



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

## 2012 Annual Summary



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The nation's leading technical assistance and  
knowledge center in rural health.

## Mission

The National Rural Health Resource Center (The Center) provides technical assistance, information, tools and resources for the improvement of rural health care. It serves as a national rural health knowledge center and strives to build state and local capacity.

## Vision

The National Rural Health Resource Center will be the premier national resource for rural health information, education and technical assistance and serve as a catalyst for improved health care delivery in rural communities.

Get to know us better:



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## MESSAGE FROM THE

# Executive Director

The National Rural Health Resource Center is pleased to bring you a summary of our activities and accomplishments during the 2012 calendar year. During this past year we took on major new programs and responsibilities and increased the size of our staff, who are now officed in Minnesota, Florida and Utah.

During 2012, The Center functioned as a national go-to resource for rural health information technology, rural performance improvement, rural health workforce, rural community assessment and rural health networks. The Center provided technical assistance to federal, state, regional and local organizations, held dozens of educational events for rural health program personnel and providers, and gathered and displayed models, tools, information and other resources as part of its role as a national knowledge center.

2013 will be a year of transformational change for the health care industry, and The Center will serve as needed to ensure that rural health remains strong and vital throughout the nation. On behalf of our board of Directors, our President, Dr. Ray Christensen, and our entire staff, we thank you for the opportunity to serve those who serve rural America. Please call us whenever we can be of assistance.

Sincerely,  
Terry J. Hill, M.P.A.



## MESSAGE FROM THE

# President

The 2012 Board of Directors and staff of the National Rural Health Resource Center are pleased with our accomplishments this past year. We are especially pleased to share it with those who have been a part of our successful year.

I am pleased to recognize and thank our board members for their commitment to The Center. It is with their spirits and contributions of collegiality, leadership, creativity, energy, and an insatiable desire and drive that make The Center an innovative and cutting edge rural resource.

We are blessed with talented, creative, collaborative, energetic, and dedicated Center staff that allow us to respond to your needs as well as provide ideas and energy to help you, our friends and customers, realize the full potential of your organizations.

Thank you for your ongoing support of the National Rural Health Resource Center.

Sincerely,  
Ray Christensen, MD



# Performance Improvement

The Center was busy with state and national Performance Improvement projects in 2012. A highlight of the projects include:

## Small Rural Hospital Improvement Grant Program (SHIP)

For the past eight years, the Health Resources and Services Administration (HRSA) Office of Rural Health Policy (ORHP) has contracted with The Center to analyze and report hospital activities under the Small Rural Hospital Improvement Grant Program (SHIP). In FY 2011, SHIP funds were used by 1,673 participating hospitals in the 46 participating states with State Offices of Rural Health (SORH). The annual report summary to HRSA and the Annual Report to Congress provides an overview of unmet needs and current activities in small rural hospitals (49 available beds or less) throughout the nation. The Patient Protection and Affordable Care Act (ACA) amended the SHIP program to include assisting hospitals to participate in delivery system reforms to include: value-based purchasing programs; accountable care organizations; and the National pilot program on payment bundling. The Center will continue analysis and reporting and will add technical assistance through webinars and guides.

## Rural Hospital Performance Improvement (RHPI)

The Center is now managing the RHPI contract, which is funded by ORHP. RHPI provides technical assistance and tools to support rural hospitals with less than 199 beds that are located in the Mississippi Delta Regional Authority designated counties and parishes. The Center hired two staff members this year to manage the RHPI technical assistance contract, which provides on-site consultation projects with nationally recognized field experts to the eligible hospitals. The goal of the RHPI project is to help rural hospitals improve and sustain financial, operational, and quality performance improvement goals. The Center continues to provide performance improvement sustainability trainings for eligible hospitals and state partners through a cooperative agreement with ORHP. The trainings include Health Education and Learning Program (HELP) webinars, Performance Management Group (PMG) calls, hospital best practice profiles, and a monthly electronic newsletter, Delta Dispatch. In FY 2012 RHPI served 106 hospitals as well as state partners from all eight Delta states through 22 HELP webinars, which included five health information technology (HIT) webinars, and four PMG Calls.

## Technical Assistance and Services Center (TASC)

In 2012, TASC focused on assisting state Flex programs to identify demonstrable outcomes of their Flex program activities, increase participation in the Medicare Beneficiary Quality Improvement Project (MBQIP), and network in the Virtual Knowledge Group calls and webinars. TASC provided educational materials to increase awareness of remote pharmacist services in rural areas and the benefits and barriers to the use of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) in critical access hospitals (CAHs). A directory of all certified HCAHPS vendors was developed which includes information on their available services, prices, and experience with rural health. TASC fielded approximately 700 technical assistance requests, held 40 educational webinars, conference calls and presentations, provided 19 site visits and consultations, and hosted two training workshops. In addition, TASC developed educational resources on critical access hospital finance. A Critical Access Hospital (CAH) Financial Leadership Summit was held in the spring to address issues related to CAH financial performance. A summary document including a consensus from the expert attendees identifying the most important CAH financial performance indicators and interventions for financial performance, and a CAH Finance 101 Manual were produced, addressing frequently asked questions about CAH finance in a non-technical manner.



*Tallahatchie General Hospital in Charleston, MS educates staff utilizing recorded HELP webinars.*

# Health Information Technology

2012 brought rapid changes and a number of new initiatives in Health Information Technology (HIT). Additionally, The Center was in a pivotal position to provide rural HIT education and resources.

## Rural Hospital Performance Improvement (RHPI)

In 2012, The Center developed and distributed four HIT guides to RHPI State Partners and RHPI hospitals. These guides were followed up with an educational webinar. Topics for the four HIT guides were: Electronic Health Record (EHR) Financing for Hospitals; Vendors; Workflow: Effective EHR Project Management; and, Meaningful Use Stage 2.

## Technical Assistance and Services Center (TASC)

In 2012, TASC developed a comprehensive database of over 3,800 rural health clinics (RHCs) nationwide. This supplemental project was in conjunction with the University of Southern Maine's Rural Health Research Center. Currently, an assessment is being disseminated by the university to evaluate the HIT capacity in RHCs. TASC continues to disseminate HIT information; as well as maintain a cadre of trusted rural HIT experts. TASC held several conference calls and two face-to-face meetings of the National Rural HIT Coalition this past year and developed a sub-committee to focus on issues surrounding access to broadband in rural hospitals. The Coalition's Broadband Sub-committee will be hosting a face-to-face Summit meeting in Washington, DC in February, 2013.

## Regional Extension Assistance Center for HIT (REACH)

The Center is a partner of Key Health Alliance (KHA), with Stratis Health and The College of St. Scholastica. In 2012, KHA's Regional Extension Assistance Center for HIT (REACH) for Minnesota and North Dakota, work included: educational webinars and workshops, an electronic quarterly newsletter, the KHA REACH website, outreach to the rural providers, and many other activities. At year end, 4,832 priority primary care providers and 110 critical access and rural hospitals were contracted with REACH. Forty-one percent of providers and 28% of hospitals working with REACH have reached Meaningful Use of their electronic health records. In the next year, REACH will launch a Patient Engagement Toolkit for providers and continue to support all clients to achieve meaningful use.

## HIT Consulting

In 2012, The Center brought a Chief Information Officer (CIO) on staff and began to offer rural HIT expertise for hospitals, clinics, and networks. The Center provided specialized assessments for EHR Readiness, Privacy and Security, and health information exchange (HIE) readiness. The Center's CIO also provides technical assistance to REACH hospitals in Minnesota and North Dakota.

*The HIT Consulting has utilized a collaboratively based problem solving approach in all of the work they have done for us. This has benefited us across multiple fronts -- capabilities assessment, vendor scope delivery issues and strategic planning. We are extremely pleased to have their support as side-by-side members of our team."*

~Wende Baker, M.Ed.  
Executive Director  
Electronic Behavioral Health Information Network



Joe Wivoda,  
National Rural Health  
Resource Center,  
CIO

*"Always a great use of my time to interact with the RHITND TA team. Absolutely the best use of federal funds to make this group available to networks—fantastic people and always timely, accurate information."*

~Rural Health Information Technology Network Development (RHITND)  
Grantee



## Recruitment & Retention

Health professional shortages are a continuing concern in rural communities. The Center provides workforce services in Minnesota and advises other states regarding their workforce strategies.

### **Minnesota Web Recruitment**

The Center offers *Minnesota Web Recruitment*, an online recruitment service. This service is a cost-effective way for clinics in greater Minnesota and urban community health centers to post detailed information about their physician, physician assistant, and nurse practitioner practice opportunities.

As the Minnesota state member of the National Rural Recruitment and Retention Network (3RNet), The Center utilizes the 3RNet as the platform to host and manage the Minnesota Web Recruitment opportunity postings. In 2012, Minnesota had over 160 postings on the 3RNet website and over 2,900 opportunity viewings.

The Center has established long-term relationships with the University of Minnesota, Duluth School of Medicine, as well as Minnesota's primary care residency programs. Center staff visits these programs annually, promoting Minnesota rural practices and providing tutorials of the 3RNet website via Minnesota Web Recruitment. The Minnesota Department of Health, Office of Rural Health and Primary Care's loan repayment programs are also promoted during these visits. The Center visited 10 programs in 2012, reaching over 180 medical students and physician residents in Minnesota and participated in a Nurse Practitioner Career Day and the Minnesota Academy of Family Physicians Spring Refresher.

*"Minnesota Web Recruitment is the #1 site for residents who are looking for the next stop in their career. It has an easy-to-navigate search page for postings all over Minnesota. The Loan Forgiveness page is loaded with information on how to find repayment resources and how to apply. This is critical information for residents as they make their placement decisions."*

~Kim Kruger, MD, Associate Director  
University of Minnesota, Duluth Family Medicine

## Community Health Assessments

2012 was a productive year for The Center's Community Health Assessment services as legislation in the Patient Protection and Affordable Care Act (ACA) mandates that 501(c)(3) tax-exempt hospitals conduct a community health needs assessment at least once every three years to learn about the broad interests of their community. This legislation is monitored by the Internal Revenue Service (IRS). This requirement generated much activity for The Center including educational webinars, presentations, and facilitation of community health assessment services with small rural hospitals across the county.

Nineteen rural health facilities throughout Minnesota, Montana, Wisconsin, Indiana, and California were able to listen to the unique needs of their communities by utilizing the community health assessment services of The Center. 2012 marked the sixth year the Montana Office of Rural Health/Area Health Education Center (MORH) had contracted with The Center to design and distribute the Community Health Services Development survey. The process assists critical access hospitals in identifying community health needs and mobilizes communities to rally around their local health care system. In partnership with MORH, The Center has developed a tool and validated process for tax-exempt hospitals to meet the requirements established by the ACA.

Looking ahead at 2013, The Center anticipates the volume of community health assessment projects to increase as Flex Programs, networks, and hospitals continue to turn to The Center for community health assessment services.

*"Wow -just read through the Community Health Assessment Report; a lot of good info and good ideas on how to improve!"*

~ Susan Sefton, Director of Community Outreach, Adams Memorial Hospital  
Decatur, Indiana

## Networking

The Center worked diligently in 2012 to support rural health networks in this dynamic time, and encouraged rural health stakeholders to explore the benefits of networking.

### **Rural Health Information Technology Network Development (RHITND) Technical Assistance Center**

In 2012, the RHITND TA Center provided direct technical assistance, educational materials and resources, and training to the 41 rural health networks participating in the RHITND Program. Funding for the RHITND program is provided by ORHP with the goal of improving health care and supporting the adoption of HIT through rural health networks.

RHITND TA is guided by a three-fold strategy of strengthening network development, building HIT knowledge capacity, and facilitating business planning for sustainability. Specific efforts of the RHITND TA Center in 2012 included: 9 educational webinars and presentations; 9 site visits supporting strategic planning, network development, HIT adoption and implementation, and balanced scorecard training; participation in the All Grantee Meeting; a monthly newsletter; four cohorts groups where knowledge and best practices were shared around common areas of interest and need; and, an individualized network TA plan was created for each network.

The RHITND TA Team utilized innovation techniques and a systems-based model to design a series of educational materials, tools, resources, and training curriculum to support RHITND Program network leaders—*Aim for Impact*—that will be rolled out in 2013.

### **Network Consulting**

It was a busy year for staff at The Center for network consulting. The Center staff facilitated strategic planning sessions for several networks across the country using strategy map and balanced scorecard development and training.

## Other 2012 Highlights

### **VISN 23 Palliative Care Rural Initiative**

The Center was awarded a contract from the Department of Veterans Health Administration (VA), Veterans Integrated Service Network (VISN) 23 to develop a plan to enhance communication, coordination, and streamline community hospice services for Veterans living in rural communities. As a portion of the contract, The Center worked collaboratively with five hospice and end-of-life organizations in VISN 23 to develop care coordination models that effectively serve the unique health care needs of rural Veterans. This powerful project helped to increase care coordination and meet the unique end-of-life care needs of rural Veterans. The Center is now working to promote the best practices and lessons learned from this initiative.

### **2012 Minnesota Rural Health Conference**

The conference, held in June, attracted a record-breaking number of participants, sponsors and exhibitors to Duluth, Minnesota to hear about health care in rural communities throughout the state. Nearly 500 participants joined the conference hosts, Minnesota Department of Health, Office of Rural Health and Primary Care, the Minnesota Rural Health Association, and the National Rural Health Resource Center, for the two-day event.



*Dr. Scott Shreve, National Director of Hospice and Palliative Care for the Department of Veterans Affairs, presents to the VISN 23 PCRI participants.*