



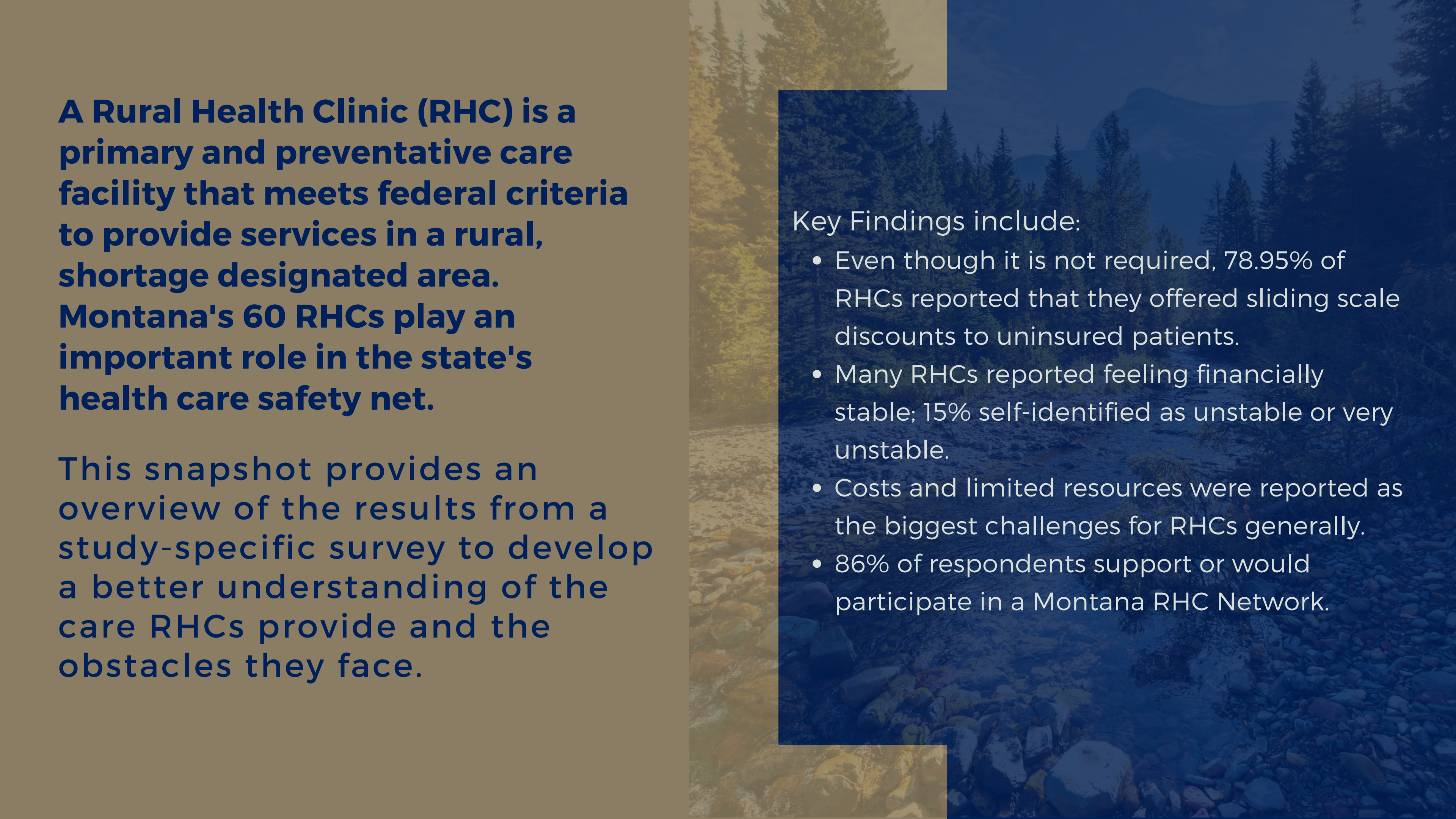
MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

SNAPSHOT

**MONTANA'S RURAL HEALTH CLINICS:
OBSTACLES AND OPPORTUNITIES
&
MORH/AHEC UPDATES**

Winter 2022



A Rural Health Clinic (RHC) is a primary and preventative care facility that meets federal criteria to provide services in a rural, shortage designated area. Montana's 60 RHCs play an important role in the state's health care safety net.

This snapshot provides an overview of the results from a study-specific survey to develop a better understanding of the care RHCs provide and the obstacles they face.

Key Findings include:

- Even though it is not required, 78.95% of RHCs reported that they offered sliding scale discounts to uninsured patients.
- Many RHCs reported feeling financially stable; 15% self-identified as unstable or very unstable.
- Costs and limited resources were reported as the biggest challenges for RHCs generally.
- 86% of respondents support or would participate in a Montana RHC Network.

Rural Health Clinics: Background

In 1977, Congress passed the Rural Health Clinics Act (RHC Act) to address the problem of unmet healthcare needs in rural America. As a part of the RHC Act, Rural Health Clinics receive enhanced Medicare and Medicaid reimbursements which allow clinicians to live and practice in rural, underserved areas of the country. Additionally, The RHC Act authorized reimbursement to advanced practice practitioners such as physician assistants and nurse practitioners, who were generally the main sources of care in rural communities.

In order to qualify as and RHC, a clinic must meet certain criteria around location, staffing and services provided.

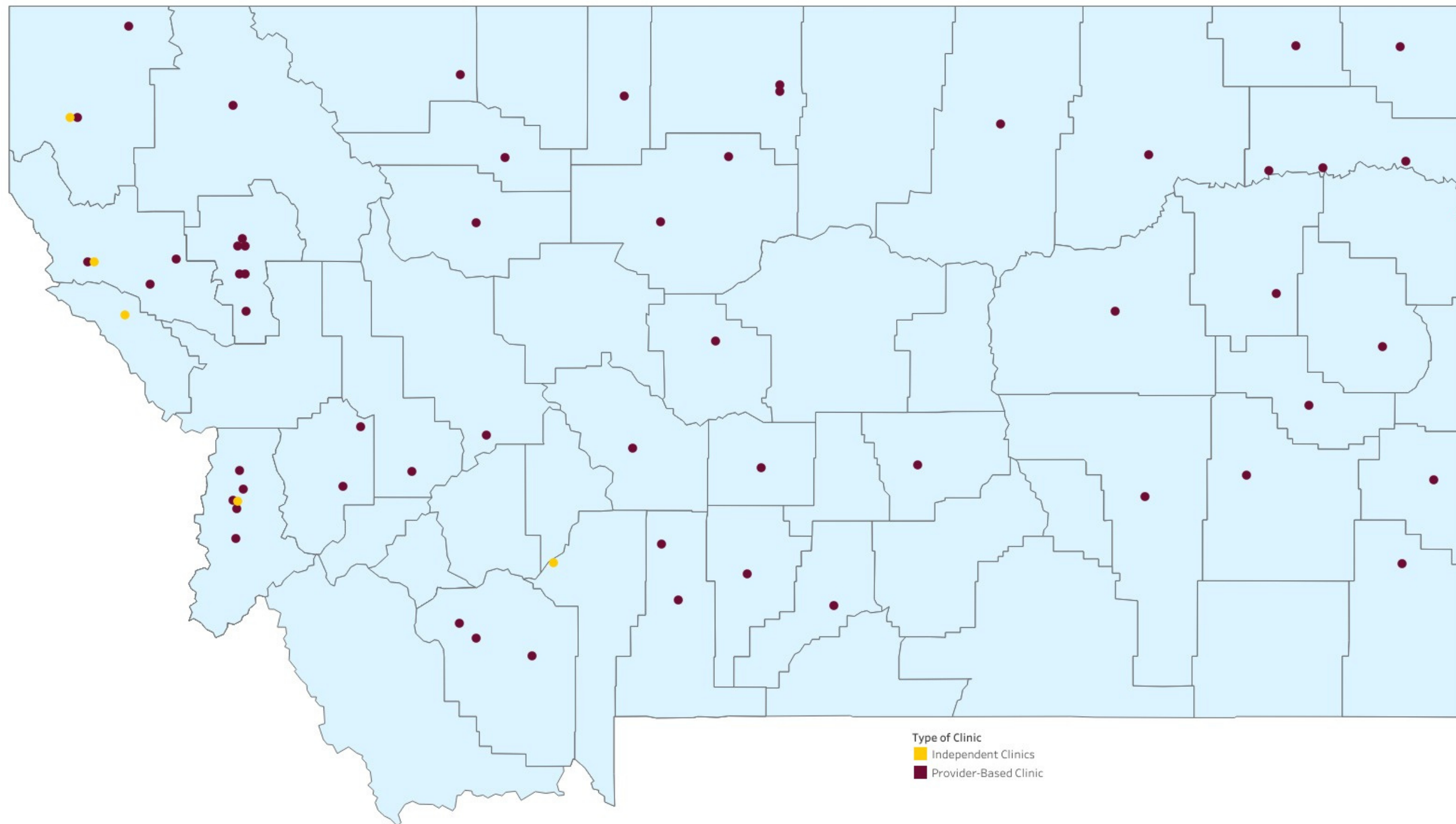
- Clinics must be located in non-urban rural area that has been identified as having a health care shortage
- RHC must employ at least one advance practice provider (nurse practitioner, physician assistant, or certified nurse midwife) that is onsite to see patients at least 50% of the time the clinic is open
- RHC must provide outpatient primary care services and lab services

Over 85% of Montana's 56 counties are considered primary care health professional shortage areas (HPSA).

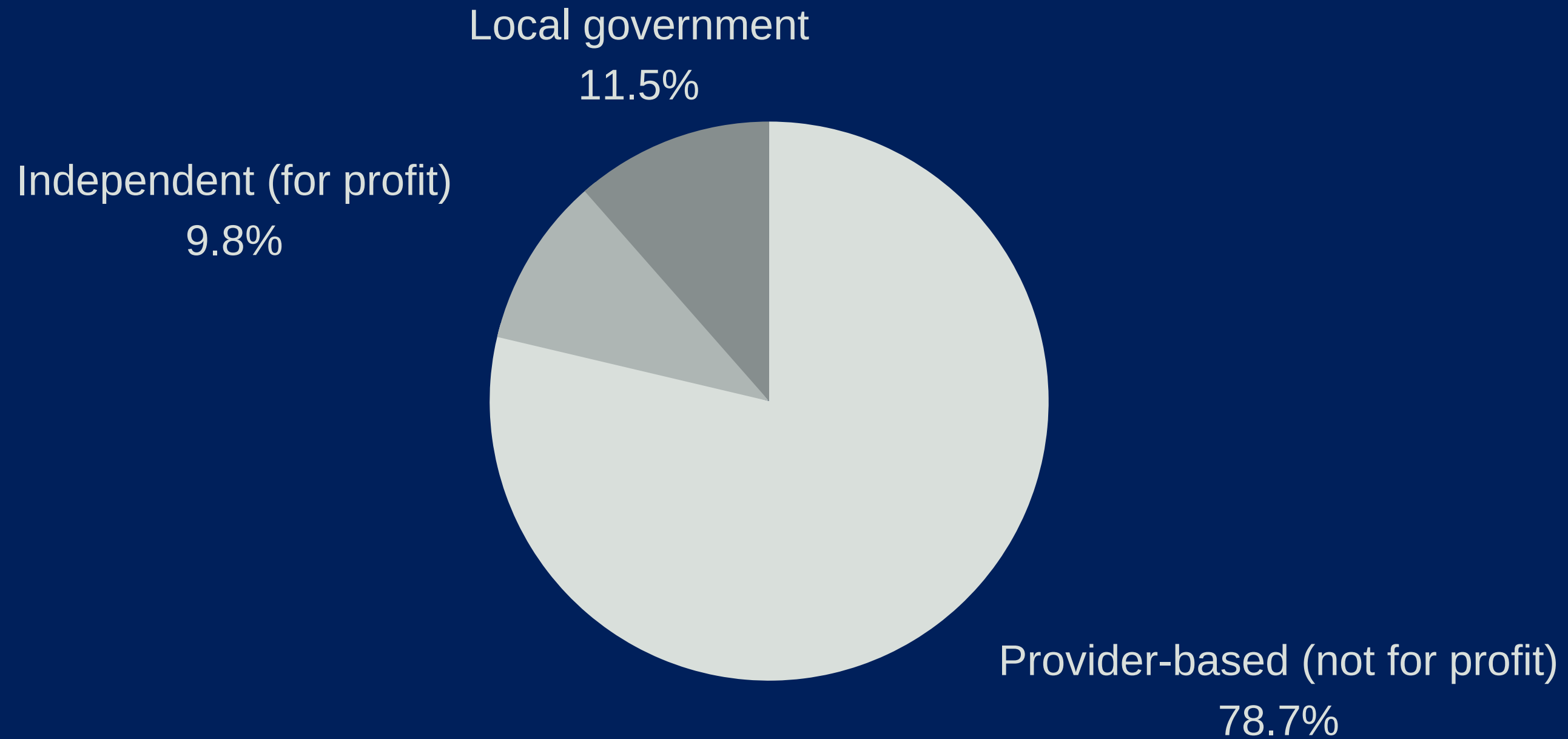
In general, rural counties tend to have far fewer physicians per capita than urban counties, largely due to lower income levels, which can make it difficult to financially sustain a health care practice.

Montana Rural Health Clinics

Montana has 61 RHCs



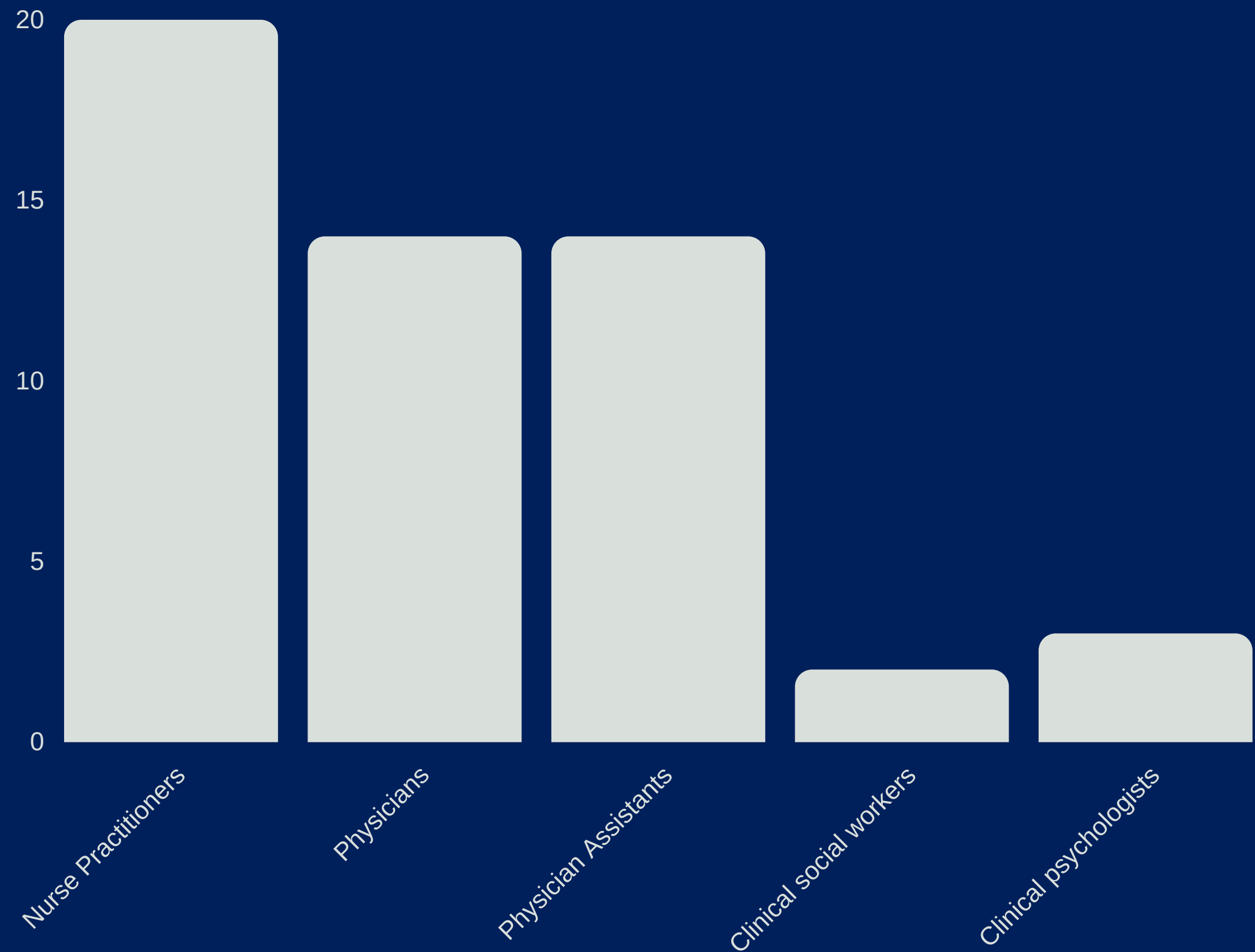
RHC Ownership Structure



TOTAL NUMBER OF CLINICS: 61

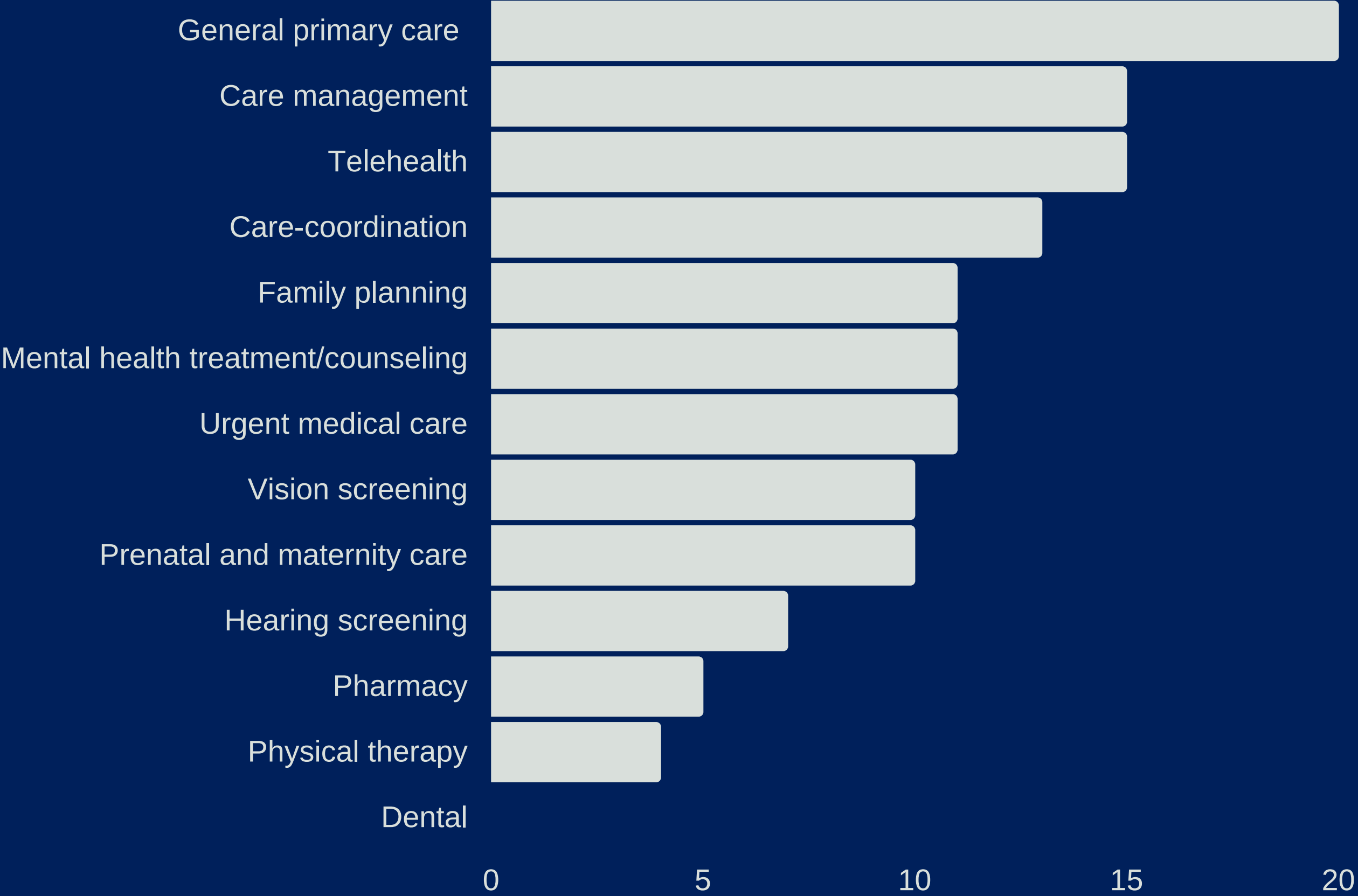
RHC Employment of Selected Provider Types, 2022

Total Number of Clinics: 21

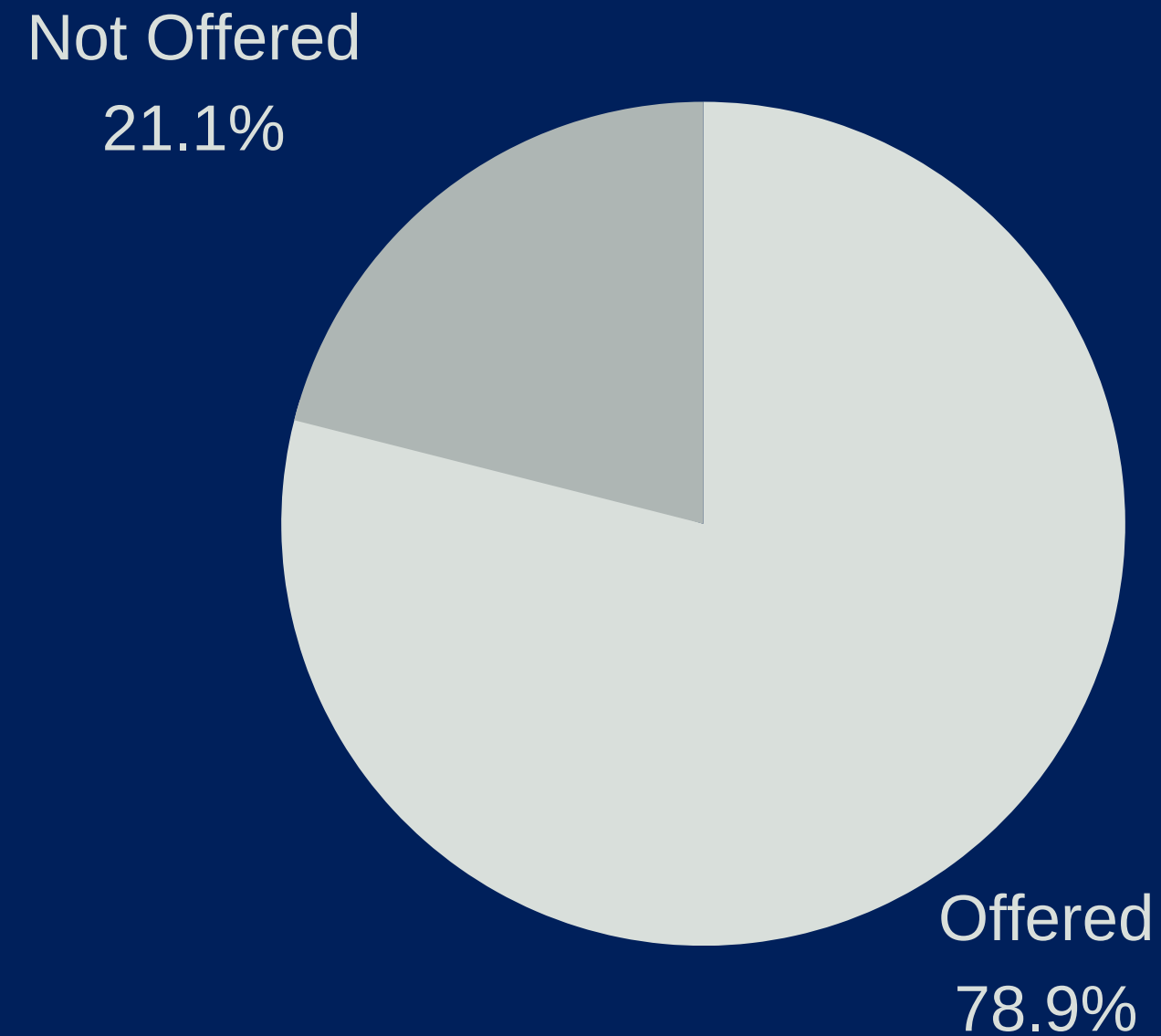


RHCs Offering Selected Services, 2022

Total Number of Clinics: 21



RHCs with Posted Sliding Scale Fee Schedules, 2022



TOTAL NUMBER OF CLINICS: 19

Average Percent Patient Population Mix

Total Number of Clinics: 15



0-17 YEARS

24%
(15%-38%)

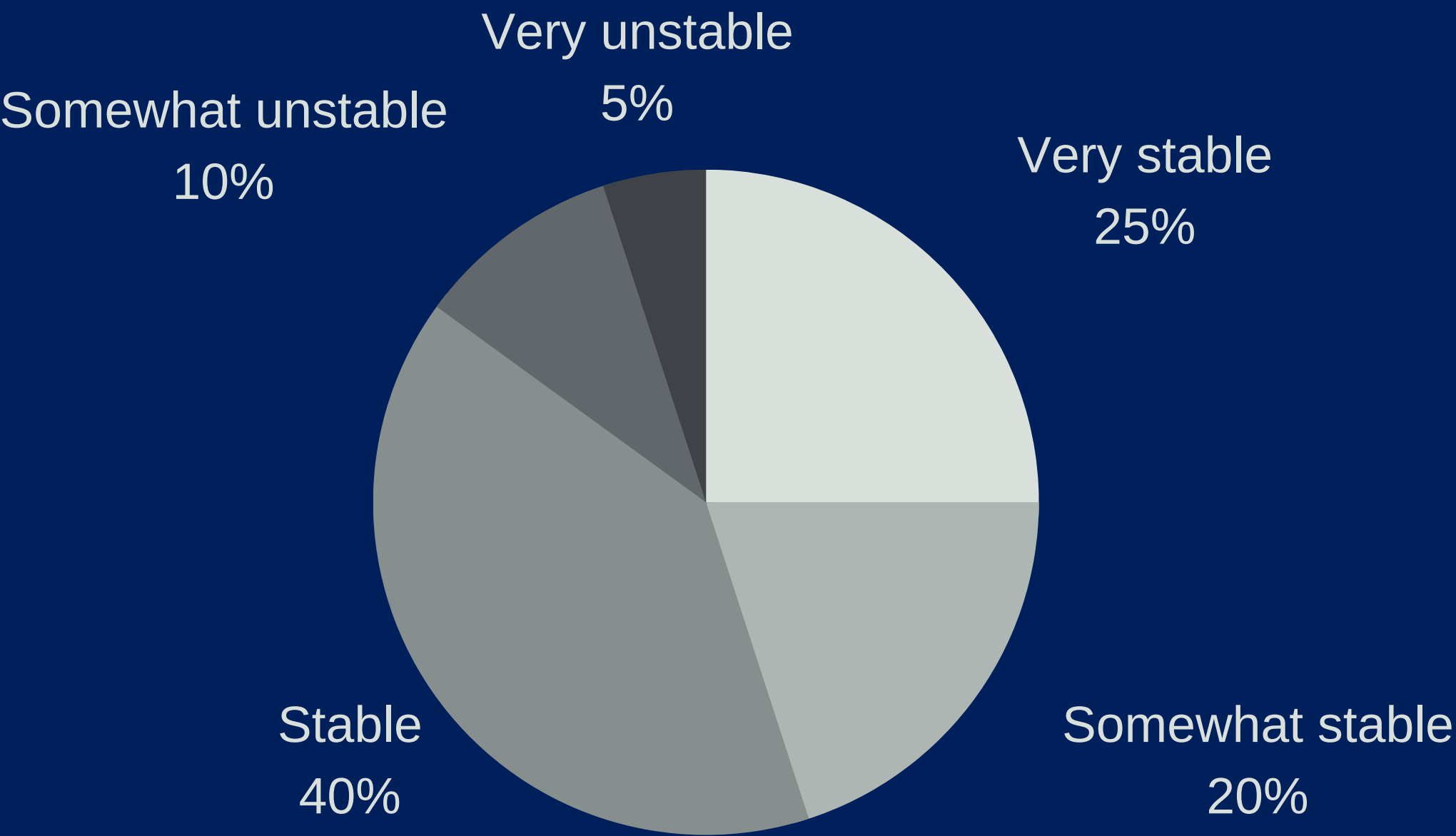
18-64 YEARS

46%
(25%-70%)

65+ YEARS

30%
(15%-50%)

RHC Financial Self-Assessment, 2022



TOTAL NUMBER OF CLINICS: 20

RHC Rating of Importance, Selected Challenges, 2022

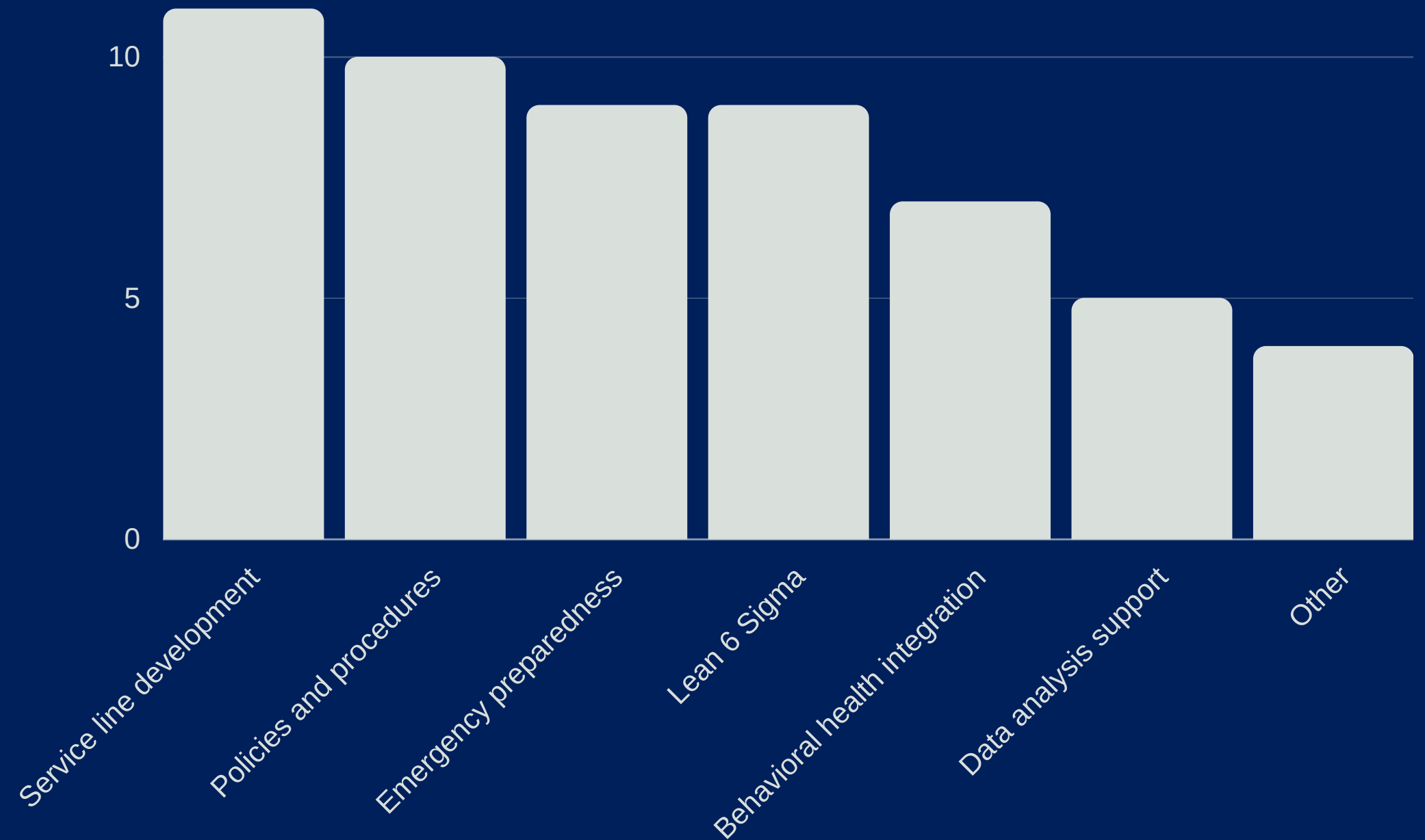
AVERAGE RATING OF IMPORTANCE OF SELECTED RHC CHALLENGES

(5= EXTREEMLY IMPORTANT AND 1= NOT AT ALL IMPORTANT) (n=21)

Maintaining financial stability	4.85
Achieving break-even or better financial performance	4.55
Complying with legal and regulatory requirements	4.50
RHC conditions of participation/survey readiness	4.50
Staff recruitment and retention	4.45
Billing private insurance	4.40
Billing Medicare/Medicaid	4.35
Low reimbursement rates from public payers	4.35
Workflow optimization	4.35
Managing increased documentation requirements of insurance companies	4.25
Low reimbursement rates from 3rd party payers (Blue Cross/Blue Shield, etc.)	4.05
Patient health issues	4.05
Decrease in/limited number of patients	3.94
Policies and procedures	3.90
Practice model transformation	3.70
Cost of medical liability insurance	3.55
Increase in/extent of uninsured patients	3.30
Lack of staff training	3.25
Lack of staff technological expertise/desire	3.00
Lack of clinic space/exam rooms	2.95
Lack of technological/IT support	2.70

RHC Interest in Education and Resources, 2022

Total Number of Clinics: 21



Other comments:

- - Better ways to refer and get referral information back
- - How to deal with of specialists and the overwhelmed medical system
- - Ways to better care for our patients that are coming home sooner, sicker
- - Management, efficiency, operations, provider productivity
- - Onsite workflow analysis with sustainable improvement plan
- - Training for mid-levels on practice and employment ethics

18 OUT OF 21

86% OF RESPONDENTS ARE INTERESTED
IN PARTICIPATING IN /SUPPORTING AN
RHC NETWORK

HRSA Network planning grant

- Grant submitted Jan. Up to 20 awards funded nationally
- 1 year project period starting July 1, 2023
- GOAL: Aid RHCs in strengthening financial operations, meeting conditions of participation, and improve quality and performance to serve MT's RHCs and their communities.
- Achieve efficiencies, expand access and strengthen rural health care system through planning process including environmental scan, data collection, network plan development



SHIP

Cindra Stahl

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- SHIP Testing and Mitigation grant ended 12/31/22
- No cost extension approved
 - Not for use on new expenditures
 - For projects that experienced delays due to supply chain issues, construction unavailability, etc.

CHSD

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If you are in need of
conducting a CHNA/IP
please reach out to our
office for additional funding
resources

- FY 23 Flex stipends have been awarded
- 2022 by the numbers
 - CHSD work in 46.9% of CAHs in MT (23/49)
 - 37 counties surveyed- 2,280 surveys completed
- DPHHS/ORH Collaboration
 - Working on developing a shared survey tool to support PH/CAH collaboration
 - Developed online database to explore CHAs/CHNAs, CHIPs/IPs.

Regional Mini-Grants

Grace Behrens
gracebehrens@montana.edu

Grant details

- Opens early 2023
- Multiple submissions from each region are allowed
- Multiple projects may be funded in each region, not exceeding \$20,000 combined
- Funding period early Spring 2023-May 2024

Regional Mini-Grants

Grace Behrens
gracebehrens@montana.edu

ORG TYPE	Total	Notes
Grassroots	\$5,000	
Grassroots American Indian Focus	\$8,000	
Hospital	\$5,000	
Partnership	\$15,000 or \$18,000	Partnerships between grassroots and hospital OR grassroots American Indian focus and hospital = extra \$5,000
Public Health	\$2,000	Bonus \$2,000 for any project that includes local public health department
Max total	\$20,000	Per region