

Information and Financial Resources for RHCs

Rural Health Clinic Technical Assistance Series Webinar
March 1, 2016
1:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question and answer session of today's call. At that time if you'd like to ask a question, please press star 1.

Today's conference is being recorded. If you have any objections, please disconnect at this time. I'd now like to turn this meeting over to Nathan Baugh. You may begin.

Nathan Baugh: Thank you Operator and I want to welcome all of our participants. As the Operator said, my name is Nathan Baugh. I am the Director of Government Affairs for the National Association of Rural Health Clinics and the moderator for today's call.

I want to apologize briefly for the technical difficulties, but I think we have everything worked out now. Today's topic is Information and Financial Resources Available to Federally Certified Rural Health Clinics.

Our speakers are going to be Kristine Sande, the Director of the RHHub, Kathryn Umali, Deputy Director of the Community-Based Division of the Federal Office of Rural Health Policy, Lynn Barr, Chief Transformation Officer of the National Rural ACO, and Wakina Scott.

This series is sponsored by HRSA's Federal Office of Rural Health Policy and is done in conjunction with the National Association of Rural Health Clinics.

We're supported by a cooperative agreement as you can see on your screen to the Federal Office of Rural Health Policy and that allows us to bring you these calls free of charge.

The purpose of this series is to provide RHC staff with valuable technical assistance and RHC-specific information.

Today's call is the 70th in the series which began in late 2004. And during that time, there have been over 18,000 combined participants on the bi-monthly RHC National Teleconferences now being done also as Webinars.

As you know, there's no charge to participate in the call series and we encourage you to refer others who might benefit from this information to sign-up to receive announcements regarding dates, topics and speakers' presentations at www.hrsa.gov/ruralhealth/policy/confcall/index.html.

During the Q&A period, we request that callers please provide their name and city and state location before asking their question. Or you can type your question into the online chat bar on the left-hand side.

With that, I'm going to turn it over to our first speaker which is Kristine Sande. Kristine? Sande, apologies.

Kristine Sande: Thank you Nathan. Thanks so much for the opportunity to be with you today to talk about something that's near and dear to my heart, the Rural Health Information Hub.

Some of you may have been familiar with us as the Rural Assistance Center. We did recently change our name in December of 2015. And so now we're the Rural Health Information Hub, or RHHub for short.

We still provide all of the same services that we did previously, but with a name that hopefully gives people a little better clue about what we actually do.

So I'll be giving you an overview today of the services that we provide which are all free of charge. We do receive funding from the Federal Office of Rural Health Policy to make these services available to you. So we hope that you'll take advantage of them. We have a website at ruralhealthinfo.org that has a lot of different resources and I'll go through some of those.

You can also get weekly e-mail updates or contact us through our resource and referral service if you're having trouble finding information and we can help you.

The RHIhub is a partnership of the Center for Rural Health along with the NORC Walsh Center for Rural Health Analysis and the Rural Policy Research Institute or RUPRI.

Our operations base is in North Dakota at the Center for Rural Health. And as I mentioned before, we're funded by FORHP. So what can the Rural Health Information Hub help you do?

It can help you with a variety of things. It can help you plan so you can find things like toolkits and program models that show you what work in rural communities so that you can build effective community health programs.

You can also locate statistics, maps and more that help you demonstrate need in your areas. So if you need to write a grant or that sort of thing, we can help you with that.

We can help you develop - so you can find information you need to build, maintain and improve services in your community. We have an online library that gives you easy access to thousands of resources. You can learn - so you can gain insight and understanding of the issues through our topic guides, through timely news and updates.

And we can help you connect. So we can help you find other organizations and other individuals who have passion or expertise in rural health issues. The first product of the RHHub that I'll talk about is our Web site.

As I mentioned, our URL is ruralhealthinfo.org. If you were a user of the Rural Assistance Center - if you type in raonline.org you'll be redirected to this new URL.

So don't worry too much about remembering the new URL if you know the old one. And the first section of our website that I'll talk about is the RHHub online library.

We have staff that every day are scouring the Internet and other resources, like newsletters, looking for resources and opportunities that are relevant for rural communities and providers.

Within our online library you can find things like funding and opportunities, news, events that are happening that relate to rural health organizations that work in the rural health arena, maps and publications.

And one thing that gets a lot of interest, obviously, is our funding section. If you go into the funding section of the online library, you can browse the different funding opportunities that are listed by type, by sponsor, by topic and by state and get that list of opportunities.

And those are drawn from various places such as GRANTS.GOV. We're watching foundation newsletters. We're looking - watching State Offices of Rural Health if they have funding opportunities or other state agencies that might have opportunities that rural communities could apply for.

And once you have that initial list of funding opportunities, if it seems like oh gosh this is too much because there are hundreds of opportunities in there, you can narrow your list by either geography or topic.

So if you want a specific state, you can use this narrowing functionality -- those blue buttons -- to narrow down. And this is the little box that would come up on your screen that would allow you to do that narrowing.

Or you can narrow by another topic to get a smaller subset as well. We also have topic and state guides. So these resources draw information from across the site on specific topics or a specific state.

And it provides an overview of either the topic or the state. And on the topic guides, there are also frequently asked questions...

Wakina: Kristine, we're having trouble hearing you.

Kristine Sande: Okay. Is this any better?

Nathan Baugh: Kristine, I can hear you fine. So I think you're okay to continue.

Kristine Sande: Okay. I'll just go ahead. So on this particular topic guide that's showing on your screen, it's our Rural Health Clinic Topic Guide, which by the way, is one of the most used resources on this site.

And you can see frequently asked questions like ‘are there special staffing requirements for RHCs?’ or ‘who do I contact if I have questions regarding the development and ongoing management of RHCs?’

So you can find the answers to those questions as well as use the navigation on the left-side of the page to find resources that are specific to rural health clinics such as documents and research, Web sites and tools that may be available or funding opportunities that are specific to rural health clinics.

Another section of this site is the Community Health Gateway. And on this section of the site, we've been working very closely with the Federal Office of Rural Health Policy's Community-Based Division to build the evidence-base for rural health interventions.

Features of that section include toolkits for rural community health, the rural health models and innovations, database and a section called Supporting Rural Community Health that talks about how the Federal Office of Community-Based Programs can help rural communities and then how that helps to build the evidence.

So within the Community Health Gateway, what do we mean when we say evidence-based or levels of evidence? These are the levels that we use.

So evidence-based is a pretty rigorous criteria. The intervention needs to have happened in numerous rural communities and there has to have been a peer-reviewed publication or review study of that approach done.

To qualify as effective, it has to have happened in one rural community and then reported in a peer-reviewed publication.

Promising means that a formal evaluation was conducted and that there were positive results. In some cases, the formal evaluation occurs but there's mixed results. And in that case, it wouldn't fit our promising category.

And then emerging is an anecdotal account. There isn't any real evidence yet but in many cases the emerging - or anecdotal accounts, are really important, especially in the area of innovations, you know, what are people trying - we can learn a lot from those.

So with the evidence-based toolkits that I mentioned, we currently have six of those on the site with another one coming soon. So I'll let you read those, but these are developed by the NORC Walsh Center for Rural Health Analysis along with the University of Minnesota Rural Health Research Center.

They're module-based and developed to help communities really walk through the process of developing an intervention. So there'll be modules that step you through what are different types of programs related to care coordination or different types of models that I might implement.

How do I evaluate whether it's working? How do we build in sustainability? Some of those sorts of things. So those are really valuable toolkits. And the next one coming up is a - which should be available on the site I believe around March 18 deals with service integration.

So how to integrate human services into the health care model so that we can make sure that people are addressing some of those social determinants of health that are important for things like reducing readmissions and improving population health and that sort of thing.

And then in the models and innovations hub, these are individual models that have been tried in rural communities. And most of them have been quite successful. Right now, we have over 200 models listed in that database that you can browse by topic.

So if you're interested in things that are specific for rural health clinics, you can look at that. But if you're interested in transportation - how do I make sure people get to their appointments?

You can look at transportation - or whatever your need may be. Each project example includes a summary, what's the evidence level, what services were offered, what kind of results did they achieve.

And I think importantly, what barriers did they encounter along the way as well as what are their tips for replication of the program? And then we always list a contact person.

If you need more information, you can contact that person who actually worked on the program to get more information from them. The Tools for Success section of our site has a variety of tools that are available to you.

One is the Economic Impact Analysis tool and that is a tool that was developed by - originally by the Lewin Group under contract with the Federal Office of Rural Health Policy. And that is a tool that can help you determine what economic impact spending from a grant program had in your community.

So in that tool, you enter what you spent out of your grant fund in your community with - along with some detail about what category of spending it

was and that will use multipliers - economic multipliers to determine what that spending amounted to economically for your community.

So that's a nice tool to show that impact. There's a Planning for Sustainability section with some resources developed by the Georgia Health Policy Center related to making sure that in programs that you build, that you're thinking about sustainability from the very beginning and building that into your program.

So that after your grant funding over, or your initial initiative is over, you can maintain those programs. There's also a section about testing new approaches which looks at some of those federal demonstration programs that have been tried for rural communities.

There's some information about Rural Training Track Technical Assistance program that's specific to graduate medical education. And then there's the Am I Rural tool.

So in the Am I Rural tool, you enter an address and then it allows you to find out if it meets rural eligibility requirements for the rural health clinic program as well as the Federal Office of Rural Health Policy Community-Based Grants.

And then there's another section of the report that will tell you if your location is considered rural by various definitions. So there's a variety of those. And then the last section of the report will tell you if the location is in a federal shortage area.

So is it a health professional shortage area or HPSA? Is it a medically underserved area or population? So those are really important things that, you

know, often come up that you do need to know whether you qualify for some of those programs or whether you're in a shortage area.

And we are currently working on a new version of this tool that should be up within the next month or so that has some interesting new features that I hope you'll like.

In terms of how reliable the tool is, it is quite reliable. However something to keep in mind is that it's not an official determination of your eligibility for any program. So something to keep in mind when you're using it.

And then we have some other publications and updates. We do Webinars. We have an archive of some maps that you can use in grant writing and presentations or reports.

You can also sign-up on our site for the RHIhub This Week and that's our weekly electronic newsletter that tells you about new models in our models and innovations hub.

It tells you about new funding opportunities or publications or other resources that have been added to our online library. So that's a good way to keep up on what's going on in the rural health world.

And then again, we do offer a resource and referral service. So you can e-mail or call our information specialist and they can help you find things like funding and statistics, experts, research on a topic or whatever your rural health need may be. They are there to help you. And this is how you can get ahold of me or our other staff.

We also have Facebook and Twitter that we use to help people stay abreast of what's going as well. So that's the end of my presentation.

Nathan Baugh: Well thank you Kristine. Next we have Kathryn Umali who is the Deputy Director for the Community-Based Division of the Federal Office of Rural Health Policy.

Kathryn, I'm going to switch to your slides and just me know when you would like the slides to change.

Kathryn Umali: Okay. Great. Thanks. And, , we just - sorry for the technical difficulties. And we just got (comm) activity. So I believe , we'll able to advance my slides.

Okay. So great. So I'm Kathryn Umali. I'm the Deputy Division Director of the Community-Based Division in the Federal Office of Rural Health Policy. And I'm just going to talk a little bit about our office and our structure and more importantly our funding opportunities.

And how, your State Offices of Rural Health can support our office and in turn, support you all. Next slide please.

Woman: Can you see that?

Kathryn Umali: Awesome. Thank you. So as you know the Federal Office of Rural Health Policy was created in 1987. And our main charge is really to be the voice of rural, , and advise the Secretary on health and rural health issues.

So we are the direct interface of rural to the Department. So, you know, how some offices have a counterpart - an office of like let's say woman's health we

have here HRSA, the Department also has an office of women's health counterpart.

But for us, there's no Office of Rural Health Policy at the Department level. We are it. So we are the voice of rural in the Department. And we have the responsibility for analyzing and identifying the impact of policy-related issues on - in rural communities.

Next slide. Great. So the administration charged our office with implementing the Improving Rural Health Care Initiative. And this Improving Rural Health Care Initiative has four key elements.

The first one is moving towards a more evidence-based approach for our rural programs. The second one was improving recruitment and retention of workforce in rural communities.

The third one is linking HRSA's telehealth programs to ongoing work with rural communities. And the fourth one is collaborating with other partners in HRSA, HHS and across federal government.

So with this initiative we were able to - we started revising the approach of our programs to be more evidence-based and really thinking of non-traditional, cross-governmental collaboration with other partners.

And I'll talk more about those when I talk about our programs later on. So I just want to talk briefly about how we're structured because I think it's important to know how our programs are structured because it falls within how our office is structured.

we have four main divisions in our office. We have the Hospital State Division, it's the first one. And basically, they support the State Offices of Rural Health. Their main function is grants administration.

But because of the programs that they deal with - they deal more with , critical access hospitals, , and rural health clinics. But they have a hand on policy as well.

So that's the first division. The second division is the Policy Research Division. Their main function is really to review regulations and legislation that comes from CMS, rural-related.

through the years we have formed a great relationship with CMS whereas we can, , have a say or at least provide recommendations on the regulations that come out from CMS and see if there's any rural impact on those regulations.

And the third one is the Office for the Advancement of Telehealth Division. And as their name implies, they deal more with administering grants around telehealth. So they have about six grant programs.

And unlike our other programs in the office, their programs do not necessarily focus on rural health. Some of their programs encompass, urban areas but it's a telehealth-oriented program.

And then the last one is the Community-Based Division. It's our largest division and I say largest by volume of grantees and by people. Our main function is grant administration.

We develop evidence-based practices in our program as an approach as part of the Improving Rural Health Care Initiative. And we revised our approach about two or three years ago.

Prior to that, what we have gotten were applications proposing projects that did not have that kind of evidence-based weight on it.

People would just reinvent the wheel. And so if they want to, they can, implement an oral health project, and, there's no evidence-based basis for their project. So we found that our grantees are constantly reinventing the wheel.

And so we had to really align our programs, , with the Improving Rural Health Care Initiative. So I just want to talk about the 2017 competitive programs that we have.

These are the programs that are coming out next year. So one of our programs -- the one on the right -- is the planning program, the Rural Health Network Development Planning Program.

It's a one-year program and it's for \$100,000 and it's really to get people at the table. So activities that you can do with that program is you can, conduct a needs assessment or you can provide or develop bylaws to become a bona fide network -- healthcare network.

Again, it's just for one year and it's really for planning. And all our programs - - most of our programs I should say -- the eligibility is that you have to be rural and non-profit or a public entity.

For this year, for this program, we added a focus on hospital closure. Planning for a hospital closing or planning for a hospital who's at-risk for closing.

- this is a yearly program. So the applications for this come out about nine to ten months before the actual start date. So for a start date of June 2017, the funding opportunity announcement actually comes out around fall of 2016.

And this is the contact information of the person if you're interested in applying and would like to know more about it, I put the contact information of the person that's handling that program.

The other program that will be available for our 2017 is our Network Development Program. if the Planning Program is our baby program, the Network Development Program is like our toddler program.

It's for mature and seasoned networks. So healthcare entities that have demonstrated successful history, before. And it's for three years, \$300,000 per year. We want to make around 30 awards.

And it's really to integrate systems of care - administrative, financial, and clinical. Again, these two programs do not provide healthcare services. they're capacity-building programs.

And again, it has a start date of May 2017. if you want to know more about it, please contact Jayne Berube and she'll be happy to address any of your questions.

And then we have two other programs that are a bit more targeted. We have the Black Lung Clinics Program which also - funds the Black Lung Centers for Excellence Program.

And the Black Lung Clinics Program supports projects for coal miners to reduce the morbidity and mortality with mining dust lung disease. And the Black Lung Centers for Excellence is basically awarded to one entity who has that expertise in providing technical assistance towards the goals of the Black Lung Clinics Program.

Again, it's a very targeted population for this program. It's a very targeted approach. But nonetheless, if any of you are interested in any of this, again the contact information is in there.

This other one is the Radiation Exposure Screening Program and we call RESEP because it's a mouthful to say it. And it's really a program that supports outreach and education programs for those individuals that were exposed in the uranium mining and nuclear weapons testing back in the '60s.

So it has an element of compensation due to the Department of Labor and again, it's very targeted to that population. the eligibility for that is for only organizations located in those high impact states per the Radiation Exposure Compensation Act.

And those high impact states are some counties in parts of Arizona, some counties in parts of Nevada and there's some counties in parts of Utah. And before I go to the Community Health Gateway, I just want to talk about two other programs we have for 2016.

I did not include them in my slides because the application is actually due in a couple of weeks. Our Quality Program is a three-year program and it's for \$150,000 a year.

And it's really to implement quality improvement strategies in your communities. The deadline for that application is March 4 which is this Friday. \ as you all might be aware, \ to cook up an application takes a couple of weeks, if not months. \.

But I wanted to reiterate that just in case any of you are actually working on it and, would like to hear more about it. But basically, it's due March 4 and again, the eligibility for that is the applicant has to be rural and be a non-profit or public entity. And then the other one, is the Delta States Program. the eligibility for the Delta States is not nationwide.

It's only for the - eight states in the Delta region which is Alabama, Illinois, Kentucky, Tennessee, Arkansas, Louisiana, Mississippi and Missouri. And again, I did not include that in my slides because I think we only have about two weeks left or a couple of weeks left for the application.

But again if you're interested, please let one of us know and we'll be able to give you all that information. The charge of that program is to provide healthcare services in the Delta region.

And the Delta region encompasses those states that I mentioned. I want to jump into the Community Health Gateway which is located in the Rural Health Information Hub. And thank you Kristine for giving a very detailed overview of what that is about.

So I'm not going to talk about it too much other than the background and the history of why the Federal Office of Rural Health Policy decided to fund this kind of project.

So the goal of the Community Health Gateway is basically to not reinvent the wheel. One of the features there is the evidence-based toolkit. The goal of that toolkit is that any rural community - let's say in Kansas wants to do an oral health project.

They don't have to reinvent the wheel. They don't have to think about a whole new project. They can just go on this site, look for what they're trying to do and tailor it for their community.

And every year we're adding about two or three toolkits on hot topics.

And hot topics can include, topics that the administration deems a priority or just what's going on at that time and aligning with the current healthcare landscape.

And this is the Web site for the Community Health Gateway. So that's all I'm going to talk about since Kristine did a great job on really providing an overview about that.

And so, one of the other things I wanted to highlight is the State Office of Rural Health and what they do and really how they support our office and in turn, supports you all in getting grant funds or, getting resources from our office.

So some of the things that the State Office of Rural Health has done for us and again, helps everyone is that they have hosted grant writing workshops. And what we do is we just send some of our folks - it's a four hour workshop usually.

And they help us provide the resources and kind of tips as to how to navigate the federal grant process. They can also look over your application. but again, I have to say not every State Office of Rural Health are the same.

Some have this capacity and some don't. But for the most part, one of the mandates of our program legislation is that applicant has to submit a letter of notification to their State Office of Rural Health letting them know that they are applying for, , one of our programs.

So with that, some of the State Offices of Rural Health, - have the capacity to look at the applications and review them to see if, parts of the application needs to be revised.

And they're very much aware of our programs and, have participated in application reviews. So they're very knowledgeable on those things. But again, not every State Office of Rural Health does that.

And sometimes after we, , awarded a grant and we find a grantee organization that's having some issues, we sometimes invite the State Office of Rural Health for a site visit with us.

And in that way since they're the eyes and ears at our state level, they can help provide assistance to that grantee during project implementation. And again, not every State Office of Rural Health does that. But for those who can, they do a great job.

And so that concludes my presentation. And if there are any questions I guess we're going to do that towards the end. And my contact information is on the next slide. So if you have any questions, please feel free to e-mail me or call me.

Nathan Baugh: Thank you very much Kathryn. Next - our next speaker is Wakina Scott who is the Policy Coordinator for the Federal Office of Rural Health Policy.

Wakina Scott: Thank you.

Nathan Baugh: Take it away Wakina.

Wakina Scott: All right. Let's see here. Great, thank you. So good afternoon everyone. Again my name is Wakina Scott. I'm with the Federal Office Rural Health Policy and I'm just going to spend a few minutes to provide some background information on the Transforming Clinical Practice Initiative. And then, turn the Webinar over to Lynn Barr who will further discuss her organization's role under this important initiative.

So what is TCPI? Well the Transforming Clinical Practice Initiative is a model designed by the Centers for Medicare or Medicaid Services to support clinical practices over the next four years and sharing, adapting and further developing their comprehensive quality improvement strategies.

CMS has awarded approximately \$685 million to 39 national and regional collaborative healthcare transformation networks and supporting organizations, mainly to provide technical assistance support to providers such as you to help equip more - and to help equip more than 140,000 clinicians with tools and support needed to improve the quality of care, increase patient's access to information and address cost effectiveness.

So how is this initiative being implemented? Well the initiative has two major components. There are 29 practice transformation networks that essentially provide technical assistance and peer-level support to assist clinicians in delivering care in a patient-centric and efficient manner.

And there are about ten support and alignment networks that focus on such initiatives as creating a collaborative for emergency clinicians to address appropriate utilization of tests and procedures.

As you will hear in a moment, the National Rural Accountable Care Consortium is one of the awardees under the Practice Transformation Network. And so, with that I really want to just turn the Webinar over now to Lynn Barr.

This screen just provides you with the link to additional information for the initiative. And so, now Lynn Barr will provide more information on what services her organization is able to provide under this important initiative. Thank you.

Lynn Barr: Thank you Wakina. This is Lynn Barr and I appreciate having you all on the call today. I'm to tell you about our Practice Transformation Network. The National Rural Accountable Care Consortium is a non-profit organization that supports rural healthcare transformation.

It was formed by rural providers trying to avoid being left behind. Everything was changing and we wanted to try and be a part of it. And we had been awarded a \$31 million TCPI grant to provide these services to 525 rural healthcare systems and 8000 clinicians in rural America.

To date, we've had more than 2500 physicians already sign-up since January. So the seats are filling up fast and I encourage you to go to our Web site and sign-up if this program appeals to you.

We are a national organization. I think one of the advantages of working with us is we have regional workshops all over the country where we can work with not only members of the Practice Transformation Network, but also our ACO members as well.

So there's 23 - we have 23 ACOs that we serve that we're providing the same services to that we would provide to you under the Practice Transformation Network. Our (unintelligible) is a little bit different from CMS's, it's kind of a take on that.

We also - you know, we're also very concerned about providing the best care and lowering per capita costs. But we also want to focus on your financial performance.

So this is a very difficult time for rural providers and we can't just layer things on without taking the revenue into account. So we strive to not only improve your - the health and well-being of your communities and to lower cost, but also to strengthen you financially through these programs.

And we've had significant success in doing so. Wakina already walked through what is the Practice Transformation Network. It's basically a program that's designed to help you get ready, right?

Because it's doing - payment is changing and while they have not announced how they're going to change payments in rural health clinics or FQHCs, there is, you know, the move afoot is very obvious that all payments are going to be tied to value of some kind in the very near future.

So when we look at value, we realize that there's just a few programs that we can put into place that have a huge impact on cost and quality. And the first one is setting up that care coordination service for your Medicare patients.

So this is where, you know, you have a very small percentage of your patients that are consuming the majority of healthcare dollars. And the 5% of your patients that are 42% of Medicare spend in your community has almost 100% (come) morbidity with behavioral mental health issues.

So we need to set up a special service that work with those types of patients to help them learn how to manage their disease and to help them stop utilizing services inappropriately.

For example, we had this one patient that went to the ED 84 times in the past 12 months. His issue was depression, loneliness. He had lost his wife. So with a care coordinator, you can dig in. You can find out what these problems are.

Our care coordinator connected him to the local church services, got him volunteering at the hospital. Now he's not using the ED. So that's what care coordination is all about.

It's a great service for your community and not only is it great for your patients, but you can bill from your rural health clinic \$42 per member per month that you're providing these services to for a nurse to provide 20 minutes of phone support.

We'll give you - we will train and certify and mentor your care coordinator, implement all the IT infrastructure you need to bill for this service and provide a federally funded 24/7 nurse advice hotline so that you cannot only

meet the requirements for billing, but also provide your patients some way of accessing care after-hours.

The second thing that we really look at is how can we, in your practices, redesign the workflow at the front desk to really address gaps in care. So for example, if the patient has diabetes when they check-in, somebody should be looking, you know, A, check-in what their diagnosis is.

If they're a diabetic, they should make sure that they've had their eye exam, their foot exam, their hemoglobin A1c. All of the things that, you know, are going to keep them from going blind, from losing their feet or from losing their kidneys.

And so, we have these quarterly quality improvement workshops, where we ask you to send your practice manager to that workshop to work on how we can redesign the workflow in your clinic.

We found that by doing annual wellness visits and incorporating those into the workflow of clinic, we are able to increase quality scores from kind of the low - the high 50% to the low 80% in just 12 months.

So it's an increase in your quality scores 25% just by implementing these very simple processes at the front desk. And all you have to do is send a practice manager care coordinator to a quarterly workshop which would typically be within a 150 miles of your facility.

It's a one-day workshop and we will pay for travel to that workshop to help you get that. In addition, we'll provide you a point of care patient satisfaction survey using a tablet and, you know, to give you a good idea of what your ambulatory CAP scores are.

And all of these things then will allow you to get paid quality bonuses from payers. And we will talk a little bit more about that in a second, about how we can get you there.

If you're not already qualified as a patient-centered medical home, the processes that we put into place will help you meet all of the requirements for a Level 3 NCQA certification.

So developing the physician-wide care teams, facilitating coordinated and integrated care, promoting a culture of quality and safety and increased access with help you get paid (PTMH) bonuses which are available for many of the payers in many of your states.

Remember we talked earlier about revenue and, you know, so one way of accessing more revenue is certainly by setting up your care coordination service and using people in your practice to be able to provide that service and bill Medicare \$500 per Medicare beneficiary per year for that service.

The other thing is how do we bring you together with other providers in your state in a clinically integrated network? So in order for us to be able to negotiate with other payers, all the payers have the same problem dealing with small rural providers.

There's just not enough volume for them to work with you in value-based contracts because the high variability of healthcare spend. This was our biggest struggle of getting into the Medicare Shared Savings Program.

We needed 5000 Medicare beneficiaries. So we figured out if we started putting unaffiliated rural providers together, we could form ACOs and now we're doing the same thing with clinically integrated networks.

So these networks are owned and operated by providers. They don't buy and view the risk. We don't negotiate rates. But what we can do is get you these extra payments for doing the quality improvement initiatives that are really going to be important for you to be successful going forward.

But we always to have balance, you know, the new work with the new payment and this is how we go about doing it is by forming these clinically integrated networks in every state and then the grant fund not only pays for the legal structure, the grant funds also pay for a negotiator to negotiate value-based contracts on behalf of your network.

This is just a quick slide to show what this type of studies can - this type of program can do. So you can see in 2014 these were our ACO quality measures and our aggregate quality scores here was 57.57%.

And in 12 months just by implementing care coordination and annual wellness visits, two programs that are really going to help your patients and your practice, you can see we got to an 83.57% quality score in just 12 months.

So I think that there's a lot of value to this, both to you and your patients. The eligible providers for - to participate in this program are physicians, PAs and NPs, rural PTS hospitals, (CAAs), RHCs, FQHCs, (fever) service clinics and anyone that is not currently participating in a shared savings program.

There is no cost for you to join the program. Our only requirements are that you appoint or hire an in-house care coordinator who'll bill Medicare for these

new services and actively participate in the program, come to the Webinars and send your people to the workshops.

And again, that travel is reimbursed. And with that, I am finished and I think we might have a couple of minutes for questions.

Nathan Baugh: Yes, we do. We have some time for questions. We can go a little bit over too if people have questions. And if not, we'll wrap up at 2:00. So I don't see any questions in the chat.

Operator, can you open up the line for questions and see if people have questions on the phone? Operator, are you there?

Lynn Barr: And while we're here, I see my last slide is somehow missing. If people are interested in our program, they can go to www.nationalruralaco.com. You can click on the Apply Now button or you can e-mail us at info@nationalruralaco.com to get more information. Oh there it is. There's the slide.

Nathan Baugh: Yes.

Lynn Barr: Thank you.

Nathan Baugh: Sorry that was me. I was just putting it to the link where you will be able to see the slides. So yes, to answer your questions (Sue) and (Patricia), the slides will be posted online.

Coordinator: Excuse me, this is the Operator. I apologize for that. I was having technical difficulties. I would like to remind all participants if you have a question at this time, please press star 1.

Nathan Baugh: Speaker, do we have any calls - questions on the phone?

Coordinator: I'm showing no questions at the time.

Nathan Baugh: It looks like we have a question on the chat box for Lynn. Lynn, (Diane Davidson) says the CCM for Medicare states that the 24/7 access by provider in the practice - it sounded like the speaker said the 24 hour nurse call line would meet this.

Do you want to clarify what that 24 hour nurse call line is?

Lynn Barr: So the 24 hour - obviously, you couldn't have 24 hour access in a practice, right? I mean people go home. So that's why this is - it's 24/7 access to an electronic - to a member of the care team with access to the electronic care plan.

So we build our care plans in a single data warehouse and we provide this virtual care team to help extend the rural health clinic. However, the time that is used on the nurse advice hotline is not billable as part of the 20 minutes.

So maybe that's the clarifying point because the care coordinator has to be in the practice and using the 20 minutes that they're doing the service to the patient. Twenty minutes per month.

That has to be in the practice, but this is not used for the 20 minutes and this is just - this - the 24/7 nurse advice hotline is to have 24 hour access to the electronic care plan so that we can provide this service to the patients.

Nathan Baugh: Great, thank you Lynn. And I just want to echo what Lynn said that the 24/7 access is a separate requirement under providing CCM which is, I believe, what the nurse call line Lynn is talking about.

I'm going to go ahead and go to the next question online here. And this is for I believe Kristine. Can information from the field be posted to the RHHub? What is the process for that? Kristine, do you want to answer that?

Kristine Sande: Sure. Yes, often it can be. It kind of depends what it is. But the process for that would be to just send an e-mail to our main information line which is info@ruralhealthinfo.org with whether it's the event or a link to a news item or whatever it is and our information specialist can make an assessment of how we might be able to use that.

So those tips and information are very much appreciated.

Nathan Baugh: Thank you Kristine. I'm going to do one more question online. This is question is from (Loretta) and I believe it's for Lynn. She wants to know where are some of the training site locations for care coordinators to receive training. Is it online or is it...

Lynn Barr: Well gosh, it'd be so much easier if I knew where she was and I could tell her the closest one. We've got the - we finally got workshops set up - I believe it's in 32 different locations across the country.

And again, our target is to have it within a 150 miles of everyone that signs up. So as we have more people sign up - we have them in most states including Alaska and Hawaii.

Nathan Baugh: Yes. Lynn, she says Alabama.

Lynn Barr: Alabama? I don't think we've got one in Alabama yet, but I know that we've got people signing up and so as long as we have people signing up, we'll make sure that we can get you to the workshops.

Nathan Baugh: Great. Thank you Lynn. Operator, do we have any calls or - calls waiting on line?

Coordinator: I'm showing no questions at this time.

Nathan Baugh: Okay. It looks like we have a few more questions. I think, Lynn, people want to know is - Kansas and South Dakota, are there training sites for care coordinators in the Midwest?

Lynn Barr: Yes, there are.

Nathan Baugh: In the plains?

Lynn Barr: Yes. The South Dakota site is Sioux Falls. I think Kansas is Kansas City.

Nathan Baugh: So (Scott), Kansas City and (Heidi), Sioux Falls. And unless anyone has any more questions, we will wrap it up there. Operator, last chance. Is there any - are there any questioners on the line?

Coordinator: I'm showing no questions at this time.

Nathan Baugh: Great. Okay. So I think we'll end it there. Just a minute over time. I'd like to thank everyone on today's call, especially all of our speakers for their presentations and the Federal Office of Rural Health Policy for the RHC TA series.

Please encourage others who may be interested to register for the RHC Technical Assistance series. We welcome you to e-mail us with your thoughts and suggestions for future topics at info@narhc.org. And please be sure to put RHCTA topic in the e-mail subject line.

We anticipate scheduling the next RHC Technical Assistance call at the end of this month. A notice will be sent by e-mail to those who have registered for the call series with details on the next call. Thank you for your participation and this concludes today's call.

Kristine Sande: Thank you.

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