

**STRATEGIC PLAN NEVADA RURAL HEALTH CARE
GOALS AND OBJECTIVES**

<p>2a. Maintain sufficient primary care workforce base.</p> <ul style="list-style-type: none"> • Add needed primary care workforce • Continue to support and fund UNSOM’s commitment to rural health care • Resolve pending J1 Visa problems and increase available slots for rural communities • Encourage rural counties to implement property tax credits for needed professionals • Support continued effort through AHEC to develop the rural health care workforce • Increase emphasis on training of local residents • Initiate high school recruitment efforts for prospective health care professionals • Expand the Nevada Health Service Corp to include dentists, dental hygienists, nurses, and EMS personnel • Expand support to the WICHE and HCAP programs for scholarship assistance • Utilize Millennium Scholarships for training of health professionals • Improve utilization and expand scopes of practice of mid-level providers • Reduce administrative barriers and facilitate coordination among State licensing boards 	<p>Mark Hemmings Program Manager PCDC - Primary Care Dev. Center</p> <p>AHEC, UNSOM NSORH</p> <p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> • Established J-1 Visa Waiver program priority for rural clinics. Will accept and expedite rural clinic applications all year long. • Able to utilize five “geographic” slots for special rural J-1 Visa Waiver applications. • PCDC is an active supporter of WICHE. PCDC’s Program Manager is a member of WICHE’s Health Care Access Program (HCAP) advisory committee and its subcommittee on the “Underserved”. • Development and implementation of Recruitment and Retention Summit. 40+ attendees. • Quinton Burdick Interdisciplinary Grant. Rural Team Rotated in West Wendover, Elko, Carlin and Goshute. • UNSOM initiates development of rural training track for family practice medicine. Sites being explored and developed Fallon and Elko. • Health service corp. expanded to include Dentists, nurses and dental hygiene. No increased funding. • Nevada Health Service Corp and WICHE are working closely together and have placed jointly the first four dentists. • NSORH hosts Rural Recruitment and Retention Seminar for multi-agency/multi-community sites- January 2006 • Gov.’s Accountability Co-Chairs request funding of the Interim Health Care Committee 4/13/106 to address student recruitment through AHEC, request additional loan repayment for the Nevada Health Service Corps, request funds for the Rural Training Track program. • Conducts EMT training in cooperation with Great Basin Community College (2a & 4a) BCCH • Collaborating with WNCC to expand nursing student slots from 8 – 16 (2a & 2b) BCCH • Recruited new internal medicine J-1physician to the community (2a) BMGH • Recruited three new physicians to the community (2a & 10c) BCH • Provides CNA classes (2a) GCDMC • Sponsors high school Career Day (2a) GCDMC • Recruiting physician to assist with planned expansion of services (2a & 10a) GCDMC • Provides CNA classes (2a) MGGH • Sponsors Health Careers Explorer Post – (BSA, Learning for Life program) (2a) OCHF • Conducts EMT training in cooperation with Great Basin Community College (2a & 4a) OCHF • Rotates Albany (NY) Medical College 1st year medical students through month-long “Diversity Training” (2a) OCHF • Sponsors local students through IHS health careers scholarship programs (2a) OCHF • Sponsored Customer Service Training through Boise State University for all Tribal employees (2a & 2d) OCHF • Working with high school to conduct CNA classes, to be taught by PGH nurses (2a) PGH • Volunteer hospice program (2a) SLMC • Personal Care Attendant program (2a) SLMC
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		<ul style="list-style-type: none">• Healthcare scholarship program (2a) SLMC• CNA (certified nursing assistant) program (2a) SLMCCollaborating with WNCC to expand nursing student slots from 8 to 16 (2a & 2b) SLMC• Recruited new orthopedic surgeon to the community (2a & 10a) WBRH• Serves as administrator of the Capital Funding/Rural Loan Pool Program – (2a) NRHP• Collaborating with WNCC to expand nursing student slots from 8 to 16 (2a & 2b) NRHP
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<p>and tribal health services</p> <ul style="list-style-type: none"> • Implement integrated facility models where viable • Expand schedule of State Mammovan 	<p>Gerald Ackerman</p> <p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> • School of Medicine, Nevada Health Centers, Inc. AHEC, Great Basin College, UNLV School of Dental Medicine have jointly opened a primary care and dental health center (Community Health Center) for Elko • Sponsored Customer Service Training through Boise State University for all Tribal employees (2a & 2d) OCHF
<p>2e. Improve obstetrics services in rural communities.</p> <ul style="list-style-type: none"> • Make incentives for rural obstetrics providers a priority • Coordinate efforts with ORH/UNSOM on rural obstetrics initiative and support additional funding. • Foster telemedicine and other linkages with urban obstetricians/gynecologists to improve prenatal care • Provide education and support to enable community health nurses to provide prenatal care 	<p>Gerald Ackerman Caroline Ford</p> <p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> • Office of rural Health continued the obstetrical access program with funds going to 5+ communities to support malpractice, uncompensated care and education. In addition the office is chairing meetings to overcome developing OB barriers in Elko. • NSORH requests additional expansion funding for the Obstetrical Access Program from Interim Health Care Committee 4/13/06. • New obstetrician recruited to the community (2e) HGH • Contracted with a family practice group to bring OB, prenatal and postnatal care, and well-baby checks back to the reservation (2e) OCHF
<p>GOAL 3: Create long term viability in behavioral health, substance abuse, and support services</p>	<p align="center">Status Task Contact</p>	<p align="center">Activities conducted since July 1, 2005</p>
<p>3a. Obtain needed staff.</p> <ul style="list-style-type: none"> • Explore mobile/alternative service delivery models • Support expansion of providers' scope of practices • Develop/expand incentives to locate in rural areas • Recruit and train local residents for health care careers 	<p>Maria Canfield, Chief, BADA</p> <p>Ray Kendall or Sueann Bawden</p> <p>Dana Woolley CHN Manager, BCH</p>	<ul style="list-style-type: none"> • The Bureau developed standards for treatment programs to utilize Telecare as a mode of service delivery. • The Bureau funds Infrastructure at community level with Block Grant (BG), SIG and SPF. • The Bureau funds Programs that fund positions in all seventeen counties. • Rural Clinics Community Mental Health Services (RC) has always provided around the clock crisis staff to initiate legal 2000 should individuals be at risk to self or others. • Scope of Practice for RC nurses was expanded by NRS this past session to allow for improved medication access by clients. • RC has added positions for Family Services Specialists and Mental Health Technicians in order to "Grow our Own" and improve accessible workforce in the Rural Communities. This will assist in developing social services providers within the community. RC has also been able to implement an Intern Program for licensed MFT's and LSW's so they can gain the supervision hours required for their professional counseling licensures. • The Community Health Nursing program participates yearly in "Career Day" at the Western Nevada Community College to recruit student nurses
<p>3b. Develop or enhance appropriate facilities/treatment sites.</p> <ul style="list-style-type: none"> • Co-locate and integrate with primary care facilities where possible • Address behavioral health transport issues with appropriate agencies 	<p>Maria Canfield, Chief, BADA</p>	<ul style="list-style-type: none"> • The Bureau supports agencies providing services to rural communities and offers technical assistance for that request to expand services. Funding restricts capital improvements. • 2006-2009 Request for Applications for statewide funding listed as a priority, services for individuals with co-occurring disorders. • Carson Mental Health Center continues involvement with Primary Care Provider Sierra Family.

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<ul style="list-style-type: none"> • Continue to implement DMHDS priorities • Expand inpatient, behavioral health, and residential substance abuse treatment capacity • Provide funding for a rural Program of Assertive Community Treatment (PACT) for the severely mentally ill • Expand capabilities of correctional facilities to provide behavioral health and substance abuse services 	<p>Ray Kendall or Sueann Bawden</p> <p>Caroline Ford</p> <p>Robin Keith NRHP</p> <p>Dana Woolley CHN Manager, BCH</p>	<p>PA's are at the CMHC one day per week and treat a variety of health issues. One of CMHC Psychologist is at the Sierra Family Primary Care facility one day per week to provide mental health consultation and services. Currently the Wendover MHC center is co-located with a Primary Care Provider and another Primary Care Facility is being considered in Eureka County for co-location.</p> <ul style="list-style-type: none"> • On going dialogue continues in all RC's catchment areas regarding client transport. Some communities (Winnemucca) have developed MOU's to address this important issue. • RC again was awarded a BADA grant to allow certain Rural Centers to provide BADA assessments and substance abuse counseling for dually diagnosed individuals. • Bringing together Dept. of Psychiatry and Dept. of Family Practice to discuss potential to co-locate resident training in the Rural Training Track program. • Providing office space for Nye Communities Coalition for \$1.00 – a grant funded program through Nye county to keep kids off of drugs and alcohol (3b, 5a & 10b) NRMC • Community Health Nursing program provided preventive health services such as TB/HIV screening to correction facilities, substance abuse treatment facilities, juvenile centers, and other non-traditional venues
<p>3c. Coordinate and integrate service delivery across the continuum of care.</p> <ul style="list-style-type: none"> • Improve case management and care coordination activities and funding • Explore “no wrong door” capabilities • Develop Elko regional behavioral health center • Explore need for dedicated nursing facilities for combative patients and individuals with Alzheimer's and dementia 	<p>Maria Canfield, Chief, BADA</p> <p>Ray Kendall or Sueann Bawden</p> <p>Gerald Ackerman</p>	<ul style="list-style-type: none"> • The Bureau has institutionalized Program Operating and Access standards emphasizing the need for improved case management and application of evidenced based practices. • Carson Mental Health Center is involved in the Mental Health Court. A service coordinator and therapist are utilized to assist in stabilizing Mentally Ill offenders. This Program is less than a year old in the Carson City area, but the benefits are already noticeable. There have been reduced incarcerations and hospitalizations. • NSORH partners and successfully gets Rural Health Outreach grant to address behavioral health objectives and services expansions-May 2006
<p>3d. Secure additional funding to provide needed services.</p> <ul style="list-style-type: none"> • Maximize Medicare/Medicaid funding • Work with SHD to enhance funding for direct services • Improve rural allocation of State funds to reduce waiting lists and establish services in underserved communities 	<p>Maria Canfield, Chief, BADA</p> <p>Caroline Ford</p>	<ul style="list-style-type: none"> • The Bureau encourages funded providers to become Medicaid providers to treat substance abuse in rural areas. • The Bureau funds programs to fund their subgrantees in all seventeen counties of Nevada. • Working with Nv. Medicaid to finalize State Plan Amendment that will provide increased funds directed at graduate medical education and health workforce development.
<p>GOAL 4: Improve service access and response capabilities</p>	<p align="center">Status Task Contact</p>	<p align="center">Activities conducted since July 1, 2005</p>
<p>4a. Make EMS systems more available, timely, and effective.</p> <ul style="list-style-type: none"> • Fund additional EMT positions, needed equipment, and ongoing education and training at State and county levels • Expand scope of practices and facilitate recruitment and retention of volunteers through continuing education, up-to 	<p>AHEC, FLEX, NSORH, UNSOM</p> <p>Caroline Ford Robin Keith</p>	<ul style="list-style-type: none"> • Monthly CEU classes via compressed video • EMT Basic and Intermediate classes via compressed video • AHEC conducts Statewide EMS conference May 2006 • Provide EMS Instructors class • WMD classes via compressed video to meet needs for recertification

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<p>date equipment, and recognition</p> <ul style="list-style-type: none"> • Fund EMS training facility in Elko • Continue to develop standardized EMS training curriculum • Integrate disparate EMS telecommunications systems • Obtain regulatory relief for transports • Resolve gaps in air transit coverage/response issues 	<p>Rosanna Gignac Caroline Ford Julie Redding</p> <p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> • Support the activities and funding of EMS C activities for state of Nevada. • Co-Chairs Gov’s Accountability Committee for State Rural Health Plan request rural consideration in potential EMS legislation for the 2007 session 4/13/06. • NSORH/FLEX conducts rural EMS survey to assess equipment, personnel, resource needs for baseline data impacting EMS legislation. May-June 2006 • Providing EMS training for the state through video program (4a) BCCH • Working with WNCC to develop EMS course through the school (4a) BCCH • Conducts EMT training in cooperation with Great Basin Community College (2a & 4a) OCHF
<p>4b. Improve ability to treat time sensitive conditions (heart attacks, strokes, births, and trauma).</p> <ul style="list-style-type: none"> • Identify key participants and initiate planning efforts • Work with tertiary centers to develop integrated treatment protocols and training programs • Identify and eliminate any regulatory barriers • Foster the use of telemedicine network • Expand existing telemedicine network capacity for multiple users 	<p>Maria Canfield, Chief, BADA</p> <p>Gerald Ackerman Caroline Ford Dan Tone</p> <p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> • BADA continues to support social model detoxification services in six communities, including three rural areas offering treatment on demand. • The Bureau has included into the NAC telecare options as a method of providing services in rural and frontier areas. • Coalitions regularly attend 40 hours of Prevention training. • Cultivate partner relationships to expand utilization of the Telehealth system; review partner agreements Spring/Summer 2006 • Implemented remote telemetry monitoring system w/Banner Churchill Community Hospital (4b & 9b) BMGH
<p>4c. Ensure service access and continuity of care for chronic/specialty care patients (e.g, dialysis, chemotherapy, etc.).</p> <ul style="list-style-type: none"> • Expand scope of practice of community health nurses • Execute agreements to ensure availability of appropriate capabilities and providers • Explore expansion of mobile service capabilities • Develop clinical linkages (e.g., care protocols) with tertiary providers 	<p>Maria Canfield, Chief, BADA</p>	<ul style="list-style-type: none"> • The Bureau requires compliance with federal guidelines to provide TB/HIV early intervention service to all BADA funded clients. To ensure these services are available, the Bureau supports BCH to offer services in all rural communities.
<p>GOAL 5: Invest in public and preventative health for long term benefits</p>	<p align="center">Status Task Contact</p>	<p align="center">Activities conducted since July 1, 2005</p>
<p>5a. Maintain/expand preventive health services (immunizations; smoking cessation; teen pregnancy; suicide prevention; and oral health, nutrition and fitness education, and Substance Abuse Prevention).</p> <ul style="list-style-type: none"> • Work with DHR, community health nursing clinics, and counties to develop appropriate local and regional health departments • Work with communities to develop priorities • Expand scope of practice of community health nurses • Develop extensive outreach programs 	<p>Maria Canfield, Chief, BADA</p> <p>Doug Banghart, HPM I, BCH</p>	<ul style="list-style-type: none"> • The Bureau has SEW and SPF plans to develop priorities. • Provides Prevention programs to all communities. • Statewide collaboration to develop Comprehensive Community Prevention Plans (CCPP’s) at community level including needs assessments and prioritization. • SPF SIG collaboration with Federal, State Government and community to develop a coordinated strategic plan to address substance abuse prevention needs. • Immunization program continues to orient new private providers into the vaccines for children program in all rural counties of the state. As of June 2006, 88 rural providers are enrolled in the

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	<p>Robin Keith NRHP</p>	<p>program.</p> <ul style="list-style-type: none"> • Carson City has developed into their own autonomous health department, providing immunization to residents of the city, collaborating with private providers, school district and planning and exercising mass vaccination clinics. • Sponsors community health fair (5a) BMGH • Makes hospital board room available on Saturday mornings for community AA meetings (5a) BMGH • Provides low-cost high school physicals (5a) GCDMC • Sponsors community health fair (5a) GCDMC • Provides reduced cost physicals (5a) MGGH • Offers low cost flu and pneumonia vaccinations (5a) MGGH • Providing office space for Nye Communities Coalition for \$1.00 – a grant funded program through Nye county to keep kids off of drugs and alcohol (3b, 5a & 10b) NRMC • Compressed video equipment available to the community for education, garden clubs, and others (5a) NRMC • Education on elder abuse being provided to staff and community (5a & 10c) NRMC • Provides a monthly Diabetic Support Group with a healthy meal, recipes, and speakers (5a) OCHF • Provides an ongoing monthly Healthy Hearts program for those at risk (5a) OCHF • Has full-time Community Health Educator who sponsors programs to stop smoking, healthy lifestyle (5a) OCHF • Sponsors quarterly fitness programs and fitness center in hospital (5a) OCHF • Offers reduced rate physicals for police and fire departments (5a) PGH • Provides sport and other school physicals for \$20 each (5a) PGH • Provided a community education program on Advance Directives (5a) PGH • Smoking Cessation Program for staff and community (5a) PGH • Free flu vaccination clinics for the community (5a) SLMC • Provides high school sports physicals at discounted rates (5a) SLMC • Life Line program (5a) SLMC • Hospital provides physicals for sheriff's office, firefighters and EMTs at cost (5a) SLMC • Sponsors community health fairs (5a) SLMC • Conducted first Immunization Clinic in conjunction with Nevada Coalition of Volunteer Employees in spring of 2006 (5a) WBRH • Most recent annual health fair served 759 residents and offered free and reduced price diagnostic screening (5a) WBRH • During October Breast Cancer Month – offers mammographies free for first time screenings and reduced cost for all others (5a) WBRH • During September Prostate Cancer Awareness Month – reduced cost screenings (5a) WBRH • Effort on behalf of the hospitals to obtain sufficient flu vaccine for hospital employees, patients and communities (5a) NRHP • Worked with Northern NV Immunization Coalition and members to encourage free immunization
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	Dana Woolley CHN Manager, BCH	clinics in rural communities – NRHP
5b. Enhance environmental health programs (e.g., mining, water supply, etc.).	Maria Canfield, Chief, BADA	<ul style="list-style-type: none"> The Community Health Nursing program works closely with Carson City health and Human Services and Elko Family Medical and Dental Center by providing technical assistance and resources The Bureau published the 2005 Needs Assessment and has it available on CD.
5c. Develop rural bio-terrorism and related emergency.	Heidi Sakelarios, HPM 2, PHP	<ul style="list-style-type: none"> PHP has developed response plans incorporating activities targeting rural communities; staff are now meeting with community leaders to augment these plans with community specific resources and identified gaps. Several facilitated discussions (exercises) have been held targeting tribal and rural communities. PHP is also establishing Mobile Support Teams, comprised of Health Division staff who have been trained to perform specific response functions during a time of emergency. These teams are designed to be deployed to rural communities to provide assistance with response activities. PHP has provided to SNAHEC for the provision of training to health care providers throughout the state, including rural communities. SNAHEC is working to develop courses and materials on line and on cd to better meet the training needs of residents of rural communities. The Health Division's web site has a page dedicated to public health and hospital preparedness. This page is updated regularly, to ensure the most current information is available. PHP is upgrading the Health Alert Network to allow more health care providers to have access to this public health alerting system.
	AHEC; NSORH	<ul style="list-style-type: none"> Various CE and CME classes and workshops on Bio-t and related emergency course. Southern AHEC funded for a three-year bio-t project in conjunction with the NE-AHEC and High Sierra AHEC. NSORH provides feedback on rural proposal to address response plan to Nevada State Health Division January 2006
	Robin Keith NRHP	<ul style="list-style-type: none"> Participated with Dept. Homeland Security on exercise dealing with potential Avian flu pandemic (5c) OCHF Participated in Idaho State/Dept. Homeland Security desktop exercise dealing with potential Avian flu pandemic (5c) OCHF Operated a "Point of Dispensing (POD)" exercise with Idaho and National Strategic Stockpile (5c) OCHF
GOAL 6: Improve insurance coverage for uninsured and underinsured Nevadans	Status Task Contact	Activities conducted since July 1, 2005
6a. Increase the number of Nevadans with health insurance.	Maria Canfield, Chief, BADA	<ul style="list-style-type: none"> All BADA funded providers must provide quality treatment to Nevada citizens regardless of ability to pay. Sliding fee scales must be applied to all clients.

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<p>uninsured/underinsured in Nevada</p> <ul style="list-style-type: none"> Expand Nevada Check-up to parents of eligible children Create cost-effective insurance options for Nevada employers 	<p>Keith Clark Julie Redding-NSORH</p> <p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> Participate on the Nevada Covering Kids Statewide Coalition and Rural activities group Assistance to community members with Medicare Part D sign-ups (6a) PGH Assists patients with free and discounted drug programs (6a) SLMC Established policy and procedure for WBRH Clinic to assist patients in applying for drugs at reduced cost from pharmaceutical companies (6a) WBRH Presentation of group health insurance alternatives to all covered hospitals by compressed video (6a) NRHP
<p>6b. Standardize insurance coverage and cost for rural consumers.</p> <ul style="list-style-type: none"> Establish high risk patient pool to “spread the risk” across insurers Promote the creation of patient navigators and case management services in rural Nevada Research the potential for establishing statewide public/private risk pooling and group buying/minimum insurance purchasing 		
<p>6c. Address the cost and coverage issues around medical malpractice insurance.</p> <ul style="list-style-type: none"> Investigate malpractice subsidies for Medicaid providers Maintain the sovereign immunity cap for public facilities 		
<p>6d. Implement regulatory reforms.</p> <ul style="list-style-type: none"> Establish streamlined Medicaid/Nevada Check-Up eligibility criteria, and on-line application and billing Research public/private cooperatives and small group pools in rural markets to eliminate regulatory barriers 	<p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> Served as liaison with the State and members to resolve Intergovernmental Transfer issue (6d) NRHP
<p>GOAL 7: Develop adequate capital funding</p>	<p align="center">Status Task Contact</p>	<p align="center">Activities conducted since July 1, 2005</p>
<p>7a. Establish public/private investment/trust fund.</p> <ul style="list-style-type: none"> Work with Nevada Department of Transportation to obtain funding for enhanced communications systems and vehicle replacement/maintenance Design and fund revolving loan pool (similar to NRHP’s fund) to meet funding for equipment and facility replacement Determine initial financing requirements Develop the governance structure and establish oversight method Legislate funding based on dedicated statewide capital development tax 	<p>Robin Keith-NRHP Caroline Ford-NSORH</p> <p>Caroline Ford Robin Keith</p>	<ul style="list-style-type: none"> NRHP establishes Rural Capital Loan Pool through 2005 legislated funds. Establishes Advisory Board-Nevada State Office of Rural Health participates on Advisory Board. Co-Chairs Gov’s Accountability Committee present to Interim Health Committee 4/13/06 to request funds/legislation in support of EMS.

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<ul style="list-style-type: none"> • Maintain sales tax exemptions for public and private non-profit health care facilities 		
<p>8c. Standardize and enhance State support across rural Nevada.</p> <ul style="list-style-type: none"> • Standardize minimum levels of State support for all health care services • Consider Medicaid reimbursement enhancements for rural providers • Consider rural differential payment options for physician extenders • Develop recommendations for distribution of Yucca Mountain funding for rural health care 	<p>Caroline Ford Robin Keith</p>	<ul style="list-style-type: none"> • Proposal in Consultant report to the Interim Health Care Committee for the State Health Plan to propose increased Medicaid reimbursement to Critical Access Hospital Facilities.
<p>8d. Enhance county support across rural Nevada.</p> <ul style="list-style-type: none"> • Establish an acceptable level of support for clinic and hospital-based care, including charity care • Explore a county assumption of State health department functions with guaranteed financial support • Explore county user fees to subsidize clinic-based health care services • Develop workable funding mechanism for long term care services 	<p>Maria Canfield, Chief, BADA</p> <p>Dana Woolley CHN Manager, BCH</p>	<ul style="list-style-type: none"> • Funding supports community Coalition infrastructure • Fund local programs through community coalitions • The Community Health Nursing program provides funding to support local health department and community health center activities to Carson City Health and Human Services and the Elko Family Medical and Dental Center
<p>8e. Develop private sector capacity and initiatives in rural Nevada.</p> <ul style="list-style-type: none"> • Research private-sector insurance subsidies for rural health care • Develop centralized third-party administrative services • Design private-sector contractor consortia for itinerant and mobile services • Work with Nevada Public Utilities Commission to support funding of rural health telecommunications/technology initiatives 	<p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> • Administers employees group health insurance program for participating members (cost savings) (8e) NRHP
<p>GOAL 9: Ensure long term viability of rural health care facilities</p>	<p align="center">Status Task Contact</p>	<p align="center">Activities conducted since July 1, 2005</p>
<p>9a. Stabilize revenues and investments of facilities.</p> <ul style="list-style-type: none"> • Consider Medicaid reimbursement enhancements for rural providers • Identify and maximize payer sources and ongoing revenues (e.g., Medicaid, Medicare, other sources) • Explore alternative uses of underutilized capacity and other business opportunities 	<p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> • Recognized as one of the nation's top 35 Critical Access Hospitals (9a) MGGH • Implementation of new bar coding system underway (9a) NRMC • Administers Self-Pay Management Program (9a) NRHP • Developed Rural Revenue Cycle Initiative (9a) NRHP • CMP/OAT grant – DISRN (Digital Imaging Solution for Rural Nevada) – Achieve significant cost savings by creating centralized offsite storage for digital images and electronic records for participating NRHP members NRHP

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		<ul style="list-style-type: none"> • Lobby of hospital remodeled and construction began on enlarging facility to add 8 beds (9d) CVMC • New modular medical office building built(9d) HGH • New equipment, including servers and PCs installed; new room built for IT servers – climate controlled and secure (9d) MGGH • Therapeutic pool for physical therapy (9d) OCHF • Remodel of facility (9d) PGH • New hospital clinic and pharmacy built (9b & 9d) PGH • Renovation of various hospital departments – new lobby and new laundry and linen area added to LTC (9d) SLMC • Working on master plan to remodel x-ray, lab, and ER departments (9d & 10b) SLMC • Following purchase of 14 newer beds for the hospital, older hospital beds donated to nursing home, home health agency and hospice in the community (9d) WBRH • New CT scanner purchased and moving forward with purchase of MRI unit – both now installed (9b & 9d) WBRH • Completion of first phase of hospital remodel which includes new physical therapy dept, most of the new ER, part of the laboratory and x-ray departments and new laundry facilities (9d) WBRH • Expansion of facility will allow increase from 3 to 5 bed ER (9b & 9d) WBRH • Work on phases two, three and four of hospital remodel has begun (9d) WBRH • Therapeutic pool for physical therapy (9d) WBRH
GOAL 10: Expand capacity to provide health care services within rural communities	Status Task Contact	Activities conducted since July 1, 2005
<p>10a. Assure reasonable access to diagnostic services.</p> <ul style="list-style-type: none"> • Develop local diagnostic service inventories and prioritize acquisitions where needed • Develop statewide itinerant (mobile) system to deliver services when not locally available • Enhance incentives to attract specialist to rural communities 	<p>Marla McDade Williams, Program Manager, Women’s Health Connection Program, BCH, SHD</p> <p>NVHC and NSORH</p> <p>Robin Kieth NRHP</p>	<ul style="list-style-type: none"> • December 2005: Added Dr. Brad Granath as a provider in Winnemucca for the Women’s Health Connection Program. He provides colposcopy services as well as primary care services for eligible clients. • Support and expansion of mobile services into Clark County and Elko, White Pine, Eureka, Lander and Humboldt counties. • NSORH continues to administer the Nevada Health Service Corps program for loan repayment and also has developed a health professions national referral network with RRR net. • Recruiting physician to assist with planned expansion of services (2a & 10a) GCDMC • Purchased used MRI (10a) GCDMC • Provides space and makes other arrangements for visiting specialists(10a) MGGH • Will be providing mammography as of mid-July (10a) NRMC • Joint venture with Carson Valley Medical Center to open medical clinic in Topaz Lake (10a) SLMC • Recruited new orthopedic surgeon to the community (2a & 10a) WBRH
<p>10b. Continue development of inpatient and outpatient services.</p> <ul style="list-style-type: none"> • Continue support for critical access hospital status and support expansion to other facilities • Continue development of ‘swing beds’ and other provider 	<p>Maria Canfield, Chief, BADA</p> <p>Gerald Ackerman-</p>	<ul style="list-style-type: none"> • Increase access and referral through a funded treatment network to make available all levels of substance abuse treatment. • Partnered on successful grant to expand behavioral health access in northeastern region.

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<p>flexibility options, such as scope of practice expansions for nurses, caregivers, EMTs, dental hygienists, and pharmacists</p> <ul style="list-style-type: none"> • Develop and enhance clinic-based services as appropriate • Support development of Elko regional behavioral health center • Expand substance abuse services 	<p>AHEC Robin Keith NRHP</p>	<ul style="list-style-type: none"> • Joint venture with South Lyon Medical Center to open medical clinic in Topaz Lake – opened 3-13-06 – thanks received from 2500 residents who previously had to travel to Minden or Gardnerville (10b) CVMC • Swing Bed certification received from Medicare for 23 beds (10b) CVMC • Urgent Care Clinic in Minden Village to open in May 06 (10b) CVMC • Applied for Dept. of Energy grant to fund re-opening of operating room to allow minor procedures to be done in the community (8a & 10b) GCDMC • Providing office space for Nye Communities Coalition for \$1.00 – a grant funded program through Nye county to keep kids off of drugs and alcohol (3b, 5a & 10b) NRMC • Installation of digital processor to facilitate participation in DISRN project (10b 11b) NRMC • Working on master plan to remodel x-ray, lab, and ER departments (9d & 10b) SLMC • Regional CFO for NRHP member hospitals (10b, 10f) NRHP • Subcontractor to NV FLEX Program for ten Critical Access Hospitals (+ one pending) (10b) NRHP
<p>10c. Develop facilities and services for the aged.</p> <ul style="list-style-type: none"> • Develop and maintain specific projections of need • Plan and fund facilities for assisted living and long term care • Expand programs that support independent living • Maximize federal Medicaid match • Continue cost-based reimbursement for rural hospital-based long term care facilities • Adopt public policy that distributes responsibility for payment for LTC, assisted living, and indigent care fairly between the State and the counties 	<p>UNSOM, AHEC, ORH Bright path Adult Daycare Robin Keith NRHP</p>	<ul style="list-style-type: none"> • Coalition received funding for Alzheimer’s grant for increased rural access. • UNSOM and AHEC continued to support Alzheimer’s telemedicine clinic in Elko • School of Medicine, ORH and State Medicaid submitted plan amendment for increased reimbursement for training of Medical Students and Residents. • Recruited three new physicians to the community (2a & 10c) BCH • Education on elder abuse being provided to staff and community (5a & 10c) NRMC
<p>10d. Strengthen public health presence in rural communities.</p> <ul style="list-style-type: none"> • Work with DHR, community health nursing clinics, and counties to develop appropriate local and regional health departments • Expand scope of practice of community health nurse 		
<p>10e. Address tertiary care access issues.</p> <ul style="list-style-type: none"> • Work with DHR, community health nursing clinics, and counties to develop appropriate local and regional health departments • Expand scope of practice of community health nurses 		
<p>10f. Develop and centralize administrative capabilities when effective.</p> <ul style="list-style-type: none"> • Continue to develop centralized services, such as purchasing, billing and shared technology 	<p>Robin Keith NRHP</p>	<ul style="list-style-type: none"> • Negotiated group discount lab contract for participating members (cost savings) (10f) NRHP • Regional CFO for NRHP member hospitals (10b, 10f) NRHP

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	Dana Woolley CHN Manager, BCH	<p>stored on central data archive: BMGH, MGGH, PGH, SLMC, WBRH, and GCDMC</p> <ul style="list-style-type: none"> • The Community Health Nursing program utilizes video phones to conduct direct observed therapy on tuberculosis patients throughout our rural communities • Health Division's Wide Area Network allows the Community Health Nursing program to communicate across clinics utilizing Polycoms Via Videos
<p>11c. Enhance public broadband infrastructure.</p> <ul style="list-style-type: none"> • Expand capabilities of T- 1 system and other hardware enhancements • Standardize the financing of rural Nevada broadband and consider public subsidy to facilitate development in smaller communities • Subsidize line charges for rural providers and facilities • Support the use of the public system for multiple users 	Robin Keith NRHP	<ul style="list-style-type: none"> • Working w/Great Basin Community College and local high school to develop fiber-optic connectivity to give the hospital wireless capability (11c) BMGH • Upgraded wireless capacity from 1.5 mbps (megabytes per second) to 10 mbps to increase access and utilization of NevadaNet (UNSOM) – BMGH • Joined NRHP Long Distance Savings Program to achieve cost savings – NRMC • Upgraded network security devices in 12 NRHP member facilities to improve compliance with HIPAA security and privacy regulations – NRHP • Increased use of UNSOM NevadaNet to facilitate vendor access and support of information systems – NRHP

KEY: NRHP MEMBERS

- BCCH – Banner Churchill Community Hospital, Fallon
- BCH – Boulder City Hospital
- BMGH – Battle Mountain General Hospital
- CVMC - Carson Valley Medical Center, Gardnerville
- GCDMC – Grover C. Dils Medical Center, Caliente
- HGH – Humboldt General Hospital, Winnemucca
- IVCH – Incline Village Community Hospital
- MVRH – Mesa View Regional Hospital, Mesquite
- MGGH – Mt. Grant General Hospital, Hawthorne
- NRMC – Nye Regional Medical Center, Tonopah
- OCHF – Owyhee Community Health Facility, Duck Valley Indian Reservation
- PGH – Pershing General Hospital
- SLMC – South Lyon Medical Center, Yerington
- WBRH – William Bee Ririe Hospital, Ely