

# Rural Healthcare Provider Transition Project Technical Assistance Information



# RHPTP Technical Assistance Informational Webinar

This project is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U5ERH39345 as part of a financial assistance award totaling \$800,000 (0% financed with nongovernmental sources). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.

[ruralcenter.org](http://ruralcenter.org)



# National Rural Health Resource Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce

# Diversity, Equity, Inclusion, & Anti-racism



**Building a culture where difference is valued.**

The Center is committed to DEI and anti-racism. We create an environment that reflects the communities we live in and serve; a place where everyone feels accepted and empowered to be their full, authentic selves; and where everyone belongs.

We understand the impact of and seek to defeat racism and discrimination in ourselves, our workplace, and the world. This guides how we cultivate leaders, build our programs and resources, and deliver our technical assistance.

We are an organization that honors, celebrates, and respects all dimensions of diversity. These principles are central to our mission and to our impact.

*[Read more at ruralcenter.org/DEI](https://ruralcenter.org/DEI)*

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# Agenda

- Welcome
- RHPTP Purpose/Goal
- Eligibility
- Technical Assistance
- Past Participant Experiences
- Project Timeline
- Application and Selection Process
- Additional Educational Opportunities
- Q&A



# RHPTP Team



Sally Buck  
CEO



Terry Hill  
Senior Advisor for Rural Health  
Leadership and Policy



Rhonda Barcus  
Program Manager



Angie LaFlamme  
Program Specialist



Faith Rhoades  
Program Coordinator

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U.S. Department of Health & Human Services



Federal Office of Rural Health Policy

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# Rural Healthcare Provider Transition Project (RHPTP)



**Purpose:** RHPTP is designed to help strengthen organizational foundation in the key elements of value-based care, including but not limited to efficiency, quality, patient experience, and safety of care.



**Goal:** Guide small rural hospitals and certified rural health clinics not currently participating in VBC through advanced alternative payment models to prepare for and position their organizations to be effective participants in a health system focused on value.



# Small Rural Hospital and Rural Health Clinic Eligibility

- **“Eligible small rural hospital” is defined as a non-federal, short-term general acute care hospital that: (i) is located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii), has 49 available beds or less, as reported on the hospital’s most recently filed Medicare Cost Report;**
- **“Rural area” is defined as either: (1) located outside of a Metropolitan Statistical Area (MSA); (2) located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs), or (3) is being treated as if being located in a rural area pursuant to 42 USC 1395ww(d)(8)(E); and,**
- **Eligible hospitals may be for-profit or not-for-profit, including faith based. Hospitals in U.S. territories and tribally operated hospitals under Titles I and V of P.L. 93-638 are eligible to the extent that such hospitals meet the above criteria.**

Click [HERE](#) for more information on RHPTP eligibility.

Wondering if you are rural? Access the [Rural Health Grants Eligibility Analyzer](#).

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# Candidates

While all are encouraged to apply, ideal applicants are those that demonstrate:

- Highest need (candidates that are not currently or have not recently received similar TA, and those without readily available support and access to VBC transition tools and resources)
- Strong readiness for comprehensive TA through financial stability, and a strong, stable leadership committed to active engagement in all phases of the project, including the application and interview process, where timeliness and responsiveness to any request for additional information is critical to the selection process.

# Project Expectations

**Selected organizations must be ready, willing, and able to:**

- Undertake a comprehensive consultation project
- Meet participation expectations including:
  - Strong leadership commitment to full project participation
  - Access/availability to internal support for project
  - Full participation in financial and operational assessment, and clinical quality TA
  - Ability to pre-schedule TA meetings
  - Ability to meet deadlines for data requests
  - Attend Kick-Off Webinar
  - Attend Peer-to-Peer Learning Collaborative Sessions
  - Share successes and lessons learned



# Technical Assistance Overview

- Quality focused TA project-Stratis Health
- Financial/operational focused TA project-Stroudwater Associates
- Coaching to support implementation of best practices and adoption of transition to VBC strategies
- Peer-to-Peer Learning Collaborative sessions for implementation and sustainability
- HELP webinars

# Stroudwater TA Team



Eric K. Shell



Lindsay Corcoran



Wade Gallon



Cameron Smith

# Stroudwater Technical Assistance

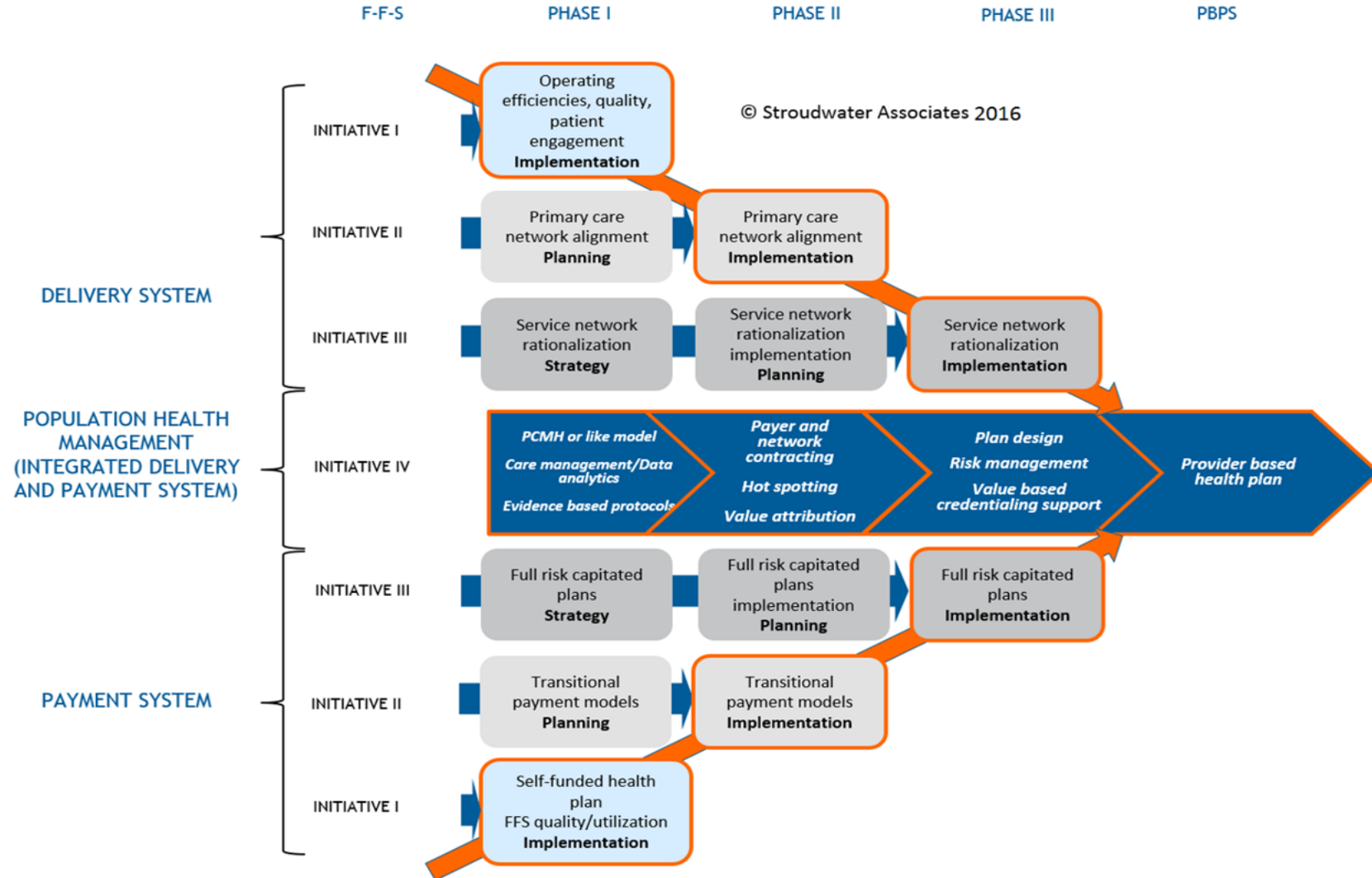
## Technical Assistance:

- Organizations will receive an assessment to determine **financial risk, identify strategies, and develop tactics** to address operational cost-efficiency opportunities in preparation to participating in VBC arrangements.

## Assessment includes, but is not limited to, key components of Phase 1 of the Transition Framework:

- Population health readiness survey
- Health equity dashboard
- Limited assessment of financial and operational performance relative to benchmarks
- Primary care provider arrangement and alignment
- Results from any pay-for-performance type contracts
- Primary and secondary market area served, including beneficiary complement
- Evaluate system alignment approach and strategy

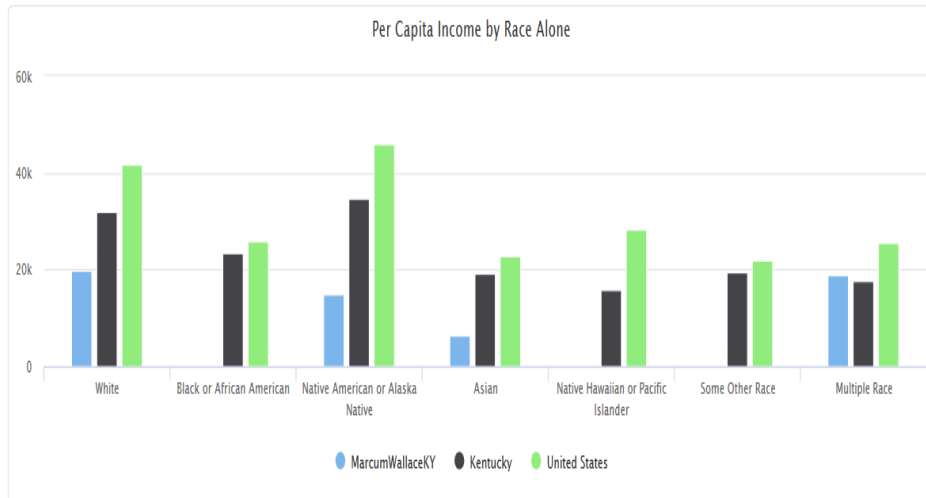
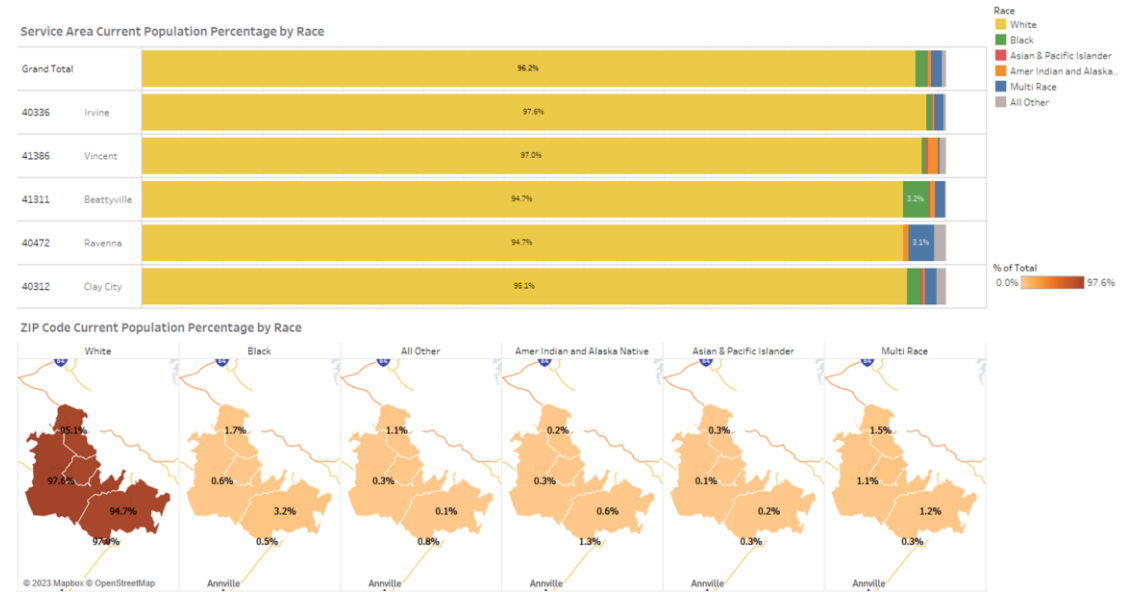
# Transition Framework



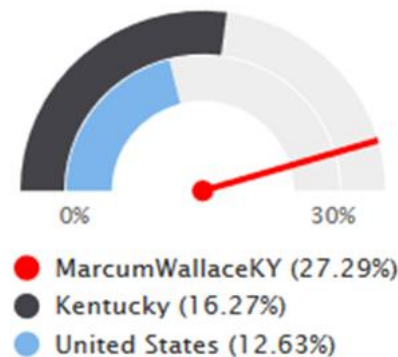
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# Health Equity Dashboard

Stroudwater health equity dashboard incorporates service area data related to rates of prevalence and mortality, for the following health factors: heart disease, cancer, unintentional injury/substance use disorder, chronic obstructive pulmonary disease, and stroke. By increasing the level of understanding related to the health outcomes of the hospital's patient population, including social risk factors such as socioeconomic and geography the hospital can leverage the data to improve health outcomes, access, and quality of care.



Population in Poverty, Percent





# Shared Savings Pro Forma

Summary	Baseline	Pro Forma - Status Quo					Baseline	Pro Forma - Joining ACO					Cumulative Impact of Joining ACO vs. Status Quo
	Base Year	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Base Year	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
<b>Hospital P&amp;L</b>													
Total Net Patient Revenue													
Medicare	\$ 5,444,597	\$ 5,664,246	\$ 5,893,586	\$ 6,133,079	\$ 6,383,209	\$ 6,644,487	\$ 5,444,597	\$ 5,727,018	\$ 6,026,045	\$ 6,342,712	\$ 6,678,116	\$ 7,033,426	\$ 1,088,711
Medicaid	\$ 605,502	\$ 621,259	\$ 637,432	\$ 654,031	\$ 671,068	\$ 688,555	\$ 605,502	\$ 632,182	\$ 659,798	\$ 688,381	\$ 717,960	\$ 748,568	\$ 174,544
All Other	\$ 11,665,330	\$ 11,827,680	\$ 11,992,290	\$ 12,159,191	\$ 12,328,415	\$ 12,499,994	\$ 11,665,330	\$ 12,149,912	\$ 12,645,722	\$ 13,152,980	\$ 13,671,908	\$ 14,202,733	\$ 5,015,685
Total Patient Revenue	\$ 17,715,429	\$ 18,113,186	\$ 18,523,308	\$ 18,946,301	\$ 19,382,692	\$ 19,833,035	\$ 17,715,429	\$ 18,509,111	\$ 19,331,566	\$ 20,184,073	\$ 21,067,985	\$ 21,984,727	\$ 6,278,940
Other Revenue (excl. COVID)	\$ 3,859,260	\$ 3,936,445	\$ 4,015,174	\$ 4,095,478	\$ 4,177,387	\$ 4,260,935	\$ 3,859,260	\$ 3,936,445	\$ 4,015,174	\$ 4,095,478	\$ 4,177,387	\$ 4,260,935	\$ -
Total Revenue	\$ 21,574,689	\$ 22,049,631	\$ 22,538,482	\$ 23,041,779	\$ 23,560,079	\$ 24,093,970	\$ 21,574,689	\$ 22,445,557	\$ 23,346,740	\$ 24,279,551	\$ 25,245,372	\$ 26,245,662	\$ 6,278,940
Expenses													
Expenses	\$ 19,362,934	\$ 19,955,035	\$ 20,566,926	\$ 21,199,343	\$ 21,853,059	\$ 22,528,874	\$ 19,362,934	\$ 20,210,913	\$ 21,094,810	\$ 22,016,265	\$ 22,977,002	\$ 23,978,832	\$ 4,174,583
Total Operating Expenses	\$ 19,362,934	\$ 19,955,035	\$ 20,566,926	\$ 21,199,343	\$ 21,853,059	\$ 22,528,874	\$ 19,362,934	\$ 20,210,913	\$ 21,094,810	\$ 22,016,265	\$ 22,977,002	\$ 23,978,832	\$ 4,174,583
Operating Margin	\$ 2,211,755	\$ 2,094,596	\$ 1,971,557	\$ 1,842,435	\$ 1,707,020	\$ 1,565,096	\$ 2,211,755	\$ 2,234,644	\$ 2,251,930	\$ 2,263,286	\$ 2,288,370	\$ 2,266,830	\$ 2,104,357
% of Net Revenue	10.3%	9.5%	8.7%	8.0%	7.2%	6.5%	10.3%	10.0%	9.6%	9.3%	9.0%	8.6%	
<b>Hospital Volume</b>													
Days	4,043	4,068	4,094	4,121	4,149	4,178	4,043	4,204	4,367	4,533	4,702	4,875	2,070
Visits	171,527	171,620	171,740	171,886	172,061	172,263	171,527	175,911	180,327	184,778	189,267	193,796	64,508
<b>Physician Group - P&amp;L</b>													
Total Net Patient Revenue													
Medicare	\$ 852,804	\$ 881,470	\$ 911,166	\$ 941,932	\$ 973,810	\$ 1,006,844	\$ 852,804	\$ 883,091	\$ 914,586	\$ 947,344	\$ 981,424	\$ 1,016,885	\$ 28,107
Medicaid	\$ 959,827	\$ 1,472,490	\$ 1,515,771	\$ 1,560,329	\$ 1,606,202	\$ 1,653,429	\$ 959,827	\$ 1,474,308	\$ 1,519,495	\$ 1,566,048	\$ 1,614,010	\$ 1,663,422	\$ 29,063
All Other	\$ 1,911,589	\$ 1,938,193	\$ 1,926,635	\$ 1,915,146	\$ 1,903,725	\$ 1,892,373	\$ 1,911,589	\$ 1,962,421	\$ 1,974,801	\$ 1,986,964	\$ 1,998,912	\$ 2,010,646	\$ 357,671
Total Patient Revenue	\$ 3,724,220	\$ 4,292,153	\$ 4,353,572	\$ 4,417,407	\$ 4,483,737	\$ 4,552,645	\$ 3,724,220	\$ 4,319,820	\$ 4,408,882	\$ 4,500,357	\$ 4,594,345	\$ 4,690,952	\$ 414,840
Total Operating Expense	\$ 5,550,280	\$ 5,717,239	\$ 5,889,313	\$ 6,066,664	\$ 6,249,459	\$ 6,437,870	\$ 5,550,280	\$ 5,724,343	\$ 5,903,962	\$ 6,089,323	\$ 6,280,617	\$ 6,478,043	\$ 115,743
Operating Margin	\$ (1,826,060)	\$ (1,425,085)	\$ (1,535,740)	\$ (1,649,257)	\$ (1,765,722)	\$ (1,885,225)	\$ (1,826,060)	\$ (1,404,523)	\$ (1,495,080)	\$ (1,588,966)	\$ (1,686,272)	\$ (1,787,091)	\$ 299,097
% of Net Revenue	-49.0%	-33.2%	-35.3%	-37.3%	-39.4%	-41.4%	-49.0%	-32.5%	-33.9%	-35.3%	-36.7%	-38.1%	
<b>Physician Group - Visits</b>													
Total Visits	22,055	22,072	22,093	22,118	22,146	22,178	22,055	22,348	22,646	22,948	23,254	23,564	4,151
<b>ACO P&amp;L</b>													
<b>ACO Revenues</b>													
Chronic Care Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 133,482	\$ 276,201	\$ 428,634	\$ 591,284	\$ 811,741	\$ 2,041,342
Wellness Visits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,818	\$ 41,802	\$ 62,952	\$ 84,270	\$ 106,605	\$ 294,447
MSSP Shared Savings Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,000	\$ (209,165)	\$ (40,835)	\$ -	\$ -	\$ -
MSSP Shared Savings Payment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 209,165	\$ 236,963	\$ 267,386	\$ 300,647	\$ 336,978	\$ 1,351,140
Total ACO Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 613,466	\$ 345,800	\$ 718,137	\$ 976,202	\$ 1,033,324	\$ 3,686,929
<b>ACO Expenses</b>													
ACO Administration	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150,000	\$ 118,482	\$ 133,693	\$ 150,324	\$ 168,489	\$ 720,987
Total ACO Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150,000	\$ 118,482	\$ 133,693	\$ 150,324	\$ 168,489	\$ 720,987
ACO Contribution Margin	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 463,466	\$ 227,319	\$ 584,444	\$ 825,878	\$ 864,835	\$ 2,965,941
<b>Consolidated P&amp;L</b>													
Total Revenue	\$ 25,298,909	\$ 26,341,784	\$ 26,892,055	\$ 27,459,186	\$ 28,043,817	\$ 28,646,615	\$ 25,298,909	\$ 27,378,843	\$ 28,101,422	\$ 29,498,045	\$ 30,815,919	\$ 31,969,938	\$ 10,380,709
Total Expenses	\$ 24,913,214	\$ 25,672,274	\$ 26,456,238	\$ 27,266,008	\$ 28,102,518	\$ 28,966,744	\$ 24,913,214	\$ 26,085,256	\$ 27,117,253	\$ 28,239,280	\$ 29,407,942	\$ 30,625,364	\$ 5,011,314
Status Quo - Total Operating Margin	\$ 385,695	\$ 669,511	\$ 435,816	\$ 193,178	\$ (58,701)	\$ (320,129)	\$ 385,695	\$ 1,293,587	\$ 984,169	\$ 1,258,764	\$ 1,407,977	\$ 1,344,574	\$ 5,369,396
% of Net Revenue	1.5%	2.5%	1.6%	0.7%	-0.2%	-1.1%	1.5%	4.7%	3.5%	4.3%	4.6%	4.2%	
<b>Hospital Volume</b>													
Days	4,043	4,068	4,094	4,121	4,149	4,178	4,043	4,204	4,367	4,533	4,702	4,875	2,070
Visits	171,527	171,620	171,740	171,886	172,061	172,263	171,527	175,911	180,327	184,778	189,267	193,796	64,508
Total Physician Visits	22,055	22,072	22,093	22,118	22,146	22,178	22,055	22,348	22,646	22,948	23,254	23,564	4,151

Stroudwater has developed a Financial Risk Assessment to help evaluate and maximize growth opportunities within its current ACO and compare current “status quo” financial performance and projections to an ACO model that maximizes revenue growth opportunities

# Stratis Health TA Team



Karla Weng,  
Sr. Program Manager



Candy Hanson,  
Program Manager



Carrie Howard,  
Program Manager



Alona Jarmin,  
Program Manager



Erin Foss,  
Program Manager



Kathie Nichols,  
Nursing Home Liaison



Marleny Garber,  
Program Manager

# Stratis Health TA Team

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety and serves as a trusted expert in facilitating improvement for people and communities.

We make lives better!



[ruralcenter.org](http://ruralcenter.org)



# Stratis Health Project Planning and Consultation Process

- Provide training and technical assistance for quality project
- Embed and improve programs and organizational culture in one of the following areas:
  - Quality Improvement
  - Patient Safety
  - Coordination of Care
  - Patient Experience and Engagement



# Stratis Health Technical Assistance

- Aligned organizational assessment
- Identify target opportunities for improvement
- Develop SMART goals and work plans
- Regular coaching to support progress, identify resources, problem solve, and celebrate success
- Action planning for future improvements



# Quality Project Track Descriptions

	Quality Improvement	Patient Safety	Coordination of Care	Patient Experience & Engagement
Description	Embedding strong change management skills and use of improvement methods will strengthen organizational capacity for value-based care. This offering will focus on building a solid foundation for ongoing improvement across your organization.	Delivering safe, timely, and effective care is the bedrock of providing value-based care. This offering will help strengthen your culture of safety to prevent and reduce errors and improve overall health care quality including a focus on teamwork, communication, reporting, and collaboration to seek solutions.	Coordination of care across settings and into the community is a critical component for success under value-based arrangements. This offering will focus on effective communication and processes for transitioning patients between health care settings and into the community.	Patient experience is a key metric for value-based arrangements and is a critical factor in providing high quality care. This offering will focus on best practices for patient and family engagement, staff resiliency and patient experience.
This might be for you if...	Your organization is seeking to establish a shared and consistent approach to quality improvement based in mutual understanding of a standard methodology, to improve efficiencies, workflow, and communication.	Your organization is seeking to build processes and performance on a firm foundation of safety, teamwork, and accountability to reduce harm to patients and staff.	Your organization is seeking to improve patient outcomes and lower costs by improving coordination of patient care across health care and community service provider organizations.	Your organization is seeking to improve the holistic experience of patients' care, and to ensure the voice of patients and caregivers are incorporated into the design of healthcare delivery.
Training and Technical Assistance may include...	<ul style="list-style-type: none"> <li>• Change Management</li> <li>• Facilitated support for use of QI basics online modules</li> <li>• Implementation Science</li> <li>• Structure and development for implementation of QI projects</li> <li>• Teamwork and communication</li> <li>• Telling your story through data</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental safety</li> <li>• Emergency preparedness</li> <li>• Just Culture and psychological safety</li> <li>• Root Cause Analysis and/or Failure Mode Effects Analysis</li> <li>• Teamwork and communication</li> <li>• Transparency</li> <li>• Verbal de-escalation training</li> </ul>	<ul style="list-style-type: none"> <li>• Community-based care coordination strategies</li> <li>• Community-wide processes for Advance Care Planning</li> <li>• Discharge planning and reducing readmissions</li> <li>• Leading community coalitions</li> <li>• Social Determinants of Health</li> <li>• Teamwork and communication</li> </ul>	<ul style="list-style-type: none"> <li>• AHRQ best practices such as Patient and Family Advisory Councils, leadership rounding, and bedside shift report</li> <li>• Community Resiliency Model</li> <li>• Health literacy and teach-back</li> <li>• Teamwork and communication</li> <li>• Leading community coalitions</li> <li>• Trauma Informed Care</li> </ul>

# Stratis Health TA Timeline

- **Mid December - Introductory/Meet and Greet Call**
- **Early January – Organizations have completed Quality Assessment and submitted data requests**
- **End of January – Quality project design plans are finalized**
- **February - August: Quality project implementation begins via bi-weekly meetings**
- **End of August – Final Report**

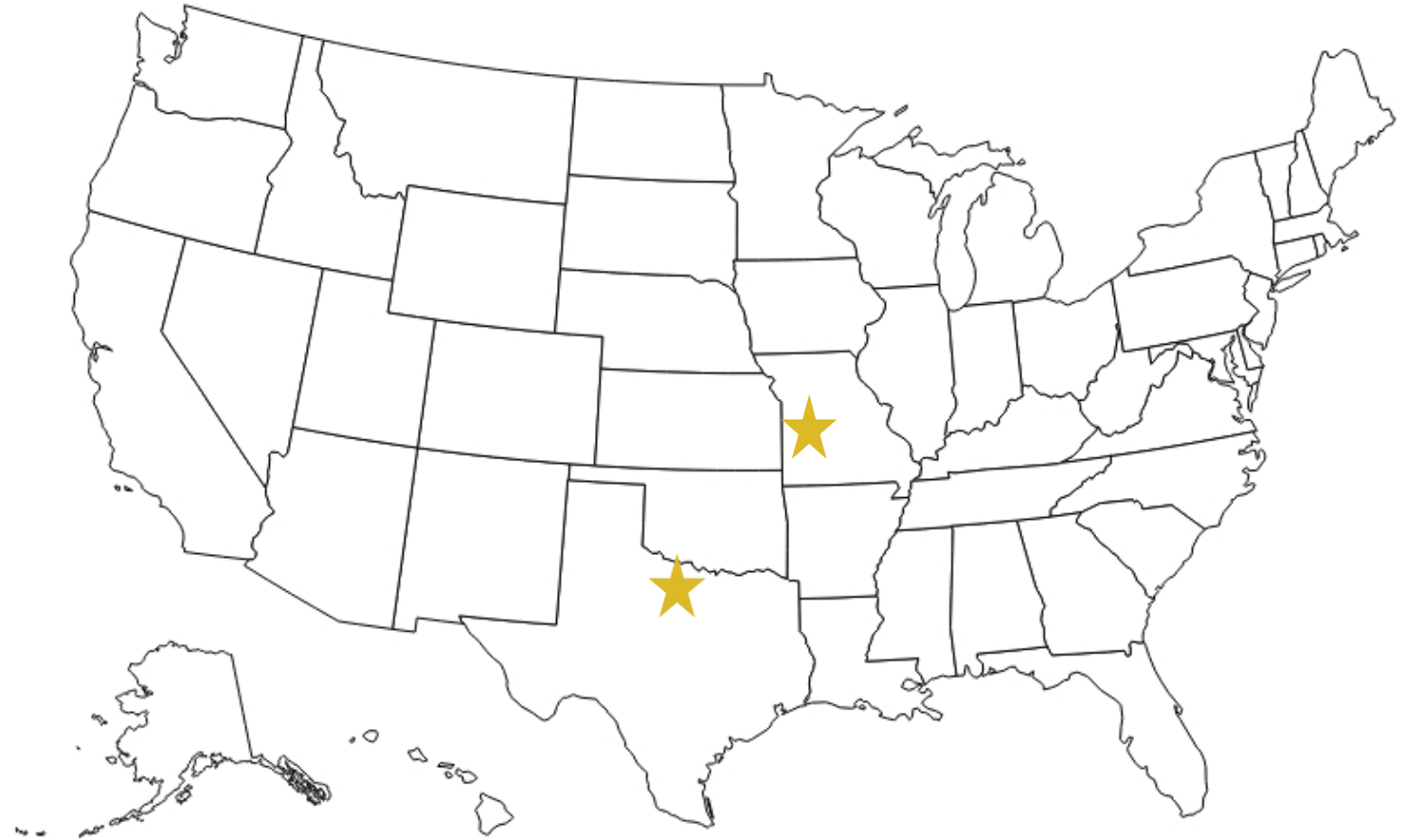


# RHPTP Technical Assistance Timeline

Technical Assistance	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	March 24	April 24	May 24	June 24	July 24	Aug 24
<b>Project and TA Coordination The Center</b>	Kick-off Webinar	Host and support TA									
<b>Financial TA Stroudwater Associates (SA)</b>	<ul style="list-style-type: none"> <li>Introductory meeting</li> <li>Financial risk assessment and data request submitted by organization</li> </ul>	SA facilitates virtual information gathering interviews with organization al leadership	SA reviews findings and draft report	SA presents final report and facilitates action planning with organizational leadership	Organization implements action plan. 45- and 90-day post-action planning check-in meetings						
<b>Quality TA Stratis Health (SH)</b>			<ul style="list-style-type: none"> <li>Introductory meeting to discuss QI focus area and assessment</li> <li>QI assessment submitted</li> </ul>	<ul style="list-style-type: none"> <li>SH presents project design</li> <li>Project design finalized</li> </ul>	SA and Organization implement project design through bi-weekly meetings					Final action plan for ongoing work created	
<b>Learning Collaborative (LC)</b>			Virtual LC Session		Virtual LC Session	Virtual LC Session		Virtual LC Session	Virtual LC Session		
<b>HELP Webinars</b>	Webinars										



# RHPTP 2021-2022 Cohort Guest Speakers



[ruralcenter.org](http://ruralcenter.org)





# **RHPTP: Patient Experience Focus**

**Rachel Boyles, MHA, MPT, PT, FACHE**

**Chief Service Officer**

# Opportunities

## Where we Started (2022):

- **HCAHPs**

- Baseline performance (top box): 67% for “Overall Rating of Care”.

- **Strategic Objective**

- Increase this measure by a minimum of 2% by end of fiscal year.

# Improvements

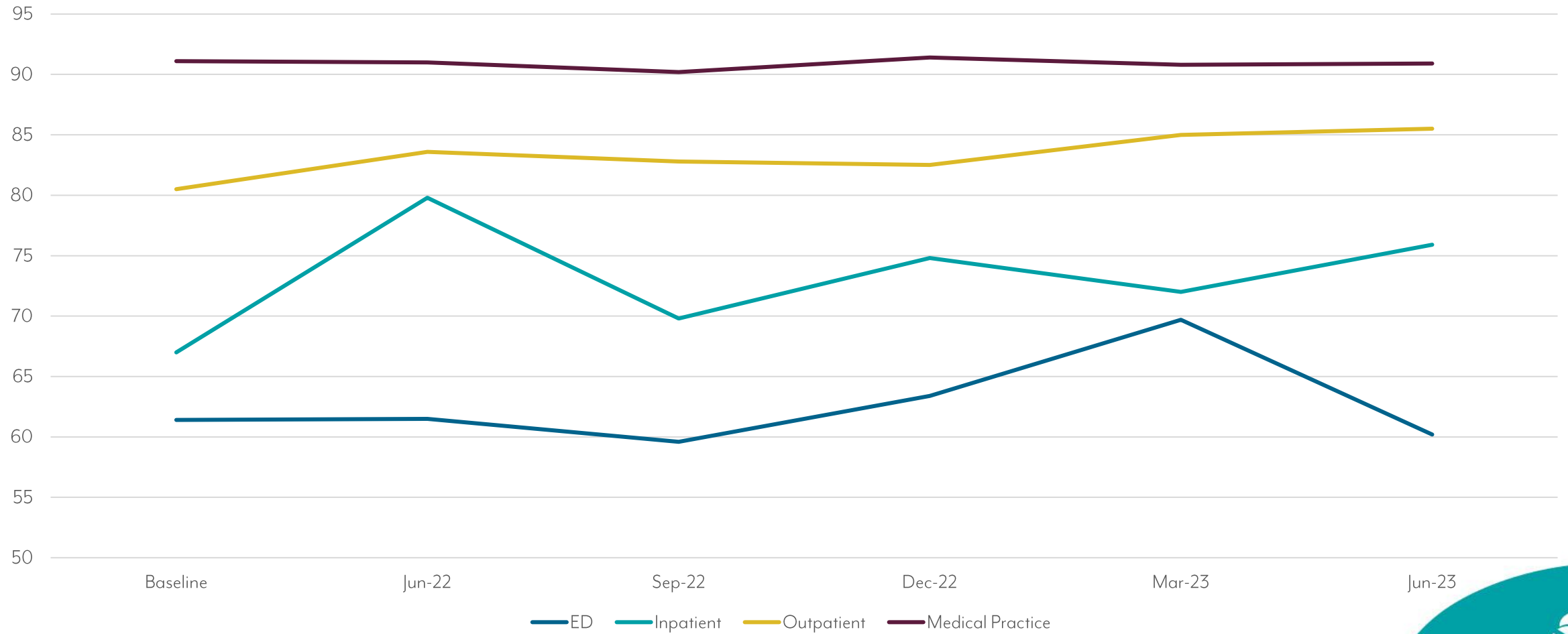
## 2022

- **Development of an organizational PX Strategic Plan**
- **Implementation of Stratis Health's auditing tool**
- **Collaboration with Nurse leadership on focus area**
- **Initiated Patient Experience Coordinator position**
- **Celebration of milestones**

## 2023

- **Creation of Chief Service Officer Role**
- **PX Coordinator provides education during GNO**
- **Expansion of PX coaching into outpatient and non-clinical departments**

# PX Overall Performance



## Next Steps

- **Quarterly updates of PX Strategic Plan with Senior Leadership Team.**
- **Improved alignment of Service Pillar goals across all departments.**
- **Skills Lab offerings for nursing departments**
- **Coaching and validation training within ED on nurse leader rounding and waiting room communication.**
  - Monthly meetings with PX team and ED leadership
- **Outpatient, department specific skill lab trainings**



# **RHPTP Project Focus**

**PATIENT CARE COORDINATION PROGRAM**



# RHPTP BENEFITS

Hiring Project  
Manager

RHPTP  
Resources

Action Plan  
Implementations

Reaching Goals  
Together





# ACCOMPLISHMENTS/OUTCOMES

- ✓ Developed and Embedded an IP Care Coordination Program into EMH Processes and Systems.
- ✓ Built a New Patient Admission/Discharge Binder.
- ✓ Implemented ED Best Practices & Embedded Care Coordination into ED Processes.
- ✓ Increased Growth in Swing-Bed Admissions & Outpatient Infusions.
- ✓ Developed new IP Diabetic Management Program.
- ✓ Held the 1<sup>st</sup> Electra Hospital District All Employee Forum
- ✓ Conducted Mandatory HCAHP Training and Improved HCAHP Scores
- ✓ Awarded the Top 20 Critical Access Hospital in the Nation for Patient Satisfaction



# NEXT STEPS IN OUR VBC JOURNEY

Continue to Meet Best Practices Through Project Management:

- 340B Drug Pricing Program
- Rehab Department Processes
- Referral Processes and Prior Authorizations From Outside Providers
- Implementation of Medicare Traditional/Medicare Managed Care Coordination Program in All Three Rural Health Care Clinics with Assistance from TORCH ACO Consultants



# 2021-2022 Cohort Early Outcomes

## Staff Engagement/Recruitment/Retention

- Community now involved in provider recruitment process
- Implementation of leadership rounding which has opened frontline staff communication
- Revitalized “Belonging Committee” to facilitate employee recognition activities
- Recruitment success from newly implemented stipend program
- Created a new staff preceptor and onboarding program
- Instituted new mentor program for transitioning staff to newly assigned leadership roles
- 20% decrease in staff turnover
- Created succession planning strategies
- Modified physician compensation policy to be more inline with future VBC models
- Increased staff engagement around quality

## Education

- Implementation of leadership improvement training
- Implementation of HCAHPS Bootcamp for all hospital staff

## Patient Experience

- Patient experience activities applied to additional hospital departments
- Implemented texting service for upcoming patient appointment reminders
- Improved HCAHPS scores
- Developed “Golden Standard of Care” program
- Improved through-put times in walk-in Clinic

## Population Health

- Implemented population health RNs for wellness visits
- Established diabetes management program
- Developed in-patient care coordination program
- Growth in infusion services
- Growth in swing bed services
- Secured contract for tele-mental/behavioral health services
- Implemented quality transparency

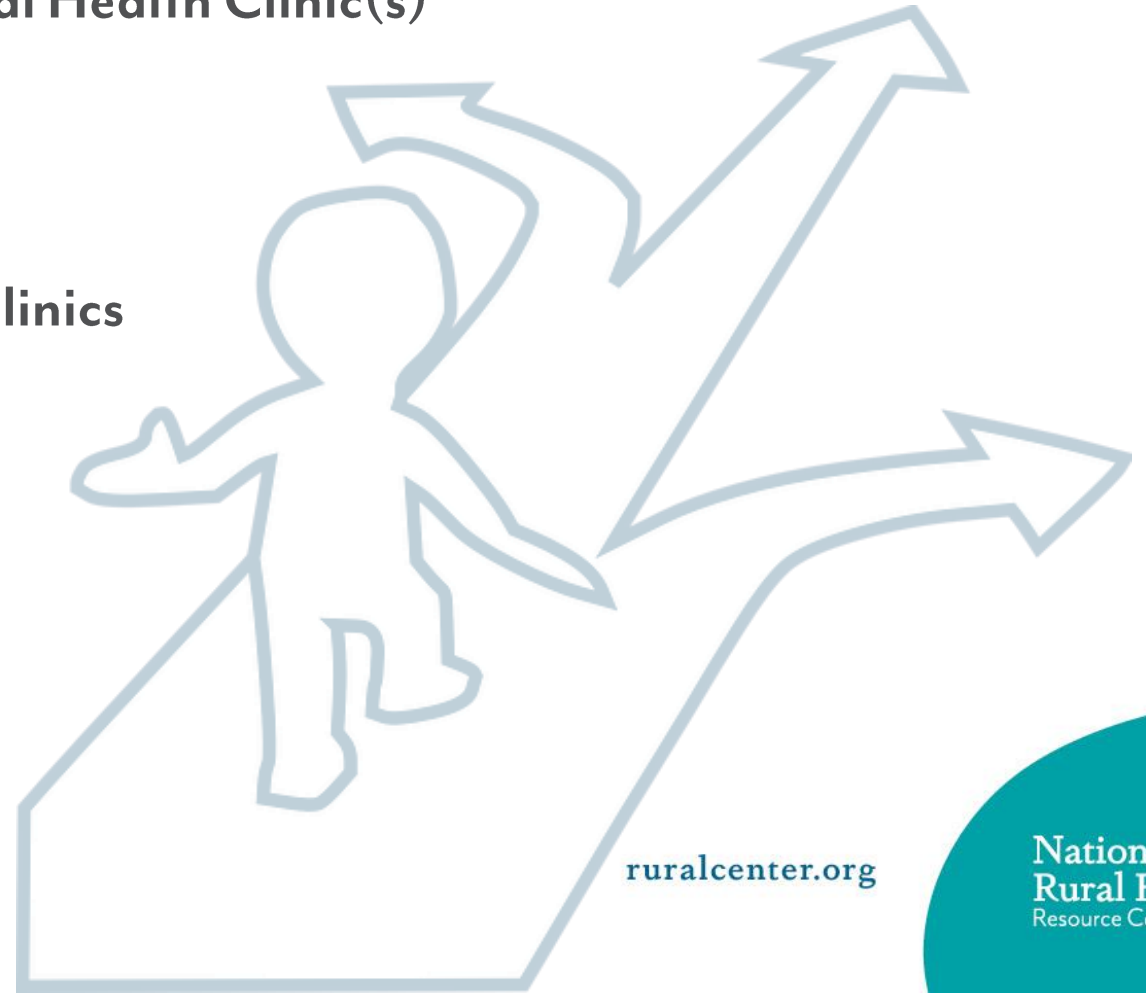
# Application Timeline Summary

- **Tuesday, August 15, 2023:** Applications must be submitted by 11:59 PM
- **End of August 2023:** 60-minute interview calls completed
- **Late September/Early October 2023:** Selected organizations are notified
- **October 17, 2023:** Kick-off webinar held for new cohort - 1 PM – 2 PM Central Time
- **November 2023:** Project technical assistance begins, and goes through August 31, 2024

# Application Options

RHPTP offers the following application options:

1. Small Rural Hospital and Certified Rural Health Clinic(s)
2. Small Rural Hospital Only
3. Certified Rural Health Clinic Only
4. Consortium of Certified Rural Health Clinics



[ruralcenter.org](http://ruralcenter.org)

# Application Review and Selection

- All applications are reviewed by the National Rural Health Resource Center (The Center)
- Each submitted application is followed by a 60-minute phone interview with hospital/clinic leadership
- Based on the interview, an overall recommendation will be made concerning the organization's likelihood of benefiting from RHPTP focused TA. This is based on organizational need and readiness
- Upon completion of interviews, up to five organizations are recommended for selection to FORHP for the upcoming project year

# Additional Technical Assistance Opportunities

- Twenty additional small rural hospitals and certified rural health clinics will be selected to receive virtual TA through a 4-part Learning Collaborative to promote knowledge base and support readiness for future TA
- Monthly [HELP Webinars](#) on a variety of Advanced Payment Model and Value-Based Care topics

# Questions





# Contact the RHPTP Team



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