

NC Office of Rural Health Operations Team Quarterly Newsletter

This newsletter serves a repository of information relevant to North Carolina State-Designated Rural Health Centers (SDRHCs) and CMS Rural Health Clinics (RHCs). Please share any content suggestions or feedback with Justin Kearley at justin.kearley@dhhs.nc.gov



Greetings from the NC Office of Rural Health Operations Team! Our team is happy to share news this quarter highlighting folks from across the state who are going the extra mile to care for our rural communities.

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Grantee Highlights

Mt. Olive Family Medicine Center Wins Prestigious Award



Mt. Olive Family Medicine Center has won the NCATA Presidential Award for its Concussion Clinic! (NCATA – North Carolina Athletic Trainers Association)

According to Lisa Hooks, Executive Director of Mt. Olive Family Medicine, the Concussion Clinic has been a real passion project since 2016. It has flourished and is having such an impact on the community and its student athletes. Dr. Ashley Long, Concussion Clinic Coordinator, has tirelessly worked to educate the school board members, coaches, parents, and athletes on the importance of brain health and the impact a concussion can have if not promptly identified and appropriately treated. Treatment and recovery are especially important when it comes to returning to the classroom and to the field.

Through the Office of Rural Health (ORH), a Community Health Grant (CHG) has supported the position at Mt. Olive Family Medicine Center since 2019. Ninety percent of the work involved in this program is not billable, but it is essential to the health of the students. While urban areas have school systems that have athletic trainers in the schools either paid by the schools or a large health system, that may not be the case in more rural counties. Lisa says, “While we strongly feel that the health services provided to student athletes should be equal regardless of the county you live in, it is this CHG and the support of ORH that is helping to provide this service to Wayne, Duplin, Sampson and Lenoir counties.”

Stories from the Frontlines Series

Surry Medical Ministries: The Impact of Integrated Care and the use of Community Health Workers



According to Nancy Dixon, Executive Director of Surry Medical Ministries (SMM), “Speaking generally, between a third and half of the people served at Surry Medical Ministries never accessed mental health services previously - they didn’t know how.” Having them onsite and as part of the medical visit gave them access, when they likely would not have received or considered this service before.

Almost 100% of SMM’s Spanish-speaking patients never had access to mental health services before. With integrated behavioral health services, these patients can reduce their stress and engage in more healthy behaviors! SMM’s therapist reports having had many women and a few men disclose trauma for the first time in their lives. These experiences are very impactful - having someone hear their story for the first time. People (patients and community members) have no idea how these experiences were impacting their mental and/or physical health.

SMM has referred and provided transportation for numerous patients to vocational rehabilitation. Several clients have improved their lives to the point they are no longer eligible for services due to increase in income! However, if a patient first believes he or she only needs counseling, having behavioral health coordinated with medical care has helped address more of SMM’s patients’ physical issues that they may not mention during their visits, including the benefit of onsite assessment and dispensing of psychiatric medications if needed.

Surry Medical Ministries: A Patient’s Story (In her own words)

Hello, my name is “D” and I wanted to tell people a little bit about what Surry Medical Ministry does for people like me. I came home last year on January 26th and was turned down for Medicaid and didn't have any money to get the help I needed. I walked in to SMM and was seen by the doctor and nurse practitioner the same day. I have several health problems like asthma, COPD, depression, anxiety, addiction, and chronic migraines. I was given medicine to treat all my health issues. FOR NO CHARGE. I needed x-rays and blood work done and I knew that if I went to the hospital, I would owe them thousands of dollars.

But SMM wrote me a referral and I was seen by the hospital free of charge. People like me would not survive without their generosity. Now to get to another area of SMM. They also have an on-site counselor named Holly. She is wonderful. She has been my counselor for several months now and she

has helped me overcome my alcohol addiction and my depression. I lost my mom and dad when I was in prison and when I came home to no one I went on a downward spiral. Since seeing Holly, I don't drink anymore nor am I on any more medicine for depression or anxiety.

SMM and all their staff go above and beyond the call of help for their patients. I owe them so much. They are truly a God send. I wouldn't be where I am right now if it wasn't for Holly and SMM. So, thank you for all you have done for me and everyone else. And what you continue to do for us. A lot of us would not be able to get the help we need because we live in poverty or below. Thank you so much for everything and being able to be here for me and everyone else.

Note: The Operations Team invites all RHCs to share impactful stories of the work they are doing to improve health and well-being across North Carolina. If you would like to share a story to be featured in a future issue of the NC Office of Rural Health Ops Team Newsletter, please send your story to Justin Kearley at justin.kearley@dhhs.nc.gov

Training Opportunities

Spring MAP Training

On Monday, April 24th the Operations team will hold a Medical Access Plan (MAP) Training from 1:00 pm – 2:00 pm for currently funded SDRHCs. The session will consist of a review of the MAP program and an informal discussion with grantees to answer any questions they may have about the program. An invite will be sent shortly to sites. Participation is optional.

If you have any questions about the training, please reach out to Justin Kearley at justin.kearley@dhhs.nc.gov

Behavioral Health: Leveraging RHCs to Expand an Essential Service April 3, 2023, at 11:00
am
[Register](#)

Rural communities continue to experience deficits with access to behavioral and mental health services. With changes brought forth in the CY 2022 Physician Fee Schedule, Rural Health Clinics can now provide and receive reimbursement for distant site tele-behavioral health services. This presentation focuses on how to leverage RHCs and their new reimbursement methodology to expand behavioral health services.

Time is Money: Building RHC Value-Based Purchasing Models May 12, 2023, at 12:00 pm
[Register](#)

Effective primary care practices and networks have the unique ability to reduce the overall cost of care in rural communities through better patient engagement, education, prevention, clinic operations and a culture of improvement. The economic value of these cost savings should accrue at least in part to the providers and not exclusively to public and private payers. This presentation offers examples and action steps to design, implement and market rural primary care oriented VBP programs.

In the News

Medicare to Cover Two Additional Provider Types in the RHC Setting



Of exciting note for RHCs, Congress has passed legislation to expand Medicare coverage to include Marriage and Family Therapists (MFTs) and Mental Health Counselors. These providers in the RHC setting can now generate a Medicare encounter, reimbursable at the RHC's All-Inclusive Rate (AIR) beginning January 1, 2024.

“The past several years have seen historic changes to the Rural Health Clinic (RHC) program. 2022 will close with a nice gift, which is better described as the fruit of our labor. For the first time in decades, Congress has expanded the definition of RHC-eligible providers. Mental Health Counselors and Marriage/Family Therapists are now eligible providers in RHCs and FQHCs” said Charles James, NARHC President. “It is a huge deal. I am deeply proud of the work RHCs provide to at-risk patient populations. This will allow us to provide urgently needed services to patients in crisis. NARHC and our allies in the Rural Health community worked hard to make this change.”

You can read more about the legislation and the expected impact here:

<https://www.narhc.org/News/29723/Medicare-Covers-Two-Additional-Provider-Types-in-the-RHC-Setting>

Funding Opportunities

How to Apply for a Federal Funding Opportunity on Grants.gov



First-time applicants can understandably feel daunted by the task of applying for a federal funding opportunity on Grants.gov. In this blog post, we explain, at a high level, the key steps in the application process, providing a roadmap that will help applicants feel more confident about the journey ahead.

[Read more.](#)

Contact Information

[Rural Health Operations Website](#)

For technical assistance or general inquiries, please contact your regional contract monitor.

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