

Mission Statement: We coordinate, plan and advocate for improved health of Michigan's rural residents and communities.

Vision Statement: 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.



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Agenda Item	Action Item(s)
<p>Jill Oesterle (MCRH), Danielle Harmon (MCRH), Robin Veltkamp (HSA), Tressa Sacrey (HSA), Chelsie Methner (Wexford), Claudia Chavez-Krebs (UPHCS), Elena Smith (Superior Health Quality Alliance), Jeff Nagy (MCRH), Elise DeYoung (MPRO), Jamie Conklin (Med Advantage Group), Susan Ingram, Nichole, Marsha Nemeth (Sparrow), Linda Mueller (Med Advantage Group), Lacey Sherlock (Sparrow)</p>	
<p>Updates:</p> <ul style="list-style-type: none"> • Upcoming RHC Quarterly Meetings: <ul style="list-style-type: none"> ○ August 13th – Virtual Meeting ○ November 12th – Location TBD • Practice Manager Workshops <ul style="list-style-type: none"> ○ Virtual • MI RHC Innovative Model: <ul style="list-style-type: none"> ○ RHC Executive Board – developing work plans <ul style="list-style-type: none"> ▪ Strategy 1: Drive Effectiveness of Care & Disease Management ▪ Strategy 2: Increasing Access to Health Care Services ▪ Strategy 3: Reduce Disparities by Addressing Social Determinants of Health 	<p>Jill Oesterle, Manager for Rural Health Clinic Services Oester35@msu.edu</p>
<p>RAD-IT; Jill Oesterle</p> <ul style="list-style-type: none"> • Responding to Adolescent Depression through Integration and Telemedicine <ul style="list-style-type: none"> ○ Funder: The Michigan Health Endowment Fund ○ Program Period: September 2019-August 2021 ○ Goal: Use Telemedicine to improve behavioral health outcomes of 1500+ rural Michigan Adolescents in the following counties: Allegan, Mason, Oceana, Hillsdale, Grand Traverse, Benzie, Manistee, and Macomb, Clare, Gladwin. • Why Participate? <ul style="list-style-type: none"> ○ Untreated depression is associated with several adverse outcomes for adolescents <ul style="list-style-type: none"> ▪ In Michigan, 32% of high school students report feeling sad or hopeless ▪ 11% aged 12-17 report having at least one major depressive episode. ○ Implementation of the RAD-IT initiative will increase recognition of depression in Michigan adolescents and provide timely and effective treatment for those both most at risk for mental health issues and most likely to face significant barriers to accessing treatment services. ○ Telehealth equipment and a 3-year subscription to Cisco WebEx (valued at approximately \$5,000). Practices can use the equipment for all patients during the program and it is theirs to keep upon completion ○ FREE continuing Medical Education (CME) and Maintenance of Certification (MOC) credits ○ A dedicated practice coach available to help you integrate depression screening, treatment, and telehealth services into your practice, and 	<p>Take this Quick Survey regarding RAD-IT Participation</p> <p>Review Update and RAD-IT Presentation</p>

<ul style="list-style-type: none"> ○ Regular performance data around screening, identification, treatment, and follow-up of adolescent depression. ● Eligibility: <ul style="list-style-type: none"> ○ Must be located in Allegan, Mason, Oceana, Hillsdale, Grand Traverse, Benzie, Manistee, and Macomb, Clare, Gladwin. ○ Have a reliable Internet connection (at least 5 megabits/second) ○ Not yet be conducting universal depression screening with their pediatric patients ○ Have and be actively using an EHR to maintain patient records. ● Next Steps: <ul style="list-style-type: none"> ○ May 2020-Recruitment ○ June 2020-Kickoff ○ July 2021- Program Completion 	
<p>Pandemic Recommendations; Robin VeltKamp and Tressa Sacrey (HSA)</p> <ul style="list-style-type: none"> ● Updates: <ul style="list-style-type: none"> ○ Mid-Level Waiver: This waiver will revert to original regulations after the pandemic is over ○ Cost Report Extension: Fiscal year ending 12/31/19 has extension due July 31, 2020 as opposed to 5/31 <ul style="list-style-type: none"> ▪ Have not heard of additional extensions for future cost reports ○ Provider Relief Fund Payment Allocation: Provider-based RHC. RHCs connected with rural hospitals will have their allocations included in hospitals allocations. <ul style="list-style-type: none"> ▪ Must be in rural location to be eligible. ○ Expedited Application Process: unsure how long the waiver will last. ○ Expedited Initial Survey: Recertification surveys are currently suspended. <ul style="list-style-type: none"> ▪ Remote access: crosswalk through information via video. Very thorough and similar as if they were there in person. Recommended to have 2 persons on call. ○ Can certify certain sections of center to get money moving before getting full facility certified. ○ Civil Rights Portal has been re-opened. ● Emergency Preparedness: <ul style="list-style-type: none"> ○ Burden Relief-Nov. 2019 (Biennial review of emergency program, one training per year. ○ Areas to review risk assessment, communication plan, policies, training and testing ○ Risk Assessment: Each location must have assessment completed biennially <ul style="list-style-type: none"> ▪ Vulnerability to specific hazards that are categorized by the same standard. Each address must have their own risk assessment. ▪ All Hazards Approach: Naturally occurring, technological, human related (ex. High crime location), hazardous materials 	<p>Review Presentation from Health Services Associates</p> <p>Suspension of Survey Activities Memorandum</p> <p>Policy Crosswalk Chart</p> <p><i>Robin VeltKamp, RHC Quality Assurance and Education</i> Email: rveltkamp@hsagroup.net</p> <p><i>Tressa Sacrey, RHC Compliance Analyst</i> Email: tsacrey@hsagroup.net</p>

<p>(ex. Chemical plant nearby, train nearby carrying hazardous materials), Infectious Diseases</p> <ul style="list-style-type: none"> ▪ Communication Plan: Internally (staff, volunteers, physicians), externally (federal, state, tribal, regional), Condition of patients, clinic needs, clinic resources. ○ Updated Plan: Governmental elections, documentation (Burden Relief), communication tools (walkie talkies, etc.) ○ Updated Policies: Evacuation, shelter-in-place, medical documentation, medication. New policies for new risks? ● Emergency Preparedness: <ul style="list-style-type: none"> ○ Document all requests and changes in policies. ○ Document updates in safety measures ○ Summarize what was done to answer the impact had on patients ○ Tying it all together: bring al updates to the program meeting and train staff on all updates. ● Autoclave: have manufacture guidelines available and be following guidelines. ● Flexibility and creative approaches to the evolution of treating the virus. <ul style="list-style-type: none"> ○ Well-child visits, drive-through services, bringing in at risk patients during early hours after cleaning is complete. ● Roll-back plan encouraged as opposed to going right back to how things were running before. <ul style="list-style-type: none"> ○ Be sure to document roll back plan 	
Wrap Up	Take this Quick Survey Regarding Telehealth