



# Michigan Rural Health Quarterly

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## From the Desk of the Executive Director



In June, the Senate Fiscal Agency released their Community Health budget recommendations ([www.senate.michigan.gov/sfa/Departments/DecisionDoc/DDdch\\_web.pdf](http://www.senate.michigan.gov/sfa/Departments/DecisionDoc/DDdch_web.pdf)); the rural health line is on page 26. As stated in the document, "the Senate concurred with the House to restore the rural health appropriation and the federal match." Thank you to Senator Kahn and Representative McDowell for restoring the funding, and, thank you to all who wrote, emailed and called your Senators and Representatives requesting a restoration of the rural health funding. In these very difficult times we count our blessings and promise to continue providing excellent services and the rural voice for you.

In January, the Federal Office of Performance Review notified us we were selected for a program audit. Five state offices of rural health are selected each year. After a series of telephone calls they met with us in April and took MCRH staff through a strategic planning process. Areas were identified for improvement and a workplan was written and submitted to the OPR. These areas include: increasing the number of Michigan communities that receive federal network and outreach grants; increasing the number of non-clinical grand rounds; and increasing the number of providers recruited to rural communities. The MCRH Staff are already addressing these issues. You may have attended the HIPAA tele-broadcast that the law firm Hall Render provided in June; that is the first in a series of four. We are also planning on a March 2010 Network and Outreach grant writing workshop; watch for future details. To address recruitment, we are partnering with the Michigan Department of Community

Health, the Michigan Health Council and the Michigan Primary Care Association to submit a grant to the National Health Service Corp to increase the number of medical students choosing rural locations for 6 week rotations. Watch for greater detail from Steve Shotwell.

The State Rural Health Plan continues to be the roadmap for many of the MCRH activities and plans. As an example, each fall Steve Shotwell takes a week to visit many of the critical access hospitals and certified rural health clinics. This year he will request and assist hospitals and clinics to become approved National Health Service Corp and State Loan Repayment sites (thus addressing two recruitment and retention objectives). A final thought regarding the State Rural Health Plan: take a moment to review the document, especially pages 29-41. These 13 pages contain the Plan's goals, measurable objectives and strategies. I am convinced that as you read the Healthy Lifestyles section you will find objectives and strategies that organizations can collaborate around and address with very little funding. For instance, a hospital or local health department can partner with Big Brothers/Big Sisters to screen for high-risk diabetic grade school children. As you read you will see potential grant ideas that can be funded through your local United Way, Kiwanis Club, Chamber of Commerce, Rotary, and other community based organizations. View the Plan on our website: [www.mcrh.msu.edu](http://www.mcrh.msu.edu) and click on the MI-SORHI link located on the left side of the front page.

Something new for our newsletter is a Washington D.C. update from Congressman Bart Stupak. We are providing this to keep you up-to date on federal legislation. These articles will be provided by a differ-

ent congressman for each newsletter. If you have questions about the Congressman's article please contact his office.

We have a staff change to announce: after 5 years with us as an administrative assistant and managing our EMS programs, Sydni Johnson is leaving to return to school full-time and receive her paramedic license. She has been a special person in our office and we will miss her. She promises to stay in touch as she proceeds through classes and she hopes to stay in the Lansing area; good luck Syd! Our new employee is Crystal Barth. Crystal is a Lansing resident and is finishing up her Bachelor's Degree in Health Professions. She comes to us through the Americorp program and will be assisting Phyllis and Steve with education programs and recruitment. Welcome aboard Crystal!

As always, please contact the MCRH staff with issues as needed. We are your rural single point of contact.

Enjoy the rest of the summer.

## Michigan State Loan Repayment Program (MSLRP)

*Submitted by Steve Shotwell, Recruitment and Retention Services*

Health Care Employers, Providers and MSLRP Marketing Partners, 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.

FY 2009 First-Come, First-Served Application Period Remains Open. Employers may still take advantage of combining their contributions equally with available federal program funds to double their resources intended for provider loan repayment contracts.

Remaining federal funds must be committed no later than August 31, 2009, or be returned to the Health Resources and Services Administration (HRSA).

Interested Providers and Employers should apply As Soon As Possible!

- Participants receive these loan repayment benefits tax-free.

- 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.

- Application forms are available on the MSLRP Website at: [www.michigan.gov/mslrp](http://www.michigan.gov/mslrp)

- These contracts are not affected by the State's budget situation, because no state funds are involved.



The State Loan Repayment Program of Michigan is partially funded through the National Health Service Corps of HRSA.

## The National Health Service Corp—Q & A Facts

*Submitted by Steve Shotwell, Recruitment and Retention Services*

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.

- August 20, 2009
- September 10, 2009
- October 1, 2009
- October 29, 2009
- November 19, 2009
- December 10, 2009

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

To join any of these conference calls, dial 1-888-889-1974 (toll free) and enter participant pass code 8360318

If you have questions or want further information please contact Steve Shotwell.



## Grand Round Series

### Don't have Videoconference Equipment?

You can still participate in the any Grand Round program LIVE via audio (phone). There is no cost to participate except phone charges. Please contact Phyllis Ball at least two days prior of the program date to make arrangements.

**For more information on Grand Rounds: Please contact Phyllis Ball, Education Coordinator, at (517) 355-8250 or e-mail: [ballp@msu.edu](mailto:ballp@msu.edu)**

### Arthritis Grand Rounds Via Videoconference/Teleconference

Held quarterly; 12:00-1:00 pm.

**Sponsored by:** Michigan Arthritis Collaborative & Michigan Center for Rural Health

**Date:** Oct. 14; 12:00-1:00 pm EST

**Topic:** Musculoskeletal Pain in Kids—Arthritis Versus Developmental Syndromes

**Speaker:** 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. Each physician should claim only those hours that he/she actually spent in the educational activity.*



Hilary Haftel, MD

### Geriatric Grand Rounds Via Videoconference/Teleconference

Held monthly except June, July & August; 12:00-1:00 pm

**Provided by:** The MSU Geriatric Education Center and the Michigan Center for Rural Health

**Date:** Sep. 2; 12:00-1:00 pm EST

**Topic:** Skin Disorders in the Elderly

**Speaker:** Animesh A. Sinha, MD, PhD

#### Upcoming Programs:

- Oct. 7, Spirituality & End of Life, Linda Keilman, MSN, GNP-BC
- Nov. 4, Five Simple Interventions to Improve the Care of the Aging Adult in the Emergency Department, Chris Carpenter, MD, MSc, FACEP, FAAEM
- Dec. 2, Pain in the Elderly, Karen Ogle, MD

**CME Accreditation:** *"The Michigan State University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians."*

*vide continuing medical education for physicians."*

*The Michigan State University designates this educational activity for a maximum of One AMA PRA Category 1 Credit(s) TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

#### Accreditation for Nurses:

*Nurses who attend the entire program and complete an 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.*



Animesh A. Sinha, MD,



Linda Keilman, MSN,



Chris Carpenter, MD, MSc, FACEP, FAAEM

## Psychiatry Grand Rounds via Videoconference/Teleconference

Held quarterly from 12:00 - 1:00 pm

**Provided by:** The MSU Department of Psychiatry and Michigan Center for Rural Health

**Date:** Dec. 7; 12:00 - 1:00 pm EST ([Note date change](#))

**Topic:** Post-Partum Depression

**Speaker:** Alyse, Ley, DO

### Objectives:

- Recognize and differentiate post-partum depression from normal post-partum adjustment
- Discuss the risk factors for post-partum disorders.
- Understand the impact of post-partum depression on the mother and infant
- Discuss the current treatment options for post-partum depression

**Accreditation:** "The Michigan State University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians."

The Michigan State University designates this educa-

tional activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.



## Social Work Grand Rounds via Videoconference/Teleconference

**Provided by:** MSU School of Social Work and Michigan Center for Rural Health

**Date:** Oct 8; 12:00-1:15 pm EST

**Topic:** Sex Therapy 101

**Speaker:** Tina Timm, PhD, LMSWW, LMFT, Assistant Professor at MSU with a joint appointment between the School of Social Work and the Marriage & Family Therapy Program.

### Objectives:

- Name three common dysfunctions for men and women
- Complete a simple assessment
- Understand appropriate criteria for making a referral to a sex therapist

### Upcoming Program:

- Dec. 10—TBD

**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](http://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 recog-

nition of ACE approval with their state boards.



## Nursing Grand Rounds via Videoconference/Teleconference

Held quarterly from 12:00 - 1:00 pm

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

**Date:** Sept. 22; 12:00 - 1:00 pm EST

**Topic:** Bioidentical Hormones: What YOU Need to Know

**Speaker:** Karen F. Lake MSN RNC Women's Health Nurse Practitioner Instructor, Michigan State University College of Nursing

### Speaker Bio:

Karen Lake is a certified women's health nurse practitioner with 17 years experience working with rural health departments. She is a doctoral candidate and has taught at MSU for 15 years.

### Objectives:

- Define "bioidentical hormones"
- Describe the testing used for bioidentical hormones
- Discuss considerations in the use of bioidentical hormones and nursing

implications for advanced practice nurses

### Upcoming Programs:

- Dec. 1, TBD

**Accreditation:** Participants who attend the entire session and complete an evaluation form will receive a certificate for 1.0 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.



## Pharmacy Grand Rounds Via Videoconference/Teleconference

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

**Date:** Oct. 1; 12:00-1:00 pm EST ([note date change](#))

**Topic:** Disaster Preparedness & Response: The Pharmacist's Role

**Objectives:**

- Understand that disasters are not predictable, and they must always be preparing for the next one

- Recognize and understand that preparedness is at multiple levels
- Understand what a pharmacist can do to assist during a disaster or emergency event

**Speaker:** William C. Drake, PharD, FASCP, FASHP

**Continuing Education:** This program is pending approval by the Michigan Board of Pharmacy for one hour.

**Teleconference opportunities:** We can arrange for your clinic or hospital to listen LIVE via audio to the presentation. These arrangements need to be made early to reserve an audio line.

**Accreditation:** *(Pending)* Certified through Michigan Department of Community Health-Bureau of Health Professions. Participants who attend the entire session and complete an evaluation form and quiz will receive a certificate for 1.0 contact hours.



## EMS Teleconference

**Date:** Sept. 17; 6:00-7:00 p.m. EST

**Topic:** Tactical EMS—A Brief Overview

**Continuing Education—** 1 hour in EMS Sys Opps

**Speaker:** David Maatman, NREMT-P/IC, CCEMT-P

**Cost:** There is no cost to participate in the conference call. Call-in number will be provided when participant registers.

download the registration form at [www.mcrh.msu.edu](http://www.mcrh.msu.edu) and click on the Grand Rounds tab on the left.

**To Register:** Please

## HITECH Changes to HIPAA—Preparing for Compliance with the Changes to the Privacy and Security Rules

**Date:** Aug. 20; 10:00-11:00 EST

**Presenters:** Elizabeth Callahan-Morris, Esq and Brian F. Bauer, Esq. of Hall Render Killian Heath & Lyman

**Co-sponsored by:** Hall Render Killian Heath &

Lyman and the Michigan Center for Rural Health

**Session Summary:**

- New breach notification requirements-when it is mandatory to notify patients and HHS of breaches
- Direct regulations of business associates

agreement

- Changes to patients rights-right to request restrictions, right to obtain copy of EMR, and right to an accounting
- Changes to uses and disclosures-minimum necessary, marketing, fundraising, and sale of PHI & EHRs

- Increased penalties and enforcement

**Cost:** there is no cost to participate in the videoconference/teleconference presentations.

**To Register or Questions:** contact Phyllis at (517) 355-8250 or [ballp@msu.edu](mailto:ballp@msu.edu)

## Annual Legal Update

**Date:** Sept. 17; 10:30-11:30 AM EST

**Presenters:** Brian F. Bauer, Esq. of Hall Render Killian Heath & Lyman

**Co-sponsored by:** Hall Render Killian Heath & Lyman and the Michigan Center for Rural Health

**Session Summary:**

- Changes to the STARK regulations that could impact existing agreements with physicians and physician groups
- New IRS guidance on "good governance" for Hospitals and other tax exempt organizations
- Analysis of how CMS physician supervision requirements are impacting hos-

pitals' ability to bill for hospital outpatient services

- Guidance for structuring compliant on-call coverage compensation arrangements
- Review of recent developments in CAH regulatory and reimbursement issues, including off campus provider-based location issues..

**Cost:** there is no cost to participate

**To Register:** contact Phyllis at (517) 355-8250

**To Register or Questions:** contact Phyllis at (517) 355-8250 or [ballp@msu.edu](mailto:ballp@msu.edu)



## Making Health Care Work for Rural America

*Submitted by U.S. Congressman Bart Stupak (D-Menominee)  
Michigan's First District*



Health care reform in our country is long overdue – and that is especially true in rural America. I represent a district that is largely comprised of rural communities. I hear daily from my constituents about the issues affecting their lives and right now health care is the issue on everyone's mind.

Often it seems our rural areas get forgotten in Washington, DC. But when it comes to health care the numbers show reform is essential for rural America. Currently 8.5 million people without health insurance live in rural areas. A large reason for this is the high costs of health care today. Three out of four uninsured rural Americans say they do not have health insurance because premiums are too expensive. The costs they pay are higher than their urban counterparts – rural Americans, on average, pay 40 percent of health care costs out of pocket compared to those in urban areas who pay about 33 percent.

To help combat the high cost of health care, Congress needs to build on the framework that already exists in our country by making it easier for employers to provide health insurance and by providing affordable access to coverage for individuals not covered by their employer. This is especially important for workers in rural areas because 79 percent of those without health insurance in these areas are from working families who have at least one full-time worker in their home.

During the last week of July I joined my colleagues on the House Energy and Commerce Committee in debating and amending legislation that would provide health care coverage for 97 percent of Americans by 2016. H.R. 3200, America's Affordable Health Choices Act of 2009, would create a health insurance exchange that would provide insured and uninsured Americans alike a one-stop shop for their health insurance needs.

While I am committed to working toward enacting necessary reforms in health care, I continue to have concerns with H.R. 3200. First, it does not do enough to control rising health care costs or promote true competition. This is critical for rural areas where one or two insurers often dominate the market cutting down on competition and resulting in higher premiums. Additionally, the non-partisan Congressional Budget Office estimates the bill would cost more than \$1 trillion over the next 10 years. As this by doctors debate continues I will insist that middle class Americans not bear the burden of the cost of health care reform. Finally, the current bill builds on a system that rewards ineffectiveness instead of quality and value.

One example of this is the failure of H.R. 3200 to address regional inequities in Medicare reimbursement rates. Doctors in Marquette, Michigan are reimbursed \$6,000 per patient, while doctors in Miami, Florida receive \$16,000 per patient. Rural providers should not be penalized based on their geographic location; rather they should be rewarded based on the quality and value of the care they provide. The current bill simply perpetuates this broken system and I will continue to work toward a final bill that treats patients and providers in rural American fairly.

One piece of good news for rural health care in H.R. 3200 is a provision that allows local hospitals to purchase many of their drugs at discounted prices. The legislation expands the current 340B program, which allows qualifying providers to pay 40 to 50 percent less than average wholesale price for pharmaceuticals. Under H.R. 3200 the program would be expanded to include rural hospitals. It would also allow hospitals to take advantage of the 340B discount in an inpatient setting as well as outpatient settings. I have supported this expansion of the 340B program for years and these provisions were included at my request because they save \$2.7 billion over 10 years.

Despite some of the positive reforms provided in H.R. 3200, because of my remaining concerns I voted against H.R. 3200 in the House Energy and Commerce Committee. However, I continue to believe health care is a basic right that should be afforded to *all* Americans and I will work to make H.R. 3200 stronger to meet the needs of those living in rural areas across Michigan. While some are eager to pass this bill quickly I am more interested in doing it right than doing it quickly. Legislation providing healthcare reform means ensuring that rural Americans have affordable access to the health care they need close to home.

For additional information on H.R. 3200 and health care reform visit [www.house.gov/Stupak](http://www.house.gov/Stupak).

## **Legislation Dramatically Improves Michigan's Response to Victims of Sexual Assault**

*Collaboratively written by the Crime Victim Services Commission and the Michigan Domestic Violence Prevention and Treatment Board.*

Sexual assault is a crime that affects people of every geographic region, race, nationality, gender, sexual orientation, ability, and socio-economic status. While rural health care centers may encounter a lower volume of sexual assault cases; women of all ages, in all geographic areas are at risk for this horrendous crime. Recently, Michigan has taken steps to ensure that every sexual assault victim from puberty through adulthood has equal access to appropriate medical care in the immediate aftermath of a sexual assault, regardless of ability to pay or insurance coverage. This is a dramatic improvement from the past when a sexual assault victim may have been required to pay for her own medical forensic exam.

In December 2008, Michigan passed Public Acts 390 and 391, which amended the statutes governing the Crime Victims Compensation Commission to create the SAFE Response program. The SAFE Response program is intended to ensure that victims are not billed for medical forensic exams conducted in the immediate aftermath of an assault. The program will pay for exams whether or not the victim chooses to report the assault to law enforcement, or otherwise work with law enforcement to investigate or prosecute the crime.

Under the SAFE Response pro-

gram, a victim's insurance carrier is the payer of first resort. However, the SAFE Response program is available to pay for an exam if the victim has no insurance, or the victim believes that billing insurance will substantially interfere with his or her personal privacy or safety. SAFE Response will also pay costs that the victim's insurance company will not pay, like co-pays or deductibles. Health care providers who do not wish to use insurance or SAFE Response can also seek payment for the exam from other sources, as long as they do not bill the victim for any portion of the exam.

Although victims cannot be required to work with law enforcement in order to receive the exam, the new law does not change the duty that health care professionals have to report to police injuries inflicted by means of violence as described in MCL 750.411. It is critically important, however, for health care professionals to notify victims prior to making a report so that victims can take steps to protect themselves from retaliation from the perpetrator, if necessary. This is especially important in rural areas, where there is generally less anonymity.

Sexual assault victims often face expenses beyond the medical forensic examination in the aftermath of the assault. These may include medical bills for with injuries that are not addressed by the medical forensic exam (e.g. a

broken arm), lost wages, or counseling expenses. Victims may be eligible for compensation for these expenses through the Crime Victim Services Commission compensation program, which is a separate entity from the SAFE Response Program. However, the Crime Victim Services Commission will only reimburse for these other costs if the victim reports the crime within certain time limits and works with law enforcement to investigate or prosecute the crime. Contact **517-373-7373** for more information about the Crime Victim Services Commission including how to file a claim. For more information about the SAFE Response Program, call (517) 334-9182 or click here (hyperlink to [www.michigan.gov/crimevictim](http://www.michigan.gov/crimevictim)) to view our web site.

Many sexual assault victims benefit significantly from sexual assault supportive services. The national Rape, Abuse & Incest National Network (RAINN) 24 hour hotline will automatically route the caller to the sexual assault service agency nearest them. The number is **1-800-656-HOPE**. Even if the resource is not close by, most agencies can provide long-distance support and information through hotlines.

## A Michigan Strategic Opportunities for Rural Health Improvement Update—Tele-Psychiatry at Harbor Beach Community Hospital

*Submitted by Ellen Basmaji, Patient Care Services*

About a year ago, Harbor Beach Community Hospital's Extended Care and Rehab staff began to explore bringing tele-psychiatry to the residents of our facility. Timely mental health services are often difficult to obtain for residents in a long term care facility, particularly if the facility is in a rural area. Through our membership in the Thumb Rural Health Network, we were able to access grant funds from the MI Center for Rural Health to pilot these services in conjunction with Michigan State University's Department of Psychiatry. Telemedicine is a rapidly developing application of clinical medicine, delivered through secure encrypted Internet communications, using a camera and monitors. This is a real time consultation between a psychiatrist at Michigan State University and our resident at Lake-

view Extended Care and Rehab Unit. The evaluation is done at our facility in familiar surroundings, and the Harbor Beach Community Hospital social worker facilitates the session. Having a familiar person in attendance is comforting to the resident. These highly trained specialists address the needs of the residents by diagnosing and providing consultative guidance for the attending physician, to help develop a plan of care that meets the immediate needs of a resident in distress.

To date, we have had four successful tele-psychiatry sessions. The amazing consequence is a "supportive talk" between the resident and psychiatrist, and collaboration between the attending physician and the

psychiatrist.

The psychiatrist follows the sessions with a comprehensive written report to the attending physician, including an evaluation of the resident's current medication therapy, risk/benefit statement, and recommendations for the current plan of care. Emergency interventions can be coordinated with the Michigan State University Psychiatry Department on an as-needed basis. There have been positive reactions from our families, due to the onsite timely interventions and follow-up. Many family members are working, or elderly, and they appreciate the service being offered at the facility. This relieves them from having to transport a distressed loved one to another location. Through this program, we strive to support and assist family members in coping with their loved one's mental illness and dementia.

As partners in this successful pilot project, we are looking forward to developing and expanding this new technology and to encourage other long term care facilities to consider this cutting edge program. Next steps include looking at ways to use tele-psychiatry to assist our community.

A special thanks goes out to Vicki Winkel, Social Worker and Tele-psychiatry Coordinator; Lonnie Stevens, Executive Director Thumb Rural Health Network and Dr. Deborah Banazak Wagenaar, D.O., M.S. Associate Professor Michigan State University, and MI Center for Rural Health, for launching this new, valued service here at Harbor Beach Community Hospital. For more information on this service, please call Vicki at 989.479.3201, ext. 260.

## ADA Checklist and Resources for Emergency Shelters

*Submitted by the Office of Public Health Preparedness, Michigan Department of Community Health*

The Civil Rights Division of the U.S. Department of Justice has published several resources explaining the Americans with Disabilities Act (ADA) and the advance planning necessary to ensure that emergency shelters are accessible to persons with disabilities. The emergency shelters

checklist, designed to provide informal guidance to emergency preparedness efforts, details how to conduct an accessibility survey and ensure compliance with accessibility regulations. The ADA "Best Practices Tool Kit for State and Local Governments" Chapter 7, Addendum 2, discusses some of the key

issues that emergency managers and shelter operators need to address when they plan for and provide shelter during emergencies and disasters. Although this Addendum focuses primarily on issues affecting shelter residents with disabilities, these topics are also applicable to volunteers and

employees with disabilities. Project Civic Access, a wide-ranging effort to ensure compliance with the ADA, has also made available previous settlement agreements made with individual counties. For more information, contact the ADA Information Line at 800-514-0301 (voice), 800-514-0383

## Pain Management Booklet to be Distributed to Michigan Physicians

This summer the Bureau of Health Professions will be sending licensed Michigan physicians, medical residents, physician assistants, and advance practice nurses whose official address of record is in Michigan, a copy of the Federation of State Medical Boards' (FSMB) booklet, *Responsible Opioid Prescribing: A Physician's Guide*.

This continuing medical education (7.25 credits can be earned



Scott M. Fishman, M.D.

online) activity is jointly sponsored by the Alliance of State Pain Initiatives, the Federation of State Medical Boards, and the University of Wisconsin School of Medicine.

This clear, concise handbook has been written for the FSMB by Scott M. Fishman, M.D., Chief of the Division of Pain Medicine and Professor of Anesthesiology at the University of California Davis, and Past President of the American Academy of Pain Medicine.

*Responsible Opioid Prescribing: A Physician's Guide* provides concrete steps that can be taken to reduce risks and improve patient care in those cases where opioid therapy should be considered as part of a patient's treatment plan. The booklet also reflects the basic tenets of the FSMB's 2004 *Model Policy for the Use*

*of Controlled Substances for the Treatment of Pain*.

The Bureau of Health Professions recently established a new Pain Management and Palliative Care Program, the mission of which is to assist both health care professionals and the public in providing and being provided safe, adequate and appropriate pain and symptom management.

Additional information can be found on the Bureau's Pain & Symptom Management website at [www.michigan.gov/pm](http://www.michigan.gov/pm).

If you have any questions regarding this new program or the distribution of the *Responsible Opioid Prescribing: A Physician's Guide* booklet, please call or email Susan Affholter at (517) 373-7303 or [affholters@michigan.gov](mailto:affholters@michigan.gov).

## 2009 Michigan Rural Health Quality Improvement Award Submitted by Angie Emge, Hospital Program Manager

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.



## Welcome – West Shore Medical Center

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

## Rural Health Clinics and Diabetes-Related Primary Care for Medicaid Beneficiaries in Oregon

*Submitted by Ron Nelson*

A recent study by Kirkbride, MPH, and Wallace, PhD, of Portland State University demonstrated that the rural health clinics in rural Oregon were associated with improved diabetic care as measured by the study completed on claims from 2002-2003 Oregon Health Plan. The study, which was structured to collect data from 2002-2003, was designed to measure increased access and quality of diabetic care related to performance of three basic tests: the hemoglobin A1C (HBA1C), lipid profile, and eye exam. The results of the study demonstrated that areas with rural health clinics showed better rates of testing with hemoglo-

bin A1C, lipid profiles, and eye exams than other rural areas. The conclusion of the study demonstrated that RHCs in rural Oregon were associated with higher rates of recommended primary care for diabetes consistent with the intent of the policy for the creation of the RHC program. The study further identifies the need of policymakers to address the access to care issues in rural areas and that the RHCs seem to help meet that need for rural Medicaid beneficiaries. There are several areas to consider. One of which the study points out in its conclusion is that there is a need for greater study and understanding of quality of care and access to care issues related to rural health care clinic program. "There is a need

to better understand RHCs in terms of how and why their presence affects the quality of primary care for rural patients."

Comment: This study highlights that rural health clinics are, in fact, in many cases the point of access for care in rural areas. I believe the study also demonstrates that the access to care translates into improved care from the standpoint of measuring chronic diabetes care. It is imperative that the rural health clinic community embrace and engage in further research to have a better understanding and demonstrate to the policymakers the impact this program has on our rural communities.

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## National Cholesterol Education Month

September is National Cholesterol Education Month, a good time to get your blood cholesterol checked and take steps to lower it if it is high. National Cholesterol Education Month is also a good time to learn about cholesterol goals, lipid profiles and about food and lifestyle choices that help you reach personal goals. High blood cholesterol affects over 65 million Americans. It is a serious condition that increases your risk for heart disease. The higher your

cholesterol level, the greater the risk. You can have high cholesterol and not know it. Lowering cholesterol levels that are too high lessens your risk for developing heart disease and reduces the chance of having a heart attack or dying of heart disease. The National Heart, Lung and Blood Institute offers helpful resources to use during National Cholesterol Education Month at <http://www.nhlbi.nih.gov>.



**National Heart Lung and Blood Institute**

## Michigan CAHs to Participate: National Pilot Program to Reduce "Rehospitalizations"

*Angie Emge, Hospital Programs Manager*

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 MICA Quality Network representative on the MISTAAR Steering Committee.

## Health Care Employers, Providers and MSLRP Marketing

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.

FY 2009 First-Come, First-Served Application Period Remains Open. Employers may still take advantage of combining their contributions equally with available federal program funds to double their resources intended for provider loan repayment contracts.

Remaining federal funds must be committed no later than August 31, 2009, or be returned to the Health

Resources and Services Administration (HRSA).

Interested Providers and Employers should apply As Soon As Possible!

- Participants receive these loan repayment benefits tax-free.
- 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.
- Application forms are available on the MSLRP Website at: [www.michigan.gov/mslrp](http://www.michigan.gov/mslrp).

- These contracts are not affected by the State's budget situation, because no state funds are involved.

Call Ken Miller at 517 241-9946 for further details.

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517 241-1200 (fax)

## Helpful Websites from WWAMI Rural Health Research Center

The WWAMI Rural Health Research Center at the University of Washington is pleased to announce the release of the following policy briefs on important rural health workforce issues:

- The Crisis in Rural Primary Care  
[http://depts.washington.edu/uwrhrc/uploads/Rural\\_Primary\\_Care\\_PB\\_2009.pdf](http://depts.washington.edu/uwrhrc/uploads/Rural_Primary_Care_PB_2009.pdf)
- The Crisis in Rural General Surgery  
[http://depts.washington.edu/uwrhrc/uploads/Rural\\_Gen\\_Surg\\_PB\\_2009.pdf](http://depts.washington.edu/uwrhrc/uploads/Rural_Gen_Surg_PB_2009.pdf)
- Threats to the Future Supply of Rural Registered Nurses  
[http://depts.washington.edu/uwrhrc/uploads/Rural\\_RNs\\_PB\\_2009.pdf](http://depts.washington.edu/uwrhrc/uploads/Rural_RNs_PB_2009.pdf)
- The Crisis in Rural Dentistry  
[http://depts.washington.edu/uwrhrc/uploads/Rural\\_Dentists\\_PB\\_2009.pdf](http://depts.washington.edu/uwrhrc/uploads/Rural_Dentists_PB_2009.pdf)
- The Availability of Family Medicine Residency Training in Rural Locations of the United States  
[http://depts.washington.edu/uwrhrc/uploads/Rural\\_FM\\_Training\\_PB.pdf](http://depts.washington.edu/uwrhrc/uploads/Rural_FM_Training_PB.pdf)
- The Future of Family Medicine and Implications for Rural Primary Care Physicians  
[http://depts.washington.edu/uwrhrc/uploads/Future\\_of\\_FM\\_PB.pdf](http://depts.washington.edu/uwrhrc/uploads/Future_of_FM_PB.pdf)
- The Aging of the Primary Care Physician Workforce: Are Rural Locations Vulnerable?  
[http://depts.washington.edu/uwrhrc/uploads/Aging\\_MDs\\_PB.pdf](http://depts.washington.edu/uwrhrc/uploads/Aging_MDs_PB.pdf)

For further information on these briefs, contact Sue Skillman, [skillman@u.washington.edu](mailto:skillman@u.washington.edu). Feel free to forward this information to interested colleagues, and please visit our Web site at <http://depts.washington.edu/uwrhrc/> to view our other projects and publications.

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## Telemental Health Webinar-Free

The Michigan Center for Rural Health, in collaboration with the Midwest Alliance for Health Education is sponsoring a FREE Telemental health series. Phil Hirsch, PhD director, Access Psychiatry, LLC will facilitate the series. Each of these sessions are one-half hour beginning at 12 (noon) EST.

- August 25– Telemental Health for Co-Existing Psychiatric and Chronic Illness
- September 1– Special Applications of Telemental Health

For more information, contact David Smith, Director of MidWest Alliance for Telehealth and Technology Resources at (866) 603-4733. To register for the program, go to [www.midwestthealthed.com](http://www.midwestthealthed.com).

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SAVE THE DATE

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### *Upcoming Conference:*

## **2009 Critical Access Hospital Conference Oct 29-30, 2009 Mountain Grand Lodge Resort Boyne Falls, MI**

**Watch the website at [www.mcrh.msu.edu](http://www.mcrh.msu.edu) for more information soon.**



The Michigan Rural Health Quarterly newsletter is distributed via e-mail. If you are not currently receiving the newsletter, please e-mail [mcrh@msu.edu](mailto:mcrh@msu.edu) to be added to the list.

## **Michigan Center for Rural Health**

### **Our Mission:**

"To coordinate, plan, and advocate for improved health for Michigan's rural residents and communities."

### **Our Vision:**

"The Michigan Center for Rural Health will be universally recognized as the center of expertise for rural health in Michigan through creative visionary education, service,, and research."

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