

Introduction: In 2007, the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Office of Rural Health Policy (ORHP) required all states that participate in the federal Medicare Rural Hospital Flexibility Grant Program (Flex) to revise their original State Rural Health Plan (SRHP). By program guidance, states were urged to create a revised SRHP that would be a roadmap toward using grant funds to support Critical Access Hospital (CAH) facilities, CAH eligibles and the communities they serve in a strategic fashion that helps support rural health care delivery broadly and that builds on the success of past Flex-supported efforts. Virginia was among the states required to revise the original SRHP.

Virginia's original SRHP focused on the (1) conversion of eligible hospitals to Critical Access Hospital (CAH) status and the support these hospitals through the conversion process; (2) identification of other potential hospitals that were eligible for CAH status and assisting with their financial feasibility analysis; (3) development of a taskforce to implement the Flex program; and (4) development of administrative support for federal and state regulatory requirements of the plan. The vision for Virginia's revised SRHP (referred to as VA's SRHP) is to provide a comprehensive analysis of health in rural area and to develop practical strategies that will lead to improvements in rural health, not just to improvements in the delivery of services. The plan is divided into four broad topic areas, each represented by a stakeholder driven workgroup.

- Access Work Group - examined rural health care access issues related to primary care, specialty care, emergency medical services, and mental and dental health care in order to make recommendations for improving health care access.
- Quality Work Group - examined rural health care quality issues in order to make recommendations for quality improvement efforts and/or activities.
- Data and Rural Definitions Work Group - examined available rural health data and identifies data gaps in order to make recommendations for future data collection efforts and/or activities.
- Workforce Work Group - examined available resources and issues in order to make recommendations for improving the health care workforce in rural Virginia.

As Virginia's Flex grantee, the Virginia Department of Health (VDH) Office of Minority Health and Public Health Policy (OMHPPH), which houses Virginia's State Office of Rural Health (VA-SORH), lead over 50 prominent partners in an extensive planning process throughout 2007. Over the next three years, Virginia will continue to actively implement and advance recommendations that resulted from the 2007 work. The Virginia Rural Health Association (VRHA), in partnership with the OMHPPH and the Virginia Rural Health Resource Center (VRHRC), will serve as the lead entity in ensuring that (1) the recommendations are implemented or revised as necessary, (2) performance measurements are developed and achieved for each recommendation or set thereof, and (3) rural partners yearly revisit the status and applicability of the plan as it relates to the on-going changes of rural Virginia.

Your partnership is imperative in achieving these goals and ensuring quality health in rural Virginia.

The following recommendations are divided into six sections:

- General
- Policy/Advocacy
- Data/Rural Definition
- Quality
- Workforce
- Access

Target Area: General						
Description: These recommendations are mostly administrative in nature and will provide for the continuous quality framework for VA's SRHP. The OMHPHP, VRHA and VRHRC will serve as the lead agent for these recommendations and provide quality support for implementing recommendations throughout VA's SRHP.						
Action Item	Action Steps	Projected Impacts/ Outcomes	Lead Agent	Projected Costs* <i>(Excludes personnel costs)</i>	Projected Completion Date	Additional Notes
Formalize VA's SRHP workgroups into official councils	<ul style="list-style-type: none"> ▪ Councils to meet multiple times throughout the year ▪ The OMHPHP, VRHA and VRHRC will serve as support to each council ▪ Throughout Year 1, each council should (1) develop vision/goal, (2) appoint a chairperson, (3) determine priority areas for upcoming year, (4) carefully review VA's SRHP action matrix and VA's SRHP website and (5) determine partners/members ▪ Councils should develop an organizational structure that consists of a participant list, meeting dates/times and format for reporting out ▪ OMHPHP will develop general guidelines for purpose, meeting processes, communications and reporting responsibilities. Council will be responsible for implementation of various recommendations 	<ul style="list-style-type: none"> ▪ The councils will serve as lead agents for implementing appropriate recommendations during Year 1 ▪ The councils will consist of leading subject area experts ▪ The councils will lead the process for the particular subject area and will provide guidance/ direction for various subject target areas during Years 2-3 	<ul style="list-style-type: none"> ▪ OMHPHP ▪ VRHA ▪ VRHRC 	Internal	July, 2008	
Ensure and implement proper communication among VA's SRHP partners	<ul style="list-style-type: none"> ▪ Determine most appropriate method of communication for (1) updates, (2) reporting and (3) other pertinent information ▪ Create a VA's SRHP website ▪ Create a schedule for Council report-outs ▪ Create a logo and common "look" for VA's SRHP ▪ Develop formats for VA's SRHP summary updates 	<ul style="list-style-type: none"> ▪ Regular and proper communications will be maintained among VA's SRHP partners ▪ Communication will provide a cohesiveness and common vision among VA's SRHP partners 	<ul style="list-style-type: none"> ▪ OMHPHP ▪ VRHA ▪ VRHRC 	Internal	July, 2008	

<p>Develop a clearinghouse for information</p> <p><i>In conjunction with "Target Area Data/Rural Definition- Establish a specific rural health data website"</i></p>	<ul style="list-style-type: none"> ▪ This is an excellent student project (intern) ▪ Position the VRHRC to serve as this clearinghouse of rural-health applicable information ▪ Information will include, but not limited to, (1) current pilot projects and best practices throughout Virginia, (2) data and mapping, (3) reference, (4) funding and collaborative opportunities and (5) research, (6) position papers, and (7) health equity and social determinants of health 	<ul style="list-style-type: none"> ▪ VRHRC will provide current and accurate rural health relate information to VA's partners ▪ VRHRC will serve as Virginia's official rural health information clearinghouse portal 	<ul style="list-style-type: none"> ▪ OMHPHP ▪ VRHA ▪ VRHRC 	<p>Refer to Data Section</p>	<p>November, 2008</p>	
<p>Finalize VA's SRHP language</p>	<ul style="list-style-type: none"> ▪ Complete the development of a comprehensive statewide plan that details information on the four target areas: access, workforce, quality and data/rural definition ▪ Access shall include primary care, oral and dental health, behavior and mental health, telehealth, EMS, substance abuse ▪ Add language related to preventive care ▪ Areas for future years (additional emphasis on mental and behavioral health, long-term care and aging, health information technology, funding opportunities, education, transportation and economic development) ▪ VA's SRHP will be available on-line at www.va-srhp.org 	<ul style="list-style-type: none"> ▪ VA's SRHP will serve as guiding roadmap for advancing and improving health in rural Virginia ▪ VA's SRHP will be disseminated among various partners, including government agencies, policymakers, community-based organizations, policy/advocates, hospitals, and non-profits ▪ VA's SRHP will remain applicable to present-day needs and challenges in rural Virginia 	<ul style="list-style-type: none"> ▪ OMHPHP ▪ VRHA ▪ VRHRC 	<p>Internal</p>	<p>July, 2008</p>	

<p>Promote / market the broader definition of primary care as integrated in VA's SHRP (physical, behavioral, dental, etc...)</p>	<ul style="list-style-type: none"> ▪ Assist partners to carry the message back to their respective organizations/ members/constituents (1) by developing quarterly updates that can go into newsletters and other communications, (2) putting together a set of slides that can get added into PowerPoint presentations, (3) developing a concise statement of vision and definitions ▪ Disseminate data that uses these broader definitions of primary care and the definitions of rural. This is continuous ▪ Develop a rural health data book ▪ Promote basic oral health services as a component of primary care 	<ul style="list-style-type: none"> ▪ Broader definition of primary care will provide a more comprehensive view of rural health and will enable VA's SRHP to recommend strategies that impact health beyond basic primary care services ▪ Broader definition will assist in advancing health equity in rural Virginia 	<ul style="list-style-type: none"> ▪ OMHPHP ▪ VRHRC ▪ VRHA ▪ Virginia Rural Health Access Council 	<p>\$0 - \$10,000</p>	<p>November, 2008</p>	<p>Potential costs relate to the development of a rural health data book</p>
<p>Better inform rural providers about existing resources related to dental, pre-natal, mental health and EMS</p>	<ul style="list-style-type: none"> ▪ Provide this information through VA's SRHP and in conjunction with regular partner updates ▪ Utilize existing electronic communications for dissemination ▪ This can be done in conjunction with the Access Council ▪ Utilize the VRHRC as the official information clearinghouse 	<ul style="list-style-type: none"> ▪ External partners and communities 	<ul style="list-style-type: none"> ▪ OMHPHP ▪ VRHRC ▪ VRHA 	<p>N/A</p>	<p>November, 2008</p>	
<p>Develop performance measures for the various activities</p>	<ul style="list-style-type: none"> ▪ Measures may include benchmarks and potential impacts ▪ Each Council should develop official performance measures for each activity 	<ul style="list-style-type: none"> ▪ Performance measures will provide benchmarks to access the impact and effectiveness of various recommendations ▪ Results will be used to develop recommendations, funding justification and policies for future years 	<ul style="list-style-type: none"> ▪ Virginia Health Data/Rural Definition Council ▪ Virginia Rural Health Access Council ▪ Virginia Rural Health Quality Advisory Council ▪ Virginia Rural Health Workforce Council 	<p>Internal</p>	<p>November, 2008</p>	

<p>Revisit the status of VA's SRHP yearly</p>	<ul style="list-style-type: none"> ▪ Review the progress of various activities, funding support and findings from the VA's SRHP ▪ Revisiting can be done in conjunction with other statewide rural health meetings, such as the Annual VRHA Conference in November and/or the Annual Spring Rural Health Planning Summit ▪ Updates will also be providing simultaneously with yearly revisits. Updates will include report-outs from each Council. 	<ul style="list-style-type: none"> ▪ VA's SRHP will remain active and relevant to address the on-going demands, needs and challenges of Virginia's rural areas. 	<ul style="list-style-type: none"> ▪ Virginia Health Data/Rural Definition Council ▪ Virginia Rural Health Access Council ▪ Virginia Rural Health Quality Advisory Council ▪ Virginia Rural Health Workforce Council ▪ OMHPHP ▪ VRHRC ▪ VRHA 	<p>TBA</p>	<p>Continuous</p>	
<p>Hold the Annual Spring Rural Health Planning Summit</p>	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Summit will provide an opportunity to review the progress of VA's SRHP and determine activities for upcoming year 	<ul style="list-style-type: none"> ▪ OMHPHP ▪ VRHRC ▪ VRHA 	<p>\$20,000</p>	<p>April, 2009</p>	
<p>Submit final copy of VA's SRHP to the federal Office of Rural Health Policy (HRSA)</p>	<ul style="list-style-type: none"> ▪ This is in accordance with federal grant guidelines 	<ul style="list-style-type: none"> ▪ N/A 	<ul style="list-style-type: none"> ▪ OMHPHP 	<p>Internal</p>	<p>July, 2008</p>	

<p>Identify potential external funding sources to support various activities of the VA's SRHP</p>	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Leveraging of additional financial resources will assist in advancing VA's SRHP 	<ul style="list-style-type: none"> ▪ Virginia Health Data/Rural Definition Council ▪ Virginia Rural Health Access Council ▪ Virginia Rural Health Quality Advisory Council ▪ Virginia Rural Health Workforce Council 	<p>N/A</p>	<p>Continuous</p>	
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Target Area: Policy/Advocacy						
Description: These recommendations are policy and/or policy-related in nature. Action items will be most effective if lead by rural policy / advocacy partners. The OMHPPH, VRHA and VRHRC will provide support, research and guidance to advance these policy recommendations in conjunction with partnering organizations.						
Action Item	Action Steps	Projected Impacts/ Outcomes	Lead Agent	Projected Costs* <i>(Excludes personnel costs)</i>	Projected Completion Date	Additional Notes
Build data capacity to (1) forecast future workforce needs, (2) assess what services are actually being provided and (3) assess economic impact of shortage designations	<ul style="list-style-type: none"> ▪ Need to have a discussion with the Virginia Board of Dentistry ▪ Work with the Virginia Department of Health Professions 	<ul style="list-style-type: none"> ▪ Adequate and accurate data collection will enable better targeted and concrete decision-making and analysis 	<ul style="list-style-type: none"> ▪ Policy / Advocacy Partners ▪ Virginia Health Data/Rural Definition Council ▪ VRHA 	TBA	April, 2009	This project will continue into Year 2
Assess the current status of mid-level practitioners in Virginia	<ul style="list-style-type: none"> ▪ Note: Future designations will depend on this ▪ Need to determine if assessment ought to be of mid-levels, allied health, physicians, pharmacist, dentistry, EMS, direct services, and/or health services (i.e. long-term care). Need to further define. ▪ Need to have a discussion with the Virginia Board of Pharmacy ▪ Work with the Virginia Department of Health Professions 	<ul style="list-style-type: none"> ▪ Adequate and accurate data collection will enable better targeted and concrete decision-making and analysis 	<ul style="list-style-type: none"> ▪ Policy / Advocacy Partners ▪ Virginia Health Data/Rural Definition Council ▪ VRHA ▪ Center Council for Rural Virginia 	TBA	April, 2009	This project will continue into Year 2

<p>Begin dialogue on what policy changes would be needed to require data collection on the practice sites of mid-level practitioners</p>	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Adequate and accurate data collection will enable better targeted and concrete decision-making and analysis 	<ul style="list-style-type: none"> ▪ Policy / Advocacy Partners ▪ VRHA ▪ Virginia Health Data/Rural Definition Council ▪ VRHA ▪ Center Council for Rural Virginia 	<p>N/A</p>	<p>April, 2009</p>	
<p>Research issues with Medicare reimbursements in rural areas</p>	<ul style="list-style-type: none"> ▪ Further examine issues related to Medicare cost-based in rural areas ▪ Determine most appropriate legislative action to address this issue, if any ▪ Determine potential fiscal impacts if language change 	<ul style="list-style-type: none"> ▪ Potential assist with reimbursement levels in rural areas 	<ul style="list-style-type: none"> ▪ Center Council for Rural Virginia ▪ Policy / Advocacy Partners ▪ VRHA ▪ OMHPHP 	<p>Internal</p>	<p>December, 2008</p>	

<p>Introduce a budget proposal through the Council / Center for Rural Virginia to fund a dedicated position and operation costs for the VRHRC</p>	<ul style="list-style-type: none"> ▪ Only need to go through the budget bill, not a legislative proposal 	<ul style="list-style-type: none"> ▪ VRHRC will serve as Virginia's official rural health information clearinghouse portal ▪ VRHRC will provide current and accurate rural health relate information to VA's partners ▪ The information provided will increase the public's awareness and education of rural Virginia, particular issues, challenges, successes and characteristics of rural health ▪ The information will enable better targeted and concrete decision-making and analysis 	<ul style="list-style-type: none"> ▪ Center Council for Rural Virginia ▪ Policy / Advocacy Partners ▪ VRHA 	<p>N/A</p>	<p>January, 2009</p>	
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Target Area: Data/Rural Definition						
Description: These recommendations relate specifically to data, data collection and rural definition. Action items will be most effective if lead by the Virginia Health Data/Rural Definition Council. The OMHPHP, VRHA and VRHRC will provide support, research, guidance and implementation assistance to advance these recommendations.						
Action Item	Action Steps	Projected Impacts/ Outcomes	Lead Agent	Projected Costs* <i>(Excludes personnel costs)</i>	Projected Completion Date	Additional Notes
<p>Establish the Virginia Rural Health Data Coordination Council</p> <p><i>In conjunction with "Target Area General - Formalize VA's SRHP workgroups into official councils" recommendation</i></p>	<ul style="list-style-type: none"> ▪ The goal is to share data with everyone via a clearing house (have data readily available for needs assessments, funding justifications, etc.) ▪ Identify priorities by using data (don't just give the grease to the 'squeaky wheel', give the funds to the areas/groups that have a demonstrated need) ▪ Purpose is to coordinate the rural health data that needs to be collected and ongoing selection of indicators to be monitored, standardize the format for the data to be used in the analysis of the rural health data that will be included on the Rural Health Data website, assist in the establishment of a depository, whether physical or virtual, for rural health data, and provide the coordination and interface for the rural health data sources and data users, both public and private. 	<ul style="list-style-type: none"> ▪ The Council will provide leading expertise, recommendations and guidance on the collection and analysis of rural health data 	<ul style="list-style-type: none"> ▪ Virginia Health Data/Rural Definition Council ▪ VRHRC 	\$5,000	March, 2009 – for final year 1 report out	Councils may meet continuously throughout implementation period

<p>Establish a specific rural health data website</p>	<ul style="list-style-type: none"> ▪ Website to house state, rural, rural-mixed, urban-mixed, and urban health comparison data; have links to other Virginia rural health information; and will be interactive ▪ Ultimately, the site will offer a “dashboard” selection of important rural health data and allow selection and even mapping of these data from the web page for the selected county ▪ Website to be housed on the Virginia Rural Health Resource Center website ▪ Develop a clearinghouse for information ▪ Create a database that supports the identification of health disparities and some approaches for measuring progress against baseline measures 	<ul style="list-style-type: none"> ▪ Information will aid in the research and understanding of rural health issues ▪ Adequate and accurate data collection will enable better targeted and concrete decision-making and analysis 	<ul style="list-style-type: none"> ▪ Virginia Health Data/Rural Definition Council ▪ VRHRC 	<p>\$15,000-\$30,000</p>	<p>November, 2008</p>	
<p>Include the recommended 32 measures during the first year of the VA” SRHP implementation</p>	<ul style="list-style-type: none"> ▪ Out of 52 measures, 32 were assigned during the first planning year with the highest level of importance, but not all the measures can be analyzed at the county level ▪ The 52 measures, or indicators, (17 Demographic, 9 Workforce, 14 Access and 6 Quality) ought to be included in a rural health database ▪ Data should be accessed from existing databases from public and private sources for each measure ▪ Database should have the capacity to conduct analysis at different geographical levels that include county level and small rural area analysis and comparisons with more urban areas 	<ul style="list-style-type: none"> ▪ VA’s SRHP will serve as guiding roadmap for advancing and improving health in rural Virginia ▪ VA’s SRHP will be disseminated among various partners, including government agencies, policymakers, community-based organizations, policy/advocates, hospitals, and non-profits ▪ VA’s SRHP will remain applicable to present-day needs and challenges in rural Virginia 	<ul style="list-style-type: none"> ▪ OMHPHP ▪ VRHRC 	<p>Internal</p>	<p>July, 2008</p>	

<p>Utilize the United States Department of Agriculture four-level delineation of rurality developed by Dr. Isserman as the definition for framing the development of VA' SRHP</p>	<ul style="list-style-type: none"> ▪ This definition ought to be used in the development of future rural health plans with periodic updates to allow for changes in population within the Commonwealth 	<ul style="list-style-type: none"> ▪ VA's SRHP will serve as guiding roadmap for advancing and improving health in rural Virginia ▪ VA's SRHP will be disseminated among various partners, including government agencies, policymakers, community-based organizations, policy/advocates, hospitals, and non-profits ▪ VA's SRHP will remain applicable to present-day needs and challenges in rural Virginia 	<ul style="list-style-type: none"> ▪ Virginia Health Data/Rural Definition Council ▪ OMHPHP ▪ VRHRC 	<p>Internal</p>	<p>July, 2008</p>	
<p>Hold roundtable discussions to discuss the feasibility of collaboration / coordination of electronic health records</p>	<ul style="list-style-type: none"> ▪ Hold in conjunction with the VRHA Annual Conference 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Health Data/Rural Definition Council 	<p>\$10,000</p>	<p>April, 2009</p>	

Target Area: Quality						
Description: These recommendations relate specifically to quality and performance improvements in rural areas. Action items will be most effective if lead by the Virginia Rural Health Quality Advisory Council. The OMHPHP, VRHA and VRHRC will provide support, research, guidance and implementation assistance to advance these recommendations.						
Action Item	Action Steps	Projected Impacts/ Outcomes	Lead Agent	Projected Costs* <i>(Excludes personnel costs)</i>	Projected Completion Date	Additional Notes
<p>Establish the Rural Health Quality Advisory Committee</p> <p><i>In conjunction with "Target Area General - Formalize VA's SRHP workgroups into official councils" recommendation.</i></p>	<ul style="list-style-type: none"> ▪ Identify quality models that work ▪ Develop an infrastructure that supports continuing education for those with Quality responsibilities ▪ Continue to investigate the electronic medical / health records ▪ Identify models for community level and regional engagement around quality issues ▪ Investigate the feasibility of linking available databases to provide better rural-community-specific profiles and rural vs. non-rural comparisons ▪ Consider creating an annual Rural Health Quality Report ▪ Consider the creation of "Rural Quality Dashboards" that would pull together various measures of quality for rural communities. These "dashboards" could display comparative indicators for structural measures, process measures, outcomes, and patient safety indicators, as well as other variables that might be determined to be helpful. ▪ Review approaches used by the Office of Chronic Care and the Office of Maternal and Child Health for engaging partners at the local level in discussions of women's health and chronic disease. 	<ul style="list-style-type: none"> ▪ The Council will provide leading expertise, recommendations and guidance on the collection and analysis of rural health data 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Quality Advisory Council ▪ VRHRC 	\$5,000	March, 2009 – for final year 1 report out	Councils may meet continuously throughout implementation period

<p>Create a database that supports the identification of health disparities and some approaches for measuring progress against baseline measures</p> <p><i>In conjunction with "Target Area Data/Rural Definition- Establish a specific rural health data website"</i></p>	<ul style="list-style-type: none"> ▪ Database of "relevant"/meaningful indicators and increased transparency of quality data 	<ul style="list-style-type: none"> ▪ Data will assist in identifying health disparities in rural areas. This will allow for target prevention strategy development and targeted funding ▪ Adequate and accurate data collection will enable better targeted and concrete decision-making and analysis 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Quality Advisory Council ▪ Virginia Health Data/Rural Definition Council ▪ VRHRC 	<p>Refer to Data Section</p>	<p>November, 2008</p>	<p>This may be a phased project into years 2 and 3</p>
<p>Host a Rural Health Quality Summit</p>	<ul style="list-style-type: none"> ▪ Invite representatives of rural and non-rural organizations interested in health quality and performance issues ▪ Use the findings and recommendations from this first version of VA's SRHP as discussion items for the group 	<ul style="list-style-type: none"> ▪ Summit will advance quality and performance improvement in rural areas, especially among small rural hospitals, community health centers, free clinics and other community-based health organizations 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Quality Advisory Council ▪ OMHPHP ▪ VRHA ▪ VRHRC 	<p>\$5,000 - \$10,000</p>	<p>April, 2009</p>	
<p>Improve transitions in care (hospital to home)</p>	<ul style="list-style-type: none"> ▪ Test models, provide grants to rural communities, improve education through existing community groups & networks ▪ Substantial progress in advancing quality in rural areas could be made by concentrating efforts on what happens during "transitions in care" (e.g., the "handoffs") between rural hospitals and tertiary centers, and between hospitals and long-term care, home health, and hospice providers ▪ VHQC recently submitted a proposal to test this type of model in a rural area 	<ul style="list-style-type: none"> ▪ Assist in strengthening relationships among hospitals and other health entities (i.e. home health, nursing homes, long-term care facilities) ▪ Improved transitions of care will strengthen and leverage the healthcare continuum of care 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Quality Advisory Council ▪ Virginia Health Quality Center 	<p>TBA</p>	<p>TBA</p>	<p>This may be a phased project into years 2 and 3</p>

<p>Add Health promotion/ disease prevention programs (Grants to rural communities)</p>	<ul style="list-style-type: none"> ▪ This could be a model of care pilot project and/or a student project. 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Quality Advisory Council ▪ VRHA ▪ VRHRC 	<p>N/A</p>	<p>Year 2</p>	
<p>Develop common quality measures for program assessment & outcomes</p>	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Measurements will allow for better data analysis and assessments ▪ This will improve program effectiveness and efficiency 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Quality Advisory Council 	<p>N/A</p>	<p>April, 2009</p>	<p>This may be a phased project into years 2 and 3</p>

Target Area: Workforce						
Description: These recommendations relate specifically to health-related workforce in rural areas (including issues related to recruitment/retention; academia and certifications; and mid-levels, allied health, physicians, and dentists). Action items will be most effective if lead by the Virginia Rural Health Workforce Council. The OMHPHP, VRHA and VRHRC will provide support, research, guidance and implementation assistance to advance these recommendations.						
Action Item	Action Steps	Projected Impacts/ Outcomes	Lead Agent	Projected Costs* <i>(Excludes personnel costs)</i>	Projected Completion Date	Additional Notes
<p>Establish the Virginia Rural Health Workforce Council</p> <p><i>In conjunction with "Target Area General - Formalize VA's SRHP workgroups into official councils" recommendation.</i></p>	<ul style="list-style-type: none"> ▪ Identify partners (i.e. educational institutions, AHECs, non-healthcare rural development partners, etc.) ▪ Identify other organization (i.e. collaboration efforts, partnerships, studies) that are currently involved in healthcare workforce ▪ Engage communities in development of workforce initiatives for academic intuitions to address rural needs. ▪ Tailor workforce needs to local communities ▪ Consider hosting a similar meeting in VA as the federal Bureau of Health Professions annual mtg for all who are receiving federal funds for health professions training programs ▪ Further assess the role of information technology to support distance learning 	<ul style="list-style-type: none"> ▪ The Council will provide leading expertise, recommendations and guidance on the collection and analysis of rural health data 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Workforce Council 	\$5,000	March, 2009 – for final year 1 report out	Councils may meet continuously throughout implementation period
<p>Provide retention incentives to providers to remain in rural communities</p>	<ul style="list-style-type: none"> ▪ CME practice management issues (i.e. using telehealth for CE – look into what WV is doing) ▪ Utilize mid-levels more to reduce burden ▪ Advocate for financial support (economic development) 	<ul style="list-style-type: none"> ▪ Effectively retention strategies will assist in meeting the healthcare workforce demands in rural areas 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Workforce Council 	TBA	Continuous	

<p>More aggressively engage the Virginia Community College System (VCCS)</p>	<ul style="list-style-type: none"> ▪ Increase faculty development opportunities for faculty members 	<ul style="list-style-type: none"> ▪ Increased partnerships with the VCCS will assist in effectively leveraging existing resources, as well as assisting in attracting students into the rural healthcare workforce 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Workforce Council 	<p>N/A</p>	<p>Continuous</p>	
<p>Increase communication between health professions training programs</p>	<ul style="list-style-type: none"> ▪ Identify existing healthcare profession training programs throughout Virginia (i.e. pharmacy, medical, nursing, mental health) and locations of such programs ▪ Host a meeting with post-secondary schools about how to most effectively partner and leverage resources 	<ul style="list-style-type: none"> ▪ Increased partnerships will assist in effectively leveraging existing resources, as well as assisting in attracting students into the rural healthcare workforce 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Workforce Council 	<p>N/A</p>	<p>Continuous</p>	
<p>Engage academic health/medical institutions in dialogue about solutions</p>	<ul style="list-style-type: none"> ▪ Identify issues and recommendations from the SRHP that have some kinds of nexus with the academic health/medical institutions (e.g., admissions policies, integration of rural Virginia focus into School of public health, rural training models, etc...) ▪ Develop a letter to go out to the academic institutions from the Governors Office/Secretary's Office outlining the rural health recommendations and issues from the SRHP for which they can help generate solutions. Invite them to participate in a facilitated dialogue about solutions. ▪ Set a date and bring in an outside facilitator to have meaningful dialogue about these issues 	<ul style="list-style-type: none"> ▪ Increased partnerships will assist in effectively leveraging existing resources, as well as assisting in attracting students into the rural healthcare workforce 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Workforce Council 	<p>TBA</p>	<p>April, 2009</p>	

<p>Explore / research the concept of dual certificate programs (e.g., EMT + respiratory therapist, etc...) and its feasibility as a better way to support a professional in a rural community</p>	<ul style="list-style-type: none"> ▪ Which certifications could logically go together? ▪ What is needed in rural communities? ▪ What programs already exist? ▪ Discuss with Jefferson College of Health Sciences on cross training ▪ Need to research the background data ▪ Capture data (year 2) 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ Virginia Rural Health Workforce Council ▪ OMHPHP ▪ OEMS 	<p>\$0 - \$5,000</p>	<p>April, 2009</p>	<p>This is a phased project.</p>
<p>Develop / support educational opportunities for integrating primary care with behavioral health</p>	<ul style="list-style-type: none"> ▪ Conduct a simple survey/needs assessment of rural physicians ▪ Implement web-based and other trainings on issues identified in assessment (possibilities include psychotropic meds, reimbursement, aging/dementia/Alzheimer's, substance abuse) (Year 2/3) ▪ Potentially do a case-study at New River Valley ▪ OMHPHP to develop survey and list partners ▪ Develop next steps for this project in Spring 2009 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ Virginia Rural Health Workforce Council ▪ OMHPHP 	<p>\$5,000-\$10,000</p>	<p>TBA</p>	<p>Continuous</p>

Target Area: Access						
Description: These recommendations relate specifically to healthcare access. VA's SRHP identifies rural access as including issues related to primary and acute care, behavioral and mental health; Emergency Medical Services (EMS); dental, telehealth, Obstetrics and Gynecology (OBGYN) and community health care services. Action items will be most effective if lead by the Virginia Rural Health Access Council. The OMHPHP, VRHA and VRHRC will provide support, research, guidance and implementation assistance to advance these recommendations.						
Action Item	Action Steps	Projected Impacts/ Outcomes	Lead Agent	Projected Costs* <i>(Excludes personnel costs)</i>	Projected Completion Date	Additional Notes
<i>Access – General Recommendations</i>						
Establish the Virginia Rural Health Access Council <i>In conjunction with "Target Area General - Formalize VA's SRHP workgroups into official councils" recommendation.</i>	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ The Council will provide leading expertise, recommendations and guidance on the collection and analysis of rural health data 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council 	\$5,000	March, 2009 – for final year 1 report out	Councils may meet continuously throughout implementation period
Develop a pilot project that focuses on integrating systems of care.	<ul style="list-style-type: none"> ▪ This could include EMS, OB, telehealth, dental, behavioral, data sharing, etc. ▪ May want to use medical home concept in the pilot. ▪ Identify potential funding sources and ways to align funds to implement a pilot project ▪ Virginia Access Council should develop criteria for determining which pilot project to fund ▪ Examine high-target priority areas to pilot project ▪ Phase 1 – November, 2008 (development and funding identification for pilot project) ▪ Phase 2 - Year 2 and 3 (focus on implementing pilot project) 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP 	\$5,000 - \$15,000	April, 2009	This is a phased project.

Assess the presence or absence of referral networks to facilitate access, including telehealth	<ul style="list-style-type: none"> ▪ This could be a model of care pilot project and/or a student project 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP ▪ VRHA ▪ VRHRC 	\$5,000 - \$15,000	January, 2009	
<i>Access – OBGYN</i>						
Update the 2004 OB GYN report	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Updated report will provide additional information on rural OB-GYN conditions ▪ Information will assist in determining future OB-GYN activities 	<ul style="list-style-type: none"> ▪ VDH 	N/A	April, 2009	
Identify models of care in other rural areas around the nation and internationally (potential student research project), including telehealth models	<ul style="list-style-type: none"> ▪ This could potentially be a student project for 2008/2009 school year ▪ Identify people who want to research rural 	<ul style="list-style-type: none"> ▪ Information will provide details on best practices and ideas for future pilot projects 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP ▪ VRHA/ VRHRC ▪ University/ Education Partners 	\$5,000 - \$15,000	January, 2010	

Access – EMS						
Hold Rural EMS Summit to help address the question of who is responsible for EMS in rural communities	<ul style="list-style-type: none"> ▪ What is EMS? ▪ What is the role of EMS? ▪ Who is responsible for rural EMS? ▪ Funding? ▪ Gather a list of most appropriate partners for this summit. ▪ Hold regional EMS meeting during the Fall 2008 	<ul style="list-style-type: none"> ▪ Meeting results will lead to the development of a rural EMS white paper detailing the parameters of rural EMS ▪ Meeting results will lead to a 2010 Virginia General Assembly legislative package 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP ▪ OEMS ▪ VACO ▪ VML ▪ Center Council for Rural Virginia ▪ VRHA 	\$5,000 - \$20,000	April 1, 2009	
Begin discussions on how to identify areas within Virginia where EMS is a major issue / trouble spot and develop ways to project / forecast need	<ul style="list-style-type: none"> ▪ What are the parameters for defining need? ▪ This will involve data collection 	<ul style="list-style-type: none"> ▪ Results will lead to the development of a rural EMS white paper detailing the parameters of rural EMS, as well as recommendation implementation 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP ▪ OEMS 	N/A	April 1, 2009 – Phase One	This is a phased project.
Disseminate information about CAH region EMS assessments when completed	<ul style="list-style-type: none"> ▪ Determine the best method for dissemination 	<ul style="list-style-type: none"> ▪ Reports and its recommendations will assist in strengthening existing EMS structures 	<ul style="list-style-type: none"> ▪ OMHPHP ▪ OEMS ▪ VRHRC 	Internal	January, 2009	Continuous

<i>Access – Dental Health</i>						
Revisit the statewide dental health plan	<ul style="list-style-type: none"> ▪ Identify/outline all assessment components that need to be incorporated into such a plan – this includes identifying what has already been collected (existing data), identifying what data gaps there are (e.g., adults, special needs populations, etc), and parameters for identifying priority areas/areas of greatest concern ▪ Complete the assessment part of a statewide dental health plan and present data ▪ Research rural models of dental care, particularly integration models with primary care ▪ Develop a vision for dental health in Virginia with proactive agenda/plan that is guided by the assessment data ▪ Note: Examine/use existing statewide dental health plan ▪ VIADC will use the recommendations for VA's SRHP to include in the existing statewide dental health plan 	<ul style="list-style-type: none"> ▪ Updated report will provide additional information on rural oral health conditions ▪ Information will assist in determining future rural oral health activities 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ VIADC ▪ OMHPHP - could help by facilitating this discussion and providing a "charge" to the group based on the SRHP findings ▪ VDH Division of Dental Health 	N/A	January, 2010	This project will continue throughout years 2 & 3.
Explore the development of rural dental (and other health professions) student associations/interest groups)	<ul style="list-style-type: none"> ▪ This could potentially be a student project for 2008/2009 school year ▪ Identify people who want to research rural 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP ▪ VRHA – Student Development Committee ▪ VRHRC ▪ University/ Education Partners 	N/A	April, 2009	

<i>Access – Behavioral</i>						
Research existing model programs that integrate primary care and mental health within VA (e.g., Central VA Health Svcs, New Horizons, Saltville) and in other states (MN, Maine, etc)	<ul style="list-style-type: none"> ▪ This could potentially be a student project for 2008/2009 school year ▪ Need to identify funding source 	<ul style="list-style-type: none"> ▪ Information will provide details on best practices and ideas for future pilot projects 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP ▪ VRHA ▪ VRHRC 	\$5,000 - \$10,000	January, 2009	
Explore ways to leverage existing community engagement models (e.g., Healthy Appalachia effort underway between ARC and UVA Wise)	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP ▪ VRHA ▪ VRHRC 	\$5,000 - \$10,000	January, 2010	
Explore training models and options for rural areas (supervision via telehealth)	<ul style="list-style-type: none"> ▪ Examples: by retired licensed practitioners – any insurance requirements) 	<ul style="list-style-type: none"> ▪ Information will provide details on best practices and ideas for future pilot projects 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP ▪ VRHA ▪ VRHRC 	\$5,000 - \$10,000	January, 2009	

Research school based models in rural areas	<ul style="list-style-type: none"> ▪ Need school nurse to have the ability/authority to do what is needed ▪ Research legislation on the authority of school nurses 	<ul style="list-style-type: none"> ▪ Information will provide details on best practices and ideas for future pilot projects 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ OMHPHP ▪ VRHA ▪ VRHRC ▪ Center Council for Rural Virginia 	\$5,000 - \$10,000	January, 2009	
Provide expert consultation and training on use of DPUs	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council 	TBA	April, 2010	
<p><i>Access – Telehealth * Note: This topic will be further explored in years 2-3. Additional recommendations should result from a more in-depth examination of the role of telehealth in rural areas.</i></p>						
Promote statewide telehealth system for specialty health care (especially mental health) and education	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ Virginia Telehealth Network 	\$5,000 - \$10,000	Year 2-3	
Improve IT infrastructure for rural health providers. (Grants to rural health providers).	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ TBA 	<ul style="list-style-type: none"> ▪ Virginia Rural Health Access Council ▪ Virginia Telehealth Network 	\$5,000 - \$20,000	Year 2-3	