



# Crossroads

### Special points of interest:

*Southern Regional Rural  
Health Conference*

*Mississippi Health  
Information Infrastructure  
Task Force develops plan*

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## From the MRHA president's pen

The Mississippi Rural Health Association brings together a wide variety of health professionals to work toward improvement in the health status of rural Mississippians.

Why is such a multi-disciplinary concentration on rural health so important? To answer this question, it is valuable to understand the rural nature of Mississippi. Federal designations recognize only four state metropolitan areas. These are the Memphis Metro region in northwest Mississippi, the Jackson Metro area, the city of Hattiesburg and surrounding areas, and the Coastal region. All other areas in Mississippi, 65 of the state's 82 counties, are defined as non-metro, or rural. These rural areas are home to 1.6 million Mississippians, 57% of the state's population.

Understanding state population dynamics is important because although rural Mississippi represents population and geographic majorities, policy decisions that affect the entire state are often made from a metropolitan perspective. It is important because all Mississippians, especially key decision-makers, must understand the value of the rural health infrastructure in terms of economic importance, as well as health status importance. As our elected officials grapple with a fiscally difficult legislative year, it is crucial that we keep rural



**Mitch Morris, President  
Mississippi Rural Health  
Association 2008**

health concerns at the forefront.

Rural populations experience greater difficulty in accessing care due to economic reasons, as well as the limited availability of rural health resources. Therefore, we must maintain the rural health infrastructure to ensure access to health care. Equally important is the need to maintain rural health care to ensure economic viability in rural Mississippi.

As the local health system goes, so goes a localized rural economy. Imagine the economic impact on a rural

county if the local hospital closed. Any existing manufacturers would soon follow, along with the retail sector and service industries. Other clinics, doctor's offices, and health service providers would likely join the exodus, leaving virtually no local access to health services. The overall results would be increased unemployment, declining populations, a weakened tax base, and decreased overall quality of life.

Consequently, the reasons for supporting and strengthening rural hospitals, community health centers, and rural health clinics include maintaining access to health care. But, the reasons extend far beyond health status. To ensure continuation of our state economy on an overall growth trend, rural health must be included in the discussion. In addition to state health policy, maintaining and strengthening rural health providers should be a cornerstone in Mississippi's economic development policy. This issue should be at the forefront of every policymaker's agenda.

### **Watch for more information!**

The Mississippi Office of Rural Health  
and Jackson State University  
College of Public Service, School Health Sciences  
are planning a conference on  
**Men's Health**  
You won't want to miss this exciting conference!

## Mississippi rural health delegation visits Capitol Hill

On Tuesday, January 29, 2008, meetings were held in the Washington, D.C. offices of Mississippi's federal elected officials to discuss important issues regarding rural health care. In addition to discussions held with health staff for Senator Thad Cochran, Senator Roger Wicker, and Representative Bennie Thompson, visitors also enjoyed a very productive and pleasant meeting with Representative Gene Taylor.

Pictured left to right are: Brock Slabach, Senior Vice President of Member Services, National Rural Health Association; Julie Gieger, Chief Financial Officer, Pioneer Health Services; Mendal Kemp, Director of the Rural Health Center, Mississippi Hospital Association; Congressman Gene Taylor, Representative, Mississippi District IV; Brian Martin, Health Policy Director, Representative Gene Taylor's Office; Morgan Dunn,



CAH Specialist, Pioneer Health Services;

Rural Health Association.

Mitch Morris, President, Mississippi

## Mississippi Health Information Infrastructure Task Force develops plan

Through Executive Order 979, Governor Haley Barbour established the Mississippi Health Information Infrastructure Task Force for the purpose of improving the quality and efficiency of healthcare delivery by means of the adoption and implementation of health information technology (HIT) and health information exchange (HIE) across the state. The Executive Order directs the 20-member task force to develop strategies for the creation of statewide adoption of health information technology by providers and development of an infrastructure for information exchange. This document, the Mississippi Health Information Infrastructure Action Plan (hereinafter referred to as the "Action Plan"), summarizes the recommendations from the Task Force and its respective work groups about how it will carry out this mandate.

### Task Force Vision, Mission and Members

#### Vision

All providers will adopt electronic health records and other useful information technologies, and there will be a reliable, trusted, secure system to

facilitate the exchange of health information in Mississippi.

#### Mission

To develop and advise the Governor of an overall strategy for the adoption and use of health information technology and health information exchange to improve health care in Mississippi.

#### What Hurricane Katrina Taught Us

On August 29, 2005, Hurricane Katrina ravaged the Mississippi Gulf Coast with a destructive path that is described as the largest national disaster in American history. The impact of Hurricane Katrina on Mississippi's healthcare infrastructure was profoundly devastating and highlighted the vulnerability of the state's healthcare information infrastructure, particularly in providing care for Mississippi's poor and underserved minority population. A large number of Mississippi's Katrina evacuees were displaced from their paper-based medical records resulting in unnecessary risk and the possible loss of emergency, as well as routine medical treatment. As healthcare professionals struggled to reconstruct medical histories from decentralized paper medical records that existed at various provider locations (e.g.,

pharmacies, clinics, local hospitals), the need for an integrated electronic health information network became increasingly apparent.

#### **Task Force Recommendations:**

1. Mississippi should implement a "proof of concept" health information exchange (HIE). This pilot HIE will facilitate improved health care delivery and treatment while affording the Task Force hands-on experience, thus forging a foundation for the development of a strategy for a more expansive state-wide HIE.
2. The Task Force believes a phased approach of developing useful functionalities that offer value to patients, pharmacies, physicians, and payers (i.e., insurers and Medicaid) would result in a sustainable business model and increase adoption in the use of HIE. A use case focused on medication history, appropriately planned and executed by a pilot project, would offer several benefits.
  - Leverages existing, readily available information from major data repositories such as Mississippi Division of Medicaid, Blue

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## News from the Mississippi Office of Rural Health

### From the MORH director's desk

On February 29, 2008, the Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services (DHHS) released a proposed new rule that will improve the way underserved areas and populations are designated and target federal resources to the people and communities who need them most. The notice, Designation of Medically Underserved Populations and Health Professional Shortage Areas; Proposed Rule, will consolidate the criteria for designating medically underserved populations (MUPs) and health professional shortage areas (HPSAs) into a single new methodology called the Index of Primary Care Underservice. Shortage designations are used for a variety of HRSA programs and are of extreme importance for the National Health Service Corps program, qualification as a Rural Health Clinic, and for determining a health center's eligibility to receive federal grants. As with all proposed new rules in the *Federal Register*, a public comment period is allowed. The *Federal Register* provides information regarding submission of comments. The comment period deadline is April 29, 2008. The proposed rule and comment instructions can be viewed at the following Web address: <http://www.gpoaccess.gov/fr/index.html>.

It appears that 2008 has started with greater intensity than previous years for the State Office of Rural Health. In addition to lecturing the students on *Urban and Rural Health and Healthcare*, in the "Epidemiology of Minority and Special Populations" course at Jackson State University, the Office has requested State Office funding, and has held meetings regarding the federal Delta Rural Hospital Performance Improvement Project, FLEX activities, small rural hospital marketing strategies, and the FLEX Program evaluation. The request for funding for the 45 Small Rural Hospital Improvement Grant Program hospitals will be submitted by the time this newsletter is in print, and the Office will be within three weeks of submitting the state's request for FLEX funding for federal fiscal year 2008.

It was a wonderful privilege to once again address the Epidemiology class at

Jackson State University. Dr. Marinelle Payton, Assistant Dean for Research and Program Development, was a great host. The students were very attentive and engaging and should do great things for health care. Unfortunately, I forgot to take the camera and take photos of the event for the newsletter. The Office of Rural Health will be working with Dr. Payton to host a health disparities conference this summer.

Emergency... You bet. January 23, 2008, had the potential to be a crisis beyond description, but collaboration and teamwork saved the day. On this day, one of Mississippi's major ambulance service providers closed its doors at midnight. Emergystat Ambulance Service was the sole emergency service provider for 23 counties throughout Mississippi. Twenty of the twenty-three counties are rural. Mississippi State Department of Health (MSDH) officials worked in conjunction with the Mississippi Emergency Management Agency (MEMA) and county officials to aid the affected counties in locating alternate services. Many of the affected counties declared pre-emptive emergency declarations which allowed



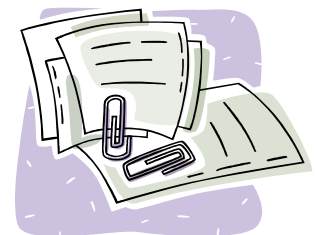
Rozelia Harris, MBA  
Director, MORH

them to seek mutual aid from other counties or other sources. Persons in the affected counties who experienced emergencies were to continue to call 911 for assistance. By the next day, January 24, 2008, all 23 counties affected by the closing of Emergystat Ambulance Service were being covered by an alternative emergency service.

### Coding Tip Corner

#### What is the 72-hour rule?

All diagnostic and related non-diagnostic services within 72 hours prior to the date of the beneficiary's admission are deemed to be inpatient services and are included in the inpatient payment as long as the beneficiary has Part A coverage.



#### Are certain facility types exempt from this provision?

Yes. Critical access hospitals are exempt from the 72/24 provision. Outpatient services prior to an admission must be billed as such and on a separate bill from inpatient services. Outpatient services rendered on the date of admission are still billed and paid separately as outpatient services.

For more information, contact  
Joanie Perkins, CPC  
[Joanie.perkins@northsunflower.com](mailto:Joanie.perkins@northsunflower.com)

## A message from the Area Health Education Center program administrator

I am pleased to have been asked to write this quarterly message for the Mississippi AHEC. I would like to take this opportunity to provide an update on our high school pipeline program. This program is one of the Mississippi AHEC's essential pipeline programs designed to recruit high school juniors and seniors into health care careers. The participants of the program benefit from modular didactic training and volunteer placement at sites that provide health care services to vulnerable populations. Through this program, the participants are exposed to the real world of health care where they work with health care professionals who serve as role models and mentors. The participants also learn the importance of giving back to the community through service learning projects that focus on awareness. The participants may work together or separately to implement programs within the community that raise awareness about important health issues.

When I began my position as Program Administrator of the Mississippi AHEC, the first task given to me was to manage a program called the Youth Health Service Corps. I was immediately impressed with the program and the real-world experience it provided its participants. Since participating in the program, I have had two goals in mind: one has been to collaborate with agencies that can offer additional benefits to the participants and the second has been to gravitate toward college and university campuses where the program could grow and the participants could become better acclimated to college life.

In the last year, the program was implemented in two high schools and reached 66 students. Twenty-four of these students graduated from high school at the end of the year. All 24 graduates were accepted into a college or university and all declared a health profession major.

I am proud to announce the Youth Health Service Corps is currently evolving. When the Mississippi AHEC Program Office began looking at this program as a potential pipeline opportunity for our state, a decision was made to purchase the curriculum. Soon after, a Learn and Serve grant became available to assist us in implementing the program. Over the past two years, the Mississippi AHEC has



Jennifer Alsop, MPH,  
Mississippi Area Health Education Centers

implemented the program under the guidelines of the Learn and Serve grant. Throughout that time, we have gradually modified the program to better fit the needs of our state. The program has now evolved to a point that we have changed the name to the Future Health Professionals of Mississippi program. The program will change as it moves from a high school setting to a college or university setting. We will begin introducing high school program participants to the idea of college by familiarizing them with a college campus and the health professions departments within the colleges/universities.

Two universities have been selected for program implementation beginning in August. The regional AHEC centers will assist and advise the universities in collecting and reporting data. In the fall

semester, high school students from the Delta AHEC and the Southwest AHEC areas will be recruited to participate in the Future Health Professionals (FHP) of Mississippi program which will be hosted by Delta State University School of Nursing and Alcorn State University School of Nursing. Each university is required to accept a minimum of 20 students during the first year. The two universities will operate in much the same way, although minor details will be different to better accommodate the participants in each area. Nursing students enrolled at the hosting universities at the bachelor's and master's levels will work with the participants of the Future Health Professionals of Mississippi program by teaching the modules and arranging the service learning projects. Volunteer sites will be set up by the hosting university and each participant will complete a minimum of 50 volunteer service hours.

The ultimate goal of the Future Health Professionals of Mississippi program is to have a statewide program that is offered at every college and university in the state, so that any student can participate. In order to achieve this goal, the Mississippi AHEC is currently seeking funding opportunities to enable implementation in future years. In addition to securing outside funding for the program, the Mississippi AHEC is working to establish a network of partners to assist in moving the program forward. We are looking for partners that share similar goals as the Mississippi AHEC and the Future Health Professionals of Mississippi program.

Plans are underway to provide scholarships to the top two graduates of the program in the amount of \$500 each. These scholarships will be provided to two students who have excelled in meeting all program requirements, have enrolled in college, and have declared a health profession major. Currently, we have plans to offer a scholarship to one student at each hosting university. As the program grows to reach more areas of the state, the number of scholarships offered will also grow.

In addition to establishing scholarships, we are working to provide internship slots to high-achieving scholars through our network of partners. The

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## The secret is out!

Do you know which health program provides comprehensive primary care services to over 300,000 Mississippians every year?

There is a network of 22 health care organizations comprising 152 clinical sites across the state that quietly provides high-quality primary health care to all ages, income levels, and racial groups, regardless of ability to pay for these services.

If you are presently unaware of this program, allow me to introduce you to Mississippi's Community Health Centers (CHCs).

The CHC program exists nationally, providing full-service health care within high-need areas in every state in the U.S. All CHCs are non-profit organizations with patients representing a majority of each agency's board of directors.

Mississippi CHCs receive both federal and state funding. However, these public health dollars are designated specifically for providing care for uninsured patients. In fact, according to the National Association of Community Health Centers (NACHC), Mississippi CHCs provide health care to approximately 130,000 uninsured state residents each year. This is extremely significant because without access to a CHC, this patient volume could literally overwhelm other sources of health care, such as hospital emergency departments.

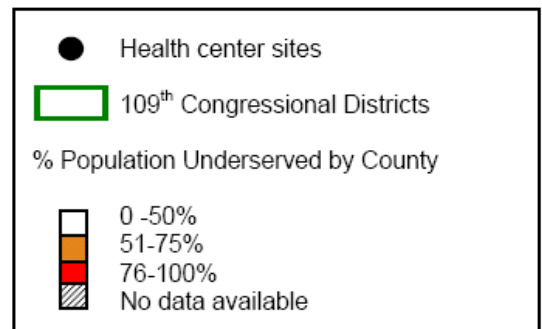
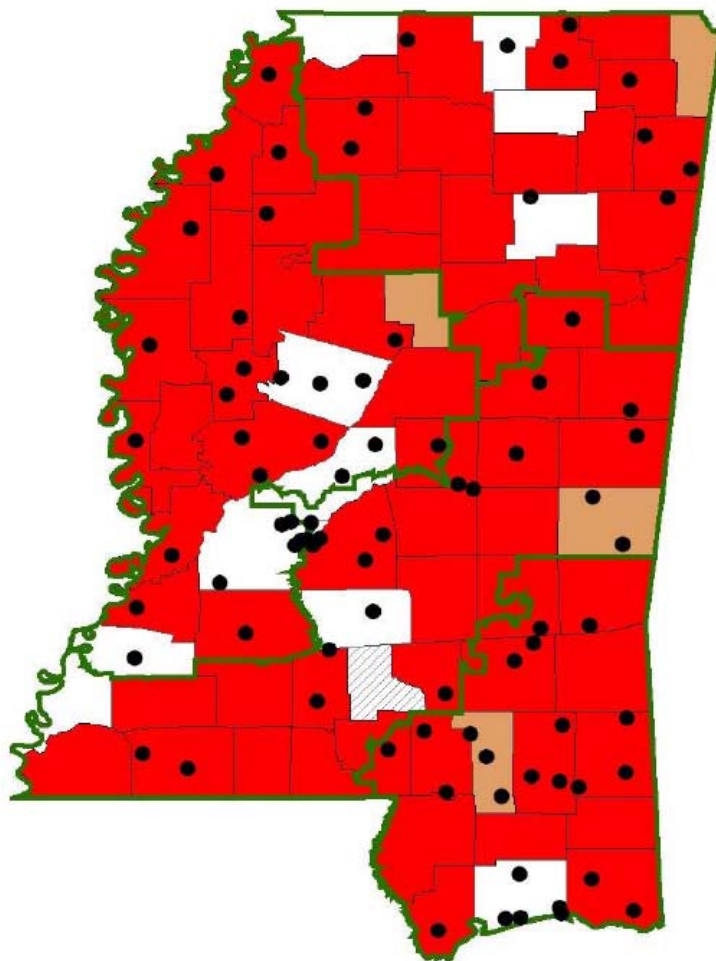
Another valuable contribution made by CHCs in Mississippi is that of economic impact. NACHC figures demonstrate that statewide, CHCs employ over 1,900 full-time equivalents. Many of these represent higher-income

professionals such as doctors and nurses. Additionally, CHCs account for nearly \$150 million annually in total state economic impact. Therefore, CHCs represent a vital part of state and local economies, as well as the health infrastructure. The health care industry is often a primary source of employment and economic vitality that a rural economy would not survive without.

So, the secret is out. Along with hospitals and other health service organizations, CHCs represent a vital piece of Mississippi's health care system. For uninsured patients and rural residents, they are often the only regular source of primary health care.

Submitted by Mitch Morris,  
Mississippi Primary Health Care Association

### Mississippi Health Center Sites



Sources: Site information based on Bureau of Primary Health Care, HRSA, HHS 2004 Uniform Data System. Underserved estimates based on NACHC 2000 REACH data which applies 2000-2002 Census population data and HRSA MUA designations.

**Save the Date!**

**31st Annual  
National Rural Health Association  
Rural Health Conference**  
New Orleans, LA  
May 7-10, 2008

Registration is now open!  
To learn more, go to  
<http://www.nrharural.org>

## A message from the AHEC program administrator (continued)

(continued from page 4)  
internships will provide Future Health Professionals graduates the opportunity to continue gaining real-world experience in the health care field during the summer before beginning college. In addition, internships will be provided to individuals who have excelled in all program requirements and have enrolled in college, declaring a health major. The Mississippi

AHEC will pursue a collaboration between the Future Health Professionals of Mississippi program and the Americorp program in order to provide an encouraging environment that may lead to the completion of a health care degree during the college years.

By developing these partnerships, we are enhancing the pipeline of the program to not only reach high school students but

provide a continuum of programs that will follow the students into their college career. We feel the Future Health Professionals of Mississippi program can be the gateway into all other pipeline programs encouraging health care careers.

Submitted by Jennifer Alsup  
Mississippi Area Health Education Centers

## Mississippi Health Information Infrastructure Task Force develops plan (cont.)

(continued from page 2)  
Cross/Blue Shield of Mississippi, other payers and other third party pharmacy benefit administrators.

- Provides value to all major stake holders: patients, physicians, and payers.
  - Allows access via an Internet browser at little or no cost to the physician and can be rolled out in stages, beginning with the coastal six counties that are most dramatically affected by hurricanes.
  - Fosters high adoption by providers with ease of access and potential clinical value thus promoting the adoption of additional HIT/HIE initiatives.
  - Facilitates the Task Force to determine the validity and value of HIT/HIE without a sizeable investment in staff or infrastructure, and develop "lessons learned" for subsequent HIT/HIE initiatives.
  - Generates additional initiatives and final HIT/HIE strategic plan from the medication history proof of concept project and from additional work by the Task Force over the next 18 months.
3. In conjunction with this pilot HIE project, the Task Force work groups will continue their work to research and address the major issues related to the implementation of HIE and HIT in Mississippi.
  4. Involvement of additional stake

holders to the workgroups will add richness of input in developing our strategy.

5. The use of consultants with special expertise in certain areas of study would be useful for the task force in understanding various parameters of HIT/HIE.

### Assistance Needed From the Office of the Governor

The Task Force respectfully requests the following items from the Office of the Governor related to our recommendations:

- Funding a "proof of concept" health information exchange (HIE) project.
- Funding to secure the services of outside consultants with expertise in HIT/HIE to assist with "proof of concept" HIE project and to provide counsel to the Task Force in development of final HIT/HIE strategic plan.

- Funding for performance of a technical survey of Mississippi physicians, hospitals, nursing homes, state agencies, and other health care providers to determine the current level of HIT adoption and amount/type of information currently being exchanged by those constituencies.

What about our task force actions will be different from other states that are dealing with similar issues? Many failed adventures related to the creation of health information exchanges did not seem to begin with a business model for sustainability, once initial start-up revenue sources were depleted. Lack of adoption by providers and patients was fueled by failure to address inadequate privacy and security protections. The Mississippi Task Force considers these issues to be the most important. These issues need to be addressed for a successful beginning of our state infrastructure development.

## 2008 National Conference on Medication Access, Use and Safety in Rural America

The National Rural Health Association and their partners

are planning a national conference

June 5-6, 2008, in Minneapolis, Minnesota on

"Medication Access, Use and Safety in Rural America"

For more information go to <http://www.pharmacy.umn.edu/centers/prepp/news.html>



## MRHA 2008 Membership

MRHA would like to encourage you to join or renew your membership to the association for 2008 and support MRHA as it strives to provide leadership for improvement in the health status of rural Mississippians. With your assistance, MRHA will continue to be a forum to exchange ideas and information as well as to encourage partnering among Mississippi's health-focused professionals and consumers.

Membership categories: Organization (\$100)  
 Individual (\$25)  
 Student (\$10)

A 2008 membership application can be found below, on the MRHA Web site at [www.msrha.org](http://www.msrha.org), or by contacting Jan Entrekin at 601-898-3001 or at [mississippirural@bellsouth.net](mailto:mississippirural@bellsouth.net).

**Anyone with a stake in Mississippi's rural health care is invited to join!**

### Membership Form Mississippi Rural Health Association

Name: \_\_\_\_\_  
 (Individual or organization)

Title or Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Membership Category:  Student (\$10)  Individual (\$25)  Organization (\$100)

Rural Health Interests: \_\_\_\_\_

Please make checks payable to Mississippi Rural Health Association  
 and mail to 31 Woodgreen Place, Madison, MS 39110

**MISSISSIPPI RURAL HEALTH ASSOCIATION**

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Telephone/Fax: (601) 898-3001  
E-mail: mississippirural@bellsouth.net



*A voice for health  
in rural Mississippi*

**We're on the Web!**  
<http://www.msaha.org>

# 2008 Southern Regional Rural Health Conference



**June 16-17, 2008**

**Beau Rivage Resort and Casino  
875 Beach Boulevard  
Biloxi, MS**

*Details  
Coming Soon!*

Sponsored by:

Alabama, Louisiana and Mississippi  
Rural Health Associations

For hotel reservations, call the  
Beau Rivage directly at 888-383-7037  
before May 20th to receive the group rate  
of \$149. The group name is  
Louisiana Rural Health Association.



With support from  
Louisiana Bureau of Primary Care and Rural Health  
and the  
Mississippi Office of Rural Health

