

## Recommendations

These action items, when fully supported and funded, will lead to improvements in health, not solely in the delivery of health care services. Ultimately, these recommendations will strengthen the current and future rural health infrastructure in Virginia.

**General:** *In order to effectively support the ultimate goal of strengthening the current and future rural health infrastructure in Virginia, the VA-RHP must establish a formalized operational framework that will assist in bolstering partnerships, leveraging resources and providing an avenue for advisory expertise. These recommendations are mostly administrative in nature and will provide for the continuous quality framework of all VA-RHP recommendations.*

- A.1. Ensure and implement an effective and thorough communications plan among VA-RHP partners.
- A.2. Develop a clearinghouse of rural-relevant information that is created in conjunction with the establishment of a rural health data website.
- A.3. Promote and market a broader definition of primary care that includes dental/oral health, mental/behavioral health, emergency medical services (EMS), women’s health services, and telehealth.
- A.4. Provide accurate and timely information to rural providers and residents about existing resources related to dental/oral health, pre-natal and pre-conceptual health, mental/behavioral health and EMS.
- A.5. Develop relevant and achievable performance measures for all recommendations.
- A.6. Revisit the status and performance measurements of VA-RHP recommendations annually.
- A.7. Hold annual rural health summits to actively engage VA-RHP partners in strategic planning sessions.
- A.8. Identify potential external funding sources to support and leverage VA-RHP activities.

**Policy and Advocacy:** *The advancement of the VA-RHP and its recommendations are heavily dependent upon quality and effective public policies, advocacy and favorable legislation. These recommendations are mostly policy and/or policy-related in nature and are most effective if led by rural policy/advocacy partners.*

- B.1. Build data capacity to (1) forecast future workforce needs, (2) assess what services are actually being provided and (3) assess the economic impact of workforce shortages and shortage designations.
- B.2. Assess the current status of mid-level practitioners in Virginia.
- B.3. Identify policy changes that are needed to require data collection on the practice sites of mid-level practitioners.
- B.4. Identify issues related to Medicare reimbursements and the health care market structure in rural areas.
- B.5. Introduce legislation to support the activities of the Virginia Rural Health Resource Center (VRHRC) and to enable the VRHRC to serve as the “gateway” for rural health information in Virginia.

**Data and Rural Definitions:** *In accordance with the core principles, it is imperative for decision-making to be based on and supported by accurate and timely data. Therefore, the VA-RHP recommendations must promote the collection of relevant data and must base recommendations and findings on such data. Additionally, the VA-RHP must clearly articulate a rural definition that will meet the needs and demands of the Commonwealth.*

- C.1. Establish the Virginia Rural Health Data and Rural Definitions Council.
- C.2. Create a rural health data website/electronic database portal that will provide essential rural health relevant research, statistics, quality indicators and data, and links and references for VA-RHP partners, government and policymakers, researchers and the general public.
- C.3. Incorporate the 32 measures, as recommended by the Data/Rural Definitions workgroup, during the first year of the VA-RHP implementation.
- C.4. Utilize the United States Department of Agriculture, Isserman Model four-level delineation of rurality as the rural definition for framing the development of VA-RHP.
- C.5. Hold roundtable discussions to discuss the feasibility of collaboration/coordination of electronic health records.

**Quality:** *In accordance with VA-RHP core principles, performance and quality improvement must be central to all rural health care services. Thus, the VA-RHP must provide recommendations that support and promote an increased awareness of and dedication to performance and quality improvement.*

- D.1. Establish the Virginia Rural Health Performance and Quality Advisory Council.
- D.2. Create a database that supports the identification of health inequities and approaches for measuring progress against baseline measures.
- D.3. Host a statewide Rural Health Quality Summit.
- D.4. Establish a plan to improve transitions in care (e.g., from hospital to home).
- D.5. Create a database that supports rural-relevant and meaningful indicators and increased transparency of quality data.
- D.6. Increase the number of health promotion/disease prevention programs through grants to rural communities.
- D.7. Develop common quality measures for program assessment and outcomes.

**Health Workforce:** *In order to ensure accessible health care services in rural areas, Virginia must carefully examine the current status of the health care workforce in rural areas and be able to project future health care workforce need in those areas. The VA-RHP must thoroughly address the lack of health care professionals in rural areas and examine alternative methods (such as paraprofessionals, educational and training requirements, and the utilization of health information technology for specialty care). These recommendations relate specifically to the health care workforce system in rural areas and include recruitment and retention, mid-levels, allied health, physicians and dentists.*

- E.1. Establish the Virginia Rural Health Workforce Council.
- E.2. Provide retention incentives to providers to remain in rural communities.
- E.3. More aggressively engage the Virginia Community College System (VCCS).

- E.4. Explore health care workforce training models and alternatives for rural areas.
- E.5. Increase communication between the various health professions training programs.
- E.6. Engage academic health and medical institutions in dialogue about alternative solutions and strategies to improving the healthcare workforce in rural areas (such as required rural rotations and rural-related curriculum).
- E.7. Research the concept of dual certificate programs and their feasibility as a more effective approach to the sustainability of the health care workforce in rural communities.
- E.8. Develop and support educational opportunities for integrating primary care with behavioral health.

**Access:** *Access to quality, affordable and accessible health care services is essential and should be an expectation of all rural residents. Access must not be limited solely to primary and acute care, but must include a greater integration of mental/behavioral health, EMS, dental/oral health, telehealth, women’s health services, preventive care and health promotion and education.*

- F.1. Establish the Virginia Rural Health Access Council.
- F.2. Research existing models of care that integrate primary care with mental/behavioral health within Virginia and in other states.
- F.3. Develop pilot projects that focus on the integration of quality systems of care.
- F.4. Assess the presence or absence of referral networks.
- F.5. Update Virginia’s 2004 Rural Obstetrical Care report.
- F.6. Identify models of care and best practices from other rural areas around the nation and internationally, including telehealth models.
- F.7. Hold a rural EMS Summit to address rural EMS issues, including availability of EMS services, EMS leadership and management and EMS integration into the rural health care infrastructure.
- F.8. Disseminate and present findings from the 2007 and 2008 Critical Access Hospital (CAH)-- EMS assessments upon completion.
- F.9. Update Virginia’s statewide dental/oral health plan.
- F.10. Explore the development of rural health care student associations and/or interest groups.
- F.11. Explore ways to strengthen existing and develop new community engagement initiatives.
- F.12. Research school-based health care models in rural areas.
- F.13. Provide expert consultation and training to CAHs on the use of distinct part units (DPUs).
- F.14. Promote a statewide telehealth system for health care (especially mental/behavioral health) and health education.
- F.15. Improve the health information technology infrastructure for rural health providers and patients.