



Crossroads

Special points of interest:

MRHA 12th Annual
conference summary

MRHA welcomes new board
members and liaisons

Profile of Lawrence County
Hospital

Newton Regional Hospital
selected to pilot EHR

Inside this issue:

MORH director's message	3
AHEC director's message	4
NRH selected to pilot EHR	4
Profile of Lawrence County Hospital	5
Smart Aging: Healthy Futures	6
Master Health Education Volunteers busy in Newton	6
MRHA membership application form	7
Slabach named to NRHA staff	8

From the MRHA president's pen

On behalf of the Mississippi Rural Health Association, I would like to wish all our partners, friends, associates, and *Crossroads* readers a Happy New Year! As we venture further into 2008, I am truly grateful for the opportunity to serve as President of MRHA. I will also take this opportunity to thank our out-going President, Martha Catlette, and the rest of our Board of Directors for a great year of service and dedication.

MRHA continues to be the only organization in Mississippi that offers a forum to bring together all aspects of rural health. With a mission to work for improvement in the health status of rural Mississippians by serving as an advocate for rural health development, our members enjoy unique networking opportunities that extend across many aspects of rural health policy, as well as rural health service delivery.

This year brings a variety of opportunities and challenges to rural health in Mississippi. Many rural



Mitch Morris, President
Mississippi Rural Health
Association 2008

Mississippians face constant difficulties in simply accessing needed health services. Our state ranks near the top in percentage of residents with no form of health insurance, as well as percentage of residents on Medicaid. Likewise, Mississippi is next to

last in percent of individuals with employer-provided health coverage. With budgetary constraints and Medicaid shortfalls, this will likely be the key state health issue in 2008.

In addition to health insurance, the availability of health resources is very limited in many areas. Maintaining buildings and acquiring needed equipment is often very difficult for small, rural health care organizations. There is also an ongoing struggle by many rural health agencies to recruit and retain necessary health professionals.

The condition of Mississippi's rural health workforce was the focus of our 2007 MRHA annual Conference (see article below), and this issue will continue to be extremely important as we work to address rural health concerns. With unstable reimbursement mechanisms, ongoing changes in federal programs, high malpractice
(continued on page 2)

MRHA hosts 12th annual conference

The rustic surroundings of the Central Mississippi Research and Extension Center in Raymond were the setting for the Mississippi Rural Health Association's 12th Annual Conference, **"Vital Signs: Diagnosing and Treating Mississippi's Rural Health Workforce."**

Over 70 participants gathered to hear

presentations on current trends, the future outlook, community-based initiatives, and programs working to impact rural health professions.

"The Mississippi Rural Health Association's annual conference is the association's primary forum for providing networking opportunities for our

members, elected officials, healthcare professionals, and consumers," said newly-elected MRHA president, Mitch Morris.

Brock Slabach, Administrator at Field Memorial Hospital in Centreville, set the tone for the conference. Mr. Slabach focused on leadership
(continued on page 2)

From the MRHA president's pen (continued)

(continued from page 1)
insurance costs, and patient populations with complex and chronic health problems; rural health care providers continue to face many challenges.

There are many trials to be confronted in rural health, but a bit of good news does exist. Shortly before Congress recessed in December, critical health legislation passed in two separate bills in both the House and Senate. A 0.5% increase in physician payments replaced the scheduled 10.1% cut to the Medicare physician reimbursement rate. The incentive payment program, which provides a 5% bonus payment to physicians practicing in these areas, was extended. Also, SCHIP funding was extended through March 2009 allowing states to maintain current enrollment

levels.

Furthermore, an omnibus appropriations bill was passed that will fund the government through next year. Although the programs in this bill will receive an across the board 1.7% cut in compliance with the President's levels, it does preserve "rural health safety net" programs. This bill also provides an additional nine million dollars to Rural Outreach and Network Grants, bringing potentially significant impacts to health care in many rural communities.

As I write this column, I look forward with great anticipation to the National Rural Health Association's Annual Policy and Issues Forum scheduled for January 28-30 in Washington, D.C. This meeting will provide greater insight into congressional

action and federal program changes that will directly influence rural health care. I also intend to meet with representatives of Mississippi's federal delegation to discuss interests and concerns regarding rural health.

Finally, MRHA continues to strengthen as an organization due in large part to the quality of our Board of Directors. This year we welcome another distinguished group of new members. This incoming collection of health professionals includes Aurelia Jones-Taylor, Rosalyn Smith-Howard, Dr. Shannon Pittman, Joanie Perkins, and Dr. Frances Henderson. Thanks to these dedicated professionals for joining us in actively supporting rural health improvement in Mississippi.

MRHA hosts 12th annual conference (continued)

(continued from page 1)
behaviors needed to thrive in the rural landscapes in which we live and work. He gave real life examples in which to change our communities and ourselves.

Wanda Jones, Executive Director of the Mississippi Office of Nursing Workforce, and Mary Ann Sones, retired Dean of Nursing/Allied Health at Hinds Community College, presented allied healthcare workforce data and information on the nursing and allied health educational programs offered in the state.

Dr. Ed Thompson, State Health Officer, was the lunchtime presenter. Dr. Thompson offered informative disease and public health statistics and discussed how a well-trained and staffed workforce can influence healthy outcomes.

Dr. Diane Beebe, Chairman of the Department of Family Medicine at the University of Mississippi Medical Center, provided information on the recent legislatively-funded Mississippi Rural Physicians Scholarship Program.

Tina Hines, Department Chief at the Mississippi Department of Employment Security, ended the conference with a presentation on training and services for healthcare-related professions offered through the Workforce Investment Act

and WIN job centers.

The Mississippi Rural Health Association extends a special note of thanks to the Mississippi Department of Health, State Office of Rural Health, the Mississippi Rural Health Corps, and Mississippi State University Extension Services for their sponsorship and support

of this conference.

"Raising awareness of rural health issues, promoting partnerships, and providing educational opportunities are among our primary goals. If you missed our annual conference this year, you'll want to be sure to make it a priority next year," said Morris.



The MRHA Annual Conference is always a great opportunity for networking with others concerned about rural healthcare — especially over a plate of good food!

News from the Mississippi Office of Rural Health

From the MORH director's desk

Happy New Year!

Preserving and maintaining the "respect" that public health has earned over the years is what is on my mind today.

Public health is the aspect of health science concerned with addressing the threats to the overall health of a community and/or nation based on population health analysis.

The field of public health has been greatly beneficial to the world over the last decades.

Public health works best when public health officials work collectively with the public to assure that conditions exist for people to be healthy.

Public health includes organized and sustained efforts carried out by various organizations and entities to:

- 1) assess health indicators;
- 2) monitor disease conditions;
- 3) conduct disease prevention initiatives;
- 4) engage in health education and promotion;
- 5) formulate policies;
- 6) help to promote a sufficient health care workforce;
- 7) promote access to health care; and
- 8) evaluate health care services (quality).

Public health officials and workers have done an excellent job in these areas and have accomplished a lot in terms of identifying disease prevalence and health disparities, reducing incidence of disease, establishing health priorities, and disease prevention through health education and promotion.

Let's keep up the good work in 2008!



Rozelia Harris, MBA
Director, MORH

MRHA Welcomes New Board Members and Liaisons

The following new members were recently elected to the MRHA board:

Aurelia Jones-Taylor, MBA, Chief Executive Officer
Aaron Henry Community Health Service Center, Clarksdale

Rosalyn Smith-Howard, MS, Healthcare Workforce Specialist
Mississippi Hospital Association, Office of Nursing Workforce, Madison

Shannon Pittman, MD, Residency Director, Dept. of Family Medicine
University of Mississippi Medical Center, Jackson

Joanie Perkins, CPC, Director,
Practice Management/Network Development
North Sunflower Medical Center, Ruleville

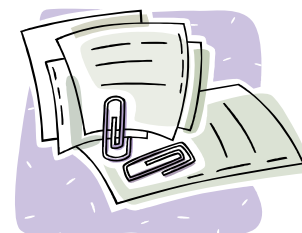
Dr. Frances Henderson, PhD, MSN,
Professor of Medicine and Special Assistant to the Director
Jackson Heart Study, Jackson

MRHA would also like to welcome the following new board liaisons:

Bo Bowen, Vice President, Corporate Services,
Information and Quality Healthcare

Lonnie Graeber, Director of Hospital Outreach,
University of Mississippi Medical Center

Beverly Knox, Network Coordinator,
East Central Mississippi Health Network, Newton



Coding Tip Corner

Provider-based RHCs' Lab Billing

Provider-based RHCs of a CAH Method I and Method II should bill the outpatient labs using the 141 Type of bill if the specimen is obtained in the clinic lab. The Medicare patient must present to the hospital lab in order to bill the 851 type of bill and the CAH to receive cost based reimbursement for the test. Using bill type 141, the CAH will receive the Clinical Diagnostic Laboratory Fee Schedule.
<http://www.cms.hhs.gov/transmittals/downloads/R734CP.pdf>

A message from the Area Health Education Center director

During its last session, the Mississippi Legislature passed the Mississippi Rural Scholarship Program. This program will have a major impact on primary health care in the rural areas of the state. It will provide funds for 15 full medical scholarships for students agreeing to serve in a rural location. The scholars will be eligible to apply under a special admissions process and may attend either an allopathic or osteopathic medical school. The program established a commission to discharge the terms of the legislation, e.g., to administer policy, to implement the program and develop a curriculum, to begin recruitment, to establish a budget, and to hire an executive director. Recently, the Commission hired Ms. Janie Guice as its Executive Director.

The Mississippi AHEC extends a warm welcome to Ms. Guice and a thank you to the state legislature for its recognition of the needs of our rural health manpower deficits. Thanks and great wishes go to the Commission as it dedicates itself to the difficult task of increasing the number of health care providers who will be obligated to practice in a rural area.

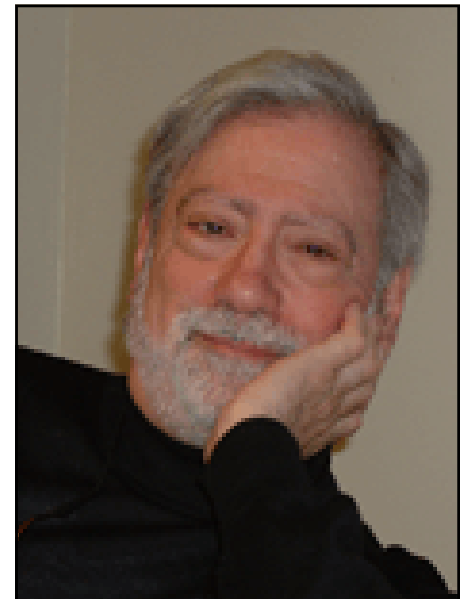
The Mississippi AHEC looks forward to working and partnering with the



Commission and the Executive Director. We believe that working together, we will build a pipeline filled with potential health care providers. Our experience in K-12 and college programming, curriculum development, rural partnerships, community preceptorships, and our state-wide infrastructure will be valuable assets as we work together to solve this long-standing problem. The ancient Chinese proverb tells us that, "the longest journey begins with the first step." Let us begin to walk together.

In July, I began a new phase of life. I retired from full-time employment. I returned on October 1, in a half-time

capacity as Director. I returned to find an organization stronger than when I left. Special kudos go to our Acting Director, Ms. Stephanie Young; and our outstanding staff, Ms. Jennifer Alsup, Program Administrator; and to Ms. Deirdre Folkes, Supervisor-Office Services. They made returning a delight.



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

Newton Regional Hospital selected to pilot electronic health record

Newton Regional Hospital has been selected as one of two Mississippi rural hospital pilot sites for installation of an electronic health record (EHR) made available from grant funding through the University of Mississippi Medical Center. The funding covers the total project cost to include software, implementation, training, and support. The entire value of the project is estimated at approximately \$350,000.

The EHR program chosen for the project is ClinicMax. ClinicMax was selected for its user customization functions that allow for widespread adaptability and use. Essentially, the EHR can be designed and configured during implementation. An EHR system should not be just about information technology, but redesigning the clinical

care process and practice.

The project team will consist of the following members:
Project Manager – Lindsey Hoggle, Health Project Partners; Chief Technology Officer – Anuj Agarwal, ClinicMax; Newton Regional Hospital Team Members – Tim Thomas, Administrator; Theresa Miles, Clinic Manager; Acquandra Fox, Lab Manager; Donna Pace, Pharmacy Manager; Melissa McCombs, Health Information Manager; Tammy Edwards, Director of Nursing; Gloria Rigdon, Director of Geropsych-iatric Unit; and Janice Richardson, Patient Accounts Manager

The project is estimated to take approximately 90 days for completion.

The transition from paper to electronic health records can significantly

improve efficiency and productivity, both internally and externally. Internally at the hospital, medical information can flow electronically and seamlessly between the physician's clinic, ER, outpatient, inpatient units, and all the ancillary departments (lab, radiology, respiratory, pharmacy) with speed and access. Externally, with interoperability standards in place, the hospital can exchange health information between EHR systems with providers, payors, insurers, and others. Additionally, electronic health records allow for the portability of critical health information for patients.

Newton Regional Hospital is very excited to be chosen as a pilot hospital for this project and looks forward to bringing the benefits of this technology to the residents of the Newton community.

Profile of a small rural hospital: Lawrence County Hospital, Monticello

Since 1960, on the bank of the Pearl River, Lawrence County Hospital has been providing medical services to the community. With the official hospital motto being “the Hospital with a Heart,” there is no doubt that Lawrence County Hospital is committed to providing a superior facility, needed services, and a warm environment to enable its physicians to best serve the needs of its patients and their families.

With 125 employees, the 25-bed hospital has been a division of Southwest Mississippi Regional Medical Center (SMRMC) since 2001. After receiving the designation as a Critical Access Hospital in 2002, Lawrence County Hospital has flourished. Under the guidance of SMRMC, Lawrence County Hospital has not only been able to add a wider range of services, but has updated and replaced existing facilities and equipment.

Some of the services added since 2002 include CAT scans, MRIs, ultrasounds, intensive outpatient services, physical therapy, occupational therapy, colonoscopies, EGDs, wound care, and cardiovascular services.

The most notable facility improvement is the renovation of the old surgical unit, creating a new Emergency Room and waiting area, which is five times larger and is equipped with telemedicine capability.



Mary Ann Sones addresses the audience at the 12th Annual MRHA Conference

Lawrence County Hospital
1065 East Broad Street
Monticello, MS 39654
(601) 587-4051



Semmes Ross, Administrator
Lawrence County Hospital

Semmes Ross, Administrator of Lawrence County Hospital, leads the day-to-day operations of the hospital. As Administrator, he is responsible for the customary managerial function of assigning duties as well as oversight of all personnel. Over the years, Ross has seen the struggles and economic pressures that have slowed the progress of small rural hospitals, first as the Administrator at Franklin County Memorial Hospital, and now at Lawrence County Hospital. He has also seen an increase in the range of health care services provided by small hospitals with the establishment of a critical access designation.

Ross has not always worked in the medical field. After graduating from Jackson's Central High School, he received a Bachelor of Business Administration degree from the University of Mississippi and then served fourteen years in the U.S. Army Reserve, including three years of active duty. Later he worked as an auditor for the Army and Air Force Exchange Service, a position that allowed him the opportunity to become a world traveler.

The administration at Lawrence County Hospital is not the only driving force that keeps the hospital prospering. The employees and staff of the hospital play a tremendous role in the daily operations of the facility. Many employees

have dedicated years of service to this small community hospital.

The hospital's first employee, Mr. Sidney Fortenberry, has been serving Lawrence County Hospital for 48 years and is still employed as the Director of Radiology. During construction in 1958, Fortenberry was a member of the construction crew that laid the plumbing for the hospital and, after completion of that project, was hired as a security guard for the construction site. Over the years he has worked in almost every department. At one time in the early 1960s, he worked in Security, Maintenance, Purchasing, Laboratory, and Radiology all at the same time. In small rural hospitals, it is not uncommon for employees to fill several roles.



Mr. Sidney Fortenberry,
Lawrence County Hospital's
First Employee

Over the years, Lawrence County Hospital, like most small hospitals, has seen its share of ups and downs caused by the ever-changing healthcare industry. Due to the support of the surrounding community, committed physicians, and dedicated staff, the hospital has continued to be a vital part of Lawrence County by serving its population.

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>

MSU Extension Service and Co-Lin join forces to meet older citizens' needs

Smart Aging: Healthy Futures is a new endeavor launched by Mississippi State University Extension Service in partnership with Copiah-Lincoln Community College.

Fifty-two percent of older Mississippians live in rural areas, and over eighty percent of elderly Mississippians live in their own family dwellings. The challenge for Mississippi is finding ways to maintain and improve the health of our senior citizens while allowing them the freedom of residing in their own homes. This is especially true for rural areas with less formal support for seniors' health and well being.

To meet that challenge, *Smart Aging: Healthy Futures* is centered on meeting three key objectives:



- Identification of specific community resources and deficits relative to supporting the health and health care needs of a community's rural senior population
- Engaging communities in grassroots efforts to improve the health and

health care accessibility of their rural senior populations

- Initiation of various health promotion activities and educational programs targeting rural aging populations within communities and their families and support systems.

The project, funded by the United States Department of Agriculture, will be conducted in Oktibbeha, Clay, Copiah, and Lincoln counties.

It is hoped that additional funding will be secured to expand our activities to other counties.

For additional information, please contact the Project Director, Bonnie Carew, at 662-325-1321 or bcarew@ext.msstate.edu.

Master Health Education Volunteers Program underway in Newton

In October 2006, Newton Regional Hospital, with the financial support of East Central Health Network, recruited four individuals—Frankie Johnson, Beverly Knox, Jerri Norton, and Tim Thomas—to participate in the Master Health Education Volunteer Program. The program, designed and offered by Mississippi State University Extension Service, provides volunteers with an opportunity for high-quality health-related community service through a specialized course of training and practice. Master Health Education Volunteers agree to give 40 hours of community service back in exchange for the training received.

Newton Regional Hospital's four of twenty-four participants are graduates of the first class of Master Health Education Volunteers (representing thirteen counties).

Volunteers are trained to give presentations about breast cancer, prostate cancer, Know Your Numbers (a program designed to increase awareness of an individual's body mass index, cholesterol, blood pressure, and blood sugar levels), diabetes, oral health, nutrition, and exercise.



Over the past several months, Master Health Education Volunteers have conducted seven presentations on prostate cancer awareness to over 250 participants in the Newton community. Along with these presentations, Newton Regional Hospital offered prostate specific antigen (PSA) blood tests to participants at cost. The PSA is a highly effective test in screening for prostate cancer.

Several additional presentations on diabetes and breast cancer awareness are scheduled in April. Beginning in June, Master Health Education Volunteers will

begin a year-long campaign to present the Know Your Numbers program to reach over 1,000 residents in the Newton community. The Know Your Numbers presentation will be enhanced with free health screenings to include height, weight, blood pressure, blood sugar, and cholesterol.

Newton Regional Hospital feels that the Master Health Education Volunteer program is a great tool for health awareness and education in rural communities. It would like to expand the existing volunteer force in Newton and offer more of their presentations to community groups, churches, clubs, organizations, businesses, and industry. The team is available by request.

You won't want to miss this!

**Southern Rural
Healthcare Conference**

**June 16-17, 2008
Beau Rivage Resort
Biloxi, MS**

MISSISSIPPI RURAL HEALTH ASSOCIATION

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Madison, MS 39110
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E-mail: mississippirural@bellsouth.net



*A voice for health
in rural Mississippi*

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

Slabach named as NRHA Senior Vice President of Member Services

The National Rural Health Association (NRHA) announced that Brock Slabach, FACHE, will join the Association staff as Senior Vice President of Member Services in 2008.

"NRHA is thrilled that Mr. Slabach has joined our team," said George Miller, NRHA President. "His more than 20 years experience as a rural hospital administrator will be a great resource to now have on our staff, as we seek to improve the services that we provide to all of our members."

Mr. Slabach's primary role at NRHA will be to oversee the establishment of a rural quality technical assistance center within NRHA, as well as oversee member services for the organization. He comes to the NRHA after having served more than 20 years as the Administrator of Field Memorial Community Hospital, Centerville, Mississippi.

"This is a great step forward for the organization, and will position us well as we promote systems of care within rural



America," said Alan Morgan, NRHA CEO. "Mr. Slabach's understanding of rural health policy, and his professional experience in rural health care are going to be a great addition to the organization."

Mr. Slabach has served on the NRHA Board of Trustees, the NRHA Policy Board, and on the NRHA Government Affairs Committee. In 2007, he testified before the House Ways and Means Committee on the impact of the Medicare Advantage program in rural America.

He is a native of Kansas and he received his Master of Public Health, Health Administration from the University of Oklahoma, College of Public

Health, Oklahoma City, Oklahoma. He also received his Bachelor of Science, Biology, from Oklahoma Baptist University in Shawnee, Oklahoma.

"I am very excited to be joining the NRHA team in this new role," said Mr. Slabach. "It is my intent to build on the NRHA tradition of working to improve the health care of rural Americans and I plan to do this by making sure we provide the member services that matter."

The NRHA is a national nonprofit organization, with more than 18,000 members that provides leadership on rural health issues. The Association's mission is to improve the health and well-being of rural Americans and to provide leadership on rural health issues through advocacy, communications, education, and research. The NRHA membership is made up of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health.