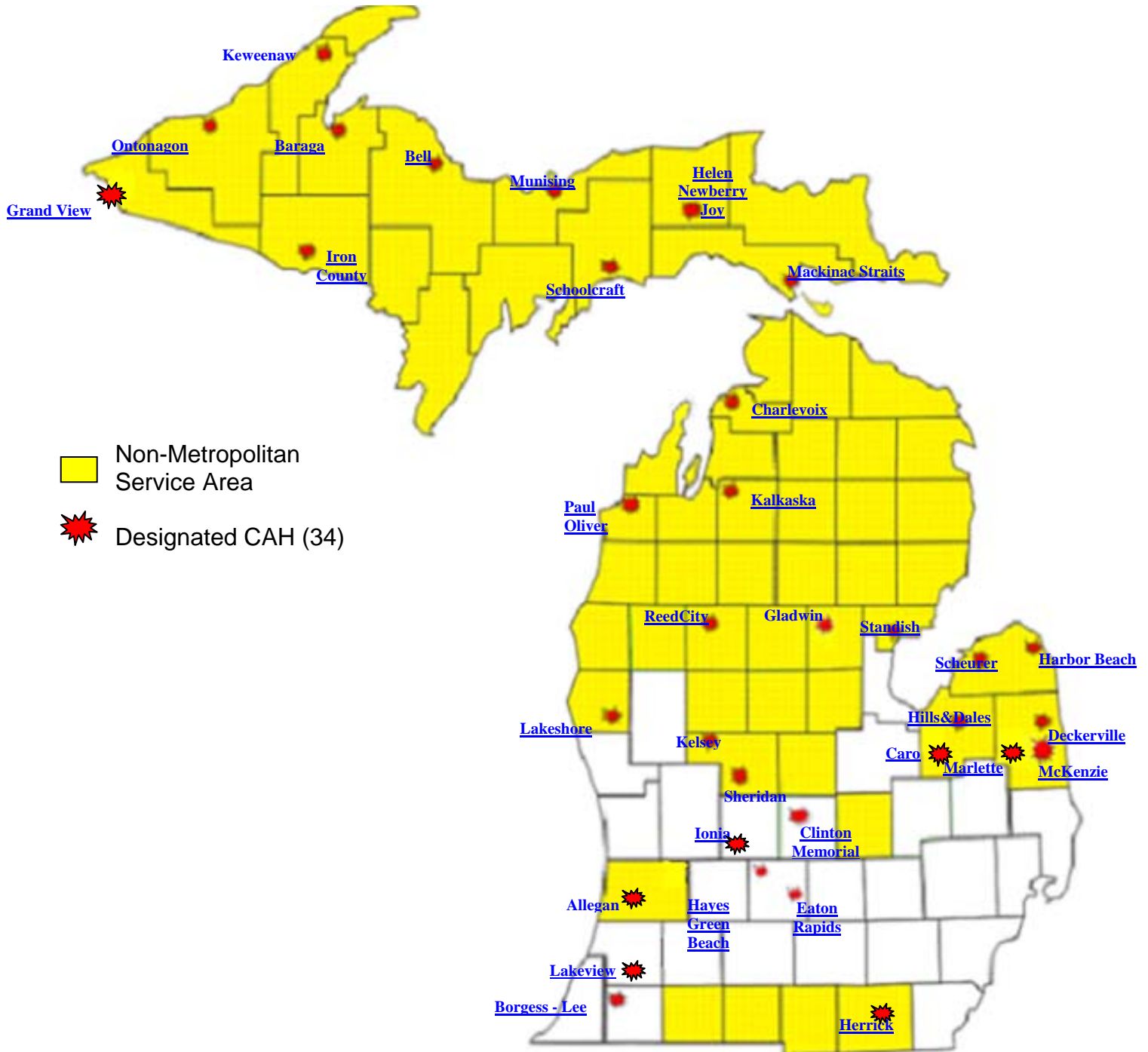


CAH Chronicle



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

MICHIGAN CRITICAL ACCESS HOSPITALS



The following article was reprinted with permission from Unique Opportunities. Tim Skinner is the executive director of the National Rural Recruitment and Retention Network (3RNet), www.3net.org. He was asked to write an article defining the merits of rural medicine for physicians. While this information is directed to physicians, it is useful to have in your recruitment tool kit when discussing your opportunity with a candidate.

Wanted: Rural Physicians

By Tim Skinner

Looking for an opportunity that provides great experience, quality of life, and financial benefits? Consider branching out to a rural practice.

You don't have to have a rural background to consider rural practice opportunities: There are many reasons to consider living and practicing in rural communities. Primary care physicians, surgeons, and other medical professionals provide quality health care to those living outside larger communities and many small communities, are actively recruiting. There are advantages and disadvantages in living in smaller communities, just as there are in larger cities. However, when you'd have to drive around on your way to the office just to finish a cup of coffee in the morning versus a 45-minute "white knuckle" commute—well, think about it. Shorter commutes mean more time with family or for recreation.

Yes, rural communities need more physicians, which is well known and well documented. Some medical schools and residency programs have responded to this need. Arizona, Minnesota, Alabama, Wisconsin, West Virginia, Virginia, New York, Nebraska, Kentucky, South Carolina, Michigan, and several other states are home to medical schools and residency programs oriented toward medical care in rural areas. University of Washington School of Medicine is a regional resource for the states of Washington, Wyoming, Alaska, Montana, and Idaho. This list is by no means complete, and medical schools are beginning to recognize the need for rural oriented programs.

Quality medicine, quality of life

With physicians coming out of training with such high debt loads, rural communities may offer significant advantages in being able to provide very nice lifestyles and reduce debt at the same time. Smaller communities may make incoming physicians eligible for more federal and/or state loan forgiveness programs; many communities offer their own loan repayment programs as recruitment incentives. Also, more and more smaller communities are growing practices that include medical providers who cover the hospital and make call more attractive.

In addition to the life-style benefits of living and practicing in rural areas, the cost of living is generally significantly less in rural areas. For example, the CNN cost of living website reveals that a salary of \$160,000 in Milwaukee, Wisconsin, is needed to have the same standard of living that a salary of \$150,000 in Stevens Point, Wisconsin, would provide. Another excellent tool for comparing cost of living is Sperling's Best Places website, which calculates that it is 29 percent cheaper to live in Fairmont, Minnesota, than it is in the Twin Cities. Websites are very useful for comparing cost of living, crime rates, schools, air and water quality, etc.

Approximately 25 percent of the US population lives in rural areas, but only 10 percent of physicians practice in rural areas. In addition, rural areas average 30 dentists per 100,000 of population while urban areas average 60 dentists per 100,000 people. However, it should be noted that the definition of "rural" varies widely. Federal, state, and other organizations will have different figures depending on methodology, but generally there are more medical and dental practitioners in urban settings than there are in rural areas.

Why choose the rural life?

More than 1,900 physicians responded to LocumTenens.com, "2007 Physician Survey on Practicing Rural Medicine," which showed that 48 percent of the respondents prefer rural practices and 30 percent preferred rural living. Of the 800 physicians who have practiced in rural areas, 45 percent thought the frustration of practicing was about the same as in urban areas and 37 percent thought practicing in rural areas was less frustrating.

In the same survey, 52 percent of the physicians surveyed reported a closer relationship with patients in rural practices and more than one-third said they liked rural life more. It is interesting to see that 53 percent of the surveyed physicians said practicing in rural areas is generally more profitable than practicing in urban or suburban areas.

The 2006 Carsey Institute Report, “Demographic Trends in Rural and Small Town America,” showed increasing growth in rural areas. Seventy-one percent of 1,458 nonmetropolitan counties gained population between 1990 and 2000. While gains slowed in the second half of the 1990’s they picked up again after 2001. Factors that have contributed to growth in rural population are related to innovations in communication and transportation that enable people and businesses to relocate in more areas.

Over the last several years, the population growth of some rural states is due to more Americans looking for less crowded places to live and work. According to Robert Land, demographer at the Metropolitan Institute at Virginia Tech, “This is part of a long diffusion of population of the country because of the interstates, airports and the Internet.” Less crowding is related to lower crime, as well as better air and water quality.

No one community is right for everyone, so how do you find the right fit for you? Usually it is more effective to select a region or small number of states that are of interest to you and your family. Then it is very easy to connect with recruiters who live and work in communities that have the potential of meeting your needs. 3RNet—the National Rural Recruitment and Retention Network, www.3rnet.org—is a not-for-profit network currently consisting of 52 non-profit members who recruit medical professionals to rural and underserved areas. More than 5,000 communities across the country can be accessed via the website. ASPR (www.aspr.org) is an organization of in-house recruiters and all are listed on the website.

As mentioned earlier, the web offers a variety of tools that are very helpful in comparing cost of living, crime rates, schools, home values, and other information that is very helpful in making decisions about where to live and practice. Some websites also provide examples of communities that offer more security to families.

Selecting a good fit for you, the practice, and the community is based on asking the right questions. For the last several years, graduating residents have consistently ranked geographic location and lifestyle as the number one concern as they search opportunities. In-house recruiters will be able to provide a great deal of information about their states and communities since they live there. Ask about recreation, schools, community resources and the cost of housing—ask anything important to you and your family. In smaller communities, the medical center and community resources are usually connected to the recruitment process. This makes it easier for you to obtain information.

The Michigan Center for Rural Health is a member of the 3RNet. If you would like more information on this excellent resource contact: Steve Shotwell, Recruitment and Retention Services, Michigan Center for Rural Health, 517-355-7758 Steve.shotwell@hc.msu.edu.

Kevin Calhoun Joins Munising Memorial Hospital

Kevin Calhoun has been appointed CEO of Munising Memorial Hospital. Mr. Calhoun previously served as CEO of Bell Hospital in Ishpeming. He is returning to Michigan’s Upper Peninsula from Huntington, Pennsylvania where he served as CEO of Blair Memorial Hospital.



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 a 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. For example, Healthy Lifestyle Objective A-1 states that by 2012; work with at least 20 rural communities including 10 CAH communities to develop an action plan to support physical activity. An outcome may be that the objective is accomplished, dependent on the type proposals submitted by the communities.

The twelve communities selected to receive the matching grant will be announced at the Annual CAH Conference.

Think Green: Think Telemedicine

By Rose Young

When a patient in rural Michigan needs to see a specialist how far do they drive? 50 miles? 100 miles? More? The most obvious impact of travel these days is the cost of fuel. For patients in need of frequent specialized medical care, “pain at the pump” takes on a whole new meaning.

A patient that visits a specialist every 6 weeks or so and travels 50 miles one way probably will spend at least \$200 just in fuel costs for the year. For some people that might not sound like much, but for those on a fixed income every penny counts, especially these days.

Just for the sake of discussion, let’s imagine that 10,000 people in Michigan make trips like this on an annual basis (not completely unrealistic considering that 19% of the state population is rural). Fuel costs for doctor visits: \$2 million dollars.

Did you know that as a health care organization, you could put some of that money back in patient’s pockets? Telemedicine is a solution to saving \$2 million dollars for patients in rural communities.

The other big savings from telemedicine? CO2 Emissions. If these 10,000 people used telemedicine for follow ups with their specialist, our environment would be spared 4700 metric tons of CO2.

Changing up the notion of green, let’s imagine that 100 diagnostic tests were carried out at the facility where the patient was seen with telemedicine, and the reimbursement per test was about \$40. That means that as a result of keeping the patient in the local facility and using telemedicine for specialist visits, about \$4,000 stayed in the community. And that’s just for one test.

Awareness of “green”- is readily increasing. Next time you want to “Go Green”, think about telemedicine. If you’re interested in learning more, contact the Midwest Alliance for Telehealth & Technology Resources at 866-603-4733.

Save This Date:

12th Annual Rural Health Conference

April 23-24, 2009

Soaring Eagle Resort, Mt. Pleasant, MI

Rural Ambulance Budget Model Workshop

This one-day budget model workshop is for hospital finance department personnel and new, current, and future leaders of ambulance services. This program will provide each participant with a spreadsheet-based budget tool. This tool can create a budget for agencies that do not have one, or assist with financial planning for things like new medications, procedures or staffing changes.

Hands-on, group participation is at the core of this program. Attendees will be given tools and techniques they can implement, not theories or abstract concepts. Speaking at the workshop will be Gary Wingrove of the Mayo Clinic's Gold Cross Ambulance Service.

There is a \$15.00 fee to attend this workshop, which includes continental breakfast, lunch, and snacks throughout the day. Registration will be limited to the first 8 participants for this workshop. Those attending the Budget Model Workshop are required to bring a laptop in order to participate in the Budget Model training.

The workshop will be taking place on Thursday, November 20, 2008 at the Waterfront Conference Center in Traverse City.

For more information contact Sydni Johnson at (517) 432-0006 or sydni.johnson@hc.msu.edu.

GRAND ROUNDS:

PHARMACY

Time: 12:00 NOON – 1:00 pm EST

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

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

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.

2008 Schedule

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

- November 5 – Health Literacy in the Elderly Marolee Neuberger, MS
- December 3 – Telemedicine and Remote Monitoring Pam Whitten, PhD

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

- November 18 – TBD

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.

Nursing Grand Round DVD's Available Continuing Education Contact Hours

All of the 2007 Nursing Grand Round sessions are now available on DVD for \$10.00 each. The DVD's could be used during a staff meeting or for content reference. Nurses watching the DVD's can receive continuing education credit by filling out an attendance and evaluation form and returning the forms to Phyllis Ball. The contact hours are available up to two years from when the program was originally aired.

Programs available include:

- Patient Satisfaction: A Key to Creating a Culture of Safety in Healthcare Settings by Pam Theisen (Program originally aired March 13, 2007).
- Lessons from Florence Nightingale by Dr. Louise Selanders (Program originally aired May 8, 2007).
- Polypharmacy and Older Adults: Issues & Implications by Rebecca Coccia (Program originally aired September 11, 2007)
- Intergenerational Issues in Nursing by Katie Kessler (Program originally aired November 6, 2007).

Accreditation: Nurses who view the entire program, and complete an attendance form and evaluation will receive 1.0 continuing education contact hours. Michigan State University College of Nursing is approved as a provider of continuing nursing education by the Michigan Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center Commission on Accreditation.

More Nursing Continuing Education available in 2009

Beginning in January 2009, all nine one-hour Geriatric Grand Round sessions will be accredited for nursing continuing education contact hours.

The Michigan Center for Rural Health partners with the Geriatric Education Center and the Michigan State University College of Nursing. They are approved as a provider of continuing nursing education by the Michigan Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center 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.

2008 Schedule

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

2008 Schedule

- November 5 – Health Literacy in the Elderly, Marolee Neuberger, MS

Geriatric Grand Round Program Accredited for Social Workers

The November 5th Geriatric Grand Round on Health Literacy has been cross-accredited to include Social Workers. This program will be presented via videoconference/teleconference

- November 20 – TBD

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

Angela Emge
Hospital Program Administrator
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.com.msu.edu/micrh

Accreditation: This program is approved by the Michigan Social Work Continuing Education Collaborative for 1 CE Clock Hours. Course approval is # 071708-10.

Accreditation: Michigan State University School of Social Work (Provider No. 1136) is approved by the Association of Social Work boards (ASWB) approved continuing Education (ACE) program: www.aswb.org: 1-800-335-6880. ASWB ACE-approved programs are recognized in Michigan. In addition, Wisconsin, Illinois, and Indiana recognize ACE-approved providers. Social workers should verify recognition of ACE approval with their state boards.

EMS TELECONFERENCES

Quarterly 6:00-7:00 pm

Sponsored by the Michigan Association of Ambulance

- November 14- TBD

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 QUOTE:

"Pain is nothing compared to what it feels like to quit.
Give everything you got today for tomorrow may never come."

- Dan Gable