Executive Summary

The Commonwealth of Virginia is dedicated to improving the quality of health and health care services for all Virginians. In 2006, the Governor established a 32-member Health Reform Commission to make recommendations on how the Commonwealth could improve the overall health care system. The Commission released its report, "*Roadmap for Virginia's Health: A Report of the Governor's Health Reform Commission*,"[1] in 2007. This report served as a call to action for the Commonwealth, business and community leaders, advocates, policymakers, citizens, public health officials, providers and school leaders. Recommendations from this report were related to workforce, access, prevention, quality, long-term care, infant mortality, obesity, tobacco use and transparency.[2] The recommendations, if implemented and funded appropriately, would increase the state's overall health ranking and ensure "a healthy future for all Virginians."[3] Ultimately, this monumental report aimed at making Virginia one of the top ten healthiest states in the nation. In December 2006, the Governor signed Executive Order 42 to strengthen the transparency and accountability of the healthcare system.

In response to the national *Healthy People 2000* and now *2010* initiatives, the Virginia Department of Health (VDH) took the lead in identifying key focus areas and objectives that needed to be addressed in the Commonwealth. The overarching goals for the Healthy Virginians 2010 initiative are the same as those being advanced through the nationwide agenda: (1) increase the quality and years of healthy life and (2) eliminate health disparities. Out of the 28 focus areas and 467 objectives found in *Healthy People 2010,* there were 77 objectives within 24 focus areas that were deemed to be most important to Virginians.

Additionally, numerous boards, agencies and organizations have conducted studies, developed initiatives and advocated for funds to create and sustain quality health care services and systems in Virginia. The Virginia Board of Health is dedicated to several priority public health issues.

The VDH Office of Minority Health and Public Health Policy (OMHPHP) is dedicated to identifying health inequities, assess their root causes, and addressing them by promoting social justice, influencing policy, establishing partnerships, providing resources and educating the public. The OMHPHP promotes health equity and works to decrease and ultimately eliminate health inequities throughout the Commonwealth through the work of its two Divisions:

- *Division of Health Equity (DHE)* – Promotes a focus on social determinants of health and social justice, in addition to more traditional health promotion, as key strategies to eliminate health inequities that exist by socioeconomic status, race/ethnicity, geography, gender, immigrant status and other social classifications.
- *Division of Primary Care and Rural Health (DPCRH)* – Promotes health equity throughout the Commonwealth by improving access to quality care, supporting the development of models of care and addressing barriers related to rurality.

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[1] Commonwealth of Virginia. *Roadmap for Virginia's Health: A Report of the Governor's Health Reform Commission*. Retrieved September, 2007 from: http://www.hhr.virginia.gov/Initiatives/HealthReform/index.cfm

[2] *Roadmap for Virginia's Health: A Report of the Governor's Health Reform Commission*, page 18-19.

[3] *Roadmap for Virginia's Health: A Report of the Governor's Health Reform Commission*, page 3.

The Virginia State Office of Rural Health (VA-SORH), housed within the DPCRH, was established to create, fund and support quality and sustainable rural health care infrastructure throughout the Commonwealth.

Despite these many efforts, Virginia and its citizenry continue to face challenges with its health care infrastructure, particularly in rural areas. These challenges are exacerbated by the increasing number of uninsured, growing shortages of qualified health care professionals, skyrocketing health care costs, increasing demands for health care accountability and transparency, and the growing aging population The health care challenges facing rural Virginians are consistent with those facing rural residents across the nation. In spite of that, the Commonwealth remains unwavering in its commitment to ensuring affordable, safe and high quality health care for all Virginians, including those in rural areas.

Authorized by section 4201 of the Balanced Budget Act of 1997 (BBA), Pub. L. 105-33 and reauthorized by Section 405 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108-173, all states that participate in the Federal Medicare Rural Hospital Flexibility (Flex) Grant Program, are required to develop a State Rural Health Plan (SRHP). As a grantee of the Flex program, Virginia was required by Federal regulations to develop a State Rural Health Plan (SRHP). Virginia developed its first SRHP in 2000. As a result of the Balanced Budget Act of 1997, Virginia is also charged by State *Code* section § 32.1-122.07 to establish a SRHP. Under this section of *Code*, "The Commissioner shall develop and the Board of Health shall approve a rural health care plan for the Commonwealth...the plan shall be developed and revised as necessary or as required."[4]

The 2000 SRHP was guided by an advisory group called the Critical Access Taskforce (CAT). The work of developing recommendations for this updated Virginia Rural Health Plan (VA-RHP) was divided among four workgroups: access, quality, workforce and data/rural definitions. Members of all four workgroups agreed on a set of ten core guiding principles for improving rural health in Virginia and a set of foundational building blocks for Virginia's rural health care system; thereby laying the vision for a rural health infrastructure in Virginia. The VA-RHP recommendations are divided into six categories: (1) general; (2) policy; (3) data and rural definitions; (4) quality; (5) health care workforce; and (6) access.

In order to support the vision and purpose of this VA-RHP, Virginia and its partners must collaborate in implementing the following recommendations. These action items, when fully supported and funded, will lead to improvements in health and not solely in the delivery of health care services. Ultimately, these recommendations will strengthen the current and future rural health infrastructure in Virginia.

General: *In order to effectively support the ultimate goal of strengthening the current and future rural health infrastructure in Virginia, the VA-RHP must establish a formalized operational framework that will assist in bolstering partnerships, leveraging resources and providing an avenue for advisory expertise. These recommendations are mostly administrative in nature and will provide for the continuous quality framework of all VA-RHP recommendations.*

A.1. Ensure and implement an effective and thorough communications plan among VA-RHP partners.

A.2. Develop a clearinghouse of rural-relevant information that is created in conjunction with the establishment of a rural health data website.

[4] The Virginia General Assembly, Legislative Information System. *Code of Virginia.* Retrieved on August, 2008 from: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-122.07

A.3. Promote and market a broader definition of primary care that includes dental/oral health, mental/behavioral health, emergency medical services (EMS), women's health services, and telehealth.

A.4. Provide accurate and timely information to rural providers and residents about existing resources related to dental/oral health, pre-natal and pre-conceptional health, mental/behavioral health and EMS.

A.5. Develop relevant and achievable performance measures for all recommendations.

A.6. Revisit the status and performance measurements of VA-RHP recommendations annually.

A.7. Hold annual rural health summits to actively engage VA-RHP partners in strategic planning sessions.

A.8. Identify potential external funding sources to support and leverage VA-RHP activities.

Policy and Advocacy: *The advancement of the VA-RHP and its recommendations are heavily dependent upon quality and effective public policies, advocacy and favorable legislation. These recommendations are mostly policy and/or policy-related in nature and are most effective if led by rural policy/advocacy partners.*

B.1. Build data capacity to (1) forecast future workforce needs, (2) assess what services are actually being provided and (3) assess the economic impact of workforce shortages and shortage designations.

B.2. Assess the current status of mid-level practitioners in Virginia.

B.3. Identify policy changes that are needed to require data collection on the practice sites of mid-level practitioners.

B.4. Identify issues related to Medicare reimbursements and the health care market structure in rural areas.

B.5. Introduce legislation to support the activities of the Virginia Rural Health Resource Center (VRHRC) and to enable the VRHRC to serve as the "gateway" for rural health information in Virginia.

Data and Rural Definitions: *In accordance with the core principles, it is imperative for decision-making to be based on and supported by accurate and timely data. Therefore, the VA-RHP recommendations must promote the collection of relevant data and must base recommendations and findings on such data. Additionally, the VA-RHP must clearly articulate a rural definition that will meet the needs and demands of the Commonwealth.*

C.1. Establish the Virginia Rural Health Data and Rural Definitions Council.

C.2. Create a rural health data website/electronic database portal that will provide essential rural health relevant research, statistics, quality indicators and data, and links and references for VA-RHP partners, government and policymakers, researchers and the general public.

C.3. Incorporate the 32 measures, as recommended by the Data/Rural Definitions workgroup, during the first year of the VA-RHP implementation.

C.4. Utilize the United States Department of Agriculture, Isserman Model four-level delineation of rurality as the rural definition for framing the development of VA-RHP.

C.5. Hold roundtable discussions to discuss the feasibility of collaboration/coordination of electronic health records.

Quality: *In accordance with VA-RHP core principles, performance and quality improvement must be central to all rural health care services. Thus, the VA-RHP must provide recommendations that support and promote an increased awareness of and dedication to performance and quality improvement.*

D.1. Establish the Virginia Rural Health Performance and Quality Advisory Council.

D.2. Create a database that supports the identification of health inequities and approaches for measuring progress against baseline measures.

D.3. Host a statewide Rural Health Quality Summit.

D.4. Establish a plan to improve transitions in care (e.g., from hospital to home).

D.5. Create a database that supports rural-relevant and meaningful indicators and increased transparency of quality data.

D.6. Increase the number of health promotion/disease prevention programs through grants to rural communities.

D.7. Develop common quality measures for program assessment and outcomes.

Health Workforce: *In order to ensure accessible health care services in rural areas, Virginia must carefully examine the current status of the health care workforce in rural areas and be able to project future health care workforce need in those areas. The VA-RHP must thoroughly address the lack of health care professionals in rural areas and examine alternative methods (such as paraprofessionals, educational and training requirements, and the utilization of health information technology for specialty care). These recommendations relate specifically to the health care workforce system in rural areas and include recruitment and retention, mid-levels, allied health, physicians and dentists.*

E.1. Establish the Virginia Rural Health Workforce Council.

E.2. Provide retention incentives to providers to remain in rural communities.

E.3. More aggressively engage the Virginia Community College System (VCCS).

E.4. Explore health care workforce training models and alternatives for rural areas.

E.5. Increase communication between the various health professions training programs.

E.6. Engage academic health and medical institutions in dialogue about alternative solutions and strategies to improving the healthcare workforce in rural areas (such as required rural rotations and rural-related curriculum).

E.7. Research the concept of dual certificate programs and their feasibility as a more effective approach to the sustainability of the health care workforce in rural communities.

E.8. Develop and support educational opportunities for integrating primary care with behavioral health.

Access: *Access to quality, affordable and accessible health care services is essential and should be an expectation of all rural residents. Access must not be limited solely to primary and acute care, but must include a greater integration of mental/behavioral health, EMS, dental/oral health, telehealth, women's health services, preventive care and health promotion and education.*

F.1. Establish the Virginia Rural Health Access Council.

F.2. Research existing models of care that integrate primary care with mental/behavioral health within Virginia and in other states.

F.3. Develop pilot projects that focus on the integration of quality systems of care.

F.4. Assess the presence or absence of referral networks.

F.5. Update Virginia's 2004 Rural Obstetrical Care report.

F.6. Identify models of care and best practices from other rural areas around the nation and internationally, including telehealth models.

F.7. Hold a rural EMS Summit to address rural EMS issues, including availability of EMS services, EMS leadership and management and EMS integration into the rural health care infrastructure.

F.8. Disseminate and present findings from the 2007 and 2008 Critical Access Hospital (CAH)--EMS assessments upon completion.

F.9. Update Virginia's statewide dental/oral health plan.

F.10. Explore the development of rural health care student associations and/or interest groups.

F.11. Explore ways to strengthen existing and develop new community engagement initiatives.

F.12. Research school-based health care models in rural areas.

F.13. Provide expert consultation and training to CAHs on the use of distinct part units (DPUs).

F.14. Promote a statewide telehealth system for health care (especially mental/behavioral health) and health education.

F.15. Improve the health information technology infrastructure for rural health providers and patients.