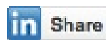

Virginia Rural Health Association Weekly Update

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VRHA News

Members in the News

By SWVA Today

[VRHA member] James Tyler has been named the new chief executive officer of Smyth County Community Hospital, Mountain States Health Alliance officials announced Friday.

According to the news release from MSHA, Tyler is licensed as a nursing home administrator in Virginia, "making him an ideal fit for Smyth County Community Hospital, which operates Francis Marion Manor, a 109-bed nursing home facility in Marion."

Read the full article.

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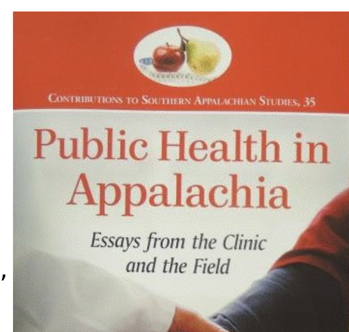
More Members in the News

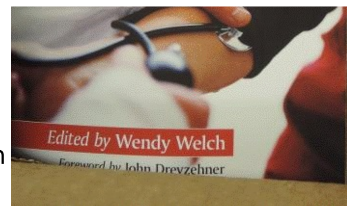
By UVa-Wise



Health care advocates and providers have collaborated on a book that provides in-depth perspectives to promote an understanding of the factors that affect health in the Appalachian region, and it examines effective responses to those issues.

"Public Health in Appalachia," edited by [VRHA member] Wendy Welch, executive director of the Graduate Medical Education Consortium of Southwest Virginia, brings researches and practitioners together to

examine health issues, culturally appropriate healthcare delivery systems and cultural theory and clinical policy in the region.



The analyses in the book offer students, health practitioners and policymakers new insights that merge anthropological and medical research to promote a holistic understanding of the health care factors in the region.

Read the full press release.

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Even More Members in the News

Dan Heyman - Public News Service

As National Health Center Week continues, community health centers around the commonwealth are reminding residents of their commitment to provide a crucial safety net for more than 300,000 Virginians at more than 135 community health centers.

[VRHA member] Central Virginia Health Services is Virginia's largest community health center network, and like most community health centers takes patients regardless of their ability to pay. Central Virginia Health Services development director Sheena Mackenzie says along with serving a sizable portion of the commonwealth's working poor, they also serve rural areas with few doctors, like Charles City County.

"We're often the only doctor, the only dentist in the county," says Mackenzie. "So it doesn't matter what kind of health insurance you have. If you don't have a doctor, you don't have health care."

Read the full article.

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Virginia News

A Better Way

By Sean T. Connaughton - Roanoke Times

A few weeks ago, Southwest Virginia bore witness to both the challenges and opportunities faced in the provision of health care to those who need it most. At the annual Remote Area Medical Clinic (RAM Clinic) in Wise County, some of the best and brightest of our health care professionals volunteered their time and talent to give thousands of Virginians basic health care free of charge. The RAM Clinic is a testament to the motivation and dedication of the nurses, physicians, dentists and other health care professionals who participated in the RAM Clinic and who serve our communities 24 hours a day, seven days a week, 365 days a year.

Unfortunately, the RAM Clinic also is a testament to the lack of basic health services to those who need it the most – men and women who are employed yet earn too little to qualify for health insurance support provided under the federal Affordable Care Act. As a result, some patients come to the RAM Clinic after waiting up to a year for medical care. This is the same type of care that is available year-round to patients covered by private insurance, Medicare (for seniors), Medicaid (for the extremely indigent) and other health coverage programs. Often these uninsured patients have delayed care for so long that routine care is no longer an option, and more complicated measures are necessary.

There has been an ongoing controversy in Virginia about expanding Medicaid to serve the people like those who received care at the RAM Clinic. The debate has been contentious and the rhetoric often divisive. The debate has been a mix of policy, politics, personalities and fiscal realities. No matter what side you take, everyone seems to have a strong opinion. Meanwhile, the lines at the RAM Clinic seem to be getting longer by the year.

Read the full article and related articles from the Roanoke Times, the Daily Press, and Al Jeezra.

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Merger Discussion

By News 5 WCBY

Wellmont and Mountain States Health Alliance are two healthcare companies in the region who have competed for years, but now there is a push from the business community to have the two companies merge.

The healthcare industry is one of the region's largest employers and a major player in the overall health of the local economy. Now, its future is at a crossroads. Wellmont Health System announced it is seeking to partner with another healthcare company due to growing financial strains on the medical industry.

Read the full article.

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Close to Home

By Insurance News

Rep. Nick Joe Rahall, D-W.Va. (3rd CD), issued the following news release:

At the groundbreaking for the new Boone Memorial Hospital in Madison, U.S. Rep. Nick Rahall (D-W.Va.) Thursday lauded the building of a new state-of-the-art health facility in southern West Virginia and argued for increased Federal investments in expanding access to quality medical care in rural areas.

"If you were asked to list the most valuable gems in a community's treasure chest, certainly a hospital would always rank near the top. All of us here know how vital it is to have healthcare as close to your front door as humanly possible. Add the hard numbers of Boone Memorial's contributions to the local economy - the payroll and jobs created, the local contracts, enhanced tax base - and its value soars. That's why reinvesting in community hospitals is a no brainer, and something I strongly support," said Rahall.

Read the full article.

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National News

Deadline for ICD-10

From the Centers for Medicare & Medicaid Services

The U.S. Department of Health and Human Services (HHS) issued a rule finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. This deadline allows providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015.

Using ICD-10, doctors can capture much more information, meaning they can better understand important details about the patient's health than with ICD-9-CM. Moreover, the level of detail that is provided for by ICD-10 means researchers and public health officials can better track diseases and health outcomes. ICD-10 reflects improved diagnosis of chronic illness and identifies underlying causes, complications of disease, and conditions that contribute to the complexity of a disease. Additionally, ICD-10 captures the severity and stage of diseases such as chronic kidney disease, diabetes, and asthma.

Read the full press release.

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Rural Preceptorships

By Reid Blackwelder - American Academy of Family Physicians

Roughly 20 percent of Americans live in rural areas, but only 11 percent of U.S. physicians live in those same communities. In fact, the Health Services and Resources Administration (HRSA) has designated more than 6,000 Health Professional Shortage Areas for primary care, and 67 percent of those are in nonurban areas. According to HRSA, it would take 17,000 additional primary care health professionals to achieve a ratio of one clinician per 2,000 patients in these locations.

So, how do we convince more medical students to first choose family medicine and then practice it in the places that need them the most? Let them experience it first hand.

Read the full article.

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Fewer Options

By John Commins - HealthLeaders Media

Competition among health plans is a critical component that tempers prices for individual health insurance coverage under the exchanges set up by the Patient Protection and Affordable Care Act. It makes sense. Give healthcare consumers more informed, apples-to-apples choices among several health plans competing for business on an open exchange and the consumers will gravitate to the best value.

That works in urban and more densely populated areas that have a number of health plans competing for customers using a plethora of providers. What about sparsely populated rural areas? The answer is not surprising. People in rural areas mostly have fewer coverage options, and because of that most of them—though certainly not all of them—will pay higher premiums.

Read the full article.

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Rural Publications

Rural and Urban Hospitals' Role in Providing Inpatient Care
In 2010, 17% of the U.S. population lived in rural (nonmetropolitan) areas. Disparities in health care access between rural and urban areas have been documented. Rural hospitals not only provide inpatient care, but also emergency department, outpatient department, long-term care, and health care coordination. Rural hospitals may have difficulty remaining financially viable. Medicare payment policies help keep the low-volume hospitals solvent so that vulnerable populations have access to health care without traveling to urban areas. This data brief provides national data on patients served, and inpatient care provided, by rural hospitals in the health care system in 2010.

Effect of rurality on screening for breast cancer
The lower breast cancer survival rate observed among rural women may be related to differences in screening access and utilization. We evaluated existing evidence for rural and urban differences in mammography service use in adult women.

Which Medicare Patients Are Transferred from Rural Emergency Departments?
Analyzes transfers of Medicare beneficiaries who received emergency care in a CAH or rural hospital and were transferred to another hospital for care. Key findings include the following:

- Among Medicare beneficiaries who received same-day emergency care and inpatient care in 2010, the inpatient stay was in a different hospital for 28.4% of the Critical Access Hospital (CAH) emergency encounters, compared to 9.0% for rural non-CAHs, and 2.0% for urban hospitals.
- The majority of transferred CAH and rural non-CAH emergency patients went to urban hospitals for inpatient care. By diagnosis, most transferred patients with intracranial injuries and cardiac-related diagnoses went to urban hospitals, while 35%-45% of patients with certain mental health diagnoses were transferred to other CAHs or rural non-CAHs.

The Effect of Medicare Payment Policy Changes on Rural Primary Care Practice Revenue
Describes the impact of recent Medicare payment updates to the Geographic Practice Cost Indices (GPCIs) portion of the Medicare Physician Fee Schedule (MPFS) on rural primary care providers' practice revenue from Medicare. Using rural primary care provider Medicare claims from 2009 linked to the 2013 MPFS relative value units (RVUs), the 2013 GPCIs for non-metropolitan localities, and the GPCI updates from the Pathway for SGR Reform Act of 2013, we developed a revenue model to derive estimates of Medicare-related average revenue in 2013 and change-in-average-revenue percentage due to the GPCI updates for 50 non-metropolitan localities. Holding the conversion factor (CF) and RVUs fixed, we found that changes to the GPCIs made between January 1, 2013 and March 31, 2014 resulted in an average 0.12% (median 0.18%) increase in Medicare-derived revenue to rural primary care practices. Without the GPCI work floor reinstatement, however, primary care practices in rural areas would have been disproportionately negatively impacted through lower Medicare-related revenues.

How Does Medicaid Expansion Affect Insurance Coverage of Rural Populations?
Examines how states' decisions on Medicaid expansion are impacting rural areas in the United States. The study used population estimates, current status of state expansion, and state-level insurance estimates to answer two primary questions:

1. how is Medicaid expansion affecting rural populations, and
2. how would it differ if every state were to expand Medicaid.

Facilitating the Formation of Accountable Care Organizations in Rural Areas
Presents characteristics contributing to the formation of four accountable care organizations (ACOs) that serve rural Medicare beneficiaries, one each of the four census regions (West, Midwest, Northeast, and South). Semi-structured interviews were conducted on-site with ACO leaders and representatives of key stakeholder groups (e.g., board members, physicians, information technology managers). Four organizational characteristics emerged as influential in the formation of these ACOs. First is previous organizational integration experience, which includes physician-hospital organizations, independent practice associations and mergers. Second is experience in risk-sharing arrangements, which includes participation in the Medicare Advantage program and insurance plan ownership. Third are information technologies, especially shared electronic health records, which enable several ACO capabilities. And fourth is developing partnerships with health and human services organizations in local and regional communities. These findings can help rural providers interested in forming or participating in an ACO assess the status and potential gaps of their core structures and capabilities.

Colorectal cancer outcome inequalities
Conflicting data exists regarding the influence of population density on colorectal cancer (CRC) outcomes; to better understand this, the present study evaluated outcomes along an urban–rural continuum.

Dental practitioner rural work movements
There is a globally observed unequal distribution of dental and other health practitioners between urban and rural areas in OECD countries. Dental practitioners provide important primary healthcare services to rural populations. Workforce shortages and stability issues in underserved areas can have negative effects on rural communities. Strategies used to fix the dental practitioner workforce maldistribution need to be investigated.

Maintaining health and wellness in the face of dementia
Worldwide, countries are calling for a chronic disease management approach to people with dementia. In response, 'living well' with dementia and 'supported self-care' frameworks are being adopted by advocacy and volunteer organizations, and more attention is being directed towards health and wellness promotion as a critical component for 'living well'. This exploratory study examined the health and wellness self-management behaviors of patients attending a rural and remote memory clinic; and relationships between engaging in health and wellness behaviors and psychological and neuropsychological function, independence in daily activities, and balance.

Effect of tele-emergency services on recruitment and retention of US rural physicians
As competition for physicians intensifies in the USA, rural areas are at a disadvantage due to challenges unique to rural medical practice. Telemedicine improves access to care not otherwise available in rural settings. Previous studies have found that telemedicine also has positive effects on the work environment, suggesting that telemedicine may improve rural physician recruitment and retention, although few have specifically examined this.

Unfreezing the Flexnerian Model: introducing longitudinal integrated clerkships in rural communities
Physician shortages in rural areas remain severe but may be ameliorated by recent expansions in medical school class sizes. Expanding student exposure to rural medicine by increasing the amount of prolonged clinical experiences in rural areas may increase the likelihood of students pursuing a career in rural medicine. This research sought to investigate the perspective of rural physicians on the introduction of a rurally based nine-month Longitudinal Integrated Clerkship (LIC).

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Mark Your Calendar

For more information about these and other events, visit the VRHA Calendar

August 24: Virginia Atlas of Community Health - webinar
August 29: Oral Health and Dementia - webinar
September 5: Reducing Neonatal Abstinence Syndrome through Responsible Opioid Prescribing and Dispensing - Abingdon
September 6: Reducing Neonatal Abstinence Syndrome through Responsible Opioid Prescribing and Dispensing - Roanoke
September 22: Addressing the future of health care: Moving from Policy to Implementation - Bristol, TN
September 30-October 1: Rural Health Clinic Conference - Kansas City, MO
October 1-3: Critical Access Hospital Conference - Kansas City, MO
December 11 & 12: Virginia Rural Health Association Annual Conference - Staunton

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Resources

New Healthy Food Toolkit
Voices for Healthy Kids®, a joint initiative of the Robert Wood Johnson Foundation (RWJF) and American Heart Association (AHA), developed a toolkit on access to healthy and affordable foods in corner stores entitled "**Just Around the Corner**." This toolkit is a compilation of facts, sample materials, and guidance on how to build, engage, and mobilize a social change movement in your state or community on this critical issue. The toolkit is wrapped together by a unique theme designed to maximize interest and action to increase shared use.

Transportation to Support Rural Healthcare
This guide focuses on how communities can provide transportation services to support access to rural healthcare, which may also benefit healthcare providers by decreasing inappropriate use of EMS services, improving utilization of healthcare services, and decreasing no-show rates. The guide also highlights transportation as a community-based service that can allow the elderly and people with disabilities to live successfully in a community rather than entering a long-term care facility or leaving the community.

Graduate Medical Education That Meets the Nation's Health Needs
Reviews the current system supporting graduate medical education (GME) and discusses how it supports or creates barriers to the development of the physician workforce the nation needs. A section on geographic maldistribution on pages 43-44 discusses the rural physician workforce. The report also discusses GME issues related to rural health facilities, including Table 3-8 (p. 83), with data on rural hospital GME.

How Did Rural Residents Fare on the Health Insurance Marketplaces?
Examines 2014 premiums, issuers, and plans offered to residents of urban and rural counties. Disparities in both price and number of coverage choices were found between states with a small rural population and those with a significant rural population.

Keeping Rural Communities Healthy
This report by the Joint Economic Committee recognizes that keeping rural communities healthy is vital to the U.S. economy. The report provides an overview of characteristics of rural populations, rural health statistics, barriers to healthcare in rural areas, economic implications of rural healthcare, and relevant policy actions to keep rural America healthy.

Rural Connections: Challenges and Opportunities in America’s Heartland
Report looks at the condition, use and safety of the nation’s rural transportation system and discusses recommendations to improve connectivity in America’s small communities and rural areas to access jobs, education and healthcare.

Supplemental Nutrition Assistance Program and Rural Households
Examines the use of Supplemental Nutrition Assistance Program (SNAP) benefits (formerly known as food stamps) by household and place of residence, including a comparison of rural, micropolitan, and metropolitan areas. It also looks at the age of individuals in households receiving SNAP, recognizing that elder and child populations are most at risk of food insecurity. Argues the importance of SNAP in rural communities.

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Funding Opportunities

Tobacco Use Prevention and Cessation with Youth in Virginia
The Virginia Foundation for Healthy Youth announces its 14th Tobacco Use Prevention & Cessation Programs with Youth Request for Proposals (RFP) funding opportunity. Nonprofit, governmental and charitable organizations (schools, faith centers, community service boards, clubs, etc.) are eligible to submit proposals for the three-year contract period of July 1, 2015 through June 30, 2018.

Bank of America Charitable Foundation
The Bank of America Charitable Foundation focuses resources on creating neighborhood excellence in the communities throughout the United States where the bank does business. While the priorities of specific company communities drive how funding is used, giving at the local level typically falls into the following four generic categories: Community Development/Neighborhood Preservation, Education and Youth Development, Health and Human Services, and Arts and Culture. Requests may be submitted throughout the year.

Commonwealth Fund Health Grants

Applications accepted on an ongoing basis. Supports independent research on health and social issues and makes grants to improve health care practice and policy.

Grants Improve Company Communities
The Dominion Foundation supports nonprofit organizations dedicated to improving the economic, physical, and social health of the communities served by Dominion's companies in Connecticut, Illinois, Indiana, Maryland, Massachusetts, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, **Virginia**, West Virginia, and Wisconsin. (A list of eligible communities is available under Frequently Asked Questions on the company's website.) The Foundation focuses its grantmaking in five general categories: health and human services, education, culture and the arts, civic and community development, and the environment. Most of the Foundation's grants are in the $1,000 to $15,000 range. Requests may be submitted throughout the year. Visit the company's website to take the online eligibility quiz.

Mary Reynolds Babcock Foundation
The Mary Reynolds Babcock Foundation assists people in the southeast United States to build just and caring communities that nurture people, spur enterprise, bridge differences, and foster fairness. The Foundation is dedicated to helping people and places to move out of poverty and achieve greater social and economic justice. Grants are provided to local, statewide, and regional nonprofits in Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, **Virginia**, and West Virginia that work with people in low-wealth communities to shape their own destiny. Organizational summaries may be submitted throughout the year.

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