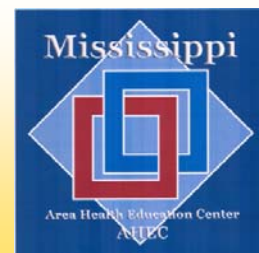




Mississippi Rural Health Association,
Mississippi Office of Rural Health, and
Mississippi Area Health Education Centers



Crossroads

VOLUME 5, Issue 2

Spring 2009

Special points of interest:

Overviews of MRHA,
AHEC, and MORH

Registration for Rural
Health Clinics
Workshop

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From the MRHA president's pen

In this edition of *Crossroads*, the three primary contributing partners to the newsletter, the Mississippi Rural Health Association (MRHA), Mississippi Area Health Education Center, and the Mississippi Office of Rural Health at the Mississippi State Department of Health, will provide an overview of their organization to our readers. The relationship between these three partners has developed in recent years. We hope information contributed by each organization will provide members with a greater understanding of how the activities of these three partners complement each other's efforts towards improving the health of rural Mississippians.

MRHA grew from a sub-committee task force of the Mississippi Rural Development Council (MRDC), an organization whose mission was to improve the quality of life in rural Mississippi. As members of the MRDC met to exchange ideas on enhancing the life of rural Mississippians, the health status of rural residents became a primary concern both for its impact on economic development and on the quality of care provided in rural areas. In August 1993, the Rural Health Care Sub-Committee was formed of members representing the Mississippi Rural Health Corps, individual rural health providers, the Mississippi State



Laura Hall Downey, President
Mississippi Rural Health
Association 2009

University Extension Service, Mississippi Office of Rural Health of the Mississippi State Department of Health, and other members of the Council. In 1994, the Sub-Committee began to lay the foundation for MRHA by defining the Association's mission, developing a roster of potential members, drafting by-laws, and establishing the Association as a non-profit corporation. Technical assistance in the development of the MRHA was derived from the National Rural Health Association, which consists of state associations developed as a result of emerging trends in rural health care. At the November 1995 organizational meeting, members adopted the organization's by-laws and mission statement and elected officers.

Although the mission statement, goals, objectives, and strategies have been refined since its inception, the

Association has remained true to its original purpose, to work for the improved health status of all rural Mississippians by serving as a communication network for Mississippians who advocate for a stronger rural health system. Currently, MRHA's mission is to provide leadership for improvement in the health status of rural Mississippians through education, communication, and collaboration. MRHA remains a conduit for sharing timely and pertinent state, regional, and national information related to rural health care. This information is typically shared through annual conferences, symposiums, and publications such as *Crossroads*. Members benefit from the information disseminated and collaborative relationships built through the Association.

MRHA's membership is composed of a variety of stakeholders interested in the health of rural Mississippians. The need for ongoing support from many organizations, both public and private, as well as concerned individuals, is one thing that has remained the same over the years.

MRHA recently completed its strategic plan for 2009 where the board of directors determined the focus of the Association for this year. In an effort to continually provide members with pertinent information, MRHA's board of directors

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From the State Office of Rural Health director's desk

In 2008, the Office of Rural Health and the Primary Care Office at the Mississippi State Department of Health were combined to form one office with two major focal units. One unit was dedicated to rural health activities and programs, and one unit was dedicated to primary care development activities and programs. The result was the Office of Rural Health and Primary Care, located in the Office of Health Policy and Planning.

The State Office of Rural Health (SORH) unit was organized in 1991 to 1) collect and evaluate data on rural health conditions and needs; 2) engage in policy analysis and development with regard to rural health issues; 3) develop and implement plans and provide technical assistance to enable community health systems to respond to various changes in their circumstances; 4) plan and assist in professional recruitment and retention of medical professionals and assistants; and 5) establish and maintain an information clearinghouse to improve access to, and sharing of, rural health care information. The unit also sponsors statewide and regional rural health related events, publishes a quarterly newsletter, works to strengthen state and federal partnerships, and administers three rural health related federal grant programs: State Offices of Rural Health Grant, the Medicare Rural Hospital Flexibility Grant (FLEX), and the Small Rural Hospital Improvement Grant Program (SHIP).

The FLEX Program is a federal initiative that provides funding to state governments to strengthen and help sustain the rural health care infrastructure, with Critical Access Hospitals (CAHs) serving as the hub of an organized system of care for small rural communities. In addition to the designation of hospitals as CAHs, the FLEX Program also allows states to engage in rural health network development and support, hospital quality improvement initiatives, CAH support, and emergency medical services (EMS) activities. Some of our FLEX program activities include: an automated pharmacy management systems project, support for the JCAHO Continuous Survey Readiness Program, community health care assessment and planning projects, master facility planning, sponsoring statewide and regional educational and training events,

and assisting CAHs with adoption of electronic medical records.

The SHIP Program provides funding for small rural hospitals with 49 or fewer available beds for activities related to: 1) the purchase of computer software and hardware for items such as those that focus on quality improvement, performance improvement, or patient safety; 2) education and training of hospital staff on computer information systems (for example, using technology to improve patient outcomes); and 3) to offset costs related to the implementation of prospective payment systems. Mississippi has 45 small rural hospitals eligible to participate in this program.

The Primary Care Office (PCO) unit has been in existence for over 20 years. The PCO serves an important role in addressing the needs in the state to 1) increase access to primary care services for the underserved; 2) improve the supply of, and appropriate distribution of, qualified health professionals; and 3) reduce health disparities. Some of the health conditions plaguing Mississippians can be addressed through acquiring a sufficient number of health care professionals and increasing access. The PCO works to promote and support the provision of primary care services by facilitating and coordinating activities in the state related to the delivery of primary care services and the recruitment and retention of critical health care providers. Activities are related to the provision of technical assistance to organizations and communities interested in expanding access to primary care for underserved populations, conducting health manpower and health needs assessments, fostering collaborations, sharing information and data, managing the National Health Service Corps and J-1 visa programs, and management of health professional shortage designations and updates.

The State Office of Rural Health and Primary Care is available to assist facilities serving underserved areas with recruitment efforts. Our office has made the National Rural Recruitment and Retention Network system available and is the State Site Administrator for the National Health Service Corps Program and the State Contact and Clearinghouse for the Conrad State 30 J-1 Visa Waiver Program.



Rozelia Harris, MBA
Director, MORH

The National Health Service Corps (NHSC) provides competitive scholarship and loan repayment programs for students and clinicians committed to serving the communities most in need. The program provides scholarships and loan repayment opportunities (whichever is applicable) for primary care physicians (family practice, internal medicine, pediatrics, obstetrics/gynecology, and general psychiatry); primary care nurse practitioners; primary care physician assistants; certified nurse-midwives; dentists and dental hygienists; and mental and behavioral health professionals (clinical psychologists, clinical social workers, licensed professional counselors, marriage and family therapists, and psychiatric nurse specialists).

The Conrad State 30 J-1 Visa Waiver Program was initiated in 1994 and is designed to provide each state with up to 30 waivers for foreign primary care physicians each federal fiscal year. The physicians must have a full-time offer of employment (40 hours per week) as a primary care physician in a health professional shortage area in addition to other requirements. The guidelines for Mississippi's program are available at the Mississippi Office of Rural Health and Primary Care Office.

Please do not hesitate to contact the State Office of Rural Health and Primary Care if you have questions or need assistance in these areas. I can be reached at 601-576-7216.

A word from the Mississippi AHEC

Edited by: Stephen Silberman and Stephanie Young

The Mississippi Area Health Education Center (MS AHEC) is a state-wide network extending the University of Mississippi Medical Center's presence to regionalize and decentralize professional health care training throughout Mississippi. AHEC supports and advances the improvement of the health of individuals and communities by transforming health care through education and training and improving the supply, distribution, diversity, and quality of the health care workforce.

The MS AHEC has been developing and implementing programs in order to develop a pipeline of students who will study in a health care field and, upon graduation, remain in Mississippi to provide care for our citizens. In order to provide programs throughout the state, we have been engaged with organizations that would host our local centers. We are pleased to say that we have our statewide infrastructure in place. There are seven regional AHEC centers located strategically around the state and that cover all Mississippi counties. We thought this would be a great opportunity to provide a programmatic and center update. Before we discuss programs, allow me the honor to announce that our newest center, the Central Mississippi AHEC, EXHRECH, is being hosted by Tougaloo College and is located in the Jackson Medical Mall.

We are working with the Directors of Family Medicine and Internal Medicine to assist them in the development of rural rotations. We expect to provide logistical and administrative support for these rotations and possibly for pre-doctoral community rotations.

We have begun to work closely with the dean and his administrative staff at William Carey University School of Osteopathic Medicine to provide the support needed for their third- and fourth-year pre-doctoral rotations. They expect to enroll their first class in 2010.

We have hired a new Program Administrator. One of her first assignments is to open discussions with the Department of Education for the possible implementation of a pipeline program aimed at junior and senior high school students who wish to learn about health care and possible career paths. The program is titled the Youth Health Service

Corps. The curriculum presents didactic information as well as the opportunity to get hands-on laboratory experience in a number of health-related areas. This program also provides each student with an experience at a local health care facility such as nursing homes, community health centers, and hospitals, where the students learn by shadowing health care workers and by providing simple services to patients.

The regional AHEC Centers, being located in communities around the state, have strong relations with their communities. A review of some of their programs provides a glimpse into the AHEC statewide network.

The East Central Mississippi AHEC is located at the Montgomery Center in Meridian. They have provided eight continuing education programs for health care providers, career training for high school students utilizing the Youth Health Service Corps curriculum, and health education programs aimed at keeping people healthy. The Center has instituted the Mississippi Health Professions Placement Service that will link health care facilities with health care providers. This program is an important step in helping to recruit health care personnel.

The North Central Mississippi AHEC (NC AHEC) is located at the Aaron E. Henry Community Health Services Center, Inc., in Clarksdale. The intent of the NC AHEC is to increase access to quality health services through programs geared towards health education and health career promotion and development. The NC AHEC has developed Certification Education Programs to

provide health professionals with a variety of professional development opportunities. Currently, programming opportunities are available in BLS, ACLS, PALS, NRP, Heartsaver First Aid, and CPR. All of these educational courses are open to community organizations, as well as individual community members. The NC AHEC provides student rotation programs and a student education program titled "EN"-SHOCK, an acronym for "Enhancing Students Health and Occupational Knowledge." These programs are aimed at increasing student retention and interest in health careers. A nursing initiative program titled, "Nursing on the Move," has also been initiated. The goal of this program is to encourage the development and enhancement of individuals currently in the nursing field. Believing that education is the key to community building and improvement, one of the NC AHEC's most recent programs has been Community Baby Showers. At these "showers," information is presented that focuses on enhancing the parents' knowledge on the appropriate ways of taking care of themselves and their newborns. The NC AHEC also hosts the TDOT program (Tomorrow's Dental Office Today). This program is a collaboration of the University of Mississippi School of Dentistry, the Mississippi State Department of Health (MSDH), the Aaron E. Henry Community Health Services Center, and the NC AHEC. In this program, dental students provide dental screenings and limited care for children and adults in a mobile dental clinic.

The South Mississippi AHEC (SM AHEC) is located at The University of Southern Mississippi. Continuing education programs on diabetes, cardiovascular diseases, stress management, and climate change have been presented for health care workers. Community enrichment has been a major goal of the SM AHEC. They have presented over a dozen programs dealing with many topics (e.g., Vietnamese immunization, women's issues, responsibility in sexuality, diabetes, stress). They have also developed the Health Careers Road Show, aimed at junior and senior high school students, to provide information about health careers.

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From the MRHA president's pen (continued)

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is planning an expanded annual conference in November and will sponsor three skill-building workshops for rural health clinic administrators and staff members. The workshops will focus on issues that directly affect rural health clinics in Mississippi including billing, cost reporting, and compliance with rural health clinic regulations.

The first of three workshops will take place on April 24, 2009, in Hattiesburg, Mississippi, at the Thad Cochran Center on the campus of The University of Southern Mississippi. In an effort to offer the workshops closer to the clinics we serve, the other two sessions will take place in Jackson this summer and in Tunica this fall in conjunction with the MRHA annual conference.

I am excited to see how the Association continues to develop this year and in years to come. A great deal of work remains to be done for improving the health of rural Mississippians. I feel honored to be a part of such a diverse and active Association that is working hard to address rural health needs.

—Laura Hall Downey

A word from the MS AHEC (continued)

Edited by: Stephen Silberman and Stephanie Young

(continued from page 3)
The SM AHEC has been an active participant in Coast Infant Mortality Council. The Council's mission is "to raise community awareness regarding infant mortality while working to create solutions." The Council is working to achieve this endeavor through community awareness and involvement, as well as media attention and private practice/medical involvement. Another collaboration is with the MSDH Family Planning District Advisory and I&E Committee. The committee serves to review media used in the Mississippi Title X Statewide Family Planning Program, as well as to aid in efforts to educate the public and promote community family planning acceptance, work to help improve family planning clinics and services, and improve community participation in the program. The SM AHEC has partnered with the American Cancer Society in the campaign to ban smoking along the Mississippi Gulf Coast. The partnership has led to a successful campaign to ban smoking in Gulfport in most business, excluding casinos and bars.

The Northeast Mississippi AHEC (NE AHEC) is located in the Social Sciences Research Center at Mississippi State University. The NE AHEC's main programmatic initiative is the Mississippi Center for Health Workforce (MCHW). MCHW has already put out one policy brief on the economic impact in each county of one primary care provider in a solo practice. In addition, over six health maps have been completed, detailing physician workloads in Mississippi and the specialist/primary care provider

relationships in Mississippi. There are three pipeline programs in the works. The first is the Mississippi Rural Medical Scholars Program. This well-established and successful program has entered a hiatus due to funding problems. With help from AHEC, it is hoped that it will be able to provide opportunities for high school students seeking a career in health care. Project Talent is a project that assists health professionals-in-training determine where to locate their practices. The Health Career Fair is a project in collaboration with the MSU career services. The purpose is to link recruiters with students and to give students experience in interviewing skills. How do policy changes effect physician distribution? This is a question frequently asked but never answered. The NE AHEC intends to look at issues such as what effect will the increase in medical class size, and the opening of a new school of osteopathic medicine have on the distribution of the healthcare workforce. With time and research, the NE AHEC intends to begin to answer the question.

In January 2009, Tougaloo College and the University of Mississippi Medical Center's MS AHEC partnered to establish the Central Mississippi Area Health Education Center (Central MS AHEC). The Central MS AHEC will provide a link between the community and University of Mississippi Medical Center (UMMC) and aims to improve the quality and availability of health care in medically underserved areas through community and academic partnerships.

The Delta AHEC located at Delta State University School of Nursing and the Southwest Mississippi AHEC located at Field Memorial General Hospital have been engaged in community enrichment and continuing education programs, however, owing to federal guidelines, they receive no financial support for their work. We expect that in academic year 2011-12, they will begin receiving federal funding and be able to increase their programs.

We are here to serve. For more information, visit our Web site: <http://msahec.umc.edu> or contact us at the program office.

The MRHA's newly-designed Web site can be found at www.msrrha.org



Job announcement posting is available.
The MRHA member rate is \$25
for a three-month posting;
the non-member rate is \$50

Contact Cheryl Grubbs for more information.
mississippirural@bellsouth.net
(601) 898-3001

Mississippi rural health delegation visits Capital Hill

On Tuesday, January 27, 2009, meetings were held in the Washington, DC offices of Mississippi's federal elected officials to discuss important issues regarding rural health care. In addition to discussions held with staff members of Senator Thad Cochran, Senator Roger Wicker, Representative Bennie Thompson, and Representative Gregg Harper; visitors also enjoyed a very productive and pleasant meeting with Congressman Travis Childers.

MRHA Board Members and Liaisons in attendance included: Joanie Perkins, - North Sunflower Medical Center, Ruleville, MS; Mitch Morris, Mississippi Primary Health Care Association, Jackson, MS; Dr. Nicholas Mosca, DDS, Mississippi State Department Of Health, Jackson, MS; Rozelia Harris, Mississippi State Department of Health, Jackson, MS; and Mendal Kemp, Mississippi Hospital Association, Madison, MS.)

Other participants included: Daryl Weaver, CEO, King's Daughters Hospital, Yazoo City, MS; Morgan Dunn, Pioneer

Health Services, Magee, MS; and Julie Gieger, Pioneer Health Services, Magee, MS.



National Rural Health Association Upcoming Events

July 21-22

Skill Building Workshop
Park City, UT

July 22-24

Quality and Clinical Conference
Park City, UT

September 9-11

Medication Use in Rural America
Conference
Kansas City, MO

October 6-7

Rural Health Clinic Conference
Portland, OR

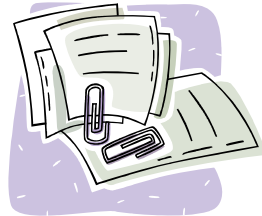
October 7-9

Critical Access Hospital Conference
Portland, OR

December 9-11

Multiracial and Multicultural Health
Conference
Memphis, TN

<http://www.ruralhealthweb.org/>



Coding Tip Corner

Billing for "incident-to" services in the Rural Health Clinic—

- Incident-to services get bundled with the RHC encounter
- Services that do not occur on the same date as the RHC encounter can be bundled with that encounter if they occur 30 days before or after
- The effect on payment is an increase in the charge, and therefore in the co-insurance amount you collect (20%)
- The cost for these services are included in the cost report, but are not separately payable on claims

Examples of incident-to services—

- Injections
- Dressing changes
- Prescription services
- Blood pressure monitoring

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

MSDH and UMMC roll out new mobile field hospital

On October 23, 2008, the Mississippi Department of Health and the University of Mississippi Medical Center unveiled Mississippi Med-1, a 100-bed mobile field hospital which is self-contained, self-sufficient, and ready to respond in disasters and emergencies.

Three mobile field hospital units were purchased for Mississippi through \$2.4 million in federal funds. Two of the units are combined, will be housed in Jackson, and staffed primarily by UMMC with added volunteers from Mississippi Baptist Hospital, St. Dominic-Jackson Memorial Hospital, River Oaks Health System, and other hospitals in central and southern Mississippi. One unit is at Baptist Memorial Hospital-North Mississippi in Oxford and is staffed by state medical assistance team members from northern Mississippi hospitals.

According to State Health Officer Dr. Ed Thompson, the units will allow for immediate medical response in disaster situations here in Mississippi or anywhere in the country if requested.

“Experience has taught us that in

disasters like Hurricanes Katrina and Gustav, the most critical medical asset is the ability to treat wounds and illnesses when hospitals are unable to function or have limited capabilities,” he said. “This first line of defense can keep residents healthy and safe while area hospitals recover.”

The UMMC emergency responders have been training for over a year to set up and operate Mississippi Med-1. It takes only six to eight hours to assemble and a team of 40 professionals to operate.

“As the only academic medical center and the only Level 1 Trauma Center in Mississippi, we are pleased to meet our responsibility to the state by helping prepare for disaster,” said Dr. Daniel

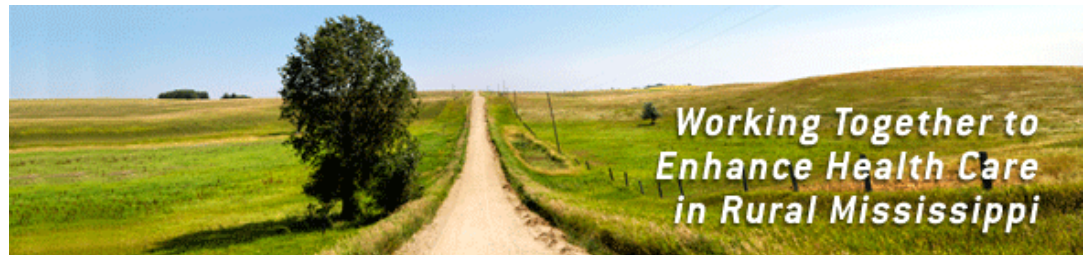


Mississippi Med-1 fully set up

Jones, Vice Chancellor for Health Affairs of the UMMC. “We’re grateful for the state and federal support that enabled us to address this need.”

Similar units are currently being used in North and South Carolina, Florida, Georgia, Oklahoma, and by all federal disaster medical teams.

—News release from MSDH



MRHA Membership

MRHA would like to encourage you to join or renew your membership to the association for 2009 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.msaha.org, or by contacting Cheryl Grubbs at (601) 898-3001 or at mississippirural@bellsouth.net.

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



Rural Health Clinics: Fundamentals for Success

Presenters: Joanie Perkins, CPC
Director, Network Development, North Sunflower Medical Center
and
Tim Thomas, MBA
Thomas Rural Health Consulting

This workshop is designed for clinic administrators, clinic managers, billers, clinic financial personnel, and quality assurance officers. You won't want to miss this opportunity to learn from these pros!

(Select a location)

- _____ April 24 - Thad Cochran Center, The University of Southern Mississippi, Hattiesburg
- _____ July 9 - Mississippi Center for Nursing, 31 Woodgreen Place, Madison
- _____ November 4 - Sam's Town Casino and Hotel, Tunica

Agenda:	8:30 am – 9:30 am	Registration
	9:30am – 9:45am	Welcome and Introduction to MRHA
	9:45 am – 10:30 am	RHC Billing (Back to Basics) – Joanie Perkins
	10:45 am – 11:45 am	How to Enhance Your RHC Revenue – Tim Thomas
	11:45 am – 12:45 pm	Networking Lunch (provided)
	12:45 pm– 1:45 pm	Medicare Secondary Payer Form – Joanie Perkins
	1:45 pm – 2:45 pm	RHC Cost Reporting – Tim Thomas
	3:00 pm – 4:00 pm	RHC Billing (Advanced) – Joanie Perkins
	4:00 pm	Adjournment

Registration is \$75 for non-MRHA members; \$50 for MRHA members and includes a six-hour workshop, a take-home tool kit, and lunch.

Name	Organization
Title	Address
City/State/Zip Code	Telephone
County	Email

Checks should be made payable to the Mississippi Rural Health Association (MRHA) and mailed with the registration form to 31 Woodgreen Place, Madison, MS 39110. Payment of the registration fee entitles the registrant to a one-year, no cost membership in the MRHA. (You may register online and pay through PayPal at www.msaha.org)

MISSISSIPPI RURAL HEALTH ASSOCIATION

31 Woodgreen Place
Madison, MS 39110
Telephone/Fax: (601) 898-3001
E-mail: mississippirural@bellsouth.net



*A voice for health
in rural Mississippi*

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



Rural Health Clinics: Fundamentals for Success

Supported by the Mississippi Rural Health Association
and the Mississippi Office of Rural Health

Choose your date and location:

April 24, 2009—Thad Cochran Center,
The University of Southern Mississippi, Hattiesburg, MS

July 9, 2009—Mississippi Center for Nursing, 31 Woodgreen
Place, Madison, MS

November 4, 2009—Pre-conference workshop for RHCs at the
MRHA Annual Conference, Sam's Town, Tunica, MS

Registration is \$50 for MRHA members and \$75 for non-members
and includes a tool kit, lunch and a one-year MRHA membership

Look inside for more details or go to www.msrha.org