

The Ohio State Office of Rural Health (SORH) is co-located with the Primary Care Office within the Ohio Department of Health (ODH). The goal of the Ohio SORH is to help rural communities build strong healthcare networks by providing information and technical assistance, by helping to build state and local partnerships, and by encouraging recruitment and retention of providers in rural areas. The Ohio Black Lung Clinics Program, Rural Hospital Flexibility Program (Flex), and Small Rural Hospital Improvement Program (SHIP) are administered through the Ohio SORH.

From the Ohio SORH:

[2014 Ohio Rural Health Conference and Flex Annual Meeting](#)

The 2014 Ohio Statewide Rural Health Conference and Flex Annual Meeting will be held in central Ohio during November to coincide with National Rural Health Day. The tentative conference dates are Thursday, Nov. 20 and Friday, Nov.

21. Session proposals are being accepted through June 18, 2014. Please visit the [2014 Rural Health Conference Web page](#) for more information, including submission guidelines. The conference theme will be “Forging Linkages to Build Healthier Communities,” with an emphasis on collaboration and partnership for improving rural health, including best practices and model programs.

A call for organizations and programs interested in exhibiting during the conference will likely be released in the future. The primary audience for the conference will include Critical Access Hospitals and other hospitals in rural areas, Rural Health Clinics (RHCs) and clinics working toward RHC certification, and local health departments in rural areas. The audience for the conference also includes many other rural professionals, including staff from black lung and occupational lung disease clinics, Federally Qualified Health Centers and free clinics in rural areas, researchers, health professions students and educators, and a variety of others with an interest in rural health.

If you are not already subscribed to the rural health listserv and would like to subscribe to the list to receive future information on the conference, please send your subscription request to Jennifer Jones, SORH program coordinator, at jennifer.jones@odh.ohio.gov. Information on the conference will also be shared with the CAH listserv and linked through the [Rural Health Conference Web page](#).

[Upcoming Sessions for New Ohio RHC Quality Network Project](#)

The SORH is sponsoring a new project for Ohio’s certified RHCs and clinics working toward RHC certification to develop a quality network. This project is being conducted by the consulting firm John Snow, Inc. A series of three sessions are being held for the project. The first webinar held on May 14 described the Ohio RHC Quality Network concept as it relates to the current Ohio RHC landscape and how quality improvement processes can be integrated into health care delivery. Webinars are being recorded for playback and will be available on the [SORH Web page](#).

The second webinar will be held on Tuesday, May 27 at 11 a.m., and will discuss the different types of quality metrics, considerations for choosing indicators, and how health reform may influence indicator selection. [Click here](#) for more information and to register.

The third session will be an in-person meeting that will be held in downtown Columbus at ODH on Friday, June 13. This meeting will focus on the next steps in selecting clinical quality indicators for the Ohio Rural Health Clinics Quality Network. Rural health issues, potential evidence-based interventions and quality measures will be identified and prioritized through a

facilitated discussion. [Click here](#) for more information and to register. If you have questions, please contact the Ohio RHC Helpline at 1-866-698-5976 or OhioRHChelp@jsi.com. You can also contact Jennifer Jones at 614-466-5333 or jennifer.jones@odh.ohio.gov.

[Congratulations to Ohio Hospitals Named to Top 100 Critical Access Hospitals List](#)

iVantage Health Analytics recently released its latest rankings of the top performing Critical Access Hospitals (CAHs) as determined by the company's Hospital Strength Index. Congratulations to the Ohio CAHs on the list, H.B. Magruder Memorial Hospital, Paulding County Hospital, and Wyandot Memorial Hospital! The Top 100 Critical Access Hospitals are the nation's best rural safety-net institutions. The Hospital Strength Index is a comprehensive scorecard that evaluates market conditions, clinical and operational performance, and financial and qualitative outcomes. To download the complete list of the 2014 Top 100 CAHs, [click here](#).

[Changes in Rural Eligibility for Federal Office of Rural Health Policy \(ORHP\) Grants](#)

The federal Office of Rural Health Policy (ORHP) recently released new guidelines on eligibility for their rural health grants, based on updated definitions of rural areas from the 2010 Census. For more information on how the ORHP defines rural areas, [click here](#). Since the ORHP uses census tract level data for determining rural eligibility, some counties have rural-eligible areas even though the full county does not qualify. An updated list of rural-eligible areas by state is [available here](#). These changes specifically impact grant opportunities available through ORHP. To check your eligibility by address, [click here](#). If you have questions about determining your location's eligibility for future grant opportunities from ORHP, feel to contact Jennifer Jones, SORH program coordinator, at 614-466-5333 or jennifer.jones@odh.ohio.gov.

Across Ohio:

[Rural Ohio Doctor and NHSC Alum Named CDC Childhood Immunization Champion](#)

Renee Caslow, DO, National Health Service Corps (NHSC) Scholarship Program alumnus, was recently named the Centers for Disease Control and Prevention (CDC) Ohio Childhood Immunization Champion for her exemplary work in promoting childhood immunization. Dr. Caslow is a pediatrician who served her NHSC commitment from 2010-2012 at Muskingum Valley Health Centers, a Federally Qualified Health Center. Each year the CDC Foundation and CDC honor health professionals and community leaders around the country with the CDC Childhood Immunization Champion awards.

[HPIO Releases a Brief on the Role of Diversity in Ohio's Health Workforce](#)

April 2014 - This policy brief from the Health Policy Institute of Ohio highlights how diversifying Ohio's health workforce, by increasing the presence of racially and ethnically diverse populations, individuals from poor socio-economic backgrounds and rural or Appalachian Ohio, can contribute to a number of benefits, including increased access to health services for Ohio's most underserved populations. This brief also discusses a number of strategies that can be implemented to diversify Ohio's health workforce.

[Ohio's Plan to Prevent and Reduce Chronic Disease: 2014-2018](#)

Ohio's Plan to Prevent and Reduce Chronic Disease: 2014-2018 is a five-year, priority-driven guide to prevent and reduce chronic disease in Ohio. This newly released plan includes cross-cutting objectives to impact the policies, systems and environments influential to chronic disease outcomes and health behavior change. The plan was developed by the Ohio Chronic Disease Collaborative. An [Executive Summary](#) (seven pages), [Chronic Disease Plan](#) (48 pages), and [Chronic Disease Plan Promotional Toolkit](#) are available. The toolkit includes a Q & A document, Fact Sheet, and Call to Action designed to help stakeholders and partners promote the Chronic Disease Plan.

[Ohio Colorectal Cancer Screening \(CRC\) Improvement Project final report released – Results show increased screening rates](#)

The Colorectal Cancer Screening (CRC) Improvement Program is an evidence-based intervention to increase referrals for, and completion of, CRC screening through a collaborative intervention with the Ohio Comprehensive Cancer Control Program, ACS East Central Division, and the Ohio Academy of Family Physicians (OAFP). After one year of data collection

and measurement of practice results, program outcomes showed an average 60 percent increase in colorectal cancer screening rates among practices that completed the program in 2013. The intervention used the professional education materials developed by Thomas Jefferson University Department of Family Medicine in collaboration with the ACS: [How to Increase CRC Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Tool Kit and Guide](#). View the [final CRC outcomes report](#) from OAFP. [Click here to read more](#).

[Presumptive Eligibility for All Medicaid Populations in Ohio Launched March 31, 2014](#)

As of March 31, presumptive eligibility for all Medicaid populations is available to qualified entities, which include hospitals and FQHCs who complete the required training. Under the new Medicaid presumptive eligibility regulations, qualified entities can temporarily enroll patients in Medicaid coverage at the point of service with a few pieces of information such as income and household size. This will help patients get connected to needed health coverage and help qualified entities receive payment for services provided before a full Medicaid determination is made. Completion of provider training and submission of an acknowledgement form are required to become a qualified entity. More information is [available here](#) from the Ohio Department of Medicaid. The Ohio Hospital Association provides summary information regarding presumptive eligibility [here](#).

[The Ohio Poverty Report Released](#)

Feb. 2014 - This report from the Ohio Development Services Agency discusses trends and variations in poverty in Ohio, including variation between counties. The report indicates that 17.1 percent of the people in Appalachian Ohio were poor, in comparison to an average of 15 percent across the state. The counties with the highest poverty rates -- Pike, Scioto, Adams, Jackson and Athens Counties -- are all located in Appalachia.

National News:

[CMS Proposes Adoption of Updated Life Safety Code](#)

April 2014 – The Centers for Medicare and Medicaid Services (CMS) is proposing a new rule on the adoption of updated life safety code to ensure the health and safety of all patients, family and staff in every provider and supplier setting. CMS intends to adopt the National Fire Protection Association's 2012 editions of the Life Safety Code and the Health Care Facilities Code. This would reduce burden on health care providers, as the 2012 edition of the Life Safety Code also is aligned with the international building codes and would make compliance across codes much simpler for Medicare and Medicaid-participating facilities. The new edition of the LSC applies to hospitals, long term care facilities, CAHs, and other facility types. The proposed rule is [available here](#).

[How ACOs are Involving Rural Health Organizations](#)

This article from the spring edition of the newsletter from the National Association of Rural Health Clinics describes how researchers at the University of Central Florida's College of Health and Public Affairs are conducting an NIH-funded study to analyze the performance and outcomes of RHCs. Currently, little information is available about the structure and impact of ACOs serving rural areas, particularly related to RHCs, rural FQHCs and CAHs.

[Aligning Forces for Quality Guide on Using Data to Reduce Disparities and Improve Quality](#)

April 2014 - Aligning Forces for Quality has produced a guide for health care organizations to help with quality improvement efforts. Using race, ethnicity and language data strategically allows health care organizations to discover and prioritize differences in care, outcomes, and/or experiences across patient groups; plan equity-focused quality improvement efforts and measure their impact; and tell (and revise) the story of how patients are experiencing healthcare.

[Poverty and Deep Poverty Increasing in Rural America](#)

March 4, 2014 – This article from the United States Department of Agriculture (USDA) examining poverty over time shows that the 2007-2009 economic recession and subsequent slow recovery have resulted in the highest poverty rates in rural areas since the mid-1980s. As with the early 1980s recession, rural children have been disproportionately affected, given

child poverty is more sensitive to labor market conditions than overall poverty. The article is drawn from the [Rural Poverty & Well-being](#) guide from the USDA Economic Research Service.

[Rural Physicians More Likely to Participate in QI Efforts and Discuss Cost of Care with Patients](#)

A new study in the National Rural Health Association's *Journal of Rural Health* finds rural primary care physicians are more likely to participate in quality improvement activities than their urban counterparts. A press release about the study was release by the National Rural Health Association and is [available here](#). According to Alan Morgan, CEO of the National Rural Health Association, "Quality healthcare can be found in rural towns all across America. Rural primary care often faces significant challenges with equal or better patient outcomes. It's time to start looking at what's done right in rural."

[Nine Rural Providers Test Out ACO initiative](#)

Jan. 28, 2014 – This *Modern Healthcare* article describes how a new model is being tried that could allow smaller providers to participate in the Medicare Shared Savings Program without the usual massive upfront costs or large patient base. Nine rural health providers kick off their participation in the National Rural ACO, an initiative designed to help rural providers who lack the money, size or scale or participate in the CMS program on their own.

Resources:

[Finance Fund Offers Program for Ohio Providers Serving Low-income Populations](#)

The Finance Fund Capital Corporation can assist with financing for a health or wellness-related project serving low-income patients, facility purchase or expansion, updating equipment, and other projects through the Community Health Loan (CHL) Fund. This flexible financing is available to any community organization that provides health and/or wellness services to disadvantaged clients and/or low-income populations, including any doctor or health provider in Ohio that offers health and/or wellness services to underserved areas and/or Medicaid patients; Federally Qualified Health Centers (FQHCs); Community Health Centers (CHCs); and/or Rural Health Clinics (RHCs) in Ohio. The Finance Fund is a nonprofit organization created to connect underserved communities with public and private sources of capital. To find out more about the CHL Fund, please contact Finance Fund Loan Officer Tara Campbell at 614-221-1114, extension 5047.

[NOSORH Grant Writing Institute - Beyond the Basics](#)

The National Organization of State Offices of Rural Health (NOSORH) is offering a four-part training series designed to help rural health professionals build grant writing and grant management skills. All sessions are designed to improve accountability, communication, efficiency and effectiveness for all grant seeking and management efforts. The course is geared toward individuals who already have some experience writing grants, but wish to build upon their current skills. The cost to participate is \$250, and the registration deadline is July 3, 2014. A [summary](#) and [details](#) are available from the Rural Assistance Center. Visit the [program website](#) for the online application form.

[HHS Releases Security Risk Assessment Tool to Help Providers in Small to Medium-Sized Offices with ICD-10 Compliance](#)

March 28, 2014 - A new security risk assessment (SRA) tool is available from The U.S. Department of Health and Human Services to help guide health care providers in small to medium-sized offices with conducting risk assessments of their organizations. The SRA tool is the result of a collaborative effort by the HHS Office of the National Coordinator for Health Information Technology (ONC) and Office for Civil Rights (OCR). The application, available for downloading by [clicking here](#), also produces a report that can be provided to auditors. Public comments on the SRA Tool will be [accepted here](#) until June 2. Comments will be used to improve the SRA Tool in future update cycles.

[Core Competencies for Integrated Behavioral Health and Primary Care](#)

The strength of the integrated primary care and behavioral health workforce can be assessed when there is a clear definition of that workforce, with associated standards of excellence for team members. To begin establishing these standards, the SAMHSA-HRSA Center for Integrated Health Solutions engaged the Annapolis Coalition on the Behavioral Health Workforce to develop the [Core Competencies for Integrated Behavioral Health and Primary Care](#). The core

competencies were developed in consultation with content experts and leaders across the integrated care field.

[Medicare Telehealth Payment Eligibility Analyzer](#)

This Medicare Telehealth Payment Eligibility Analyzer tool can be used to find out if an authorized originating site is eligible for Medicare telehealth payment. Authorized originating sites must meet the following criteria to be eligible for Medicare telehealth payment: 1) the address does not fall into a metropolitan statistical area, or 2) if an address falls into a metropolitan statistical area, then the address must be in a rural area *and* be in a geographic Health Professional Shortage Area (HPSA). Authorized originating sites may include: offices of a physician or practitioner, hospitals, CAHs, community mental health centers, skilled nursing facilities, RHCs, FQHCs, and Hospital-Based or Critical Access Hospital (CAH)-based renal dialysis centers (including satellites).

[Rural Mental Health and Substance Abuse Toolkit](#)

This rural mental health and substance abuse toolkit is designed to help develop and implement programs to improve community mental health using proven approaches and strategies. The toolkit, developed by the Rural Assistance Center, is made up of several modules. Each module focuses on different aspects of mental health and substance abuse programs and includes resources for developing a program for your community.

[Web-based Medicaid Enrollment Toolkit Available for Ohio Hospitals](#)

The Ohio Hospital Association has developed a Web-based Medicaid Enrollment Toolkit for hospitals that outlines the processes and resources for connecting uninsured patients to health care coverage. The toolkit features a quick-reference flowchart and covers the federally facilitated Health Insurance Marketplace (Healthcare.gov), Ohio's online benefits eligibility system (Benefits.Ohio.gov) and presumptive eligibility.

[Rural Care Coordination Toolkit](#)

This toolkit is designed to help identify and implement a rural care coordination program and provide supporting resources and best practices. The toolkit, developed in collaboration with the NORC Walsh Center for Rural Health Analysis, is made up of several modules, each concentrating on different aspects of care coordination programs.

[Care Coordination in Rural Communities \(Webinar Recording\)](#)

This 60-minute webinar was presented in mid-February by Alexa Brown, NORC Walsh Center for Rural Health Analysis; Melissa Miles, Bi-State Primary Care Association; and Heidi Blossom, MSN, RN, Care Transitions Coordinator for MHA – An Association of Montana Health Care Providers. The webinar describes the Rural Care Coordination Toolkit and provides information on how rural communities can identify and implement a care coordination program.

[Health Insurance Outreach and Enrollment Topic Guide](#)

This topic guide includes information and resources intended to help rural health and human service providers with assisting their patients, clients, and community members to understand the health insurance options available under the Affordable Care Act.

Research in Brief:

[Medicare Accountable Care Organizations: Program Eligibility, Beneficiary Assignment and Quality Measures](#)

April 2014 - This rural policy brief (six pages) from the RUPRI Center for Rural Health Policy Analysis describes Medicare Shared Savings Program (MSSP) eligibility and participation requirements, beneficiary assignment processes, and quality measures. The Patient Protection and Affordable Care Act established MSSP and accompanying Medicare ACOs to facilitate coordination and cooperation among providers in order to improve the quality of care for Medicare fee-for-service (FFS) beneficiaries and reduce unnecessary costs.

[The Uninsured: An Analysis by Age, Income and Geography](#)

March 2014 – This rural policy brief (four pages) from the RUPRI Center for Rural Health Policy Analysis summarizes results of an analysis of the rural and urban uninsured populations by age based on data from the 2010 Small Area Health Insurance Estimates. Results show that in both places, uninsured rates decline dramatically with age. Within each age group, rural uninsured rates are somewhat lower than urban uninsured rates at income levels below 400 percent of the Federal Poverty Level. However, since a greater proportion of the rural population falls into the age and income categories with high uninsured rates, rural people as a group stand to benefit slightly more from subsidized coverage through the Health Insurance Marketplaces (HIM) or Medicaid expansion. The brief also discusses the potential for age differences between rural and urban uninsured populations to drive HIM premiums upward, an effect which may be mitigated or compounded by various other factors.

[Meaningful Use of Electronic Health Records by RHCs](#)

Feb. 2014 - This study was conducted by the Maine Rural Health Research Center to identify the rates of EHR adoption among a national random sample of RHCs and the extent to which RHCs that have adopted an EHR are likely to achieve Stage One meaningful use. To achieve Stage One meaningful use and qualify for meaningful use incentive payments, eligible health professionals must, at a minimum, meet CMS-defined criteria for the required 14 core measures. Fifty-nine percent of RHCs report having an EHR, and independent RHCs were more likely than hospital-based RHCs to have an EHR. Common barriers to EHR adoption by RHCs include acquisition and maintenance costs, lack of capital, and potential productivity or income loss during transition. A [working paper](#) (36 pages) and [policy brief](#) (six pages) are available.

[Discharge to Swing Bed or Skilled Nursing Facility: Who Goes Where?](#)

Feb. 2014 - This article (five pages) from the North Carolina Rural Health Research Program examines health conditions of patients discharged from rural Prospective Payment System (PPS) hospitals and CAHs to swing beds and skilled nursing facilities (SNFs). Patients discharged to facility-based, post-acute care from CAHs are sent to SNFs and swing beds almost equally. Those discharged from rural PPS hospitals predominantly are sent to SNFs. This is the fourth and final brief in a series of studies to better understand swing bed utilization and cost.

[The Evidence for Community Paramedicine in Rural Areas](#)

Feb. 2014 - This study from the Flex Monitoring Team examined the evidence base for community paramedicine in rural communities, the role of community paramedics in rural healthcare delivery systems, and the challenges faced by states in implementing community paramedicine programs. It provides a snapshot of community paramedicine programs currently being developed and/or implemented in rural areas. In rural areas, community paramedics help fill gaps in the local delivery system due to shortages of primary care physicians and long travel times to the nearest hospital or clinic. Both a [briefing paper](#) (44 pages) and a [policy brief](#) (16 pages) are available.

Upcoming Events:

May 27, 2014

[Ohio RHC Webinar on Process of Selecting Quality Measures](#)

A series of three sessions is being conducted by the consulting firm John Snow, Inc. and sponsored by the State Office of Rural Health for Ohio's RHCs and clinics working toward RHC certification. This webinar will cover the different types of quality metrics, considerations for choosing indicators, and how health reform may influence indicator selection. [Click here](#) to register. An in-person meeting is also being held June 13, with more information listed below.

- June 11, 2014 [Genesis Black Lung and Respiratory Clinic - Better Breathers Club](#)
The June meeting of the Better Breathers Club held by the Genesis Black Lung and Respiratory Health Clinic will be from 12 – 2:30 p.m. on June 11 at the Genesis HealthPlex, 2800 Maple Avenue in Zanesville, Conference Rooms A, B and C. The speaker, Tara Kuzma, physical therapist, will be discussing exercise. Please RSVP by June 4. For more information, call the Genesis Black Lung & Respiratory Health Clinic at 740-454-4328.
- June 13, 2014 [Ohio RHC Quality Network Meeting](#)
This meeting for Ohio’s RHCs and clinics working toward RHC certification will be held at ODH in downtown Columbus. The focus will be on the next steps in selecting clinical quality indicators for the Ohio Rural Health Clinics Quality Network. Rural health issues, potential evidence-based interventions and quality measures will be identified and prioritized through a facilitated discussion. [Click here](#) to register. The meeting is being planned by the consulting firm John Snow, Inc. for a project sponsored by the Ohio SORH.
- June 17, 2014 [Compliance with Meaningful Use Webinar for Ohio RHCs](#)
The Ohio SORH is sponsoring a series of free webinars for representatives from Ohio’s certified RHCs and from clinics or organizations working toward RHC certification in Ohio. This webinar will focus on Compliance with Meaningful Use for Ohio’s RHCs will be held on June 17 from 1 – 2 p.m. Information will be presented by Robin VeltKamp from Health Services Associates, Inc. Please register by Friday, June 13. To register, [click here](#).
- June 19, 2014 [Coal Miners Health Fair](#)
The Genesis Black Lung and Respiratory Health Clinic will be holding a Coal Miners Health Fair on June 19, 2014 from 9 a.m. to noon at the Coshocton County Senior Center. This event is geared toward active or retired coal miners and anyone who has ever been exposed to coal dust through employment, but it is open to any adult. Free screenings will be available, and a nurse practitioner will review results. The U.S. Department of Labor will help fill out applications and answer questions about Black Lung Benefits. Registration is not necessary. For more information, call the Genesis Black Lung & Respiratory Health Clinic at 740-454-4328.

Send Us Your Suggestions:

We love to hear about local events, news and other ideas for distribution to the Rural Health Listserv. If **you have a suggestion** you would like considered, please send it to jennifer.jones@odh.ohio.gov.

To subscribe to the Rural Health Listserv, unsubscribe, or change your subscribed email address, please contact Jennifer Jones at jennifer.jones@odh.ohio.gov.

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