Virginia Rural Center
A Partnership of the Center for Rural Virginia and the Council for Rural Virginia

Presented to the Joint Commission on Health Care
October 5, 2016
Virginia Rural Center

- Partnership of two non-profits:
  - Center for Rural Virginia
  - Council for Rural Virginia

- General Assembly’s Rural Caucus

- Mission
  - To work with policymakers and stakeholders to create innovative solutions and expand entrepreneurial opportunities to ensure economic prosperity for all regions of the Commonwealth.
VRC Priorities

- K-12, College and Workforce Training
- Economic Development & Job Creation
- Broadband & Infrastructure Expansion
- Entrepreneurship & Innovation
- Access to Quality & Specialty Healthcare
JCHC Charge to VRC

- JCHC Study of State Office of Rural Health
  - Recommended by Delegate T. Scott Garrett
  - Regional meetings on the issue

- VRC asked to “convene a workgroup to continue the discussion on the needs of rural Virginia. The policy option specifically mentioned addressing health care, education, workforce, technology, and economic development with a report to the JCHC.”
Workgroup Members

- Karin Addison, Troutman Sanders
- Heather Anderson, State Office of Rural Health
- Shannon Blevins, UVA-Wise
- Shannon Fedors, Riverside Health System
- Travis Garrison, Humana
- Dr. Billy Haun, VA Dept. of Education
- Dr. Tamarah Holmes, VA Dept. of Housing & Comm. Dev.
- Sharon Johnson, Shenandoah Valley Workforce Dev. Board
- Andrew Lamar, Lamar Consulting
- Mark Lawrence, Carilion Clinic
Workgroup Members (cont.)

- Ralston King, Medical Society of VA
- Mike Mallon, State Office of Rural Health
- Dave Nutter, VA Hospital & Healthcare Assoc.
- Beth O’Connor, VA Rural Health Assoc.
- James Pickral, Commonwealth Strategy Group
- Dr. Karen Rheuban, UVA Office of Telemedicine
- Jodi Roth, VA Assoc. of Chain Drug Stores
- Cliff Schroeder, Humana
- Ward Stevens, Edward Via College of Osteopathic Medicine
Meetings / Work Schedule

• **2014**
  ◦ Strategic Plans Assessment Project Focus Groups

• **2015**
  ◦ March 12, 2015

• **2016**
  ◦ Individual Stakeholder Meetings
    
  ◦ Workgroup Meetings:
    ▪ June 2, 2016
    ▪ July 26, 2016
    ▪ September 28, 2016
Strategic Plans Assessment

- Focus groups in six PDCs within TRRC footprint

- Economic Drivers:
  - Leadership and Community Capacity,
  - Education and Workforce Development,
  - Access to Quality and Specialty Healthcare,
  - Infrastructure,
  - Entrepreneurship and Small Business Development,
  - Regional Assets and Opportunities.

- Participants chose top three economic drivers their communities are investing in for economic development.
Strategic Plans Assessment (Cont.)

- Ranking of Economic Drivers:
  - Education and Workforce Development
  - Infrastructure
  - Entrepreneurship and Small Business Development
  - Leadership and Community Capacity
  - Regional Assets and Opportunities
  - Access to Quality and Specialty Healthcare
Strategic Plans Assessment (Cont.)

- Top overall strategies within each economic driver:
  - Aligning education programs with the workforce needs of current and prospective employers;
  - Regional collaboration and investment to address infrastructure needs;
  - Creating an entrepreneurial culture to support startups;
  - Leadership programs in schools and the business community to grow regional leaders;
  - Regional branding and marketing initiatives to increase tourism and quality of life through regional assets;
  - Increase healthcare jobs, facilities and innovations.
Workgroup Meetings

- Issues raised for examination and discussion:
  - Substance abuse and mental health needs
  - Telemedicine opportunities
  - K-12 Education pipeline
  - Workforce needs
  - Graduate Medical Education
Findings – Economic Development

- Changes in economic development from traditional industry and energy base to creative economies built around regional assets, entrepreneurship, technology and tourism.
- It is difficult to attract large industrial manufacturers, rural regions are working to grow their own businesses, built around the assets, natural resources and talent their region has to offer.
- To create an entrepreneurial climate for growth, regions must collaborate and invest in vital infrastructure, specifically broadband.
- Entrepreneurs need broadband access to launch and grow businesses, connect to the global economy and compete with our urban centers.
Findings - Technology

- Broadband is critical to growing high tech jobs like cyber security, unmanned systems and data collection, all emerging sectors ripe for growth in rural Virginia.

- A trained workforce in cyber can stay in rural Virginia and fill vacancies for positions in urban centers.

- With new programs in cyber security in Southwest Virginia at UVA Wise and at Virginia’s community colleges, training opportunities are increasing, but the need for broadband continues.

- Virginia’s rural regions are all well suited for technology sector development, the infrastructure, workforce training and partnerships with technology hubs in urban areas are key.

- Innovation in telemedicine and connectivity to these services is vital for rural healthcare.
Findings – Education & Workforce

- Align curriculum and certificates with current and target employers to prepare the workforce.
- Recent workforce development legislation transforms the alignment between high demand jobs and community college certificates.
- It is important that we continue to work to connect education at all levels with the jobs of the future.
- Reach children by middle school to expose them to the types of careers rural regions are working to grow and attract through STEM-H classes, after school programs, business fairs and even shadowing opportunities.
- Connect local workforce boards with healthcare systems to increase alignment between workforce training and healthcare jobs in rural Virginia.
Findings – Healthcare

- Access to Quality and Specialty Healthcare can be a challenge to recruiting companies and as a high cost issue for citizens in rural regions.

- The ability to attract healthcare professionals to rural regions and convince them to stay beyond incentive periods is also a challenge.

- It is important to identify and reduce barriers to telemedicine and telepsychiatry services as an opportunity to fill the gap of access to healthcare in rural regions.
Recommendations

- Broadband
- Telemedicine
- Education and Workforce
Recommendations

- Broadband
  - Support continued broadband investments for planning and implementation.
  - Increase investment in the Virginia Telecommunications Initiative, overseen by DHCD.
  - Prioritize DHCD grant awards to maximize impact by aligning and leveraging resources with priority areas including economic development, education, workforce and healthcare.
Recommendations

- Telemedicine
  - Support last mile broadband deployment.
  - Recommend a study by JCHC and/or VTN to create a comprehensive inventory of both public and private utilization of telemedicine service and barriers to the use of telemedicine.
  - Ask the JCHC to send a letter to the Virginia Congressional Delegation urging the use of a standardized definition of rural for telemedicine services in particular to reduce originating site restrictions by CMS.
  - Encourage actions that enhance access to mental health services with prescribing of Schedule 2-5 medications via telemedicine so long as those efforts conform to all federal requirements for the prescribing of controlled substances.
  - Increase the use of telehealth for both training and treatment of mental health and substance abuse in rural regions consistent with federal requirements.
Recommendations

- Education and Workforce
  - Encourage local workforce boards to work with local health systems to create a blueprint for rural communities for regional career pathways:
    - Look at opportunities for apprenticeships in high school and partner with local employers to identify appropriate opportunities.
    - The blueprint should create an inventory of what jobs are needed.
    - Local boards should consider using a pay for performance program to incentivize the training and placement for those jobs.
  - Continue the investment in graduate medical education as a priority for underserved communities.
Thank You & Questions

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