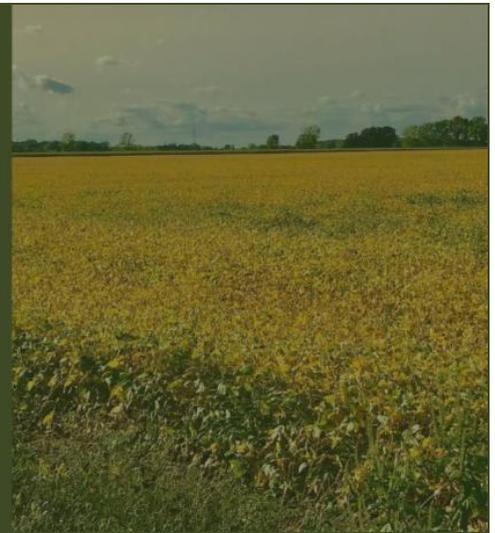## Our Mission:
TO COORDINATE, PLAN, AND ADVOCATE FOR IMPROVED HEALTH FOR MICHIGAN'S RURAL RESIDENTS AND COMMUNITIES.

MCRH MONTHLY NEWSLETTER

**December 2024
Volume 5, Issue 12**

Announcing the 28th Annual Michigan Rural Health Conference - April 24-25, 2025
Now Accepting Speaker Proposals Until January 17, 2025

Mark your calendars now for the 28th Annual Michigan Rural Health Conference, which will be held April 24-25, 2025, at Soaring Eagle Casino & Resort in Mt. Pleasant, MI. Registration will open soon, so please follow MCRH on social media and stay tuned to our monthly newsletter for details.

Call For Presentations

MCRH is now accepting proposals for this year's conference. Proposals are welcomed for presentations that are interactive, creative, dynamic, feature best practices in rural health, and will encompass this year's theme: *Vision Into Action: Rising Together.*

Areas of Focus:
The Michigan Rural Health Conference typically hosts presentations that are focused on the following areas:
• Health Information Technology
• Rural Public Health
• Health Equity
• EMS
• Workforce
• Finance & Operations
• Quality Improvement

Suggested Topics of Interest to Conference Attendees:
Workforce:
• Integrating Telehealth
• Staffing Shortages
• Enhancing Workforce Retention and Well-being

Rural Health Clinic:
• HEIDIS Measures with RHCs
• RHC Survey Information
• Emergency Preparedness and Response in RHCs
• Maximizing Reimbursement
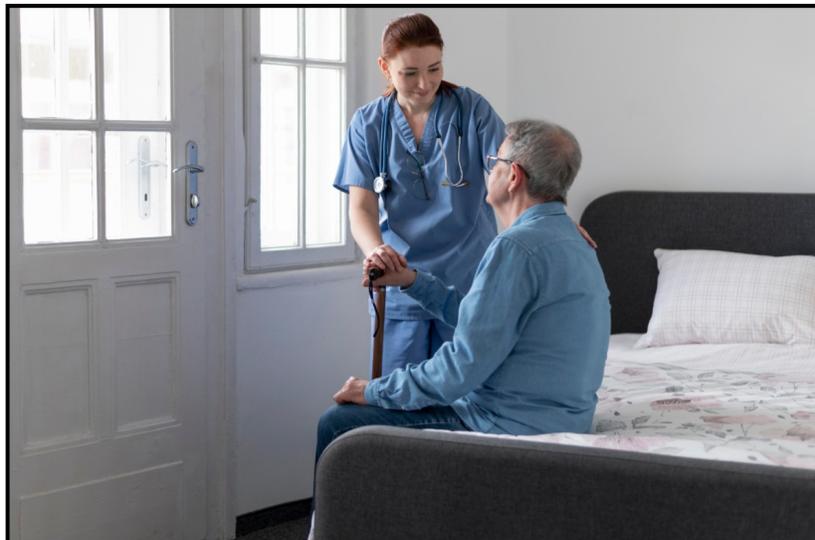• Leveraging Technology for Data-Driven Decision-Making

Social Drivers of Health:
• Transportation, Food Security, & Other Social Drivers of Health
• Engaging Disproportionately Impacted Populations
• Other Innovative Approaches to Rural Health Care

If you have additional questions regarding a proposal submission, please contact Renee Calkins (**renee.calkins@affiliate.msu.edu**)

Click Here for the Full Call For Presentations PDF

Click Here for the Submission Link

MCRH Announces New Program Focused on Improving Rural Based Palliative Care

MCRH has announced Phase Two of its palliative care programming. Palliative care provides relief from symptoms, pain, and stress associated with serious illnesses

and can be administered alongside curative treatments. It is suitable for patients of any age or illness stage. The program titled "Cultivating Comfort: Enhancing Palliative Care in Rural Michigan," funded by the Michigan Health Endowment Fund, will launch on January 1, 2025, and continue through December 2026.

MCRH has chosen to work with Stratis Health, a longtime partner that has assisted over 40 rural communities with developing and implementing palliative care services. Key partners in this new program will include community organizations from five selected rural areas, chosen through a detailed Request for Applications (RFA) process for this rural-based palliative care initiative. Details on the RFA will be forthcoming shortly after the new year.

To learn more about the Enhancing Palliative Care in Rural Michigan project and the progress of rural Michigan organizations involved, please contact Amanda St. Martin, MCRH Hospital Programs Manager (**amanda.saintmartin@affiliate.msu.edu**).

Click Here to Read the Full Press Release

Hillsdale Hospital CFO Named to National Rural CFOs to Know List

Hillsdale Hospital's Vice President and CFO, Mark Gross, has earned national recognition on Becker's Hospital Review's **2024 Rural Hospital CFOs to Know list** for the second time, highlighting his leadership in rural healthcare finance.

Gross became the first Hillsdale Hospital CFO to achieve this designation. Becker's states that rural hospital CFOs are vital for financial stability, developing strategies, securing funding, and ensuring affordable care for rural patients.

In his seven years as Hillsdale's CFO, Gross has improved the hospital's finances. Recently, he implemented a strategy that resulted in a net revenue 11 percent above fiscal year 2024 projections. This strategy included expense management, yielding six-figure annual savings moving forward.

Congratulations, Mark, on this tremendous honor!

Mark Gross, Hillsdale Hospital Vice President & Chief Financial Officer

Barriers & Solutions to Implementing and Sustaining Medication for Opioid Use Disorder in Michigan Emergency Departments 2024

WHAT IS MOUD?
- Gold standard for OUD treatment
- FDA-approved medication that:
  - Normalizes brain chemistry and body functions
  - Blocks opioids' euphoric effects
  - Relieves cravings

MOUD DECREASES:
- Mortality and overdose [1]
- Illicit opioid use [2]
- Infectious disease transmission
- Healthcare costs

People on MOUD are more likely to stay in treatment [3]

COST OF OUD
In the U.S every year

$11.3 billion
in opioid-related hospital admissions [4]

$89.1 billion
to the healthcare sector [5]

1%
of total hospital expenditures [6]

MOUD leads to **$25,000 to $105,000** lifetime cost savings **per person** [7]

History of the MOP and the ED MOUD Initiative

2017	2018	2019	2019–2023
Michigan ranked **8th** for number of overdose deaths	MOP launched with support from the Michigan Department of Health and Human Services and additional funders	• Michigan set a goal to halve opioid overdoses in five years • MOP announced a $5 million response to the overdose crisis	• MOP provided grant support and technical assistance to hospitals across the state • ED MOUD Initiative grew from six to 75 hospitals

Since 2019, the Michigan Opioid Partnership (MOP) has been leading a statewide effort to increase access to Medication for Opioid Use Disorder (MOUD) - the gold-standard treatment for opioid use disorder - within emergency departments. Through this initiative, the MOP has provided support to over half of the emergency departments across the state, which includes hospitals from all ten prepaid inpatient health plan regions.

In 2024, the MOP held discussions with stakeholders and experts about Medication for Opioid Use Disorder (MOUD) in emergency departments. The aim was to identify challenges in implementing evidence-based protocols and to propose feasible solutions. Findings and recommendations can be found in a report on the MOP website. In 2025, the MOP will collaborate with the Michigan Department of Health and Human Services (MDHHS) to implement these solutions and improve access to MOUD.

Click Here to Read the Full MOP Report

MDHHS 2025 EMS Webinar Schedule Released

The Michigan Department of Health and Human Services Bureau of Emergency Preparedness, EMS, and Systems of Care just released its 2025 webinar schedule.

Click **here** to learn more about the MDHHS EMS division and its resources.

Looking for more information on MCRH's rural EMS resources and services? Please visit our EMS Programs page **here**.

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Click Here to View the Full Schedule

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Rural Michigan Hospitals Recognized as Chartis Performance Leadership Award Recipients

The Chartis Center for Rural Health recently released the 2024 Performance Leadership Awards, recognizing top-quartile performance (i.e., 75th percentile or above) among rural hospitals in Quality, Outcomes, and/or Patient Perspective. Rural Michigan hospitals were well represented in all three categories; see the complete list below.

The Performance Leadership Awards are based on the Chartis Rural Hospital Performance INDEX®, a framework for evaluating rural hospital performance. It offers benchmarks for rural hospitals, health systems, and state health offices to assess their operations and finances.

Quality - Top Quartile Performers - 8
Ascension Borgess-Lee Hospital, Dowagiac MI
Ascension St. Joseph Hospital, Tawas City MI
Ascension Standish Hospital, Standish MI
Aspire Rural Health System Hills & Dales Healthcare, Cass City MI
Kalkaska Memorial Health Center, Kalkaska MI
McLaren Caro Region, Caro MI
Munising Memorial Hospital/ Bay Care Medical Center, Munising MI
Scheurer Health, Hospital Pigeon MI

Outcomes - Top Quartile Performers - 20
Bronson LakeView Hospital, Paw Paw MI
Bronson South Haven Hospital, South Haven MI
Corewell Health Big Rapids and **Corewell Health Reed City Hospitals**, Big Rapids MI
Corewell Health Ludington Hospital, Ludington MI
Hayes Green Beach Memorial Hospital, Charlotte MI
Hillsdale Hospital, Hillsdale MI
Marshfield Clinic Health System - Greater Dickinson County Communities, Iron Mountain MI
McLaren Health Care Lapeer Region Hospital, Lapeer MI
MyMichigan Health Medical Center - Alpena, Alpena MI
Munson Healthcare Cadillac Hospital, Cadillac MI
Munson Healthcare Grayling Hospital, Grayling MI

Munson Healthcare Manistee Hospital, Manistee MI
Oaklawn Hospital, Marshall MI
ProMedica Bixby Hospital, Adrian MI
University of Michigan Health-Sparrow Clinton Hospital, Saint Johns MI
University of Michigan Health-Sparrow Ionia Hospital, Ionia MI
Corewell Health Grand Rapids Hospitals United Campus, Greenville MI
Beacon Health Three Rivers Health Hospital, Three Rivers MI
UP Health System - Bell, Ishpeming MI
UP Health System - Portage, Hancock MI

Patient Perspectives - Top Quartile Performers - 9
Ascension Standish Hospital, Standish MI
Eaton Rapids Medical Center, Eaton Rapids MI
Mackinac Straits Health System, Saint Ignace MI
Marlette Regional Hospital, Marlette MI
Munson Healthcare Charlevoix Hospital, Charlevoix MI
MyMichigan Health Medical Center Gladwin, Gladwin MI
Scheurer Health Hospital, Pigeon MI
Schoolcraft Memorial Hospital, Manistique MI
University of Michigan Health-Sparrow, Carson Carson City MI

Congratulations to all of this year's awardees!

Introducing The Michigan Department of Health and Human Services and Healthy Behavior Optimization for Michigan Tobacco Cessation Box

Healthy Behavior Optimization for Michigan (HBOM), a Collaborative Quality Initiative (CQI) partner, recently announced a new partnership with the Michigan Department of Health and Human Services to provide resources and information to promote tobacco cessation in the state.

Beginning in 2025, the Michigan Tobacco Quitlink and HBOM will offer tobacco cessation provider resources and referral resources for the Quitlink to health care practices across the State of Michigan.

If you are a health care practice in Michigan interested in ordering materials like the Quit Smoking Resource Guide, the Quit Smoking Medication folding card, Michigan Quitlink palm-sized cards, and clinic posters, please fill out the interest form by clicking the button below.

Just Announced: Virtual Community Health Worker Core Competency Certification Beginning February 11, 2025

NATIONALLY ALIGNED COMMUNITY HEALTH WORKER CERTIFICATION

MI Upper Peninsula| 100% Virtual

Northern Michigan University's Center for Rural Health, in partnership with Everyday Life Consulting and the Michigan Center for Rural Health, is offering a virtual nationally aligned **Community Health Worker (NCHW) Core Competency Certification** program. This training meets the standards to be certified as a CHW in Michigan and is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,443,813.00*.

~~$1,625~~
$250*

*Use code **UPWIN** at checkout to receive discount

Time & Dates
Tuesday & Thursday between 8:00 a.m. - 5:00 p.m. EST
February 11th & 13th
February 18th & 20th
February 25th & 27th
*March 4th (MHFA) & 6th (ACES)
March 11th & March 13th
March 18th & 20th
*Mental Health First Aid and Adverse Childhood Experiences Required Training Dates for certification.

For registration and more information, scan the QR code or visit:
www.nmu.edu/ruralhealth/nchw-certification

Training Includes
- A total of 166 hours of instruction, independent study, assignments, and instructor coaching.
- Textbook, student workbook, Mental Health First Aid training, ACEs training, plus lifetime access to virtual learning modules and the CHW registry.

CENTER FOR RURAL HEALTH
NORTHERN MICHIGAN UNIVERSITY

MICHIGAN CENTER RURAL HEALTH

EVERYDAY LIFE Consulting

Our partners at the Northern Michigan University Center for Rural Health, in partnership with Everyday Life Consulting and the Michigan Center for Rural Health, are happy to announce that another virtual Community Health Worker training course will begin early next year. The course will be offered via Microsoft Teams from February 11th to March 20th, 2025, on Tuesdays and Thursdays from 8:00 a.m. to 5:00 p.m. EST.

The program has trained over 75 individuals and anticipates continuing with more virtual and in-person training opportunities through July 2025.

Click the button below for complete details and a link to register.

Click Here for More Details

NEW: State of Primary Care Workforce Report

HRSA's National Center for Health Workforce Analysis collects data, conducts research, and generates information to inform and support public- and private-sector decision making. This brief examines the supply of physicians, physician assistants (PA), and nurse practitioners (NP) practicing in primary care specialties: family medicine, general pediatric medicine, general internal medicine, and geriatric medicine.

While rural areas generally have lower primary care physician ratios than urban areas, the data show that NPs and PAs are essential in providing primary care in rural areas.

Approximately half of PAs were interested in practicing in rural locations (44 percent), Medically Underserved Areas (58 percent), or Health Professional Shortage Areas (54 percent).

Click Here to Read the Full Report

New Finance Guides for Critical Access Hospitals Just Released

Financial wellness is a priority for Critical Access Hospitals (CAHs) and Rural Health Clinics (RHCs). The Technical Assistance and Service Center (TASC), part of the National Rural Health Resource Center, has released two new guides, supported by the Federal Office of Rural Health Policy (FORHP), to help enhance their financial stability.

The first guide, Critical Access Hospital Financial Sustainability, offers practical, non-technical strategies and interventions for addressing ongoing financial challenges in rural healthcare. Focusing on long-term economic stability provides valuable insights to help CAHs improve their financial performance and enhance overall sustainability.

The guide "Strategies for Critical Access Hospitals to Address Outmigration" assists state Flex Programs and rural hospital leaders in tackling patient outmigration and market share loss. It identifies why patients seek care outside their communities and provides practical strategies for Critical Access Hospitals (CAHs) and Rural Health Clinics (RHCs) to keep local patients.

MDHHS Offering Three Webinars to Celebrate SDOH Month in Janaury

Next month, join the MDHHS Social Determinants of Health (SDOH) team for free webinars focused on collaboration, innovation, and actions to address social needs and promote health equity. These sessions will offer valuable insights for healthcare providers, community organizations, policymakers, and those committed to healthier communities.

Webinar 1: *Scaling and Sustaining SDOH Hubs: Key Recommendations from the Advisory Council Tuesday, January 28, 2025, 2:00–3:00 PM ET*
In this session, SDOH Advisory Council members will share practical strategies in alignment, measurement, engagement, support, and equity. Participants will gain insights into building meaningful partnerships and enhancing community well-being through the innovative SDOH Hub framework. **-REGISTER-**

Webinar 2: *Community Health Worker Integration: Advancing Equity in Michigan Wednesday, January 29, 2025, 1:00–2:00 PM ET*
Explore the Community Health Worker Integration to Improve Equity (CITIE) initiative, which aims to reduce health disparities by training and integrating Community Health Workers (CHWs) in communities most affected by health inequities. **-REGISTER-**

Webinar 3: *SDOH Hubs: Cultivating Strong and Resilient Communities Thursday, January 30, 2025, 2:00–3:00 PM ET*
This session will unite state partners and community leaders to explore how Social Determinants of Health (SDOH) Hubs integrate services and resources, enhancing social and healthcare delivery tailored to community needs. Learn about local collaborations and upcoming developments in the SDOH Hubs initiative. **-REGISTER-**

All webinars are free to attend.

Artificial Intelligence in Rural Health: A Special Guide to Learn More

The HRSA-supported National Consortium of Telehealth Resource Centers recently provided an overview of Artificial Intelligence (AI), its applications, and its potential use in health care.

Artificial Intelligence (AI) is both a buzzword and a transformational technology. How can individuals and organizations engaged in digital health know where to begin with recognizing, understanding, and interacting with Artificial Intelligence technologies?

This guide is designed as a starting point for:
- Rural Clinics investigating AI tools and applications.
- Rural providers who are looking at AI to enhance patient care.
- Anyone asking: What is AI in rural health and why should I care?

Click Here to Download The Guide

Two New Policy Briefs from the National Advisory for Rural Health Policy

The National Advisory Committee on Rural Health and Human Services isa citizens' panel of rural health experts that convenes twice each year to examine pressing issues and make recommendations to the U.S. Department of Health & Human Services.

The most recent reports come from a meeting in Austin, Texas, in April of this year, with an in-depth look at **How Technology and Innovation Can Help Address Rural Health Care Challenges** and **Supporting Quality Measurement for Rural Health Clinics**.

Click Here to View How Technology and Innovation Can Help Address Rural Health Care Challenges

Click Here to View Supporting Quality Measurement for Rural Health Clinics

Institute *for* Healthcare Improvement

Michigan Center of Rural Health encourages MICAH QN members to complete courses from the Institute of Healthcare Improvement (IHI). Upon completion, attendees will receive a Basic Certificate in Patient Safety and Quality. These courses are free to MICAH QN members.

For more information and to register, please contact Amanda St. Martin, Hospital Programs Manager at **amanda.saintmartin@affiliate.msu.edu**

Click Here For More Details

MBQIP Upcoming Deadlines, Reporting Reminders and Resources

MCRH continues to provide monthly Medicare Beneficiary Quality Improvement Project (MBQIP) updates that will help improve the quality of care provided in Critical Access Hospitals (CAHs).

MBQIP Reporting Updates

MBQIP 2025 Assistance
Not sure where to start with reporting the **new MBQIP 2025 core measures**? The Data Submission Guides are a great place to start! These guides are designed to meet hospitals where they are at in their reporting journey, such as:
- Rural relevancy and buy-in
- Measure specifications
- Data collection and hospital implementation
- Data submission
- Understanding outcomes and quality improvement

MBQIP Data Submission Deadlines
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Q3 2024 encounters (7/1/24- 9/30/24) is due **January 2, 2025**.

- Emergency Department Transfer Communication (EDTC) Q4 2024 encounters (10/1/24- 12/31/24) is due **January 31, 2025**. Connect with your **State Flex Program** for submission process details.
- Reporting **Median time from ED arrival to ED departure**(OP-18) Q3 2024 encounters (7/1/24-9/30/24) is due **February 3, 2025**. Submission is through the HQR Secure Portal-Outpatient. **CART version 1.25.0**. For questions on CART submission and requirement details, connect with your State Flex Program.
- Safe Use of Opioids- Concurrent Prescribing Q3 and Q4 encounters (7/1/24- 12/31/24) is due **February 28, 2025**. Submission is through the HQR Secure Portal.

Note: This measure is not currently being submitted for MBQIP but is available for reporting to CMS.

Critical Access Hospital Quality Inventory and Assessment
Extensive resources (including a **document with all of the questions** and a **CAH Fact Sheet**) for the Assessment can be found **here**. When you have collected the responses to the Assessment questions, please **go to the portal here to submit your answers**. If you have any questions, please contact your state's Flex Program or the Flex Monitoring Team (**lahrx074@umn.edu**).

MBQIP Data Submission Deadlines are on the RQITA Resource Center website under Data Reporting, linked below.
Data Reporting | Telligen

For more on MBQIP, please contact Amanda St. Martin, Hospital Programs Manager, at **amanda.saintmartin@affiliate.msu.edu**.

December's Strength of Rural Spotlight: Addiction Treatment Service's (ATS) Mobile Unit Program

Each month, the Michigan Center for Rural Health highlights people and organizations who uplift rural health through the Strength of Rural Spotlight Series. In December, MCRH spotlights Addiction Treatment Services of Traverse City, MI, and its ATS Mobile Unit program.

In Northern Michigan rural communities, access to substance use disorder treatment is often limited or nonexistent. This creates significant challenges for those needing care and turns our region into a "treatment desert." Between 2018 and 2023, the opioid epidemic claimed 13,800 lives in Northern Michigan alone, many of them from rural areas. Additionally, mental health struggles have long been left untreated or under-treated in rural communities, an issue that has been exacerbated by the pandemic, leading to overwhelmed and already stretched healthcare systems.

Meeting these needs and finding assistance can feel like an insurmountable feat.

The journey can often feel overwhelming for individuals and families attempting to navigate these challenges and access the support they need. Addiction Treatment Services (ATS) understood this need and desired to meet people where they are on their path to recovery, so in 2022, it launched its ATS Mobile Unit Program. Starting in just two counties, the program has expanded to six, providing access to much-needed substance use disorder services.
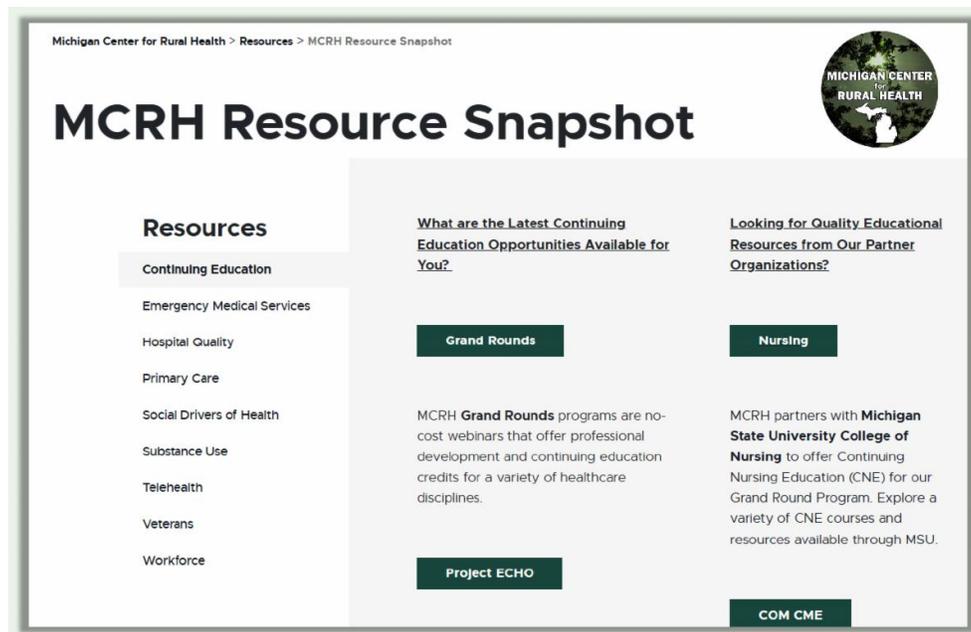
From October 1, 2023, to September 30, 2024, the Mobile Unit Program provided 182 days of service, reaching approximately 339 individuals across six counties—Antrim, Kalkaska, Benzie, Leelanau, Manistee, and Wexford. During this time, it referred 79 individuals to residential, individual, or group therapy, peer support, and OHH/AHH services. On the ATS Mobile Unit itself, it provided 15 individual substance use disorder therapy sessions, 209 primary care supports, 53 peer support sessions, and 169 MAT-related visits (including 151 MAT-related virtual physician visits). These services are crucial for breaking down barriers to care, especially in smaller communities.

Looking ahead to 2025, Addiction Treatment Services is excited to continue expanding its reach and providing ongoing support to rural communities.

Do you have a story to share? Know a rural organization or individual making a difference? Email Laura Mispelon, Social Drivers of Health Manager, at laura.mispelon@affiliate.msu.edu, *and let us share your story!*

Click Here to Read the Full Addiction Treatment Services Spotlight Article

Introducing MCRH's NEW Resource Snapshot Webpage

MCRH is proud to offer additional information on rural health programming through our recently launched Resources Snapshot webpage.

The Snapshot page introduces each MCRH team member managing our program areas and includes valuable links to resources, program collaborators, and more.

Check it out today!

Upcoming MCRH Educational Events

Grand Rounds:
January 15, 2025, 12-1 PM EST
Special Populations Grand Rounds: Communicating with Farmers Under Stress
Speaker: Remington Rice, PhD
Register Here
CE Provided for Social Workers, Nurses, Physicians, and Community Health Workers

January 17, 2025, 12-1 PM EST
Oral Health Grand Rounds: Understanding the New AAP Periodontal Classification System
Speaker: Sheree Duff, RDH, BSDH, MSA
Register Here
CE Provided for Dentists, Dental Hygienists, Dental Therapists, and Dental Assistants

Project ECHO: *2025 Information Coming Soon!*

EMS: *2025 Webinar Information Coming Soon!*

ADDITIONAL NEWS & RESOURCES:

RURAL EMERGENCY HOSPITALS:
CMS Seeks Feedback on Quality Measures for Medicare Hospitals, including REHs – Comment by December 30

Thinking of Converting to REH? Key Observations from Financial Modeling

Updated Guidance for Rural Emergency Hospitals (REHs)

CYBERSECURITY:
AHA Helps Secure New Cybersecurity Resources from Microsoft and Google to Assist Rural Hospitals

Information on Microsoft Cybersecurity Program for Rural Hospitals **//** SIGN UP

TELEHEALTH:
Expanding Dental Care to Children Through Telehealth

Building Michigan's State Broadband Plan

VIDEO: How Broadband Access Positively Impacts the Growing American Workforce

2024 State Policy Agenda for Telehealth Innovation

HOSPITAL PROGRAMS:
CMS Updates Hospital Policies for Fiscal Year 2025 and Finalizes a New Payment Model for Select Surgeries

PRIMARY CARE:
CMS Proposed Changes to Medicare Part C and D – Comment by January 27

CMS Enhancing Coverage of Preventive Services Under the Affordable Care Act

CMS Finalizes New Model to Improve Access to Kidney Transplants

Patient-Centered Outcomes Research Institute (PCORI) Funding: Improving Mental and Behavioral Health – Letters of Intent January 14

CMS Announces New Lower Drug Prices for 2026 / Negotiated Pricing Fact Sheet

CMS Innovation in Behavioral Health Model

New Changes to Behavioral Health Intensive Outpatient Program Coverage in Medicare

Medicare Advantage Plan Growth in Rural America: Availability of Supplemental Benefits

SOCIAL DRIVERS OF HEALTH:
A Toolkit for Developing Local Multisector Plans for Aging in Rural Areas

HHS Launches New "Food as Medicine" Resources

A Healthy Mouth for Every Body - A Look At The Connection Between Oral Health and Overall Health

ERS on Household Food Security in the United States in 2023

Engaging Policymakers for Healthier Communities | County Health Rankings & Roadmaps

Healthy People 2030 Webinar Recording: Planning for Individual and Community Health

The U.S. Playbook to Address Social Determinants of Health

SUBSTANCE USE DISORDER:
SAMHSA/American Psychological Association - Psychology Minority Fellowship Programs - January 15

Take 10! Transforming Care for Women with Substance Use Disorders (SUDs) and Their Families Webinar Series

Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)

Opioid Settlement Overview Table

Recovery-Ready Workplace Toolkit for Businesses

Model Recovery Ready Workplaces Act

WORKFORCE:
HRSA Nurse Faculty Loan Program – February 24

CMS Awards Third Round of Medicare-funded Residency Slots to Hospitals

Statewide Investment Helps Youth Explore Future Careers In Michigan

Mental Health in the Rural Workplace

Mobilizing Health Care Workforce via Telehealth

VETERANS:
VA Proposes Expanded Access to Telehealth for Rural Veterans – Comment by January 13

Providers Can Play a Vital Role in Ensuring Veterans Are Fully Connected to Their Earned Benefits

Veterans Test How Wearable Devices Sync with Share My Health Data App - VA News

Military and Veteran Caregiver Network Offers Peer Support, Resource Library - VA News

International Fraud Awareness Week: Protecting Veterans from Emerging Scams - VA News

National Association of Community Health Centers Veterans Interest Group

Find Your County's Veteran Service Officers

Updated Veterans Educational Videos from the IREACH Program

Questions about VA healthcare? Attend the Veterans Healthcare Workgroup Monthly Meeting on the Second Monday of Every Month at 1 PM EST (Zoom Link)

ADDITIONAL RESOURCES:

ASPPH/USDA Rural Health Fellowship – January 9

Obstetric Care Access at Rural Hospitals in the United States

CMS Creates New Prescription Drug Resource Hub

Updated Catalog of Value-Based Initiatives for Rural Providers

New Birthing Friendly Hospital Designation Available on Care Compare Website

New Map Shows Rural Emergency Hospitals

A SPECIAL THANK YOU TO MCRH'S 2024 ORGANIZATIONAL SPONSORS

SPONSORED ORGANIZATIONAL SPONSOR CONTENT

Design-Build Construction Services for a Modern Medical Office

Medical clients appreciate that we work with them to keep their practice open during a remodel and guarantee our delivery date on a new building. Our team works with Doctors to create an efficient and well thought out design for staff and patients. They also provide attention to detail and quality for the best form, function, cleanliness, and value available to save Doctors time and money.

Wolgast's Medical Construction Team includes a retired neurosurgeon and an architect who are well-versed in patient flow, HIPAA regulations and general medical office operation. Additionally, we have skilled tradesmen who have previous experience building medical offices. Our proficiency includes the design and construction of **Patient Centered Medical Homes**, surgery centers, therapy pools, and many private practice offices.

Ambulatory Care, Procedure Rooms and Certificate of Need

The more procedures a Doctor or Midlevel Practitioner (NP or PA) can complete in office, the more time and money they can save their patients. This means that Medical Offices could be facing a need for more space to add procedure rooms or ambulatory care. Wolgast is able to assess your needs, assist with land or building search, and design and construct the building using a qualified team of contractors to finish the project on-time while meeting or beating the budget. Additionally, if a **Certificate of Needs (CON)** is necessary, Wolgast can assist with completing it to make your building a reality.

Long-Term, Memory Care, Assisted Living Care Facilities

Baby Boomers are increasing the need for Long-Term, Memory, and Assisted Living Care Facilities. These Living Care Centers require a mix of Housing with Medical Care to maintain and operate. It is a hybrid of design and expertise to build a project like this, and Wolgast has significant experience with **Multi-Family Housing**, Medical Office, and Living Care Facilities to help direct business owners in this industry. Whether it is a remodel of an old hospital, or a new facility, Wolgast completes their work in phases, so the earliest units can be ready to be leased to generate income for the owner before the complex is complete.

Remodeling an Existing Healthcare Practice

It is hard to determine when is a good time to remodel a medical office when anticipating the need to shut down or limit patient appointments. Wolgast is able to work around your schedule and accommodate for infection control, adequate space, and use of equipment so a practice can **stay open** for as long as possible. We will help create a plan, so a Doctor and Practice Manager can feel comfortable staying focused on the practice.

Affiliations

Wolgast keeps their knowledge of the Healthcare Industry through participation at the Michigan Osteopathic Association's Annual Conference in the fall and through sponsorship of Michigan Center for Rural Health. Additionally, on our staff is Dr. Michael Shepard, former Neurosurgeon. He is available to provide a **complimentary assessment** about your Medical Office and help guide Doctors with the decisions they may need to make.

800-WOLGAST | www.wolgast.com

Is your organization interested in becoming a 2025 MCRH Organizational Sponsor?

Please contact Doug Siwek (siwekdou@msu.edu) for more information on this branding opportunity.

Click to View Complete Organizational Sponsor Details

Visit the MCRH Website