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NRHA Kansas City office

816-756-3140

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202-639-0550



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Daisy receives training as a service pet at Helping Hands: Monkey Helpers for the Disabled in Boston, Mass. Photo: Kat Duncan

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On the cover

Alison Payne, director of training at Helping Hands: Monkey Helpers for the Disabled, shows Kandy how to scratch a facial itch with a special cloth. Located in Boston, Mass., Helping Hands has been training capuchin monkeys as service animals since 1979.

Photo: Tom Kates

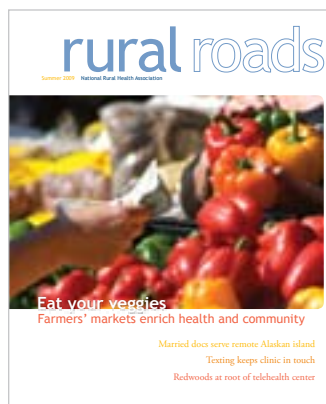
Correction

Plainfield High School, featured in the summer issue of *Rural Roads*, is located in Central Village, Conn.

Write us

Rural Roads is interested in the opinions of readers regarding articles published. Letters to the editor must be signed and may be edited for space and style.

Send your letter to editor@NRHArural.org or *Rural Roads* editor, NRHA, 521 E. 63rd St., Kansas City, Mo., 64110.



Farmers' markets are fantastic

I just received your summer 2009 edition of *Rural Roads* and enjoyed your cover story on farmers' markets.

At Olympic Medical Center in Port Angeles, Wash., we think farmers' markets are fantastic, and we have allocated space and resources to support one being in-house for our employees.

In an effort to help promote healthy eating among our employees, Olympic Medical Center has been offering a mini farmers' market from 2:30 to 5:30 p.m. every Tuesday, located just outside of Season's Café in our hospital.

One strategic goal is to encourage employees to measurably improve their overall health. Bringing the farmers' market to our employees is a tangible first step toward this goal.

Our employees love the convenience of buying a variety of fresh, locally grown fruits and vegetables while they are at work. It is rewarding to see employees in scrubs, lab coats and suits all lined up together selecting such healthy food.



Olympic Medical Center's in-house farmers' market opened this summer.

Rhonda Curry
Olympic Medical Center assistant administrator

Share your story.

Should you or a colleague be featured in the next issue of *Rural Roads*?

Did you meet your spouse or partner through NRHA?

Are you working at the hospital where you were born?

Contact Lindsey Corey at editor@NRHArural.org or 816-756-3140.
Editorial suggestions must not be advertisements.

Invest in economic solutions



Fully 85 percent of our nation's high poverty counties are non-metropolitan.

Read that sentence again. Now consider that 18 percent of rural and frontier areas are multicultural and multiracial, and these populations are disproportionately poor and unhealthy.

As NRHA works to reduce and ultimately eliminate rural disparities in health, workforce and reimbursement, we must not hesitate to invest in strategies and solutions to address the underlying economic disparities. The lack of rural jobs hurts health as much as the lack of physicians and nurses.

As president of NRHA, much of my energy this year is invested in helping to determine NRHA's role in the abolition of rural poverty. NRHA's Multiracial and Multicultural Committee set the course with its policy brief on rural economic development, and a task force is shepherding the process. In addition to other communication tools, NRHA is dedicating space in *Rural Roads* to showcase examples and share resources to help you engage in your own version of community-driven economic development.

Beth Landon

Beth Landon
NRHA president

pit stop

5 things I picked up in this issue:

1. If you're in med school, even farming is relaxing. *Page 30*
2. Capuchin monkeys can make great office assistants. *Page 6*
3. One family turned a hospital stay into a children's book. *Page 11*
4. Goessel, Kansas, is home to a bell made of wheat. *Page 37*
5. You can get an award for "putting up with old cowboys." *Page 20*

Monkey Do

Unique service animals
lend a hand

By Angela Lutz

When Carol* decided to get a service animal, a monkey didn't immediately come to mind.

In fall of 2006, she and her husband lost their pet beagle, and instead of another puppy they were planning to get a service dog. Carol has muscular dystrophy and uses an electric wheelchair to get around. She also has muscle weakness in her hands and arms, making it difficult for her to open doors and pick things up. She wanted their new pet to be able to assist her with daily tasks as well as provide companionship.

So she started doing research. Living in rural southeast Wisconsin, Carol was excluded from most traditional services due to her location. That's when she came across Helping Hands: Monkey Helpers for the Disabled during an online search.

"The more I thought about it, the more it made sense," she says. "A monkey could help me more than a dog could help me."

Located in Boston, Helping Hands, a nonprofit organization, has been placing trained capuchin monkeys in the homes of people with mobility impairments since 1979. They place 10 to 12 monkeys per year and currently have 40 active placements in homes all over the United States. There is no cost to recipients.

Seven months after Carol contacted Helping Hands, staff members arrived at her home with Sadie, a six-



pound capuchin. The staff helped Carol and her husband make their home monkey-friendly and showed them how to feed, bathe and care for Sadie. More than two years later, Sadie is Carol's "best buddy," and she helps Carol operate her home office.

"She's my little helper," Carol says. "She will turn on lights, open file drawers, help me lick envelopes. She will help open or close the screen door if I'm going outdoors. And she's a great mosquito hunter."

Monkeys with a mission

Before monkeys can be placed in a home, they have a lot to learn. But most capuchins are up to the challenge, and before they even begin training, they have spent up to 10 years in volunteer foster homes, where they have received behavioral training such as bathing and wearing diapers when out of the cage. There are 70 active Helping Hands foster homes.

"Capuchin monkeys have opposable thumbs – their hands are just like



Opposite page: Carol received Sadie, her six-pound capuchin monkey, from Helping Hands in 2007. Above: At the Helping Hands “monkey college,” monkeys receive 24 to 48 months of intensive training as service animals. But it’s not all work and no play. Photos: Kat Duncan

ours – and they are inquisitive and affectionate,” says Noelle Lafasciano, Helping Hands development coordinator. “They are also very intelligent and social, and they can live 30 to 40 years in captivity.”

These qualities, Lafasciano says, made them a natural choice to fulfill the Helping Hands mission: “to provide assistance to people with the greatest needs: people who have become quadriplegic as a result of an accident, injury or disease.”

During three levels of intensive training, also known as “monkey college,” monkeys learn to open bottles and containers, pick up dropped objects, retrieve a cell phone, turn the pages of a book, adjust hands and feet when they’ve fallen off the wheelchair, and scratch facial itches, among other tasks. They also learn to follow commands from a mouth-operated laser

pointer, which a movement-impaired person uses to communicate specific needs.

In the first level of training, “monkeys are learning how to learn by imitation in a small, soundproof room with no distractions,” Lafasciano says.

“They perform the task and are rewarded with peanut butter,” she explains. “They receive only positive reinforcement. Capuchins are great because they enjoy manipulating things with their hands, and they enjoy learning. It’s fun to them.”

“If you’re having a rough day, you have to shake it off. And a monkey perched on your shoulder rubbing your head and grooming your hair makes it easier to shake it off.”

Noelle Lafasciano, Helping Hands development coordinator

As learning progresses, trainers gradually introduce more distractions and familiarize the monkey with a wheelchair. In the final level, the training room is set up to look like a home, complete with a home office, futon, TV with DVD player, and other household appliances.

“We make it as realistic as possible – they’re learning what’s theirs and what’s not,” Lafasciano says. “The monkey and the trainer might sit and just hang out and do a couple tasks. We’re mimicking what it will be like in a home, including cuddling and grooming. It’s not all work and no play.”

Most monkeys learn the basic tasks within 24 to 48 months, and then they are ready for placement in a home.

New freedom

But the monkeys aren’t the only ones who need to prepare. Before getting a monkey, potential recipients must submit a video telling about themselves and showing the layout of their home. Helping Hands also requires that recipients have no children under the age of 10 and work and spend most of their time at home, since monkeys are trained exclusively for in-home use.

“If you have a spinal cord injury, you need to be one



Carol's monkey, Sadie, has become her companion as well as her office assistant.

year post-injury, and illnesses need to be stable," Lafasciano adds. "If you are unable to care for the monkey, you need to have a stable network of family, friends or caretakers."

If all these criteria are met and the application accepted, a trainer and occupational therapist will fly out with the monkey and spend three to five days making home modifications and helping everyone adjust. The results can be life-changing.

"One monkey was performing the first task for a recipient by repositioning her hand on the wheelchair," Lafasciano describes. "The woman saw the monkey do this, and her eyes watered realizing the new freedom she was going to have."

Another recipient in California is a quadriplegic with limited movement in his hands. When his cell phone fell off his lap, he would have to wait for someone to help him, sometimes for hours. But that was before he received his monkey.

"Now that he has Minnie, he doesn't have to worry about that anymore," Lafasciano says. "It gives him a lot of independence back."

As Carol recalls, the initial adjustment and bonding period can take time, and anyone who brings a monkey home also needs to have patience and a sense of humor. Carol especially remembers one afternoon when she and her husband weren't home, and Sadie got out of her cage.

"She found the chocolate chip ice cream in the freezer, tasted some and put it in the microwave," Carol laughs. "She took all the water bottles out of the fridge and lined them up next to the sink. She found the bing cherries and only ate the ripe ones, very neatly removing the pits. She ate a couple granola bars and two tubes of lipstick, leaving no evidence behind except the tubes... She was one busy little monkey. Fortunately nothing she got into was any danger to her, but now we double check the locks on the cage, just to be sure."

In case recipients have a medical or behavioral question, Helping Hands has a continual support system in place, and during the first three months, they call daily to talk recipients through new situations and help them get to know their monkey's personality.

"Caring for a monkey is much different than caring for a usual domestic pet," Carol says. "I truly believe that's why the monkey placements are so successful, because of the wonderful support system that Helping Hands has developed."

Perhaps the most valuable benefit monkeys provide is companionship, which means a lot to people who spend most of their time at home or who live alone.

"Overwhelmingly we hear companionship (is the main benefit), which isn't what they're trained for, but it's a huge deal," Lafasciano says. "Monkeys are different from other pets in that they rank people. You are at the top of the monkey's hierarchy. You are number one in your monkey's world."

"Sadie's dedicated love and desire to be with me is the most important; the bond is just amazing."

Carol, Helping Hands recipient

Carol agrees, noting that Sadie will pick her out of a crowd and come to her.

"Sadie's dedicated love and desire to be with me is the most important; the bond is just amazing," she says. "She is so focused on wanting to be with me, snuggle and be my best buddy. I didn't realize until having her for a number of months just how much she wants to please."

And according to Lafasciano, monkeys can also help people through their bad days.

One recent placement was with an Iraq war veteran who lost both his legs, and he says his monkey motivates him

to get up in the morning. Another woman in rural Tennessee is mainly bed-bound, and her monkey gives her a reason to get into her wheelchair every day.

“If you’re having a rough day, you have to shake it off,” Lafasciano says. “And a monkey perched on your shoulder rubbing your head and grooming your hair makes it easier to shake it off.”

Reaching out to rural

Lafasciano would like to see more people benefit from Helping Hands’ services.

Many future recipients find them through online searches, and the staff also does outreach programs in the Massachusetts area and distributes brochures in doctors’ offices. But because their staff is small, they can’t conduct large-scale outreach efforts.

“It’s important to reach out to rural areas,” Lafasciano says. “There’s a whole group of people who don’t even know about us.”

And because Helping Hands asks that recipients spend most of their time at home, rural residents are often ideal candidates.

“I know people in small towns where there aren’t as many community activities, and those are not often wheelchair-accessible,” explains Lafasciano. “Monkeys are wonderful for people who are home a lot, versus someone in a city who is always out.”

“Capuchins are great because they enjoy manipulating things with their hands, and they enjoy learning. It’s fun to them.”

Noelle Lafasciano, Helping Hands development coordinator

Carol has found an assistant and a companion in Sadie, and she would “by all means” recommend Helping Hands to others with disabilities.

“They have so much to offer, whether it is assisting with tasks or even just the companionship,” she says. “Once the match is made, it can be life-changing.”

And changing lives, Lafasciano says, is what Helping Hands is all about.

“We’re helping on a small scale, but we get to see it all happen,” she says.

“When we bring a monkey to a home, we’ve changed that life immediately. We place 10 to 12 monkeys per year, which may not sound like much, but we’ve made those lives drastically better.”

**Last name withheld on request.*



Capuchin monkeys enjoy learning by imitation. Photo: Tom Kates

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*The American Recovery and Reinvestment Act (ARRA) of 2009

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MCKESSON
Empowering Healthcare

Cindy Ferrucci, North Carolina's Northwest Area Health Educations Center's "puppet lady," uses a script to introduce students at Shoals Elementary School in Surry County, N.C., to career options in health care.



Getting to know health care: Introducing kids to careers

By Lindsey V. Corey

Mark Brletic always told his wife she should write children's books.

But Christine Brletic was too busy reading them as a kindergarten teacher.

She was in Mark's hospital room when she found out she got the associate director job at Northwest Indiana's Area Health Education Center (AHEC).

"I had no real background in health care and had never stayed in a hospital myself," Christine says. "My eyes were really opened to all the people who helped him after his motorcycle accident. It really was an education for me."

She was also surprised to learn that there weren't many educational materials available for her

continues

to do her new job, part of which was to get children interested in health care careers.

So she created her own. Christine wrote “Officer Mark and the Health Care Workers,” taking a “little poetic license” after her husband, then a police officer, was injured in an accident.

Each page features a different health care provider from emergency medical technicians on the scene of Officer Mark’s accident to physical therapists and pharmacy technicians providing follow-up care.

“Even elementary kids need to be exposed to these fields. They usually know about doctors and nurses but not a lot about allied health, and they are so young and impressionable and eager to learn.”

Christine Brletic, Northwest Indiana’s Area Health Education Center associate director

“Suddenly, I’m an author,” she laughs. “But even elementary kids need to be exposed to these fields. They usually know about doctors and nurses but not a lot about allied health, and they are so young and impressionable and eager to learn. Using big words, like ‘phlebotomist,’ and having them repeat them makes them proud, stimulates interest and inspires them. It may be a springboard later when they start thinking about careers.”



“Officer Mark and the Health Care Workers” book and X-rays are available for \$15. Correlating coloring/activity books are available for \$1 each.

Proceeds go toward Northwest Indiana AHEC pipeline programs.

To order, e-mail author Christine Brletic at cbrletic@calumet.purdue.edu.

The book, designed for kindergarten through third graders, comes with before-and-after X-rays of Mark’s elbow with pins in it as well as a coloring and activity book for students to take home. It was funded by a Health Resources and Services Administration grant and published by Purdue University.

The Brletics’ neighbor illustrated the book, taking care to include multicultural professionals. And AHECs nationwide have purchased copies to help with their health careers pipeline programs. Brletic is now working on a children’s book about the H1N1 virus to showcase other health care providers. “It’s never too early to start kids thinking about what they want to be and introducing them to all the options,”

says Joan Beatty-Lee, youth programs coordinator for Florida’s Gulfcoast South AHEC, who has distributed the book to more than 400 students. “The kids really love it, especially the real X-rays.”

North Carolina AHEC staff reaches out to thousands of kindergarten through second graders with their Health Careers Puppet Bunch. The 45-minute presentation is designed to break down perceived ethnic and gender barriers to health care professions, according to Jacqueline Wyn, associate director for the state’s AHEC program.

“It’s not time or resource intensive, but it’s not just a puppet show either,” she says. “It’s an opportunity for us to demonstrate to these children what health professionals do in an interactive way.”

North Carolina’s Area L AHEC in the rural northeast part of the state continues the pipeline with middle school students invited to Camp PUSH (Preparing Underserved Students in Health and Science) on an area college campus for a week of math and science curriculum and health care agency and campus tours.

“We want to position ourselves to become a resource for these kids,” says Wyn. “If you are a student in a remote part of our state, it is important for you to have access to information, maybe even more important for them.”

Students who participate in Camp PUSH and other AHEC-sponsored programs are tracked through a statewide system.



The Brletics (left to right): Zakary, Mark, Jakob, Hannah and Christine.

“If a young person began working with us possibly in middle school, we can follow them through the pipeline as they pursue other AHEC opportunities and hopefully accomplish their goal of becoming a health professional,” Wyn says.


“It’s never too early to start kids thinking about what they want to be and introducing them to all the options.”

Joan Beatty-Lee, Florida’s Gulfcoast South AHEC youth programs coordinator

Beatty-Lee says Florida AHECs are also devoting more time to students prior to high school because the state is requiring eighth graders to select a focus of study before entering ninth grade.

“We need to be creating future nurses, doctors and dentists. It’s an investment in our future so of course we work with juniors and seniors, but they may have already made up their minds,” she says. “But these eighth graders probably don’t know all their options, so we have to start planting the seeds early.”

Beatty-Lee schedules local health care workers to speak with middle school students near Sarasota, Fla.

“A lot of the kids have misinformation,” she says. “They think they’ll have to be in school forever to work in a hospital or they’ve been told girls can’t be doctors and boys can’t be nurses. We talk to them about all the health care career options out there, requirements and salaries and introduce them to professionals so they can hear straight from the source the best and worst parts about a job and so they see that it’s possible.” 



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to continue your NRHA connections

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Remote presence robot

Diagnosing from a distance

By Lindsey V. Corey

A new mother awoke after an emergency C-section to discover her baby had been transferred before they could meet.

A woman with rapid heartbeat in the small-town ER needed a cardiology consult elsewhere, but she feared leaving her husband with dementia and the farm chores waiting for her at home.

And a daughter couldn't get off work to be at her mom's ICU bedside 200 miles away.

Enter Edgar.

continues

Edgar is Grande Ronde Hospital's robot that connected these and other patients of the 25-bed critical access hospital in La Grande, Ore., to consulting specialists – and relatives – at St. Alphonsus Regional Medical Center in Boise, Idaho.

"It's like Skype on steroids," says Mike Ward, St. Alphonsus executive director of network development.

Boise specialists from neonatologists to pulmonologists beam in from laptops to examine patients at seven rural hospitals throughout Oregon and Idaho, and they can check patients live by sight, stethoscope and ultrasound.

"The shortage of specialists and physicians is so great that we have to leverage our resources."

Doug Romer, Grande Ronde Hospital's executive director of patient care services and chief nursing officer

"The head of the robot is the face of the doctor talking to them just like he's in the room," explains Doug Romer, Grande Ronde's executive director of patient care services and chief nursing officer. "There's no lag; it's not jittery. People are very accepting because it's so lifelike. They couldn't make these assessments over the phone. It proves that a picture really is worth a thousand words."

When the robot isn't needed for physician consults or education, Edgar connects families.

"Sometimes the first time a mom sees her baby is on that laptop, but that's better than not seeing her at all," Romer says. "I set it up, and one mom stroked the screen with her baby on it. It's really heartwarming. Another woman came by for four days straight to check in with her mom recovering from surgery in Boise. She would come out of my office crying because she was so relieved she got to talk with and really see her mom."

The robots were originally purchased and distributed with a Department of Defense grant to train nurses from afar. Three Grande Ronde nurses received advanced operating room instruction, but Romer didn't stop there.

"While we have the robot here, we continue to work on what else we can do with it," he says.

Grande Ronde is working toward Joint Commission disease-specific care certification with a remote congestive heart failure specialist, and an outpatient

tele-dermatology practice is in development because the nearest dermatologist is an hour away.

"The shortage of specialists and physicians is so great that we have to leverage our resources," Romer says. "And it's a recruitment and retention benefit for us. The new guys are used to pulmonologists on hand, but in a town of 12,000 we couldn't have that without telemedicine partnerships."

Grande Ronde also partners with a St. Louis, Mo., company for on-call ICU critical care physicians to work through Edgar because the Boise hospital intensivists are contract employees.

"We saved three patient transfers in two weeks," Romer says. "That's 21 days that would have been somewhere else that we could now bill for – and three families and patients who were very happy to be able to stay home,

get great care and save on gas and hotels. The technology pays for itself."

The remote specialists have to be licensed to practice in Oregon, which was a bit of a hurdle.

Originally, the Oregon Board of Medical Examiners denied them licensure because of a clause stating physicians had to examine patients in person. So Romer took a laptop to the board and called up Edgar in La Grande to conduct a live ultrasound and echocardiogram, listen to the heart and lungs of a patient and observe pupil dilation. They also heard testimony from staff.

"We convinced them that it was just as good as a doctor being there in person," he says. "And they changed the law. It's really about providing access to quality, affordable care to those in need."

In addition to neurology, cardiology, neonatology, perinatology, dermatology and pharmacy consults, St. Alphonsus was responding to community need when the 365-bed center began offering remote, outpatient psychiatric services, Ward says.

"Idaho is the worst ranking state for mental health care," he says. "There are just four psychiatrists for every 100,000 people compared to the national average of 13. Doctors here do the best they can, but they really need psychiatric support."

Four Idaho critical access hospitals participate in the program. Ninety-three percent of the patients had no psychiatric support before their first appointment when a Boise practitioner counseled them, and the other 7 percent were driving more than an hour for mental health services.

After a referral from their primary care doctor, patients complete a pre-assessment package developed by three psychiatrists who noted that it's important to get a patient involved prior to their first appointment, where a coordinator brings the robot into an outpatient hospital room.

"On average, there are 25 percent no-shows in mental health," Ward says. "We're proud to have less than 5 percent no-shows."

But Ward says the remote psychiatric practice is losing money.

"We do it because it's so important to these communities," he says.

“It builds relationships and builds a stronger alignment for us with these hospitals. We’re being community-minded, but there are also multiple places these rural hospitals can transfer to, so if we improve our support, when they need to transfer, more come here than to the hospital across town.”

Ward realizes these telemedicine programs also prevent transfers outside the patients’ local hospital, thus costing his med center revenue.

“Oh boy have things changed. But I love it. I want to evolve with or be ahead of change.”

Jim Gude, MD, multi-hospital ICU director

“But we’re saving strapped physicians’ time and patients’ money,” he says.

Take pacemakers, for example. A patient from La Grande would still go to Boise or Portland, Ore., for surgery to place the pacemaker. But she would have had to travel six hours round trip three or four times in that year for adjustments.

“So we created the first pacemaker clinic,” Ward says. “An internal medicine physician from La Grande worked with our cardiologist and did nothing but pacemaker adjustments. Now our cardio guy beams in to look over the primary care doctor during the local adjustment. The primary care doc bills, our cardiologist doesn’t, and we’ve all saved the patient from taking a day off work for a 10-minute appointment with a technician here.”

There’s also an emergency specialist program so multiple on-call physicians can examine one patient and consult together at the same time.

“A 25-bed hospital would never be able to offer four or five specialists like that any other way,” Ward says. “It brings the level of care way up for those rural hospitals.”

Health care professionals across the country are taking note and beaming in.

From his home office, Jim Gude, MD, a professor at University of California-San Francisco, serves as ICU director and remote specialist coordinator for five critical access hospitals in California and one in Arizona using the same robots St. Alphonsus disseminated.

“The secret to what we’re doing is fast response time



Remote presence robots can help physicians consult on patients throughout a hospital.

with the right specialist,” he says. “We’re trying to arm the robots to be a better diagnostician than a doctor at your bedside, and it’s an amazing tool.”

“A 25-bed hospital would never be able to offer four or five specialists like that any other way.”

Mike Ward, St. Alphonsus Regional Medical Center executive director of network development

Gude has been practicing medicine since 1971, but only recently from 1,000 miles away.

“Oh boy have things changed,” he laughs. “But I love it. I want to evolve with or be ahead of change.”

His team includes 30 specialists from gastroenterology to orthopedics. Acute stroke neurology, pediatric critical care, infectious disease and

continues



Jim Gude, MD, uses a robot to assist in providing care in an intensive care unit. He and other specialists offer remote guidance to five hospitals 24 hours a day.

intensivist specialists are available for consult 24 hours a day.


“We really try to reach out to rural America and provide these hospitals with consultative strength to keep their patients at home with better care and improve the hospitals’ status,” he says.

It’s working. White Mountain Regional Medical Center in Springerville, Ariz., and Healdsburg District Hospital in Healdsburg, Calif., were able to re-open their ICUs and increase revenue, thanks to the arrival of robots like Grande Ronde’s Edgar. And Palm Drive Hospital in Sebastopol, Calif., was in bankruptcy before contracting with remote specialists two years ago.

“We’re able to help keep patients there so hospitals don’t shrink up

without them,” Gude says. “If they need to be transferred, we’ll arrange that of course, but we’ve been successful at keeping patients close to home.”

Gude said he’s only had one patient refuse to communicate with the robot doc. Another didn’t remember the consult.

“One patient told his personal doctor he was hallucinating because he’d seen a robot in his room,” Gude laughs. “He was really just intoxicated.” 

See the robots at the NRHA Critical Access Hospital Conference Oct. 7-9 in Portland, Ore.

Grande Ronde Hospital was awarded NRHA’s 2009 Outstanding Rural Health Organization in May, and Romer and Ward presented their telemedicine model at the NRHA Quality and Clinical Conference in July.

Fellowship in Rural Family Medicine

Tacoma Family Medicine (TFM) offers 4 openings for August 1, 2010 in its Fellowship in Rural Family Medicine. TFM, a 31 year-old Family Practice Residency affiliated with the University of Washington, has a strong history of training physicians for rural practice. We are currently in the 19th year of our Fellowship in Rural Family Medicine and 4 Fellows are currently participating in the program. Applicants should have previously completed or be finishing a Family Practice Residency in 2010 and have an interest in rural practice. The curriculum consists of 6 months of intensive training in high risk and operative obstetrics and 6 months of electives tailored to the needs of the individual. Elective

options include adult and pediatric emergency and inpatient care, medical and surgical specialties, procedural skills, rural preceptorships, neonatology, practice management, etc. As the only civilian residency in Tacoma, WA, located on beautiful Puget Sound, this is an ideal training site.

Contact Alan Gill, M.D., Program Director, Tacoma Family Medicine, 521 Martin Luther King Jr. Way, Tacoma, WA 98405 for details. Phone (253) 403-2922.

Website: www.tacomafamilymedicine.org
Email: Barbara.york@multicare.org
(Fellowship Coordinator)

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A fortunate man

Perspective changes when doctor becomes patient

By Tom Dean, MD

Many years ago, before I finished medical school, a favorite professor gave me a marvelous little book, *A Fortunate Man*. Written nearly 50 years ago, it describes the life of a British country doctor and his intimate relationship with a small, isolated community.

I have re-read the book multiple times over the last 30 years, and I am struck with the similarity of our experiences. I too have been a “fortunate man.”

Since 1978, my wife Kathy and I have practiced in a small South Dakota community about 125 miles from our main referral center. She is a nurse midwife, and I am a family physician. When we arrived, the population was about 1,200. Now it is even smaller.

The size of the community and its relative isolation would be seen by many as undesirable features. For us, however, that is the attraction. The opportunity to know the people you deal with makes life – and practice – both easier and more interesting. Other things are easier as well. Most days I am able to go home for lunch, and I joke that I can leave for the clinic with five minutes to spare, stop at the post office, the bank and the hardware store, and arrive only five minutes late. You can't do that in Sioux Falls or Minneapolis.

But there are stresses. Being isolated means sometimes we are faced with clinical problems more complex than we are equipped to handle. With the advent of helicopter transfer and advanced telecommunications, help is much easier to obtain than years ago, but there are still times when I wish specialists were more immediately available. Looking back, however, I realize that as stressful as some of those emergency situations have been, they are also some of my most meaningful and satisfying experiences.



Tom Dean digs for potatoes with granddaughter Caroline Witte.

The reward we reap from an experience is often proportional to the personal investment we make. Those who see medicine only as a job may avoid some of the stress, but they will also miss many of the rewards.

“The reward we reap from an experience is often proportional to the personal investment we make.” Tom Dean, MD

Our life here has been good, both personally and professionally. Our kids have also done well, and two of the three, after living in a variety of places around the world, have returned to our small town to live. Their presence, as well as that of five grandchildren, has certainly enriched our lives.

Life, however, takes many turns. Some are good, some not so good; some we expect, and some we don't.

I experienced one of the latter about a year and a half ago when I sustained a spontaneous fracture of my left hip. This led to the diagnosis of multiple myeloma, a cancer of the plasma cells in the bone marrow.

The news of that diagnosis was devastating. For several weeks I was a complete basket case, unable to even begin talking about the diagnosis without breaking down. Kathy and the kids were a tremendous source of support, and my partners and the clinic staff stepped up and made sure there was no break in patient care. I also received great encouragement from the community.

Last fall, after several months of chemotherapy, I received a heavy dose of chemo followed by a stem cell transplant. It was not fun at the time, but it was highly successful, and now the disease is in complete remission. The experts tell me it will be back, but for now things are going very well.

As overwhelming as the diagnosis of cancer is, we have found, as have many before us, that there are benefits in every crisis. The diagnosis of


cancer gives one a whole new perspective on life. It led our family to have conversations we would have otherwise put off, and I have a new and much more basic understanding of this health care system I thought I understood before, both its strengths and its faults.

“Those who see medicine only as a job may avoid some of the stress, but they will also miss many of the rewards.” Tom Dean, MD

Overall I received excellent care. I benefited from skilled caregivers and effective drugs, both new and old. Our insurance coverage was good. However, I also experienced medical errors, incomprehensible hospital bills and the total shock (even though I have worked with this stuff for years) of how much these things cost. I was also struck by the painful reality that if I were to lose my job, I am uninsurable at a time when my need for care is greatest.

As we struggle to reform a health care system riddled with perverse incentives and barriers to care, we know in the final analysis it is the people – our patients, our neighbors – who count. In our small rural communities, we know that better than most.

The other day I saw an old ranch hand who is a bit rough around the edges. He had heard about my Rural Health Award, and he asked me, “You mean they give an award for putting up with old cowboys like me for 30 years?” I nodded. He thought a moment and then said with a bit of smile, “Well, I guess you probably earned it.” That is as eloquent a vote of confidence as ever I could hope to receive.

I am indeed a fortunate man. 

Tom Dean, MD, is physician and chief of staff at Horizon Health Inc. - Jerauld County Clinic in Wessington Springs, S.D. He is the winner of the 2009 NRHA Rural Health Award for practitioner of the year.



Top left: Family physician Tom Dean examines a patient. Lower left: Dean and his wife, Kathy, can see for 40 miles from their front porch. Lower right: Dean feeding the fish in the pond he built himself. Top right: Dean next to the sign in front of his clinic after he won the 2009 NRHA Rural Health Award for practitioner of the year. The sign was a surprise from the community.

partner spotlight

Integrating financial data made easier with RSM McGladrey

With the recently passed American Reinvestment Act of 2009, health care organizations are faced with the prospect of accelerating toward new electronic health records (EHR) requirements and increasing third-party data demands.

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Cerner's EMR system pleases hospital staff

CEO Darrel Morris of Drumright Regional Hospital in Drumright, Okla., believed Cerner's health information technology system would work, but his staff wasn't so sure.

Most of the nurses at the critical access hospital had never worked with an electronic medical record (EMR) and were "terrified." But after a few days, the staff grew to like the technology.

"[They ask, when do] we get everything, every piece of this live?" Morris says. "They're very excited."

Three things attracted Morris to the Cerner suite: the affordable cost, the fact that Cerner hosts the system and the package itself.

Like most critical access hospitals, Drumright is in a rural area, and unlike its urban counterparts, it doesn't



have its own IT department.

Many HIT suppliers would have required Drumright to house a server and to handle upgrades and maintenance - not Cerner. With the Cerner system, all of the patient information and software are protected in state-of-the-art data centers.

In the long run, Morris said it is more expensive for Drumright to maintain its own server.

"We didn't want the responsibility of housing a server and keeping [the system] updated," Morris says. "We just don't have the technical resources to do it."

For more information visit www.cerner.com/ruralhealth, or e-mail ruralhealth@cerner.com.



Providing specialty care from afar

One clinic, one doctor and the technology that connects them

By Christen Horn



Andrew Narva, MD, consults with a patient using telehealth technology, as renal case manager Gayle Romancito looks on.

Diabetes and its complications, including chronic kidney disease (CKD), place a heavy burden on American Indian communities, and meeting the health care needs of those in rural communities can be a challenge.

Zuni Pueblo is an isolated community of 10,000 people in western New Mexico with a rate of advanced CKD eight times that of the U. S. population. Most of this is a result of the epidemic of type 2 diabetes, which Zuni and other native communities have experienced since World War II.

The Zuni Indian Health Service (IHS) Hospital (Zuni Hospital) is known for innovative approaches to diabetes care.

Twenty years ago, Zuni Hospital developed a model program for addressing the growing burden of CKD using a case management approach. Andrew S. Narva, MD, the director for the IHS Kidney Disease Program, began providing consultative care, driving 150 miles

from Albuquerque to Zuni to conduct a renal clinic on a weekly basis.

This arrangement changed in 2006 when Narva accepted a position at the National Institutes of Health (NIH) in Bethesda, Md., to serve as director of the National Kidney Disease Education Program (NKDEP). His departure left Zuni Hospital with a difficult choice: having primary care providers manage renal issues without consultation, or referring patients to an already over-burdened nephrologist 35 miles away.

While preparing to move, Narva wondered if there was third option. Recalling that the hospital owned teleconferencing equipment, he contacted NIH's Center for Information Technology to explore the possibility of providing telemedicine to his Zuni patients from the NIH campus.

Fortunately, NIH did have the necessary and compatible equipment. But before Narva could begin seeing patients, NIH had to secure a network connection between the two facilities to guarantee patient confidentiality. Narva and IHS also had to decide how to best manage patient records.

“Telemedicine reminds me of who the National Kidney Disease Education Program is trying to reach, the process of care that we are trying to improve, and the barriers in doing so.” Andrew S. Narva, director

“Managing records from afar is an important technological hurdle,” says Michael Steele from the Biomedical Imaging and Visualization Section for the NIH Center for Information Technology, “but Dr. Narva and IHS worked together to develop effective low-tech solutions, like faxing.”

With the telemedicine systems and networks in place, Narva established NIH's first telemedicine clinic serving a distant population.

Telemedicine is quickly growing in popularity. According to the American Telemedicine Association, there are 200 telemedicine networks

continues

continued



Stephanie Mahooty and Gayle Romancito, Zuni clinic staff, help ensure a smooth visit with Andrew Narva, MD, and his patient.

operating in the United States, linking more than 2,500 institutions.

“Telehealth is a great tool to help address health care disparities in this country, including the disparities that occur in rural and underserved communities,” says Mark Carroll, MD, National IHS Telehealth Initiative director.

Working closely with the health professionals at Zuni Hospital, Narva now provides consultative care to patients with CKD on a biweekly basis.

“Making sure that the clinic goes smoothly requires a great deal of preparation,” says Stephanie Mahooty, a Zuni Hospital nurse manager and director of public health nursing.

Telemedicine recipe for success

- Health care setting with a collaborative onsite team
- Effective case management
- Access to technology and a support team
- Periodic in-person visits
- Motivated specialty care provider

She and Gayle Romancito, the hospital’s renal case manager, ensure all patients scheduled to “see” Narva have the necessary documentation completed and test results ready for review during the consultation. Recently, Zuni implemented an electronic health record, which Narva is able to access online from his office at NIH. This simplifies the process of documenting and sharing patient data.

Mahooty and Romancito provide the “hands-on” care during the consultation. Because Narva cannot be there in person, he has to trust them to be his eyes, ears and hands so patients are cared for correctly during their visits.

“The committed staff supports each other to make the process a success for the center and our patients,” says Mahooty.

This telemedicine solution has not only helped Zuni Hospital provide specialty care to its patients. It has also enabled Narva to continue to practice medicine and to have interactions with patients and their providers that benefit his work for NKDEP.

“Telemedicine reminds me of who NKDEP is trying to reach, the process of care that we are trying to improve, and the barriers in doing so,” explains Narva.

Narva believes that in-person visits are an important part of the telemedicine process.

“It’s essential that I visit Zuni from time to time to maintain trusting relationships with my patients and the providers,” he says.

Carroll has found that some providers are hesitant to incorporate telehealth into their setting because of lack of familiarity.

“Telehealth is not a different system of care,” he explains. “It’s a growing set of tools that bring great opportunity to our health care system.”

After observing the success at Zuni Hospital, Carroll encourages those who are uncertain about telemedicine to use the Zuni clinic as a model for how specialty care can be delivered to patients from long distances.

Christen Horn provides staff support for the National Kidney Disease Education Program.

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Allscripts system allows physicians to stay connected in rural areas

West Calcasieu Cameron Hospital in Louisiana consists of three rural family practice health clinics and three private practices that share a central billing office and admit to one community hospital. The Allscripts system improved patient care in this region, according to Jody George, MD:

“The parish (county) in which our rural clinics are located was one of the most underserved in the United States. Nurse practitioners examined most patients. My partner and I went to the clinic every two weeks. While we also oversee the nurses, we were only required to audit 10 percent of the charts. If patients were sick, they'd have to drive an hour to see a physician, so they'd only go see a physician if they were on death's door. There was no preventive medicine.



“Using the EHR is helping us do our part to attract businesses and people back to the community by providing access to physicians it never had before. Allscripts EHR allows us to oversee patient care electronically from an hour away. If nurses have questions about something during their exams, they can instantly send us a message. We see the chart online and can answer immediately.”

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Beginnings & Passages



Terri Hurst

While I physically reside in urban Colorado, my heart and passion reside in the rural areas of this state.

Urban girl, rural heart

By Terri Hurst

As the policy analyst for the Colorado Rural Health Center, which serves as the state office of rural health, it is my job to advocate on behalf of the health care needs and issues of rural Coloradans.

Truth be told, I've spent the majority of my life living in urban areas. But while I physically reside in urban Colorado, my heart and passion reside in the rural areas of this state.

I'm a social worker and have always worked for and advocated on behalf of those who cannot, will not or do not want to deal with politics. Believe me, there are days when even I do not want to deal with politics!

The culture of rural Colorado is something that is largely overlooked, misunderstood and even ignored by the majority of those who make policy decisions. Due to geography, there is a large portion of residents in our state (and America) who are discriminated against when it comes to health care and services.

Instead of living in rural Colorado to work on health care policy issues, I choose to live in Denver to have the ability and access to influence policy decisions at the state and federal levels. Even though my heart aches every time I visit the rural western slope of Colorado, where I lived for a few years, I know that living in an urban area allows me the opportunity to have more influence at the Capitol and with policymakers on rural health care issues.

It is extremely rewarding to know that I work for approximately 80 percent of our state, which includes a rancher on the western slope, a migrant farm worker in the San Luis Valley, and an elderly couple on the eastern plains. I also work for all of our state's 44 rural health clinics and 29 critical access hospitals.

Even though I'm a city gal, I'm accepted in rural culture in a very special way, and for that I am grateful and humbled. While I imagine returning to rural Colorado to live one day, I am embracing my urban life with my heart always focused on improving the health and lives of rural Coloradans.

Terri Hurst is a policy analyst at the Colorado Rural Health Center and an NRHA Rural Health Fellow. She joined NRHA in 2009.

Are you relatively new to rural health or looking back on years of serving rural America?
E-mail editor@NRHArural.org if you'd like to share your story.

Innovative rookies and seasoned professionals share their experiences.

I am always reminded that someone is being saved like I was because a rural hospital is there.



Hartzell Cobbs

Grateful reflections By Hartzell Cobbs

I was 20 years old, driving late at night to Eugene, Ore., from my work in Portland. I was nervous about a geology test the next day.

As I reflected on my lack of preparation, I looked in the rearview mirror and saw two headlights on the dark road growing ever larger as they approached. A moment later my car was wrecked. Within an hour I was introduced to a small rural hospital where a doctor was given the task of saving my life.

From that day to this I have never doubted the importance of rural health care.

In 1993 I became executive director of the nonprofit organization Mountain States Group, headquartered in Boise, Idaho. One of our programs was the Idaho Area Health Education Center and another was a Robert Wood Johnson Foundation grant working with rural providers.

Rural health was now taking center stage in my professional life, just as earlier it played a critical role in my personal life.

Over the years our rural health work has expanded, bringing with it irreplaceable, intrinsic rewards to my staff and me. A National Institute of Health grant working with out-of-control diabetes in the Hispanic population in rural Idaho has resulted in words such as these from Alex Chavarria: “The program has given us a foundation of health

that will be blended with our old traditions to create a new tradition of health.”

Our Rural Hospital Performance Improvement Project, funded through the Federal Office of Rural Health Policy, provides technical assistance to 40 Mississippi Delta rural hospitals in eight states. Recently a hospital administrator in Alabama commented, “The Rural Hospital Performance Improvement Project has more than exceeded our expectations....”

And from time to time we hear the project was instrumental in a hospital keeping its doors open. I am always reminded that someone is being saved like I was because a rural hospital is there.

Now I am retiring, and at least one thing remains the same: the importance of rural health in my life. I will soon be back on the personal receiving end. Much of my time will be spent in McCall, Idaho, where the local rural hospital is an important factor in my choosing to live part of each year there.

What a joy and foundation rural health has provided to my life both professionally and privately, a gift I know so many of you have also received.

Hartzell Cobbs, PhD, was given NRHA's 2009 President's Award. He has been a member since 2006.

Advice from our experts

Are rural health care employees and their families healthier than other rural residents?

No. Rural areas with fewer than 50,000 people have a woefully insufficient ratio of generalists to population: approximately five physicians per 10,000 residents, according to “Delivering Healthcare in America: A Systems Approach.” Without proper access to care, all rural residents – including hospital employees – are less likely to detect and prevent chronic disease.

What is the financial impact to rural hospitals by not improving their health insurance costs?

Rising health insurance premiums present a stiff challenge for rural hospitals. Because of increasing premiums, employers have shifted certain costs, such as deductibles, to the employee. Lower-paid employees decline to participate in these plans.

This threatens their long-term health because they abstain from preventative care. This leads to absenteeism and short- and long-term disability claims, higher costs associated with temporary employment, overtime, workers’ compensation and associated administrative and compliance requirements.

What other side effects do individual chronic health conditions have on the day-to-day operation of a rural hospital?

Because the pool of talent might be limited in rural settings, productive employees are paramount to financial success. But employees with chronic health conditions become increasingly disengaged and depressed. Aggravating issues, as employees of rural hospitals age, the probability of time away from work due to illness and/or disability increases, exposing the hospital to patient care errors. Physician recruitment, which is already challenging, becomes that much more difficult. Lacking trust in the local hospital, patients may seek care in other hospitals or forgo care altogether.

What are some benefits to a rural hospital implementing a health risk management strategy?

Consultants can assist a hospital in gaining access to wellness resources and strategies. Hospitals can establish baseline readiness to measure the organization’s health-improvement attitudes and activities.

By working with insurance providers and consultants, a hospital can conduct a survey to fully understand its readiness to initiate a health-risk management strategy, assess its physical environment and culture and identify opportunities to successfully implement health-improvement activities. A culture audit can gauge awareness of wellness attitudes and provide methodology to measure improvement. Such activities facilitate dialogue about the specific health initiatives needed to improve an organization’s health.

What is the best way to quantify a health risk management strategy?

The cost of medical insurance is market driven. Because of trend rate, increases often occur, even for the healthiest of employers. However, every organization controls the tools and methods used to educate employees about the benefits of a lifestyle behavioral change. All or some components of these should be tracked.

More focused leadership, coupled with strategic implementation, tracking and employee engagement, will enhance an organization’s ability to reduce chronic disease.

Pete Walsh, Lockton Companies Employee Benefits Division producer, has been a member of NRHA since January.

Need advice?

Send your questions to
editor@NRHArural.org.



“Patient Centered Care
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Colleen Spike, CEO River's Edge Hospital, St. Peter MN

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Trent Howard (far right) with (left to right) son Dean, daughter Jamie, wife Teri and son Allen

Five things you should know about NRHA Rural Health Fellow Trent Howard

1. He is a country boy at heart.

Howard is studying to be a family physician, and he and his wife, Teri, and their three children moved from their farm in north central Kentucky to Knoxville, Tenn., three years ago when he was accepted to DeBusk College of Osteopathic Medicine in Harrogate, Tenn.

“I was raised on a farm where my dad and I raised tobacco, hay and beef cattle,” he says. “Later, I bought my own farm where my wife and I raised tobacco, hay, corn, cattle and horses. Knoxville is a beautiful city, but we are looking forward to the time when we can buy another farm and move back out into the country.”

2. His biggest challenge is “maintaining a sense of normalcy and balance” between his work, studies and home life.

Howard is a non-traditional student, having worked for 10 years as a firefighter and paramedic before returning to school, and he has found it challenging to strike a balance between studying, clinical rotations and family time.

“While it’s true that quality time is more important than quantity, the fact remains that quantity is important as well,” he explains. “The reward comes in this: my wife and I just celebrated another anniversary, and our love is stronger now than when we got married, and my children truly have hearts of gold. I’ve been blessed with a wonderful family that has sacrificed

as much for me to pursue my dream as I ever did for them. My success is because of them.”

3. He is grateful his family “made him take the time” for vacations.

His favorite family activities include camping in the Smoky Mountains and the Blue Ridge Mountains in western North Carolina and spending time outdoors.

“There is a small lake on a tobacco farm in north central Kentucky, formerly owned by us, where we would go on a summer evening and cook out, fish until dark, and sleep in our tent being sung to sleep by the coyotes,” he says. “We would wake in the morning to the sunrise over the ridge, the birds chirping, and the fish jumping.”

4. To relax, he works outside.

Howard finds any outdoor activity relaxing, including mowing hay, building fences, cultivating tobacco...

“Yes, farming is relaxing to me,” he says.

Other favorite activities include fishing, hunting and camping, as well as “an occasional family movie night at home or the local drive-in, Saturday morning coffee with my wife, and sitting outside watching the sun come up.”

5. He is proud to be a part of rural culture, and he hopes to advance rural health issues at the state and national levels.

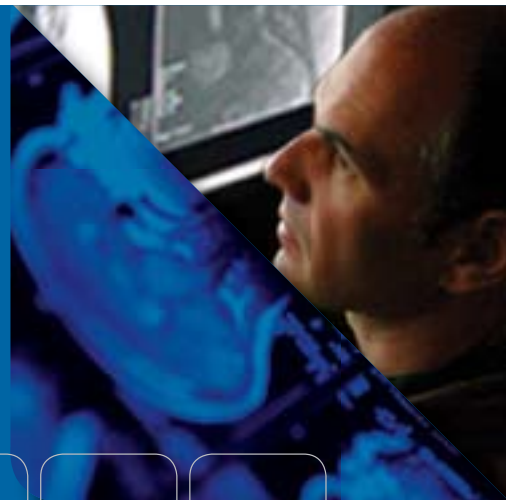
Howard’s rural upbringing, undergraduate degree in agricultural economics, and future career in medicine brought him to the NRHA Rural Health Fellows program.

“Being a fellow offers me the opportunity to make contacts with people who are leading the way in rural health today, as well as to stay abreast of what the future of rural health looks like,” he says. “We face many challenges, and I know I have the ability and desire to help deal with these challenges. As a future rural family physician, I can directly affect the quality and access issues of whatever community I settle in. I look forward to being involved in future policy debate and helping overcome the unique challenges of rural health care.”

If you’re a new NRHA member and would like to be featured in *Rural Roads*, e-mail editor@NRHArural.org.



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Members on the move

NRHA CEO, members among “most powerful” nominations

National Rural Health Association CEO Alan Morgan was recently included in *Modern Healthcare* magazine’s list of the most powerful people in health care.

Also on the list were two NRHA members, Mary Wakefield, HRSA director, and Tim Size, Rural Wisconsin Health Cooperative executive director.

More than 25,700 nominations were received in one month, and the top nominations were included in the magazine’s annual list of the top 100. Nomination results were announced after *Rural Roads* press time.

Members get wired

Many hospitals are taking advantage of technology to give patients the best care.

Hospitals & Health Networks magazine selected “100 Most Wired” hospitals for their use of information technology that connects hospitals, health care facilities and physicians, allowing them to access patient information using wired and wireless technologies.

They were also chosen by measuring the hospitals’ use

of information technologies for quality, customer service, public health and safety, business processes and workforce issues.

The following NRHA member organizations made the “Most Wired” list:

- AtlantiCare in Egg Harbor Township, N.J.
- Avera Health in Sioux Falls, S.D.
- Billings Clinic in Billings, Mont.
- Citizens Memorial Hospital in Bolivar, Mo.
- Geisinger Health System in Danville, Pa.
- Otsego Memorial Hospital in Gaylord, Mich.

News briefs

Colorado hospitals receive water purification units

The Colorado Rural Health Center (CRHC) is providing portable water purification units to 73 acute care hospitals in rural and urban Colorado.

The units are for use in major catastrophes when there is no other source of water. They will also allow the hospitals to carry a smaller supply of water.

Ron Seedorf, CRHC emergency preparedness manager and EMT, hand-delivered the units on behalf of the nonprofit.

“We were able to cover the cost of these portable units through our unrestricted funding reserves,” explains Lou Ann Wilroy, CRHC executive director. “We know how important this will be to Colorado hospitals for emergency preparedness purposes and are pleased to be able to give back to our constituents in this way.”

CRHC works with rural hospitals and first-responder agencies on emergency preparedness activities by participating in programs such as the Colorado Department of Public Health and Environment’s (CDPHE) Hospital Preparedness and Pandemic Influenza Preparedness Programs. In 2007, CRHC received Emergency Response Partner of the Year award from CDPHE.

Send your career updates to editor@NRHArural.org.

New NRHA members

Santina Abbate
Andrea Adams
Jim Adams
Hussain Alkhuwaildi
Byron D. Bair
Ashley Baronner
Michael Biersmith
Lauren Bloodworth
Elizabeth Boals
Wade M. Branstetter
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New trauma system to help Missouri hospitals in 2010

Missouri's health care providers will be implementing a new system called the Time Critical Diagnosis (TCD) in 2010. TCD uses the trauma system model for emergency treatment of stroke and ST elevation myocardial infarction (STEMI). Regulations and guidelines for the program are being drafted and will be ready to be filed with the Secretary of State's office in 2010.

Once these regulations are adopted hospitals can apply to the Missouri Department of Health and Senior Services (DHSS) through a process that is similar to the one currently in place for trauma center designation.

The TCD system will provide a similar structure for STEMI and stroke patients, focusing on timely assessment and transport to a designated facility that can provide definitive care.

Participation in the program is voluntary. The standards for these hospitals will be outlined in the regulations and will include staffing, equipment, specialized services and hours of availability to become designated as stroke and STEMI centers.

In 2003, the Missouri Foundation for Health (MFH) identified the need for EMS/trauma reform in the state. DHSS began its collaboration with the MFH in 2005 to create the TCD System. The late Bill Jermyn, MD, chair of the State Advisory Council on Emergency Medical Services and state EMS medical director, was instrumental in forging this collaboration.

What about Bob?



Bob Springstead at Tamarac.

Rural Roads first featured Bob Springstead's story in fall 2008. Springstead was planning weight-loss surgery when Gerber Memorial Health Services (GMHS) opened Tamarac, the Center for Health and Well-Being, in Fremont, Mich., in December 2007.

He was 40 and nearly 400 pounds.

On Tamarac's one-year anniversary, Springstead reached his goal and was back to his high school weight of 230 pounds.

"I never set out to be an example in the community, but several times a week some stranger tells me I inspired them to change their life too," he says.

Springstead couldn't walk a mile when he met his trainer and dietician at Tamarac. He'll run in his first marathon this month. And he's already completed a charity triathlon, finishing 47th out of 225 participants.

"The best part was beating my trainer by six minutes!" Springstead laughs. "I find great support in my workout

friends. We run, swim, bike and enter races together. We challenge each other to set higher goals and try to help each other make the decision to live healthier lives."

Six other Tamarac members have lost more than 100 pounds, says Gretchen Bush, fitness manager.

And the center is surpassing goals too. In a

continues

Jaime Palmer
Richard J. Pearson Jr.
Krista Pedley
Cherie Peterson
Jana Porter
Ann Rathke
Tim Reardon
Leigh Ann Ross
Randall Rupper
Donna Savoy
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accelerating economies

Addressing economic viability

More than 85 percent of the nation's high poverty counties are non-metropolitan. Rural economic development must include all four key areas below to address historical, political and social realities and, at the same time, improve the economic viability of the entire rural community.

Think about where you live and work; do you have sufficient capacity in these areas?

1. Education. Design and provide programs that meet the needs of adult learners and children of all ages from preschool through college, including community education and USDA extension services.
2. Public infrastructure. Ensure the availability of and access to basic utilities (e.g., water, electricity and gas), affordable transportation, and modern technology, such as high-speed Internet connections.
3. Social infrastructure. Provide resources and develop programs such as child care and adult day care, outpatient and inpatient mental health services and other programs and resources that help rural residents, especially working families and single parents, achieve the degree of independence to hold a job and be able to lead a productive life.
4. Entrepreneurship. Promote and support innovations in health and social services through collaborations with businesses, faith-based and spiritual entities and for-profit enterprises.

NRHA has a durable history in addressing multiple factors impacting rural health. Our step into this arena is predicated by the work of several past-presidents, combined with momentum from NRHA's Multicultural and Multiracial Committee. Stay tuned for updates, resources and new opportunities.

-Beth Landon, NRHA president

Let's meet

NRHA's 2009 Multiracial and Multicultural Conference theme embraces community-driven economic development. Join us in Memphis, Tenn., Dec. 9-11.

For more information, check out www.RuralHealthWeb.org/mm.

continued

community of 4,200, Tamarac has 2,500 members, well beyond the three-year target originally set by GMHS.

The fitness center, which also features a restaurant, retail shop and spa, is making a profit now too.

"That wasn't supposed to happen for five years," says Stephanie Zinn, GMHS marketing manager.

Gerber Memorial Health Services has been a member of NRHA since 1987.



Tamarac's "Super Citizens," including Bob Springstead at right, won Tamarac's recent nine-week fitness challenge.

Support those who support you.

NRHA Services
Corporation partners were chosen for their commitment to improving rural health care.

These partners are eager to serve you, so when you have a need for products or services, please give them a chance to earn your business through prompt service, competitive pricing and superior knowledge of our market.

Not everything you purchase will originate from one of our current partners, but when you buy from them, you further support NRHA.

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Silver Level partners
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Alpine Surgical Equipment
American Sentinel University
First Choice Cooperative
Medical Recovery Services
Relational Technology
Solutions
Wellness Environments

Is business intelligence right for your hospital?

Hospitals looking to improve their acute, ambulatory and financial operations need to understand previous, present and future opportunities. Business intelligence provides this integrated view and enables administrators to drill down and understand improvement opportunities within the hospital. Some examples of areas business intelligence can provide valuable insight:

Revenue cycle enhancement - Identify opportunities to pre-determine eligibility, co-pays and deductibles by tracking admissions

A/R analytics - Identify payers that inhibit cash flow based on aged summary analysis

Strategic modeling - Trend financial data to help develop tactical and strategic plans

Decision metrics - Monitor performance data to identify key parameters that indicate action required

Charge capture - Track differences between clinical services provided and services included in the bill

Quality metrics performance - Track metrics and present results via departmental scorecards

Frequently, the disparate nature of healthcare information systems inhibits a hospital from getting an integrated view of their operations. Using business intelligence tools enables hospitals to generate such views. The ability to integrate both internal and external data enables hospitals to leverage best practices and measure their performance against known healthcare industry performance metrics. Developing business intelligence applications can encourage adoption and utilization of technology within a hospital. For example:

A hospital recently installed a computerized physicians order entry (CPOE) system. During the installation a department head went on record stating that the physicians in his department did not have the time or the incentive to use the system. Six months after the installation of the CPOE system, only 40 percent of the physicians had elected to use the system. A business intelligence application was developed to measure the benefits of the CPOE system. At an adoption rate of 40 percent the analytics would identify minimum benefit so the business intelligence application focused on increasing the adoption rate by the physicians. The business application depicted each department's CPOE orders as a percentage of the department's total orders. The result was the analytic presentation encouraged the competitive nature of the physicians and increased the CPOE adoption rate to 95 percent.

Business intelligence can be used effectively to provide insights into the business as well as encourage participation. Used properly, business intelligence is a tool that can enable hospitals to meet stated goals and objectives.



Send your questions to:
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To learn more about our offerings, please stop by booth #602 during the NRHA Critical Access Hospital Conference – October 7-8 in Portland.

Custom Learning Systems' approach improves employee, patient satisfaction

"It sounds like it shouldn't be that big of a deal," Jason Card, a front-line employee from the Vascular Imaging Department at Sky Lakes Medical Center in Klamath Falls, Ore., explains. "But I can tell you, from our standpoint, it has made a huge difference in morale."

Employees like Card are empowered, and as a result, they are remarkably committed to this new approach at Sky Lakes.

Sky Lakes executed Custom Learning System's Three Cornerstones of Culture Change: Total Management Engagement and Accountability; Enthusiastic, Empowered Front-Line Leadership; and Execution Excellence, and realized a transformation of their patient experience.

"I was personally devastated when I looked at the Press Ganey inpatient survey data," says Tom Hottman, public information officer. "Then, all at

once, things changed. We were up. I thought, 'wow.' Even though it was only one point. The next time, up again. The quarter after that, we hit the 91st percentile in the nation. The top 10 percent in the nation – that was pretty awesome."

To learn more about the Custom Learning Systems improvement process for rural hospitals, call 800-667-7325, x. 219.



Medical Recovery Services leads to greater payor relationships

Until the late 1990s, Lincoln County, Mo., was rural America. Today, it is the center of growth.

When Lincoln County Medical Center, a 25-bed critical access hospital, realized that suburban St. Louis was marching directly toward them, they knew help was needed with their managed care contracts.

Medical Recovery Services (MRS) systematically overhauled Lincoln's contracts. "Many were 10- to 12-years old. Being a small independent, county-owned hospital, we didn't feel we had a voice with the payors," CFO Albert Wiss says. "MRS was able to negotiate new contracts resulting in over \$700,000 in additional revenue."

In conjunction with the contracting project, claim auditing and chargemaster projects were also undertaken, resulting in collections of more than \$900,000 and strategic pricing net increases

approaching \$600,000 the first year.

Partnering with MRS resulted in stronger payor relationships and an advocate for working through operational problems.

"We know we have a voice. MRS is a true partner, a deep resource for all our managed care concerns," says Wiss. "Their wealth of information and solid ability has resulted in over \$2 million to Lincoln County."

To learn more about MRS' unique package of chargemaster, business intelligence and managed care services, call 816-229-4887.



Top 5 reasons to meet us in Memphis Dec. 9 - 11 for the Rural Multiracial and Multicultural Conference



Legacy honored: The National Civil Rights Museum, located at the Lorraine Motel, the assassination site of Martin Luther King Jr., chronicles key episodes of the American civil rights movement.

3 Network and collaborate: Learn from the best and return home with practical ways to apply new knowledge and skills.

5 Funny stuff: Luncheon speaker John McPherson is the cartoonist and creator behind the renowned comic *Close to Home*, featured in over 700 papers around the globe.

Beale Street and National Civil Rights Museum photos courtesy Memphis Convention & Visitors Bureau.

Off the beaten path

Wheat Liberty Bell



In **Goessel, Kansas**, population **512**, hangs the Wheat Liberty Bell.

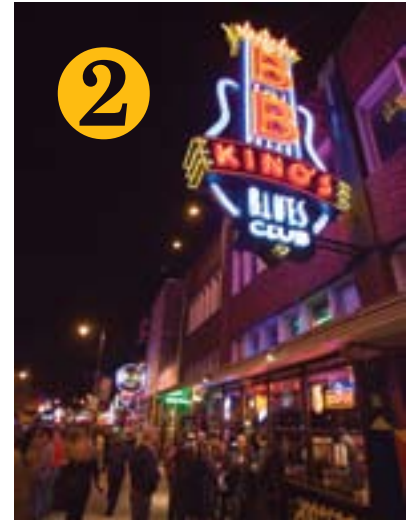
The life-size replica of the Liberty Bell is a close representation of the original, including inscriptions and the crack that left the bell irreparable.

The replica was created by **200** Mennonites, ranging in age from **10** to **80**, who meant for it to be hung in the Smithsonian during the 1976 U.S. bicentennial celebration.

The bell, made with turkey red wheat straw, took more than **2,000** hours to complete.

Tell us what puts your town on the map.
E-mail editor@NRHArural.org.

Memphis has soul: Check out Graceland, Beale Street and Delta blues.



4 Duck parade: The conference takes place in the legendary Peabody Hotel in the heart of downtown. Check out the Peabody ducks marching through the Grand Lobby daily since 1933.

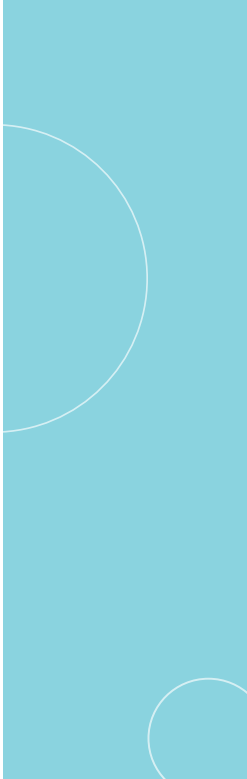
shifting gears

Eco-friendly office

When leaving the office for the day or over the weekend, conserve energy by turning off computers instead of leaving them on sleep mode.

Many appliances use energy even when they're turned off, so unplug them when they aren't in use.

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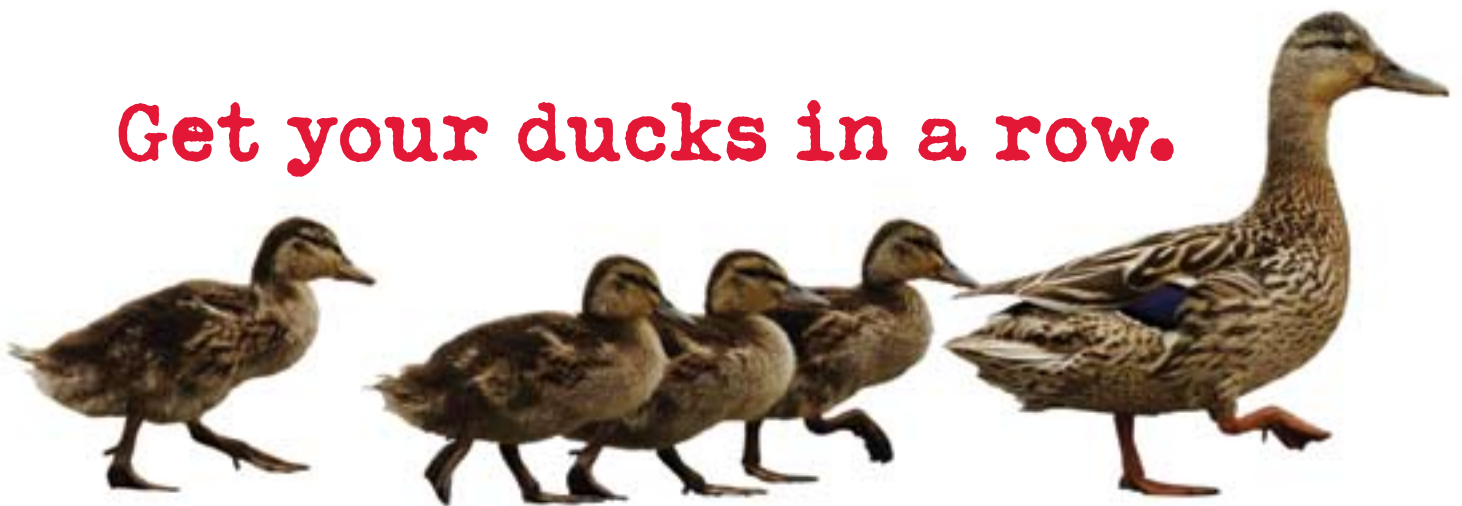


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Get your ducks in a row.



Follow us to Memphis for NRHA's 15th annual Rural Multiracial and Multicultural Health Conference Dec. 9-11.

Sessions will address four cornerstones of rural multiracial and multicultural economic development:

- Education
- Entrepreneurship
- Social infrastructure
- Public infrastructure

Stay at the **historic Peabody Memphis** just blocks from the **National Civil Rights Museum, Beale Street, the Memphis Rock 'n' Soul Museum and Gibson Guitar Factory.**

The hotel itself is also one of Memphis' most popular attractions. Since 1933, celebrities and visitors have watched the **Peabody ducks** march on a red carpet to the lobby fountain twice a day.

Visit www.RuralHealthWeb.org/mm or call 816-756-3140 x. 10 to register by Nov. 8 and save.