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Rural & Frontier Health Division Update

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Welcome to the eleventh issue of the "Rural and Frontier Health Division Update!" This newsletter is provided as an informational source on activities involving the programs and services within the division. Comments and/or suggestions are welcomed and may be addressed to WDH-RFHD@health.wyo.gov.

Office of Rural Health



Angel Flight:

Angel Flight West is a nonprofit, volunteer-driven organization that arranges FREE, non-emergency air travel for children and adults with serious medical conditions and other compelling needs. They provide, at no cost, air transportation to families in need, enabling them to receive vital treatment that might otherwise be inaccessible because of financial, medical, or geographic limitations. Their Wyoming wing would appreciate any help in letting people in rural Wyoming become aware of this community service. For more information, please visit the website at www.angelflightwest.org or contact Rob Breitbarth, Wyoming Wing Outreach Coordinator, 303-718-7556, and via email at rob.breitbarth@comcast.net.

Uncompensated Care:

How does a rural hospital administrator tackle the problem of uncompensated care when it's 15% of his expenses or \$15 million in free care? What do you do in a rural county (population 52,000) where the unemployment rate is 7.9% and 14% are on food stamps? How do you work with a struggling free clinic and a small community health center located 15 minutes down the road? How do you arrange for specialty care when there are few specialists in the county, and most are located in the large city 40 minutes away?

Bill Jacobsen, CEO of Carilion Franklin Memorial Hospital in Rocky Mount, VA, pondered all these questions and organized a conference to explore how to create a comprehensive, coordinated health care system for Franklin County. One model that has been used successfully in other localities is the Project Access model, which links specialty care providers with uninsured, indigent patients and anchors them in a medical home for primary care and coordination. Pioneered in Asheville, N.C., it has been successfully adapted throughout the country, including in Columbia, SC. and Roanoke, VA. Forty health care professionals and interested persons gathered on January 8, 2010 at the Carilion Franklin Memorial Hospital to learn from the successful models in South Carolina and in Roanoke, VA, and to discuss how to incorporate components of these "best practices" into a system of care in Franklin County. Representatives from Richland Care in Columbia, SC; Access Health SC; and Roanoke's Project Access explained how their systems got started and how they currently function.

- Richland Care in the Columbia, S.C. area, is sponsored by the local hospital and coordinates care through 13 medical home sites and 18 contracted specialists. They offer a 24 hour nurse phone line, and a self-help reference guide. This program is now funded 75% by the hospital.
- Access Health SC is administered by the South Carolina Hospital Association and provides technical assistance and funding coordination to help communities form their own Project Access programs. Collaboration is the key to making these endeavors successful in each community.
- The Roanoke Academy of Medicine got interested in the Project Access model in 2003 through the efforts of one of its physicians, Dr. Robert Keeley. He approached specialists one by one, while the office managers were approached by Executive Director Kate Ellman. Soon Project Access was organized and the list of participating providers swelled to over 300. Three primary care clinics were enlisted as medical homes, as well as several private primary care physicians. In 2009, 126 patients were helped representing \$2.3 million in care. This amounts to an impressive \$15.86 in donated care for every \$1 cost of administering the program. The network of physicians numbers 502 now, with 59 dentists also participating. Project Access has been replicated in seven sites around Virginia, from the Peninsula area to Northern Virginia, Central Virginia and Southside Virginia.

After listening to the presentations about these models, participants of the conference met in small groups to define barriers and propose solutions that will result in an integrated health system of primary care, specialty care and hospital care as appropriate. A needs assessment is already in the making. With all the ideas generated, and a lot of good will, something is bound to happen. When a community meets and addresses its problems in a collaborative manner, there is no limit to what they can do. Bill Jacobsen has already found some solutions!

Article by: Sarah Jane Stewart, Program Officer & RxRelief Virginia Coordinator, Virginia Health Care Foundation, 707 E Main St., Ste. 1350, Richmond, VA 23219, 804-828-5804, sarahjane@vhcf.org.

New Data from USDA Economic Research Service:

New or updated information is available from USDA by visiting this web site: http://www.ers.usda.gov/WhatsNew/. The ERS State Fact Sheets contain frequently requested data for each State and for the total United States. These include current data on population, per-capita income, earnings per job, poverty rates, employment, unemployment, farm characteristics, farm financial characteristics, top agricultural commodities, top export commodities, and the top counties in agricultural sales. Fact Sheets are viewable at: http://www.ers.usda.gov/StateFacts/

The Magnet Recognition Program®:

Sharla Allen and Michelle Hoffman attended a Magnet Steering Committee and Chief Magnet Officers meeting at Wyoming Medical Center on February 4, 2010. Wyoming Medical Center, along with Cheyenne Regional Medical Center, is in their second year of a five year process to obtain Magnet designation. The grant has allowed the hospital to initiate several programs and initiatives. Key accomplishments in 2009 include:

- Purchase of Netlearning for Educational Tracking
- Initiation of BSN partnership with the University of Wyoming
- New CNO
- Charting By Exception
- Full-Court Press on Nurse Sensitive Indicators
- Shared-Governance Knowledge and Improvements
- Professional Development: hosted a Summit

Each hospital unit and/or department designed a banner pledging their commitment to the Magnet journey. These are hung in the lobby of the main entrance and are a powerful indicator of just how much Wyoming Medical Center values the Magnet journey and benefits associated with Magnet designation.

The Wyoming Legislature passed legislation in 2006 to provide funds to assist hospitals in achieving Magnet hospital designation. Recognizing quality patient care, nursing excellence, and innovations in professional nursing practice, the Magnet Recognition Program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive. The Magnet Recognition Program® was developed by the American Nurses Credentialing Center.



Health Workforce Information Center:

February marks the one year anniversary of the launch of the Health Workforce Information Center, a free online library of health workforce resources funded by the Health Resources and Services Administration (HRSA). If you haven't already made use of the website or reference services to find statistics, funding, program ideas, or other information, check out the website now at http://www.healthworkforceinfo.org/. If you already use HWIC and have found it to be a great resource, please let others know about them and link to their website.

Multicultural Health (WOMH)

Staff Change:

Betty Sones, Manager of Multicultural Health will be moving to new job responsibilities in the Aging Division in March. In her 10 years of working multicultural health issues in the Wyoming Department of Health, Betty has done a marvelous job in providing services and support to the minority and underserved populations around the state. Her dedication, creativity, and endless energy will be missed within the Rural and Frontier Health Division, but we wish her continued success in her new role. We are actively recruiting to fill this position as soon as possible. Interested applicants may apply for consideration by visiting this web site: http://statejobs.state.wy.us/

Free Workshops:

The Laramie County Suicide Prevention Coalition will be offering a series of free Mental Health workshops, "From Just Surviving to Thriving". These workshops offer insight on how to develop coping skills, build a support network and tackle the emotional impacts and stress. The goal of these workshops is to provide support and teach people how to live a happier and healthier life. These hour-long monthly sessions kick off February 11 with the first workshop on "Emotional Intelligence" and wrap up July 8 with "Getting Grounded and Surrounded". For more information go to: http://wdh.state.wy.us/rfhd/multicultural/index.html

Community Services Programs (CSP)

Kudos to the Community Services Program!:

(Letter from Sheridan Tripartite Board to Mr. Jim Rolf, Manager, Community Services Program, WDH)

Jim,

Just a brief note to share some really good news with you.

I attended a graduation ceremony recognizing our first graduates of the Getting Ahead program last week. It was well beyond anyone's expectations.

Three members of an original class of nine graduated from the 16 week course. We all shared in joy, tears, and a tremendous sense of accomplishment on the behalf of the graduates. One has applied for a job, a second has been offered a job as a floor manager in a Buffalo business, and the third is working on opening her own business.

All three were tearfully overjoyed and thankful for the experience and the opportunity it afforded them. In attendance were representatives of local substance programs who spoke very highly of the program, in fact they claimed this was the missing piece to a successful drug rehabilitation program. Johnson County is asking about starting the program for clients over there.

Back to the three graduates, I sensed that all are joyful over having met their goals to graduate but are fearful of losing the safety net developed by Shannon and her assistants over the past 16 months.

I gather that the news about this success will travel around the state to other drug rehabilitation agencies as well.

So often you deal with paper tasks and problems in administering the CSBG monies and don't reap the benefits of the good emanating from your efforts. I must say thank you so very much for your support in helping us explore this endeavor through the Bridges Out of Poverty workshop of last summer. Our session with the presenter was what we needed to affirm that this was an attainable goal.

Have a good day.

Les Engelter, Sheridan Tripartite Board

WY CARES/WY SHARES:

This highly successful organ donation program now ranks 4th in the nation with 58% for Designation Rate, which is the rate at which individuals join the state donor registry as a percentage of all drivers licenses and ID cards issued within a specific period of time. Wyoming ranks 7th in the nation with 66.5% of Actionable Donor Designation (ADD) Share, which is the total number of designated donors as a percentage of all licensed drivers. Other facts:

- There are 128 Wyoming residents waiting for a lifesaving transplant
- Nationally, 105,397 people are waiting for lifesaving organ transplants an average of 245 people being added to the waiting list each month
- Recoverable organs include: heart, lung, liver, kidney, pancreas and small bowel
- Tissues that are recoverable include: bone, tendons and corneas as well as veins, valves and skin
- One donor can save up to eight lives through organ donation and save and heal more than 100 lives through tissue donation
- You are not too old or unhealthy to save lives. Register your decision today by visiting www.DonateLifeWyoming.org. (Note: New state ranking information for 2009 will be available in spring of 2010.)

Telehealth/Telemedicine

What is telehealth/telemedicine?

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.

Source: ATA, http://www.americantelemed.org/i4a/pages/index.cfm?pageid=3333

What are the benefits of telehealth/telemedicine?

- Improved access to care in remote areas
- Improved access to specialists
- Keeping \$'s in local communities
- Savings in time, travel, related costs
- · Improved home healthcare and remote monitoring
- Improved collaboration among providers
- Improved accuracy of diagnoses/reduction of errors
- Improved provider efficiency
- Better access to medical education/training

How is telehealth/telemedicine delivered - both nationally and in Wyoming?

- Networked programs link large hospitals and clinics with outlying hospitals and clinics
- Point-to-point connections to deliver services directly or outsource specialty services to independent medical service providers.
- Monitoring center links for used for cardiac, pulmonary or fetal monitoring, home care and related services
- Web-based e-health patient service sites provide direct consumer outreach and services over the Internet.

Current telehealth efforts in Wyoming

- The Wyoming Medical Center (WMC) tele-stroke program
- The Wyoming Department of Corrections Telemedicine program
- The Wyoming Department of Health (WDH) provides funding for network operations.
- Telehealth Consortium
 - Legislatively formed in 2009

Purpose - The Consortium will enable leaders of state agencies, private health organizations and professional and community organizations to facilitate the operations of a statewide interoperable telemedicine/telehealth network.

NEWS FROM THE RURAL ASSISTANCE CENTER (RAC):

How Many Rural Homeless are There?

The rural homeless are often called "the hidden homeless" because of the difficulty in finding and counting them.

A Matter of Perspective

While the economic downturn may have been a little less noticeable in rural America, the capacity to fully participate in the recovery there is uncertain.

How Much Help Can We Stand?

Rural community health care is being torn to bits by several unrelated program developments, including expansions of hospital networks and community health centers.

MiVIA Program Lets Migrant Workers Access Electronic Health Records From Any Computer

MiVIA is allowing migrant workers and others to carry and access their personal health records no matter where they are.

CMS Proposed Rule Excludes Most Provider-Based Clinics

Feb 8, 2010 -- Rural Health Voices article by Louis Wenzlow, originally published in early January, has been revised to clearly indicate that Rural Health Clinics are eligible for Medicaid incentives, whether or not they are provider-based.

Medicare Pays Almost Half of Rural Hospital Stays

Feb 5, 2010 -- Newswise article reports that Medicare patients accounted for almost half of all stays (45 percent) at rural hospitals in 2007, while the percentage of Medicare beneficiaries who were admitted to urban hospitals was considerably lower (35 percent), according to the latest News and Numbers from the Agency for Healthcare Research and Quality.

CMS Releases Revised Medicare Physician Fee Schedule Fact Sheet

Jan 28, 2010 -- The Medicare & Medicaid Services recently released a revised Medicare Physician Fee Schedule Fact Sheet (January 2010), which provides general information about the Medicare Physician Fee Schedule (MPFS) including payment rates and MPFS payment rates formula.

Critical Access Hospitals Could Benefit from Drug Discounts

Jan 28, 2010 -- HealthLeaders Media article discusses how Critical Access Hospitals could benefit from drug discounts through the 340B program.

3RNet Rural Recruitment and Retention Location Finder

Provides a listing of available positions serving rural and underserved areas within each state. Includes a contact person who can assist health professionals and their families identify the resources necessary to meet the personal and professional requirements they seek. Organization: National Rural Recruitment & Retention Network

America's Service Locator

Tool to find workforce services in your neighborhood or across the country. Organization: U.S. Department of Labor

FUNDING OPPORTUNITIES:

340B Drug Pricing Program

Application deadline: Applications accepted on an ongoing basis.

Allows certain facilities to purchase prescription and non-prescription medications at reduced cost.

3RNet Recruitment and Retention Assistance

Application deadline: Applications accepted on an ongoing basis. Helps health professionals find jobs in rural and underserved areas.

Native Telehealth Outreach and Technical Assistance Program (NTOTAP)

Application deadline: Feb 26, 2010

Funding for native health organizations to develop prevention and intervention multimedia projects that focus on high-priority local health concerns.

Nursing Education Loan Repayment Program (NELRP)

Application deadline: Mar 4, 2010

Registered nurses are offered the opportunity to enter into a contractual agreement to receive loan repayment for up to 85 percent of their qualifying loan balance.

Ryan White Part C: Capacity Development

Application deadline: Mar 5, 2010

Funding to strengthen organizational infrastructure and enhance capacity to develop, enhance or expand high quality HIV primary health care services in (1) rural or (2) urban underserved areas and (3) communities of color.

Broadband Initiatives Program (Round 2)

Application deadline: Mar 15, 2010

Funding to extend loans, grants, and loan/grant combinations to facilitate broadband deployment in rural areas.

Small Health Care Provider Quality Improvement Grant Program (SHCPQI)

Application deadline: Mar 15, 2010

Grant program designed to assist rural providers with the implementation of quality improvement strategies, while improving patient care and chronic disease outcomes.

Medicare Rural Hospital Flexibility Program

Application deadline: Apr 1, 2010

Grants to improve and sustain access to appropriate healthcare services of high quality in rural America by supporting conversion of small rural hospitals to critical access status, helping develop rural health care networks, and strengthening rural EMS.

National Health Service Corps Loan Repayment Program

Application deadline: Jul 29, 2010

Loan repayment funding to ensure an adequate supply of health professionals to provide primary health services in selected health professional shortage areas.

Upcoming Events:

- The Colorado Rural Health Center: Essential Perspectives for Safety Net Providers, April 19-21, 2010, Aurora, CO
- Annual Rural Health Conference, May 18-21, 2010, Savannah, GA
- Quality and Clinical Conference, July 21-23, 2010, Portland, ME
- Rural Health Clinic Conference, September 28-29, 2010, Kansas City, MO
- Critical Access Hospital Conference, September 29-October 1, 2010, Kansas City, MO
- Rural Multiracial and Multicultural Health
 Conference, December 1-3, 2010, Tucson, AZ

We're on the Web!

See us at:

www.health.wyo.gov/rfhd