

rural roads

Spring 2014 National Rural Health Association



Taking root

Volunteers dig in to feed hospital patients

Ranger credits rural blood donors with saving his life after gunfight

Small-town clinic grows with medical home model

Rural doctors focus on quality



Recruiting a qualified clinician for your rural clinic or hospital is not an easy task.

Allow us to help.

WE PROVIDE PERMANENT PLACEMENT & LOCUM TENENS SERVICES FOR: PHYSICIANS, NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, CRNA AND OTHER PROVIDERS.

Let the experienced professionals at TimeLine Recruiting help you navigate through today's ever changing healthcare landscape. We understand and align ourselves with our client's needs to provide the right solutions for their healthcare recruitment challenges.

Contact TimeLine Today!

Jeff Harper

877-420-3990

www.tlrec.com/solutions



Rural Roads is a quarterly publication of the National Rural Health Association, a nonprofit association with 21,000 members who share a common interest in the advancement of rural health.

Advertise

For information on advertising in NRHA publications, email ads@NRHArural.org or call 816-716-5216.

Acceptance of advertisement does not constitute an endorsement.

Subscribe

Domestic *Rural Roads* subscriptions are \$20 per year. To subscribe, email editor@NRHArural.org or send a check to NRHA *Rural Roads* editor, 4501 College Blvd. #225, Leawood, KS 66211.

NRHA Board of Trustees officers

Raymond Christensen, president
Becky Conditt, treasurer
Lisa Kilawee, secretary
Sandra Durick, past president

Rural Roads staff

Alan Morgan, NRHA CEO
Lindsey V. Corey, editor in chief
Debra Phillips, art director
Alex Olson, editorial assistant
Kacie Fodness, editorial intern

Archives

Click here to access past issues of *Rural Roads*.



Your voice. Louder.

National Rural Health Association

RuralHealthWeb.org
816-756-3140

Community garden	7
Volunteers dig in to feed hospital patients	
Park ranger survives gunfight	13
Rural paramedics, blood donors help save his life	
Small-town practice embraces health reform	18
Outreach clinics screen for radiogenic diseases	22
Survey says: Rural physicians focus on quality, cost	25
Beginnings and Passages	26
Lifelong learning	
Memory Lane	30
NRHA's Policy Institute in pictures	
Mile Markers	34
NRHA members recognized nationally	
Congressional rural health champions	
Opportunities to present	
Rural Lens	40
Photographers capture people, places and projects	
Side Trip	44
7 facts about 1 of the world's 7 natural wonders	
Short Cuts	45
Bundle of toy	

On the cover: A volunteer tends the Commonwealth Garden in Willits, Calif. Organic produce from the garden feeds patients at the local hospital.

We're mobile.

NRHA recently redesigned the online version of *Rural Roads* into a digital magazine. It's now easier than ever to access, navigate and share your favorite articles while on the go. Visit RuralRoadsOnline.com on your mobile device, tablet or iPad to try it out. It's a page-turner.

 Please share or recycle this magazine.

RuralRoadsOnline.com

CDC: The dog that didn't bark

People in a lot of rural counties are dying younger than their predecessors. While this is most true in the southeastern United States, it's happening in at least a few counties in most of the states.

This is an enormous public health issue. The Centers for Disease Control & Prevention (CDC) is America's lead public health agency. Did it sound the alarm as this pattern developed? Nope. Nary a yelp.

It was the Center for Rural Strategies' *Daily Yonder*, working with the University of Washington's Center for Health Metrics and Evaluation, that broke the story. Others chimed in later.

CDC can't seem to locate the vast number of communities with fewer than a quarter million folk. It is led by people trained to study disease, mostly infectious diseases, in large populations.

CDC has a culture where only big communities and

big numbers count. Rural America is made up of a whole lot of little places, all of which are seemingly statistically insignificant as far as CDC is concerned. Their message seems to be, "Call us if you get a case of rabies or something else rare. Otherwise, here's the number of your state health department."

These early deaths in rural counties are probably being caused by a surge in common problems that clinical medicine doesn't handle well. The shortest lifespan for U.S. women and the third shortest for men is in Perry County, Ky., which has lots of hospital beds (four times the state average), lots of doctors and nurse practitioners, as well as a decent Medicaid program.

To get a handle on these early deaths, we're going to have to develop new public health-based approaches. Unfortunately, the lead federal public health agency seems unable to even find us in rural America, let alone be of much use here.

Wayne Myers, MD
Waldoboro, Maine

Editor's note: See this issue's Beginnings column on page 26 for another NRHA member's perspective on rural life expectancy.

Write us

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

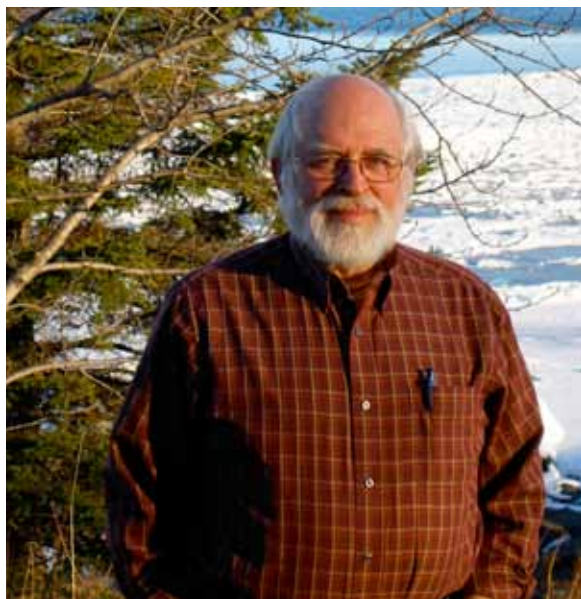
Send your letter to editor@NRHArural.org or NRHA *Rural Roads* editor, 4501 College Blvd. #225, Leawood, KS 66211.

Share your story.

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

Contact Lindsey Corey at editor@NRHArural.org to share your ideas, innovations and experiences.

Editorial suggestions must not be advertisements.



Raymond Christensen

Ensuring rural health shines brightly

The brilliance of the night canopy with northern latitude constellations, widely dispersed stars, aurora, moon and planets reminds one of the complexity of rural health care delivery as well as the importance of each of us in providing individualized personal care.

In rural America we care for a quarter of America's 315 million citizens, as well as the millions who visit and utilize our service areas.

The National Rural Health Association's 25th annual Rural Health Policy Institute updated members who continue to voice concerns about the importance of our rural programs, changes in health policy and the need to assure appropriate geographic as well as demographic access to personal care for our patients.

Our events are tremendously invigorating and allow networking, idea sharing, solution development and inspiration as we all labor to provide the best access and quality possible with delivery systems recognizing our wide rural diversity.

Please continue to provide a listening ear, time and appropriate care for our rural patients.

See you soon at NRHA's 37th Annual Rural Health Conference in Vegas!

Raymond Christensen, MD
2014 NRHA president

pit stop

5 things I picked up in this issue:

1. Even a farm kid can have his view of rural vs. urban care redefined through an NRHA fellowship. *page 26*
2. Park ranger Brody Young was shot nine times and emptied the local blood bank's reserves. *page 13*
3. A new study in NRHA's *Journal of Rural Health* found rural primary care physicians are more likely to participate in quality improvement activities and focus on cost than their urban counterparts. *page 25*
4. A rural California garden became the first in the nation to grow food for its local hospital. *page 7*
5. Nearly \$2 million has been used in each of the past four years to provide cancer and disease screening, education programs and documentation compensation claims due to radiation exposure. *page 22*



"We operate a hospital so we don't go out and get financing to build buildings all the time. AgStar guided us from A to Z. They are 100 percent a true partner!"

— Brad Anderson
CFO, Community Memorial Hospital
Cloquet, Minnesota

Financing Community Revitalization

Hospitals are the heartbeat of the rural communities they serve. They drive community revitalization, specialize in exceptional patient care and offer vital employment opportunities. By providing both construction and permanent financing – including long-term fixed-rate financing – AgStar Rural Capital Network helps rural hospitals thrive. Discover how AgStar Rural Capital Network is enhancing life in rural America at AgStarRuralCapitalNetwork.com.

AgStar Rural Capital Network Team



John Monson
Senior
Vice President
Investments
612-756-3983



Robert Madsen
Associate
Vice President
507-381-4455



Gerald Briese
Associate
Vice President
320-894-5019



Todd Kampa
Senior Rural
Capital Network
Executive
320-258-2973



Aaron Knewtson
Associate
Vice President
612-756-2955



AgStarRuralCapitalNetwork.com
866-577-1831



AgStar Financial Services is an equal opportunity employer and provider. © 2013 All rights reserved.



Taking root

Community garden volunteers dig in to feed hospital patients

By Angela Lutz

Like its plants, the idea for the Commonwealth Garden at Frank R. Howard Foundation's medical campus, started small.

"I had a simple, naïve idea," says Ananda Johnson, the garden's founder and director. "Wouldn't it be nice to grow food for our hospital?"

Through funding from the Frank R. Howard Foundation, a nonprofit working to improve health care in California's Mendocino County, and private donations, the garden was founded in 2005 with Johnson and her husband, Keith, at the helm.

Nine years later, thanks to continuous support from the foundation and Willits, Calif., residents, the Commonwealth Garden has grown into a five-acre lot that includes a 3,000-square-foot greenhouse, an irrigation system, grapevines and vegetable beds, a gazebo, a vegetable stand with cold and dry storage, solar-powered wells and an orchard. When it was

continues on page 9



Meredith Mills,
Country Meadows
Retirement Communities,
MHA student

Earn Your Master of Health Administration Degree

Enhance your knowledge in health care with applied management skills.

- Prepare for challenging leadership positions
- Develop critical decision skills that benefit patients, providers, and employees
- Expand your professional network with classmates and faculty
- Attain an exceptional education from a highly ranked program in health policy and administration



Achieve your career goals—apply today!
www.worldcampus.psu.edu/rural-roads



The Commonwealth Garden encompasses five acres and includes a greenhouse, an orchard and vegetable beds. Produce is used to prepare meals for patients at Frank R. Howard Memorial Hospital.

founded, the community garden created to feed hospital patients was the only one of its kind.

“At the time this garden was started in 2005, nothing like this was being done at any hospital in this nation,” Johnson says. “There was no model to follow. This was a pretty big thing, especially for a rural community.”

Big bounty

The foundation’s Commonwealth Garden provides many benefits to Frank R. Howard Memorial Hospital, a 25-bed critical access hospital, as well as the surrounding community of 4,845 people. The most obvious advantage is the ready availability of fresh, organic produce for patients’ meals. Over the last two years, the partnership between the foundation and the hospital has developed in earnest as hospital chef Kyle Evans has created a seasonal, garden-based menu from scratch that also meets strict nutritional and dietary standards. With a culinary background that includes stints in France and Costa Rica, Evans says it was no mistake that he ended up at the rural hospital.

“Coming from fine dining and going into a hospital is a pretty hard transition,” Evans says. “It wouldn’t have happened for me if I didn’t have the garden. That was a big carrot for me – I get this opportunity to work with an incredible organic garden and incorporate that

into healthy food that benefits lives.”

Evans is passionate about the meals he creates and the ability of fresh, wholesome foods to promote healing. He and Johnson are both believers in the importance of fostering a stronger connection to healthy food. And that’s easy when they are able to tell patients the heirloom lettuce in their salads was harvested this morning.

“I feel like that creates a really positive experience through often some really tough times,” Evans says. “To heal we need to be happy, so if we’re able to put a smile on someone’s face with the food that we’re serving, we’re putting them that much closer to getting out the door and back to their lives.”

“To heal we need to be happy, so if we’re able to put a smile on someone’s face with the food that we’re serving, we’re putting them that much closer to getting out the door and back to their lives.”

Kyle Evans, Frank R. Howard Memorial Hospital chef

But sometimes patients aren’t necessarily in a rush to get out that door. Like any good chef, Evans creates meals so delicious that people want just one more bite.

“We’ll have patients that don’t want to leave after being discharged,” Evans laughs. “They want to hang around for one more meal.”

According to Johnson, the garden is a valuable asset for hospital staff and patients’ families as well, as it provides opportunities to go on wellness walks

continues on page 11



cypher™

We take the pain out of ICD-10 implementation

Introducing Cypher,™ a physician-friendly, clinical documentation tool that generates accurate ICD-10 codes and their equivalent ICD-9 and SNOMED codes, quickly and easily – without ever having to select a code.

ICD-10 was intended to make documentation reflect quality of care in the 21st century. Don't be overwhelmed when the number of codes jumps from 44,000 to more than 144,000. With the almost certain avalanche of queries and denials, unprepared hospitals will need lots of cash on hand.

Learn how we can help you ease the pain of ICD-10 and gain better outcomes, increase quality and improve reimbursement. **Visit us at icdlogic.com or call 888.484.1266.**

ICDLOGIC
Clinical Documentation Innovation



and reconnect with nature. One of the garden's biggest private donors spent years in and out of the hospital after their son was injured in an accident, and the garden was important to them during his long recovery.

“At the time this garden was started in 2005, nothing like this was being done at any hospital in this nation. This was a pretty big thing, especially for a rural community.”

Ananda Johnson, Commonwealth Garden founder and director

“They wanted a place to go to after sitting in the hospital all day, somewhere they could just get away,” Johnson says.

The garden is also advantageous to the community as a whole. The availability of fresh produce has provided a segue for health care providers to discuss healthy eating and food preparation with diabetes patients, and it has given staff incentives to participate in hospital-sponsored wellness programs. During the garden's peak season, extra produce is donated to the Willits Senior Center and the Willits Food Bank.

“We have strong support in this community – we always have,” Johnson says.

Homegrown health care

Finding regular volunteers to tend the garden has never been a problem, she adds. The Chamberlain Creek Conservation Crew, a group of inmates from the California Department of Corrections and Rehabilitation, also assists throughout the season. Volunteer coordinator Rebecca Hope says her experience working in the garden has been incredible.

“I love working with members of the community and giving them the opportunity to give back,” she



Kyle Evans, Frank R. Howard Memorial Hospital chef, selects produce from the Commonwealth Garden greenhouse.

says. “There are members of our community that may feel uncomfortable in a hospital setting or may have compromised immune systems. The garden gives them an outdoor experience where they can get some exercise and fresh air while they volunteer.”

This year, the garden will become even more accessible when the foundation's new medical campus opens directly across the street. Including a state-of-the-art hospital, an auditorium, campus housing, an office building and a wellness center, the facility will meet modern earthquake standards and replace the current 85-year-old building.

To replicate a project similar to the Commonwealth Garden, Johnson recommends securing community support, which she says has been vital to the garden's success. She also stresses that getting the infrastructure in place has taken years, including securing monetary support, ensuring sustainable growth practices, and meeting various health and safety standards and regulations.

“We've been building it for years, and just over the last two years have we really been able to provide produce to the hospital,” Johnson says. “We planted the orchard five years ago so it would be in production when the new hospital was complete.”

Now that the garden and orchard are up and running, volunteers, patients and community members agree that the effort was worthwhile. Evans calls the garden a “dream come true.”

“It's a lifestyle, it's an energy, it's a place of spirituality,” he says. “I think understanding what that can bring and how it can impact the local community is really important.” 



INTRODUCING THE FIRST ACCREDITATION PROGRAM DESIGNED FOR SMALLER HOSPITALS!



AAHHS Accreditation

The Accreditation Association for Hospital and Health Systems (AAHHS) has created an accreditation program designed for and field-tested by rural, critical access (CAH) and small specialty/surgical hospitals. All our surveyors are health care professionals who live and breathe the rural hospital environment - carefully recruited and rigorously trained.



Your hospital is a source of pride for your community. And there's no better way to demonstrate that your patient care is world class than AAHHS accreditation. Now you can show the world that your hospital is equal to the big guys!

For more information, contact **Meg Gravesmill** at **847-853-6073** or at mgravesmill@aahhs.org.

HELPING HOSPITALS HELP THEIR COMMUNITIES

www.aahhs.org



ACCREDITATION ASSOCIATION FOR
HOSPITALS/HEALTH SYSTEMS



Utah State Parks assistant boating program manager and law enforcement ranger Brody Young (standing) was shot nine times while on duty.

Park ranger survives gunfight

Small-town paramedics, blood donors help save his life

By Lindsey V. Corey

Nine bullets hit Brody Young. Nine. Four remain lodged inside him.

The Utah park ranger was returning to his patrol truck after a routine welfare check when the illegal camper he'd just questioned shot Young from behind.

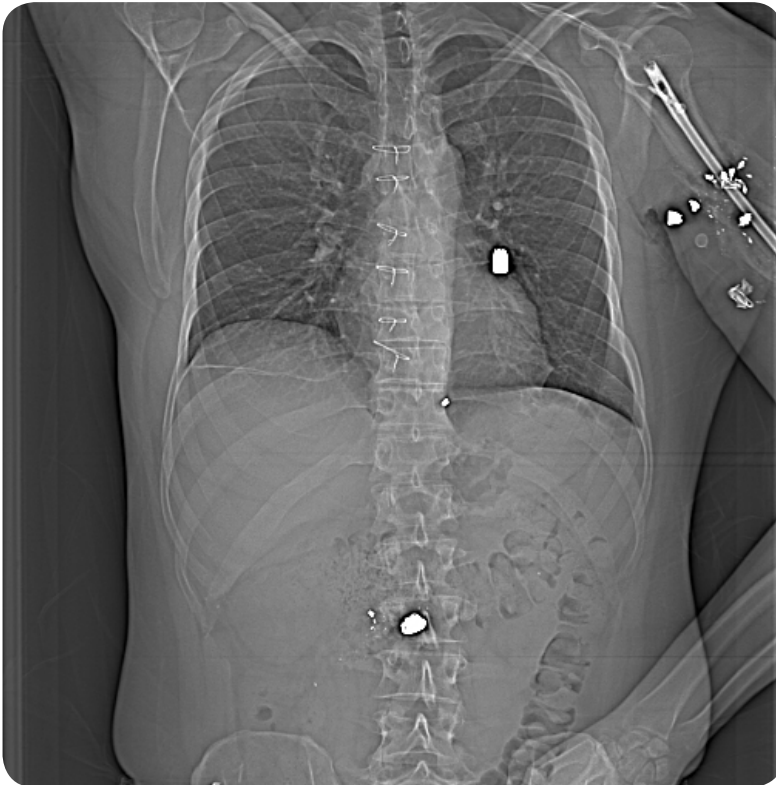
The first bullets shattered his left and dominant arm, and he collapsed to the dirt.

Bullets hit Young's heart, lung, stomach, kidney, liver, intestine, colon, diaphragm, spine, pelvis and both arms.

"He completely emptied his gun into me," Young says. "I had a moment to decide: lay down and die or get up and fight."

Thinking of his wife and kids, Young says he found the strength to grab his gun and get up.

continues



This X-ray image of Brody Young's torso shows some of the four bullets and shrapnel that remain in his body more than three years after being shot.



Park ranger Brody Young was hospitalized for 35 days after being injured in a gunfight. He was unconscious most of that time.

The two had what he calls a cat-and-mouse game around the vehicle, firing round after round until the assailant was wounded and out of ammo and Young – who had managed to reload his weapon with one hand – lost consciousness.

“He completely emptied his gun into me. I had a moment to decide: lay down and die or get up and fight.”

Brody Young, Utah State Parks ranger

When he came to, Young's shooter was gone, and he realized he hadn't radioed in his whereabouts at a trailhead near Moab.

Injuries to his arms prevented Young from reaching the handheld radio at his shoulder so he knew he had to get to the radio in the truck some 30 feet away.

Unable to walk or crawl, Young began rolling. At each turn, he had to grab his shirt to pull his dangling arm along.

After what he says felt like an eternity, Young reached the radio and then laid down waiting for help to come from “10 to 20 miles up river.”

When paramedics, who also happened to be his friends, arrived, Young's intestines were partially hanging out, and his veins were either bullet-ridden or collapsed. So they had to drill a hole in his knee to pump blood directly

into Young's bone marrow. The painful method is most often used on patients whose hearts have stopped and are, therefore, unconscious. Young was still awake.

“The drilling didn't hurt, but the flush of fluid into the bone, that's when I started screaming,” he remembers.

“Hard to believe”

Doctors didn't think Young would survive the helicopter trip from Moab Regional Hospital to Grand Junction, Colo. But after 16 units of blood, he “stabilized midflight and woke up three and a half weeks later” at St. Mary's Hospital.

And he was home in Moab on Christmas Eve, just 35 days after the gunfight.

He and his wife Wendy lost count of how many surgeries Young underwent and how many blood transfusions he required.

The blood bank the small-town hospital used was unusually well-stocked that night in November 2010, but Young emptied it. And if he were not type AB (the universal recipient type), there wouldn't have been enough.



Shooting victim Brody Young is back to his active lifestyle in rural Moab, Utah.



One bullet hit Young's heart, in the pericardial track.

"My heart pushed it out, and it slid between my heart and esophagus," he says. "A clot formed around the wound in my heart and kept me from bleeding out while the other rounds bounced around in me."

"I still have a hard time believing all of it myself."

Brody Young, Utah State Parks ranger

Another round – still in his left lung – rests between critical airways. One bullet is still lodged in his spine. And another stuck in a credit card in his wallet.

"I still have a hard time believing all of it myself," he says, more than three years later.

But he quickly came to terms with what happened.

"When I first woke up, I was mortified by the violence and traumatized by it," Young remembers. "But I found this peace early on in the hospital and knew I had to get back to where I was before all this. For me, running out the fear was part of my recovery."

His community helped him heal too.

continues

How a pint-sized action can make a huge impact

- Every 2 seconds someone in the United States needs blood.
- Although an estimated 38 percent of the U.S. population is eligible to donate, less than 10 percent actually do each year.
- One donation can help save the lives of up to three people.
- About one in seven people entering a hospital needs blood.
- The average red blood cell transfusion is approximately 3 pints.
- A single car accident victim may require as many as 100 pints of blood.
- A patient could be forced to pass up a lifesaving organ if compatible blood is not available to support the transplant.
- 94 percent of blood donors are registered voters.
- The No. 1 reason donors say they give blood is because they "want to help others."
- A healthy donor may donate red blood cells every 56 days, or double red cells every 112 days.
- The American Red Cross supplies about 40 percent of the nation's blood supply.

Sources: American Red Cross and Blood Centers of the Pacific

Proud to be an NRHA
Gold Level Partner



Save Time & Money While Improving Patient Safety Outcomes

Contact Clarity Group Today for More Information on
the Portal, Your Affordable Healthcare IT Solution

Incident Management & Quality Reporting Tool for Small & Rural Healthcare Providers

The Healthcare *SafetyZone*® Portal is a **cloud-based data collection & communication tool** that captures & manages patient safety & quality event information.

- ✓ **Web-based** - saves time in the reporting process & increases productivity
- ✓ **Single form submission** - easy to use
- ✓ **Real-time notifications** - faster action & collaboration
- ✓ **Automated workflow** - increases efficiency
- ✓ **Integrated graphing & analysis features** - spot trends & prevent events before they happen
- ✓ **Supports a culture of safety** - facilitates communication across the entire system of care
- ✓ **Benchmark for Excellence in Patient Safety™** - join your peers from across the country in this first of its kind small & rural benchmarking program

*Manage
Your Risk*

*Save Time
& Money*

*Learn from
Your Peers*



Brody Young paddleboards on the Colorado River with his daughter Jayde. The park ranger says thinking of his family gave him the strength to get up and fire back at his assailant and to roll to his truck to radio for help.



“Moab is a really special place where people look out for and care for each other,” he says. “For a town of 5,000, the outpouring was remarkable. There are so many more good people out there than bad. It really reaffirmed our faith in society.”

The local blood bank wasn’t empty for long.

“Running out the fear was part of my recovery.”

Brody Young, Utah State Parks ranger

“There was heightened awareness after my incident,” he says.

Young used to donate blood.


“I bragged about being able to fill a unit in 43 seconds,” he laughs. “I couldn’t do it for awhile because I didn’t have any of my own blood in me, but I’m cleared now and still stake claim to that record and can fill a bag pretty quick.”

“Keeping people safe”

Young was anxious to get back to “keeping people safe in the wilderness that I love.” He returned to work part

time just three months after the shootout. He was back on full duty as Utah State Parks assistant boating program manager and a law enforcement ranger a year later and continues to go to physical therapy about once a week.

The attacker, believed to be Lance Leroy Arellano, has not been found.

“It’s strange,” Young says. “We don’t have hate or resentment toward this person. The outcome has been so favorable, and so much more good has come from it. It’s just a terrible tragedy, and life goes on. It’s really good. Not that it’s easy, but it’s definitely good.” 

Take it to the bank with NRHA

The National Rural Health Association is hosting its first blood drive from 2-6 p.m. April 22.

The event is in conjunction with NRHA’s 37th Annual Rural Health Conference and its Rural Medical Educators Conference at the Paris Hotel and Casino in Las Vegas.

Go to redcrossblood.org and enter the sponsor code “NRHA” to sign up. Donors will receive two free tickets to the Marc Savard Comedy Hypnosis show at Planet Hollywood.

Visit RuralHealthWeb.org/annual for more information and to register for the educational events.

Small-town practice embraces health reform, transforms into patient-centered medical home

By David Pittman



SAMA HealthCare Services

Health reform is happening in tiny El Dorado, Ark.

In this isolated town of just under 20,000 people 20 miles north of the Louisiana state line, a four-physician primary care practice is a good example of how one practice can transform itself into a patient-centered medical home (PCMH).

SAMA HealthCare Services has worked to add more staff and organize care teams to be able to see more patients, increase employee and patient satisfaction, and hopefully generate more revenue for the practice.

Until a couple of years ago, the practice was a group of physicians and nurses working mostly independently of each other – although all under the same roof.

One physician would rotate to be on call that day to take same-day appointments, but patients would complain that they wanted to see “their doctor.”

“I have seen in the past a doctor and a nurse practitioner work very well together,” says Pete Atkinson, SAMA practice administrator. “I had always dreamed as an administrator to come up with some way to improve the continuity of care for the patient.”

So SAMA HealthCare staff members reorganized themselves into four teams, each with a physician, an

advanced practice nurse, care coordinator and three other nurses. The teams even wear different-colored garb – purple, orange, blue or red – to let patients know which team is caring for them.

“I don’t feel like I’m pushing buttons and checking boxes.”

Gary Bevill, MD, SAMA HealthCare Services physician

Under this structure, each team is responsible for a set of patients, whether they are same-day visits or routine checkups. They have a system where patients just

discharged from the hospital will get a phone call within 24 hours and will be seen in the clinic within a week.

SAMA has hired a fifth team to start in May and will have doubled its number of providers since August 2013.

“Especially with the Affordable Care Act, we’re seeing a ton of patients that never had insurance,” Atkinson says. “The better job we do, the more people that want to come. There was no way we could continue to be the same size and provide proactive services.”

Less “checking boxes”

While the nurse practitioner (NP) sees more acute illnesses like sore throats and sprained ankles, physicians in the group like Gary Bevill, MD, are free to see those with chronic illnesses – and Bevill says it feels like he’s practicing medicine and not running through a mill seeing a new patient every five minutes. The team’s three nurses take vital signs, draw blood and otherwise help move the patients through their visits with Bevill and the nurse practitioner.

“I don’t feel like I’m pushing buttons and checking boxes,” Bevill says.

Bevill and the NP he works with can see about 50 patients a day. Prior to the new system, he was seeing roughly 25 patients a day working by himself.

“What that was telling us – because we’re in such an underserved area – is that there were more patients of mine that really needed to be seen than could be seen,” he says.

Additionally, the quality metrics they receive from Medicare

have improved.

Bevill's team has been around for more than a year, another has been around for about a year, and the last two started in January. So they hope to have a better idea how they are performing in quality and revenue later this year.

"Work has been more enjoyable because you kind of have an idea everybody is pulling their own weight," Bevill says.

Medicare money has helped

The practice's PCMH project was helped by the fact that it was ahead of the curve and instituted electronic medical records in 2002, well before the term "meaningful use" was coined.

But SAMA hasn't done the rest on its own. It is participating in a Medicare PCMH demonstration project called the Comprehensive Primary Care Initiative (CPCI).

Practices in the program receive a per-member-per-month bonus from Medicare, Arkansas Medicaid, Arkansas Blue Cross and Blue Shield, Humana and QualChoice of Arkansas to better coordinate care for patients with those insurance plans. Providers also receive bonuses if they hit certain quality measures.

SAMA is one of 69 primary care practices in the state participating in the project. Arkansas is one of seven states or regions across the country that are participating.

The El Dorado practice used the CPCI start-up money to hire the additional care managers and nurses it needed.

"I would have been very hesitant in today's climate in Medicare reimbursement and being in a rural area to have gone out and borrowed the amount of money that CPCI has given us," Bevill says. "It gave us the ability to make these changes."

Can others emulate?

The additional revenue the NP working with Bevill is bringing into the clinic through seeing patients is covering her salary, so when the CPCI incentives go away, SAMA will be able to keep her.

"If everything works like we think it'll work, then, yes, my income should go up, because the nurse practitioner should more than make up for her salary and collections," Bevill says. "If they roll CPCI nationwide and say if you're gonna see and bill Medicare, you're gonna follow this patient-centered medical home-type philosophy, I think it would be very hard for a solo person the way I used to be set up to do it."

Bill Golden, MD, Arkansas Medicaid medical director, said primary care practices in the state, when given the resources and incentives, are transforming into medical homes.



Top: Physician Gary Bevill and his patient care team. Above: SAMA HealthCare staff wear different-colored scrubs for easy identification as part of SAMA's new team-based, patient-centered model.

More on medical homes

The Maine Rural Health Research Center conducted a national survey of rural health clinics to determine their readiness to become patient-centered medical homes (PCMH).

Learn about the study results, discuss the experiences of clinic staffs participating in PCMH pilots, and get practical pointers from rural clinics undergoing the PCMH transformation during the National Rural Health Association's 37th Annual Rural Health Conference April 22-25 in Las Vegas.

Visit RuralHealthWeb.org/annual for the full educational and networking agenda and to register.

continues



HydroWorx 500 Series Pool is 7'6" wide x 14' long

Superior Outcomes to Better Serve Your Community

It's what you can expect with a HydroWorx therapy pool.

- Underwater treadmill for gait training and balance enhancement
- Integrated jets for resistance exercises and deep tissue massage
- Underwater video for gait analysis and biofeedback
- Heating unit for fully-automated water temperatures
- In-ground and above-ground options to accommodate your needs

Discover what these hospitals already know about effectively treating a variety of health conditions including post operative total joint replacement, athletic injuries, spinal injury and post operative spinal surgery in a safe environment.

Hardin Memorial Hospital
Elizabethtown, KY

Pardee Hospital
Hendersonville, NC

United Memorial Medical Center
Batavia, NY

Childress Regional Medical Center
Childress, TX

Gove County Medical Center
Quinter, KS

Community Hospital
McCook, NE

St. Anthony's Hospital
O'Neill, NE

Caribou Memorial Hospital
Soda Springs, ID

Gibson City Hospital
Paxton, IL

Valley County Health System
Ord, NE

McCurain Memorial Hospital
Idabel, OK

Russell Regional Hospital
Russell, KS

Shenandoah Medical Center
Shenandoah, IA

Maury Regional Medical Center
Columbia, TN

Bellevue Hospital
Bellevue, OH

Central Montana Medical Center
Lewistown, MT

Somerset Hospital
Somerset, PA

Copley Hospital
Morrisville, VT



Start your HydroWorx project for **less than \$400** with our new convenient and cost-effective financing options. Visit info.hydroworx.com/ruralroads or call **800.753.9633**.


continued

"It is reassuring that primary care providers want to implement the vision of the medical home when given appropriate financial support and encouragement," Golden says. "In general, our primary care provider community is meeting and exceeding our expectations. We hope it will result in more satisfying professional careers that will attract new graduates into the field and improve the health of our state."

"There was no way we could continue to be the same size and provide proactive services."

Pete Atkinson, SAMA HealthCare Services practice administrator

Bevill is just mostly encouraged by the improved wellness of his patients.

"At the end of the day, if my income stays about the same and our clinic income stays the same so we can support all this, then I think it's still a win-win," he says. 

This article originally appeared on MedPage Today (medpagetoday.com) on Feb. 13, 2014. Copyright MedPage Today, LLC. All rights reserved.

SAMA's approach explained



Pete Atkinson

Pete Atkinson, SAMA HealthCare Services practice administrator, explains the rural clinic's new model:

"In the past, each provider acted independently. One complaint we heard was that patients wanted to see 'their doctor.' From the physician's standpoint, they want to see their patients, as continuity of care is very important. So the team is designed to correct

this issue as well as address the need for more attention to preventive services.

"Each team consists of a doctor, a nurse practitioner, a care coordinator and three nurses. A patient is seen by their team 99 percent of the time during normal business hours. (Doctors do take vacations.)

"When patients call, they speak with members of their team who know them personally and will be better able to address their needs. The result is more same-day visits with each provider/team and increased quality of care."



Fortune favors those who register early.

Plan now to attend these 2014 events:

Rural Medical Educators Conference

April 22
Las Vegas, Nev.

Annual Rural Health Conference

April 22-25
Las Vegas, Nev.

Rural Quality and Clinical Conference

July 16-18
Atlanta, Ga.

Rural Health Clinic Conference

Sept. 30-Oct. 1
Kansas City, Mo.

Critical Access Hospital Conference

Oct. 1-3
Kansas City, Mo.

Register early to save big.



RuralHealthWeb.org

Specialists come to town

Outreach clinics screen for radiogenic diseases

By Karen Beckham



Dawn Wyatt, a Radiation Exposure Screening and Education Program coordinator, monitors a spirometry test on Ben Tattershall, a former uranium miner. Photo by Kathryn Scott Osler, used with permission from The Denver Post.

Radiation exposure resources

From fiscal year 2010 through 2013, nearly \$2 million was set aside annually to support cancer screening programs, develop education programs, disseminate information on radiogenic diseases, screen individuals for cancer and other radiogenic diseases, provide referrals for medical treatment and facilitate documentation of Radiation Exposure Compensation Act claims.

Find radiation exposure screening and education grantees with active projects by searching for “H1G” at hrs.gov.

Making a difference in the life of rural Americans requires commitment, collaboration and outreach.

When St. Mary’s Hospital could no longer host the Radiation Exposure Screening and Education Program (RESEP), the Denver-based Miners Clinic at National Jewish Health (NJH) was happy to step in to sustain its legacy. The clinic has provided services to former uranium industry workers and “downwinders” in Colorado and Wyoming for the past four years to meet the needs of those at risk for radiogenic diseases.

Bibi Gottschall, MD, Miners Clinic outreach physician, says there is increasing demand for the program’s services since it moved to Denver from Grand Junction, Colo.

As an outreach clinic physician, she sees participants who have radiogenic conditions, as well as unrelated diseases, and who are seeking help and information for both. Many of these

rural patients don’t have a regular medical provider. And access to subspecialty services, particularly providers with expertise in both pulmonary and occupational medicine, is very limited in rural areas.

“We believe that there remain unmet needs among former uranium industry workers and ‘downwinders’ in rural Colorado and Wyoming,” says Miners Clinic medical director Cecile Rose, MD. “We continue to seek creative and innovative ways to reach and serve these RESEP constituents, including mobilizing the many resources we can bring from NJH to expand and improve the quality of our outreach, partnerships and other program efforts.”

The target population of the Miners Clinic is former uranium industry workers, along with the families of deceased workers who may be eligible for Radiation Exposure Compensation Act (RECA) benefits. Rather than making people travel to Denver for evaluation, the staff provides services where people live, mainly in rural parts of Colorado and Wyoming. They also have outreach clinics and other partners in the Colorado towns of Pueblo, Craig, Montrose, and in Casper, Wyo. The outreach team includes pulmonary/occupational medicine physicians, spirometry technicians (who test lung function) and program coordinators.

During outreach clinics, doctors provide health education counseling, materials on smoking cessation, nutrition and diabetes management, vaccinations, strategies for coping with chronic lung disease, and other health promotion topics.

At a recent clinic in Craig, one participant wrote on a feedback card, "The process and personnel make me feel that coming here was very worthwhile and that my health is good."


"We believe that there remain unmet needs among former uranium industry workers and 'downwinders' in rural Colorado and Wyoming."

Cecile Rose, MD, Miners Clinic medical director

From 1945 through 1962, the United States conducted a series of above-ground nuclear arms tests that exposed people to radiation. People who participated onsite in a test involving the atmospheric detonation of a nuclear device within the official boundaries of the Nevada or Trinity test sites and those who were physically present in one of the affected areas downwind of the Nevada test site were exposed. Uranium mine employees were also exposed to large doses of radiation and other airborne hazards in the mine environment that together are presumed to have produced an increased incidence of lung cancer and respiratory diseases among these mine workers, according to RECA.

Funded out of the federal Office of Rural Health Policy, RESEP was designed to develop education programs, disseminate information on radiogenic diseases, screen eligible individuals for cancer and other radiogenic diseases, provide referrals for medical treatment, and facilitate documentation of RECA claims. RECA, administered through the U.S. Department of Justice, provides financial compensation to individuals who contracted certain cancers and other serious diseases following their exposure to radiation released during the atmospheric tests and occupational exposure to radiation while employed in the uranium industry during the Cold War.

Since 2009, RESEP efforts have provided medical screening, counseling and education to 420 Colorado and Wyoming residents. And more than 60 participants have received compensation. In the current program year, 1,567 individuals have been screened across eight grantee organizations in seven states.

"We know our program has had a substantial impact on the communities where uranium industry workers have lived and worked," Gottschall says. 

Karen Beckham is an Office of Rural Health Policy program management officer and Radiation Exposure Screening and Education Program coordinator.



**Let
NRHA
help.**

The NRHA Career Center offers employers and job seekers:

- alerts when résumés and jobs meeting your criteria are posted.
- easy ways to save and manage your favorite postings.
- a variety of affordable packages.
- exposure to the National Healthcare Career Network, a group of more than 265 health care associations reaching out to professionals nationwide.

careers.RuralHealthWeb.org



National Rural Health Association



**National Healthcare
Career Network**

We're mobile.



Enjoy this issue of *Rural Roads* on your iPad, Android tablet, e-reader or smartphone.

RuralRoadsOnline.com



Rural Health Cares

Thank you to the following 2013 contributors
to NRHA's Rural Health Foundation.

Accreditation Association
for Hospital/Health
Systems

Tommy Barnhart

Larry Bedell

Gail Bellamy and
Dan Kurland

Raymond Christensen

Becky Conditt

Lindsey Corey

Tom Dean

Angie Dotson

Eide Bailly

Laura Field

Michael French

Richard Garza

Dale Gibbs

Scot Graff

Spencer Grover

Hilda Heady

Roxanna Jokela

Erin Kerr

Ron Kethan

Lisa Kilawee

Beth Landon

Rob McVay

Carol Miller

Paul Moore

Alan Morgan

Keith Mueller

Wayne Myers

Sandra Pope

Thomas Ricketts

Rusk County
Memorial Hospital

Bill Sexton

Katherine Siress

Tim Size

Brock Slabach

Craig Wesley

Lise Wiese

To make a tax-deductible donation to the foundation, visit RuralHealthWeb.org/donate. On behalf of patients and providers, the National Rural Health Association thanks you for your continued support of rural health.

caring for the future of rural America

Survey says: Rural physicians more likely to participate in quality improvement efforts and discuss costs of care with patients

By Lindsey V. Corey



Eric G. Campbell



Gary Hart



Anne Kirchhoff

A new study in the National Rural Health Association's *Journal of Rural Health* finds rural primary care physicians are more likely to participate in quality improvement activities than their urban counterparts.

"I hope this study helps dispel myths about rural health care," says Alan Morgan, NRHA CEO. "Quality health care can be found in rural towns all across America. Rural primary care often faces significant challenges with equal or better patient outcomes. It's time to start looking at what's done right in rural."

A survey of 2,000 rural and urban family practitioners indicated that while rural communities may have fewer training options, rural primary care physicians are significantly more likely to participate in quality improvement activities.

The study also found that rural physicians were more likely to discuss the costs of care with their patients and to report having added Medicaid or uninsured patients during the preceding year.

"Rural physicians are dedicated to providing high quality care and committed to supporting safety net patients," says study co-author Anne Kirchhoff, PhD, University of Utah assistant professor of pediatrics. "The Affordable Care Act should help more primary care providers receive payments for care they currently provide without charge. But as the Medicaid expansion is limited to only half the states, many rural providers will still shoulder a disproportionate cost burden compared with urban physicians."

Rural doctors surveyed were also more likely than urban and suburban physicians to participate in error-reduction initiatives and reviews of other physicians' records and to feel prepared to contribute to quality improvement efforts.

"Despite our results and other evidence, the perception still exists that

rural primary care is not as good as that available in cities," says study co-author Eric G. Campbell, PhD, Harvard Medical School professor and Massachusetts General Hospital Mongan Institute for Health Policy director of research. "So we needed to learn more about the factors driving that misperception and the role it may play in the continuing shortage of rural physicians in the U.S."


These findings correlate with other recent research, including a 2013 study, which indicated rural health care quality is equal to or better than urban care and that the cost per Medicare beneficiary is 3.7 percent less for patients treated in rural areas versus those who seek urban health care.

"It's time to start looking at what's done right in rural."

Alan Morgan, NRHA CEO

"Primary care physicians in rural areas are just as equipped and capable to work in the Affordable Care Act environment that focuses on value," Morgan adds.

The peer-reviewed *Journal of Rural Health* article on the study, supported by a grant from the Columbia University Institute on Medicine as a Profession, is available to members via NRHA Connect (connect.NRHArural.org).

"While there is often an urban perception that rural primary care physicians are somehow professionally inferior, our work shows that this is often not the case. In fact, by some measures rural physicians can be counted more professional," says co-author Gary Hart, PhD, University of North Dakota School of Medicine and Health Sciences professor and Center for Rural Health director. "Of course, more of these types of comparisons need to be investigated where nuances of practice, physician, location type and other factors are included in more detail." 

Beginnings & Passages



Jarod, Jaime and Jack William Giger

“No data, geography or policy is going to condemn my parents and other rural Americans to a shorter life.”

Life. Long. Learning.

By Jarod Thomas Giger, PhD

I grew up in the town of, no let me correct that, the village of St. Jacob, Ill. Our family unit was approximately .01 percent of the entire village population. I grew up on a small grain and livestock farm, and our closest neighbors were our cousins, also farmers. Our farm has been in the family for more than 105 years and has been passed down over five generations. My mother and father still live in the home my dad built in 1983.

I suspect my brief family introduction is familiar to many National Rural Health Association members. Sadly, I suspect the following phenomenon is too commonplace. Growing up, my family and I knew more about the health and wellness of our local grain yields and animal population than the health and wellness of my rural community. Let that sink in for a minute. A low yield harvest or a pesky livestock “bug” could inflict much harm. Family and community health and wellness, not a clue.

Neither mother nor father attended college. My father did, however, attend a technical school, where he received an electronic certification. At age 19, he was hired by Xerox Corporation and drove well over an hour “to the city.” Each night upon his return home from his full-time job in St. Louis, Mo., he worked his second job as family farmer. A 40-hour week was not an option for him. This was his routine for over 35 years. My mother quit her job when my brother and I were born and decided to work as a stay-at-home mother and farmer. She too would have appreciated only working 40 hours a week.

I am a first-generation college graduate, who happened to take an undergraduate sociology class with Bob Blaine. One day in class, Dr. Blaine showed educational trends in rural areas. The data he showed suggested I would likely earn an associate’s degree or a similar degree. At the time, first-generation college students were, on average, expected to achieve an education level one degree higher than their parents. I was furious. No data was going to tell me what I could or could not do. That class is forever etched in my memory.

After earning undergraduate degrees in psychology and sociology and a master’s degree in social work, I went back to school to complete my doctoral work. I completed my PhD training at the University of Missouri (MU) School of Social Work, where I had the great pleasure of working with some amazing researchers and scholars in the interdisciplinary MU Center for Eldercare Rehabilitation and Technology. While at MU, I “knew,” or at least I thought I knew, the differences among rural and urban communities. What hubris on my part.

It wasn’t until I was selected as a 2012 NRHA Rural Health Fellow that I genuinely understood the obstacles, geographical (e.g., considerable drive time to a health provider)

continues on page 28

Innovative rookies and seasoned professionals share their experiences.

“Once I became woven into the fabric of health care, I never wanted to venture into anything else.”



Brenda Shell Hoss

Hospital administrative assistant marvels at her nearly 50-year career

By Brenda Shell Hoss

My first job was at Cannon Memorial Hospital, where I started in 1965 as a ward secretary providing nurses with clerical assistance in this 100-bed hospital.

To my surprise, three months later, the hospital administrator asked me to be her personal secretary. I recently completed my 48th year with the organization and have served seven administrators along the way, never having worked anywhere else in my life.

I think my inspiration to work in a hospital came from my great grandfather, a country doctor practicing in the late 1800s. Several cousins and I made our life's work in the health care field.

I've seen some incredible changes, not only in health care and the way it is delivered but also in technology. I laugh out loud when I think of laboring over that dreadful shorthand and the old manual typewriter as I learned those skills. Today, as I type on my dazzling Dell computer, I chuckle about the antiquity of manual typewriters, electric typewriters with a rotating ball and the word processor. And I ponder what's ahead.

I marvel at how a two-person office in 1965 functioned not only as the administrator's office but also managed personnel,

fundraising, marketing, public relations and physician recruitment, just to name a few of our responsibilities. They all developed into separate departments with multiple employees in each department.

I'm proud to have been a part of the growth of Cannon Memorial Hospital, its merger with a nearby hospital and the building of a state-of-the-art critical access hospital in Linville, a more central location in our county.

Once I became woven into the fabric of health care, I never wanted to venture into anything else. For 48 years I've worked in rural health, deeply admiring and respecting the hospital administrators I have served and proud of the care that has been provided to our area.

I look forward to a few more years before I turn in my stenographer's pad, typewriter, word processor, desktop computer, laptop, iPad and whatever other technology I have yet to see. To coin an old phrase, "We've come a long way, Baby."

Brenda Shell Hoss is the administrative assistant at Cannon Memorial Hospital in Linville, N.C.

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

Beginnings & Passages

continued from page 26



Top: Jarod Giger with his father Thomas and son Jack William. Right: Thomas Giger, Jarod's father, shows his grandson around the family farm. Above: Jaime, Jarod and Jack William Giger at Mount Rushmore.

and policy (e.g., reimbursement rates for rural areas), people residing in rural areas encounter on a daily basis. As a Rural Health Fellow, I was tasked with familiarizing myself with rural health data. The rural health data was and still is shocking. And while I could go on page after page highlighting the various health disparities rural Americans face, I will focus on one: shorter life expectancy. Americans residing in rural communities tend to have a decreased life expectancy.

While there are myriad complicated and nonlinear variables that contribute to a shorter life span, I believe one should not be sentenced to a shorter life simply because s/he grew up in a rural community. In America in the 21st century, this is unacceptable. No data, geography or policy is going to condemn my parents, who still reside in the home my father built, and other rural Americans to a shorter life. So back to work NRHA and I go. I encourage you to join us.

Jarod Thomas Giger, PhD, is an assistant professor of social work at the University of South Dakota School of Health Science. His research focuses on technology acceptance among rural older adults and subjective wellbeing among rural adolescents. Giger was a 2012 NRHA Rural Health Fellow and joined NRHA in 2011.

Connie Arney
Program Manager
Placer Medical Clinics
Tahoe & Auburn, CA
Rural Health Clinic

I'm an EP!SM

The Compliance Team's Exemplary Provider™ "EP" accreditation program for rural health clinics eliminates unnecessary distractions and non-essential expenses while guiding providers to healthcare delivery excellence.

Industry leading, Safety-Honesty-Caring®, quality standards focus on what matters most to patients and providers alike. In addition, every customizable EP

program includes one-on-one expert mentoring, self-assessment checklists, and corporate anti-fraud plans. We then tie it together with a secure web-based national data bank for patient satisfaction reporting and benchmarking. It all adds up to exemplary care the EP way.

For more details, please call us at **215.654.9110** or visit our web site, **TheComplianceTeam.org**.


TheComplianceTeam[™] Medicare deeming
authority pending.
Exemplary Provider[™] Accreditation

Rural health advocates from all 50 states gather in D.C.

The National Rural Health Association's 25th annual Rural Health Policy Institute brought a record 430 rural health advocates together in D.C. in February.

Mary Wakefield, PhD, Health Resources and Services Administration (HRSA) administrator, used to attend NRHA's annual advocacy events as a participant.

Nowadays, she's at the podium, telling attendees from all 50 states, "I don't know how they did it, but congratulations to NRHA. They've got an incredibly robust agenda lined up for you, and I'm not talking about me; I'm always here."

Wakefield said her goal is to "ensure rural America is a clear focus in virtually every one of our programs at HRSA." She also highlighted efforts in telemedicine, behavioral health, early childhood services, workforce, insurance and more.

Rep. Adrian Smith (R-Neb.) introduced the Critical Access Hospital Relief Act a day before speaking at the Policy Institute, where he earned applause for the announcement and encouraged attendees to talk to their elected officials in support of the bill.

Sen. Heidi Heitkamp (D-N.D.) also garnered applause when she said her priorities are "One: Rural health care. And two: Preventative public health."

"We don't do public health in America; we do curative medicine," she added. "Yes, we need to cure disease, but we really want to prevent disease."

NRHA's 2015 Policy Institute will be Feb. 3-5 in Washington, D.C.



Clockwise: NRHA president Raymond Christensen and member Harry Jasper chat with Office of Rural Health Policy associate administrator Tom Morris during the NRHA Policy Institute reception. Julie Arel and daughter Sophie, 9, traveled to D.C. for NRHA's Policy Institute, and the duo met with congressional members from Vermont. Sen. Joe Donnelly (D-Ind.) met with staff from the Richard G. Lugar Center for Rural Health and three medical students from the Indiana University School of Medicine-Terre Haute campus as part of NRHA's advocacy event. Shortly after their visit, arranged by NRHA, Donnelly joined the Senate's Rural Caucus.



Clockwise: Democratic Sen. Heidi Heitkamp spoke with NRHA members from North Dakota. Sen. Pat Roberts (R-Kan.) joked with fellow Rural Health Policy Institute speaker Master Gunnery Sgt. William T. Mahoney. Policy Institute presenter Rep. Cathy McMorris Rodgers (R-Wash.) debriefs with NRHA government affairs and policy vice president Maggie Elehwany. Former NRHA president Wayne Myers catches up with Health Resources and Services Administration administrator Mary Wakefield before she presents to a record number of Policy Institute attendees. Naomi Moss, 10, her grandmother and NRHA board member Gail Nickerson and her mother Aimee Moss enjoy an exhibit at the U.S. Botanic Garden, where NRHA's congressional reception took place. Nickerson says it's her goal to bring each of her grandchildren to D.C. during her visits for NRHA's annual advocacy event.

More friendly faces

Continue your trip down Memory Lane or see what you missed with more photos from the Rural Health Policy Institute and other NRHA events at flickr.com/nrha.

Learn more about and become involved in NRHA's advocacy efforts on page 39.

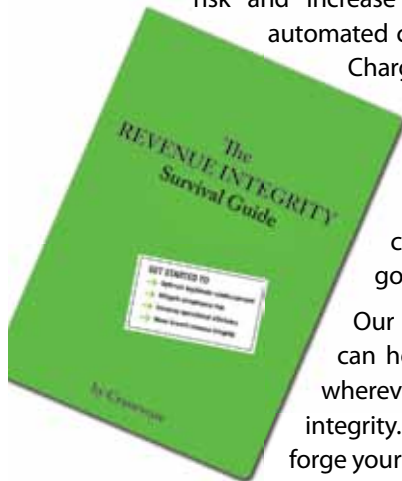
On the journey to revenue integrity, you need an expert guide.



Smaller hospitals and CAHs are hit particularly hard by ever-changing and tightening reimbursement and regulations. How do you stay compliant and financially healthy under this kind of pressure?

One in four U.S. hospitals, from large networks to CAHs, chooses Craneware Revenue Integrity Solutions® to help them optimize reimbursement, mitigate compliance risk and increase operational efficiency. We pioneered automated chargemaster maintenance in 1999 with Chargemaster Toolkit®, and it's been rated 1st in its category by KLAS* for seven consecutive years. Now spanning a broad range of software backed by unsurpassed supporting services, we can help you reach your revenue integrity goals.

Our free **Revenue Integrity Survival Guide** can help your hospital, whatever its size and wherever you are on your journey to revenue integrity. Just scan the code to get your copy and forge your own journey.



SCAN FOR YOUR
FREE DOWNLOAD



craneware.com
stoptheleakage.com

CRANEWARE REVENUE INTEGRITY SOLUTIONS® FOCUSED ON INTEGRITY®



Revenue Cycle

Chargemaster Toolkit®-CAH
Physician Revenue Toolkit®
Bill Analyzer



Supply Management

Pharmacy ChargeLink®
Supplies ChargeLink®



Audit & Revenue Recovery

InSight Denials®
InSight Audit®
InSight Payment Variance Analyzer®



Access Management & Strategic Pricing

Patient Charge Estimator®
Pricing Analyzer™
InSight Medical Necessity®



Download valuable resources
and join the movement to
prevent revenue leakage
stoptheleakage.com



*Chargemaster Toolkit® is ranked No. 1 in the Revenue Cycle – Chargemaster Management market category for the seventh year in a row (2006 – 2012), and Bill Analyzer is ranked No. 1 in the Revenue Cycle – Other market category the second year in a row (2011 – 2012). "2012 Best in KLAS Awards: Software & Services" report, published December 2012. Data © 2012 KLAS Enterprises, LLC. All rights reserved. www.KLASresearch.com



Healthcare Financial Management Association staff and volunteers determined that Craneware's Chargemaster Toolkit®, Chargemaster Corporate Toolkit®, Bill Analyzer, Online Reference Toolkit®, and Interface Scripting Module have met specific criteria developed under the HFMA Peer Review Process. HFMA does not endorse or guarantee the use of these products.



With the right healthcare partnership...

Small Can Be *Huge*.

Initial inquiries:

Jordan Tenenbaum
VICE PRESIDENT

phone // 314 302 5373
jtenenbaum@allevant.com



Post-Acute
Care Solutions

Customized solutions
and new service lines for
critical access hospitals and
post-acute care providers.

developed by Mayo Clinic and Select Medical

For more information visit **ALLEVANT.COM**



Audit | Tax | Cost Reporting | Revenue Cycle | Strategic Financing | Operational Process Improvement
Information Technology | Strategic Reimbursement | Organizational Consulting



Get More, Save More With a Virtual Chargemaster

When Pat Borel, the Chief Financial Officer of Central Community Hospital, was new to Critical Access Hospital accounting, she turned to Eide Bailly. "Eide Bailly took the time to help me understand how to price our services and supplies, as well as how to be compliant. They pointed out areas where our hospital was missing out on revenue. I learned enough in our chargemaster review to pay for the service 10 times over! Eide Bailly's chargemaster review is a service that all CFOs, accountants and financial service staff should consider. I am much more comfortable with my role as CFO and what I can do for our Critical Access Hospital after working with Eide Bailly."

By examining your current chargemaster and cost report, we find ways to improve cost reimbursement from Medicare and validate compliance with third-party payor regulations. Better yet, we can do this using the latest video conference technology, to help you control your costs and get the help you need.

To learn more about how Eide Bailly can help you,
visit www.eidebailly.com/healthcare.



CPAs & BUSINESS ADVISORS

Members on the move

NRHA member fills NRHA past president's former post



Halley Lee

National Rural Health Association member Halley Lee is the new administrator of the South Dakota Office of Rural Health.

Prior to taking the position, Lee directed the South Dakota Healthcare Workforce Center since 2007. She now holds the position previously held by 2013 NRHA president Sandra Durick, who retired in October.

“Having worked closely with Sandi Durick, I learned very quickly what NRHA stands for and how it impacts rural health on a national level,” Lee says. “In my new position, I will look to NRHA as a resource for national rural health policy as well as a platform for collaboration amongst other rural states in addressing pressing issues such as recruitment and retention efforts and access to care in rural and frontier areas of our country.”

Lee directs the state office in Pierre, administers federal grants, identifies rural health needs, develops policies and programs and provides technical assistance.

She joined NRHA in 2011.

Family physician honor goes to NRHA member, small-town doc with statewide impact



Keith Davis

National Rural Health Association member Keith Davis, MD, was recently named the 2014 Family Physician of the Year by the American Academy of Family Physicians.

He says he was “thrilled, honored and especially surprised” to win the award honoring an outstanding physician who provides compassionate and comprehensive care as a role model in their community and to professionals, residents and medical students.

Davis is the owner, CEO and medical director of Shoshone Family Medical Center, which he started in 1985 in Shoshone, Idaho.

He arrived in the small town as a National Health Service Corps placement to repay his medical education loans and has stayed for nearly 30 years.

The only doctor in Lincoln County, Idaho, an area about the size of Rhode Island with a population of 5,000, Davis still makes house calls.

“NRHA is an important voice for rural health care,” Davis says. “I’d like to see rural physicians as a more active component of NRHA mission and membership.”

Improving access to primary care services has been part of Davis’ vocation throughout his 28-year career. Had he not received life-changing surgery as a child thanks to a program similar to those he currently advocates for, his life may have turned out much differently, he says.

“The biggest struggle I see in rural medicine today is really the economics of operating a medical practice with increasing regulation and marginal payments,” Davis says. “Good access to high quality primary care, I believe, can save our health care system, and national organizations like NRHA are crucial for the changes needed at the federal level.”

Davis joined NRHA in 2011.

Newly elected NRHA leader receives AHA award



Susan Starling

National Rural Health Association member Susan Starling recently received the Shirley Ann Munroe Leadership Award, presented annually by the American Hospital Association (AHA) to rural hospital leaders.

“I was very honored to receive this award, although my successes have been directly linked to having a strong

team working together to improve and maintain access to health care in our rural communities,” she says.

In 2010, under Starling’s direction, Marcum and Wallace Memorial Hospital in Irvine, Ky., received state certification as the first level IV trauma center in Kentucky. Starling has dedicated 30 years to the critical access hospital, becoming CEO in 2001. In 2012, she received the Kentucky Rural Health Association’s Dan Martin Award for her dedication to rural health care.

Starling was recently selected by NRHA members as the Hospital Constituency Group chair, which she says is a “great opportunity to be in contact with other rural hospital leaders.”

“Through both NRHA and AHA, I learned the importance of advocacy, and I take advantage of sharing our story with the decision makers in Washington, D.C.,” she says.

Two of the award finalists, Marcia Dial, Scotland County (Mo.) Hospital CEO, and Lisa Heaton, Johnson County (Tenn.) Community Hospital vice president, administrator and chief nursing officer, have been NRHA members since 2004 and 2007, respectively.

Starling joined NRHA in 2007.

we face significant challenges, some say the greatest changes to the health care system since inception of the Medicare program. But together I believe we can find the opportunities that lie within. My goal, as an NRHA leader, is to help identify and cultivate those opportunities.”

Schmidt joined NRHA in 1991. She will assume the duties of NRHA president in 2015. This year’s president is Raymond Christensen, MD.

Lisa Kilawee, Avera Health rural health services director, will serve as NRHA’s board secretary in 2014 and 2015. She joined the association in 2004.

Visit NRHA’s blog at blog.RuralHealthWeb.org for the full list of newly elected constituency group chairs and Rural Health Congress representatives.

Former surgeon general to keynote NRHA’s flagship event in Vegas

The National Rural Health Association’s 37th Annual Rural Health Conference will be April 22-25 in Las Vegas.

David Satcher, MD, the second person to simultaneously hold the positions of U.S. surgeon general and assistant secretary for health, will headline the nation’s largest gathering of rural health professionals.

“His vast experience in health care, public service and the medical field lends itself to a great presentation our members won’t want to miss,” NRHA CEO Alan Morgan says.

The conference offers something for everyone and exclusive educational tracks on policy, rural research and education, hospital and clinic management, clinical advancements, state health resources and rural community efforts.

There will be more than 55 innovative, practical and cost-saving sessions on rural-specific successes; public health; federal policy, programs and funding opportunities; workforce solutions; telehealth initiatives; primary care collaborations; disease prevention and treatment and much more.

Arrive early for the Rural Medical Educators Conference focusing on leadership development. Marc Nivet, EdD, American Association of Medical Colleges chief diversity officer, will give the keynote address on April 22.

And don’t miss NRHA’s first blood drive from 2-6 p.m. April 22. Go to redcrossblood.org and enter the sponsor code “NRHA” to sign up. All donors will receive two tickets to the Marc Savard Comedy Hypnosis show at Planet Hollywood.

For both conference agendas, discount offers and registration information, visit RuralHealthWeb.org/annual.

NRHA news

NRHA elects new leadership



Jodi Schmidt

National Rural Health Association members selected longtime member Jodi Schmidt as president-elect.

When considering running for the NRHA leadership role, Schmidt said she was reminded of Albert Einstein’s quote, “In the middle of difficulty lies opportunity.”

“The history of rural health innovation suggests he was right,” says the Labette Health CEO. “Once again,

continues

continued

NRHA welcomes new fellows



2014 Rural Health Fellows

Following a competitive review process, 15 fellows were selected to participate in the National Rural Health Association's yearlong, intensive program aimed at developing leaders who can articulate a clear and compelling vision for rural America.

"With the successes achieved by the seven previous classes, we look forward to continuing the tradition of building rural health care leaders through this valuable program," NRHA CEO Alan Morgan says.

The 2014 Rural Health Fellows first met during NRHA's Rural Health Policy Institute in February in Washington, D.C.

The new fellows are:

Mary Atkinson Smith, DNP, Starkville Orthopedic Clinic nurse practitioner, Starkville, Miss.

Angela Bangs, Montana Office of Rural Health/Area Health Education Center project coordinator, Bozeman, Mont.

Mitchell Berenson, Community Infusion Solutions CEO, Rockwall, Texas

Maritza Bond, Eastern Connecticut Area Health Education Center executive director, Willimantic, Conn.

Kelly Cheek, West Texas Area Health Education Center director, Abilene, Texas

Alison Davis, PhD, University of Kentucky Community and Economic Development Initiative of Kentucky director and professor, Lexington, Ky.

Kevin Driesen, PhD, Arizona Rural Hospital Flex Program director, Tucson, Ariz.

Tammy Hatting, Avera business development manager, Sioux Falls, S.D.

Gretchen Holmes, PhD, University of Kentucky College of Medicine Center of Excellence in Rural Health assistant research director, Hazard, Ky.

William Kiefer, Red River Regional Hospital chief clinical officer, Bonham, Texas

Cody Mullen, Indiana University Fairbank's School of Public Health associate instructor and doctoral student, West Lafayette, Ind.

Ken Reid, Capella University doctoral student, Bosque Farms, N.M.

Dayle Sharp, PhD, University of Texas School of Nursing clinical assistant professor, El Paso, Texas

Will Wilson, Minnesota Department of Health supervisor, St. Paul, Minn.

Holly Wolff, University of North Carolina Gillings School of Global Public Health research assistant, Chapel Hill, N.C.

For more information on the Rural Health Fellows, visit RuralHealthWeb.org. Application materials to join the 2015 class will be available online in May.

NRHA congratulates Rural Health Fellows graduates



2013 Rural Health Fellows

The National Rural Health Association congratulates the following 2013 Rural Health Fellows for completing the intensive program aimed at developing leaders who can articulate a clear and compelling vision for rural America.

The 2013 fellows presented the results of a year of research and collaboration during their graduation ceremony at this year's NRHA Rural Health Policy Institute in Washington, D.C.

These NRHA members are now alumni of the competitive program:

Judith Austin, Hi-Desert Medical Center chief operating officer and chief nursing officer, Joshua Tree, Calif.

Lynn Barr, Tahoe Forest Health System chief information officer, Truckee, Calif.

Chris Felton, West Texas Area Health Education

Center associate director, Lubbock, Texas

Susan Frazier, MD, Memorial Health Clinics/
Aspirus physician, Rib Lake, Wis.

Alicia Haywood, Colorado Rural Health Center
policy and advocacy manager, Aurora, Colo.

Cristina Miller, PhD, USDA Economic Research
Service Public Service Leaders scholar,
Silver Spring, Md.

Stephanie Powers, Regional Health grant services
assistant director, Rapid City, S.D.

Hicham Rahmouni, Richard G. Lugar Center for
Rural Health associate director, Terre Haute, Ind.

Geoffrey Roche, Pocono Health System community
and government relations coordinator, East
Stroudsburg, Pa.

Jonathan Wade, Mercy St. Francis Hospital president,
Mountain View, Mo.

Vicki Weidenbacher-Hoper, National Center for
Rural Health Professions assistant director, South
Beloit, Ill.

"I am thrilled to have been an NRHA Rural Health Fellow. Having the opportunity to spend time with the other fellows, learn more about what they do, and hear firsthand about rural access to health care in their areas has been a truly enlightening experience for me," Miller says. "These fellows are an amazing group of people who work hard every day to provide health care, share knowledge and support their rural communities."

As part of the yearlong program, the fellows developed three projects examining medical graduate education, regional variations in health insurance coverage and the difference in value between urban and rural health systems.

For more information, visit RuralHealthWeb.org.

Speak up: Present at NRHA conferences

The National Rural Health Association is accepting presentation submission proposals for its upcoming

educational events.

Submissions for this year's Rural Health Clinic and Critical Access Hospital Conferences will be accepted through May 9. The events will be Sept. 30-Oct. 3 in Kansas City, Mo.

And NRHA will take session proposals for its 38th Annual Rural Health Conference, the nation's largest gathering of rural health professionals, April 15 through July 15. The 2015 event will be April 14-17 in Philadelphia.

Go to RuralHealthWeb.org to submit proposals for review by NRHA members.

NRHA recognizes congressional rural health champions



NRHA members Carolyn Sheridan and Ed Friedman present an NRHA Legislative Award to Rodney Whitlock (center) at his Capitol Hill office during NRHA's Policy Institute.

The National Rural Health Association recently presented its 2014 Legislative Awards, which recognize outstanding leadership in rural health issues by U.S. congressional members and staff.

This year's member recipients are Sen. Amy Klobuchar (D-Minn.),

Sen. Jerry Moran (R-Kan.), Senator John Thune (R-S.D.), Rep. Lynn Jenkins (R-Kan.) and Rep. Peter Welch (D-Vt.).

Staff awards were given to Veronica Duron, who works for Sen. Charles Schumer (D-N.Y.), and Rodney Whitlock, who serves in the office of Sen. Charles Grassley (R-Iowa).

"The winners embody hard work, commitment and a true devotion to rural America," says David Lee, NRHA government affairs and policy manager. "Their efforts to guarantee quality, accessible health care in rural areas are appreciated, and NRHA and all rural advocates are fortunate to have such stalwart champions."

Award winners were honored during NRHA's 25th annual Rural Health Policy Institute, which brought a record 430 rural health advocates to D.C. for education and advocacy in February. (See page 30 for more on the event.)

The 2015 Policy Institute will be Feb. 3-5 in Washington, D.C.

continues

I need current technology



to provide **state-of-the-art healthcare.**

Kingsbridge Healthcare Finance is dedicated ***exclusively*** to serving the financial and equipment needs of the healthcare community.

- We partner with healthcare providers nationwide, to consistently deliver superior asset management products. Developing and maintaining long term relationships with our clients is the core of our business. Based on this commitment to our customers, our team has funded over \$3 Billion in transactions to date.
- Our relationships in the medical community have enabled us to acquire a broad spectrum of healthcare technology. We supply hospitals, surgical centers and doctors' solutions that bring continued value and benefits to the entire medical community. Additionally we can purchase your underutilized assets.

Kingsbridge Healthcare Finance is unrivaled at combining in-house resources that include the financial stability of an institution with the responsiveness of an independent.

The end result? You get the funding and equipment you need with the financial structure best for you.

With no surprises.

KINGS BRIDGE
HEALTHCARE FINANCE®
Financial Health **Assurance**

Please visit us at **booth 212** at the
Annual Rural Healthcare Conference.



GOLD LEVEL MEMBER

Contact us today to discuss your needs at **847-457-4105**
or visit www.kingsbridgehealthcare.com

KingsBridge Healthcare Finance is a Division of KingsBridge Holdings, LLC.

Foundation helps emerging leaders attend advocacy event

The National Rural Health Association's Rural Health Foundation awarded technical assistance grants to cover travel expenses for five applicants to participate in NRHA's 25th annual Rural Health Policy Institute in D.C.

The following grant recipients were selected from 28 candidates to attend the education and advocacy event in February at no cost:

Bryant Conkling, Cedar Rapids, Iowa

Brayden Healey, Meridian, Idaho

Julius Musenze, Athens, Ohio

Doris Poston, Giddings, Texas

Trey Mac Shipley, Mission, Kan.

"With issues like sequestration and the sustainable growth rate very much on the public agenda, interacting with other rural health champions allowed us to share knowledge and learn effective advocacy tools," says Conkling, a University of Iowa graduate student and a Rural Policy Research Institute research assistant. "As a student, I plan on soon working in a professional capacity related to rural health. Taking part in NRHA's Policy Institute with assistance from the Rural Health Foundation helped me take one more step forward toward that goal."

To learn about NRHA's nonprofit foundation or to donate, visit RuralHealthWeb.org/donate.



Rural Health Foundation technical assistance grant recipients

Send your career updates to editor@NRHArural.org.

accelerating advocacy

Rural health's changing political landscape

Over the last several years, we have seen huge changes in rural health.

From the Affordable Care Act and work on replacing the sustainable growth rate and permanently extending various rural health programs to annual appropriations for rural health research and network development, Congress continues to take major action that affects nearly every facet of the rural health care delivery system.

As these changes are implemented and other changes are considered, staying engaged with your senators and representatives remains critical.

It may seem as though there is always some new crisis and that you are being called on to act often, but the truth remains: If National Rural Health Association members don't stay engaged in the process, there will be significant negative changes to the rural health landscape.

"The importance of having grassroots advocates interacting with their legislators cannot be overstated," says Maggie Elehwany, NRHA government affairs and policy vice president. "When dollars are on the line, representatives and senators rely on the folks in their districts and states for crucial information on the impact of different proposals."

NRHA hosts a grassroots advocacy call on the last Wednesday of each month. To join the discussion on the latest issues affecting rural health on Capitol Hill, send a blank email to grassroots@lists.wisc.edu.

For help in establishing relationships and building trust with your elected officials, contact NRHA's government affairs staff at dc@NRHArural.org or 202-639-0550.

— *David Lee, NRHA government affairs and policy manager*

Rural Lens

Photographers capture “rural charm”



“Little town of Blue Grass, Virginia” by Doug Puffenbarger

Grand prize and community category winner

“A small town in Highland County where I grew up and am fortunate enough to still live today.”

Photography is just a hobby for Doug Puffenbarger.

He’s a farmer first, he says, one who takes inspiration from his daily chores to share photos with anyone he can.

Puffenbarger knows his source material well. He tends to the family farm on which he grew up in Blue Grass, just one of the many small towns in what is often referred to as “Virginia’s little Switzerland.”

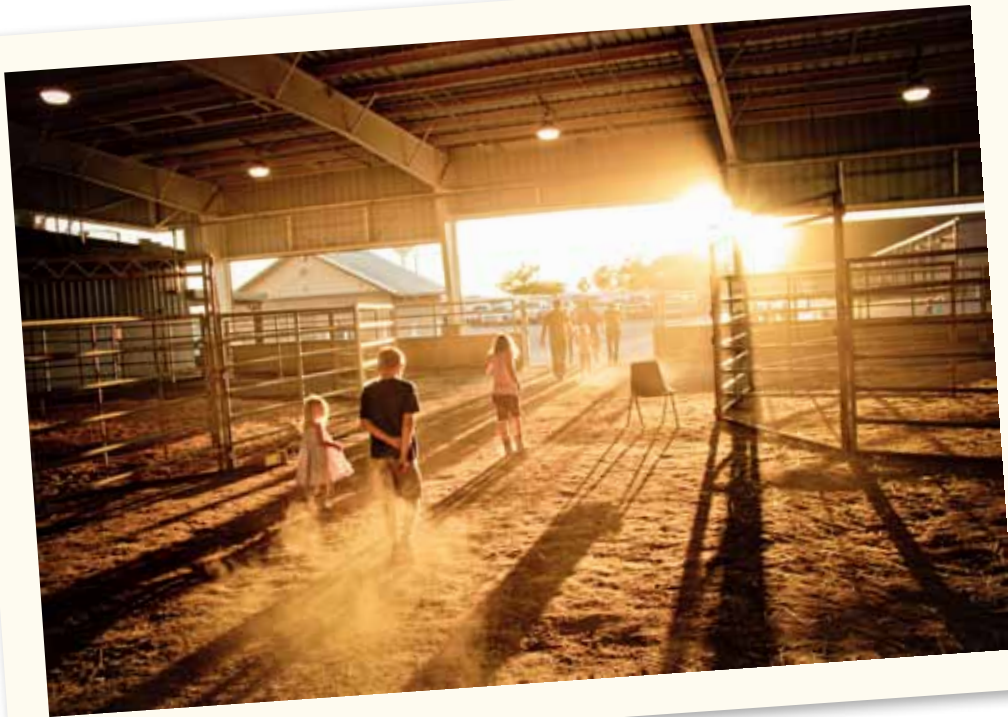
“I couldn’t choose a better place to take photos than this land of high mountain valleys, grazing farms and rural charm,” he says.

Puffenbarger says he was thrilled to see his photos

voted best in the community and landscape categories in the National Rural Health Association’s and the Rural Assistance Center’s photography contest conducted via NRHA’s Facebook page. And he couldn’t believe he won the grand prize, among “some fantastic, beautiful photos” that he and others shared with thousands of voters through the second annual Rural Lens contest. He received an iPad mini from Patient Focus.

Cheryl Lippold’s photo featuring her granddaughter atop a hay bale on her third birthday in rural Hiawatha, Kan., won the contest’s people category.

Visit facebook.com/ruralhealth to take in all 244 entries – 163 more than the contest’s first year – and for the latest in rural health news and events. Stay tuned for details on the next contest.



**“A day of agriculture”
by Melanie Summers
in Park City, Kan.**

*Community category
honorable mention*

“This image captures the end of a day at the junior livestock show.”



**“Relaxing afternoon” by Tami Graf
at Upland Hills Health, Dodgeville, Wis.**

Community category honorable mention

“Adam F. Dachman, MD, plays piano for the residents as they come to the day’s end.”

continues



“Springtime reflection”
by Doug Puffenbarger
in Blue Grass, Va.
Landscape category winner

“After a rainy spring day in May, I decided to go out and take a few pictures of the family farm, and this is one I captured.”

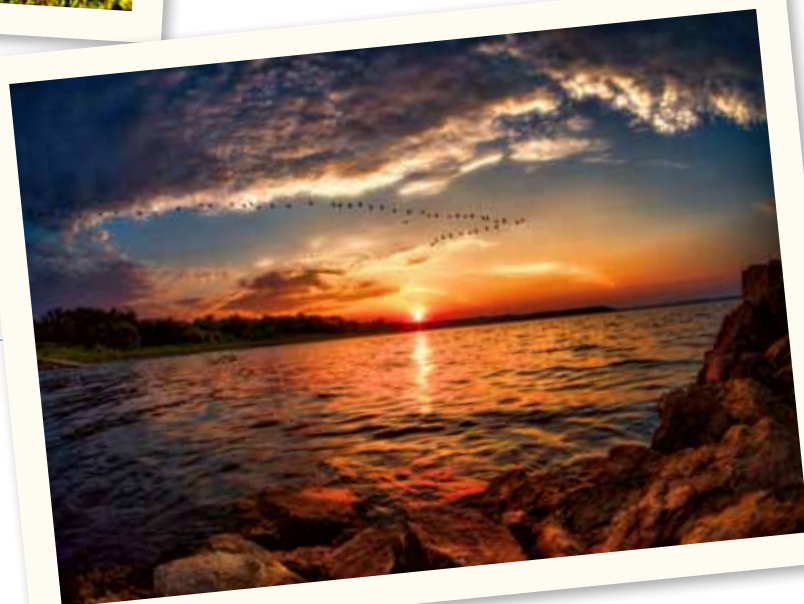


“Pioneer peak perfection”
by Cindy A. Shults
in Palmer, Alaska
Landscape category honorable mention

“The intense color from the sun setting on Pioneer Peak with beautiful fireweed and outstretched shadows made for the perfect ending to a picture-perfect day.”

“The heralds of autumn”
by Jeffrey McPheeters
at Clinton Lake, Kan.
Landscape category honorable mention

“Migratory flocks begin to arrive in August looking for open water and warmer weather.”





“Dreaming”
by Cheryl Lippold
in Hiawatha, Kan.
People category winner

“My granddaughter Leighton wanted to sit on top of the big bales. She thought she was pretty special being so high in the air.”

“Gentleness in the Heartland”
by Connie Rausch at Augusta Family
Practice, Augusta, Kan.
People category honorable mention

“Michael A. Rausch, MD, examines Bryton Naccarato at a rural health clinic in Augusta, Kan.”



“Pure delight” by Danielle Blaine
in Cass City, Mich.
People category honorable mention

“After completing a 5K walk, this young man received a Special Olympics trophy for placing in his age group. His smile says a million things, but mostly pure delight.”



7 facts about 1 of the world's 7 natural wonders

Side trip



Grand Canyon

Annual Conference adventure

Where can you get a taste of France (Paris Hotel and Casino), Egypt (Luxor Las Vegas) and Italy (the Venetian Palazzo) in one stop?

And where can you network with 900 rural health professionals and choose from more than 55 innovative, practical and cost-saving sessions?

Join rural health colleagues and national experts for NRHA's 37th Annual Rural Health Conference and Rural Medical Educators Conference April 22-25 for the first time in Las Vegas.

Register at RuralHealthWeb.org/annual today.


Plan now to turn your trip to the National Rural Health Association's 37th Annual Rural Health Conference into a vacation to remember.

The Grand Canyon is about four and a half hours from the Las Vegas strip, and Hoover Dam is a not-to-be-missed stop along your route.

Prepare to be awed, and brush up on these seven facts about one of the Seven Natural Wonders of the World:

1. Grand Canyon National Park encompasses more than 1 million acres of land and welcomes 5 million visitors annually, making it America's second-most visited national park.
2. The Grand Canyon is home to the Navajo, Havasupai, Paiute, Hopi and Hualapai Native American tribes. The oldest human artifacts found in the canyon are between 3,000 and 4,000 years old, but it's estimated that humans first settled there 11,000 years ago.
3. Movie aficionados will recognize the Grand Canyon as the setting for many favorite films, including "Thelma and Louise," "Into the Wild," "National Lampoon's Vacation," "Fools Rush In" and "Transformers," to name a few.
4. Each hour, nearly 800 million gallons of water pass through the 277 "river miles" of the third largest canyon in the world.
5. John Wesley Powell is credited with naming the Grand Canyon over the course of his journey to chart the Colorado River in a wooden boat.
6. The canyon "reveals 40 percent of the Earth's history" and contains "unaltered sediments...older than dinosaurs," according to the United States Geological Survey. Rock found at the bottom of the canyon is almost 2 billion years old, and the limestone found on the canyon's upper rim is around 230 million years old.
7. Some rattlesnakes slithering about the Grand Canyon are pink. Look out for gila monsters too.

Vegas visitors can rent a car or take bus or helicopter tours to see the Grand Canyon.

And, with the proper permit from the park's Backcountry Office, tourists can not only overlook this magnificent canyon, but they can also raft, hike and camp within it. 

Shows on the strip

While you are in town for the National Rural Health Association's 37th Annual Rural Health Conference April 22-25, be sure to check out the wide array of entertainment Las Vegas has to offer.

Here are just some of the options available to visitors that week:

Music

Elton John
Donnie and Marie Osmond
Jersey Boys, the musical
Rock of Ages, the musical
Million Dollar Quartet



Elton John, 2008

Photo courtesy of Richard Mushet

Performance arts

Blue Man Group
Cirque du Soleil:
•Mystère
•LOVE
•Zumanity
•Michael Jackson ONE
Jabbawoizee



Blue Man Group

Photo courtesy of lasvegastourism.com



Penn and Teller

Photo courtesy of penandteller.com

Magic

Penn and Teller
Criss Angel Believe
David Copperfield

And if you donate blood at NRHA's first blood drive April 22, you'll receive two free tickets to the Marc Savard Comedy Hypnosis show at Planet Hollywood. Go to redcrossblood.org, and enter the sponsor code "NRHA" to sign up.

See the previous page for sights off the strip.

shifting gears

'Tis the season: Eco-friendly taxes

Your refund need not be the only green associated with your tax return this year.

Try filing your paperwork at one of the many available websites, and request an e-receipt instead of a paper copy.



Off the beaten path

Bundle of toy Georgia mansion allows visitors to witness the birth of their Cabbage Patch Kid



Photo courtesy of babylandgeneral.com

Peaches aren't the only thing that grow on trees in Georgia. From the outside, it's a portrait of southern style, an antebellum-style mansion on 650 acres of green. But walk through its columned front entrance, and you'll find this once "abandoned medical facility" in Cleveland, Ga., — population 3,410 — is actually home to BabyLand General Hospital, the original "Cabbage Patch." In this unconventional and interactive toy store, collectors and curious children can take part in the delivery of their very own doll.

Onlookers and expectant parents first happen upon the Magic Crystal Tree, a creepy faux plant covered in nearly-born Cabbage Patch Kids and leaves. "Patch doctors" and "licensed patch nurses (LPNs)" are on call to help each family find their perfect Patch match and offer adoption tips and counseling.

An ideal match for the community hospital—The Paragon® HIS

**Affordable and easy to support
and maintain without the need
for outside consultants**

Today critical access hospitals no longer have to compromise functionality for affordability. The top-of-the-line Paragon system is designed for hospitals and health care systems of all sizes and offers your organization:

- An intuitive, Windows®-based system
- Comprehensive clinical and financial applications in one system that simplifies IT and vendor management
- A modern, single database Microsoft®-based platform that reduces operating costs and enhances patient safety

**To find out more and hear directly
from Paragon customers, visit
www.mynewHIS.com**

© 2013 McKesson Corporation and/or one of its subsidiaries. All rights reserved. Paragon is a trademark of McKesson Corporation and/or one of its subsidiaries. Microsoft and Windows are trademarks of Microsoft Corporation.

“Paragon is a modern, affordable healthcare information system. The capabilities it brings position our critical access hospital very well for today and for our future.”

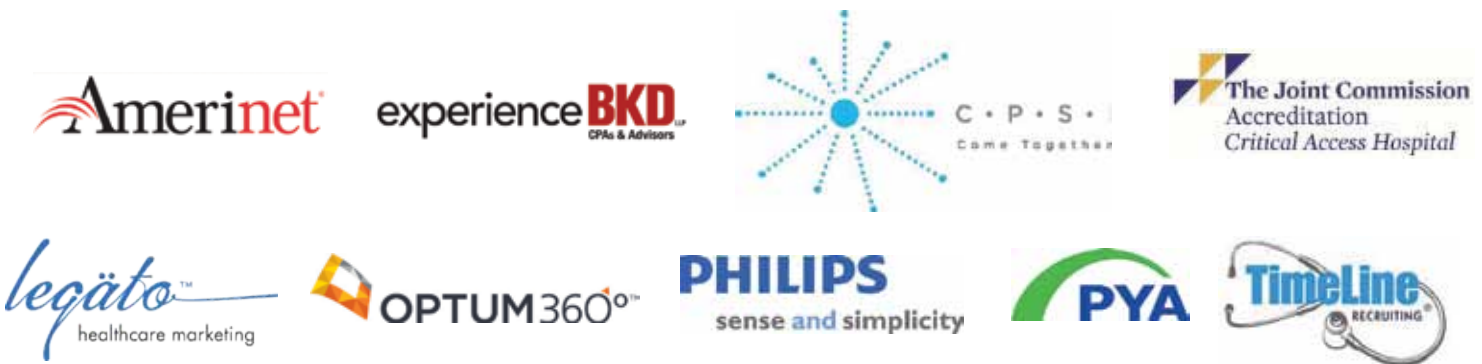
Jim Mattes
President & CEO
Grande Ronde Hospital
La Grande, Ore.
25 beds

NRHA PARTNERS PROGRAM

Support those who support you.

NRHA partners are chosen for their commitment to improving rural health care.

PLATINUM PARTNERS



GOLD PARTNERS



PARTNER PIPELINE





National Rural Health Association

4501 College Blvd. #225
Leawood, KS 66211

NON-PROFIT ORG.
U.S. POSTAGE PAID
EUDORA, KS
PERMIT NO. 3



Small world. Big conference.

NRHA's 37th Annual Rural Health Conference | April 22-25 | Las Vegas

Turn your trip to the conference into a world tour. Where else can you get a taste of France, Egypt and Italy in one stop?

RuralHealthWeb.org/annual