The Michigan Center for Rural Health (MCRH) was established in 1991 and is the designated State Office of Rural Health (SORH) for Michigan. MCRH is located on the campus of Michigan State University in the College of Osteopathic Medicine.

All 50 states have a SORH, varying in size, scope, services, and resources they provide.

MCRH is one of only three non-profit State Offices. Other SORHs are located within State Health Departments and Universities.

As a SORH, MCRH helps to create partnerships among various organizations to create new opportunities and strengthen the healthcare delivery system in rural communities, including:

- Network Development
- Quality of Care
- Emergency Medical Services
- Continuing Education
- Access to Care
Mission & Vision

Our Vision:
“The Michigan Center for Rural Health will be universally recognized as the center for expertise for rural health in Michigan through creative and visionary education, service, and research.”

Our Mission:
“To coordinate, plan, and advocate for improved health for Michigan's rural residents and communities.”
**Health Resources & Services Administration (HRSA) Funding**

- **Core Programming:**
  - State Office of Rural Health – *Coordination, Education & Workforce*
  - Medicare Rural Hospital Flexibility Grant Program – *Support for the 37 Critical Access Hospitals in MI*
  - Small Hospital Improvement Program (SHIP) - *Support to Eligible Rural Hospitals*

- **Additional Programming (competitive awards):**
  - Medicare Rural Hospital Flexibility Grant Program – EMS Supplement – *Quality Improvement in Rural EMS*
  - Medicare Rural Hospital Flexibility Grant Program - Rural Emergency Hospital (REH) - *REH Technical Assistance*
  - Rural Veterans Health Access Program – *Increasing Veteran Support in the UP and Thumb of MI*
  - Rural Health Care Services Outreach Program – *Increasing Swing Bed Quality of Care*
  - SHIP COVID Testing and Mitigation – *Support to Eligible Rural Hospitals*
  - Rural Public Health Workforce Training Network – UP-WIN – *Building Community Health Worker (CHW) and Community Paramedicine Workforce in the UP of MI*
  - Rural Communities Opioid Response Program (Implementation) - NMORC – *Prevention, Treatment & Recovery of Substance Use Disorder in Northern MI.*
  - Rural Communities Opioid Response Program (Behavioral Health) – *Expanding Behavioral Health Access in Northern MI*
  - Rural Communities Opioid Response Program (Psychostimulant Use) – *Prevention, Treatment and Recovery of Psychostimulant Use in Northern MI and the UP.*
MCRH Programming

Sub-Contracts
• Healthy Hearts for MI – *Closing Clinical Quality Gaps for Rural Patients with Cardiovascular Disease* (Altarum Institute)

Michigan Health Endowment Funding
• Embedding Remote Patient Monitoring into Three Critical Access Hospitals – *Leveraging RPM to Improve Population Health in Sandusky, Newberry and Manistique, MI*

State of Michigan Partnerships
• Retain Primary Care Access – *Annual Appropriation to Retain Access to Healthcare* (8 clinics)
• Enhancing Team-Based Care in a Rural Primary Care Setting – *Leveraging IT to Improve Cardiovascular Health, Reduce Disparities, and Increase Care Coordination.*
• Rural Health Equity Plan – *Development of a Rural Health Equity Plan (Phase II of the MDHHS SDOH Strategy)*
• Overdose to Action (OD2A) - *Providing Academic Detailing to Rural Providers & Building Recovery Capital*
• Building Capacity of Rural Local Public Health Departments – *Partnership with MDHHS Office of Race Equity, Diversity, and Inclusion (REDI)*
The 2022 Annual Michigan Rural Health Conference provided a broad range of rural stakeholders the ability to engage in education on rural relevant topics.

Conference attendees included representatives from rural health clinics and hospital settings, local public health professionals, community mental health providers, substance use disorder treatment center staff, along with members of organizations working to positively impact social drivers of health.

The 25th Annual Michigan Rural Health Conference presented speakers from the Michigan Department of Health and Human Services, the National Rural Health Association, Families Against Narcotics, the Upper Midwest Telehealth Resource Center, and many more.
The 2022 Rural Health Professional of the Year awardees were recognized for exemplary work during the COVID-19 pandemic, including promoting evidence-based standards, exhibiting excellent leadership, and primarily, for the unwavering support of rural health professionals throughout Michigan.

This year’s recipients (seen in the photo above, from L-R, with MCRH Executive Director, John Barnas) were:

• Emily Bergquist: MDHHS Bureau of Emergency Preparedness, EMS, & Systems of Care
• Sam Watson: Michigan Health & Hospital Association
• Julie Novak: Michigan State Medical Society
• Philip Bergquist: Michigan Primary Care Association
• Keisha Sexton: Michigan Rural Health Clinic Network
• Kris Nicholoff: Michigan Osteopathic Association
• Norm Hess: Michigan Association of Local Public Health
MCRH/NMORC hosted the 2022 Rural Michigan Opioid and Substance Use Summit at The Ellison Place in Gaylord, Michigan.

The 2022 Summit combined rural programming and presenters who addressed Opioid Use Disorder/Substance Use in rural Michigan.

Speakers included representatives from the Thumb Opioid Response Consortium, MyMichigan Community Health Services, Blue Water Recovery and Outreach Center, Michigan Department of Health and Human Services, and the Central Michigan Recovery and Education Network. In addition, individuals with lived experience were highlighted and celebrated.

Attendees were encouraged to network and collaborate and provided with opportunities to interact with summit partners.
The 2022 Critical Access Hospital (CAH) Conference brought together Michigan CAH leadership, including CEOs, CFOs, CNOs, and Directors of Patient Safety & Quality at Park Place Hotel in Traverse City, Michigan.

At the conference, MI CAH leadership shared best practices and learned from each other around a variety of topics including, digital health/technology, workforce, and quality. Additionally, local and national subject matter experts were featured.

Agenda highlights included rural health policy updates, health law updates, a vision for CAHs of the future, and an opportunity to highlight quality improvement success stories. The network reception featured a silent auction to raise funds for MCRH’s OsteoChamps scholarships and a celebration of the FLEX Program’s 25th Anniversary.
National Rural Health Day 2022

November 17, 2022

#powerofrural

How did we celebrate?

• Showcasing local NRHD celebrations from MI Rural Health Clinics, Critical Access Hospitals and other rural health providers.
• Proclamation from Michigan Governor Gretchen Whitmer declaring Rural Health Day in Michigan 11/17/22 (click here to view)

Michigan’s National Rural Health Day
Community Star: Lynn Weber

Lynn serves his community as Director of the Clinton Area Ambulance Service Authority. He started one of the first Community Paramedicine Special Study Programs in Michigan, and in his free time teaches CPR and first response-related skills.
**GRAND ROUNDS:**
MCRH and partners provided 19 Grand Rounds programs to health care professionals working in certified rural health clinics, federally qualified health centers, local public health departments, hospitals, long-term care facilities, hospice organizations, emergency medical service agencies, dental practices, and community mental health agencies.

The total number of continuing education units provided in 2022: **1493**

MCRH partners:
- MSU College of Human Medicine, MSU College of Nursing and MSU School of Social Work
- Alzheimer's Association
- Michigan Department of Health & Human Services: Oral Health Program and Asthma Education
- National Psoriasis Foundation

**Project ECHO®:**
Through videoconferencing technology, the ECHO Model™ connects groups of community providers with specialists at teleECHO clinics. Primary care providers gain new skills and confidence, while specialists learn new approaches to applying their knowledge. The ECHO Model(TM) fosters an "all teach, all learn" approach.

MCRH had an established ECHO that started in 2021 for Infectious Diseases. In 2022, initial stages were established to start two more ECHOs: One Health and Geriatrics.

**INFECTIOUS DISEASES ECHO®**
MCRH partners with the MSU College of Osteopathic Medicine to create a community collaboration to assist providers and other health care teams throughout rural Michigan, Northern Michigan, and the Upper Peninsula to manage their infectious disease patients more effectively and confidently.

159 providers attended in 2022.
Maintaining Access to Primary Care

Annual Primary Care appropriation (to keep the clinics operational in the off-season)

- Trenary Clinic: $5,000
- Grand Marais: $7,713
- Lake Superior State University Clinic: $9,250
- West Mackinaw Health Association (Engadine): $25,901

- Beaver Island: $250,000
- Drummond Island: $172,451
- Mackinac Island: $250,000
- Bois Blanc: $25,000
Rural Health Clinics

MCRH provides support and technical assistance to Michigan’s 220 certified Rural Health Clinics (RHCs). This includes but is not limited to technical assistance on general operations, RHC designation, and RHC compliance. Top requests for assistance included addressing questions on compliance, billing and coding, emergency preparedness, and assistance in preparing for the state recertification survey.

In 2022, MCRH hosted a Rural Health Clinic Practice Manager Workshop and a Billing and Coding Seminar. MCRH offered support and facilitation to the Michigan Rural Health Clinic Network (MRHCN). This member driven network meets every quarter, and all RHC personnel are welcome to attend. Education topics included regulatory and compliance, quality improvement, legislative, and policy updates.

MCRH provided technical assistance to Michigan clinics over 50 times throughout the 2022 calendar year.
The Michigan Center for Rural Health created and facilitated a targeted quality improvement project for Critical Access Hospital (CAH) owned and operated Rural Health Clinics (RHCs) that yielded quantifiable results in a specific clinical focus area based on a set of five industry-standard, rural-relevant measures.

In 2022 MCRH identified a cohort of RHCs that sought to improve quality processes and outcomes, could collect and report data at the provider-level, and most importantly, give their commitment to designing and implementing comprehensive performance improvement initiatives.

The project's goal was to help RHCs improve the quality of care for their patients, simplify and streamline care transitions between primary care and inpatient services, and strengthen chronic disease management processes.

Three of Michigan’s Critical Access Hospitals (CAHs), totaling 9 Rural Health Clinics participated in the project.

Two of the three CAHs withdrew from participation mid-year, one citing electronic medical record conversion challenges and the other had the departure of the project lead.

One CAH remained in the project and showed a 25% improvement in the CMS165 Controlling Blood Pressure.

MCRH will continue to expand and support Quality Improvement (QI) programing by leveraging the Michigan Rural Health Clinic Network, Lilypad and the LAKE PDSA methodology to build QI infrastructure within Michigan RHCs.
MCRH is a member of the Altarum-led statewide cooperative working to improve cardiovascular health in Michigan with a specific focus on supporting certified RHCs. MCRH recruited 18 primary care clinics and provides practice facilitation for these clinics in which interventions that focus on two clinical areas are delivered: **Hypertension Management (HTN)** and **Tobacco Cessation**.

**Interventions for HTN and Tobacco Cessation include:**
- EHR-based protocols to identify patients with HTN,
- Effective in-office blood pressure measurement,
- Implementation of self-measured blood pressure monitoring programs,
- “Ask, advise, connect” tobacco screening workflows
- Opt-out treatment models for tobacco and nicotine cessation
In 2022, MCRH received a competitive HRSA grant to implement the I-REACH Project in the Upper Peninsula and the Thumb Region (Huron, Tuscola, and Sanilac counties) of Michigan.

With this funding, MCRH partnered with the MSU College of Education to improve access to healthcare and coordination of care for rural Veterans and their caregivers. Connections to benefits save lives and providers play a vital role in ensuring Veterans are fully connected to their earned benefits. I-REACH supports with resources and training.

**Michigan Demographics**

- **567,919** Veterans in Michigan.
- Over **2/3** receive community care, not VA care.
- Over **50%** are not connected to all their earned benefits.

I-REACH Project Director focused on Community Collaborations in the first year, forming and leading the UP-Veteran Community Action Team (UPVCAT) Healthcare Workgroup. In addition, served as the UP-Together With Veterans Coordinator (a community-based suicide prevention program for rural Veterans.)
Reaching Rural Workforce

MCRH presented to four Medical Schools, five physician-assistant schools, and two nurse practitioner schools on the benefits of working in rural Michigan. In addition, technical assistance on Federal and State loan repayment programs was provided.

MCRH connected with various undergraduate degree programs including:

- Pre-medicine
- Pre-health
- Pre-dental
- Nursing
- Social work
- Psychology

Modalities for sharing information about working in rural Michigan:

- Video Presentations
- Career Fairs
- Communication of Job Opportunities through Various Networks

Connecting Rural Workers

In 2022, 253 health providers and 16 rural facilities registered for Michigan’s 3RNET. MCRH continues to connect our 3RNET registered health professionals to rural job opportunities and assist rural partners in finding candidates for difficult-to-place positions.

MCRH also supports the Mi REACH grant awarded to the Michigan Department of Labor and Economic Opportunity. MiREACH has helped 25 rural facilities create an in-house Medical Assistant (MA) Apprenticeship Program allowing employees to work while taking courses to become a certified MA. MCRH will continue to support new health workforce apprenticeships and grants for rural organizations.

Telehealth

In 2022, MCRH advocated for the expansion of broadband internet access to rural communities, working to increase the accessibility and utilization of telehealth services in rural Michigan. MCRH provided rural-specific telehealth resources and best practices to increase utilization and enhance the accessibility of telehealth services and promote patient digital literacy education.
MCRH sponsored five rural high school students for Michigan State University OsteoCHAMPS to advocate for exposure to health careers.

At the 25th Annual Michigan Rural Health Conference held in April, ten Michigan State University COM and CHM medical students presented their research proposals to the attendees during the 5th Annual Rural Research Day.
The MCRH partnered with the Michigan Department of Health and Human Services (MDHHS) to develop a Rural Health Equity Plan (RHEP). This plan is a component of Phase II of the MDHHS Social Determinants of Health (SDoH) Strategy. The RHEP will identify a list of rural-specific recommendations that align with the current MDHHS SDoH Strategy.

As a first step, MCRH organized a RHEP Advisory Group, consisting of various individuals who work, have extensive knowledge, and are true advocates in the SDoH space, focusing on food security, housing stability, and rural health equity.

MCRH also engaged with new stakeholders and created partnerships with individuals and organizations that work in this SDoH space.
The Centers for Disease Control and Prevention (CDC) and the MDHHS Office of Race Equity, Diversity, and Inclusion (REDI) Grant focused on investments to mitigate COVID-19 related health disparities and advance health equity among populations that are at high-risk and underserved, including racial and ethnic minority groups and people living in rural areas.

MCRH managed the rural component in partnership with MDHHS, by building capacity of 21 rural Local Public Health (LPH) departments.

Health Departments were able to allocate funding for three programs:
- Embedding a Community Health Worker (CHW)
- Implementing Healthy Families of Michigan Program
- Engaging with Local School Districts to Implement a Public Health Nurse

A majority of the LPHs prioritized embedding CHWs throughout Michigan’s rural health communities.
EMS Education:

- EMS Leadership Academy
- EMS Operations & Wellness Event
- Certified Ambulance Documentation Specialist Course
- 12 EMS Webinars

700 CE Credits Distributed

$2.1 Million in Grant Funds

61 Paramedic 40 MIH/CP Scholarships Awarded

2022 Grant Awards:

HRSA Rural Public Health WTN Grant-Award of $1.5 million:
Development and implementation of the Upper Peninsula Workforce Innovation Network to facilitate the training and education of community health workers, paramedics and community paramedics.

HRSA Medicare Rural Hospital Flexibility Quality Improvement Grant-Award of $300,000:
Development and implementation of a Rural EMS Quality Improvement Alliance Network focused on improving data reporting quality throughout Michigan.
Michigan Critical Access Hospital Quality Network (MICAH QN)

The MICAH QN is governed by a 13-member Executive Committee. The Executive Committee guides educational strategy, cultivates partnerships, and prioritizes member engagement. The MICAH QN organizes its educational content and data strategy around three strategy groups:

- **Strategy Group #1**: Making Care Safer by Reducing the Harm Caused in the Delivery of Care
- **Strategy Group #2**: Data Management and Analysis
- **Strategy Group #3**: Promoting Effective Communication and Coordination of Care to Improve Patient Safety

The Michigan Critical Access Hospital Quality Network is seen as a national leader in quality reporting and performance. This is demonstrated by their full involvement in the HRSA Medicare Beneficiary Quality Improvement Program (MBQIP). Since the inception of the program, MI CAHs have consistently ranked in the Top 10 States for Quality Reporting and Performance.
Small Hospital Improvement Program (SHIP)

MCRH facilitates the Small Hospital Improvement Program for eligible MI Hospitals. This program supports eligible small rural hospitals in meeting value-based payment and care goals for their respective organizations through hardware, software, and training purchases.

The MI SHIP program assists hospitals in participating in delivery system reforms such as becoming or joining a Medicare Shared Savings Program or Accountable Care Organizations (ACOs), participating in other shared saving programs, and purchasing health information technology (hardware/software), equipment, and/or training to comply with quality improvement activities such as advancing patient care information, promoting interoperability, and payment bundling.

MCRH facilitated funding to 56 hospitals for FY21-22 (program year June 1, 2022 – May 31st, 2022)

- **Hospitals Invested in Value-Based Purchasing Activities**: 42
- **Invested in Accountable Care Organization Activities**: 21
- **Invested in Payment Bundling/Prospective Payment System Activities**: 2
Hospital Programs

Small Hospital Improvement Program COVID Testing and Mitigation

MCRH facilitated the distribution of supplemental funding for SHIP-eligible hospitals through The American Rescue Plan Act of 2021 (P.L. 117-2).

The period of performance was July 1, 2021 – December 31, 2022.

Funded activities include testing, education, the establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID 19 in rural communities.

$13,177,176

Allocated to 51 eligible MI hospitals as one-time funding under Section 711 of the Social Security Act (42 U.S.C. 711(c)).
HRSA Rural Health Outreach Funding

Maximizing Appropriate Use and Increasing Quality of Care in MI Swing Beds
Project: Healing Close to Home

Participants:
- Munising Memorial Hospital
- Schoolcraft Memorial Hospital
- UP Health System – Bell
- Baraga County Memorial Hospital
- Kalkaska Memorial Health Center
- Munson Healthcare Charlevoix Hospital

Goals:
- Improve patient outcomes
- Improve patient and employee satisfaction
- Improve CAH financial stability with increased volume, revenue, and profitability
- Stabilize census and staffing needs

Facilities actively participating in the project are seeing a 10-20% increase in swing bed days billed.
Through Medicare Rural Hospital Flexibility Program funding, MCRH supports LEAN and Service Line Assessments.

All projects have the following components:
- Problem Statement/Analysis
- Improvement Opportunities
- Implementation Plan
- Verify Results with C-Sute

2022 Project Highlight & Example - Sparrow Clinton Hospital (Green Belt Training and Certification)

Participants ran three projects during the training:
- **North Lobby Thru-Put** – Redesigned the front lobby, implemented new lab space, and implemented a new strategy to recruit and retain lab employees. The changes have led to better communication, patient screening, and decreased wait times.
- **Violence in the Workplace** – The project findings ranged from adding more panic buttons and cameras in key locations to more strategic solutions. Some examples included implementing improved reporting analysis, improved education & compliance with procedures (communication), improved training for security, and conducting more "Mock" Code Greys.
- **Swing Bed** – The project improved employee knowledge and engagement, with the focus on increasing swing bed volume.
Overdose Data to Action (OD2A)

The program provided academic detailing education and training to rural providers and practices. Academic Detailers (ADs) help clinicians & community stakeholders improve the health of individuals, families, and communities through peer-to-peer educational outreach.

Through this training, the MCRH and MHA Keystone Center teams supported providers and health systems as they made evidence-based prescribing decisions and accessed timely, comprehensive information regarding alternative treatments for pain.

By promoting evidence-based protocols, treatments, resources, and impactful lived experiences, academic detailing is a proven method to increase the quality and equity of healthcare services, social services, and public health interventions.

At the end of 2022, 12 ADs were trained.

Participants were asked how they felt their practice/knowledge changed as a result of the training program and 100% reported increased confidence in having conversations with peers/providers about the importance of safe opioid use.

The Michigan Overdose Data to Action (MODA) Program brings surveillance and prevention efforts together to decrease drug misuse, substance use disorder, and fatal and non-fatal overdoses. The MDHHS provides funding through the CDC Overdose Data to Action grant.
The Northern Michigan Opioid Response Consortium (NMORC) brings together 50 partners to address the opioid epidemic across a 25-county region in Northern Lower Michigan. Partners include healthcare facilities (hospitals, hospital-affiliated clinics, Rural Health Clinics, and Federally Qualified Health Centers), Community Mental Health agencies, Local Public Health agencies, prevention and harm reduction organizations, counseling centers, treatment centers, recovery community resources, law enforcement, and EMS.

**In 2022, NMORC:**

- Implemented naloxone/Narcan in over 40 school districts.
- Distributed over 2000 units of naloxone at the community level to increase naloxone saturation.
- Has increased recovery capital by 75%, adding to the growth of recovery through recovery housing, recovery coaches, and recovery community organizations.
- Provided over 100 presentations at the community level to reduce stigma of substance use disorder.
- Disposed of over 300 pounds of unwanted/unused medications; protecting our beautiful Michigan waterways and drinking water as well as keeping those medications out of the hands of the unintended.
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<td>Dean Andrea Amalfitano, D.O., Ph.D.</td>
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<td>Edward Canfield, D.O.</td>
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