Rural Health Association of Tennessee
Tennessee Rural Health Clinic Network
1 D06RH49185-01-00
Progress Report: April 2024

Network and Project Progress

1. **Progress on each grant funded activity during this grant period (July 1, 2023 – June 30, 2024).**

The Tennessee Rural Health Clinic (TN-RHC) Network, under the support of Rural Health Association of Tennessee (RHA), aims to improve access to quality health services, improve patient health outcomes, and strengthen the state's overall healthcare system.

The work plan is divided into four (4) key objectives:

- **Objective 1:** Implement a formalized governance structure to provide strategic direction and advisory support to RHA concerning the RHC Network.
- **Objective 2:** Develop a single data benchmarking and reporting system to measure, track, and evaluate improvements in quality of care that supports clinics to make data-driven decisions for practice sustainability.
- **Objective 3:** Each year of the grant (July 2023 – June 2027), expand the capacity and services of the RHC Network by developing a "Community of Practice" that promotes peer-to-peer learning and other professional development and certification opportunities. (Capacity and services; Patient Outcomes goal)
- **Objective 4:** Position the TN-RHC Network and its individual members to successfully transition to value-based care and population health management. (Sustainability goal)

To date, all activities under each objective are either completed on time or on track for completion as outlined in the work plan. The following narrative is a summary of activities completed and on track for completion.

Objective 1: Implement a formalized governance structure to provide strategic direction and advisory support to RHA concerning the RHC Network.

The TN-RHC Network has successfully completed, or is on track to complete, all activities related to implementing a formalized governance structure.

The TN-RHC Network Advisory Committee was formally established on June 15th, 2023, as part of the Network Development Planning grant preceding this Rural Health Network Development (RHND) Implementation Grant. The governance structure was further formalized by the Rural Health Association of Tennessee (RHA) Board of Directors on August 24, 2023, when they unanimously voted to amend "Article VIII, Section 2: Committees of the Association" of RHA's bylaws to include:

> *Rural Health Clinic (RHC) Network Advisory Committee – The RHC Advisory Committee shall be responsible for the programmatic oversight, advocacy development, and*

sustainability of the RHC Network. The RHC Advisory Committee shall have 12-15 members with at least 66% of representatives residing in rural communities as defined by the Health Resources and Services Administration (HRSA). The committee will be responsible for approving members, informing network activities, developing a network sustainability plan, and providing annual updates to RHA's Board of Directors.

RHA's membership body approved the amendment at the November 16, 2023, meeting.

Currently, the Advisory Committee consists of fifteen (15) members including two co-chairs, a recorder, and a finance chair providing clear roles and responsibilities for managing committee activities and ensuring accountability (Attachment A). These members represent: seven (7) independent, one (1) provider-based, one (1) women's health, two (2) pediatric and one (1) charitable/RHC mix. Also serving in an advisory capacity is a representative from East Tennessee State University (ETSU) Center for Rural Health Research, Tennessee Department of Health State Office of Rural Health (SORH), and University of Tennessee's College of Pharmacy. As required in the governing documents, 66 % of these clinics are in rural communities as defined by the Health Resources and Services Agency (HRSA). Rural Health Association's Executive Director serves as an ex-officio committee member and liaison between the TN-RHC Network and RHA's Board of Directors, SORH, Bureau of TennCare, and others.

The first meeting of the TN-RHC Network Advisory was September 22, 2023. The meeting included a review of the advisory governance structure, mission statement and network development activities. Since that first meeting, the Advisory Committee has met two (2) additional times. Meeting topics have included Medicaid unwinding, naloxone training/resources, benchmarking program (Lilypad/Pond), review of network activities (trainings, scholarships, mini-grants), nominations for committee and planning for annual in-person member meeting. The advisory meetings also allow the opportunity for committee members to provide feedback on the network member activities.

The larger TN-RHC Network consists of thirty-two (32) members including seventeen (17) independent, five (5) pediatric, one (1) provider-based, and two (2) charitable/RHC mix, and one (1) women's health RHCs. Non-RHC members consist of a Managed Care Organization, two (2) Universities, consultant firm, non-profit, and a critical access hospital. The network members have met two (2) times with the next meeting scheduled for April 26, 2024. Meeting topics have included TennCare Prospective Payment System (PPS) updates (new CPT code list, telehealth policies, new eligible providers, exclusions), resources for medication assisted treatment, state safety net program, Medicare open enrollment, Medicaid redeterminations, RHC Burden Reduction Act, Mental Health First Aid training, Value Based Care (VBC) readiness assessments, billing and coding, opportunity for pediatric infectious disease consultation, and Center for Medicare and Medicaid 2024 updates for RHCs. (Attachment B).

The Advisory Committee is on track to bring a new cohort of members onto the Advisory Committee, through a nomination and voting process by all the TN-RHC Network members. New members will be announced at the June 25, 2024, Annual Meeting.

Objective 2: Develop a single data benchmarking and reporting system to measure, track, and evaluate improvements in quality of care that supports clinics to make data-driven decisions for practice sustainability.

The TN-RHC Network has successfully completed, or is on track to complete, all activities related to developing a data benchmarking and reporting system to measure, track, and evaluate improvements in quality of care that supports clinics to make data-driven decisions for practice sustainability.

Strategies and activities are meant to help answer the below overarching questions:

- What impact, if any, does developing a Community of Practice for Tennessee's RHCs have on improvements in key Clinic Quality Measures?
- What impact, if any, does the TN-RHC Network have on a clinic's readiness to transition to Value-Based Care models?
- In what ways, if any, does participation in TN-RHC Network's targeted interventions have in improving access to high-quality care in the communities they serve?

Year One (1) workplan activities to work toward this objective include:

- Signed a contract with LilyPad to utilize their "Practice Operations National Database (POND)."
- Held an educational "kickoff" webinar to introduce the tool to RHCs.
- Select RHCs to receive the Learning and Knowledge Exchange (LAKE)/POND onboarding.
- Provide a half-day Networking Training "Bootcamp."
- Track, measure, and evaluate data related to clinical quality benchmarks.
- Identify 1-2 high-priority initiatives and develop plan of activities for Year 2
- Prepare quarterly and annual reports on quality measures.

Practice Operations National Database (POND) and LAKE Tool

Rural Health Association of Tennessee (RHA) signed the contract with LilyPad in July 2023. The LilyPad web application has two (2) parts: a Cost Report module that provides comprehensive clinic, state, regional, and national comparative analytics based on national analytics; and a module for clinic staffing and productivity that includes manual data entry.

In September 2023, RHA's project staff participated in a demo of Lilypad. In October, the RHC Network Director, Christin McWhorter, printed Cost Reports from LilyPad and sent them to twenty-six (26) member clinics. These Cost Reports will serve as the baseline data that will assist in tracking and measuring data in years 2-4 of the grant.

TN-RHC's Advisory Committee was introduced to the POND tool from LilyPad in December 2024. Twenty-two (22) TN-RHC Network members participated in a bootcamp and/or webinar training on how to use POND January 31, 2024, and March 27, 2024.

The next phase of onboarding the RHCs will be to encourage them to enter clinic specific data into POND. Strategies to ensure use will include providing continued education relative to quality data tracking and to potentially collect raw data from clinics and help them enter.

Value-Based Care Readiness Assessments
Another data source is a Value-Based Care Readiness Assessment from network members. Using the University of Iowa's College of Public Health Value Based Care Assessment tool (https://ruralhealthvalue.public-health.uiowa.edu/) as a guide, RHA developed a thirty (30) question survey for clinics to provide baseline information related to governance, clinical quality, technology, community engagement, and more (https://www.surveymonkey.com/r/RHC-value-based-assessment). Our goal is to have assessments from 90% of network members. To date, we have eight 8 (30%) completed. The assessment will be conducted annually to track change year after year.

RHC's who wish to receive mini-grants, travel stipends, or other network benefits will be required to complete the assessments in the future. Data from the baseline assessments will be used to identify Year 2 program priorities.

Other Reporting Tools

- TruServe, a web-based tracking system developed by the University of North Dakota's Center for Rural Health, is being used to track participation in meetings and trainings.
- The TN-RHC Advisory Committee receives quarterly reports from the RHC Network Director and RHA's Executive Director.
- An Annual Report will be shared at the June 2024 member meeting.

Objective 3: Each year of the grant (July 2023 – June 2027), expand the capacity and services of the RHC Network by developing a "Community of Practice" that promotes peer-to-peer learning and other professional development and certification opportunities.

The TN-RHC Network has successfully completed, or is on track to complete, all activities related to developing a "Community of Practice" that promotes peer-to-peer learning and other professional development and certification opportunities. In many cases, such as offering Mental Health First Aid training, TN-RHC is ahead of the work plan.

Activities as stated in the work plan, with outcomes:

- **Lunch and Learns**: To date, twenty-seven (27) people representing eighteen (18) RHCs have received education from the following lunch and learns/webinars:
    - Wintergreen/National Organization of State Offices of Rural Health (NOSORH) Virtual Webinar: January 31, 2024 (8 clinics attended)
    - Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO): February 28, 2024 (2 clinics attended)
    - LilyPad/Pond Overview and Demonstration: March 27, 2024 (12 clinics attended)
    - Health for All: Language Inclusion Series
        - Rural Populations, February 29, 2024 (1 clinic attended)
        - Family Structure, March 7, 2024 (1 clinic attended)
        - Age and Ability, March 14, 2024 (2 clinics attended)
        - Gender and Sexual Orientation, March 28, 2024 (1 clinic attended)
        - Body Size and Weight, April 4, 2024 (TBD)

    - Substance Use Disorder, April 11, 2024 (TBD)
    - Race and Ethnicity, April 18, 2024 (TBD)
    - Domestic Violence Survivors, April 25, 2024 (TBD)

- **Certified Rural Health Clinic Professional Certification (CRHCP) and Billing/Coding Scholarships:**
    - Eleven (11) scholarships for the CRHCP Certification (Fall 2023, Spring 2024)
    - Sixteen (16) ArchPro Billing and Coding scholarships (November 2023 and February 2024).
        - (180% of goal, 81% certified, two (2) in progress)
    - RHA's Executive Director and the TN-RHC Network Director also received the CRHCP certification.

- **National Association of Rural Health Clinic (NARHC) Conference Stipends:**
    - Three (3) scholarships were awarded for the October 2023 NARHC Conference
    - Three (3) scholarships were awarded for the Spring 2024 NARHC Conference

- **Mental Health First Aid Training**:
    - While not a goal until the start of Year 2; two (2) RHC personnel from one (1) clinic received Mental Health First Aid Training on October 11 & 13, 2023.
    - The TN-RHC Network Director also received training and is scheduled to receive instructor training to reach Years 2-4 goals.

- **Peer-to-Peer Roundtables:**
    - To date, peer-to-peer connection has happened in informal ways such as visiting clinics, sharing policy manuals, and calling each other for assistance. For example, Cumberland Family Care of Van Buren visited Servolution Health Services to support a new clinic administrator and the TN-RHC Network Director through a Mock Survey.
    - The first formal roundtable is scheduled for April 2024.

- **National Health Service Corps Site Certification**:
    - Prior to July 1, 2024, only eleven (11) RHCs had National Health Service Corp (NHSC) Certification. As of April 1, 2024, seventy-eight (78) clinics have NHSC Certification. Of the sixty-seven (67) new clinics, eight (8) are TN-RHC Network Members, however many of the others are among the 337 subscribers of the RHC Newsletter that promoted NHSC.
    - RHA hosted a webinar on May 23, 2023 (during the RHND Planning grant) to encourage clinics to submit applications that were due June 22, 2023. In October 2023 (current grant period), we learned that (at least) twenty (20) clinics RHA directly supported were approved.
    - Another training is scheduled April 24, 2024, with HRSA, Bureau of Health Workforce representative to review the steps to be a certified site.

Objective 4: Position the TN-RHC Network and its individual members to successfully transition to value-based care and population health management.

The TN-RHC Network is on track to complete and/or advance activities related to supporting clinics successfully transition to value-based care and population health management.

Value-Based Readiness Assessments:

- As stated previously, RHA developed a 30-question survey for clinics to provide baseline information related to governance, clinical quality, technology, community engagement, and more (https://www.surveymonkey.com/r/RHC-value-based-assessment). Our goal is to have assessments from 90% of network members. To date we have 8 (30%).
- Assessment questions consider RHC governance and leadership, Care Coordination, Clinical Care, Community Health, Patient and Family Engagement, Performance Improvement and Planning, Health Information Technology, and Risk Management.

Baseline Measures and Quality Focus Areas:

- Priority Clinical Measures for this grant are: Controlling Blood Pressure, Preventive Care and Screening: Tobacco Use, Childhood Immunization Status, Diabetes: Hemoglobin A1c (HbA1c), and Documentation of Current Medications.
- Continued use of Lilypad and data submissions by network clinics will provide an opportunity to track this data.
- Tennessee's State Medicaid Agency, TennCare, shares clinical measures and will be speaking at the TN-RHC Annual Meeting on June 25, 2024.

Mini Grants:

RHA budgeted $96,000 to offer as mini grants to RHCs wishing to update health information technology, improve care coordination, and or support professional learning goals. Applications will be returned by April 31, 2024. All applicants will be required to complete the VBC assessments in advance of receiving grant dollars. A meeting will be held with grantees in May 2024, after which time RHA staff will support the implementation phase.

Other notable activities

- **Technical Assistance and Site Visits**:
  - July 24th and 25th, RHA staff hosted two (2) representatives from Region IV Center for Medicare and Medicaid Services to visit five (5) TN-RHC members.
  - Between January – March of 2024, the TN-RHC Network Director has conducted six (6) on-site visits to member clinics.

- **Mock Survey**:
  - Christin McWhorter, the RHC Network Director, completed Mock Survey Masterclass through the National Organization of State Offices of Rural Health and is now certified to conduct Mock Surveys.

- **Advocacy:**
    - Two (2) RHC representatives attended the annual "Day on the Hill" to educate Tennessee legislators on the importance of Rural Health Clinics and primary care. No federal dollars were used for lobbying.

- **Communications:**
    - There are 337 subscribers to the RHC Newsletter that includes information related to state and federal funding opportunities, regulatory changes, and other learning opportunities hosted by HRSA, FORHP, and others.

2. Identify/list the counties served during this budget period.

Bedford	Hardeman	Scott
Campbell	Henry	Shelby
Cheatham	Lincoln	Smith
Claiborne	Marshall	Van Buren
Coffee	McMinn	Warren
Decatur	Meigs	Washington
Dickson	Monroe	Weakley
Gibson	Polk	White
Hamilton	Rhea	

3. Staff Vacancies

There have not been any significant staffing changes from the primary application, other than the hiring of a Rural Health Clinic Network Director.

Jacy Warrell, RHA's Executive Director, remains as the Project Director, is ex-officio on the Advisory Committee, has attended monthly TA calls, visited clinics, assisted with reports, etc.

Christin McWhorter was hired as RHC Network Director and began employment on July 24, 2024. Christin has more than 18 years of experience working with and advocating for vulnerable communities. Prior to RHA, she served as the Community Outreach Manager for the Southeast Tennessee Area Agency on Aging and Disability where she oversaw the agency's community service programs including the State Health Insurance Assistance Program (SHIP) Medicare Counseling program. Christin brings several years of experience facilitating a multidisciplinary provider coalition working on initiatives to reduce hospital readmissions and promote better coordination of care for Medicare Beneficiaries. She also brings knowledge and experience working to start a charitable health center in her community. She has a Bachelor of Science in Psychology, with a Minor in Sociology from the University of Tennessee Chattanooga.

Allie Hayes, RHA's Membership Manager, who was engaged through the planning grant process, was allocated to the RHND grant for 25% of the time. Allie supports processes network memberships, event registrations, and other relevant grant goals including communications and evaluation activities, however, did not begin billing her time for the grant until March 2024 as the grant activities began building.

Indirect Staff: Alicia Calloway, RHA's Chief Operating Officer, who was also engaged through the planning grant process, assists with grant compliance and financial reporting.

4. Challenges, barriers, or unresolved issues

While the TN-RHC Network has successfully completed, or is on track to complete, all Year 1 activities, it does not mean to imply there have not been challenges through the launch of the network.

New Staffing
Upon notification of the RHND Implementation Grant award, RHA's Executive Director, the TN-RHC Advisory Committee Chair, and the consultant who supported the RHND Planning grant interviewed applicants for the position of RHC Network Director. While the director had a great foundation to build upon and learned very quickly by immersing herself in training and resources, it understandably took time to: 1.) Learn about Rural Health Association of Tennessee; 2.) Learn about the work done in the planning phase; 3.) Understand the grant and expected deliverables; 4.) Meet TN-RHC Network members; and 5.) Learn about the complexities of Rural Health Clinics. For these reasons, the Project Director supported time for learning and connecting with members over rushing to complete activities such as Monthly Lunch and Learns.

Member Engagement
While RHC leaders have been enthusiastic and supportive of the conception of the TN-RHC network, engaging members to commit their time and presence to network activities is and will continue to be a challenge. Barriers include geographic distances between RHCs, time and capacity challenges, and the nature of operating clinics.

To overcome these barriers, RHA maintains our "We'll come to you" attitude adopted in the RHND Planning phase. Through Year 1 we collectively visited seventeen (17) clinics. Hosting virtual meetings, providing follow up and between-meeting communications, and continuing to adapt offerings based on needs and interests are additional strategies.

Collecting Data
The TN-RHC Network goal is to have Value Based Care (VBC) readiness assessments from 90% of network members in Year 1 and then again annually to track change year after year. To date we have 8 (30%). Network leadership will work to overcome this challenge by:

- Linking participation in network activities such as mini-grants and scholarships to the completion of VBC assessments.
- When possible, assist in the data collection, by interviewing the RHC representatives and inputting information for them.
- Publish the results of the data in formats that are useful to participating clinics to show the value of the network and entice others to share.

5. Challenges post-COVID 19

There are no post-COVID challenges to report as it relates to the Rural Health Clinic Network Implementation.

6. **Evaluation Activities**

In October 2023, the RHC Network Director saved Cost Reports from LilyPad to provide baseline data as it relates to a clinic's financial operations. The same report will be collected each fall to measure change over time.

In October 2023, RHA developed a thirty (30) question Value Based Care Readiness Assessment to collect baseline information related to topics such as governance, clinical quality, technology, community engagement. Distributed in January 2024, the network director is still in the process of collecting responses that will serve as a baseline to compare progress in Years 2-4.

Additional data such as network membership, meeting attendance, webinar attendance, training attendance, and technical assistance as being track through TruServe, a web-based tracking system developed by the University of North Dakota's Center for Rural Health. Supporting documentation is saved in relevant folders and spreadsheets.

RHA budgeted $30,000 for evaluation in Year 4 of the grant, however the RHC Network Director is already in conversations with the planned evaluator to review the current data systems and make recommendations for improvement so that the Year 4 evaluation is a success.

7. **Program Sustainability Activities**

Long-term network sustainability strategies include creating a positive membership experience so that clinics renew their annual membership. During the planning grant phase, we offered free memberships. In Year 1 of the grant nineteen (19) clinics found value in renewing their memberships without financial support from the grant.

RHA has developed a grant procurement and management strategy aimed at bringing additional value to clinics through the provision of professional development stipends, resources to address workforce needs, data benchmarking, and opportunities for mini-grants. This strategic approach aims to demonstrate value to attract clinics to the network and demonstrate value to members.

The TN-RHC Network is currently planning their 2nd Annual Meeting. Building a membership base and annual meeting attendance will allow the network to begin to attract meeting sponsors in Years 2-4.

8. **Major Accomplishments**

New Staffing

As mentioned previously, RHA hired Christin McWhorter as RHC Network Director who began employment on July 24, 2024. In addition to her education and 18 years of experience working in healthcare adjacent roles, Christin has fully embraced her role, which is

evidenced by her already strong relationships with network members and achieving several important milestones.

In eight (8) short months, Christin has attended the RHND Grantee meeting in Atlanta, attended the National Rural Health Association's Rural Health Clinic Conference, the National Association of Rural Health Clinics Fall 2023 and Spring 2024 conferences, earned her Certified Rural Health Clinic credential, is certified to conduct Mock Surveys through the National Organization of State Offices of Rural Health, become Mental Health First Aid trained. She has also visited six (6) clinics.

Positive Feedback from TN-RHC Network Members

According to feedback received via phone calls, site visits, and surveys, the TN-RHC Network has already begun providing value to members. While attendance is not always what is hoped for, members respond to communications, express their regrets when they cannot attend, and remain enthusiastic about having a "go-to" resource and support person. Members have specifically expressed gratitude for the regular communications, their expanded professional network, and the advocacy Rural Health Association of Tennessee is doing on behalf of all Rural Health Clinics.

Technical Assistance

Already, the TN-RHC Network has been able to provide technical assistance and information on various issues such as RHC policies, site surveys, children's vaccination programs, and more. The Network Director has played a crucial role in helping a clinic rectify a cost-report error with the Medicare Administrative Contractor (MAC). The fact that the clinic was unable to resolve the issue on its own before involving the TN-RHC Network underscores the valuable assistance provided by this network. This successful intervention highlights the importance of collaborative efforts in navigating the healthcare system and ensuring that clinics receive the reimbursement they are entitled to.

Strengthened Relationship with the State Office of Rural Health and NOSORH

While Rural Health Association of Tennessee (RHA) has a 30+ year relationship with the Tennessee Department of Health, State Office of Rural Health (SORH), this RHND grant has strengthened this relationship significantly. Historically the partnership between RHA and SORH has been limited to organizing an annual conference and helping to share information between state government and local leaders. With this grant, SORH has looked to RHA as a resource. For example, the above issue between a clinic and the MAC went first to the SORH, who then referred to RHA. The SORH has attended our quarterly Advisory Committee meetings, is proactive about asking how we can work together, and has connected RHA with NOSORH.

Professional Development

In Year 1, the TN-RHC Network has trained sixty-nine (69) persons at eight (8) events, supported eleven (11) people to earn their Certified Rural Health Clinic Professional Training, and provided twenty-six (26) clinics with valuable Cost Report benchmarking data.

Network Collaboration and Capacity Building

1. **Have there been any changes in the number or participation of your program's network members during this current grant period *(*July 1, 2023 – June 30, 2024)?**
   As of April 2024, there have not been any decreases or increases in the number of network members to the TN-RHC Network. This steadiness has allowed the network to further define its goals, engage this new audience in meaningful ways, and lay the foundation for a valuable membership experience among other Rural Health Clinics.

2. **Please describe any capacity building or training that your network has participated in that were completed using funding from this grant. Include how this has positively affected your target population and the health outcomes in your community (provide data where applicable).**
   Through this RHND grant, the TN-RHC has built capacity through several training and development opportunities. Both RHA's Executive Director (Project Director) and RHC Network Director attended the grantee meeting, National Rural Health Association's Conference (NARHC), and the National Association of Rural Health Clinics Conference. Both also earned their Certified Rural Health Clinic credential through NARHC. The Network Director also attended the Spring 2024 NARHC Conference.

   Three (3) Advisory Committee Members have attended the Fall 2023 NARHC Conference and three (3) attended the Spring 2024 NARHC Conference. This training allows network leaders to deepen their knowledge, access to resources, and professional network so that they can support the other network members. This is also true of the Mock Survey Certification earned by the Network Director and the Mental Health First Aid Instructor certification she is planning to complete in Year 1. By building this in-house expertise, the network is able to reduce reliance on expensive consultants and trainings, while increasing the number of people with access to information.

3. **How have network partners collaborated during this current grant period (July 1, 2023 – June 30, 2024) to achieve the goals and objectives of your grant? Also please discuss any network-specific barriers in effectively collaborating.**
   TN RHC Advisory Committee has held three (3) meetings during this grant period. Topics of collaboration have included feedback on network activities, brainstorming on topics for network meetings/webinars and providing technical assistance to Network Director. The TN-RHC Network members have participated in two (2) network meetings. These meetings have provided the opportunity for members to engage in peer-to-peer learning and build a sense of community.

   As was mentioned several times previously, members have collaborated on issues such as preparing for mock surveys, updating policy manuals, and implementing sliding fee scales to obtain National Health Service Corp certification.

   Meeting the varied needs of RHCs is sometimes a challenge. For example, there are only two (2) OBGYN specific RHCs in Tennessee, which makes it difficult to provide connection and support for the unique needs of women's health clinics. Similarly, Medicare related topics are not relevant to pediatric clinics. There are an abundance of resources supporting

Medicare billing and coding (particularly at the national conferences), however few for Medicaid.

4. **Telehealth, Telemedicine & Mobile Technology**
    1. What are your Technical Assistance, staffing capacity, and/or technology needs in order to implement telehealth? **N/A**
    2. Have you used or interacted with the HRSA-funded Telehealth Resource Centers (TRC)? If yes, which TRC and what was most valuable about that experience? **No**
    3. What was the biggest challenge and/or most time-consuming aspect to implementing your telehealth project? **N/A**
    4. What billing and /or policy barriers or facilitators affect your telehealth program? **N/A**
    5. How has your telehealth program alleviated transportation issues, increased access to providers, and/or improved patient outcomes in your service area? Please share some background and a specific, de-identified, example. **N/A**

5. **Understanding the impact of the unwinding of the <u>Public Health Emergency (PHE)</u>**
    1. How has the PHE unwinding impacted your project?
    No impact
    2. If the response to Question #1 is "positively" or "negatively", please briefly describe the impact. **N/A**
    3. If the response to Question #1 is "NA", please briefly describe why. **N/A**
    4. Only applicable if the response to Question #1 is "Positively/no impact/negatively": For patients who are receiving services through this grant, were you able to help them retain and/or gain health care coverage through Medicaid, Children's Health Insurance Program, and or any other health care coverages as a result of the PHE unwinding? If no, are you able to seek 3rd party billing?

    Response: This grant does not serve patients; however, our network members do. RHA has a separate contract with TennCare, Tennessee's State Medicaid Agency, to provide enrollment assistance to patients who may be negatively impacted (https://www.tnruralhealth.org/enroll). RHA has widely distributed information about the PHE relevant for clinics and their patients. Currently one RHA employee has an office at a network member's clinic.

6. **Please provide any examples/anecdotes describing the impact of the PHE unwinding, including any other related activities implemented as part of your grant project not already discussed, if applicable.**
Anecdotally, we have heard of some cases where someone did not know that their insurance had lapsed, but we have not heard of issues that were not able to be resolved.

    Some clinics have expressed having difficulty with staying current with information during the PHE unwinding. Many had gone a long time without having had a surveyor to the clinic and were concerned that their policies and procedures were not current.

    Another example is several pediatric RHCs reached out to raise concern about changes in the Vaccines for Children program that would require clinics to offer the COVID and RSV

vaccines for private payors. The cost, especially for small, independent clinics, will be very expensive and if the clinics don't offer these vaccines, it would have a negative effect on children's vaccination rates.

Health Equity

1. **Based on populations you engage with, describe the populations, subpopulations and/or underserved communities who have historically suffered from poorer health outcomes, health disparities, and other inequities.**
   Rural Health Association (RHA) does not engage directly with patients or communities through this RHND grant; however, our members do and we realize that they most likely encounter and/or serve diverse patients from historically underserved communities.

   An estimated 6.8 million people call Tennessee their home, and more than 1.5 million of them live in communities served by Tennessee's RHCs. Tennessee is comprised of three "Grand Regions" with unique population demographics as described by the Sycamore Institute, (www.sycamoreinstitutetn.org/health/county-profiles):

   - *West Tennessee's* fully rural counties have approximately 390,850 residents. An estimated 20% live in poverty. 15% identify as Black and 3.4% as Hispanic. Eleven (11) West Tennessee counties have no Federally Qualified Health Centers.
   - *East Tennessee's* fully rural counties have approximately 632,140 residents. An estimated 20% live in poverty. 2% identify as Black and 2.8% as Hispanic.
   - *Middle Tennessee's* fully rural counties have approximately 911,980 residents. An estimated 17.8% live in poverty. 3.6% identify as Black and 3% as Hispanic.

   To our knowledge, there is not data that can be filtered to match numbers of religious minorities, LGBTQ+ persons, persons with disabilities, or other expressions of identity, that align with the HRSA definition of rural.

   As a state that has not expanded Medicaid, RHA is acutely aware of Tennessee's uninsured population. As part of this project, we have learned that there are 24 rural counties that do not have Federally Qualified Health Centers (FQHCs) who, as part of their non-profit status, are required to see uninsured patients. FQHCs have the benefit of federal dollars for seeing uninsured, as well as state dollars designated to the Uninsured Adult Safety Net.

   The 24 counties without a FQHC do, however, have federally designated Rural Health Clinics (RHCs) who could theoretically provide basic primary care to uninsured, however RHCs are not eligible to apply because of their "for-profit" status.

2. **Explain how your project meets the needs of your service area and reduces barriers that affect the health status of populations you engage with.**
   With the understanding that rural communities are diverse places and the RHCs that serve them need support in providing culturally appropriate care, RHA is leveraging this project to better serve the social, cultural, and infrastructure needs of patients, in addition to clinical

care. Generally, by providing comprehensive training and resources to members, clinical staff will have the knowledge and skills to better serve all patients.

More specifically, this project is reducing barriers in the following ways:

- Offering training specific to serving patients of diverse backgrounds, such as the Health for All: Language Inclusion Series. This 8-part webinar series provided education relevant to delivering culturally sensitive care to: rural communities, diverse family structures, older adults, people with disabilities, LGBTQ+ persons, varying body sizes, persons with substance use disorder, racial and ethnic minorities, and domestic violence survivors. The series runs from February 2024 through April 2024 and to date has trained 268 professionals including 5 personnel from Rural Health Clinics. Recordings and a copy of the Rural Health Equity toolkit that promotes American Psychological Association (APA)'s Equity, Diversity, and Inclusion Language Guide and the National Culturally and Linguistically Appropriate Services (CLAS) Standards is available for clinics and others to access (https://www.tnruralhealth.org/health-equity-toolkit).
- Value Based Care Readiness Assessments asks for information relevant for reducing infrastructure barriers for underserved patients, such as:
    - Do patients and families receive help addressing non-medical needs; does the clinic receive information about patient follow-up?
    - Does the clinic provide patients with user-friendly health education resources specific to the patient's condition(s) and need(s)?
    - Is the clinic committed to equitable access, treatment, and outcomes for everyone in the community? (e.g., in strategy, policy, and operations).

Plans for Upcoming Grant Period (July 1, 2024-June 30, 2025)

1. **Discuss any anticipated programmatic changes for this upcoming grant period (July 1, 2024-June 30, 2025).**

   Currently, the only programmatic change is as it relates to Objective 4 and Evaluation. RHA budgeted $30,000 in Year 4 for an external evaluator of grant activities. After this first year of grant implementation, we believe that it would be helpful to engage with the evaluator early to make certain we are capturing information in a way that will aid in an easier evaluation experience in Year 4. In Year 2, RHA will use some of the $30,000 in funds to engage the evaluator early in the process. We do not anticipate needing to change the total amount of funds budgeted for evaluation.

   Other programmatic changes could depend on the response of the Value-Based Care Assessments and/or mini-grant applications. If RHCs do not apply for the total $96,000 meant to support grant goals, then RHA will consider the purchase of resources that can benefit all member clinics and/or increasing administrative staff.

2. **Describe any anticipated sustainability strategies and/or activities for this upcoming grant period.**

   The most important strategy for network sustainability is to develop programs and services to meet the needs and interests of the members, so that they will participate even if/when grant funds are no longer available.

   In Year 2, the total amount budgeted for travel stipends to the annual meeting will decrease from $9,000 to $5,000. The Network Director will begin to actively recruit new members and use the travel stipends for clinics who have not yet participated in the TN-RHC annual meeting. Also in Year 2, the network will explore recruiting sponsors for the annual meeting to start building revenue for the network.

   Other sustainability strategies include building resources that may be used beyond the period of the grant such as trainings on a learning management system, sample policy manuals, and other materials that advance professional development and best practices.

3. **Describe and address any anticipated challenges/barriers. Explain how they can be resolved or steps that can be taken to address these issues.**

   At this moment, the primary anticipated challenge is member engagement. RHA is committed to following strategies to proactively avoid and/or resolve these challenges.

   - RHA will continue to develop the Advisory Committee members so that they are more comfortable taking leadership of Advisory Committee meetings, advising on network activities, and building engagement among the larger network. Regular meetings and clear communication will help maintain momentum and address challenges promptly.
   - Solicit regular feedback from Network Members to gauge satisfaction and identify opportunities for improvement.
   - Conduct a bi-annual assessment of network activities, in partnership with the Advisory Committee. This will allow the network to adapt to the external environment and keep members engaged.

   The other anticipated challenge relates to the ability of the network to collect data directly from network members. To avoid or overcomes this challenge, RHA will:

   - Continue to collect applications and Memorandums of Agreement (MOA) from new network members. The MOA specifies the importance of sharing data to benefit from network programs and to support advocacy efforts.
   - When possible, assist in the data collection, by interviewing the RHC representatives and inputting information for them.
   - Publish the results of the data in formats that are useful to participating clinics to show the value of the network and entice others to share.

4. **What is the single most pressing concern you have about your Network Development program (including any post-COVID 19, if applicable) going into the next grant period (July 1, 2024-June 30, 2025)?**

There are no major concerns currently. Provided this is a new grant, with new members, and a new Network Director, we recognize that more time is needed to build a solid foundation and we feel that we are on track with the Network Development goals, objectives, and activities.

5. Do you anticipate any changes to the number or participation of network members?

RHA expects some natural attrition of membership as clinics continue to merge and close, however at this time we have no reason to believe we will experience a significant drop in numbers or participation. The Advisory Committee and Network Director hope to recruit 4-10 new network members each year.

6. Work Plan

Year 2 work plan activities will continue to work toward the overarching goal to "Develop a Tennessee Rural Health Clinic (RHC) Network committed to improving the quality of health services, patient health outcomes, and strengthening the state's overall healthcare system through sustainable practices." As they related RHND Program Domains, in Year 2 the network will:

- Objective 1.1: Implement a formalized governance structure to provide strategic direction and advisory support to Rural Health Association of Tennessee concerning the RHC Network. (**Capacity and Services; Sustainability Goals**).
    - **Work plan**: continue governance meetings, produce quarterly progress reports, strengthen membership.
- Objective 1.2: Develop a single data benchmarking and reporting system to measure, track, and evaluate improvements in quality of care that supports clinics to make data driven decisions for practice sustainability. (**Improve Access; Quality Goals)**
    - **Work plan:** Collect Year 2 Cost Report, Quality Measures, and VBC data, track, measure, and evaluate progress, provide TA support, and publish annual reports.
- Objective 1.3: Develop a "Community of Practice" that promotes peer-to-peer learning and other professional development and certification opportunities. **(Capacity and Services; Patient Outcomes Goals)**
    - Work plan: Continue certification scholarships, professional development opportunities, begin Mental Health First Aid Training, Billing and Coding Training, and Peer Roundtables. Continue NHSC technical assistance.
- Objective 1.4: Position the TN-RHC Network and its individual members to successfully transition to Value Based Care and population health management. **(Sustainability Goal)**
    - **Work plan**: Collect Year 2 VBC data, support mini-grant implementation, provide quarterly learning opportunities related to clinical quality.

7. List all <u>anticipated</u> staffing plan changes (include title, responsibilities, and full time equivalent, as well as job descriptions and resumes of all new positions).

In Year 2 of the grant, RHA anticipates moving Alicia Calloway, Chief Operating Officer, into the Project Director position to provide support to this grant directly. Mrs. Calloway was

involved in the RHND Planning Grant and has supported this RHND Implementation Grant in an indirect capacity. Given her experience working with rural hospitals and clinics, she will be a strong thought partner to Ms. McWhorter. She is also intimately familiar with the HRSA grant compliance requirements and can support the data and reporting process.

The current Project Director, Jacy Warrell, will continue to support the RHND Implementation Grant, though in an indirect capacity.