



Special points of interest:

MSU new home to the
North East Mississippi Area
Health Education Center

Rural Health Conference on
Quality, Economics, and
Workforce

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From the MRHA president's pen

Aaahhh...summertime in Mississippi. No other season incites greater nostalgia for my beloved lifelong home state. Ninety-five degrees plus ninety-five percent humidity (I believe that equals 190 on the heat index); mosquitoes large enough to carry away the family cat; the kudzu in full bloom; and the quiet anticipation of another eventful hurricane season just around the corner.

It's also a busy time at the Mississippi Rural Health Association. We've recently launched a new Web site that is still in various stages of development. Our goal is to provide resources and information unique to rural health concerns, as well as present accurate information regarding the accomplishments and undertakings of the Association. Please view our new site at www.msaha.org. Comments, questions, and suggestions are welcome, and may easily be submitted under the "Contact Us" page.

We're also very excited about several educational and networking events that are taking place during the summer and early fall season. The 2008 Southern Regional Rural Healthcare Conference was recently held June 16 and 17 in Biloxi. This is an annual event that is jointly sponsored by the State Rural Health Associations in Mississippi, Louisiana, and Alabama. The quality of this conference



Mitch Morris, President
Mississippi Rural Health
Association 2008

continues to improve each year and is a great example of organizational growth and effective collaboration.

Another long-term partnership that has existed for years within MRHA is working to provide educational content to rural areas throughout the state. Through collaboration with the Mississippi State University Extension Service, 'brown-bag' educational

sessions are being delivered through MSU Extension's distance learning network. Initial topics involve "Aging Well," with the first session providing important consumer information on Medicare Advantage Plans.

Continuing the theme of successful collaboration, this year's Annual MRHA Conference will be a joint effort with the Mississippi Area Health Education Center (AHEC) Program. AHEC works to advance professional health education, as well as health workforce development. The joint conference will begin on September 16 with a pre-conference grant proposal writing workshop. The main event on September 17 will focus on rural health quality and workforce, as well as exploring the health infrastructure as a vital component of economic growth and development in rural

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Lunch and Learn with MRHA

"Fraud and Abuse in the Sale of
Medicare Advantage Plans in Mississippi"
12:00 noon, Monday, August 11th, 2008

Joel Jones and Stephanie Ganucheau, Special Assistant Attorneys General, Department of Insurance, will be the speakers at the first MRHA Lunch and Learn seminar. You can join this Lunch and Learn by going to Cooperative Extension offices in Bolivar, Coahoma, Forrest, Hinds, Lauderdale, Noxubee, or Oktibbeha County where the seminar will be presented via videoconferencing. Bring your lunch and learn more about Medicare Advantage!

News from the Mississippi Office of Rural Health

From the MORH director's desk

I'm going to take the opportunity to use my director's article for this edition of the *Crossroads* newsletter to discuss a rare but deadly form of muscular dystrophy that affects children, specifically boys—Duchenne muscular dystrophy. Duchenne Muscular Dystrophy is a fatal disorder that causes muscles to become weaker until it affects the whole body. According to Parent Project Muscular Dystrophy (PPMD), about one out of every 3,500 boys and about 20,000 babies born worldwide each year have Duchenne. There is no cure for Duchenne, but there are ways to slow the damage it causes and prevent other related problems. Children affected by the disease can live longer and have a better quality of life, when diagnosed early and receive appropriate treatment and care.

On March 25, 2008, the Mississippi Office of Rural Health, the Child and Adolescent Health Department at the Mississippi State Department of Health, and a representative from the Mississippi Primary Health Care Association had a

second meeting with officials from Parent Project Muscular Dystrophy at the Mississippi State Department of Health to discuss the disease and to learn more about the mission and activities of PPMD.

Parent Project Muscular Dystrophy is the largest nonprofit in the United States focused entirely on Duchenne muscular dystrophy. The organization works to improve the treatment, quality of life, and long-term outlook for all individuals affected by the disease. PPMD is involved with promoting and advancing research, advocacy, education, and compassion. They provide information on state-of-the-art care. PPMD has a grassroots origin and as revealed by the name of the organization, is very parent focused.

The Mississippi Office of Rural Health will be sending provider-focused and patient-focused PPMD brochures to several health providers within the coming weeks. These brochures provide information on the Duchenne muscular dystrophy disease, symptoms, diagnosis, treatment, and support resources. A wealth of



Rozelia Harris, MBA
Director, MORH

additional information on PPMD and Duchenne muscular dystrophy is available at www.parentprojectmd.org. The organization can also be contacted at 1-800-714-5437.

From the MRHA president's pen (continued)

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Mississippi.

As event planning progresses and Web site development continues, additional details will be available online, as well as in future *Crossroads* issues. I strongly encourage our members and associates to take advantage of all the Mississippi Rural Health Association has to offer. If you are not currently a member, please visit the 'Join MSRHA' page on the Web site to find out how you can become involved in the only organization in Mississippi offering a forum that brings together all aspects of rural health.

Thanks, God Bless, and have a great Mississippi summer

—Mitch

Please view MRHA's new Web site
at www.msaha.org.

Coding Tip Corner

Coding Repairs (closures) in the RHC

When coding laceration repairs, use code set 12001 – 13160 for wound closures utilizing sutures, staples or tissue adhesives. If the decision to repair the laceration is made at the same encounter as the repair, you may bill the appropriate evaluation and management code in addition to the repair code. You will append the E&M code with modifier 57 (decision for surgery) and ensure your E&M documentation is appropriate for the level of service billed.

Remember to bundle both the repair code and your E&M code into one line item (rev. code 521 if done in the office) for your total charge and collect the 20% co-pay from the patient when appropriate.

For more information, contact
Joanie Perkins, CPC
Joanie.perkins@northsunflower.com



Health Careers Road Show: An interactive approach

by Stacey Curry

Research has illustrated health care professions comprise some of the fastest growing and most vital careers in the United States. While this is true, many states, including Mississippi, continue to experience a shortage of health care professionals. Therefore, one of the Southern Mississippi Area Health Education Center's goals is to inform school-age students and young adults in the 15 southern counties of Mississippi about health career options and education goals. Furthermore, we work to facilitate the development of opportunities that will allow individuals to remain in Mississippi and practice their health care professions. We do this in a variety of ways.

For example, we have participated in and/or hosted many events throughout schools and communities in our target counties during the 2007-2008 academic school-year such as health fairs, conferences, middle and high school career events, girl/girl scouting health events, etc.

Although we have been able to reach 6,000+ people through our health career oriented endeavors, we aspired to develop a high school oriented program that utilized our most successful health career interest provoking techniques. This program should allow us to go into high schools within the 15 targeted counties in southern Mississippi in order to access the students that are closest in age to entering college (juniors and seniors). Therefore, we organized a research and planning partnership with The University of Southern Mississippi's associate provost and recruitment specialists, as well as Mississippi Gulf Coast Community College (MGCCC) and Gulfport High School representatives, in order to design and execute the *Health Careers Road Show* program.

The *Health Careers Road Show* is an interactive program in which health care representatives will bring information, discussion opportunities, and health career experience to high school students in their junior and senior years. The representatives will be retained from a variety of health care/health education fields, including university faculty and health care professionals. They will work with high school administrators, teachers, and counselors to coordinate the *Health Careers Road Show* with the high school curriculum



in schools within the 15 southern counties of Mississippi.

The *Health Careers Road Show* is organized as a year-long initiative. During the course of one academic year, the health career representatives will make three or more junior and senior classroom visits to each high school. In order to facilitate the classroom visits, a Speakers' Bureau entry for each representative which includes information about their classroom presentation and their available dates will be published in book form and given to the high school teachers at the beginning of the school year. The Speaker's Bureau is designed to aid the high school teachers in planning the classroom presentations during times in which the speakers' topics can be paired with the mandatory high school curriculum. The classroom visits will take place during the first half of the academic school year. After the classroom visits are complete, health career representatives will participate in a cumulative program in a general assembly of all juniors and seniors in each high school. During this cumulative event, the students and their parents will be allowed

to choose three health career breakout sessions. Through the breakout sessions, the students and their parents will hear a lecture, participate in an interactive demonstration, and ask questions in each of their chosen health career interests, while also learning more about general college requirements and admissions. Furthermore, they can gather contact information from health career representatives during the breakout sessions, as well as during the previous classroom visits, so they can establish networks for future volunteer work and internships that will be crucial for their health degrees and careers.

Finally, the students from each high school will be invited to tour health career related departments at USM and the MGCCC during the second half of the academic school year. During these tours, the students will have the opportunity to view health related college classes in session, visit laboratories, interview professors, and learn more about the requirements for each health related degree at USM and MGCCC. The students will also be able to gather contact information from professors so the students can correspond with the professors as they finish high school and begin their college application process.

The *Health Careers Road Show* began its development during the summer of 2007 and has undergone intensive strategic planning via the *Health Career Road Show's* Planning Committee during the 2007-2008 academic year. The program will be implemented during the 2008-2009 school year and will be initiated in Gulfport High School. We will then begin disseminating the program into other coastal high schools in Mississippi. Feedback from
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MRHA is pleased to announce the re-design of the association's Web site. Check out the site at www.msrrha.org and let us know what you think!



Job announcement posting available.
Member rate is \$25 for a 3-month posting;
non-member is \$50

Contact Jan Entekin for more information.
mississippirural@bellsouth.net
601-898-3001

An up-close account of the NRHA annual meeting

by Laura Hall Downey

I had the good fortune to attend the National Rural Health Association 2008 annual conference in New Orleans, Louisiana on May 7-10. This was my first time attending the conference, where I enjoyed meeting a range of practitioners and researchers from various fields who shared a wealth of knowledge on diverse rural health issues. I was impressed by the breadth of rural health topics covered through presentations by rural health practitioners, hospital administrators, state and federal health workers, academicians, and community members.

As a researcher interested in rural public health, I was excited to attend several sessions that emphasized the importance of public health approaches, not only medical approaches, for meeting the health care challenges of rural communities. As these sessions reported, broad public health services, such as health education, development of healthful public policy, disease surveillance, and environmental health are necessary for ensuring healthful conditions in rural communities.

On the second day of the conference, Dr. Alana Knudson and Mr. Michael Meit presented an overview of a forthcoming textbook, *Health on the Farm and in the Village: 100 Years of Rural Public Health*. The speakers took the participants chapter-by-chapter through the book which provides a comprehensive review of the origin, advancements, and persistent challenges to providing comprehensive public health services to rural communities. A few of the topics discussed included: health status of rural residents, social determinants of health, delivery of public health services, and rural public health infrastructure.

Two case studies, one from New York and one from Tennessee, illuminated the historical and current observations about rural public health systems. Dr. Knudson and Mr. Meit closed their session by noting that improving access to health care alone has not, and will not, improve the health of rural populations. A concerted effort between public health, medical care, and a plethora of other community-based services are necessary for ensuring the conditions that keep populations healthy.

The Reilly Keynote Address, given by



public health physician Dr. Eric Baumgartner, similarly highlighted the importance of preventive measures for enhancing the health of rural populations.

“... improving access to health care alone has not, and will not, improve the health of rural populations.”

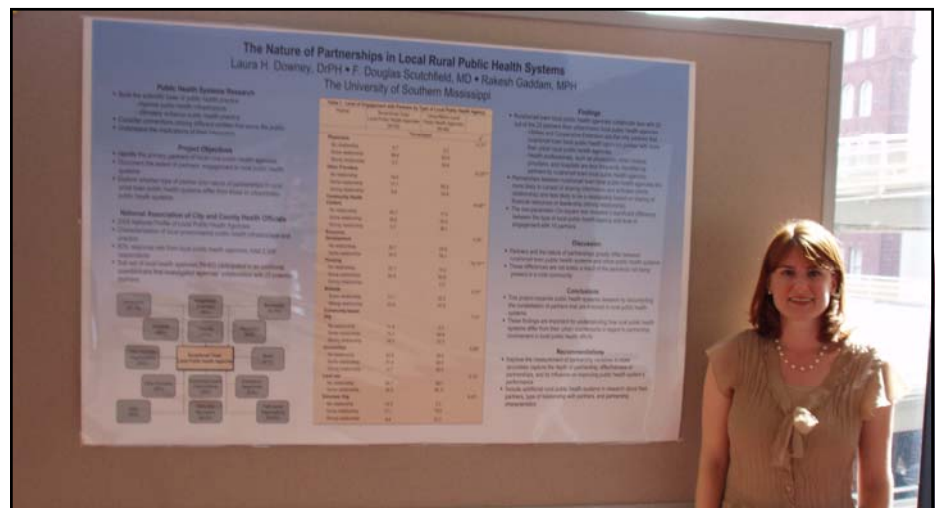
Most of the information that Dr. Baumgartner presented was not new, but it once again emphasized the impact that community factors and personal lifestyles or behaviors have on rural health status. As Dr. Baumgartner argued, medical interventions will not necessarily address the drivers of health determinants, particularly the determinants of chronic diseases. These interventions must start upstream and focus on basic public health approach, rooted in the essential public health services.

The annual meeting also provided an opportunity for me to share research that I am currently conducting through a Robert Wood Johnson Foundation grant. My poster, entitled, *The Nature of Partnerships in Rural Public Health Systems*, described the variation in type of, and extent of, partnerships in rural public health systems as compared to partnerships in urban public health systems.

Findings from my research suggest that partnerships are just as important in rural areas, but the leading partners and depth of collaboration in rural communities differ when compared to their urban counterparts. These findings align with presentations throughout the conference that recognize a wide range of partners are essential to meeting the health and social needs that ensure safe and healthful conditions in rural communities.

I appreciated the opportunity to join the conference and learn from such well-rounded scholars. I look forward to attending other National Rural Health Association’s annual conferences in the future.

Submitted by Dr. Laura Hall Downey
Dept. of Community Health Sciences
The University of Southern Mississippi
and MRHA Board Member



Dr. Laura Hall Downey, Assistant Professor, Department of Community Health Sciences, The University of Southern Mississippi and MRHA Board member, presented her research on the nature of partnerships in rural public health systems at the NRHA Annual Meeting in New Orleans.

Providing emergency care through technology

The University of Mississippi Medical Center has a unique program, TelEmergency, for providing emergency medicine care throughout the state of Mississippi.

TelEmergency was the brainchild of Dr. Robert Galli. Dr. Galli saw a severe shortage of emergency medicine physicians who could cover emergency departments throughout the state. Dr. Galli also saw more and more nurse practitioners covering the emergency departments in rural Mississippi. These nurse practitioners were mainly family medicine trained and lacked the emergency medicine background needed to staff an emergency department.

"Trauma is trauma no matter where it happens, and the rural hospitals in our country, especially Mississippi, find it difficult to staff an emergency room with physicians of any kind and almost never with board-certified emergency medicine physicians," Galli said.

TelEmergency was invented to provide collaboration between a board-certified emergency medicine physician and a rural nurse practitioner through a video link, thereby putting the board-certified emergency medicine physician in the same room as the patient and nurse practitioner. This real-time video conferencing allows the physician at the University of Mississippi Medical Center (UMMC), to speak with the nurse practitioner, patient, or any of the patient's family that is located in the room with the patient. This interaction provides a vital link.

"The nurse practitioner acts as my hands, and the system acts as my eyes and ears to help treat the patient," Galli said.

In addition to the technology, the nurse practitioners staffing the rural emergency departments are trained at UMMC in an educational program headed by Kristi Henderson. The course includes 40 hours of continuing education, focusing on emergency care, as well as 135 clinical hours in the UMMC Emergency Department with at least 100 patient encounters under the supervision of UMMC emergency physicians.

TelEmergency is currently connected to 12 rural hospitals. The 12 hospitals are: Claiborne County Hospital in Port Gibson, Humphreys County Memorial Hospital in Belzoni, Lawrence County Hospital in Monticello, Perry County Hospital in Richton, Pioneer Community Hospital in Aberdeen, Quitman County Hospital in Marks, Scott Regional Hospital in Morton, Holmes County Hospital and Clinics in Lexington, North Sunflower County Hospital in Ruleville, Sharkey-Issaquena County Hospital in Rolling Fork, Newton Regional Hospital in Newton, and Green County Hospital in Leakesville.

TelEmergency is currently seeing close to 1,800 patients per month over the system. Since the system began October 1, 2003, the system has seen well over 80,000 patients. Grants from the John D. Bower Foundation and the Mississippi State Department of Health paid for the initial start-up and equipment costs.

The next step for Telemedicine at UMMC is to provide a Tele-Stroke

program. Stroke is the leading cause of disability and the third leading cause of death among adult Americans.

The Tele-Stroke program will utilize the existing video conference systems in the emergency department to treat victims of stroke. When a stroke case is presented at one of the program's rural emergency departments, the emergency medicine physician at UMMC will transfer the video call to a neurologist at UMMC. The neurologist will work with the nurse practitioner or physician at the rural hospital to determine if a fibrinolytic, a clot dissolving medication, should be used.

Time is of the essence in these cases due to the small one and one-half to three hour time window that is involved with administering the drug. The medication has to be administered at the maximum of three hours of the initial onset of the stroke. By using the video feed from the rural hospital, the neurologist at UMMC can determine if the medication should be administered, and if it is decided that the medication should be used, the medication will be administered at the rural hospital, thereby eliminating the time it would normally take to transfer the patient to UMMC or another hospital with neurology services.

Technology is being used by UMMC throughout the state of Mississippi to put specialty care in places that have never been able to offer these services in the past. The technology is being used to provide quality care at a cost that rural hospitals can afford.

Health Career Road Show: An interactive approach (continued)

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university and community college faculty, staff, and administrators, as well as high school students, parents, teachers, counselors, and administrators during the planning stages has been overwhelmingly positive. Furthermore, the project proposal has been accepted for presentation at the 2008 National AHEC Conference in Denver, Colorado.

The Southern Mississippi Area Health Education Center endeavors to

meet the imperative goal of informing school age students and young adults about health career options and education goals, especially in Mississippi. Furthermore, we want to make sure these students have the tools to reach their goals of becoming health care professionals. We are confident we will be able to utilize the *Health Careers Road Show* to reach a large portion of our southern Mississippi high school students.

—Submitted by Stacey Curry, MPH

Stacey Curry, MPH is the Gulf Coast Program Manager for the Southern Mississippi Area Health Education Center, which is under the directorship of Dr. James McGuire. She is located on The University of Southern Mississippi's Gulf Coast Campus in Long Beach, Mississippi. She can be contacted via e-mail at Stacey.Curry@usm.edu or telephone (228.214.3518).

MSU new home to the North East Mississippi Area Health Education Center

The Social Science Research Center at Mississippi State University is proud to be the new home to the North East Mississippi Area Health Education Center. Given Mississippi State University's mission as a land-grant institution, it is a good fit to have the regional AHEC situated within our university. Also, given my research on the physician workforce in Mississippi for the last seven years, directing this center is an honor for me.

For the last several years, I have been working diligently with Dr. Silberman, Director of the Mississippi Area Health Education State Program Office, and Alvin Harrion, from the Mississippi Department of Health, to find a way to fund health professional workforce analyses in the state. Over the course of the last year, we held several brainstorming meetings with stakeholders from the University of Mississippi Medical Center, The University of Southern Mississippi, foundations, and many medical professional associations. These meetings resulted in a plan for a research center that would focus on workforce analyses for medical professionals in the state of Mississippi, which ultimately could be used to recruit physicians to areas of the state that are in most need of health professionals.

We all realize the importance of assessing the physician workforce, yet the state has lacked a consistent venue for these analyses. Many other states—North Carolina and South Carolina are exemplars in this area—have excellent centers for health workforce research. For example, the University of North Carolina hosts the Southeast Regional Center for Health Workforce Studies (<http://www.healthworkforce.unc.edu/>) and the State of South Carolina fully funds their Office of Research and Statistics to analyze all health professions (<http://www.ors2.state.sc.us/>). Early this year, the Mississippi Area Health Education Center and the Social Science Research Center came together to create this opportunity for Mississippi to join the ranks of many other states who evaluate their health workforce on an annual basis.

The North East Mississippi Area

MCHW

Mississippi Center for Health Workforce

Health Education Center, like all AHECs, will solicit state and community support for the AHEC program through the establishment of relationships with community members, health care organizations, and professional organizations. The NE MS AHEC will have a regional



board of advisors to help us reach out to the communities in our region, highlighted in the map shown here. We anticipate working closely with other institutions of higher education, as well as physicians and hospitals in Northeast Mississippi.

The largest program of the North East Mississippi AHEC will be the Mississippi Center for Health Workforce (MCHW). MCHW has already been funded by Mississippi AHEC offices last year. With existing funds, we are completing an annual assessment of the health workforce, working with the Mississippi AHEC offices to recruit more physicians, analyzing the effects of legislative changes (such as increased medical school class size), and disseminating information regarding the health

professions education and continuing education. The mission of the MCHW is to collect, analyze and store Mississippi's health workforce data. We anticipate accomplishing this mission through four distinct goals: 1) to function as a data clearinghouse, 2) to analyze health workforce data for the state, 3) to produce and disseminate reports, and 4) to increase awareness of health workforce issues.

For the MCHW, we are developing a separate advisory board of stakeholders from across the state, including medical professional organizations, the Mississippi Department of Health, the University of Mississippi Medical Center, and Northeast Mississippi Medical Center. This advisory board will help us determine data needs and priorities of professional associations and the Mississippi legislature, will oversee data confidentiality and human subjects review, will explore funding opportunities to sustain the NE MS AHEC, and will assist in dissemination and awareness of our products and programs. We also look forward to collaborating with other regional AHEC offices and the state offices in Jackson.

The development of the North East Mississippi Area Health Education Center and the accompanying Mississippi Center for Health Workforce will be an important one for Mississippi State University and the Social Science Research Center. The mission of AHEC includes academic and community connections, following students through their professional careers and placing them in communities that need them. I have been doing research in this area since arriving at Mississippi State in 2001, and I hope to continue to do research in this area. This opportunity will allow us to build on an existing research program in health care workforce. Existing publications in this area can be seen on the Mississippi Health Policy Research Center's website (<http://www.healthpolicy.msstate.edu/publications/>).

—Dr. Lynne Cossman, Director
Northeast Mississippi Area Health
Education Center



MRHA 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 membership application can be found on the MRHA Web site at www.msrrha.org, or by contacting Jan Entrekin at 601-898-3001 or at mississippirural@bellsouth.net.

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

MRHA to serve as MCIC's fiscal sponsor

The Mississippi Chronic Illness Coalition (MCIC), a volunteer-driven partnership begun 12 years ago, can now accept tax deductible donations through an agreement with the Mississippi Rural Health Association (MRHA). The long-sought goal of furthering MCIC goals with funding through donations or grants has been made possible with the initiation of a memorandum of understanding with MRHA. MRHA, which is legally incorporated as a 501(c)3 organization, is serving as MCIC's fiscal sponsor.

The agreement was signed January 31, 2008, by MRHA President Mitch Morris and Mary Helen Conner, MCIC chair. Ms. Conner will serve as a liaison to the MRHA board of directors, attending monthly meetings and reporting on the Coalition tax status progress and financial activities.

MCIC conducts general quarterly meetings, attracting participants from throughout the state. Some 130 members

represent 100 public and private entities, including businesses, organizations and state agencies, all of whom are interested in actions dedicated to improving the long-term health of Mississippians. Activities include Capitol Day, an awareness, education, and screening program, held at the Mississippi State Capitol for legislators and the public. Held in January this year, the event has been conducted for the past five years, with over 600 persons screened for body mass index (BMI), cholesterol, and blood pressure.

MCIC has distributed over 20,000 brochures statewide in its "Know Your Numbers" education campaign, created and developed by an MCIC subcommittee and highlighted with a PowerPoint presentation and materials such as posters, brochures and mail-out information. Over 150 persons have been trained as part of a speaker's bureau to provide community education.

Members of MCIC have been

involved in planning multiple action plans to address the chronic illness needs in the state, including the Mississippi State Plan for Diabetes Prevention and Control; the State Plan for Heart Disease and Stroke Prevention and Control; the Mississippi Asthma State Plan; and the Answering Mississippi's Cancer Challenge plan.

"We look forward to being able to sponsor more activities that will influence quality healthcare among our citizens," said Ms. Conner. "Because of the support and cooperation of MRHA, the Coalition is in a position to move forward. The entire membership is deeply grateful to the Mississippi Rural Health Association."

MCIC was organized in 1996 through the efforts of the Mississippi Department of Health, Office of Health Promotion, with funding from the Centers for Disease Control and Prevention.

MISSISSIPPI RURAL HEALTH ASSOCIATION

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*A voice for health
in rural Mississippi*

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

Mark Your Calendar!

Rural Health Conference on Quality, Economics, and Workforce

UMC Conference Center at the Jackson Medical Mall

Wednesday, September 17, 2008

**MISSISSIPPI
RURAL HEALTH
ASSOCIATION**



Pre-Conference Grant Writing Workshop

Tuesday, September 16, 2008

Jointly sponsored by the
Mississippi Rural Health Association and
Area Health Education Center Program Office



Check the MRHA Web site at www.mshra.org for updated information