
Grant Number: 1 P10RH45771-01-00

Grantee/Organization Name: Rural Health Association of Tennessee

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I. Network Overview

- a) Tennessee Rural Health Clinic Network (TN-RHC Network)
 - b) Jacy Warrell, MPA
 - c) July 2022 – June 2023
 - d) The TN-RHC Network is an officially recognized member group of the Rural Health Association of Tennessee.
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II. Network Funding

- a) Break out how the grant funds were spent per line item, i.e., personnel, consultants, travel, meetings, equipment, etc. (*Should be taken from your most revised budget*).

Personnel	\$ 23,020.90
Fringe Benefits	\$ 1,712.31
Travel	\$ 21,255.17
Equipment	\$ 0
Supplies	\$ 2,620.97
Contractual	\$ 41,000
Other	\$ 10,390.65
TOTAL	\$100,000

- b) If you selected “**Other**” above, please explain what the “Other” category included: RHA claims the de minimis 10% indirect costs.
- c) In the table below, list your network’s current annual budget and include a breakdown of sources of income.
 - List other funding sources and amounts. These other funding sources should only be listed if they were received during the project period.
 - This can include (but are not limited to) all other government grants, dues, program revenue, foundation support, significant in-kind contributions etc.
 - This can also include resources that were successfully leveraged as a result of the grant.
 - List your HRSA Network Planning Award in the table below as well.
 - If you have no other funding besides your HRSA Network Planning Award, please enter that number in box 5 below (can be found on your Notice of Award), and leave others blank.

If you have requested a **no-cost extension** and it has been approved by HRSA, please submit your Final Programmatic Report within 90 days of the approved project period end date. If you have any questions, please contact your HRSA Project Officer (PO).

Use the below table.

Box #	Current Annual Budget in Dollars	
1	Membership Dues	\$ 4,000
2	HRSA RHND Planning Grant 1 P10RH45771-01-00	\$ 58,382.37
3	HRSA RHND Implementation 1 D06RH49185-01-00	\$ 42,854.15
4		\$
5		\$
6		\$
7		\$
8	Total Network Annual Budget	\$105,236.52

III. Network Activities/Implementation

- a) Describe any significant changes that occurred during the course of the project.

In terms of grant administration, the grant proceeded as planned and there were no significant changes in staffing, budget, or work plan goals. From the start of the grant through the conclusion, the most significant change is that Rural Health Association of Tennessee previously had very minimal knowledge or connection with the state's federally designated Rural Health Clinics. By the end of the grant RHA had build institutional knowledge, developed new partnerships, and had more than 20 RHC Network members and many more engaged.

- b) Describe your network's major accomplishments (these might include administrative, organizational, clinical, financial, or technological accomplishments).

The TN-RHC network successfully completed an external environmental scan, developed a shared mission and vision statement, an advisory/governance structure, and strategic plan to guide the next steps in the network development. To support the work moving forward, Rural Health Association of Tennessee (RHA) secured a HRSA Network Implementation grant and has been including requests for RHCs in other state and federal funding requests.

- c) Describe any significant barriers faced in achieving your network's goals and describe the strategies you used to overcome them.

The most significant barrier in securing support and resources for Tennessee's RHCs is the lack of knowledge and understanding among state agencies, legislators, and funders. Most people are aware of Critical Access Hospitals and Federally Qualified Health Centers, but few know about the RHC program. RHA's Chief Executive Officer has been a strong advocate for these clinics and has brought awareness of RHCs to state

leadership. For the first time, RHCs are invited to apply for State Loan Repayment Programs and are being considered as a possible Uninsured Adult Safety Net provider.

- d) Include a description of any unachieved objectives in your discussion and the barriers that prevented their attainment.

RHA followed the proposed work plan closely and achieved all stated objectives. The RHCs are an extremely difficult group to connect with, however the “we’ll go to them” approach proved effective.

- e) Include the most up to date work plan listing the goals, objectives, activities and outcomes. Also, include the organization(s) or individual(s) responsible for carrying out the activities and the timeline. (*Work Plan can be submitted as an attachment in EHB*)

The objectives of the work plan were achieved.

IV. Results of the Grant

- a) Describe the original goal of the network project.

The purpose of this Rural Health Network Development Planning Program is to establish a Tennessee Rural Health Clinic (TN-RHC) Coalition that will develop a shared mission and commitment to improve the quality of basic healthcare services and strengthen the rural health care system in Tennessee. RHCs will have the opportunity to express their vision for a collaborative network through interviews, focus groups, and meetings. They will create a shared mission statement, establish a decision-making structure, and define roles and responsibilities of members. This coalition will be part of the larger Rural Health Community, connecting them to other rural providers such as hospitals, schools, Federally Qualified Health Centers (FQHC), and other mental and behavioral health providers.

- b) Have the goals and objectives of the Network Planning project been met? Why or why not?

Yes – The goals and objectives of the Network Planning project have been met. With the support from the Network Implementation grant, RHA will be able to further strengthen the network, grow its members and resources, and further connect RHCs to other rural providers through Rural Health Association’s events.

- c) If applicable, describe the services, functions, and benefits created, or those you anticipate will be created as a result of your network.

During the planning grant period, RHA developed an electronic newsletter specifically for RHCs, has placed recorded webinars on their Learning Management System, and has a template RHC policy and procedure manual that RHCs can consult when developing

and/or updating their facilities policies. In the future RHA hopes to supply RHCs with data and learning opportunities that can support readiness for Value Based Care models of the future. Through a contract not yet signed, RHA hopes to support RHCs implement “closed-loop referral systems” so they can refer patients to other providers, managed care organizations, and/or community-based services to address other health needs.

- d) Describe the impact of your network on the community/communities you serve.

While the results of the network are not yet measurable, already through the planning grant phase we have seen RHCs connect with peers in support of policy development, applying for National Health Service Corp Certification, and advance the professional knowledge of RHCs employees through various training opportunities.

- e) How has the planning grant served as a catalyst for other network activities or programs within the community?

By bringing attention to the needs of Tennessee’s RHCs, RHA has been presented with other opportunities that can lend support indirectly to strengthening access to quality care in rural communities. For example, RHA now has a contract with TennCare, the state’s Medicaid agency to assist TennCare members through the redetermination process. While this contract is not meant to be exclusively to assist RHCs, the connection with rural primary care providers was a top selling point for this service. This enables RHA to have the staff and capacity to stay current on Medicaid news that is useful to RHCs and the communities they serve.

- f) If applicable, if a needs assessment was conducted during the grant period, describe the results of the needs assessment and the impact of the needs assessment.

With the guidance of a Planning Grant Advisory Committee, the Project Director and paid consultant developed a survey for the RHCs that received 27 responses representing 52 clinics, conducted 18 site visits, and had a number of other virtual and in-person events that provided RHCs with the opportunity to share their strengths, needs, and challenges.

Common themes of strengths gathered during the visits and interviews included strong patient and community relationships, passionate providers who are motivated to go “above and beyond” in providing care, and a commitment to continuous quality improvement. As for challenges, RHC staff were acutely aware of patients’ non-clinical needs, often referred to as social drivers of health, that impact a patient’s ability to access care. A salient unmet need is the lack of reliable transportation. Workforce challenges was also raised in each discussion – whether concerns of aging providers or administrative support staff willing to learn complex billing and coding procedures.

- a) Please calculate the economic impact of your program by using *the Economic Impact Tool* on the Rural Health Information Hub webpage (<https://www.ruralhealthinfo.org/econtool>). This tool will help you determine the economic impact of grant dollars in your communities.

- You must register and get a log in to access the tool.
- Once you are registered and logged in, click on "Create a Scenario"
- At the end of this tool, you will be provided your total economic impact, ratio of economic impact to total spending and ratio of economic impact to HRSA funding.
- There is a [two minute](#) video to provide an overview on the tool:
 - **Please provide the numeric calculation here: 2.22**

b) How did you define "success" for your Network Planning project?

Officially launching a TN-RHC Network developed by and for the Rural Health Clinics.

c) How do you define "success" for your future, proposed network activities?

Engagement of existing TN-RHC Network members in network meetings, lunch and learns, and peer-to-peer activities; addition of new RHC members, fully sustainable network by the end of the RHND Implementation grant.

d) Please provide a story or two about how your program made a difference.

At the start of the planning grant, RHC had hosted a billing and coding training event for the RHCs. There was a RHC provider in attendance that was experiencing difficulty with the reporting required by the federal agency that awarded COVID relief dollars to the RHCs. RHA connected that RHC with another RHC professional who has strong administrative functions. The two stayed up until 2am in the morning fixing QuickBooks entries and getting all the information needed to submit the reports.

Prior to the RHC Network Planning grant, the nonprofit that manages Tennessee Residency and Provider incentives did not offer the opportunity to Rural Health Clinics because they did not know or understand that the clinics are eligible for the National Health Service Corp as a provider group that sees Medicaid, Medicare, and uninsured. For the first time ever, a RHC has been awarded the opportunity to offer a provider loan repayment for their facility to assist with recruitment.

V. After the Grant

a) Will your network continue operations after the FORHP grant funds are expended?

To sustain the TN-RHC Network beyond the term of the Network Planning grant, RHA and the Advisory Committee are deploying a multi-pronged strategy. This includes formalizing the structure of the advisory committee structure and installing its inaugural leaders. The Network is prioritizing member recruitment and engagement to cultivate a strong connection among RHCs.

The Network has already begun identifying funding sources to support the network infrastructure as well as funding for the clinics wishing to enhance their operations. The

Rural Health Association of Tennessee has applied for a HRSA Network Implementation grant that will enable the network to hire a full-time Network Director. Over the period of the grant, the Network Director will be responsible for recruiting enough members and sponsors that will sustain a Network Director and a RHC Coordinator. RHA has developed a grant procurement and management strategy aimed at bringing additional value to clinics through the provision of professional development stipends, resources to address workforce needs, data benchmarking, and opportunities for mini grants.

- b) Describe how the network will document and/or disseminate the value of its programs and services.

As part of the RHND Implementation grant, RHA has developed a data collection and data strategy that includes capturing data from publicly available benchmarking data, Network activities, and guided discussion among Network Advisory members on a bi-annual basis. RHA will publish annual reports for the Network Advisory, RHA's Board of Directors, and the public.

- c) Briefly describe a mechanism for assessing continued need for the programs and services provided to the network and to the community.

The Tennessee Rural Health Clinic (TN-RHC) Network preliminary sustainability plan was developed by Rural Health Association of Tennessee (RHA) using Georgia Health Policy Center's Sustainability Plan template. This template was a required grant deliverable as part of the Health Resources & Services Agency (HRSA) Rural Health Network Development (RHND) Planning Grant (HRSA-23-059).

The plan includes sections on: Reflection on Sustained Impact; Continuation Criteria; Biannual Review and Strategy Confirmation; Refinement and Action Planning. The goal is for programs and services offered by the TN-RHC to continue because they are valued, draw support and resources, and have sustained impact beyond the period of the grant. TN-RHC Advisory Board members will go through the process of updating this document bi-annually.

- d) Provide your network's "lessons learned."

Having not had previous experience with Rural Health Clinics, there was much to learn. First and foremost, the clinics we were able to visit are the ones that became network members. The personal connection, making effort to visit the clinic, and listen proved invaluable. Most importantly we learned how important the RHCs are to the network of care in Tennessee and how they struggle to keep up with timely and accurate information. The RHCs were resoundingly in favor of a network that focused on their needs and are enthusiastic about being part of the broader Rural Health Association of Tennessee as well.

VI. Feedback to the Federal Office of Rural Health Policy (FORHP)

- a) Provide your opinion on whether similar projects could work well in other rural settings.

This project would absolutely work well in other rural settings and among different types of rural groups.

- b) Based on your experience, discuss the main issues and problems that other communities might face in using your project as a model for establishing a rural network.

The project goes quickly and requires strong focus. It is important to stay ahead of goals and deliverables to stay on track.

- c) Now that the grant funds are depleted, what would be most helpful to your network in the future?

We are grateful to benefit from the RHND Implementation grant. Had we not been awarded the grant we would have continued meetings and newsletters, but momentum and meaningful engagement around “what could be” would be much more difficult.

- d) What were you able to accomplish with a HRSA Network Planning grant that you would not have been able to accomplish otherwise?

Without the planning grant we would not have had the capacity and support that was provided by the consultants who were able to keep the project moving forward, would

not have been able to attend the conferences, do the site visits, or host the “Network Kick-off Event.”

- e) Did you request and receive a No-Cost Extension (NCE)? NO.

Feedback on Technical Assistance (delivered via CRL Consulting as the TA provider)

- a) Was the technical assistance offered helpful? Yes.
b) What type of technical assistance would have been beneficial to your network? It was more than enough – sometimes more than needed.

Feedback on Reporting Requirements

- a) Moving forward, do you think your network will utilize the Performance Improvement Measurement System (PIMS) data?
1. If so, how? Yes – It provides a great baseline for future network activities.
- b) Moving forward, do you think your network will utilize the information from the Network Organizational Assessment? Maybe.
- c) Do you have any suggestions for FORHP that you believe would improve the grant program? What did you find most/least helpful during the past year? What can be improved? Please share your candid thoughts and observations. Your comments are not for attribution and will not be used in any publications about the program.

The required TA activities were sometimes similar to what was in the workplan, but a different timeline. Had I known the TA requirements I’m not sure I would have hired two consultants.

*Thank you for sharing your experience and impact.
For any questions, please contact your assigned HRSA Project Officer.*