HRSA’s Office of Regional Operations: Facilitating Partnerships and Access to Resources and Technical Assistance

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HRSA Strategic Plan

Goal 1: Improve Access to Quality Care and Services

Goal 2: Foster a Health Care Workforce Able to Address Current and Emerging Needs

Goal 3: Enhance Population Health and Address Healthy Disparities through Community Partnerships

Goal 4: Maximize the Value and Impact of HRSA

Goal 5: Optimize HRSA Operations to Enhance Efficiency, Effectiveness, Innovation, and Accountability
Health Resources and Services Administration (HRSA)

Overview

Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable.

The agency funds grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care.
HRSA Bureaus and Offices

• Bureau of Primary Health Care
• Bureau of Health Workforce
• Maternal and Child Health Bureau
• HIV/AIDS Bureau
• Federal Office of Rural Health Policy
• Healthcare Systems Bureau
Bureau of Primary Care: Health Center Program

- Nearly 175 Community/Migrant Health Centers operate in U.S. states and territories
- More than 995,000 agricultural workers or dependents rely on a HRSA-funded migrant/community health center for affordable, accessible primary health care, including:
  - Migratory: 283,000
  - Seasonal: 606,000
  - Migrant/Seasonal at non-HRSA Awardees: 106,000
HIV/AIDS Bureau

- Funds grants to cities, counties, states, and local community-based organizations to provide HIV care and treatment services to low income people living with HIV
- More than half of the people living with diagnosed HIV in the United States (535,000) receive services through the Ryan White HIV/AIDS Program
- 86% of Ryan White HIV/AIDS Program clients receiving HIV medical care are virally suppressed, and exceeding the most recent national average of 60%
- Ending the HIV Epidemic initiative: $120 million requested for HRSA to support the initiative
  - $70 million for HRSA’s Ryan White HIV/AIDS Program (RWHAP)
  - $50 million for HRSA-funded Health Center Program
Four Pillars of Ending the HIV Epidemic

**Diagnose:** Health Center Program will increase HIV testing in high-impact areas by:
- conducting expanded outreach with their communities
- Increasing routine and risk-based HIV testing of health center patients

**HIV Care & Treatment:** HRSA will focus on linking people with HIV to essential HIV care and treatment and to support services so they reach an undetectable viral load:
- who are either newly diagnosed
- or diagnosed but not in care

**Increase access to HIV Prevention interventions including:**
- PrEP and Post Exposure Prophylaxis (PEP)
- Syringe Service Programs (SSPs)
- HIV prevention education

**Cluster Detection Activities:** HRSA will support these efforts by providing to those identified through cluster detection activities:
- HIV care and treatment (RWHAP)
- PrEP (CHC)
Maternal and Child Health Bureau

- **MCH Block Grant Program** provided health care and public health services for an estimated 56 million people (including pregnant women, infants, children, children with special care needs, & their families) in 2017.

- **Maternal, Infant, and Early Childhood Home Visiting** grants to states, territories, and tribal entities to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. In FY 2017, over 156,000 parents and children nationwide received HRSA-supported home visiting services.

- **Healthy Start Program** grants to 100 organizations across the country to help reduce disparities in maternal and infant health status in high-risk communities. Supports women before, during, and after pregnancy up through two years after delivery.
Bureau of Health Workforce

- **Clinical Training Grants**: support the development of a primary care workforce. These grants advance the education and training of the health workforce and work to address existing and projected demand for health professionals in high-need areas.

- **State Primary Care Offices (PCO)**: assess the need for primary care services and providers, and promote the recruitment and retention of health care providers to fulfill identified needs.

- **Area Health Education Centers (AHEC)**: Develop and enhance education and training networks within communities, academic institutions, and community-based organizations.

- **Public Health Training Centers**: Strengthen the technical, scientific, and leadership competencies of the current, and future, public health workforce.
National Health Service Corps and NURSE Corps

- Supports more than 12,800 scholarships and loan repayments to clinicians in exchange for service in high-need areas at NHSC-approved sites
  - National Health Service Corps (NHSC) currently supports primary care physicians, dentists, physician assistants, nurse practitioners, behavioral health providers, and other primary care providers and health professions students
  - NURSE Corps currently supports licensed registered nurses and nurse faculty members
- NHSC and Nurse Corps clinicians provide care to more than 13 million people nationwide, including over 3.9 million rural residents
Federal Office of Rural Health Policy

- **Hospital/State**
  - State Offices of Rural Health: serve as a focal point for rural health in each state
  - Medicare Rural Hospital Flexibility Program (Flex): provides training and technical assistance to critical access hospitals

- **Community Based**
  - Rural Health Care Services and Network Grants: promote rural health care by enhancing services and developing networks to strengthen rural health care.

- **Telehealth**
  - Telehealth Network Grant Program: supports new or expanded telehealth sites and networks to improve healthcare services
  - Telehealth Resource Center Program (TRCs): assists health care organizations, health care networks, and health care providers to implement telehealth.
• **Rural Health Care Services Outreach Grant Program**: supports rural projects utilizing evidence-based/promising practice models to address community-specific health service needs.

• **Rural Health Network Development Planning**: supports the development of integrated health care networks to prepare business plans, assess community needs, conduct network organizational assessments, assess HIT readiness.

• **Rural Health Network Development Program**: supports mature networks of rural community providers and health partners to integrate administrative, clinical, technological and financial functions to improve access to care.

• **Small Health Care Provider Quality Improvement Program**: supports networks of rural health care providers to improve patient care and chronic disease outcomes using evidence-based QI models and HIT to report data.
HRSA Federal Office of Rural Health Policy
Rural Communities Opioid Response Program (RCORP)

• **RCORP**: multi-year initiative to address barriers to access related to substance use disorder (SUD), including opioid use disorder (OUD).

• **Planning Grants I**: 95 awards made to rural communities in September 2018.

• **Planning Grants II**: another 120 awards made in May 2019.

• **RCORP Implementation**: 80 rural consortia received RCORP-Implementation awards of $1 million each in August to implement prevention, treatment, and recovery activities.

• **RCORP Medication-Assisted Treatment (MAT)**: 12 recipients received RCORP-MAT Expansion awards of up to $725,000 each in August to establish and/or expand MAT in rural health clinic, hospital, Health Center Look-Alike, and tribal settings.
Organ Transplantation
- Currently, over 145 million people are registered to be organ donors—an all time high
- In 2017, HRSA’s transplantation programs facilitated:
  - 34,770 organ transplants (the highest ever)
  - Nearly 6,000 bone marrow and cord blood transplants

340B Drug Pricing Program
- Under this program, drug manufacturers provide discounts to eligible entities that meet criteria for serving safety net patients

Poison Control Program
- Poison control centers receive approximately 2.2 million human exposure calls annually
HRSA Priorities for 2019

• Combating the Opioid Crisis (https://www.hrsa.gov/opioids)
• Behavioral Health (https://www.hrsa.gov/behavioral-health)
• Value-based care delivery and quality improvement initiatives (CMS Value Based Care)
• Transforming the workforce- targeting the need (https://www.hrsa.gov/about/organization/bureaus/bhw/index.html)
• Telehealth (https://www.hrsa.gov/rural-health/telehealth/index.html)
• Childhood Obesity (https://mchb.hrsa.gov/)
• Ending the HIV Epidemic: (https://www.hrsa.gov/ending-hiv-epidemic)
Are any of these HRSA programs ones you were not aware of, but are interested in working with in the future?
Office of Regional Operations
Network

ORO STAKEHOLDERS
• HRSA Grantees
• State Leadership
• Tribal Organizations
• Community & Faith-Based Organizations
• Colleges/Universities
• Private Sector Organizations & Foundations
• HHS Regional Directors/Regional Health Administrators
• HHS Operating Divisions
• Federal Departments or Agencies
• Grants Training Workshops (High Need Counties; Tribes)
• Rural: partnering to promote healthy lifestyles for agricultural families
• Telehealth
  • Encourage the use of telehealth technologies
  • Increase and support the number of individuals and communities in HRSA’s target populations that are served by telehealth
• Diabetes Prevention and Management:
  • Collaborate with various organizations to support the awareness of and provision of diabetes resources;
  • Emphasis on increasing utilization of DSME and DPP programs in rural and frontier areas (DSME non metro & DPP Locations)
• ORO-Denver Quarterly Newsletter: highlights regional office projects (available in some, but not all Regional Offices.)
ORO: Engagement with State Health Departments

• HRSA provides numerous grants to State Health Departments
• So does CDC (diabetes & chronic disease mgmt., cancer control)
• HRSA’s “investment” in State Health Departments enables ORO to advance the needs of the underserved by:
  • Ensuring HRSA funding is impacting populations most in need
  • Leveraging HRSA, CDC, and other state-level funding in an integrated fashion
  • Working through states to understand local health department priorities and challenges
  • Facilitating partnerships between State Health Depts and PCA’s, AHECs, and other HRSA grantees outside of state government
• Promote HRSA behavioral priorities: Integrated care, mental health, opioids, workforce, and population health
  • Serve as a resource for behavioral health, particularly in rural areas
  • Conduct sites visits to safety net providers to address behavioral health
  • Provide TA at educational events, via webinar, and/or in partnership with behavioral health organizations
• Workforce
  • Provide behavioral health information/education to HRSA-supported providers
  • 1,200 NHSC Substance Use Disorder (SUD) Loan Repayment Program awards for providers in FY19

• Suicide Prevention
  • Integrate suicide prevention into HRSA safety-net services to increase screening/referral/treatment for suicidality
  • Host Suicide Prevention in Primary Care webinars (2017 & 2018 webinars archived).
  • 2019 webinar features Suicide Prevention in Men, include special pops
ORO: Opioid Misuse

- Region VIII Opioid Misuse Consultation Team
  - Quarterly Technical Assistance Webinars for State Partners
  - Region VIII Opioid Data Workgroup
- Subject-matter and Programmatic expert consultation to states, tribes and local communities on evidence-based strategies.
- Identify and coordinate Federal, State, Tribal and local resources/grants/technical assistance to support state, tribal, local community response to prescription drug misuse & opioid addiction.
- Strategic review of State and Tribal policies, rules, and laws that support and guide State, Tribal, and local prescription drug misuse and opioid addiction response strategies.
- Provide individual TA as needed to states, communities, and tribes.
Maternal and Child Health (MCH) Collaboration

• HRSA MCH Collaboration Group (Region 8)
  • Title V/MCH Block Grant, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), ORO
  • Monthly meetings, information-sharing, collaboration
  • Offer consultation as needed to enhance and support partnerships between grantees and with other organizations

• Support regional maternal mortality prevention efforts

• Region 8 Adolescent and Young Adult Health Workgroup
  • Adolescent and Young Adult Health Summits in 2018 and 2019

• Childhood Healthy Weight webinar and ongoing planning and consultation with primary care associations

• Provide individual TA as needed to states, communities, and grantees.
Discussion Question

Would your programs benefit from the types of projects and activities similar to the ones currently undertaken by ORO?
ORO: Partnering with Other Federal Agencies: HHS

• ORO is regionally positioned to partner with various HHS Agencies
  • Office of the HHS Regional Director
  • Centers for Medicare and Medicaid Services (CMS)
  • Substance Abuse and Mental Health Services Administration (SAMHSA)
  • Office of the Regional Health Administrator
  • Administration for Community Living (ACL)
  • Administration for Children and Families (ACF)
  • Centers for Disease Control (CDC)

• An opportunity to consider how the funding and resources from separate HHS agencies could complement one another.
ORO: Partnering with Other Federal Agencies: non-HHS

• ORO frequently reaches out to other federal departments to collaborate and maximize impact
  • US Department of Agriculture
    • Food & Nutrition Service: WIC and SNAP
    • Rural Development: loans and grants for housing, health care, first responder services/equipment, water, electric, and communications infrastructure.
    • Cooperative Extension: health and education programs and resources to benefit farm families.
  • Housing and Urban Development (HUD)
  • Department of Veterans Affairs
  • Environmental Protection Agency
• An opportunity to consider how the funding and resources from separate federal agencies could complement one another.
Would your programs benefit from the facilitation of partnerships with the kinds of federal agencies ORO has partnered with?
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