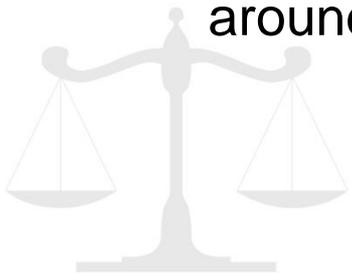
Workgroup Discussions

- Primary Medical Services – what are the basic health care services that should be provided in rural areas?
 - Basic oral health
 - Basic outpatient behavioral health services
 - Basic gynecology
 - Traditional services (i.e. family practice, internal medicine, pediatrics, obstetrics)
 - Behavioral and mental health services (including substance and drug abuse)



Workgroup Discussions

- Quality – there is a need to:
 - Develop an infrastructure that supports continuing education of those individuals in rural settings whose responsibilities include leading/management quality processes.
 - Foster “cultures of quality and safety” within the boards, medical staffs, management teams, and employees of rural hospitals and other rural organizations.
 - Share comparative quality data among rural hospitals.
 - Identify models for community level and regional engagement around quality issues.



Workgroup Discussions

- Quality – there is a need to:
 - Use existing “disease-specific” models that could be expanded to include additional participants (e.g., models to address diabetic care or pneumonia being used by Community Health Centers and strategies to address stroke and health failure, being used by hospital).
 - Identify rural-sensitive quality indicators.
 - Review existing strategies for improving “transitions in care” (e.g., the “handoffs”) between rural hospitals and tertiary centers, and between hospitals and long-term care, home health, and hospice providers.



Workgroup Discussions

- Workforce – must meet the needs of hospitals, community health centers, free clinics, community service boards, long-term care facility and EMS.
- Recruitment, retention, compensation and training
- Impact of medical schools, community colleges and other colleges/universities
- Impact of AHECs



Workgroup Discussions

- All of the discussions in workforce, access and quality pointed to the need for quality data (in collection, maintenance and analysis).
- There is a need to better blend hospital-focused data with data from other organizations (i.e. nursing homes and community health centers).
- There is a great need to also address population-based quality indicators.



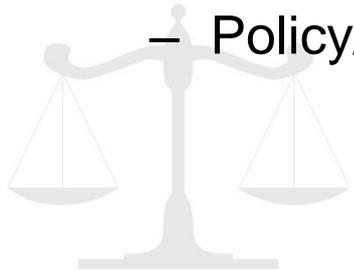
Where Are We Now?

- The current workgroup members recently submitted comments on the draft Plan and prioritization of recommendations.
- This provided each member the opportunity to review the discussions of the remaining workgroups.
- Once this process is complete, the 1st year of the Plan will be submitted to ORHP.



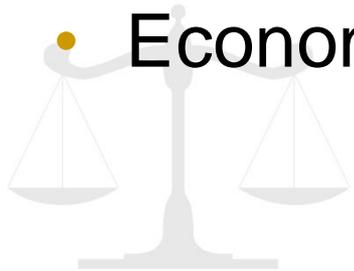
Where Do We Go From Here?

- Identified missing gaps
 - Aging/Long-Term Care
 - Transportation
 - Education (not solely workforce related)
 - Culturally-appropriate health care services (to include minority health)
 - Health disparities/equity
 - Formalized network systems
 - Development of models of care
 - Policy/legislative agenda



Where Do We Go From Here?

- Health Information Technology
 - Telehealth
 - Telemedicine
 - Electronic medical records
 - Electronic health records
 - Basic computer system
 - HIT connections (i.e. fiber optic lines)
- Rural-specific research
- Community development
- Economic development



Next Steps

- Finalize 1st year recommendations, determine measurements and develop implementation timeline.
- Measure progress throughout the process.
- Report back to rural partners.*
- Update list of rural partners.



Next Steps

- Prioritize focus areas for years 2-3.
- Develop strategy (i.e. convene workgroups, telecommunications, research based, etc.).
- Develop timeline.
- Years 2-3 will be done internally.



Today's Strategy

- Break out into 4 groups
- Each group will:
 - Briefly examine the current Plan
 - Determine future planning
 - Determine charges for the State and partners
 - Report out on tomorrow morning
- Further details will be provided directly after lunch and by group facilitator



Today's Reality

- This is not a plan for the bookshelf.
- It should be a valuable document to guide rural health activities in Virginia (both activities administrated by the State and by partners).
- Plan to bring a “voice” to rural.
- Information that can be shared with legislators, key policymakers, funders and citizens.



Today's Reality

- Questions to consider:
 - What is the vision for rural Virginia?
 - How should rural Virginia look?
 - What contributions can individual organizations/departments make to advance rural?
 - What can we realistically strive towards?
 - How can we continue to work together to positively impact rural?



QUESTIONS ??????



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