

# MCRH MONTHLY NEWSLETTER

**December 2025**  
Volume 6, Issue 12

## OUR MISSION

To coordinate, plan, and advocate for improved health for Michigan's rural residents and communities



## Present, Exhibit, or Sponsor at the 29th Annual Michigan Rural Health Conference

The Michigan Center for Rural Health is accepting presentation proposals for the 29th Annual Michigan Rural Health Conference, taking place April 23–24, 2026, at the Soaring Eagle Resort in Mt. Pleasant. Presentation topics broadly reflect the realities of rural health in Michigan and may include workforce development, care delivery and innovation, Rural Health Clinic operations and sustainability, population and community health, behavioral and mental health, health equity, and emerging issues facing rural communities. **The Call for Presentations closes December 31.**

**Exhibitor and sponsor opportunities are now open**, offering organizations the chance to engage with rural health providers, administrators, and community partners from across Michigan. Additional conference details, including proposal submission and participation opportunities, can be found on our website.

Attendee registration will open in early February.

[More Information](#)

**Congratulations to Michigan's 2025 Rural  
Get with The Guidelines® Award  
Recipients**



The Michigan Center for Rural Health proudly congratulates the Michigan hospitals recognized by the American Heart Association for their outstanding achievement in the 2025 *Get With The Guidelines®* Rural Awards. These hospitals have demonstrated exceptional commitment to delivering high-quality, evidence-based care that improves outcomes for patients across rural communities.

#### **Stroke – Rural Gold**

McLaren Northern Michigan  
Memorial Healthcare  
MyMichigan Medical Center – West Branch  
Munson Medical Center  
ProMedica Charles and Virginia Hickman Hospital  
Scheurer Health  
Corewell Health Big Rapids Hospital  
Corewell Health Gerber Hospital  
Corewell Health Ludington Hospital  
Corewell Health Pennock Hospital  
Corewell Health Reed City Hospital  
Trinity Health Shelby Hospital  
UP Health System Marquette

#### **CAD – Rural ACS Bronze**

Mackinac Straits Health System  
Scheurer Health

#### **CAD – Rural STEMI Bronze**

Eaton Rapids Medical Center  
Scheurer Health

#### **CAD – Rural STEMI Silver**

Mackinac Straits Health System  
McKenzie Health System

#### **Stroke – Rural Bronze**

Aspirus Iron River Hospital  
McLaren Lapeer Region  
McLaren Thumb Region  
MyMichigan Medical Center – Alma  
MyMichigan Medical Center – Standish

#### **Stroke – Rural Silver**

Eaton Rapids Medical Center  
McKenzie Health System  
McLaren Central Michigan  
MyMichigan Medical Center – Clare  
MyMichigan Medical Center – Alpena  
MyMichigan Medical Center – Gladwin  
UP Health System Portage  
Corewell Health Greenville Hospital

#### **Heart Failure – Rural Silver**

Corewell Health Big Rapids Hospital  
Corewell Health Gerber Hospital  
Corewell Health Greenville Hospital  
Corewell Health Ludington Hospital  
Corewell Health Pennock Hospital

These awards recognize hospitals that consistently deliver high-quality, research-based care and demonstrate a strong commitment to improving outcomes in rural communities. *Get With The Guidelines®*, developed by the

American Heart Association, helps hospitals put the latest evidence into practice by standardizing care, reducing variation, and supporting continuous quality improvement. Participation provides teams with clear metrics, actionable data, and opportunities for national recognition—ultimately strengthening patient care across Michigan.

## Immunization Updates



### Influenza Activity Rising: MDHHS Urges Immediate Vaccination

Influenza activity is increasing nationally and in Michigan, prompting the Michigan Department of Health and Human Services (MDHHS) to urge immediate vaccination. A new H3N2 variant, subclade K, is driving early and more intense flu activity internationally and may signal similar trends here.

Despite the emergence of this variant, current-season flu vaccines continue to provide meaningful protection, preventing 70–75% of flu-related hospital visits in children and 30–40% in adults, according to early UK data. Michigan's flu vaccination rate remains low at 18%, raising concern for increased illness, emergency department visits, and hospitalizations, especially among unvaccinated and high-risk individuals.

Last season saw more than 33,000 flu-related hospitalizations in Michigan and the highest recorded pediatric flu mortality in the state's history. MDHHS recommends vaccination for everyone 6 months and older, along with preventive measures such as staying home when sick, improving ventilation, and practicing good hand hygiene.

[More Information](#)

### Michigan Adopts Updated Vaccine Recommendations

MDHHS has adopted updated immunization schedules from the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Obstetricians and Gynecologists (ACOG) as Michigan's standards of care.

Clinicians should use the following guidance:

- **AAP schedule** for children and adolescents (birth–18)
- **AAFP schedule** for adults 19+

- ACOG schedule for pregnant individuals
- IDSA guidance for immunocompromised children and adults

These updates were endorsed by the **Michigan Advisory Committee on Immunizations (MACI)** and align with MDHHS recommendations for COVID-19, flu, and RSV for the 2025–26 season. Providers can access schedules and **VFC program resources** through the **MDHHS Immunization Recommendations webpage**.

## Vaccine Safety: Reinforcing the Evidence

MDHHS continues to affirm that extensive scientific research shows **no causal link between vaccines and autism**. More than 40 high-quality studies involving over 5.6 million individuals across multiple countries confirm this conclusion. Leading national organizations, including **AAP** and **AAFP**, continue to reinforce vaccine safety and the importance of maintaining strong vaccination confidence.



**Northern Michigan University Center for Rural Health**



## Strength of Rural Spotlight Series U.P. Future Health Leaders Camp



December Edition

*Do you have a story to share? Know a rural organization or individual making a difference? Email Laura Stoddard, Social Drivers of Health Manager, at [laura.mispelon@affiliate.msu.edu](mailto:laura.mispelon@affiliate.msu.edu), and let us share your story!*

When the **Northern Michigan University Center for Rural Health** (NMUCRH) celebrated its fifth anniversary in 2025, it marked not only half a decade of vital rural health efforts in Michigan's Upper Peninsula, but also the debut of a new initiative: the inaugural U.P. Future Health Leaders Camp (U.P. FHLC). The 2025 camp, held in July, brought together 36 ninth- and tenth-grade students from across the U.P. for a week of immersive health education and career exploration on NMU's campus, and offered a glimpse of how rural communities may begin to close the health workforce gap.

The launch of U.P. FHLC comes at a crucial time. According to projections from the National Center for Health Workforce Analysis, the demand for physicians, physical therapists, dentists and dental hygienists, nurses (RNs & LPNs), mental health counselors, and other healthcare professionals has already, or will soon, outpace supply — especially in nonmetropolitan areas <sup>1</sup>. For example, forecasts show an anticipated shortage of over 200,000 registered nurses and over 300,000 licensed practical nurses by 2037, with this shortage being felt even more acutely in rural regions like the U.P. <sup>1</sup> Workforce shortages can result in reduced access to care, increased wait times for patients, further strain on the healthcare system, and a potential for decreased quality of care <sup>2</sup>. Furthermore, with no medical, dental, or physical therapy graduate programs in the Upper Peninsula, students must leave to pursue further education. Financial constraints and a more limited job market may then keep them in these more metropolitan areas, often despite motivations to return.

The U.P. Future Health Leaders Camp could not have been more successful in its inaugural year thanks to the collaboration and support of so many individuals. We look forward to continuing to expand the program so that more youth can discover new passions for healthcare, develop new connections, and build up our workforce from within. The NMUCRH has already begun planning for next year's U.P. Future Health Leaders Camp. If you are interested in participating, sponsoring, or supporting the 2026 program, please reach out to [Anna Christiansen](#).

[Read the Full Story](#)

## Helping to Drive Revenue Cycle Excellence in Michigan CAHs

The Michigan Center for Rural Health is continuing its Performance Improvement Collective (PIC) work with a focused effort on two critical revenue cycle measures for CAHs: Clinic Accounts Receivable (AR) Days and Clean Claims Rate. These metrics play a central role in financial stability, staff workload, and the overall patient experience.

MCRH is partnering with Jonathan Pantenburg, Principal at Wintergreen, who is serving as the lead consultant supporting this work.

Together, we are helping hospitals break down silos between finance, quality, billing, and clinical operations. Participating CAHs are examining front-end workflows, documentation practices, coding accuracy, and payer-specific challenges that contribute to delays and claim rejections.

Early work has already identified opportunities to standardize processes, improve staff understanding of key metrics, and strengthen communication across departments. This collaborative, data-driven approach continues to enhance CAH performance statewide and supports rural hospitals in building stronger, more efficient revenue cycle operations.

Reach out to [Jeff Nagy](#) with any questions.

## New Resource: RUPRI Center for Rural Health Analysis on Preventative Care for Rural Residents (Traditional Medicare vs. Medicare Advantage)



This policy brief examined rural and urban differences in barrier to care and use of preventive care services among enrollees in traditional Medicare and Medicare Advantage. We used Medicare Current Beneficiary Survey data to examine barriers to care, such as out of pocket costs, and utilization measures, such as flu shots and cholesterol tests, comparing rural and urban Medicare Advantage enrollees, rural and urban traditional Medicare enrollees, and rural traditional and Medicare Advantage enrollees. Several key findings include:

- Rural Medicare Advantage enrollees faced more barriers in accessing health services due to cost, compared to both their urban counterparts and to all traditional Medicare enrollees.
- A higher percentage of rural Medicare Advantage enrollees reported trouble getting care due to cost compared to rural traditional Medicare enrollees.
- A lower proportion of rural enrollees in both traditional Medicare and Medicare Advantage received a flu shot compared to their urban counterparts.
- Female Traditional Medicare enrollees living in rural areas were the least likely to utilize health care services compared to both their urban counterparts and Medicare Advantage enrollees.

[Read the Full Brief](#)

## Data Tools and Resources to Understand Key Social Drivers of Health from Poverty Solutions at the University of Michigan



Poverty Solutions out of the University of Michigan has a variety of tools and resources to help local leaders understand social drivers of health in their communities. Key resources include:

- **Michigan Poverty and Well-Being Map:** This map combines several indicators to provide a snapshot of poverty and well-being across Michigan, including ALICE, Housing Cost Burdened, Without Health Insurance and more.
- **The Transportation Security Index:** The first validated measure of transportation security that offers insights into who experiences transportation insecurity and enables researchers and practitioners to determine both the causes and consequences of transportation insecurity as well as identify which interventions can improve this condition.
- **Child and Youth Homelessness Data Profiles:** Child and youth homelessness data at the county and Congressional levels. The profiles also include data at the national, state, and school district levels.
- **Index of Deep Disadvantage:** To understand disadvantage across the U.S., researchers developed an Index of Deep Disadvantage using the same data for both counties and cities, which allows for direct comparison. This index represents a holistic look at disadvantage, using health indicators (life expectancy, low infant birth weight), poverty metrics (rates of poverty and deep poverty), and social mobility data (Opportunity Insights Mobility Metrics).

To learn more about Poverty Solutions at the University of Michigan, [visit the website](#), [read policy briefs and publications](#), and learn more about their projects.

## RHCs and CAHs Participating in the Medicare Shared Savings Program

# (MSSP): Characteristics of the Providers and Communities

Since the launch of the Medicare Shared Savings Program (MSSP), the Centers for Medicare & Medicaid Services has implemented several changes aimed at broadening the program's appeal and impact. These updates are credited with increasing the number of Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs) choosing to participate in MSSP.

## Key Findings:

- In 2023, approximately one-third of RHCs (35.9 percent) and CAHs (33.4 percent) participated in MSSP.
- Provider-based RHCs had a much higher participation rate (42.7 percent) compared to free-standing RHCs (23.3 percent).
- Participating CAHs and RHCs tend to be larger organizations, with bigger staff sizes, more patient encounters, and stronger finances, including higher revenue and lower expenses.

[More Information](#)

## Michigan's Updated Resource for Aging Drivers



Older Michigan residents want to maintain their independence, and for many that means continuing to drive. By using smart self-management techniques to review their driving skills, older drivers can keep driving longer while limiting risks to themselves and others.

*Michigan's Guide for Aging Drivers and Their Families* was developed to improve older-driver safety by providing aging drivers as well as their families and caregivers with information about the licensing process, resources that help maintain safe driving, suggest alternative transportation options and more. The guide instructs aging drivers on how best to maintain their driver's license for as long as it is safe for them and others on the road.

[Learn More](#)

# Michigan HARA and COC Contact Lists: New Referral Resources for RHCs



The State of Michigan has released updated contact lists for Housing Assessment and Resource Agencies (HARAs) and Continuum of Care (COC). These networks serve as key entry points for individuals seeking housing support and can help Rural Health Clinics connect patients to local services more efficiently.

HARAs act as county-level hubs for assessing housing needs and directing individuals to appropriate assistance. COCs bring together regional partners to coordinate housing and homelessness services, offering an important pathway for stronger community referrals. These new contact lists make it easier for clinics to identify local partners and strengthen connections to essential housing resources.

[HARA Information](#)

[CoC Information](#)

## Expand Your Expertise in Quality and Patient Safety with Free Access to IHI Open School



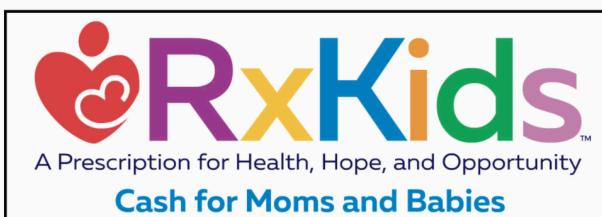
Members of the Michigan Critical Access Hospital Quality Network have a special opportunity to deepen their knowledge of patient safety and quality

Through the Michigan Center for Rural Health free spots are available for members to complete a curated series of online learning modules and earn the Basic Certificate in Quality and Safety. These self-paced, interactive courses build foundational skills that strengthen quality improvement work in rural healthcare settings, making them an excellent fit for both new and experienced team members.

MCRH encourages hospital quality leaders to take advantage of this opportunity to stay current with best practices that drive improved outcomes for patients. This program offers practical, applicable tools for day-to-day improvement efforts while also providing nationally recognized certification. Participants who complete the required modules will earn the IHI Basic Certificate in Quality and Safety, a credential that demonstrates commitment to excellence in patient care.

To learn more or reserve your free spot, contact **Amanda St. Martin, Hospital Programs Manager**, at [amanda.saintmartin@affiliate.msu.edu](mailto:amanda.saintmartin@affiliate.msu.edu).

## Rx Kids Opens Application Process for Michigan Communities



**Rx Kids**, a groundbreaking maternal and infant health initiative, is inviting Michigan communities to apply to become future program sites as part of its next phase of statewide expansion. Led by the Michigan State University Pediatric Public Health Initiative, in collaboration with Poverty Solutions at the University of Michigan and administered by the nonprofit GiveDirectly, Rx Kids provides no-strings-attached cash prescriptions to pregnant individuals and families with newborns in designated high-need communities. Participants receive \$1,500 during pregnancy, followed by \$500 per month during a baby's first 6 or 12 months, depending on the program model selected.

Rx Kids is designed to reduce financial stress during pregnancy and early childhood—periods that are critical for lifelong health and development. Evidence from similar guaranteed-income models shows improvements in maternal and infant health outcomes, increased household stability, and positive ripple effects for local economies.

With strong state investment and growing local partnerships, Rx Kids aims to reach thousands of Michigan babies over the next three years, focusing on communities facing the greatest economic and health challenges. To ensure

maximum impact, fidelity, and scalability, Rx Kids operates as a plug-and-play program. Centralized oversight covers administration, fundraising, marketing and communications, and evaluation—allowing communities to focus on outreach, engagement, and celebration.

Each participating community identifies:

- One Community Champion to serve as the local point person, and
- Unlimited Rx Kids Stakeholders to support outreach, enrollment, and community engagement.

The State of Michigan has committed \$250 million over three years to Rx Kids, enabling significant expansion into additional high-need communities. This investment also reduces the amount of non-state matching funds required for local participation, making the program more accessible than ever. Rx Kids funding is structured as a public-private partnership, blending state dollars with contributions from municipalities, foundations, nonprofits, corporations, and individual donors.

In anticipation of launching dozens of new Rx Kids sites in 2026, the Rx Kids team is excited to share this open application opportunity with Michigan communities.

Please note that applications are still open, as RX Kids and other organizations navigate recent funding cancelations by the Michigan House Appropriations Committee late last week.

### Next Steps for Interested Communities

#### **Request a Funding Summary**

Communities can begin by **completing a short form** to receive a customized Funding Summary, which includes:

- Estimated number of births
- Medicaid birth rate
- Required match funding for either the Prenatal + 6-month or Prenatal + 12-month program model

#### **Submit a Community Application**

Identified Community Champions **must complete the full Community Application** by February 14 .

Not ready to apply? The next open application process is planned for Summer 2026.

#### **How Applications Will Be Evaluated**

Applications will be considered based on three core criteria:

1. Is the community high-need?
2. Are the required matching funds committed?
3. Is there demonstrated community interest and an identified Community Champion?

**A recording of the informational webinar is available for communities seeking additional details.**

# New Rural Health GoingPro Talent Fund Awardees Announced!



The **Going PRO Talent Fund** makes awards to employers to assist in training, developing and retaining current and newly hired employees. Training funded by the Going PRO Talent Fund must be short-term and fill a demonstrated talent need experienced by the employer. Training must lead to a credential for a skill that is transferable and recognized by industry.

The state of Michigan has shared businesses and organizations across the state who have been awarded funds for the FY26 Cycle 1. The Michigan Center for Rural Health would like to congratulate our friends in rural healthcare all across rural Michigan who have been awarded training funds:

- Aspire Rural Health System
- Harbor Beach Community Hospital - Harbor Beach
- Scheurer Health Pigeon
- Bronson South Haven Hospital
- Bronson Commons
- Hillsdale Hospital
- Aspirus Ironwood Hospital
- St Francis Hospital - Escanaba
- UP Health System- Bell - Ishpeming
- UP Health System- Portage - Hancock
- Up Health System- Marquette

Congratulations and happy training to these rural partners! For any questions regarding GoingPro, reach out to our Workforce Initiative Manager, **Kyra Burkeen**.

## MBQIP Upcoming Deadlines, Reporting Reminders, and Resources



## **MBQIP Data Submission Deadlines**

MCRH continues to provide monthly Medicare Beneficiary Quality Improvement Project (MBQIP) updates that will help improve the quality of care provided in Critical Access Hospitals (CAHs).

Resource Updates for Critical Access Hospitals that reflect the new MBQIP Core Measure Set

### **MBQIP Navigator**

- Updated to remove the SD0H-1 and SDOH-2 measures

### **MBQIP Information Guide**

- Updated to remove the SDOH-1 and SDOH-2 measures as well as outdated MBQIP 2025 language

### **Monthly MBQIP Data Submission Deadlines**

- Updated monthly with MBQIP data submission deadlines. The SDOH-1 and SDOH-2 measures have been removed from this resource.

### **Data Submission Guides**

These guides provide detailed instructions for submitting MBQIP measure data. They include measure details, linked trainings and step-by-step data submission instructions for the measure:

- [Hybrid-Hospital Wide Readmissions Data Submission Guide](#)
- [Safe Use of Opioids-Concurrent Prescribing Data Submission Guide](#)
- [CAH Quality Infrastructure Submission Guide](#)
- [MBQIP Navigator](#)

### **UPCOMING DEADLINES:**

#### **December 2025 Upcoming MBQIP Deadlines**

**January 14, 2026**

**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Q3 2025 encounters (7/1/25-9/30/25) is due January 14, 2026. Submission is through the HQR Secure Portal-Vendor. [Quality Assurance Guidelines V.19.0](#)**

**February 2, 2026**

**Emergency Department Transfer Communication (EDTC) Q4 2025 encounters (10/1/25-12/31/25) are due February 2, 2026. Connect with Crystal Barter @ [barthcry@msu.edu](mailto:barthcry@msu.edu) for submission process details.**

### **February 2, 2026**

**Reporting Median time from ED arrival to ED departure (OP-18) Q3 2025 encounters (7/1/2025-9/30/2025) is due February 2, 2025.** Submission is through the HQR Secure Portal-Outpatient. Previous CART users may enter abstractions into the HQR abstraction tool. **Outpatient Quality Reporting Specifications version 18.0a**

### **March 1, 2026**

**Antibiotic Stewardship CY 2025 is due March 1, 2026.** Submission is through the NHSN Secure Portal. **Antibiotic Stewardship Resources**

### **March 2, 2026**

**Safe Use of Opioids- Concurrent Prescribing CY 2025 encounters is due March 2, 2025.** Specifications **CMS eCQM ID CMS506v6**. Submission is through the HQR Secure Portal. This measure is a MBQIP and an eCQM measure.

## **Upcoming MCRH Educational Events**

### **Grand Rounds:**

**Wednesday, January 28 | 12 - 1 pm ET**

**Veterans Series Grand Rounds** – more info to come soon!

Speaker: Adam McGuire, PhD

**Register Here**

CE for social work, nursing, and community health workers. Physicians and other professionals can self-claim 1.0 hours.

**Tuesday, February 3 | 12 - 1 pm ET** – New Behavioral Health 3-part series!

**Behavioral Health Grand Rounds:** Initial Level of Care Assessments in Addiction Treatment

Speaker Gennie Groover, MSW

**Register Here**

CE for social work and addiction professionals (NASW-MI and MCBAP). Other professions can use the certificate to self-claim 1.0 hours.

**Friday, February 27 | 1 - 2 pm ET**

**Oral Health Grand Rounds:** Improving Oral Health Access for Veterans

Speaker: Holli Seabury, EdD

**Register Here**

CE for dental providers: dentists, dental hygienists, dental therapists, and dental assistants. CE for nursing, social work, and community health workers. Other professionals can use the certificate to self-claim hours.

### **Project ECHO:**

## Diabetes ECHO

**January 20 | 12 - 1 pm ET** – Diabetes and Mental Health Distress

Speaker: Kim Pfotenhauer, DO

To register, email Renee Calkins: [reneecalkins@affiliate.msu.edu](mailto:reneecalkins@affiliate.msu.edu)

**CME available!** *Physicians, PAs, and nurses can use CME for license renewal.*

**Infectious Disease** – more info to come soon!

# ADDITIONAL NEWS & RESOURCES:

## RURAL EMERGENCY HOSPITALS:

[Thinking of Converting to REH? Key Observations from Financial Modeling](#)

[Updated Guidance for Rural Emergency Hospitals \(REHs\)](#)

## PALLIATIVE CARE:

[Access to Outpatient Palliative Care: Insights from Michigan](#)

## TELEHEALTH:

[Expanding Dental Care to Children Through Telehealth](#)

[Building Michigan's State Broadband Plan](#)

[New Resource – Fact Sheet from Center for Connected Health Policy on telehealth related changes under the Proposed 2026 Physician Fee Schedule \(PFS\)](#)

[Reminder – Telehealth Resources \(telehealth basics, telehealth coverage, payment parity, state specific resources\) from the Upper Midwest Telehealth Resource Center](#)

## HOSPITAL PROGRAMS:

[Michigan Value Collaboration Rural Health Workgroup July Meeting](#)

[The Centers for Medicare & Medicaid Services \(CMS\) Rural Emergency Hospital Specifications Manual version 3.0](#)

## PRIMARY CARE:

[CMS Enhancing Coverage of Preventive Services Under the Affordable Care Act](#)

[CMS Finalizes New Model to Improve Access to Kidney Transplants](#)

[Patient-Centered Outcomes Research Institute \(PCORI\) Funding: Improving Mental and Behavioral Health – Letters of Intent January 14](#)

[CMS Announces New Lower Drug Prices for 2026 / Negotiated Pricing Fact Sheet](#)

[CMS Innovation in Behavioral Health Model](#)

[New Changes to Behavioral Health Intensive Outpatient Program Coverage in Medicare](#)

[Medicare Advantage Plan Growth in Rural America: Availability of Supplemental Benefits](#)

## SOCIAL DRIVERS OF HEALTH:

[Updated Michigan Overdose Data to Action Dashboard](#)

[HHS Launches New "Food as Medicine" Resources](#)

[The U.S. Playbook to Address Social Determinants of Health](#)

[MiTracking Program: Michigan-specific environmental, health & population data](#)

[Geographic and Demographic Correlates of Living in Manufactured Homes: Implications for Health](#)

## SUBSTANCE USE DISORDER:

Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)

Opioid Settlement Overview Table

Recovery-Ready Workplace Toolkit for Businesses

Rural Communities Opioid Response Program – Pathways

## **WORKFORCE:**

Behavioral Health Workforce Education and Training Program for Paraprofessionals

Statewide Investment Helps Youth Explore Future Careers In Michigan

Mental Health in the Rural Workplace

Navigating Workplace Violence: Safety Strategies for Managing Agitation and Aggression

## **VETERANS:**

Early Alert is a free wellness service offering connection and resources for anyone who as ever served in the military!

Sign up for Veterans Health Updates

Sign up for the VA Office of Rural Health (ORH) quarterly newsletter

Federal EHR helps catch lung cancer earlier for Veterans - VA News

Beware: Scammers are impersonating the Department of Veterans Affairs!

Please help us identify needs for Veterans and their providers by completing this survey, preferably by Jan 10, 2026

## **ADDITIONAL RESOURCES:**

Obstetric Care Access at Rural Hospitals in the United States

Local Data for Equitable Communities Grant Program

Rural Residency Planning and Development (RRPD) program

New Map Shows Rural Emergency Hospitals

ICYMI: CMS repeals Minimum Staffing Standards for Long-Term Care (LTC) Facilities and Medicaid Institutional Payment Transparency Reporting Final Rule that was finalized in April 2024

2026 Autism Spectrum Disorder (ASD) Training Series

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2025 ORGANIZATIONAL SPONSORS**



C P A S / A D V I S O R S



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