

SPRING 2020

# PENNSYLVANIA RURAL HEALTH



## Rural Broadband Access:

A NECESSITY FOR SAVING COMMUNITIES AND LIVES

**TRANSFORMING HEALTH  
CARE IN RURAL AREAS  
OF PENNSYLVANIA**

**2019 RURAL  
HEALTH AWARDS**

**PORH LAUNCHES STATEWIDE  
EDUCATION PROGRAMS**

 **PENNSYLVANIA OFFICE OF  
RURAL HEALTH**



**PennState**

# message *from the* director



Welcome to the Spring 2020 issue of *Pennsylvania Rural Health*. We are one-third of the way into the first year of the new decade, one that will no doubt bring a great number of expected and unanticipated changes. It will be an interesting and exciting time.

One of the most important events that will occur in 2020 is the Decennial U.S. Census, an essential component of our

democracy.

As I'm sure you know, every ten years the U.S. Census Bureau is mandated by the Constitution to count every person living in the country. Unlike voting, which is limited to a registered class of citizens, the census seeks to count everyone regardless of age, gender or citizenship status, once and only once. Those data are used to apportion representatives to Congress, redraw federal and state legislative districts, and distribute billions of dollars of aid across more than a hundred federal spending programs. In 2015, that federal aid number exceeded more than \$850 billion.

The money that flows from the federal government to communities in Pennsylvania will change with the results of the 2020 census. That is why an accurate count is so important to communities across the state. It's especially important in rural communities where accurate counts are typically harder to obtain. The list of federal spending programs that Pennsylvanians benefit from includes Medicare and Medicaid coverage, food stamps, school breakfast and lunch programs, student loan assistance, special education funding, highway and transportation investment, and low income housing assistance, along with dozens more.

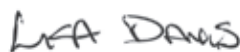
According to Norman Bristol Colón who leads the Governor's Census 2020 Complete County Commission, at least 55 programs provide more than \$750 million in federal aid to rural communities in Pennsylvania. If communities are undercounted by the census, they will lose out on funding that they rightfully deserve.

It is a monumental task for the U.S. Census Bureau to count everyone in the U.S. and to do so accurately. The process has already begun in census offices around the country. By Census Day, April 1, 2020, most households will have received a census invitation in the mail, while a minority will have gotten theirs directly from a census taker going door-to-door. Less than one percent of all respondents will be recorded by a census taker, so it's

up to the vast majority of people to respond to the census on their own. And therein lies the difficulty.

Because many people in the U.S. are under-informed about the importance of the census, the basic demographic questions it asks or how quickly and easily it can be completed, a difficult task becomes that much harder for the Census Bureau. At the same time, many constituencies, particularly immigrants and people of color, are skeptical or misinformed about how the government uses the data it collects and can be led to believe that filling out the census could make them vulnerable under the law or compromise their privacy. As a result, it's often the communities that rely the most on federal assistance that are at the greatest risk of being undercounted. Those communities can't afford to suffer the negative political and economic consequences that result from undercounting. It's important to note that, by law, the government cannot release any information obtained through the census that identifies a person individually and that the census process has been designed with multiple layers of protection to ensure each respondent's privacy.

It is essential that we, as health care advocates, ensure that every resident of Pennsylvania is counted. Our congressional representation depends on it and the distribution of so many vital public services hinges on the government knowing exactly how many residents, citizen or not, live in our communities. As the U.S. Census Bureau says, we can "shape our future." April 1, 2020 is National Census Day. Please plan participate in the census in 2020 and help make sure all of our neighbors are counted!



*Lisa Davis*  
Director

*For more information, visit [pa.gov/census](http://pa.gov/census). This column was co-authored by Andrew Shelden, communications consultant at PORH.*





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### ***Pennsylvania Rural Health***

Lisa Davis, *Director*

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 **PENNSYLVANIA OFFICE OF  
RURAL HEALTH**

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# Rural Broadband Access:

## A NECESSITY FOR SAVING COMMUNITIES AND LIVES

*By Susan J. Burlingame, Hannah Ross, and Kalyn Bilger,  
Pennsylvania Office of Rural Health*

*Broadband access across the U.S. has been linked directly to advances in economic development, education, health care, and more. Unfortunately, rural areas across Pennsylvania often are part of an ongoing “digital divide,” lacking adequate access to the very services that could be lifechanging for their communities. Telemedicine. Cell phone service. Global positioning systems. Online research and training.*



Defined by multiple sources as a high-capacity transmission technique using a wide range of frequencies that enable large numbers of messages to be communicated simultaneously, broadband is a pervasive technology that has quite literally changed the world. Messages and data can be transmitted via digital subscriber lines, cable modem, fiber, wireless, satellite, and powerlines.

In 2003, the Center for Rural Pennsylvania commissioned a study to determine broadband access and availability across Pennsylvania and to identify related challenges in rural communities.

“When we did that study, there were some who equated the need for roll-out of broadband infrastructure in rural Pennsylvania as being comparable to the roll out of electricity across rural America in the 1930s,” said Center Director Barry Denk. “Given concerns about cost and customer demand, that sentiment wasn’t shared by all, however, and I think that influenced Chapter 30 reauthorization. (Chapter 30 of Act 183 updated legislation governing regulation of telecommunications services in Pennsylvania). But that has changed considerably. We now know that broadband connectivity is important to every aspect of life.”

Denk noted that in the ensuing years since the 2003 study, rural health care delivery, for example, has undergone a significant transformation from the hospital to the home and community—something that requires the availability of broadband. Broadband access, he said, also is a key factor in outmigration from rural communities. A center study showed that young people who are leaving rural areas and even the state, indicated a desire to return to rural Pennsylvania to raise their families, but having quality broadband access was a key factor.

“Broadband is an issue that touches everyone,” said Sheri Collins, acting executive director of the Office of Broadband Initiatives established in 2018 by Pennsylvania Governor Tom Wolf. Collins also serves as the governor’s state alternate to the Appalachian Regional Commission and is the senior director for the Pennsylvania Department of Community & Economic Development’s Office of Corporate Relations. “Ensuring access to broadband infrastructure is one of the governor’s top priorities. This is not a political issue; it’s a basic human right that has become a necessity rather than a privilege. Yet, there are large numbers of Pennsylvania residents who just don’t have that access.”

In fact, the number of Pennsylvanians without broadband access, estimated at 800,000 by the Federal Communications Commission (FCC), could be far greater—a question that prompted the Center for Rural Pennsylvania to commission a new study in 2018. They engaged Sascha Meinrath, Palmer Chair in Telecommunications in Penn State’s Belisario College of Communications, a prominent scholar who pioneered the world’s largest repository of broadband speed data. For the study, Meinrath collected 11 million internet speed tests from Pennsylvania residents in order to deduce median speeds in different locations across the state.

“What we found is both disturbing and profound,” said Meinrath, who determined that the FCC was grossly underestimating by as

*“Ensuring access to broadband infrastructure is one of the governor’s top priorities. This is not a political issue; it’s a basic human right that has become a necessity rather than a privilege. Yet, there are large numbers of Pennsylvania residents who just don’t have that access.”*

— Sheri Collins, acting executive director of the Office of Broadband Initiatives established in 2018 by Pennsylvania Governor Tom Wolf

much as 500 percent the number of households with adequate broadband speed—if they had internet access at all. “We looked at what people were actually receiving and what the FCC was saying as well as the discrepancies between those two measures and how it changed over time. The discrepancy is growing, which underscores the importance of major new initiatives to bridge these broadband issues. The need for local and state intervention in terms of data collection and intervention is greater than ever.”

Pulmonologist and educator Robert Gillio, M.D. is the medical director for population health and clinical innovation for Penn Highlands Healthcare Huntingdon. He founded Force for Health, a program designed to empower individuals of all ages to be better advocates for their own health and health literacy and then to expand their knowledge to help others. Gillio also volunteered his services during the 911 and Hurricane Katrina tragedies and said that in his daily practice and in those extreme circumstances, access to technology played a critical role.

“Every place I have been, I have seen that with a little bit of technology, we can make a huge difference,” he said. “Because of disparities in broadband access, we have a crisis that has rural citizens isolated from the care they need. People in rural areas are suffering more than they need to and dying before they should because they lack access to the high-quality health care they need. Broadband—for both patients and practitioners—can help reduce and overcome much of that suffering.”

Compounding the issues connected directly to health care delivery are other concerns related to the staffing and financial health of rural hospitals, said Sari Siegel, Ph.D., vice president of health care research for the Hospital and Healthsystem Association of Pennsylvania (HAP).

“Broadband affects more than health care delivery,” she explained. “It also is a driver of other challenges facing rural hospitals, such as clinician shortages. So much of Pennsylvania is federally designated as “medically underserved,” meaning it has too few



*While there is nearly universal agreement that access to broadband at appropriate speeds is critical and that the “digital divide” is disproportionately affecting rural Pennsylvanians, what action is being taken to alter the paradigm?*

providers per capita. Rural hospitals are having trouble recruiting and retaining clinicians because of quality of life issues directly related to inadequate broadband access. When lack of internet prevents clinicians’ spouses from working remotely or their kids from completing research for a homework assignment, rural life becomes less attractive.”

In addition, explained Siegel, because most rural general acute care hospitals are already working at negative operating margins—meaning that the cost of care is greater than the reimbursements they receive—rural hospitals, health systems, and critical access hospitals lack funding to invest in technological infrastructure, despite its importance.

The fact is that without functional broadband, the ramifications for rural health care are many—from access to medical records to online prescriptions and from in-home patient monitoring to online clinician consults—all of which depend on technology. Lack of broadband access impacts rural communities and residents in other ways, as well. Job seekers and the unemployed may have trouble finding and applying for jobs. Economic growth is stunted when businesses are unable to buy or sell goods or communicate with customers and shareholders. Students without broadband access cannot perform research online or access online courses. Public safety information such as notices of natural disasters or terrorist attacks are time-sensitive and if the public does not have reliable broadband, it could delay these notices and risk individual and public safety.

While there is nearly universal agreement that access to broadband at appropriate speeds is critical and that the “digital divide” is disproportionately affecting rural Pennsylvanians, what action is being taken to alter the paradigm?

Members of the Tri-County Rural Electric Cooperative decided to take matters into their own hands. With a footprint for electric service spanning 5,000 square miles, the cooperative was experiencing a lack of communication in general and wanted to start automating its systems. “We talked about building a fiber rim around our system between all the substations,” said Craig

Eccher, chief executive officer. “Our members said, why don’t you think about doing with broadband what you did in the ‘30s with electricity?”

Eccher said the idea garnered overwhelming support. “We commissioned a feasibility study to determine financial impact and competition, and then we took advantage of some of the good things happening at the time.” With grant monies from the FCC’s Connect America Fund, through the state’s broadband initiative, and from the Appalachian Regional Commission, the cooperative began installing a fiber network to connect people in five rural Pennsylvania counties.

“There is not a single person who doesn’t agree that broadband is a critical issue for our state,” said Mark Critz, executive director of the Rural Development Council and western regional director for the Pennsylvania Department of Agriculture. The council is a made up of representatives from federal, state, and local







government and from the non-profit and private sectors. “We exist to advise the governor on rural issues and advocate on rural issues,” explained Critz.

“When I came in 2015, broadband was the number one issue.” Governor Wolf, he said, responded by forming the broadband initiatives office, charging it with building a strategy for addressing broadband issues across the state. “The governor also proposed the Restore Pennsylvania Act, which essentially adds a severance tax to natural gas drilling in Pennsylvania to fund broadband,” said Critz, noting that thus far, the act has not received enough support to be enacted by the Pennsylvania legislature. “There is no way around the fact that this (accessible broadband across the state) is going to cost a lot of money. Plus, the governor wants something that will be robust enough to keep up with the technology, which includes a 100 megabit download speed. We need a reliable funding stream.” The FCC currently defines “broadband” as what most agree is a

woefully inadequate 25 megabits for downloading and three megabits for uploading.

“Addressing this issue will take a great deal of cooperation, coordination and funding,” concluded Sheri Collins. “The governor’s Restore Pennsylvania initiative offers the funding we need to bring the providers to the table. Without some level of funding, providers will continue to struggle to identify ways in which to service our most rural communities.

“I feel like we have moved the needle but recognize we have a long way to go,” continued Collins. “The work we have done over the past year with support from our governor has allowed us to shine a bright light on a very, very important subject. But it’s time to take action and ensure that the people of Pennsylvania have the tools and resources they need to be both connected and competitive in the twenty-first century.”



## RURAL COMMUNITY HEALTH CARE: Perspectives from Medical Students

*Jason Spicher and Morgan Decker are third-year medical students at the Penn State College of Medicine-University Park Campus (PSCOM-UP). They will be chronicling their medical education, their experiences serving rural communities, and their progress toward earning their medical degrees.*



Jason Spicher

Since our last article in the Summer 2019 issue of this magazine, we have shifted the focus of our medical education. After finishing our clinical year, we began a course focusing on the biochemistry, pharmacology, physiology, and pathology associated with the medical exposure we gained during our clinical rotations. This course was structured to allow collaboration time with our faculty and classmates, all of us making connections between what we learned from patients in our community and what we were gleaned from our textbooks. That course wrapped up in late December 2019 and since that time, we have been studying for the infamous Step 1 examination.



Morgan Decker

Taking “Step 1” is a shared experience for medical students across the country. Interestingly, the exam originated as a pass/fail exam for state licensing purposes but, over the years, has transformed into a graded metric to evaluate medical students. Often the score is used by residencies as part of their decision to accept students into their programs, the next step of training following medical school. Due to the weight that the Step 1 score carries, as well as the endurance needed to take the eight-hour exam, we are focusing all of our efforts on studying the material needed to succeed.

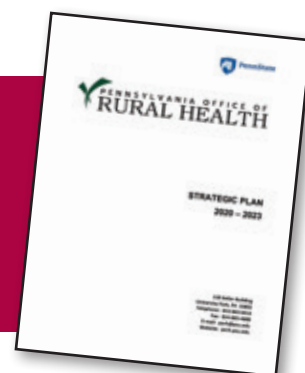
While our current period of medical school is focused on “keeping our head in the books,” we are looking forward

to returning to the clinical setting during our fourth year as we explore new areas of medicine and apply for residency. Our incredibly flexible schedules will allow us to simultaneously pursue experiences related to our future career choices, broad-spectrum family medicine for Jason and women’s health for Morgan, and explore fields that we may never have the chance to experience again. Jason is looking forward to an ultrasound elective focusing on bedside and clinical applications for diagnosis and treatment options, a skill he hopes will be useful when practicing in resource-limited areas. As for Morgan, she is excited to explore fields such as dermatology and anesthesiology, fields that she will have limited exposure to during residency. Over the next year, we hope to gather all of the information that we learn from these unique experiences and tuck it away for further use when we begin serving the populations of our respective communities. While we will most likely end up in different locations, we both feel confidently that we will serve communities much like the one we trained in.

The next few months will simultaneously be enjoyable and challenging—a memorable snapshot of our medical school experience. We are looking forward to the process and sharing updates in the next issue!

### PENNSYLVANIA OFFICE OF RURAL HEALTH ANNOUNCES ITS 2020-2023 STRATEGIC PLAN

The plan outlines strategies that will strengthen the delivery of health care services in rural Pennsylvania and assure access to high quality services in rural areas. Access the plan at [porh.psu.edu/strategic-plan](https://porh.psu.edu/strategic-plan)





# 2019 Rural Health Awards

Continuing the annual Rural Health Week in Pennsylvania tradition, the Pennsylvania Office of Rural Health (PORH) presented awards to individuals and programs whose work in rural health has had significant impact on rural health in Pennsylvania. The 2019 Rural Health Week, proclaimed by Pennsylvania Governor Tom Wolf for

November 18-22, was an excellent opportunity to recognize efforts made to improve rural health. Preceding and during this week, awards were presented by Jennifer Edwards, rural health systems manager and deputy director; Terri Klinefelter, outreach coordinator, and Lisa Davis, director of PORH. Pennsylvania's Rural Health Week encompasses and celebrates National Rural Health Day, which was held on November 21.



from L to R: Ed Helsel, Conemaugh Nason Patient Family Advisory Committee member; Meg Flick; Karma Darnell; Mark Paris; Gary Moore, Conemaugh Nason Patient Family Advisory Committee member; Medhat Zaher, MD; Tim Harclerode, Conemaugh Nason chief executive officer; Kristen Bender; Heather Maher; Jenn Shade; Danielle Miller; Terri Klinefelter, outreach coordinator, Pennsylvania Office of Rural Health; Susan Miller, former Conemaugh Nason Cath Lab patient; Patty McGraw, Conemaugh Nason Board of Trustees vice-chairperson; Hany Shanoudy, MD; Michelle Buttry, Conemaugh Nason chief nursing officer; and Patrick Himes, District Field Representative for Congressman John Joyce.

*Congratulations to all the rural health programs and individuals recognized with a 2019 Rural Health Award!*

## Rural Health Program of the Year Award:

### **Conemaugh Nason Medical Center's Catheterization Program**

Conemaugh Nason Medical Center's catheterization program in Roaring Spring, Pennsylvania, was the recipient of the 2019 Rural Health Program of the Year Award. This award recognizes an exemplary health program that addresses an identified need in a rural community. The catheterization program opened a cardiovascular catheterization lab where medical professionals could address medical emergencies, perform procedures to quickly diagnose heart problems, and provide expedited and informed treatments. The program has bridged access to advanced heart care for rural Pennsylvanians in need of responsive, quality care.



*Debra Youngfelt, executive director, Eastcentral and Northeast Pennsylvania Area Health Education Centers is presented the award by Lisa Davis, director, Pennsylvania Office of Rural Health*

## State Rural Health Leader of the Year Award: **Debra Youngfelt**

On November 18, at an event in Lehigh, Pennsylvania, PORH presented the 2019 State Community Rural Health Leaders of the Year Award to Debra Youngfelt, BS, MCHES, CTTS, executive director of the Eastcentral and Northeast Pennsylvania Area Health Education Centers (AHEC). The award distinguishes outstanding leaders who organized, led, developed or expanded an exemplary multi-dimensional rural community health program or initiative and who demonstrated leadership to a rural community health program. Youngfelt received the award in recognition of her efforts to increase access to health care, build effective and sustaining partnerships, and serve as a trusted collaborator. Her experiences range from behavioral health; developing oral health outreach, community health worker training, diabetes education, and tobacco cessation programs; and other initiatives designed to improve the health of the region's residents. She has served as executive director of the two regional AHECs since 2017 and is president-elect of the Pennsylvania Rural Health Association.



*William Caldwell, market president, Conemaugh Health System; Terri Klinefelter, outreach coordinator, Pennsylvania Office of Rural Health; Barbara Duryea, manager of clinical support, Conemaugh Memorial Medical Center, Johnstown; Jennifer Edwards, deputy director, Pennsylvania Office of Rural Health; and Jelden Arcilla, chief nursing officer, Conemaugh Memorial Medical Center, Johnstown*

## Community Rural Health Leader of the Year Award: **Barbara Duryea**

The 2019 Community Rural Health Leader of the Year Award was presented to Barbara Duryea, manager of clinical support at Conemaugh Memorial Medical Center (CMMC) in Johnstown, Pennsylvania, to recognize her work in diabetes prevention. At CMMC, Duryea led a team to implement a comprehensive diabetes prevention plan for consumers, physicians, and employees and led the implementation of a worksite wellness diabetes prevention program (DPP). The DPP enrolled 120 employees through a virtual program delivery model using incentives for reducing participants' insurance premium costs. By integrating DPP within the continuum of care, Duryea largely and positively impacted those at risk for diabetes across southwestern Pennsylvania.





*Andrea Reed, director of nursing at UPMC Susquehanna Muncy, is presented with the 2019 Rural Health Hero of the Year Award by Lisa Davis, director of the Pennsylvania Office of Rural Health and outreach associate professor of health policy and administration at Penn State*

## Rural Health Hero of the Year Award: **Andrea Reed**

At a ceremony in Muncy, Pennsylvania, on November 21, Andrea Reed received the 2019 Rural Health Hero of the Year Award. The award recognizes an outstanding leader in the area of rural health who demonstrates a personal and professional commitment to the rural health needs of a community. Reed, director of nursing at UPMC Susquehanna Muncy, played an important role in increasing quality of care metrics at the hospital. In her nomination, Reed was praised for the outstanding impact she made on quality of care. Through her leadership, the inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores increased by thirty-three percentile points and she made significant impacts on quality metrics including fall rates, infection control, and readmission rates.



*Rep. Bryan Cutler (R-100th District) (center), receives the Rural Health Legislator of the Year from Jennifer Edwards, deputy director, Pennsylvania Office of Rural Health (right) with Juliet Altenburg, executive director, Pennsylvania Trauma Systems Foundation (left)*

## Rural Health Legislator of the Year Award: **Representative Bryan Cutler**

During the opening session at the Pennsylvania Trauma Systems Foundation's (PTSF) 23rd annual Fall Conference and Meeting on October 17 in Harrisburg, Pennsylvania, PORH presented the 2019 Rural Health Legislator of the Year Award to Representative Bryan Cutler (R-100th District). Cutler represents Lancaster County in the Pennsylvania House of Representatives, serves as Majority Leader for the 2019-2020 Legislative Session, and has sat on the Board of Directors of PTSF since 2007, representing the Chair of the House Health Committee for the Republican Party. The award, which recognizes an outstanding legislator from Pennsylvania for their work and support of rural health initiatives that address an identified need in their district or across the state, was given to Cutler for his influential role in increasing support for trauma centers in rural areas. On July 2, 2019, Pennsylvania Governor Tom Wolf signed into law HB786, an act amending Title 35 (Health and Safety) of the Pennsylvania Consolidated Statutes that, for the first time, provides funding for Level IV Trauma Centers in rural counties of Pennsylvania. As the prime sponsor, Cutler was instrumental in shepherding the bill, which was passed within seven months of being introduced in the Pennsylvania House of Representatives.



*Brenda Stevenson,  
quality director,  
Titusville Area  
Hospital*

## Rural Hospital Quality Improvement Director Selected to Serve as National Mentor

Brenda Stevenson, quality director at Titusville Area Hospital in Titusville, Pennsylvania, has been selected to serve as a national Virtual Quality Improvement (QI) Mentor. She was nominated by the Pennsylvania Office of Rural Health in recognition of her ability to successfully implement QI based on her skills in collecting data and using data-driven approaches to achieve demonstrable outcomes. Only eight quality leaders from critical access hospitals (CAH) across the United States were selected to serve in this two-year role. Titusville Area Hospital is one of fifteen CAHs in Pennsylvania.

The new mentor initiative will transfer knowledge from leading CAH QI staff to others across the country. This initiative is organized through Rural Quality Improvement Technical Assistance (RQITA), a program of Stratis Health supported by the Federal Office of Rural Health Policy (FORHP) to promote quality improvement by CAHs across the country.

As a national Virtual QI Mentor, Mrs. Stevenson, will share advice and strategies to address common QI challenges that occur in CAHs. RQITA will capture and share these strategies, tips, and ideas and disseminate them broadly to others serving in CAH QI roles, using a variety of methods such as podcasts and newsletter articles.



*Fredrick Ferguson,  
paramedic field  
supervisor, Altoona  
Emergency  
Department  
Authority*

## Rural Emergency Services Leader Recognized as 2019 Community Star

Fred Ferguson is passionate about providing care to rural residents. As a full-time paramedic field supervisor with the Altoona Emergency Department Authority, in central Pennsylvania, he provides emergency medical services (EMS) to many rural Pennsylvanians, a role that requires the support of others and strong relationships, which is something he has cultivated over his many years of dedicated service. Ferguson was nominated by Lannette Fetzer, quality improvement coordinator at the Pennsylvania Office of Rural Health.

Ferguson's first exposure to EMS was as a junior member of a volunteer fire company that included emergency medical technicians. The company provided quick response services to an extremely rural area that had no immediate emergency medical services. That experience spurred him to continue learning about emergency medical services and to a career where he administers direct care for those with medical emergencies and, as a leader, to provide support and guidance to staff, directing them in providing equitable care to patients. One of his top priorities is to ensure that everyone on his team delivers optimum compassion and quality treatment.

Noted Ferguson on his recognition: "Rural health care is valuable because some patients have nothing else. Rural individuals are independent and proud, and they rely daily on individuals in their community, their friends, and health care professionals to provide for their medical needs. The community looks to the rural health care provider for leadership, guidance, and support because of the respect and trust they have for their provider."



## Transforming Health Care in Rural Areas of Pennsylvania

The health of our rural communities, and the viability of the hospitals that serve them, are at-risk. In Pennsylvania, steps are being taken to protect these hospitals, steps that in the end may improve the health of rural communities.

The Pennsylvania Rural Health Model is a transformative model that is working to change the way that rural hospitals are funded. Instead of relying on the typical fee-for-service model, the Rural Health Model provides hospitals a transition pathway to a value-based health care delivery system.

In the first year of the model, 2019, five hospitals and five insurance providers took part. In 2020, thirteen hospitals and six insurance providers are part of the model.

Rural hospitals face unique challenges that are different from other hospitals across the state. These include providing a wide range of services for smaller numbers of patients, due to their rural location. About half of the rural hospitals in Pennsylvania operate at a loss and are at-risk for closure.

In partnership with the Center for Medicare and Medicaid Innovation (CMMI), the Pennsylvania Department of Health's new Rural Health Model flips the script on hospital care. In place of hospitals' traditional focus—treating patients when they are sick or injured—the new model aims to reward hospitals for keeping patients healthy and out of the hospital altogether.



To accomplish these goals, the model changes the way hospitals are paid.

Typically, hospitals receive payment for each health care service they provide. With the Rural Health Model, hospitals get paid an annual budget, which provides a more consistent cash flow. This defines the financial resources hospitals will have during the year—independent of how many patients are hospitalized or access care through emergency rooms. Insurers (commercial and Medicare) and hospitals work together to establish these budgets based on the payments hospitals typically received in the past.

With their financial footings a bit more predictable, hospitals can redirect resources and invest in services and partnerships to improve community health. Hospitals are encouraged to focus on population health and efforts to keep people healthy. Hospitals now have the opportunity to focus on providing the services most needed by the community. The goal is that hospitals invest resources to focus on the services needed to address the community's biggest health challenges, such as diabetes or heart disease.

The Pennsylvania Rural Health Redesign Center legislation which passed in November 2019, establishes an independent entity that will govern administration of the model, as well as serve as a hub to bring resources together for the betterment of rural communities. The Rural Health Model in Pennsylvania has been viewed by states across the nation as a model that is worth duplicating.

Rural health is key to helping ensure Pennsylvania is a healthy place to live. These efforts are the latest step by Pennsylvania Governor Tom Wolf's administration to ensure the safe delivery of quality health care to all Pennsylvanians.

*For more information on the Pennsylvania Rural Health Model, visit [health.pa.gov/topics/Health-Innovation/Pages/Rural-Health.aspx](http://health.pa.gov/topics/Health-Innovation/Pages/Rural-Health.aspx) or contact Nate Wardle at the Pennsylvania Department of Health at [nwardle@pa.gov](mailto:nwardle@pa.gov).*



## Access to far-from-home medical treatment made possible

### Angel Flight East and its fleet of volunteer pilots are making a difference

When patients need medical treatment far from home, they and their families can face difficult decisions and choices. Financial and logistical roadblocks can force families to forego treatment or live apart, just when they need each other and a support network most.

Patients and families in these situations are faced with stressing logistical challenges such as the ability to coordinate transportation, the time it takes to drive or fly commercially or the ability of a caregiver to accompany the person for treatment. Patients also encounter financial stresses such as the cost of time taken off from work and the expense of travel, on top of significant medical bills.

Enter Angel Flight East (AFE), a Philadelphia, Pennsylvania-based free air transportation service that helps patients get the treatments they need and enables families to remain together as much as possible.

Founded in 1992 by Harry Morales, a general aviation pilot who wanted to help with relief efforts after Hurricane Andrew, AFE operates with the help of more than 400 volunteer pilots who use their own aircraft. Their mission is “to provide free air transportation to qualified patients and their families by arranging flights to distant medical facilities, delivering supplies to disaster areas, and reuniting families during desperate times.”

Well aware that rural patients face challenges related to access to care, AFE flies them to larger hospitals where their needs can be met. Patients with rare cancers such as brain, pancreatic or ovarian, in both rural and urban areas, often live far from where they can receive treatment. To get patients to appropriate treatment centers, AFE covers a fourteen-state territory in the Northeast and links with other volunteer pilot organizations for destinations beyond their reach.

Rural & Rare Reach, an AFE initiative focusing specifically on underserved populations, aims to broaden access to high-level care by providing free air transportation for families in extreme health circumstances. In many cases, patients who travel for serious care require consultation and assessment from distant specialists in addition to ongoing treatment requiring multiple trips, sometimes over the course of several years.

*“There is good in this world; good people trying to help where and when they can, Angel Flight East is just one example of this. I would never wish such a disease on anyone, but if you are in need call these angels. They’ve put a smile on my face, even in these darkest of days.”*

*—AFE passenger, Deidre*

More than half of those flying with AFE need to fly more than once a year.

Reduced insurance coverage and uncertainties surrounding federally funded coverage contribute to increasing financial constraints for all those needing care. For persons with complex medical needs, however, the outlook is worse. Overall, these factors contribute to an environment that threatens to prevent rural, underserved, high-need, and high-cost patients from receiving critical care. With the help of organizations like Angel Flight East, the burdens of at least some rural patients are being relieved.

*For more information on Angel Flight East, please visit [angelflighteast.org](http://angelflighteast.org).*



# Rural Health Clinic Expands Access to Oral Health Care

Oral health continues to be a priority identified through St. Luke's Miners (SLM) Community Health Needs Assessment. The need for increased access to oral health care in Carbon and Schuylkill counties is underscored by the utilization of the hospital's emergency department for the treatment of dental pain.

As part of their on-going efforts to address the oral health needs of their community, SLM's Hometown Rural Health Center in Tamaqua, Pennsylvania expanded dental services to their clinic in November, 2019 through the addition of portable dental equipment such as a portable compressor unit and portable patient chair. This equipment is used in the Rural Health Clinic (RHC) to provide much-needed preventive oral health services such as dental cleanings and sealants to children and adult patients. The new dental unit is staffed by a Public Health Dental Hygiene Practitioner (PHDHP). The integration of oral health risk assessments into primary care practice and the use of fluoride varnish to reduce dental caries were introduced to the SLM medical team in 2017 through the Medical Oral Expanded Care (MORE Care) Collaborative. This process provides a model for the medical team to establish dental homes for patients needing consistent access to oral health care. The addition of preventive dental services enables the Hometown RHC to offer comprehensive primary care to their patients, which includes preventive oral care.

Micah Gursky, St. Luke's Miners rural health clinic administrator noted, "I can't imagine there are many Community Health Needs Assessments that don't have access to dental care listed as a need. Integrating oral health in the primary care visit is one way we try to address this need. And now this small Rural Health Dental Clinic allows us to do even more with a PHDHP working as an advocate, an educator, and a provider all-in-one. Our patients now have a dental health provider thanks to this partnership."

*For more information on St. Luke's Miners, contact Micah Gursky, Rural Health Clinic Administrator, at 570-645-8118 or [Micah.Gursky@sluhn.org](mailto:Micah.Gursky@sluhn.org)*

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# PORH Launches Statewide Education Programs

**T**wo divergent but equally important areas have been in the forefront of the Pennsylvania Office of Rural Health's (PORH) activities: health care transformation and human trafficking. In the fall of 2019, PORH launched two continuing education events for rural health care leaders.

In collaboration with the Hospital and Healthsystem Association of Pennsylvania (HAP), the 2019 Rural Health Care Transformation Summit was held for small rural hospital and rural health clinic leadership in Pennsylvania. This was the first summit for PORH that focused on the transition from volume to value-based care. Over seventy attended to increase knowledge on the value of primary and community-based care, transforming health care through value, population health, care transition, quality improvement, and clinic billing and other resources. Due to the success of this program, PORH will coordinate a second transformation summit in October 2020.

"The Hidden Crime of Human Trafficking in Rural Communities and the Health Care System and Community Response" attracted over 125 legal representatives, community-based, and national advocates, which featured seven sessions on the definition and prevalence of sex and labor trafficking; state and national



resources; and the legal, federal, community, and health system response. One of the most powerful presentations given was from a "survivor" who detailed her experiences of being lured into and escaping drug use, torture, and sex trafficking. Two podcasts were developed during the Summit. Those podcasts and presentation from the Summit are posted on the Human Trafficking page of the SORH website at [porh.psu.edu](http://porh.psu.edu). Look for information on the 2020 Rural Human Trafficking Summit.

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