

# VERMONT RURAL HEALTH AND PRIMARY CARE PLAN

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## EXECUTIVE SUMMARY



STATE OF VERMONT DEPARTMENT OF HEALTH





**VISION:** The system of rural health and primary care services is a leader in promoting safety and health among all Vermont residents.

**MISSION:** The mission of the Vermont Office of Rural Health and Primary Care is to improve the health status of Vermonters by improving and sustaining their access to appropriate, high quality medical, oral and behavioral health services.

Advancements in strengthening the safety-net system and services for the underserved have been strong in Vermont. While Vermont experiences low uninsured rates, high Medicaid participation by primary care physicians, dentists and behavioral health professionals and a strong rural hospital, free clinic, RHC and FQHC community, we are still working to reach the access and health outcome goals outlined in Healthy Vermonters 2010<sup>1</sup>. Health planning to expand the safety-net and support underserved Vermonters, workforce development to reduce the disparities in primary care distribution and program development to assure that our most vulnerable populations have access to programming that will improve health status will be a significant focus of the state for some years to come.

At both the state and national levels, the demographic characteristics of the population are changing. The increasing aging population coupled with the continued increase of chronic disease is straining the diminishing supply of health care professionals. It is estimated that as the age and health care needs of our population grows over the next thirty years, the health care workforce will be proportionately less than it is today. Workforce development is significantly more challenging for safety-net providers who serve marginalized populations in areas that are often culturally and geographically isolated. This issue will continue to create disparities in the distribution of primary care, dental and behavioral health providers.

<sup>1</sup><http://healthvermont.gov/pubs/hv2010/hv2010.pdf>

At a time when state and federal deficits will hinder increased Medicaid and Medicare rates, putting states at risk of cutting the scope of services or populations covered under Medicaid, the work of the State Office of Rural Health and Primary Care to support these constituents is imperative. Ongoing collaborations with key community and health care leaders to assure that they have the means to access programs that will improve their ability to serve Vermonters must continue over the next several decades. In response to these issues, the Vermont State Office of Rural Health and Primary Care began the process to identify strategic activities in partnership with stakeholders. This document sets forth the resulting goals, objectives and activities for the State Office of Rural Health and Primary Care to achieve over the next three years. Given the broad nature of the Office's work, it is important that the objectives are specific, measurable, achievable, realistic and timed (SMART). This document does not outline all of the activities that need to be addressed to improve the rural health and primary care infrastructure and landscape; rather it provides a list of recommended activities that are based upon data, qualitative input from stakeholders and an analysis of present opportunities. The recommendations contained herein are intended to address health holistically with attention to physical health, mental health and oral health services. Below is a summary:

### **A. Healthcare Workforce**

**GOAL:** Vermont has an adequate supply and distribution of quality rural health and primary care workforce.

**Objective 1:** *Engage two professional organizations or employers and cultivate them in a leadership role to address healthcare workforce professions by 2010.*

**Activity 1.1:** *Meet with professional organizations and/or other groups concerned with healthcare workforce needs to discuss the current workforce status, their current activities to promote an adequate workforce and identify leaders in the profession.*

**Activity 1.2:** *Develop profession-specific position papers describing the current status of select professions and disseminate to employer and profession leadership.*

**Activity 1.3:** *Engage two professional organizations to participate in the Healthcare Workforce Partnership.*

**Objective 2: Ensure broad access to the variety of evidence-based and best practices demonstrated to improve the volume, distribution and quality of the healthcare workforce by 2010.**

**Activity 2.1:** Identify Nationally-funded Healthcare Workforce Development Centers and other relevant resources on the Vermont Department of Health State Office of Rural Health and Primary Care website. To the extent possible, provide links to programming which are profession-specific or which address unifying workforce issues such as pipeline development.

**Activity 2.2:** Promote, continue and enhance activities for workforce recruitment and retention including:

- Information dissemination and support such as for National Health Service Corp and J-1 Visas
- Educational Loan Repayment and Scholarship Programs
- Administrative processing capacity such as processing J-1 Visas
- Student and second career awareness activities such as Health Career Awareness Month

**Activity 2.3:** Support workforce quality improvement such as those provided through the University of Vermont Area Health Education Centers Program.

**Activity 2.4:** Improve recruitment and retention skills for primary care and rural health provider systems.

**Activity 2.5:** Explore changes in health professional scope of practice to extend the capacity of key health professionals.

**Objective 3: Expand the collection of data on current workforce status for two additional professions by 2010.**

**Activity 3.1:** Continue current healthcare workforce data collection activities linked to licensing processes.

**Activity 3.2:** Provide small grants to profile two additional professions including both qualitative and quantitative data to describe workforce distribution, volume and quality.

**Activity 3.3:** Engage in special assessment activities which concentrate on high priority initiatives such as the Blueprint for Health.

**Objective 4:** *Engage in activities to support the future workforce projections for two professions by 2010.*

**Activity 4.1:** *Provide small grants, or utilize in-house expertise, to project future supply and demand of two professions.*

**Activity 4.2:** *Project workforce needs based upon emerging initiatives which may affect demand for services, such as the Blueprint for Health.*

### **B. Quality**

**GOAL:** **Establish a strong quality improvement support structure to assist Critical Access Hospitals, rural health and primary care systems and professionals in acquiring knowledge and tools to improve quality.**

**Objective 1:** *Establish a Rural Health and Primary Care Quality Initiative to coordinate and accelerate efforts to measure and improve the quality of personal and population health care programs in rural areas.*

**Activity 1.1:** *Work with the Vermont Program for Quality in Health Care and other relevant partners to define scientific, objective quality measures and benchmarks or common rural metrics of quality that cut across horizontal stakeholders (hospitals, EMS, primary care practices etc.)*

**Activity 1.2:** *Develop programs which review organizational adherence to Critical Access Hospital conditions of participation requirements.*

**Activity 1.3:** *Work with stakeholders and their respective communities to define quality measures for the purpose of developing a local quality improvement program. This work can be coordinated with existing assessment initiatives including Act 53 Community Report Assessments.*

**Activity 1.4:** *Develop shared staffing resources for the implementation of a Rural Quality Initiative that are available across Vermont.*

**Activity 1.5:** *Promote the integration of primary care and behavioral health services.*

## C. Technology

**GOAL:** Rural and primary care health care professionals have improved access to, and utilization of, technology.

**Objective 1:** Increase the percent of primary care and rural practices indicating EHR currently used, or planned to be implemented within next 12 months, from 38% to 45% by 2010.

*Activity 1.1:* Develop purchasing strategies to lower costs such as supporting purchase pools and networks of practices interested in purchasing and adopting EHRs.

*Activity 1.2:* Develop mechanisms and materials to support the selection and implementation of appropriate EHR products including decision support manuals and expert technical support.

*Activity 1.3:* Develop comprehensive and multifaceted support services to increase practice EHR capacity and utility including workshops, expert technical support, written updates and other methods.

*Activity 1.4:* Support stakeholder efforts to improve the interface of EHRs between systems within the practice or Critical Access Hospital (such as scheduling and billing) as well as the interface of EHRs between practices and Critical Access Hospitals (for the purpose of exchange).

**Objective 2:** Conduct feasibility studies and implement telemedicine programs in rural health settings or primary care practices by 2010.

*Activity 2.1:* Meet with technology partners including Vermont Information Technology Leaders and the Department of Information and Innovation to discuss broadband access and other infrastructure needs to support telehealth activities.

*Activity 2.2:* Provide small grants to support feasibility studies using industry-developed assessment processes.

*Activity 2.3:* Catalog telemedicine and telehealth funding sources and provide support and financing for grant writing activities.

*Activity 2.4:* Promote feasibility studies which explore the use of telehealth activities to support the Blueprint for Health.

*Activity 2.5:* Convene small rural hospitals, Critical Access Hospitals and regional or statewide stakeholders in discussing the needs and applications of telemedicine to identify program champions and high priority access issues.

### **D. Rural Health and Primary Care Infrastructure**

**GOAL:** Vermont rural and primary care providers have adequate administrative, personnel and financial resources to support their local health care infrastructure.

**Objective 1:** Support one administrative and organizational performance improvement activity by the year 2010.

**Activity 1.1:** Develop training opportunities to help rural health and primary care organizations deal effectively with regulatory compliance (e.g. hiring practices, EMTALA, HIPAA), changes in policies and procedures and human resource policies etc.

**Activity 1.2:** Apply electronic communication systems in support of rural and primary care providers such as Web-based staff education and finding information resources (e.g., treating particular diseases, drug information, white papers and assessments of new technology).

**Objective 2:** Support one personnel development activity by the year 2010.

**Activity 2.1:** Promote statewide networks of peers that learn from each other (i.e. CEOs and directors of nursing “DONs”) re: financial information, changes in public policies (e.g., regulation, payment policies), job descriptions, forms used in surgery, EMTALA policies and procedures, CAH conditions of participation and HIPAA compliance.

**Objective 3:** Support two performance improvement activities by the year 2010.

**Activity 3.1:** Provide two small grants directly to organizations for:

- assessments of existing business operations,
- financial benchmarking including CAH impact on financial health of small rural hospitals, FQHC conversions and other financial models,
- training sessions to improve billing and reimbursement operations,
- networking opportunities for administrators and financial staff,
- continuing existing performance improvement activities at the state and regional level.

**Activity 3.2:** Continue to implement and support the balanced scorecard methodology.

**Objective 4: Support the development or sustainability of comprehensive local health systems.**

**Activity 4.1:** Continue to support the renewal and development of new federal designations of medical shortage and high need areas (MUP, HPSA, eMUP etc) as well as other designations which enhance the reimbursement and stability of providers (such as Provider-based Entities).

**Activity 4.2:** Support inclusion of small rural and primary care providers in state premier initiatives such as the Blueprint for Health.

**Activity 4.3:** Support local activities which build or obtain capital for program expansion or sustaining existing services (such as capital costs for physical plant).

**Activity 4.4:** Collaborate with Vermont Council on Rural Development to support capitol investment in health care resources.

**Activity 4.5:** Promote the development of Rural Health Clinics and Federally Qualified Health Centers in underserved areas.

## **E. Network Development**

**GOAL: The rural and primary care health infrastructure consists of networks which sustain, strengthen and improve the delivery of physical, oral and behavioral health services.**

**Objective 1: Support three network planning activities for new and ongoing health care networks by the year 2010.**

**Activity 1.1:** The State Office of Rural Health refines their current definitions of networking activities and functional qualities of networks.

**Activity 1.2:** Support new networks in undergoing an assessment process utilizing recognized network-specific tools and processes such as those referenced at the Rural Assistance Center.

**Activity 1.3:** Promote local networks which are appropriately coordinated with state or regional activities through District Health Office participation and linking to state premier initiatives such as the Blueprint for Health.

**Activity 1.4:** Promote local networks which are appropriately coordinated with and include Critical Access Hospitals.

### **F. Health Disparities**

**GOAL:** All Vermonters experience optimal health outcomes through equal access to appropriate health information, education and services.

**Objective 1:** *Improve access to public health and health care services for minority, rural and health disparate populations in Vermont.*

**Activity 1.1:** *Seek new ways to collaborate with existing Vermont partners and inform them regarding ongoing minority and health disparate health initiatives.*

**Activity 1.2:** *Seek new avenues to educate the public on minority and disparate health issues.*

**Objective 2:** *Assess and address priority disparities in Vermont.*

**Activity 2.1:** *Seek avenues for initiating special projects at the university, state, and federal levels focused on minority health and disparity.*

**Activity 2.2:** *Continue to build upon collaborative projects addressing the needs of health disparate populations including the Migrant Farm Labor and Farm Health Initiative.*

### **G. Evaluation**

**GOAL:** Vermont State Office of Rural Health and Primary Care maintains high caliber programming through ongoing evaluation efforts that serve to inform and improve public health initiatives.

**Objective 1:** *Incorporate an ongoing evaluation infrastructure into programs of the Office of Rural Health and Primary Care by 2010.*

**Activity 1.1:** *Develop evaluation measures in collaboration with local stakeholders that are both qualitative and quantitative in nature.*

**Activity 1.2:** *Assure evaluation results are incorporated into a Continuous Quality Improvement system.*