



Mississippi Rural Health Association

Crossroads

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Rural health issues and opportunities featured at MRHA's 17th Annual Conference

by Ryan Kelly

Amidst a crowd of eager and interested health professionals, Dr. Rick deShazo began the Mississippi Rural Health Association's 17th annual conference with sobering news by reiterating Mississippi's BIG problem. "Mississippi is in the midst of an obesity epidemic that is resulting in a multitude of health problems," stated deShazo, a professor of medicine at the University of Mississippi Medical Center and host of the Southern Remedy radio and television program. While not new news to the conference attendees, nevertheless, it was a welcome opportunity to continue the dialogue about possible solutions.

Despite the state's health woes, deShazo offered hope in the way of programs that are proving effective in decreasing obesity rates. He also recognized that although the state may be at the "top of the list" for obesity and obesity-related diseases, we are also near the top of the list for a number of positive reasons including childhood vaccinations and the establishment of a statewide health insurance exchange. The conference, which was held at The Hilton Jackson on September 20-21, boasted an attendance of more than 150 rural health stakeholders and featured experts in health, health education, and workforce development.

Keynote speaker Mr.

Brock Slabach of the National Rural Health Association presented updates on the national scene for healthcare. Slabach confirmed the troubles at the national level that most feared regarding sequestration and healthcare funding stress, but did offer hope in the way of policy efforts that aim to strengthen rural health hospitals and clinics due to their quality outcomes and cost-efficiencies versus urban counterparts. "Studies are showing that rural health care is less expensive to operate and provides equal if not better outcomes than urban," stated Slabach.

This year's conference featured four breakout

sessions in two tracks: Issues and Management, and Practical Applications. The Issues and Management track included presentations on the role of primary medical homes by Mr. Ricky Boggan of the Mississippi Health Policy Institute, health policy issues and opportunities by Mrs. Therese Hanna of the Center for Mississippi Health Policy, best practices for employee evaluation by Mr. Randy Boyd of the City of Starkville, and dealing with difficult employees by Dr. Rebecca Woodrick and Ms. Deena Crawford of The University of Southern Mississippi.

Presentations from the Practical Applications track
(continued on page 2)



Brock Slabach of the National Rural Health Association delivering his keynote address at MRHA's 17th Annual Conference

MRHA 17th Annual Conference (continued)

(continued from page 1)

included best practices for electronic health record implementation by Ms. Joanie Perkins of North Sunflower Regional Medical Center, the MRHA's new patient satisfaction survey system by Mr. Danny McKay of Noxubee General Hospital and Mr. Josh Cotton of Delta Regional Medical Center, how to start a rural health clinic by Mr. Steve Egger of the Mississippi State Department of Health, and an analysis of Mississippi's mobile rural health clinics by Mr. Robert Smith of Region III Mental Health Center.

Back by popular demand this year was

the legislative forum, which featured state senator Dean Kirby, chair of the Senate Public Health and Welfare Committee, and state representatives Sam Mims and Toby Barker, chair and vice chair of the House Public Health and Human Services Committee, respectively. The three elected officials stated their appreciation for the health professionals in attendance and their desire to support their efforts. Questions to the officials ranged from support of the state's expansion of Medicaid to their feelings on a comprehensive smoking ban. Although individual answers varied per question, most favored the traditional

conservative belief in limited government regulation and encouraging and reinforcing personal responsibility for improved health outcomes.

Concluding the event was Mr. Will Crump of the Mississippi Division of Medicaid. Mr. Crump reviewed the opportunities and issues surrounding Medicaid in Mississippi and answered questions including payment specifics and the new APR-DRG payment classification system.

For more information about the Association's 17th Annual Conference or a full listing of conference sponsors, visit us at www.msrrha.org.

Dept. of Mental Health works to change attitudes about underage drinking

Underage drinking is a major problem in Mississippi. Youth violence and traffic crashes related to alcohol use by underage youth in Mississippi represent the largest costs for the State. In 2010, underage drinking cost the citizens of Mississippi \$632 million. This translates into a cost of \$2,043 per youth in the state. On average, youth start drinking alcohol in Mississippi at age 12, or the 6th grade. This is lower than the national average, which stands at 13.

The Mississippi Department of Mental Health (DMH); Division of Public Safety Planning, Office of Justice Programs; and DREAM, Inc. are partnering to help spread the message about the risks of underage drinking from a state perspec-

tive. A series of Town Hall Meetings across the state began on March 22 and continued throughout the month of April to coincide with Alcohol Awareness Month.

"We want parents, teenagers and members of the community to come together to combat this problem because its effects are felt in all corners of the state," said Karen West, DMH Bureau of Alcohol and Drug Services. According to West, the goal is to change attitudes about underage drinking and its consequences while increasing community awareness and showing communities how they can make a difference.

Alcohol threatens the safe and healthy development of Mississippi's youth more

than any other substance including tobacco and illicit drugs. Underage drinking contributes to teen pregnancy, violence, high school dropout rates, HIV transmission, property damage and death. Educating teenagers is extremely important to curb drinking.

"The adolescent's brain is in a constant state of critical development, and alcohol consumption—of any amount—during this time can impede healthy and normal brain development. This in turn leads to irreparable brain damage, such as poor attention, cognitive deficits, and the like. It's time for us to really take a stand against underage drinking from a statewide perspective," said Caroline Newkirk, Underage Drinking Coordinator for DREAM, Inc.

According to a report by SmartTrack, 32% of 8th grade students in Mississippi reported drinking alcohol in the past 30 days. Nationally, 17% of 8th grade students reported drinking alcohol in the past 30 days. By the 12th grade, 47% of students reported drinking alcohol in the past 30 days. Substance Abuse and Mental Health Services Administration research shows more than 95% of adults in the U.S. who are alcohol-dependent started drinking before they were 21 years old.

DMH, in conjunction with the Mississippi Department of Education, has developed a Web site, www.snapshots.ms.gov, to show county, state and local data on substance abuse. For more information on alcohol and drug services, contact the DMH Helpline at 1-866-210-8513.

The MRHA thanks these Platinum Sponsors of its 17th annual conference!



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The MRHA would like to thank FirstChoice Cooperative for its Diamond Sponsorship of the 17th Annual Conference!



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**Member Highlight:
Ms. Joanie Perkins**



Joanie Perkins serves as the director of network development at North Sunflower Regional Medical Center in Ruleville, MS. Ms. Perkins served as a board member of MRHA from 2008 to 2011, and president in 2010. Although no longer a board member, she now serves an equally important role with membership on the National Rural Health Association's Community/Grass Roots Constituency Group.

Attendees of the MRHA's quarterly rural health clinic workshops will know Joanie well, as she is the principal instructor during the workshop. She is a regular advisor to rural health clinics throughout the state, and along with board liaison Tim Thomas, answers questions for MRHA members through our virtual Rural Health Clinic Q/A Forum.

Joanie continues to assist the MRHA in a multitude of ways, and we appreciate her continued service.

The Mississippi Rural Health Association is pleased to announce its newest Board of Directors members



Margaret Cotton
Delta Council



Cynthia Douglas
River Region Health System



Libby Mahaffey
Hinds Community College



A poster contest among Mississippi Rural Physicians Scholarship Program students was held at the MRHA 17th Annual Conference. Sponsored by Healthland, the poster contest included a \$100 award for first place, \$75 for second place, and \$50 for third place. Shown with the poster contest winners are (from left) Sam Dawkins, MRHA president-elect; Danny McKay, MRHA president; Ashley Klatter, Healthland; LaTia Peavy – third place; Robert Barnes – first place; Evan Ciarloni – second place. Congratulations to these young scholars for their research about their home town’s health needs.

Thank you, learntelehealth.org, for your Gold Sponsorship of the MRHA annual conference!



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Coding Corner

The cost of the seasonal influenza virus and pneumococcal vaccines and the vaccine administration is reported separately on the Rural Health Clinic’s cost report for reimbursement purposes.

Health Clinic’s cost report for reimbursement purposes.

Do not bill your Medicare patients for their flu or pneumococcal vaccines. Keep a roster that contains the following information:

Medicare Beneficiary Name – HIC number – Date of Injection

The most commonly used codes for Medicare patients are as follows:

90658 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use

90660 – Influenza virus vaccine, live, for intranasal use

90732 – Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use

Seasonal Influenza Virus Vaccine

Administration Code: G0008

Diagnosis Code: V04.81

Pneumococcal Vaccine

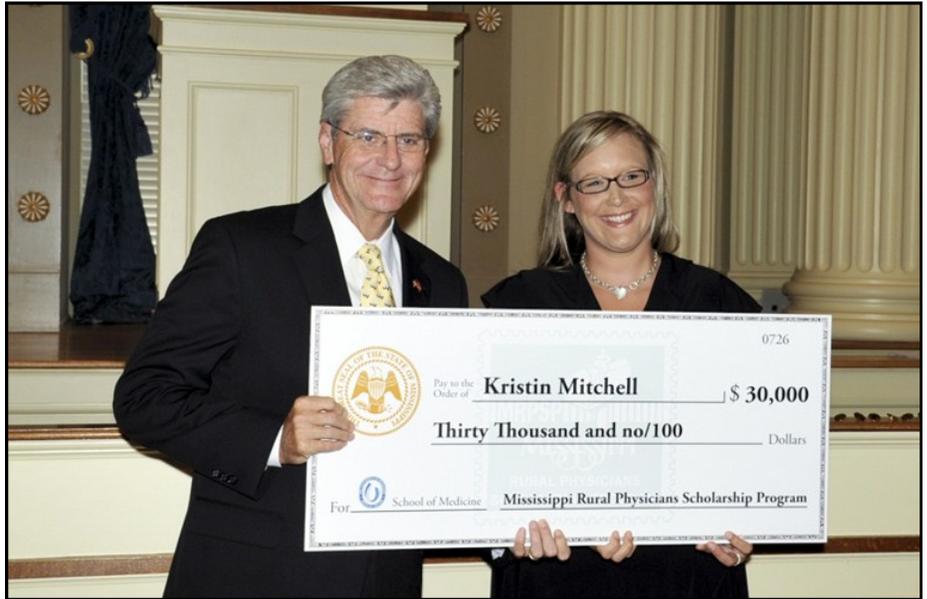
Administration Code: G0009

Diagnosis Code: V03.82

Mississippi Rural Physicians Scholarship Program participants total 54

Five years ago, the Mississippi Rural Physicians Scholarship Program (MRPSP) was a concept outlined in House Bill 1465. With steadfast financial support from the State Legislature, the Madison Charitable Foundation in Port Gibson, the Selby and Richard McRae Foundation, and the Medical Assurance Company of Mississippi, 54 medical students have each received \$30,000 awards totaling \$1,620,000.00! Nine of the 54 attend William Carey University's College of Osteopathic Medicine, and 45 are UMMC scholars.

The 2012 Mississippi Rural Physicians Scholarship presentation ceremony was held in the Legislative Chamber of the Old Capitol Museum on July 26. Governor Phil Bryant was the guest speaker and was asked to present the oversized checks to the 17 first year (M1) medical students who are the Class of 2016. This group will complete their primary care residency training in 2019 or 2020 to become part of Governor Bryant's "1,000 new doctors by 2020" pledge.



Governor Phil Bryant and UMMC first year medical student Kristin Mitchell of Duck Hill, MS at the 2012 Mississippi Rural Physician Scholarship presentation ceremony.

This rural physician pipeline program now has 35 college undergraduates in the Pre-Matriculation phase, 54 medical

students, 10 residents in training, and 1 in a Sports Medicine Fellowship program.

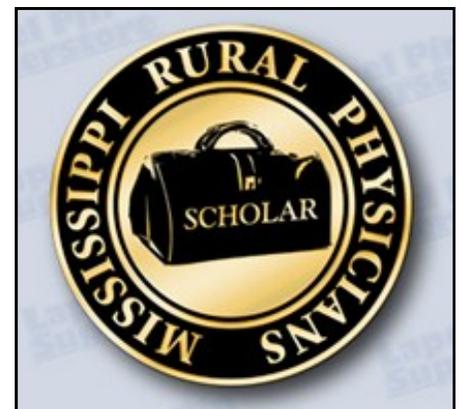


John Russell McPherson, M.D., former Mississippi Rural Scholarship Program scholar and native of Inverness, did the honors for Justin Smith of Scott, Mississippi. Dr. McPherson is a first year resident in Pediatrics at UMMC and plans to return to the Delta to practice. Proudly looking on is Janie Guice, executive director of the Mississippi Rural Scholarship Program.

Marking the transition from the classroom to patient-centered training; each third year (M3) Mississippi Rural Physician Scholarship Program medical student receives a specially designed lapel pin.



Amanda Smith, MD, a native of Laurel, is the first MRPSP scholar to enter private practice. Dr. Smith is pictured with her daughter.



Tobacco-Free Mississippi: Engaging Mississippi's Rural Health Clinics Project

Did you know?

- 70% of smokers want to quit.
- A brief 30-second intervention from a healthcare provider can help a smoker quit or begin to think about quitting.
- Healthcare providers' advice can double a smoker's chance of quitting.
- Patients are more satisfied with their health care if their provider offers smoking cessation interventions—even if they are not yet ready to quit.

Through a grant from the Mississippi State Department of Health's Office of Tobacco Control, the MRHA is continuing to offer rural healthcare providers with the training and tools to ensure that all tobacco users are offered effective tobacco-use treatment at all clinical encounters. Providers are trained to counsel all tobacco-using patients with an effective, brief, evidence-based treatment program to facilitate their patients' efforts to quit the use of tobacco products.

Not every patient who is identified as a tobacco-user will be ready to make a quit attempt. However, studies show that even minimal intervention by a clinician (i.e., as little as three minutes of face-to-face counseling) can increase overall abstinence rates.

This is the third year the MRHA will provide no-cost training to 15 rural health

clinics. The 15 rural health clinics that have already signed up to participate in this program will receive the following incentives:

- \$500 financial incentives for participating in the training
- \$10 for the referral of each tobacco-using patient to the Mississippi Tobacco Quitline
- Carbon monoxide monitor and supplies (valued at over \$1,600)
- Clinic-specific Mississippi Tobacco Quitline referral form pads
- Display/educational material for each exam room in the clinic and lobby area
- Continued technical assistance from the MRHA Tobacco Project Director.

Incentives are available while supplies last.

“Clinicians play an important role in encouraging patients who use tobacco to attempt to quit and in helping ensure the success of these attempts.”

The MRHA will ask each clinic to process provider and patient surveys to develop baseline data regarding tobacco use knowledge and behavior.

Beginning July 1, 2012, MRHA began offering a two-hour workshop titled, ***Tobacco Dependence Treatment in Primary Healthcare Settings***. This workshop, developed by the Office of Tobacco Control, has been approved for 2.0 continuing education hours from the Mississippi State Department of Health for the following categories:

- Nurses
- Registered dietitians
- Registered nutritionists
- Dietetic technicians, Registered
- Dentists
- Dental hygienists/Dental assistants
- Social workers
- Other participants will receive a Certificate of Attendance.

The training covers three key steps to tobacco cessation intervention in the rural health care setting:

1. **Ask** all patients if they use tobacco at each visit.
2. **Advise** all tobacco-using patients to quit.
3. **Refer** all tobacco-using patients to the Mississippi Tobacco Quitline.

For more information on this project, contact Cindy Widdig, MRHA's Tobacco Project Director, at 601-842-1359 or cindywiddig.mrha@gmail.com.

Thank you, Valley Services, for supporting MRHA's 17th annual conference!



The MRHA is appreciative of the support provided by the Silver Sponsors of its 17th annual conference!

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DMH sponsors Think Recovery awareness campaign

by Mississippi Dept. of Mental Health

Ask your friend or neighbor if they have been touched by substance abuse or mental illness in any way and the answer is almost always – “yes.” Substance abuse and mental health issues are serious public health problems in Mississippi. In 2011, an estimated 199,000 Mississippians needed treatment services for alcohol and drug use and more than 165,000 people for a mental health issue.

During September, Mississippi joined the nation in celebrating National Recovery Month. Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another. Supports and services help people with mental illness and substance abuse issues in their recovery journeys.

“Being involved in the community has given me hope,” said Amanda Clement, Mississippian. “I’ve come a long way, going from dark days to successes, hopes and dreams. There is nothing like living in recovery.”

To celebrate recovery, the Mississippi Department of Mental Health (DMH) and the Mississippi Peer Support Specialist Network is launching the public awareness campaign, *Think Recovery*. Over the next 11 months, all DMH certified providers will

be encouraged to educate their staff on the 10 + 1 Components of Recovery. These components include: Self-Direction, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strengths-based, Peer Support, Respect, Responsibility, Hope, and Resiliency.

Stephanie Stout says the road to recovery hasn’t been easy, but it has given her freedom like she’s never known. “It has given me the opportunity to find out who I am and realize that I am enough just the way I am. I am able to work daily with others who have those same feelings of hopelessness and see them have a transformed life. I wake up each morning smiling just because I am alive and am allowed to have another day.”

Personal stories of recovery and community integration are highlighted throughout the *Think Recovery* campaign.

“We all possess the fundamental and inherent value to be accepted and treated with respect and worth,” said Ed LeGrand, Executive Director of the Mississippi Department of Mental Health. “We want individuals to restore, rebuild and reclaim control of their lives by increasing their resilience and focusing on their strengths.”

Behavioral health is an essential part of overall health. Most people don’t think twice about seeking treatment for diabetes, asthma, high blood pressure or other health conditions. People should seek treatment for substance abuse and mental

health with the same urgency as they would any other health condition. Recovery not only benefits the individual, it benefits the entire community.

“I had to change the way I felt, the way I thought, and learn how to live life for the first time,” said Jonathan Tittle, Mississippian. “I thought it would be Impossible, but I have found a new way to live. I realized there is so much more to recovery than just not using drugs or alcohol. I was able to work on myself, work on the fears I had, and learn to experience feelings and emotions rather than cover them. I have regrets, but I do not regret the things I went through to make me who I am today.”

The Mississippi Peer Support Specialist Network is made up of first degree family members and/or people living in recovery with mental illness, substance abuse, and intellectual and developmental disabilities that provide support to others who can benefit from their lived experiences. If you or someone you know is in need of services and supports, call the DMH 24 hours-a-day, 7 days a week at 1-877-210-8513 or visit www.dmh.ms.gov. For more information about *Think Recovery*, visit www.dmh.ms.gov.

For more information, contact:
Ms. Wendy D. Bailey,
Director of Public Relations
Mississippi Department of Mental Health,
(601) 359-1288.

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The Mississippi Office of Rural Health and Primary Care is partnering with the Mississippi Primary Health Care Association to implement a Dentist Loan Repayment Program (MORHPC DLRP)

The program will support efforts to recruit and/or retain 10 dentists to provide oral health care services in shortage areas. The MORHPC DLRP will provide grant 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. Currently, applications are accepted on a continual basis. Mississippi Qualified Health Center grantees have priority status for placement of MORHPC DLRP participants. Other sites may be considered based on the following:

- Site located in a dental HPSA, has at least 30% Medicaid and/or uninsured patient load, and has a dentist vacancy.
- Site located in a dental HPSA, has at least 30% Medicaid and/or uninsured patient load, and has retention need.
- Information and Application

For more information, or to apply for the program, visit the Mississippi Primary Health Care Association, or contact the program coordinator:

Myrtis Small, MORHPC DLRP Program Coordinator
Mississippi Primary Health Care Association
601-981-1817, msmall@mphca.com