



The Rural Health Advocate Florida Rural Health Association

June 2017

Greetings!

A note from the National Rural Health Association

NRHA CEO Alan Morgan says [the organization will oppose the Senate's health care bill](#) because the legislation will hurt rural America. "In its current form, this bill is anti-rural," Morgan says.

The Better Care Reconciliation Act contains several [provisions that would hit especially hard in rural areas](#), Morgan says, including deep cuts in Medicaid spending and an end to Medicaid expansion.

According to NRHA, the Senate version does nothing to improve insurance marketplaces for rural areas and could make them worse by cutting tax credits for insurance purchases.

NRHA implores Congress to act now to [protect rural health care across the nation](#) and for [constituents to demand that their representatives](#) make health reform work for rural America.



With grateful hearts, the FRHA Board of Directors and membership wish Dr. Gail Bellamy a happy and restful retirement.

As a longtime FRHA board member and Director of the Florida Blue Center for Rural Health Research and Policy at Florida State University, Dr. Bellamy has been a relentless champion for rural residents of Florida and the nation.

Thank you, Dr. Bellamy!



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RURAL HEALTH NEWS

[Rural residents left behind in smoking cessation](#)

Americans have finally done what once seemed impossible: Most of the country has quit smoking, saving millions of lives and leading to massive reductions in cancer. That is, unless those Americans are poor, uneducated or live in a rural area. Hidden among the steady declines in recent years is the stark reality that cigarettes are becoming a habit of the poor. The national smoking rate has fallen to historic lows, with just 15 percent of adults still smoking. But the socioeconomic gap has never been bigger.

[How helping high-risk patients can reduce rural health costs](#)

Fifty percent of health care spending in the U.S. can be traced to just 5 percent of the population. Those are the sickest and often poorest Americans who spend much of their time cycling in and out of costly emergency care. A pilot project in Kalispell, Mont., is focused on how to improve treating this group of patients and also to save money. By the time the program ends, the hope is over \$2 million will be saved by helping patients acquire basic needs and more affordable care.

[Rural telemedicine, telestroke successful despite scarcity](#)

Through the use of telemedicine and telestroke in rural care, the University of Virginia (UVA) reduced 30-day hospital readmission rates by 40 percent for patients with heart failure, acute myocardial infarction, chronic obstructive pulmonary disease, pneumonia, stroke and joint replacement. In a Senate subcommittee hearing on FCC's Universal Broadband Fund and Rural Healthcare (RHC) Program, UVA's Karen Rheuban presented a testimony that addressed the critical importance of enhancing the RHC program.

[Two-thirds of patients can't pay their hospital bills](#)

More than two-thirds of patients aren't paying their entire hospital bills, and that number could increase to 95 percent by 2020, according to a study from TransUnion. The Affordable Care Act has given more people access to health care, but it has driven deductibles up, in some cases, making it harder for patients to pay, says TransUnion's John Yount. Since 2010, 79 rural hospitals have closed, according to the North Carolina Rural Health Research Program. That number will likely continue to increase if more patients can't pay their bills.

[Understanding, and closing, the rural health care gap](#)

According to a CDC study, health care challenges including lack of preventive care, socioeconomic factors, and the shortage of primary care clinicians are affecting rural areas disproportionately. "We've spent so much time thinking about health care, but research has shown the majority of health is driven not by what happens in the doctor's office, but by what happens in the rest of our lives," says Carrie Henning-Smith, PhD, with the University of Minnesota Rural Health Research Center.

[New MACRA rules offer rural MIPS relief, partnership options](#)

Hospitals waiting for clarity from the federal government now know where they stand on MACRA requirements and a new administration's view of value-based care, according to experts. CMS recently released its revised rules for the Medicare Access and CHIP Reauthorization Act. Despite initial widespread interest from small doctor practices, the CMS expects few will take advantage of a policy that allows them to partner to comply with MACRA. Smaller and rural hospitals also get some relief in MIPS requirements.

[Madison County Memorial Hospital recognized by national organization](#)

The Madison, Fla. hospital was featured in the March issue of *Timely Transitions*, a project newsletter for rural hospitals. The hospital and staff were chosen in recognition for the Financial Operational Assessment because of their dedication to implementing best practice recommendations.

[Mapping the Opioid Crisis](#)

Rural communities, families, health providers and law enforcement can see the impact of substance abuse, but various factors make it difficult to find real time data about its impact. The Center for Health Journalism has created a guide to a series of resources and data tools that can help communities develop an accurate picture of the opioid epidemic at the local level.

RESOURCES

[Medicaid Plays a More Significant Role in Small Towns and Rural Communities Than in Metro Areas](#)

A study authored by staff from Georgetown University Center for Children and Families, Georgetown University Health Policy Institute, and the North Carolina Rural Health Research Program shows that Medicaid is a lifeline for children, families, and [communities in small towns and rural America](#). In 2014-2015, [Medicaid provided health coverage for 45 percent of children](#) and 16 percent of adults in small towns and rural areas, compared to 38 percent and 15 percent, respectively, in metropolitan areas. In nearly all states, a larger share of children and adults living in small towns and rural areas relies on Medicaid than those in metropolitan areas-and are more likely to be affected by increases or decreases in services.

[Continuing Population Loss for Rural Areas](#)

USDA's Economic Research Service (ERS) tracks demographic change in non-metro areas and conducts research to help explain the relationship between population change and socio-economic well-being of rural residents. In its Population & Migration report, the ERS finds that 14% of residents live in non-metro counties across the U.S., which cover 72 percent of the nation's land area. This is only a -0.4 percentage loss over last year, but [population loss is not evenly distributed](#) across all rural areas. For those regions experiencing the most out-migration, ERS identifies rising unemployment, housing market challenges and energy sector developments as factors in a continuing decline in rural populations.

[Rural and Urban Utilization of the Emergency Department for Mental Health and Substance Abuse Services](#)

Researchers from North Dakota and NORC Rural Health Reform Policy Research Center looked at data from seven states to determine Emergency Department (ED) use for mental health and substance abuse services and describe differences among rural and urban areas. Results indicate that ED utilization in rural communities is different from urban in ways that may impact cost of care and proposed interventions.

[Rural Health Opioid Program](#) - July 21

Rural health care providers (i.e., local health departments, hospitals, primary care practices, and substance abuse treatment providers) are eligible to apply for up to \$250,000 per year for a three year program supporting treatment and recovery from opioid use disorder. Successful applicants will form a consortium of at least three health providers in a network that coordinates care with other community-level entities such as social service providers, faith-based organizations and law enforcement. To access more program information and application requirements, find the Package tab in the Grants.gov link above, click on Preview under Actions and then "Download Instructions."

[Grants for Socially-Disadvantaged Groups](#) - July 25

USDA Rural Development seeks applicants for the Socially-Disadvantaged Groups Grant (SDGG), a program offering up to \$175,000 for technical assistance providers to benefit "group[s] whose members have been subjected to racial, ethnic, or gender prejudice because of their identity as members of a group without regard to their individual qualities." Recent rural demography shows that racial and ethnic minorities represent a significant proportion of rural communities in the South (17% Black) and West (16% Hispanic and 10% American Indian or Alaskan Native). Eligible cooperative development centers, individual cooperatives, or groups of cooperatives in any area must serve socially-disadvantaged groups in rural areas with technical assistance activities to expand economic opportunities, such as feasibility studies, business plans, strategic planning, or leadership training.

[Skilled nursing facilities \(SNFs\) eligible for FCC funds](#)

An FCC funding program is now open to Skilled Nursing Facilities (SNFs). The program, called the Healthcare Connect Fund, reimburses (and, in some cases, provides advanced payments) for SNFs' broadband and telecommunication expenses.

[Training Series for Health Care Providers on Prescribing Opioids](#)

The CDC has launched an eight-part online training series to help health care providers apply CDC's prescribing recommendations in their clinical settings through interactive patient scenarios, videos, knowledge checks, tips, and resources. Rural practitioners report their concern about the potential for opioid abuse, but at the same time report insufficient training in prescribing opioids. This is why the CDC created the [2016 Guideline for Prescribing Opioids for Chronic Pain](#) and associated training. The first training, Addressing the Opioid Epidemic: Recommendations from CDC is available in archive. Topics in the series include communicating with patients, treating chronic pain without opioids, and prescribing decision making.

UPCOMING EVENTS/TRAININGS

[2017 36th Annual FACHC Conference](#)

July 16 - 19, 2017

St. Petersburg, FL

Type: Conference/Meeting

Sponsoring organization: Florida Association of Community Health Centers

[2017 FPHA Annual Conference](#)

July 26-28, 2017

Orlando, FL

Type: Conference/Meeting

Sponsoring Organization: Florida Public Health Association

2017 Region B SORH Regional Partnership Meeting

Aug 1 - 3, 2017

Biloxi, MS

Type: Conference/Meeting

Sponsoring organization: National Organization of State Offices of Rural Health

2017 Annual Florida Conference on Aging

Aug 28 - 30, 2017

Orlando, FL

Type: Conference/Meeting

Sponsoring organization: Florida Council on Aging

Rural Health Clinic Conference

Sept. 11-15, 2017

Savannah, GA

Type: Conference/Meeting

Sponsoring organization: Georgia Rural Health Association

3RNet Annual Conference

September 12-14, 2017

Scottsdale, Ax

Type: Conference/Meeting

Sponsoring organization: National Rural Recruitment and Retention Network (3RNet)