



December 2011

NEWSLETTER

TIS THE SEASON!

The National Center for Rural Health Works (**the National Center**) wishes everyone a WONDERFUL HOLIDAY SEASON!

This newsletter will review activities of **the National Center**, including:

- 2011 Completed Activities
- 2011 Ongoing Activities
- Regional Rural Health Works Workshop
- New Work Plan Ideas

2011 COMPLETED ACTIVITIES

Community Health Needs Assessment Template

The 2010 Affordable Care Act requires that all 500(c)(3) hospitals conduct a community health needs assessment. In response to this requirement, the **National Center for Rural Health Works** formed a National Advisory Team to create a template which rural hospital administrators and/or personnel from State Hospital Associations, State Offices of Rural Health, Extension, and others can use to assist rural hospitals to meet the new requirement. Members of the National Advisory Team were: Larry Arthur, Michael Bilton, Teryl Eisinger, John Gale, Terry Hill, Mendal Kemp, Joseph S. McNulty, II, Mary Ellen Pratt, Jodi Schmidt, Pat Schou, Val Schott, Tim Size, Brock Slabach, Rich Snyder, Bridget Ware, and Chris Tilden. The National Advisory Team met in Kansas City, Missouri, in November 2010 to share ideas and to begin development of the template. The Federal Office of Rural Health Policy provided financial support for the meeting. The outcome of the meeting was a process to: (1) select a facilitator and community committee members; (2) develop five community reports; and (3) to pilot the process. The five reports were:

- A summary of hospital services and activities
- An economic impact report

- A demographic and economic report
- A community input report (results from community survey, focus groups, etc.)
- A health indicator/outcome report

The first draft was shared with the National Advisory Team. Revisions were made and the second draft was tested in two hospitals in Kansas and one hospital in Nevada. From these results, a third draft was prepared. The third draft was reviewed by the National Advisory Team and has been marketed and made available across the nation. As the template is further adopted and tested, revisions will be made. Thus, the term “final draft” has not been put on the current template.

The goal is that either 1) hospitals will be able to use the template to guide their own community health needs assessment process or 2) professionals from State Offices of Rural Health, State Hospital Associations, Extension, consultants, and others will use the template in their states to work with rural hospitals at no or minimum costs. The community health needs assessment template has been presented at the NRHA Annual meeting, two webinars, the Western Rural Flex Meeting, and other professional state, regional, and National meetings. The current version of the draft will soon be available on [the National Center’s website](#).

Specialty Physician Study

A study estimating the need for specialty physicians and the amount of revenue a specialty physician will generate for a hospital was completed. This tool is useful for hospital administrators as they establish a specialty physician clinic. The objectives of the tool are twofold. These include:

1. Development of a methodology which will estimate the need for specialty physicians;
and
2. Estimate annual revenues that a specialty physician will generate for a rural hospital.

To estimate the need for specialty physicians a methodology employing population to specialty physician ratios were employed. These were obtained from four different studies. To estimate the amount of revenue that a specialty physician generates for a hospital, data were collected from 26 hospitals in six states. The end result of this project is a tool that estimates the need for specialty physician and the amount of revenue generated for a hospital. For example, the study might estimate that the medical service area could support a cardiologist two days a week. A cardiologist practicing two days a week in a specialty clinic would generate annually an average of \$295,144 in revenue for the hospital.

2011 ONGOING ACTIVITIES

- **Community Health Needs Assessment Template.** **The National Center** will continue to modify the template from experiences at additional communities. **The National Center** will continue to market the template across the nation. As additional feedback from our additional community applications and from professionals around the nation is received, the template will be revised to make it as useful as possible.
- **Emergency Medical Services.** **The National Center** is working extensively in Oklahoma on EMS issues. One document, “An EMS Board Training Manual,” has been completed and is being used to train EMS Boards in Oklahoma. Another EMS tool under construction is an EMS guidebook, “A Community Development Guide for Emergency Medical Services.” Thus far, we have had a conference call with national experts and are in the process of collecting data. The end result will be an EMS guidebook which will enable decisionmakers to estimate costs and revenues for alternative EMS systems. This project is being completed with Tom Harris, Professor, State Extension Specialist, and Director of the University Center for Economic Development at the University of Nevada, Reno.

RURAL HEALTH WORKS WORKSHOPS

One regional workshop was held on December 13, 2011 in Colorado. Colorado Rural Health Center, The State Office of Rural Health, hosted the meeting. The workshop had participants from Arizona, Colorado, Utah, South Dakota, and Wyoming.

Another regional workshop will be held in the eastern portion of the nation in 2012. Professionals in Pennsylvania and Virginia have volunteered to host the workshop. There will probably be two workshops, one in each State with one in the summer and the other in the fall of 2012. Watch for emails next year as the details are worked out.

The National Center invites any interested parties to attend these workshops. The workshop teaches professionals how to conduct economic impact studies, as well as learn about community health needs assessment and health feasibility (budget) studies.

The National Center also has a website with additional information on the workshop topic areas at:

www.ruralhealthworks.org

NEW WORK PLAN IDEAS

New work plan ideas were shared with our National Advisory Board, project officer, and the Federal Office of Rural Health Policy professionals. The projects that surfaced to the top include:

1. **Impact of Critical Access Hospital (CAHs)**. Many questions are being asked about the economic impact a CAH has on the local economy. The project will gather data from many CAH hospitals in many different states and thus derive the average economic impact of a CAH on a local economy.
2. **Impact of Medicaid Reductions**. As Federal and State policymakers look for ways to reduce costs, the Medicaid program is often discussed. A template will be prepared which will measure the economic impact of a reduction in State Medicaid dollars on the State's economy. The template will measure the impact on employment, income, retail sales and selected state taxes.

If you have a particular project you would like be considered, please let us know and we will include your project on our potential list of projects for next year's work plan.

In closing, if there is anything we can do to assist you as you deliver programs in your state, please feel free to contact us.

Happy Holidays!
and
Happy New Year!

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