



Center for
Rural Health

The University of North Dakota
School of Medicine & Health Sciences

North Dakota Rural Health Impact Statement for 2011

Prepared for the Offices of Senator Kent Conrad,
Senator John Hoeven, and Congressman Rick Berg

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*Connecting resources and knowledge to strengthen
the health of people in rural communities.*

North Dakota Rural Health Impact Statement 2010-2011

Federally supported rural health appropriations are important to North Dakota. Rural areas throughout the country, including North Dakota, contend with numerous issues that create barriers to rural citizens in accessing necessary health services. Rural citizens have a reasonable expectation of services that are high in quality and essential to the well-being of community members.

The health system continues to change as providers and health professionals contend with systemic issues (e.g., workforce, reimbursement, demographic change, resources to meet local health needs, and utilization) and newer conditions (e.g., the movement toward measuring and assessing care quality to not only improve medical outcomes, but to also improve organizational performance, and the continual progress toward incorporating technology to facilitate quality improvement and efficiency). In general rural health providers and rural communities struggle with resource considerations: funding and financial conditions, staffing/personnel, skill sets and tools, and achieving a sustainable economy of scale. As a way to adjust to resource mal-distribution it has become relatively common for rural organizations – including health – to work together in collaborative efforts. Sometimes these are informal or intermittent networks; other times they are more formal and permanent. In addition to rural-to-rural collaborative models, there has been a gradual movement to more rural-to-urban networks. This is especially true when hospitals are involved. Much of the federal resources secured by North Dakotans have been used to develop multi-organizational, multi-community projects and programs. Without federal support – that at times is leveraged through state, local and private sources – these community-based health services would not develop, nor would they be sustained.

Using input from Critical Access Hospital administrators, community forums, interviews with key statewide leaders, and secondary data sources a number of health barriers have been identified by the Center for Rural Health including the following:

- Health workforce supply and demand
 - Financing of health systems including facility reimbursement
 - Access to care and services,
 - Health infrastructure,
 - Health Information Technology (HIT)
 - Quality of care,
 - Emergency medical services
 - Community and economic development
 - System reform
 - Health insurance
 - Chronic disease
 - Utilization of services
 - Networking of health organizations
- (Sources: *An Environmental Scan of Health and Health Care in North Dakota*, March 2009
North Dakota Flex Program and Critical Access Hospital State Rural Health Plan, December 2008)

These rural health issues are compounded by socio-economic conditions. Rural populations, in comparison to urban, tend to be older, poorer, experience higher prevalence of chronic disease, and encounter lower rates of health insurance. This overview is true for rural North Dakota.

It is the above identified subjects that can act as barriers hindering rural communities in achieving a higher level of health status. It is for these obstacles that rural communities seek federal resources to support their efforts in improving rural health status and rural health care. In many cases the federal dollars are leveraged with state, local, and/or private funds to magnify the impact for the state and/or local community. For example, the State Office of Rural Health (SORH) program which provides statewide coordination, community-focused technical assistance, information dissemination, and other services meant to enhance rural communities requires a 3:1 state match. In addition, leveraging has been secured as the SORH administers a HIT program funded by Blue Cross Blue Shield of North Dakota (private funding). Another example is the Rural Hospital Flexibility (Flex) program which has funded HIT efforts (public funding) that have also been augmented by BCBSND grants and state HIT grants and loans. It is also common for a hospital that has received Flex funding to match it with local funds. Rural community organizations frequently engage in local fundraising that may be used to leverage a federal Rural Health Outreach Grant. Rural communities have sustained efforts through local and internal funds that may have originally been funded through a federal grant. For example, one of North Dakota's oldest Outreach grants, the Rural Mental Health Consortium (Bottineau, Harvey, Kenmare, and Rolla) which began in 1994 – with federal dollars ending in 1997 – is still in operation today due to service reimbursement and local hospital funding. North Dakota community organizations have a strong record of “mixing and matching” pools of money to address local needs. Furthermore, federal rural health funds are central to this process. If they are not sustained, rural communities in North Dakota will lose access to their primary source of funding used to sustain current services and to initiate new services and programs meant to improve population health and outcomes.

This document is presented in two sections. The **first section** is a financial impact summary that addresses the following: 1) the name of the rural health program, 2) the yearly budgetary impact of that program (averaged over the number of years the program has been funded), and 3) the cumulative budgetary impact of that program for the years it has operated in ND. The **second section** provides elaboration on the program by describing its purpose and focus, and then identifying key impacts or outcomes achieved.

Financial Impact Summary

Programs	Average Yearly Budgetary Impact on North Dakota	Cumulative Budgetary Impact on North Dakota
State Office of Rural Health (SORH)	\$124,000	\$2.48 million (20 years) ¹
Rural Hospital Flexibility Program (Flex)	\$693,000	\$8.32 million (12 years) ¹
Small Hospital Improvement Program (SHIP)	\$319,000	\$2.87 million (9 years) ¹
Outreach Grants (including Rural Health Outreach, Network Development Grants, and Network Planning Grants)	\$650,000	\$13.00 million (19 years) ²
Rural Assistance Center (RAC)	\$810,000	\$8.1 million (10 years) ¹
Health Workforce Information Center	\$812,500	\$3.25 million (4 years) ¹
Research Gateway	\$110,800	\$554,000 (5 years) ¹
Rural Health Research Center	\$125,500	\$753,000 (6 years) ¹
Primary Care Office	\$110,000	\$2.19 million (20 years) ¹
Student /resident Experiences and Rotations in Community Health (SEARCH)	\$150,000	\$1.80 million (12 years) ¹
Area Health Education Center (AHEC)	\$537,100	\$1.61 million (3 years) ¹
Regional Extension Assistance Center for HIT (REACH)	\$95,000	\$380,000 (In second year of four years) ¹
		¹ Includes 2010-2011 funding
		² Includes 2009-2010 funding
Total	\$4, 536,900 yearly	\$45,307,000 cumulative

Program Impact Summary

State Office of Rural Health (SORH)

Program Focus/Purpose

- SORH is a federal-state partnership to help rural communities build their health care services through public and private partnerships and initiatives in rural health development.
- Meets its program focus by 1) collecting and disseminating information, 2) coordinating rural health resources and activities, 3) providing technical assistance to rural communities and organizations, 4) improving recruitment and retention of health professionals, and 5) participating in strengthening state, local, and federal partnerships.
- SORH funding is based on a 3:1 match, state-to-federal dollars.

Program Impact in North Dakota

- Over the last year provided technical assistance and service to 41 rural ND communities.
- Leveraged additional funding for rural communities and rural health organizations. Developed and administers the Blue Cross Blue Shield of North Dakota Rural Health HIT Grant program which has awarded over \$2.7 million in grants since 2001 to address rural health needs. Over \$1.7 million has been for HIT. In addition, the SORH provided grant development assistance to communities working on Rural Health Outreach, Network Development, Network Planning, and private foundation proposals. Technical assistance provided by the SORH to communities is another example of helping to leverage funding and development. The SORH researches funding options, provides grant writing workshops, proposal critiques, and other assistance to rural communities.
- Facilitated the annual Dakota Conference on Rural and Public Health. The conference generally hosts 300-400 attendees.
- Served as the convener of the North Dakota Health Information Technology Steering Committee and as the lead program for HIT for the Center for Rural Health – worked to secure and leverage additional HIT funding.
- Facilitated strategic planning sessions for rural health organizations – for example, Faith-in-Action Network.
- Conducted program evaluations of rural community grant related services – example Valley City, Park River, Langdon, McVillage, Dickinson, and others.
- Provided worksite technical assistance for health professional recruitment and retention including assistance in the recruitment of a primary care provider to a rural community.
- Developed and funded a series of school health fairs (Scrub Camps) to introduce grade school, junior, and senior high students to careers in health care (these local events all involve a

partnership of the local school, CAH, and area economic development working in partnership). In the first year, over 1,000 students from 32 schools participated.

- Conducted grant writing workshops –Cavalier, Rolla, Richardton, Lidgerwood, Spirit Lake Nation, Langdon.
- Presented rural health issues to community groups via forums, community meetings, and special events – example Linton, Ashley, Rugby, Williston, Dickinson, Lisbon, Standing Rock, Belcourt, Cooperstown, Hazen, Fort Totten, New Town, Trenton, and others.
- Provided rural health information to legislators and congressional offices conducting specialized policy-relevant research upon request.
- Coordinated with other state and regional organizations, including the following: ND Hospital Association, ND Medical Association, ND Nursing Association, ND EMS Association, ND Long Term Care Association, Mental Health Association of North Dakota, ND Public Health Association, ND Rural Health Association, ND Board of Pharmacy, ND Department of Health, ND Department of Commerce, ND Department of Human Services, ND Information Technology Department , local and regional Economic Development Commissions and Authorities, TrainND, AgriMedicine, PracticeMatch, MD Pathways, Association of Staff and Physician Recruiters, REACH Advisory Council, Career MD Recruitment, MEDNET, Key Health, and other entities.

Budgetary Impact

- Average yearly budgetary impact of \$124,000.
- Cumulative impact (20 years) -\$2.48 million.

Rural Hospital Flexibility Program (Flex)

Program Focus/Purpose

- To sustain the rural health care infrastructure by strengthening critical access hospitals thereby maintaining access to care for rural residents.
- Meets program focus by improving and strengthening 1) CAH-based patient quality, 2) emergency medical services, 3) health delivery systems, and 4) operational and financial performance
- The ND Flex program provides technical assistance and support, direct program grants, and facilitation and coordination with other statewide organizations.

Program Impact in North Dakota

- Since 1999, ND Flex program has provided \$4 million in direct grants to ND CAHs through 160 grant awards in the form of network development grants, individual CAH grants, and EMS network grants. CAHs have used these grant to diversify services (e.g., nine have initiated cardiac rehab, seven pulmonary rehab, one respiratory therapy, one physical therapy network); provide staff training/education; conduct financial analysis; purchase HIT/EMR; support small

equipment purchases; address quality of care/patient safety issues; develop health professional recruitment/retention efforts; improve rural EMS (over 50 grants have addressed EMS); facilitate community engagement; and with 56 of the 160 grant awards being operated through CAH networks the rural hospitals collaboratively address issues such as the following: cardiac emergency care, quality improvement, cancer detection, improved pregnancy outcomes, diabetic care, electronic prescription systems, physical therapy, home health, hospice, community wellness/health promotion, shared CAH coordinator, board education, staff training, and surgery.

- Since 1999, ND Flex program has provided direct technical assistance to CAHs including the following: 160 hospital/community meetings, 25 community needs assessments, 25 strategic planning sessions, 13 economic impact studies, 11 staff surveys, and 24 statewide workshops.
- Flex developed a statewide rural health plan which relied on input from CAHs, rural citizens, statewide partners, and other sources.
- Facilitated development of and provided staff support to the North Dakota CAH Quality Network comprised of the 36 CAHs working as a quality improvement network. Leveraged additional funding for the Quality Network securing two additional grants. Conducted a program evaluation of the network that is being used to help secure network sustainability.
- Developed an eight member Flex Advisory Committee comprised of CAH administrators to provide input to the state program. Formal partners for the grant include the Center for Rural Health, North Dakota Hospital Association, and the North Dakota Healthcare Review, Inc. (state Quality Improvement Organization). The Flex program maintains input from the EMS community, state government, local and regional economic development, and other statewide associations (e.g., Medical, Rural Health).
- Flex grants have gone to all 36 CAHs but have impacted over 125 communities that are serviced by those CAHs.
- The Flex program works closely with the larger tertiary hospitals in Bismarck, Fargo, Grand Forks, and Minot, assisting them in developing stronger working relationships and collaborative efforts with the CAHs. The Quality Network is an example as the tertiary hospitals, through the Quality Network, have established regional tertiary-CAH quality meetings, facilitated by the Flex program.
- ND Flex studies have explored CAH administrator perceived needs for their hospitals and communities (e.g., health workforce issues, reimbursement, insurance access and coverage, mental health access all are high needs); and HIT/EMR readiness and need (over half of CAHs are accessing information technology solutions to maintain care for rural residents via e-emergency, telemedicine, and HIT/EMR). Economic analysis (based on 13 CAHs to date) indicates that CAHs directly employ 122 positions and create another 33 jobs in the community; produce, on average, an economic impact of \$4.65 million to the local economy; and in total produce over \$167 million in economic impact to the state.

Budgetary Impact

- Average yearly budgetary impact of \$693,000.
- Cumulative impact (20 years) -\$8.32 million.

Small Hospital Improvement Program (SHIP)

Program Focus/Purpose

- To provide financial assistance to small rural hospitals to improve quality of care for rural residents.
- SHIP meets its program focuses by 1) preparing small hospitals for value-based purchasing, 2) assisting with the participation in Accountable Care Organizations (ACOs), and 3) supporting quality improvement, and supporting health information technology.

Program Impact in North Dakota

- Since the program started in 2002, 36 ND CAHs have received over \$2.87 million in grants.
- About 70% of the grants have been used to assist rural hospitals in purchasing computers to facilitate patient information and scheduling, address continuing education for physicians and nurses, and for staff training.
- About 17% has been targeted to staff education and training.
- About 14% has been used to address payment system processes.
- Hospitals have used SHIP funds to purchase software (pharmacy and other issues), purchase online data collection systems, purchase wireless bar-code scanners, hardware (e.g. docking systems), blade server shared by ten hospitals to facilitate HIT networking, address quality improvement training, electronic billing, staff training on EMR, training on clinical and financial software, conduct Chargemaster reviews to improve billing, training on medical coding and insurance, training on cost management and Chargemaster, contracted chart reviews, and other necessary efforts to improve organizational efficiency, quality improvement, and HIT.

Budgetary Impact

- Average yearly budgetary impact of \$319,000.
- Cumulative impact (nine years) -\$2.87 million.

Outreach Grants and Networks (Rural Health Outreach Grants, Network Development Grants, and Network Planning Grants)

Program Focus/Purpose

- Outreach, Network Development, and Network Planning are the only federal grants that are targeted exclusively to rural communities
- Outreach grants (for up to three years) promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas.
- Network Development grants (for up to three years) expand access to, coordinate and improve the quality of essential health care services, and enhance the delivery of health care in rural areas. These grants support rural providers who work in *formal networks, alliances, coalitions or partnerships* to integrate administrative, clinical, technological, and financial functions.
- Network Planning (one year grant) expand access to, coordinate and improve the quality of essential health care services and enhance the delivery of health care, in rural areas. The program provides one year grants to rural entities to plan and develop a formal health care network. Grant funds typically are used to acquire staff, contract with technical experts, and purchase resources to build the network (funds cannot be used for direct delivery of health care services).
- All three require a coalition of three separate legal organizations working together; the grant must be awarded to an organization that is rural and non-profit; however, they can partner with urban organizations and/or for-profit organizations.

Program Impact in North Dakota

- Since the **Rural Health Outreach Grant program** began, 1991, North Dakota has secured 24 separate grants. These three year grants (typically Year 1 is \$150,000, Year 2 \$125,000, and Year 3 \$100,000) have been used to address a number of local health issues via collaboratives (3 or more entities working together). North Dakota communities have addressed the following issues: mental health and/or behavioral health; chronic disease management and disease prevention (e.g., cancer, heart disease, diabetes, osteoporosis); wellness and healthy lives; elder services and Alzheimer's Disease care; emergency medical assistance personnel (EMT training, Advanced Life Support training, advanced trauma care, community training on CPR and safe babysitting training, farm safety, Quick Response unit network); distance education technology for a Practical Nursing degree program; Native American improved access to care and services (mental health first aide, mobile health clinic, child and domestic abuse, substance abuse, chronic disease management and disease prevention); mental health consortium involving Advanced Practice nurses serving four rural hospitals; school nursing services; Rural Health Clinic development; community education and training; and insurance/financial access.

- At least five of the Outreach grants have addressed EMS directly, four have addressed mental health/behavioral health, and six have addressed chronic disease management.
- Outreach grants have been awarded to a wide range of rural applicants including rural hospitals, public health units, economic development commissions, EMS units, and others. Partnerships have included the following types of organizations: schools, city/county government, community action, tribal health, tribal government, urban hospitals, fire departments, pharmacies, higher education (including state colleges, universities, and tribal colleges), group home agency, social/human services, community development, state EMS division, state EMS association, state hospital association, and others.
- A number of grants have included large geographical areas (e.g., a chronic disease management grant involving Southwestern District Health Unit (Dickinson) serves seven counties, and a behavioral health services network in Hazen served 19 communities covering 15 counties).
- Since the **Network Development Grant program** began in 1997, there have been four Network Development grants to North Dakota. These three years grants are typically funded for up to \$180,000 a year. A significant difference between the Outreach and Network Development grants is that Outreach is primarily focused on addressing a local health need via an *informal* collaborative arrangement; whereas, Network Development grants are primarily focused on developing a long term *formal* organizational arrangement that will address local health needs. Network Development grants have created the following types of rural health networks in ND: Medicare Provider Sponsored Organization, children with special health care needs and family support structures, and information technology (two separate networks).
- Network Development grants tend to be comprehensive in scope, covering a wider geographical area which requires increased resources (i.e., larger grant awards). For example the Minot based children with special needs network serves children in 50 counties. The Rolla-based Northwest Alliance for Information Technology network covers 16 counties. While Network Develop grants assist rural health organizations in addressing an area problem (e.g., information technology, managed care, services for special needs' children), the federal dollars are structured to provide support in developing a formal process (legal network) to address the issue over time.
- Since the **Network Planning grants** began in 2002, there have been four awards to North Dakota communities. These one year grants (for up to \$85,000) are used by community organizations to explore local options that can be developed to address a local health issue. This may entail conducting a needs assessment, developing a business plan, and/or developing a strategic plan. The grant can be used to position the organization to pursue either a Network Development or an Outreach grant.
- Network planning grants to North Dakota have been used to address the following: home health collaboration, community wellness, quality improvement, and children with special needs and family support. Three of the four planning recipients successfully submitted Network Development, Outreach, or other grants (special needs children network received a network development grant, community wellness secured an outreach grant, and quality improvement

applied for and received a new federal quality grant). The home health grantee did not submit an additional proposal.

- Network Planning grantees have included rural hospitals, public health, and a children support organization. Partners have included other hospitals and public health units, community groups, and independent and state-based children service agencies.

Budgetary Impact

- Average yearly budgetary impact of \$650,000.
- Cumulative impact (19 years- Outreach; 13 years - Network Development , and 8 years -Network Planning) -\$13.00 million.

Rural Assistance Center (RAC)

Program Focus/Purpose

- National program.
- RAC serves as a national rural health and human services information portal to national, state-based, or local resources to facilitate the development of rural based organizations.
- RAC is staffed by four master's prepared information specialists and one other master's prepared professional who work with clients to access available programs, funding, research, education, and other sources. RAC operates an online information portal that helps users across the country easily find resources and funding opportunities that can help them maintain and improve delivery of health and human services in rural communities.

Program Impact

- The RAC website provides access to over 12,000 resources, funding opportunities and organizations related to rural health and human services.
- North Dakotans account for the highest usage of RAC.
- During the fiscal year (2009-2010), the website was visited nearly 980,000 times and customized assistance was provided to over 860 callers. Since its inception in 2002, almost four million visits had been made to the website. People from all 50 states and about 20 countries have accessed RAC for information.
- RAC has produced 78 Information Guides and each state has a state page where people can easily locate information related to that state.
- RAC hosted two meetings of the Rural Health Information Network, a group of 15 national organizations with interests in rural health issues. By coordinating the insights and information from organizations at the national level, the project collects, synthesizes, and reports current and emerging rural health issues to inform the Office of Rural Health Policy and the Rural

Assistance Center's products and services as well as the larger rural health community in their analysis of challenges and possible policy solutions to those identified challenges.

Budgetary Impact

- Average yearly budgetary impact of \$810,000.
- Cumulative impact (ten years) - \$8.1 million.

Health Workforce Information Center (HWIC)

Program Focus/Purpose

- National program.
- HWIC provides access to health workforce information – HWIC operates an online library which provides users from across the nation easy access to over 10,000 resources and organizations pertinent to the nation's healthcare workforce.
- HWIC is staffed by three master's prepared information specialists.

Program Impact

- During the fiscal year, the HWIC website was visited nearly 95,000 times and customized assistance was provided for 170 callers.
- North Dakota is one of the highest recorded states accessing HWIC services.
- HWIC has produced 60 Topic Guides, 94 Health Professionals Guides, and has state pages for all states and Washington, DC.
- In 2010 new state pages were added to facilitate and help users from each state find the best health workforce resources and contacts available.
- In 2010 new topic guides were introduced on the site that included care coordination, health reform, leadership development, specialty choice, and workforce reentry and retraining. Other upgrades included sorting and narrowing functionality and the addition of RSS feeds.

Budgetary Impact

- Average yearly budgetary impact of \$812,500.
- Cumulative impact (four years) - \$3.25 million.

Rural Health Research Gateway

Program Focus/Purpose

- National program.

- The Gateway is an online library of research and expertise. It provides access to the work of all nine federally-funded Rural Health Research Centers and Policy Analysis Initiatives. The work of the research centers is used to better assist rural communities in their efforts to build stronger health systems, and to guide health policy.

Program Impact

- Online access to over 60 rural relevant research subjects and the corresponding research products (project summaries and full publications)
- Online access to the nine rural health research and policy centers along with access to other health services research sources.
- Convened a national Issue Network Group of experts in the field of rural health workforce issues.
- Conceptualized, orchestrated, and produced a free national webinar titled “Rural Health Workforce Policy: What Does the Evidence Tell Us?”
- Participated in a number of national venues to promote access to rural health research via the Gateway.

Budgetary Impact

- Average yearly budgetary impact of \$110,800.
- Cumulative impact (five years) - \$554,000.

Rural Health Research Center

Program Focus/Purpose

- National program.
- The Rural Health Research Center (RHRC) Program is designed to help policy makers, both in Washington and throughout the nation, better understand the problems that rural communities face in assuring access to health care for their residents.
- This is the only Federal program that is dedicated entirely to producing policy-relevant research on health care in rural areas. Initiated by Congress in 1988, it is administered by the Office of Rural Health Policy (ORHP), Health Resources and Services Administration.
- The Upper Midwest Rural Health Research Center (UMRHRC) is a partnership that brings together two centers with extensive experience in rural health research and dissemination: the University of Minnesota Rural Health Research Center and the University of North Dakota Center for Rural Health. Formed in 2005, the two centers have combined their expertise to undertake national projects focusing on quality of rural health care and other important rural health issues. The results of these studies are useful to health care providers, purchasers of health care, and policymakers, including the federal government.

- The UMRHRC is one of eight rural health research centers in the nation funded by the Office of Rural Health Policy.

Program Impact in North Dakota

- Research projects, reports, and/or policy briefs (from the Center for Rural Health) on the following:
 - Geographic Differences in Potentially Preventable Readmission Rates in Rural and Urban Hospitals
 - The Relationship Between Medicare Hospital Readmissions and Per Capita Expenditures: a Regional, Urban and Rural Comparison
 - Implementation of Tele-pharmacy in Rural Hospitals: Potential for Improving Medication Safety
 - Ambulatory Care Sensitive Condition Hospitalizations Among Rural Children
 - The Impact of Health Insurance Coverage on Native Elder Health: Implications for Addressing the Health Care Needs of Rural Native American Elders
 - Hospitalizations of Rural Children for Ambulatory Care Sensitive Conditions
 - Voluntary Reporting of Medication Errors in Small Rural Hospitals
 - Hospitalizations for Ambulatory Care Sensitive Conditions in the US: A Rural/Urban Comparison
 - Study of North Dakota's Uninsured Population

Budgetary Impact

- Average yearly budgetary impact of \$125,500.
- Cumulative impact (six years) - \$753,000.

Primary Care Office (PCO)

Program Focus/Purpose

- The Primary Care Office (PCO) provides assistance to rural North Dakota communities on health professional workforce issues.
- In North Dakota it is a shared responsibility between the North Dakota Department of Health and the Center for Rural Health.
- A focus is placed on developing sustainable and high quality local health systems.
- Assistance includes workforce assessment, planning, demographic data and analysis, shortage designations, and providing information relative to state and federal workforce options.

Program Impact in North Dakota

- Provided information and assistance to communities on state and federal loan repayment programs affecting physicians, dentists, nurse practitioners, physician assistants, nurse midwives, and others.
- Provided assistance and analysis associated with federal shortage designations for primary care, mental health, and oral health.
- Served as state point of contact for federal National Health Service Corps.
- Facilitated Conrad 30 J-1 Visa Waiver program.
- Coordinated with Primary Care Association and others on development of community health centers.
- Served on Medical School Admissions Committee.

Budgetary Impact

- Average yearly budgetary impact of \$110,000 (Center for Rural Health).
- Cumulative impact (20 years) - \$2.19 million (CRH).

Student/resident Experiences and Rotations in Community Health (SEARCH)

Program Focus/Purpose

- The North Dakota SEARCH program provides inter-professional health profession rotations for students in medicine (medical students after one year of training), nurse practitioner/physician assistant, master's level social work, doctoral level psychology, and dental students in rural and underserved areas.
- Rotations are two to four weeks with the exception of psychology students which have been one day/week for six months.
- A function of the SEARCH experience is to provide students educational and clinical experience and especially exposure to practice sites in rural and underserved areas. In addition, the program furthers the goal of collaboratively teaching students within the context of other medical and health disciplines so as to foster shared understanding of the distinct roles and contributions of additional disciplines.

Program Impact in North Dakota

- SEARCH has provided clinical experience to over 300 students in rural and underserved areas of North Dakota.
- Students also learn through required involvement in a community project, which over the years have included the following: immunization clinics, tobacco cessation programs, skin protection

and skin cancer programs, volunteering in other health settings such as nursing homes, community wellness and fitness efforts, disease prevention, migrant head start, and others.

- Program evaluations have shown that SEARCH students gain awareness of the role and contribution of other disciplines and how different health disciplines can complement each other to improve patient outcomes; gain a greater understanding of health care delivery in rural and underserved areas; and increased confidence in their skill sets as providers.

Budgetary Impact

- Average yearly budgetary impact of \$150,000.
- Cumulative impact (12 years) - \$1.8 million.

Area Health Education Center (AHEC)

Program Focus/Purpose

- Provides support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply, and quality of health care professionals.
- Works to enhance access to quality primary care and public health in rural and underserved areas by improving the supply and distribution of health care professionals through community/academic partnerships.
- Develops community-based regional AHEC offices to work directly with area health providers and organizations, schools, economic development, and other critical entities.
- AHEC funding is based on a 1:1 match, state-to-federal dollars.

Program Impact in North Dakota

- Developed two regional AHECs. The eastern AHEC, located in Mayville, serves 21 counties. The Southwest AHEC, located in Hettinger, serves 18 counties. A third regional AHEC, a Northwest AHEC will be developed over the next year.
- Provided continuing education support to over 3,000 health care providers.
- Provided rural rotation experience to 25 students in 2010.
- Facilitated new nursing education opportunities at a state university.
- Developed and funded a series of school health fairs to expose K-12 students to health careers, impacting over 900 students.
- Facilitated in the recruitment of a dentist to a rural community.
- Provided funding to support students receiving HIPPA training.
- Provided student nursing rotation opportunities to students in four rural locations.

- Awarded three Community Assistance for Medical Education (CAME) grants to community groups addressing area health and wellness issues (e.g., cancer prevention).

Budgetary Impact

- Average yearly budgetary impact of \$537,100.
- Cumulative impact (three years) - \$1.61 million.

Regional Extension Assistance Center for HIT (REACH)

Program Focus/Purpose

- REACH is a national initiative to assist health care providers in securing the appropriate skills and tools to achieve an accepted level of meaningful use in the development of electronic health records (EHR).
- North Dakota and Minnesota are working together as a multi-state REACH. North Dakota is represented by the North Dakota Health Care Review, Inc. (the state Quality Improvement Organization) and the Center for Rural Health. Minnesota is represented by Key Health Alliance, a partnership of Stratis Health (the MN Quality Improvement Organization), the National Rural Health Resource Center, and The College of St. Scholastica.
- REACH provides readiness assessments, practice and workflow redesign, assistance in selecting a certified EHR product, vendor contracting, EHR project management, EHR optimization and meaningful use, technical reporting, privacy and security best practices, and functional interoperability and HIE assessment and guidance.

Program Impact in North Dakota

- To date, 236 ND primary care providers (39%) have a signed service level agreements meaning they have begun working with REACH and are receiving the technical assistance.
- To date, 55 ND primary care providers (9%) have a certified EHR, e-prescribing, or quality reporting process.
- To date, 13 CAHs (36%) have a signed service level agreement and are receiving technical assistance.

Budgetary Impact

- Average yearly budgetary impact of \$95,000.
- Cumulative impact (In second year of four years) - \$380,000 (for four years).