HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy Overview and COVID-19 Response

National Advisory Council on the National Health Service Corps

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Michael McNeely, MBA, MPH, CPHIT
Deputy Director, Hospital-State Division and RCORP Co-Lead
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People

FORHP Organizational Set-Up

Executive Office

- Coordinates administrative management and operational functions of FORHP

Community-Based Division

- Pilot Programs for Rural Communities
  - Expanding the Community Health Gateway
- Public Health Programs
  - Black Lung and Radiation Exposure

Hospital-State Division

- Grants Focusing on Performance and Quality Improvement for Small Rural Hospitals
- State Offices of Rural Health

Policy Research Division

- Policy and Regulatory Analysis
- Research

Office for the Advancement of Telehealth

- Telehealth Network Grants
- Telehealth Resource Centers
- Licensure and Portability

Division of Rural Strategic Initiatives

What Are the Differences?

RURAL Population has:

- Higher Poverty
- Geographic Isolation
- Weather as a Risk Factor
- Higher Percentage of Elderly
- Financial Viability/Payer Mix
- Employment and Economics issues
- Lower Patient volume in Healthcare facilities
- Higher incidence of Health Disparities
- Declining Population
- Significant Regional Ethnicity Variation

Health Factors facing Rural

People in rural areas **live 3 fewer years** than people in urban areas, with **rural areas having higher death rates for heart disease and stroke.**

Rural women face higher maternal mortality rates

Rural residents face **higher rates of tobacco use, physical inactivity, obesity, diabetes and high blood pressure**

Rural populations face greater challenges with **mental and behavioral health** and have **limited access to mental health care.**

Rural hospitals are closing or facing the possibility of closing

+

Increasing shortages of clinicians

Long distances and lack of transportation make it difficult to access emergency, specialty and preventive care.

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Rural populations are more likely to be **uninsured and have fewer affordable health insurance options** than in suburban and urban areas.

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Coronavirus, Aid, Relief and Economic Security (CARES) Act

- **Under the Coronavirus, Aid, Relief and Economic Security (CARES) Act passed in March, 2020, HRSA's Federal Office of Rural Health Policy (FORHP) was included in both the CARES Act appropriations and legislative bills:**
- **Appropriations**
  - $180,000,000 to carry out telehealth and rural health activities under sections 330A and 330I of 1 the PHS Act and sections 711 and 1820 of the Social 2 Security Act to prevent, prepare for, and respond to 3 coronavirus, domestically or internationally
    - Available until September 30, 2022

CARES Act Breakdown

- HRSA awarded $150M to 46 states through the Small Hospital Improvement Program (SHIP) to provide support to 1,785 small rural hospitals (approx. $84K per hospital).
- HRSA awarded 14 Telehealth Resource Centers (TRCs) an additional $828,571 for a total of $11.5M.
- HRSA received $15M to support 52 tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes.
- A total of $5M been awarded to two recipients through the Licensure Portability Grant Program.

CARES Act Legislative Provisions

Health provision of the bill includes reauthorization of Outreach and Telehealth Programs

- Highlights of the reauthorization language of Sec. 3212 (**Sec. 330I of the PHS; Telehealth Network and Telehealth Resource Center Programs**
  - Project period extended from 4 to 5 years
  - Remove “projects to demonstrate” and replace with “evidence-based projects that utilize telehealth”
  - Insert “ensure that not less than 50% of the funds awarded to projects in rural areas”
- Highlights of the reauthorization language of Sec. 3213 (**Sec. 33A of PHS; Rural Health Service Outreach Programs)**
  - Project period extended from 3 to 5 years
  - **I**nsert “through community engagement and evidence-based or innovative, evidence-informed models”
  - Remove “shall be a rural public or nonprofit private entity” and replace with “an entity with demonstrated experience serving, or the capacity to serve, rural underserved populations”

Paycheck Protection Program and Healthcare Enhancement Act

- **HRSA's Federal Office of Rural Health Policy (FORHP) received funding for testing efforts for Rural Health Clinics**
- **Funding of $225M to support Rural Health Clinics (RHCs)**
  - Since HRSA does not directly support RHCs, it was decided that the quickest and most efficient way to get funding to the RHCs was to work with the Provider Relief Team (PRF) and their contractor United Health Group (UHG)
  - HRSA used the All RHCs that have CMS Certification Numbers (CCNs) and are listed in either the CMS Provider of Service file (March 2020) or the CMS Survey & Certification's Quality, Certification and Oversight Reports (QCOR) before May 7, 2020.
  - On May 20th, 2020, HRSA started to release the funds to a total of 4,549 RHCs.
  - On May 20th, 500K was supplemented to Capitol Associates Inc. (National Association of Rural Health Clinics) to support their technical assistance efforts.

Workforce Observations

- **Safe Syringe Programs** have been suspended since staff has been pulled into food delivery (NC) or been furloughed (AZ).
- **Peer Supports** and community health workers are not going into homes or hospitals (with few exceptions), due to social distancing measures. This means people who are overdosing, or who are at risk for overdosing, are not receiving key navigation services (IN)
- **Care Coordination**. There have been several identified barriers to proper care coordination:
  - *Telehealth Shortfalls*
  - *Turnover*

Workforce Observations

- Severe staff fatigue has increased dramatically - *"We've stopped asking how they are doing"* (MA)
- Physician and provider burnout is a big concern and there are no EBPs specific to this population in rural America (SC)
- Mental health needs. *"People are going to suffer and will be substantial efforts to regain what was lost during this time. Compassion fatigue will only increase"* (NH)
- Child care services- including those provided by clinics/hospitals- have been closed; this presents work force challenges.

Financial Challenges

- Hiring freeze- Several grantees have enacting hiring freezes (NC)
- Cancellations of elective services has been significant financial burden (MN; CA)
- Furloughed staff (SC, KY, TN, IL, AZ, SC)
- Administration cuts by 40% (CA)
- State Budget Cuts

Community Collaboration and Grant Work PLans

- Engagement.
- Community-based work halted
- Consortium Meetings
- Work Plan Completion

COVID and Care

- Not Enough Tests for COVID
- Spillover of COVID Patients from Urban Hospital
- Reopening Concerns
- Shortage of PPE

<u>People not seeking care</u>

Emergency Rooms: EDs are empty of regular patients.

- Not Calling 9-11
- Avoiding ERs

Innovations

- MH Hotline
- Collaboration with PDs
- Text-line
- Sharing Resources to Improve Telehealth
- Telehealth Kiosks
- Criminal Justice
- Providing Tech to Patients
- Preparation for the Future

Questions?

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Contact Information

Michael McNeely

Deputy Director Hospital-State Division/ RCORP Co-Lead

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

Email: mmcneely@hrsa.gov

Web: hrsa.gov/ruralhealth/

Twitter: twitter.com/HRSAgov

Facebook: facebook.com/HHS.HRSA