RURAL HEALTH REDESIGN CENTER ORGANIZATION

2020-2022

ANNUAL REPORT

WWW.RHRCO.ORG
SUPPORT@RHRCO.ORG
625 FORSTER ST FL8 HARRISBURG, PA 17120

MESSAGE
FROM OUR LEADERS

We are proud that we have successfully established the RHRCO and are publishing our first annual report to highlight our first two years of operation. The RHRCO's primary goal is to improve the health of rural residents and communities in Pennsylvania. The RHRCO is a 501c3 nonprofit dedicated to helping rural communities thrive and serving as a supporting organization to the RHRCA for fundraising purposes to strengthen the long-term sustainability of the organization. In addition to advancing rural health innovation within Pennsylvania in support of the RHRCA, the RHRCO also provides national level technical assistance to other rural communities in partnership with HRSA and other organizations.

The Pennsylvania Rural Health Model (PARHM) now impacts approximately 1.3 million lives through our participant base of 18 hospitals and 6 payers across the Commonwealth. Participant hospitals serve some of the most disparate populations in the state while generating $2.4 billion in economic contributions and providing 17,800 jobs. Hospital transformation continues to be a priority with focus areas ranging from disease management to social determinants of health. The value of the program is being realized with average hospital operating margins and the quality of care delivered improving.

In addition to the PARHM, there are four new projects that we have been awarded since the close of the fiscal year which have significantly expanded our reach as an organization. Each of these projects focuses on supporting rural healthcare organizations to help them remain open and enhance the services they deliver to their community.

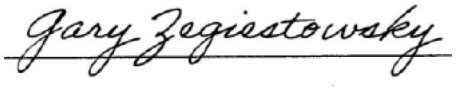
The Peer Recovery Expansion Project (PREP) is a federally funded grant program to enhance access to substance use disorder and mental health treatments in the communities of seven hospitals currently in the PARHM program.

The Emergency Medicine & Community Health Industry Integration Partnership (EMCHIIP) is a state-funded program to strengthen the EMS and Community Health workforces in PARHM hospital communities pursing Mobile Integrated Healthcare solutions.

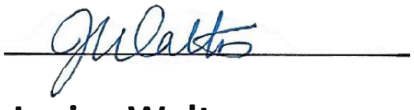
The Rural Emergency Hospital Technical Assistance Center (REH-TAC) is a federally funded program in which the RHRCO serves as a national resource to support critical access hospitals and small PPS hospitals interested in assessing feasibility of the Rural Emergency Hospital (REH) designation made available through CMS.

The Rural Northern Border Regional Health Support Technical Assistance Center (NBR-TAC) is a federally funded program in which the RHRCO serves as a multi-state technical assistance center supporting healthcare providers and communities in the rural Norther Border Region which includes Maine, New Hampshire, New York and Vermont.

We are excited about the journey our organization is on and believe we can truly make a difference in transforming rural America.



Gary Zegiestowsky
Executive Director



Janice Walters
Chief Operating Officer of Programs

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ABOUTUS

Committed to helping rural communities THRIVE.

Our mission is to protect and promote access by the residents of the Commonwealth, and other states, to high-quality health care in rural communities by encouraging innovation in health care delivery.

The RHRCO is a 501C3 non-profit that was formed in 2020 to address rural-relevant issues plaguing rural communities across the Country. Recognizing that rural healthcare providers are often the BACKBONE of their communities, providing the most jobs and economic contributions, we are passionate about finding solutions to support these institutions through healthcare reform, workforce development, and other innovative tactics.

We are a national resource and ADVOCATE for rural America, offering support to the rural hospitals, clinics, and other providers that our crumbling under the current healthcare system. We have seen firsthand how the closure of these institutions leads to erosion of the surrounding community. In contrast, we have witnessed how our work supporting these institutions benefits the larger rural community at scale by mitigating barriers and driving improvements to population health and social determinants of health.

Our vision is to TRANSFORM rural America by identifying and implementing sustainable solutions that will stabilize communities without compromising their culture and values. Through our work, we are committed to improving the quality of life for rural residents physically, mentally, and socially. We will continue to provide technical assistance to communities in need, share strategies that have proven effective, and work with local, state, and federal partners to develop long- term strategies for rural health reform.

OUR PROJECTS

We support rural healthcare organizations that have limited resources by providing tailored, rural-relevant technical assistance to help them remain open and enhance the services they deliver to their community.

Pennsylvania Rural Health Model (PARHM)
Impacting 1.3 million Pennsylvanians through rural healthcare transformation.

Peer Recovery Expansion Project (PREP)
Enhancing access to behavioral health and substance use disorder services in rural P.A.

Emergency Medical & Community Health Industry Integration Partnership (EMCHIIP)
Strengthening and integrating the EMS and Community Health Workforces in rural P.A. to support Mobile Integrated Healthcare solutions.

National Rural Emergency Hospital Technical Assistance Center (REH-TAC)
Helping rural hospitals across the country assess feasibility of the Rural Emergency Hospital provider type to maintain access to care in their communities.

Rural Northern Border Region Technical Assistance Center (NBR-TAC)
Providing technical assistance to providers in rural Maine, New Hampshire, New York, and Vermont to help them improve access to and quality of care.

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Pennsylvania Rural Health Model (PARHM)

*Allocations for administration of this program **are included** in the financials of this report.*

Background:
The PARHM is an innovative payment model developed by the Centers for Medicare and Medicaid Innovation (CMMI) testing whether fundamental changes to how rural hospitals are paid can lead to increased stability, improved population health, and reduced total costs of care.

Project Details

2018
Project Start

2024
Project End

18
Hospital Participants

6
Healthplan Participants

15
County Footprint

AT A GLANCE

We support the administration of the PARHM by transitioning hospitals from fee-for-service reimbursement to global-budget payments that are funded by Medicare, Medicaid, and the Commercial Payers who have agreed to participate in the Model. This alternative payment mechanism aligns incentives for providers to deliver value-based care that better meets community needs.

OUR WORK

There are two primary pillars to our work within the PARHM -

(1) Oversee the global budget distribution to increase the financial stability of hospitals through predictable cash flow.

(2) Guide hospitals through a transformation plan process to drive improvements to population health and access to care in their communities.

Transformation initiatives vary by hospital but all can be attributed to the three main categories set forth by CMMI.

1. **Enhance Access to Care**
2. **Improve Population Health**
3. **Decrease Substance Use Disorder Deaths**

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Pennsylvania Rural Health Model (PARHM)

*Allocations for administration of this program **are included** in the financials of this report.*

PROGRAM IMPACT

As the program is progressing towards the term of its performance period, its impacts are beginning to be seen in the hospitals and communities served. As can be seen under the demographics, the lives impacted are residents of some of the most critical communities in the state with unemployment, poverty, and disability rates above the state average.

In addition to impacting rural residents across the state, participant hospitals have experienced increased financial stability as evidenced by improvements in overall operating margins. By supporting these hospitals, we are preserving 5% of Pennsylvania's total economic contributions and 6% of the state's job and salary contributions.

As a result of this increased stability, hospitals completed over 100 transformation initiatives between 2019 and 2021. The most common areas of focus were Disease Management (34%), expanded service lines, and substance use disorder or mental health services.

Demographics

1.3M
Lives Impacted

5.5%
Unemployment Rate

13.7%
Poverty Rate

17.0%
Disability Rate

31.6%
HPSA Population

HPSA - Health Professional Shortage Area

Hospital & Economic Stability

100%
Hospitals Remain Open

100%
Quality Metrics Attained

$2.4B
Economic Contributions

$886M
Salary Contributions

17.8K
Jobs Provided

Transformation Efforts

100
Goals Completed

34%
Disease MGMT

23%
Expanded Service Lines

20%
SUD/Mental Health

8%
SDoH

SDoH - Social Determinants of Health

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Peer Recovery Expansion Project (PREP)

This project was awarded by the Health Resources and Services Administration (HRSA) after the close of fiscal year 2021 and therefore is not reflected in the financial section of this report.

Background:
As PARHM evolves, hospital interest in collaborating to drive larger impacts across PA increases. With limited access to SUD and mental health services in PARHM communities, PREP is the first project that the RHRCO serves as the central convenor to for a multi- hospital collaboration.

Project Details

2.0M
Dollars Awarded

2022
Project Start

2026
Project End

212K
Lives within Reach

5
County Footprint

AT A GLANCE

This is a collaboration of the RHRCO, seven PARHM hospitals, and their associated Single County Authorities. The goal of this project is to enhance access to substance use disorder and mental health treatments by embedding Peer Recovery Specialists and Case Managers in hospital Emergency Departments.

OUR WORK

We are utilizing scalable solutions to maximize its impact across the state. There are multiple components to this project including -

1. **Regional Implementation of PREP Teams**
   CRS and Case Managers shared between neighboring facilities to enhance access to services in multiple communities.
2. **Tele-Conferencing Capabilities**
   Enabling both in-person and virtual consultations as may be needed.
3. **Workforce Development & Job Advancement**
   CRS training and direct employment in addition to the opportunity for cross-training in behavioral health for job advancement.
4. **Stigma Reduction & Education**
   Performing assessments and providing education resources to reduce stigma within the hospital and community.
5. **Addressing SDoH**
   Facilitating linkages to community resources for patients of low socio-economic status.

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Emergency Medical & Community Health Industry Integration Partnership (EMCHIIP)

This project was awarded by the Pennsylvania Department of Labor & Industry after the close of fiscal year 2021 and therefore is not reflected in the financial section of this report.

Background:
There is a common vision of implementing Mobile Integrated Health (MIH) among PARHM participants.
This is believed to be a viable option for enhancing access to care and care management in PARHM communities by mitigating transportation barriers, and reducing emergency department readmissions.

Project Details

250K
Dollars Awarded

2022
Project Start

2024
Project End

139K
Lives within Reach

2
County Footprint

AT A GLANCE

Workforce development has become a key focal point of preparing for implementation of MIH. The goal of EMCHIIP is to strengthen the EMS and Community Health Workforces (CHW) in preparation for MIH. This partnership is comprised of two PARHM hospitals, their local workforce development boards, their local education intuitions, and the regional EMS provider. It is anticipated that this project will be expanded to other PARHM communities throughout its implementation.

OUR WORK

As the central convenor of this partnership, we help facilitate conversation and develop scalable and regional strategies to -

1. **Assess Current CHW & EMS Workforces**
   Assessing the current capacity and limitations of the CHW and EMS workforces.
2. **Strengthen CHW & EMS Workforces**
   Identifying opportunities for improvement in the training, recruiting, retention, and advancement of EMTs and CHWs.
3. **Facilitate Linkages**
   Connecting Partners to community stakeholders or subject-matter experts for shared learning and collaboration.
4. **Pursue Implementation Funding**
   Identifying and pursuing funding opportunities on behalf of Partnership for implementation of developed strategies

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National Rural Emergency Hospital Technical Assistance Center (REH-TAC)

This project was awarded by the Health Resources and Services Administration (HRSA) after the close of fiscal year 2021 and therefore is not reflected in the financial section of this report.

Background:
Between 2010 and 2022, 138 rural hospitals stopped providing inpatient services, 75 of which were complete hospital closures.

Project Details

$12.5M
Dollars Awarded

2022
Project Start

2027
Project End

Impact To-Date

450
Stakeholders Educated

35
Hospital Engagements

19
State Footprint

AT A GLANCE

Through this Cooperative Agreement with the Health Resources and Services Administration (HRSA), we serve as a national technical assistance center to support critical access hospitals and small PPS hospitals interested in assessing feasibility of the Rural Emergency Hospital (REH) designation made available through the Medicare Rural Hospital Flexibility Program.

OUR WORK

We utilize scalable solutions to provide:

1. **REH Education**
   Providing resources, tools, 1:1 education, and group-learning forums.
2. **Financial Modeling**
   Model a hospital's current financial environment compared to what it may look like as an REH.
3. **Transition Planning**
   Guide hospitals through a strategic planning process providing a roadmap to conversion.
4. **Application Assistance**
   Assist hospitals with compiling and completing the application to CMS for REH consideration.

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Rural Northern Border Region Healthcare Support Technical Assistance Center (NBR-TAC)

This project was awarded by the Health Resources and Services Administration (HRSA) after the close of fiscal year 2021 and therefore is not reflected in the financial section of this report.

Background:
There are 55 rural counties in the NBRC region. These are some of the most distressed counties in the four northeastern border states and are home to approximately 3,414,300 residents.

Project Details

5.97M
Dollars Awarded

2022
Project Start

2025
Project End

Impact To-Date

50
Stakeholders Engaged

2.0M
Lives within Reach

4
State Footprint

AT A GLANCE

Through Cooperative Agreement with HRSA, we serve as a multi-state technical assistance center supporting healthcare providers and communities in the rural Northern Border Region (Maine, New Hampshire, New York, and Vermont).

OUR WORK

We utilize data-driven approaches and stakeholder engagement to provide assistance in the following areas:

1. **Access to Care**
   Enhancing access, including for mental health and substance use disorder.
2. **Workforce Recruitment & Retention**
   Identifying and assisting with the implementation of strategies to strengthen the current workforce.
3. **Transitions to Value-Based Care**
   Educating hospitals on Value-Based Care to prepare for possible transitions to it.
4. **Strategic Planning**
   Guiding hospitals through a formal strategic planning process to prepare them for the future.
5. **Fund Procurement**
   Assisting hospitals with the identification and pursuit of grant funding.

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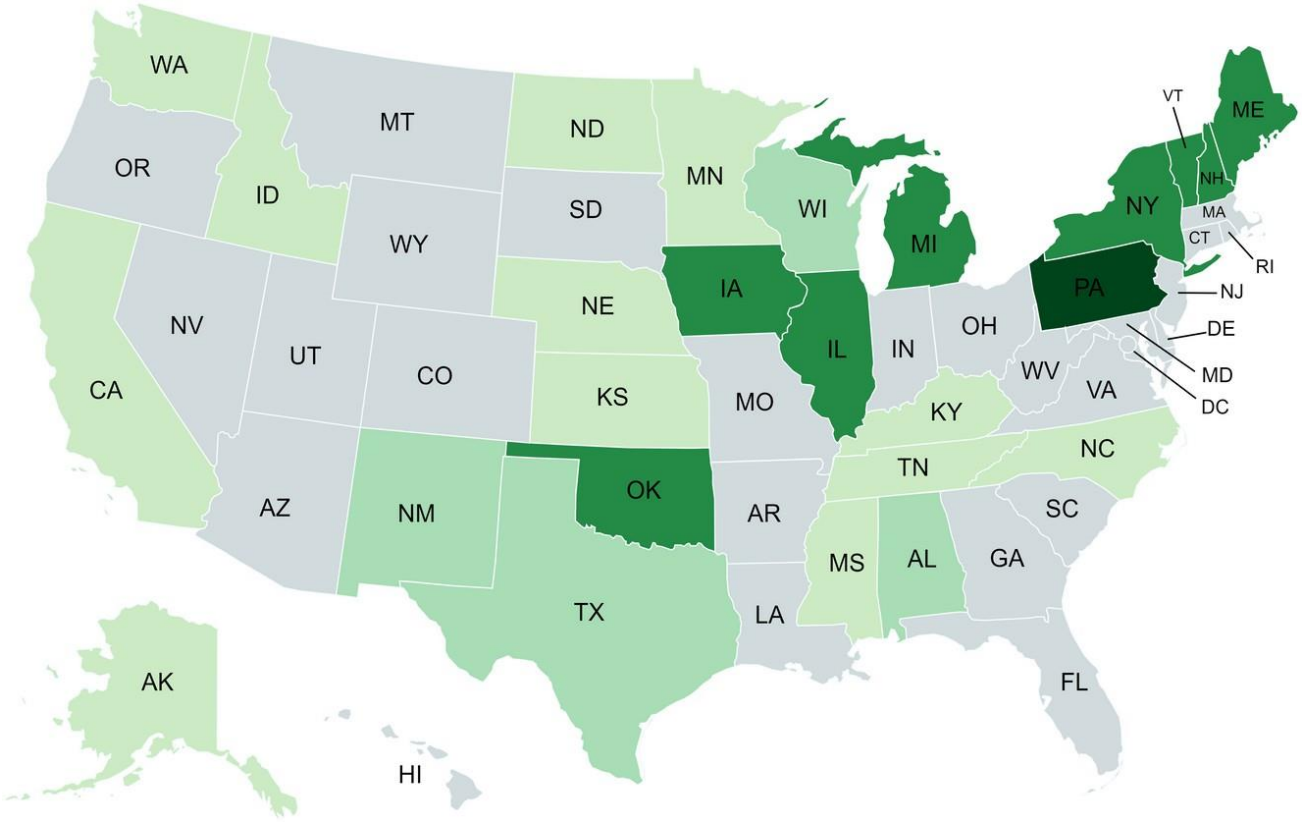
OUR FOOTPRINT

Through the REH-TAC, NBR-TAC, PARHM, and 1:1 support services, our reach has grown beyond Pennsylvania's borders to a national level as indicated by the green-shaded regions below. As these programs continue to evolve, as will our footprint. We are honored to have the opportunity to serve rural healthcare providers and communities from Maine to Alaska and anywhere in between.



Level of Engagement To-Date

Beginning — Extensive

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TESTIMONIALS

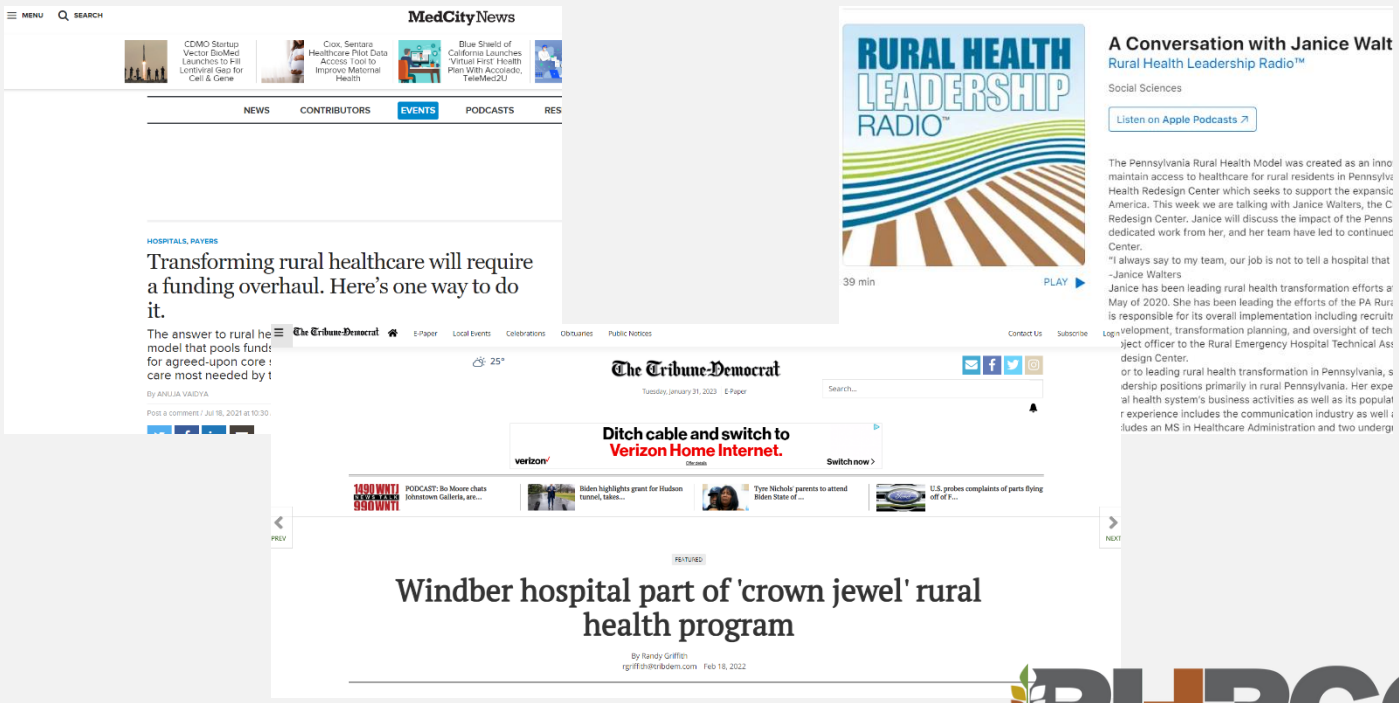
The work of the RHRCO has transformed our hospital's focus from providing "sick-care" to providing "healthcare".

Without the PARHM, our hospital would not have survived the COVID-19 Pandemic.

The RHRC team has been wonderful to work with and are very supportive of our transformational efforts.

As we continue to work with the RHRCO, the resources that are available to us are invaluable.

- PARHM Participant Feedback



RURAL HEALTH REDESIGN CENTER ORGANIZATION

OUR LEADERSHIP

GARY ZEGIESTOWSKY
Executive Director

JANICE WALTERS
Chief Operating Officer of Programs

BOARD OF DIRECTORS

(as of January 2023)

- **John Lewis (Chair):** Chief Executive Officer, Armstrong Memorial Hospital.
- **Lauren Hughes, MD, MPH, MSc, FAAFP (Vice Chair):** State Policy Director, Farley Health Policy Center, Colorado.
- **Brock Slabach, MPH (Secretary):** Chief Operations Officer, National Rural Health Association.
- **Lisa Davis, MHA (Treasurer):** Director and Outreach Associate Professor of Health Policy and Administration, PA State Office of Rural Health.
- **Greg Leis, MBA, CHFP:** Vice President /Chief Financial Officer, Fulton County Medical Center
- **Raymond Prushnok:** Executive Director, UPMC Center for Social Impact and AVP of Government Programs at UPMC Health Plan.
- **John Myers:** Vice President of Federal Advocacy, Hospital and Healthsystem Association of Pennsylvania (HAP)
- **Sheilah Borne:** Associate Vice President of Government Health Relations, Penn State Government and Community Relations

MEET THE TEAM

Our passion to help rural communities thrive is derived from REAL-LIVED EXPERIENCE living and working in rural America. Our team is comprised of long-term rural residents and former rural healthcare executives with an intimate understanding of the issues at hand, and we are committed to addressing them through creative and practical approaches.

RHRCO SUPPORTING STAFF

Dr. Lacey Hughes
Intern

Tracey Dorff
Grant Writer, Data Analyst

THE PARHM TEAM

Brigitte Green
Operations Manager

Beth Locke
Transformation Director

Sue Pascarella
Community Benefits Coordinator

Diana Carpenter
Clinical Program Manager

Note:

*Costs associated with these team members **are** reflected in the financials of this report.*

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MEET THE TEAM (CONTINUED)

The following team members were onboarded in Fall 2022 to strengthen our internal competencies and manage our newly awarded programs.

RHRCO SUPPORTING STAFF

Angie Slemok
Executive Assistant

Gerry Egan
Fiscal Manager

Anna Anna
Rural Health Policy Analyst

Tomisin Akinola
Senior Data Analyst

THE REH-TAC TEAM

Bill Bizzaro
Project Director

Dan Simmons
Provider Liaison

Ed Pitchford
Provider Liaison

John 'Gary' Rhodes
Provider Liaison

THE NBR-TAC TEAM

Tom Harlow
Project Director

Josh Miller
Project Manager

Note:

Staffing costs associated with these team members ***are not*** *reflected in the financials of this report.*

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FINANCIALS

While the RHRCO operates its programs on a calendar year, the Organization's financials are audited by fiscal year. The following provides highlights of the RHRCO's financial audit for the year end of June 30, 2022, as completed by external auditor, FORVIS, LLP

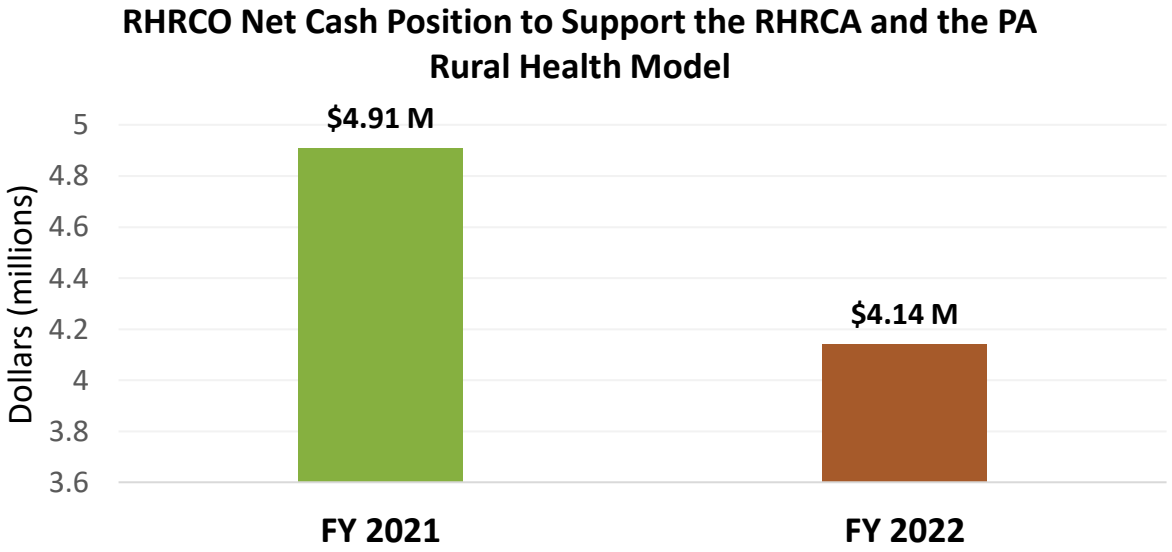
Highlights:

The RHRCO is a 501c3 nonprofit entity that was established in August of 2020 as a supporting organization to the RHRCA. Based on this structure, one of the primary goals of the RHRCO is to provide funding to support the ongoing operations of the RHRCA and the PA Rural Health Model. To accomplish this, the RHRCO is primarily funded by grants and charitable donations.

In December 2020, the RHRCO was successful in securing a $5 million grant from a private organizational donor to support the PA Rural Health Model. This donation has been critical in helping to support the ongoing operations of the organization over the last several years.

During the first two fiscal years of operation, the majority of funding to support the RHRCA was through a federal grant from CMMI. The funding requirement from the RHRCO to support the RHRCA was $94,581 in FY 2021 and $742,312 in FY 2022. The RHRCO is actively pursuing support from PA legislative channels as well as seeking funding from various state and national organizations.

Building on our vision to help rural communities thrive, the RHRCO continues to explore opportunities to expand our reach through partnerships with philanthropic organizations, grants, charitable contributions. This comes in addition to exploring opportunities for expanding services that can provide alternative funding sources to support ongoing operations of the organization.



The REH-TAC, NBR-TAC, PREP, and EMCHIIP projects are funded through Cooperative Agreements and grants that were awarded after the close of this current fiscal year.

A copy of the audit is publicly available at:
https://www.rhrco.org/annual-reports-audits

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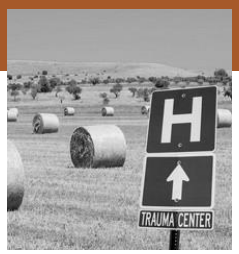
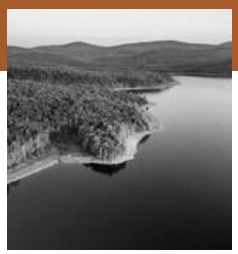
LOOKING FORWARD

As we proceed into 2023, our focus will be continued execution of our programs, and expansion of technical assistance to hospitals, communities, and other stakeholders that can help us impact the health and well-being of rural communities (i.e., EMS, Workforce Boards, Drug & Alcohol Programs, educational intuitions, etc.).

Priority Area #1:
CONTINUED EXECUTION & EXPANSION OF PROGRAMS



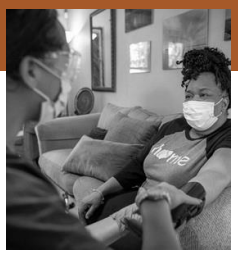
REH-TAC



NBR-TAC

PARHM

PREP



EMCHIIP

Priority Area #2:
MOBILE INTEGRATED HEALTHCARE SOLUTIONS

Learn more about how we intend to use **MIH to enhance access to care and mitigate barriers** in rural communities

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YOUR SUPPORT HELPS US

Keep Rural Healthcare Providers Open

Make Rural Communities Healthier

Advocate for Rural Health Equity

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YOUR SUPPORT MATTERS

Together, we can preserve access to care in rural communities and help bridge the gaps of disparity in these underserved areas.

DONATE NOW

Scan the QR Code or visit www.rhrco.org/donate to support any of our programs or areas of focus that align with your philanthropic priorities. Options include the programs outlined and -

Social Determinant of Health Interventions

Substance Use & Behavioral Health Initiatives

Workforce Development Intiatives

Technical Support Services for Hospitals
(grant writing, data analytics, strategic planning)

The RHRCO is a 501C3 non-profit and all donations are tax deductible (EIN 85-2486560)

More ways to get involved

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ACKNOWLEDGEMENTS

Thank you to our partners, clients, donors, and other stakeholders for your ongoing support of our organization and initiatives. Together, we have preserved access to care in rural communities and improved the quality of life and population health of rural residents across America.

Board Members:
- Brock Slabach
- Greg Leis
- John Lewis
- John Meyers
- Dr. Lauren Hughes
- Lisa Davis
- Raymond Prushnok
- Sheilah Borne

Staff Members:
- Anna Anna
- Angela Slemok
- Bill Bizzaro
- Brigitte Green
- Dan Simmons
- Diana Carpenter
- Ed Pitchford
- Elizabeth Locke
- Gary Zegiestowsky
- Gerard Egan
- Janice Walters
- John Rhodes
- Joshua Miller
- Dr. Lacey Hughes
- Susan Pascarella
- Thomas Harlow
- Tomisin Akinola
- Tracey Dorff

PARHM Participants:
- Armstrong County Memorial Hospital
- Aetna Health Plan
- Barnes-Kasson County Hospital
- Butler Health System (DBA Clarion Hospital)
- Chan Soon Soon-Shiong Medical Center at Windber
- Centers for Medicare & Medicaid Services
- Endless Mountains Health Systems
- Fulton County Medical Center
- Geisinger Health Plan
- Geisinger Jersey Shore Hospital
- Highlands Hospital
- Highmark Health Plan
- Highmark Wholecare
- Indiana Regional Medical Center
- Meadville Medical Center
- Monongahela Valley Hospital
- Olean General Hospital (DBA Bradford Regional Medical Center)
- Punxsutawney Area Hospital
- Penn Highlands Tyrone Hospital
- UPMC Health Plan
- UPMC Kane Hospital
- Washington Health System at Greene
- Washington Hospital
- Wayne Memorial Hospital

EMCHIIP Participants
- Allegheny Health Network
- Emergency Health Services Federation, Inc. Education Institute
- Pennsylvania Highlands Community College
- Southern Alleghenies Workforce Development Board
- Tri-County Workforce Investment Board, Inc.

PREP Participants
- Alcohol & Drug Abuse Services, Inc.
- Armstrong Indiana Clarion Drug & Alcohol Commission
- Blair County Drug & Alcohol Program
- Clearfield-Jefferson Drug & Alcohol Commission
- Crawford County Drug & Alcohol Executive Commission, Inc.
- Lackawanna Susquehanna Office of Drug & Alcohol Program
- Pitt-PERU
- Trehab

REH-TAC Participants
- Anonymous

NBR-TAC Participants
- Anonymous

Partners:
- Centers for Medicare and Medicaid Innovation
- Center for Rural Pennsylvania
- Healthcare Council of Western PA
- Hospital and Healthsystems Association of Pennsylvania
- Mathematica
- New England Rural Health Association
- PA Department of Health
- PA Department of Human Services
- PA Insurance Department
- PA State Office of Rural Health
- Rural Health Value
- Stroudwater Associates
- Wellness Equity Alliance

Funders:
- Health Resources and Services Administration
- P.A. Department of Labor & Industry

Donors:
- Anonymous

THANK YOU!

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Donating is not the only way to support our cause -

- ✓ **Follow us** on social media to stay up to date on our initiatives and share our message with your network of friends and followers.
- ✓ **Contact us** to learn more and discuss opportunities to partner and collaborate on projects that will drive meaningful change in rural communities.

Website: www.rhrco.org

Email: support@rhrco.org

Facebook: RuralHealthRedesignCenter(@therhrc)

LinkedIn: RuralHealthRedesignCenter(@rhrc)

Mailing Address:
625 Forster St. Fl. 8th
Harrisburg,PA17120

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