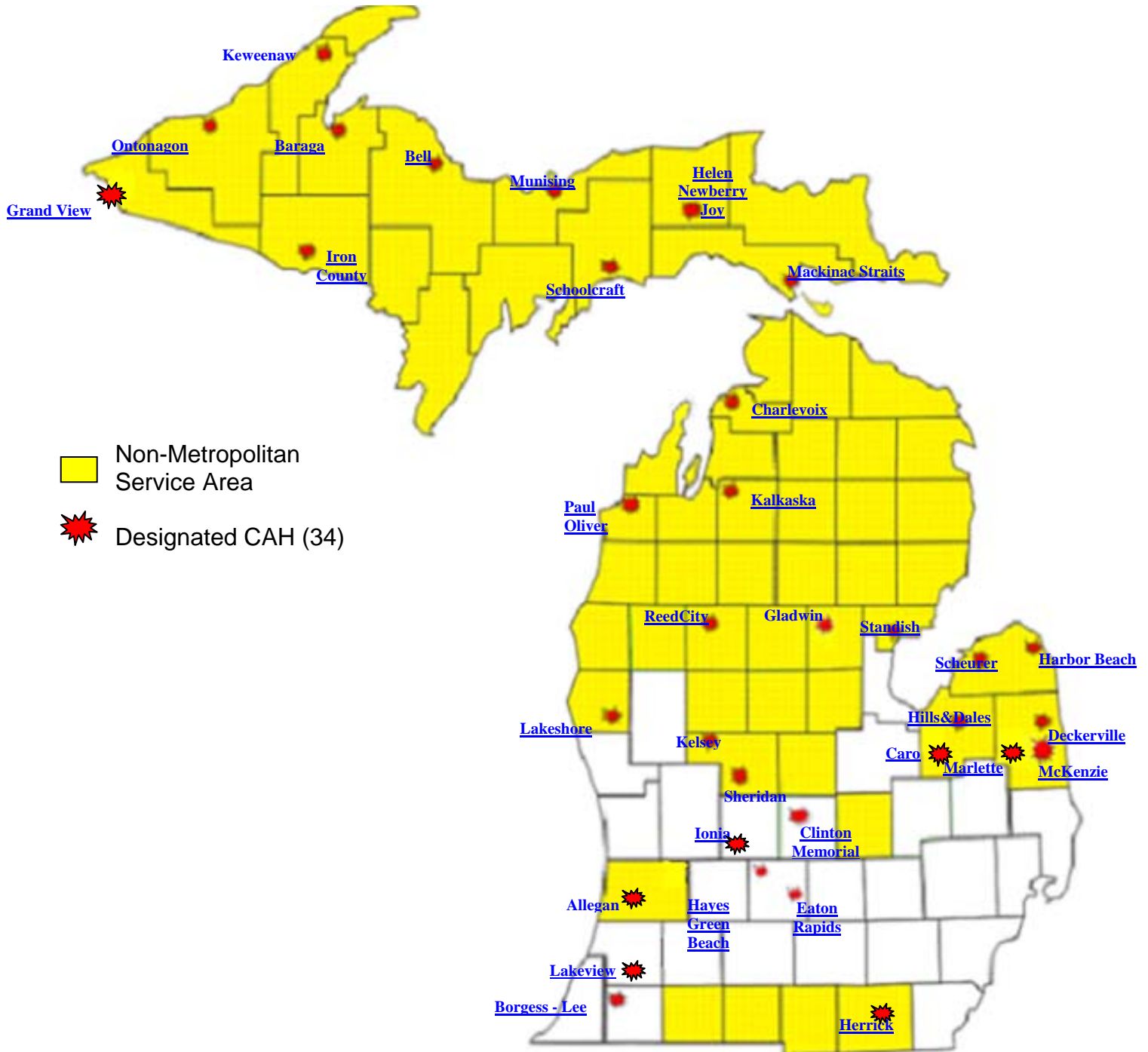


# CAH Chronicle



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

## MICHIGAN CRITICAL ACCESS HOSPITALS



## 2007 Governor's Award of Excellence

Congratulations to the 24 Michigan Critical Access Hospitals who received the 2007 Governor's Award of Excellence at the October 29<sup>th</sup> Dinner and Award Ceremony in Kalamazoo:

Allegan General Hospital	Aspirus Keweenaw Hospital	Baraga County Memorial Hospital
Borgess Lee Memorial Hospital	Bronson Lakeview Hospital	Clinton Memorial Hospital
Deckerville Community Hospital	Eaton Rapids Medical Center	Grand View Health System
Harbor Beach Community Hospital	Helen Newberry Joy Hospital	Herrick Medical Center
Hills & Dales General Hospital	Ionia County Memorial Hospital	Iron County Community Hospital
Kalkaska Memorial Health Center	Marlette Regional Hospital	McKenzie Memorial Hospital
MidMichigan Medical Center-Gladwin	Munising Memorial Hospital	Paul Oliver Memorial Hospital
Sheridan Community Hospital	Spectrum Health Kelsey Hospital	Spectrum Health Reed City Hospital

### Five Hospitals received the Governor's Recognition of Excellence Award:

Clinton Memorial Hospital	Ionia County Memorial Hospital	MidMichigan Medical Center-Gladwin
Spectrum Health Kelsey Hospital	Spectrum Health Reed City Hospital	

## Michigan's Safety Belt Use Rate Jumps to 97.2 Percent

A second safety belt observation survey at the end of the summer revealed belt use in Michigan has jumped yet again this year to 97.2 percent, according to a just-released direct observation statewide survey provided by the Wayne State University Transportation Research Group. An earlier study, conducted after the Memorial Day weekend, showed belt use had increased to 96.2 percent.

Michigan's belt use rate far exceeds the national average. While more Americans are buckling up than ever before, the national rate stands at 83 percent of vehicle occupants using seatbelts during daylight hours. In 2007, 82 percent of the U.S. used seat belts. The Michigan Office of Highway Safety Planning, which tracks belt use annually, will need the full report details to determine what may have led to the increase from last year's 93.7 percent belt use rate. Belt use may have received a bump when Michigan's new booster seat law took effect July 1 this summer. Safety belt enforcement zones have made the enforcement effort far more visible to motorists. The use of a sign announcing the zone alerts all passing motorists that officers are focusing on safety belt use. In the last five years, belt use in Michigan has risen by 12.4 percent. That translates to an 82 percent reduction in non-use: meaning four of every five people who were not buckled up in 2003, now wear safety belts. In 2007, Michigan was one of 10 states with a safety belt use of 90 percent or higher. Hawaii had the highest belt use at 97.6 percent last year.



Rose Young RN, MSN  
Director, Midwest Alliance for Telehealth & Technology Resources

## On the Money: Changes for Telemedicine Reimbursement

The telehealth community will get a boost when the Medicare Improvements for Patients and Providers Act takes effect in 2009. Improvements in reimbursement for telemedicine include the addition of qualified originating sites to include:

- **Skilled Nursing Facilities**
- **Community Mental Health Centers**
- **Hospital Based or Critical Access Hospital Based Renal Dialysis Facilities**

These sites are being added to the existing list of hospitals, critical access hospitals, rural health clinics, federally qualified health centers and physician/practitioner offices. In all cases, the originating site must meet the definition of rural (a federally designated Health Professional Shortage Area or a Non-Metropolitan Statistical Area).

New HCPC codes for follow up **inpatient telehealth consultation** (G0406-G0408) are also being added to the Medicare policy. Look for guidance about these policies in early 2009 and note that each of these new sites falls under different Medicare Payment Systems.

Even more good news is that the Michigan Medical policy for telemedicine already covers mental health facilities (county or other publically funded) and skilled nursing facilities. Additional criteria for Medicaid reimbursement in Michigan are that the locations of the patient (originating site) and the provider (distant site) in a telemedicine visit are at least 50 miles apart.

The new legislation is expected to expand the use of telemedicine services to patient populations that face particular challenges for accessing medical care. What does this mean for these patient populations?

*Renal dialysis patients* can see their provider while they receive dialysis treatment. Not only are they spared an additional trip to the specialist's office, but complications are caught and managed early.

Rural communities that are particularly hard hit by the shortage of mental health professionals can see improved access to services through *Community Mental Health Centers*.

Significant impacts can be anticipated for residents of *skilled nursing facilities*, their families and the facilities themselves. Consider how a resident in a nursing facility gets to a specialist appointment. A family member – if one is in the area – takes time off of work to transport the patient to the appointment. If that option is not available, the nursing facility transports the patient, providing a driver and an attendant. Some medical conditions make transportation particularly difficult. Patients with extreme pain, dementia, ventilator dependence other problems related to mobility have difficulty getting to medical appointments. Imagine the savings in time, personnel resources, and transportation resources.

Of course it's not likely that facilities qualifying for reimbursement as an originating site will be able to immediately provide service. The good news is that telecommunications infrastructure and equipment isn't the barrier that many expect. Several options for funding infrastructure and equipment exist. For more information about deploying telehealth programs in Michigan call MATTeR at 866-603-4733.

### **CMS Allows All Hospitals to Participate in Outpatient Quality Reporting**

Critical Access Hospitals and other hospitals previously not able to submit quality of care data under the hospital outpatient quality data reporting program will be allowed to do so voluntarily beginning with patient encounters in first-quarter 2009, the Centers for Medicare & Medicaid Services announced. These hospitals can register to participate in the program by completing and submitting a [Notice of Participation](#) before Jan. 31, 2009. CAHs participate in outpatient quality reporting because of their commitment to public transparency and quality improvement.

### **MI-SORHI – Michigan Strategic Opportunities for Rural Health Improvement-Update**

Funding for another round of the healthy lifestyles community matching grants program has been awarded to the MCRH from the Blue Cross/Blue Shield Social Mission Department. With the \$60,000 award we anticipate the next round of 12 grants to be made by the first of the New Year. To access the full MI-SORHI report, and MI-SORHI plan implementation updates, please visit: <http://www.mcrh.msu.edu> MISORHI Implementation.

### Funding Opportunities from Rural Assistance Center Funding Database

[Go to RAC Funding Database](#) for more opportunities.

#### [Exploratory and Developmental Grant to Improve Health Care Quality through Health Information Technology \(IT\) \(R21\)](#)

Application deadline: Applications accepted on an ongoing basis.

Funding to support short-term preparatory, pilot or feasibility studies that will inform larger scale real world health IT implementation and use or the conduct of more comprehensive health IT implementation research.

#### [Small Research Grant to Improve Health Care Quality through Health Information Technology \(IT\) \(R03\)](#)

Application deadline: Applications accepted on an ongoing basis.

Funding to support the development and enhancement of expertise in health IT and related disciplines, including research and evaluation methods.

#### [Utilizing Health Information Technology \(IT\) to Improve Health Care Quality \(R18\)](#)

Application deadline: Applications accepted on an ongoing basis.

Funding to support health information technology (IT) demonstration projects that evaluate factors associated with successful implementation and utilization of health IT in order to improve the quality, safety, effectiveness & efficiency of health care.

#### [American Psychiatric Foundation 2009 Awards for Advancing Minority Mental Health](#)

Application deadline: Dec 1, 2008

The awards recognize psychiatrists, other health professionals, mental health professionals, and mental health programs that have undertaken innovative and supportive efforts to raise awareness of mental illness in underserved minority communities.

#### [Community-Based Job Training Grants](#)

Application deadline: Dec 3, 2008

Grants to support workforce training for high-growth/high-demand industries through the national system of community and technical colleges.

#### [Service Expansion in Oral Health Services](#)

Application deadline: Jan 8, 2009

The goal of this funding opportunity is to increase the number of health center grantees that provide access to oral health services.

#### [Service Expansion in Comprehensive Pharmacy Services](#)

Application deadline: Jan 9, 2009

The goal of this funding opportunity is to increase the number of health center grantees that provide access to comprehensive pharmacy services.

#### [General Mills Champions for Healthy Kids Grant Program](#)

Application deadline: Jan 15, 2009

Grants for programs to encourage communities to improve the eating and physical activity patterns of young people.

#### [Rehabilitation Training: Rehabilitation Long-Term Training](#)

Application deadline: Jan 15, 2009

Financial assistance to provide training in areas of personnel shortages in rehabilitation.

#### [Service Expansion in Mental Health/Substance Abuse Services](#)

Application deadline: Jan 16, 2009

The goal of this funding opportunity is to increase the number of health center grantees that provide access to Mental Health/Substance Abuse Services.

#### [Research Grants for Preventing Violence and Violence-Related Injury \(R01\)](#)

Letter of Intent (Optional): Dec 22, 2008

Application deadline: Jan 21, 2009

Funding for research to expand and advance the understanding of violence, its causes, and prevention strategies.

[Robert Wood Johnson Foundation New Careers in Nursing](#)

Application deadline: Jan 21, 2009

A scholarship program to help alleviate the nursing shortage and increase the diversity of nursing professionals.

[Health Careers Foundation Scholarships and Loans](#)

Application deadline: Apr 1, 2009

Strives to alleviate shortages of trained healthcare professionals.

[Ronald McDonald House Charities Grant Program](#)

Letter of Intent (Required): Jan 16, 2009

Application deadline: Dec 1, 2009

Grants to organizations that help children read, provide nutritious after-school meals, offer life-changing surgeries, or help prevent life-threatening disease.

### 2009 MDCH-OPHP Volunteer Conference

On February 29, 2009 Michigan will offer its first conference dedicated to support public health and healthcare emergency response efforts for volunteers registered with the MI Volunteer Registry and other volunteer organizations. The conference is free to attendees, open to all disciplines, and supported by the Department of Health and Human Service's emergency preparedness cooperative agreements.

Conference sessions are designed to educate volunteers about preparedness initiatives in Michigan, the Incident Command structure, rapid triage, and an overview of legal issues. Volunteers will also have an opportunity to network with diverse partner volunteer organizations and gain firsthand experience from fellow volunteers.

For more information, including registration details, please visit the MI-TRAIN website, and search for course ID 1014902. Feel free to contact the Office of Public Health Preparedness at (517) 335-8150 if you have questions.

### Save This Date:

12<sup>th</sup> Annual Rural Health Conference

April 23-24, 2009

Soaring Eagle Resort, Mt. Pleasant, MI

### GRAND ROUNDS:

#### PHARMACY

Time: 12:00 NOON – 1:00 pm EST

**Sponsored by:** Michigan Center for Rural Health and Michigan Pharmacists Association.

- December 11- Pharmacy Law & Legislative Update - Greg Baran, R.Ph, M.A., Director of Governmental Affairs, Michigan Pharmacists Association
- February 19-TBD

*Accreditation: Continuing Education for this program is pending approval of the Michigan Board of Pharmacy.*

#### ARTHRITIS

Held the second Wednesday of each month from Noon to 1:00 pm except in July and August.

**Sponsored by:** The Michigan Center for Rural Health and the Michigan Arthritis Collaborative Partnership.

**Co-sponsored:** Michigan Center for Rural Health and Michigan Arthritis Collaborative

#### 2009 Schedule

- February 11-Knee Pain – Evaluation & Management, Mark McQuillan, MD
- April 8-Psoriatic Arthritis, Bob Ike, MD

- June 10-Regional Soft Tissue & Musculoskeletal Syndromes, Joe Weiss, MD
- October 14-Musculoskeletal Pain In Kids – Arthritis Versus, Hilary Haftel, MD

*Accreditation: St. Mary Mercy Hospital, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of one (1) credit hour in Category 1 credit towards the AMA Physician's Recognition Award.*

### GERIATRIC

Held the first Wednesday of each month from Noon to 1:00 pm except July and August.

**Sponsored by:** The Michigan Center for Rural Health and the Geriatric Education Center of Michigan.

#### 2008 Schedule

- December 3 – Telemedicine and Remote Monitoring Pam Whitten, PhD

#### 2009 Schedule

- January 7–Mild Cognitive Impairment (MCI), Andrea Bozoki, MD
- February 4–Preventative Medicine for Older Adults, Heather Laird Fick, MD
- March 4 -Update on Depression and Anxiety, Mark Ensberg, MD
- April 1–Anesthesia & the Older Patient, Henry Talley, PhD, CRNA, MSN
- May 6–Dry Mouth: Causes, Implications, & Management in the Elderly, Domenica “Nikki” Sweier, DDS, PhD
- September 2–Skin Disorders in the Elderly, Animesh A. Sinha, MD, PhD
- October 7- Spirituality & End of Life, Linda Keilman, MSN, GNP-BC
- November 4-Five Simple Interventions to Improve the Care of the Aging Adult in the Emergency Department, Chris Carpenter, MD, MSc, FACEP, FAAEM

The 2009 Geriatric Grand Round series is now CME accredited by the MSU College of Human Medicine and by the MSU College of Nursing for continuing education for nurses. Specific Nurse Attendance and Evaluation forms will be available on the website for each session.

*Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Michigan State University College of Osteopathic Medicine and the Michigan Center for Rural Health.*

### NURSING

Held quarterly from Noon to 1:00 pm

**Sponsored by:** The Michigan Center for Rural Health and MSU College of Nursing

#### 2009 Schedule

- March 10
- May 5
- September 22
- December 1.

*Accreditation: Participants who attend the entire session and complete an evaluation form will receive a certificate for 1.5 contact hours. Michigan State University College of Nursing is an approved provider of continuing nursing education by the Michigan Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

### PSYCHIATRY

Held quarterly from Noon to 1:00 pm

**Sponsored by:** The Michigan Center for Rural Health and the MSU Department of Psychiatry.

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

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## 2009 Schedule

- January 28- Elderly and Depression, Deb Wagenaar, DO, MS, Associate Professor
- April 29 –Dual Diagnosis, Jimmie Harris, DO, Associate Professor
- July 22- Childhood/Adolescent Bipolar Disorder, Brian Smith, MD, Assistant Professor

*Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Michigan State University College of Human Medicine and the Michigan Center for Rural Health.*

## SOCIAL WORK

Held quarterly from noon – 1:15 pm

**Sponsored by:** The Michigan Center for Rural Health and the MSU School of Social Work

## EMS TELECONFERENCES

Quarterly 6:00-7:00 pm

Sponsored by the Michigan Association of Ambulance

- Dec. 17 "Baby It's Cold Outside: Recognition and Treatment of Hypothermia"  
To participate free of charge, download registration forms from <http://mcrh.msu.edu> - Click on the Grand Rounds tab on the left then the EMS link.

For more information on any of the Grand Round Education Sessions contact Phyllis Ball, Education Coordinator at: [ballp@msu.edu](mailto:ballp@msu.edu) or 517-355-8250.

## Interesting Web Site: Healthiest Nation Alliance

<http://www.healthiestnation.org/>

### What is the Alliance for the Healthiest Nation?

Group of local, state, and national entities who have joined forces to build the truly integrated 21<sup>st</sup> century health system required for the U.S. to become the healthiest nation in the world.

### What is our vision?

An integrated national system where the participants value health and work together to achieve optimal health for all. A comprehensive system that prioritizes prevention, protects people and communities from emerging threats, and provides health care for every member of the public.

### What organizations constitute the Alliance for the Healthiest Nation?

The founding organizations are the Association of State and Territorial Health Officials, the Centers for Disease Control and Prevention and the National Association of County and City Health Officials. We are actively engaging partners from a variety of fields, including public health, medicine, third party payors, business, policy, government and academia.

### How are we working to achieve our vision?

We have deliberately taken a “bottom up” or grassroots approach to the challenge...an approach that will engage consumers of the current system (individuals and businesses) and empower them to take responsibility for creating change within their piece of the system...whether that is “the healthiest me,” “the healthiest family,” “the healthiest business,” or “the healthiest community.” Given that the founding organizations are grounded in public health; we have chosen three specific routes to making the U.S. the healthiest nation:

- 1) Change the debate from a focus on “healthcare” (with its discussions of access and cost) to a more proactive, prevention-focused national discussion on “health.”
- 2) Change how we define a successful system...from measuring disease and “unhealthiness” to tracking measures of health.
- 3) Engage the users of the system where they live, work, shop and play, providing specific actions that they can take immediately to create their healthiest home, healthiest community, etc. We fully intend our efforts to be complementary to the more “top down” efforts already hard at work.

## INTERESTING QUOTE:

Without enthusiasm, there is no progress in the world. ~Woodrow Wilson