



Connecticut Office of Rural Health

located at

Northwestern Connecticut Community College

56 Park Place East

Winsted, CT 06098

CT Office of Rural Health Mission Statement:

Working together to promote the health of persons living in rural Connecticut through education, communication and partnership, focusing on the enhancement, access and promotion of quality health care for rural Connecticut

Projects and initiatives from the CT Office of Rural Health (CT-ORH) are funded through the Department of Health and Human Services through the Health Resources and Services Administration's Federal Office of Rural Health Policy grant program, CFDA # 93.913, from the Health Resources & Services Administration. The grant CFDA 93.913 is awarded to Northwestern Connecticut Community College to maintain the CT-ORH. Projects must be consistent with the CT-ORH's mission to support the planning, enhancement, education or evaluation of programs.

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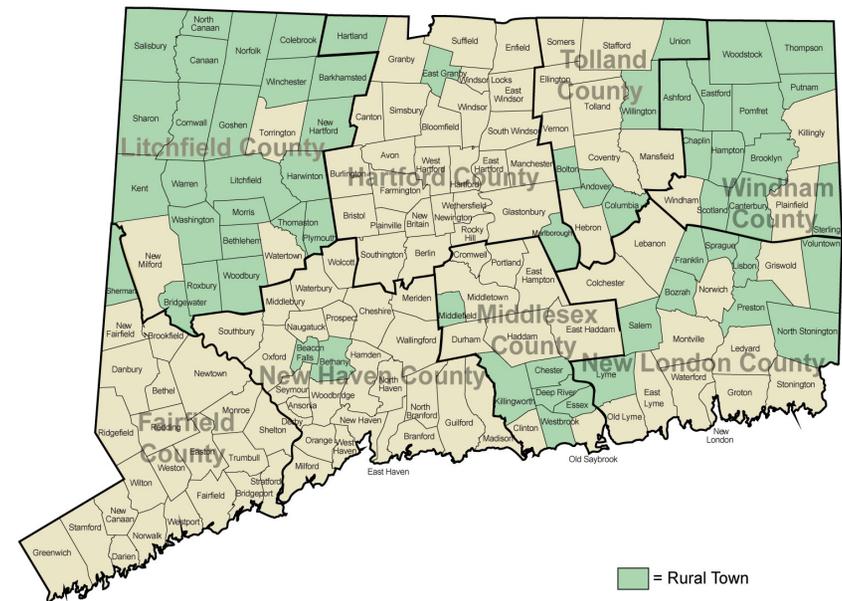
Health care branching
out
to rural
communities



Connecticut State Office of Rural Health

2013

Annual Report



2012-2013 YEAR IN REVIEW

The CT Office of Rural Health (CT-ORH) continues to be the steadfast rural voice for access to quality health care for those residing in the 61 designated rural towns in the state. This fifth annual report summarizes CT-ORH grant funded activities and initiatives. Funding for these initiatives come to the CT-ORH through the Department of Health and Human Services through the Health Resources and Service Administration's Office of Rural Health Policy. In addition to the grant projects described in this report, the CT-ORH continues to focus on collecting current, accurate, rural and relevant CT health care data. The office is persistent in requiring data to identify health care needs and measure improvement through evidenced based initiatives that improve efficiency and quality.

The second annual National Rural Health Day was celebrated in November at the Legislative Office Building. This event provided an opportunity to educate and inform legislators about rural issues impacting access to health for CT residents. The CT-ORH video *The Road Less Traveled - Access to Health Care* was available for viewing. The video highlights rural health issues and features successful efforts by rural providers to enhance access to quality health care. The video is accessible at www.ruralhealthct.org

This is an interesting time for the country and the state as health care delivery undergoes historical change. With the Affordable Care Act poised for implementation and the launching of Connecticut's Health Insurance Exchange "access health CT", the office's role in disseminating information to rural stakeholders, providers and communities will be on-going.

For the first time, two of Connecticut's five rural hospitals were eligible to apply for and received the federal Small Rural Hospital Improvement Program (SHIP) grant. The CT-ORH looks forward to working with New Milford and Sharon hospitals during the 2013-2014 grant cycle as they implement innovative projects to improve quality outcomes.

These are challenging yet exciting times. The CT-ORH is proud to be a resource for health care information exchange, grant funding and management as we work with our partners to ensure access and quality.



NOVEMBER 21, 2013

If you are interested in a regional approach to improving access to and enhancing health care for rural residents, consider becoming a member of the New England Rural Health Roundtable. Please visit <http://www.newenglandruralhealth.org>

Telehealth in Connecticut – Does it exist?

Today more than ever health care providers face many challenges and increased demands to deliver quality, accessible and affordable health care and services. CT rural residents face even greater challenges and barriers to access quality, affordable health care. In response to this issue, the CT-ORH allocated funds to assess and analyze the current utilization of telehealth technology in the rural health care delivery system. Early this year, the office contracted with Mark Nickel of Cross Sector Consulting, LLP to conduct the study. This initiative aligns with the CT-ORH's mission to promote and enhance access to quality health care for the rural residents of Connecticut.

Convening an advisory board, conducting a literature review, surveying and interviewing providers and key informants in the utilization of telehealth technology were goals of the project. Several attempts to formulate a telehealth advisory board were unsuccessful. While there was much interest in the subject, time constraints and other priorities were the reasons for lack of commitment. An extensive literature search was conducted along with key informant interviews.

Key findings of this eight month initiative revealed CT is behind other states in the utilization and advancement of telehealth and telemedicine, state privacy rules are not clear, and reimbursement streams are limited and inconsistent. CT also has the capacity, opportunity and resources to increase health care access for rural residents, manage chronic diseases, reduce re-admission rates and contain costs through the use of telehealth technology.

The CT-ORH will continue to focus efforts and resources to capture a comprehensive picture of the telehealth environment in the state. This project was the initial phase of a three-year initiative. The second year will include assessing rural Visiting Nurse Associations and Home Care agencies' utilization of telemonitoring and other technology. The goal of the third year of this initiative is to identify areas to advance telehealth and telemedicine through the implementation of pilot programs. The CT-ORH will work in collaboration with Mark Nickel, the New England Telehealth Resource Center and health care providers and organizations to increase access to care, increase quality of care, and contain health care costs for Connecticut's rural residents.

Community Health Center Association of Connecticut, Inc. is a statewide association of federally qualified health centers (FQHCs). It exists to enable Connecticut's FQHCs to provide the highest quality health care and social services to the state's underserved populations. The Community Health Center Association of Connecticut (CHCACT) was incorporated in 1989 as a not-for-profit 501(c)3 corporation. While all FQHCs serve underserved populations, three centers are considered rural; Generations Family Health Center, United Community & Family Services and Community Health & Wellness Center of Greater Torrington. A \$5,000 grant award to CHCACT focused on the impact of the implementation of the Affordable Care Act, the state's Medicaid expansion and Health Insurance Exchange.

Over the course of a two month period beginning mid-July to mid-September, a series of four educational programs designed specifically for community health center staff were held. The programs were conducted at Generations, United Community & Family Services, Community Health & Wellness Center of Greater Torrington and Optimus-Chase Wellness Center. A fifth training session was provided to health professions students at UCONN Health Center in Farmington and telecasted to the School of Nursing in Storrs. The program held at Generations in Willimantic was also telecasted to staff at their Putnam site. Policy experts presented information about health care reform underway in Connecticut and nationally. Topics included background and basic information related to the Affordable Care Act implementation, Connecticut's Health Insurance Exchange "access health CT" and expanded health insurance options for CT consumers. Time was allowed for questions, answers and discussions at each session. A total of 167 participants attended the programs. Program evaluations noted the training sessions were informative, relevant, and timely.



Connecticut's Health Insurance Marketplace

www.accesshealthct.com

1-855-805-HEALTH (1-855-805-4325)

CT RURAL HEALTH SMALL GRANT PROGRAM

The CT Office of Rural Health (CT-ORH), through the administration of its Rural Health Grant program awarded five grants to rural health care provider organizations and agencies during the 2012-2013 grant cycle. Grant funds were awarded for initiatives focusing on reducing hospital readmission rates, enhancing rural community health workforce, mental/behavioral health education and awareness training regarding the Affordable Care Act implementation and open enrollment. A summary of each of the grant funded projects is highlighted in the following pages of this report. Please contact the CT-ORH for more detailed information.

Charlotte Hungerford Hospital, nestled in the northwest corner of the state in Torrington, CT, received \$5,000 in grant funds to support an initiative with the goal to reduce preventable Heart Failure readmissions. The hospital, working in partnership with Qualidgm and the Northwest Transitions of Care Community team implemented "Heart Health Talk", a standardized educational program for staff, patients and care givers. Using a multi-disciplinary approach at the time of admission, patients were educated about their diagnosis and provided with the necessary tools such as a scale, blood pressure cuff, pill box and dietary resources to manage their disease. Hospital and community health professionals participated in a series of in-service trainings enabling them to provide additional chronic disease management and support to the patients and their care givers.

As a result of this six month initiative, the hospital has seen a decrease in preventable Heart Failure readmissions, and multiple community providers are working collaboratively to provide effective and efficient quality care.

United Services Inc., located in Dayville, CT is the major provider of children, family and adult behavioral health and social services in northeastern Connecticut. In 2012, United Services created a Center for Autism. The \$5,000 rural health grant award assisted with two specific initiatives. Funds were used to purchase educational materials and resources, which assisted in establishing a Lending Library at the Center for Autism. Autism Diagnostic Observation Schedule (ADOS-2) training DVDs and materials were purchased to educate two Board Certified Behavioral Analysts and one clinician in the most current version of the assessment and diagnostic tool. Utilizing ADOS-2 allows the trained staff to provide comprehensive treatment planning for individuals diagnosed with Autism Spectrum Disorder. It is anticipated the ADOS-2 will be utilized several times a month as new referrals are received.

Generations Family Health Center, Inc. (GFHC) a regional Federal Qualified Health Center with sites in Danielson, Norwich, Putnam, and Willimantic provides a full continuum of health care to rural and underserved residents in eastern CT. In response to a nationally recognized shortage of primary care physicians, GFHC focused their \$5,000 grant award on activities related to a feasibility analysis to determine the viability of establishing a Community Health Family Practice Residency Program.

After a series of meetings with project specific stakeholders, research, and meetings with potential providers of technical assistance, it was agreed that a community health center residency program was a worthwhile and valuable concept but is not feasible at this time. Funding, sustainability and a changing accreditation process were some of the obstacles identified. The initiative will be re-visited in a few years after the Accreditation Council for Graduate Medical Education and the American Osteopathic Association develop one common accreditation process and future federal funding is secure.



Thompson Ecumenical Empowerment Group Inc., (TEEG) located in North Grosvenordale, CT, provides human services to low-income families in the rural towns of Thompson, Woodstock, Pomfret and Putnam. TEEG's \$2,800 grant award supported a community training program for persons working with behaviorally disordered youth. The program was developed and offered in 2012 with grant funds from the CT-ORH to increase positive interactions and successful participation in community activities for the targeted youth. As a result of that initiative it was recommended to continue providing the training with some modifications, such as expanding the training over three evenings and allowing more time for discussions to address questions.

This year's program evaluations were again very favorable and recommend the program continue to be made available. Outreach to sports associations and other youth organized groups was also recommended. TEEG plans to engage other partners to sustain the program.

EMERGENCY MEDICAL SERVICE INITIATIVES

The CT Rural Health Office awarded grants for two distinct Emergency Medical Service training programs. These \$2,500 grants positively impacted the services' ability to enhance access to quality emergency care for rural residents in CT.

The EMS Institute at Sharon Hospital, Inc. used the grant funds to sponsor the New England Council for EMS Management and Leadership education and training sessions. The training is a series of eight modules addressing a variety of skill sets that enhance and foster successful EMS management and leadership. The CT-ORH has been providing support for the training since 2009. Training modules 4, 5 and 6 were held in April. The training topics included: clinical issues and the relationship with medical directors, utilization of information systems to enhance communication with the public and a review of organizational educational systems. The eight hour training program had eleven attendees representing seven rural EMS organizations.

Program evaluations favorably indicate a need and interest in this program. The CT-ORH anticipates funding the final two modules in the 2013-14 office grant cycle. An evaluation of the program and its impact will be conducted in the near future.

KB Ambulance Corps, Inc., a non-profit EMS organization located in northeastern CT, provides services to the towns of Killingly, Brooklyn and surrounding rural towns as needed. KB Ambulance averages 243 calls a month with an estimated one third of the calls involving an individual experiencing some type of behavioral health issue. In response to this need, grant funds were used for a Psychological First Aid training program. The program was developed and conducted by United Services, Inc., a regional non-profit behavioral health center. The focus of the training was to provide the emergency medical personnel with background information on behavioral health issues, and to provide them with the tools and resources to enhance their ability to promptly and effectively respond, de-escalate situations and safely transport. Sixteen EMTs and First Responders attended the training, representing five rural EMS organizations.

Program evaluations were positive with a favorable response to the interactive training method. An added benefit of the program was having key officials from United Services Inc. conduct the training leading to enhancing an existing working collaborative.