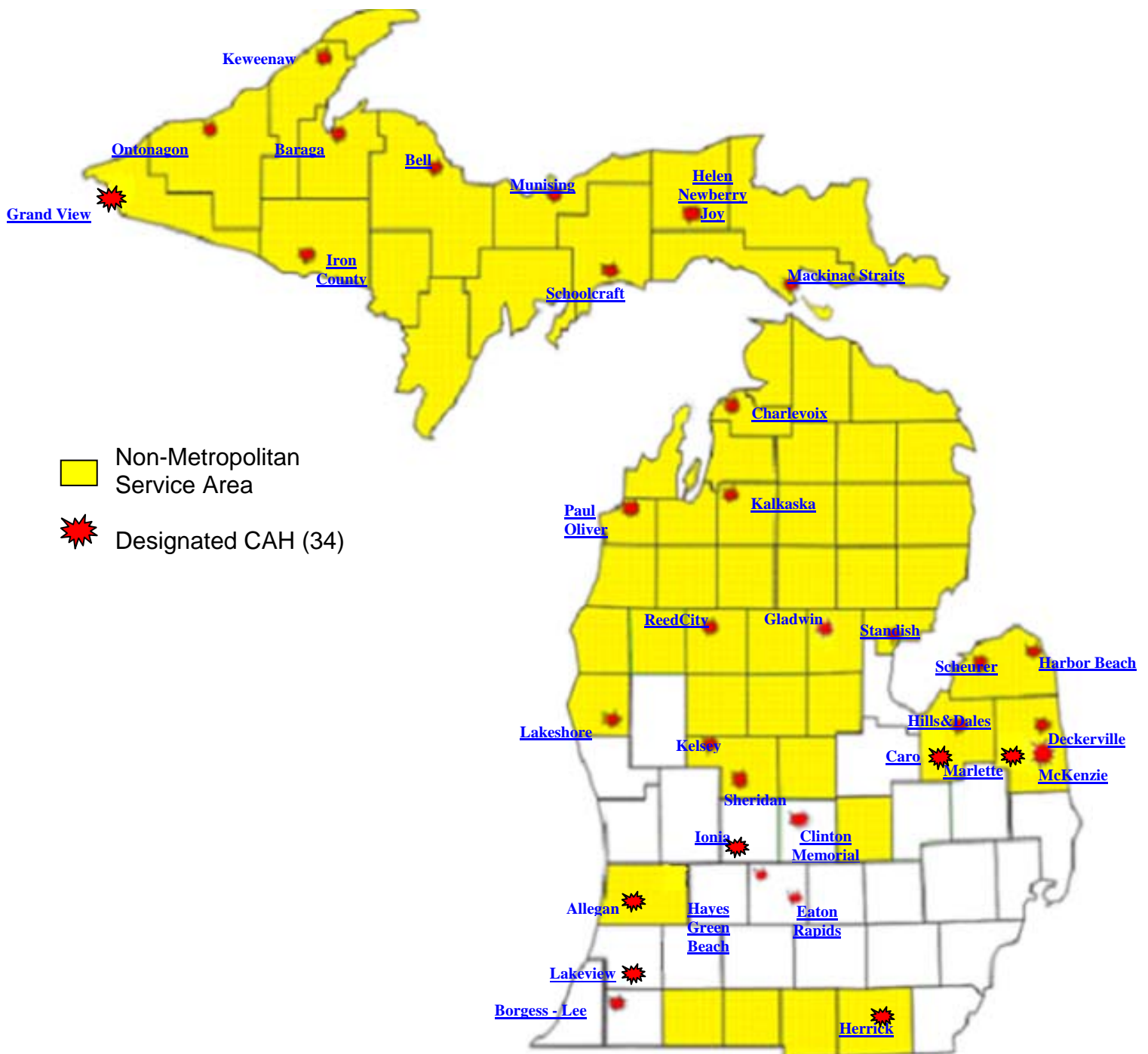




CAH Chronicle

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

MICHIGAN CRITICAL ACCESS HOSPITALS



Welcome – West Shore Medical Center

West Shore Medical Center in Manistee became the 35th Michigan Critical Access Hospital effective June 9, 2009.

Michigan CAHs to Participate: National Pilot Program to Reduce “Rehospitalizations”

Charlevoix Area Hospital, Mid Michigan Health Gladwin, Spectrum-Health Kelsey and Spectrum-Health Reed City have been chosen to participate in a three-state health care collaborative to reduce hospital readmissions. Other Michigan hospitals include nine independent hospitals and select hospitals at five Michigan Hospital systems.

The project targets unplanned, related “Rehospitalizations,” which are readmissions that are not expected/scheduled, but whose reason is clinically related to the initial admission. The pilot project, named **State Action on Avoidable Rehospitalizations (STAAR)**, seeks to reduce 30-day rehospitalization rates by 30%, while increasing patient and family satisfaction with transitions and coordination of care.

Hospitals in Michigan, Washington and Massachusetts are participating in the STAAR project. Michigan’s efforts are being coordinated by the Michigan Health & Hospital Association (MHA) Keystone Center for Patient Safety & Quality and Michigan Peer Review Organization (MPRO). Technical assistance is being provided by the Institute for Healthcare Improvement (IHI), whose efforts are supported by a grant from the Commonwealth Fund.

The pilot project hospitals have pledged to commit significant staff time, resources and leadership at all levels of their organization to reduce avoidable Rehospitalizations. Each hospital will focus on achieving:

- Enhanced assessment of post-discharge needs
- Enhanced teaching and learning for patients by the acute-care team
- Enhanced communications at discharge between the hospital and the provider assuming care for the patient
- Timely follow-up after hospital discharge.

In addition, hospitals will form transition teams who will develop processes to reduce hospital readmissions. Transition teams will be comprised of participating hospitals and representatives from other health care settings, as well as community groups, patients and caregivers. As the multi-year project moves forward, other hospitals and other health care systems will be invited to participate.

Congratulations to the participating CAHs, and thank-you Chris Wilhelm, Charlevoix Area Hospital, the MICAH Quality Network representative on the MISTAAR Steering Committee. The Michigan CAHs once again are taking an active role in national and state quality measures.

2009 Michigan Rural Health Quality Improvement Award

The Michigan Center for Rural Health (MCRH) has introduced the 2009 Michigan Rural Health Quality Improvement Award. Exceptional critical access hospitals will have the opportunity to be recognized for excellence in providing high quality care in the inpatient setting. The Michigan Rural Health Quality Improvement Award is comprised of two award categories: The Inpatient Clinical Performance Award and the Emergency Room Transfer Performance Award. The clinical topics measured in the awards have been designated as national health care priorities.

The Inpatient Clinical Performance Award honors hospitals that are committed to improving care related to heart failure and pneumonia. The Emergency Room Transfer Performance Award acknowledges facilities that are dedicated to improving care related to Emergency Room transfers.

Award recipients will be recognized at a special ceremony at the annual Critical Access Conference on October 29, 2009 in Boyne Falls, Michigan.

New Data Available in Hospital Compare

Important new information was added to the Centers for Medicare & Medicaid Services' (CMS) [Hospital Compare Web site](#) that reports how frequently patients return to a hospital after being discharged, a possible indicator of how well the facility did the first time around. The site is www.hospitalcompare.hhs.gov.

On average, 1 in 5 Medicare beneficiaries who are discharged from a hospital today will re-enter the hospital within a month. Reducing the rate of hospital readmissions to improve quality and achieve savings are key components of President Obama's health care reform agenda.

With the update announced on July 9, 2009, Hospital Compare will provide better data on the previously posted mortality rates for individual hospitals, as well as the new data on 30-day readmissions for heart attack, heart failure, and pneumonia. Previously, Hospital Compare had provided only mortality rates for these three conditions.

National Health Service Corp Provider Application Calls

The National Health Service Corp will host telephone conference calls for provider applicants who have questions about applying during the open and continuous application cycle Thursday afternoons from 2:30 pm to 4:30 pm on the following dates:

July 30, 2009; August 20, 2009; September 10, 2009; October 1, 2009; October 29, 2009;
November 19, 2009; December 10, 2009

To join any of these conference calls, dial 1-888-889-0974 (toll free) and enter participant pass code 8360318. Providers trained and credentialed in one of the following primary care disciplines are eligible:

- Allopathic (MD) or Osteopathic (DO) Physician
- Primary Care Nurse Practitioner
- Certified Nurse-Midwife
- Primary Care Physician Assistant
- Dentist
- Dental Hygienist
- Health Service Psychologist
- Licensed Clinical Social Worker
- Psychiatric Nurse Specialist
- Marriage and Family Therapist
- Licensed Professional Counselor

If you have questions or want further information please contact Steve Shotwell, 517-355-7758
steve.shotwell@hc.msu.edu



Pandemic Influenza Planning for Rural Health Care Facilities

On June 24, President Obama signed into law the Supplemental Appropriations Act, 2009 (Public Law 111-32). Within the Act, the Congress appropriated \$7.65 billion to the Department of Health and Human Services for the 2009-H1N1 influenza outbreak, including a \$5.8 billion contingent appropriation for an influenza pandemic. On July 16, 2009, President Obama [designated \\$1.825 billion](#) of the total \$5.8 billion contingent appropriation for pandemic influenza, specifically as emergency funds to address

critical needs related to emerging influenza viruses, including the now circulating H1N1 influenza virus. As the White House continues to plan for the potential increase in H1N1 influenza cases in fall 2009, it is also important for health care facilities to continue planning and complete continuity of operations planning.

Below please find a web site list of resource for pandemic influenza planning and a sampling of some of the resources provided on the web sites:

- [Health Care Planning Tools at flu.gov](#)
 - Resources include useful planning checklists for a variety of health care facilities, including home health and long term care; interim guidance for cleaning EMS transport vehicles; environmental management of a pandemic influenza virus; and a guide for providing mass medical care in a community with scarce resources
- [AHA Resources for Emergency Readiness](#)
 - Resources include articles on pandemic influenza; a letter and report from the Congressional Budget Office on the macroeconomic effects of a pandemic; and a module series from the New Jersey Hospital Association on supplies, logistics, communications, human resources, and financial planning
- [CDC Information for Clinicians](#)
 - Resources include information on patient management; 10 Action Steps for Medical Offices and Outpatient Facilities; clinical guidance; data collection forms; laboratory resources; and online training on H1N1 influenza.

Expanding Rural Elder Care Options: Models That Work

Rural communities and elders need better access to elder care and options that enable them to continue to live in the community. Despite a larger proportion of the population over age 65 than urban and suburban America, rural communities lack the services and care coordination systems older adults need to continue living independently in their own communities as they age.

Proceedings from the 2008 Rural Long Term Care Access and Options Workshop, discuss model options for home, community, and facility-based care by care coordination systems that enhance autonomy and quality of life for rural elders. Go to: <http://www.ruralcare.org/documents/Rural%20LT%20Care%202008%20FINAL.pdf> for a complete copy. Organization: National PACE Association. 06/2009



Midwest Alliance for Health Education
your network just grew

Making qualified health care information available
at the most appropriate time and in the most
appropriate format for learning by health care providers.

FREE- Telemental health series

- Part #1: Telemental Health-Generally
- Part #2: Telemental Health for Primary Psychiatric Illness
- Part #3: Telemental Health and Co-existing Chronic Illness
- Part #4: Special Applications of Telemental Health

Target Audience

Rural Health Care Providers
Office Staff
Professional Billing Staff

Dates and Times: 08/04/09 12-12:30pm (EST)
08/11/09 12-12:30pm (EST)
08/25/09 12-12:30pm (EST)
09/01/09 12-12:30pm (EST)

Faculty

Phil Hirsch, PhD
Director, Access Psychiatry, LLC
Seattle, WA
www.accesspsych.org

Register at: www.midwesthealthed.org

This event sponsored in collaboration with the Michigan Center for Rural Health and by Grant DO4RH12758, Department of Health and Human Services Health Resources and Services Administration

Funding Opportunities

[Go to RAC Funding Database](#) (Rural Assistance Center)

www.grants.gov, **Announcement Number HRSA-10-020**. The grant guidance for the 2010 Network Planning grant is available. The scope of the \$85,000 one-year grants has broadened and we're looking for applications for general community health planning purposes. Applicants should focus on a wide range of possible projects such as:

- Strategic health planning at the community level
- Assessing the economic impact of health care in a rural community
- Promoting collaboration between providers such as Critical Access Hospitals and Federally Qualified Health Centers
- Conducting a community needs assessment
- Conducting local health workforce planning
- Hire a consultant to conduct HIT readiness

The change in the program is recognition that what many rural communities need is general planning money to identify issues and bring together key partners to develop plans to address those challenges. The Office plans on funding 20-25 new awards in 2010. The deadline for applications is **September 14, 2009**. Awards will be announced in February 2010 for a March 1, 2010 project start date.

Interested applicants should read the revised guidance to understand the new focus of the grants and see if it meets their needs. If you are interested in applying, you will need to register in [grants.gov](http://www.grants.gov). There will be a TA Conference call for prospective grantees on **August 18, 2009**. Please contact Mary Collier, mcollier@hrsa.gov to register for the call. We would also recommend that communities consult with their State Office of Rural Health when applying as these entities can be an important partner and resource in this process. For a list of the State Offices of Rural Health, see <http://www.nosorh.org/regions/directory.php> If you have any programmatic questions, please contact Eileen Holloran, eholloran@hrsa.gov or 301-443-7529.

Policy Briefs - Rural Health Workforce Crisis

From the Rural Health Research and Policy Centers, "these policy briefs address rural health workforce issues in primary care, general surgery, nursing, and dentistry. The briefs inform policymakers about potential solutions to health workforce crises in rural America." To view the policy briefs, please click on the links below.

[The Crisis in Rural Primary Care](#)

[The Crisis in Rural General Surgery](#)

[Threats to the Future Supply of Rural Registered Nurses](#)

[The Crisis in Rural Dentistry](#)

For more information or additional research, please visit the [Rural Health Research Gateway](#).

Rural Research on Insurance and Economy

From the Rural Health Research and Policy Centers, "these two reports on private health insurance are released together because they complement each other. The first provides a national picture of private insurance in rural areas and the second profiles a rural community where the closing of the major employer results in loss of private health insurance."

[Private Health Insurance in Rural Areas: Challenges and Reform Options](#)

"Rural residents are less likely than their urban counterparts to have private health insurance coverage. This difference is driven by the unique characteristics of rural places that make it challenging to create and sustain viable private insurance pools, including the predominance of small businesses and self employed, part time, and low wage workers. This brief discusses the challenges of expanding private coverage in rural areas, and describes policy options to address them."

[A Case Study of Rural Health Care in the Economic Downturn](#)

"Many rural communities face persistent challenges with health care access and cost. These problems have been amplified by the current economic downturn. This report describes the economic and health care environment in Ashe County, a rural community in the mountains of western North Carolina. The experience in Ashe County exemplifies the health care challenges faced in many rural areas across the country."

For additional information, please visit the [Rural Health Research Gateway](#)

GRAND ROUNDS:

PHARMACY

ARTHRITIS

GERIATRIC

NURSING

PSYCHIATRY

SOCIAL WORK

EMS TELECONFERENCES

A full description of all Grand Rounds presentations are at: 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.

HITECH Changes to HIPAA

Preparing for Compliance with the Changes to the Privacy and Security Rules

Via Videoconference & Teleconference

Date: August 20, 2009

Time: 10:00-11:00 am EST

Presenters: Elizabeth Callahan-Morris, Esq. and Brian F. Bauer, Esq. of Hall Render Killian Heath & Lyman Flyers have been mailed. Complete information is available at the MCRH web site: www.mcrh.msu.edu Go to: Grand Rounds, Special Topics.

DVD available of June 23 Program - Recovery & Contractor Audit

If you were unable to listen to the June 23 program on Recovery & Contractor Audit co-sponsored by Hall Render Killian Heath & Lyman and The Michigan Center for Rural Health, the DVD is available for \$10 (includes shipping). Program Objectives include:

- RAC Basics – the purpose of RACs and how the RAC program works
- Lessons Learned from the RAC Demonstration Project – the results of the Demonstration Project and how the Permanent Program is different
- CGI, the RAC for Michigan (Region B) – who they are and what you should know about them
- RAC Audit Preparation – establishing and managing your “RAC Team,” understanding the RAC target areas, identifying your areas of weakness, and responding to an audit request
- RAC Appeal Process – the importance of the appeal process, how it works, and how to use the process to best protect your hospital’s interests

Please contact Phyllis Ball at ballp@msu.edu or (517) 355-8250 for more information.

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

Angela Emge

Hospital Programs Manager
Michigan Center for Rural Health
B-218 West Fee Hall
Michigan State University
East Lansing, Michigan 48824-1316

Telephone (517) 355-7757

Facsimile (517) 432-0007

E-mail aemge@msu.edu

www.mcrh.msu.edu

Interesting Web Site

<http://www.usda.gov/wps/portal/ruraltour?navid=RURALTOUR>

The Rural Tour will crisscross the country so that U.S. Secretary of Agriculture, Tom Vilsak can listen to residents in small towns and get their thoughts on how to best rebuild and revitalize America.

The challenges ahead will not be easily overcome, and no one can get the job done alone. Give them your thoughts and ideas. Voice your opinions and concerns.

INTERESTING QUOTE:

"The mystery of life isn't a problem to solve, but a reality to experience."

-Frank Herbert