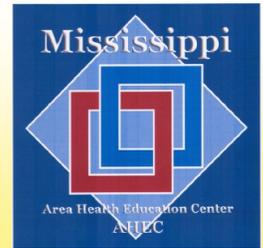




Mississippi Rural Health Association,
Mississippi Office of Rural Health, and
Mississippi Area Health Education Centers

Crossroads



VOLUME 8, Issue 2

Spring 2012

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From the MRHA president's pen

by Danny McKay

Greetings, fellow countrymen (and women!) I do use that term loosely, since you're reading the Spring 2012 Mississippi "Rural" Health Association newsletter, and after all, rural and country do mean the same. Funny, sometimes the word "country" is meant by some to be derogatory, but I have always taken it as a compliment!

And, considering the fact that most of Mississippi *is* rural, it's always a good idea to use good judgment before deriding someone's obvious first trip to "town."

That having been said, my



Danny McKay, President
Mississippi Rural
Health Association 2012

hat's off to anyone providing any facet of health care – rural

or urban. But the Association's focus is on enhancing the delivery in the rural setting, and we all know that does come with a special set of circumstances, most of which are extenuating! Availability of resources, healthcare professionals, and funding always seems to top the list, and the MRHA strives to be a clearinghouse for ideas and a conduit for making the connections that make things happen in rural Mississippi health!

This is *your* association! Help us make it work for *you!* Your ideas and suggestions are always welcome!

MRHA membership crosses 300-member mark

by Ryan Kelly

The Mississippi Rural Health Association has maintained a consistent 100–150 members for several years. However, with a new membership development plan in place, membership in the Association has grown beyond 300 members thus far in 2012, and further growth is expected.

Increased membership in MRHA is beneficial on multiple levels. First, the revenue generated from membership is one of only a handful of sources that is used for administrative support. This administrative support is what drives regular communication, events, and special projects and advocacy. Further benefits of increased membership

factor into the scope of influence of the Association. We are the voice for those in rural health in Mississippi, and the larger our association, the larger our voice. When we talk to legislators in Jackson or support policy, it means more to have 500 people voicing a concern than it does 100. Continued growth only makes our voice louder and our needs more favorable to lawmakers.

One final benefit that I hope will make a big impact this year is with our annual conference. Traditionally, our annual conference has been the largest event of the year and the biggest driver of membership in the MRHA. With more members, our conference should be larger

and more dynamic than ever before. We will have more vendors, better speakers, and an even better venue than in the past.

All in all, membership is the engine that drives the Association. As we grow, we will become a larger health care player in Mississippi and will be more influential in the future of our state.

If you know someone that is not yet a member of the Association, I encourage you to have them join or to contact us so that we may solicit them for membership. We have already crossed the strategic goal for membership in MRHA for 2012, but why stop there?

Thank you for your support of rural health in our state!

MRHA guides future with new strategic plan

by Ryan Kelly

As with any organization, you must have a plan in order to succeed. The Mississippi Rural Health Association has been operating off of a plan developed in 2009, and the board of directors decided in late 2011 that an updated plan was needed. The Association's board of directors, along with a group of past presidents and board liaisons, met in February of 2012 to design a new plan for the Association.

The new strategic plan focused on three main segments - History and Purpose, Identity and Activity, and Future Objectives. When designing this plan the Association wanted to ensure that its current activity and focus matched that of the purpose of its founding, to provide leadership for improvement in the health

status of rural Mississippians through education, communication and collaboration. Through analyzing past activities, challenges, and opportunities for growth, it was decided that the general direction of the Association was indeed sound.

However, it was also identified that special attention needed to be placed on programming growth, membership growth, and continued advocacy and awareness of rural health needs to all Mississippians.

Several benchmark goals were identified as a result of the strategic planning meeting that constitutes the plan for 2012. Those goals include: growing to at least 250 members, furthering relationship with the Association's affinity partner, FirstChoice Cooperative, establishing at least one new program with the

Association's workshops, beginning a new patient satisfaction survey system pilot program, identifying and advocating for rural health "causes" each year, and further increasing the size and quality of the annual conference, among others. Other goals were also established for 2013 that will build off of the accomplishments of 2012.

This plan will guide the Association into a direction of service to its constituents and substantial growth for the coming years. A full copy of the Association's Strategic Plan is available for any member by contacting us at 601.898.3001, 1.888.810.4313, or mississippirural@bellsouth.net.

MRHA offers tobacco dependence treatment training to RHCs

by Cindy Widdig

The Mississippi Rural Health Association's Tobacco Program will offer training for healthcare providers in Rural Health Clinics in the near future. The two-hour program developed by the Office of Tobacco Control at the Mississippi State Department of Health, titled *Tobacco Dependence Treatment in Primary Healthcare Settings* will provide continuing education credits to physicians, nurses, registered dietitians, social workers, dentists and dental hygienists.

The training covers the need to **Ask** all patients if they use tobacco at each visit. Tobacco-using patients should be **Advised** to quit and **Referred** to the

Mississippi Tobacco Quitline. Each clinic that refers tobacco-using patients to the Quitline will receive an incentive in the amount of \$10.00 per referral. Additionally, the MRHA will ask each clinic to process provider and patient surveys to develop baseline data regarding tobacco use knowledge and behavior.

Carbon monoxide (CO) monitors will be provided to each new clinic that participates in the training. The MRHA encourages the use of CO monitors with every patient regardless of tobacco use. These monitors can detect carbon monoxide within the body from other sources.

To schedule your clinic training, contact Cindy Widdig, MRHA Tobacco Project Director, at 601.842.1359.



Rosalyn Smith-Howard
Executive Director
Mississippi Nurses Foundation

Howard named among MBJ's Top 40 Under 40

The Mississippi Rural Health Association is pleased to announce that one of its own, Rosalyn Smith-Howard, Executive Director, Mississippi Nurses Foundation, and MRHA member, has been named as one of the Mississippi Business Journal's Top 40 Under 40 business leaders for 2012.

This year's Top 40 class was honored at a special luncheon held at the Mississippi Business Journal's Business and Technology Expo on Thursday, April 5, and

will also be profiled in a special issue of the Journal.

With this award, Rosalyn has joined a distinguished group of past honorees who represent many of the top business leaders in Mississippi.

The Mississippi Rural Health Association staff and board of directors extends their personal congratulations to Rosalyn on her selection as one of the Top 40 under 40!



Rural Health Clinic Workshop
Friday, June 1, 2012
The University of Southern Mississippi
Hattiesburg, Mississippi

This workshop is designed for clinic administrators, clinic managers, billers, clinic financial personnel, and quality assurance officers. Registration includes a six-hour workshop, a take-home tool kit, and lunch. For more information, contact Ryan Kelly, MRHA Executive Director, at 601.898.3001 or toll-free number at 1.888.810.4313.

Registration:

\$125.00 – non MRHA members* \$100.00 – MRHA members

**non-member fee includes a 12-month membership in the Mississippi Rural Health Association*

Preliminary Agenda:

8:30 a.m.	Registration
9:00 a.m.	Welcome and Introduction
9:15 a.m.	Top 20 RHC Billing Concerns
10:00 a.m.	EHR Stage 1 requirements in the RHC
10:45 a.m.	Break
11:00 a.m.	Grant Proposal Writing 101
11:45 a.m.	Survey and Re-certification
12:30 p.m.	Lunch <i>(provided)</i>
1:30 p.m.	RHC Medicaid Reimbursement
3:00 p.m.	Break
3:15 p.m.	Surviving the Audits
4:00 p.m.	Evaluation/Adjourn

Presenters:

Joanie Perkins, CPC, North Sunflower Medical Center

Jennifer Downey, MA, College of Health, The University of Southern Mississippi

Kimsey Whipps, Mississippi Division of Medicaid

Rural Health Clinic Workshop

REGISTRATION FORM:

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

Checks should be made payable to the Mississippi Rural Health Association (MRHA) and mailed with this registration form to
 Mississippi Rural Health Association
 31 Woodgreen Place
 Madison, MS 39110

Quality healthcare is our goal at East Central AHEC

by Stephanie Young

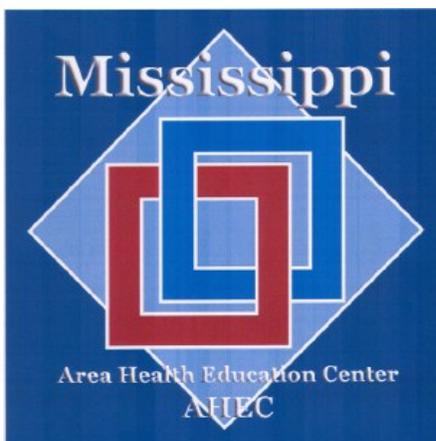
The Mississippi Area Health Education Center (MS AHEC) continues to address the shortage and maldistribution of primary care providers in the state of Mississippi. MS AHEC's attention has been particularly focused in rural Mississippi because equitable opportunities for health care have been limited and focused on the Jackson metro-area and other small urban pockets.

As the Patient Protection and Affordable Care Act presents a paradigm shift in delivery of care from the hospital to the community, health professionals need training to function collaboratively in communities. The MS AHEC program is a catalyst in the required change in the relationships between university-based health science centers and community-based health service delivery systems. To effectively meet the health needs of communities, providers must be trained in working with persons from various cultural backgrounds, practicing disease prevention and health promotion in community-based settings, and working in teams with other professionals.

As part of the MS AHEC's efforts to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities, the MS AHEC has introduced a program to train faith-based and other community groups in a health advocacy program. The community health advocate training initiative was developed out of a series of meetings between the University of Mississippi Medical Center's (UMMC's) Chief Community Health



Stephanie Young, MPH
Deputy Director
Area Health Education Center
Program Office



Officer, Michael Jones; Dr. Richard deShazo, Dr. Debbie Minor, the Rev. Embra Jackson, and the United Methodist Church. It presents the practice of disease prevention and health promotion in community-based settings and through working in teams.

The goal of the UMMC's Community Health Advocate Program is to train individuals to become Community Health Advocates in their community. Doing so will lead to increased health awareness and literacy, which leads to an improved health status of individuals within the community. Training will focus on prevention, identification, and treatment of Mississippi's major health problems, access to care, and the appropriate role of health advocates. Participants will receive basic instruction in the detection of high blood pressure and diabetes and community and regional resources for care of these problems. They will also receive basic nutrition and weight control training to be shared with their community.

For more information on Community Health Advocates or how you or your faith-based organization or community agency can get involved, contact the Mississippi Area Health Education Center at 601.815.5381 or Michael Jones, Chief Community Health Officer at 601.815.9693.

Stephanie Young, MPH,
Deputy Director
University of Mississippi Medical Center
Area Health Education Center -
Program Office
601.815.5381 Phone
601.815.5388 Fax
<http://msahec.umc.edu>

Three youth tobacco prevention contests announced

The Mississippi State Department of Health's Office of Tobacco Control and The Partnership for a Healthy Mississippi (PHM) are preparing to launch three youth tobacco prevention contests called the Reject All Tobacco (RAT) Iron-On Design Contest for students in grades K-3, the RAT Story Writing Contest for students in grades 4-6, and the Generation FREE (FREE) Word? Bank Contest for students in grades 7-12.



Smokefree Air
MISSISSIPPI

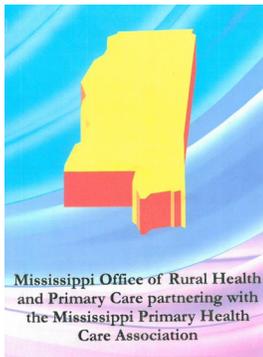
The deadline for submitting contest entries is April 30, 2012. Application information has been sent to Mississippi educators. If your local school does not have information about the contests, please feel free to contact the Office of Tobacco Control at 601.991.6050 or the Partnership for a Healthy Mississippi at 601.420.2414. Generation FREE contest entries can also be submitted online at www.generationfree.com.

From the State Office of Rural Health director's desk

by Rozelia Harris

The Mississippi State Department of Health Office of Rural Health and Primary Care is pleased to announce the award of a grant to implement a dentist loan repayment program for dental Health Professional Shortage Areas (HPSAs) in Mississippi. The office partnered with the Mississippi State Department of Health Division of Dental Services and the Mississippi Primary Health Care Association to apply for the funding from the United States Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Medicine and Dentistry. The Oral Health Workforce Grant project will support efforts to recruit and/or retain ten (10) dentists to provide oral health care services in shortage areas.

The Mississippi Office of



Rural Health and Primary Care Dentist Loan Repayment Program (MORHPC DLRP) will provide funds to participants to assist with repayment of outstanding qualifying educational loans. The program will pay up to \$40,000 for an initial three-year full-time clinical service obligation (defined as no less than 40 hours per week, for a minimum of 45 weeks a year). Part-time clinical practice is not an option under the program. The MORHPC DLRP anticipates making awards beginning May 2012.

Interested candidates must submit the MORHPC DLRP Application to be considered for the program. Grantees must work at approved MORHPC DLRP sites. Sites must also submit a MORHPC DLRP Site Application. A MORHPC DLRP participant may be eligible for two contract continuations beyond the initial contract period, if federal funds are appropriated for the program in September 2012 and September 2013.

Mississippi Qualified Health Center grant funds were used as the match for the grant. For this reason, MQHC grantees will have priority status for placement of ORHPC DLRP grantees. Other sites may be considered based on the following:

1) Site located in a dental HPSA, has at least 30% Medicaid and/or uninsured patient load, and has a dentist vacancy.

2) Site located in a dental HPSA, has at least 30% Medicaid and/or uninsured patient load, and has retention need.

The MORHPC DLRP is being administered through a partnership between the Mississippi Office of Rural Health and Primary Care and the Mississippi Primary Health Care Association. For more information on the program, please visit the website at www.mphca.com/Resources/Workforce_Development_Resources.htm or contact the Program Coordinator, Myrtis Small, MORHPC DLRP, Mississippi Primary Health Care Association, 601.981.1817.



Rozelia Harris, MBA
Director, MORH

Could it be fibromyalgia?

by Lee Ann Griffin

Often, the source of patients' pain is easy to diagnose, and treatment of that pain relatively straight-forward. Sometimes, though, patients return, again and again, still complaining of pain despite adherence to pain therapy. At this point, both the patient and the health care provider may begin to wonder "could it be fibromyalgia?" It may be.

Fibromyalgia (FM) is one of the most common types of chronic pain, affecting over 5 million patients in the U.S alone. Patients with the condition—typically women—experience pain that is widespread and chronic. They may complain of being unable to complete activities of daily living due to the fatigue and pain they feel. Interactions that are usually non-painful (like a handshake or a hug) are now painful, and a restful night of sleep is elusive. In addition, concentration or memory problems may occur (this is sometimes called the "fibro fog"). It is easy to see

how a patient's quality of life can be drastically decreased by FM, and why so many continue to return to their health care provider until relief is found.

Because there is no specific lab test to diagnose FM and its symptoms overlap with those of several other conditions, obtaining an accurate diagnosis of FM can take an average of five years. However, the American College of Rheumatology (ACR) guidelines for diagnosing FM may aid health care providers in their assessment of patient pain. According to these guidelines, to receive a diagnosis of FM, the patient must have:

- Widespread pain in all four quadrants of the body for at least three months (including both the right and left sides of the body and above and below the waist)
- Tenderness or pain in at least 11 of the 18 specified tender points when pressure is applied (tender points are found in the front and back of the neck, mid- to

upper-back of the shoulders, upper chest, elbows, upper buttocks, hips, and knees)

Life for a patient with FM can be a challenge, but medications and lifestyle changes can help. Light aerobic exercises and strength training may help decrease FM symptoms. Utilizing tips to improve sleep may also help to improve symptoms. Finally, patients with FM often need emotional support. Referring patients to support groups, both live and online, can help them find the emotional support they need to cope with their condition.

For more information, contact: National Fibromyalgia Association (www.fmaware.org), American College of Rheumatology (www.rheumatology.org), or www.fibrocenter.com. For patient education materials or education of your staff on this condition, please feel free to contact Lee Ann Griffin, PharmD, Pfizer, U.S. Medical, at 601.260.9202 or Leeann.Griffin@pfizer.com.



Coding Tip Corner

Rural Health Clinics billing dental claims to Mississippi Medicaid:

When you are billing a dental claim and the patient has both Medicare and Medicaid, you do not have to bill the claim with a 710 bill type and a condition code 21 to receive the denial from Medicare. Send the 1500 claim form to Medicaid without the Medicare information on it and use the appropriate "D" code. Medicaid will pay your RHC rate.

When filing for more than 1 eligible MS Medicaid service on the same day:

In the event that you are rendering more than one service to a Medicaid beneficiary on the same day, you may bill the additional services on paper claims and Medicaid will pay your rate for each. Services eligible to be billed on the same date of service: Primary Care; Dental Claims; Psychiatry Services (LSCW too); and Optometry.

Be sure to file the first claim electronically and the additional 1500s on paper.

For questions, please contact Joanie Perkins, CPC: Joanie.perkins@northsunflower.com

Smart Aging: Healthy Futures helps seniors shape their futures

by Bonnie Carew

Since 1970, the state's 60 years and older population has grown by 43% and the 65 and older group represents nearly 13% of our total population. For this significant and growing portion of Mississippians, our challenge, and our opportunity, is to find ways to help seniors age in a healthy manner within their community. This is a particular concern for the more rural parts of our state where support services and activities may not be as abundant as in more urban areas. With that thought in mind, Mississippi State University Extension Service designed the *Smart Aging: Healthy Futures* community engagement project. Working in concert with the residents of Itawamba County, the project is structured to meet three key objectives:

- Identification of specific community resources and deficits relative to supporting the health and health care needs of the community's rural senior population
 - Engaging the community in grassroots efforts to improve the health and health care accessibility of its seniors
 - Initiation of various health promotion activities and educational programs targeting rural aging populations within Itawamba County
- To that end, a series of public forums were held in Fulton and attended by over

70 local seniors and representatives of organizations that provide resources and services to older adults. The participants talked about what was and was not working in the county to support the goal of healthy aging. Next, they considered what the community might initiate or do differently if given "three wishes." They were encouraged to think broadly about the factors that contribute to healthy aging. The community decided to focus its efforts on achieving the following goals:

- Developing an information/resource center for seniors
- Addressing the transportation needs of older adults
- Increasing the social activity options for seniors

Three community action groups were formed, participated in a workshop on how to move forward from talk to action, and are now beginning to tackle their chosen goals. In April 2012, they, and other members of the community, also will be given an opportunity to participate in the *Healthy Futures* lay health educator volunteer program. Interested community

members will be trained to deliver presentations supportive of healthy aging to their friends, family, and co-workers.

Through the work of the community action groups and lay health volunteers, the residents of Itawamba County are taking their future in their own hands and working to create a healthy tomorrow.

For additional information, contact Bonnie Carew at bcarew@ext.msstate.edu.

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Member-owned and member-driven, FirstChoice Cooperative is a group purchasing organization focused on helping you achieve your supply goals—giving you the competitive edge.

FirstChoice members:

- Pay no access fees – membership is free
- Receive real cash dividends on gross dollars collected
- Face no volume-based tiered pricing
- Ratify contracts and choose vendors
- Receive monthly reports of patronage dividends
- Access pricing and enroll in contracts online

Get the competitive edge.
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You have nothing to lose but supply cost.

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Smoke Free Mississippi Coalition to continue fight in 2013

by K.C. Grist

The Smoke Free Mississippi Coalition has pledged to continue educating Mississippi voters and lawmakers on the benefits of, and urgent need for, smoke free workplace legislation.

"We appreciate the support of state lawmakers from both political parties who have long-supported smoke free legislation. We are especially grateful to the bill sponsors, Senator Willie Simmons and Representative Bryant Clark, who took a stand for the health of hundreds of thousands of Mississippians in a session where the political climate was not favorable to our cause", said Jennifer Cofer, Vice President of Public Policy with the American Lung Association.

"It is unfortunate that newly elected leadership in our state did not recognize the urgent need to pass smoke free legislation this year. They chose to

disregard the widespread support for this legislation at the expense of public health and economic benefits."

Kimberly Hughes, Government Relations Director for the American Cancer Society Mid South Division said, "Every Mississippian deserves to breathe clean indoor air. No business has a constitutional right to harm their employees or customers. Our coalition represents tens of thousands of Mississippians and we will work to create an even larger and stronger army of supporters to ensure the passage of a statewide smoke free workplace law in 2013."

"Put simply, the coalition and our supporters are not going away nor is this issue. We will not give up until every worker in Mississippi is protected from secondhand smoke."



Ryan Kelly, MRHA Executive Director, voiced the MRHA's support of the work of the Smoke Free Mississippi Coalition at the MRHA Capitol Day, which was co-sponsored by the Mississippi Public Health Association

MRHA provides largest Rural Health Clinic Workshop to date

by Laura Hudson

On Friday, February 10, 2012, the Mississippi Rural Health Association hosted its first Rural Health Clinic Workshop of 2012 in Vicksburg, Mississippi. The workshop, hosted by River Region Health Systems, was the largest rural health clinic workshop held by the MRHA to date.

The day-long workshop was led by former MRHA president Ms. Joanie Perkins of North Sunflower Medical Center and featured sessions with MRHA members Ms. Kimsey Whipps of the Mississippi Division of Medicaid and Ms. Jennifer Downey of The University of Southern Mississippi College of Health.

Fifty-one participants representing 20 different groups ranging in size from single location rural health clinics to larger rural hospital and clinic health systems attended the day-long event that focused on billing and medical coding practices.

Ms. Cynthia Douglas and her staff at River Region were beyond accommodating as they hosted the larger than anticipated crowd of rural health clinic billing and administrative personnel that attended the workshop.

More than 30 of the participants are new members of the Mississippi Rural Health Association.

The workshop attendees continue to benefit from their participation through an e-mail listserv led by Ms. Perkins. The listserv disseminates answers to questions that either could not be answered the day of the workshop or questions that have arisen since the event.

With overwhelming positive survey

results and keen interest from members in the southern portion of the state, the MRHA is planning another Rural Health Clinic Workshop on June 1 in Hattiesburg, Mississippi. See page 3 of this newsletter for a draft agenda and registration form.



A record-breaking number of participants attended MRHA's Rural Health Clinic Workshop hosted by River Region in Vicksburg on February 10, 2012.

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E-mail: mississippirural@bellsouth.net



*A voice for health
in rural Mississippi*

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



MRHA Upgrades Its Information Systems

The Mississippi Rural Health Association has recently upgraded its web site and telephone system. The new website, still located at www.msرها.org, features updated information regarding MRHA's initiatives and grant-funded projects in addition to increased resources for rural health clinics, rural hospitals, and individual members. The site also includes a question and answer forum so that frequently asked questions from rural providers can readily be viewed for the benefit of MRHA constituents.

In addition to a new website, MRHA has grown its social networking presence to include Facebook and Twitter. Members can "join" or "follow" MRHA and access up-to-date information regarding events, conferences, or news relating to rural health. Links to these sites are also available on the homepage of the new MRHA website.

Lastly, an integrated telephone system has now been established so that callers will be able to reach MRHA staff more easily. The MRHA's local telephone number remains the same, but an additional **toll-free number has now been established at 1.888.810.4313**.

MRHA members are encouraged to take a look at and try out these new improvements. Also, the MRHA staff welcome your ideas about other suggested improvements to the MRHA information systems.