The Arkansas Rural Health Partnership (ARHP) is a public nonprofit comprised of twelve rural hospital members spanning southeast Arkansas. Together it continues to expand, nurture and provide programs throughout the Partnership's individual communities and the south Arkansas Delta region.

Over the past decade, ARHP has grown from five to twelve-member hospitals, obtained over $22M in grant funding, and successfully implemented and sustained 52 grant-funded programs across the 22-county rural service area. ARHP has become a reference point and model for rural health innovation and collaboration across the state and nation.

ARHP’s outreach programs and services address the needs of our local communities. They are a direct result of listening to the communities and member organizations. Community health needs assessments conducted for each community hospital function as a foundation for all ARHP programs and services.
For over ten years, the Arkansas Rural Health Partnership has worked tirelessly to engage providers and partners across nearly every sector to improve the quality of life and health status of residents across south Arkansas. Together, we have increased the types of services and programs that community members need, in effect, changing the local face of screening, treatment, and education related to the greatest health priorities in the region, including diabetes, obesity, and breast cancer. More recently, the Partnership has responded to the call for proactive, innovative answers to the growing mental health and substance use epidemic plaguing our rural communities.

Then it happened. Sometime over the past year, when no one least expected it, the tipping point occurred. Individuals and organizations across the region and state started calling to ask, “What can I do?” “How can I give?” “How can we work together to really make a difference in rural Arkansas?”

Rural Arkansas has a lot to say, but are we ready to listen? Are we prepared to put our differences aside and dig in deep to change the landscape of healthcare in our region? Can we work across predetermined boundaries to solve complex problems that are stalling the progress of our residents and small towns? With everything within us, we believe that we can transform the face of rural Arkansas together, making it a place where people are proud to call home and truly thrive.

Within the pages of this annual report is an invitation to go deeper. Pull up a chair and get to know our friends and neighbors. Experience the wins and losses of our rural communities. Then come and find your place beside us as we work to make a lasting difference in rural Arkansas.

“Look at the world around you. It may seem like an immovable, implacable place. It is not. With the slightest push - in just the right place - it can be tipped.”

Malcolm Gladwell

Our success is the direct result of like-minded organizations coming together with a precision-like focus to see the health of area residents and the communities themselves improved.

Mellie Bridewell, CEO, ARHP
ARHP Board of Directors:
Phillip Gilmore, CEO, Ashley County Medical Center - Crossett
Kevin Storey, CEO, Baptist Health - Stuttgart
Steve Henson, CEO, Bradley County Medical Center - Warren
Luther Lewis CEO, Chicot Memorial Medical Center - Lake Village
Kan Sanders, CEO, Dallas County Medical Center - Fordyce
Ashley Anthony, CEO, Delta Memorial Hospital - Dumas
Brian Miller, DeWitt Hospital & Nursing Home - DeWitt
Scott Barillaus, CEO, Drew Memorial Health System - Monticello
Brian Thomas, CEO, Jefferson Regional Medical Center - Pine Bluff
Rex Jones, CEO, Magnolia Regional Medical Center - Magnolia
Terry Atmest, CEO, McGehee Hospital - McGehee
Scott Street, CEO, Medical Center of South Arkansas - El Dorado

ARHP Senior Leadership:
Mellie Bridewell, Chief Executive Officer
Brandon Comer, Chief Operation Officer/Chief Financial Officer
Lynn Hawkins, Chief Programs Officer

ARHP Project Directors:
Lynn Hawkins, RCORP Planning Project Director
Amber O’Fallon, Small Provider QI Project Director
Heather Perry, Behavioral Health Project Director
Shessa Pieroni, Delta States Project Director

ARHP Project Staff:
Debbie Tiner, ARCOM Preceptor Coordinator, Project Pink Coordinator
Jessica Bergeron, OUD Case Manager
Phyllis Carr, Diabetes Education Coordinator
Janet Pack, Enrollment Trainer
Sonya Waldrup, Enrollment Counselor

“Rural areas cover 97 percent of the nation’s land area but contain 19.3 percent of the population (about 60 million people).”
John H. Thompson, Census Bureau Director

443,187 RESIDENTS
The estimated size of the general population within ARHP’s 22 service area counties (33.9% Black, 62.1% White, 4.2% Hispanic). Pine Bluff is the largest town in the region, home to about 42,984 residents (US Census, 2017 & 2018)

-6.6% DECLINE IN POPULATION
Despite an uptick in population in rural areas nationwide since 2016, there has been a continual decline in population in 20 out of 22 service area counties with an average population trend of -6.6% decline between 2010 - 2018 (USDA, US Census)

22.8% PERSONS LIVING IN POVERTY
The average number of persons living in poverty nationwide since 2016. The average for the state of Arkansas is 22.8%.
The following statistics represent the service area average, with some counties better than others.

3,125 : 1
PATIENT TO PHYSICIAN RATIO
Average number of patients to primary care physicians in each county in the service area.

5,02%
POOR PHYSICAL HEALTH DAYS
Average number of physically unhealthy days reported in past 30 days.

11,432
PREMATURE DEATHS
Average number of premature deaths in Southeast Arkansas.

5,903
PREVENTABLE HOSPITAL-STAYS

-10 ↓
YEARS LIFE EXPECTANCY
An individual living in rural southeast Arkansas has a life expectancy of ten years less than their neighbor in northwest Arkansas.

25%
POOR OR FAIR HEALTH
% of adults reporting fair or poor health.

Lack of infrastructure (poor road systems, lack of public transportation)
- There is only a handful of public transit options within the service area, none of which are free. This increases transportation barriers for residents.
- Mean travel time to work: 14.6 min average (service area) - lowest: 14.6, highest: 29.7 min. (U.S. Census Bureau, 2011 - 2017)
- Average travel time to a grocery store: 20 - 40 min.

Lower life expectancy is due to many factors, including differences in physical activity, smoking, preventable hospital stays, and violent crime rates (County Health Rankings and Roadmaps, 2019).

Perhaps the most critical determinant of these factors is access, including access to education, employment, transportation, and healthcare providers (preventive, primary & emergent services).

OUTWARD MIGRATION
- Estimated number of recent, significant employer closings/downsizing in service area: 20.
- Since the 2017-2018 school year, seven schools have closed and two schools consolidated with other schools. Most of these schools were closed due to lack of enrollment (outward migration). (Arkansas Department of Education, self-reported data accessed September 2019)
Innovation

Think outside of the box. If it doesn’t work, then how can we fix it? Not only do we want to answer the question, “how do we do this,” but also “how do we do this better?”

Improving health is more than preventing or treating disease. To shape health, we must address the social determinants of health, including barriers that prevent individuals from reaching their personal goals.

Collaboration

There is no partner too big or too small. If you want to make a difference in rural southeast Arkansas, we want to work with you.

In order to change the face of healthcare in a region, you have to cast a wide net. Representatives from education, workforce, economic development, public agencies, and private industry should all be at the table to help form and implement regional solutions.

Advocacy

It is not enough to put a bandaid on a problem. When creative solutions are found to be effective in our communities, it is our responsibility to sustain and even replicate them.

We are committed to sharing the rural story in a way that affects positive change within our towns, organizations, and state capital.

Action

Our programs and services will be a direct response to the voiced needs of community members.

We will build support and strengthen rural infrastructure across the region by taking the hands of diverse partners.

We will serve as a resource for rural health across the region, state, and nation.

Our Commitment to Rural | 2018 - 2019 Annual Report

since 2010, 93 rural hospitals have closed across the United States. Of the 26 states with closures, most of them occurred in the South, according to research completed by the North Carolina Rural Health Research Program (2018).

Recent Medicare cuts, Medicaid reductions, and new federal regulations have created the perfect storm for Critical Access Hospitals (CAH), placing many in critical condition.

A single rural hospital closure can have a devastating impact on a town, including loss of patient encounters, healthcare and community jobs, and even the economic stability of the region.

Advocacy

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Collaboration

Our Commitment to Rural | 2018 - 2019 Annual Report

Simply because of where they live, rural Americans often lack access to critical healthcare services. The Arkansas Rural Health Partnership is a leader in facilitating healthcare delivery to vulnerable populations in Arkansas by providing needed services that address their unique challenges. I applaud their tireless work to ensure the highest possible quality of life for Arkansans.

Congressman Rick Crawford, (AR-01)

7 out of 15 hospitals in the service area are critical access hospitals. Critical access hospitals have 25 or fewer acute care inpatient beds and are located more than 35 miles from another hospital, exceptions may apply (HRSA Data Warehouse, 2019).

20 counties within the service area are designated as a Medically Underserved Area (MUA) with the exception of Jefferson and Union Counties (which have multiple service areas designated as MUA rather than county-wide) (HRSA Data Warehouse, 2019).

86 miles: the average length of distance between EMS providers. Only 4 EMS providers serve 12 counties - with some distances of 1.5+ hr. Range: 22 miles - 150 miles

There is not a single hospital in the 22 county service area with a dedicated labor & delivery floor. Only half of the counties have capabilities to deliver a baby.
In the past year, ARHP has increased targeted efforts to support and even stabilize the financial viability and sustainability of member hospitals. The effort is two-fold. For our critical access hospitals, we started with providing detailed vendor contract reviews. We’ve identified multiple hospitals that have the ability to save over half a million dollars with a few simple changes to contracts. Our other big push this year has been the formation of a clinically integrated network (CIN).

Our hospitals partnering with the CIN are currently in negotiations with insurance companies to share a shared savings which would leverage better reimbursement rates for the member hospitals. In the coming weeks, CIN members will also benefit from new care coordination service offerings. This will allow patients to experience enhanced care and follow-up between appointments and keep their healthcare as close to home as possible, even when they need to access specialty services previously restricted to urban providers outside of the region. These new efforts only scratch the surface of the support we hope to offer to the financial outlook of our hospital members in the coming years.

Brandon Gorman, ARHP CFO/COO

Healthcare Organizations
University of Arkansas for Medical Sciences
Arkansas Department of Health
Arkansas Foundation for Medical Care
Mainline Health Systems
AllCare
Community Health Centers of Arkansas
Jefferson Comprehensive Care Systems
Daughters of Charity
Pillow Clinic (Helena)
Mid Delta Health Systems
Cross River Community Hospital
Ouachita Regional Medical Center
New Beginnings
Quapaw House
Options, Inc.
New Vision

Federal, State, & Local Agencies
Arkansas Department of Human Services
Arkansas Center for Health Improvement
HRSA
Arkansas USDA Rural Development
Southeast Arkansas Drug Task Force
1st Judicial Drug Task Force

Schools/Colleges
University of Arkansas for Medical Sciences
Arkansas College of Osteopathic Medicine

Southwest Arkansas College
University of Arkansas at Monticello
Warren School District
McGehee School School

Public Officials
Governor Asa Hutchinson
Lt. Governor Tim Griffin
Attorney General Leslie Rutledge
Congressman Rick Crawford
Congressman Bruce Westerman
Senator John Boozman
Judge Park Eldridge
Former Lake Village Mayor JoAnn Bush
Lake Village Police Chief Percy Wilburn
Judge Sam Pope

Individuals
Dr. James Wright, DO
Cheretta Pope
Dr. Michelle Crouse
Beverly Bush

Organizations
Phoenix Youth & Family Services
Arkansas Coalition for Obesity Prevention
Arkansas Municipal League
Phillips County Opioid Awareness Prevention Initiative

In an emergency situation, fast, reliable health services are a matter of life and death. Yet for many Arkansans, medical providers are often miles away. Improving rural health care access is one of my top priorities, which is why I included a variety of innovative approaches in the Fair Care Act.

We should be supporting rural health clinics and give them the tools needed – from telehealth options to fair Medicare reimbursement rates – to provide rural residents with a high quality of care. I applaud ARHP for their continued work on this issue, and hope to collaborate with them on even more solutions.

U.S. Rep. Bruce Westerman (R-Ark.)
Total Annual Income from Grants & Contracts (July 1, 2018-June 30, 2019): $1.7M

Grants
- Delta States Rural Network Grant (HRSA)
- Rural Communities Opioid Response Planning Grant (HRSA)
- Rural Health Opioid Program Grant (HRSA)
- Rural Health Outreach Grant (HRSA)
- Delta Health Care Services Grant (USDA)

Contracts/Cooperative Agreements
- Arkansas Department of Health Cooperative Agreement
- Arkansas Foundation for Medical Care/TMF Health Quality Institute
- ARCOM Revenue

Membership Dues: $6,000

Annual Highlight: ARCOM Medical School Preceptorship

In 2019, ARHP and the Arkansas College of Osteopathic Medicine (ARCOM), a medical school located in Fort Smith, Arkansas, joined forces to launch the first rural medical school preceptorship in the state.

Several of our brightest students are enrolled at the Arkansas College of Osteopathic Medicine (ARCOM). It made good sense to partner with the school to create a rural preceptorship track for medical students in their third and fourth years of study. This way medical students are given an opportunity to be mentored by health professionals that live and work in rural, southeast Arkansas. It is our hope that the program will encourage medical students to choose in-state, rural residencies and eventually come back to practice medicine in their own rural communities in our region.

Mollie Bridewell, CEO, ARHP

Quick Facts:
- In 2019, ARHP and the Arkansas College of Osteopathic Medicine (ARCOM), a medical school located in Fort Smith, Arkansas, joined forces to launch the first rural medical school preceptorship in the state.
- The ARHP preceptor coordinator assists the medical school to place students in third year core rotations at local hospitals in the region (Jefferson Regional Medical Center and Drew Memorial Hospital). Core rotations include internal and family medicine, pediatrics, obstetrics & gynecology, general surgery, and behavioral health.
- Fourth year students are placed in community hospital and rural primary care rotations at ARHP member hospitals and clinics throughout southeast Arkansas.
- Partner hospitals are able to build and cultivate relationships with students while imparting practical insight and expertise into the unique aspects of rural practice.

150 MEDICAL STUDENTS
ARCOM has a class size of 150 students currently in rotation.
Accolades & Awards
NCHN; Outstanding Health Network (April 2019)
National Rural Health Fellows Program (November 2018)
Panels & Presentations
» August 2018: USDA State Conference Call; “Arkansas Delta Opioid Project”, Lynn Hawkins; teleconference
» September 2018: Speaker for International Overdose Awareness Day, Jim Wright, Arkansas State Capitol, Little Rock, Arkansas
» February 2019: University of Arkansas at Monticello, Substance Use Panel; “Arkansas Delta Opioid Project”, Little Rock; Melissa Bridewell
» April 2020: NCHN, “Opioid Epidemic”, Melissa Bridewell, Heather Perry; San Diego, California


Rural Arkansans have unique health needs, and partnerships among many different organizations are crucial to addressing those needs. The Arkansas Department of Health is happy to support the work of the Arkansas Rural Health Partnership, especially in the areas of chronic disease management and addressing challenges identified by community health needs assessments. The ARHP has worked hard to move the needle on these issues, and we look forward to continuing to collaborate with them on these crucial health concerns for our state.

Stephanie Williams, Deputy Director for Public Health Programs Arkansas Department of Health

Mental Health First Aid
The organization trained 83 individuals across the region in Mental Health First Aid (MHFA). The evidence-based program teaches people how to identify and respond to signs of mental health distress in their friends, family members, and co-workers.

ARHP has partnered with McGehee High School and is honored to be one of only 35 pilot locations selected across the nation to provide teen Mental Health First Aid.

Mental Health First Aid is an 8-hour course that teaches individuals how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives laypersons the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

Community Health Needs Assessments
The Community Health Needs Assessment (CHNA) process plays a critical role in the way we plan and implement programs and services across the region. You will see the imprint of the community’s voice being heard in the way we deliver care within our hospitals, clinics, and community events. There’s no better way to say, “Your voice matters. We hear you. We want to help make a difference.”

The IRS requires non-profit hospitals to conduct a CHNA once every three years to maintain non-profit status. In 2019, ARHP facilitated this process for nine member hospitals.

Greatest Health Concerns Across the Region:
1. Mental Health
2. Drug/Opioid Abuse
3. Health Workforce
4. Patient & Community Health Resources & Navigation
5. Transportation
6. Obesity

(Community Health Needs Assessment Results, ARHP, 2019)
Mental Health & Substance Abuse

In southern Arkansas, the mental health and substance use crisis is compounded by lack of providers and poor infrastructure that simply cannot meet the demands of individuals in crisis. In the past year, ARHP has taken deliberate steps to move the needle forward on advocacy, collaboration, provider education, and service availability.

Achievements

- The creation of the first regional Behavioral Health Task Force, bringing together community members and professionals to focus on improving infrastructure and service delivery related to mental health and substance use concerns. The task force currently has 35 active members.
- The Arkansas Delta Rural Health Opioid Project video created by the organization went viral throughout the state, receiving over 2,000 hits since its posting in late August 2018. The video was shown by nursing and medical schools across the state and highlighted by HRSA at a national grantee meeting. As a result, the number of MAT providers in the region grew from 1 to 4 over the past year. The video is also spurring policy change and new collaborative efforts with partners at a regional, state, and national level.
- New mental health crisis assessment services are now available via telehealth at 8 partner hospitals and 5 clinics. A licensed professional then provides the patient with a warm hand-off to additional mental health services on an as needed basis.

So many people say we have a problem with mental health and substance use in our area. It’s time to do something about it.

Heather Perry, Behavioral Health Project Director, ARHP

Healthcare Workforce Training

On-Site Trauma Training (Classroom Instruction & Simulation Training

18 participating sites (including hospitals, nursing school, EMS sites)
153 healthcare providers trained throughout the year

Types of Training Provided

- Advanced Stroke Life Support
- Mock Stroke Ambulances
- Train the Trainer Simulation Training

By the Numbers

- Mental Health Workforce Trainings conducted: 1st healthcare providers attending
- Arkansas Hospital Association - Behavioral Health: 58 medical staff attending & receiving CEUs for completion of training
- Care Learning total number of courses completed: 63,679
- Number of health professionals completing Diabetes education training: 28

ARHP’s partnership with UAMS Centers for Simulation Education has been recognized as having assisted in training more healthcare providers and EMS staff than any other organization in the state of Arkansas through the USDA Delta Healthcare Services Programs.
Prescription Assistance
Number of people receiving prescription assistance: 1,264
Money saved through prescription assistance: $1,597,225

Diabetes Education
Total number of patients impacted through Diabetes education: 406 persons
Diabetes Prevention: 111
Diabetes Education Empowerment Program: 21
Diabetes Self-Management Education: 274

Promoting Healthy Behaviors/Obesity Prevention
Number of individuals attending healthy cooking demonstrations: 58
Number of people participating in community outreach program obesity prevention & promoting healthy behaviors: 1,377

Community Grants
Number of people assisted through ArCOP Community Grant awards: 11,096
Monetary total: $50,000 awarded

Health Insurance & Benefits Enrollment
Number enrolled in insurance & Medicare enrollment: 437

30-Day Hospital Readmissions
Within 30-day hospital readmission period, post-discharge, follow-up and assistance was provided to 4,065 patients

Breast Health
Number of breast health screenings & diagnostic tests provided: 634 (243 screenings, 394 diagnostic tests, 25 biopsies)
Number of individuals provided with patient navigation & education related to breast health & cancer screenings: 1,000

Building the Health Workforce of Tomorrow
“The health professional shortage has to be addressed at every level of the educational pipeline in order to see the rural provider shortage begin to decrease in our region” - Mellie Bridewell, ARHP CEO

In 2018, ARHP conducted an independent survey of 17 school districts located across southeast Arkansas. Less than 6% of high school students in the service area met all college readiness benchmarks based on 2017 ACT results.

The number of economically disadvantaged high school students (determined by those eligible for free or reduced school lunch) is also exceedingly high, with an average of 73.3% (National School Lunch Program, 2015-2016). According to the Arkansas Department of Education, nearly one in five high school students in the region dropped out (2015-2016). Between 2012-16, 40% of students did not go on to attend school beyond high school. Less than 50% in the region attended college within the first year of high school graduation.

Distinct Challenges
- High dropout rate
- Low number of students going to college within a year of high school graduation
- Lack of social and academic support to succeed
- Low test scores
- Low college applications and admissions
- High number of economically disadvantaged students

Strategies for Success
- Generate interest in health careers beginning in middle school
- Enhance college readiness through ACT & SAT test preparation
- Provide local health professional experiences
- Offer one-on-one support to students to prepare for and successfully navigate the academic pipeline
- Provide stipends to economically disadvantaged students in order to decrease the financial burden

ARHP plays a vital role in helping us reduce our patient readmission rates.
Andrew Guyant-Taylor, BSN, RN
Coordinator - Transition of Care, Jefferson Regional

ARHP is using innovation to make healthcare more accessible, support rural providers, and address critical health needs in rural communities.
Arkansas Lt. Governor Tim Griffin

There are very few programs in southeast Arkansas to grow interest in and support individuals desiring to pursue a health profession. ARHP wants to change that statistic by developing a pre-professional health academy that will provide support and assistance to students through the educational pipeline and into health career placement within the service area.

Photo by Bradley Lail | Crowdedbox Digital

Sustainable Electronic Health Records & Related Equipment
• In March 2019, ARHP conducted an assessment of 19 primary care clinics within the service area. The survey found that while most clinics had an EHR, several had staff that were not able to pull reports out of the system. This interferes with population health, preventive, and/or chronic disease management efforts.

Lack of Collaborative, Regional Efforts Focused on Behavioral Health
• The number one concern of community members across a third of the state should have a significant response from healthcare providers and cross-sector partners.

In November 2018, the ARHP formed the first Regional Behavioral Health Task Force in southeast Arkansas. The task force brings together leaders to discuss current behavioral health issues, ways to improve service delivery, and sustaining successful efforts. The group meets bimonthly and currently has 25 active members.

UAMS Chancellor Cam Patterson, M.D., MBA

PHOTO COURTESY OF UAMS COMMUNICATIONS

Lack of Inpatient Behavioral Health Facilities
• In a service area of 27 counties, only 3 of the state’s 19 inpatient facilities treating crisis mental health and/or serious mental illness concerns. These facilities are often at capacity and have wait times of over a week or more.

Lack of Medication Assisted Treatment (MAT) Options for Opioid Use Disorder:
• More opioid prescriptions are written than people in the state of Arkansas. Arkansas prescribes the lowest rate of buprenorphine in the average according to data released by the Arkansas Department of Health.

In 2018, community members across southeast Arkansas unanimously identified mental health and substance use as the biggest health concerns to address throughout the region (Community Health Needs Assessment Results, ARHP).

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Photo by KES Photo | Karen E. Segrave

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Lack of adequate efforts to address opioid addiction: five prescriptions per every 1,000 persons, and professionals in how to recognize the signs and symptoms of mental distress and illness and how to refer to hospitalization.

Out of the 19 clinics polled, only 5 were involved in quality initiatives. Five had on-site quality improvement staff with positions such as care coordinator or office manager. Only 3 clinics were able to pull data within the clinic. The majority had to depend on the hospital system.

Most funding for the purchase of equipment related to implementing a new EHR system has now dried up. Funding is needed for primary care clinics to become up-to-date in order to effectively provide quality healthcare services.

Quality Improvement/Assurance
• Current challenges to primary care clinic partners:
- Insufficient and incorrect data
- Lack of documentation in EHR utilization (including clinical measures)
- Lack of qualified health workforce
- Lack of knowledge related to quality improvement processes, standards, and workflows.
- Lack of funding to support and sustain QI efforts (including value-based care and patient-centered medical home models)

UAMS has had a long-standing and deep relationship with the Arkansas Rural Health Partnership. We consider this to be a strategic partnership joined by a passionate, shared commitment to common goals and a focus on how the university can support the region.

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