Central Michigan Regional Rural Health Network
Health Network Member Critical Needs and Health Care System Gaps

Critical Needs

Workforce
Additional staff
Continuation of Committed Staff that work for the mission rather than high pay
Continue to educate new providers: MD, DO, NP, PA-C, DDS, specialty care providers, and ancillary service providers
Education and retention of direct care aides in every county we cover
Health providers (Physicians, PA, and NP)
Highly trained work force
Nursing support staff
Primary care physicians
Providers
Qualified drivers
Recruitment of physicians, mid-level providers, and other ancillary staff
Substance Abuse Counselors
Workforce retention

Funding/Financial
Access to financial resources to support the additional community based services we provide
Adequate payment models for care delivered
Competitive energy costs
Continuation of grant funding
Continuation of Healthy Michigan Plan (Medicaid expansion)
Continued funding at the state level - current push to move funding for behavioral health to Managed Care Organizations
Extra money to earmark toward staff wages to focus on health issues since that is not what we normally specialize in
Financial Support offsetting State and Federal Funding
Funding (3 responses)
Funding sources for staffing needs to provide services.
Funding to support staffing and administration of the FSU Institute for Rural Health
Funding to support the administration of current FSU clinics that serve low income populations
Grant funding to start new programs and/or provide services to specific populations

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If funding moves out of PIHP [Prepaid Inpatient Health Plan] system to privatized health care this would be devastating for clients/consumers served.

Insurance funding
Lower healthcare costs to employers
Lower insurance rates for vehicles

Marketing
Money that could be geared in this direction is always helpful since it is difficult for us to appoint our funding stream in the health direction

Patients who are insured

Payer sources
Private and public funding sources
Stabilized State and Federal Funding
Sustainability funding
Sustainability of DPP [Diabetes Prevention Program]

Collaboration
Bring local partners together to meet needs of children
Collaboration and relationship building with other organizations
Collaborative partnership with other healthcare and human service organization to prevent duplication of services
Hospital collaboration
Increased coordination with primary care physicians
Less duplication [of] efforts
Partnering with other agencies
Premedical Undergraduate Program collaboration
Strategic planning and partnerships that strengthen home and community-based services for older adults AND the workforce that serves them
Support by public health departments

Community and Legislative Support
Community support (2 responses)
Community support for local hospital and healthcare providers
Continued interest from potential students
Continued interest in providing higher education from the community
Recognition for the work we do
State and National support of programs (legislative, funding, policies, overall sustainability)
Strong state legislation for higher education
Visibility
Quality and Value
Keeping care local when possible - specialty care, surgery, radiology
Ongoing education and performance monitoring in order to provide highest quality services to the community
Patient Experiences
Quality Care
Resources to effectively meet the Triple Aim Goals of improving the patient experience of care (including quality and satisfaction), improve the health of populations and reduce the per capita cost of health care
Value of Care

Additional Needs
Change the systems that families with young children exist in to help meet their needs
EHR [electronic health records system] that is user friendly
Fair housing
Increase Transportation
Involvement in SIMs [State Innovation Model]
Jobs
More physical space
Physical space
Physical space to house the proposed FSU Institute for Rural Health and its related services
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Resources Needed to Fill gaps in the health care system

Access
Access to specialty care
Affordable medications
Care Transitions/Care Coordinators for older adults who are leaving the hospital.
Dementia services
Integrated health care
Integrative care
Internal Medicine-important
Maybe a traveling medical center or staff that could visit the low income housing apartments to offer basic care
Medicare skilled rehab
More access to medical specialists for low income patients locally
OB/GYN [obstetrics/ gynecology]-very important
Pain services
Psychiatric and behavioral health services
Specialty Care in Arenac County (OB, Dermatology, Cardiac, etc.)
Substance use/abuse treatment services
Utilize more community health workers to assist patients navigate the health care system

Workforce
Additional doctors, NPs [nurse practitioners] and PAs [physicians assistants]’ to see low income people instead of them relying on the ER [emergency room] for medical care
Advocate for broader scope of practice guidelines for Nurse Practitioners in Michigan.
It is very narrow compared to other states.
Continue to assure medical students come back to practice in rural Michigan
Continue to assure that other health professions students such as nursing, physical therapy, physician assistants practice in Michigan
Extra mental health counselors that can see people with struggles. Now it is very difficult for them to make appointments since mental health is not accepting new patients
Increase the workforce in all healthcare fields (MH, SUD and physical)
Increased number of psychiatric doctors
Licensed Social Workers-very important
Meals on wheels drivers and volunteers
More case managers/social workers in health care
Physicians (period)
Substance Abuse Counselors-very important
**Funding/Financial**
Advocate for student loans to be negotiated on the market with commercial terms like cars and mortgages.
Affordable insurance options
Alternative to Medicaid spend downs
An adjustment to how HPSA [Health Professional Shortage Areas] scores are calculated
Cost sharing of joint projects
Expanded funding for critical access hospitals
Funding to support staffing and administration of the FSU Institute for Rural Health
Funding to support the administration of FSU current clinics that serve low income populations
Lower insurance premiums for employers
Scholarships to assist high school and community college students wishing to go into the health professions.
State Loan Repayment Funding

**Collaboration/Community Support**
Community Agency partnerships
Greater collaboration between public health programs and hospital systems
Increased collaboration between different health programs offered in MI rather than a competitive model.
Innovated collaborative joint ventures
To look at ways different members can collaborate on projects that support funding opportunities in rural areas that would increase access and referrals, including but [not] limited to increased use of telehealth services

**Transportation**
Increase Transportation
More free transportation
Patient transportation
Transportation assistance for medical or counseling appointments
Transportation funding
Transportation resources and coordination across county lines

**Electronic Health Records Systems**
EHR [electronic health records] systems that allow coordination of care
Potential for integrated electronic medical records
Additional Needs
Physical space to house the proposed Institute for FSU Rural Health and its related services
Some of these issues are hard to solve due to the dependence on welfare so additional help to break the cycle
The understanding of Adverse Childhood Experiences on long term health outcomes