



Rural America: Policy and Program Updates for Health Centers Serving Rural Communities

February 16, 2022

Audience Participation

Chat
(use to talk with peers)



The screenshot displays a virtual meeting interface. On the left, there are two windows: a 'Chat' window and a 'Polling' window. The 'Chat' window shows messages from participants like Brian Long, James Henskel, and Laura Wiggins. The 'Polling' window shows a poll question: '#1.) What is your biggest business writing challenge? (NO RIGHT ANSWER - OPEN QUESTION)'. The poll results are: Conclusion (45%), Grammar and/or Types (20%), Content Structure (10%), Tone (16%), and Other (0%). In the center, a video feed shows a man speaking. On the right, a presentation slide is visible with the title 'UDS Reporting: Preparing, Doing, and Utilizing' and the subtitle 'Cultivating Health Center Operations'. The slide also features the CURIS logo and SkillPath branding. At the bottom of the interface, there are navigation options like 'Request Support', '12:09pm Eastern', 'Session', 'Support', 'Profile', 'Options', and 'Windows'. The Digitell logo is in the bottom right corner.

Polling/Q&A
(participate in polls, ask questions to faculty)

Today's Speakers



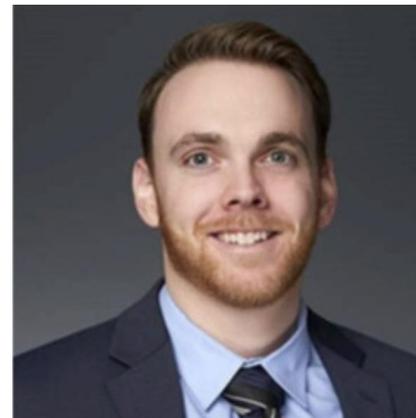
Carrie Cochran-McClain, MPA
Chief Policy Officer
National Rural Health Association



Tom Morris, MPA
Associate
Administrator, Federal
Office of Rural Health
Policy



Allison Coleman, MBA
CEO, Capital Link



Jared Perkins
Manager, Federal & State
Policy
NACHC



NRHA

Your voice. Louder.

- Alan Morgan, CEO
- February 2022

The State of Rural America

- **Workforce Shortages**
- **Vulnerable Populations**
- **Chronic Poverty**



The Rural Landscape

Fragile Rural Health Safety Net Pre-COVID-19

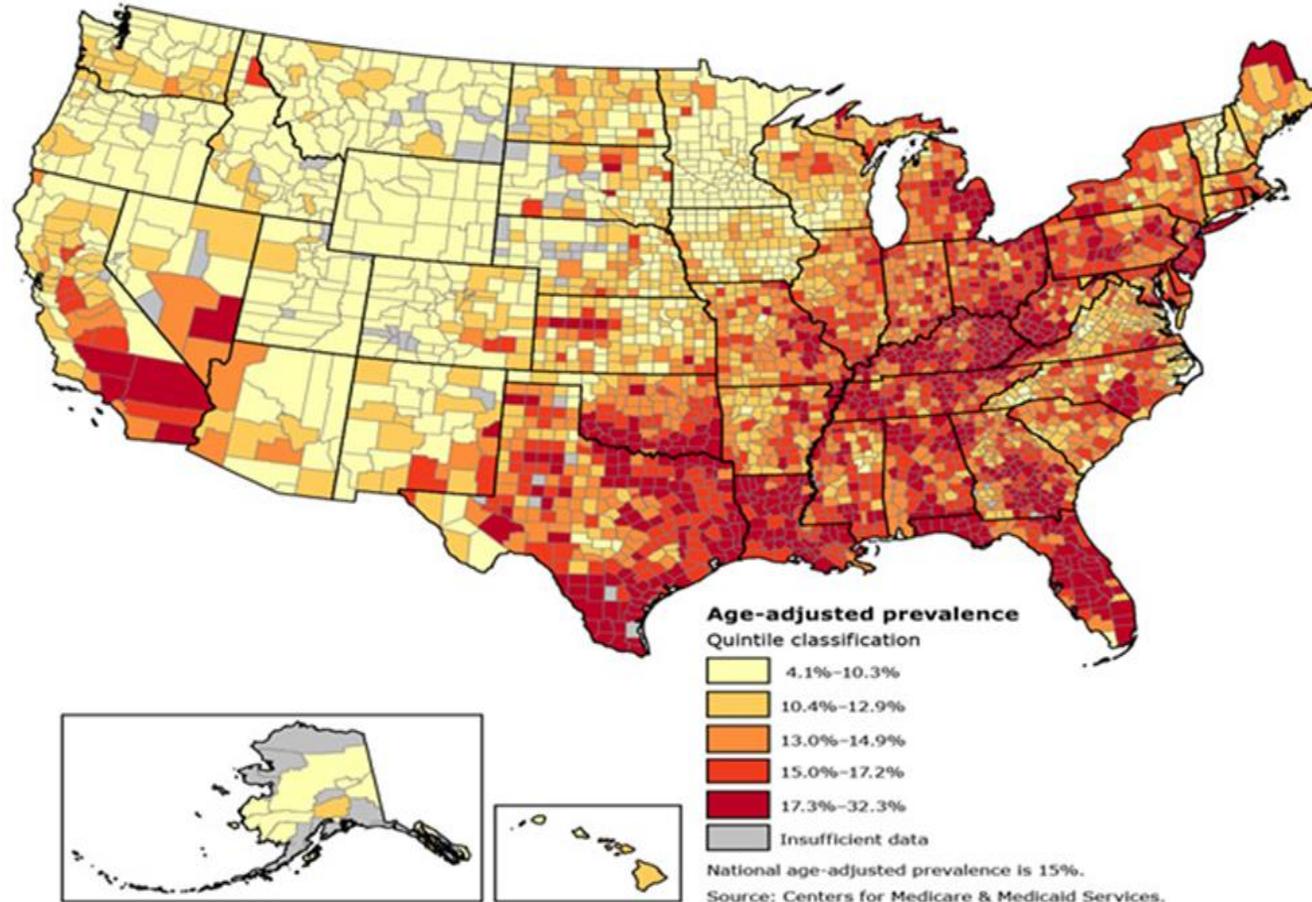
- Vulnerable populations
- Systemic workforce shortages
- Scattered populations with inherent access to care issues
- Limited resources for providers
- Inadequate Medicare, Medicaid and private insurance coverage
- Lack of Medicaid expansion and high uninsured populations
- Rural provider closures

Rural has an Older, Sicker and Poorer Population

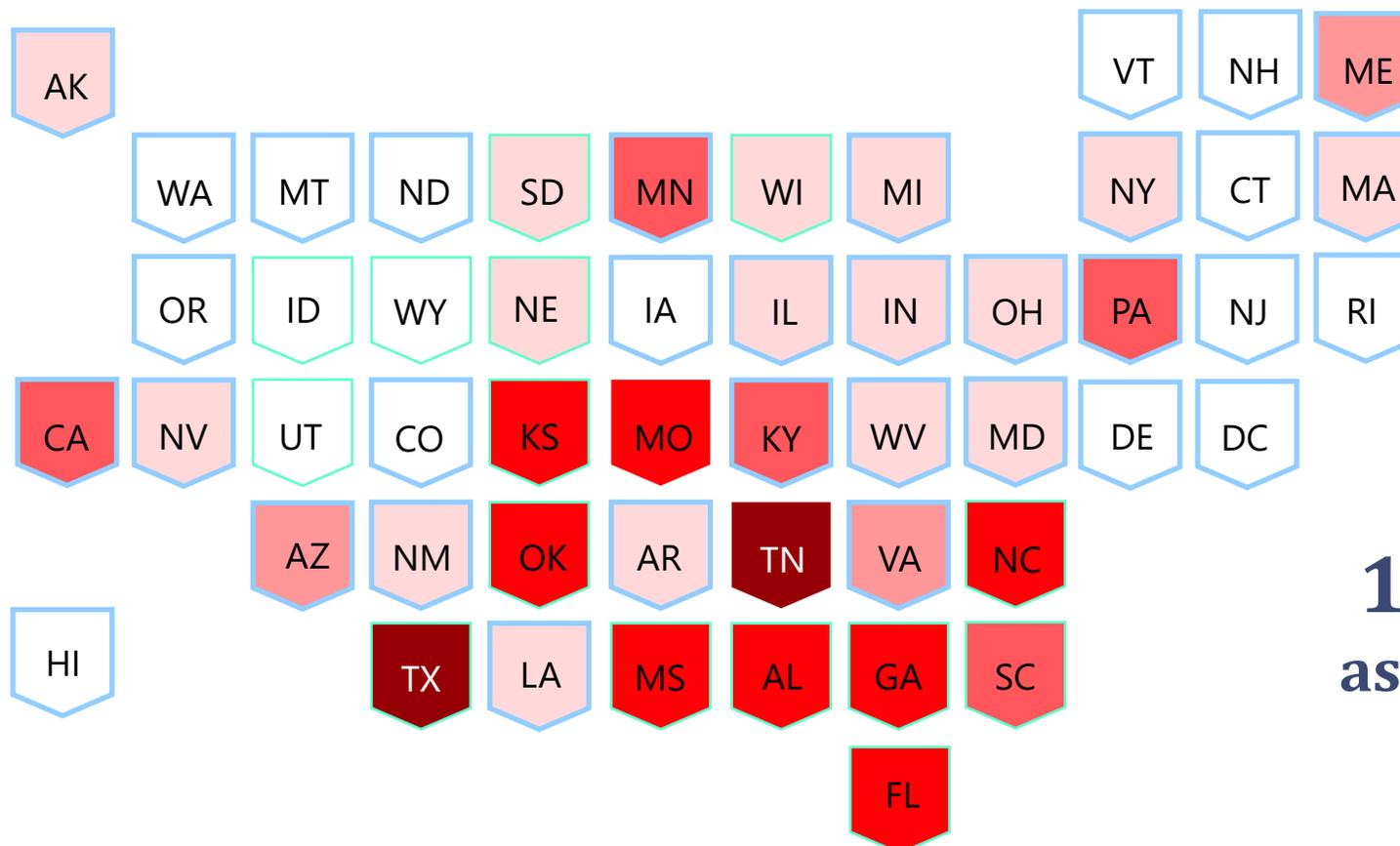
- The median age of adults living in rural areas is greater than those living in urban:
 - Rural: 51 years
 - Urban: 45 Years
- 18.4% of rural residents are age 65+, whereas its 14.5% in urban
- **Rural areas have higher rates of several health risk factors/conditions:**
 - **Obesity**
 - **Diabetes**
 - **Smoking**

Prevalence of Medicare Patients with 6 or more Chronic Conditions

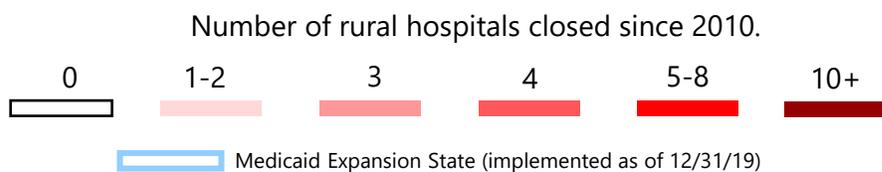
The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012



Rural Hospital Closures



138 Closures
as of January 2022



Source: Sheps Center, UNC
Source: The Chartis Center for Rural Health, 2021.

Rural Population Disparity Uninsured Adults



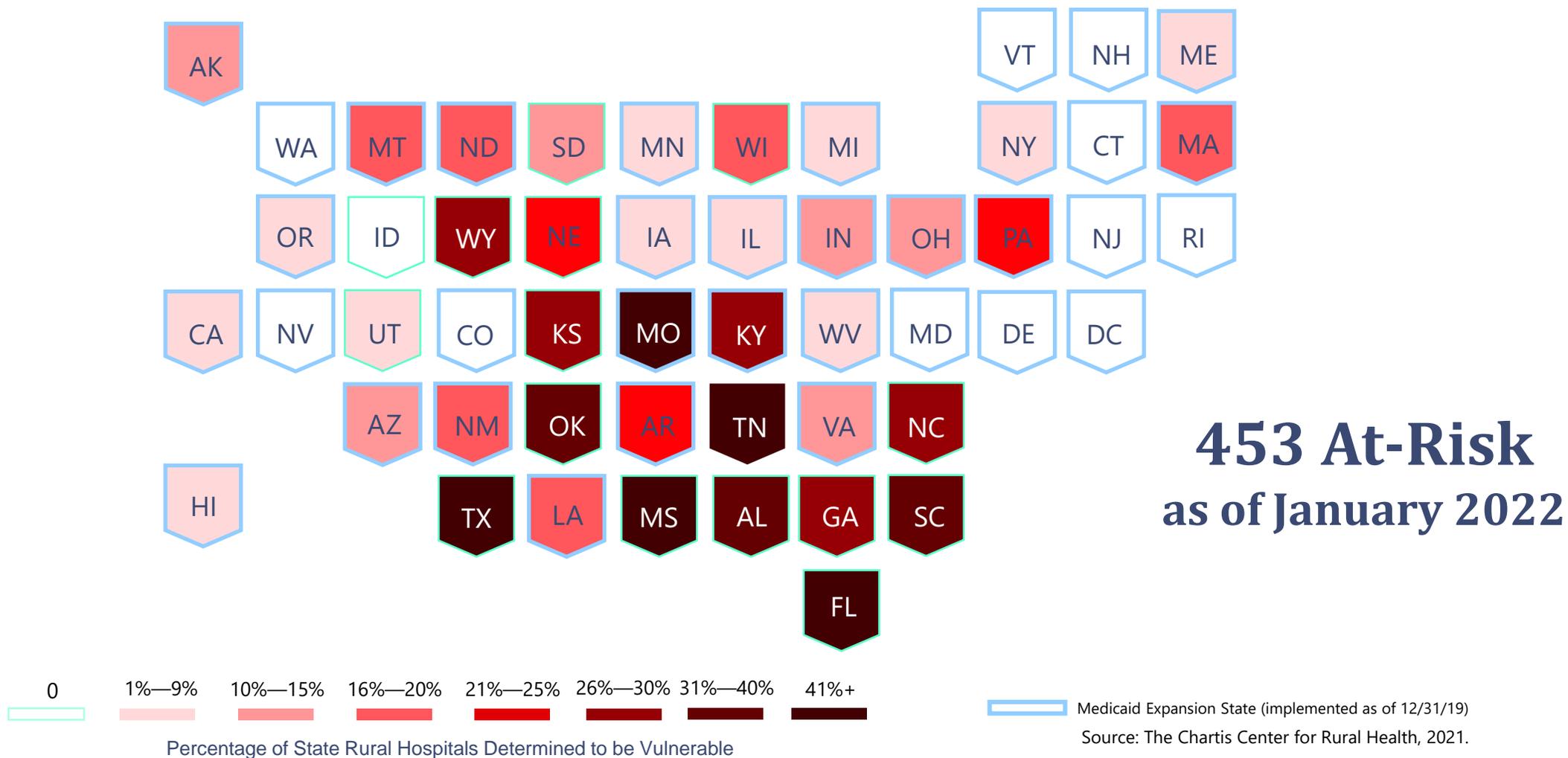
Percentage of population served by rural hospitals that is adults under age 65 without health insurance.



 Medicaid Expansion State (implemented as of 12/31/19)

Source: The Chartis Center for Rural Health, 2021.

Rural Hospitals Vulnerable to Closure



Addressing COVID-19

COVID-19 – A Rural Story



CORONAVIRUS

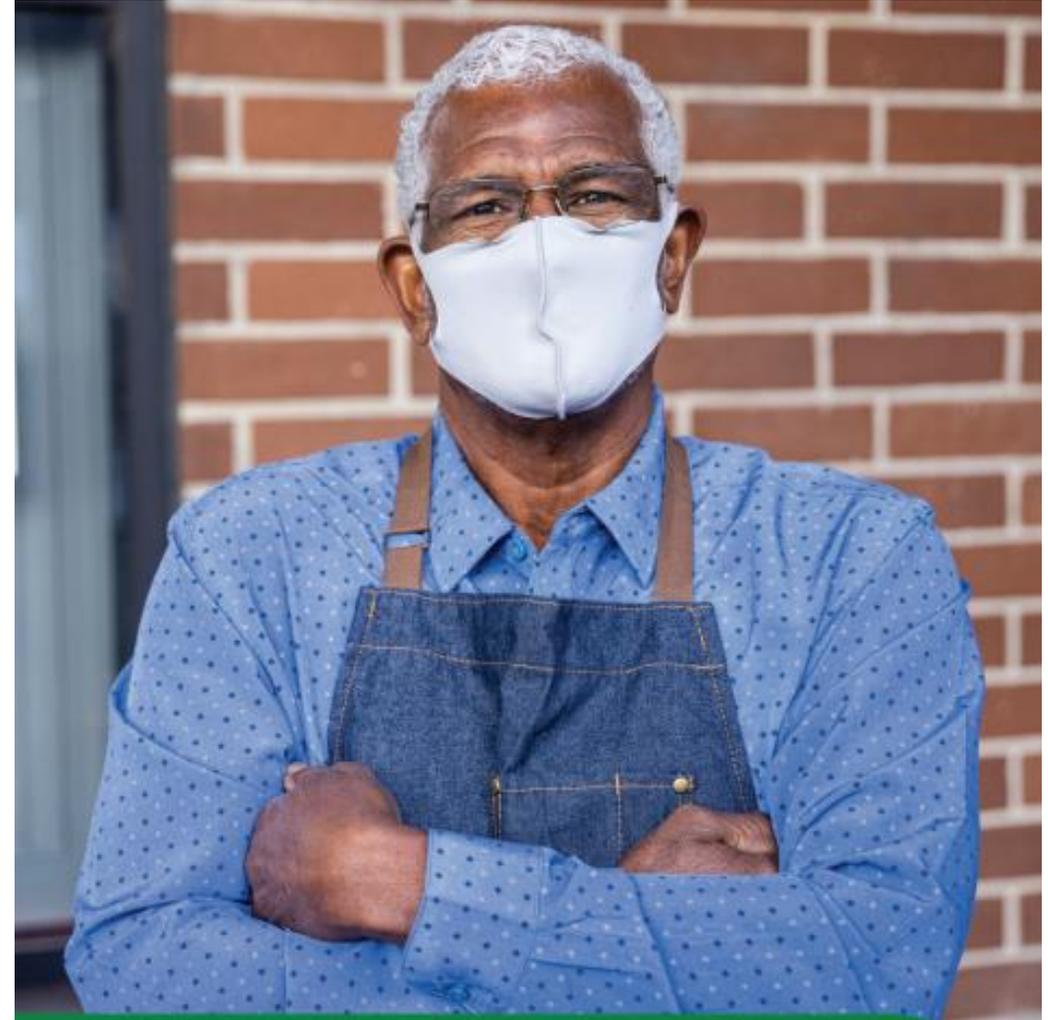
Covid is killing rural Americans at twice the rate of people in urban areas

The pandemic is devastating rural America, where lower vaccination rates are compounding the already limited medical care.

Rural Vaccine Confidence: Key Messages

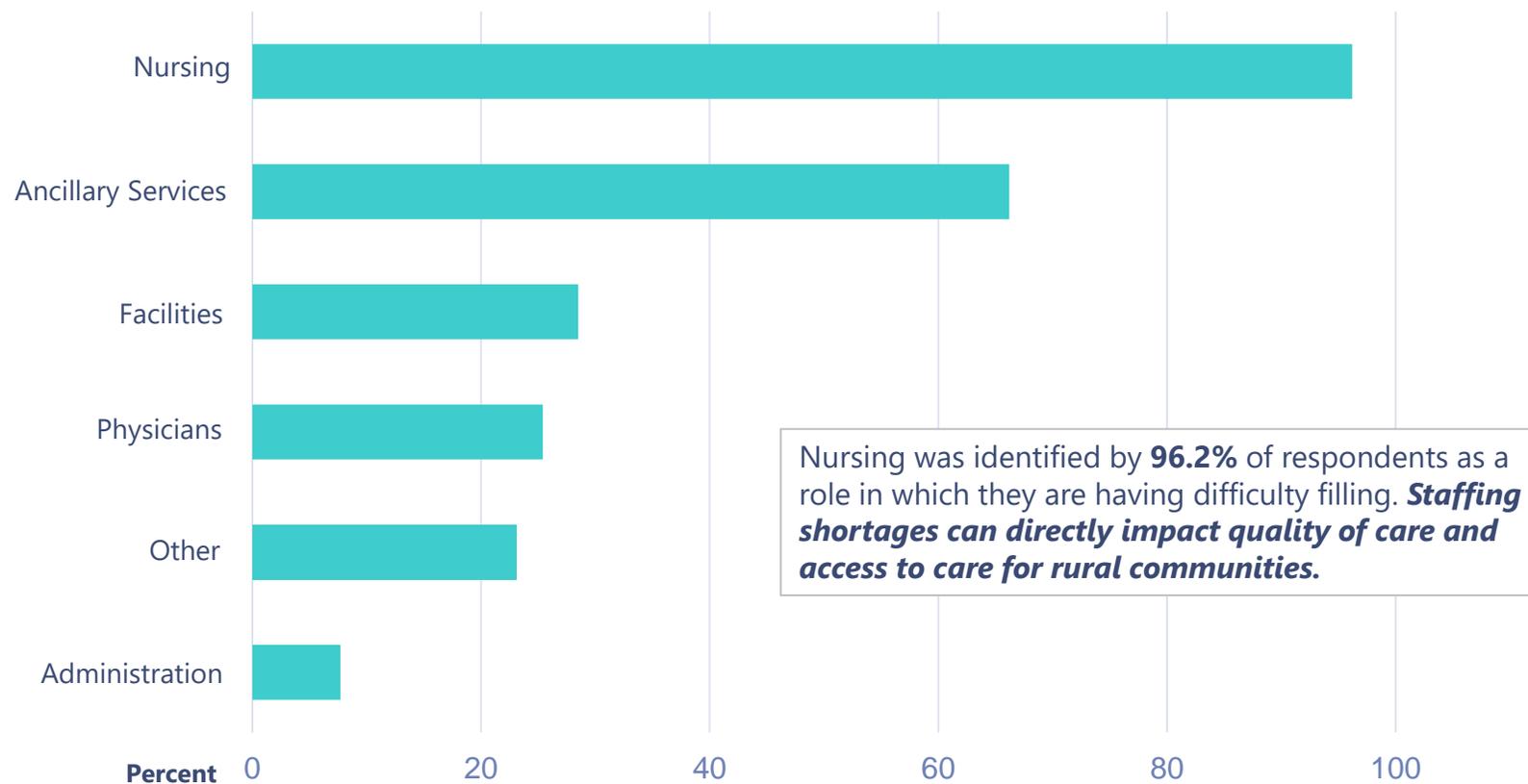
- Sharing **THE FACTS**: *safe, effective, free of charge, development*
- Protecting **LOCAL BUSINESSES** while strengthening economy: *local healthcare works, keeping workers safe, stay open*
- Protecting **YOURSELF**: *hospitalizations/death, personal choice*

[NRHA: COVID-19 Vaccine Talking Points](#)



Rural Hospital Staffing Survey

Which roles are you experiencing the greatest difficulty filling?

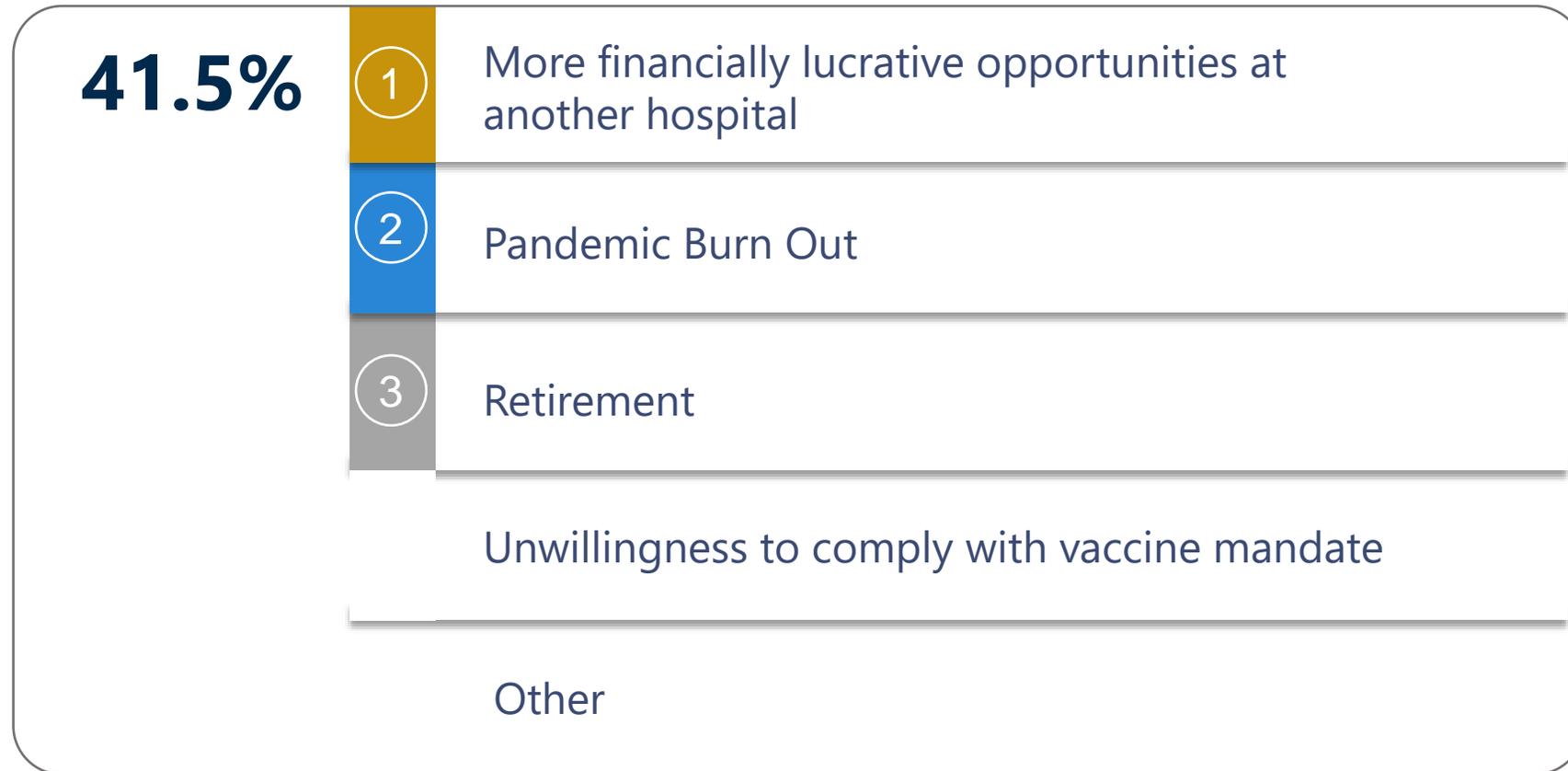


*Survey respondents were able to select multiple positions for which they are having difficulty filling. As a result, the percentages do not equal 100. Survey conducted September 21, 2021 - October 15, 2021.

Rural Hospital Staffing Survey

How would you rank the following reasons for nurse staff departures in 2021?

Among survey respondents, **41.5%** ranked more financially lucrative opportunities as the #1 reason for nurse staff departure this year.



*Survey conducted September 21, 2021 - October 15, 2021.

COVID-19 Relief Legislation & Administrative Action

- Public Health Emergency Declaration
- Coronavirus Preparedness and Response Supplemental Appropriations Act
- Families First Coronavirus Response Act
- Coronavirus Aid, Relief, and Economic Security (CARES) Act
- Paycheck Protection Program and Health Care Enhancement Act
- Paycheck Protection Program Flexibility Act
- Consolidated Appropriations Act (CAA), 2021
- American Rescue Plan Act
- Medicare sequestration relief

The Bipartisan Infrastructure Package

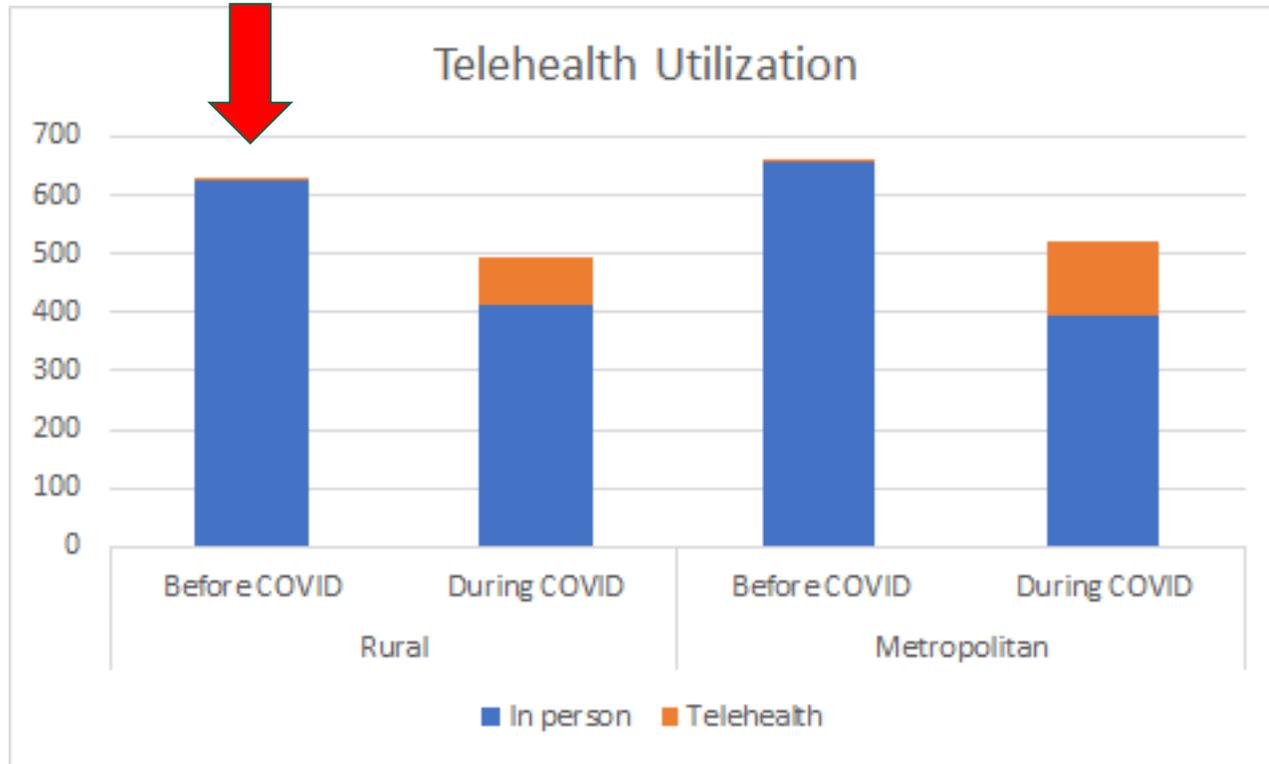
- Congress passed the \$1.2 trillion bipartisan infrastructure package.
- Key rural provisions:
 - \$65 billion for broadband connectivity buildout, with significant mention of rural.
 - \$110 billion for roads, bridges, and major transportation projects.
 - \$55 billion for clean drinking water investments.
 - \$21 billion in environmental remediation for Superfund sites.
 - \$7.5 billion to build out a national network of electric vehicle chargers with a focus on rural and hard-to-reach communities.

Telehealth Flexibilities

- Through CARES Act and the Administration's 1135 Waiver Authority, telehealth flexibilities under the Medicare program have been significantly expanded.
- Rural health clinics (RHC) and federally qualified health centers (FQHC) were afforded distant-site provider status through the PHE.
- NRHA is working with Congress to ensure these flexibilities are continued beyond the duration of the PHE.
- NRHA supported legislation: the CONNECT Act; the Telehealth Modernization Act; the Protecting Rural Telehealth Access Act

Pre COVID

- Low utilization

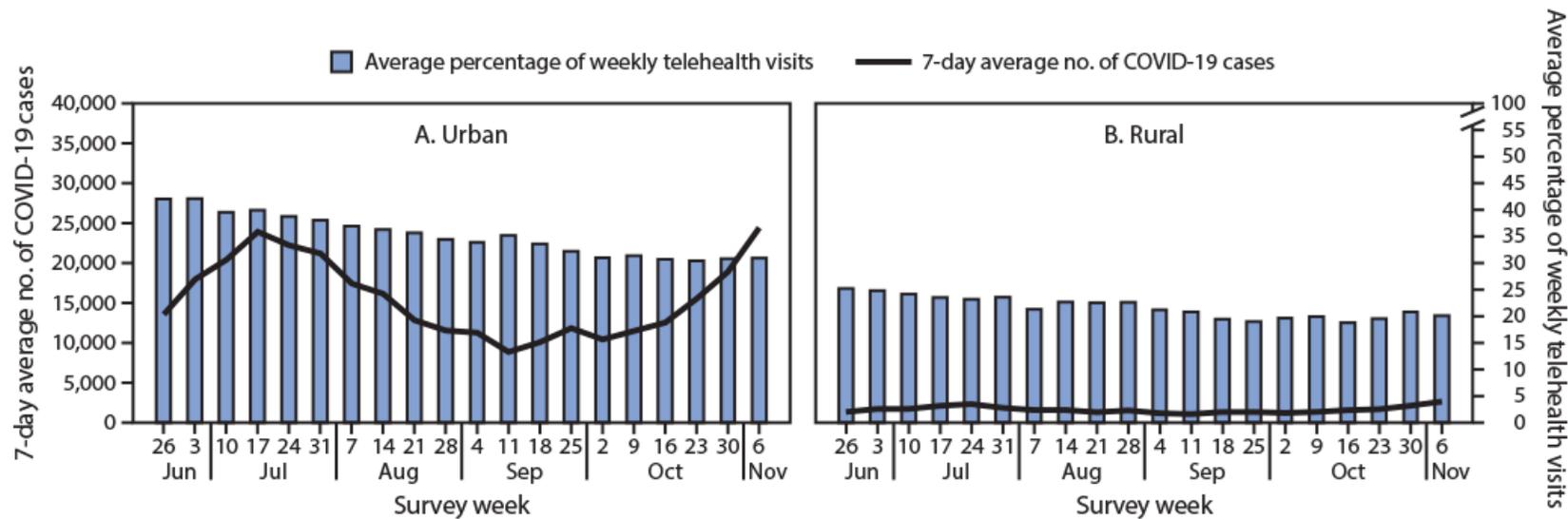


Why?

- Regulation
- Infrastructure (and cost)
- Reimbursement

2021 Rural vs. Urban

- Cohort study of 36 million Americans with private insurance
- 0.3% of contacts in 2019 to 23.6% of all contacts in 2020 (March-June)
- This represents a 79x increase
- Rural-urban disparity





NRHA
Your voice. Louder.

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National Association of Community Health Centers Policy & Issues Virtual Forum Updates from the Federal Office of Rural Health Policy

Wednesday, February 16, 2022

Tom Morris

Associate Administrator for Rural Health Policy

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

Vision: Healthy Communities, Healthy People



The Federal Office of Rural Health Policy

Authority: Section 711 of the Social Security Act

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

Vision: Building Healthy Rural Communities

The screenshot shows the Social Security website with the title "Compilation Of The Social Security Laws". The main heading is "OFFICE OF RURAL HEALTH POLICY". The text of Section 711 is displayed, detailing the establishment of the Office of Rural Health Policy and its duties. The duties listed include: (1) overseeing compliance with requirements of section 1102(b) and section 4403 of the Omnibus Budget Reconciliation Act of 1987; (2) establishing and maintaining a clearinghouse for collecting and disseminating information on rural health care issues, including rural mental health, rural infant mortality prevention, and rural occupational safety and preventive health promotion; (3) coordinating activities within the Department related to rural health care; (4) providing information to the Secretary and others in the Department regarding rural health care activities; and (5) administering grants, cooperative agreements, and contracts to provide technical assistance and other activities to support rural health care improvement.

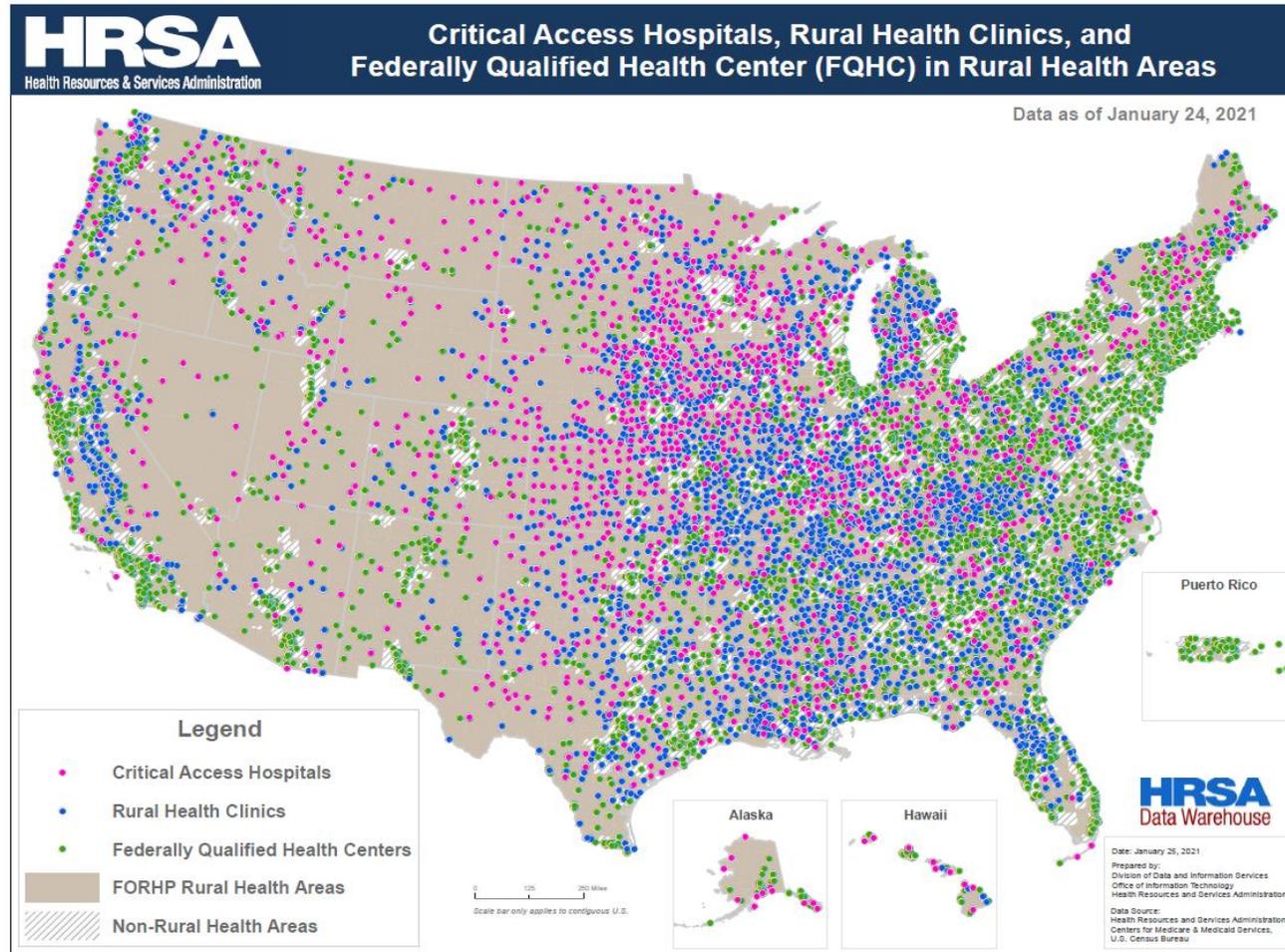
Quick Background on FORHP's Dual Role

Work Across HRSA And HHS	Collaborate with Federal partners
"Voice for Rural"	Regulation Review and Policy Analysis
Capacity Building in Rural Communities	HRSA Grant Programs and Technical Assistance



Key Elements of the Rural Safety Net

Small Rural and Critical Access Hospitals, Health Centers, Rural Health Clinics

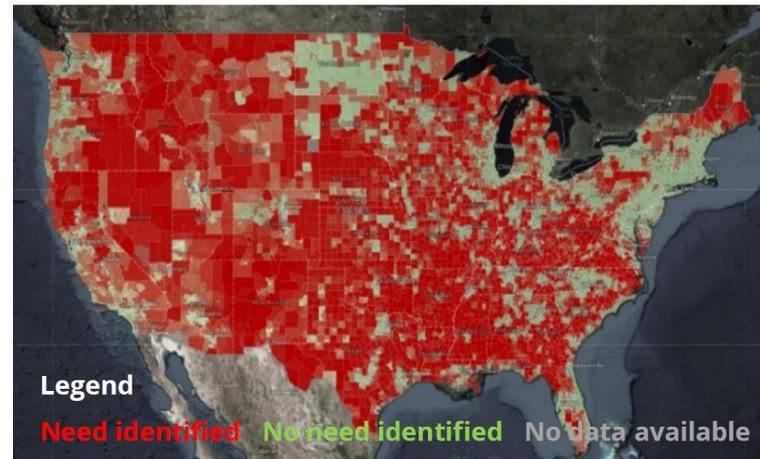


Telehealth

Increasing Broadband Access and Bridging the Digital Divide

- Increased telehealth care access and utilization have revealed income-based and regional disparities
- Supports need to explore the role of digital literacy in telemedicine delivery
- Funding needs for activities necessary to ensure that all communities have access to and use of broadband Internet.

Figure 1
NTIA Indicators of Broadband Need Map



Source: [NTIA Access Broadband 2021 Report](#)

DEPARTMENT OF COMMERCE

National Telecommunications and Information Administration

[Docket No. 220105-0002]

RIN 0660-ZA33

Infrastructure Investment and Jobs Act Implementation

AGENCY: National Telecommunications and Information Administration, U.S. Department of Commerce.

ACTION: Notice, Request for Comment.

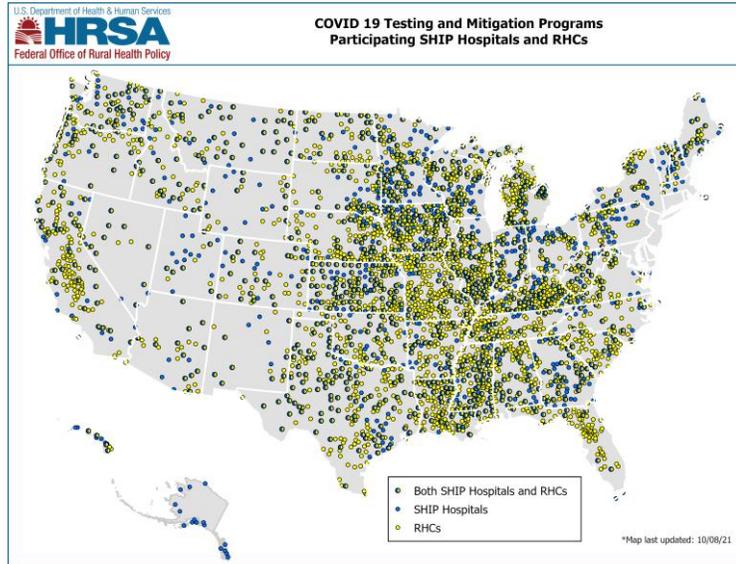
SUMMARY: On November 15, 2021, President Biden signed the Infrastructure Investment and Jobs Act of 2021 into law, also known (and referred to subsequently herein) as the Bipartisan Infrastructure Law (BIL), which includes a historic investment of \$65 billion to help close the digital divide and ensure that all Americans have access to reliable, affordable, high-speed broadband. The National Telecommunications and Information Administration (NTIA), is responsible for distributing more than \$48 billion in

FORHP Rural Health Clinic Vaccine & COVID-19 Programs

Support for Vaccine Confidence, COVID-19 Testing and Mitigation

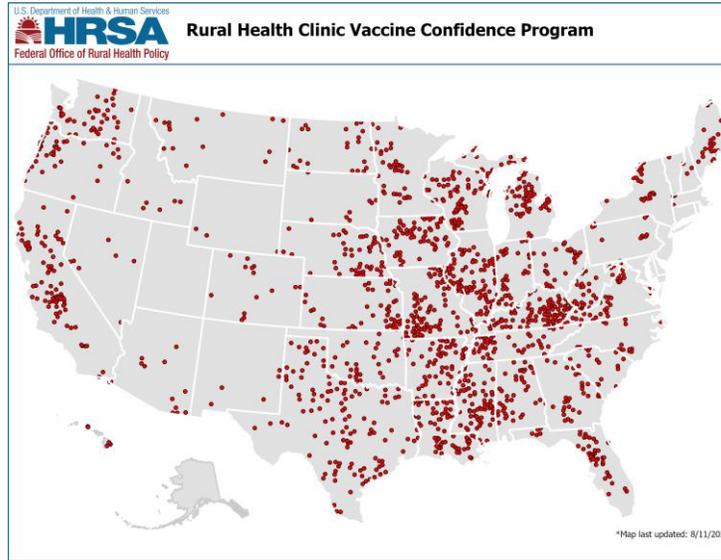
RHC and SHIP COVID-19 Testing & Mitigation

RHCCOVID-19Testing@hrsa.gov



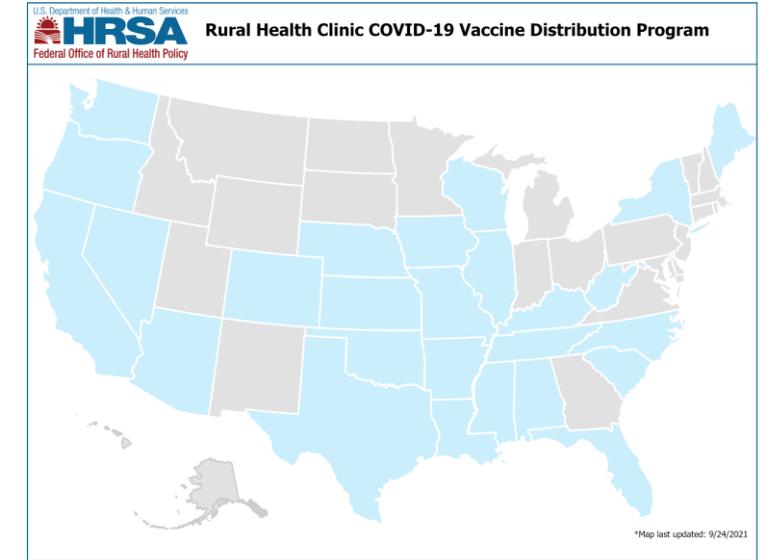
RHC Vaccine Confidence

RHCVaxConfidence@hrsa.gov



RHC COVID-19 Vaccine Distribution

RHCVaxDistribution@hrsa.gov



<https://www.hrsa.gov/coronavirus/rural-health-clinics>



COVID-19 & Rural Communities: Key Efforts

Support for Vaccine Confidence, COVID-19 Testing and Mitigation

HRSA Invested **NEARLY \$1 BILLION** from the American Rescue Plan for Rural COVID-19 Response



Rural Health Clinic COVID-19 Testing and Mitigation Program

\$447.9M



Small Rural Hospital Improvement Program (SHIP)

\$398M

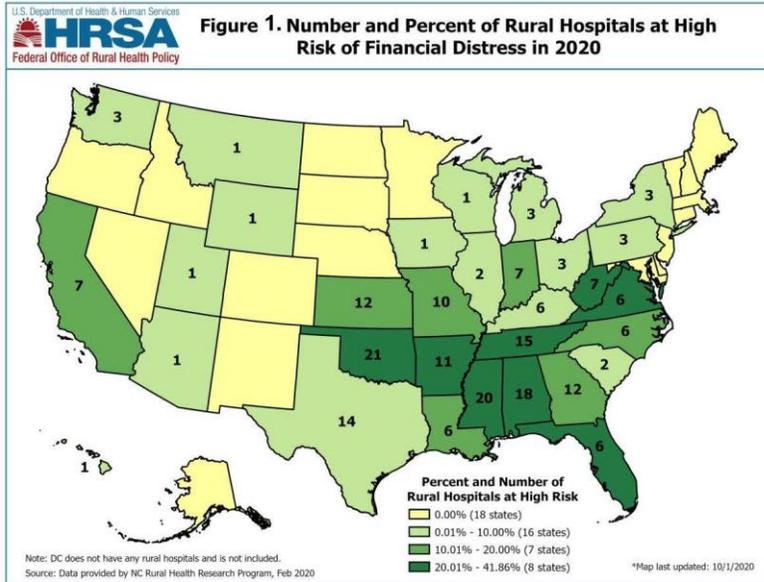


Rural Health Clinic Vaccine Confidence Program

\$98M

Rural Hospitals Closure and Financial Risk

Continuing Concerns on Implications for Access



- Closure rate has been relatively steady
- Some closures give way to different models of care; others result in access gaps

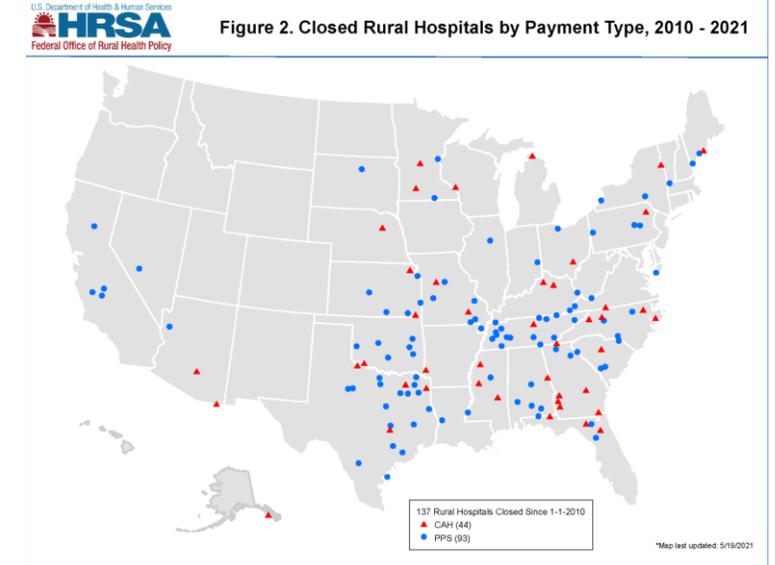
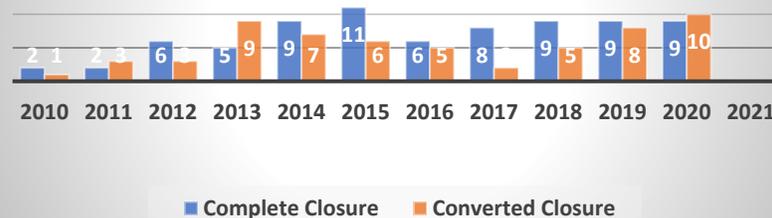


Figure 2. Complete Closures vs Converted Closures, 2010 - 2021

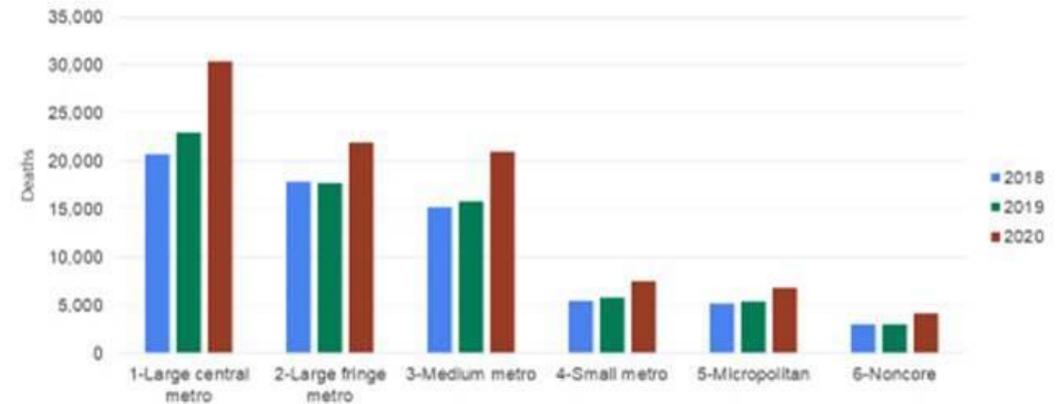


The Rural Dimensions of the Opioid Epidemic

Recent Data Release from the National Center for Health Statistics

- Rural overdose deaths track the rise in urban deaths
- Pandemic has driven increases
- Rural areas have limited infrastructure to offer treatment
- Rural areas are also dealing with substance use issues beyond opioids

Provisional Drug Overdose Deaths by Urban/Rural Classification: 2018 – 2020



Source: <https://data.cdc.gov/NCHS/Provisional-Drug-Overdose-Deaths-by-Urban-Rural-CI/dtm2-meqi>

Rural Health Resources

Rural Community Opioids Response Program

Capacity Building

- Using Planning Grants to support networks of community partners
- Ensuring diverse cohorts that help build economies of scale in rural communities.

Expanding Access and Building Infrastructure

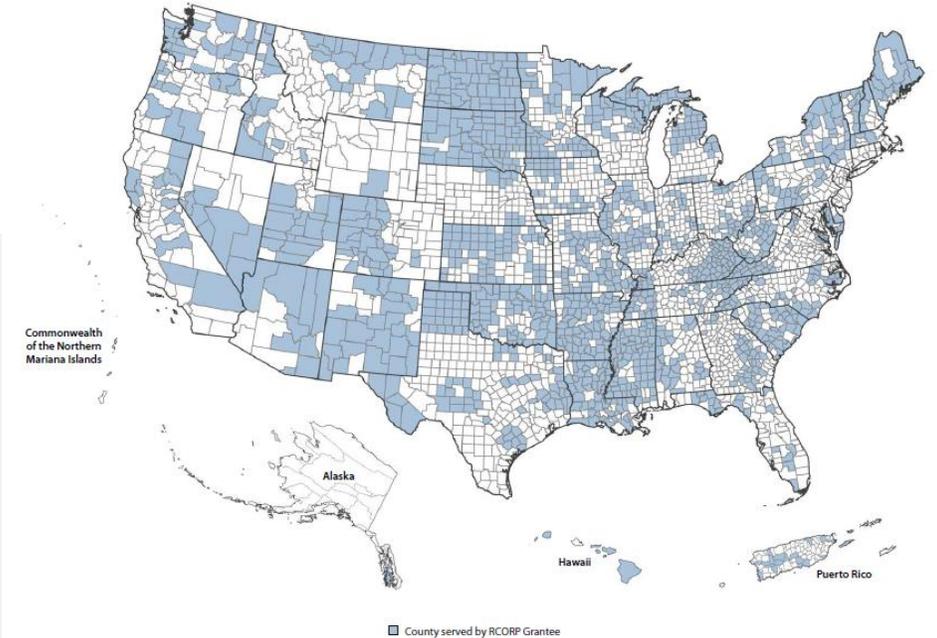
- Flexible funding to adapt to unique community needs.
- Focus on prevention and treatment.

Targeted Approaches

- Medication Assisted Treatment
- Neonatal Abstinence Syndrome
- Addressing Psycho-Stimulants

Centers of Excellence

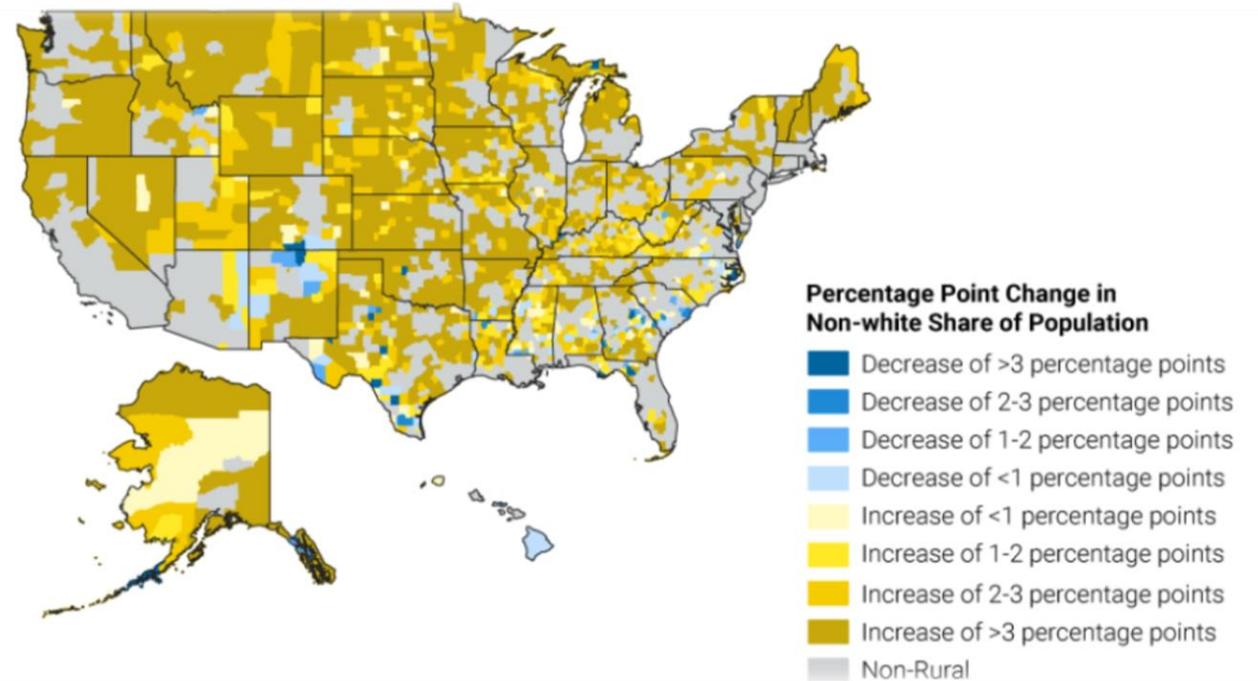
- VT: Evidence-based practices
- Fletcher: Supporting Recovery Housing Efforts
- Rochester: Synthetic Opioid Overdose Mortality



Rural Population Diversifying

New Census Data Shows Pattern Mirrors Broader National Trends

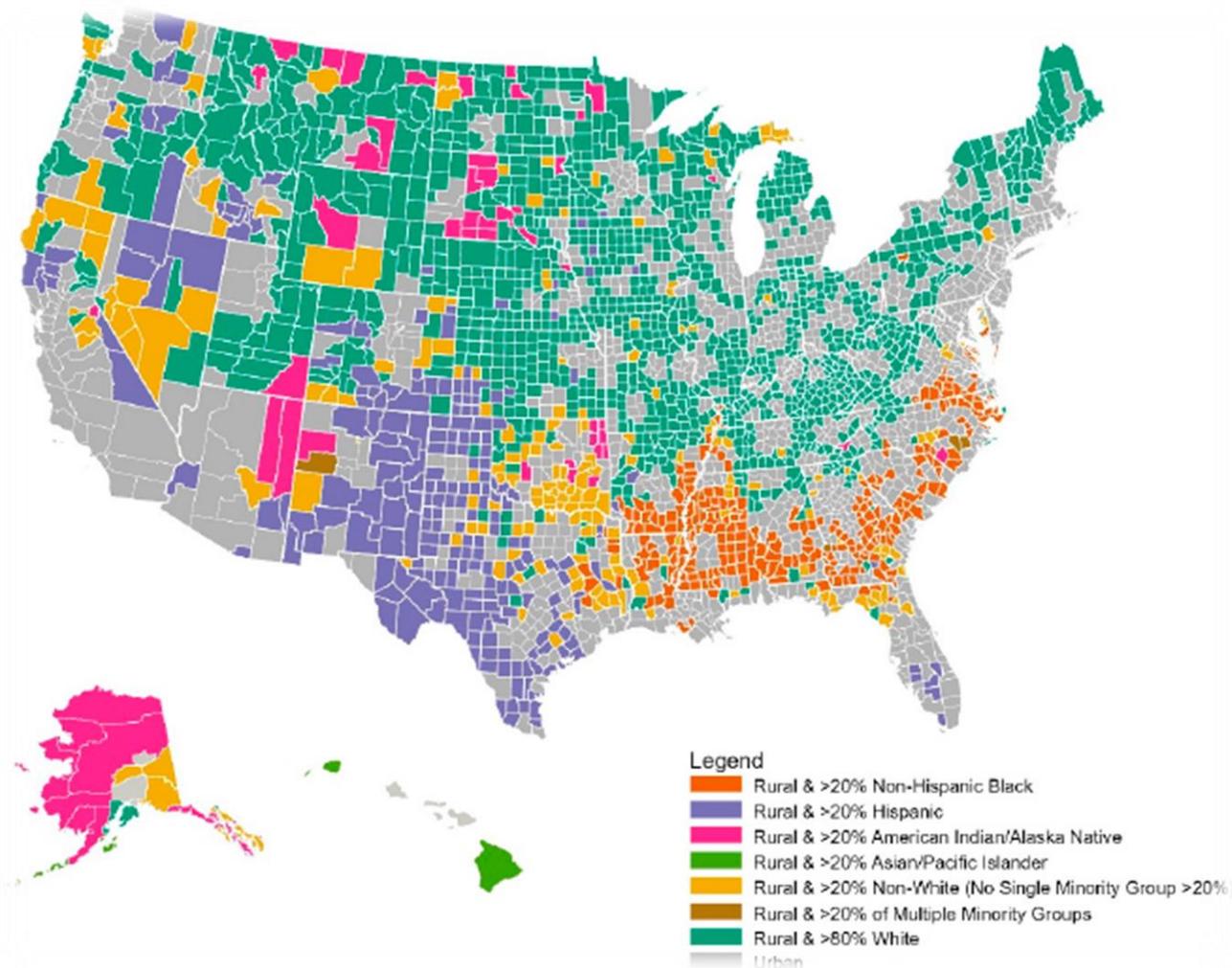
- The median rural community saw its population of color increase by 3.5 percentage points between 2010 and 2020
 - Two-Thirds of rural counties consisted of at least 10% people of color
 - One-third were more than a quarter people of color
 - 10 percent of rural counties are majority people of color



Source: <https://www.brookings.edu/blog/the-avenue/2021/09/28/mapping-rural-americas-diversity-and-demographic-change/>

Issues in Rural Health Equity

Rural Diversity

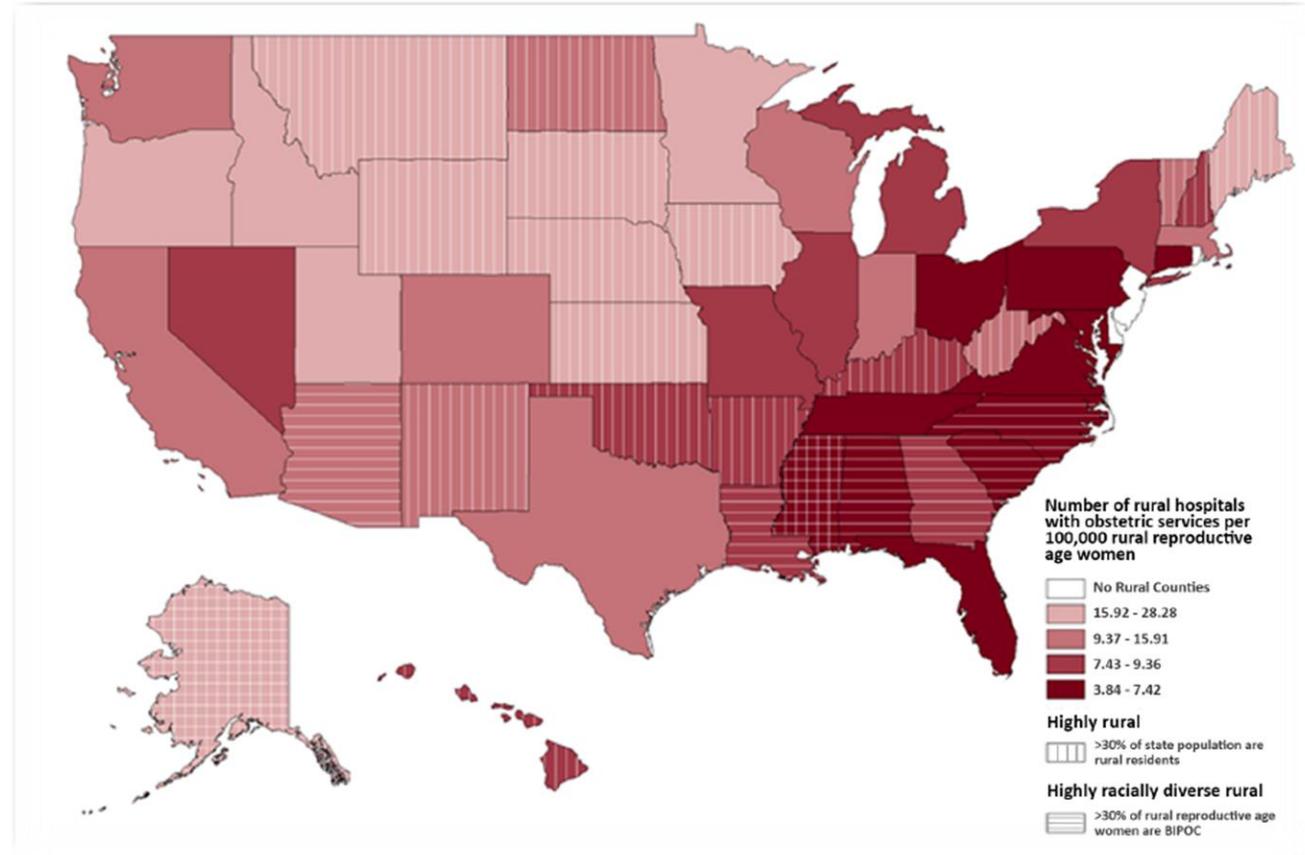


- Racial and ethnic diversity is increasing in rural America
- In 2017, there were 10 million rural residents who identified as Black, Hispanic, American Indian/Alaska Native (AI/AN), Asian American/Pacific Islander (AA/PI), or mixed race
- 1 in 5 rural residents belongs to one or more of these groups
- 40% of AI/AN live in non-metro areas

Issues in Rural Health Equity

Access to Hospital-based OB Services in Highly Rural and Racially Diverse States, 2018

- 56% of rural counties lack hospital-based OB services
- Loss of hospital-based OB services is most prominent in rural communities:
 - With a high proportion of Black residents
 - Where a majority of residents are Black or Indigenous have elevated rates of premature death



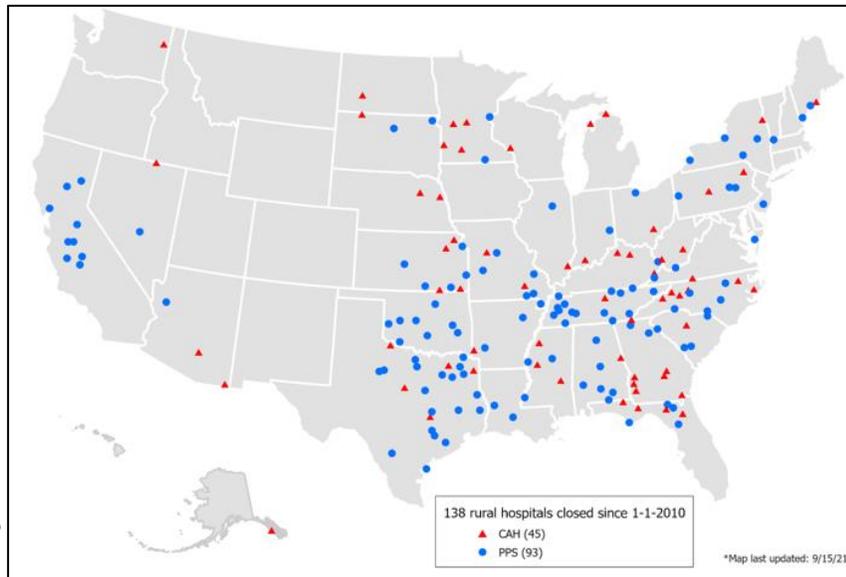
Issues in Rural Health Equity

Rural Hospital Closures and Financial Stress

Rural Hospital Closures

- **138** rural hospital closures from 1/1/2010-9/15/21¹
- Complete rural hospital closures served markets with a **higher proportion of non-White residents (33% vs. 17%)** compared to converted rural hospital closures²

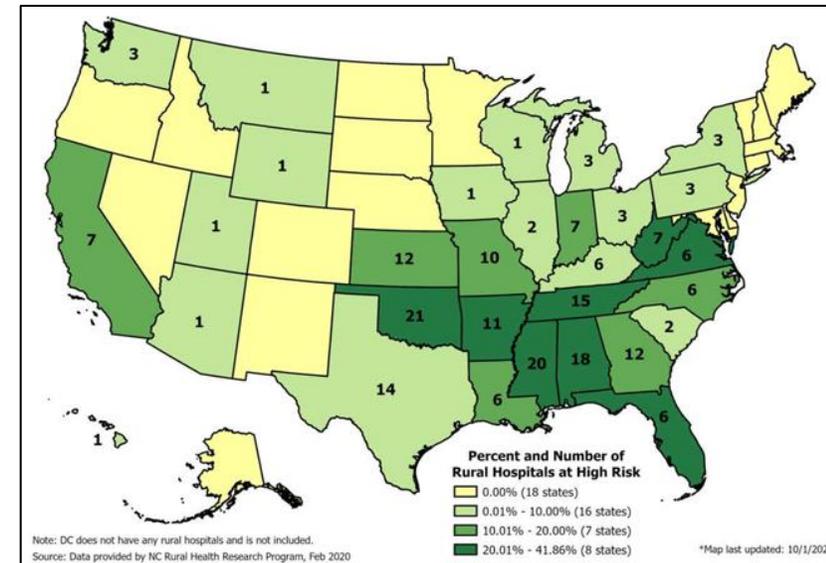
Rural Hospital Closures by Payment Type 2010-2021



Rural Hospital Financial Distress

- **210** rural hospitals predicted to be at high risk of financial distress in 2020³
- Communities with rural hospitals predicted to be at high risk of financial have a **higher percentage of non-White (18.8% vs 9.7%)** and **Black residents (5.2% vs 1.5%)** in particular⁴

Number and Percent of Rural Hospitals at High Risk of Financial Distress in 2020

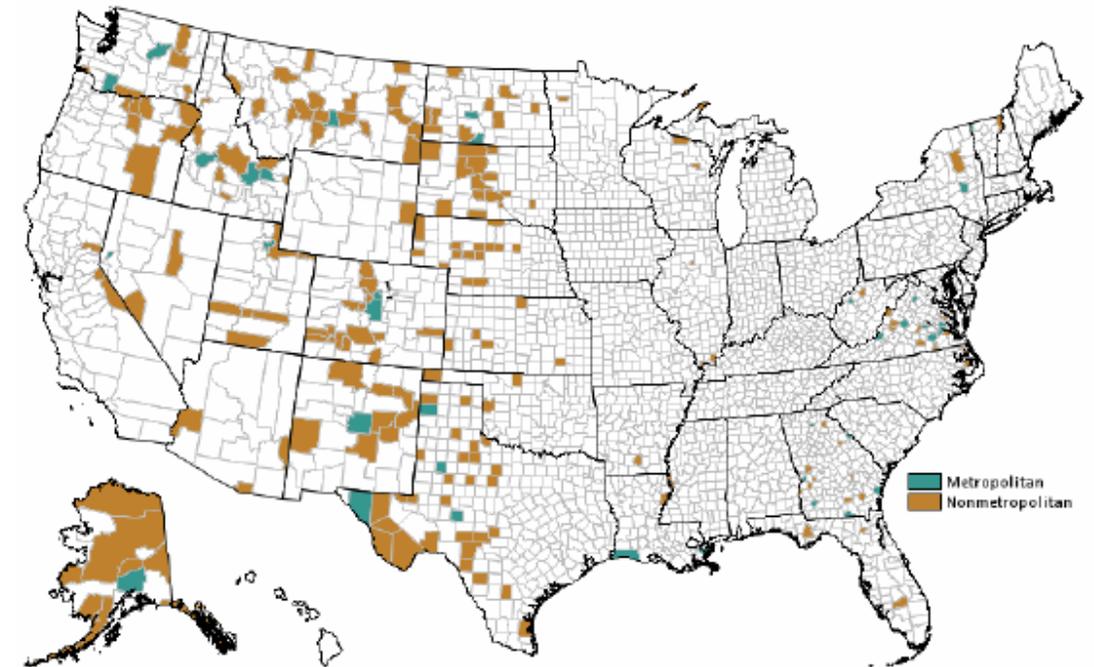


Issues in Rural Health Equity

Trends in Nursing Home Closures

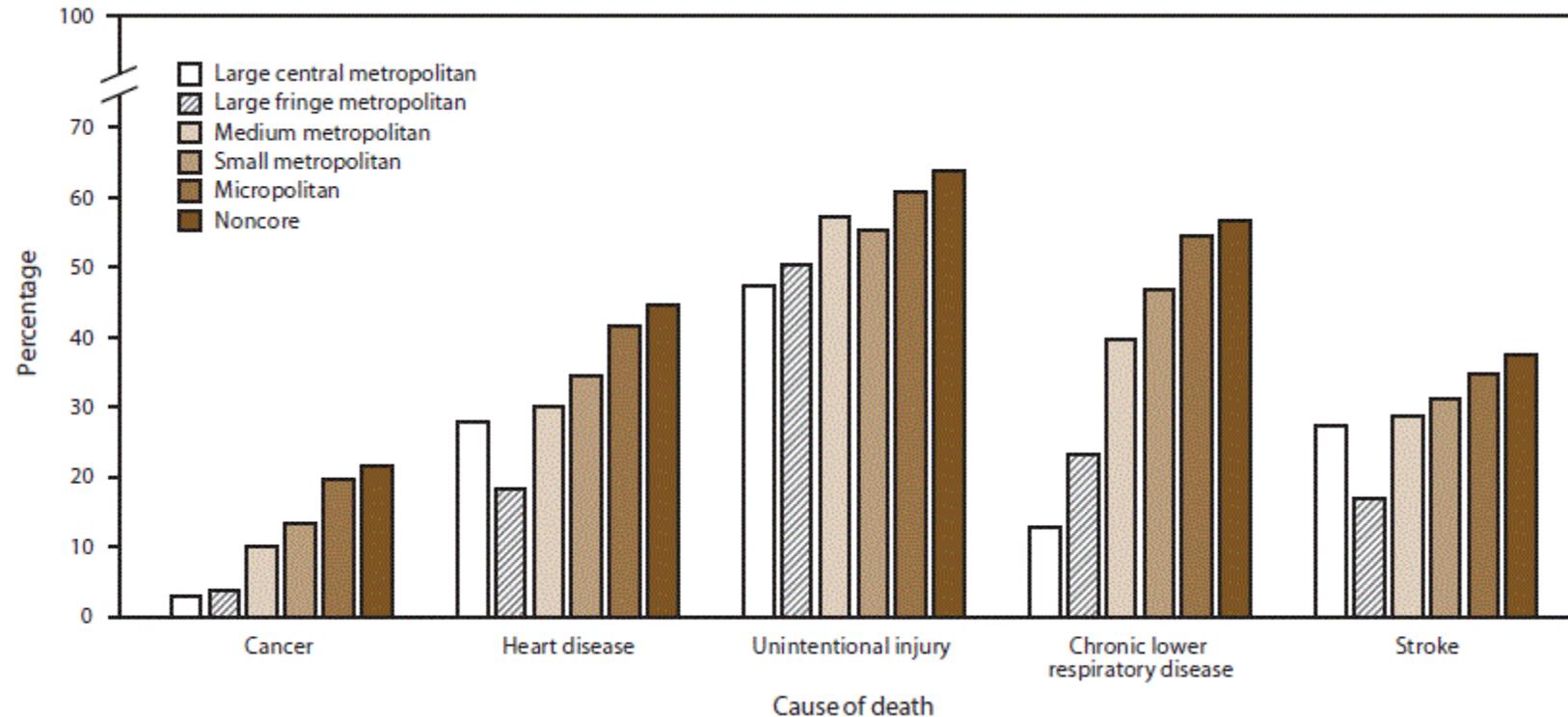
- 10% of rural counties are nursing home deserts
- From 2008-2018 400 rural counties experienced at least 1 nursing home closure
- Rural counties with no nursing homes had a high proportion of:
 - White residents
 - Hispanic residents
 - Lower house income
 - Higher percentage of residents below poverty level

Nursing Home Desert Counties, 2018



Rural Disparities in the Five Leading Causes of Death

Avoidable or Excess Death



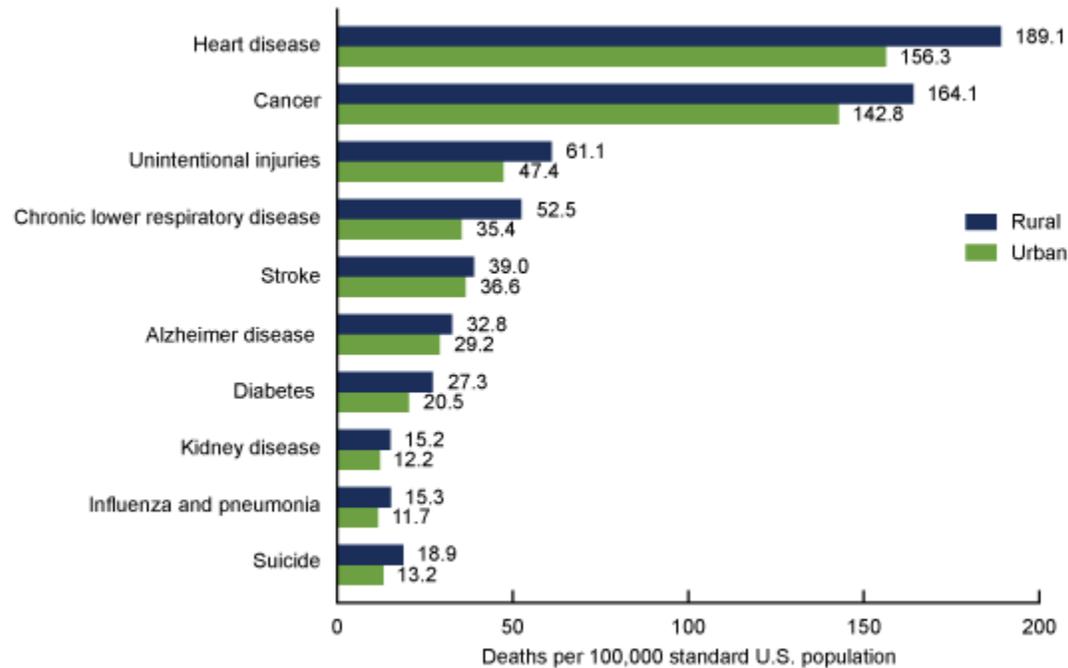
- Percentage of deaths that were potentially excess* among persons aged <80 years from the five leading causes of death by urban-rural county classification by the National Vital Statistics System, United States, 2017

* Potentially excess deaths are defined as deaths among persons < 80 years in excess of the number that would be expected if the death rates for each cause in all states were equivalent to those in the benchmark states (i.e., the three states with the lowest rates).



Rural Health Disparities

Continuing Declines in Mortality



Source: National Center for Health Statistics, National Vital Statistics System, Mortality.

“ ... starting in 1990, rural counties have significantly lower predicted mortality than urban counties when given identical county characteristics. We find changes in the effect of characteristics on mortality, not the characteristics themselves, drive the growing mortality divide.”

Decomposing Mortality Disparities in Urban and Rural U.S. Counties

Jennifer C. Spencer, Stephanie B. Wheeler, Jason S. Rotter, and George M. Holmes

Objective. To understand the role of county characteristics in the growing divide between rural and urban mortality from 1980 to 2010.

Data Source. Age-adjusted mortality rates for all U.S. counties from 1980 to 2010 were obtained from the CDC Compressed Mortality File and combined with county characteristics from the U.S. Census Bureau, the Area Health Resources File, and the Inter-University Consortium for Political and Social research.

Study Design. We used Oaxaca-Blinder decomposition to assess the extent to which rural-urban mortality disparities are explained by observed county characteristics at each decade.

Principal Findings. Decomposition shows that, at each decade, differences in rural/urban characteristics are sufficient to explain differences in mortality. Furthermore, starting in 1990, rural counties have significantly lower predicted mortality than urban counties when given identical county characteristics. We find changes in the effect of characteristics on mortality, not the characteristics themselves, drive the growing mortality divide.

Conclusions. Differences in economic and demographic characteristics between rural and urban counties largely explain the differences in age-adjusted mortality in any given year. Over time, the role these characteristics play in improving mortality has increased differentially for urban counties. As characteristics continue changing in importance as determinants of health, this divide may continue to widen.

Key Words. Econometrics, determinants of health, population health, socioeconomic causes of health, geographic/spatial factors, small area variations, rural health

Life expectancy in the United States has markedly improved over the past 30 years; the average lifespan has increased from 1980 to 2010 by 3 years for women and 6 years for men (Wang et al. 2012). Researchers often attribute these improvements to a number of factors, including advances in the treatment of heart disease and stroke, reductions in smoking and motor vehicle

Source: HSR: Health Services Research
53:6, Part I (December 2018)

RMOMS Program Focus Areas and Goals



Focus Areas	Program Goals
Rural Hospital Obstetric Service Aggregation	Develop Sustainable Maternal & Obstetrics Network in Rural Areas
Network Approach to Coordinating a Continuum of Care	Increase Access and Delivery of Maternal & Obstetric Services
Leveraging Telehealth and Specialty Care	Improve maternal and neonatal outcomes
Financial Sustainability	Develop sustainable financial models to support rural networks

Testing New Models of Maternity & Obstetrics Care

Rural Maternity and Obstetrics Management Strategies (RMOMS) Program

Rural Maternity and Obstetrics Management Strategies (RMOMS) Program

Now Accepting Applications

Visit [Grants.gov](https://www.grants.gov) to review the [current RMOMS Notice of Funding Opportunity](#).
 Apply by June 4, 2021.
[Join our webinar](#) for applicants on April 22, 2021, at 2pm ET
 Call-In Number: 1-833-568-8864
 Participant Code: 91092458
 We will post the webinar recording here for those who cannot attend.

The statistics on rural maternal health are eye-opening:
 More than half of all rural U.S. counties lack hospital obstetric services.¹ Closures are more common in small hospitals and communities with a limited obstetric workforce.² Maternal mortality and morbidity are rising.^{3,4}
 Large racial and ethnic disparities in pregnancy-related mortality persist. They are two to three times higher for African American and American Indian/Alaskan Native women than White women.⁵
 To address these problems, HRSA created the [RMOMS program](#).

What does the RMOMS program do?

RMOMS improves maternal care in rural communities by:

- Collecting data on rural hospital obstetric services;
- Building networks to coordinate continuum of care;
- Leveraging telehealth and specialty care; and
- Improving financial sustainability.

RMOMS aligns with important government-wide initiatives, including the [HHS Rural Action Plan](#) (PDF - 635 KB).

This program will allow awardees to test models in order to address unmet needs for their target population. This includes populations who may have suffered from poorer health outcomes, health disparities and other inequities.



POLICY BRIEF
 November 2019

UNIVERSITY OF MINNESOTA RURAL HEALTH RESEARCH CENTER

Severe Maternal Morbidity and Hospital Transfer Among Rural Residents

Katy Kozhimannil, PhD, MPA
 Julia D. Interrante, MPH
 Alexandria Kristensen-Carlson, PhD
 Carrie Henning-Smith, PhD
 Regan Theiler, MD, PhD

Purpose

Key Findings

- Overall, 3.0% of rural urban residents were transferred to another hospital for delivery, 2.0% transferred to a hospital with a higher cesarean birth rate, 0.9% transferred to a hospital with a higher perinatal mortality rate, and 0.1% transferred to a hospital with a higher neonatal mortality rate.
- Nearly 3/4 (74.2%) of rural residents with severe maternal morbidity were transferred after delivery at rural hospitals; this represents 750 rural residents annually.
- Hospital transfer is rare; almost all rural residents with severe maternal morbidity and mortality (SMMM) (91.8%) were delivered at rural hospitals; this represents 1,000 rural residents annually.
- More than 3/4 (84.1%) of rural residents with SMMM who are transferred after delivery delivered their infants at rural hospitals; this represents 30 rural residents annually (weighted N = 145 annually).
- More than 2/3 (68.7%) of rural residents with SMMM who are not transferred delivered their infants at rural hospitals; this represents approximately 1,000 rural residents annually (weighted N = 5,000 annually).

rhrc.umn.edu

INFOGRAPHIC

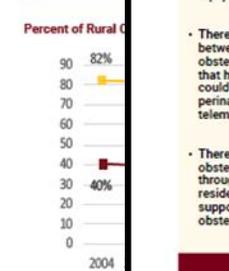
July 2020

Loss of Hospital Obstetric Services in Rural Counties

Katy B. Kozhimannil, PhD, MPA
 Julia D. Interrante, MPH
 Mariana S. Tuttle, MPH

Key Findings

- Access to maternal care in rural counties continues to decline.
- The percent of counties with obstetric services declined significantly from 2004 to 2017.
- Rural noncore counties are more likely to have hospital obstetric services than rural micropolitan areas.



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RESEARCH ARTICLE **RURAL HEALTH**

HEALTH AFFAIRS > VOL. 38, NO. 12: RURAL HEALTH

Rural-Urban Differences In Severe Maternal Morbidity And Mortality In The US, 2007–15

Katy Backes Kozhimannil, Julia D. Interrante, Carrie Henning-Smith, and Lindsay K. Admon

es in out-of-hospital births, births in hospitals without obstetric units, and preterm birth rates.⁴ Hospital obstetric units that closed tended to be smaller in size and

Home » American Journal of Public Health (AJPH) » September 2020

Characteristics of US Rural Hospitals by Obstetric Service Availability, 2017

Katy B. Kozhimannil PhD, MPA, Julia D. Interrante MPH, Mariana S. Tuttle MPH, Carrie Henning-Smith PhD, MSW, MPH, and Lindsay Admon MD, MSC

[*] Author affiliations, information, and correspondence details

Accepted: March 29, 2020 Published Online: August 12, 2020

and retention top the concerns listed by rural obstetric unit administrators.⁵ These factors make local childbirth less accessible for rural residents, yet there are challenges related to travel-

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Support for this study was provided by the Federal Office of Rural Health Policy, Health Resources and Services Administration, Cooperative Agreement U1CRH05717-13-00. The information, conclusions, and opinions expressed are those of the authors and no endorsement by FORT, HRSA, or HHS is intended or should be inferred.

New Rural Health Research Center Cohort



FORHP Weekly Announcements

- Rural-focused Funding Opportunities
- Policy and Regulatory Developments Affecting Rural Providers and Communities
- Rural Research findings
- Policy updates from a Rural Perspective

To sign up: Email Michelle Daniels at mdaniels@hrsa.gov



Announcements from the Federal Office of Rural Health Policy

July 1, 2021

What's New

HRSA Payment Program for Buprenorphine-Trained Clinicians. Yesterday, the Health Resources and Services Administration (HRSA) launched an effort to improve access to substance use disorder treatment by paying for clinicians who are cleared to prescribe buprenorphine, [a medication used to treat opioid use disorder](#). Clinicians working in Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) who have [the waiver necessary to prescribe buprenorphine](#) may be eligible to receive this payment through their employer. Beginning June 30, 2021, FQHCs and RHCs may [apply through HRSA's Electronic Handbook](#) (EHB), the agency's online system for managing grants. HRSA will pay \$3,000 for each eligible provider submitted on the application. Existing HRSA grantees should already have an EHB account; for those organizations that are not a grantee, **instructions for creating a new EHB account** can be found under "How to Apply" in the headline link above. There is no deadline to apply, but available funds are limited and will be paid on a first-come, first-served basis. The SUPPORT Act made \$6 million available to FQHCs and \$2 million available to RHCs under this program. HRSA will accept applications and process payments until all available funds are exhausted. For any additional questions about this program, please contact Data2000WaiverPayments@hrsa.gov.

HHS Encourages Enrollment in Marketplace Health Insurance Coverage. As part of the Rural Week of Action, the U.S. Department of Health & Human Services (HHS) is encouraging [qualified individuals and families](#) to enroll in or change Health Insurance Marketplace plans through August 15, 2021 with the 2021 Special Enrollment Period for COVID-19 Public Health Emergency. More people may [qualify for Marketplace savings](#) that will lower the cost of premiums. It is estimated that [65 percent of uninsured rural adults could have access to a](#) Marketplace plan. [More people may qualify for Marketplace savings that will lower the cost of](#) premiums. [It is estimated that 65 percent of uninsured rural adults could have access to a](#) Marketplace plan. [More people may qualify for Marketplace savings that will lower the cost of](#) premiums. [It is estimated that 65 percent of uninsured rural adults could have access to a](#) Marketplace plan.



Connect with FORHP

Learn more about our agency at:

www.HRSA.gov



[Sign up for the HRSA eNews](#)

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Financial and Operating Trends of Rural FQHCs: 2017 - 2020

February 16, 2022



Allison Coleman

Chief Executive Officer

Capital Link

www.capl原因ink.org

Our Vision

Stronger health centers, actively building healthy communities

Our Mission

Capital Link works to strengthen community health centers—financially and operationally—in a rapidly changing marketplace. We help health centers:



Plan for
center sus
and g



Plan for health
center sustainability
and growth



Help health
centers access
capital



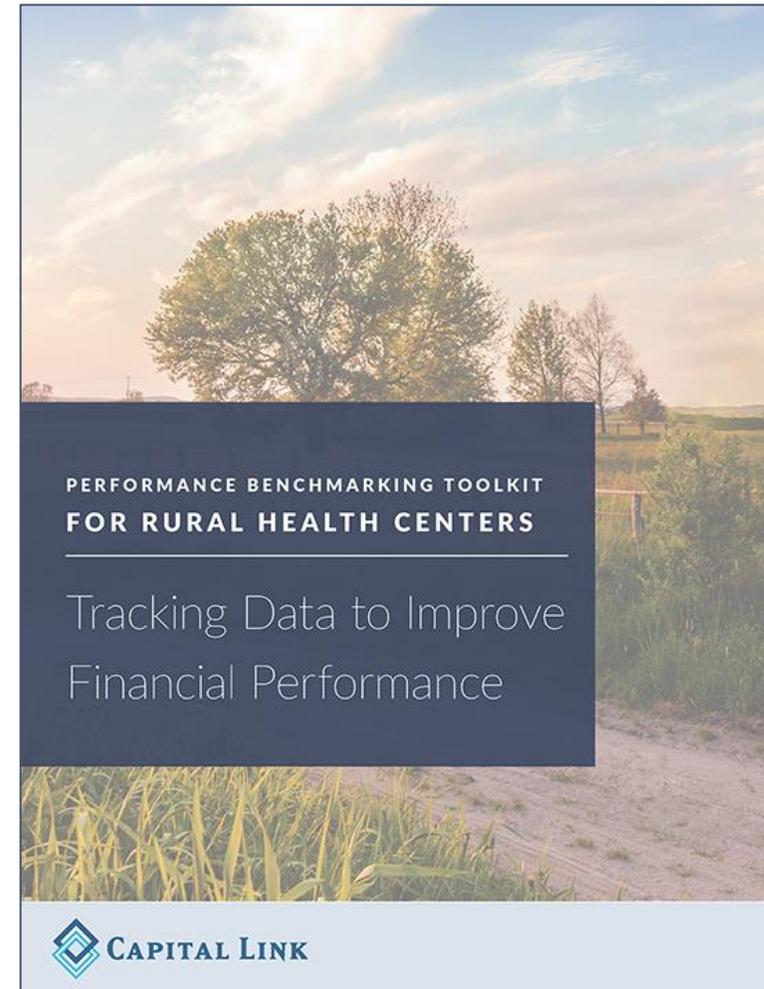
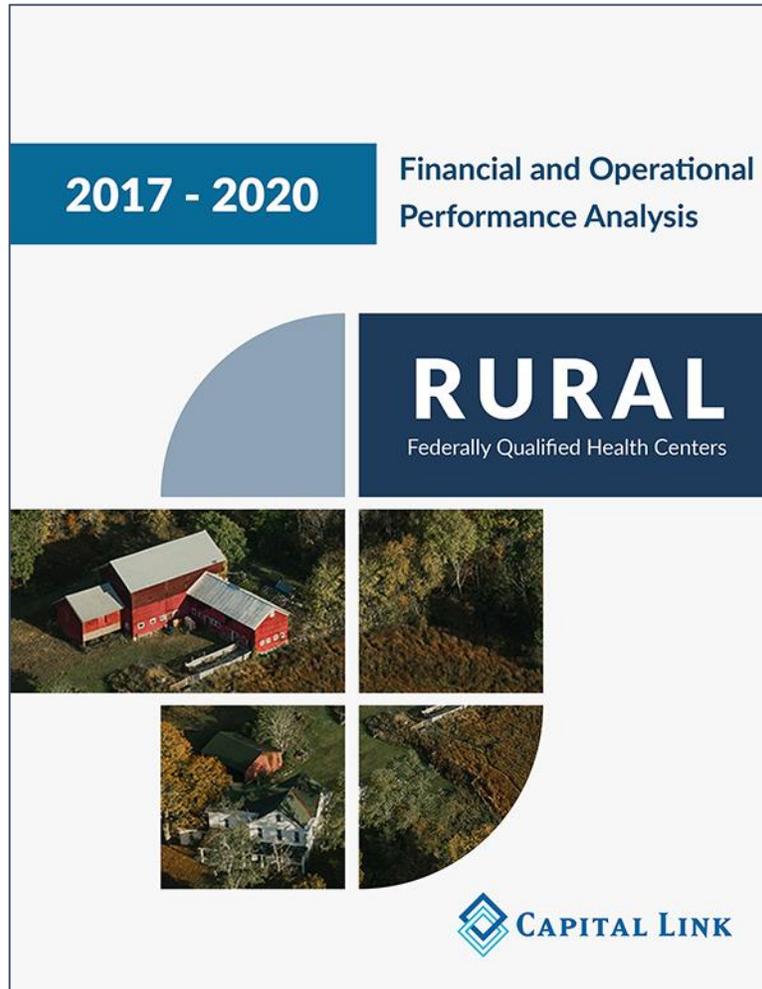
Improve and
optimize health
center operations and
financial management



Articulate health
center value

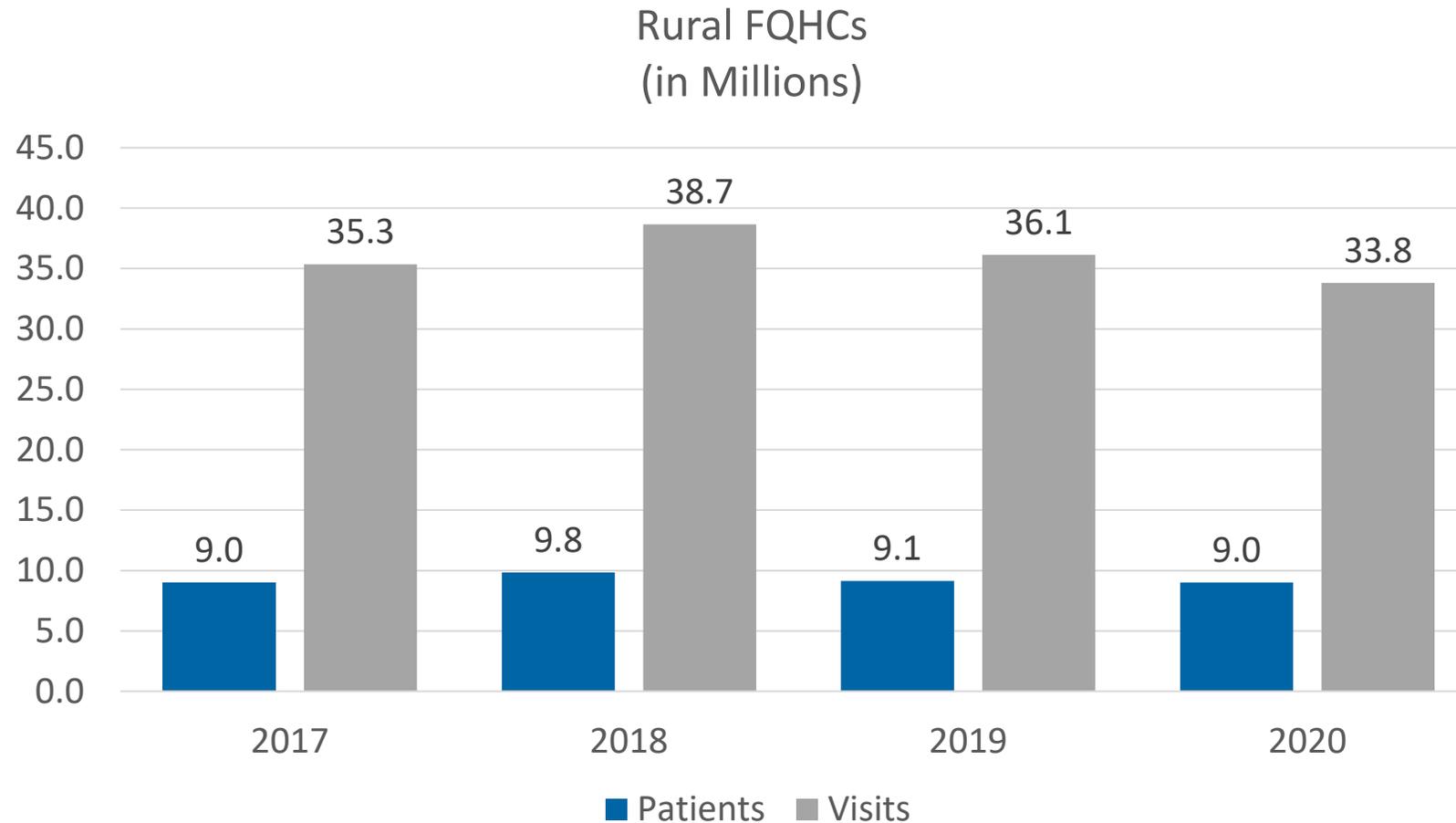


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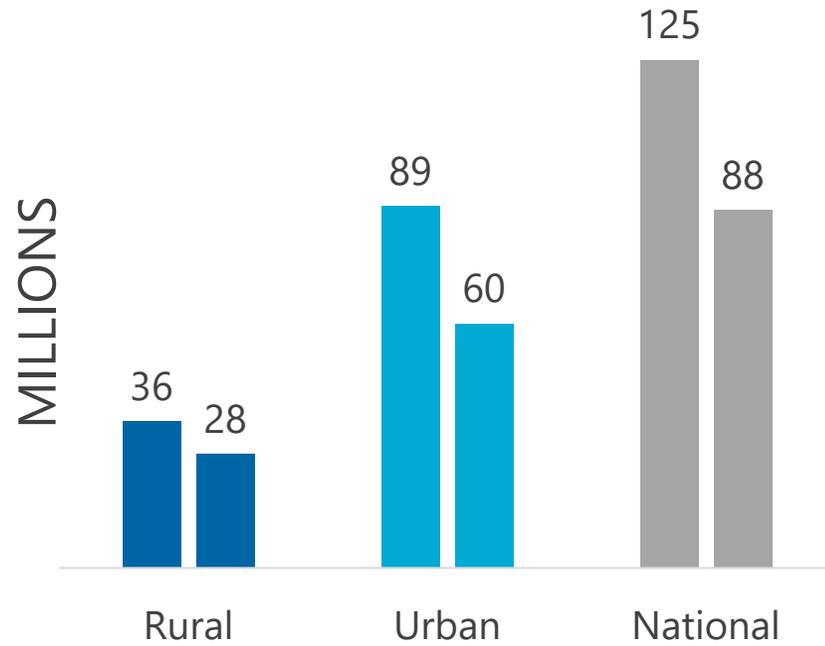


Download resources here: <https://www.caplink.org/rural-fqhcs>

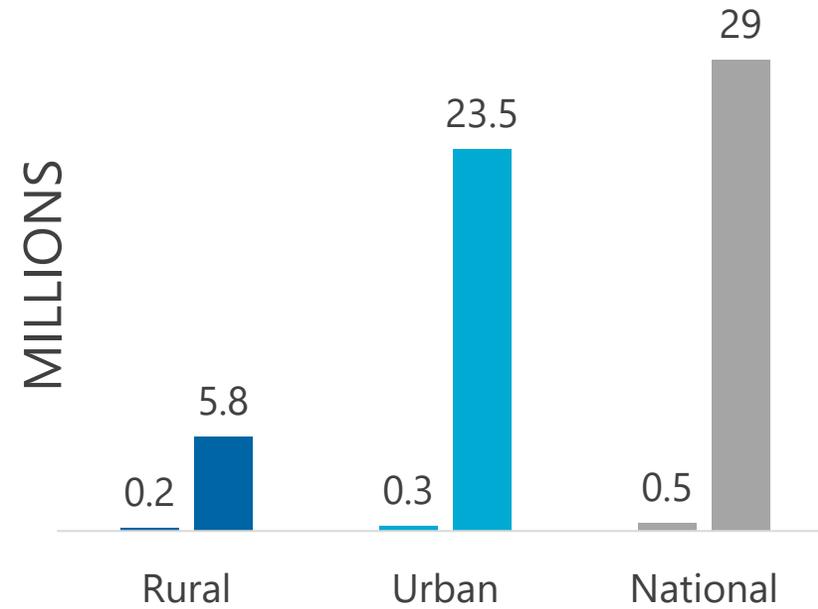
Rural FQHC Growth Trends

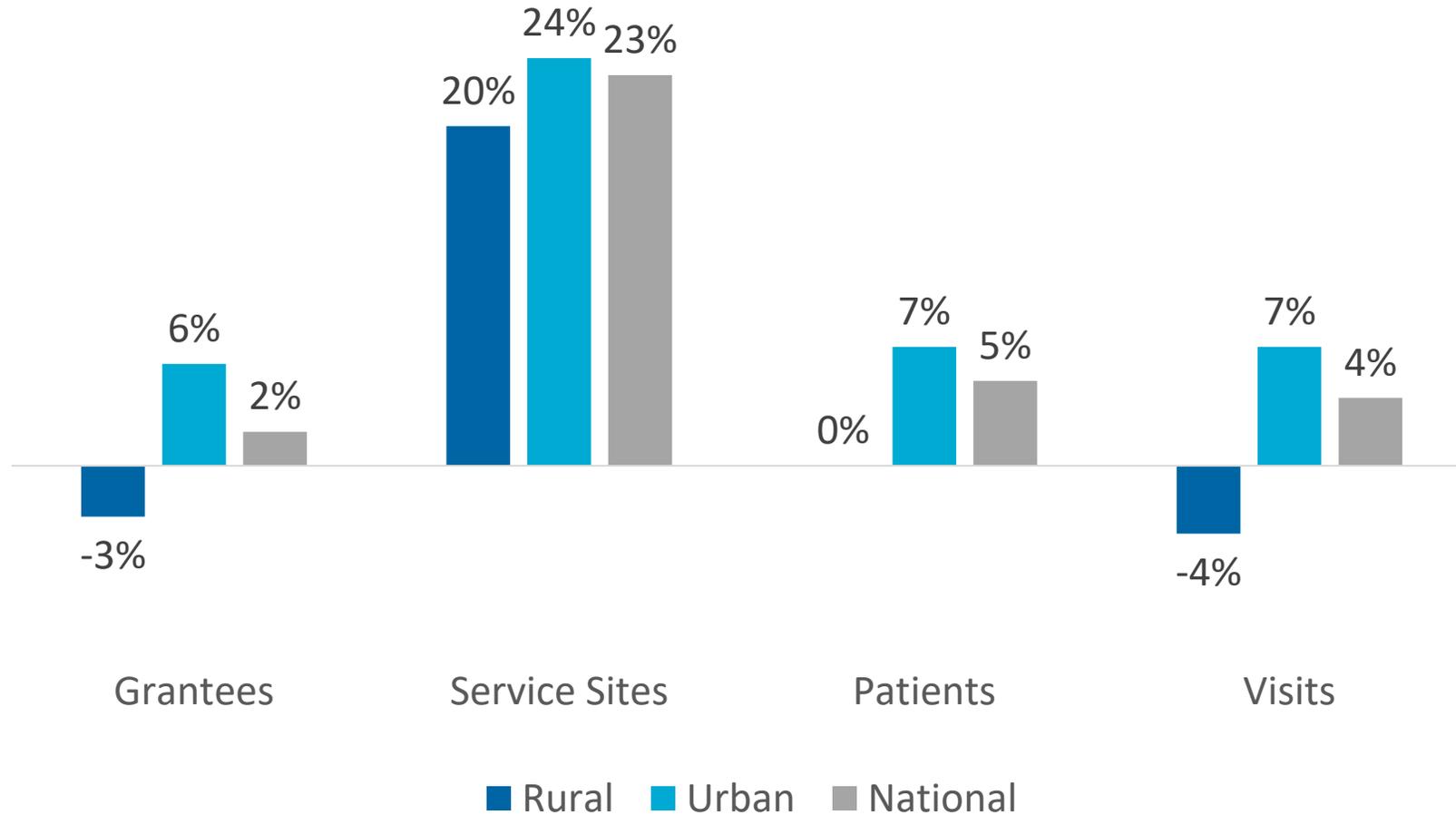


Clinic Visits 2019-2020



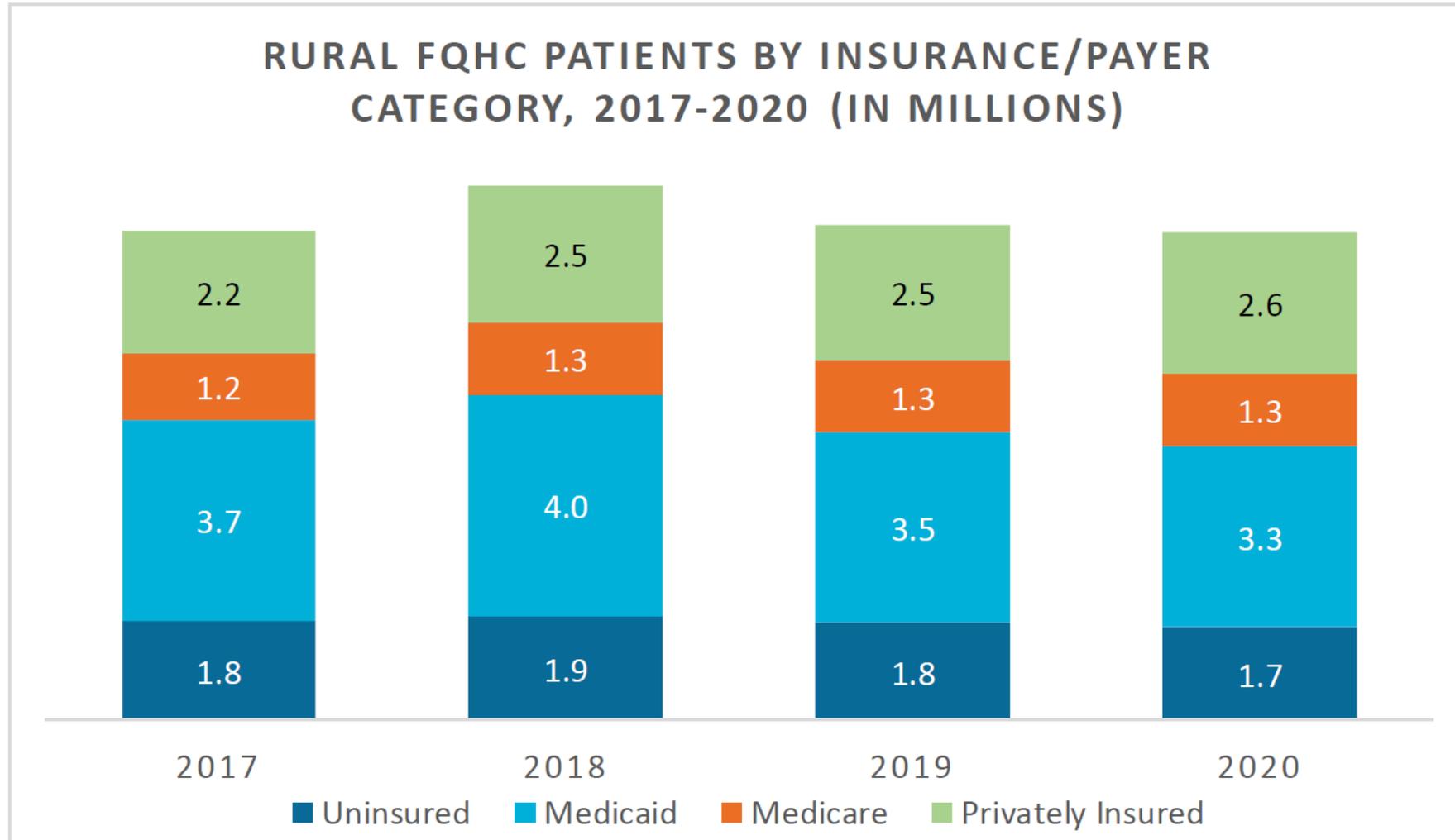
Telehealth Visits 2019-2020

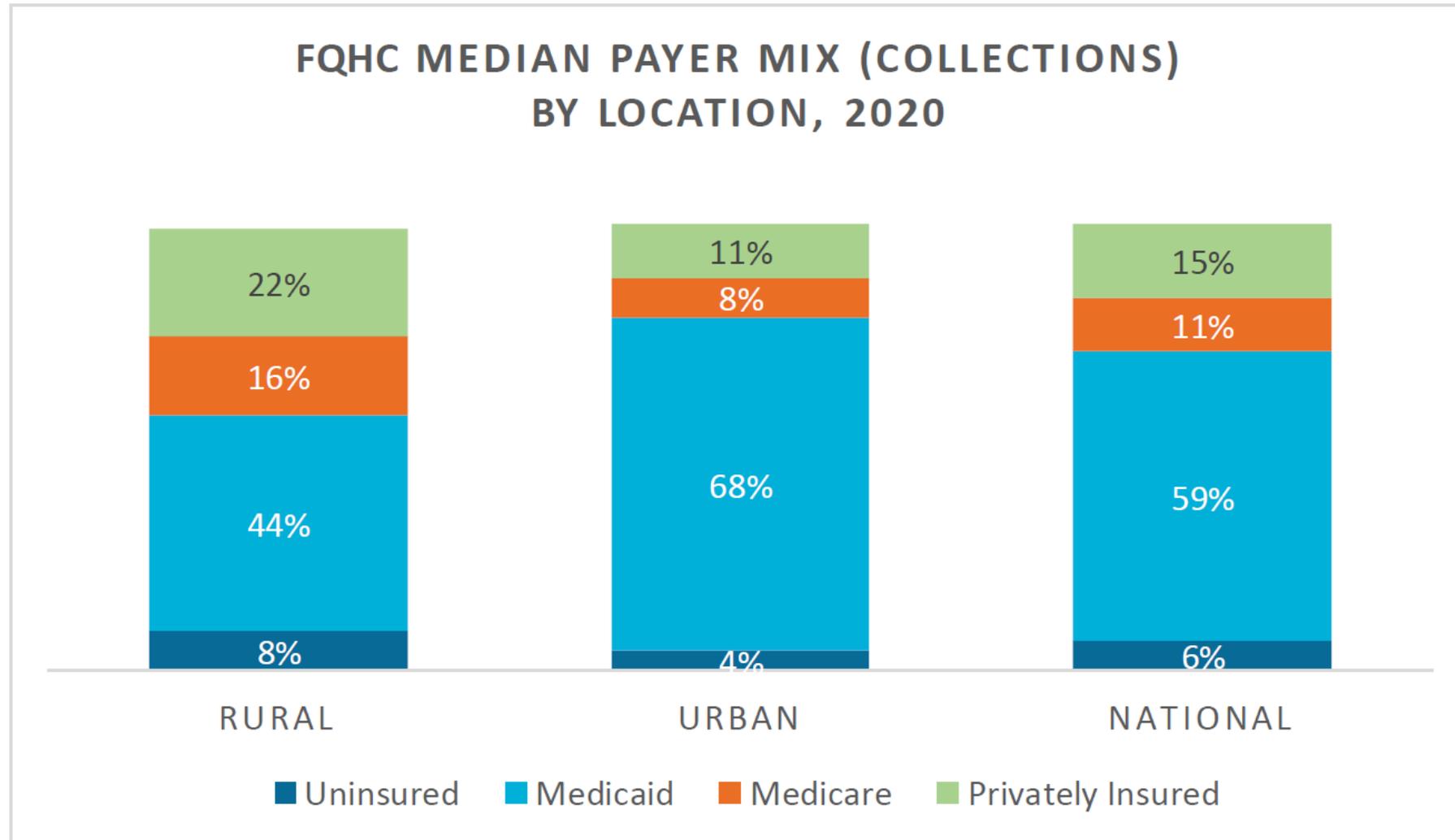




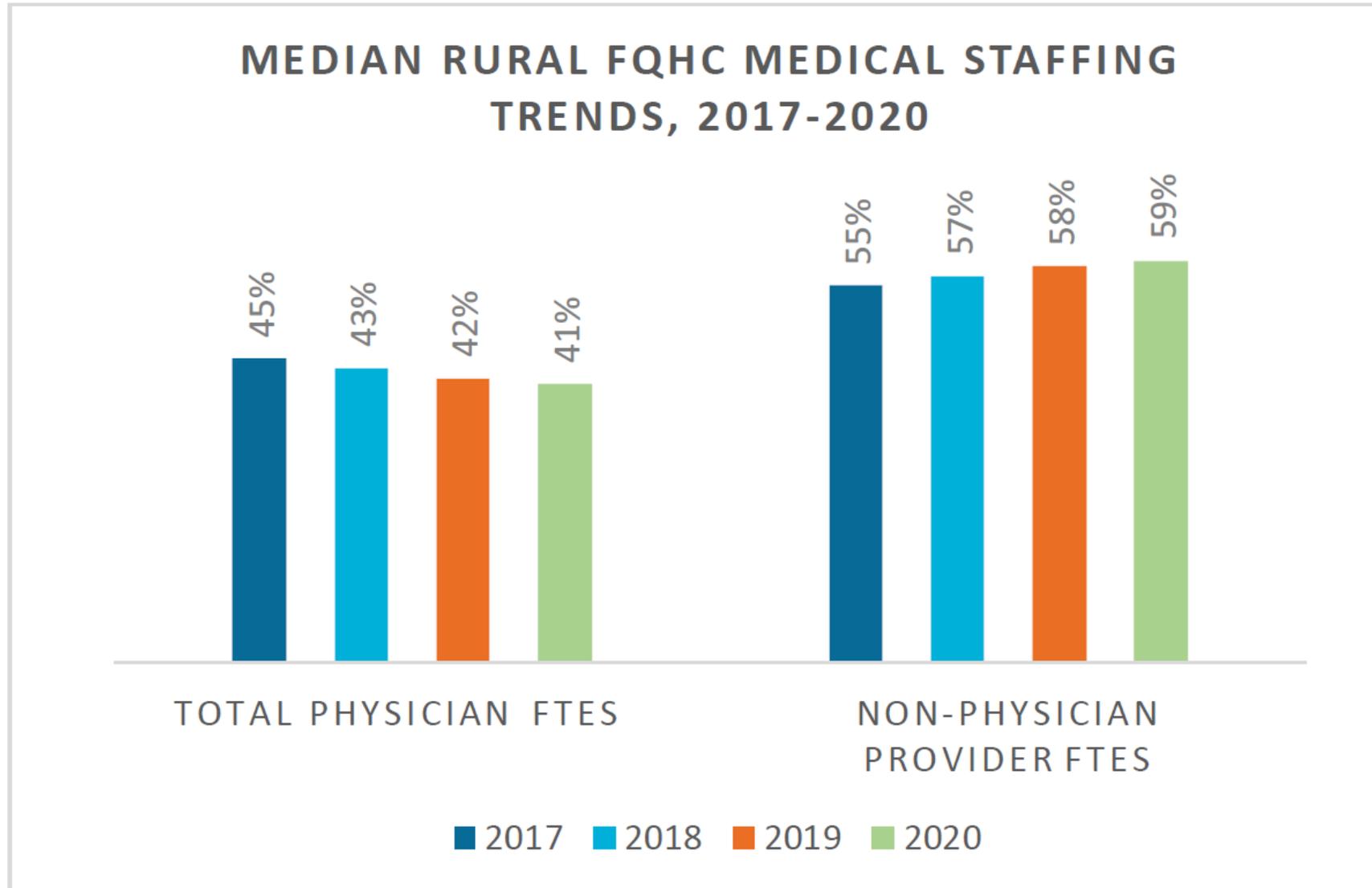
	2019	2020	
Operating Revenue	\$11.3 million	\$12 million	6%
Patients	9,665	9,233	-4%
Visits	37,032	33,794	-9%
FTEs	81	86	6%

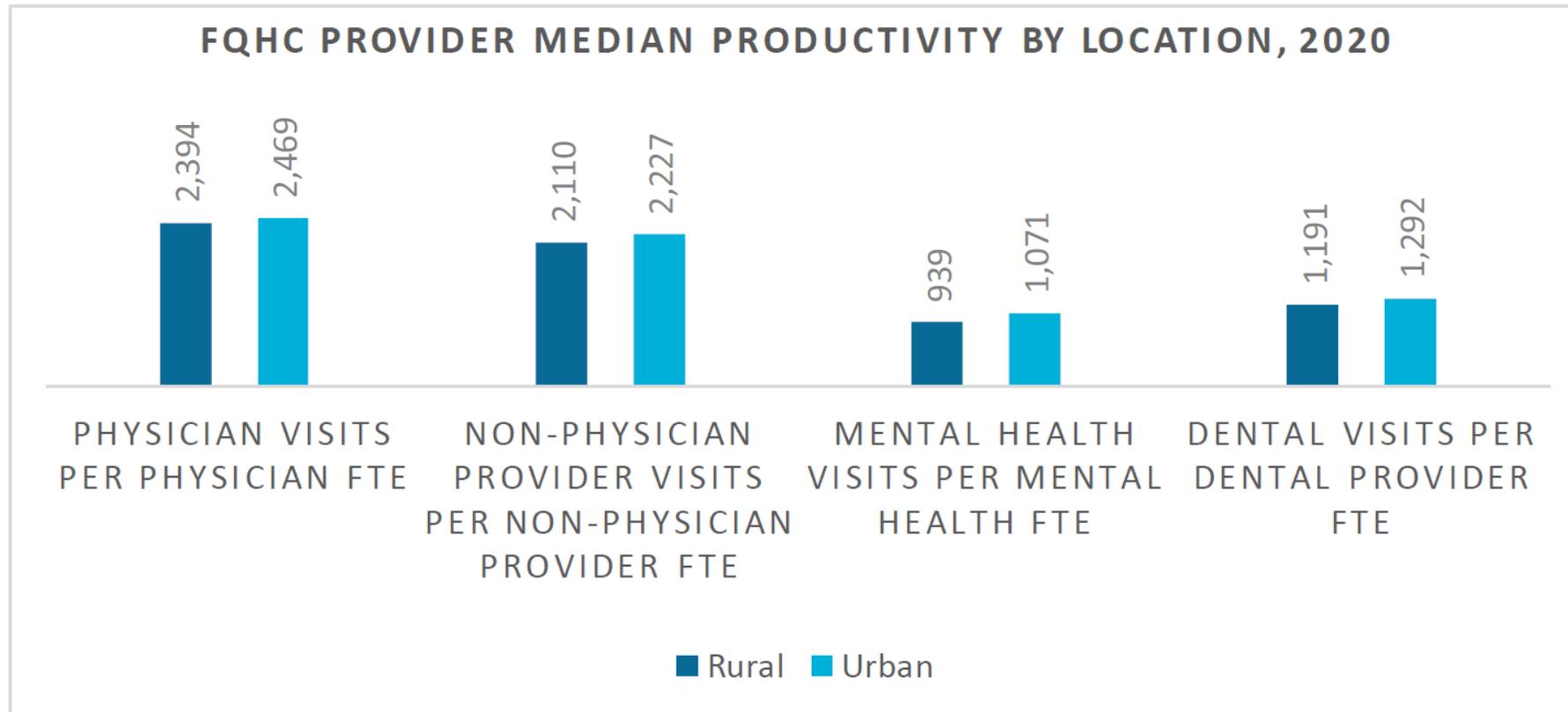
Patient and Payer Mix



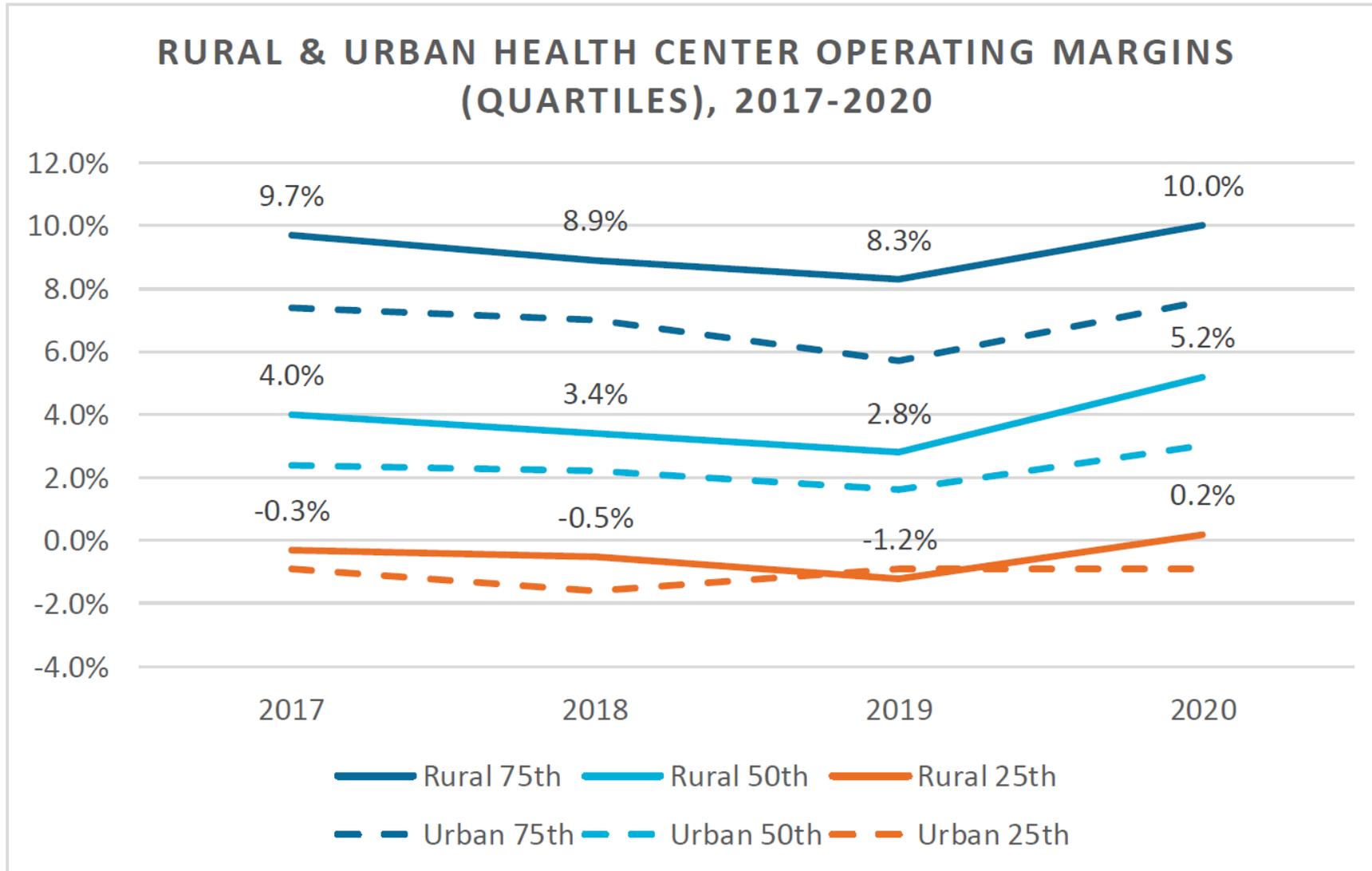


Staffing and Productivity

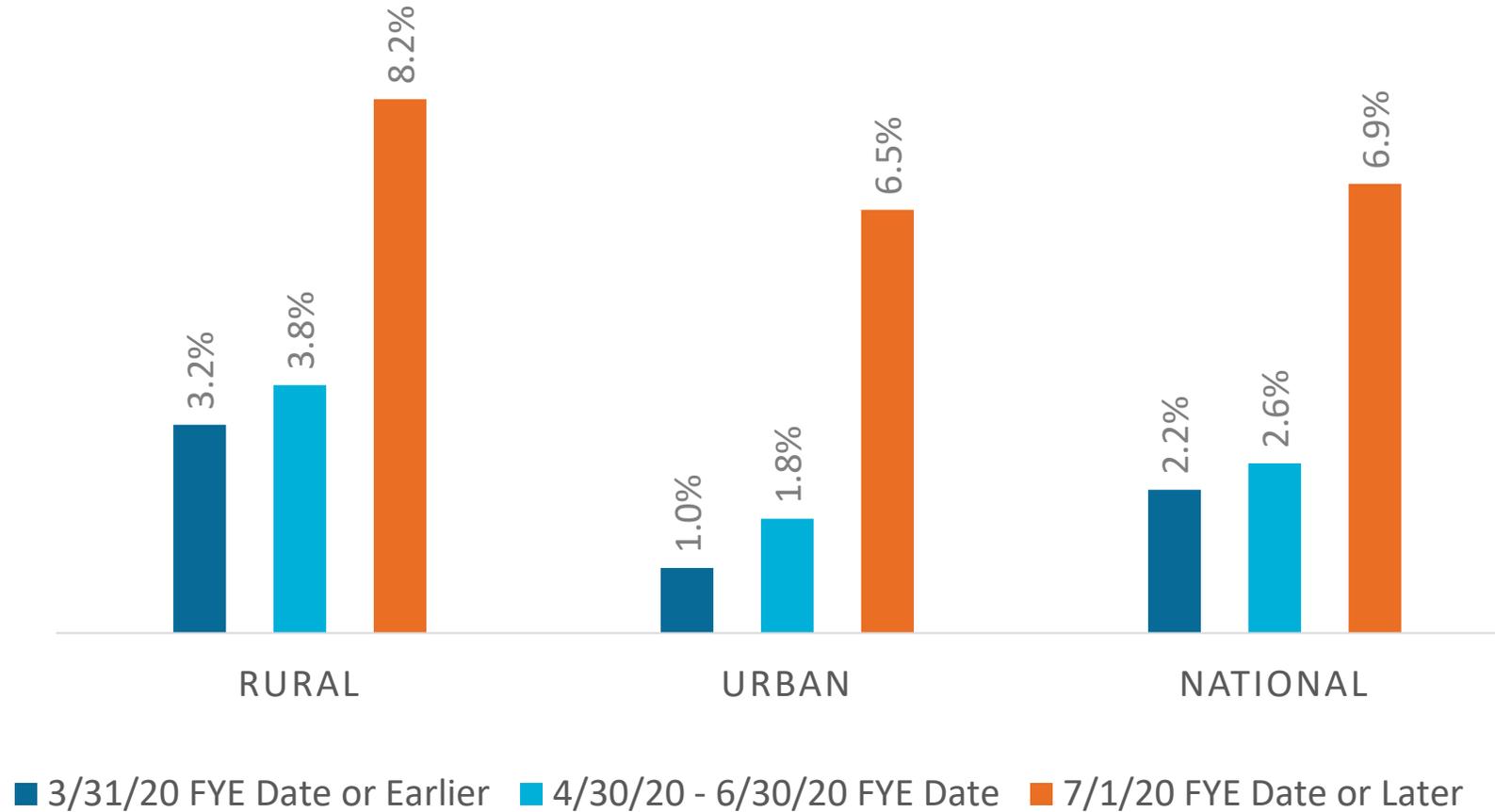




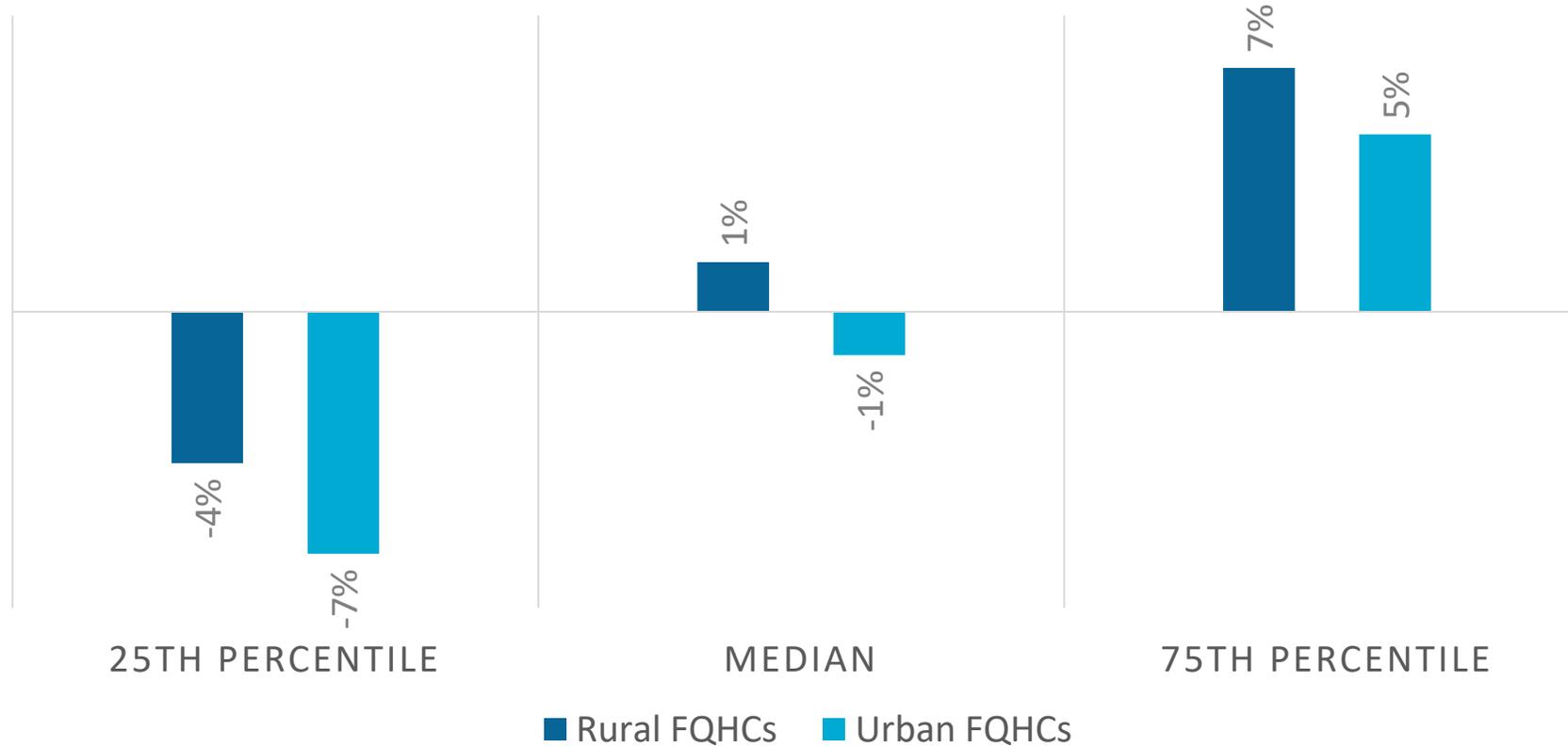
Financial Trends

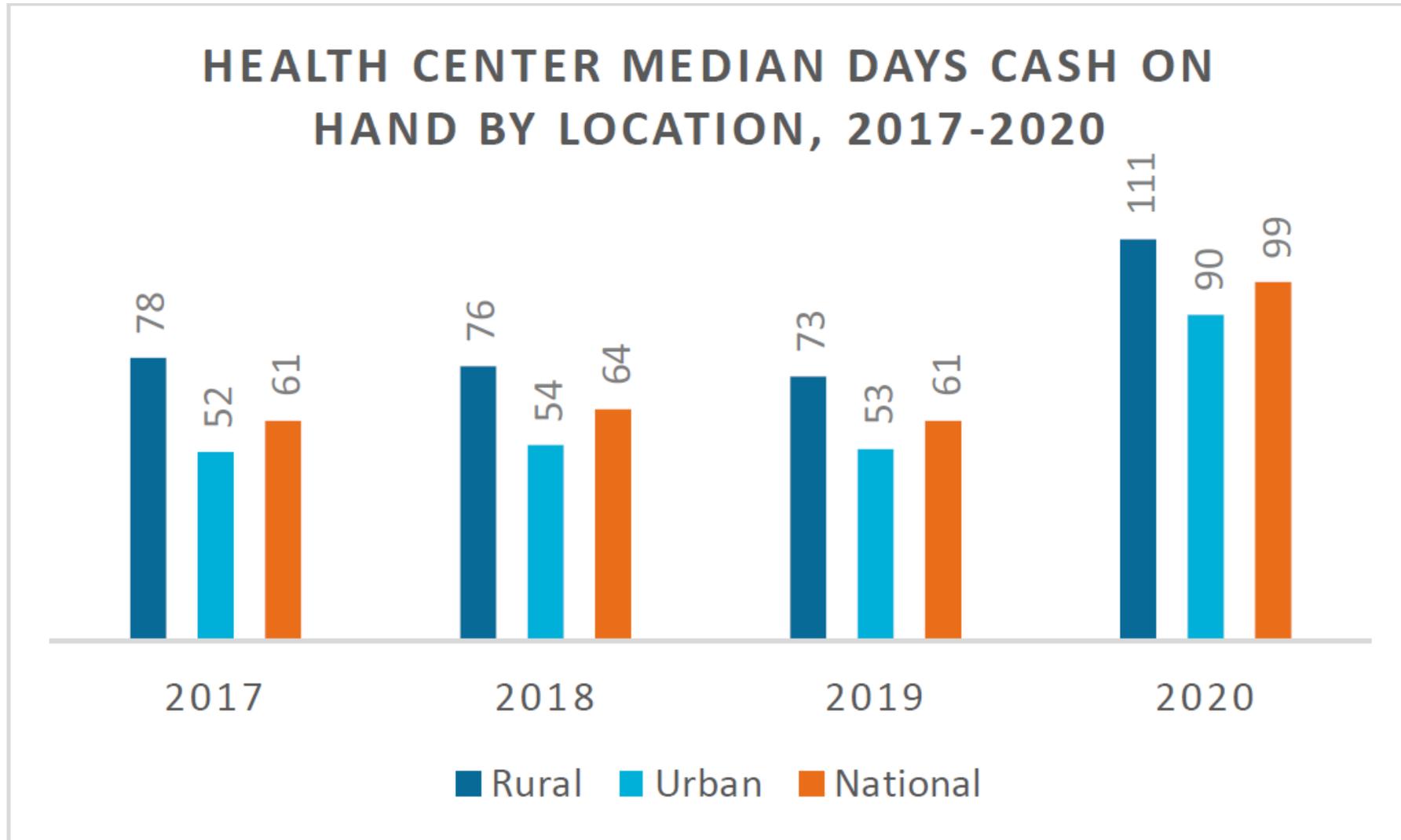


MEDIAN OPERATING MARGIN



2020 PROJECTED OPERATING MARGINS ABSENT INCREASES IN GRANT & CONTRACT FUNDING





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****Application Deadline – March 2, 2022, FREE Registration**** We recommend that each organization enroll at least two appropriate team members.

Webinar Schedule

March 9, 2022; 1-2:30 pm EST

The session will highlight current and emerging federal initiatives and funding opportunities at HRSA, USDA, FCC, and SBA; notable findings of Capital Link's recent report on Financial and Operational Trends of FQHCs serving rural America; and the landscape of available resources, including those housed on the Rural Health Hub (a FORHP-funded clearinghouse managed by University of North Dakota).

Session 1: Lay of the Land for Rural FQHCs

Session 2: FQHC Roles and Opportunities in Connection with Rural Hospital Financial Challenges

April 6, 2022; 1-2:30 pm EST

This session will provide a context for considering how FQHCs can play a critical role in evolving health systems in rural communities. We will focus on best practices, strategies, and lessons learned and discuss a recent Capital Link case study of a rurally-located health center's experience related to a hospital closure.

Session 3: Enhancing Rural Health Access through Telehealth

May 4, 2022, 1-2:30 pm EST

This session will review challenges and opportunities related to telehealth in rural areas. It will provide fresh status update on broadband (USDA or access, as well as CMS and state reimbursement and flexibilities. We will consider NACHC's State Affairs Telehealth State Guide as a resource and other available telehealth resources. During the session, we will also provide examples of innovative ways health centers are utilizing telehealth and engagement with patients and conduct a group discussion on participants' experiences with telehealth thus far.

Session 4: Growth Planning & Capital Resources for Health Centers Serving Rural Communities

June 8, 2022, 1-2:30 pm EST

This session will pull together aspects of the three prior sessions to provide perspectives on planning and financing health center growth in rural communities. Aggregated financial and operational data of LC participants will be presented and discussed. We will offer key capital funding relevant for rural FQHCs, including USDA Community Facilities Program, NMTC and the HRSA Loan Guarantee Program—highlighting examples of centers that have obtaining these types of capital funding.

For details, contact Tony Skapinsky, Project Consultant, at tskapinsky@caplink.org or Brandon L. Jones, NACHC at bljones@nachc.org

Capital Link Publications (informational publications and fact sheets, toolkits and guides, and industry research reports):

<https://caplink.org/publications>

Capital Link Newsletter: <https://caplink.org/resources/newsletter>

Capital Link Blog: <https://caplink.org/blog>

Webinar Recordings: <https://caplink.org/resources/webinar-recordings>

Health Center Resources Clearinghouse:

<https://www.healthcenterinfo.org/>

COVID-19 Resources: <https://caplink.org/covid-19>

NACHC'S Rural Health Policy Priorities

February 16, 2022

Jared Perkins

Manager, Federal and State Policy

NACHC'S Rural Health Policy Priorities

1 Build Back Better Act

2 Health Care Workforce

3 Telehealth Expansion

4 Behavioral Health

5 State 340B

Build Back Better Act

- Building and Expanding Health Centers for the Future
- Training the Next Generation of Health Center Clinicians
- Improving the Affordable Care Act
- Strengthening the Safety Net
- Medicare Hearing Services
- Behavioral Health Investments



Health Care Workforce

Federal and State Policy Options

- Investing in Workforce Programs
 - National Health Service Corps (NHSC)
 - Teaching Health Center Graduate Medical Education (THCGME)
 - Nurse Corps Scholarship Program
- Redesigning Graduate Medical Education
- Implement Value-Based Payment for Team-based Care
- Expand List of Billable Providers
- Strengthen Federal Support for State-Based Workforce Expansion Efforts
- Community Health Center Workforce Well-Being



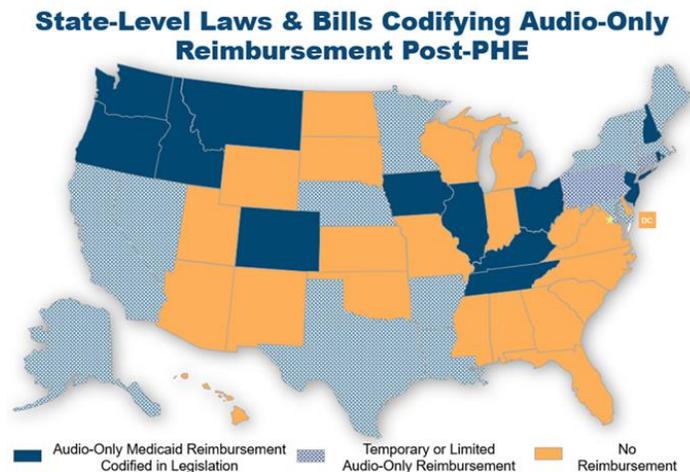
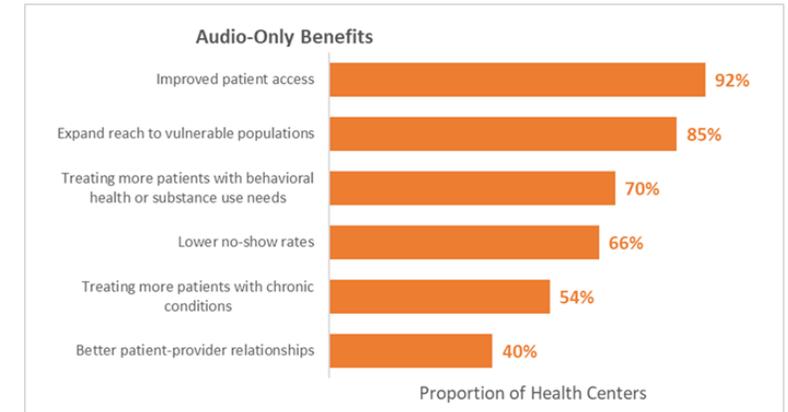
Telehealth Expansion: Federal Action

- 98% of health centers nationwide offered telehealth services
- Continuing Public Health Emergency (PHE) Telehealth Flexibilities
- NACHC Letter to Capitol Hill on Telehealth Flexibilities
 - CONNECT for Health Act (H.R. 2903/S. 1512)
 - Protecting Access to Post-COVID-19 Telehealth Act (H.R. 366)
 - The HEALTH Act (H.R. 4437)



Telehealth Expansion: Audio-Only

- 92% reported audio-only telehealth improved patient's access
- 7 in 10 health centers state that audio-only telehealth helped treat more patients with BH and SUD needs



- March/September 2020: “States have maximum flexibility to design their Medicaid telehealth program.” –CMS
- **December 6, 2021 – CMS Endorses Medicaid Audio-Only!!!**
 - *“This broad flexibility to cover Medicaid services delivered via telehealth, including via audio-only...will continue to be available to states after the end of the COVID-19 PHE.”*

Telehealth Expansion: Infrastructure



- Telehealth infrastructure issues can be a barrier to patients accessing care
- Ensure every community has access to broadband
- High costs with purchasing and maintaining telehealth equipment
- Grant funding to purchase equipment and other infrastructure changes

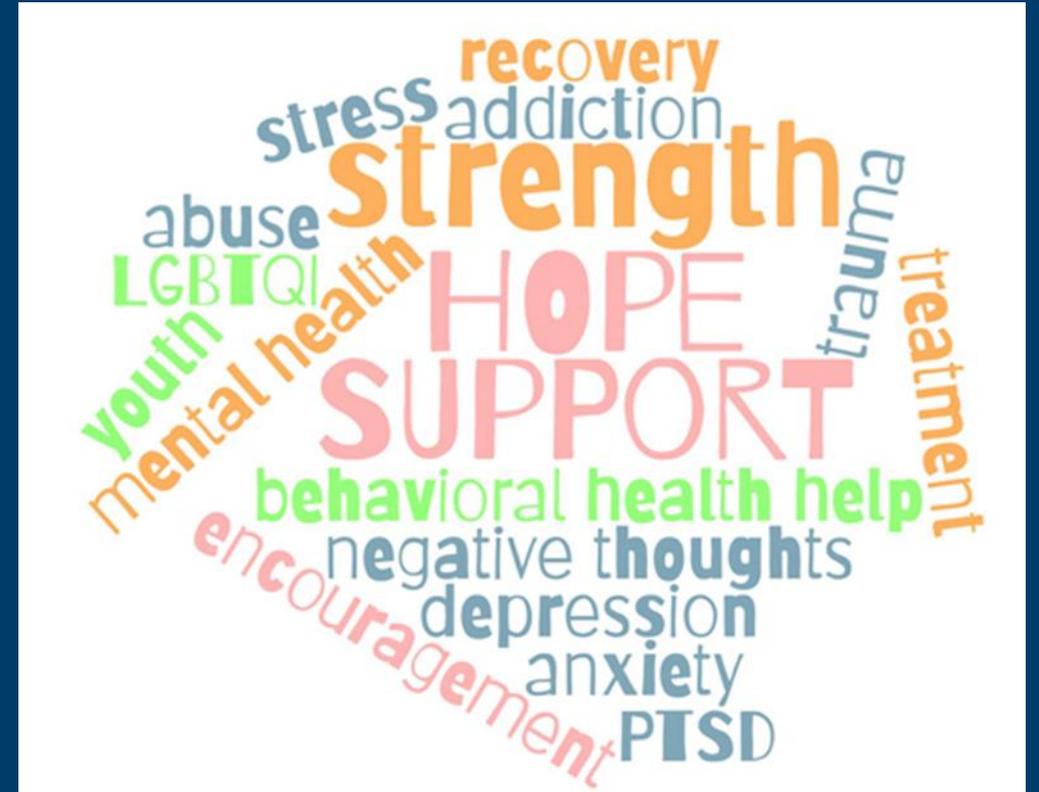
Behavioral Health: Workforce

- 99% of health centers provided care from a mental health professional
- Health centers treated the mental health needs of 2.5 million patients
- Broadening the types of practitioners eligible to provide mental health services
- Increasing the diversity in the behavioral health workforce
- Interstate counseling compacts



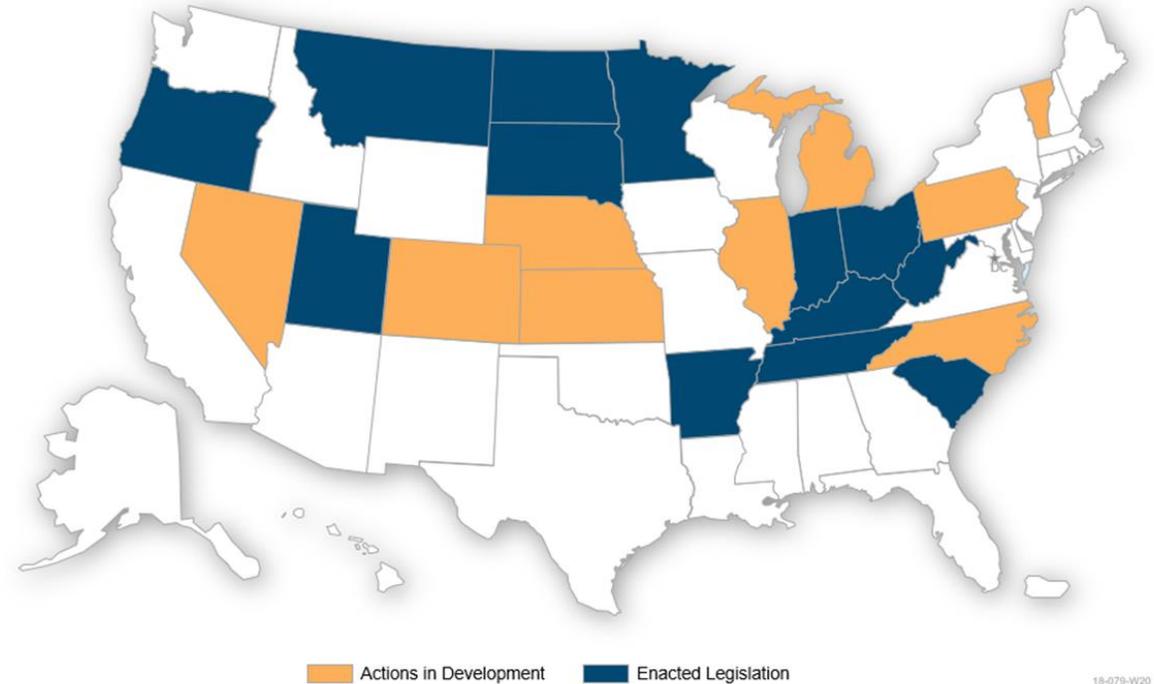
Behavioral Health: Other Policy Options

- Telehealth expansion
- Increasing access to care
- Supporting behavioral health integration
- Addressing social determinants of mental health
- School-based health centers



340B State Issue

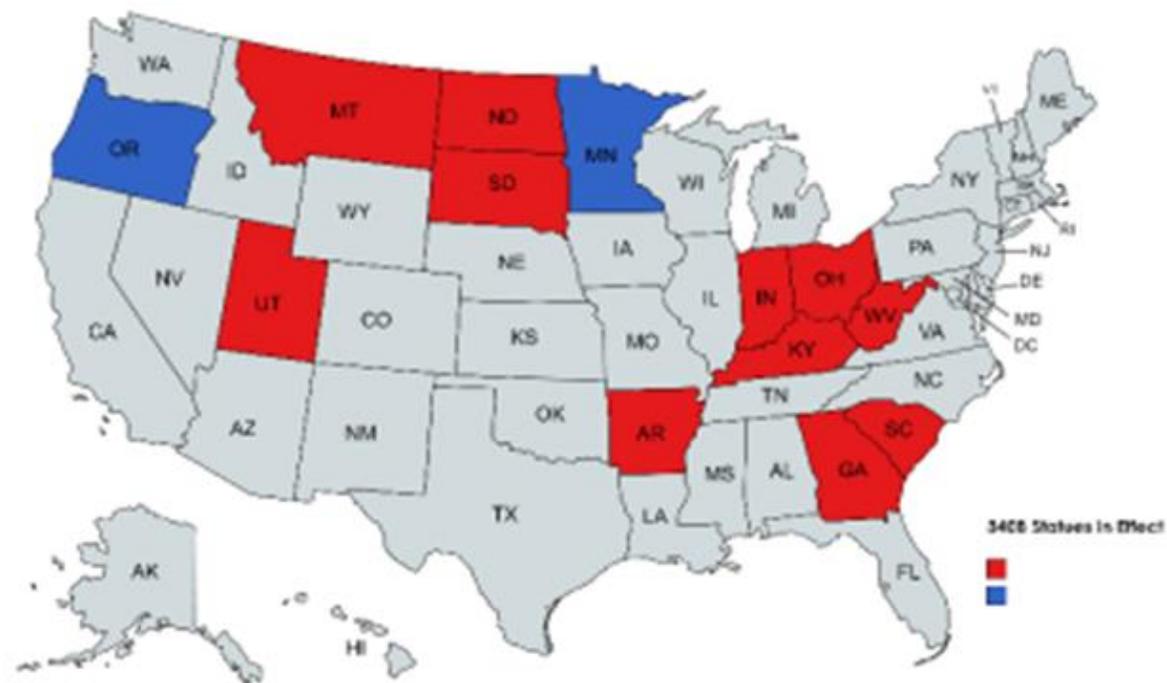
- Prohibits PBMs from refusing to contract with, reimbursing at a lower amount, imposing different fees or otherwise discriminating against a 340B covered entity
- In some states, language includes...
 - Requiring reimbursement at the national average drug acquisition cost (NADAC)
 - Prohibits requiring inclusion of a modifier to indicate a drug is 340B



19-079-W20

Next steps: 50-State Strategy

- **Current State Activity**
 - Let us know ASAP if you have active legislation
 - Recommend aligning w/ other state language
- **National engagement**
 - State-based groups
 - NCOIL
 - NAIC
 - NASHP
 - Communications and Advocacy
- **What we need from you...**
 - Keep us informed, coordination is key!
 - Help w/ national group engagement
- **GOAL:** Nationwide 340B state language in 2022



Questions and Answers

