Federal Office of Rural Health Policy Overview

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Vision: Healthy Communities, Healthy People

The Federal Office of Rural Health Policy

Organizational Structure

Community Based Division (CBD)

Black Lung, Delta, Opioids, Care Coordination, Network Development and Planning, Quality Improvement, Outreach

Hospital State Division (HSD)

State Offices of Rural Health, Flex and Small Rural Hospital Improvement Programs, Rural QI TA, Rural Healthcare Provider Transitions Project, Rural Veterans Health Access, Mississippi Delta Systems Program

Office for the Advancement of Telehealth (OAT)

Telehealth Resource Centers, Network Grants, Licensure Portability, Rural Child Poverty, Rural Veterans Health Access

Policy Research Division (PRD)

Rural Health Research Centers, Rural Health Value, Rural Policy Analysis, RHC Policy and Clinical Assessment

Rural Strategic Initiatives Division (RSID)

Rural Community Opioids Response Programs (Planning, Implementation, MAT Expansion) and Cooperative Agreements, Tribal COVID-19 program

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Rural Policy Research and Development

- Supports health services research, policy analysis, and information dissemination related to rural health.

- Funds the Rural Health Research Center program as the only Federal research program specifically designed to provide policy relevant research on rural health issues.
  - Research findings are publically available on the Rural Health Research Gateway.

- FORHP has a statutory mandate to maintain a clearinghouse for rural health policy and program information, which it meets by supporting the Rural Health Information Hub.

- FORHP staffs the National Advisory Committee on Rural Health and Human Services, which provides an external public voice on key rural policy issues and advises the HHS Secretary on rural health and human service programs and policies, and producing policy briefs and recommendations on policy issues.

Rural Health Landscape
The Frequently-Cited Rural Health Concerns …

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.

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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Rural Mortality Disparities

Heart disease

- More than 26,700 excess deaths
- 43.6% in rural areas; 27.9% in urban areas
- *56% higher* in rural areas than urban

Unintentional injuries

- More than 13,200 excess deaths
- 59.6% in rural areas; 43.5% in urban areas
- *37% higher* in rural areas than urban

Cancer

- More than 18,800 excess deaths
- Overall cancer deaths declined between 2003 - 2017
- Declined less in rural (1% per year) vs. large urban areas (1.6% per year)

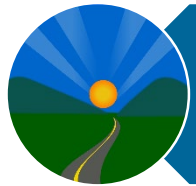**Chronic lower respiratory disease**

- More than 11,600 excess deaths
- 56.0% in rural areas; 31.9% in urban areas
- *75% higher* in rural areas than urban

Source: National Center for Health Statistics, Centers for Disease Control and Prevention

Rural Health Priorities

Healthy Rural Hometowns Initiative

HIV

COVID-19

Health Equity

Maternal Health

Behavioral Health

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Rural Community Programs

Direct Services

- Rural Health Care Services Outreach
  - Rural Healthy Hometowns Initiative
- Small Health Care Provider Quality Improvement
- Delta States Rural Development Network
- Black Lung Clinics
- Radiation Exposure Screening Education Program (RESEP)

Capacity-Building

- Rural Health Network Development
- Rural Health Network Development Planning

Funding Opportunity Forecast

	FY 2021	FY 2022	FY 2023	FY 2024
Rural Health Care Services Outreach*	Announcement just closed Project Period Start 5/1/2021			
Rural Health Network Development*			Available Summer 2022 Project Period Start 7/1/2023	
Rural Health Network Development Planning	Available Summer 2020 Project Period Start 7/1/2021	Available Summer 2021 Project Period Start 7/1/2022	Available Summer 2022 Project Period Start 7/1/2023	Available Summer 2023 Project Period Start 7/1/2024
Small Health Care Provider Quality Improvement*		Available Winter 2022 Project Period Start 8/1/2022		
Delta States Rural Development Network*			Available Summer 2022 Project Period Start 8/1/2023	

*As a result of the 2020 CARES Act reauthorization legislation, beginning in fiscal year 2021 this program will be competed every four years.

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Access to Obstetrics Services

Rural Maternity and Obstetric Management Strategies (RMOMS) Pilot Program

Purpose & Focus Areas

- Improve the *access to and continuity of maternal and obstetrics care in rural communities* through testing models that focus on:

  1) Rural Hospital Obstetric Service Aggregation

  2) Network Approach to Coordinating a Continuum of Care

  3) Leveraging Telehealth and Specialty Care

  4) Financial Sustainability

Network must include:

- At least two Rural Hospitals
- At least one Federally Qualified Health Center
- State Home Visiting and Healthy Start Programs
- State Medicaid Program

Related data brief from University of Minnesota: https://www.ruralhealthresearch.org/

Rural Maternity and Obstetrics Management Strategies

Investment

- **FY 19 funding $1.8M** for 3 Cooperative Agreements
  - Program Start Date: September 1, 2019
  - 4-Year Award
    1 Planning Year (up to $600k)
    3 Implementation Years (up to $800k)

Current RMOMS Cohort 1

- **TX-RMOMS Comprehensive Maternal Care Network**
  Bexar County Hospital District (Texas)

- **Bootheel Perinatal Network Project**
  Saint Francis Medical Center (Missouri)

- **Rural OB Access and Maternal Services Network**
  Taos Health Systems, Inc. (New Mexico)

Forecasted RMOMS Cohort 2

- **FY 21 funding $3M for** 3 Cooperative Agreements
- Program Start Date: September 1, 2021
- 4-Year Award
  1 Planning Year (up to $1M)
  3 Implementation Years (up to $1M)

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FORHP COVID Response

- CARES Act Provider Relief Fund provided $10 billion for Rural Health Clinics (RHC), rural acute care general hospitals, Critical Access Hospitals, and Community Health Center sites located in rural areas to assist in addressing the effects of the COVID pandemic beyond testing. Independent RHCs received a minimum payment of $100,000 per clinic site plus a percent of their annual expenses, if applicable.

- Paycheck Protection Program and Health Care Enhancement Act provided $225 million for the Rural Health Clinic (RHC) COVID-19 Testing Program, specifically for the implementation and operation of COVID-19 testing and testing related expenses in Rural Health Clinics.
    - Under this distribution, all RHCs listed in Centers for Medicare and Medicaid (CMS) data files and reports received a flat payment amount of $49,461.42. As of December 2020, total of 4,737 RHC clinic sites have received a payment.

- Rural tribal related COVID-19 grants programs ($16.3 million). Awarded 57 tribal organizations to prepare for, and respond to COVID.

- Rural hospitals related COVID-19 grants programs ($149.3 million). Funded nearly 1,800 small rural hospitals and provided maximum flexibility in allowing them to use the funds as they determine is best for their community to respond to COVID-19.

Rural Communities Opioid Response (RCORP)

RCORP Planning	RCORP Implementation	RCORP MAT Expansion	RCORP NAS
$200K	**$1 MILLION**	Up to **$725K**	Up to **$500K**
To strengthen the capacity of multi-sector consortiums to address opioid use disorder prevention, treatment, and recovery.	To strengthen opioid use disorder service delivery by implementing a set of core prevention, treatment, and recovery activities.	To enhance access to medication-assisted treatment within small rural clinic and hospital settings.	To reduce the incidence and impact of Neonatal Abstinence Syndrome (NAS) by improving systems of care, family supports, and social determinants of health.
12-18 MONTHS	3 YEARS	3 YEARS	3 YEARS
95 (FY18) 120 (FY19) 50 (FY20)	80 (FY19) 90 (FY20)	12 (FY19)	30 (FY20)

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Funding Opportunities Currently Available

RCORP Implementation

$1 MILLION

To strengthen opioid use disorder service delivery by implementing a set of core prevention, treatment, and recovery activities.

https://www.grants.gov/web/grants/view-opportunity.html?oppId=328967

3 YEARS

78 (anticipated)

RCORP Psychostimulant Support

Up to $500K

To strengthen and expand prevention, treatment, and recovery services for rural individuals who misuse psychostimulants to enhance their ability to access treatment and move towards recovery.

https://www.grants.gov/web/grants/view-opportunity.html?oppId=328944

3 YEARS

15 (anticipated)

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State Offices of Rural Health

- Share information, resources and innovative projects with other rural health stakeholders
- Coordinate with other state partners on rural health issues
- Link rural health stakeholders to Federal and state resources
- Rural recruitment and retention

Roman numerals identify HHS Regional Offices

Connect with your SORH: https://nosorh.org/nosorh-members/
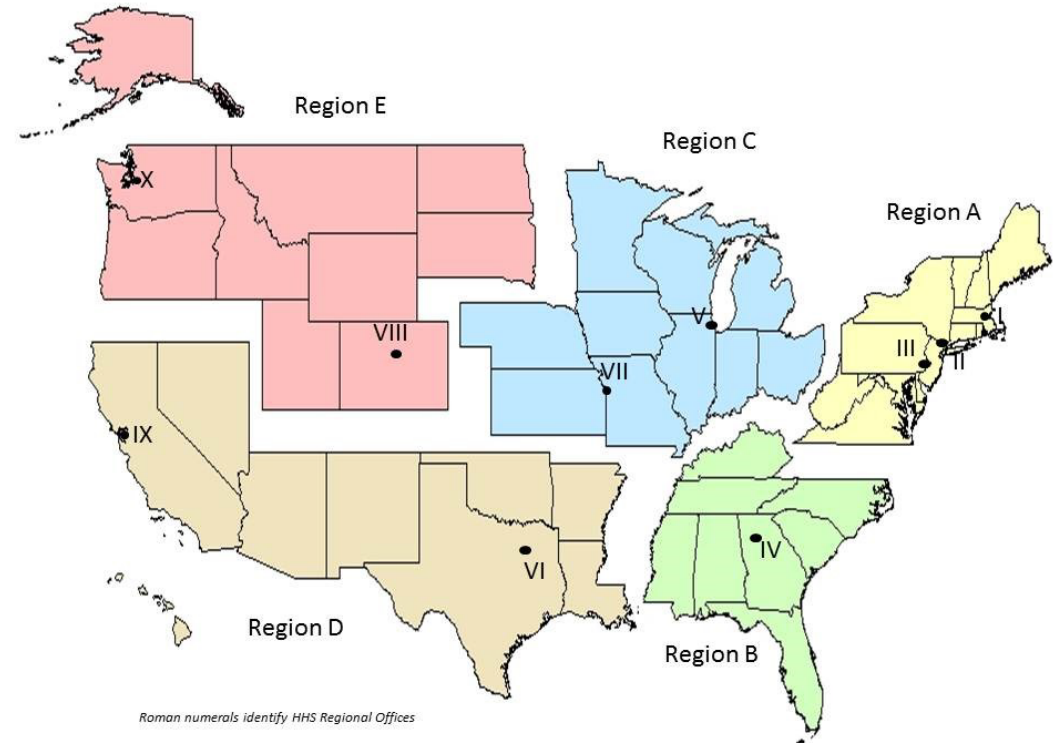
What is Telehealth?

The use of electronic information and telecommunication technologies to support and promote: long distance health care; patient and professional health-related education; public health; and health administration.

Telehealth Technologies

- Video conferencing

- The internet

- Store-and-forward imaging

- Streaming media

- Terrestrial and wireless communications

- Mobile phone use

Benefits of Telehealth

Provider Benefits:

- Improves workforce development
- Improves care delivery
- Serves more patients
- Lowers no show rate

Patient Benefits:

- Increases access to care
- Reduces travel
- Less wait time to receive services

Payer Benefits:

- Reduces cost for transport
- More timely care produces better outcomes and lowers cost

Barriers to Advancing Telehealth

Reimbursement: Varies by state and payer. Pre-COVID, geographic restrictions and restrictions on technologies limited health care providers

Prescribing: Pre-COVID, practitioners followed the R Haight Act on how telehealth may be used to prescribe controlled substances

Licensure: Pre-COVID, health care providers must be licensed in state where patient is located. Multi-state licensure compacts are working on a solution

Credentialing: the originating sites rely on the credentialing and privileging decisions of the distant site hospital for telehealth practitioners

Broadband: patients and clinics without adequate broadband are not able to access telehealth services

Telehealth Policy Changes During the COVID-19 Public Health Emergency

Reimbursement:
- Medicare: flexibilities with location, eligible services, eligible providers, cost-sharing, licensing, modality, and supervision of providers
- Medicaid
- Private insurers

Licensure: Almost every state has modified licensure requirements/renewals policies for providers, including out-of-state requirements for telehealth

Prescribing controlled substances: A practitioner can prescribe a controlled substance to a patient using telemedicine even if the patient is not at a hospital or clinic registered with the DEA

HIPAA: HHS Office of Civil Rights empowered covered providers to use widely available communications applications without risk of penalties

Federally Qualified Health Centers and Rural Health Clinics: Provide services as a distant site for any service that Medicare has approved to be furnished via telehealth

Office for the Advancement of Telehealth
Telehealth Network Grant Program

The purpose of the **Telehealth Network Grant Program** is to demonstrate the use of telehealth networks to improve healthcare services for medically underserved populations in urban, rural, and frontier communities.

The Fiscal Year 2020 Telehealth Network Grant Program focuses on **Tele-Emergency Department** with an emphasis on expanding emergency services for tele-stroke and telepsychiatry

In 2017, HRSA's Telehealth Networks saved nearly **1.6 million miles** in travel for care

In 2018, HRSA's Telehealth Networks saved nearly **3.1 million miles** in travel for care

In 2019, HRSA's Telehealth Networks saved nearly **3.2 million miles** in travel for care

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Office for the Advancement of Telehealth
Evidence-Based Tele-Behavioral Health Network Program

The purpose of the **Evidence-Based Tele-Behavioral Health Network Program** is to use telehealth networks to increase access to behavioral health care services in rural and frontier communities and conduct evaluations of those efforts to establish an evidence-base for assessing the effectiveness of tele-behavioral health care for patients, providers, and payers.

> **In 2019, the Evidence-Based Tele-Behavioral Health Network Program served nearly 3,100 patients**

> **In 2019, the Evidence-Based Tele-Behavioral Health Network Program saved nearly 734,000 miles in travel for care**
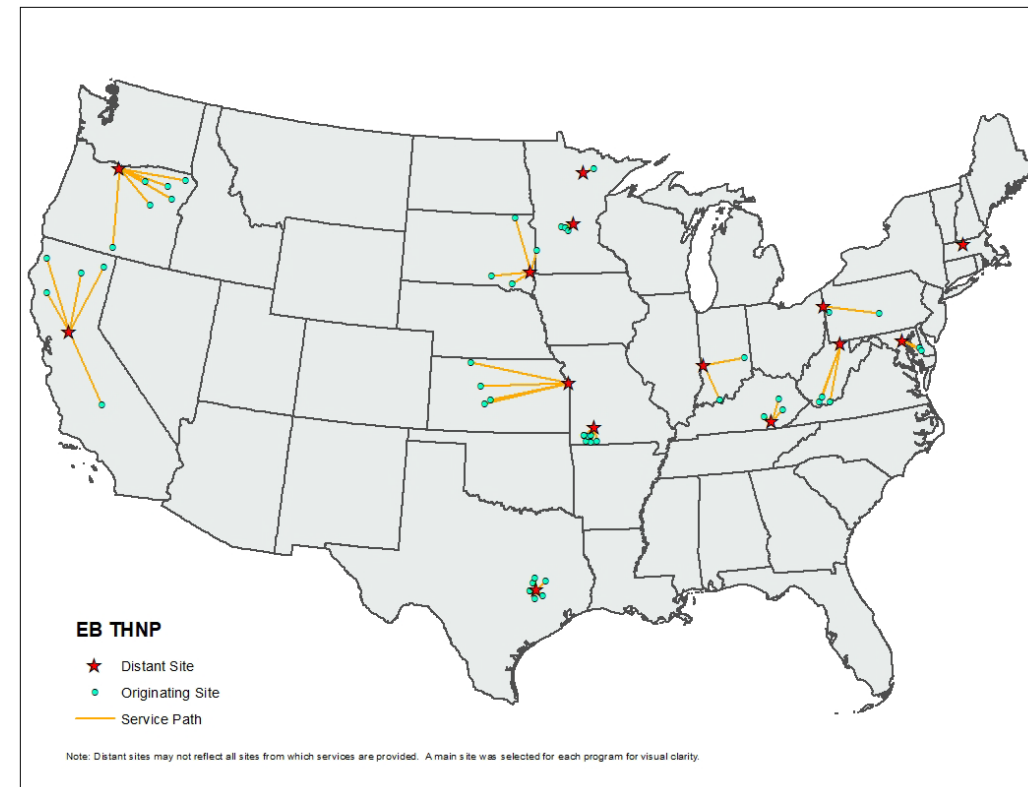
EB THNP
- ★ Distant Site
- ● Originating Site
- ─ Service Path

Note: Distant sites may not reflect all sites from which services are provided. A main site was selected for each program for visual clarity.

Office for the Advancement of Telehealth
Evidence-Based Telehealth Network Program

The purpose of the FY 2021 **Evidence-Based Telehealth Network Program** is to use telehealth networks to improve direct-to-consumer telehealth services in rural and frontier communities and conduct evaluations of those efforts to establish an evidence-base for assessing the effectiveness of direct-to-consumer telehealth care for patients, providers, and payers.

- Notice of Funding Opportunity Available: January 12, 2021
- Application Due Date: April 2, 2021
- Budget: $4.9 million to fund up to 14 cooperative agreements

Office for the Advancement of Telehealth
Telehealth Resource Centers

- The purpose of the **Telehealth Resource Center Program** is to support delivery of telehealth technical assistance.
- **National Policy Telehealth Resource Center**
- **National Technology Telehealth Resource Center**
- **Regional Telehealth Resource Centers**

In 2019, the Telehealth Resource Centers had **4,039 technical assistance** inquiries

In 2019, the Telehealth Resource Centers had nearly **9,000 attendees** in webinar trainings
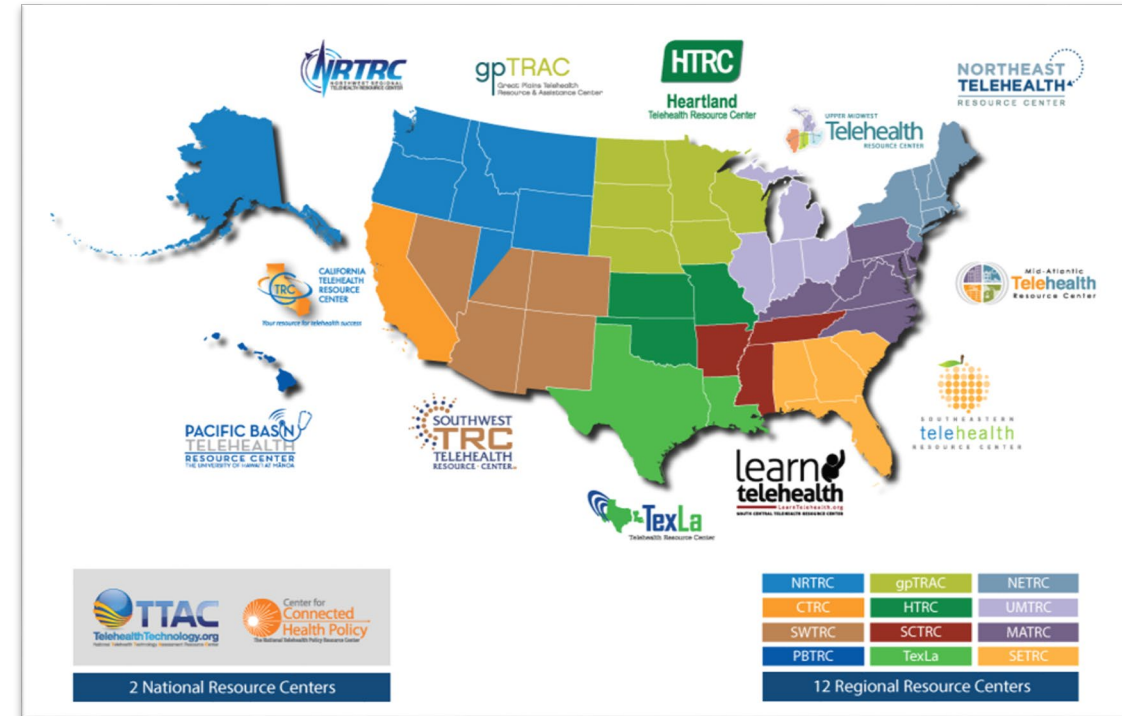
Office for the Advancement of Telehealth
Licensure Portability Grant Program

The purpose of the **Licensure Portability Grant Program** is to provide support for State professional licensing boards to carry out programs under which licensing boards of various States cooperate to develop and implement State policies that will reduce statutory and regulatory barriers to the provision of health care services through telemedicine technology.

Interstate Medical Licensure Compact

■ = Compact Legislation Introduced
■ = IMLC Member State serving as SPL processing applications and issuing licenses*
■ = IMLC Member State non-SPL issuing licenses*
■ = IMLC Passed; Implementation In Process or Delayed*
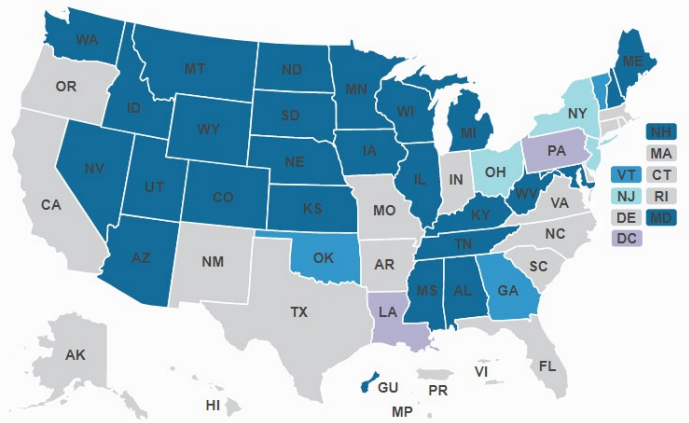
IMLC has 28 member states plus Guam

PSYPACT

Map Key
■ States with Enacted PSYPACT Legislation
■ States with Enacted but not Effective PSYPACT Legislation
■ States with Pending PSYPACT Legislation
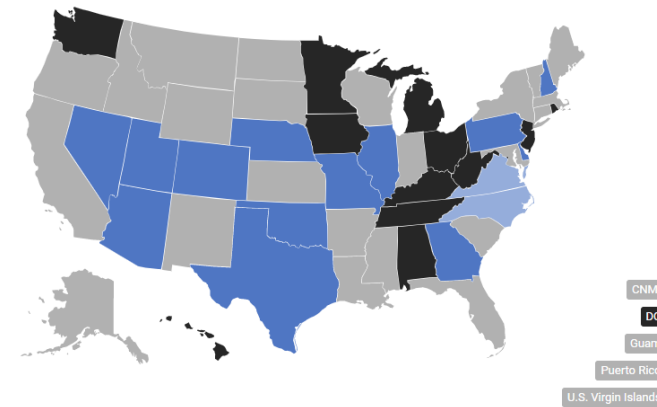
PSYPACT has 13 states with enacted PSYPACT legislation

Office for the Advancement of Telehealth
Rural Telehealth Research Centers

The purpose of the **Telehealth Focused Rural Health Research Centers** is to increase the amount of publically available, high quality, impartial, clinically informed and policy-relevant research related to telehealth.

From 2019 – 2020 the Telehealth Focused Rural Health Research Centers had **13 publications**

Office for the Advancement of Telehealth
Telehealth Centers of Excellence

The purpose of the **Telehealth Centers of Excellence** is to examine the efficacy of telehealth services in rural and urban areas.

In Fiscal Year 2020, the Telehealth Centers of Excellence reached **6,800 patients**

In Fiscal Year 2020, the Telehealth Centers of Excellence released **15 publications and online resources**

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Telehealth Strategic Plan

HRSA's Telehealth Initiative serves as a resource for rural and underserved communities and provides recommendations to Federal and State Governments looking to use telehealth technology to improve access to health care services.

Clinical Telehealth Services: Encourage the use of telehealth technologies to support Department and Agency clinical priority areas

Telementoring and Distance Learning: Support the health workforce through telementoring, distance learning, and the use of telehealth for clinical decision support

Research and Evaluation: Increase research and evaluation of telehealth services to expand the evidence base in telehealth and to identify best practices

Telehealth Business Strategy: Develop and promote a telehealth business strategy for use by health care organizations and government policy makers

Current Telehealth Activities in HRSA
Overview

50 states and 8 federal districts/territories have awards

Currently approximately **1,886 awards** include a telehealth component

Target populations include the underserved, health care providers, and rural communities

HRSA FY19 Awards with Telehealth

- ■ BPHC — 1045
- ■ BHW — 504
- ■ FORHP — 145
- ■ MCHB — 120
- ■ HSB — 52
- ■ HAB — 20
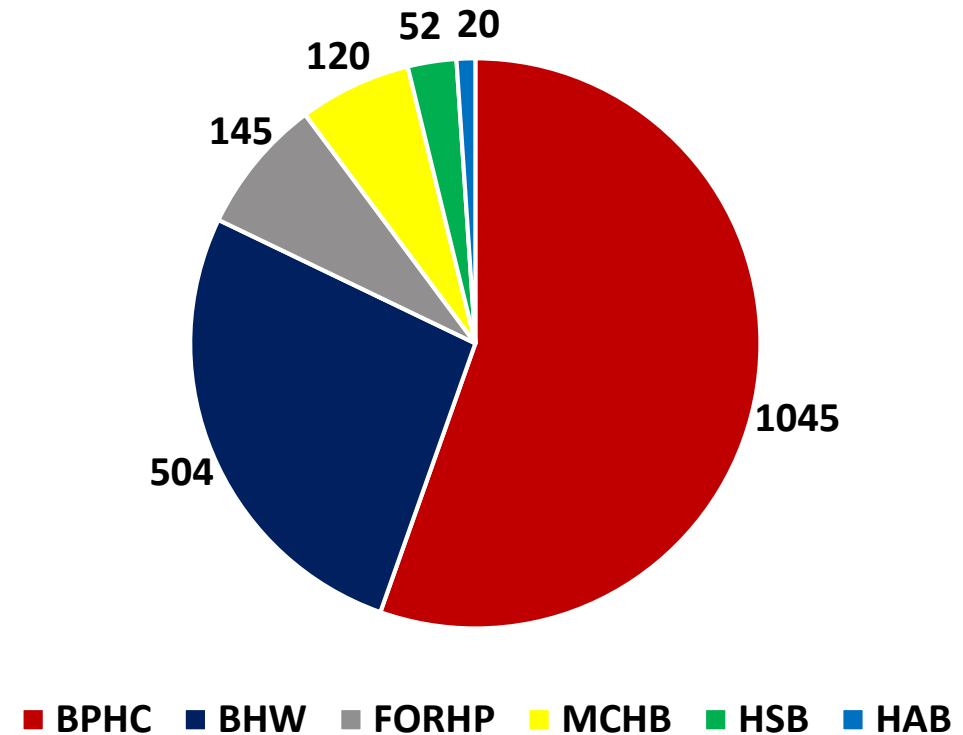
Current Telehealth Activities in HRSA
Telehealth Use

Telehealth activities include direct clinical services, infrastructure development, workforce training, and distance learning

HRSA FY19 Awards with Telehealth by Telehealth Use
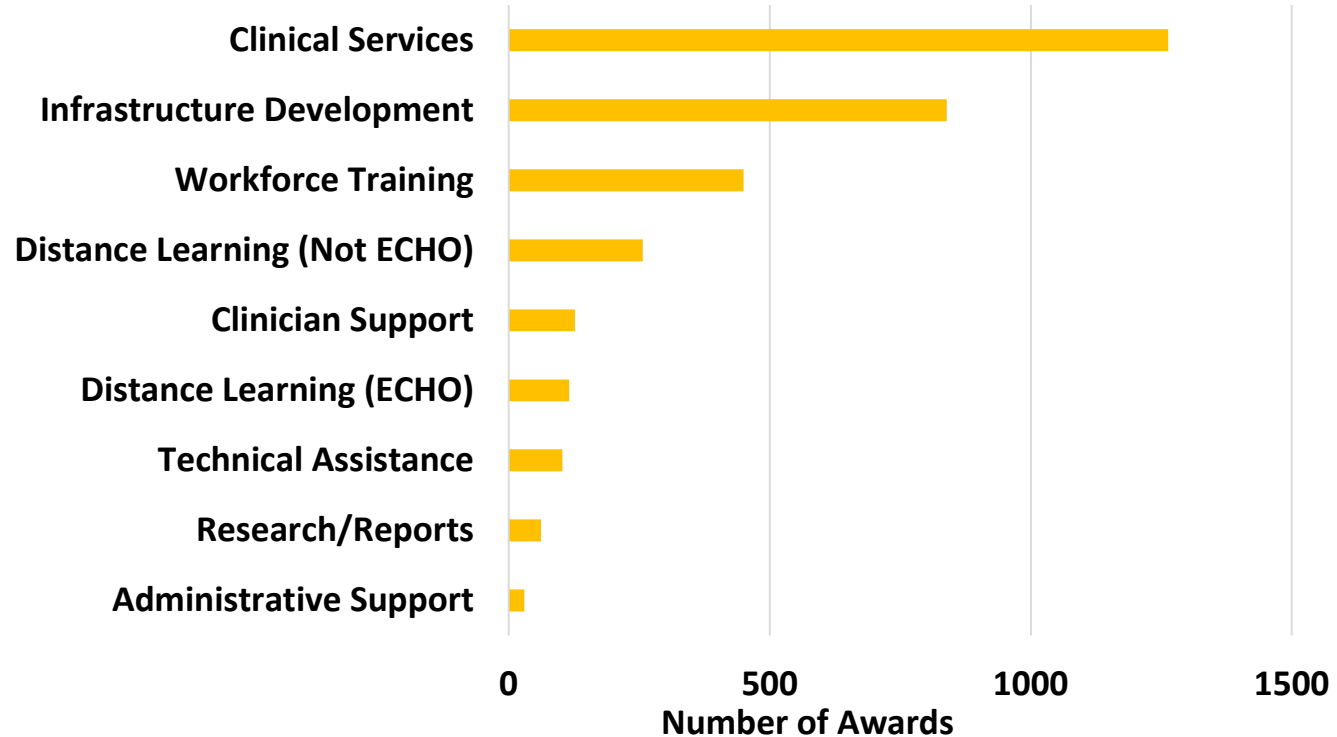
Current Telehealth Activities in HRSA
Telehealth Focus

Telehealth focus areas include primary care, behavioral/mental health, and behavioral substance use disorders/opioid use disorders

HRSA FY19 Awards with Telehealth by Telehealth Focus
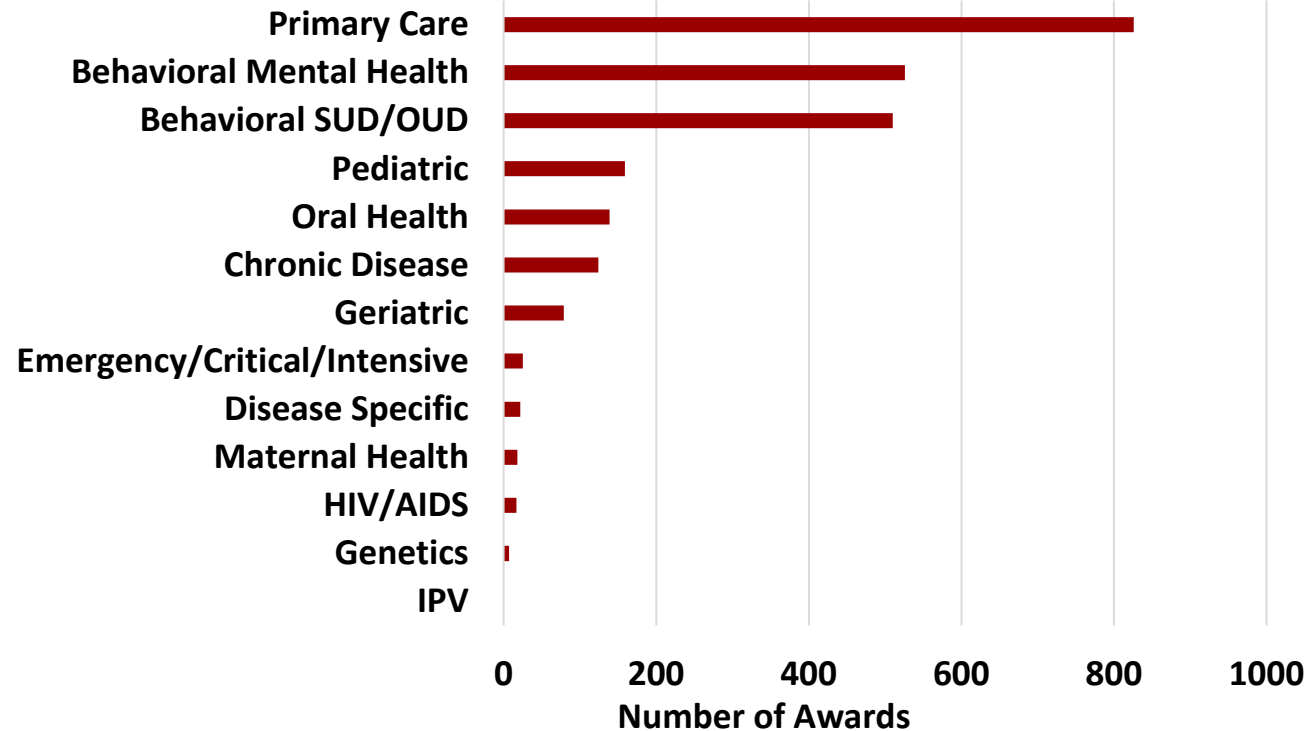
Telehealth Investments During the COVID-19 Pandemic

Telehealth.HHS.gov

- The trusted, timely, current, and one-stop resource for both patients and providers for everything they need to know about telehealth

$54.6 Million Investment Across HRSA Programs

- $15 million for provider telehealth training
- $15 million to key areas in maternal and child health
- $11.6 million to HRSA-funded Telehealth Resource Centers
- $5 million to assist telehealth clinicians on licensure and credentialing
- $8 million Telehealth Broadband Pilot

The Telehealth Resource Centers had a **285% increase** in direct technical assistance requests from March – October 2020 compared to March – October 2019

HRSA and the Future of Telehealth

2020 has shown us:

- Telehealth provides significant benefits

- Telehealth has played a key role in reducing the disruption to health care services

- Telehealth patient populations have expanded beyond rural areas

- Telehealth has been adopted across a range of specialties

HRSA's vision is to continue to work across HHS to leverage telehealth activities in order to advance the field of telehealth.

HHS Telehealth Resources

- **Telehealth.HHS.gov** https://telehealth.hhs.gov/

- **Telehealth Resource Centers** https://www.telehealthresourcecenter.org/

- **RHIHub** https://www.ruralhealthinfo.org/

- **ProviderBridge** https://www.providerbridge.org/

- **Multi-Discipline Licensure Resource Project** https://licensureproject.org/

- **CMS Telehealth** https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth

- **CDC Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic** https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html?deliveryName=USCDC_2067-DM30432

- **HHS Telehealth Delivering Care Safely During COVID-19** https://www.hhs.gov/coronavirus/telehealth/index.html

- **Rural Telehealth Research Center** https://ruraltelehealth.org/

FORHP Weekly Announcements

Focus on …
- ✓ Rural-focused Funding opportunities
- ✓ Policy and Regulatory Developments Affecting Rural Providers and Communities
- ✓ Rural Research findings
- ✓ Policy updates from a Rural Perspective

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