From the Desk of the Executive Director
John Barnas, MCRH Executive Director

At the opening session of the April 2008 Rural Health Conference in Mt. Pleasant we presented the Michigan Strategic Opportunities for Rural Health Improvement document; our State Rural Health Plan. Working with a 14-member Advisory Group, the Michigan Center for Rural Health and the Michigan Department of Community Health used information from 6 community meetings, reviewed rural health indicator data, and also information gathered from a two-phase survey to develop a roadmap to improve rural health in Michigan. The three issues identified that we will focus on the next 4 years are: access and availability to health care, recruitment and retention of health care providers, and healthy lifestyles. Among the things that make this document special and practical: the objectives are all measurable, the strategies have been written to reach the objectives, and organizations came forward and agreed to be held accountable to reach the objectives. We could not have asked for better partners.

So, what is next for the Plan? I guarantee it will not be a document that sits on a shelf and gathers dust. Since the April conference we have presented the Plan to 26 of our 35 rural state representatives and senators. We have re-visited the original six community sites and presented the Plan to the communities (a total of 110 people attended the meetings). We have met with many of the organizations that are written into the Plan to make sure we collaborate and follow through on our obligations. And we have started implementing the strategies on a number of the objectives. As a bonus, State Senator Roger Kahn was able to provide $60,000 through the MDCH that we are directing to the six original communities (and an additional 6 communities) as $5,000 matching grants to implement any of the objectives in the Healthy Lifestyles section of the Plan. This is a great start for implementing the Plan and, as a double bonus, through the efforts of Senator Kahn, Representative Bruce Caswell and Representative Gary McDowell, and all the rural representatives and senators that supported the Plan, a Healthy Lifestyles grant program is in the State budget. We will work with our rural legislative champions to fully fund this initiative.

A final thought today regarding the State Rural Health Plan: take a moment to review the document, especially pages 29-41. These 13 pages contain the Plan’s goals, measurable objectives and the strategies. I am convinced that as you read the Healthy Lifestyles section you will find objectives and strategies that organizations can collaborative around and address with very little funding. For instance, the hospital can partner with Big Brothers/Big Sisters to screen for high-risk grade school children. Think outside the box; you will read potential grant ideas that can be funded through your local United Way, Kiwanis Club, Chamber of Commerce, Rotary, and other community based organizations. View the Plan on our website: www.mcrh.msu.edu and click on the MISORHI link located on the left tab of the home page.

As always, please contact the MCRH staff with issues as needed. We are your rural single point of contact. Have a great summer.
Do Telehealth!
Submitted by The Midwest Alliance for Telehealth & Technology Resources (MATTeR)

Lately there seems to be quite a bit of advertising about video conferencing. There are claims that you can “increase productivity 30%”. For health care organizations in Michigan, this is already well known and proven — we call it telehealth. Used broadly, the term telehealth includes applications like distance education, administrative meetings and of course, clinical telemedicine visits. Telehealth programs have been active around the state since the early 1990’s and they have been primarily focused on increasing access to services in rural communities. Still, there is more to do! With telehealth:
- Access to specialty health care services is improved
- Costly travel for patients and health care providers is reduced
- Health care dollars remain in local communities
- Administrative meetings save time and travel for busy professional
- Community education can be made available from many sources
- Learning opportunities are more accessible for health care professionals and students.

The Midwest Alliance for Telehealth & Technology Resources is a resource center that supports the growth and expansion of telehealth activities to meet the health care related needs of people in rural areas. MATTeR is federally funded from the Office for the Advancement of Telehealth. Are you doing telehealth? MATTeR would like to hear from you. Contact them at 866-603-4733 or info@midwesttrc.org

Disaster Mental Health Resources
Submitted by Office of Public Health Preparedness

FACT SHEETS
- Center for the Study of Traumatic Stress: disaster and terrorism preparedness fact sheets for military health care providers, soldiers and families, healthcare workers and business leaders.
- “Listen, Protect and Connect”: these guides provide ways to support children’s emotional wellbeing before, during and after emergencies. They build on ideas, strengths and practices that parents, teachers and schools naturally use with children and also provide additional ideas and tools they can call upon in times of disaster or terrorism.
- Guide for Children and Parents
- Guide for Students and Teachers
- APA Fostering Resiliency Fact Sheets

FREE ONLINE TRAININGS
- Trauma-Focused Cognitive Behavioral Therapy: this 10-hour web-based, multimedia, distance education course for mental health professionals. It is designed for busy, front-line practitioners holding a masters degree or above in a mental health discipline. The course includes specific, step-by-step instructions for each component of therapy, printable scripts for introducing techniques to clients, and streaming video demonstrations of the stress management techniques, such as controlled breathing, relaxation training and thought stopping.
- Psychological First Aid Competencies for Public Health Workers
- University of North Carolina Courses on Disaster Mental Health
- U. S. Department of Veterans Affairs
- General Trauma Videos
- Videos on Trauma Assessment for Healthcare Workers
- PTSD Videos Specific to Ethnic Minorities
- PTSD 101: A web-based curriculum of diverse topics focusing on issues related to combat stress/PTSD. It is available on-demand and on a flexible schedule.
- American Psychiatric Association Disaster Psychiatry Handbook
- PTSD Guideline for the Management of Post Traumatic Stress
- Psychological First Aid Field Operations Guide 2nd Edition (with hand-outs)

NETWORKS
- National Child Traumatic Stress Network
- SAMHSA National Center for Trauma-Informed Care
- International Society for Traumatic Stress Studies: ISTSS provides materials for clinicians and individuals to use in response to terror attacks.
- Center for the Study of Traumatic Stress: The Center advances a coordinated response to terrorism preparedness that integrates principles of military and disaster psychiatry.

Give Telehealth!
Submitted by The Midwest Alliance for Telehealth & Technology Resources (MATTeR)
DETROIT – Medical Care Access Coalition (MCAC) of Marquette is Michigan’s 2008 Outstanding Volunteer Program, one of eight Michigan volunteer organizations and citizen-volunteers honored at Detroit’s Fox Theatre Thursday as part of the 2008 Governor’s Service Awards ceremonies.

Awardees in eight categories were recognized by Michigan Gov. Jennifer M. Granholm and First Gentleman Daniel G. Mulhern, who chairs the Michigan Community Service Commission. The eight awardees were among 40 finalists selected from nearly 180 individual, business, and nonprofit organization nominees from across the state.

Attending the program to accept MCAC’s award was Executive Director Melissa White; she was joined for the occasion by Dr. Kevin Piggott, the first volunteer medical director at MCAC’s Volunteer Clinic, and U.P. Health Access Coalition Executive Director Stacie Kucera, whose organization nominated MCAC for the award. The Outstanding Volunteer Program Award recognizes the important role that organizations play in harnessing volunteer service for improving community life.

MCAC was founded in fall 2000 as a community-based health care access and navigation resource, resulting from collaborative efforts of concerned members of the faith, civic and medical communities in Marquette County. Since then, it has directly assisted well over 3,000 Upper Peninsula uninsured residents in securing donated or low-cost health care, prescription medications and, wherever possible, a “medical home” for ongoing care. It envisions a community where every member has access with dignity to quality, affordable health care.

Its staff works with primary care physicians, hospitals and other health care professionals in Marquette, Schoolcraft and Alger counties who volunteer their time and services and with local pharmacies and large pharmaceutical companies to find prescription medications at low or no cost for uninsured patients. Working-age adult residents without insurance coverage who meet federal income standards are often referred for enrollment into the MCAC program by social services agencies and other community partners in MCAC’s current three-county coverage area.

Since 2003, MCAC’s model program has been adopted by other communities around the U.P. which have formed four additional local access coalitions to serve the needs of uninsured residents in all 15 U.P. counties: Community Health Access Coalition serving Chippewa, Luce and Mackinac county residents; Medical Access Coalition of Delta and Menominee Counties; Dickinson-Iron Medical Care Access Coalition, and Western U.P. Healthcare Access Coalition, serving residents of Baraga, Gogebic, Houghton, Keweenaw and Ontonagon counties.

Preliminary figures for 2007 show the five U.P. access coalitions (including MCAC) leveraged and coordinated more than $875,000 in volunteered health care services and nearly $2 million in free or low cost prescription medications for thousands of uninsured U.P. residents. Access coalition programs also refer enrolled patients to a wide range of community services in support of their overall well-being.

Founded by caring volunteers, MCAC has also been a leader in involving community volunteers in service to enroll uninsured patients into the program and in support roles in the volunteer clinic as well as with office and administrative tasks. MCAC has also hosted six AmerCorps VISTA national service volunteers over the past three years in capacity-building roles ranging from volunteer recruitment and training to developing systems for tracking and addressing patient chronic disease management.

With the assistance of the Michigan Department of Community Health and the Michigan County Health Plan Association, MCAC also operates the largest geographic Adult Benefit Waiver program area (15 counties) in the state and the fifth largest in number of patient-enrollees; in 2007, that program served a monthly average of 1,356 childless adults living at 0-35 percent of the Federal Poverty Level. That $2.7 million program also offers medical care and prescriptions at low to no cost.

For more information about MCAC’s programs and services, visit www.upmcalc.org or call 906.226.4400.

National Health Center Week

The second week of August each year is dedicated to recognizing the service and contributions of Community, Migrant, Homeless and Public Housing Health Centers in providing access to affordable, high quality, cost-effective health care to medically vulnerable and underserved people in the U.S. This year’s commemoration is especially important as we set our sights on the goals of our ACCESS for All America plan to serve 30 million people by 2015.

"America’s Health Centers: Home of America’s Health Care Heroes" is the theme for National Health Center Week 2008. It recognizes the vital role of health center providers in achieving the success of the health center mission. From primary care physicians, to behavioral health specialists, to nurses and pharmacists, nearly 40,000 health care professionals serve on the front lines each day in health centers.

This year’s Health Center Week also sets aside two days to focus on special populations who are often left outside of the mainstream health care system. Health Care for the Homeless Day will be observed on Wednesday, August 13th, and the first ever Farmworker Health Day will be observed on Thursday, August 14th, 2008.

America’s Health Centers serve 17 million people (including 925,000 farmworkers and nearly 940,000 people who are homeless) in 6,000 communities in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

We invite you to join in a weeklong celebration, August 10th - 16th, to focus the public spotlight on America’s Health Care Heroes.
Grand Round Series

Arthritis Grand Rounds Via Videoconference/Teleconference

Held quarterly; 12:00-1:00 pm.

**Sponsored by:** Michigan Arthritis Collaborative & Michigan Center for Rural Health

**Date:** October 18, noon-1:15

**Topic:** Aspiration & Analysis of Synovial Fluid-Robert Ike MD

**Objectives:**
1. List indications for diagnostic arthrocentesis
2. Describe approaches to arthrocentesis of knee, olecranon bursa, great toe, wrist and ankle
3. Describe information that can be obtained from macroscopic and microscopic analysis of synovial fluid

**Presenter:** Robert Ike, MD

**Upcoming Programs:**
- **2009 Dates:** Feb 11, Apr 18, Jun 10, Oct 14

**Accreditation:** Mary Mercy Hospital, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of one (1) credit hour in Category 1 credit towards the AMA Physician’s Recognition Award. Each physician should claim only those hours that he/she actually spent in the educational activity.

Geriatric Grand Rounds Via Videoconference/Teleconference

Held monthly except June, July & August; 12:00-1:00 pm

**Sponsored by:** The MSU Geriatric Education Center and the Michigan Center for Rural Health

**Date:** September 3, noon-1:15

**Topic:** Assessing Care of the Vulnerable Elders (ACOVE) of Quality Indicators in Primary Care

**Objectives:**
1. Define continuous quality improvement
2. List 4 components of the ACOVE intervention
3. Describe how ACOVE Quality Indicators for falls, urinary incontinence and cognitive impairment can be used to improve the quality of care for elderly in a primary care practice.

**Presenters:** Mark Ensberg, MD & Linda Keilman, MSN, APRN, BC, GNP

**Upcoming Programs:**
- **Oct 1—Oral Health in the Elderly; Elisa Ghezzi, DDS, PhD
- **Nov 5—Health Literacy in the Elderly; Marolee Neuberger, MS Social Workers—please note that accreditation is pending for Social Workers to receive continuing education contact hours for this program.
- **Dec 3—Telemedicine & Remote Monitoring; Pam Whitten, PhD
- **2009 Dates:** Jan 7, Feb 4, Mar 4, Apr 1, May 6, Sep 2, Oct 7, Nov 4, Dec 2

**Accreditation:** This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Michigan State University College of Human Medicine and the Michigan Center for Rural Health. The Michigan State University College of Human Medicine designates this educational activity for a maximum of one Category 1 credit per session toward the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

**Presenters:**
- **Mark Ensberg, MD**
- **Linda Keilman, MSN, APRN, BC, GNP**
Psychiatry Grand Rounds via Videoconference/Teleconference

Held quarterly from 12:00 - 1:00 pm

Sponsored by: The MSU Department of Psychiatry and Michigan Center for Rural Health

Date: July 23, noon—1 pm

Topic: Eating Disorders by Christine Shafer, MD

Objectives:
1. To develop a heightened awareness of the eating disorders
2. To be able to differentiate among a variety of eating disorders and recognize individuals and groups at risk
3. To become familiar with initial screening questions and screening physical examinations
4. To become knowledgeable about lab tests to order and which medications may be helpful

Upcoming Program:
• Oct 22 – Managing Bipolar Disorder through the Life Span by Dale D’Mello, MD
• 2009 Dates: Jan 28, Apr 22, Jul 22, Oct 28

Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Michigan State University College of Human Medicine, MSU Psychiatry Department and the Michigan Center for Rural Health. The Michigan State University College of Human Medicine designates this educational activity for a maximum of one AMA PRA Category 1 Credit™. Each credit per session toward the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Social Work Grand Rounds via Videoconference/Teleconference

Held quarterly from 12:00 - 1:00 pm

Sponsored by: MSU School of Social Work and Michigan Center for Rural Health

Date: September 18, noon—1:15 pm

Topic: Medicare Prescription Drug Benefit: What You Need to Know to Assist Clients in Need

Presenter: Louanne Bakk, MSW

Upcoming Programs:
• Nov 20 – TBD
• 2009 Dates: Jan 22, Mar 19, Oct 8, Dec 10

Accreditation: Michigan State University School of Social Work

Nursing Grand Rounds via Videoconference/Teleconference

Held quarterly from 12:00 - 1:00 pm

Sponsored by: The Michigan Center for Rural Health and MSU College of Nursing

Date: Tuesday, Sep 16, noon—1:00 pm (note time change)

Topic: Partners in Health: Group Visit Concept for Chronic Diseases

Objectives:
1. Define Group visits and describe its components and advantages for patients
2. Describe the Group visit concept as implemented at Michigan State University
3. Explain how the chronic care model is supported by Group visits
4. Discuss the impact of health-care policy on funding for chronic conditions

Speakers: Kathy Dontje, MSN, FNP, BC & Kathy Forrest, RN, BSN, MA

Upcoming Program:
• Nov 18 – TBD
• 2009 Dates: Jan 28, Apr 22, Jul 22, Oct 28

Accreditation: Participants who attend the entire session and complete an evaluation form will receive a certificate for 1.0 contact hours.

Michigan State University College of Nursing is an approved provider of continuing nursing education by the Michigan Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
Celebrate - Take a Loved One for a Checkup Day—September 16, 2008
Phyllis Ball, Education Coordinator

Are you already taking charge of your health? If so, help a family member or friend do the same thing. Regular health care, including preventive care, can enhance and extend the lives of those you love. That’s why September 16th is “Take a Loved One for a Checkup Day.” It’s your chance to encourage those you love to visit a health professional – or at least make an appointment to visit one. When your loved ones are connected with the right medical care, they can find out about their health concerns. Certain health problems can be prevented and others can be treated. Please help those you love do something good for their health on September 16. Go with them to visit a health professional or make an appointment for them.

By focusing its efforts on a single day, the US Department of Health and Human Services (HHS) hopes to generate a better understanding of the importance of regular health screenings, and also to focus on the populations that need to have access to health care.

This event used to be called “Take a Loved One to the Doctor Day” but the name was recently changed to acknowledge the extensive care Advanced Practice Registered Nurses (APRNs), Nurse Practitioners, Nurse Midwives, Nurse Psychoterpists, Clinical Nurse Specialists and other health care workers provide.

It’s easy to participate in “Take a Loved One for a Checkup Day.” Think about who you know who hasn’t had a check up recently, discuss their healthcare needs with them and then set up an appointment and take them.

Any day is a good one to start making positive changes to ensure good health in the future.

Pharmacy Grand Rounds Via Videoconference/Teleconference —NEW!

Held quarterly from 12:00 - 1:00 pm

Sponsored by: Munson Medical Center and REMEC Telehealth Network and Michigan Center for Rural Health

Date: Tuesday, October 14, noon-1:00 pm EST

Topic: Pain Management - Old Drug, New Uses: Methadone

Objectives: After attending this presentation, the attendee will be able to:
1. Define pain
2. Describe acute, persistent and cancer pain
3. Describe the pain pathway
4. Demonstrate the advantages and disadvantages of methadone in pain management

Speaker: Terry Baumann, PharmD

Teleconference opportunities: We can arrange for your clinic or hospital to listen LIVE via audio to the presentation. These arrangements need to be made early to reserve an audio line.

For More Information:
Please contact Phyllis (517) 355-8250 or email: ballp@msu.edu

EMS Teleconference

Held quarterly from 6:00 - 7:00 pm

Sponsored by: The Michigan Center for Rural Health and The Michigan Association of Ambulance Services

Date: Thursday, September 11; 6:00-7:00 pm

Topic: "Does He Have Gas? Assessing Shortness of Breath utilizing Capnography"

Speaker: David Maatman, NREMT-P/IC, CCEMT-P

Credits: Approved for 1 Special Considerations Continuing Education Credit. You will be required to return the attendance sheet, program evaluation and quiz to the Michigan Center for Rural Health office in order to obtain credit.

Cost: There is no cost to participate in the conference call.

Call-in number will be provided when participant registers.

To Register:
Please download the registration form at www.mcrh.msu.edu and click on the Grand Rounds tab on the left.

Upcoming Program:
• Dec 11 —TBD
• 2009 Dates: Feb 19, May 14, Sep 17, and Dec 10

Accreditation: Certified through Michigan Department of Community Health Bureau of Health Professions. Participants who attend the entire session and complete an evaluation form will receive a certificate for 1.0 contact hours. Accreditation Pending.

Celebrate - Take a Loved One for a Checkup Day—September 16, 2008
Phyllis Ball, Education Coordinator

Are you already taking charge of your health? If so, help a family member or friend do the same thing. Regular health care, including preventive care, can enhance and extend the lives of those you love. That’s why September 16th is “Take a Loved One for a Checkup Day.” It’s your chance to encourage those you love to visit a health professional – or at least make an appointment to visit one.

When your loved ones are connected with the right medical care, they can find out about their health concerns. Certain health problems can be prevented and others can be treated. Please help those you love do something good for their health on September 16. Go with them to visit a health professional or make an appointment for them.

“Take a Loved One for a Checkup Day” is part of a national campaign encouraging Americans to see a health care provider or to make an appointment for the near future. By focusing its efforts on a single day, the US Department of Health and Human Services (HHS) hopes to generate a better understanding of the importance of regular health screenings, and also to focus on the populations that need to have access to health care.

This event used to be called “Take a Loved One to the Doctor Day” but the name was recently changed to acknowledge the extensive care Advanced Practice Registered Nurses (APRNs), Nurse Practitioners, Nurse Midwives, Nurse Psychotherapists, Clinical Nurse Specialists and other health care workers provide.

It’s easy to participate in “Take a Loved One for a Checkup Day.” Think about who you know who hasn’t had a check up recently, discuss their healthcare needs with them and then set up an appointment and take them.

Any day is a good one to start making positive changes to ensure good health in the future.
Locum Tenens Survey: Can Your Problem Be Your Solution?

Steve Shotwell, Recruitment and Retention Services

As a healthcare executive, you are no stranger to the challenges of physician recruitment, particularly to rural areas. VISTA Staffing Solutions, a leading locum tenens company, commissioned a survey to test the potential impact of locum tenens on physicians’ career choices and any resulting impact on physician availability for settings like yours. The survey asked whether locum tenens could help keep physicians in the workforce longer, help them avoid burnout, and help solve the physician distribution problem. The results were very positive, and we believe administrators can utilize information from this survey to start a new dialog about innovative strategies that help meet their physician staffing needs.

The results: Nearly 70 percent of respondents said they believe locum tenens can keep physicians in the workforce longer because it gives them more options and flexibility. One physician wrote, “Great option for physicians nearing retirement and wanting to continue but can’t because of overhead and business concerns. Also allows for vacations. From the locum tenens’ point of view, many benefits to broaden experience and add income later in and early in career.” Fifty-three percent of survey respondents said they believe locum tenens can help physicians avoid burnout. Specifically, one physician wrote, “I worked as a locum tenens when I left a job that had completely burnt me out. I was looking at leaving medicine completely and the locum tenens gave me time to find another position that kept me practicing medicine.” The survey found that physicians are most likely to take on locum tenens assignments at certain points in their careers.

- Eighty-two percent of physicians surveyed indicated locum tenens would be a good way to transition into semi-retirement due to no longer having to pay for professional liability insurance (paid by locum tenens companies) and practice overhead.
- Fifty-eight percent of the physicians said locum tenens would be a good option for physicians seeking to make a professional transition, for example while they find a new permanent position or while they wait for a license to be granted in a new state.
- Working as a locum tenens right after completing residency training was cited as an attractive option by 47 percent of those surveyed. In addition to the interest in traditional nationwide locum tenens, the survey found that 30% of respondents were interested in a part-time schedule close to home, 50% were interested in opportunities within driving distance, and 45% liked the idea of “return engagements” that would take them back to the same practice on a routine (but not full-time) basis.
- The survey indicated that many physicians feel practice is an all-or-nothing commitment requiring 60+ hour work weeks and a grueling pace to see enough patients to cover overhead,” says VISTA President Mark Brouse. “We have to work together to change that reality. In today’s environment, we will have to find innovative ways to bring more flexibility and satisfaction to medical practice.

“We are encouraging clients to talk about job sharing, sabbaticals, and part-time options with their retiring physicians, with their mid-career physicians looking for more flexible lifestyles, and with the young physicians coming into their organizations with a new set of expectations,” he says.

Many organizations structure these opportunities directly with their local physicians. Others partner with a locum tenens company to handle issues like professional liability coverage for a partial work schedule, payroll, scheduling, quality assurance, and logistics. “The survey clearly indicates that physicians would stay in the workforce longer if they had access to some of these arrangements,” Mark concludes.

To request a complete copy of the survey or to get more information about locum tenens options, contact Brandon Tillotson at VISTA Staffing Solutions, 800-366-1884, or visit www.vistastaff.com.
Michigan Rural Hospital Flexibility Program Update
Angie Emge, Hospital Programs Manager

Critical Access Hospitals have been building and expanding services.

MidMichigan Medical Center Gladwin – Dialysis Center
MidMichigan Medical Center Gladwin celebrated the grand opening of Regional Dialysis Services-Gladwin on June 8th. The new 10,350 square-foot state-of-the-art facility includes 19 dialysis stations and can accommodate treatment for more than 100 patients. Treatment is provided in a comfortable, attractive setting that has been designed specifically for dialysis patients.

Dialysis is a life-saving therapy for people who have chronic kidney disease, which is often caused by diabetes or hypertension. The therapy filters out extra water, minerals and toxins dumped into the blood by other organs when the kidneys are unable to perform this function. Awareness of chronic kidney disease is up, but most people who have the condition still don’t know it. Kidney disease raises the risk of heart attack and stroke. It can also cause anemia, bone disease and malnutrition; and can lead to kidney failure. Risk factors include:
- Diabetes or blood sugar problems
- High blood pressure
- Family history of kidney disease
- Immediate family with kidney failure (mother, father, sister or brother).

Mackinac Straits Ground Breaking
May 28th was a great day to celebrate the ground breaking of Mackinac Straits Health Systems. Father Jim Williams opened the ceremonies with a prayer, which was followed by the honor drum song performed by the Bahweting Singers. Over 100 people including several community and government leaders were able to attend. M.S.H. and the Kewadin Casino provided food for the event. Many times it was mentioned throughout the afternoon what a wonderful partnership we have between Mackinac Straits Hospital and the Sault Ste. Marie Tribe of Chippewa Indians. Together they have made the dream of a new health system possible for our community.

Kelsey Hospital Celebrates 100th Anniversary and unveiling of the Lena Rader Meijer Emergency Department
Kelsey Hospital celebrated its 100th anniversary and the 89th birthday of Lena Rader Meijer, on May 14th with the unveiling of the Lena Rader Meijer newly renovated Emergency Department.

In addition to the anniversary, birthday, and new Emergency Department celebration, more than 212 community individual and/or families were honored for their generous contributions to the “Building a Healthy Future Together-Kelsey Hospital Capital Campaign” that exceeded the goal of $250,000, generously matched by Fred and Lena Meijer. The balance of the project was allocated from Spectrum Health United Memorial’s capital budget.

Other highlights of the $850,000 project include: a laboratory draw station relocated near the emergency department, with more space, extended hours, faster test turnaround time and more staff during busy times; a new patient-friendly and private Central Registration; a new Sleep Lab; and additional parking.

Lena Rader Meijer and her family have strong hospital and community ties. Dr. Kelsey was the Rader family doctor. He would drive to the Rader home in the winter, leave his car, and Mr. Rader would take him in his horse and sleigh to make house calls. Mrs. Meijer’s mother was often called to be an interpreter for German patients and her grandmother lived in the hospital long-term care unit.

The tradition of community-based health care continues in Lakeview with new life for a facility that was built over 50 years ago.

MidMichigan Medical Center Gladwin – Dialysis Center
Ribbon cutting ceremony participants included (from left to right) Nancy Johnson, corporate director of dialysis services at Gratiot Medical Center; Mary Stapleton, corporate clinical coordinator of dialysis services at Gratiot Medical Center; Scott Currie, secretary/treasurer of the Regional Dialysis Services board, Sherry Taunt, executive vice president of MidMichigan Medical Center–Gladwin; Ray Stover, executive vice president of MidMichigan Medical Center–Gladwin; board-certified nephrologist, Adeel Khan, M.D., medical director of Regional Dialysis Services–Gladwin; Thomas Winarski, mayor of Gladwin; Sandy Hermann, vice chair of the Regional Dialysis Services board; Paula Chermside, Regional Dialysis Services board member and vice president of physician & ancillary services at Gratiot Medical Center.
Michigan Rural Hospital Flexibility Program Update (continued)
Angie Emge, Hospital Programs Manager

Critical Access Hospitals Receive MPRO’s Michigan Award of Excellence

The Michigan Award of Excellence honors nursing homes that are performing and embracing quality initiatives to improve resident care and safety. On April 2, at Lansing Community College, the following CAHs received MPRO’s 2007 Michigan Award of Excellence for Improving Care in the Nursing Home Setting:
- Bronson Nursing & Rehabilitation – Bronson Lakeview Hospital
- Kalkaska Memorial Health Center
- Spectrum Health Skilled Nursing Facility – Reed City Campus
- Lakeview Extended Care & Rehab – Harbor Beach Community Hospital

The award focuses on working to improve the quality and safety of care in clinical areas such as reducing pressure ulcers, identifying and reducing pain, reducing physical restraints, and identifying and managing depression. These topics have been designated as national healthcare priorities by the Centers for Medicare & Medicaid Services (CMS).

For selected clinical topics, a nursing home must receive a 15% relative improvement rate in at least one clinical area from baseline to re-measurement to qualify for the award. In addition, criterion highlights include: a survey of resident and staff satisfaction, submission of an essay on lessons learned, and completion of self instructional modules on quality improvement initiatives.

On May 7, 2008 the 2007 Governor’s Award of Excellence for Improving Care in the Ambulatory Care Setting was awarded to many CAH outpatient clinics. Presented by the Governor, in partnership with MPRO, Michigan’s Quality Improvement Organization, the award honors Michigan physicians’ offices that are performing quality initiatives to improve patient care. This year’s awardees include:
- Hackley Primary Care – Lakeshore Medical Center Shelby
- Hackley Primary Care – Lakeshore Medical Center Whitehall
- Hills and Dales General Hospital – Cass City Family Practice
- Hills and Dales General Hospital – Cass City Medical Practice
- Hills and Dales General Hospital – Kingston Medical Clinic
- Hills and Dales General Hospital – Ubly Medical Clinic
- Family Health Center – Ionia
- Family Health Center – Portland
- Keweenaw Memorial Medical Center – Laurium
- Pany Descossard Clinic - Deckerville

Award criterion aligns with the Physician Office Quality Improvement Program including the Doctor’s Office Quality-Information Technology (DOQ-IT). The DOQ-IT project promotes the adoption of electronic health record systems in small-to-medium sized physician offices. The clinical topics addressed by the Governor’s Award were designated as national healthcare priorities by the Centers for Medicare & Medicaid Services. Clinical areas of focus are individually selected from one of the following areas: preventive care, coronary artery disease, diabetes mellitus, heart failure, or cancer screening.
Medicare Reimbursement Checklist For Telehealth Professional Fees - 2008

To bill Medicare for professional fees for telehealth encounters or consultations, each box must be checked.

Medicare beneficiary resides in, or utilizes the telemedicine system in federally designated rural Health Professional Shortage Area (HPSA), in a county that is not included in a Metropolitan Statistical Area (MSA); or from an entity that participates in a Federal telemedicine demonstration project that has been approved by (or receives funding from) the Secretary of HHS as of December 31, 2000.

The encounter involved one of the following CPT codes:

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</tr>
<tr>
<td>Individual Medical Nutrition Therapy</td>
<td>G0270, 97802, 97803</td>
</tr>
<tr>
<td>End Stage Renal Disease (ESRD) related services</td>
<td>G0308, G0309, G0311, G0312, G0314, G0315, G0317,</td>
</tr>
<tr>
<td>Neurobehavioral Status Exam</td>
<td>96116</td>
</tr>
</tbody>
</table>

The patient was seen from one of the following “originating sites”2: the office of a physician or practitioner, a critical access hospital, a rural health clinic, a federally qualified health center, or a hospital.

The patient was present and the encounter involved interactive audio and video telecommunications that provides real-time communication between the practitioner and the Medicare beneficiary.

The encounter was performed by a physician, nurse practitioner, physician assistant, nurse midwife, clinical nurse specialist, clinical psychologist, clinical social worker, and registered dietician or nutrition professional.

If all boxes are checked you may submit a claim to Medicare and the following must occur:

♦ Beneficiary is responsible for coinsurance and deductible payments.
♦ Amount of reimbursement cannot exceed the current fee schedule of the consultant/practitioner.
♦ Beneficiaries may not be billed directly for any facility or telecommunication charges.
♦ “GT” modifier code must be used on the claim.

IMPORTANT NOTE: X-rays, diagnostic ultrasound, electrocardiogram, electroencephalogram, cardiac pace maker analysis are all covered regardless of the criteria at the top of this page. These are services that do not normally require in-person interaction between provider and patient.

1 The American Medical Association deleted CPT codes 99261-99263 (hospital inpatient follow-up consultations) and codes 99271-99275 (confirmatory consultations). Thus, effective January 1, 2006 these CPT codes are no longer reimbursable by telehealth or in-person.

2 As defined in legislation, “originating site” is where the patient is located, and “distant site” is where the healthcare provider is located. This document does not constitute legal advice and is intended only as an educational guide to assist telehealth providers in evaluating whether a particular service could be reimbursed by the Medicare program. Many factors affect the appropriateness of submitting a particular claim for reimbursement. Even if your contemplated telehealth service appears to be consistent with the requirements in this checklist, you should consult with your billing specialist or attorney prior to initiating a new line of Medicare claims.

NOTE: Michigan Medicaid follows this guideline, but with a few differences. They are:
1. Distant and originating sites must be at least 50 miles apart
2. MI Medicaid covers more originating sites including county mental health clinic or publicly funded mental health facility, Renal dialysis facility (not covered in Medicare list). skilled nursing facility, Tribal Health Center (THC),
3. The services of clinical psychologists and social workers cannot be billed directly; they must be billed through a specified facility.
Upcoming Conferences:

2008 CAH Conference
Nov. 6-7, 2008
Mountain Grand Lodge Resort Boyne Falls, MI

12th Annual Rural Health Conference
April 23-24, 2009
Mt. Pleasant Soaring Eagle Casino & Resort

The Michigan Rural Health Quarterly newsletter is distributed via e-mail.

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Michigan Center for Rural Health

Our Mission:
”To coordinate, plan, and advocate for improved health for Michigan’s rural residents and communities.”

Michigan Center for Rural Health
B-218 West Fee Hall
Michigan State University
East Lansing, MI 48824
(517) 432-1066
(517) 432-0007 Fax
mcrh@msu.edu
www.mcrh.msu.edu