

2024 Annual Report

The Next Generation of Rural Health



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A WORD FROM OUR LEADER

Dear Members of the Rural Health Redesign Center Community,

As we reflect upon the past year, I am filled with immense pride and gratitude for the unwavering commitment and dedication demonstrated by our team, partners, and supporters. Despite many challenges, we have continued to make significant strides in improving access to quality healthcare for rural communities.

Our mission to redesign and strengthen rural health systems has never been more critical. This year, we have successfully launched several new initiatives aimed at addressing key healthcare disparities, improving patient outcomes, and ensuring that our rural populations receive the care they deserve. These accomplishments are a testament to our collective effort and shared vision.

One of our most notable achievements this year was the expansion of our technical assistance services, which has allowed us to serve over 200 healthcare organizations across 33 states, impacting an estimated 9.1M rural residents. Additionally, our focus on community engagement and collaboration has enabled us to forge stronger partnerships with local, state, and federal partners, ensuring that our initiatives are aligned with the unique needs of each community we serve.

As we look ahead, our resolve remains steadfast. We will continue to innovate, adapt, and work tirelessly to overcome the barriers that rural communities face in accessing healthcare. Our commitment to excellence and pragmatic, rural-relevant solutions will guide us as we navigate the path forward.

I extend my heartfelt appreciation to each member of our community for your unwavering support and dedication. Together, we are making a meaningful difference in the lives of countless individuals and families. Let us continue to build on this momentum and strive towards a brighter, healthier future for all.

With gratitude and determination,



Janice Walters
Executive Director

Committed to helping rural communities **THRIVE** through improved health.

Our mission is to protect and promote access to high-quality healthcare in rural communities by encouraging innovation in health care delivery.





Rural-relevant resource and advocate rooted in lived-experience.

Our vision to transform rural communities through sustainable solutions to strengthen them without compromising their culture and values.

What We Do:

- ✓ Offer operational and strategic support to rural healthcare organizations.
- ✓ Implement scalable, innovative solutions to address rural issues across the country.
- ✓ Develop alternative payment models to transform healthcare delivery.

Our Focus Areas:

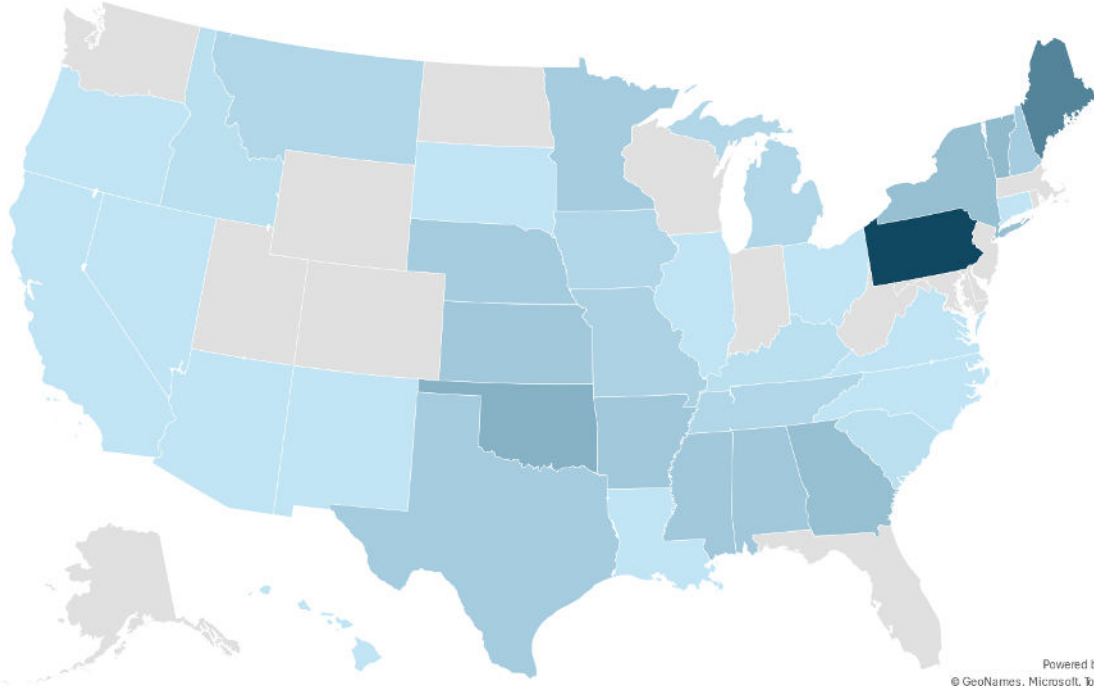
-  Access to Care
-  Population Health
-  Economic Development
-  Alternative Payment Reform



THE COMMUNITIES WE SERVE

OUR FOOTPRINT

Healthcare Organizations Served
1 35



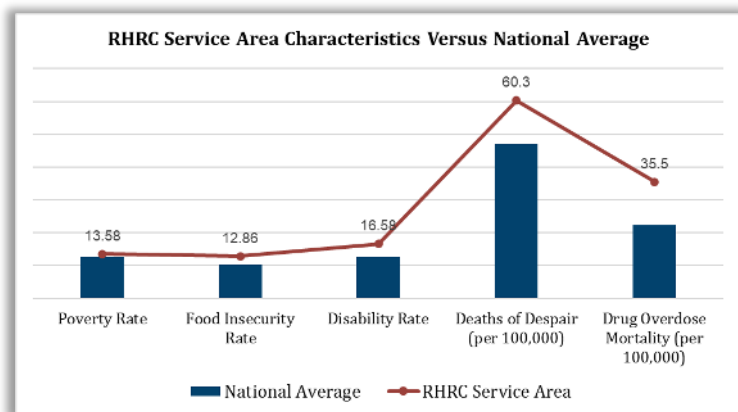
Powered by Bing
© GeoNames, Microsoft, TomTom

Serving
200+
Providers

Across
39
States

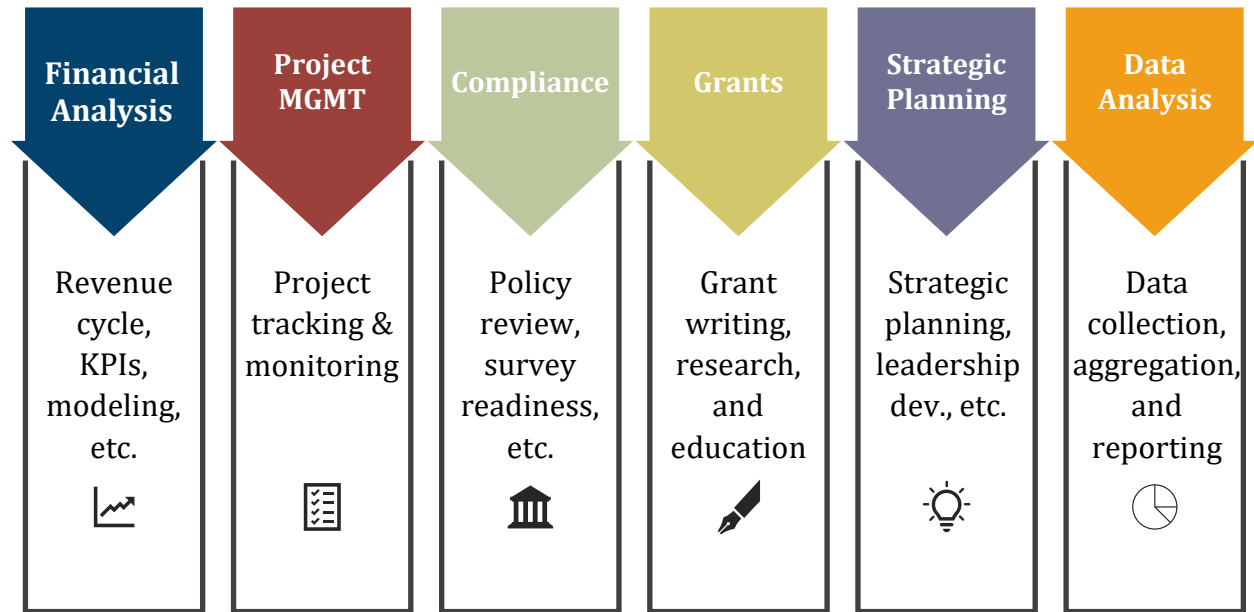
Impacting
7M
Rural Residents

Within our service area, we continue to observe a higher concentration of residents above the age of 65, as well as poorer health outcomes, and higher poverty, food insecurity, and disability rates when compared to the national average.

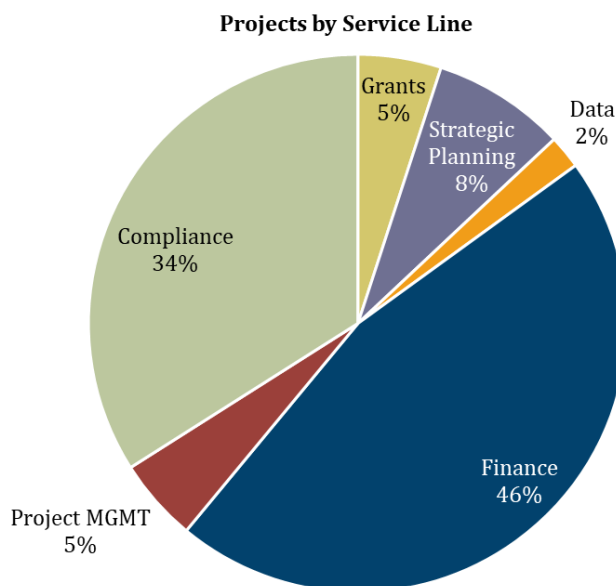


ENHANCING HEALTHCARE OPERATIONS

As 2024 kicked off, we prioritized the implementation of service lines to provide tailored, rural-relevant support to rural healthcare organizations both within and external to grant-funded programs. This included the establishment of the following departments:



Since moving to this service line structure, the RHRC has initiated over 284 projects in coordination with rural healthcare facilities in need of support.



“The RHRC has proven to be an invaluable resource for our facility. The comprehensive technical assistance we received was not only thorough but also highly tailored to meet our specific needs. Their expertise and support have significantly contributed to our operational efficiency and service quality.”
Blue Ridge Medical Center, GA

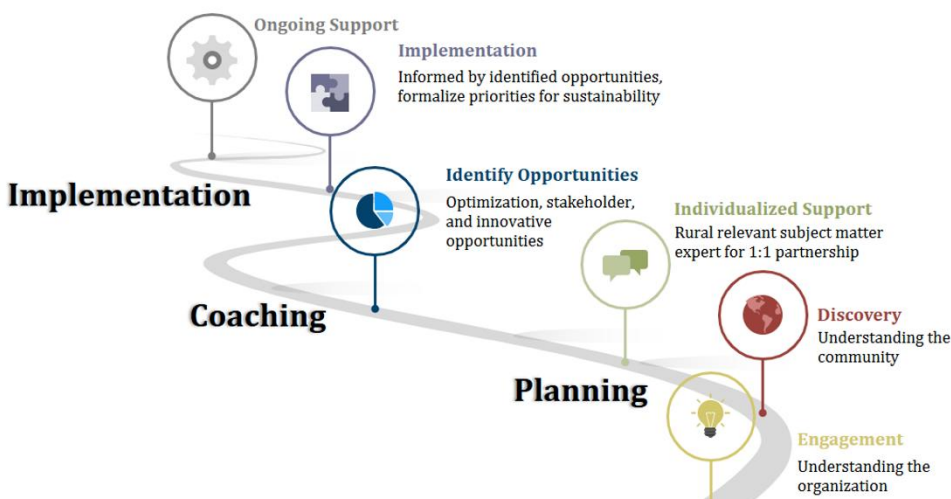
ALIGNING SERVICE LINES TO RURAL COMMUNITY NEEDS

A key priority of the RHRC is to help rural healthcare organizations make informed decisions regarding their service lines and offerings to better meet the needs of their communities. In 2024, our team developed three systems to strategically approach this.

01 Technical Assistance (TA) Pathway
A systematic approach to progress healthcare organizations through our TA process. The Pathway begins with addressing areas of immediate risks before delving into a variety of assessments to identify areas of opportunity. The findings provide a comprehensive view of the facility which our team leverages to develop strategic initiatives to help lead them into the future.

02 Health & Service Needs Assessment (HSNA)
The HSNA leverages fifteen data sources to identify the needs and gaps within rural communities. It has become a foundational component of all RHRC engagements. The HSNA has proven impactful, helping healthcare organizations determine realistic services to consider expanding or developing to reduce healthcare disparities and improve access to care in their community. It was designed to be integrated into their strategic planning and community service initiatives. Each HSNA also provides recommendations to develop a health equity program that aligns with the CMS reporting.

03 Scalable Service Line Assessment Modeling
Leveraging publicly available data, we have worked alongside our partners to develop a modeling tool for service lines of all rural hospitals across the country. What initially started as the RHRC's attempt to proactively predict the support its clients would need, has turned into an opportunity to provide cost-effective service line assessments to healthcare organizations with limited resources. We are continuing to refine this tool and assess the best method for its utilization.



“We are very pleased with the HSNA. This is information we can really use and “not pie in the sky” like we have received in the past from other consultants.”

Guadalupe County Hospital, NM

PURSING LONG-TERM SUSTAINABILITY

At the core of RHRC's mission and passion is alternative payment reform, birthed out of our administration of the Pennsylvania Rural Health Model (PARHM) and recognition that systematic change to the healthcare ecosystem is needed to truly preserve and revive rural health.

We aim to foster innovation and deliver impactful solutions, leveraging deep-rooted knowledge in rural healthcare infrastructure and technical assistance to deliver even transformative solutions. Recognizing effective stakeholder engagement as the cornerstone of successful alternative payment implementation, we strive to serve as a central convenor of hospitals, payors, state and federal officials, contractors, subject matter experts, and other relevant partners.



Key 2024 Activities

- Participation at the Pennsylvania Governor's round table.
- Hosting two webinars on the lessons learned through the PARHM.
- Facilitation of comprehensive planning sessions to develop a next-generation PARHM, including the convening of relevant stakeholders.
- Attendance at the 2024 CMMI Hackathon to inform the development of alternative payment models on the national scale.
- Consulting with other states, including Washington, Minnesota, and Vermont on the development and implementation of alternative payment strategies.



"Through PARHM our organization has become a beacon of excellence in our rural community, maintaining every level of service with the highest quality and safety standards, at the same time reducing overall costs. Much of our great work was centered around innovative delivery models utilizing tele-medicine. We implemented an APP staffed ED with tele-medicine as part of our 2021 transformation plan and have seen steady growth in volumes and patient satisfaction scores since then. PARHM has resulted in favorable revenue since its inception, with finances improving each year. This transformation into a vibrant enterprise within our system is a testament to the goals and vision of the PARHM".

Mark Papalia, CEO, UPMC Kane, PA

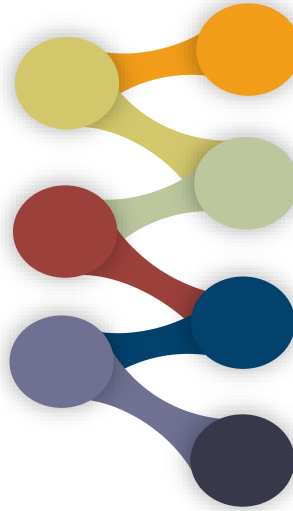
NO COMMUNITY LEFT BEHIND

In fall 2023, Bucktail Medical Center, a rural hospital in Pennsylvania, announced that it was on the brink of closure with an estimated survivability of two weeks. The Pennsylvania Commonwealth solicited us to assist in maintaining access to care in the community. We have since provided in-depth assistance in the forms of:

Executive Coaching
Helping oversee operations.

Payer Collaboration
Expediting payment of old claims.

Revenue Cycle
Performance improvement
increasing revenue generation.



Board Engagement
Helping guide decision making.

Legislator Collaboration
Securing \$1M of distressed hospital funds.

Auditor Securement
Acquiring updated financial statements.

Marketing & Strategic Planning Support
Improving utilization, operations, and outreach.

\$50k

Commonwealth
Investment

\$11M

RHRC
ROI

\$1M

Secured for Strategic
Plan Implementation



In June 2024, our team volunteered to help enhance the Bucktail facility.



January 2025 Press Conference for Bucktail's receipt of distressed hospital funding.

While much work is still needed to ensure the hospital reaches stability, we are honored to be supporting its journey.

OUR PROGRAMS

In addition to our independent services, we continue to support rural healthcare organizations and communities at no cost to them through the state and federally funded programs we manage.



Pennsylvania Rural Health Model

Impacting 1.3 million Pennsylvanians through rural healthcare transformation.



Peer Recovery Expansion Project

Enhancing access to behavioral health and substance use disorder treatment.

HRSA | 2022-2026 | \$500k per year



Emergency Medicine & Community Health Industry Integration Partnership

Strengthening the EMS and community health workforces to support Mobile Integrated Healthcare solutions.

PA Dept. Labor & Industry | 2023-2025 | \$150k.



Rural Emergency Hospital Technical Assistance Center

Helping rural hospitals across the country assess feasibility of the Rural Emergency Hospital provider type to maintain access to care in their communities.

HRSA | 2022-2027 | \$5M per year



Northern Border Region Technical Assistance Center

Providing technical assistance (TA) to providers in rural Maine, New Hampshire, New York, and Vermont to help them improve access to and quality of care.

HRSA | 2022-2025 | \$1.8M per year



Appalachian Region Healthcare Technical Assistance Center

Providing technical assistance to rural healthcare organizations in the Appalachian Region to help them improve operations and expand services.

HRSA | 2024-2027 | \$1.5M per year

PENNSYLVANIA RURAL HEALTH MODEL

Background:

The Pennsylvania Rural Health Model (PARHM) is an innovative payment model developed by the Centers for Medicare and Medicaid Innovation (CMMI), testing whether fundamental changes to how rural hospitals are paid lead to improvements in hospital stability, population health, and total costs of care. This is tested using global budgets that incentivize providers to deliver value-based care through transformation planning.

Program Details:

- 1.02M Payer-Covered Lives
- 18 Hospitals
- 6 Payers
- 32 Counties

Program Impact:

- ✓ All participant hospitals remain open, preserving 17k jobs and \$2.4B of economic contributions to the state.
- ✓ Favorable reduction in avoidable hospital utilization.
- ✓ 169 transformation goals completed.
- ✓ \$238M of benefit to participant hospitals.
- ✓ 16 hospitals staying in program

“The PARHM has helped maintain financial viability at Punxsutawney Area Hospital. It has transformed wellness and healthcare avoidance with the desire to generate less fee for service transactions at the same time as expanding the healthcare services being provided in our community.”

Jack Sisk, President,
Punxsutawney Area Hospital, PA

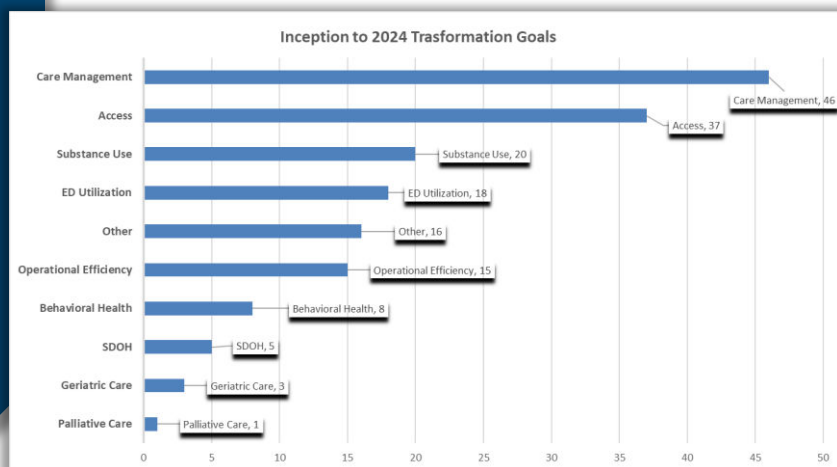
At A Glance:

In 2024, we continued robust TA to PARHM participating hospitals to administer their global budgets and implement transformation plans. Most notably, however, was the pursuit to develop a next generation successor program to continue to preserve access to essential healthcare services

In coordination with other efforts of the governor’s office, we led robust stakeholder engagement sessions to develop possible methodology for the next generation program. This included:

- Three in-room working sessions
- Monthly stakeholder convenings
- Survey & feedback distribution

While the RHRC has the skillsets to advance the modeling of methodologies developed, due to funding constraints, this work has been stalled. However, we continue to identify and pursue funding opportunities to advance this work, recognizing it as a true avenue towards the reform needed to solve the rural healthcare crisis in Pennsylvania and beyond.



PEER RECOVERY EXPANSION PROJECT

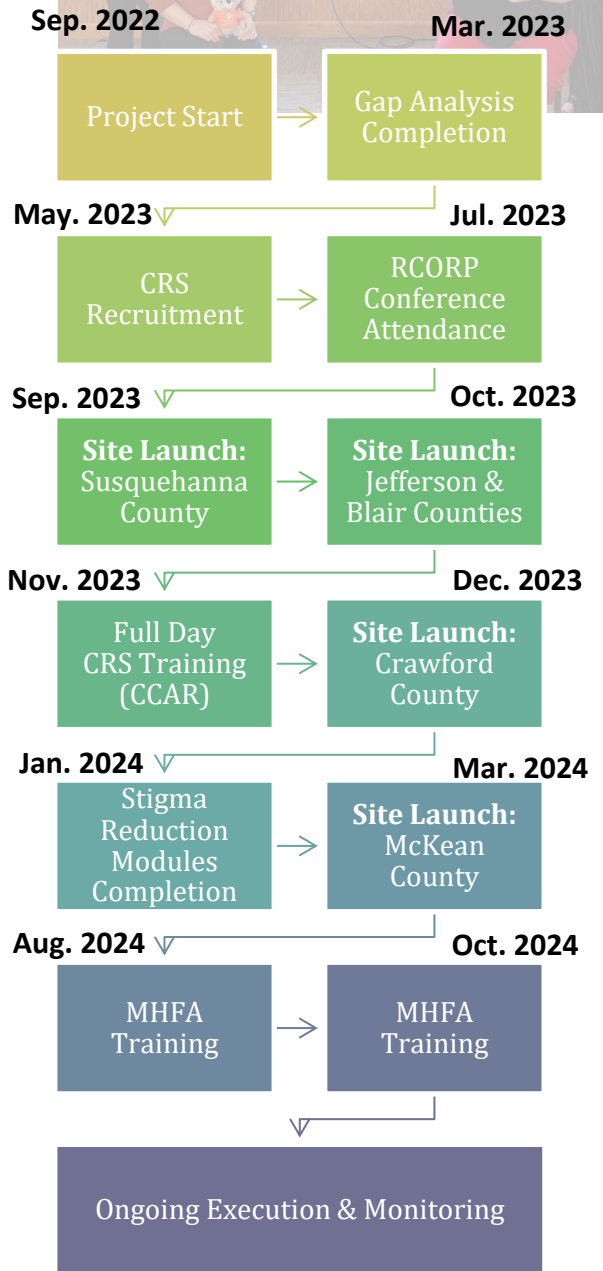
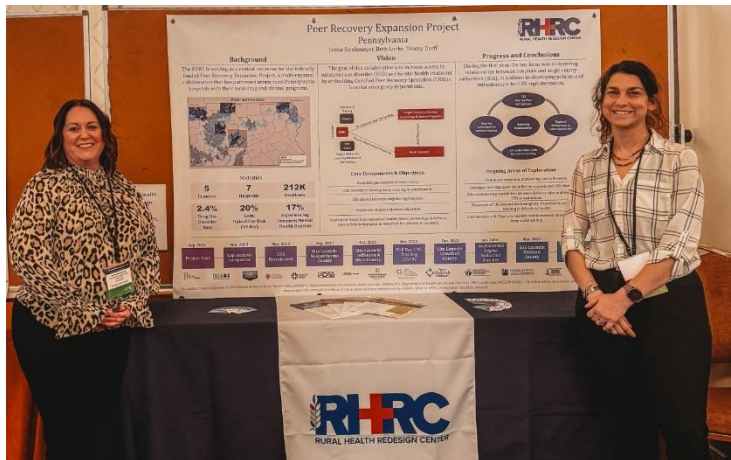
Background:

The RHRC is serving as a central convener for the federally funded Peer Recovery Expansion Project (PREP), a multi-regional collaboration that has partnered seven rural hospitals with their local drug and alcohol programs. This project aims to enhance access to substance use and mental health treatment by embedding Certified Recovery Specialists (CRS) in emergency departments.

2024 At A Glance:

In March and April 2024, the final PREP sites were launched in McKean County, marking a significant milestone with the program. As the year progressed, key activities focused on enhancing behavioral healthcare through workforce and community education. Partnering with Pitt PERU, evidence-based modules were disbursed to address stigma and structural barriers faced by SUD patients. Additionally, PREP CRSs, as well as other hospital and SCA staff were sponsored by RHRC to receive cross training in Mental Health First Aid (MHFA). MHFA instructor training was also offered, enabling them to conduct community trainings.

123	38	19	4
Patient Encounters	Treatment Referrals	MFHA Trainees	MFHA Instructors



"I recover loudly so others don't have to suffer silently."

Lori Rairdan, CRS, Alcohol & Drug Abuse Services of McKean County

NATIONAL RURAL EMERGENCY HOSPITAL TECHNICAL ASSISTANCE CENTER

Background:

We serve as the national technical assistance center to support critical access hospitals and small prospective payment system (PPS) hospitals that have converted to or are interested in assessing the Rural Emergency Hospital (REH) designation.

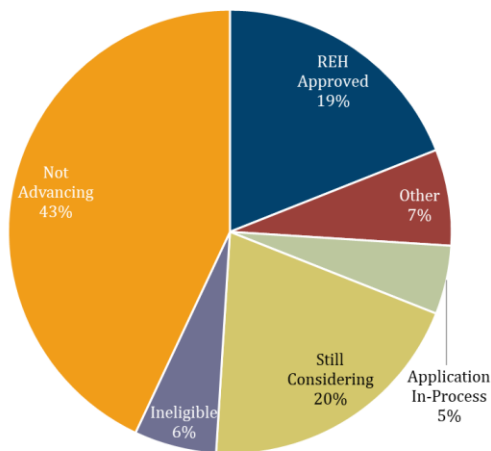
At A Glance:

Over 187 hospitals have contacted us for education and technical assistance (TA). We have helped 99 hospitals assess the feasibility of converting to REH. This includes education, financial modeling, transition planning, stakeholder engagement and application assistance. For the hospitals that have converted, we host an REH Network to provide ongoing support for those that choose to participate. Perhaps the most exciting programmatic undertaking of 2024 was our co-hosting of the inaugural REH Reverse Site Visit in which REHs from across the country came together to collaborate and learn from one another.

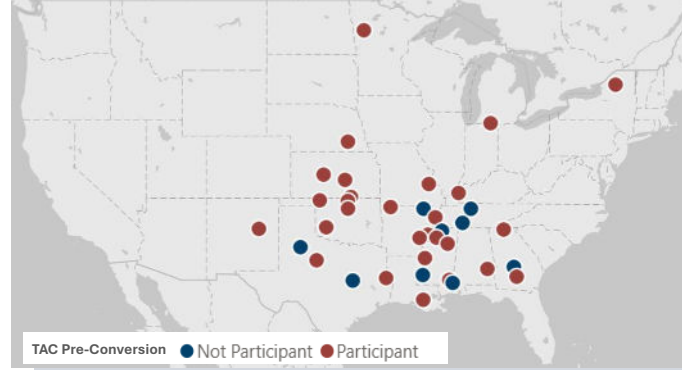
“I tell everyone who asks about our REH conversion what a benefit it has been to have the RHRC team with us through this process. We would not have been able to come as far as we have without the assistance.”

Aaron Herbel, Administrator, Mercy Hospital, KS

Disposition of Pre-Conversion TA Hospitals



[Click to watch video reel of 2024 REH Reverse Site Visit](#)



REH Locations

67
Webinars &
Education Forums

193
TA Projects

269
Hospital
Encounters

RURAL NORTHERN BORDER REGION TECHNICAL ASSISTANCE CENTER ➤

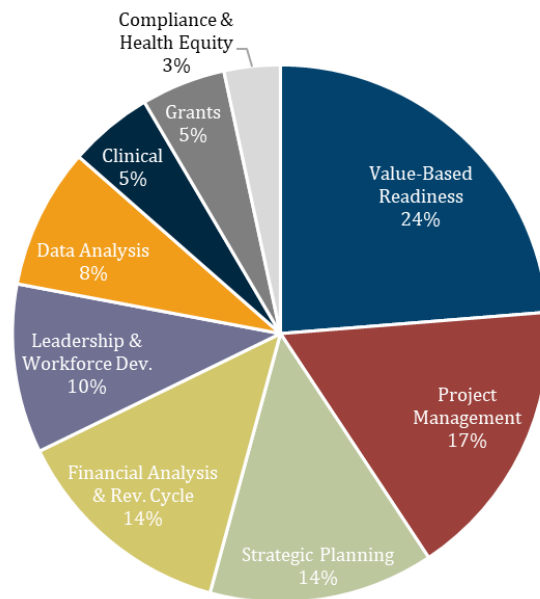
Background: Through this program, we provide tailored TA to rural healthcare providers – including hospitals, dental centers, and community organizations – across the states of Maine, New Hampshire, Vermont, and areas of New York.

At A Glance

Since inception, we have initiated 49 projects to support healthcare organizations in the northern border region through this funding. The projects scope varied and were tailored to the needs of each TA recipient.

In addition to providing direct TA support, we provide grant oversight and management to the five projects that were sub-awarded through the supplemental funding received by HRSA in 2023. These projects included:

1. **ECHO Learning Project:** An extended-release buprenorphine implementation (ERB) learning community in partnership with the Schmidt Institute.
2. **Provider Executive Leadership Institute (PELI):** Executive training on management skills needed to address challenges around SUD, workforce shortages and the implementation of new payment models.
3. **Food is Medicine:** Initiative to address healthy foods, social isolation, transportation, diabetes and coronary heart disease prevalent in the aging population.
4. **Silver Diamine Fluoride in Primary Care Settings:** Partnership in Vermont and New Hampshire to improve oral care in five rural pediatric primary care practices.
5. **Mobile Integrated Health (MIH):** A hospital and community partnership to provide home assessments and an external support system for patients undergoing total joint replacement surgeries.



“Where to start? All our engagements have been top notch and have helped us significantly improve operations. We could not afford this level of consultative services without the help of the RHRC.”

Northeastern Vermont Regional Hospital, VT



APPALACHIAN REGION HEALTHCARE TECHNICAL ASSISTANCE CENTER

Background: In 2024, we received a three-year cooperative agreement from HRSA to serve as a multi-state technical assistance center for rural healthcare organizations located in the Appalachian Region.

The Purpose:



Through this program, we are expected to serve approximately **six healthcare organizations per year**. Recruitment is currently underway for our first year's participants.

Our Approach:

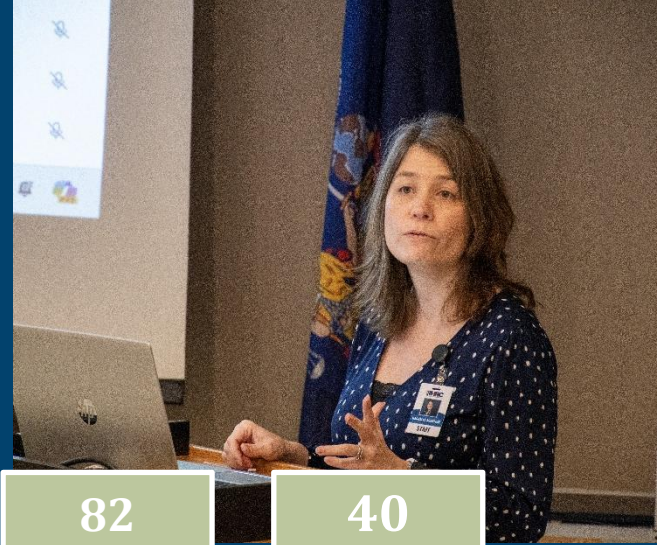
- Provide individualized TA to help identify areas for operational improvement, capacity building, and meeting community needs.
- Utilize service line and community assessments to identify potential expansion opportunities, with seed funding where ROI is indicated.
- Providing ongoing coaching and implementation support.

3 Years	\$1.5M Per Year
13 States	~18 Organizations served

ADDITIONAL IMPACT STORIES

- Brattleboro Memorial Hospital (BMH)**
VT | Grant Writing
 We were excited to support BMH with grant writing to expand its Mobile Integrated Health (MIH) program! With a \$100,000 grant from the Coverys Community Healthcare Foundation, BMH can now enhance personalized in-home care for rural and aging populations. BMH continues to collaborate with the RHRC to advance strategic funding initiatives and strengthen healthcare services for rural communities.
- Waterville Community Dental Center**
ME | Grant Research
 WCDC was awarded a generous \$20,000 grant from the Stephen & Tabitha King Foundation! This funding will enable the center to upgrade its IT services to enhance remote computer access and install seven new computers. We were honored to have played a role in helping to identify this grant and review their proposal.

ORGANIZATIONAL ACCOMPLISHMENTS



43%
Team
Growth

45%
Revenue
Growth

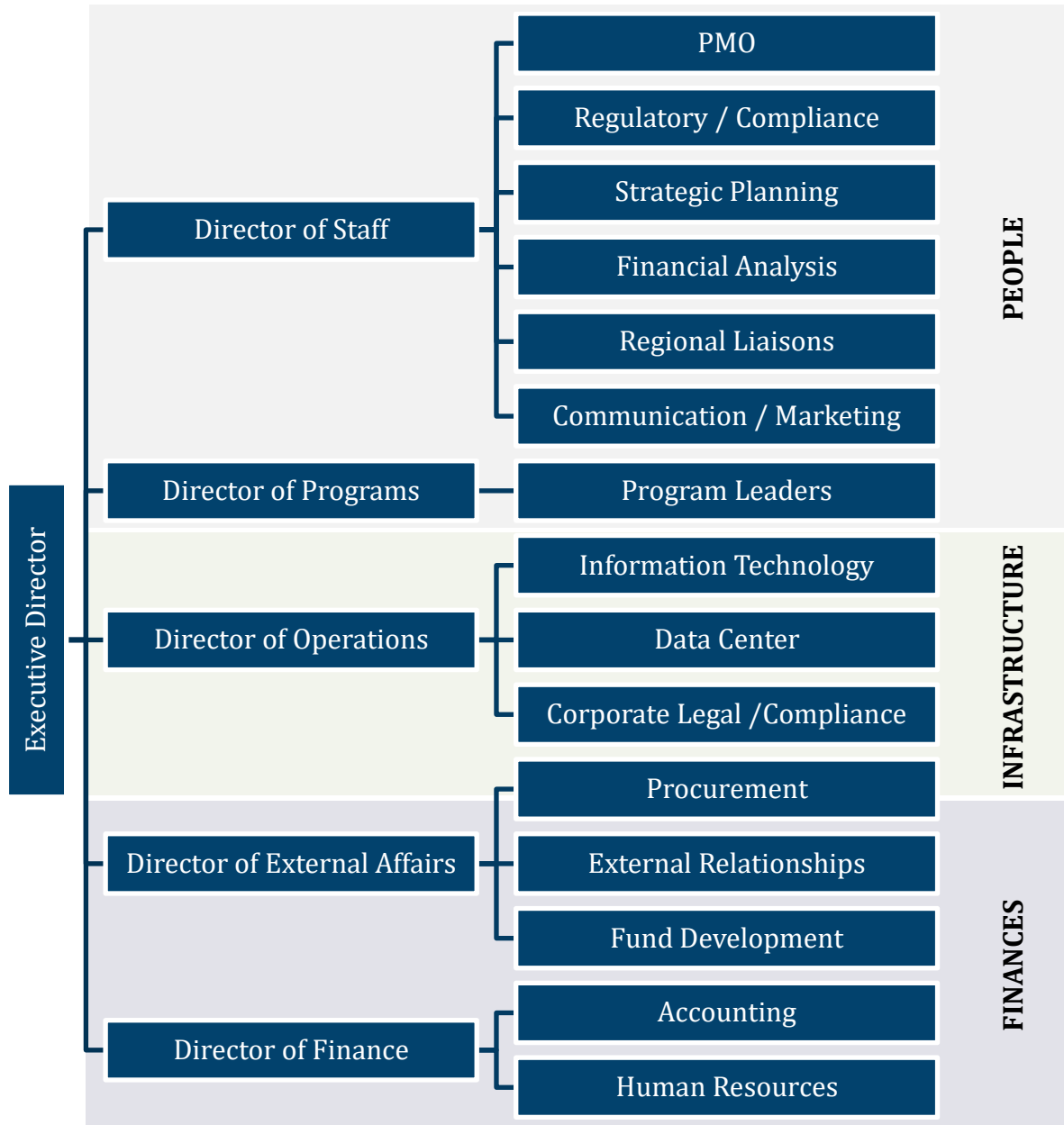
272%
Web Traffic
Growth

140%
Client Base
Growth

4.8
Satisfaction
Rating

REORGANIZATION STRUCTURE

In fall 2024, the organization restructured to support our evolving needs.



Our Leadership Team



Janice Walters
Executive Director



Gerry Egan
Director of Finance



Steven Davis
Director of Ext. Affairs



Beth Locke
Director of Operations



Anna Anna
Director of Programs



Tom Harlow
Program Director



Tracey Dorff
Director of Staff

OUR TEAM

As long-term rural residents and healthcare executives, our passion to help rural communities thrive is derived from our lived experience. This mission inspires and energizes the team to pursue each engagement with dedication and commitment.



Learn more about our team and the specific roles of each individual [here](#).

OUR BOARD OF DIRECTORS



Lauren Hughes, MD, MPH, MSc, FAAFP
Chairperson
State Policy Director,
Farley Health Policy Center, Colorado



Raymond Prushnok
Vice Chairperson:
Executive Director, UPMC Center for Social Impact
Assistant Vice President of Government Programs,
UPMC Health Plan



Brock Slabach, MPH - Secretary:
Chief Operations Officer,
National Rural Health Association



Lisa Davis, MHA - Treasurer:
Director and Outreach Associate Professor of
Health Policy and Administration,
PA State Office of Rural Health



John Myers:
Vice President of Federal Advocacy
Hospital and Healthsystem Association of
Pennsylvania (HAP)

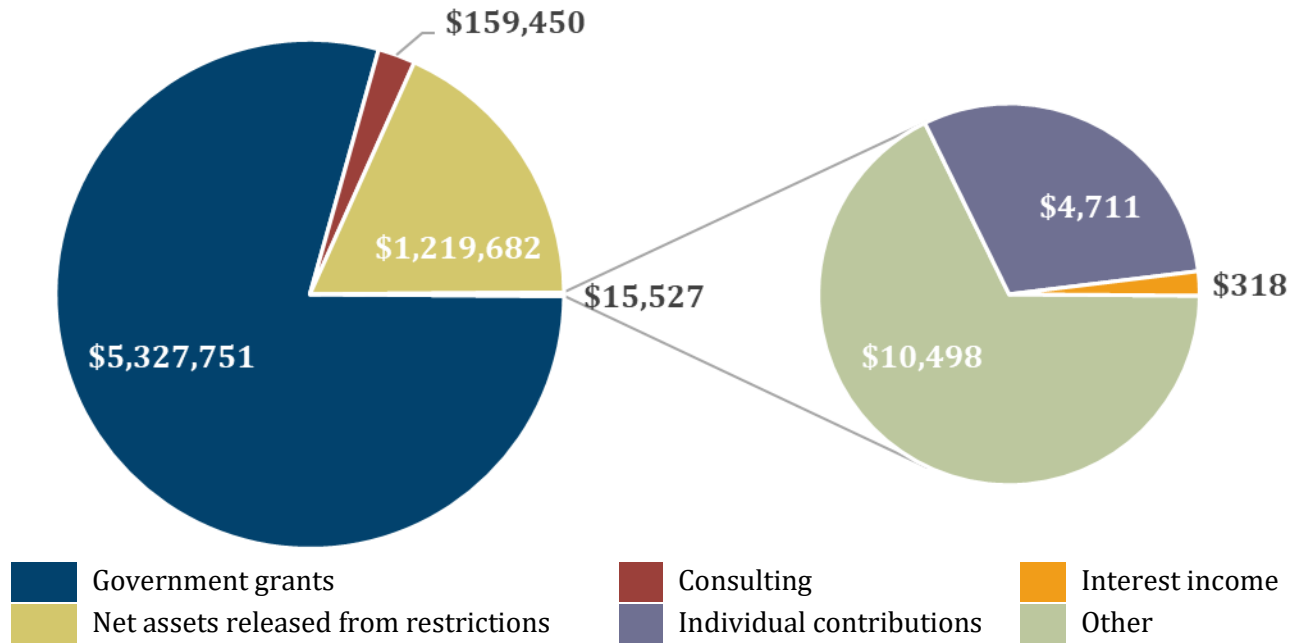


Sheilah Borne:
Associate Vice President of Government Health
Relations, Penn State Government and
Community Relations

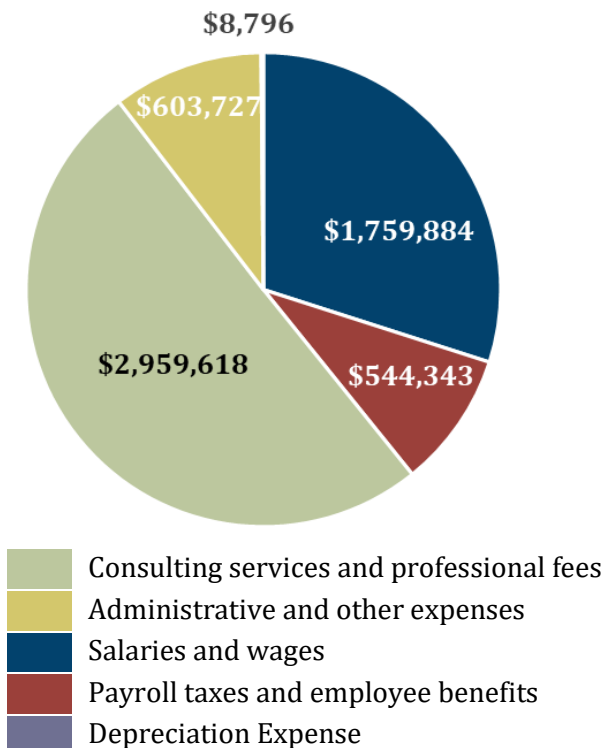
FINANCIALS

The RHRC’s financials are audited following a June 30 fiscal year. Below highlights our 2024 audit, as completed by external auditor, Forvis, LLP.

Revenues



Expenses



Operating Income: \$846,042

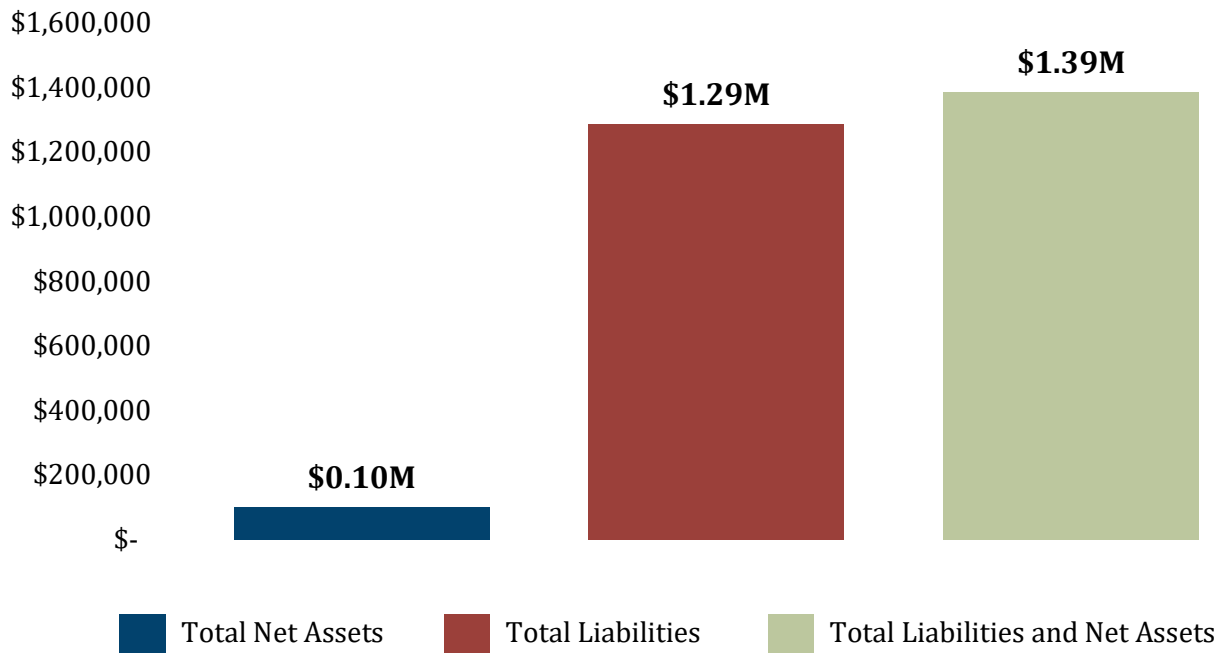
The RHRC serves as a supporting organization to the RHRCA structured to support fundraising efforts for its long-term sustainability. The RHRC recognized \$1,619,604 of contributions to the RHRCA during the year ended June 30, 2024. The RHRC also recorded a \$389,690 payable to RHRCA for the year ended June 30, 2024, related to cash held on behalf of RHRCA.

For full review of the audit visit:
<https://rhrco.org/annual-reports/>

FINANCIALS

This Financial position is reflective of all activities including support of the PA Rural Health Model, Rural Emergency Hospital Technical Assistance Center, Northern Border Region Technical Assistance Center, Peer Recover Expansion Project, Emergency Medical & Community Health Industry Integration Partnership, and other client engagements.

Statement of Financial Position



Anticipated 2025 Funding Sources:
\$13,417,673

For review of the audit visit: <https://rhrc.org/annual-reports/>

LOOKING FORWARD

As we move into 2025, our focus will be the continued execution of our programs and expansion of rural-relevant support to other providers, communities, and partners to broaden our impact on the health and well-being of rural communities.

2025 Priorities:

Support the Development of Alternative Payment Strategies in Pennsylvania and Beyond

As the Pennsylvania Rural Health Model nears the end of its performance period, we are committed to identifying what comes next for its participants. We will continue to work closely with our hospitals, payers, and state officials to develop alternative payment strategies that will secure access to care in rural Pennsylvania. Our team will also expand support and continue to work with partners in other states to leverage the lessons learned through the Rural Health Model to develop rural solutions beyond Pennsylvania.

Continued Execution and Expansion of Programs and Initiatives Underway

Our team will advance the work of our other programs. We will continue our work with newly converted Rural Emergency Hospitals, as well as continue to walk with those assessing the designation. We will continue to support hospitals in the Northern Border region and Appalachian region, helping them improve operations and expand services. We will advance the execution of the Peer Recovery Expansion Project, including the continued cross-training in mental health.

Expansion of Service Offerings Beyond the Scope of Federally Funded Programs.

Our team is expanding its ability to support rural providers and communities outside of the guardrails of our current grants and cooperative agreements through scalable and affordable service offerings. Committed to helping rural communities thrive, we have built a comprehensive catalog of subject matter expertise, and we desire to make our services accessible to rural communities and stakeholders in need of support.

YOUR SUPPORT MATTERS



Help Us:

- ✓ **Keep Rural Healthcare Providers Open**
- ✓ **Strengthen Rural Economies**
- ✓ **Make Rural Communities Healthier**

DONATE TODAY

Scan the QR Code or visit www.rhrco.org/donate to support our cause.



The RHRC is a 501c3 non-profit and all donations are tax deductible (EIN 85-2486560)



THANKING OUR GENEROUS SUPPORTERS

Gifts from national corporations, foundations, and individuals enable us to make a positive impact for millions of rural Americans.

Grant Funders:

- Health Resources and Services Administration
- Northern Border Regional Commission
- P.A. Department of Labor & Industry

Corporate Donors:

- 123 RJW Enterprises
- Bartell & Bartell, Ltd.
- Hall Render
- Inflammo
- JSR Strategies
- Revenue Cycle Solutions

Individual Donors:

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- Anna Anna
- Anonymous
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- John Kolodziej
- John Meyers
- John Rhodes
- Josh Miller
- Ken Harman
- Lauren Hughes
- Lisa Davis
- Michelle Trotz
- Rachelle Scarfone
- Ray Prushnok
- Stacy LoCastro
- Steven Davis
- Susan Pascarella
- Susie Aft
- Thomas Harlow
- Tracey Dorff

Thank
you





CONTACT US

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Disposition of Pre-Conversion TA Hospitals

