Tennessee

Rural Health Association of Tennessee
Rural Health Clinic Network

HRSA Grant # 6 P10RH45771-01-01

Strategic Plan

1. Network Statement

Strengthening access to quality primary care in rural communities is essential for the physical, mental, and economic wellbeing of rural communities. Despite being Tennessee's largest group of Safety Net providers, federally designated Rural Health Clinics (RHCs) have not had an association to provide them with voice and support. Over the years, the lack of an established RHC network has resulted in serious consequences. For example, during the 2018 TennCare moratorium on wraparound payments, many clinics were forced to close, including birth centers. Later during the COVID-19 pandemic, the absence of a RHC Network made it difficult for state agencies to connect directly with rural providers and patients.

In 2022, the Rural Health Association of Tennessee brought independent and provider based RHCs together to establish a Tennessee Rural Health Clinic Network. Network leaders connected with more than 200 RHCs through surveys, site visits, and a RHC Virtual Summit with speakers from the Bureau of TennCare and National Association of Rural Health Clinics. The physicians and nurse practitioners who operate these clinics have shared that as the healthcare industry becomes increasingly difficult to navigate, they want an organized network to facilitate peer learning, provide timely and accurate information, and to advocate for the needs of their providers and patients.

Network leaders will continue developing the network to achieve their collective mission to *"Improve the health and wellbeing of rural Tennesseans by strengthening and supporting the Rural Health Clinics who serve them."* By setting goals related to expanding capacity and services and improving patient outcomes, the network has the potential to not only strengthen this provider group, but the rural healthcare system as a whole.

2. Organizational Overview

Rural Health Association of Tennessee (RHA) convened an advisory committee of independent and provider based RHCs to assess the need for a RHC Network. Members also represented each of Tennessee's "grand regions" – East/Appalachian, Middle, and West/Delta. Advisory members met monthly to guide planning activities that included environmental scans, network assessment, developing financial sustainability plans, and strategic planning. To engage prospective members into the network, RHA offered complementary 6-month memberships for clinic representatives to begin experiencing the benefits of a membership association.

Mid-way through the planning process, the committee adopted a formal mission statement to *"Improve the health and wellbeing of rural Tennesseans by strengthening and supporting the Rural Health Clinics who serve them."* The network shares Rural Health Association of Tennessee's broader vision to become among the healthiest states in America.

Next, the advisory committee developed a formalized leadership structure (Attachment A) for the RHC Network. Network membership grew from four (4) advisory members to nineteen (19) RHC representatives and four (4) non-RHC partners. These partners signed a Memorandum of Agreement (Attachment B) that includes the purpose, activities and benefits, and responsibilities of the network. Additional stakeholders including Tennessee State Office of Rural Health (SORH), Amerigroup (Managed Care Organization), and University of Tennessee College of Pharmacy also participated in advisory activities.

The leadership structure will consist of 15-18 members including two co-chairs, recorder, finance, and advocacy chair. A minimum of two-thirds (66%) of Advisory Committee Members are required to be employed in a rural community as defined by Health Resources and Services Agency (HRSA). Rural Health Association of Tennessee's Chief Executive Officer will serve as an ex-officio member of the committee and liaison between the RHC Network and RHA's Board of Directors, the SORH, Bureau of TennCare, and any funder that wishes to support the network.

3. Strategic Planning Process

Under the guidance of the advisory committee, Rural Health Association of Tennessee (RHA)'s Chief Executive Officer, Jacy Warrell, and paid consultant Kathy Wood-Dobbins, conducted site visits, interviews, and surveys with providers and administrators across the state. The purpose of the site visits was to learn more about Tennessee's RHCs and gain insights into their strengths and limitations.

The survey received 27 responses representing 52 RHCs (Attachment C). Questions ranged from the types of services provided, electronic medical record systems, strengths, and operational challenges. RHA learned that only 15% of those surveyed provide behavioral health services and fewer provide substance use disorder treatment despite the high need. Chronic Disease Management and WellChild Immunizations were the highest types of ancillary services provided. The most surprising finding was that only one clinic responded that they use a closed-loop referral system to address patient's non-clinical needs. In interviews providers shared they are often hesitant to ask about social drivers of health out of fear there won't be resources available to address the need.

Site visits and interviews were conducted with 18 RHC administrators responsible for managing 33 clinics (attachment D). The clinics were significantly different in size, services, and level of comfort with operational matters such as billing and coding and navigating regulatory compliances.

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 patients 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.

Each week of the project, RHA staff and consultants met to review progress, discuss findings, and plan for the monthly advisory committee meetings. At the start of the project, the committee helped develop survey and site visit questions. Throughout the rest of the project, the committee provided insights and guided the decision making of the staff and consultants. The survey results, visits, interviews, and feedback from a "Virtual Pre-Conference Summit" held in October of 2022, informed the strategic plan.

4. External Environmental Scan Summary

Administrators and providers are understanding of the importance of strengthening relationships with local government, state legislators, nonprofits, and peer organizations, which presents an opportunity for the development of a RHC Network. As a membership organization of more than 800 people, RHA already has a strong network of rural providers, schools, and other community-based organizations RHCs can benefit from. Other opportunities include a need for receiving timely and accurate information, an openness to provide Medicated Assisted Treatment services, and an understanding of needing to strengthen telehealth service offerings and practices.

In addition to connecting with peer providers, clinics and others are recognizing the value of having a state-wide association serve as an advocate among Tennessee's Department of Health, TennCare (state Medicaid agency), the Governor's Office, and others. RHA has been instrumental in raising awareness that state and federal rural-provider recruitment dollars have not been finding their way to RHCs and has been advocating that loan repayment and provider incentive dollars should be open to RHCs as a federally designated Safety Net provider group.

The lack of knowledge of RHCs by our state legislators and administrators continues to be a threat to RHCs and the rural health system. Each respondent of the environmental scan raised the issue of the state's delay to expand Medicaid as a serious threat to RHCs. Many RHCs, particularly in West Tennessee operate in counties that have high uninsured rates and no other Safety Net provider (Attachment E). These RHCs are not eligible for the state's Uninsured Adult Safety Net reimbursement dollars on account they are "for-profit" entities.

At the federal level, the opportunities and threats work hand in hand. On one hand, the impending transition to value-based care, increased broadband and telehealth offerings, and federal congress' willingness to modernize the RHC program are opportunities for the network to provide support to RHCs. At the same time there appears to be a lack of readiness among the clinics for these changes.

5. Network Organizational Assessment Summary

Advisory committee members completed a Network Organizational Assessment (attachment F) meant to provide perspective on the health of the forming network. Overall, members ranked the initial network high in areas of vision, relevance, and relationshipsThe group identified resources and adaptability as areas that need significant strengthening.

6. Network Programming Goals & Objectives

Reoccurring themes discovered in the environmental scan include the desire to connect with peers and other agencies to strengthen operations, patient care, and professional knowledge. To advance the community of practice among RHC providers and administrators, the following goals and objectives have been developed:

- **Improve Access to Care** by addressing gaps in care and improving the quality of healthcare and referral services
  - Conduct Value Based Care readiness assessment to identify strengths and gaps in care.
  - Provide professional and peer learning opportunities related to improving quality of care and care coordination.
- **Expand Capacity and Services** through training and technical assistance that develops knowledge, skills, and leadership models.
  - Provide scholarships for National Rural Health Clinic Professional Certification.
- **Enhance Patient Outcomes** by creating effective systems through the development of knowledge, skills, structures, and leadership models.
  - Provide technical assistance to become a certified National Health Service Corps site.
  - Support adoption of National Culturally and Linguistically Appropriate Services and Standards.
  - Assist with reviewing and updating policies and procedures
  - Provide training on value-based care, measuring quality performance, and population health management.
- **Support and Sustain** the rural healthcare system Tennessee through value-based care and population health management.
  - Award mini grants for RHCs wishing to update health information technology to improve care coordination (including closed-loop referral).
  - Provide data tools to track outcomes related to the most rural-relevant quality improvement metrics.
  - Help clinics adopt practices that improve Value Based Care readiness

7. Network Development and Sustainability Goals & Objectives

The RHC Network preliminary sustainability plan has been developed by Rural Health Association of Tennessee (RHA) using Georgia Health Policy Center's Sustainability Plan template. The plan includes sections on: Sustained Impact; Continuation Criteria; Refinement and Action Planning. The goal is for programs and services offered by the RHC Network to continue because they are valued, draw support and resources, and have sustained impact beyond the period of the grant. Network Advisory Committee members will go through the process of updating this document bi-annually.

Next steps include formalizing a leadership structure, demonstrating increased value to members, and continuing to evaluate membership fee structures, fee-for-service opportunities, and additional funding from private and public partners.

8. Use of the Strategic Plan

The observations and learnings through the strategic planning process will be referenced through the launch of the RHC network and modified as the understanding of the needs of RHCs grow and change. These reflections and assessment will inform the strategic planning of the network via:

- **Communications** – The Network Statement, Strategic Plan, and supporting documentation will be shared with guests of the RHC Kick-off event to be held June 15, 2023 (Attachment G). It will also be shared with local and state officials, partner organizations, and others.
- **Management** – The details of the plan will be monitored on a quarterly basis to provide insight into staffing, advisory committee participation, and member services. By continuously reviewing the plan, the group can determine which areas are highest priority and if/when a change in strategic direction is needed.
- **Partner Engagement** – Regular communication is essential to engaging partners in the adaptive practices meant to strengthen the network. Opportunities will be provided for Advisory Committee and Members to provide feedback to the staff at quarterly meetings, roundtable discussions, and after other training and technical assistance offerings.
- **Program Evaluation** – The RHC Network will continue to actively engage RHCs in the design, implementation, and evaluation of programs. Members will have opportunities to provide feedback through post-event evaluations, surveys, and participating in committees and/or the Advisory Committee.

9. Acknowledgements

This work would not have been possible without our staff and advisory committee members:

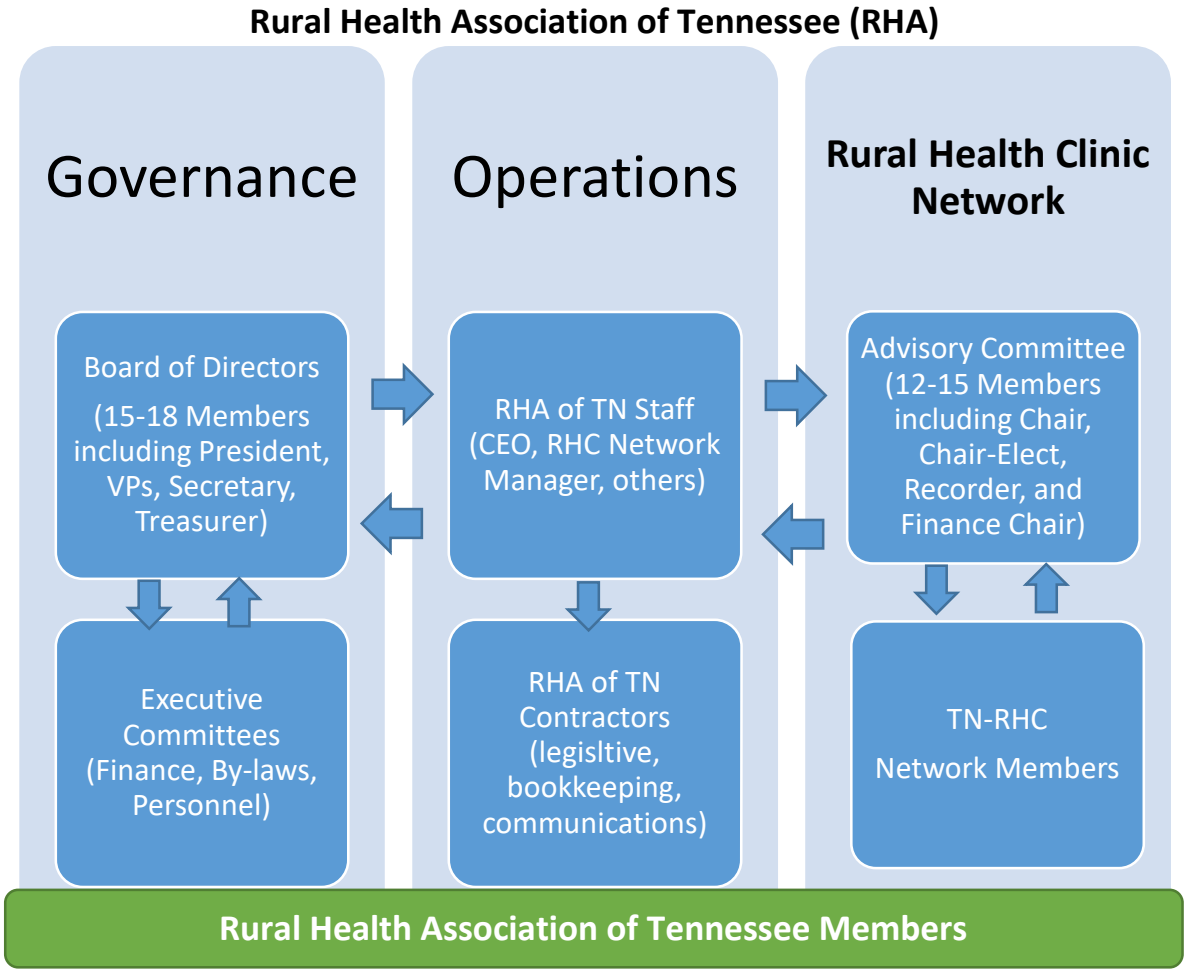
- Kathy Wood-Dobbins, KWD Consulting
- Sean McGee, Cause Impact
- Freda Russell, Three Rivers Hospital – St. Thomas Ascension
- Mischelle Ferrell, Cumberland Family Care
- Deborah Chumley, Servolution Health Services, Inc.
- Laura Hunt-Trull, East Tennessee State University, Center for Rural Health Research
- Tammy Etheridge and Tammy Crawford, Hometown Health Clinic
- Allie Haynes, Dorshonda Evans, Emily Webb, and Jacy Warrell, Rural Health Association of Tennessee

Additional gratitude to the following for the many questions and emails answered:

- Marcus Flatt and Tina Pilgreen, Tennessee State Office of Rural Health
- Kelly Shearin, Amerigroup
- Tyler Melton, University of Tennessee College of Pharmacy
- Mark Lynn, Healthcare Business Specialists
- Amber Jefferson, Georgia Health Policy Research Center
- Nkem Osian, Federal Office of Rural Health Policy
- Lana Dennis, Centers for Medicare and Medicaid Services
- John Gale, Maine Rural Health Research Center

Lastly but not least, thank you to the Rural Health Clinic professionals who took the time to give tours, answer surveys, and share your wealth of knowledge of providing care in rural Tennessee.

Attachment A: Network Member Information and Organizational Chart



The mission of the TN-RHC Network is to "Improve the health and wellbeing of rural Tennesseans by strengthening and supporting the Rural Health Clinics who serve them." The vision of RHA is for Tennessee to become among the healthiest states in America.

There are 20 founding TN-RHC Network members, 80% of which are in HRSA designated rural communities. In June 2023 members will elect the first Advisory Committee, most of whom have already been identified through the HRSA planning grant process. To ensure a high degree of local control, Rural Health Association of Tennessee will participate as a non-voting, ex-officio member of the network. A minimum of 66% of TN-RHC Advisory Board and Members will always represent rural communities.

Members of the TN-RHC Network are also members of Rural Health Association of Tennessee and have access to the same benefits and opportunities for leadership in the larger network.

RURAL HEALTH ASSOCIATION OF TENNESSEE

Tennessee Rural Health Clinic Network
Memorandum of Agreement

This Memorandum of Agreement is between the Rural Health Association of Tennessee, Independent and Provider-based Rural Health Clinics, and supporting partners committed to participating in the Tennessee Rural Health Clinic (TN-RHC) Network ("the Network").

The Purpose of TN-RHC Network is to:

- **Improve Access to Care** by addressing gaps in care and improving the quality of healthcare and referral services.
- **Expand Capacity and Services** through training and technical assistance that develops knowledge, skills, and leadership models.
- **Enhance Patient Outcomes** by creating effective systems through the development of knowledge, skills, structures, and leadership models.
- **Support and Sustain** the rural healthcare system Tennessee through value-based care and population health management.

Activities and Benefits of TN-RHC Network will be guided by the Network Advisory Committee and executed by the Rural Health Association of Tennessee (RHA), including:

- **Benchmarking Data Access** – Full access to data benchmarking tools related to quality.
- **Communications** specific to RHCs including monthly newsletters, lunch and learns, website and resource center maintenance.
- **Quarterly Meetings/Roundtables** – Opportunities to network with peer organizations.
- **Annual Meetings** – A yearly meeting to provide training, Network updates, and vote on Network business (Advisory Committee, governance changes, etc.).
- **Technical Assistance** – Such as mock surveys, policy reviews, referrals to resources.
- **Grant Writing** – RHA will continue to secure resources to support network goals.
- **Liaising with State and Federal Government Officials** – Maintain relationships with Tennessee Department of Health, TennCare, Tennessee Department of Mental Health and Substance Abuse Services, and other entities relevant to the Network.
- **RHA of TN Benefits** – Members of the network are automatically members of RHA and therefore have access to other benefits and services offered by the association.

Responsibilities of Network Members include:

- Maintain Organizational Membership in Rural Health Association of Tennessee ($175 annually, per CMS Certification Number "CCN").
- Participation in Network activities such as Quarterly Roundtables and Annual Meetings.
- Elect TN-RHC Network Advisory Committee Members and Officers.
- Provide feedback and information that will support the development of the Network.
- Share data such as number of patients served yearly, patient demographics, services offered, and results of quality improvement interventions, if any. Participation in sub-grants may require a separate MOU of expectations to report clinical quality measures.

Network Membership, Advisory Committee Officers, Terms, and Committees

- Members of the Network have full voting rights in Network governance and RHA.
- Members of the Network may be independent or provider based RHCs.
- Members of the Network elect Advisory Committee Officers and Members-at-Large at the Annual Training and Member Event (Spring).
- The Network Advisory Committee is responsible for providing strategic direction of the Network as funding opportunities evolve.
- The Advisory Committee will consist of 12-15 members.* A minimum of two-thirds (or 66%) of Advisory Committee Members must be employed in a rural community as defined by Health Resources and Services Agency (HRSA).
- The Advisory Committee approves the addition of non-RHC Network Partners to assure alignment with network goals and to maintain a minimum of two-thirds membership representing a rural community as defined by HRSA.
- The Advisory Committee will consist of two Co-Chairs, Treasurer, Secretary, Advocacy Chair, and 7-10 Members-at-Large.*
- Advisory Committee terms will be 3 years in length. Members may run for additional terms after a 1-year pause from service on the committee.*
- Rural Health Association of Tennessee's RHC Network Director serves as an ex-officio member of the Network. The Network Director reports to Rural Health Association of Tennessee's CEO and the Advisory Committee.
- Tennessee Department of Health's Office of Rural Health may serve as an ex-officio member of the Network.
- Members of the Network are eligible to run for the Rural Heath Association of Tennessee's Board of Directors (voted on at RHA Annual Meeting in the fall).
- * This governance structure is subject to change based on the feedback of TN-RHC Members. The founding Advisory Committee will work with RHA, and Network Members to develop additional governance and leadership structures as the Network evolves to present to the Network to be voted upon.

MOA Terms and Modifications

This MOA becomes effective January 2023 and is good through June 30, 2027. Partner Organizations may withdraw from the MOA with 30-days written notice.

Sharing of MOA

This MOA will be submitted to Health Resources and Services Agency (HRSA) as part of an application to a HRSA Network Development Grant (HRSA-23-30). The purpose of this program is to strengthen the rural healthcare system by helping integrated healthcare networks achieve efficiencies, improve quality, and associated health outcomes. The activities of the grant will allow RHA to support 1 FTE to carry out activities listed in the "Activities of TN-RHC Network" section of this MOA as well as activities listed in the grant. Network members may submit a request in writing for the grant abstract to RHA of TN's CEO.

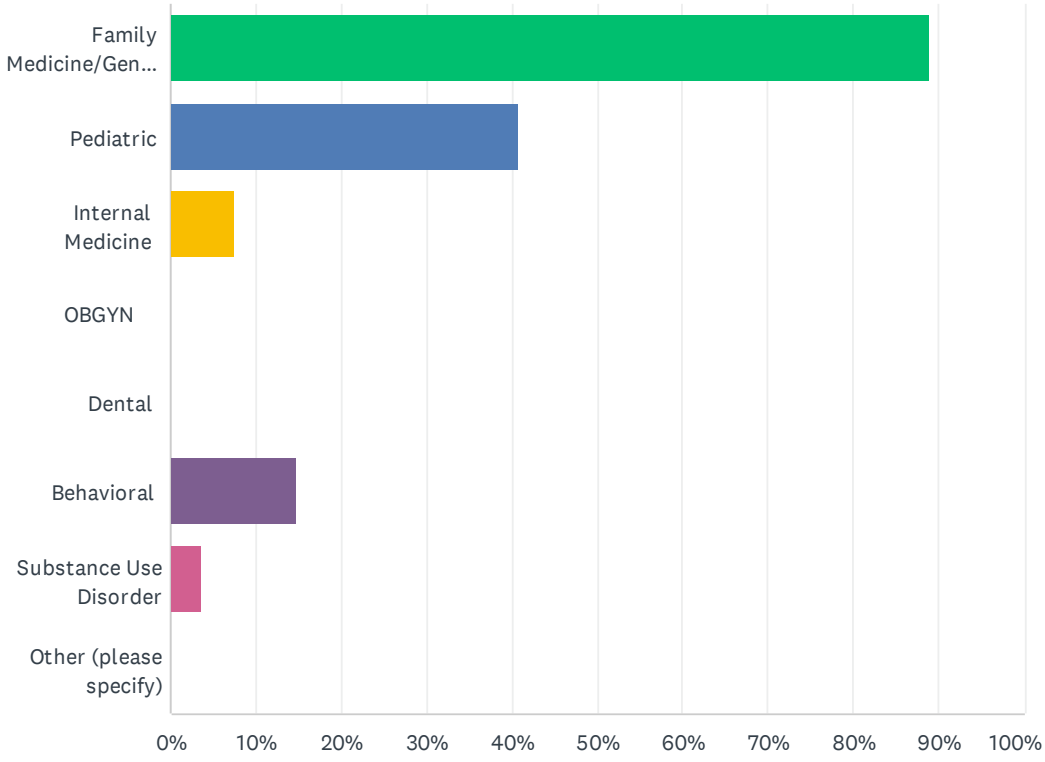
Signatures Enclosed

RURAL HEALTH ASSOCIATION OF TENNESSEE

Jacy Warrell Rural Health Association of Tennessee	Deborah Chumley Servolution Health Service, Inc.
Tammy Etheridge Hometown Health Clinic	Mischelle Ferrell Cumberland Family Care
Karen Boase Henry County Medical Center	Jennifer Burnette Bradley Polk Walk In and Medical Center
Yvette Walker Celebration Family Care	Darryl Collins Pioneer Pediatrics
Kathy Brown Family Health Center of Ashland City	English Roberts Restoration Clinic
Stephanie Tant Women's Center of East Tennessee	Kristin McBay Faith Family Wellness Clinic, PLLC
Christie Suratt Lakeside Health Clinic	Roslyn Robinson Roslyn Robinson Mountain City Extended Hours
Susie Stokes Susie Stokes Cumberland Pediatric Associates	Mark Lynn, CPA Healthcare Business Specialists
Laura Hunt-Trull; East Tennessee State University Center for Rural Health Research	Kelly Shearin Kelly Shearin Amerigroup
Tyler Melton University of Tennessee College of Pharmacy	Freda Russell Freda Russell Ascension Saint Thomas - Three Rivers Hospital

Q1 What type of care do you provide? (Check all that apply)

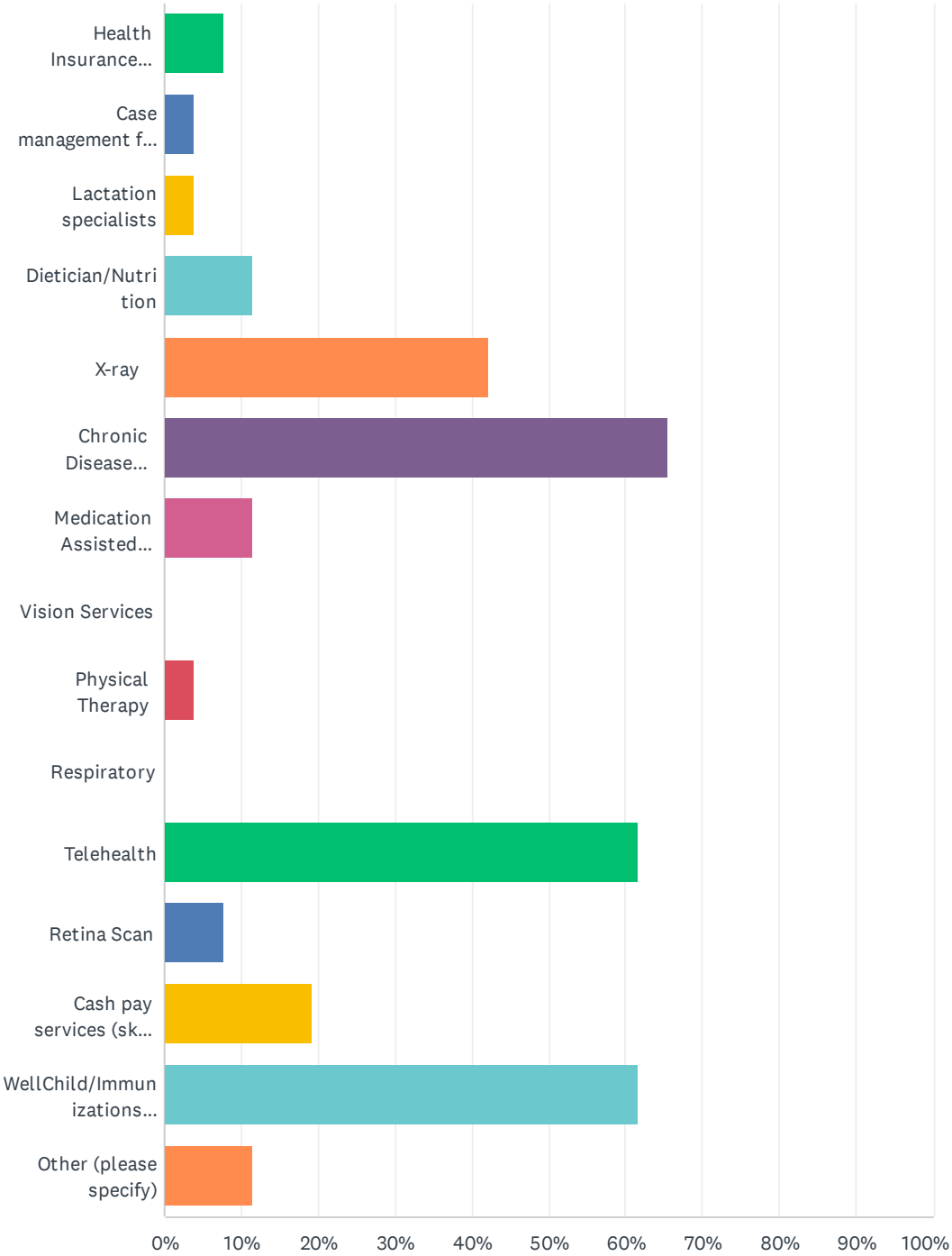
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Family Medicine/General	88.89%	24
Pediatric	40.74%	11
Internal Medicine	7.41%	2
OBGYN	0.00%	0
Dental	0.00%	0
Behavioral	14.81%	4
Substance Use Disorder	3.70%	1
Other (please specify)	0.00%	0
Total Respondents: 27		

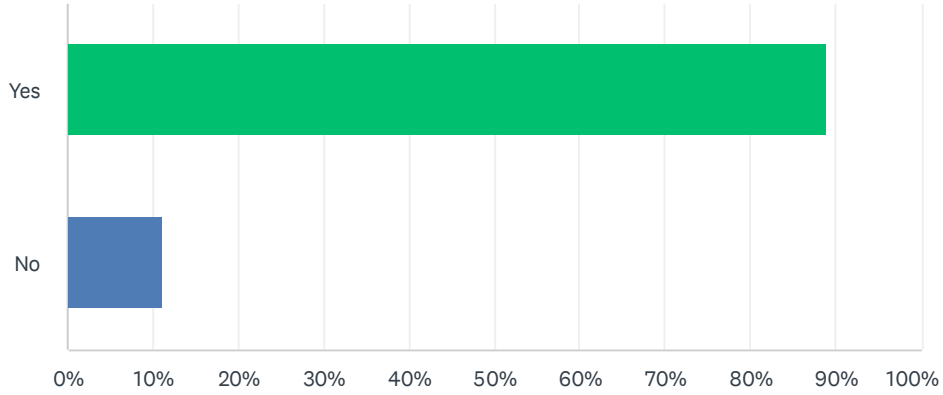
Q2 What type of ancillary services do you provide? (check all that apply)

Answered: 26 Skipped: 1



Q3 Do you use a third-party vendor for lab services?

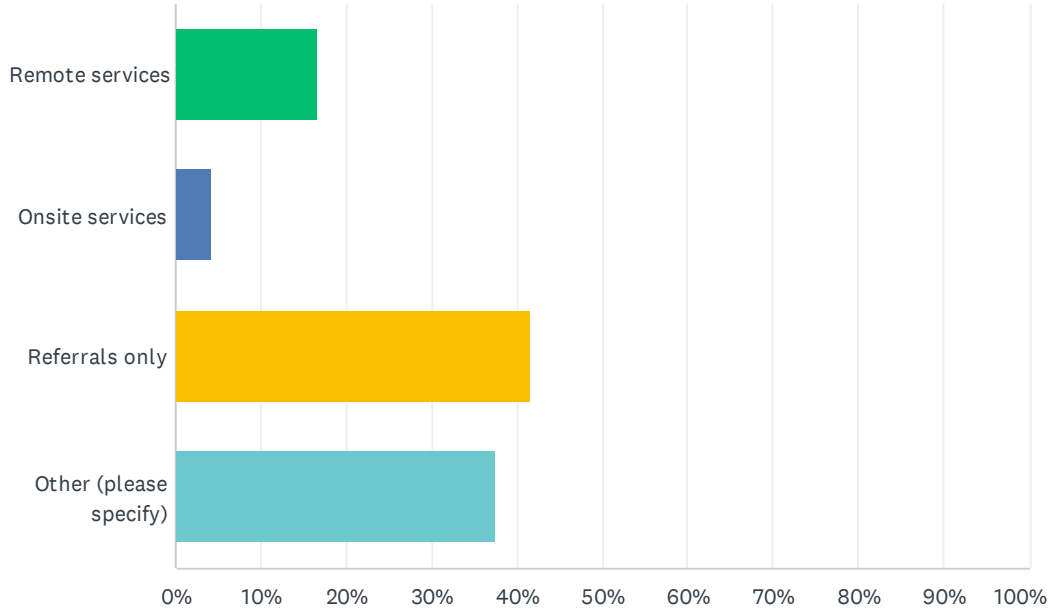
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	88.89%	24
No	11.11%	3
TOTAL		27

Q5 What kind of pharmacy services, if any, does your RHC provide?

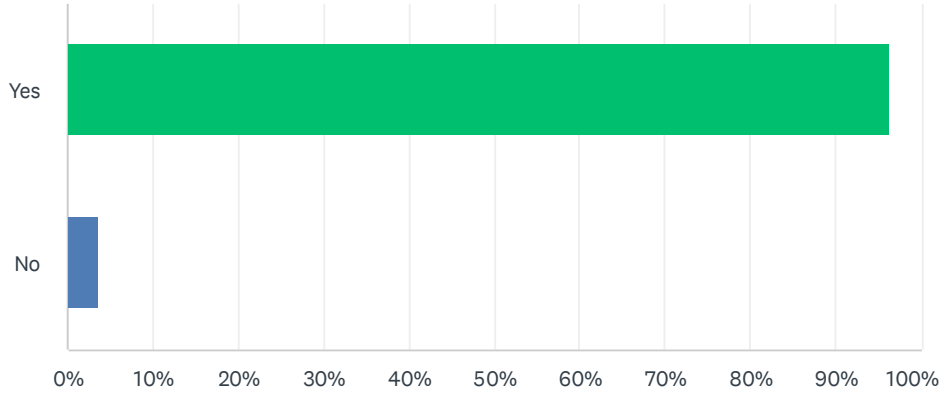
Answered: 24 Skipped: 3



ANSWER CHOICES	RESPONSES	
Remote services	16.67%	4
Onsite services	4.17%	1
Referrals only	41.67%	10
Other (please specify)	37.50%	9
Total Respondents: 24		

Q6 Do you utilize an electronic health record?

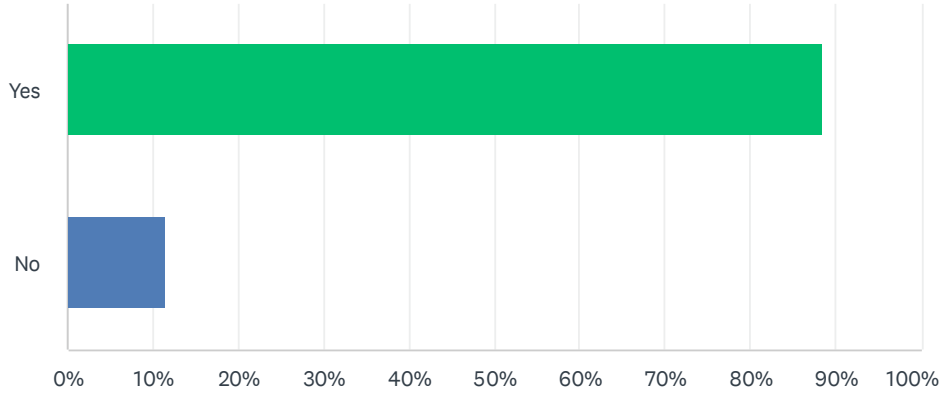
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	96.30%	26
No	3.70%	1
TOTAL		27

Q9 Are screenings integrated into your medical records?

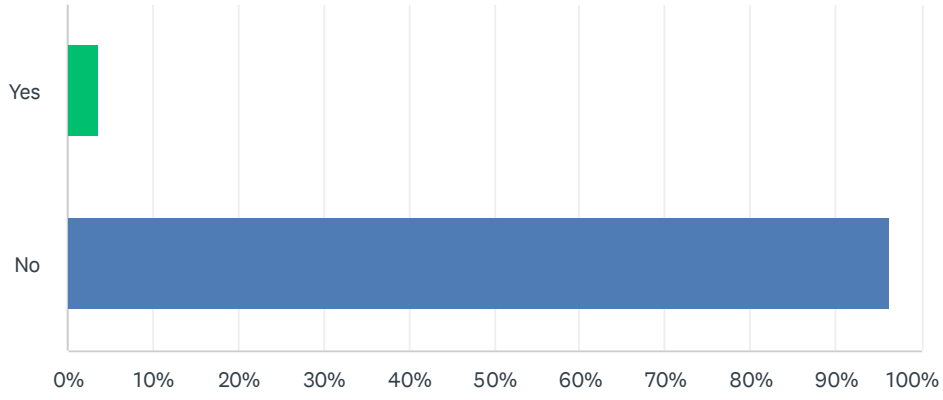
Answered: 26 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	88.46%	23
No	11.54%	3
TOTAL		26

Q10 Do you use a closed-loop referral system (such as UniteUs, AuntBertha/Find Help)?

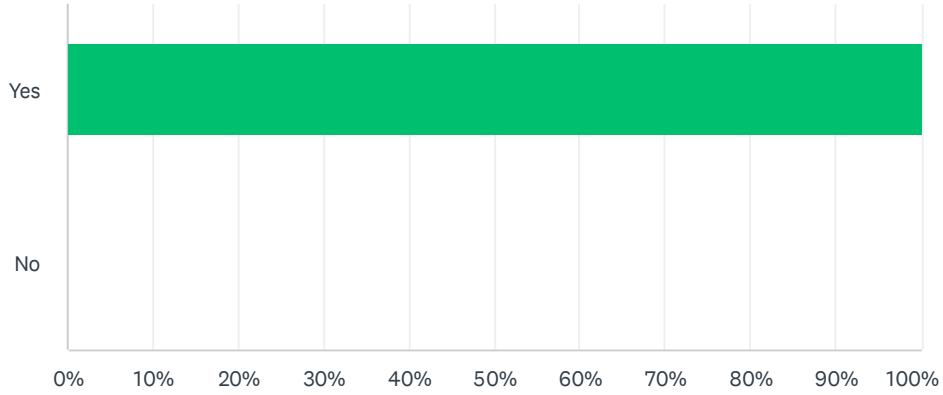
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	3.70%	1
No	96.30%	26
TOTAL		27

Q11 Does your RHC serve uninsured and low-income self-pay patients?

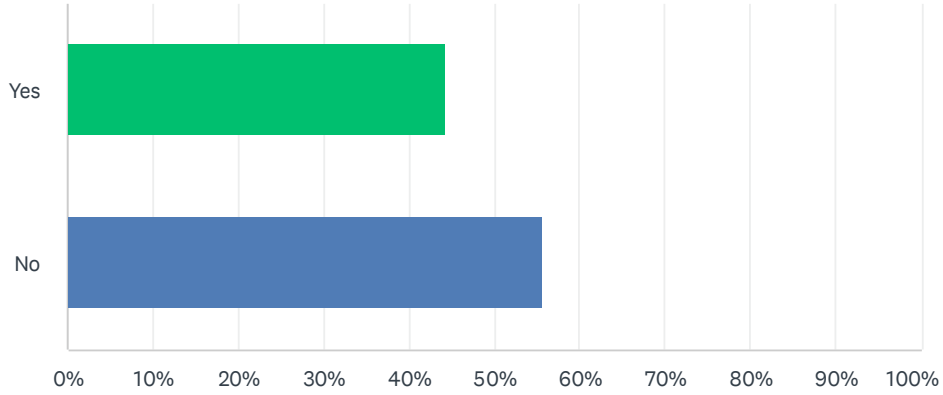
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	27
No	0.00%	0
TOTAL		27

Q12 Do you provide a sliding fee scale?

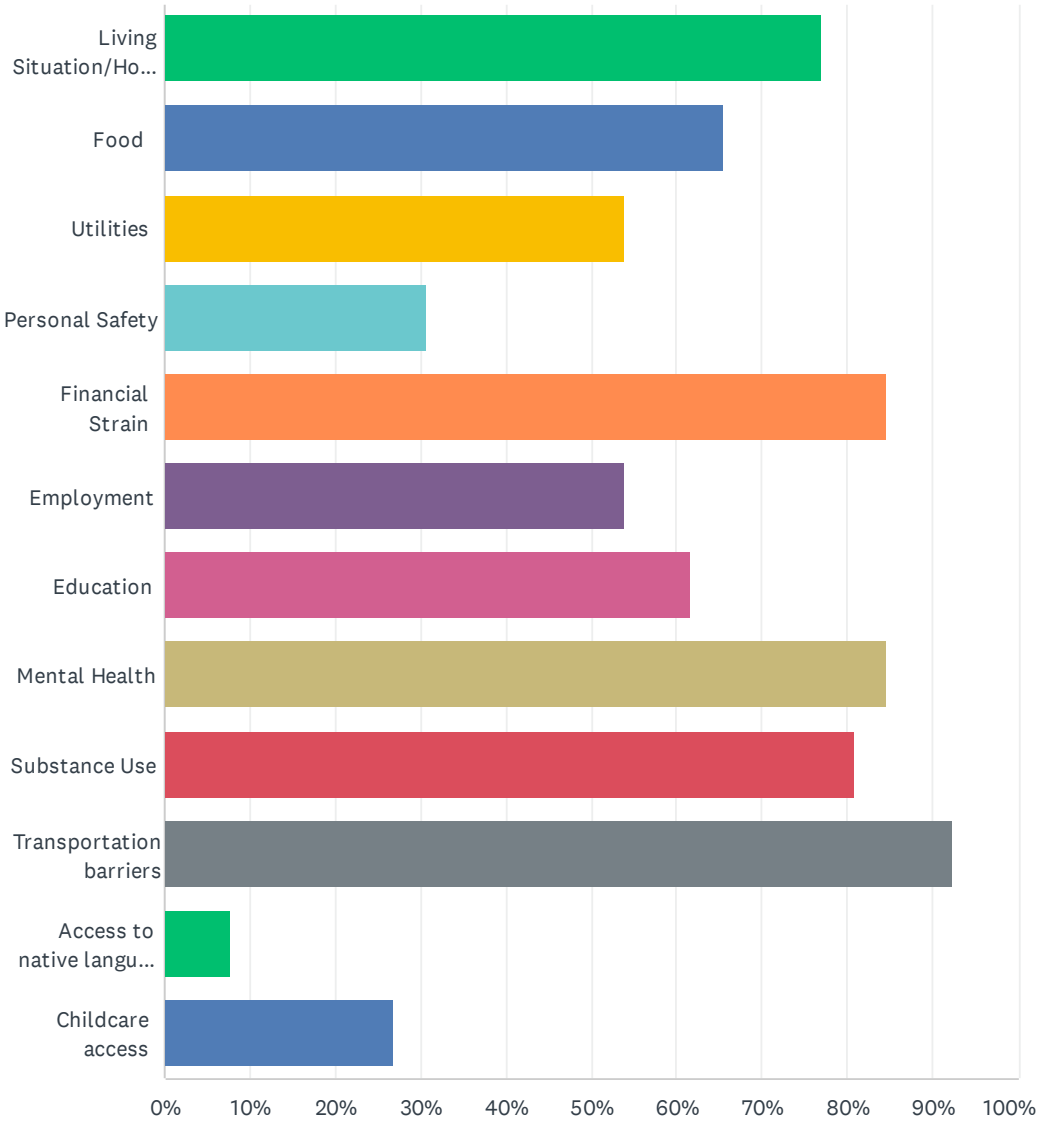
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	44.44%	12
No	55.56%	15
TOTAL		27

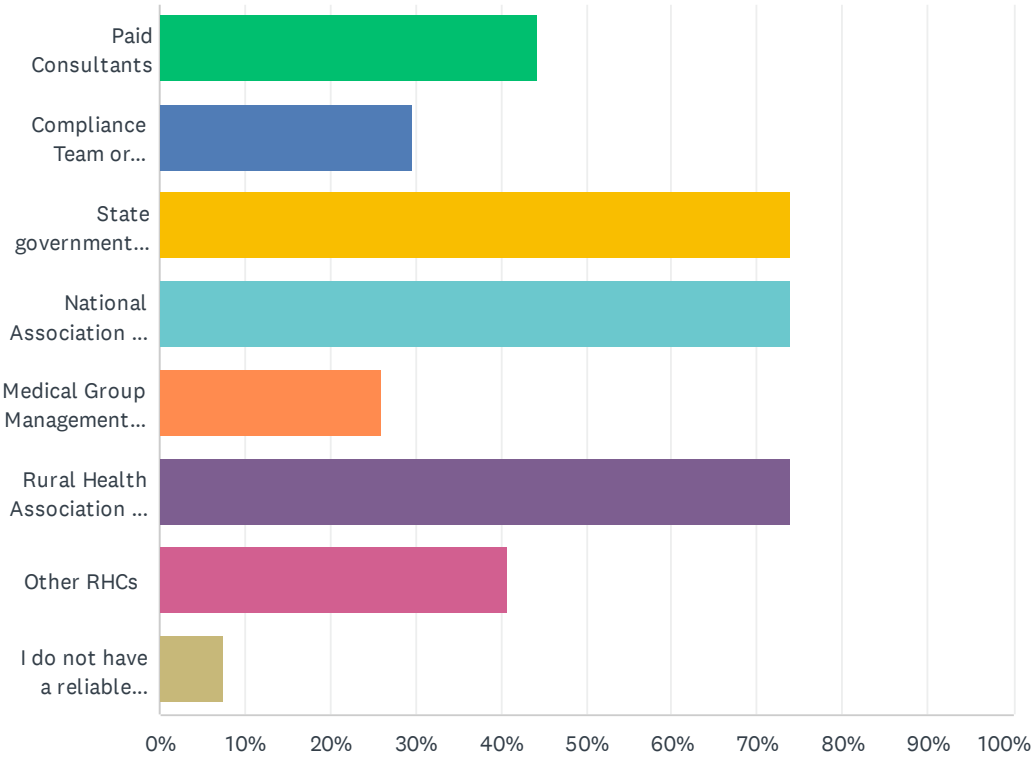
Q14 What areas of unmet social need do your patients regularly experience? (Check all that apply)

Answered: 26 Skipped: 1



Q15 What resources to you use for information to support your operations? (Check all that apply)

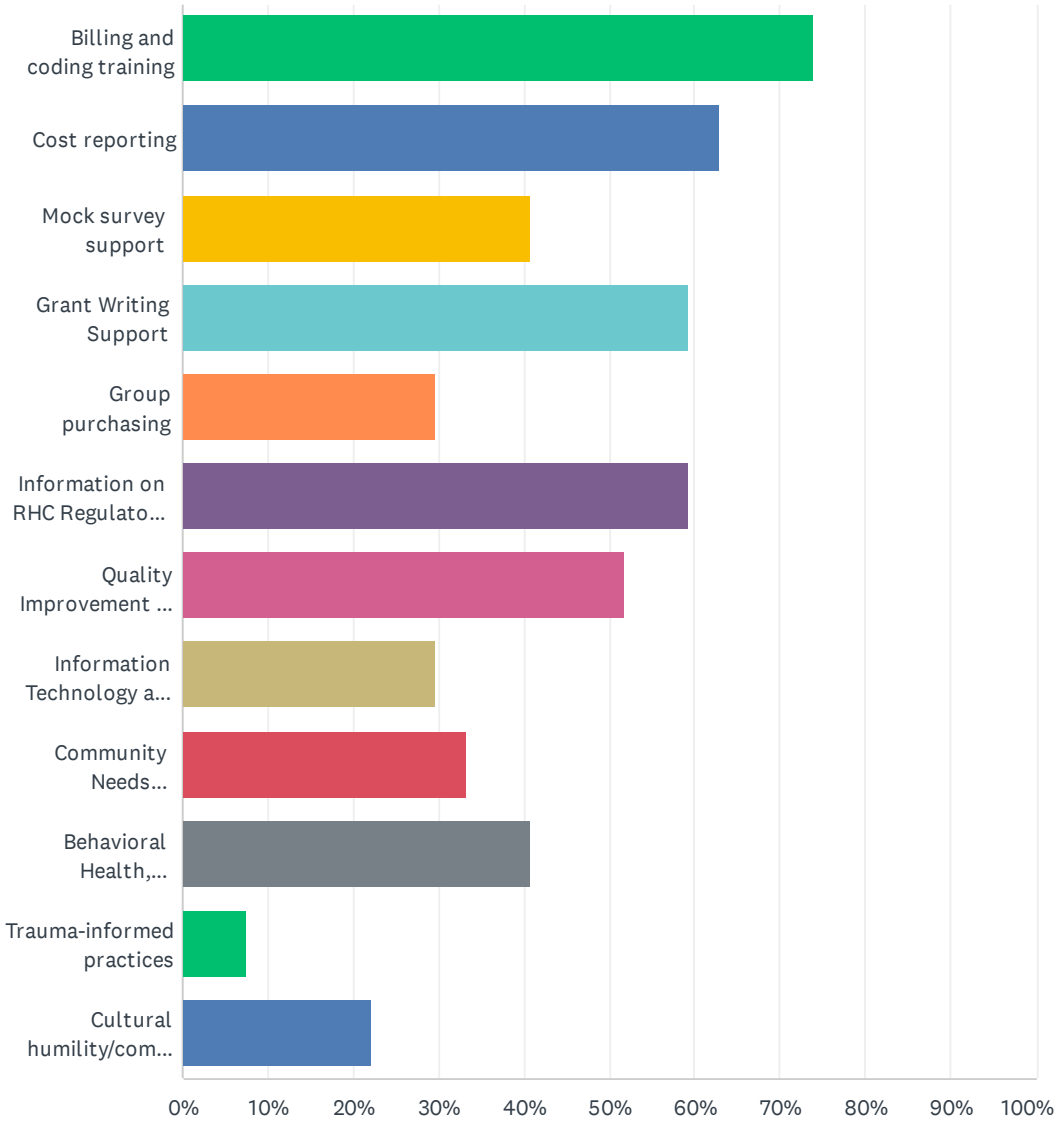
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Paid Consultants	44.44%	12
Compliance Team or inQuiseek (Deeming entity)	29.63%	8
State government communications (TennCare, etc)	74.07%	20
National Association for Rural Health Clinics	74.07%	20
Medical Group Management Association	25.93%	7
Rural Health Association of Tennessee	74.07%	20
Other RHCs	40.74%	11
I do not have a reliable resource	7.41%	2
Total Respondents: 27		

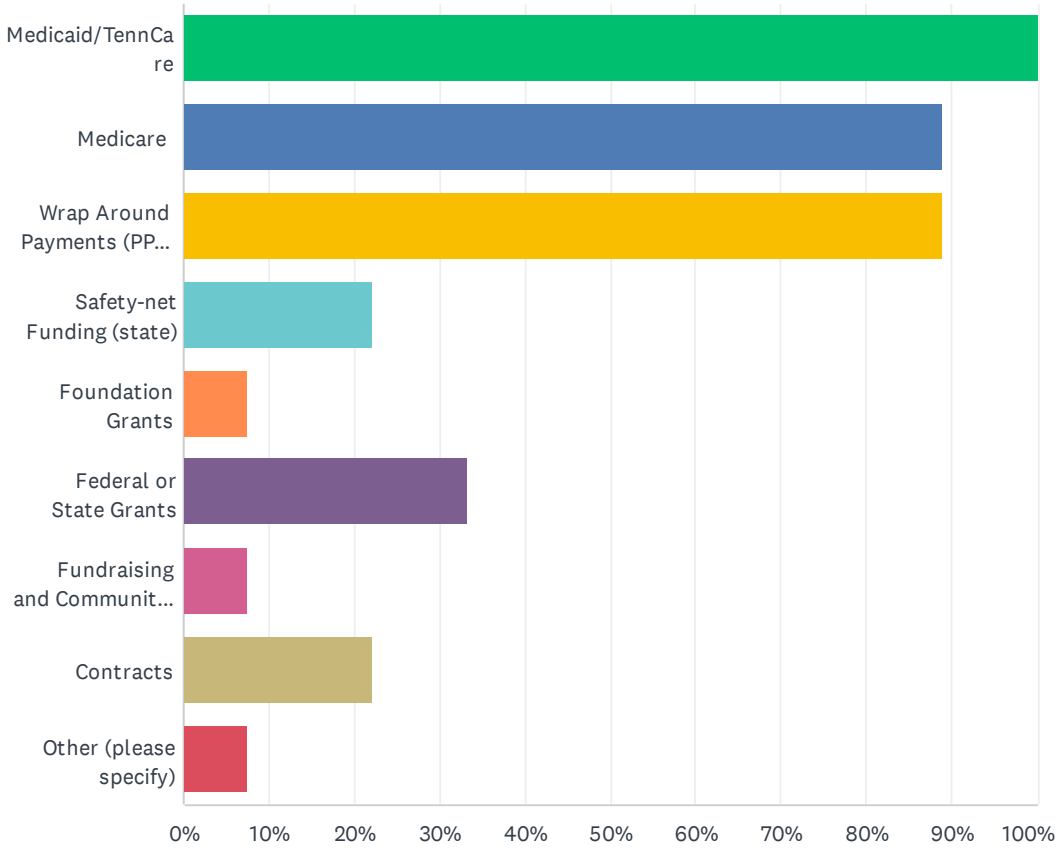
Q16 What training or technical assistance would you find valuable? (Check all that apply)

Answered: 27 Skipped: 0



Q17 Sources of Funding: (Check all that apply)

Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Medicaid/TennCare	100.00%	27
Medicare	88.89%	24
Wrap Around Payments (PPS) TennCare	88.89%	24
Safety-net Funding (state)	22.22%	6
Foundation Grants	7.41%	2
Federal or State Grants	33.33%	9
Fundraising and Community Support	7.41%	2
Contracts	22.22%	6
Other (please specify)	7.41%	2
Total Respondents: 27		

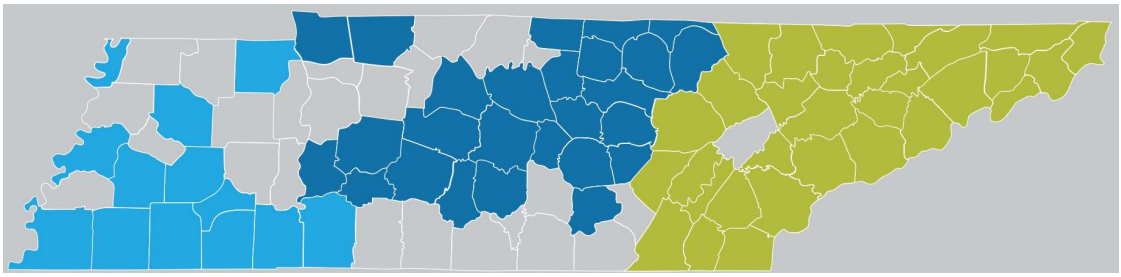
Attachment D
Rural Health Clinic Visits and Interview as of May 31, 2023

Name	RHC and Location	Date	RHC Type
Kyle Kopec, CCO/ VP Gov Affairs	Haywood Community Hospital Brownsville, TN	7/27/22	Provider-based/ West
Freda Russell, CEO/CNO and Ruby Warren	Three Rivers- Ascension Health Waverly TN	8/12/22	Provider-based Middle
Mischelle Ferrell	Cumberland Family Health Sparta, TN	8/22/22 1/25/23	Independent Middle
Deborah Chumley Co-CEO	Servolution Health Services, Speedwell, TN	8/26/22	Independent East
Kristin McBay, FNP	Faith Family Wellness, Shelbyville, TN	10/7/22	Independent Middle
Tammy Etheridge, COO	Hometown Health McKenzie, TN	10/21/22 5/8/23	Independent West
Yvette Walker and Keiona Hurt	Celebration RHC Lewisburg, TN	10/27/22	Independent Middle
Karen Boase	Henry County Medical Center Paris, TN	11/7/22	Provider-based West
Jennifer Burnette	Bradley-Polk Walk-In Clinic Ocoee, TN	1/20/23	Independent East
Candace Garrett	Ascension Saint Thomas – Highlands, Sparta, TN	12/14/22	Provider Based East
Stephanie Tant	LifeCircle Women's Center Athens, TN	1/20/23	Independent East
English Roberts	Restoration Clinic Decatur, TN	1/20/23	Independent East
Barbara Levin	Access Medical Care of Monroe County Madisonville, TN	2/7/23	Independent East
Susie Stokes	Cumberland Pediatric Associates PC, Lebanon, TN	2/15/23 5/30/23	Pediatric Middle
Kacey Edwards	Dickson Medical Associates Dickson, TN	3/22/23	Independent Middle
Leslie Whaley	Infinity Family Health McMinnville, TN	3/25/23	Independent Middle
Dana Talley	Woodland Wellness Manchester, TN	3/25/23	Independent Middle
Gina Dieudonne	Rainbow Pediatrics, Humboldt, TN	5/8/23	Independent West

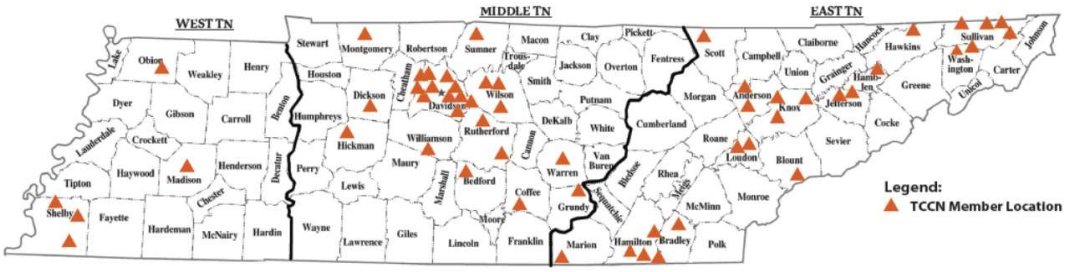
Attachment E – HEALTHCARE ENVIRONMENT MAPS

Existing services aimed at improving access to quality care through supporting healthcare facilities in Tennessee are provided by four organizations listed below. None of these organizations receive directly support Tennessee's Rural Health Clinics (RHCs).

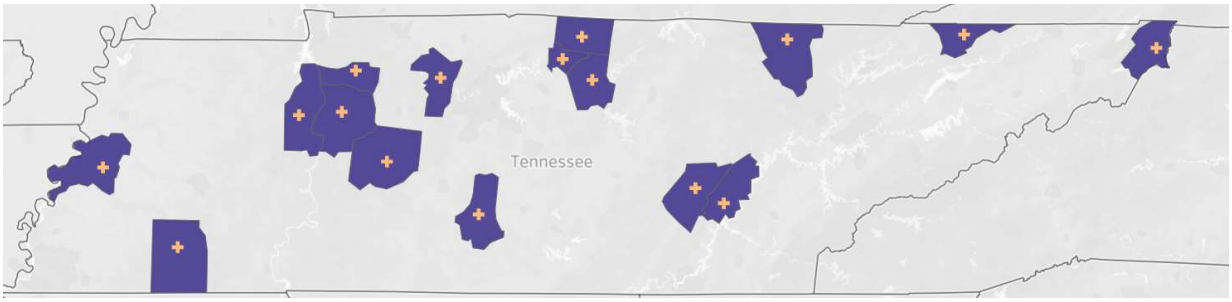
Tennessee Primary Care Association provides leadership and advocacy services for Federally Qualified Health Centers (FQHCs) who serve 70 of the 95 counties in Tennessee. The 22 counties not served are HRSA defined rural areas. (*https://tnpcaeducation.org/misc/2020%20TPCA%20Health%20Center%20Site%20Guide.pdf*)



Tennessee Charitable Care Network, Tennessee's association services 53 charitable clinics, only 8 of which have a HRSA defined rural location https://www.tccnetwork.org/).

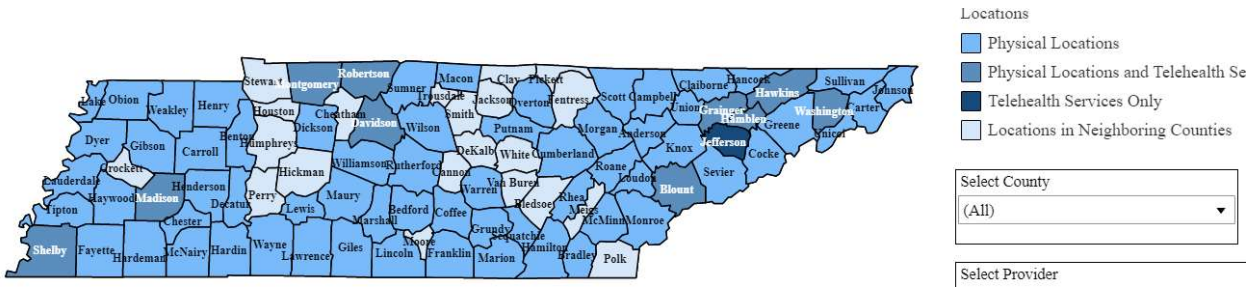


Tennessee Hospital Association and Tennessee Office of Rural Health support the state's Critical Access Hospitals via the Medicare Rural Hospital Flexibility (FLEX) Program and the Small Rural Hospital Improvement Program (SHIP) for the state's 16 Critical Access Hospitals (CAHs).

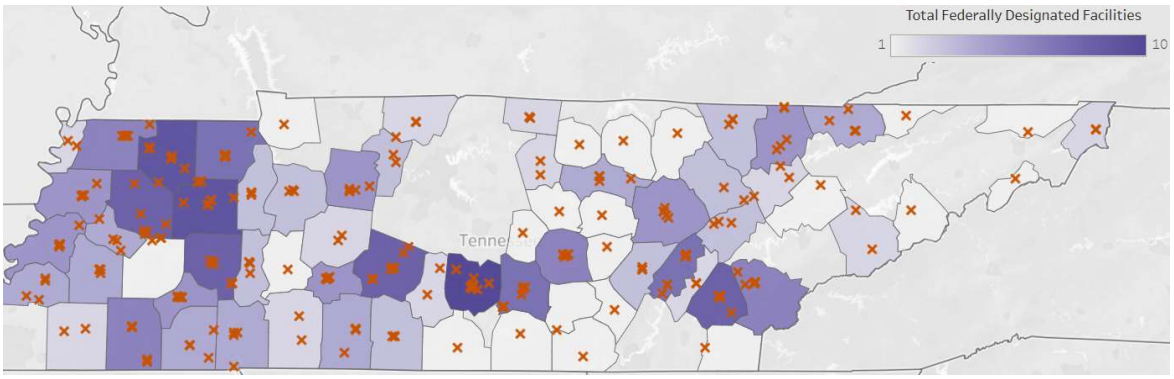


TENNESSEE RURAL HEALTH CLINIC (RHC) NETWORK

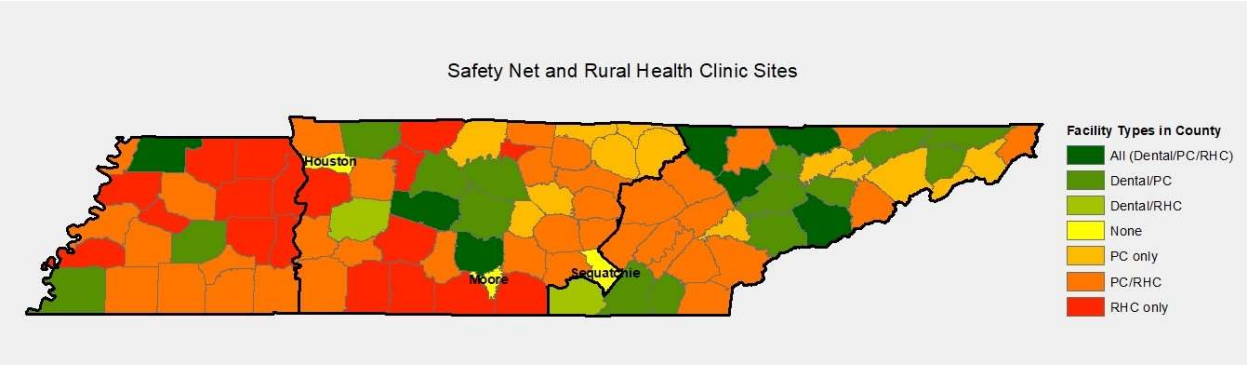
Tennessee's Behavioral Health Safety Net providers that receive funding from Tennessee Department of Mental Health and Substance Abuse Services serves all 95 counties, however there are no physical locations in 20 of 95 of Tennessee's counties, all of which are in HRSA defined rural counties.(https://www.tn.gov/content/tn/behavioral-health/research/fast-facts/bhsn-locations.html)



Tennessee currently has 241 Rural Health Clinics (RHC) in 54 of Tennessee's 95 counties shown in the below map using HRSA Data Explorer (https://data.hrsa.gov/tools/data-explorer).



18 Tennessee counties do not have a healthcare facility in the Uninsured Adult Safety Net program (red counties). Another 37 counties are serviced by a Primary Care provider such as a FQHC or Community Based organization (dark orange) as well as at least one RHC.



Rural Health Network Development Planning Program

Moving From a Collaborative Partnership to a Rural Health Network:

A Network Organizational Assessment Road Map

ATTACHMENT F - NOA Road Map Final Report

Tennessee

Rural Health Association of Tennessee

Tennessee Rural Health Clinic (TN-RHC) Network

1 P10RH45771-01-00

Consensus of "Current" position of the Network

Consensus of the "Aspirational" position of the Network

Moving From a Collaborative Partnership to a Rural Health Network:

A Network Organizational Assessment Road Map

STEP 2: Final NOA Road Map

STEP 3: Next Steps for Moving Our Network Forward

Differentiator	*Next Steps*
Vision Members have *shared* vision, mission, and values that clearly define the Network's reason for existence	The adopted mission statement of the TN-RHC Network is to *"Improve the health and wellbeing of rural Tennesseans by strengthening and supporting the Rural Health Clinics who serve them."* The network shares Rural Health Association of Tennessee's broader vision to become among the healthiest states in America. The TN-RHC Network Founding Members will formally vote to approve the vision statement at their first meeting June 2023. The founding Advisory Committee will engage the members in developing values statements and will revisit the mission and vision regularly.
Formality Network is an independent organization that operates according to signed agreements, defined policies, and often by-laws	
Governance Decision-making authority is shared and distributed among members	The TN-RHC Network will be a formally recognized constituency group under the Rural Health Association of Tennessee membership. The TN-RHC Network will appoint an advisory committee of 12-18 members, elected by the members of the network. The committee will have a Chair, Vice-Chair, Recorder, Finance Chair, and Advocacy Chair. The advisory committee will be instated at the June 2023 meeting. The Advisory Committee will determine a cadence of meetings and further engage members in the network planning process.
Scope Programmatic focus adjusts to emerging needs and changing priorities	
Configuration Members officially join for strategic reasons, value diversity of perspectives, and engage in meaningful dialogue	

STEP 3: Next Steps for Moving Our Network Forward, continued

Differentiator	*Next Steps*
Relationships All members have relationships that are mutual and reciprocal and are based on trust	TN-RHC Network Members and Advisory Committee will begin the process of developing relationships with existing and potential members. The TN-RHC Network will have its first in-person meeting June 2023. The Advisory Committee will engage members in determining a schedule of peer-to-peer roundtables and learning opportunities to help facilitate and deepen mutually beneficial relationships.
Commitment Members have long-term commitments, are passionate and actively engaged, and share responsibility for outcomes	
Relevance Members build on successful program outcomes to communicate the Network's value and to broaden its impact on the community	
Resources Diverse sources of funding, both member-driven and external, support the Network infrastructure and development as well as program implementation	TN-RHC Network Members currently pay membership dues as set by Rural Health Association of Tennessee. Network Members will next have conversations about appropriate level of membership dues and/or fee-for-service structures. Rural Health Association of Tennessee, as fiscal sponsor to the network, is actively seeking additional funding from both private and public funders.
Adaptability Members understand that change is inevitable and continually assess and respond to needs	

STEP 4: NOA Road Map Summary

Process:

Network Planning Advisory Members who completed the Network Organizational Road Map (NOA) included: Mischelle Ferrell, Kathy Wood-Dobbins, Candace Garrett, Deborah Chumley, Laura Hunt-Trull, and Jacy Warrell. The responses were combined and discussed with additional advisory members. Allie Haynes, Sean McGee, Tammy Crawford, Tyler Melton, and Kelly Shearin participated in the larger discussion to work toward consensus on the status of the network versus the aspirational status. Overall, the Advisory Members ranked the work of developing the RHC Network as high in areas of vision, network configuration, and relationships. In the areas of formality, scope, commitment, and relevance the composite responses indicated the network is in the "middle of the road," which is to be expected for being in the planning phase. The group identified resources and adaptability as areas in which need to be strengthened.

Strengths & Implications:

The primary organizational strengths are that there is clear vision and commitment of members and leadership. Affiliation with the Rural Health Association of Tennessee that has established relationships with state and federal agencies, funders, and others in rural health bring an added value to this newly forming group of rural providers. This affiliation will positively impact the future Advisory Committee's ability to find additional resources to sustain the network and improve the network scope.

Weaknesses & Implications:

The primary organizational weakness of the TN-RHC Network is that there is not yet an appointed Advisory Committee in the defined roles. These roles will be filled by June 2023, however that will be the first meeting of the group. It will take time for the Advisory Committee members to get to know each other as well as other members of the network.

RURAL HEALTH ASSOCIATION OF TENNESSEE

Rural Health Clinic Network Kickoff Event
June 15, 2023; 8:30am – 4:30pm Central
The View at the Foundations
1500 Medical Center Parkway
Murfreesboro, TN 37129

Thursday, June 15

8:30am – 9:30am – Introductions, HRSA Overview, Advisory Committee appointments

- 8:30 – 8:40 – Welcome and Overview of Event/Topics
- 8:40 – 8:50 – Introduction of Officers/Advisory Committee appointments
- 8:50 – 9:10 – Summary of RHC Planning Work
- 9:10 – 9:30 – Opportunity for feedback

9:30am – 10:00am – Overview and History of RHC Program – John Gale, Maine Rural Research Center

Break

10:15am – 11:15am – TennCare Presentation

- Current Events/Policy: PHE Unwinding; Coverage pregnant women; dental
- Quality Initiatives/How can RHCs align around TennCare priorities
- Resources for FQHC and RHC providers such as: PPSSettlementManualForFQHCAndRHCProviders.pdf (tn.gov)

11:15am – 12:15pm – Lunch/Networking

12:15pm – 1:15pm – Centers for Medicare and Medicaid Services (CMS), Lana Dennis

1:15pm – 2:00pm –Behavioral Health Integration, John Gale, Maine Rural Research Center

Break

2:15pm – 3:30pm – Tennessee's Behavioral Health Safety Net, Tennessee Department of Mental Health and Substance Abuse Services

3:30pm – 4:15pm – MCO Panel: Amerigroup, Bluecare, and United Health

4:15pm – 4:30pm – Closing

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