



**ORHP (Office of Rural Health Policy)**

**Health Resources and Services Administration**

# National Rural Health Day 2020

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11/19/2020

Diop, Kiley (HRSA)



**Event:** National Rural Health Day 2020

**Date:** 11/19/2020

**Event Coordinator:** Diop, Kiley (HRSA)

**Adobe Connect License:** Seminar (<1,500 participants)

**Unique Users:** 150 Unique Users

**Audio:** Voice Over Internet Protocol

**Start and End Time:** 10:00 AM – 12:00 PM

**Duration:** 120 Minutes

**URL:** <https://hrsaseminar.adobeconnect.com/national-rural-health-day-2020/>

## **Problems Encountered with Adobe Connect Pro**

No Problems Encountered

### **Recording**

<https://hrsaseminar.adobeconnect.com/pavlmtbn7y0h/>

## Attendees

Adobe Connect - Saeed Patel

Adobe Connect Tech - Scott Ford

Alexa Ofori

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Alysse R.

Amond Uwadineke

Amy Chanlongbutra

Ann Marie Day

Anna Swanson

Ashley Muninger

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Brandy Freeman

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**Colleen Morris**

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**Dara Gideos**

**Deborah Gershman**

**Denise Dowell**

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**Erin Towner**

**Fraser Byrne**

**Gary Pratt**

**Giancarlo Giannone HRSA**

**Governor Jeff Colyer M.D.**

**Hanock John**

**Heather Dimeris**

**Heather Kangas**

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Jackie

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Kim Lorraine

**Kim Nesbitt**

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**Kristi Martinsen**

**Laura Gentry**

**Laura Seeman**

**Laura Seifert**

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**Lea Carroll**

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**Linda Soberano - FORHP**

**Lindsey Nienstedt**

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**Lisa Zingman**

**Lori Roche**

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**Mahyar Mofidi**

**Marcia Colburn**

**maribel nunez**

**Marty Kramer**

**Mary Sheridan**

**Matt Strycker**

**Matthew McCulloch**

**McNeely**

**Mebrat Tekle**

**Megan**

**Meredith Anderson**

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**Michele Lawrence**

**Michelle Goodman**

**Mike Redmond**

**Monica Cowan**

**Monica Rousseau**

**Natalie Nagle, BS, MBA**

**Nicole Hewitt**

**Nisha**

**Normandy Brangan**

**Patrick Grady**

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**Rachel Moscato**

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Rochelle Hampton

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Sabrina Frost

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Sadie Silcott

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Shane Ford

Sheena Johnson

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Siobhan Dempsey

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Stephanie Miller

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Suzanne Stack

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Tamika

Tammy Brown

Tammy Norville, NOSORH

Terri Kennedy

Teryl Eisinger

Tim Keck

Tom Engels

Tom Morris

Tonne McCoy (ID)

Trevor Brown

Veronica Roa, ORO Region 1

Victoria Leach

WhitneyWiggins- FORHP

Wyatt B.

Yara Castro

## Chat History

N/A

**Polls**

N/A

## Q&A

Q/A Done Over the Phone

**Answered Questions (0)**

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**Open Questions (1)**

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- 1. Jemima Drake: How did you compensate with weather (summer heat, rain) with the pickups and flu clinics? Congrats on being innovative and keeping the pharmacy running!**

## Transcript

**HRSA  
NOVEMBER 19, 2020  
10:00 A.M. ET  
NATIONAL RURAL HEALTH DAY 2020**

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**>> Okay, well, good morning, thank you for joining us today for National Rural Health Day and for our kickoff of today's events, it's really hard to believe that we are now in the tenth year of this celebration, and I really have to credit the national organization of State Offices of Rural Health who came up with this idea ten years ago to celebrate the good things that are going on in rural America. I credit them for that approach because so often we talk in terms of deficits and challenges, and yet while those things are all true, the reality is that there some really fantastic things going on too, and this is one day a year we request lift that up so I'm happy to be joining you all today for this event. So far both this week and throughout today, we have had a lot of different events going on across the nation. We have had webinars on rural health clinic COVID testing in rural areas. Yesterday we had a webinar in social determinants of health where we capped out because we couldn't fit more than 500 in the virtual room.**

**We have other events today. There will be a big kickoff later and they will be featuring their community stars so please tune if for that at 2:00. I want to take a quick minute and say words of thanks. First of all, Fesi Ula who has done a fantastic job of organizing this event. And Patrick Mauro from our staff has been our liaison in making the IT work and the fact that you are hearing and seeing me now is a testament to his abilities but also the rest of the HRSA IT staff for their help in making this a reality. A little bit about the Federal Office of Rural Health Policy and what we do. We have an important role here. On the one hand, we have this statutory charge to advise the Secretary on rural issues which takes us apart of HHS but we have a range of grant programs that fit squarely within the role of the health resource and services administration to focus on issues around access and underserved populations and we fit so well**

with that also. So it really is the best of both worlds in a lot of ways. We administer a range of grant programs both at state and community level. We support telehealth efforts and we also support rural health services research. If you don't know much about us, please check out our website and reach out to us and I would love to let you know more about our programs. But that can all be for another day. What I would like to do now is make a bit of a transition, if that's okay, and introduce our first speaker. So it is my pleasure to introduce my thoughts, HRSA administrator Tom Engels, he has been a champion of rural health issues since he walked through the door and I don't think any of us should be surprised by that because before he came here he was the Deputy Secretary of the Wisconsin Department of Health Services and in that role, he worked on a range of issues and that took him into many of the state's rural communities so he understands the work we do and why it's important.

He did a number of impactful things during his time in Wisconsin. He oversaw the state's capacity to provide mental health services. I could go on with a number of other things. Suffice to say, Tom had a big impact on Wisconsin and he is having a big impact on healthcare at a national level in his role at HRSA. Through his role at HRSA he has led departmental priorities, many of which are programs, that includes addressing opioid epidemic, increasing access to healthcare services in rural and underserved communities, improving maternal health outcomes and being a key part of the ending the HIV epidemic, and more recently Tom has been front and center in guiding us through the department's response to COVID 19 and the pandemic.

He has also led implementation to provide a relief fund in which HRSA has been the administering agency to allocate \$175 billion to healthcare providers like hospitals and clinics that have been adversely affected by the pandemic. So in addition to that job, he also has been part of the Coronavirus White House task force and was appointed to that by Vice President Pence.

>> Thank you, Tom, I appreciate the introduction. I want to start any comments by thanking Tom, Nisha Patel, Heather, all of the staff at the Federal Office of Rural Health Policy here at HRSA. I know many of you have worked with Tom and his team over the years and, Tom, you are a standup guy. You do a great job and I appreciate everything you do.

It is a pleasure to be here with all of you today to celebrate National Rural Health Day. We recognize the great accomplishments HRSA has made in rural communities and share the efforts under way to improve rural health across

America. I would like to extend gratitude to the national organization of state offices of rural health, the founder of this annual observance.

As Tom mentioned for my time as the Deputy Secretary of the Wisconsin Department of Health Services, I know firsthand how important it is to work together to address issues that affect our rural communities and families. As a nation we continue to confront the impact the COVID 19 pandemic is having on our lives, our communities and our loved ones.

We fully recognize the extraordinary impact this public health crisis has on our grantees and we will continue to do our best to support them and all of HRSA's partners affected by COVID 19. While we continue to oversee our existing 90 plus program portfolio, we have also swiftly mobilized significant COVID 19 related efforts to directly support the American people, including rural residents.

For example, since March, HRSA has awarded more than \$2.5 billion to grantees across our programs to combat the Coronavirus. I would like to highlight some of those efforts that focused on rural communities. \$225 million of the COVID 19 emergency funding was provided to more than 4,500 rural health clinics to support and expand access to COVID 19 testing in rural communities.

Rural health clinics are a special designation given to healthcare practices in underserved rural areas by the Centers for Medicare and Medicaid Services that help insure access to care for rural residents HRSA has awarded \$150 million to support 1,779 rural hospitals to combat the COVID 19 pandemic.

Additionally, HRSA awarded \$16 million to the 57 tribes, tribal organizations, urban Indian health organizations and other health service providers to tribes across 20 states to access COVID 19 rural tribal communities.

In April HRSA was charged by Secretary Azar with distributing the \$175 billion Provider Relief Fund to support rural and healthcare providers and hospitals responding to the COVID 19 pandemic. To put that into perspective, this fund is almost 15 times HRSA's annual budget of \$11.9 billion.

Through this fund, HRSA is distributing \$175 billion in general and targeted distribution payments and paying claims for uninsured patient treatment.

These payments are going to hospitals and other healthcare providers on the front lines of the Coronavirus response for healthcare related expenses, for lost revenues attributable to the Coronavirus.

As of mid-November, HRSA has R has disbursed more than \$106 million out of that fund. HRSA is also administering an additional \$2 billion to reimburse providers for COVID 19 testing of uninsured individuals. These funds along with



**a portion of the Provider Relief Fund allocated to reimbursed providers for the treatment of uninsured individuals with COVID 19 ensures that insurance status is not a barrier to people getting testing and the care that they need.**

**Healthcare providers who have conducted COVID 19 testing will provide a treatment for uninsured individuals with COVID 19 diagnosis on or after February 4th, 2020 can submit claims for reimbursement for the COVID 19 uninsured portal. It will be used to reimburse providers for COVID 19 vaccine administration to uninsured individuals, a vaccine we are confident is coming soon. As of mid-November, HRSA has paid claims totaling more than \$1.9 billion, close to \$780 million was used to pay claims related to testing and more than \$1.2 million for treatment claims.**

**While HRSA's efforts to meet the COVID 19 challenge are under way, we are also continuing to broadly serve and help rural communities through our programs. The Federal Office of Rural Health Policy is our primary office for supporting rural health grant programs. Since 2011, it has served 750,000 people per year with over 200 grantees. In fiscal year 2020 HRSA awarded nearly \$115 million to combat substance and opioid abuse disorder in rural communities nationwide as a part of a rural communities opioid response program known as R corps. Since February 2018 the RCORP initiative was launched, HRSA invested \$298 million to fight the opioid crisis across 1,420 rural counties.**

**Last year HRSA expanded the National Health Service Corps loan repayment program to specifically recruit and retain qualified providers working to combat the opioid epidemic in the nation's rural communities. The RCORP initiative, the new program provides student debt relief in exchange for a three year commitment to provide SUD treatment and recovery services in rural Health Professional Shortage Areas across the country.**

**For the last 30 years, HRSA has been a leader in telehealth. And Heather has done a fantastic job in this area. As the impact of the pandemic has become clear, HRSA has drawn upon our expertise and redoubled our efforts to provide care through telehealth technology.**

**Telehealth provides an enormous benefit in rural underserved communities. It increases access to services, improves workforce development and strengthens the delivery of care. It is an especially valuable resource through the COVID 19 public health emergency. That's why HRSA awarded \$46.5 million in CARES Act funding to support the use of telehealth to provide continuity of care for patients during the pandemic. That funding includes \$11.5 million to telehealth**

resource centers to assist providers and patients with using telehealth technology., \$15 million to 159 organizations across five of our health workforce programs to increase telehealth capabilities, to help ensure the effective delivery of care via telehealth. During the pandemic we use this every day, such things as face time and Zoom.

\$5 million to two recipients through the licensure portability grant program to help assist telehealth clinicians across the country to meet the needs of the COVID 19 public health emergency. And \$15 million to four pattern child health grantees to enhance the use of telehealth technology for pediatric care, maternal healthcare, state public health systems, and family engagement for children with special healthcare needs.

And to help patients and providers maximize the use of telehealth during the public health emergency, HRSA launched the new telehealth website. This HHS website can be found at [telehealth.HHS.gov](https://telehealth.hhs.gov). The challenge before us collectively is to create opportunities to expand telehealth services and capacity, especially in rural areas where access to care is especially limited.

That is why I'm excited today to be able to announce that HRSA just received approval to fund an \$8 million telehealth broad band pilot program. This pilot program is the outcome of rural health telehealth memorandum of understanding established on September 2nd of this year with HHS, the Federal Communications Commission, and the United States Department of Agriculture. It will support telehealth resource center program to access the broad band capacity of healthcare providers and patient communities across four rural locations to improve access to telehealth services. Meanwhile, HRSA is engaged in the fight against another deadly virus. As you may be aware, last year President Trump announced the ending the HIV epidemic a plan for America, a ten year initiative to reduce new HIV infections to fewer than 3,000 cases per year by the year 2030.

The initiative is focusing efforts on 48 counties, Washington, D.C., San Juan Puerto Rico where more than 50% of the diagnoses occurred in 2016 2017 as well as several states with substantial number of HIV diagnosis in rural areas. HRSA's Ryan White HIV epidemic AIDS has played a critical role to ending the HIV epidemic.

Through the Ryan White program, the agency is playing a leading role in helping to address and ultimately end the HIV epidemic in the United States. I want to thank you again for the opportunity to commemorate the National Rural Health Day with you. But before I go, I would like to acknowledge the tremendous

work that our grantees and public health partners are doing among a disease pandemic unprecedented in our lifetime.

We know the power of rural Americans to adapt and overcome any challenges they face. This includes HRSA's partners who are essential to promoting public health in their communities. As we look to improve our rural health infrastructure, let us not forget the incredible innovations taking place in rural communities today. It has been a pleasure to celebrate the strength of rural America and share the efforts that HRSA is undertaking on everything from meeting the challenge of COVID 19 to expanding access to telehealth and eliminating HIV/AIDS.

Before I go, I have to say you all know and Tom mentioned my passion for rural America. I grew up in a small town in southwest Wisconsin, Shullsburg, Wisconsin. I know the value of rural America. I know the benefits of living in rural America.

There is a great benefit of living there. We want to make sure that all patients and providers in rural areas and settings have access to proper care and all of their needs can be met. We know what's challenging. But thanks to the efforts of Tom Morris and so many other staff here at HRSA, we are able to meet those challenges head even. Thank you for everything you do. Keep up the great work and please, stay safe, wear a mask, wash your hands, watch your distance, enjoy your Thanksgiving and enjoy your holidays. Tom, I will turn it back to you.

>> Great, Tom, thank you so much for your time this morning. We really do appreciate it. I'm happy to introduce our final Atlantic speaker and that's former Kansas governor. And he is the relatively new chair of the national Advisory Committee on Health and Human Services.

>> I want to thank all of the presenters who are hosting webinars and panels this week, and all of our partners for helping organize this incredible series of events. The success of this week and of our larger rural health networks is because of the hard work all of you have put in throughout the year to make America's rural communities healthier, happier places to be.

And you know what, it does not go unnoticed. Everyone in your community is truly grateful you are all here and for your service to them. For those of you whom I haven't had the chance to meet yet, my name is Jeff Colyer in February I was appointed the chair of the national Advisory Committee on rural Health and Human Services.

The Committee is a statutory federally chartered independent citizens panel whose charge is to advise the Secretary of the U.S. Department of Health and

Human Services on healthcare challenges that affect rural Americans. Having grown up for five generations in rural Kansas and returning to serve as a doctor and later as the Lieutenant Governor and governor, the issues that I get to work with on the Committee have a very special place in my heart. I see challenges in our rural communities, but I also see an incredible dynamic and innovative communities that do more with less. William Newton hospital and the knee Neil Paterson Health Center reinvented themselves. Physicians and nurses are implementing remote patient monitoring across the country, and social programs grow from the grass roots to serve their communities.

I know firsthand the difficulties and barriers that affect all rural people and everyone who receives and provides healthcare. But I also know that many of you do very rewarding things and you see that rural life is rewarding for all Americans. One of the first tasks that I completed with a Committee since I have become the chair has been to create a guiding vision for our organization to augment the Committee charter. This is something we had never had before. I would like to share that statement with you today.

The Committee envisions rural America as diverse communities of healthy people, places and providers who access world class care and human services by capitalizing on continued innovation and rural values. A place where people have the greatest opportunity to live their American dream.

Now, over the past few weeks, I have had the pleasure of being able to share and discuss this vision with many of our rural health partners, including the national rural health association, the National Association of Rural Health Clinics, rural policy research institute and the rural healthcare research center directors just to name a few.

Across the board, these organizations agree that our rural communities are more than the characteristics they don't share with urban life. Instead, they are vibrant, thriving communities. This is a place that is wonderful to live in their own right. However, recognizing and uplifting the aspects of rural America that we cherish does not mean turning a blind eye to the very real issues affecting our communities.

From the Committee's discussions with our stakeholders and partners, we found that in rural America, like many other nationwide problems our country has been reckoning with in the last few months rural America faces COVID and has been exposing and exacerbating existing weaknesses in our rural healthcare systems. Issues like workforce shortages, especially in fields like maternity and obstetrics care, nursing and behavioral health fall in this category of a

previously simmering problem that has become more widely recognized in the face of the public health emergency.

Other concerns relate to changes to preCOVID payment and telehealth health regulations. It's on us to make sure the policy flexibilities that have changed our systems and made our systems work better, that these are not rolled back once COVID is over.

And finally, actions such as bolstering rural human services, things like broad band access and our rural services are priorities because we know that stronger social services lead to March resilient communities whether in times of calm or in times of crisis.

Our conversations with the stakeholder organizations will help the Committee identify which themes and topics to highlight over the course of this coming year and years subsequently. It will form the basis for our future recommendations to the Secretary of Health and Human Services. And as chair, I want to reiterate how grateful I am to all of our rural stakeholders and our partners for being part of this process and engaging in these honest discussions. Ultimately at the core of rural success are our resilience and our drive to innovate now more than ever as we navigate the hardship of the COVID 19 epidemic, I think it's important to celebrate the positive aspects, the positive impacts on innovation has on our healthcare providers and grantees and our patients.

I even see this personally. Nowadays, I see about half of my patients by telehealth, something a surgeon wouldn't do before. And I see them out on the farm, in their homes, even in Costco, but their lives are richer, they get more opportunities and it doesn't cost them the time to travel to get specialized care. As you heard earlier, Medicaid and Medicare services revealed the chart model to establish much needed change in healthcare access and payment. Now, rt introduction of these innovations actually comes about five years after the Advisory Committee sends recommendations to the Secretary of Health and Human Services.

This is how rural providers can best be included in CMSs delivering system reforms. Sometimes this work can be difficult and it takes years to implement, but it is completely worth it to know that not one single person in this country is left forgotten no matter where they live, especially rural Americans.

This model aims to reduce the higher rates of preventable diseases in rural areas through two simultaneous tracks, the community transformation track, and the accountable care organizations transformation track. Through the

community transformation track, CMS will be providing funding for rural communities, specifically to build systems of care that address current barriers to healthcare.

The accountable care organizations transformation track also allows for providers to adopt a value based payment model instead of maintaining a volume based payment model. I look forward to continuing this collaborative effort with CMS to create rural healthcare that is more affordable and is of the highest quality for all Americans.

In 2019 to create space for new innovations in rural maternity care. The rural maternity and obstetrics management program. The purpose is to improve access to and the continuity of maternal and obstetrics care in rural communities. Last summer in order to be selected for this grant, applicants had to describe how they would incorporate telehealth into their program models. As the inaugural class started their first year funding the Committee continued researching ways to improve and support rural maternal care.

In May we presented six recommendations to the Secretary to complement and further the work being done by FORP and the new ROMS grant. The adoption of the Committee's recommendations which range from calls for more funding allocated towards current rural maternal assessment models also to the creation of standardized rural obstetrics, safety and treatment protocols and also with formation of the ROMS grant, these are the foundations for the kind of comprehensive equitable maternal care that new and growing rural families deserve.

By being proactive and integrating new technologies into our rural health systems, we create local communities that are prepared for the global challenges facing us now and in the years to come. These innovations in care delivery, access and payments are just a few examples of how capable and resilient our rural communities are in the face of a tremendous crisis.

And I am so proud to be part of this community of researchers, administrators, organizations and healthcare providers who are working tirelessly to create the most accessible and equitable rural health systems possible.

Now, I hope you have all been enjoying the events during the last few days and are looking forward to the speakers we have got coming up this afternoon. I want to say thank you for your service. Happy National Rural Health Day and I will turn things back to our moderator, our good front, Tom Morris.

>> Governor, that was great. Thank you so much for taking the time today and for joining us. He has a great passion for rural health also. So we are really

excited about where we go from here, especially with the new strategic framing that the Committee has developed. So, again, thank you for taking the time, governor.

We will move onto the next session is where we will hear from folks on the front lines under the broad title of rural response to COVID no doubt, you know, we are facing serious challenges, both the governor and Tom Engle's references in their remarks in how rural communities are responding to the pandemic, and we know particularly in the last couple of weeks that rural communities have been hit really hard by this and are dealing with serious, serious challenges. So today what we really wanted to do was bring you voices from the front lines, because we know that folks are really facing some difficulties and yet when we hear from our grantees what I continue to marvel at is their ability to persevere, to be innovative, to be creative, and mostly to be resilient against something that never of us ever thought would come or be prepared for.

So you are going to hear a couple of different examples of situations where, you know, I think you will see the sort of creativity and stick to itiveness that I think typifies all of the grantees. We marvel at their ability to do this. We know that challenges are likely going to continue for the foreseeable future. We want to do all we can to help them serve their communities and today I think you are going to get three very good examples of the sort of projects we fund, but more importantly, I think you are going to get three examples of what we want to celebrate on National Rural Health Day.

So with that I would like to turn it over to my colleague in federal office of rural policy, Sabrina Frost.

>> SABRINA FROST: Thank you, Tom. Good morning, everyone, today we welcome three federal office of rural policy grant recipients to speak on their response to the COVID 19. We will hear from Mariposa community Health Center, next the Sierra, Nevada Memorial hospital will explain how community partnerships and groups came together to support the hospital's COVID 19 response effort, and finally, we will hear from Marion general hospital in Indiana on care for patients with heart failure and use of community health workers. A question and answer session will follow. Please feel free to leave questions in the box at the bottom of the screen throughout the presentation and we will answer questions at the end of the webinar.

Without further ado, I would like to introduce our first speaker, Matthew McCulloch. I'm pharmacy manager at Mariposa community Health Center, and today we will be discuss how we have adapted, evolved and are succeeding

during the COVID epidemic. A little bit about our organization before we begin. Mariposa is a Health Center located in southern Arizona and we serve metro and rural areas of Santa Cruz county. We are about five miles from the U.S. Mexico border and our pharmacy fills approximately 500 to 600 prescriptions today and we have a budding clinical pharmacy department involved in direct patient care such as immunizations, medications, therapy and various disease state management.

A little bit about our patients we serve about 22,000 patients and we will be expanding to an additional 5,000 with the acquisition of a local healthcare group. About 13,500 of those patients fall 100% below the poverty level and last year alone we had 93,000 patient encounters.

In early January once we started to hear about COVID and COVID was starting to spread, our organization was very proactive. We decided to implement some measures to continue to serve our community, specifically our pharmacy remained open to the public. Anybody entering the pharmacy lobby needed to have a mask, and for those that did not have one, they were provided. We had a single line within the lobby itself with tension barriers to limit movement of patients on the inside and we allowed for social distancing. For our pharmacy personnel, we divided into two main groups. The first group remained in the pharmacy to continue with day to day services to continue to meet the needs of our community.

The second group was disbursed across the campus, isolated from one another in order to allow substitution if a positive case occurred within the pharmacy. Our goal was to keep the pharmacy operating in order to continue to meet the needs of our community. Any pharmacy employee who was at risk was given the opportunity to work in isolation or work remotely in order to keep them safe.

Personal protective equipment was imperative. Staff were required to wear gloves and masks at a minimum and those with increased patient contact were required to wear gowns and face shields. We implemented twice daily temperature checks for all staff entering the pharmacy and we used CDC questionnaires to mitigate risk for those entering the pharmacy. In addition, we had routine use of alcohol sanitizer.

To mitigate risks further any employee with a temperature higher than 100 degrees Fahrenheit was sent home. Any person with COVID symptoms and a fever was sent home and tested. Despite everything that we did to mitigate or prohibit a COVID outbreak, we still had seven employees that did test positive.



Thankfully though because of the measures we put in place, we were able to fend off an outbreak and seamlessly continue to deliver the medications to our community. So as COVID worsened and began to spread, catch fire, our pharmacy decided to go to a closed door system, and what this meant was we had to change not only the pharmacy, but our clinical department.

Prior to COVID our clinical pharmacists were involved in medication assisted therapy, immunizations and had direct patient contact in the room with providers. But with COVID, that all changed. So how did we change? How did we innovate? For the pharmacy itself, we developed a drive up pick up system. We had designated parking spots and the patient would call the pharmacy, they would indicate their name, date of birth, a call back number, and the spot that they were parked in.

We tried to establish payment on file with as many patients as we could to limit contact with money, with people, and with the use of couriers we took the medication directly to the car. The courier would be in full PPE and verify the patient's identity with two factors.

Following delivery, the courier would remove any soiled material and sanitize. The pharmacist would call the patient after delivery and provide counseling if required. This is an example of our drive through pick up area. I had mentioned we used couriers. One of the awesome things we did as an organization as is it as COVID worsened and other departments were first to close such as dental and care coordination, these employees were transitioned into the farm.

>> I rather than being furloughed they were used as couriers to deliver medications to patients. Federal COVID funds maintained full staffing and allowed these people to continue working and serving the community that they so much care about.

Clinical pharmacy also evolved and innovated. They created drive up immunization spots and they work similar to the way the medication spots work. The patient would call the pharmacy, indicate their demographic information and the spot they are parked in, establish a payment on file, and then the immunization was administered at the car with the use of couriers and RX staff. The staff would be in full PPE and disinfect afterward.

Up to date, we have done about 400 shots which is pretty impressive during an epidemic state. Medication assisted therapy was changed from in clinic to in home with direct pharmacist involvement via the phone and weekly flu clinics were conducted in a similar manner. Forgive the construction. We are still improving this area. But this is the example of our drive up flu area.

As a pharmacy, we weren't satisfied. We wanted to do more. What could we do more to protect patients and what could we do to protect our employees? And with that we developed a delivery system that delivered medications directly to the patient. We were one of the first to do so in the area and we used couriers from other departments as sorters and drivers. We utilized technology to help deliver medications in a more efficient way. We used Google Maps to create efficient routes and to log deliveries and we delivered only in the Nogales area first to the elderly at risk population. As COVID worsened, delivery was extended to all patients with comorbidities. We also continued to deliver to outlying areas via satellite clinics.

As we were delivering, we did notice that we had an increase in our volume by 20%. The result of this is we created a permanent position for a delivery technician and driver. They maintained deliver to all Nogales patients and some outlying areas. Delivery to satellite clinics in the farther outlying areas was continued.

Ultimately when delivery began we started with 64 patients per week. We are now at 550 patients per week. On average, 25% of our monthly volume is delivered directly to the patient's home, which is about 2500 prescriptions. We have received 1500 new patients to the program and the program itself is self sustaining.

We have been lucky here and we have been able to continue to meet our community needs amid the COVID epidemic, and it just makes me really proud as a pharmacy manager to be associated with such an organization. Any questions for me or comments? We ask that you save those for the question and answer session of the webinar and with that said, I would like to introduce Laura Seeman.

>> Good morning from the grass valley, California. I will be presenting on behalf of the Sierra, Nevada Memorial Hospital foundation who handles our grant writing and financial piece of our grants and also Sierra, Nevada hospital. I am the director of mission integration in community health and I have been with this organization for about 23 years.

So just a little background on who we are. We are a community hospital within a Catholic healthcare system. We have been providing care in our area since 1958. In 1996 we aligned with Catholic west and our name changes to Dignity health in 2012. And in 2019 we aligned with Catholic health initiatives. We are now a community hospital in Nevada county, California that's part of a

nationwide organization. So it definitely is a great opportunity for the people of our community.

We are the largest employer in our county with around 800 employees. We have 104 inpatient beds and 21 emergency room beds, and we have been providers in care in all levels of service. We have surgery, we have diagnostics, we have an excellent outpatient diagnostic program. We are part of the Cancer Institute of Sacramento as well as we receive a lot of neurology through telehealth, through our hospital down in the Sacramento area.

We also have home care service. We run our own ambulance service in this area. We have comprehensive outpatient classes related to chronic disease conditions like diabetes, heart disease. We have a great cardiac rehab program as well as provide women and infant care services, you know, labor and delivery. We have an outpatient wound care program.

So there is a lot going on in Nevada county. We did just complete our three year HRSA grant with Kathy Philips helping to oversee it for us. Our primary focuses were on improving our telemedicine programs, telepsychiatry, really working to get into the more remote areas of our county, working with ED navigation and access to follow up care in a timely fashion with our FQHC partners substance use disorder and navigation and medication assisted treating programs have become a strong focus in our community to help those that are underserved.

And then also on the inpatient side, we have a care transitions intervention program with a local agency that helps to provide people connection to the follow up services, the wrap around services that are really needed. So our grant completion cycle, this summer, it really was falling smack dab in the middle of the COVID pandemic.

It was kind of nice to be sort of wrapping up one thing as we were trying to wrap our brains around, you know, the so called new normal that we are all living in. Luckily our community partners really stepped up, and I'm excited to be able to share some of the things that we have done.

So when COVID, you know, came to our community at the end of February, our organization really started to spread the word through all of our inpatients as well as outpatient we started passing out little cards just, you know, letting them know that we are responding to the federal recommendations. So I think that helped give the community, you know, a really deep sense of the fact that we were there for them.

The community immediately rallied and wanted to thank their healthcare workers for putting themselves out there. There were immediate dropoffs in our lobbies of things like N95 or boxes of gloves, Clorox Wipes, hand sanitizer, disposable overalls, but also wonderful things like candy and cookies and treats and just about anything else you could think of. Our hospital operators were overwhelmed by the volume of calls of people trying to just give back.

So I would say I was very lucky. They started routing them to me. So I got to connect with all of those people in our community who wanted to help out. One of the first groups that I connected with which was really amazing was a grass roots sort of group of seamstresses who eventually started calling themselves the Nevada County mask makers.

They started this group from kind of the pleas of our nursing team here, friends of friends, connecting through a Facebook site, you know, and it was very unknown back in early March about whether or not we would have adequate PPE for the surge that was predicted. It wasn't really our case in our community we were very fortunate that we had adequate PPE, we continued to have adequate PPE,, but we never, we didn't really know.

And it was challenging for folks as the masking guidelines were coming out, it was hard to get masks in stores. You don't have a Target in our community to just go pick one up from, and so this mask group really helped to fill that void. During the early months of COVID, we sent care packages of masks to people in New York City because many of us had contacts of folks who went there to help volunteer and meet the healthcare needs in that area.

So initially our hospital foundation director and I met with kind of the head organizers of this group to help them develop their process, help them acquire supplies. We were buying elastic like crazy to try to help keep up with the amount of masks being produced. We helped them set up distribution sites and a tracking mechanism.

Our staff helped to sample their patterns and really helped them kind of design what would best fit the healthcare need they created pockets for filters, but really with the ultimate goal of keeping them safe.

We delivered hundreds of masks to our staff. We rounded with carts. They came in by zip lock bagful. Our hospital foundation helped track all of this, and then community members as our ears started to hurt from wearing masks all of the time, community members with 3D printers started making ear savers that wed could also pass out, little plastic pieces that fit behind the head to keep the loops of the mask off the ears, really a genius thing.

So as of today, I looked on their website, and they have made more than 14,000 masks. And, you know, this remains a volunteer led program. They have a tracking sheet on their Facebook site which I have listed here which allows the general public anywhere in the country to request masks. Which is really great that this is going to continue on.

You can see here that there is more than a thousand members of this Facebook page. So if you are on Facebook check it out, and just certainly offer your thanks to them, because they have done amazing work.

We have a lot of other communities, community partners step up to help us as well. We had food donations from local businesses. It really helped both the hospital staff morale as well as the businesses that were closing, were going to lose food, were going to not have their businesses as they had sort of expected going into the summer months.

So every once in a while, we get a call that there are pizzas, sandwiches, pastries, something like that that we can distribute to healthcare workers and that definitely is something that makes people smile. Another company that automatically just stepped right in was a company called Autometrix. They were a glass cutting company but they also had this sort of plastic, this very kind of soft plastic that they quickly made into face shields and eye protection for our staff because those were two things that were really challenging to find in the very beginning and they just stopped their production of what they were doing and stepped right in.

The one that was the most fun community partner so work with was south fork vodka. The distillery in the community was a favorite among the staff, but once they stepped in to stop making their vodka and transition to making hand sanitizer, our staff really loved them. As hand sanitizer became more and more difficult to get, south fork distillery worked with the California board of pharmacy to obtain a recipe for hand sanitizer that would meet all of our clinical needs. And so very quickly they developed this, and they didn't have containers, so they were sending it to us in vodka bottles which were properly labeled as hand sanitizer but it was funny walking through the hallways with handles of vodka when it was really hand sanitizer that we could put into containers in all of our patient rooms.

We even sold it in our cafeteria to make sure that people had hand sanitizer for their homes to keep them receive. And our healthcare system really helped to support the morale. Our healthcare staff really are heroes. They worked through all of the uncertainty early on in COVID, and we had posted during the

month of April to help boost the morale, you know, which was just wonderful for all of us entering the facility every day. So with that, that ends my presentation from Sierra Nevada Memorial Hospital in grass valley California and I want to thank you for your time today, next I would like to introduce Kelly from Marion General Hospital.

>> Good morning, and thank you so much for allowing me to brag on my hospital system just a little bit. We are Marion General Hospital and we are the only hospital in our county other than a Veterans Administration Hospital. And we are not affiliated with I have a few things about us and I wanted to make mention to the bottom, you can see it in the picture, some of our claim to fame is we are home to the Garfield creator and James Dean.

That's one of our claims to fame and we do have a Frank Lloyd Wright house so if that helps you picture middle America in Indiana just to give you an idea.

I wanted to talk about we were privileged to have several grants from HRSA over the last couple of years focused a lot on substance use disorder, opioid misuse disorder and we were afforded the opportunity to be part of the small healthcare facility quality improvement program and that's where we jumped with both of the grants with our community health workers.

I will talk about that later on, but as Laura shared our communities did come together and I think that's some of the beauty of rural communities and our foundation started sending out the signs we are all in this together as you see there.

But I wanted to talk a little bit about how I saw it very quickly that leadership of Marion General just immediately responded while I felt like some hospital systems and healthcare were like, wow, what are we going to do.

Our incident command team was on it immediately. Some of the changes that we did, and I just wanted to talk in these categories briefly, some of the things that a small hospital with I felt like was amazing how we were able to pool resources and work with the community. So when we talk about engineering changes and I know many hospitals had to kind of face this, but, again, I would like to say I felt like we were really leading edge on some of this. We had a wing in the hospital that we reengineered in order for it to provide more negative pressure rooms for COVID 19 patients.

One of our outlying buildings that we use for employee health options in our community was turned into a COVID testing site. Then we had to reengineer some of the rooms even in our acute rehab because one of the issues we were seeing is as people were coming off of critical care areas, they needed to be able

to be in a safe rehab area even if they were still COVID positive. So many of the rehabs in our region were not taking patients that were COVID positive.

So we saw that as a need and immediately responded to that. So one of the things that I think was really interesting is that we were able to look at our ventilator supply and being able to reengineer gas lines and air support and electrical support to be able to use other areas outside of our critical units that we have never had to use before.

And we even looked at the options of could two people be on one ventilator and what would that look like. We fortunately never came to the point where we were out of ventilators. We are a little bit stretched right now, I believe, but we have had more time to secure additional units, but in that early stage, that was really kind of a scary moment to worry about maybe not having enough vents for our patients.

Our pulmonary procedures were shifted to canister to try to prevent additional spread within the hospital and as we looked at our other facilities, our engineering department did a great job of saying how can we ongoing protect our patients and our staff in all of our buildings? So that was really kind of a cool thing, but then when we looked at how did we respond with our staff, we did a labor pool as I'm sure many other hospitals did the same thing looking at retired people, looking at people who could be cross trained to work in different areas that were no longer in a clinical area.

We really looked at shifting and cross training and we didn't have to furlough people significantly other than just shifting around in our patient care areas. So the Board of Directors, we were very grateful that they voted to give all of the employees that work for us a bonus during this time to help with some of the financial and that was just a great thing that we can brag about that our Board of Directors jumped in quickly.

Another area is that we partnered with our local YMCA to provide child care. Many of the child care agencies shut down during the early part of COVID and now we are seeing some of that being hinted at again. So the child care option through the YMCA was a huge help for our employees.

Another thing that I thought was kind of unique and it was really our CEO who had this vision, we came up with a small grocery store for essential items that was in the cafeteria. And that really provided a safe place for our staff to get food and very convenient. So when we had people working 12 plus hours and working more overtime and extremely worn out staff coming from our critical

areas, they could stop by the cafeteria and quickly get food items that they might need for them and their families.

That is still running and it's really been a blessing to us in our community. So when we think about other services as most hospitals, we had to cancel our surgeries, we had to cancel many of our outpatient procedures, and for those of you who work in hospital environments, those are a lot of times the life blood as far as our financials.

Our reimbursements are better many times for those kinds of services, so we lost a huge revenue stream when all of that happened. And as you might have noticed on our first slide, we were 21% poverty, so we already have a very large share of people who need patient assistance or charity care, and we don't always get reimbursed for that and we have not for the last couple of years. So it really looked at a financial challenge. I give kudos to our leadership as they looked at how can we pool our resources, how can we look at still becoming sustainable and meeting needs of our clients? So that was a challenge and it's continued. One of the other things that we notice that many people around the country mention that our emergency room use went down 90% because people were afraid to come to the hospital. Will.

So one of the scary things is that we had people coming in too late for strokes or for heart attacks for us to really be able to do effective intervention for long term. So we actually put out a couple of videos to the community, like don't be afraid to come to the hospital, please come if you are having symptoms of a major situation. We don't want your health to suffer and we are doing a great job of protecting you from potential COVID exposure in our emergency room. One thing that is unique to us in our county, we own about 95% of the primary care practice.

So that gave us in some ways a strong strength to switch to virtual and telehealth visits. We were not at all equipped to do that. We had one practice that worked with two of our schools but other than that, we had not done any telehealth. We did not get the grant that they were talking about earlier, but when you think about an immediate shift for all of primary care and then the numbers they were able to see within just a week or two of shifting was really a pretty amazing feat.

I think we actually borrowed back some of the school equipment which was provided by Indiana rural health association through a grant which we were grateful for that. But it was really kind of a big jump. I'm not sure a lot of our primary care were ready to go to telehealth, and I think they are ready and now



realize the value of it. So sometimes emergencies help us make jumps in a good way even though none of us really wanted to do that.

So the area I work in is community outreach and population health and, of course, working with the grants. So as I was looking at our work plans that we wrote for the grants that we are so grateful from HRSA, it was like, wow, there are so many of these things we have not been able to do because of the COVID 19 shutdown and the lack of being able to be out in the community.

So we started looking at what could we do to offset that but still meet our grant expectations as much as possible? So we have looked at can we do our peer supports who are coming to the hospital for drug overdoses, and people struggling with alcohol, can we go to a virtual platform on that?

We looked, we did that, and our Coumadin clinic was doing drive up. Most of our facilities have a drive through cover because in March in Indiana it is still not pleasant like those that are sharing from Arizona and California, so we did at least be able to do that. All of our testing was set up that way through kind of a covered drive through which we were grateful for especially when the weather was not good.

But when we looked at smoking cessation, we looked at our other kinds of outreach for heart failure, it really was tricky to try and find how can we be creative. We created small three minute videos that we could put out on Facebook that was giving health information. We are working with the school nurses as they were trying to get information out.

We put information about what was available in the community for healthcare in the lunch packet. We had tens of thousands of lunches given out during this time and it was a drive through process so we put the communication in the lunch bags to help with some of this.

So as we look to the financial which I mentioned just briefly, that huge impact of not only our lost revenue, but also many more people in our community becoming unemployed, our healthy Indiana plan, our Medicare Medicaid expansion was having a hard time keeping up with all of the new applications. So our patient financial services really looked at how can we get people in quickly, presumptive eligibility or not, how could we make sure we are caring for our people.

So it really does involve every single department of the hospital to respond to this, and I know nationally nurses and physicians have been getting a lot of kudos which they should, but when we look at all of the things that have to be done from reengineering to cleaning, to construction, to our electrical lines to

our patients, it is a huge endeavor to do this, and I just love to brag on how our team came together on that.

We also worked with a local long term care facility that had a significant outbreak. We worked with how can we supply and help them and support them, and so that was kind of a neat experience to be able to partner in a different way than we had in the past. So as I just mentioned a little bit here about safety, we did have the problem of not having enough PPE early on, and so our team immediately came up with using one of our meeting rooms and set up a huge UV light system and an amazing check in and check out very well contained on how to check in your N95 mask to be cleaned by the UV light and when to pick it up again. And we still have that room and fortunately we right now currently have enough PPE but we are hearing that supply chains may be breaking down again. So we are definitely keeping everything in line for that. We did partner with several other areas. Our free clinic had some sources that they were able to provide some PPE for us. Harbor freight, I don't know if you have that in your area of the country, they brought a pallet of PPE for us. I think some of our other facilities that said, you know, we are not going to need our PPE and a lot of our farmers who have the N95 mask and respiratory protections said we are not going to be using them, can you use them. Our staff worked hard or our hospital did at how do we keep our morale autopsy and emotional support. I wanted to show a little bit, I kind of talked a little bit about this, but I want to jump real quick to our grant, and then insert that our last grant that we have been working most on is to, on heart failure, and I think they mentioned that. How can we improve quality of life and also reduce hospital readmissions? And so I wanted to talk a little bit about kind of the mix sure of all of this happening. How can this kind of grant happen in the middle of COVID. It's been a challenge. I wanted to show you the beauty of a rural community.

These are some of the, you can see pizza was donated here and there was a whole bunch of other food and much like Laura mentioned, lots of community food was being donated. The picture in the top right really showed that our community supported us with drive by, with parking in the parking lot, with support for several nights in a row the churches of our community were really supporting us large with huge gatherings in the parking lot after hours and, of course, our parking lots weren't very full from clients anyway and every hour on the hour they would have their group talk honk their horns so that our staff

inside laboring hard would know the community was out there supporting them in prayer and in other ways.

So that was kind of exciting and in fact it started up again last night because we have seen a huge uptick in Grant County. We have other donations like iPads. One of the companies gave iPads so patients could stay connected better with families because we had limited resources on some of that.

He withed 3D printing people that made the things for the ears, and just some very creative ways that our community found to support us.

So they mentioned earlier about our community health workers, and I did too.

One of the things that happens due to one of our HRSA grants is we started remote patient monitoring first on heart failure patients. We have never done remote patient monitoring from our system before, so this was a new jump for us, and so as we look at the options even now as COVID is ticking up, we have to decide, you know, the health of the person versus the risk of going in and out of the home so we have been very careful with that.

This is one of our clients who agreed to let her picture be shown about should our remote patient monitoring is going to be used for heart failure patients.

They also, the company that we are working with has also designed these now to be able to work for people with COVID. So if we have people at home being monitored for COVID, these can easily be shifted to use for that. So we are really excited about this. And I want to also brag on our community health workers, we have two that are also with our substitutes disorder grant, and they have substance use disorder grant and they have become the triage center for patients who may need food or may need to be connected to housing or maybe need to be connected to other kinds of treatment.

They have become the triage hub and they have been able to get an amazing amount of resources. And so our community health workers have really stepped up to assist us in this particular area. So we are really excited about that. I need to end here soon. I just wanted to end with a really cool story.

We were invited to celebrate with warrior walks, our staff was, and this particular warrior walk was a fourth grade teacher in Grant County in his 40's who spent 40 days in the hospital and was told he would not live more than hours three different times. I wanted to talk about. This is when he was released from our acute rehab after many days on a ventilator. He and his wife have eleven children. No, not all of our stories end this way, but these are the things that keep us going. The last picture I want to share is that his kids

donated money to the hospital because we did such great care for Mr. Henry. Thank you so much.

>> Thank you Kelly. Now, we will move into our question and answer portion of the session.

The question box is still open for any questions you have so feel free to ask away, but to get started, the first question we have is for Matthew. Matthew, the question is how did you compensate with weather, for example, summer heat or rain with the pickups in the flu clinic. And the question also has congrats on being innovative and keeping the pharmacy running.

>> Thank you. So here we mostly have to worry about the heat, I think it's rained I could couldn't on my hand how many times but we did have tents that had fans available. And also people were in their car so they had AC. If it was really bad, there was an area in the lobby that was cleaned and isolated where the patient could come in.

>> Great. Thank you. The next question we have is for Laura. The question is do you have any advice for healthcare facilities that would like to engage with their community more, especially in terms of expressing hospital needs during the COVID 19 pandemic?

>> That's a great question. We didn't really have to try to engage our community because they were so willing. So I think really making sure that as a healthcare facility you have good connections to the people you are serving. I think that when you have that and when you are already a well embedded member or teams of people out in the community that people just generally want to step up to help. So I think, and then being clear about what your needs are, I think in the beginning we found people just dropping off, you know, bags of things that really as much as we loved a platter of cookies, for example, what we really wanted, we wanted them individually wrapped so that healthcare workers didn't have to be touching multiple things.

So I think as we have gotten better at this, we are very clear about the things that we can and cannot take for donations, but then also really developing kind of a core group of folks to be out in the community giving back and helping others. Then everything just kind of continues to come back, you know, to us as well.

Great. Thank you. The next question I have is for Kelly. You mentioned that remote patient monitoring is being used for patients with heart failure and it also has the potential to be used for patients with COVID 19. Are you aware of

any options for remote patient monitoring to be adapted to address needs of any other kind of patient?

>> Actually, we are working on that. Our next chronic illness that we will be bringing on board, the plans are is for diabetic patients.

So we could add the peripheral to our units to go out where the blood sugar monitoring would be on the system, right now we can see their blood pressure, we can see their weight, their heart rate and their oxygen content, their SO<sub>2</sub>. So when we looked at our next biggest group of people who struggle with quality of life and have a lot of readmissions diabetes obviously is a strong co morbidity. So that will be the first peripheral that we will go into. COPD, really remote patient monitoring can be used for almost all chronic illnesses and all of the companies that we investigated for remote patient monitoring did have multiple units. Another one that has really come up is for joint replacement. People who have had joint replacement, you know, CMS is encouraging us to really look at not having readmissions with that infection control and all of that. So remote patient monitoring can be used for that for a short term piece, and they are looking into what are some other, like, sort of like COVID, you know, we send, we have a patient who is COVID positive, has maybe mild symptoms, but we want them to be monitoring because maybe they are at risk for other reasons or immunocompromised so we could be monitoring oxygen content from home, saving resources with primary care and ED and yet giving them very clear guidance with checking in every day to say, you know, look, your O<sub>2</sub> is struggling a little bit, maybe we need to do this or that.

So I think this world is going to kind of explode with remote patient monitoring for a lot of reasons, but I think COVID 19 is really going to emphasize that even more.

>> Thank you, Kelly. Another question for you is the COVID free grocery store is such a great idea. How did you come up with it.

>> actually, it was a dream if our CEO, Stephanie. She really is concerned about the food insecurity in our county, and we had looked at several different options for like a mobile teaching kitchen because of our community's food deserts, et cetera, but then she just kept saying we have employees who struggle with food security and or their families do, but when we thought about our nursing staff and our respiratory and our housekeeping and all of those that were intimately involved in care of COVID patients do we really want them going to grocery stores? And do they really have time to go to grocery stores? And to even go, if any of you have tried to do remote ordering from Walmart or

any of them, it is still a job to go through the app and mark all of the things that you want.

So in essence of trying to make life a little bit easier for staff and to provide healthy, good food that they could pick up on their way home from work was really her brain child, and originally I think it was supposed to go through June, and obviously we are still having it because it has been a great hit with all of the staff.

>> All right. Thank you, Kelly. Our final question for the day is for Matthew. You had mentioned that 25% of patients are requesting differing services. With increase in service demand due to COVID 19, how are you positioned to respond to a possible increase in the number of patients requesting that service?

>> Well, right now we are still having some areas in the campus closed so we are using those people as additional drivers if necessary. With an increase in volume, if an increase does occur, we could look into hiring an additional potential driver. Thank you for the thoughtful questions. Now, we are going to hear again from Tom Morris with closing remarks.

>> Great. Well, thank you all. Thanks, Sabrina for coordinating that session, and, wow, I have to tell you there are three really great examples so thank you all for your presentations today. Just a couple of thoughts on each, the Mariposa, you all have tapped into our funding again and again and continued to do creative things, but you have outdone yourselves with this one. It was such a creative effort to deal with some very high risk patients and to think outside of the four walls of the building so a lot of credit for being creative and serving your population. For the Sierra Nevada hospital foundation, a great example of how even though our grant with you was ending, you kept going and it sounds like you always have been that resource in your community, but being the resource for the PPE, the cleaning products and turning a distillery into a producer of hand sanitizer is a stroke of brilliance and for the Marion General Hospital folks you are one of those folks that have been able to tap into our funding several times, and the opportunities to really think creatively about your space, to do COVID zones both for ICU and then for recovery, really smart. So many rural hospitals were in perhaps older buildings that have extra space and to be creative about how you use that really speaks to a level of ingenuity that I admire.

But then per the question that already came up, the grocery store, one of the most creative things I have ever heard of and yet so needed in this time. So I this speaks to a larger theme, and I would like to offer that each year we fund

projects just like these three and we are continually marveling at the level of creativity that folks take a very model amount of funding from our office and do amazing things with it.

And that's in a normal time, but to take that same level of creative during a national, international pandemic at a time when revenue flows are changing and you can go through an incredible surge that puts great pressure on your facilities and to do so and still be able to think outside the box and do other things, it's just amazing. And the reason I bring it all up is because it aligns with an initiative we began last year with the national health association and it's around lifting up the voice of community health and I think you heard three great voices today of exactly what we are trying to get at.

So often the people doing the really hard work are too busy to go to national meetings and present their findings, so they don't always get the credit they deserve for being real change agents at the community level and yet if we ever are going to address the rural health challenges that are out there, it will happen because of the three of you and so many others that do this. If. Later today the State Offices of Rural Health will release their findings of 48 community stars around the country. I would add three more to that list in what the three of you have done. For the past eight months you all out there have been doing that creative work and responds to needs in your community. I know for a crusty old bureaucrat like myself, I have been stuck at home or coming into the building and there is a sense of separation from what's going on there. You read about it, hear about it in almost an abstract fashion. So I just thank you for your presentations today because they have brought home the reality of what's going on out there and it's helped to ground me in a way that I have not been previously, and it gives me great hope that we are going to get through this because of the work that you do.

So thank you for joining us, thank you for your work and your stories, and thanks, everybody, for joining us. We have recorded this webinar, so tell your friends so they can listen to it too. I think everybody that cares about rural health would benefit from hearing your stories.

Thank you so much.

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