



Crossroads

Special points of interest:

*Governor forms
Mississippi Health
Information Infrastructure
Task Force*

*An update on Mississippi
AHEC programs*

*Southern Regional Rural
Healthcare Conference
to be held
June 13-14 in
New Orleans*

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From the MRHA president's pen

This is my first message to our membership and I want to say how much I appreciate the opportunity to serve as president for 2007. I believe that as we grow and develop our organization, we are positioned to truly impact health care for our state's rural citizens.

I had the good fortune to attend the National Rural Health Association's Policy Institute February 26-27, 2007 in Washington, D.C. I was able to observe and participate in the impressive work of the national organization. On the second day of the conference, each group of state representatives in attendance had the opportunity to go to Capitol Hill and visit their Congressmen and women to discuss the NRHA's 2007 priorities and requests. The NRHA's priorities for 2007 are rural health funding, quality improvement/

patient safety/information technology, and equitable treatment under the Medicare Drug Benefit and Medicare Advantage. Our specific Policy Institute requests were to protect funding for the Rural Health Safety Net, to reject cuts to Medicare and Medicaid

that hurt rural providers, and to ensure rural representation on the Medicare Payment Advisory Commission. More details of these priorities and requests are posted on the NRHA Web site. I believe that providing this legislative opportunity to the state membership is one of the NRHA's most important activities.

I would like to shift gears and take this opportunity to thank two people who are very important to the MRHA. First, a big thank you goes to our past interim president, Tim Thomas, for stepping in to serve as MRHA president to finish out 2006. Tim has provided strong leadership for the MRHA, particularly in helping to expand our newsletter and by acting as our lead participant in working with Louisiana and Alabama on the past and upcoming Southern Rural Health Conferences. We also appreciate that Tim continues to share his financial management expertise with the organization by helping to monitor the MRHA budget and by providing guidance as needed.

I also want to thank Jan Entrekin, our administrative assistant, who is truly a life saver for our organization. Jan is knowledgeable, efficient, and energetic and provides the kind of support that is so important to a volunteer organization like MRHA.

In closing, I am looking forward to working with the board of directors to develop our 2007 goals and activities.



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



MRHA representatives who attended the NRHA's Policy Institute in Washington, DC had the opportunity to discuss rural health priorities with Mississippi senators and representatives. Pictured left to right are Mendel Kemp, Brock Slabach, Congressman Chip Pickering, Martha Catlette, and John Peel.

News from the Mississippi Office of Rural Health

From the MORH director's desk

I'm one that finds it extremely difficult, actually impossible, to imagine being an adult 100 years ago. Why? Because I love the *Herculean* advancements in technology that mankind has achieved over the years and the convenience that it provides. Yes, I greatly enjoy the convenience and efficiency of computers, printers, i-pods, video-camera cell phones, microwave ovens, digital cameras, cordless phones, copiers, satellite radio (which allows for the mobile availability of sports casting, entertainment and media), DVD players, portable DVD players, the Internet, and the sheer ease of everyday life (work and pleasure) in some respects that modern technology affords us. Here's what I mean--when I was a small child my great grandmother (for whom I'm named) still used her wood-burning stove. It's hard for me to fathom preparing to build a fire daily in a stove to have to prepare meals; using a wash board for laundry; typing the same document three times to have the required number of copies; local, not to mention



Rozelia Harris, MBA
Director, MORH

long-distance travel by horse and buggy; preparing a grant on a typewriter; missing the winning field goal in a college football game because I'm in the car (and there's no satellite radio with approximately fifteen ESPN and other sports channels); and last, leaving home without--you guessed it--the cell phone. I have indicated a few ways in which modern technology makes life's duties and enjoyments less laborious and easily accessible respectively. Great strides in modern technology in the area of health care is even more beneficial for mankind, not only allowing for convenience, but more importantly because of improved safety and its potential to result in more lives being saved.

Technology has always been a part of health care delivery; however, health information technology and the practice of telemedicine provides excellent opportunities for improving healthcare access, quality, and efficiency, especially in rural and underserved areas. The technology can be used for various types of information exchange, including 1) medical referrals, and transferring radiology and other medical test results; 2) electronic prescribing and administration of medications to help avoid medication errors; 3) treatments and tests; 4) to provide confidential access for consumers to their own personal health information on-line; and 5) electronic

health records.

Because many providers experience frustrations with not having enough information about patients' other sources of care, electronic health records have the potential to dramatically improve quality and safety in this area. Systems that enhance patient-clinician communication and provide access to patient information, as well as decision support and reference data, hold promise of improving health care delivery. Automated Pharmacy Systems are instrumental in decreasing medication errors by providing safe guards on the retrieval and distribution of medications to patients. These systems also allow pharmacists and nurses to reduce the amount of time spent on manual documentation. Health care providers can also improve their ability to appropriately capture billing and cost data related to medication administration.

Several studies have revealed that rural communities often have fewer health care resources than their urban counterparts. Many rural communities have turned to technology to assist with addressing this need. Telemedicine allows facilities with limited or no health provider manpower in specialty fields to utilize the services of health professionals that are miles away through equipment and consult. The Acute-Care Nurse Practitioner Telemergency Program at the University of Mississippi Medical Center is an excellent example of utilization of telemedicine to maintain and/or increase access of quality emergency medicine in small rural hospitals in Mississippi.

Last, health information technology allows for better implementation of improved tracking and surveillance applications for provider, state, and national data. I would like to know more about what is happening in the state in the area of health technology. Please email me at Rozelia.Harris@msdh.state.ms.us if you have implemented health-related technology in your health care delivery system and would like to share your success with us.

Here's to health care technology! Let's see what we can do to increase it, thereby improving health care in Mississippi.

PowerPoint presentation on the 2007 Physician Quality Reporting Initiative now available

Section 101 of the Tax Relief and Health Care Act of 2006 authorizes a financial incentive for eligible professionals to participate in a voluntary quality reporting program, the 2007 Physician Quality Reporting Initiative. Eligible professionals who chose to participate and successfully report on a designated set of quality measures for services paid under the Medicare Physician Fee Schedule and provided between July 1 and December 31, 2007 may earn a bonus payment of 1.5% of their charges during that period, subject to a cap.

To access the PowerPoint presentation, visit <http://www.cms.hhs.gov/PQRI> on the CMS Web site and click on the Educational Resources tab.

Mississippi Rural Health Association 2007 Board of Directors**Board Members**

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CEO, Newton Regional Hospital, Newton

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Bonnie Carew, Rural Health Program Leader I, Mississippi State University Extension Service, Starkville

Jimmy Graves, Administrator, Walthall County General Hospital, Tylertown

Laura Hall, Assistant Professor, Department of Community Health Sciences, The University of Southern Mississippi, Hattiesburg

Stephen Silberman, Director, AHEC Program Office, Jackson

Daryl Weaver, CEO, King's Daughters Hospital, Yazoo City

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Mendel Kemp, Director, Center for Rural Health, Mississippi Hospital Association, Madison

Rozelia Harris, Director, Office of Rural Health, Mississippi State Department of Health, Jackson

Alvin Harrion, Director, Office of Primary Care Liaison, Mississippi State Department of Health, Jackson

Marcus Garner, Special Projects Director, Mississippi Primary Care Association, Jackson

Gibson working with stroke project implemented in Washington County

Sherry Stephens-Gibson, formerly with the Mississippi Office of Rural Health, is working with Jackson State University's Center of Excellence in Minority Health and the Institute of Epidemiology and Health Services through a cooperative agreement with the Office of Rural Health Policy and Delta Health Alliance on a stroke project in Washington County. This project is being implemented through churches by working with community leaders and stroke survivors to determine if there are additional risk factors (other than weight, smoking habits, and blood pressure) that contribute to the stroke mortality rate. Data will be collected by interviewing

stroke survivors about health status and behavior prior to stroke.

Mississippi's stroke mortality rate, one of the highest in the nation and the third leading cause of death in Mississippi, is 18 percent higher than the rate for the United States as a whole (Mississippi Department of Health statistics). Washington County, located in the Mississippi Delta, has the highest stroke mortality rate in the state (Mississippi Department of Health statistics). In an effort to address this disparity, Jackson State University's Center of Excellence in Minority Health and the Institute of Epidemiology and Health Services has received a Delta Health Initiative Cooperative Agreement to

conduct "An Anthropological and Anthropometric Study of Weight, Smoking Habits, Blood Pressure and their Associations with Stroke in Washington County."

There are three additional projects that are a part of the cooperative agreement: Mississippi Delta Project Health; Evidence-Based HIV/AIDS Interventions; and Surveillance of Health Services Research. The cooperative agreement will end June 30, 2007.

For more information about the stroke project, please contact Sherry Stephens-Gibson, Health Coordinator at (800) 848-6817, extension 1705 or sherry.s.gibson@jsums.edu.

Mississippi Health Information Infrastructure Task Force

Governor Haley Barbour has signed an executive order creating a new task force that will work to develop a health information technology infrastructure and improve the quality and reduce the cost of health care in Mississippi.

"Katrina demonstrated the need for timely, more secure and accessible health information, and the Mississippi Health Information Infrastructure Task Force will develop the roadmap that guides Mississippi to adopt a plan that's superlative to our existing technology infrastructure," Governor Barbour said.

The 20-member task force will convene March 12 in Jackson to begin the process of making detailed recommendations, searching for funding options, and setting key milestone dates to achieve within the next two years.

"I look forward to hearing the committee's recommendations," Barbour said. "Providing this technology is vital to the health of all Mississippians."

The committee will evaluate key issues of health information exchange such as:

- Availability of health information at the point of care for individuals;

- Reducing medical errors and avoiding duplicative medical procedures;
- Improving coordination of care between hospitals, physicians, and other health care professionals;
- Providing consumers with their health information to encourage greater participation in their health care decisions;
- Assuring the confidentiality and privacy of medical information;
- Improving public health disease surveillance within the state; and
- Furthering health care research.

Humphreys County Diabetes Network completes first year

Humphreys County health care providers are completing the first year of activities of a three-year Office of Rural Health Policy Network Development Grant. They formed the Humphreys Diabetes Network that consists of health care provider members of Humphreys County Health Network (HCHN) – an active network of 26 health care providers, schools, and social service agencies as well as community representatives. Organized in 1997, HCHN meets monthly. The Diabetes Network was formed to address problems identified by HCHN at the clinical level.

The Humphreys County Diabetes Network seeks to improve disease

management and usage of services through the application of HIT applications and greater access to information for providers. The Diabetes Network provides patients with the most current diabetes prevention, identification, and management information. The Diabetes Network increases providers' access to the most current information on diabetes by providing medical library services (MisHIN), local seminars with speakers from the University Medical Center, local seminars with diabetes educators, and the most current clinical guidelines and patient diabetes education materials. The project facilitates the good intentions of the patient and the clinician

by providing an electronic patient data record system that automatically produces reminders, clearly indicates paths of care, and can be shared (with permission) with other providers. Accomplishments of project objectives are recorded in the patient record. Reminders are electronically generated when objectives are not met. Humphreys County Health Network continues to assist clinicians by providing diabetes education materials and programs for the community. For more information about the Humphreys County Diabetes Network, contact Melissa Hall Goodman, Ph.D., Project Director at (662) 247-2676, Humphreys County Memorial Hospital, or mgoodman@hcmh.net.

A message from the Area Health Education Center director

Excitement is in the air at the Mississippi AHEC. With the incredible assistance of Jennifer Downey, our great grant writer from The University of Southern Mississippi, and Stephanie Young and Makeaba Latiker, we were able to finish our competitive grant application for three more years of funding for the AHEC. Our Centers have been active in hiring personnel and developing infrastructure and programs.

The cooperation between and among the Centers and the Program office is at an all time high and that is very good indeed. Let me tell you a bit about the Centers. The Southwest Mississippi AHEC has hired Jewel Causey as director. Jewel brings a vast amount of experience in the health care field to the AHEC. She is a dietician by training and has worked in community programs for years.

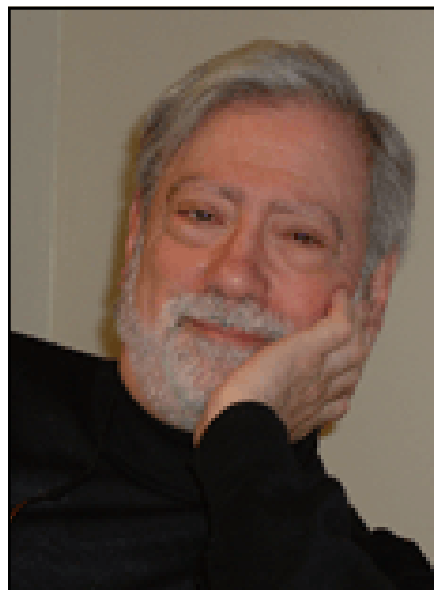
The East Central Mississippi AHEC has brought on Ed Snodgrass as director, Jo Ann Adams as grant administrator, and Beverly Knox as program coordinator. Ed is a research psychologist and comes to the AHEC after serving students and communities as a professor at Mississippi State University. Ed is setting up continuing education programs for professionals and developing recruitment strategies for organizations throughout the catchment area. He is working with the Southern Miss School of Nursing to development a rural outreach/medical leadership project to provide in-service training and public seminars in the region. He is working with the Program office to develop a Youth Health Service Corps site at a local high school. He has been on the road a great deal meeting constituents and gauging their interest in working with the AHEC. At the same time he is developing an advisory board that is representative of the entire region.

The Southern Mississippi AHEC has also been quite active. The director is Jim McGuire, the assistant director is Gina Fiorentini-Wright, and the health educator is Susan Dobson. Dr. McGuire is also the Chairman of the Department of Community Health Sciences at Southern Miss. They will be assisted by Jennifer Downey, a grant writer extraordinaire, and a grant administrator. The Center has already hired a graduate assistant and plans to identify another. They have a great



location on the Southern Miss campus and will be establishing a distance site at the Gulf Coast campus. They have been meeting with many local people to develop partnerships for educational and recruitment programs. There is one program that merits attention; a scholarship program for nurses offered by the Global Scholarship Alliance. We expect this project may be adopted by other Centers in the future. Jim, Gina, and Susan are working hard to make this program succeed. If their work thus far is any indicator of where they are headed, they are headed to be a great self-sufficient Center in record time.

The North Central Mississippi AHEC at Tri-Lakes Medical Center has hired Mitch Morris as the director. As the



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

previous director of the Mississippi SHINE Project, Mitch brings with him a great deal of administrative and leadership experience. He is in the process of hiring a health educator/project coordinator and is developing his advisory board. His program priorities include health career promotion for college and high school students, and career development opportunities for health care professionals. He is working with the Program office to develop a Youth Health Service Corps site in a local high school, and is developing a nurse retention program and a summer nurse extern program. He has been actively engaged in supporting and promoting a community wellness program.

Space limits me to these highlights, but each person working in AHEC has shown uncommon dedication, energy and skills. For this, I thank each of them. On the selfish side, they make this a really great place to be.

We seek as much input as possible. If you have any questions or suggestions please let us know. Your ideas are solicited. Our help is offered.

*A special **THANK YOU** goes to the Mississippi Rural Health Association's 2007 organizational members:*

Alcorn State University
School of Nursing

East Central Mississippi
Health Network, Inc.

Field Memorial Community Hospital

Greene County Hospital

Information and Quality Healthcare

Laird Hospital, Inc.

Lawrence County Hospital

Mississippi Delta Community College

Newton Regional Hospital

Noxubee General Hospital

Scott Regional Hospital

University Hospital and Clinic, Holmes

Walthall County General Hospital

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*A voice for health
in rural Mississippi*

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



Save the Date!

**You won't want to miss the
4th Annual
Southern Regional Rural Healthcare Conference
June 13-14, 2007
New Orleans, Louisiana**

This conference is sponsored by the rural health associations
of Alabama, Louisiana, and Mississippi.

The meeting agenda and registration information will be distributed in the near future.

We hope to see you there!