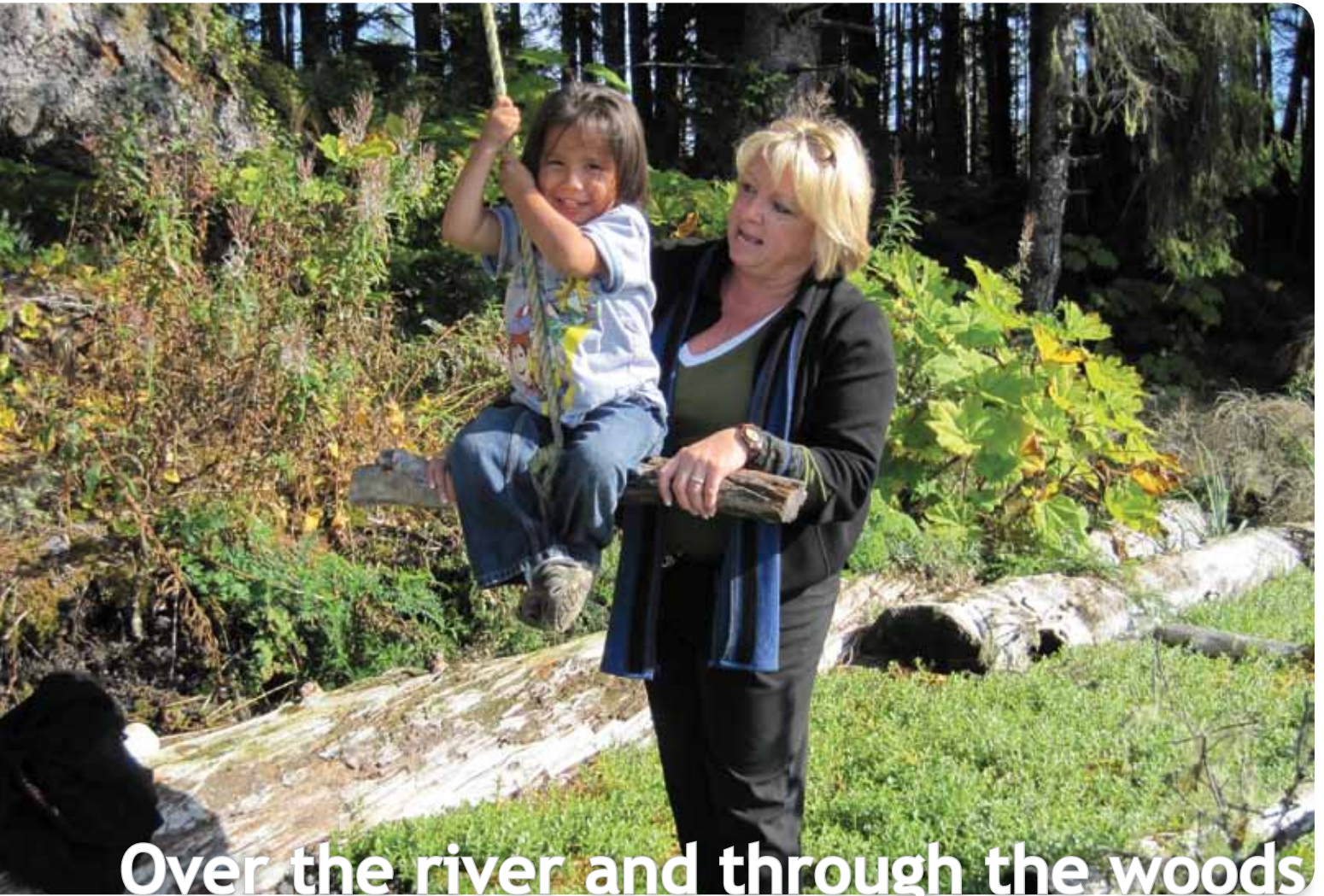


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We're mobile.

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Bringing story to life



I received my *Rural Roads* magazine today. What a beautiful article (“A Picture is Worth a Thousand Pills,” fall 2013) on the Sky Blue Pink project!

It is so nice to have this story shared over and over again.

My heart was touched by Lindsey Corey’s beautiful words.

Thank you for taking the time to bring this wonderful story to life for others to enjoy.

Kathy Curtis
Des Moines, Iowa

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.

Stethoscopes and lollipops

For years I taught people to use stethoscopes. It’s a simple but very powerful listening gadget. It can disclose dozens of problems from a bowel obstruction to impending stroke.

The end that is applied to the patient typically has two sides. The flat side is a hard, thin plastic disc, like a drum head. It should be used for listening for hissing or crackling sorts of noises. If tiny air sacs in the lung have a little fluid in them from heart trouble or pneumonia, they make a crackling sound when the person breathes in, like Rice Krispies’ “snap, crackle and pop.” Those are heard best with that diaphragm.

The other side of the stethoscope is a hollow half shell. It is better for hearing some of the lower pitched sounds that blood makes rushing through narrowed passages and leaky valves.

But a stethoscope only picks up sound well when applied to bare skin. How often have you seen pictures of the smiling clinician applying a stethoscope to the blouse of a silver-haired matron or a gap-toothed first-grader? Is there one in this issue? Has it happened to you? It has to me.

Using a stethoscope through a few layers of clothing says the clinician either doesn’t know what s/he is doing, or doesn’t think it’s worth doing well.

If someone listens to you through your clothes, they’re just pretending to examine you. You should say, “I don’t think you can hear very well through all that cloth.”

S/he may either miss your problem or waste your time and money on unnecessary imaging to make up for it. Since s/he’s pretending to examine, you might pretend to pay with, say, a nice big lollipop, and consider changing clinicians.

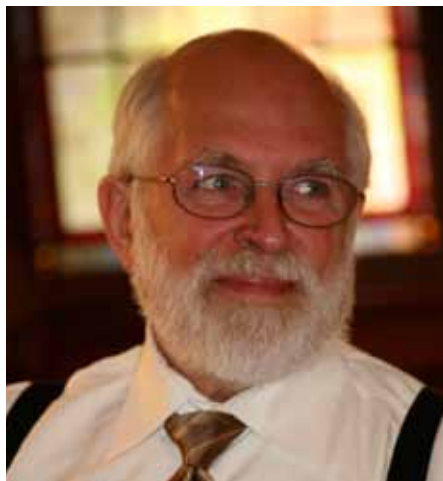
Wayne Myers, MD
Waldoboro, Maine

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

Money drives decisions impacting rural residents

Rural Roads is an apt name for the National Rural Health Association's magazine. A perfect metaphor for our struggles in rural health.

Up north, roads this past winter were especially difficult. Thank you to all dedicated members, colleagues and co-workers as we constantly address and sustain our rural health system through the vagaries of weather.

National health policy is reminiscent of weather and rural roads. NRHA staff is needed to sift through the storms and serious weather created by good intention and to provide a steady hand to guide us down the narrowing and treacherous path of rural health care access and quality. Health policy, like weather, necessitates our reliance on supportive local, state and federal government personnel as well as NRHA staff.

Rural roads lead to health systems stressed from governmental dysfunction and polarity, challenges forcing many to cling for survival. Money drives decisions. Licensing holds us to a national standard. Yet geography and demography force difficult decisions. Maintaining a national standard of health care access in rural America requires trusting our policymakers to create appropriate policy.


But really it's not about money. It's about people, you and me, our neighbors and friends, our communities and families. It is about rural people, the very roots of our country.

Raymond Christensen, MD
2014 NRHA president

pit stop

things I picked up in this issue:

1. A rural Colorado media campaign is successfully using locals to increase colon cancer screenings. *page 23*
2. Forty-four percent of U.S. military recruits are from rural areas, and NRHA is working to ensure access to health care for active duty personnel and veterans at home. *page 45*
3. Providers and technicians have traveled by snowmobiles, four-wheelers, boats and planes to install telehealth monitoring devices in more than 1,100 remote Alaska homes. *page 7*
4. The world's largest aquarium is in Atlanta, Ga., also home to NRHA's next conference. *page 50*
5. In 35 years, New Physicians for Wisconsin has matched more than 500 doctors with jobs across the state, many of them in small towns. *page 28*



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More than 70 percent of Alaska is not accessible by road. To reach the state's remote residents, Marguerite Linteau often traveled by four-wheeler, snowmobile, boat or plane to install home telehealth monitoring systems.

Over the river and through the woods

Telehealth connects remote Alaskans to care

By Angela Lutz

When Marguerite Linteau first traveled more than 3,000 miles from her home in Michigan to remote Alaska, she found herself in a different world.

The longtime nurse quickly discovered that caring for patients in the state's most isolated villages was unlike anything she had done before.

"They're very friendly people with a very different lifestyle than we're used to in the lower 48," says Linteau, Critical Signal Technologies (CST) chief clinical officer. "A lot of people handle all their own food, and a lot of them are just surviving. They're busy. They struggle.

continues on page 9



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Members of the Alaska Federal Health Care Partnership team.



Marguerite Linteau spent a lot of time in patients' homes teaching them how to use telehealth technology to monitor their chronic health issues.

They'll tell you about experiences they've had not just with wildlife but with all kinds of accidents."

Linteau traveled to Alaska to help fulfill CST's contract providing telehealth services for the Alaska Federal Health Care Partnership (AFHCP), a voluntary partnership of eight federal health care organizations and more than 250 facilities across the state serving beneficiaries in Alaska. Since 2007, AFHCP has installed telehealth monitoring systems in more than 1,100 homes and educated patients and providers on how to use the technology.

"Doctors are not used to taking care of the invisible patient. They're used to taking care of the patient in front of them. In telehealth, we're teaching them how to take care of the patient in any location they reside."

Marguerite Linteau, Critical Signal Technologies chief clinical officer

According to AFHCP executive director Samuel C. Johnson III, telehealth is particularly valuable to patients with chronic illnesses in remote Alaska because extreme weather and lack of transportation can create insurmountable barriers to care. Additionally, many patients are elderly, and the nearest hospital is often more than 100 miles away. More than 70 percent of the state is not accessible by road, so on her 16 visits

to Alaska, Linteau used methods of transportation that seem extreme in many states.

"We traveled by snowmobiles, planes – you name it," Linteau says. "In 40-degree-below weather in the Bering Sea area, we were on four-wheelers, and they put a little trailer on the back. I sat in the trailer, and we went from house to house. They keep those houses really warm, so we'd have to layer off the clothes before teaching them how to use the equipment."

Overcoming the myriad health care challenges faced by remote Alaskans is what inspired Johnson to accept his position as executive director in 1994. Originally from Virginia, Johnson had experience working with Alaska Natives during his time in the U.S. Air Force. He'd seen enough

to know the population's primary health care needs – and that without regular management, these patients would continue to get sicker until they required emergency intervention.

"Diabetes is a very significant need, along with congestive heart failure,

obesity and hypertension," Johnson says. "Left untreated, those patients are all going to get worse. If you can stabilize the chronic disease, the co-morbidities don't become a huge issue."

One AFHCP patient from St. George Island, near where reality show "Deadliest Catch" is filmed, was hypertensive, obese and diabetic, and he had congestive heart failure. His many chronic conditions could not be treated on the island, but he was determined to stay at home. As a result, he required frequent emergency intervention: The year before he received his

continues



Marguerite Linteau describes Alaska as “a different world.” Here she is pictured sitting on whale bones (left) and visiting an Alaskan homestead.

home telehealth device, the man was medevaced five times.

But the technology made a huge difference. By recording his vital signs at least 25 days a month and staying connected to CST operators, the patient was able to manage his illness. If his blood pressure was up or he was retaining fluid, operators would call him, and he’d head to the clinic. If he required more extensive care, he could hop on a regularly scheduled Alaska Airlines flight, which costs a fraction of the \$30,000 emergency transport.

“It’s kind of like taking care of your family — you don’t have any other options. You don’t have providers. We have to find a way to touch those patients.”

Samuel C. Johnson III, Alaska Federal Health Care Partnership executive director

“For the three and a half years after [receiving the technology], he was not medevaced once,” Johnson says. “Eventually he passed away, but the good thing is for those three and a half years, he was able to stay at home.”

On the whole, patients have been good about adopting and utilizing the technology; it doesn’t hurt that AFHCP rewards patients for compliance with \$50 gift cards, which many spend on medication. According to Johnson, patients want to participate in their own health care – and a key component of that involves educating them on exactly what types of medications they are taking for what conditions, as Johnson discovered that most patients were either taking the wrong medication or the wrong dosage.

“People want to be healthier,” Linteau adds. “They want to know what to

do to watch their own health.”

The main challenge was getting native and tribal health care providers on board. Johnson had experience working with Alaska Native leaders, who helped expedite the process, but it took many years and a lot of training and direct communication to convince doctors that providing health care remotely would result in healthier patients.

“Doctors are not used to taking care of the invisible patient,” Linteau explains. “They’re used to taking care of the patient in front of them. In telehealth, we’re teaching them how to take care of the patient in any location they reside at, and the information is all in the palm of the hand of the doctor. Teaching them to get out of the routine of waiting for the person to walk in the door is really hard.”

Patients have also helped change their doctors’ minds: When they found out their family and neighbors had the technology, they wanted it too.

As technology continues to advance, Johnson is excited to for its additional applications, including mental health care. Ultimately, Johnson says AFHCP will continue to be a success because it has to be; in remote Alaska, they have no other options.


“They’re in the middle of nowhere where nobody is really talking to them,” he says. “Well, we talked to



Marguerite Linteau enjoys a lighthearted moment with an Alaskan girl. Linteau traveled to Alaska to install telehealth technology in some of the country's most remote homes.



Marguerite Linteau travels by boat to reach some of Alaska's most remote residents.

them. They're able to manage their health care, send their data in, and know that when they eat that piece of chocolate pie in the middle of the night that their blood sugar is going to be high in the morning. It's kind of like taking care of your family – you don't have any other options. We have to find a way to touch those patients.” 

Watch and learn

See the Alaska Federal Health Care Partnership in action on the National Rural Health Association's YouTube channel. Learn more about how the organization uses collaboration and technology to provide health care to the country's most remote populations, earning it one of NRHA's 2014 Outstanding Rural Health Program awards.

The award was presented during NRHA's 37th Annual Rural Health Conference. This year's other NRHA Rural Health Award winners are highlighted in the following pages, and brief videos showing why each awardee is deserving are available by visiting youtube.com and searching for “NRHA rural.”



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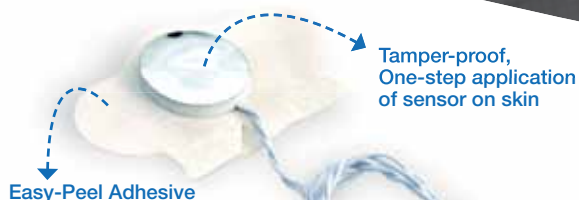


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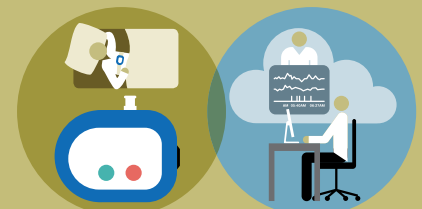
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NRHA honors rural health's finest



2014 Rural Health Award winners

Each year, the National Rural Health Association recognizes outstanding individuals and organizations in the field of rural health who have dedicated their time and talents to improving the health and wellbeing of rural Americans.

The 2014 recipients have used technology, teamwork and dedication to forge innovative programs and services, improving the lives of patients everywhere from remote Alaska to the Arizona desert. NRHA celebrates the following rural health organizations, professionals and student who were honored at the 37th Annual Rural Health Conference in April.

continues

Outstanding Rural Health Organization

Henry County Health Center *Mount Pleasant, Iowa*

By combining small-town hospitality with the latest in medical technology, Henry County Health Center (HCHC) provides the heart of southeast Iowa with the best health care services available.

As the only hospital in the county, HCHC staff is dedicated to ensuring access to care and enhancing public health.

“We have a responsibility to improve the quality of life in our community by providing outstanding health care services,” says Robb Gardner, HCHC CEO. “Our associates, medical staff and board of trustees are committed to meeting the health and wellness needs of area residents who are often our family, friends and neighbors.”

To extend health care improvement efforts beyond hospital walls, HCHC recently developed a healthy living app for smartphones to encourage people to eat well, exercise, track personal wellness indicators and appointments, and meet health and fitness goals.

The hospital also underwent a \$15.8 million expansion from 2012 to 2014 that included a new surgery department.

The undertaking received widespread support from the community, with donations exceeding \$2 million and more than 500 people attending the surgery open house.



Outstanding Rural Health Program

Alaska Federal Health Care Partnership *Anchorage, Alaska*



A shortage of health care providers plagues many rural areas across the country, but Alaska has its own unique set of challenges.

“We are passionate about rural health because we live, breathe, and cope on a daily basis with the challenges of providing access to quality care in remote Alaska,” says Samuel C. Johnson III, Alaska Federal Health Care Partnership (AFHCP) executive director. “We understand that over 70

percent of Alaska is not accessible by road; thus many patients live where a trip to the clinic or hospital is daunting and expensive.”

Transportation and weather can create overwhelming barriers to access for chronically ill patients in remote locations, with much of the state only accessible by small aircraft, boat and/or snowmobile. But AFHCP has proven that with teamwork and dedication, even the most difficult circumstances can be overcome.

Representing a partnership of eight federal health care organizations and more than 250 facilities across the state, AFHCP has revolutionized the delivery of care by installing telehealth monitoring units in 1,100 homes of some of the most underserved and remote patients in the country. This approach has improved outcomes and compliance and reduced emergency room visits for individuals with diabetes, hypertension, heart failure and chronic obstructive pulmonary disease.

See page 7 for more on the Alaska Federal Health Care Partnership.

Outstanding Rural Health Program

Mariposa Community Health Center Platicamos Salud (Health and Wellness) Department Nogales, Ariz.



To promote optimal health and wellness along the rural Arizona-Mexico border, Mariposa Community Health Center looks to the community.

Thanks to partnerships with county government, schools, public housing, an economic development corporation, a food bank, behavioral health entities, the regional area health education center and the local critical access hospital, Mariposa staff is able to collaborate across multiple sectors to develop strategic plans and funding proposals that contribute to the overall wellbeing of the population they serve.

“At Mariposa Community Health Center, we welcome the opportunities presented by serving a rural community on the Arizona-Mexico border,” says Susan Kunz, Platicamos Salud program director. “While the needs and challenges are great, so are the possibilities for creating rewarding, innovative solutions that leverage unique resources to truly make a difference in the community and in the lives of patients and families we serve.”

Mariposa’s focus includes more than just physical health. To address issues such as education and employment, the Mariposa Family Learning Center



opened in 2012. Working with 30 volunteers, the learning center offers parenting support and free adult education.

The Nogales-based health center’s collective impact in Santa Cruz County has prompted similar community health worker initiatives to be replicated regionally and nationally.



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Louis Gorin Award

Samuel C. Johnson III

Alaska Federal Health Care Partnership executive director *Anchorage, Alaska*

Samuel C. Johnson III has been working to improve the lives of rural and remote Alaskans since 1990, when he led projects to eliminate environmental hazards and provide safe drinking water.

Passionate about reducing unmet needs and increasing access to health care for the country's most remote populations, Johnson became executive director of the Alaska Federal Health Care Partnership (AFHCP) in 2004.

In this position, Johnson advocated for congressional support and funding for AFHCP's home telehealth monitoring program, which empowers patients to manage their chronic diseases in remote Alaska, where many homes are inaccessible by road. Overcoming the barriers of limited transportation and extreme weather, AFHCP has reduced emergency room visits, hospital admissions and readmissions, and the cost of health care to patients and health care systems.

"I am very honored because this award recognized the hard work of so many people that I infected with my passion to empower

patients to manage their chronic disease in remote Alaska," Johnson says. "This award may have my name on it, but the credit goes to the teams that work so diligently to make my dream a reality."



Rural Health Practitioner of the Year

Hubert Seiler, MD

Heart of America Medical Center physician *Rugby, N.D.*



Born and raised in rural North Dakota, Hubert Seiler, MD, has served the residents of Rugby and the surrounding area for more than 40 years. His dedication to his practice has added stability, dependability and familiarity to the rural community's health care system.

Seiler has also served as medical director for the Heart of America Medical Center's long-term care center and recently agreed to lead the hospice program. He has mentored countless students over the years, which has added needed providers to rural North Dakota.

Seiler's commitment to the community is also apparent in his many volunteer activities. He is involved with a local theater company and serves on the board of directors for a local farm museum. He has built homes with Habitat for Humanity, served as a Boy Scout leader, and done mission work around the world.

"Receiving this award is a great honor," Seiler says. "I believe in a team concept for medical practice, so I accept this award as part of a collaborative team and on behalf of all the small rural medical practices in this country."

Read Seiler's column about caring for patients in rural North Dakota and his daughter's plans to follow in his footsteps on pages 34 and 35.

Outstanding Educator

Randall Longenecker, MD
Ohio University Heritage College of Osteopathic
Medicine rural and underserved programs
assistant dean *Athens, Ohio*

A longtime rural physician who leads by example, Randall Longenecker, MD, has inspired many medical students to choose a rural career.

He helped launch Ohio University Heritage College of Osteopathic Medicine's Rural and Urban Scholars Pathways program in 2012, and he has brought together students from all of the state's medical schools for rural health retreats and taken students to D.C. for NRHA's Rural Health Policy Institute to introduce them to leadership, advocacy and networking opportunities.

Longenecker also serves as the senior project adviser for the Rural Training Track Technical Assistance Demonstration program, an NRHA-administered grant from the Office of Rural Health Policy that supports existing and developing rural training track medical residencies and conducts rural graduate medical education research.

Nominated by two of his students, Longenecker is passionate about rural health care, which has made him a valuable mentor to many aspiring physicians. He encourages students to discuss ethical issues, ask questions, practice humility and get involved in the community.



"I wanted to be useful to others, to make a difference, to have a meaningful life, and I'm convinced that there's no other setting for medical practice more rewarding than small-town medicine," Longenecker says.



President's Award

Terry Hill
National Rural Health Resource Center senior adviser
Duluth, Minn.

NRHA's 2014 president Raymond Christensen, MD, selected Terry Hill to receive this year's President's Award.

Hill helped establish Minnesota's first solid regional EMS system, and he has held leadership roles at the Northern Lakes Health Care

Consortium, the Minnesota Center for Rural Health and the National Rural Health Resource Center, where he currently serves as senior adviser and leads Rural Health Innovations.

"I have been privileged to be a sometimes passenger on Terry's innovative journey through grants, policy, testifying, leadership, organization, visioning, creating, publishing, assisting, helping and doing whatever it

takes to make high quality rural health care successful and available for rural America," Christensen said during the award's surprise presentation at NRHA's Annual Rural Health Conference. "His professional voice and touch on rural health grew from his beloved Duluth to regional, statewide and national platforms."

Hill says he was humbled by the honor.

"I was surprised and honored to be selected for this award," Hill says. "It was even more significant that it was presented by Dr. Christensen, a longtime friend and colleague whom I respect so much. I am also in awe of accomplishments of the other 2014 NRHA award winners and am still amazed to be considered a part of this group."

NRHA/John Snow Inc. Student Leadership Award

Tate Hinkle

University of Alabama School of Medicine-Huntsville Regional Medical Campus student *Lanett, Ala.*



A fourth-year medical student at the University of Alabama School of Medicine, Tate Hinkle looks forward to becoming a family medicine physician in rural Alabama.

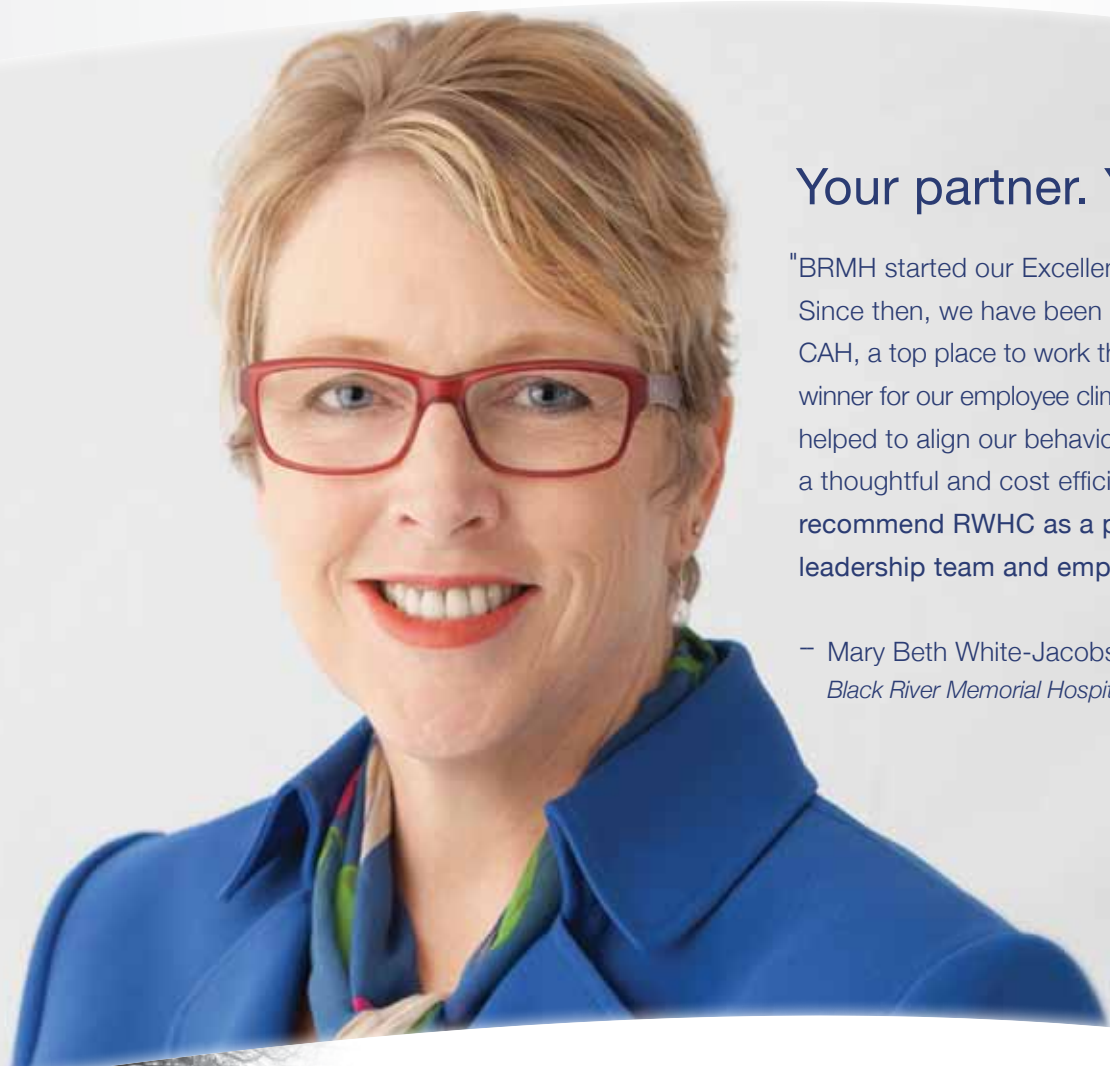
This calling is a long time in the making: He grew up in rural Lanett and has volunteered at hospitals and clinics since high school. He also helped establish a medical student-run clinic in Birmingham.

Using GIS and Census tract information, Hinkle created a unique technique to do a spatial analysis of Alabama's rural physician workforce and pinpoint where primary care physicians are most needed. The state Medicaid office is using his method to further delve into rural doctor shortages. Having spent a lifetime in the community he aims to serve, Hinkle knows firsthand the challenges of the physician shortage.

"Being from rural Alabama and witnessing the unique health needs of a rural community has driven me to pursue a career in family medicine and return to rural Alabama to practice," Hinkle says. "Having that perspective from my upbringing will help me be the best health care provider for my patients that I can be."



Jo Anne Preston
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Volunteer of the Year

David Schmitz, MD

Family Medicine Residency of Idaho chief rural officer and rural training tracks director

Boise, Idaho



In a career spanning nearly two decades, David Schmitz, MD, has co-founded a community clinic in rural Idaho, served as chief of staff at a local critical access hospital, and held leadership positions in multiple organizations dedicated to improving rural health care and education, including the Idaho Rural Health Association. He is currently chief rural officer and director of rural training tracks at the Family Medicine Residency of Idaho.

Schmitz' volunteer and advocacy efforts have been invaluable to NRHA, inspiring staff to select him for the Volunteer of the Year Award.

"Dave has gone above and beyond in his service for NRHA this year," says Alan Morgan, NRHA CEO. "He also spreads the NRHA message in other organizations in an eloquent and appropriate way, always looking for opportunities to collaborate to improve rural health care."

Schmitz serves as chair of NRHA's Clinical Constituency Group, reviews documents for government affairs staff, and provides expertise as project adviser for the rural training track grant. He also helped plan the 2014 Rural Quality and Clinical Conference, and at every NRHA event, he mentors students interested in rural family medicine and encourages them to become involved with the association.

"As I have told many others, I love this organization for what it represents

and what it does," Schmitz says. "NRHA shares the values I have built my career on: coming together to help where needed, our teamwork as co-contributors, the appreciation of each other's perspectives and our ability to accomplish more than you would think we could. NRHA has the culture of a rural community at a national level, where we can start as a team with the clear vision of improving health in rural America."

Future honorees

The National Rural Health Association will accept nominations for its 2015 Rural Health Awards at RuralHealthWeb.org beginning Dec. 8.

Winners will be selected by a committee of NRHA members and honored during the 38th Annual Rural Health Conference April 14-17 in Philadelphia. Student award winners will also receive a complimentary conference registration, a one-year NRHA membership and a \$1,000 award from John Snow Inc.

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Jack Westfall in rural Colorado

Colorado campaign helps convince stoic farmer to get tested for colon cancer

By Jack Westfall

Seeing is believing

The Testing to Prevent Colon Cancer community-based intervention campaign brought together residents of 16 rural eastern Colorado counties to create awareness and increase screening for colon cancer, the second leading cause of cancer deaths in the country.

To learn more about their process and project results and to see sample ads, including a farm auction flyer, watch a video at youtu.be/xnjY2WmL8pg.

“I don’t think so, Doc, seems like a lot of work for nothing.”

Bill gave a rather candid opinion of my recommendation that he have a screening test for colon cancer. “Besides,” he added, “If I have cancer, I don’t want to know about it.”

That last comment gave me my opportunity. Screening for colon cancer can actually be a test to prevent colon cancer.

continues



Jack Westfall with a patient at the Sterling, Colo., Relay for Life. The patient was screened as part of the Testing to Prevent Colon Cancer initiative, and Westfall says the test saved his life.



Community members representing 16 rural Colorado counties discuss the need for rural patients to partner with their primary care providers for cancer prevention and cancer survivorship planning.

Bill is a fourth-generation farmer/rancher in eastern Colorado, farming dry land wheat and 60 cow and calf pairs. He and his wife and kids live about eight miles from town on his great-grandparents' homestead.

Uninsured for years, he accessed care only when absolutely necessary, like the time he lost a finger in the tractor belt. When he came in, he had the 1-inch tip of his fourth left finger in an old jelly jar with some ice. There was no way to reattach the small and crushed tip, so we sewed up the wound, and Bill went back to work.

“The messages weren’t some slick corporate ad with Hollywood stars.”

Jack Westfall, Colorado Health Cooperative chief medical officer

In a way, this was a badge of honor – so many old farmers have lost a bit of a finger, it’s hardly considered a serious wound.

Bill’s response was that of the stereotypical old stoic farmer. And when Bill says he does not want to know if he has cancer, that too is a typical old stoic response.

A neighborly approach to cancer prevention

Now insured through the low-cost options available on the Colorado Health Insurance Exchange, Bill had come in for an annual wellness visit and to go over the results of his cholesterol test and discuss his blood pressure.

Bill’s cholesterol was near perfect, but his blood pressure was a bit high. And Bill turned 50 three years ago. So I brought up the recommendations for colon cancer screening.

His neighbor down the road had died of colon cancer at age 72, having never been tested, and the last six months of his life weren’t much fun. Bill and his family had provided meals and cut his last field of wheat before he

passed. So Bill really did not want to know if he had colon cancer.

That’s where Testing to Prevent Colon Cancer came to the rescue.

Testing to Prevent Colon Cancer was a collaborative project between local community members and the High Plains Research Network at the University of Colorado. They all worked together to learn about colon cancer prevention and develop a media campaign to increase prevention testing here in rural eastern Colorado.

And the messages weren’t some slick corporate ad with Hollywood stars. The messages were local: local people, local ideas. The group included several farmers, the hardware store owner and a school teacher.

They took on that old stoic stereotype and came up with messages for their own friends and neighbors, like Bill. There were stories about other neighbors who had been tested, family histories and success stories.

“Got polyps?”

The message that testing was to prevent cancer, not just find cancer, really resonated with Bill.

You see, if you get tested by colonoscopy, they might find polyps. Remove those polyps and you have prevented cancer.

Bill recalled seeing a farm auction flyer that was actually about colon cancer. And I showed him a small card with a photo of Walter, the auctioneer at the sale barn, telling a story about colon cancer prevention.

The High Plains Research Network engaged the

community to translate the medical jargon into ideas and language that matter to our local community. I gave Bill one of the travel mugs that said “Got polyps?” so he could talk about his decision to get tested with his buddies at the coffee shop.

“Screening for colon cancer can actually be a test to prevent colon cancer.”

Jack Westfall, Colorado Health Cooperative chief medical officer


He left the office with a referral to our local family doctor who does colonoscopies and a prescription for the wonderful gallon of preparation liquid.

Bill had a polyp.

It was removed without much fanfare at our local hospital during his colonoscopy. He will get another colonoscopy in five to 10 years. He was back at work the

next day, getting ready for fall planting.

His wife, Ann, sent me a thank you card. It said, “Thanks for convincing Bill to have that colonoscopy. He may seem tough, but those personal stories got to him. He wants to be here for our kids. And next year’s harvest!”

That’s one of the joys of rural family medicine: the relationships we make with our patients, families and communities and the impact we can have when we all work together. Bill got his test to prevent colon cancer. 

Note: The names and characteristics have been changed for privacy. Some represent composite events or characters.

Jack Westfall, MD, is chief medical officer for the Colorado Health Cooperative, Colorado’s first statewide nonprofit health insurance cooperative, and a clinical professor of family medicine at the University of Colorado School of Medicine in Aurora. He was born and raised in rural eastern Colorado and worked for 12 years as a rural family doctor in Limon and Yuma, Colo. His work now focuses on building bridges between rural communities and health care resources.

This article appears courtesy of Everyday Health (everydayhealth.com).



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Ranked last in the state, rural county residents work to reclaim their health

By Angela Lutz



Atchison Hospital, a critical access hospital in Atchison, Kan., is providing support for communitywide efforts to improve residents' health.



Merri Leach is working with Atchison County restaurants to encourage healthier options.

It's not easy to go from worst to first. But when it comes to taking back their health, that's exactly what residents of Atchison County, Kan., aim to do.

In 2009, Atchison ranked dead last out of the 105 counties in the state for certain health behaviors, including adult smoking, adult obesity, excessive drinking, motor vehicle crash rates, sexually transmitted infections and teen birth rates. Measured by the Robert Wood Johnson Foundation and the Kansas Health Institute, the dismal rankings galvanized community leaders and prompted them to take action.

“The fast food and the junk food is very accessible, but it’s harder to find healthy food.”

Merri Leach, Atchison Hospital food and nutritional services director

“We learned that the health of your community is affected by a lot of different things – health behaviors, clinical care, social-economic factors, and physical environment,” says Aggie Asher, Atchison Hospital social services director. “From that we developed a collaborative effort with our community.”

Using input from government officials, county

commissioners, law enforcement, the local YMCA, school districts and the local media, community leaders began developing the Live Well Live Atchison program in 2010. They’ve since received support from Atchison Hospital, the county’s 25-bed critical access hospital, and a grant from the Courtney S. Turner Charitable Trust.

To maximize the program’s impact on residents’ health, Live Well Live Atchison is divided into four action teams: lifelong learning and achievement; community support and expectations; healthy living; and communication resources. Support within the community of 16,813 people has been overwhelming.

“When we started the meetings in 2010, we were planning on about 30 people,” says Merri Leach, Atchison Hospital director of food and nutritional services.

“Today we’ve had to move into a larger facility because we outgrew the space. We’ve seen so much interest and so many people wanting to

make a difference in the lives of our community members. It’s exciting.”

In addition to education and socioeconomic factors, access to healthy food is a prominent concern within the community. According to Leach, Atchison has a high number of fast food restaurants per capita. Healthier options are limited, especially for people lacking transportation.

“The fast food and the junk food is very accessible, but it’s harder to find healthy food,” Leach says. “The two main grocery stores are on the outskirts

of town, so it's harder for some people to get there."

In order to combat obesity and promote better eating habits, Leach, as part of the healthy living team, has met with several area restaurant owners to discuss how they can help diners make good choices. She discovered that many places were already making lower-calorie options but weren't doing much to get the word out.

"We've seen so much interest and so many people wanting to make a difference in the lives of our community members. It's exciting."

Merri Leach, Atchison Hospital food and nutritional services director

"We were actually really surprised that the locations that were interested were already taking steps to offer healthy food, but they didn't really advertise it or let people know they had it," she says. "It was more, 'People think it's healthy, and that's good enough.' We wanted to take it one step further."

To help participating restaurants market their healthy items, Live Well Live Atchison has provided fliers for tables and decals to indicate healthy options on menus. Among Leach's suggestions: Ask for salad with dressing on the side; order chicken grilled instead of fried; have a baked potato instead of French fries; and take half the meal home.

"Before the person even gets their plate, the restaurant will box up half of it," Leach says. "Even though a food item might have too many calories, if they split it in half and make two meals, they'll have two healthier meals out of the one less healthy meal."

For Margie Begley, owner of Paolucci's, a family-owned Italian restaurant and deli, participating in Live Well Live Atchison has been a simple way to help her community. Begley says Leach sat down with her in person and went over the restaurant's menu, finding ways to construct healthy meals from existing items and marking them with Live Well Live Atchison decals.


These options have been so well received that Begley plans to devote an entire section on her menu to the healthy stuff, especially since Paolucci's isn't exactly where diners go to eat light.

"I had someone just the other day point to the logo and say, 'Oh, what a good idea,'" Begley says. "When I get my new menus printed up, I actually want a section that has these suggestions. I would even consider a gluten-free section. That seems to be more and more of an issue."

In addition to eating habits, other action teams are focusing on issues such as high school and college graduation rates, teen pregnancy, poverty

reduction, alcohol abuse, mental health, local health care access, physical activity, and grant research to sustain funding.

According to Asher, different groups in the county have attempted to improve community health before, but this is the first time everyone is communicating and working together simultaneously. As a result, Asher and the rest of the Live Well Live Atchison team hope to see an improvement in their county's subsequent health rankings.

"We're all working toward the same goal," Asher says. "In the past, I think we were all going in different directions. Now we're collaborating and working together to improve the quality of life in our community. We're working on a united front with the same mission." 



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35 years and 500 doctors

Program matches physicians with jobs in rural Wisconsin

By Meredith Kervin



Physician Dave Hubbard was paired with a clinic in Soldier's Grove, Wis., by the New Physicians for Wisconsin program that matches rural hospitals and clinics with doctors who want to practice in rural communities. Photo by Kait Vosswinkel.

For some people, moving away from their small hometown is the ultimate goal. Dave Hubbard, MD, wanted the complete opposite.

In his search for the perfect career in family medicine, the physician from southwestern Wisconsin wanted to return to his roots.

"It was important, not only to get a job, but also to have options to select where I would work," says Hubbard. "I knew I wanted to work in rural Wisconsin."

Hubbard grew up in Norwalk, Wis., a village of a little more than 600 people. It is only about a 45-minute drive from where he has practiced for the past year at the Kickapoo Valley Medical Clinic in Soldier's Grove.

"I traveled around a bit, but I always wanted to come home," Hubbard explains.

To help him to find the perfect placement near his hometown, Hubbard turned to the University of Wisconsin-Madison's New Physicians for Wisconsin program.

He had discovered the program, part of the Wisconsin Office of Rural Health (WORH) in the School of Medicine and Public Health, while still in medical school prior to his job search. When he began looking for a position, Hubbard called on WORH's Randy Munson for guidance.

"I would tell Randy, 'Here are the places I'm considering,' and he would

let me know what jobs were available there," Hubbard says. "I've been so happy with Randy, and I trust his judgment. He will tell you the bad with the good, and lets you know the dynamics of a clinic before you visit."

New Physicians for Wisconsin is a physician recruitment program that helps physicians find satisfying careers in Wisconsin communities and also helps clinics, hospitals and health care systems fill vacant positions.

The program provides these services to the physicians at no cost and emphasizes the priority of finding the best fit between the doctor and clinic, hospital and community. This best-match strategy is what encouraged Hubbard to utilize the program.

"(Munson) doesn't just find you a placement," says Hubbard. "He finds a place that benefits both the doctor and the clinic."

"We've always had trouble attracting doctors to the more rural areas and especially keeping them once they're here. I am glad that the Office of Rural Health is working on this issue."

Elizabeth Johnson, Vernon County Health Department director

Munson, the sole recruiter for New Physicians for Wisconsin, says the program has changed significantly since it was started in 1979. While originally focused on recruiting physicians solely for rural areas and only for general medicine, it now offers diverse opportunities in all parts of the state.

"It started out very small, mostly working with ... family medicine, internal medicine and pediatrics," Munson says. "The program expanded to where, at one point, the decision was made that we wouldn't say no to

anybody. In addition to rural, now it opened up to where it was serving the whole state, not just the little towns.”

In addition to matching physicians with available Wisconsin positions, Munson provides doctors with information about clinic and hospital environments, arranges site visits, assists in spousal employment searches and advises physicians throughout the recruitment process.

“This is by far the place that has the single largest listing and most comprehensive listing and the most information about the jobs here in Wisconsin,” Munson says. “Not many other states have programs that have been around as long as us. If you want to know where the jobs are, this is the place to come.”


Like the rest of the country, Wisconsin is experiencing a shortage of doctors in rural areas, making it difficult for some residents to find necessary health care. According to the Wisconsin Academy for Rural

Medicine, only 11 percent of physicians have practices that serve rural communities, leaving many areas understaffed.

“If a rural clinic loses even one doctor, that can be a quarter of their medical staff if there are only four or five doctors in a community,” says Munson. “It’s just a huge loss. It would be like the University of Wisconsin losing 400 doctors at once. It means that all the other doctors have to work that much harder to pick up the slack until they can find someone new.”

Elizabeth Johnson, director of the Vernon County Health Department, agrees that attracting new doctors is often a struggle for small communities, so any program that addresses the shortage is beneficial.

“We’ve always had trouble attracting doctors to the more rural areas and especially keeping them once they’re here,” says Johnson. “I am glad that the Office of Rural Health is working on this issue.”

The program works with physicians from all across the nation to find them jobs in Wisconsin. Over the history of the program, more than 500 physicians have been placed from Kenosha to Superior and many points in between, assuring that those communities have access to the doctors they need. 

This article originally appeared in University of Wisconsin-Madison News in May 2014.

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Remembering a rural public health champion

By Janice C. Probst



At left: Sandra and Michael Samuels. Above: Longtime rural health colleagues Janice Probst and Michael Samuels.

Rural America lost one of its great advocates with the passing of Michael E. Samuels, Dr.PH, in April.

Samuels worked for rural people and places across a long career, first as a public health administrator within the U.S. Department of Health and Human Services and subsequently as an academic educator and researcher.

We first began collaborating in 1991. He taught me so many valuable lessons. It's hard to express this one without sounding either trite – “never give up” – or

cynical – “always play the long game” – but those two points intersect.

When Samuels wanted to get something accomplished, he always had a strategy, and small setbacks were not allowed to deter that strategy. Some things may take a while, and that's OK, he'd say.

We had one unsuccessful bid for a rural health research center grant before we crafted the eventual winning bid four years later. A first, unsuccessful effort means the problem to be overcome is re-examined, not that the goal is set aside. In the long run, he believed, persistence and excellence will win out.

During his federal service, Samuels led key programs affecting rural health care, serving as the National Health Service Corps deputy director, Migrant Health Program director and Community and Migrant Health Centers director. When he worked for U.S. Surgeon General C. Everett



Michael Samuels presented at many NRHA conferences.



NRHA CEO Alan Morgan presented longtime member Michael Samuels with the association's Distinguished Rural Health Educator award in 2010. Samuels was named Outstanding Rural Health Researcher by NRHA in 2002.

Koop, MD, Samuels assisted in writing “The AIDS Report,” which was commissioned by President Ronald Reagan and dispelled many of the misconceptions about the epidemic.

In his academic role, he taught health policy at the University of South Carolina (USC) for 15 years, serving as professor and chair of the Department of Health Services Policy and Management in the Arnold School of Public Health. While at USC, Samuels was founding director of the South Carolina Rural Health Research Center. He subsequently accepted the position of distinguished scholar in rural health policy and professor of family and community medicine at the University of Kentucky College of Medicine. At the time of his death, Samuels was directing the master’s in public health program at A.T. Still University.

“He never stopped fighting for equitable health care for rural poor, underserved and minority populations.”

Janice C. Probst, South Carolina Rural Health Research Center director

Across a long and distinguished career, Samuels won multiple awards, including the Surgeon General’s Medallion for Outstanding Achievement (1988) for his work at the beginning of the HIV/AIDS epidemic, the C. Everett Koop Medal of Appreciation from the Koop Institute (2005) and both the Outstanding Rural Health Researcher (2002) and the Distinguished Rural Health Educator (2010) awards from the National Rural Health Association.

None of these awards, however, capture Samuels’ effect on the people serving rural America as well as some of the notes sent to the South Carolina Rural Health Research Center after his death:


“I lived through his amazing conversion of Dr. Koop; Mike’s gentle force of righteousness changed history.”

“Mike had the most to do with my education and really helped steer me in the early years of my career. I might not be in rural health if it weren’t for him.”

“I am saddened to learn of Dr. Samuels’ passing but rest well in knowing that I had the rare privilege of sitting under the instruction and tutelage of such a profound academician and health care advocate.”

Samuels’ passion for social justice motivated all of his work in public health administration and education.

He never stopped fighting for equitable health care for rural poor, underserved and minority populations.

We honor his memory and are inspired further to continue his work. 

Janice C. Probst, PhD, is director of the South Carolina Rural Health Research Center. When the center opened in 2000 with funding from the Office of Rural Health Policy, she served as deputy director under Michael E. Samuels. Probst is also a professor in the University of South Carolina Arnold School of Public Health’s Department of Health Services Policy and Management.

Beginnings & Passages



Joclyn and Hubert Seiler

“I told my dad I would love to have his bedside manner.”

Daughter follows in father's footsteps

By Joclyn Seiler

The process of getting started in medicine is one that takes a lot of consideration. The choice isn't one to be taken lightly, but for me it felt right, and so the journey began.

I always knew I would be in the medical field; the question was what I would be doing. I had watched what it meant to be a doctor and the role of a physician assistant in a small community. I had volunteered in long-term care and job shadowed in physical therapy. I was fortunate to have exposure to all ranges of medicine.

I'm not sure how my dad felt when I started the pre-med track. He knew how long and challenging the journey would be, having done it himself, but he supported the choice. This track led me to some tough college classes, the MCAT and the application process.

It is sometimes hard to remember the end goal when embarking on such a long journey, but I get little glimpses of what I can look forward to through volunteering, watching my dad and his interactions with patients and patients' families, and experiencing clinical opportunities.

My dad has been a great role model, not only as a person but as a medical professional.

At the ceremony for his National Rural Health Association award, I told my dad I would love to have his bedside manner because I have witnessed his comforting nature. I now know the value of listening, reassurance and collaboration, which leads to a positive health care experience. I've not only learned this from him but also from physicians I have the pleasure of working with this summer during an externship. I feel as though my dad started my journey with me, and I think watching me get my white coat and take the Hippocratic Oath rejuvenated his passion for medicine.

The best advice I can think of for someone who is planning on starting this journey is to be prepared for the rough patches. Have a great support system in place and make sure they know what's going on. Don't be afraid to ask questions of the doctors who are teaching or those who precept.

My personal statement for my med school application talked of my journey into medicine, and I think it is fitting: “I know I can expect bumps along the way, but I feel as though my perseverance and the people around me will help me through to the ultimate goal for me, being a physician.”

Joclyn Seiler will graduate from University of North Dakota School of Medicine and Health Sciences in 2017. She is currently completing a summer externship in rural Beulah and Hazen, N.D.

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.

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“Give back: You live in a community, so become part of the community.”



Hubert Seiler speaks with a longtime patient in Rugby, N.D.

Small-town doctor offers daughter advice as she embarks on career in medicine

By Hubert Seiler, MD

I was born and raised in a small town of 2,500. And I practice medicine in a small town of 3,000 in a rural area of North Dakota, which is made up mostly of small towns.

It is hard to define a small town, hard to define a rural area. Miranda Lambert has a country song about being “famous in a small town.” It is difficult to go unnoticed here. There certainly are advantages and disadvantages.

Small towns offer a good quality of life with a reasonable cost of living.

In our small town I can see three or even four generations of a family. I treat a sports injury in a 15-year-old and then myocardial risk factors in her grandfather. My staff and I know just about everyone and thus have a better sense of when something is changing. Also, while challenging, I coordinate care, trying to refer when necessary and explain what the specialist will be doing or has done.

Small-town medical practice can be as diverse as my area of interest and experience. It can also be challenging.

I prefer living in North Dakota because of the four seasons – yes, even the winters. But the weather is occasionally a factor, and there is the distance issue necessary to get to a specialist. Telemedicine will help. Small hospitals cannot provide every required service, and we can lose patients to the consultants.

My daughter, Joclyn, is embarking on a career in medicine. I have not pushed her into it, nor pulled her away from it. She is finding medical school intense. (I vaguely remember

those days.)

When she asked me for some “words of wisdom,” I offered the following:

Listen: Listen to the patient, their family and your nurses and staff. There may be clues to the real problem.

Touch: Do this with caution, but do not spend the whole visit looking at the computer screen.

Treat: This should not be just a prescription. Provide support where needed with a kind word.

Educate: Teach the patient about their disease and treatment approach and appropriate tests. Admit to yourself what you do not know, and educate yourself.

Give back: You live in a community, so become part of the community. If possible give back on a broader basis, such as globally. Use your opportunities.

I do not know if my daughter will end up in a small-town, rural practice, but these words will serve her well wherever she decides to practice.

Hubert Seiler, MD, is in his 42nd year of medical practice, all at Heart of America Medical Center in Rugby, N.D., where he serves as long-term care center director and leads the hospice program. Seiler received the National Rural Health Association's 2014 Practitioner of the Year award. Seiler volunteers locally and has done mission work around the world, including a recent visit to Costa Rica with Habitat for Humanity. For more on Seiler's career, see page 17.

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What happened in Vegas ...

The National Rural Health Association's 37th Annual Rural Health Conference brought nearly 800 health professionals to Las Vegas to represent rural, network with colleagues and participate in more than 55 diverse sessions.

The conference kicked off with a keynote address from David Satcher, MD, the second person to simultaneously hold the positions of U.S. surgeon general and assistant secretary for health.

He outlined ways to use policy to improve health care access.

"Your address is more important than your DNA when it comes to health outcomes," Satcher said regarding social determinants of health in rural America.

Attendees also heard from insiders at the federal Office of Rural Health

Policy, Centers for Medicare and Medicaid Services, Veterans Affairs and the Office of the National Coordinator for Health Information Technology.

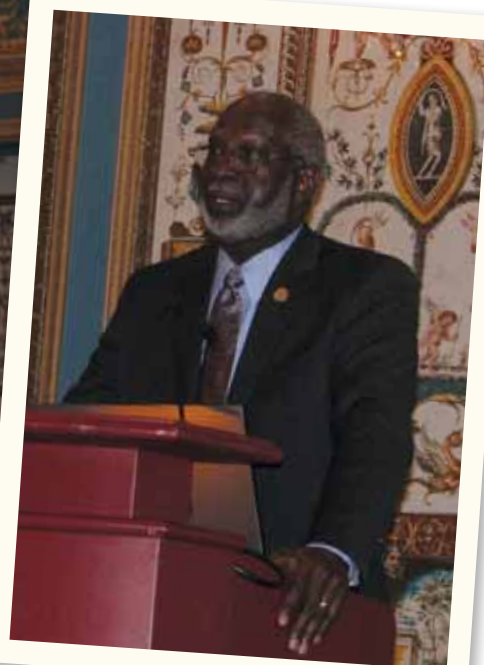
"There seemed to be something for everyone's taste and desire for adventure," wrote one attendee. "As always, an excellent event."

NRHA also honored its 2014 Rural Health Award recipients at a luncheon during the conference. Read about the winners on page 13.

And join us next year for the 38th Annual Rural Health Conference April 14-17 in Philadelphia.



Clockwise: Mary Atkinson Smith and Mary Guyot talk with David Satcher after his keynote address. Randall Longenecker presents during NRHA's Rural Medical Educators Conference prior to the 37th Annual Rural Health Conference. Derre Ferdon donates blood at NRHA's first blood drive in partnership with the American Red Cross.



Clockwise: Donald Warne discusses tribal health issues and initiatives during the conference's annual Reilly address. Keynote speaker David Satcher told 800 NRHA conference attendees, "I attribute who I am and what I do to growing up in rural America." NRHA members enjoy the opening reception with appetizers, cocktails and free gaming demonstrations.

More friendly faces

Continue your trip down Memory Lane or see what you missed with more photos from the 37th Annual Rural Health Conference and other NRHA events at flickr.com/nrha.

See page 42 to learn how to present at the 2015 event.

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

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NRHA news



Sarah Porter and Katrina McTigue

NRHA internships prove valuable to students

Did you know the National Rural Health Association offers internships? Jeslin Jose says her NRHA internship was invaluable.

“There unfortunately exists a dichotomy when it comes to sitting in a classroom and learning about theories versus being out in the field and putting them to practice,” says the Texas A&M University master of public health student. “However, interning with NRHA proved to be that perfect platform where the two merged into a perfect union to truly showcase how public health performs on a grandiose level to help rural America.”

Because of NRHA’s range of activities and programs, since 2005, its internships have allowed students to pursue a project in an area of interest to them while participating in the overall NRHA experience.

Sarah Porter is serving as the government affairs intern this summer. She is a graduate of University of Maine and is currently working on her master’s in health policy at Columbia University.

Katrina McTigue is working with NRHA’s program services team. She is a sophomore at the College of William and Mary majoring in Hispanic studies while also pursuing pre-medical courses.

NRHA offers internships every semester and works with students to meet their internship requirements.

Learn more, apply and share this opportunity by visiting RuralHealthWeb.org/go/intern today.

Speak up: Present at NRHA’s biggest conference

The National Rural Health Association is accepting session proposals for the 38th Annual Rural Health Conference April 14-17 in Philadelphia.

Each year, more than 200 people present more than 55 concurrent educational sessions, 20 research papers and up to 100 research and educational posters.

This is an opportunity to share innovative and effective models, policies, research and information and provide your colleagues with insights and best practices addressing many of the access, quality and geographic issues confronted by rural communities.

Session proposal submissions for the 2015 event are due by July 31.

Visit RuralHealthWeb.org for more details and to submit.

Apply now to become a Rural Health Fellow

The National Rural Health Association is accepting applications for its Rural Health Fellows program.

The program aims to educate, develop and inspire a networked community of rural health leaders who will step forward to serve key positions in the association, affiliated rural health advocacy groups and local and state legislative bodies.

NRHA fellows meet in person three times throughout the year for intensive leadership and advocacy training. Fellows also participate in monthly conference calls to supplement their training, receive updates on legislative and regulatory concerns that impact rural health, and take part in a mentorship program with NRHA board members.

“It wasn’t until I was selected as a 2012 NRHA Rural Health Fellow that I genuinely understood the obstacles, geographical and policy, people residing in rural areas

encounter on a daily basis,” says Jarod Thomas Giger, PhD, assistant professor at the University of South Dakota School of Health Science.

Apply at RuralHealthWeb.org/go/fellows by Aug. 31 to be considered for the 2015 class.

Quality assured at NRHA’s next event

The National Rural Health Association’s 10th annual Rural Quality and Clinical Conference will show you how to advance quality and clinical care from theory to practice July 16-18 in Atlanta.



Quality and performance improvement coordinators, researchers, students, hospital administrators, and doctors, physician assistants and nurses practicing on the front lines of rural health are encouraged to participate in this interactive event.

David Callahan, MD, of the Centers for Disease Control and Prevention, will headline the conference. As an epidemiologist, Callahan responded to the 2010 Gulf oil spill, the 2009 H1N1 pandemic, Hurricane Katrina, and the terrorist events and anthrax bioterrorism attacks in 2001.

Attendees will also hear updates from Office of Rural Health Policy, CDC, ICD-10 experts, Veterans Affairs officials and telehealth professionals.

Scholarships are available and will be reviewed and awarded on a first-come, first-serve basis.

Arrive early July 15 for the State Rural Health Association Leadership Conference, an opportunity for state rural health association leaders to enhance their skills and network.

Register today at RuralHealthWeb.org, and get a local member’s advice on experiencing Atlanta on page 50.

Multicultural conference moves; call for presentations now open

The National Rural Health Association’s Multicultural and Multiracial Health Conference will be April 14, just before NRHA’s 38th Annual Rural Health Conference in Philadelphia.

This 20th annual conference is designed for those who are dedicated to bringing quality health care and health care services to underserved and often under-represented portions of the rural population.

One of the only meetings in the nation to focus on rural multiracial and multicultural health issues, this event offers attendees the opportunity to meet with peers and experts who share unique concerns and interests.

To submit session proposals, visit Ruralhealthweb.org/mm by Sept. 30.

Rural clinic, hospital conferences coming in the fall

Join national experts and colleagues for the National Rural Health Association’s 13th annual Rural Health Clinic (Sept. 30-Oct. 1) and Critical Access Hospital Conferences (Oct. 1-3) in Kansas City, Mo.

Quint Studer will give the keynote address at the rural hospital conference, reviewing the framework, principles, processes and tactics health care organizations need to drive quality higher while controlling costs.

Russel Kohl, MD, will kick off the rural clinic conference and present a later session on strategies for rural business success, health care across rural communities, the patient-centered medical home and population health.

View the full agenda and take advantage of discounted early registration rates at RuralHealthWeb.org/kc today.

Send your career updates to editor@NRHArural.org.

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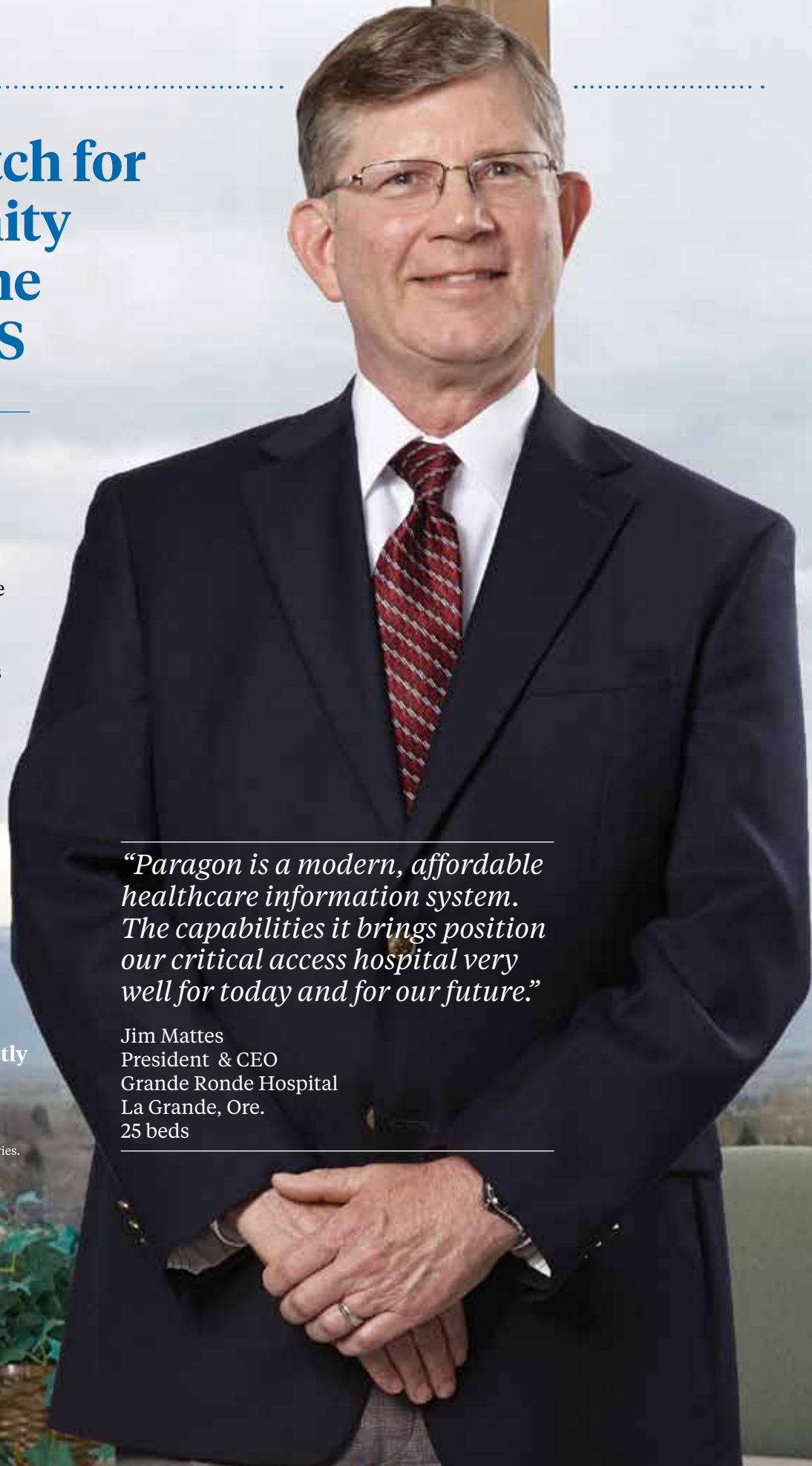
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Fighting for those who defend our country

These past several months have showcased the troubled Veterans Health Administration (VHA) and the deplorable lack of care provided to those who have honorably served our country.

The purposeful and systemic access barriers created by VHA bureaucrats were atrocious. Of comparable concern are the access barriers that persistently exist for rural veterans trying to access VHA services.

Rural Americans have always responded when our nation has gone to war and have consistently served in the military at rates higher than their proportion of the population. Currently, nearly a quarter of all veterans live in rural America, creating a disproportionate need for veterans' care in rural areas.

This need will only grow. Forty-four percent of U.S. military recruits are from rural areas and will become our nation's veterans of tomorrow.

Yet time and distance prevent many rural veterans from receiving basic health care benefits through a VHA facility, and preventative or follow-up care is often impossible.

To provide the care needed for our nation's veterans, contracting and access barriers must be removed.

Critical access hospitals, rural PPS hospitals, rural health clinics and community health centers provide quality, community-oriented primary and preventative health care where rural veterans live. Reimbursement for these rural providers must be equitable and streamlined.

As the Administration and Congress work through the VHA scandal, NRHA is working steadfastly to remove all barriers for our nation's veterans. Our goal is to ensure rural veterans access to timely and quality care within the rural communities they call home.

— Maggie Elehwany, NRHA government affairs and policy vice president



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Future quality of rural health care will be defined by networks

Opinion piece by David Dietz and Terry Hill



David Dietz



Terry Hill

It's no secret that the federal government has begun overhauling the method by which health care is provided, reimbursed and measured by quality and process outcomes.

In many rural communities, critical access hospitals (CAHs) have for many years been the point of care for entire communities. It is at these health care facilities that administrators must juggle multiple duties while still promising patients the care they receive will be nothing less than exceptional.

Patients rightly expect the highest level of care possible with little to no thought of expense or inconvenience to providers. Patients are living longer, and newer medicines and technologies are available that can improve their health and wellbeing. However, these new and innovative treatments, be they medicine or surgery, are costly.

Quality improvement programs and other federal-sponsored initiatives have felt a fiscal pinch as well, but not as dramatic as those who provide health care services.

"Providers are being asked more than ever to do more with less," says Tom Morris, associate administrator of the Health Resources and Services Administration's Office of Rural Health Policy (ORHP). "We're seeing an emerging focus on the value of services as opposed to just the volume of services. Consequently, we believe

the flex program, thanks to the good work of the state flex coordinators, can be a big help and help position CAHs to not only survive but thrive."

ORHP funds state offices of rural health to support the flex program. In turn, flex coordinators work with CAHs to support the following core areas:

- Quality improvement
- Operational and financial improvement
- Support for health system development and community engagement
- Designation/conversion of CAHs in each state

Flex coordinators, the 45 state-based grantees/directors of the flex program, have immense challenges. Each grantee must generate a plan that explains how they will engage all their state's CAHs, which ranges from three to 83 hospitals. The creation of ORHP's quality collection and analysis mechanism, the Medicare Beneficiary Quality Improvement Program (MBQIP), has significantly aided the planning process. Launched in September 2011, MBQIP was initiated as an activity to increase voluntary CAH participation in reporting quality on a set of select rural-relevant inpatient and outpatient measures and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

How does a flex coordinator meet this challenge, which may include addressing geographic disparity of CAHs and unfamiliarity of quality improvement processes? Many flex coordinators have organized CAHs into cohort groups called networks to efficiently implement MBQIP.

Michigan Critical Access Hospital Quality Network

In 2013, the Michigan Critical Access Hospital Quality Network became a legally designated not-for-profit organization. Every one of the 36 CAHs in the state is a member. Members also include three rural PPS hospitals, the Michigan Quality Improvement Organization, Blue Cross Blue Shield of Michigan and the Michigan Health and Hospital Association.

These members work together on a variety of initiatives, decided upon at their quarterly meetings. Past initiatives have included the awarding of annual quality awards and the production of a CAH best practices booklet. Members are comfortable sharing both quality and financial information, and they vote on which core quality measures to report upon and improve annually. A listserv connects all members, and there is significant traffic daily.

continues

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Nebraska networks

Nebraska has a rich history of its hospitals working together, and the state boasts several networks.

Established more than 18 years ago, the Rural Nebraska Healthcare Network (RNHN) includes eight CAHs and one regional hospital.

“Networks in Nebraska provide an organizational structure to focus on quality improvement activities,” says David Palm, PhD, Nebraska’s flex coordinator. “The hospitals in the networks have developed close working relationships, which allow them to communicate more openly and share best practices.”

Current RNHN projects include reporting on all of the MBQIP inpatient and outpatient Hospital Compare measures, mock Joint Commission surveys and the expansion of broadband fiber network to increase the use of telehealth.

This network has also experienced significant improvements in outcomes. From the first quarter of 2011 to the second quarter of 2013, the average network score on the HCAHPS measure “Would you recommend this hospital to friends and family” increased from 67.4 to 74.8 percent.

The Alegant Health CAH Network consists of four CAHs and one large, urban hospital. From 2007-08 to June 2013, heart failure composite scores for CAHs increased from 78.7 to 100 percent. In the same time period, pneumonia composite scores ranged from 93.5 to 98.5 percent. This was the first Nebraska network to have all of its hospitals report inpatient and outpatient Hospital Compare data, as well as focus on applying interventions to improve their scores.

Colorado’s Improving Communication and Readmission Network


Perhaps no other network has aligned with current national health care quality trends more effectively than Colorado’s Improving Communication and Readmission (iCARE) Network. Sixteen of the state’s CAHs are participating in this program, in which activities include monthly project webinars and selecting projects that will impact Colorado CAHs based on national trends.

“The iCARE Network has been a great vehicle for our state to come together to focus on rural-relevant quality improvement efforts,” reports Jennifer Dunn, Colorado Rural Health Center programs director.

For example, through iCARE, one participating CAH examined its clinical processes for pneumonia vaccinations. The CAH’s quality

director worked with a physician champion at the facility to implement standing orders for pneumonia vaccinations, standardizing the hospital’s process and improving patient care. Another CAH cut its 30-day readmission rate in half (from 12 to 6 percent) through a combination of best practices including phone follow-up with a registered nurse upon discharge, improved care team coordination and ensuring patients set follow-up appointments.

ORHP is proud of the development of quality networks within its flex program. The development of these networks across the nation can be credited to the implementation of MBQIP, which provides a mechanism for CAHs, flex coordinators and ORHP to collect and measure quality data.

These examples of CAH-led networks are but a sample of the outstanding work flex coordinators are completing. Each of these coordinators has worked tirelessly to instill in their network cooperation, direction, and most importantly, high quality outcomes. This type of effectiveness and efficiency reached through cooperation and coordination is the future of rural health care. 

David Dietz is the branch chief for the Bureau of Primary Health Care’s Northern Division.

Terry Hill is the executive director of Rural Health Innovations and senior adviser to the National Rural Health Resource Center.

Critical quality

Learn about more successful rural-relevant health care quality initiatives at the National Rural Health Association’s 10th annual Rural Quality and Clinical Conference July 16-18 in Atlanta.

And plan now to attend NRHA’s Critical Access Hospital Conference Oct. 1-3 in Kansas City, Mo. Register by Aug. 26 to save.

Visit RuralHealthWeb.org for details.

Explore Atlanta with NRHA member Matt Caseman

Side trip



Matt Caseman

Quality assured at NRHA's next event

The National Rural Health Association's 10th annual Rural Quality and Clinical Conference will show you how to advance quality and clinical care from theory to practice July 16-18 in Atlanta.

Don't miss updates from the Office of Rural Health Policy, Centers for Disease Control and Prevention, ICD-10 experts, Veterans Affairs officials and other telehealth professionals.

Scholarships are available. And attendees from Alabama, Florida, Georgia, North Carolina, South Carolina or Tennessee save thanks to NRHA's road trip rate.

Arrive early July 15 for NRHA's State Rural Health Association Leadership Conference, an opportunity for state association leaders to enhance their skills and network.

Register today at RuralHealthWeb.org/quality.

In my 30 years living in Atlanta I have seen the city change drastically.

One of the best things about Atlanta is that there is plenty to do all over the city and always a great place to eat or grab a drink nearby. Here are some of my favorite spots:

Food and drink

If you're looking for a great place to grab a pint, **Fado Irish Pub** has some of the best pub food in Atlanta. If the weather is nice, dine on the beautiful rooftop patio.

A taste of France in the heart of Buckhead, **Anis Café and Bistro** is located in a converted house renovated to transport guests to one of the many charming restaurants you are likely to find in Provence.

Close to Inman Park, a fantastic eclectic neighborhood with some beautiful Victorian homes, **Fox Bros. Bar-B-Q** is Atlanta's best barbecue, in my opinion. There aren't many healthy options on the menu, and you better bring your appetite. The beef brisket and the Frito pie are my go-to picks. Seating is limited so arrive early.

Highland Tap offers the best martinis in Atlanta, and if you like cosmopolitans, get one. It is located in the heart of Virginia Highlands, so there are plenty of places to shop and other great restaurants to check out too. They also have excellent burgers.


Atlanta attractions

Take the time to visit **Centennial Olympic Park** in downtown Atlanta. You can spend an afternoon experiencing the city's most popular attraction, the **Georgia Aquarium**, which is the world's largest. Whale sharks, beluga whales and even albino alligators are inside.

While you're in the area, be sure to check out **The World of Coca-Cola** next door. At the end of the tour there is a tasting room where you can try 60 different Coca-Cola products. Some of them are only sold in certain countries and regions, so this is the chance to sample them all.

Fresh air

One of my favorite things to do when someone comes to town is take them to **Stone Mountain Park**, a great half-day trip. Besides an incredible carving, the mountain offers a stunning view of Atlanta on clear days.

Another great place to visit is **Piedmont Park**, located in Midtown with amazing views of the city. If you are into running or rollerblading, this is also the place to be seen. **Park Tavern** restaurant is right on the park for drinks. Sit a spell and enjoy the people watching from the patio. 

Matt Caseman is the former Georgia Rural Health Association executive director. He joined NRHA in 2010.

By Kacie Fodness

Driving home road trip safety

With the excitement (and sometimes stress) of planning your next vacation, it can be easy to overlook road trip safety. Summer is a great time to review the basics:

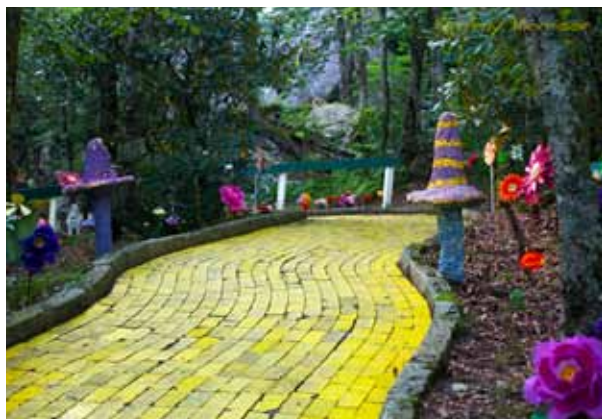
- 1 Pull the seatbelt out, and put the phone away. While smartphones can be a great tool for directions or traffic and weather updates, drivers should park before utilizing phones.
- 2 Get a good night's sleep before your trip, and take plenty of small breaks along the way. If the road trip spans multiple days, plan daily breaks and overnight stops to ensure you're well rested for the journey.
- 3 When possible, share driving responsibilities with another passenger.
- 4 The roads are extra busy in the summer, but so are the skies. Be mindful of the weather forecast between you and your destination.



shifting gears

Off the beaten path

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The Land of Oz

Times should be a-changing

To positively impact both our planet and your bank account this summer, consider completing household chores early in the morning or late at night.

Doing laundry or dishes during the day's "peak hours" can raise the temperature in your home, requiring even more energy to maintain a cooler environment. By avoiding these chores during the day, you'll lower your energy usage and cooling costs.

While your travels may not take you through enchanted forests (and we certainly hope you don't encounter any flying monkeys), we do hope you make new friends along the way. Especially if you have munchkins aboard, you might consider a Carolina detour to the "highest spot east of the Rocky Mountains."

In Beech Mountain, N.C., population **320**, there is an abandoned theme park that was once a replica of Frank Baum's Oz. The Land of Oz park was the area's most popular destination in **1970**, attracting more than **20,000** visitors on opening day. Baum's characters, and even some of MGM's props, were in full force along this yellow brick road — **44,000** yellow bricks, to be exact.

In **1975**, a fire — alleged arson — damaged not only the park but also some of the film's original costumes. Though it has been restored, ruined and reopened several times since, travelers now have the chance to visit the park just once a year during the Autumn at Oz Festival.



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