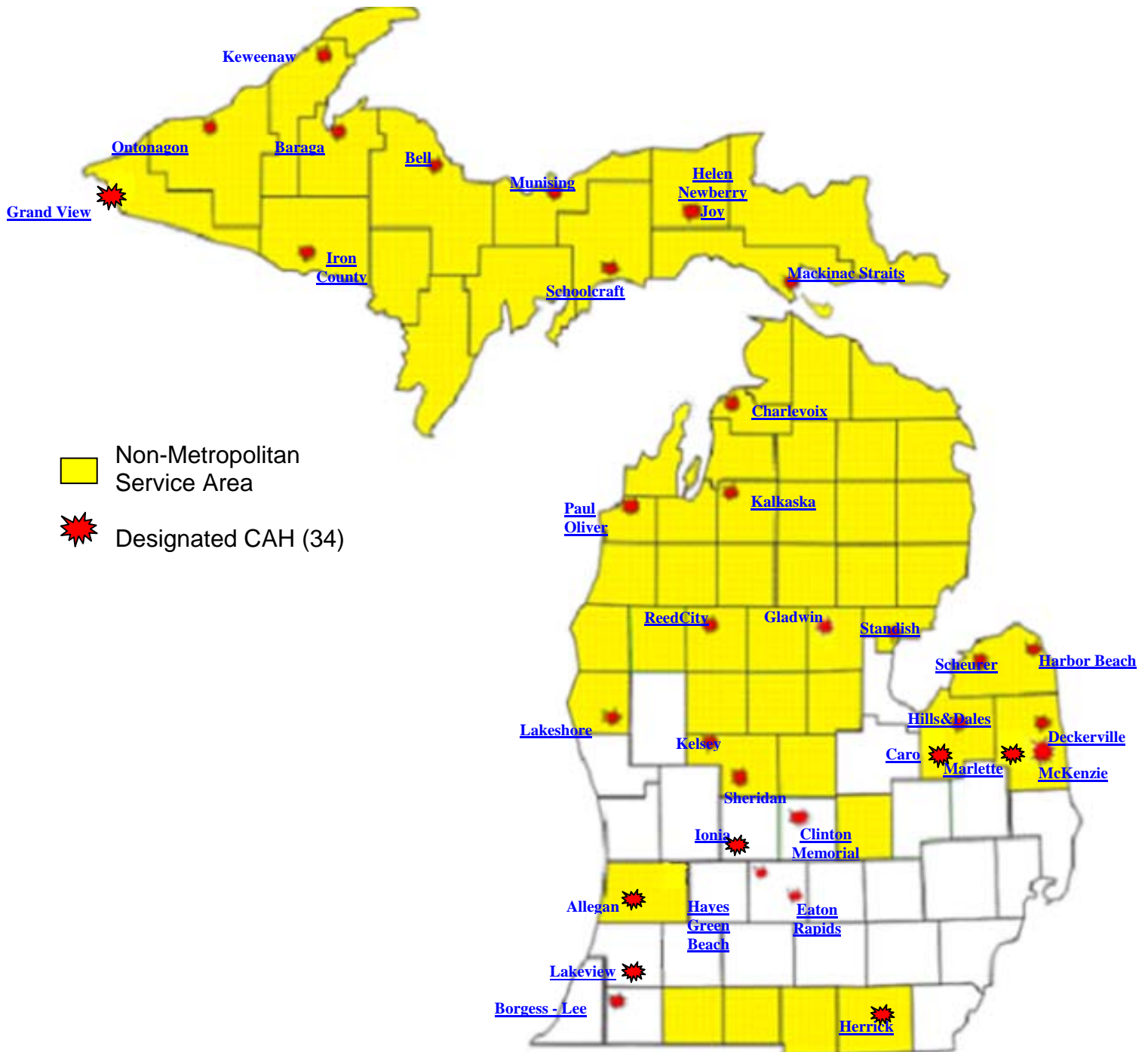




CAH Chronicle

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

MICHIGAN CRITICAL ACCESS HOSPITALS



Healthy Lifestyles at West Mackinac Health Fair

On Saturday, June 13, Helen Newberry Joy Hospital kicked off the 6th Annual West Mackinac Health Fair. Held at the Garfield Township Hall, over 100 people showed up for health maintenance and health promotion services, as well as organic and antique shopping. This fair was also in collaboration with 2008 Healthy Lifestyles Grant funding from the Michigan Legislature.

Western medicine health screening included: blood pressure reading, blood sugar checks, cholesterol screening, and PSA blood draws (prostrate screening).

Complimentary health services offered included: acupuncture, ear candling, massage, organic oils and creams, aromatherapy as well as herbology, organic clothing, soaps and guided imagery. Healthy lifestyles behavior modification education was offered and well received.

Also available on site were education services offered for diabetes, healthy eating, importance of exercise and healthy lifestyles management.

The health fair, offered by Helen Newberry Joy Hospital, is done with an entire volunteer staff. This year's staff created a wonderful environment for health screening, health promotion, disease prevention the importance of creating and maintaining healthy lifestyles.



Suzie Macaulay, checks Becky Baker's blood pressure, as Ana Archer looks on.



Connor Frisch handled registration and prize distribution.

Photos and article submitted by Laura Frisch, FNP.

Loan Repayment Expanded

The American Reinvestment and Recovery Act (ARRA) provided approximately \$200 million additional funding for the National Health Service Corps (NHSC) Loan Repayment Program (LRP). This opportunity will assist more than 3,300 primary care providers who are seeking opportunities to serve in our Nation's neediest communities.

Beginning in June 2009 through September 2010, or as funding permits, NHSC LRP awards will be available on a first come, first served basis, for the following Primary Health Care Clinicians:

- Allopathic or Osteopathic physicians
- Certified Nurse Practitioners
- Certified Nurse Midwives
- Physician Assistants
- General Practice Dentists
- Pediatric Dentists

- Dental Hygienists
- Health Service Psychologists
- Licensed Clinical Social Workers
- Psychiatric Nurse Specialists
- Marriage and Family Therapists
- Licensed Professional Counselors.

New Features:

More Choices of Sites and Vacancies Eligible for Loan Repayment: More than 7,000 already eligible service sites will be able to post significantly more new vacancies and increase the number of clinicians' eligible for loan repayment awards at their sites. Additionally, more sites are being approved by the NHSC every day.

First-come, First-served: Loan repayment awards to primary health care clinician applicants who are interested in loan repayment will be made on a first-come, first-served basis, opening new opportunities for areas in high-need sites located in Health Professional Shortage Areas with lower HPSA scores. Applications will be accepted on an open, continuous basis until all Recovery Act funds are expended -- 15 months or sooner.

More Application Flexibility: For the first time, primary health care clinicians interested in NHSC's loan repayment program do not need to be employed at the site at the time of application.

More Efficient Application Process: Most applications will be processed within 8 weeks of receipt of a complete application (i.e., all application supporting documentation received).

National Health Service Corps clinicians are a unique group of dedicated and caring primary care providers who care for millions of people who live in communities where health care is scarce.

In exchange for two years of service at an eligible high-need site, the NHSC Loan Repayment program offers repayment of educational loans for clinicians who are providing full-time clinical services. Up to \$50,000 (less if the total outstanding loan balance is lower than \$50,000) towards qualifying educational loan debt is available. Clinicians who stay at their sites longer may be eligible to apply for additional years of support.

How to Apply: Clinicians can begin applying for this NHSC opportunity on June 2, 2009 at: www.nhsc.hrsa.gov. Or for more information, call 1-800-221-9393.

Clinical sites must be approved. The application process may take six weeks. If you are a provider seeking loan repayment contact your site administrator about applying for "site approval." If you are a hospital seeking additional providers or assisting a current provider with loan repayment you must apply for "site approval."

If you have any questions please feel free to contact: Steve Shotwell - Recruitment and Retention Services, Michigan Center for Rural Health, 517-355-7758, steve.shotwell@hc.msu.edu.

Rural Physician Retention Survey

The Michigan Center for Rural Health (MCRH), with funding from the Blue Cross and Blue Shield Social Mission Department, is conducting a physician retention study to assess how successful retention is accomplished in rural Michigan. The results of this study will be published and used to create a manual, *Guidelines to Successful Physician Retention*.

This manual will be a guide for rural Michigan hospitals, federally qualified health centers (FQHC), and certified rural health clinics (RHC) on how to effectively retain physicians. The manual will also showcase facilities that have been

highly successful, elaborating on how they achieve their success. The manual will be distributed to all rural hospitals, FQHCs and RHCs and other relevant rural health stakeholders.

An essential aspect of the study is the rural physician retention survey. The survey is being sent to over 3000 physicians practicing in rural Michigan. Information provided by the physicians will assure the success of this study.

The survey was mailed on Friday June 19. Please share this information with your physicians and encourage them to reply. If you have any questions please feel free to contact Steve Shotwell; steve.shotwell@hc.msu.edu of 517-355-7758.

Tele-Sports-Medicine an Overview

Source: David Smith, Director, MATTeR - Midwest Alliance for Telehealth & Technology Resource, David.R.Smith@mghs.org

As summer quickly approaches on the calendar it brings back nice thoughts of enjoying the warmer temperatures, the sun and enjoyment of just being outside. With all the advances in healthcare and technology I find myself thinking and imagining all of the possible applications into everyday life. Thinking of warmer times I also think of sporting activities and getting back into shape. Over the years there have been lots of grants and stimulus dollar opportunities that have helped shape Telemedicine to become what it is today. In looking at the advancements in psychiatry, neurology and bariatric management it is not too difficult to think of how these applications can be applied to so many other specialties.

I recently read an article on Sports Telemedicine by Dr. Raymond J. Petras, BE, MA, PhD that sparked my interest. Dr. Petras wrote an article, "An Examination of Sports Telemedicine" where he investigated the issues and discussed what he thinks is the possible solutions and benefits of including Sports Medicine in the telemedicine realm of users. Dr. Petras initially trained as a Chemical Engineer, working at 3M charged with corporate safety for 18,000 employees, before receiving his Ph.D. in psychology –The Union Institute & University, Cincinnati, OH. Dr. Petras has been specializing since then in treating elite sport performance athletes, pain management, incurable conditions (cancer, fibromyalgia, Lyme disease, etc), weight management and smoking cessation.

Telemedicine has been around for almost 50 years (Bashshur and Lovett, 1977) but it has not become an integral part of day-to-day sports medicine. It is thought that the high cost of telemedicine equipment, potential liability issues, and data security have lead to its slow introduction and limited use (Obstfelder et al., 2007).

Working in telemedicine makes it easy to think of ways to address and overcome this type of thinking. First, taking a closer look at federal based funding options for equipment could help bypass some of the financial concerns. Incorporating appropriate protocols checks and balances problems of legality and data security measures minimize if not eliminate potential risk(s). With appropriate management and research processes issues such as these can be quickly quashed.

Consequently, the laundry list of the benefits can be crafted to explain why telemedicine should be an integral part of sports medicine. Not only can it can give an athlete the opportunity to be evaluated by a specialist that would not otherwise be available in their home area, the potential to incorporate orthopedic, musculoskeletal, pain and psychological specialists to help address athletes issues from a comprehensive perspective. Telemedicine has demonstrated proven improvements in quality of care shorten length of illness and reduced overall cost. These attributes can be easily applied and carried over into Sports Medicine. Along with addressing these more tangible issues, and even more importantly, the athlete is able to return-to-play much quicker than anticipated.

Dr. Devi Shetti has done a very nice job of summarizing the potential of Telemedicine: "In terms of disease management, there is [a] 99% possibility that the person who is unwell does not require [an] operation. If you don't operate you don't need to touch the patient. And if you don't need to touch the patient, you don't need to be there. You can be anywhere, since the decision on healthcare management is based on history and interpretation of images and chemistry...so technically speaking, 99% of healthcare problems can be managed by doctors staying at a remote place – linked by telemedicine." (Bagchi, 2006) With the thinking like Dr. Shetti and implementation like Dr. Petras that Telemedicine

can make inroads into any specialty, even Sports Medicine. The possibilities are endless and with appropriate planning Telemedicine can go anywhere.

References

Bashshur R. & Lovett J. (1977). Assessment of telemedicine: Results of the initial experience. *Aviation Space and Environmental Medicine*, 48(1), 65-70.

Obstfelder A., Engeseth K., & Wynn R. (2007). Characteristics of successfully implemented telemedical applications. *Implement Sci*, Jul 27:2 (1):25 17662134 (P,S,E,B). <http://www.implementationscience.com/content/2/1/25>. Last checked June 11, 2009.

Bagchi S. (2006). Telemedicine in Rural India. *PloS Med*, 3(3): e82. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=1420376> Last checked June 11, 2009.

Petras, R. (2009). Examination of Sports Telemedicine - The Telemedicine Information Exchange (TIE), A National Library of Medicine-funded web page – An <http://tie.telemed.org/news/#item1761>. Last checked June 11, 2009.

October Soonest for H1N1 Vaccine

H1N1 influenza vaccine could be available as early as October, but only if vaccine production and testing run smoothly this summer. Dr. Anne Schuchat of the Centers for Disease Control and Prevention (CDC) said the agency began shipping virus samples to manufacturers. The government will have to review the safety and effectiveness of what's produced, and decides if a vaccination campaign is warranted. October is about the time seasonal flu vaccine campaigns generally get rolling. For more information go to: <http://www.aafp.org/online/en/home/publications/news/news-now/clinical-care-research/20090529h1n1-vacc.html>

Managing and Reducing Uncertainty in an Emerging Pandemic

The *New England Journal of Medicine* published an article concerning uncertainty during a pandemic of influenza. The authors address the issue of decision making during the uncertainty of a pandemic as well as addressing pandemic severity with uncertain information. For more information go to: <http://content.nejm.org/cgi/content/full/NEJMp0904380>
Source: June 12, 2009 Michigan Department of Community Health, OPHP issue of *The Guardian of Public Health*.

2010 Healthy Vision Community Awards Program

Deadline: August 31, 2009

This program provides funding up to \$10,000 for the implementation of eye health education and promotion activities that support the Healthy Vision 2010 objectives and the Healthy People 2010 goals to reduce health disparities and improve quality of life. Go to: <http://www.healthyvision2010.org/news/hvca/>

Rural America and Recovery & Reinvestment Act of 2009 Summaries Now Available

The document provides a comprehensive summary of the investment the Federal Government is making in rural areas, rural health in particular, through the American Recovery and Reinvestment Act of 2009. www.ruralhealthweb.org/download.cfm?downloadfile

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.

INTERESTING WEB SITE

<http://www.grantstation.com>

GrantStation is an interactive website that allows grantseekers to identify potential funding sources for their programs or projects, and mentors them through the grantseeking process.

GrantStation provides access to a searchable database of grantmakers who are actively accepting inquiries and proposals from a variety of organizations; federal grant deadlines, which are updated twice a week; links to state funding agencies; and a growing database of international grantmakers. To learn more about what a GrantStation Membership includes, click on Features and Benefits.

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

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INTERESTING QUOTE:

The young man knows the rules, but the old man knows the exceptions.

-Oliver Wendell Holmes