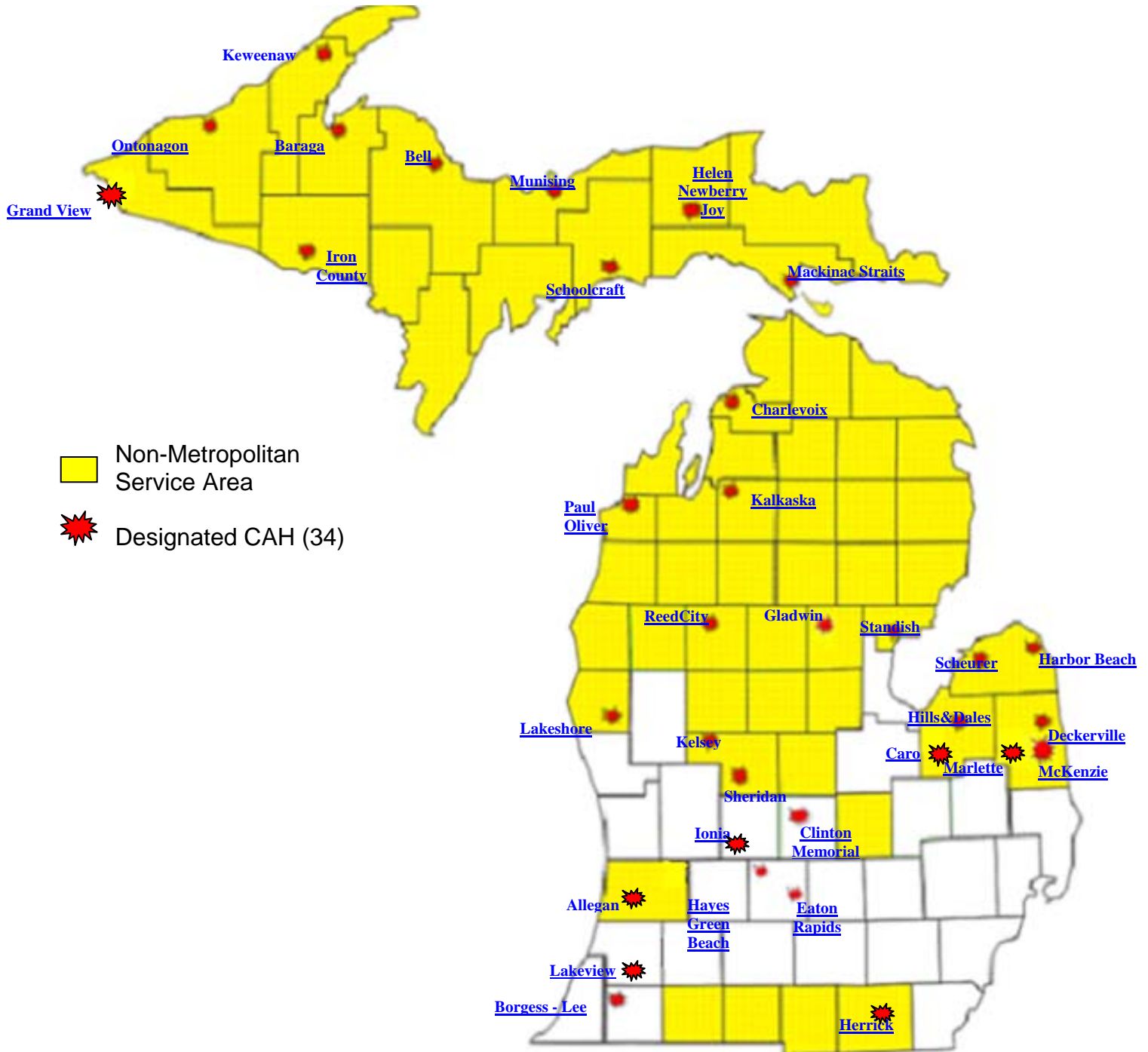


CAH Chronicle



Michigan Department of Community Health ♦ Michigan Center for Rural Health ♦ Michigan Health & Hospital Association

MICHIGAN CRITICAL ACCESS HOSPITALS



Kalkaska Hospital's New Addition

The \$22 million project – Kalkaska's largest in 2008 – is a high quality structure presenting opportunities for patient's to see specialty physicians without leaving town.

The new structure at Kalkaska Memorial Health Center offers patients a convenient registration process and an expanded Radiology Department with comfortable, private changing rooms for men and women as well as a new digital mammography suite. The facility provides a 12-exam-room Rural Health Clinic which is used for special programs including hosting specialists from Traverse City for half-day and full-day clinics. Also, two new surgical suites will be available for colonoscopies and cataract surgeries, and a new Cardiac Rehab area features an indoor walking track.



Kalkaska Memorial Health Center

Kalkaska Memorial Dialysis Center

Kalkaska Memorial Health Center opened a 5,500-square-foot facility next to the hospital on December 12, 2008. Initially the center will be open on Mondays, Wednesdays and Fridays for two shifts of up to 12 patients each.

An initial survey showed 18 patients from the Kalkaska area would likely use the facility for its convenience, but that number now has jumped closer to 30.

The new facility represents the hospital's commitment to meeting patient care needs close to home.



Kalkaska Memorial Dialysis Center

Michigan State Loan Repayment Program (SLRP) Opportunity Update

Health Care Employers and Providers

The Michigan State Loan Repayment Program (MSLRP) provides loan repayment assistance to medical, dental and mental health care providers who enter into MSLRP service obligations. These service obligations require participants to provide full-time, primary health care services at an eligible, non-profit practice site, located in a Health Professional Shortage Area (HPSA) for a period of two to four years.

The FY 2009 First-Come, First-Served Application Period Remains Open.

Sign-On Bonus and Provider Retention Loan Repayment Contracts awarded during this application period allow employers to combine their contributions equally with available federal program funds to double resources intended for the recruitment and retention of needed primary care providers. Participants receive these loan repayment benefits tax-free. During this application period, contracts are awarded to eligible providers on a first-come, first-served basis, regardless of priority status. Contracts may start as soon as the month following application and employment.

The FY 2010 Annual Application Period is Expanded to 4½ Months: January 15 - May 31, 2009. During this application period providers and their employers may apply for the new 20% Employer Contribution Competitive Contracts, or for Local Match Contracts, which require a 50% employer contribution. Both types of contracts awarded during this application period will begin October 1, 2009. Applications must be postmarked no earlier than January 15, 2009, and no later than May 31, 2009.

“Length of Contract Requested” is Included as a Selection Criterion for the January 15 – May 2009 Application Period. We will continue ranking applicants into “double”, “single” and “non-priority” categories, based on each applicant's provider and practice site priority status. Starting with this application period, we will also rank applicants in each of those priority categories by “length of contract requested”. Applicants requesting 4-year contracts will be ranked

above those requesting 3-year contracts, and those requesting 3-year contracts will be ranked above applicants requesting 2-year contracts. Applicants should also become familiar with new selection criteria and rules that apply to re-contracting with MSLRP before submitting application packages for their initial contracts. Please see the attachment to this e-mail for more information.

Mental Health Care Provider Policy is Expanded for the January 15 – May 2009 Application Period. As part of our on-going initiative to increase the number of mental health care participants, we have further expanded policy. We will award **20% Employer Contribution Competitive Contracts** to an unlimited number of psychiatrists and to up to five other mental health care providers. Employers of the highest ranked mental health care applicants beyond that limit will be offered Local Match Contracts for their providers.

MSLRP Application Forms are Revised and will be Available Mid-January.

Whether applying during the FY 2009 First-Come, First-Served Application Period, or the FY 2010 January 15 – May 2009 Annual Application Period, **applicants must use the new application forms.** The new forms, having a 1/9 revision date, will be available in mid-January. To access the new forms, wait until mid-January and click on the “MSLRP Application Forms” navigation title found on the first page of the MSLRP Website, at www.michigan.gov/mslrp

If you have any questions please contact: Ken Miller Michigan Department Community Health MillerK3@michigan.gov 517 241-9946 or Steve Shotwell Michigan Center for Rural Health steve.shotwell@hc.msu.edu 517-355-7758

Organizational Davies Award of Excellence

Since 1994, the HIMSS Nicholas E. Davies Award of Excellence has recognized excellence in the implementation and value from health information technology, specifically EHRs. There are currently four award categories: [Public Health](#), [Organizational](#), [Ambulatory](#), and [Community Health Organizations](#).

Awards to recognize exemplary implementations of electronic health records (EHRs). The rationale was to foster wider adoption in the industry by highlighting and sharing lessons learned from organizations that have successfully used computer-based records to improve healthcare delivery. Any hospital or health system, including academic medical centers, community hospitals, rural health hospitals and critical access hospitals, can apply as long as the institution provides acute care within inpatient beds.

A component of a hospital, such as an ambulatory clinic owned by a hospital, cannot apply on its own, as the entire hospital needs to apply. If a health system contains multiple hospitals, the health system must choose to either apply for its entire system or for designated hospitals within its system.

Behavioral health organizations qualify to apply if they have an integrated system that manages information across diverse levels of care within the organization, such as acute care, 24-hour programs, partial hospitalization and outpatient clinic.

Applying for the Organizational Davies Award is a two-step process. First, applicants are asked to complete a short threshold application. Those that appear to be in an appropriate stage of implementation are then encouraged to prepare an essay, based on these guidelines, which constitutes the full application. These guidelines also lay out the organization for the application essay.

See Program web site for http://www.himss.org/davies/docs/2009_Applications/Davies09_Org_application.pdf Core Essential Application Requirements. The application is available on the Program web site. Application Deadline is March 21, 2009. Any questions can be answered by calling David Collins at 804-550-1619

The Davies Awards are sponsored by: [Healthcare Information and Management Systems Society](#).

Michigan Department of Community Health – Office of Public Health Preparedness Website for Those Needing Affordable Healthcare

On December 10, the Michigan Department of Community Health (MDCH) announced a new webpage (http://www.michigan.gov/mdch/0,1607,7-132-2943_52115---.00.html) offering information to Michigan residents on how and where to find low-cost or free health care. The site links to pages with information on a variety of programs including community health centers, free clinics, community mental health service programs, community dental care programs, assistance with prescriptions, breast and cervical cancer screening and treatment programs, local public health departments, family planning, information on Medicaid enrollment, and a number of other resources. In many cases, the site links to directories or lists by Michigan County to help people locate nearby help with health care. Local health departments are encouraged to put this link on their own homepages to assist citizens in their jurisdiction.

FDA Reports Significant Progress in Protecting the Food Supply

On December 1, the U.S. Food and Drug Administration (FDA) released a report on its implementation of the Food Protection Plan (<http://www.fda.gov/oc/initiatives/advance/food/plan.html>), launched a year ago to protect both domestic and imported food from accidental and intentional contamination. Specific areas of progress include: formation of an internal Risk-Based Steering Committee, increase foreign capacity building, advances in risk-based inspections and sampling and others. The full one-year summary report is available online. (<http://www.fda.gov/oc/initiatives/advance/food/progressreport1108.html>)

Children in Humanitarian Emergencies

These guidelines (http://whqlibdoc.who.int/publications/2008/9789241596879_eng.pdf) are to assist in the care of children in emergencies. They are designed to serve as a reference manual for the evaluation and management of children in emergencies, and as the basis for the training of healthcare workers. The target audience is first level health workers who provide care to children under the age of 5 years.

Healthy Lifestyles Matching Grant Program

Blue Cross/Blue Shield Social Mission has awarded The Michigan Center for Rural Health (MCRH) a \$60,000 *Healthy Lifestyle Matching Grant Program*. The Grant Program is based on the recently completed Michigan Strategic Opportunities for Rural Health Improvement document. The MI-SORHI is Michigan's State Rural Health Plan...a roadmap to improve health in rural Michigan.

The Healthy Lifestyles Matching Grant Program is intended to provide financial assistance to rural communities as they address any of the 3 goals and 12 objectives stated in the MI-SORHI Healthy Lifestyles section. Partnerships must be formed for grant funding. Partners may include local public health, hospitals, schools, businesses, United Way agencies, etc.

There are two distinct "Goals and Expected Outcomes" with this project: **Goal one** is improving the health of rural residents through the grant program. The intended outcome is behavior change that will lead to a reduction in the number of overweight and obese adults and children and an increase in the number of adults and children who eat properly and exercise. These intended outcomes can be measured through the annual Behavioral Risk Factor Survey conducted by the Michigan Department of Community Health. **Goal two** is completing the objectives listed in the MI-SORHI Healthy Lifestyles section by 2012.

The twelve communities receiving the Blue Cross/Blue Shield Social Mission award are: Ironwood, Keweenaw, L'Anse, Munising, Sheridan, Cass City, Marlette, Deckerville, Harbor Beach, Dowagiac, Carson City, and Allegan.

Two additional communities, Iron County and Ishpeming will receive *Healthy Lifestyles Matching Grants* Funded through the Michigan Rural Hospital Flexibility (FLEX) program.

The Michigan Strategic Opportunities for Rural Health Improvement Plan is on the Michigan Center for Rural Health Web site: <http://www.mcrh.msu.edu/> and click on MiSORHI.



Help Change CMS Policy: **Complete an important survey on credentialing for telehealth**

Credentialing and privileging of physicians using telemedicine to deliver healthcare services has long been a key issue for telehealth providers.

The Joint Commission (JC) allows one JC accredited facility to recognize the credentialing process of another JC accredited facility. Their standards maintain the integrity of the credentialing process for telemedicine while recognizing that the efficiency and knowledge of the credentialing process rests with the originating site (patient site). The Centers for Medicare and Medicaid (CMS) does not sanction the Joint Commission's (JC) approach. CMS has emphasized that their Conditions of Participation must be followed to credential physicians at distant telehealth sites.

Many in the telehealth field have expressed concern that this CMS decision effectively undercuts the use of telemedicine by requiring credentialing at the distant site of each doctor using telemedicine. The Center for Telehealth and e-Health Law has compiled a questionnaire to gauge the impact on telehealth community of this policy of requiring that CMS's Conditions of Participation be followed, rather than the JC's telehealth guidelines.

If your organization receives or provides telehealth services that require the credentialing of physicians, please consider providing input into this important issue. The survey can be accessed at:
<http://www.telehealthlawcenter.org/?c=125&a=1937>

Grant Season for Telehealth: **Two significant grant programs announced.**

Distance Learning and Telemedicine Program, Rural Utilities Services, USDA: Since 1993 this program has supported the deployment of telehealth. Many health care organizations in Michigan have benefited from the funding over the years. While this program is often viewed as a telehealth equipment program, it can also be used to support other information technology initiatives such as electronic medical records, telepharmacy, bar coding for medication management, and image archiving.

Download application guidelines and took kit: <http://www.usda.gov/rus/telecom/dlt/dlt.htm>

Proposal deadline: March 24, 2009

Informational Webinar: January 28, 2009 register on the website listed above

Award range: \$50,000 to \$500,000

Minimum match: 15% of eligible costs

In addition to the grant program, the RUS offers combination loan/grant programs and 100% loan programs. Applications are accepted year-around, are non-competitive, and do not require matching funds.

Rural Telehealth Network Grant Program, Office for the Advancement of Telehealth, OHIT:

This competitive grant program is offered only once every three years, and is a good program if your organization has a successful track record in implementing telehealth. Only one of these grants has been awarded in Michigan previously. Awards are available for telehealth networks and for telehomecare networks. You must provide clinical services for which performance measures can be developed.

Download application guidelines and took kit: <http://www.hrsa.gov/grants/default.htm>

Proposal deadline: March 6, 2009

Project start date: September 1, 2009

Award amount: \$245,000 maximum per year for up to three years

Available funds: \$3,430,000 is expected to be available annually to fund 14 grantees

Match: Not required, but demonstration of cost participation is encouraged

More information and assistance on credentialing and grant proposal preparation can be obtained by contacting the Midwest Alliance for Telehealth & Technology Resources at 866-603-4733 or ryoung@mgh.org.

Michigan Volunteer Conference

February 28, 2009

8:00-3:15 PM

Kellogg Conference Center in East Lansing, Michigan

Audience: Emergency Response Health Volunteers

Registration is open at:

<http://mi.train.org>

Search for the course ID number: 1014902

For more information please see the registration website and/or call the Michigan Department of Community Health,
Office of Public Health Preparedness: (517) 335-8150



Motivational Interviewing for diabetes self-management

Facilitated by:



FREE Webinar with 1.0 credits for nurses and dietitians

February 19, 2009, 11-12 noon (EST)

To register on-line and for instructions on how to attend, visit:

www.midwesthealthed.org

Faculty: Paula Ackerman, MS, RD, CDE

Diabetes Educator

Upper Peninsula Diabetes Outreach Network

Marquette, Michigan

Educational Objectives:

1. Define motivational interviewing
2. State 3 goals of motivational interviewing
3. Describe two techniques of motivational interviewing

Accreditation Statement: This continuing nursing education activity was approved by the Michigan Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. The Commission on Dietetic Registration, the credentialing agency for the American Dietetic Association, has approved 1.0 continuing professional education (CPE) hours for each session. **For further information, contact:** 1-866-603-4733 or email: info@midwesthealthed.org

E-LEARNING

Facilitated by:



FREE Webinar with 4.0 continuing nursing education contact hours
Target audience: Staff Development Coordinators
& In-service Coordinators
February 24 & 26, 2009, 10-12 noon (EST);
9:00 – 11:00 (CST)

Participants will need to attend both sessions to be eligible for continuing nursing education credit.

DEADLINE for registration is February 22, 2009

To register on-line and for instructions on how to attend, visit:

www.midwesthealthed.org

Presented by:



AREA HEALTH EDUCATION CENTER

Faculty: Helen R. Connors, RN, PhD, FAAN

Associate Dean, integrated technologies at the
University of Kansas School of Nursing and
Executive Director of the KU Center for Healthcare Informatics
Kansas City, Kansas

Educational Objectives:

Upon completion of this two session workshop participants will be able to:

1. Define e-Learning
2. Develop a glossary of terms associated with e-Learning
3. Apply learning theories that best fit e-Learning
4. Discuss e-Learning and e-Merging educational technologies
5. Use mind mapping techniques to strategically plan e-Learning projects
6. Develop a beginning implementation and evaluation plan for e-Learning projects.

Content Outline

- What is e-Learning and how did we get here?
- What learning theories best fit e-Learning?
- What are the driving forces of e-Learning?
- E-learning and e-merging technologies.
- Examples of e-Learning for improved patient care quality.
- Describe the fundamental building blocks for a successful e-Learning program.
- Use mind mapping to enhance your creativity for e-learning projects for your institution.
- Begin to develop an implementation and evaluation plan for e-learning at your institution.

Accreditation Statement: Nurses: 4.0 contact hours will be awarded to all individuals based on documentation of actual attendance time and meeting attendance requirements specific to the activity.

University of Kansas School of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information log onto: www.midwesthealthed.org

Save This Date:

12th Annual Rural Health Conference
April 23-24, 2009
Soaring Eagle Resort, Mt. Pleasant, MI

GRAND ROUNDS:

PHARMACY

ARTHRITIS

GERIATRIC

NURSING

PSYCHIATRY

SOCIAL WORK

EMS TELECONFERENCES

A full description of all Grand Rounds presentations are at: <http://www.mcrh.msu.edu> and click on Grand Rounds. For more information on any of the Grand Round Education Sessions contact Phyllis Ball, Education Coordinator at: ballp@msu.edu or 517-355-8250.

For additional information or questions about materials contained in this newsletter, please contact:

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INTERESTING QUOTE:

The vitality of thought is in adventure. Ideas won't keep. Something must be done about them.

- Alfred North Whitehead