



MISSISSIPPI
RURAL HEALTH
ASSOCIATION

Crossroads

Vol. 10, No2, Summer 2014



**TELEMEDICINE ADVANCES
ACCESS IN RURAL
MISSISSIPPI**

Page 5-6

**FORREST GENERAL'S
FAMILY MEDICINE
PROGRAM WELCOMES
ITS FIRST CLASS OF
PHYSICIANS**

Page 7

**WCUCOM GRADUATES
INAUGURAL CLASS**

Page 11-12

**THE CHANGING RURAL
HEALTH LANDSCAPE**

Page 17-18

www.msirha.org



Production Team

Production Leader

Ryan Kelly

Graphic Designer

Lorie Hanson

Crossroads is published quarterly by the Mississippi Rural Health Association

What is *Crossroads*?

Crossroads is a publication of the Mississippi Rural Health Association and aims to communicate up-to-date health care news and events through relevant and timely articles.

How do I find more information about the Mississippi Rural Health Association?

You may find more information at www.msrrha.org

How do I contact the editors?

You may contact the editors by calling Ryan Kelly, Executive Director, (601) 898.3001



LEARN MORE ON FACEBOOK



ASSOCIATION

LOCAL

NATIONAL

INSIDE THIS ISSUE:

MEMBERSHIP MATTERS
BECAUSE YOU MATTER

TOBACCO MONTHLY
INFORMATION SERIES

MRHA SHOWS LEADERSHIP WITH
CHILD SAFETY ON RURAL FARMS

TELEMEDICINE ADVANCES ACCESS
IN RURAL MISSISSIPPI

FORREST GENERAL'S FAMILY
MEDICINE PROGRAM WELCOMES
ITS FIRST CLASS OF PHYSICIANS

TIPS FOR REDUCING OR
CONTROLLING STRESS

IMPROVING HEALTH
OUTCOMES OF RURAL
MISSISSIPPIANS

FIRSTCHOICE PROVIDES COST
SAVINGS IN TIGHT
MISSISSIPPI ECONOMY

WCUCOM GRADUATES
INAUGURAL CLASS

STATE AUDITOR RELEASES
FINANCIAL ASSESSMENT OF
PUBLICLY OWNED RURAL
HOSPITALS

THE COST OF 10 TOP MEDICAL
READMISSION CONDITIONS

NEW HHS SECRETARY BURWELL
FACES TOUGH TASK AHEAD

THE CHANGING RURAL HEALTH
LANDSCAPE



MEMBERSHIP MATTERS BECAUSE YOU MATTER

At the Mississippi Rural Health Association, we talk a lot about putting our members first. That's because we've never forgotten that we're here to serve our members — people like you, who actually support the residents, students, healthcare providers and businesses in the rural areas of Mississippi.

We call our approach “advocating” for our members. Our focus is on the things that best serve the interests of MRHA members.

So what does advocacy really mean for you and your organization? It means being on YOUR side. We find and create the best information and resources available in order to best suit your needs. Here are a few...

Funding Opportunities:

Requests for Proposals for the Mississippi Quality Improvement Initiative 2:

Release Date: Jun 30, 2014

Due Date: Jul 18, 2014

Award Date: Aug 15, 2014

Funding Level: \$15,000.00 - \$20,000.00

Information on this funding opportunity and others will be posted on our website. Go to www.msrrha.org for more information.

Clinic Incentive Programs: Tobacco project details

Mississippi Rural Health Association has participated in the MSDH Office of Tobacco Control “Tobacco Free Mississippi: Engaging Rural Health Clinics” project for four years.

Through this program, MRHA has been able to provide participating rural health clinics with over \$50,000 in incentives. There will be additional incentives available to current participating clinics, as well as an additional 10 rural health clinics that are chosen to participate in this project.

Continuing Education Workshops:

All Association events are designed to meet the requests of our members. Each event is posted on our website at www.msrrha.org/events.

Have an event that you want for us to promote? Send your local event information to president@mississippirural.org. We will post opportunities on our website and in our newsletter as appropriate.

Legislative Action

We hear your needs and magnify them in Jackson and Washington. We maintain regular communication with key lawmakers to pass along your concerns and desires in order affect legislation and to assist lawmakers with meeting the healthcare needs in our state.

We want to thank our members for their continued support. The staff at MRHA is dedicated to being your advocate and will continue to support you by providing educational opportunities, workshops, conferences, and trainings. We want for you to be the best prepared healthcare provider in order to benefit the rural population in Mississippi.

MRHA SHOWS LEADERSHIP WITH CHILD SAFETY ON RURAL FARMS

Child safety is a priority in Mississippi. The MRHA is assisting efforts to keep our children safe by uniting trainers from across the state under the umbrella of the Child Agricultural Health and Safety Coalition. This coalition works to provide trainings, health fairs, and educational opportunities for students and parents in order to prevent tragedy on rural farms.

A list of public resources are available at www.msrrha.org/agsafety.

Want to belong to this coalition? Simply e-mail us at president@mississippirural.org and we will be happy to include you at no cost.

TOBACCO MONTHLY INFORMATION SERIES



Mississippi Rural Health Association's Tobacco Cessation project will be implementing a monthly informational series beginning July 2014. This is your organization's chance to participate in a fun, competitive, fact-seeking adventure.

Each month, tobacco related information will be emailed, posted on Mississippi Rural Health Association's website, Facebook page, Twitter and Pinterest. Be sure to "Get Social" with MRHA now!

- Bookmark MRHA's website www.msaha.org
- Be sure the tobacco project email address - MRHA Tobacco - is not in your SPAM folder.

 Like us on Facebook: www.facebook.com/pages/Mississippi-Rural-Health-Association/

 Follow us on Twitter @MSRuralHealth

 Pin us on Pinterest: www.pinterest.com/msrural1/

Seek and Find quizzes will be posted at the end of each month. All you have to do is stay "tuned in" to the Mississippi Rural Health Association, the quiz answers will be given. Just look for the  symbol throughout the month on all social media for clues.

A prize will be given each month. The winners will be recognized on Mississippi Rural Health Association's website, Facebook page, Twitter and Pinterest.

If you do not currently receive emails from "MRHA Tobacco", please contact Cindy Widdig, MRHA Tobacco Project Director, a request at cindy.widdig@mississippirural.org. For more information on the Tobacco Monthly Informational Series, you can call Cindy at 601.842.1359.

The MRHA Tobacco Project is funded through a grant from the Mississippi State Department of Health, Office of Tobacco Control.



TOP TEN RURAL HEALTH CLINICS TOBACCO PARTICIPANTS ANNOUNCED

Rural Health Clinics that participated in the Mississippi Rural Health Association's 2013-2014 "Tobacco Dependence Treatment in Primary Healthcare Settings" program

Top 10

1. Immediate Care Family Clinic in Meridian
2. Primary Health Care in Forest
3. Delta Regional Health Clinic
4. Nina Journey Family Medical Practice
5. Family Care Express - Collins
6. Louisville Medical Associates
7. Lifecore Health Group

8. GreenTree Family Medical Clinic
9. Family Clinic of New Albany
10. Acute Care + Family Clinic of Pontotoc

Thank you to all the dedicated staff in the 50 rural health clinics that continue to support and participate in the Mississippi Rural Health Association's "Tobacco Dependence Treatment in Primary Healthcare Settings" program.

The Top 10 clinics will receive FREE admission to - and special recognition at - the Mississippi Rural Health Association's annual conference on September 25 - 26th in Jackson, MS.



UPCOMING EVENTS

Rural Health Clinic Workshop

Friday, July 18, 2014 | 8:30 AM - 3:00 PM
William Carey University Fail School of Nursing
498 Tuscan Avenue | Hattiesburg, MS

This workshop will prepare Rural Health Clinics with completion of their Annual Program Evaluation. Cited as the largest error during site reviews, this workshop will walk each attendee through their evaluation and sign-off for completion. The workshop will also include an update from the Department of Medicaid as well as an update to meaningful use requirements. It designed for clinic administrators, clinic managers, billers, clinic financial personnel, and quality assurance officers.

Cost: \$125.00 for members, \$150 for non-members.

19th Annual Conference

September 25 - 26, 2014

Jackson Marriot Downtown | Jackson, MS

The Mississippi Rural Health Association's 19th Annual Conference promises to be the biggest and best year. Major healthcare speakers, plenty of continuing education opportunities, and fun networking events are just a few of the reasons to sign-up today! This year's conference will take place at the beautiful Jackson Marriot downtown, and low hotel rates have been set for conference attendees. Hotel can be booked online at msrha.org. Vendors and members are welcome to register today! A full agenda will be released soon.

Cost: \$125.00 for members, \$150 for non-members.

**Register online at www.msaha.org/events.
For more information, call 601.898.3001**



TELEMEDICINE ADVANCES ACCESS IN RURAL MISSISSIPPI

By Tearsanee G. Carlisle, DNP, FNP-BC:
The University of Mississippi Medical Center, Center for Telehealth

One of the major challenges in Mississippi is access to quality healthcare for all. Limited financial resources, geographic considerations, and a shortage of specialists in the rural communities have proven to be barriers to the provision of much needed care. Historically, Mississippi is known for its health disparities; but rather than accept that as its future, the University of Mississippi Medical Center (UMMC) Center for Telehealth has answered the call to improve the quality and access to care in the state.

Over ten years ago, there was an urgency to create a program that could realistically improve patient

outcomes and facilitate high quality emergency care to rural communities. In response to this need, the University of Mississippi Medical Center (UMMC) launched the TelEmergency program. Since that time, the telemedicine program has expanded to include over 30 specialties in over 100 sites across Mississippi. The Telestroke program has proven to have a huge impact on stroke care in Mississippi. Prior to telestroke availability, Mississippi was ranked 50th in morbidity and mortality due to stroke. Few rural hospitals had the support of a neurologist related to the administration of the

clot dissolving drug t-PA (tissue plasminogen activator). Since the implementation of the telestroke program, many rural hospitals now have access to emergency stroke care. The percentage of stroke patients with Medicare in Mississippi who have t-PA administered is 1.7% compared to the national average of 3-8.5%. Mississippi Primary Stroke Centers rate better – between 3.3-3.9%. To date, UMMC has the highest t-PA administration rate in the state - over 15%, which has greatly improved quality of life outcomes for those affected by stroke. Positive impacts such as this have fueled an interest in employing telehealth

in other settings. Most recently, the program has expanded to include School Telehealth and the eCorporate Health programs.

School Telehealth

Currently, 12-16% of all children suffer from a chronic disease. In the schools, 15% of students are either sent out for medical care or sent home. Many of these students never actually make it to a provider and subsequently get worse. The School Telehealth program aims to meet the students where they are by providing care via telemedicine in partnership with the schools. This would be of benefit to both the school districts and the students. There is a direct correlation between school funding and attendance, which makes keeping students healthy a priority for the districts. For the students, it provides a convenient avenue for receiving prompt healthcare that

in turn decreases costs associated with delayed care and unnecessary emergency room visits. Parents are able to stay at work and students are able to stay in school.

eCorporate Health

The eCorporate Health program aims to decrease employee absenteeism, increase productivity, and improve the overall health of Mississippi's workforce. This program provides episodic care to employees by enabling them to access a provider while at work. A videoconferencing system provides a mechanism for performing a physical exam and prescriptions are forwarded to the employee's pharmacy of choice. If additional follow-up or an in-person exam is warranted, follow-up is arranged with a local provider. Programs of this kind encourage positive health behaviors, thereby reducing health care costs. The

standards of care that are required in a traditional clinic are followed in both the school and corporate health programs. In early 2013, a pilot program targeting 8 corporations began. This pilot has given selected corporations the opportunity to participate in the program as it is being developed. This program could prove to be influential as state leaders work to recruit industry in the rural areas, thereby strengthening the economy.

The opportunities for telehealth to improve the health of the state are endless. The intent is not to replace traditional medicine, but to close the gaps and increase accessibility. Working together with telemedicine, primary care providers and specialists are able to create healthcare partnerships that ensure that their patients are receiving the best care despite geographic limitations.

FORREST GENERAL'S FAMILY MEDICINE PROGRAM WELCOMES ITS FIRST CLASS OF PHYSICIANS

HOSPITAL HELPS TO ADDRESS THE STATEWIDE PRIMARY CARE PHYSICIAN SHORTAGE

Forrest General Hospital recently announced the first class of graduate physicians for its new Family Medicine Residency Program. The program began accepting applications from senior medical students last fall and will start its first class of resident physicians on June 30, 2014.

"Our program received over 2000 applications from some very qualified candidates. We are very excited and pleased with the six residents selected for our inaugural class," stated Mikell Chatham, residency program administrator.

It is hoped that upon completion of their residency, many of the physicians will choose to stay in Hattiesburg and the surrounding communities to help alleviate the current and future primary care physician shortage.

The Accreditation Committee for Graduate Medical Education (ACGME), the governing body for accredited medical residencies in the United States, approved the accreditation of the new Family Medicine Residency Program at Forrest General on October 16, 2013.

"We are pleased to be the home of a much needed residency program in Mississippi. As a healthcare system, we recognize the growing need for primary care physicians across the counties we serve. This program is another example of the dedication we have toward realizing our vision of providing exceptional care and improving the quality of life for the residents of South Mississippi," said Evan Dillard, president and CEO of Forrest Health.

Residency Program Director Eric Hale, M.D. shared his vision for the residency. "Our program

offers a remarkable combination for physicians who seek a superb balance of academic medicine and comprehensive, practical medical education which will prepare them for all aspects of the practice of Family Medicine, both rural and urban, inpatient, outpatient, or both," said Hale.

The program will be located at Forrest General and will be a three year curriculum to train physicians to become board certified in the specialty of Family Medicine. Up to six physicians each academic year will be accepted. ACGME accreditation allows the program to accept graduates from either allopathic (MD) or osteopathic (DO) medical schools. When the program is fully populated, 18 graduate physicians will be training in the program, with rotations in internal medicine, emergency medicine, surgery, pediatrics, obstetrics/gynecology, and many medical subspecialties including cardiology, gastroenterology, and pulmonary medicine.

During their three year residency, the physicians will also accept and see patients under faculty supervision at the residency-run Family Medicine Center, which will be located within the main Hattiesburg Clinic on 28th Avenue, adjacent to the hospital.

This residency program is the culmination of an almost four year effort by Forrest General Hospital, the Department of Family Medicine at the University of Mississippi School of Medicine and the Mississippi State Legislature's Office of Physician Workforce.

For more information, contact the Forrest General Family Medicine Program at 601-288-4305 or visit www.fghfamilymedicine.com



TIPS FOR REDUCING OR CONTROLLING STRESS

From Mental Health America

If you are feeling stressed, there are steps you can take to feel better. As you read the following suggestions, remember that conquering stress will not come from a half-hearted effort, nor will it come overnight. It will take determination, persistence and time. Some suggestions may help immediately, but if your stress level doesn't seem to improve, it may require more attention and/or lifestyle changes.

Be realistic. If you feel overwhelmed by some activities (yours and/or your family's), learn to say NO! Eliminate an activity that is not absolutely necessary. You may be taking on more responsibility than you can or should handle. If you meet resistance, give reasons why you're making the changes. Be willing to listen to other's suggestions and be ready to compromise.

Shed the "superman/superwoman" urge. No one is perfect, so don't expect perfection from yourself or others. Ask yourself, "What really needs to be done?" How much can I do? Is the deadline realistic? What adjustments can I make? Don't hesitate to ask for help if you need it.

Meditate. Just ten to twenty minutes of quiet reflection may bring relief from chronic stress as well as increase your tolerance to it. Use the time to listen to music, relax and try to think of pleasant things or nothing.

Visualize. Use your imagination and picture how you can manage a stressful situation more successfully. Whether it's a business presentation or moving to a new place, many people feel visual rehearsals boost self-confidence and enable them to take a more positive approach to a difficult task.

Take one thing at a time. For people under tension or stress, their day-to-day workload can sometimes seem unbearable. The best way to cope with this feeling of being overwhelmed is to take one task at a time. Make a list of things you need to get done and start with one task. Once you accomplish that task, choose the next one. The positive feeling of "checking off" tasks is very satisfying. It will motivate you to keep going.

Exercise. Regular exercise is a popular way to relieve stress. Twenty to thirty minutes of physical activity benefits both the body and the mind.

Hobbies. Take a break from your worries by doing something you enjoy. Whether it's gardening or painting, schedule time to indulge your interest.

Share your feelings. A conversation with a friend lets you know that you are not the only one having a bad day, caring for a sick child or working in a busy office. Stay in touch with friends and family. Ask them how they have dealt with a similar situation

that may be "stressing you out." Let them provide love, support and guidance. Don't try to cope alone.

Be flexible! If you find you're meeting constant opposition in either your personal or professional life, rethink your position or strategy. Arguing only intensifies stressful feelings. Make allowances for other's opinions and be prepared to compromise. If you are willing to be accommodating, others may meet you halfway. Not only will you reduce your stress, you may find better solutions to your problems.

Go easy with criticism. You may expect too much of yourself and others. Try not to feel frustrated, disappointed or even "trapped" when another person does not measure up. The "other person" may be a coworker, spouse, or child whose behavior you are trying to change or don't agree with. Avoid criticisms about character, such as "You're so stubborn," and try providing constructive suggestions for how someone might do something differently.

Where to Get Help
If you think that you or someone you know may be under more stress than just dealing with a passing difficulty, it may be helpful to talk with your doctor, clergy person, or employee assistance professional. They may suggest you visit with a psychiatrist, psychologist, social worker, or other qualified counselor.





IMPROVING HEALTH OUTCOMES OF RURAL MISSISSIPPIANS

By Mary Atkinson Smith, DNP, NP-C

Mississippi LEADS the nation in poverty and lowest median household income, which correlates with increased vulnerability, poorer health outcomes, and ultimately leads to increased healthcare costs. Mississippi's EXTREMELY HIGH rates of chronic illness has led to a current estimated economic impact of 15 billion dollars since 2003. It is estimated that by 2023, 13 billion dollars will be considered as avoidable healthcare costs. Improving health outcomes in Mississippi has proven to be challenging due to the fact that almost of all Mississippi's 82 counties are considered to be health professional shortage areas and medically underserved areas, in addition to 65 out of the 82 counties being classified as rural.

Rural areas are historically known for having fewer healthcare resources and inadequate availability of healthcare infrastructure, which can contribute to poor health outcomes among rural populations. The rise of health care costs, shortage of healthcare providers,

presence of financial barriers, and existence of geographic limitations continue to contribute to the challenging delivery of healthcare services in rural areas of Mississippi. Barriers to healthcare access among rural populations are common due to longer travel distances to healthcare facilities and the lack of reliable transportation. Rural populations are also more likely to experience physical and social determinants that contribute to the increased likelihood of chronic illnesses and poor health outcomes.

As we move forward, improving the health outcomes among Mississippians will prove to be challenging. However, close collaboration among existing healthcare providers, organizations, facilities, and lawmakers will serve to be extremely beneficial in improving health outcomes. Close collaboration will promote commonality, cohesiveness, and decrease duplication of efforts when attempting to achieve the same the goal. There is more power in numbers!

FIRSTCHOICE PROVIDES COST SAVINGS IN TIGHT MISSISSIPPI ECONOMY

Times are tight for Mississippi health care providers, and they are getting even tighter. Most hospitals run at a 2% margin for revenue, which leaves very little room for error. Compare this to a huge degree of uncertainty in the nation's reimbursement structure, and you have a recipe for administrative anxiety. For several years, FirstChoice Cooperative has been servicing Association members across Mississippi. Based in Tyler, Texas, this 501(c)3 non-profit cooperative buying group is providing critical savings for health care entities and educational facilities across Mississippi in a time where every dollar counts.

A recent Modern Healthcare study finds that the average operating margin of national hospitals in 2013 was down 3.1% from the 3.6% recorded in 2012 for acute-care, post-acute care, rehabilitation as well as specialty hospital groups and some stand-alone hospitals. A total of 61.3% of organizations in the analysis saw their operating margins deteriorate over the previous year. Similar numbers were found for rural health clinics.

What does this mean for Mississippi health care institutions that have seen declining revenue despite a seemingly improved economy? It means that hospitals and rural health clinics must work harder and smarter. Regulations must be met, meaningful use must be acquired, and profits must increase in order for facilities to survive.

"What is easier, generating an extra \$1.2M in revenue or saving \$25,000 in supply chain reduction?" This is a frequent question asked by Eric Bay, FirstChoice representative for Mississippi. "FirstChoice can save even small hospitals as much as 25% off of their purchasing bottom line over competing buying groups for the same exact products. No catches, no gimmicks, just savings."

The Mississippi Rural Health Association is working hard to influence state and national lawmakers to support rural health issues. As we do, we encourage all members to investigate ways to be more efficient in their respective institutions. A partnership with FirstChoice may be a great way to provide patients with quality products at a fraction of the cost.



How do we do it? By delivering the best overall cost savings and cash dividends in the industry and providing a program centered on you.

Member-owned and member-driven, First Choice 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.

Join FirstChoice Cooperative.
You have nothing to lose but supply cost.

1-800-250-3457 | www.fccoop.org





Pictured is the William Carey University College of Osteopathic Medicine (WCUCOM) inaugural class, Class of 2014, prior to graduation on May 24.

WCUCOM GRADUATES INAUGURAL CLASS

By Mary Margaret Turner

Ninety-one students received their doctor of osteopathic medicine degrees from William Carey University College of Osteopathic Medicine (WCUCOM) on May 24 in Smith Auditorium. This was WCUCOM's inaugural class, and post graduation the medical school officially received accreditation from the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA).

Dr. Karen Nicholls, past president of the American Osteopathic Association, served as keynote speaker for the graduation.

"Always remember that you are a D.O. and embrace that heritage with pride," Dr. Nicholls told the graduates. "Your patients don't care what you know until they know that you care. Expect that there will

be a lot of challenges ahead, and be ready for them. Also, remember to be loyal and support your school. WCUCOM took a chance on you, and that's why you are headed towards a wonderful career today."

Discussions to establish the medical school developed nearly 10 years ago when William Carey University's Board of Trustees recognized the need for primary care physicians in the region and saw an opportunity to make that dream a reality. In 2007, under the leadership of current WCU President Dr. Tommy King, a dean for the WCUCOM was hired. In January 2008, the medical school was officially founded, and in August 2010, the WCUCOM welcomed its inaugural class of 110 students.

As the 26th school of osteopathic

medicine in the country and the first in the state, WCUCOM is training student doctors for careers in primary care medicine to address the physician shortage in the Gulf South Region, particularly within rural and underserved communities. WCUCOM is not only working to train students to become successful primary care physicians, but also to retain them upon graduation, providing a major source for the state healthcare workforce. Admissions preference is strongly given to applicants from Mississippi and the Gulf South U.S.

To further foster the school's mission, the clinical curriculum is delivered by a majority of primary care physicians. In fact, over 60 percent of WCUCOM's full-time clinical faculty members are primary care certified, while approximately

80 percent of the required clinical rotations are primary care oriented in community hospitals and clinics. The 67 hospitals and over 375 individual clinics used for core third-year student rotations are in Mississippi, Louisiana, Arkansas, Alabama, and Florida, with the majority being in-state. Combined with the over 130 hospitals in 27 states used for fourth-year student elective rotations, the WCUCOM has 866 preceptors, with some as far as California and New York.

"Until WCUCOM began classes four years ago, Mississippians who wanted to become osteopathic physicians had to go to West Virginia, Tennessee, Georgia, or Florida to attend medical school and residency," said Dr. William Mayo, owner of the Mayo Eye Center in Oxford, clinical instructor at the WCUCOM, and member of the American Osteopathic Association's board of trustees. "It is more difficult to get physicians to return to Mississippi when they have spent several years away. It's vitally important that we can train our D.O.s here in Mississippi."

The medical school has already made quite an impact in Hattiesburg and the surrounding areas, and it will provide benefits for years to come; economically and educationally. Most importantly, WCUCOM will provide medical service to many who may otherwise not have received it.

"The College of Osteopathic Medicine has brought WCU to a level that was beyond the dreams of Carey employees and alumni," said Dr. Tommy King, president of WCU. "The graduation of the first class of



Pictured are (left to right) William Carey University College of Osteopathic Medicine (WCUCOM) graduates Brittany Blain and Rachel Pughsley, both of Clinton, immediately following the inaugural graduation ceremony on May 24.

doctors will be an historical occasion for Hattiesburg and Mississippi. This moment is possible through the support and hard work of Carey trustees over the past five years, Dean Turner and the entire faculty and staff, and many supporters throughout Mississippi and the Gulf Region."

For more information on WCUCOM, contact Rebecca Holland, director of operations, at 601-318-6663 or rrholland@wmcarey.edu.

STATE AUDITOR RELEASES FINANCIAL ASSESSMENT OF PUBLICLY OWNED RURAL HOSPITALS

From the Mississippi Office of the State Auditor

State Auditor Stacey Pickering has released an in-depth study of Mississippi's publicly owned, rural hospitals' financial health. Public finances and the efficiency and effectiveness of their use are areas frequently studied by the Office of the State Auditor. The report gives state and local policymakers a better understanding of where the publicly owned hospitals are financially positioned from statewide and national perspectives.

The study, which gathered data from audited financial reports for the years 2009-2012, includes 25 hospitals in Mississippi that meet the following conditions:

They qualify as rural under the Office of Rural Health Policy's definition

They are publicly owned, general medical/surgical facilities according to the Mississippi State Department of Health

They are not leased or owned by another hospital

"According to United States Department of Agriculture estimates, 55 percent of our state's population lives in rural areas," Pickering said. "These local hospitals are necessary not just in providing Mississippians access to quality healthcare, but in playing a vital role in our communities as an economic engine.

"I want to emphasize that this report is not intended to predict failure and its results should not be construed as doing so, nor is

it intended, by itself, to make any claims about the reasons for a given hospital's financial performance."

The study combined two different methods of assessing hospital financial health. Both used profitability, liquidity and capital structure as measurements. Two other areas used were age of facilities and solvency.

The report identifies three areas of financial well-being: those ranking above the national average for financial strength; those below the national average but not on the verge of failing; and those in need of immediate financial attention.

"With this study, we found that while four hospitals are at risk, most are in very good financial standing and above national standards in most cases," Pickering added.

Fifteen of the 25 hospitals reviewed did better than the national average.

Using the Financial Strength Index®, these hospitals rank "above the national average" for financial strength:

- Neshoba County General Hospital in Philadelphia
- North Sunflower Medical Center in Ruleville (Sunflower County)
- Tyler Holmes Memorial Hospital in Winona (Montgomery County)
- Jasper County General Hospital in Bay Springs
- Hardy Wilson Memorial Hospital in Hazlehurst (Copiah County)*
- Covington County Hospital in Collins
- George County Regional

- Hospital in Lucedale
- Magnolia Regional Health Center in Corinth (Alcorn County)
- Yalobusha County General Hospital in Water Valley
- South Central Regional Medical Center in Laurel (Jones County)
- South Sunflower County Hospital in Indianola
- Grenada Lake Medical Center (Grenada County)
- Calhoun County Health Services in Calhoun City
- Southwest MS Regional Medical Center in McComb (Pike County)
- Field Memorial Community Hospital in Centreville (Wilkinson County)

The next six facilities are in the "national average" range in financial strength:

- Wayne County General Hospital in Waynesboro
- Greenwood Leflore Hospital (Leflore County)
- OCH Regional Medical Center in Starkville (Oktibbeha County)
- Delta Regional Medical Center in Greenville (Washington County)
- Franklin County Memorial Hospital in Meadville
- Noxubee County General Critical Access Hospital in Macon



NATIONAL ACADEMIES OF PRACTICE INDUCTS MARY ATKINSON SMITH

The National Academies of Practice is pleased to announce the election of Mary Atkinson Smith from Starkville, MS as a Distinguished Fellow and Practitioner member of the NAP. Ms. Smith was inducted at a Gala Membership Banquet on April 5, 2014 in Alexandria, VA.

Founded in 1981, NAP is an interdisciplinary, non-profit organization, with membership representing fourteen health care professions willing to serve as distinguished advisors to health care policy makers in Congress and elsewhere. The ten original academies of practice within the NAP include: Dentistry, Medicine, Nursing, Optometry, Osteopathic Medicine, Pharmacy, Podiatric Medicine, Psychology, Social Work, and Veterinary Medicine. Beginning with the Class of 2014, NAP is adding four new academies: Audiology, Occupational Therapy, Physical Therapy and Speech & Language Pathology.

Membership in the NAP is an honor extended to those who have excelled in their profession and are dedicated to furthering practice, scholarship and policy in support of interprofessional care. The central purpose of NAP is to advise public policy makers on health care issues using NAP's unique perspective -- that of expert practitioners and scholars joined in interdisciplinary dialogue.

New members were inducted following a forum on "One Team – One Health."

Cutlines: Mary Smith is inducted into the National Academies of Practice in April, 2014.

FOR SALE East Mississippi Medical Clinic



This reputable internal Medicine Practice is for sale in the city of Newton, MS

East Mississippi Medical Clinic, PLLC
9425 Eastside Drive Ext., HWY. 15 North
Newton, MS 39345

- Certified Medicare / Medicaid Rural Health Clinic
- Operating in good-standing for more that five years
- Active member of the Mississippi Rural Health Association
- Family Nurse Practitioner (FNP) and/or Medical Doctor (MD) available five days a week
- Reason for sale: More emphasis on primary location

Fore more information, contact
eastmississippimedical@comcast.net



THE COST OF 10 TOP MEDICAL READMISSION CONDITIONS

By Bob Herman, Becker's Healthcare

Of the 10 most common readmissions conditions for Medicaid patients, septicemia resulted in the highest costs for hospitals, according to an Agency for Healthcare Research and Quality statistical brief.

In 2011, septicemia readmissions for Medicaid patients cost hospitals \$319 million, but septicemia was only the eighth most common readmission condition. The most common readmission condition for Medicaid patients was mood disorders, which cost \$286 million.

Overall, Medicaid readmission costs pale in comparison to Medicare. The 10 most common Medicaid readmissions cost hospitals \$2.06 billion in 2011, while congestive heart failure — the most common and expensive Medicare readmission — cost \$1.75 billion alone.

Here are the costs of the 10 most common Medicaid readmissions, according to the AHRQ brief. Note: Costs were defined as the actual expenses incurred in the production of hospital services (such as wages, supplies and utility costs). A readmission was defined as a patient who was hospitalized within 30 days of a previous hospital admission.

1. Septicemia (except in labor) — \$319 million (17,600 total readmissions)
2. Schizophrenia and other psychotic disorders — \$302 million (35,800 total readmissions)
3. Mood disorders — \$286 million (41,600 total readmissions)
4. Congestive heart failure (nonhypertensive) — \$273 million (18,800 total readmissions)
5. Diabetes mellitus with complications — \$251 million (23,700 total readmissions)
6. Chronic obstructive pulmonary disease and bronchiectasis — \$178 million (16,400 total readmissions)
7. Alcohol-related disorders — \$141 million (20,500 total readmissions)
8. Other complications of pregnancy — \$122 million (21,500 total readmissions)
9. Substance-related disorders — \$103 million (15,200 total readmissions)
10. Early or threatened labor — \$86 million (19,000 total readmissions)

NEW HHS SECRETARY BURWELL FACES TOUGH TASK AHEAD

By Paul Demko, Modern Healthcare

Incoming HHS Secretary Sylvia Mathews Burwell, confirmed by the Senate on Thursday, now faces critical issues related to implementation of the federal healthcare law and a narrow window to prepare for the 2015 open-enrollment period.

She should quickly decide on her top priorities for the agency, said Michael Leavitt, a former governor of Utah who served as HHS Secretary under President George W. Bush. She then must focus on accomplishing those tasks and avoid distractions, given the limited amount of time she'll be at the helm prior to the inauguration of a new president in early 2017, he said.

"A thousand days in a town like Washington, D.C., with a lot of political distractions and turmoil; you have to choose the things that are most critical," Leavitt said.

Burwell won confirmation on a bi-partisan 78-17 vote. Key Republicans backing her nomination included Sens. Orrin Hatch (R-Utah), the ranking minority member of the Finance Committee, and Lamar Alexander (R-Tenn.), the senior Republican on the Health, Education, Labor and Pensions Committee.

Senate Democrats lauded Burwell as the right person for the job. "We've got to be about reforms and improvements," said Sen. Tim Kaine (D-Va.). "Sylvia Mathews Burwell is a person who walks into work every day wanting things to be better than they were yesterday."

But Sen. Jeff Sessions (R-Ala.) questioned whether Burwell had the managerial experience for the post. "She just simply is not the person that we need today to bring order out of the disarray that we have in the

healthcare system of this country," Sessions said during the floor debate.

Burwell will oversee a \$1 trillion agency with nearly 80,000 employees. Its purview includes authority over drug regulation, disease monitoring and medical research. During the debate over her nomination, Hatch referred to HHS as "almost an uncontrollable, un-administrable agency." But Burwell's stewardship of the ongoing implementation of the Patient Protection and Affordable Care Act will undoubtedly draw the most scrutiny.



Burwell comes to the high-profile post after serving as director of the Office of Management and Budget for roughly a year. Her resume also includes stints as president of the Wal-Mart Foundation, chief operating officer of the Bill and Melinda Gates Foundation and deputy chief of

staff to President Bill Clinton.

She takes over for Kathleen Sebelius, who became a political piñata for Republicans as the administration's point person on the contentious healthcare law. The former Kansas governor rode out the disastrous rollout of the state and federal exchanges—and numerous calls for her resignation—to oversee an initial open-enrollment period that exceeded projections, with 8 million individuals signing up for private health plans.

Sebelius is not the only key HHS official to step down in recent weeks. Jonathan Blum, CMS principal deputy administrator, departed in May. And Michael Hash, director of HHS' Office of Health Reform, announced his retirement last month.

THE CHANGING RURAL HEALTH LANDSCAPE

By Cindy Sanders, Mississippi Medical News



Will the Affordable Care Act help or hurt Americans living in rural areas? As is true of many complex laws, there probably is not a single, simple, clear-cut answer. Some of the elements should be beneficial; others could have unforeseen or unintended consequences that ultimately limit access to care.

Noted rural health expert Keith Mueller, PhD, head of the Department of Health Management and Policy for the University of Iowa College of Public Health and director of the Rural Policy Research Institute (RUPRI) Center for Rural Health Policy Analysis, has been an integral part of preparing two policy briefs focused on ACA's impact on rural America. Mueller also serves as chair of RUPRI's Rural Health Panel, which released "The Patient Protection and Affordable Care Act of 2010: Impacts on Rural People, Places, and Providers: A Second Look" in late April. The new review is a follow-up to the original analysis released shortly after the legislation was signed into law.

"Like a lot of people, we were pleasantly surprised at the level of enrollment," Mueller said of the panel's reaction to recently released health exchange numbers. He explained that on top of the 8-plus million that was widely reported, there has also been a fair amount of enrollment in qualified health plans (QHP) on the open market. At this point, Mueller noted, it isn't clear what the urban/rural breakdown is among enrollees.

However, Mueller continued, the number of uninsured individuals in rural areas is generally about the same or a little higher than in urban areas. "Small employers in rural areas are less likely to have an employee plan available than small employers in urban areas," he noted.

While having more people insured is a positive, Mueller pointed out coverage comes with a presumption that someone will actually be there to deliver care. "You have to address both the financial access and the availability of services," he continued. "You've increased the demand so you also have to increase the supply."

Mueller continued, "In rural areas where there's already a shortage of providers, you've exacerbated the situation. There are still many more counties that are primary care shortage areas than there ought to be ... and that's a fundamental service." In addition, he said there are pockets where there is a shortage of emergency services and general surgeons. Mueller said the health delivery system has to be integrated locally across the full continuum of care from primary through quaternary care. "You need to have a system where no matter where I live, there is a point of entry for me to get all those services," he stated.

On a more positive note, Mueller said Title 5 of ACA, which deals with workforce issues, did increase funding for the National Health Service Corps. There has also been increased attention regarding how providers could be used more efficiently in federally qualified

health centers, including a push to have non-physician providers practice at the top of their licensure.

Even before ACA, Mueller pointed out, healthcare systems were already evolving with pilot programs testing innovative payment and delivery models. Technology, he said, will provide a critical role ... particularly the use of telehealth in rural areas. Instead of having to bill for each discreet service, Mueller said newer payment models allow for bundled services, "leaving it up to doctors to figure out the best way to get to the value proposition."

That is a win for telehealth, he noted, since the service is often left out of traditional payment plans. Another plus for telehealth is that patient satisfaction also plays into reimbursement ... being able to 'see' a specialist at home using technology to assist in a consult rather than driving to an urban market, should increase convenience and satisfaction for rural patients. It allows them to receive the care, albeit differently, that would be found in a much larger city.

"That, to me as a researcher and analyst, is the most exciting direction because it means that people will get the care they need when they need it no matter where they are living," Mueller said.

Of serious concern, however, is the financial fallout in states that did not opt to expand Medicaid as was intended by ACA to help offset payment reductions in other areas, such as those to disproportionate share hospitals. "The states that did not expand Medicaid are states with larger rural populations so the non-expansion has a disproportionate rural effect," Mueller said.

He added, "So far there hasn't been a huge effect because those reductions are scheduled to happen over time." However, Mueller continued, "The longer those states don't expand (Medicaid), the greater the impact." He noted the financial strain would be felt more sharply in rural areas because those hospitals tend to have much thinner operating margins in the first place.

Mueller noted, "We have put in place over the last couple of decades various ways to sustain service delivery in the rural areas. The scary scenario would be because of financial pressures, we pull the rug out from under (them). If that happened, there would be places in rural America where access would be severely limited."

He concluded, "You don't stop what has been working, even if it isn't perfect, until you have a better solution in place. I think we're working on a better solution right now ... but it's not in place, yet."

KEEP INFORMED WITH THE



The Rural Health Clinic listserv is a service of the MRHA where providers and staff can network with other clinics and ask questions related to billing, coding, transcription, regulations, or other hot topics. Want to sign-up? Contact us at president@mississippirural.org and we will add you to the list!