



Crossroads

Special points of interest:

Mississippi's Brock Slabach testifies before Congress

An introduction to the East Central AHEC

AHEC Program Office organizes health workforce task force

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From the MRHA president's pen

It is hard for me to believe that the time for our summer newsletter has already arrived. I am pleased to be able to report on two 2007 events that I believe will be of interest to our membership—the MRHA strategic planning retreat and the National Rural Health Association (NRHA) annual conference in Anchorage, Alaska.

In May the MRHA Board of Directors participated in a one-day strategic planning retreat to revisit our mission, goals, and plan for 2007-08. We continue to endorse our mission which is to work to improve the health status of rural Mississippians through education and promotion of rural health development. We have the unique identity of being a nonprofit grassroots organization which provides a forum for rural health care

concerns, networking, and educational opportunities for members. We are also a channel for communication exchange with key government and health care organizations with common interests.

The MRHA strategic plan for 2007-08 is three-fold



**Martha Catlette, President
Mississippi Rural Health
Association 2007**

focusing on membership, influence, and recognition. The focus of membership will be on strategies to increase the size of membership and increase diversity in representation among the Board of Directors. To address the focus on influence, action will be taken to expand liaison relationships with other rural health organizations with similar interests and goals, to develop a Web-based information center on rural health, and to provide several local citizen forums for rural health information exchange. Finally, to improve and enhance recognition of MRHA by a broader audience throughout the state, new media and technology methods will be explored and developed for the dissemination of the MRHA newsletter, as well as additional rural health information.

Also in May, I had the opportunity to attend the NRHA annual conference in Anchorage, Alaska. I believe it is essential that the MRHA send a representative to as many of the national events as possible. I continue to be extremely impressed with the growth and influence of the NRHA. Their voice is strong in Washington and they work continuously to support and advocate for the health care needs of rural America.

As one representative from Mississippi so appropriately stated, "We thought we knew what rural was, but you (continued on page 6)



Pictured during a break between National Rural Health Association sessions in Anchorage, Alaska are Mendel Kemp, Rozelia Harris, Brock Slabach, and Martha Catlette.

A message from the Area Health Education Center director

What factors are responsible for health care professionals practicing in Mississippi? Why do they choose rural, urban, or suburban locations? Why do some choose to relocate to other states? Where are the greatest needs for physicians, for dentists, for mental health professionals? What about Medicaid and Medicare? Who will treat them? How might the number of providers be increased? What is the HPSA score for an area? These and similar questions are raised frequently and asked of many state, federal, and private organizations. Answers may be available for some queries, but finding the answers can be challenging. This dynamic information and its analyses are needed as we search for solutions to problems dealing with the health care workforce.

The Department of Health's Primary Care, Health Policy and Planning Division (Mr. Alvin Harrion), Mississippi State University's Social Science Research Center (Dr. Lynne Cossman), and UMC's Mississippi Area Health Education Center (Dr. Stephen Silberman) have been discussing these issues and believe that one answer is the development of a Center that would be able to collect and coordinate data, analyze the data, and produce reports and disseminate them. In order to determine the feasibility of this potential solution, a preliminary meeting of many of the State's health care professions organizations were invited to meet and discuss these issues.

The list of representatives to attend



this first meeting was impressive. There were representatives from eleven state professional associations or agencies, six primary care associations, and three foundations that provide support for health care proposals. We proposed to assess the health care workforce, create a statewide database for primary care health professionals, issue reports that can be useful in developing strategies to retain a high-quality health workforce, recruit health care professionals, and decrease the shortages of health care professionals, particularly in Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs).

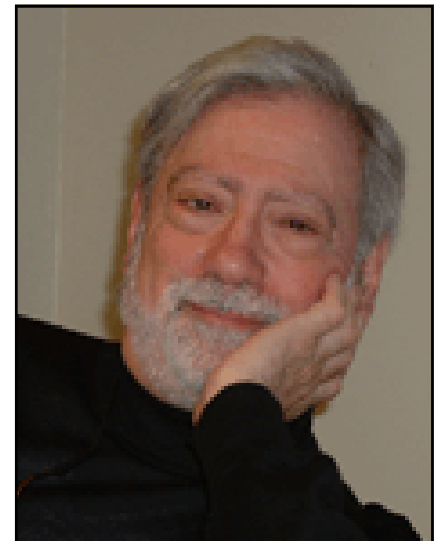
We believe this information will be invaluable to legislators; governmental institutions like Medicaid; the Department of Health; the Institutions of Higher Learning; the Governor's office; human services; educational institutions; health advocacy groups; and clinicians and

clinics.

As a result of this meeting, a working group has been formed to determine structure, funding, priorities, and a timeline. The next step is gathering information from surrounding States that already have a workforce center to determine how they began, what structure they use, and how they are funded.

Our next meeting is coming up and we hope to continue to move forward with what we believe is an important project. If you have questions or wish to provide input, please contact me at the Mississippi AHEC.

I look forward to reporting our progress in future issues of *Crossroads*.



Dr. Stephen Silberman, Director,
Mississippi Area Health Education Centers

Two NRHA Conferences Packed With Information You Can Use

Quality Conference: *Transformation: Moving From Exceptional Success to Standard Practice*
July 25-26, 2007

The purpose of this conference is to provide attendees with an overview of the latest quality policy environment, best quality related practices from around the country, and an understanding of what makes rural health care work. Attendees will be provided with learning tools to assist in carrying out these best practices in their community and have an opportunity to network with peers facing similar challenges.

Clinical Conference: *Rural Realities: Insights and Practices in Diverse Communities*
July 27-28, 2007

The purpose of this conference is to provide insights and practices addressing many of the access, quality, and patient safety issues confronted by our health professionals practicing in rural communities. This year's conference is also designed to afford rural clinicians, administrators, pharmacists, rural health professionals, and allied health personnel an opportunity to share effective practices, policies, and information in an atmosphere that encourages active adult learning and peer support.

To learn more about these information-packed conferences, go to www.NRHArural.org

News from the Mississippi Office of Rural Health

From the MORH director's desk

My little one (she's actually 15 now) was recently a Senator from Mississippi at the National Catholic Forensic League (forensic—as in the art of speaking) held at the Westin Galleria Hotel in Houston, Texas. This is one of the National Youth Congress Events held each year.

It was exciting to see the high-schoolers in attendance from all over the country. It was even more fascinating to listen and watch them elect Presiding Officers for their Legislative Chambers, vote on Chamber Rules, establish a docket, present legislation, debate on legislation, and even vote on legislation. They even engaged in caucusing during breaks.

As one would suspect, their bills centered around current issues facing America. It was clearly evident that some of these students will be elected officials one day. I must also say to their credit that the students were respectful and well-behaved. I even had quite a moment when as I was working on my laptop on the 2007-2008 FLEX grant application, a student approached me and asked if I was

researching information for one of my bills. Imagine my shock! I may not look !!! but I hardly look like a high schooler! Maybe at the same time he was thinking I was working on the computer to research information on a bill, that I was also the oldest looking high-schooler he had ever seen.

"In the United States and in Mississippi, the leading cause of death for children is accidents...Ninety percent of injuries are preventable."

With the recent ending of the regular academic school year and summer approaching, while traveling back from Houston and thinking about the students, I decided it would be a good idea to prepare my next director's article on Children, summer, and safety. In the United States and in Mississippi, the leading cause of death for children is



Rozelia Harris, MBA
Director, MORH

accidents. Sixty-two percent of the population in rural counties in Mississippi are those aged 0-19 years. This equals an overwhelming majority of the state's population. According to the Mississippi Department of Health's Bureau of Emergency Services Report, Mississippi had over 80,000 injuries reported for ages 1-16. Fifty-seven percent of trauma calls for this age group were for motor vehicle crashes. Ninety percent of injuries are preventable. Other high volume calls related to children were for falls, burns, pedestrian incidents, assaults, poisonings, choking, unintentional firearm shootings, and ATV accidents.

To keep children and youth safe during these summer months, it is important that parents and organizations that provide summer activities protect and guide children and provide them with safety information. We can all be more conscientious of children having more time to spend outside and should be more cautious when driving, in maintaining lawns and play areas because of snakes, having adequate supervision at water facilities and at playgrounds, using sunscreens, and ensuring that children have sufficient liquid intake because of the heat.



Rozelia Harris, Director, Mississippi Office of Rural Health, speaks with a Delta State University student about the Federally Qualified Health Centers in Mississippi. (See related article on page 5.)

2007 Rural Medical Scholars begin learning about health careers

Twenty-three high school rising seniors are participating in the Rural Medical Scholars program this summer. Directed by Mississippi State University Extension Service, the program encourages students to pursue a career as rural family medicine physicians. An intense, rigorous program, it provides significant insight into the academic requirements necessary to becoming a physician coupled with a real world look at the day-to-day practice of medicine and some of the issues relevant to the work and personal life of rural physicians.

The Scholars participate in a five-week summer program. They take two pre-med courses (Principles of Zoology and Pre Calculus), spend a few afternoons "shadowing" a physician in a hospital or clinical setting, tour a major medical facility, and attend a lecture series relevant to the interests of an aspiring physician.

Program recruitment begins early in the year. Each of the state's 15 community colleges selects and sponsors two candidates from their district. Candidates must



The 2007 Rural Medical Scholars in front of the Learning Resource center at UMMC

meet all criteria of the program.

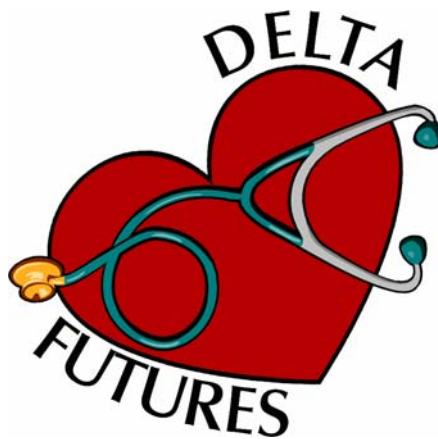
For more information, please contact Bonnie Carew at (662) 325-1321

(bcarew@ext.msstate.edu) or visit the program Web site at www.RMS.msucare.com

Delta Futures promotes health care careers among youth campers

Delta Futures is an exciting, informative, fun-filled opportunity for middle school children to learn about health care careers in a camp environment. The inaugural camp, directed by Mississippi State University Extension Service, was held on April 20-21, 2007 at Camp Lake Stephens in Oxford, Mississippi. Eighty-one students from ten Delta counties attended the camp, along with parent volunteers, and volunteers from various school systems. (See related photo on page 5.)

The youth participated in small and large group activities in which they were taught about various health care careers, leadership, healthy lifestyle choices, and decision-making. Guest speakers participating in the camp included Dr. Alfio Rausa (Mississippi Department of Health), Ms. Roslyn Smith-Howard (Mississippi Hospital Association), Dr. Martha Catlette (Delta State University), and Ms. Patti Livingston (Mississippi Delta Community College). Additionally, the camp included service learning opportunities for the students. Diabetes prevention material was



distributed by campers at a local Kroger store while other students encouraged Wal-Mart shoppers to sign a pledge to not smoke or take drugs. A third group of students were able to tour Baptist Hospital in Oxford to gain insight into their potential futures.

The next camp is in the planning stage. It is slated to be held in late October or early November. The camp is free to eligible students in eighteen

Mississippi counties: Bolivar, Carroll, Coahoma, DeSoto, Holmes, Humphreys, Issaquena, Leflore, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Warren, Washington, and Yazoo. The program is funded by the Delta Health Alliance, a consortium focused on advocating, developing, and implementing collaborative programs to improve the health of citizens in the Mississippi Delta.

In addition to camp activities, the Delta Futures staff has been busy attending career days at schools in the Mississippi Delta. At these events, students are given information about the demand for health care professionals in the Delta and told about various career opportunities.

For more information about Delta Futures, please contact Program Coordinator Margaret Cotton at (662) 325-6792 (mcotton@ext.msstate.edu), Program Associate Sharon Polk at (662) 325-6808 (spolk@ext.msstate.edu) or visit our Web site <http://msucare.com/health/deltafutures/index.html>

HISPC contract extended at Information Quality Healthcare

The contract for Information Quality Healthcare's (IQH's) work on the Health Information Security and Privacy Collaboration (HISPC) that ended April 30 has been extended through December 31, 2007. HISPC represents a national collaborative effort to address privacy and security issues in business policy, regulations, and state laws that may pose challenges to the secure sharing of electronic health information to authorized entities throughout the country.

Mississippi was one of 34 states awarded the subcontract to work on health information security and privacy. IQH and its partners were designated by the Mississippi Governor's Office to apply for the subcontract with the Research Triangle Institute as part of a national

collaborative involving the National Governors Association, the U.S. Department of Health and Human Services, the Office of the National Coordinator, and the Agency for Healthcare Research and Quality.

The collaborative engaged multi-disciplinary teams of stakeholders to analyze business practices and law in Mississippi; defined barriers; developed solutions to barriers; and designed implementation plans to facilitate the private, secure exchange of electronic health information. "IQH will focus on professional and consumer educational activities during the extension period," said Mary Helen Conner, HISPC project coordinator.

Events such as Hurricane Katrina

have shown the importance of electronic records, offering a unique means of improving quality, lowering health care costs, and preventing medical errors. The goal of the collaborative is to promote the secure and private exchange of patient health information among clinicians and others in a timely manner.

"We have over 160 active and inactive stakeholders," said Bo Bowen, IQH vice president of corporate services and HISPC project director. "The HISPC reports and project team are on the IQH Web site, www.iqh.org. We welcome those who are interested in this program to become a stakeholder."

Prospective stakeholders should contact Paula Tullios at (601) 957-1575 ext. 229 or e-mail ptullios@msqio.sdps.org.

Recruiting health professionals for shortage areas

The Mississippi Office of Rural Health and Primary Care Office participated in Spring Career Day on February 20, 2007 at Delta State University. Recruiters from hospitals, clinics, other medical facilities, and military service branches were on hand to speak with hundreds of students. The event also included exhibit space and on-campus interview services.

High quality health care services depend on the availability of competent health personnel in sufficient numbers to meet the population's needs. Mississippi is traditionally a medically underserved state, particularly in sparsely populated rural areas and areas containing large numbers of poor people, elderly people, and minorities. Mississippi had 75 counties or portions of counties designated as health professional shortage areas for primary medical care in 2006. The United States Department of Health and Human Services defines a health professional shortage area (HPSA) as a geographic area encompassing 30 minutes travel time and containing at least 3,500 persons per primary care physician. Areas with 3,000 persons per primary care physician can also be designated if the areas meet any one of the following three criteria: 1) more than 100 births per year per 1,000 women aged 15-44; 2) an infant mortality

rate of more than 20 infant deaths per 1,000 live births; or 3) more than 20 percent of the population with incomes below the poverty level.

The Directors of the Office of Rural Health and Primary Care Office met with students regarding the National Health Service Corps (NHSC) Program. The National Health Service Corps works to

form partnerships with communities, states, educational institutions, and professional organizations to provide opportunities and professional experiences to students through scholarships and loan repayment in exchange for working in a medically underserved area for a specified period of time.



Delta Futures campers posing with Howie the Hound from the Mississippi Hospital Association

Slabach testifies before Congress on Medicare Advantage PFFS Plans

On May 22, National Rural Health Association board member and Mississippi hospital administrator, Brock Slabach, told the U.S. House Ways and Means Subcommittee on Health that certain rapidly growing Medicare plans impede access to health care in rural America. Mr. Slabach outlined the National Rural Health Association's (NRHA's) concerns for rural patients and providers alike over the growth of Medicare Advantage Private Fee-For-Service plans (PFFS) in rural America in his testimony before the committee.

"Rural Medicare beneficiaries deserve a Medicare plan that is sensitive to their needs and provides security to the fragile rural health care safety net," testified Mr. Slabach. He further stated that as these plans gain more and more market share in rural communities, "the consequences to rural health are potentially quite negative."

Mr. Slabach then outlined several of the NRHA's concerns that Medicare Advantage PFFS plans harm rural seniors' access to care, including concern that such plans often reimburse providers at rates far lower than under traditional Medicare. For example, numerous PFFS plans do not comply with the cost-based reimbursement requirements for Critical Access Hospitals established in the Balanced Budget Act of 1997. "These plans have the potential of completely undoing the reimbursement structure that Congress created," said Mr. Slabach.

Mr. Slabach also testified that PFFS plans are often confusing to seniors, contain gaps in coverage, and are sold with

questionable marketing tactics. "We can and must do better for our rural seniors," Slabach told the committee.

Private Fee-For-Service has experienced enormous growth following Medicare Advantage payment increases made by the Medicare Modernization Act of 2003. In 2003, less than 26,000 beneficiaries were enrolled in PFFS plans, but by April 2007 that number had exploded to nearly 1.5 million—a growth of more than 5,600%. Though only a small percentage of rural Medicare beneficiaries are enrolled in Medicare Advantage Plans, the NRHA is concerned because enrollment has doubled in the last year, making rural enrollment one of the fastest growing demographics of MA plans.

Private Fee-For-Service plans are different from other MA plans. They are exempt from many of the rules and reporting requirements that apply to other MA plans. Additionally, MA Plans are paid on average 112% of fee-for-service Medicare. However, PFFS plans are located in geographic areas where payments are on average 119% of what it would cost to care for the same beneficiaries in traditional Medicare.

Subcommittee Chairman, Fortney "Pete" Stark (D-CA) said, "the alarming growth in these overpaid plans...results in increased premiums for all Medicare beneficiaries and shortened solvency of the Hospital Insurance Trust Fund."

Mr. Slabach also outlined the NRHA's recommendations and told the Committee that, as it works to modify the Medicare Advantage PFFS program, it

must:

- Ensure that rural providers receive equitable reimbursements in amounts no less than they would be paid by traditional Medicare;
 - Require CMS to engage with rural health experts regarding how to determine and enforce rural community access standards and mandate MedPAC, which advises Congress on Medicare, to have proportional rural representation; and
 - Provide the Federal Office of Rural Health Policy expanded authority to provide technical assistance and outreach on ways rural providers can collaborate in the review of MA contracts.
- For complete testimony of the NRHA and other witnesses, <http://waysandmeans.house.gov/hearings.aspx?formmode=detail&hearing=561&comm=1>

Mr. Slabach serves as hospital administrator of a critical access hospital and three Rural Health Clinics, all in Mississippi.



Brock Slabach
NRHA Board Member

From the MRHA president's pen (continued from page 1)

(continued from page 1)
really don't know until you go to Alaska." The rural health needs of Alaskans are extreme and unique and I believe we all had an eye-opening experience seeing and hearing about the challenges they face in providing health care under such extreme wilderness conditions. A total of eight representatives from Mississippi traveled to Anchorage, Alaska to attend the conference, along with nearly 1,000 additional attendees.

I must also say how beautiful the scenery was, with temperatures in the 40s and 50s and snow-capped mountains always in the distance. Some of us even came face to face with moose!

Oh, I almost forgot to mention the educational sessions! There was a very wide selection of sessions with pertinent topics and there was plenty of opportunity for networking. There were 68 peer-reviewed poster presentations on display, along with over 100 exhibitor booths.

So, without going on too much, I hope I have conveyed the essence of this wonderful event!

If you aren't already a member, please consider joining the National Rural Health Association and attending their annual conference. Also, please see the article on this page detailing Mississippian Brock Slabach's role as NRHA Board member and his recent testimony before Congress about Medicare Advantage Private Fee-For-Service plans (PFFS) in rural America.

An introduction to the East Central AHEC

As the director of the new East Central Area Health Education Center (EC AHEC), I'm excited to introduce myself, and present our scope of work in this issue of *Crossroads*.

Before I tell you about the East Central AHEC, I should pay tribute to our host 501(c)3 organization, the East Central Mississippi Health Network, Inc. (EC HealthNet). As some of you may know, EC HealthNet is a consortium of health-care and educational organizations dedicated to improving the health of the citizens of east central Mississippi, through public health promotion and education events, and regional health workforce studies. EC HealthNet is presided over by Tim Thomas, administrator for Newton Regional Hospital, and of course, past president of the Mississippi Rural Health Association.

In 2006, board membership in the EC HealthNet was expanded to include Lauderdale County and now includes every major healthcare facility in a five-county area (Clarke, Kemper, Lauderdale, Neshoba, and Newton). The East Central AHEC region includes these five counties and expands further to the north, south, and west to include an additional nine counties (Attala, Winston, Noxubee, Leake, Scott, Smith, Jasper, Jones, and Wayne). These additional counties rather evenly surround the EC HealthNet area, establishing the original five counties as a nucleus from which programs may be further distributed.

Support for the EC AHEC program from key EC HealthNet board members has allowed us to accomplish much in our first five months of operation, even with a limited staff. Additionally, many volunteers from EC HealthNet organizations (educational directors, administrators, nurses, physicians, human resources staff, and marketing staff) have provided invaluable advice "pr."

In addition to volunteers, our staff includes Jo Ann Adams, who does an excellent job "managing the books" as grants administrator for EC AHEC, and Beverly Knox, who is heavily involved in health promotion, serving as the EC HealthNet program coordinator (for the five-county area). Although we will soon hire additional administrative staff, as of now, other personnel needs are being met

through fee-for-service contracts.

The East Central AHEC Scope of Work includes these major areas:

Continuing Education/ Professional Development

The EC AHEC will develop multiple healthcare professional development programs throughout the year. This summer, Mississippi expert neuropsychologist Dr. James Irby will present a half-day update on "Normal Aging and the Dementias," geared toward primary care physicians. Later this fall, Dr. Marshall Bouldin, along with other national diabetes experts, will be featured in a two-day diabetes symposium for health care professionals in Meridian.



Shared In-House Training

The EC AHEC is also building a network of trainers throughout the region by providing financial support for instructor training. With a network of regional instructors, we will be able to fully implement a cooperative training plan that includes many hospitals, clinics, and practices. This is a "shared in-house training" approach through which a wider distribution of training opportunities will be made available. EC AHEC, as a neutral third party, will serve as an integrator and manager of training events. An online calendar (in development) will allow for more practitioners to be aware of opportunities, with registration and payment mechanisms also online.

Recruitment

The EC AHEC and EC HealthNet have begun working toward the creation of a region-wide, Web-based, health

employee recruitment service designed to augment current recruiting activities of participating organizations. To receive maximum return on effort, we are purchasing highly touted recruiting software called *Practice Sights*, which was developed at the North Carolina Office of Rural Health. This software, by the way, is also used by the very successful Louisiana AHEC system.

K-12 Health Career Orientation

For AHEC, recruitment of healthcare professionals also means early introduction to career possibilities in health care. We are working with the Mississippi AHEC program office to implement the Youth Health Service Corps in east central Mississippi. We will begin with one or two pilot schools and expand. The first Youth Health Service Corps program will begin this fall.

College and Graduate Health Care Training Opportunities

The EC AHEC has established a collaborative agreement with Dr. Cindy Luther, director of The University of Southern Mississippi School of Nursing in Meridian. The purpose of this collaborative is to further the skills of our nursing workforce, beyond clinical training. This year, we are planning a nursing leadership training program in which the Southern Miss graduate nursing students (about 25 students per semester) will participate in a leadership training workshop sponsored by EC AHEC. In return, Southern Miss-Meridian nurses (as representatives of Southern Miss and EC AHEC) will venture out into our 14-county region to conduct public health seminars as part of their degree requirements.

We are continually meeting with representatives from various health care stakeholders. If your organization would like to take part in our activities, or if you would like to discuss other possibilities, please call (601) 683-2031 ext. 273. Also, if you would like to get on our mailing list, please send your contact information to P.O. Box 730, Newton, MS 39345 or email to ces.ecahec@bluetie.com

Submitted by
Dr. Ed Snodgrass, Director
East Central AHEC

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Health workforce retention program takes off at Tri-Lakes Medical Center

A turbulent work environment often results in low job satisfaction and high rates of turnover. In the health industry, such circumstances often result in less than desired quality of patient care. In an effort to positively impact the health workforce and ultimately improve the quality of care, North Central Mississippi Area Health Education Center (AHEC) has partnered with the Tri-Lakes Medical Center to establish a health workforce retention program in Batesville, Mississippi.

The retention program encourages professionals involved in direct patient care to pursue continuing and higher education, engage in volunteerism, and develop projects that will positively impact the delivery of services and improve the quality of patient care. Eligible employees who choose to participate will submit a plan of action that is reviewed by a joint AHEC/hospital committee. Upon approval, the participant will have six



months to complete the plan. After completing the plan, the employee will receive special recognition, as well as financial rewards.

According to Sheri James, the Tri-Lakes Medical Center nurse recruiter, "The retention program is empowering our nurses to increase clinical competencies and provide better patient care. By

choosing to go above and beyond, they will become more well-rounded nurses who provide expanded services to the community at-large, as well as our patients."

Initially, the program was geared solely toward the nursing profession, and was aptly named *Nursing on the MOVE*. However, the program was so well received by both clinical staff and administrators, it was expanded to include virtually all of the staff health professionals. As a result, Tri-Lakes Medical Center now offers its employees the opportunity to participate in *Nursing on the MOVE*, as well as *Radiology on the MOVE*, *Laboratory on the MOVE*, *Pharmacy on the MOVE*, *EMS on the MOVE*, *Therapy on the MOVE*, and *Social Work on the MOVE*.

For more information regarding this initiative, contact Jessica Hunt, North Central Mississippi AHEC Program Coordinator, at (662) 934-1355.