



NATIONAL
RURAL HEALTH
RESOURCE CENTER

SHIP Technical Assistance Webinar

Maximizing SHIP Funds Federal Office of Rural Health Policy Update

Call 1-877-273-4202, Room 914983637#

Speakers: Bridget Ware, FORHP
Shari Wyatt, Texas State Office of Rural Health
Dawn Waldrup, Georgia State Office of Rural Health

Agenda

- Welcome
- Federal Update
- SHIP State Spotlight: Texas
SHIP Funded Handheld Ultrasound Project
- SHIP State Spotlight: Georgia
How to Maximize SHIP Funding Through Consortia/Networks
- Q & A
- Closing Comments

This project is/was supported by the Health Resources and Services Administration ([HRSA](#)) of the U.S. Department of Health and Human Services ([HHS](#)) under grant number UB1RH24206, Information Services to Rural Hospital Flexibility Program Grantees, \$1,100,000 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by [HRSA](#), [HHS](#) or the U.S. Government.



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Federal Update



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Texas State Office of Rural Health

RURAL HOSPITALS ROCK !



TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

Texas State Office of Rural Health

- **Discussion:**

- Texas State Office of Rural Health Staff
- Overview of the Texas State Office of Rural Health Grant Programs
- Texas State Office of Rural Health – Hand Held Ultrasound Project
 - Project Development
 - Training Sessions for POCUS
 - Routing of POCUS devices
 - Project Findings
 - Conclusion

SORH Contact Information

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**Rural Health Facility Capital
Improvement Program (CIP)**

**RURAL HOSPITALS
ROCK !**

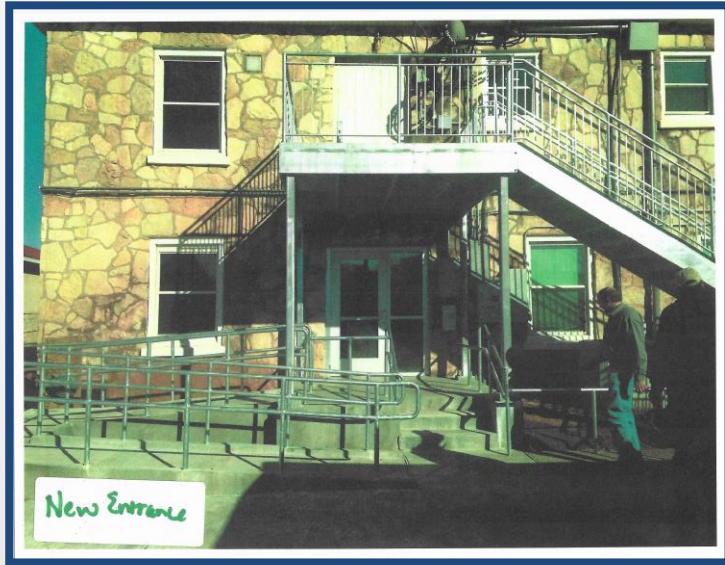


**TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER**

2016-2017 Rural Facility Capital Improvement Program (CIP) Highlights

- **Source:** State Tobacco Endowment
- **Budget:** \$2.2 million (2016)
- **Awards:** Up to \$75,000
- **Matching Funds Requirement:** 75%/25% - 25% matching funds to grant required
- **FY 2016:** 71 applications received, funded 34 projects
- **Purpose:** This grant is designed for hospitals to make capital improvements to existing facilities, construct new health facilities, and to purchase capital equipment including hardware and software.
 - The program is specifically for public or non-profit hospitals in counties with a population of less than 150,000 residents.

2016-2017 CIP PROJECTS HIGHLIGHTS



16-008 Collingsworth County Hospital- Construction



16-014 Coon Memorial Hospital-Ambulance

16-030 Iraan Hospital-Lab Equipment

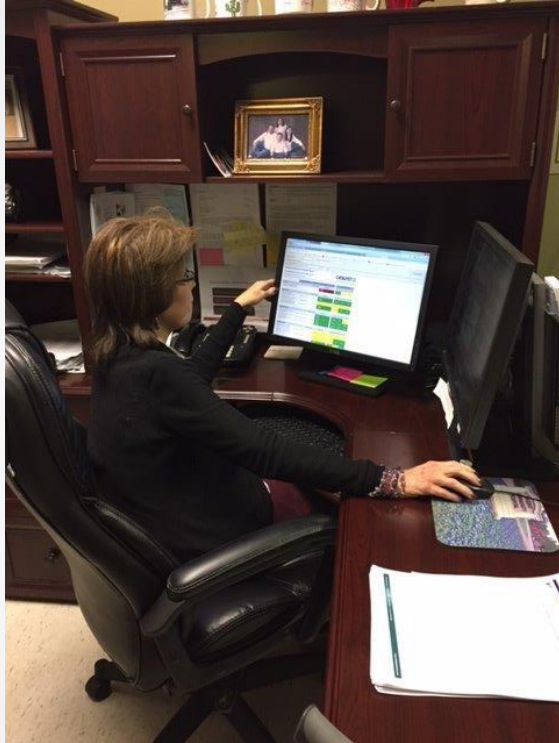


16-026 Seymour Hospital-EMS Equipment

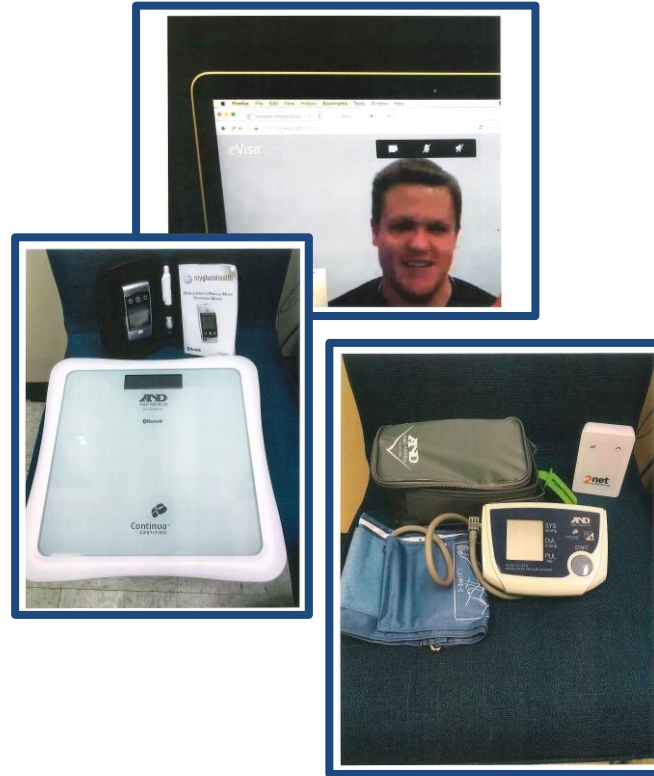
2016-2017 SHIP PROJECTS HIGHLIGHTS

- **Source:** (HRSA) Office of Rural Health Policy (ORHP)
- **Budget:** \$770,439 (Contracts)
- **Awards:** \$8,358 (FY 16-17)
- **Non-Competitive Awards:** \$8,358 (FY 16-17) (\$0 - No Matching Funds Requirement)
- **FY 2016:** 92 applications received
- **FY 2017:** 105 applications received (now 103 projects due to 2 hospital closures)
- **FY 2018:** 110 applications received

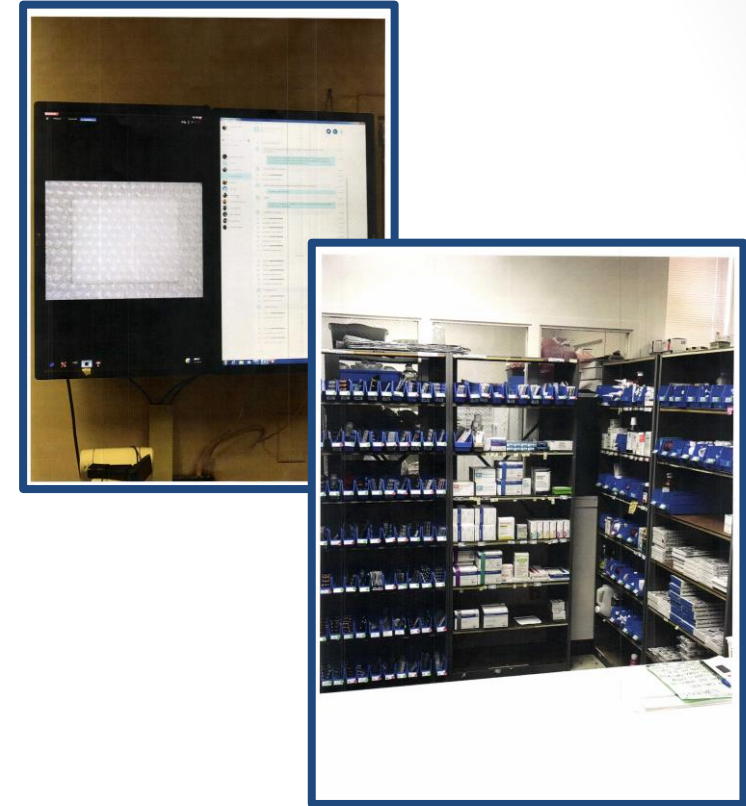
2016-2017 SHIP PROJECTS HIGHLIGHTS



17-085 Sweeny Community



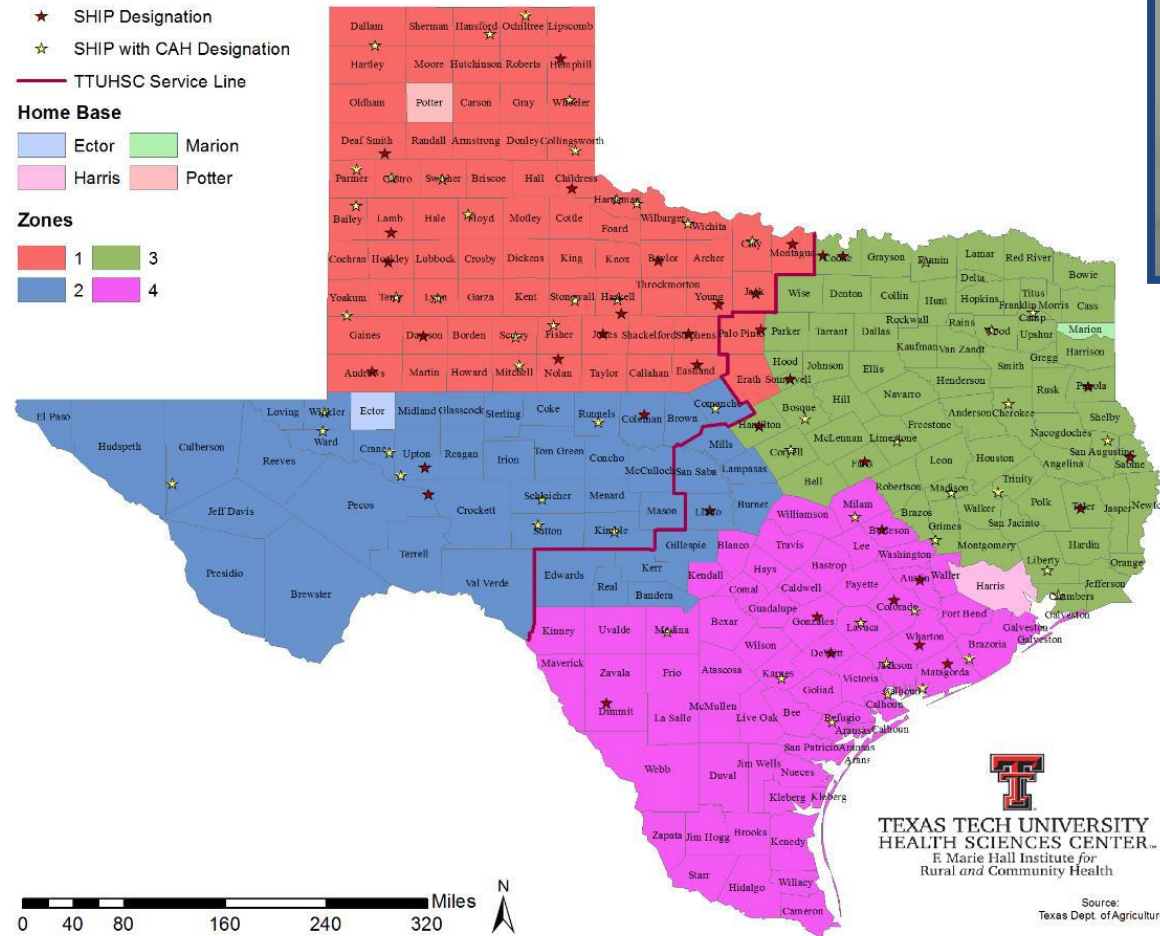
17-086 Swisher Memorial



17-087 Brownfield Regional

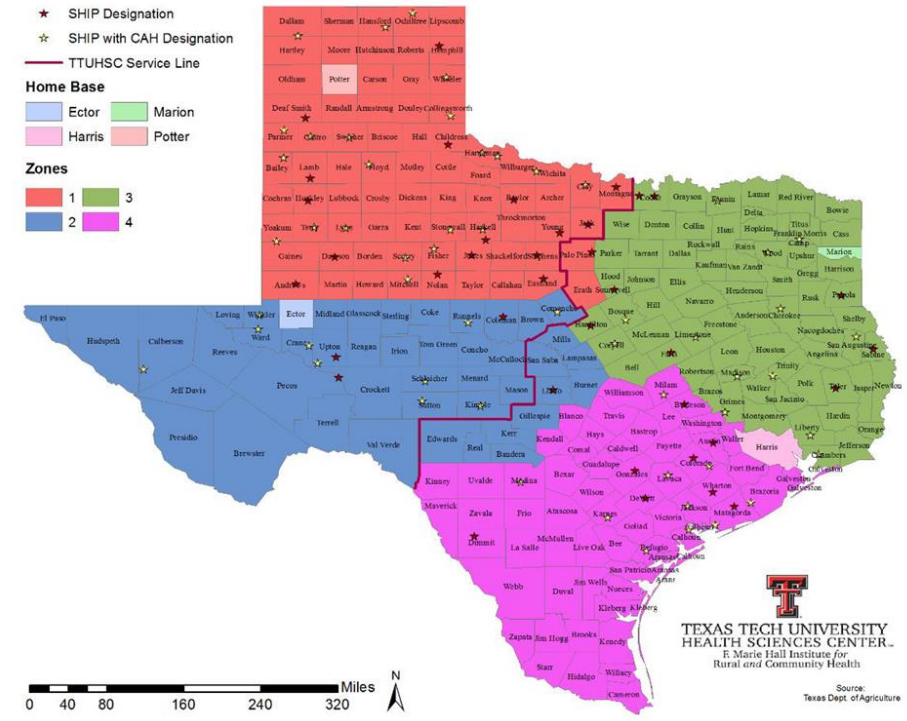
RURAL HOSPITALS ROCK !

Special Project: Hand Held Ultrasound Project



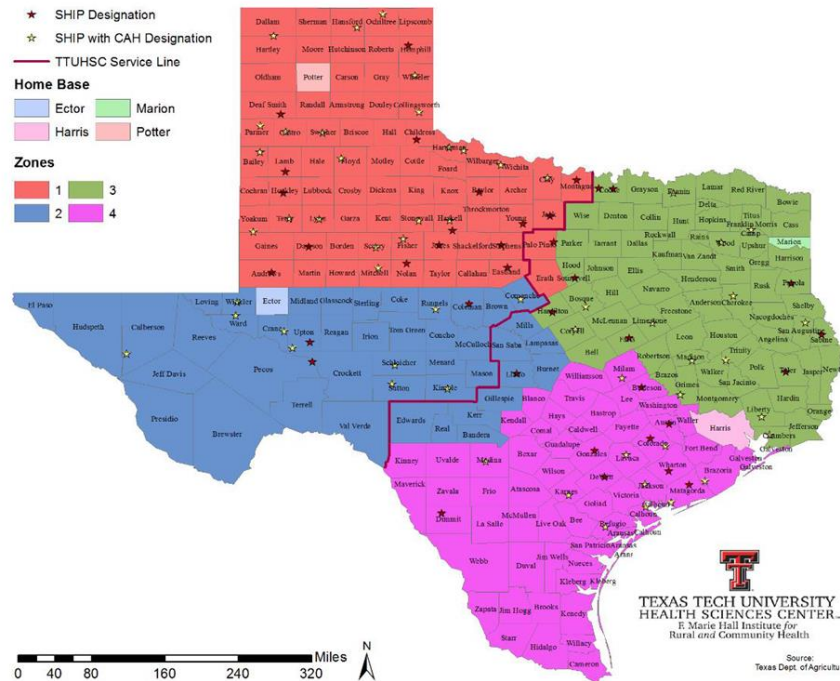
Hand Held Ultrasound Project

- **Project Development:**
 - **2015-16 Carryover Request: \$95,213**
 - **Contracted with Texas Tech University Health Sciences Center**
 - **Project Director – Traci Butler Carroll**
 - Majority of the budget purchased 8 Vscan Extends (POCUS) units
- **Training & Equipment Routing Zones:**
- **Project Participants: 67 SHIP hospitals**



Hand Held Ultrasound Project

- Training for Point of Care Ultrasound (POCUS):
 - 4 Live Training Sites – Hallettsville (May), Amarillo (June), Odessa (Aug.), Groesbeck (Sept.)
 - 4 Training Webinars
 - Total Training Participants: 159*
 - (radiologists, physicians, ER physicians, DO, RN)



Hand Held Ultrasound Project

- Routing of Point of Care Ultrasound (POCUS) Devices:
 - Participating hospitals use POCUS devices
 - Average 4 weeks, Any department, Any hospital staff
 - Data Sheet Survey:
- Life Possibly Saved as a Result of Project:

One of the ER physicians sent back a data collection sheet telling about a patient who came in with lower abdominal pain. They were able to perform a FAST exam and a Vascular scan on the patient and discovered that the patient had a ruptured ectopic pregnancy. The ER physician wrote on our data sheet: **"Discovered blood in peritoneal cavity. Will transfer immediately to [higher level of care hospital] to Operating Room! Use of this device led to RAPID diagnosis of LIFE THREATENING disease process. Was glad to have it here!"** (Emphasis placed by the physician.)

Name: _____		Role/Position: _____					
Credentials: LVN RN APRN Resident PA Physician Other (list): _____		Email: _____					
Phone: _____		_____					
Please circle your prior familiarity with ultrasound, by circling the appropriate response:		Very Familiar "I'm a Pro!"		Mostly Familiar "I use it often."	Moderately Familiar "I've used it a few times."	Slightly Familiar "I've seen one used."	Not At All Familiar "I've never touched one."
Comments about this rating: _____		Great "The device is easy to use and/or the training was spot-on."		Good "I quickly overcame any challenges or questions I had about learning the device."	Fair "It took longer-than-expected practice for me to understand the device, but overall it was okay."	Adequate "There were challenges with the device and/or training. Learning was tough."	Poor "I was unable to figure out this device."
Please circle your ease of use in learning to operate the device, by circling the appropriate response:		Great "The device is easy to use and/or the training was spot-on."		Good "I quickly overcame any challenges or questions I had about learning the device."	Fair "It took longer-than-expected practice for me to understand the device, but overall it was okay."	Adequate "There were challenges with the device and/or training. Learning was tough."	Poor "I was unable to figure out this device."
Comments about this rating: _____		Great "The device is easy to use and/or the training was spot-on."		Good "I quickly overcame any challenges or questions I had about learning the device."	Fair "It took longer-than-expected practice for me to understand the device, but overall it was okay."	Adequate "There were challenges with the device and/or training. Learning was tough."	Poor "I was unable to figure out this device."

Please do **NOT** list patient name, date of birth, or medical record information anywhere on this form.

Patient population that this device was used on:		Birth – 10 yrs	10 – 18 yrs	19 – 35 yrs	35 – 50 yrs	50 – 75 yrs	75 yrs - older
Gender: Male	Female	Other pertinent info (i.e., pregnant, morbidly obese)					
Briefly list Patient Chief Complaint and history of present illness: _____							
How was the ultrasound device used:		FAST Exam	Vascular Scan	Abdominal Scan	Other: _____		
What diagnostic information was obtained about the patient through use of the ultrasound device? How could that information potentially be used? (i.e., "Discovered blood in the peritoneal cavity. Could send the patient directly to the OR.")							
What would normally be done with this type of patient?		Send patient for CT Scan	Send patient for X-Ray	Other: _____			

In what way will you apply the knowledge gained from this project in your practice?	Change protocols, policies, procedures	Change management or treatment of patients	Change staffing or support	Change workflow	Other: _____	
Has the use of this ultrasound device influenced you to purchase a similar device for your facility/department?	Yes	No	Maybe	Comments: _____	_____	
What do you see as a barrier to further use of a similar device?	Finances or Resources	Staff support	Experience	Time	Opportunity or patients	Other: _____
Has this training/experience had a positive impact on your practice?	Yes	No	Comments: _____	_____	_____	_____
Additional Comments: _____						

Please return this sheet to your facility coordinator for this project

Facility Coordinator: At the end of the project, please return all sheets with the devices to:
TTUHSC FMH/IRCH, Attn: SHIP Project Manager, 3601 4th Street, Mail Stop 7110, Lubbock, Texas 79490
or call 806-743-7960 for fax/email information

Hand Held Ultrasound Project

- **Project Findings:**

- **Hand Held Ultrasound Project Completion:**

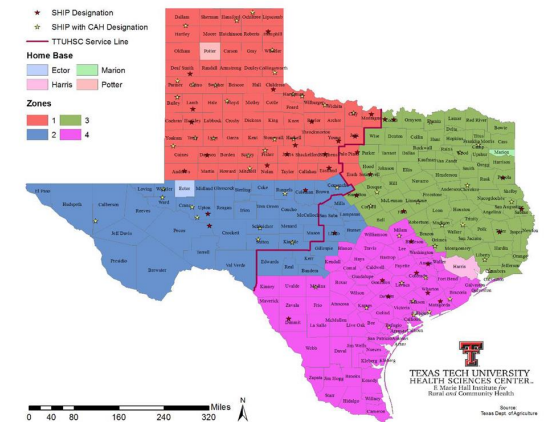
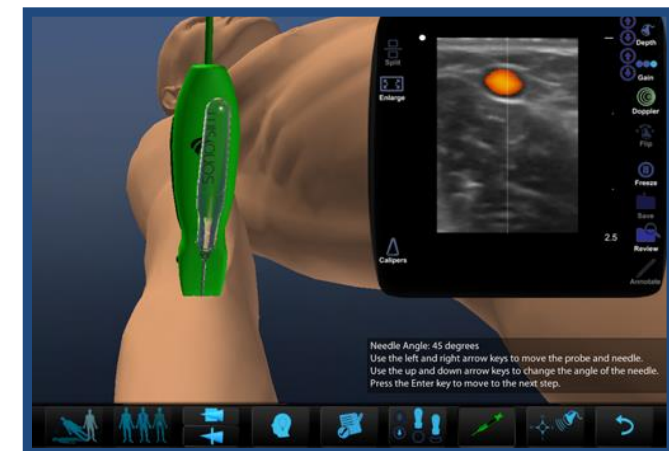
- Final Evaluation Report – June 2018

- **Current Findings from the Project Training Sessions and Equipment Routing:**

- Hospital contacts stressed importance of more POCUS training
 - Several hospitals want to purchase POCUS

- **State Office of Rural Health**

- **GE Vscan Extend - Bulk Pricing with SonoSim Training:** (Images: Sonosim.com)



Hand Held Ultrasound Project



- **Conclusion:**

- **1816 Invention of the Stethoscope - HEAR**

- 1816 - The stethoscope was invented in France in **1816** by René Laennec at the Necker-Enfants Malades Hospital in Paris. It consisted of a wooden tube and was monaural. Laennec invented the stethoscope because he was uncomfortable placing his ear on women's chests to hear heart sounds.

- **Point of Care Ultrasound (POCUS) - SEE**

- “POCUS – the Modern Stethoscope”
 - American Academy of Family Physicians – AAFP Reprint No.290D
 - Recommended Curriculum Guidelines for Family Medicine Residents - POCUS

- **State Office of Rural Health**

- **Special Thanks! – Federal Office of Rural Health Policy**
 - **Special Thanks! – Texas Tech University Health Sciences Center**



Texas State Office of Rural Health:

“CARING
FOR
THOSE
WHO
CARE
FOR
OTHERS!”



**THANK
YOU !**

Photo: Hamilton General Hospital



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Maximizing SHIP Funding Through Consortia/Networks



Presentation to: SHIP Coordinators

Presented by: Dawn Waldrip

Program Operations Specialist

Georgia State Office of Rural Health

Date: 15 March 2018



Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia.

Georgia SORH

Today's Objectives

- Provide an overview of Georgia's process for networking hospitals together
- Share “best practices” for engaging hospitals
- Review Georgia's SHIP funded projects
- Explain how SHIP funds are utilized to support projects
- Share lessons learned

Georgia SORH

Where we are



Georgia's SHIP program is managed by the State Office of Rural Health, a Division of the Department of Community Health.

Georgia SORH is located in Cordele, Georgia, a small rural farming community in Crisp County with a population of 10,856. We are known as the Watermelon Capital of the World.



Georgia SORH

Who We Serve

Georgia's SHIP program serves 58 eligible small rural hospitals

30 are Critical Access Hospitals

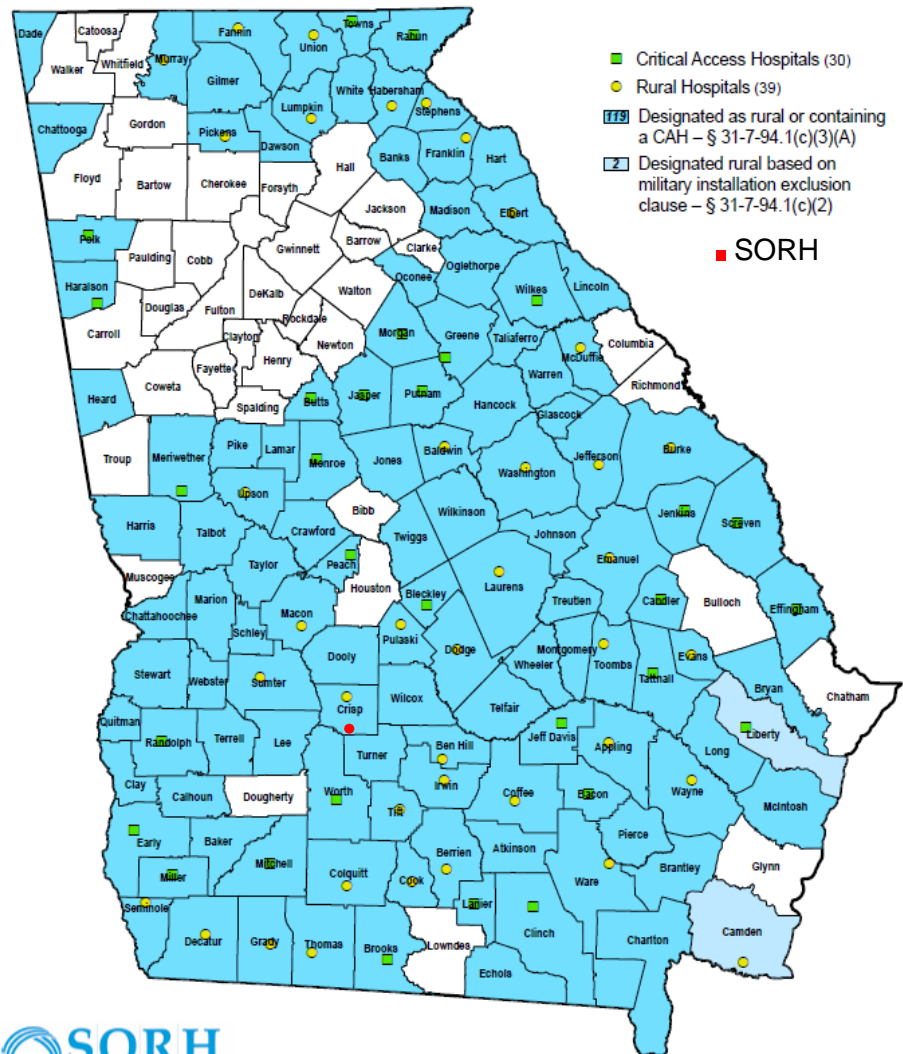
100% of SHIP funds are distributed to benefit hospitals, no SHIP funds are used for administrative purposes

Since 2005, \$7,130,866 in SHIP funding has been awarded



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Georgia Counties with Rural and Critical Access Hospitals Rural Hospital Organization Assistance Act of 2017



SORH
State Office of Rural Health
A Division of the Georgia Department of Community Health

October 2017
<https://dch.georgia.gov/sorh>

Determine Hospital Needs

Priorities based on the triple aim

The National Quality Strategy pursues three broad aims. These aims will be used to guide and assess local, State, and national efforts to improve health and the quality of health care.

Better Care

Improve overall quality by making health care more patient-centered, reliable, accessible and safe.

Healthy People / Healthy Communities

Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care.

Affordable Care

Reduce the cost of quality health care for individuals, families, employers and government.



Developing our SHIP Program

Establish Consortia



Based on priorities, worked individually with each consortium to develop programming beneficial to our hospitals



Reviewed and approved programs ensuring alignment with SHIP Purchasing Menu



Each consortium prepared a brief program presentation



Georgia's Six Consortia!



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Boling and Company

Telehealth Business and Legal Strategy Consortium

Draffin & Tucker

*Using the Hospital's Medicare Cost Report to Estimate Service
Line Profitability*

Georgia Hospital Association Research and Education Foundation (GHAREF)

Building on HCAHPS and Preparing for ED-CAHPS

Georgia Rural Health Association (GRHA)

Provider Documentation Training & Compliance Audits

HomeTown Health

*Financial Stability & Population Health: Putting the Pieces
Together*

Stroudwater

Rural Hospital Strategic Pricing Initiative



Georgia Rural
Health Association



Georgia's Best Practice - Engagement



Grant Options – Direct or Consortium

(From Webinar)

Direct

Hospital is the grantee

- Project development
- Project fulfillment
- Reporting accountability
- Invoice
- Payment to hospital
- Flexibility – *with SORH approval* changes in project **may be** allowable



Consortium

Consortium is the grantee

- Project already developed – pooling resources provides greater value
- Engage hospital in project fulfillment
- Reporting accountability
- Invoice
- Payment to consortium
- Changes are not allowed after grant execution



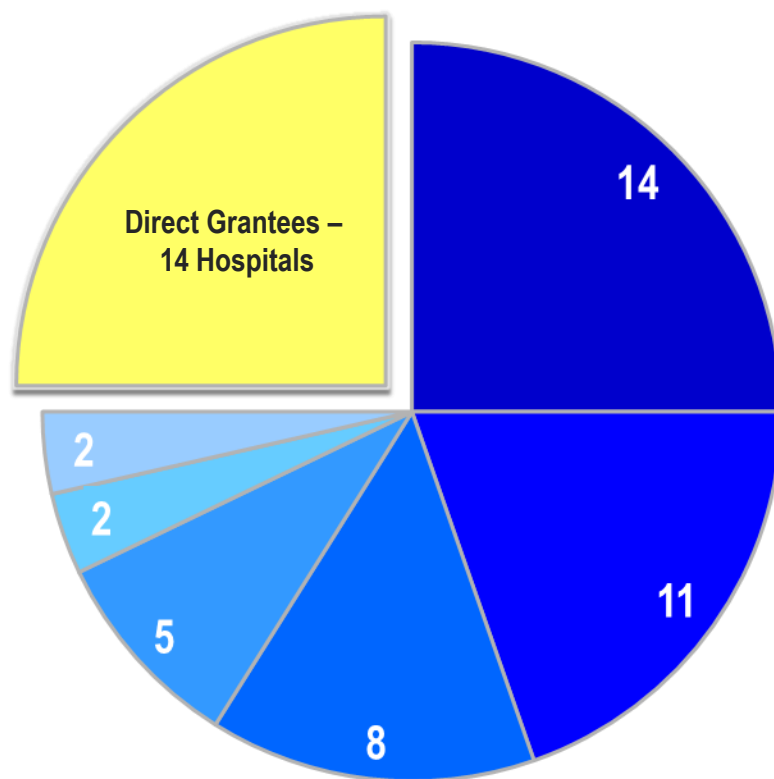
Follow Up

After SHIP Webinar	Emailed SHIP Application Survey Monkey Link to all hospitals
	Attached an outline of each Consortia's program to application email
	Provided each Consortium with a list of hospital SHIP Coordinators
	Encouraged Consortia to contact hospitals individually and promote their programs



Webinar Results

75% Chose Consortium



Consortiums

- HomeTown Health - 14 hospitals
Financial Stability and Population Health: Putting the Pieces Together
- GHAREF - 11 hospitals
Building on HCAHPS and Preparing for EDCAHPS
- Draffin & Tucker - 8 hospitals
Using the Hospital's Medicare Cost Report to Estimate Service Line Profitability
- Stroudwater - 5 hospitals
Rural Hospital Strategic Pricing Initiative
- GRHA - 2 hospitals
Provider Documentation Training & Compliance Audits
- Boling & Company - 2 hospitals
Telehealth Business and Legal Strategy
- Direct Grantees



What's the Hook?

Noun

1. A piece of metal or other material, curved or bent back at an angle, for catching hold of or hanging things on. "a picture hook"
2. A thing designed to catch people's attention.



Telehealth Business and Legal Strategy Consortium

- Healthcare attorneys and consultants with 20+ years experience in telehealth law and consulting will provide an on-site consultative survey of the existing telehealth program as well as interview key leadership regarding opportunities for strategic growth.
- Support local attorney in considering legal / compliance factors such as:
 - ✓ Establishing the Patient Relationship
 - ✓ Prescribing via Telemedicine
 - ✓ Licensure
 - ✓ Privacy/HIPAA
 - ✓ Standard of Care
 - ✓ Scope of Practice
 - ✓ Consent to Treat
 - ✓ Kickback Issues in Transactions



Using the Hospital's Medicare Cost Report to Estimate Service Line Profitability

The goal of this project is to equip hospital leadership with an enhanced understanding of where the hospital is winning and losing financially.

Project areas focus on:

- *What drives institutional profitability?*
- *Which services produce value?*
- *How do service costs compare to negotiated and fixed reimbursement arrangements?*
- *Do feasible growth opportunities exist?*
- *Would it be beneficial to reduce or eliminate certain services?*





*Georgia Hospital Association Research and Education Foundation
Building on HCAHPS and Preparing for ED-CAHPS*

**Continued work on HCAHPS with
composites of focus on:**

- Care Transitions
- Medication Education
- Pain Management

**Preparation for ED-CAHPS coming
soon to an ED near you:**

- Communication Training for ED Staff
- Reducing Wait Time/ Increasing ED Efficiency
- Lean Your ED
- Modify Current Pain Management

**\$4,500 cash to offset
HCAHPS vendor fees**





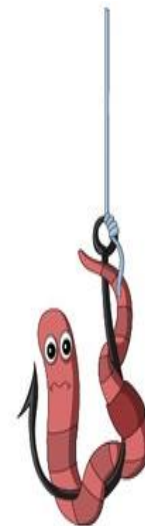
Provider Documentation Training & Compliance Audits

Revenue Cycle Process Improvement - ICD-10 Ongoing Education -

Provider Audits & Training - Provider/Coder/Biller Rural Health Certification

The Association for Rural Health Professional Coding (ARHPC) strives to sustain the *profitability and sustainability* of our rural hospitals. The goal of ARHPC is to provide Georgia's healthcare community, including clinicians, coders, revenue cycle staff, and other financial reimbursement professionals with access to *low-cost, high quality education and compliance services related to healthcare business operations*.

What's new: Become a Certified Rural Health Medical Auditor or a Rural Health-Coding & Billing Specialist (RH-CBS) via online self-study courses. Clinical Providers and/or Compliance Team can become certified in the nation's only rural health specific curriculum on their own time and downtime from work.





HomeTown Health

Financial Stability & Population Health: *Putting the Pieces Together*

Transformation Consortium built around the “Triple Aim” – Improving the US health care system requires the simultaneous pursuit of three aims: *improving the experience of care*, *reducing per capita costs of health care*, and *improving the health of populations*.

Quarterly Webinars for:

- Population Health Leadership
- Care Management
- IT Infrastructure and Data
- Population Health Finance & Operations
- Wellness & Disease Management
- Provider Quality
- Financial Stability Training & Support



Training led by industry experts in the fields of Quality, Wellness, Accounting, Legal, Care Coordination, and Telehealth

Live Training Workshops:

- Fall Conference – Callaway Gardens: Financial Stability and Population Health
- Spring Conference – Savannah: Financial Stability and Population Health

Pick One Project:

- ☐ Retrospective Coding Audits
- ☐ On-site Chargemaster Evaluation and Report
- ☒ **HCAHPS Vendor Support - \$2,500 Direct to Hospital**
- ☐ Chronic Care Management Implementation Training and Support



GEORGIA DEPARTMENT
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Rural Hospital Strategic Pricing Initiative



Establish best practice pricing strategies, develop a dedicated charge-level benchmarking database, facilitate pricing transparency and position rural hospitals for emerging value-based payment models.

Using the hospital's current Chargemaster (CDM) in electronic format, CPT/charge-level blinded benchmark reports will be generated containing hospital specific, regional and statewide comparative analytics. Hospitals will access their data and charge-setting tools through Stroudwater's web-based portal.

- **Individual Consulting Support to interpret chargemaster benchmarks**
- **Revenue Cycle Management Summit - Winter 2018**



Direct Grantees

14

Hospitals chose to be Direct Grantees

12 of the 14

Direct Grantees will utilize SHIP funds to offset HCAHPS vendor fees

HCAHPS

Hospital Consumer Assessment of Healthcare Providers and Systems

Logistics

Consortia are considered “Subscription Services” for programing which extends throughout the grant period - Consortiums are paid for the number of hospitals participating in their program.

A workplan, budget, one invoice and quarterly reports are required



For Example:

HomeTown Health has 14 participating hospitals

$$14 \times \$9,000 = \$126,000$$

Direct Grantees submit one invoice

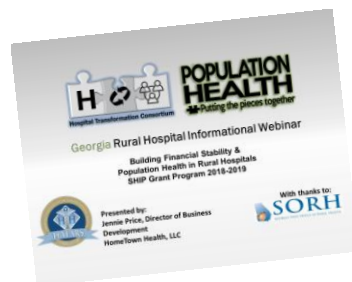
A final report is required

And finally... we'll share



THANK
YOU!

from your Hospital Services Team:



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**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

SHIP Coordinator Resources

[SHIP Coordinator Resources](#) (webpage)

- [Tips for SHIP Program Administration](#) (PDF - 2 pages)
- [Frequently Asked Questions \(FAQs\)](#) (PDF - 8 pages)
- [Performance Narrative Best Practice](#) (PDF - 10 pages)
- [SHIP Quarterly Reporting Form](#) (Word - 1 page)
- [SHIP 2018 Hospital Application Template Form](#) (Word - 4 pages)
- [FY18 State Spreadsheet of SHIP Applicants](#) (Excel - 1 page)





NATIONAL
RURAL HEALTH
RESOURCE CENTER

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Get to know us better:

<http://www.ruralcenter.org>

