Michigan Rural Health Clinic Quarterly Meeting

February 16, 2022
Jill Oesterle, CHRCP

- Joined MCRH – October 2017
- Former Practice Manager at Eaton Rapids Medical Center
- McLaren Greater Lansing – 24 years
Role Overview

• Provide support and facilitation to the RHC Network.
• Serve as a point of contact for all rural health clinics throughout the state of Michigan.
• Provide technical assistance on RHC compliance and quality related inquiries.
• Staff lead on grant funded projects that impact RHCs
Rural Health Clinic Network

• The Michigan Rural Health Clinic Network is an initiative started in 2011 by dedicated RHCs throughout Michigan and the Michigan Center for Rural Health with a goal to measure and improve the quality of care in Michigan RHCs.

• The member driven network meets on a quarterly basis, and all MI RHC personnel are welcome to attend.
RHC Network Board

**President:** Keisha Sexton, CMM, Practice Manager, Northern Pines Health Center, PC assumed President Role June 2021 (as indicated by the bylaws)

**Vice-President:** Amanda Shelast, Vice President – Physician Services & Clinical Networks, Dickinson County Healthcare System

**Secretary:** Laurel Sawyer, BHSA, CRHCP, Practice Manager III, Primary Care, Mercy Health Physician Partners

**Treasurer:** Jenna Sharkey, RN, CRHCP, Clinical Accreditation & Value Based Purchasing, Aspirus, Inc.

**Member Representatives** (up to five additional elected by the network membership)
- Kimberly Shiner, Executive Director of Clinic Services, Schoolcraft Memorial Hospital
- Tisha Tillery, CRHCP, Manager of Physician Practices & CRHCP, Hills and Dales General Hospital
- Ruanne Vander Veen, Quality Assurance and Improvement Coordinator, Sheridan Community Hospital
- Tami Wahl, BBA, Manager of Physician Practices & Occupational Health, Hills & Dales General Hospital
2022 RHC Network Quarterly Meetings

- February 16th
- May 12th
- August 11th
- November 10th
RHC Practice Management Workshop

Tentative date of May 4th from 9:00 am – 3:30 pm
Location TBD

Creating an Environment for Compliance
- Participants will review basic RHC requirements
- Participants will discuss how to maintain compliance utilizing an RHC tool kit
- Participants will learn how to self audit for compliance

Manager Survival Skills
- Participants will understand what makes good management
- Participants will learn process to build a team within the practice
- Participants will understand how good management skills enhance the practice and patient care

Documentation and Reporting Requirements
- Participants will discuss emergency planning, drills and after-action reports
- Participants will review the elements required in the program evaluation meeting
- Participants will understand basic cost reporting (2:00 pm – 2:45 pm)
Secretary: Laurel Sawyer, BHSA, CRHCP, Practice Manager III, Primary Care, Mercy Health Physician Partners

Certified Rural Health Clinic Professional, and rural health advocate for over twenty years. Currently serving as a Practice Manager for a large rural health clinic and urgent care. Bachelor’s degree in Healthcare Administration and in process for MBA at Davenport University. Laurel has a passion for clinical integration and population health management implementation strategies and operations. Fun Fact: Co-lead and founder of Maxine’s Closet in 2009, to help Oceana County and surrounding communities with essential back to school clothing and supplies.
RHC Flex Program

This project will develop and implement a formal quality improvement project for provider-based Rural Health Clinics (PB-RHC) that are owned and operated by Critical Access Hospitals (CAH).

As announced by the Federal Office of Rural Health Policy (FORHP) in March 2021, one of the new requirements for Flex grantees is active support for a multi-hospital quality improvement project that is rural relevant, focused on a CAH quality improvement priority area and that quantifies demonstrable results.

Provider-based RHCs, already acknowledged in the Flex guidance as an eligible provider type for grant-funded activities, provide perhaps the most important yet under-recognized component of the rural healthcare delivery system.

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

The Compliance Team (TCT) and Lilypad will collaborate with the Michigan Center for Rural Health. A cohort of PB-RHCs who are motivated and ready to implement a set of clinical and operational best practices will improve performance in one of the metrics/focus areas listed below:

- **NQF #0018** / Quality ID #236 – Controlling Blood Pressure
- **NQF #0028** / Quality ID #226 – Preventive Care and Screening: Tobacco Use
- **NQF #0038** / eCQM 117v6 – Childhood Immunization Status
- **NQF #0059** / Quality ID #1 – Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- **NQF #0419** / Quality ID #130 – Documentation of Current Medications

Enrolling a select group of 5-7 CAHs with RHCs.