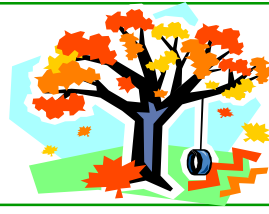




RHC Newsletter



Issue 19

September
2008

September is Preparedness Month

RHCs Actively Involved in Community Preparedness

IRHA would like to recognize those clinics who indicated that they participated in an exercise within their community. Some exercises were with the clinic's staff. Some were involvement in the ISDH - Purdue tabletop exercise, a county-wide exercise, or hospital facilitated exercise.

This year has been a tough one for Indiana. Floods, wind storms, tornadoes, winter ice, farm accidents, transportation accidents and spills, fires, and emerging diseases are some of the vulnerabilities that we anticipate and experience. This year multiple floods damaged crops, homes, and businesses. The Columbus hospital is still in the process of becoming fully functional since the June floods. For a period of time the surrounding medical offices had to share space with other nearby offices. This was a new experience for practices that might appear to be in some level of competition by providing the same types of services, however, now they were enabling their peers provide continuous service to their patients. Times like these remind us how critical and valuable access to health care is. Planning and exercise mitigate losses and shorten or eliminate loss of operations.

To learn of community preparedness activities, contact your local health department, local hospital, LEPC, or emergency management director. Each clinic received a emergency preparedness contact list for the district.; however, the public health positions are in a period of transition. Feel free to contact IRHA for another copy if you are unable to locate it. Additionally, information about the new public health district preparedness positions and organizational focus will be forthcoming.

Pandemic flu exercises:

Monticello Medical Clinic
Cass County Medical Clinic
IMH Kentland Clinic
Sullivan Family Practice
Crawford County Family Health Care
Patoka Family Health Care
Clay City Center for Family Medicine
Switzerland County NMC
Worthington Family Medicine
Family Health Center of Union City
St. Vincent Physicians' Network Jennings
Ridge Medical Center
New Castle Pediatrics
American Health Network Lafayette
Family Health Services Rushville
WCCH Cayuga Clinic
Martin County Health Center
Dale Family Medicine
Petersburg Family Medicine
(cont.)

Daviess PB Clinics:

Petersburg Medical Clinic
Family Health Clinic
Daviess Martin Medical Clinic
DCH Medical Clinic
North Daviess Medical Clinic

Explosive or nuclear accident:

Daviess PB Clinics:
Daviess Martin Medical Clinic
Petersburg Medical Clinic
North Daviess Medical Clinic
Family Health Clinic
DCH Medical Clinic

Chemical accident with LHD:

WCCH Cayuga Clinic
Montgomery Medical Associates
Robert E. Judge, MD

Biological: Anthrax

WCCH Cayuga Clinic

CMS Proposed Rule Update

There is an attempt to attach the Smith-Wyden RHC legislation so that it would make the Medicare statute consistent with the Department of Health and Human Services (HHS) policy on updating shortage area designation. Currently the Medicare law requires that in order for a shortage area designation to be valid for the RHC program, it cannot be more than 3 years old. The HHS policy requires that shortage areas be updated every 4 years. This means that 1/3 of RHCs will be in "outdated" shortage areas every year. The Smith-Wyden bill would set the Medicare requirement at 4 years in order to be consistent with the HHS policy.

There is also another attempt to extend the commenting period again.

? Medicare Advantage ?

A question of interest posed on the NARHC listserve:

The MAs do not process claims correctly no matter how many times a copy of our rate letter is sent. They don't understand RHC rules. So we refuse to accept any other MA plans. Many of our patients don't understand why. We can't afford the hours spent trying to collect our rightful reimbursement.

Ron Nelson's response: You have 2 choices with a MA patient, see them and bill the plan or do not see them. You can not bill the patient even if they ask to pay for the service.

National RHC News

NARHC

During the November 18-20 meeting in St. Louis, NARHC will introduce the Public Health Television project. This month they are piloting the program. It will offer public health television at no charge to qualified public health providers. The goal is to provide both health education and wellness for the RHC patients and caregivers, as well as a communications platform for continuing medical education and staff training. The Public Health Television initiative intends to connect 3,000 RHCs in the first three years and a total of 5,700 unique locations by year five with programming reaching more than 100 million patient and caregiver viewers annually.

The November meeting offers several other presentations during the St. Louis meeting:

National policy update: anticipate to hear more about decisions made on the proposed rule.

Survey & certification : Missouri version

Physicians recruitment / retention

EHR Implementation : Doing it Right on a Budget

Round tables for independent and PB clinics

Breakouts for advanced billing: Independent & PB

Breakout: Adv. Cost Reporting & Quality Assessment and Performance Improvement QAPI

Non physician reimbursement policy issues

Ask the expert

Importance of Influencing policy makers

Taking control of your accounts receivables

Registration forms and information can be found at www.narch.org

Do not delay in reserving a hotel room for a special rate.

National RHC News

NRHA

NRHA's Rural Clinician Quarterly newsletter highlighted an important part of overall health, namely oral health care. The article is "Improving Oral Health." by Laurie Johnson, RCH MA.

In 2007, CDC reported a 15% increase in the rates of tooth decay in toddlers and preschoolers. They also reported that tooth decay continues to be the most common chronic disease of childhood!

Most providers are acutely aware that the research links oral disease to systemic diseases of the body and overall health, e.g. arterial inflammation heart disease, stroke, diabetes, as well as low birth-weight and premature births.

The truth of the matter is that oral health is offered nearly exclusively in a private dental office which are predominantly in urban areas. There are some very basic issues that influence whether there is access to dental care : transportation, flexible work schedule, dental insurance, and basic knowledge that dental care is necessary.

The article cites fluoridation of water and dental sealants as two effective measures that have been proven to prevent dental disease.

However, those homes in rural areas that use that good tasting well water are missing out on the fluoridation of their water.

The author suggests that the routine visit to the medical office, ie rural health clinic, is a perfect opportunity to distribute information about oral health and to recommend establishing a dental home.

School-based fluoride and sealant programs is one way to reach "all children regardless of their socio-economic status or rural location."

School nurses or oral health coalitions may find some solutions for screening and providing education on the importance of oral health care to children and their parents.

Incorporating oral health prevention into our medical schools, especially those with a rural health focus ,might be another strategy for solving this problem.

Indiana Rural Health Association

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Upcoming Events

October 1

IRHA's Fall Workshop for RHCs
Indy Marriott East

October 14-15

NRHA Rural Health Clinic Conference
Savannah, GA
For more information, contact:
Meaghan McCamman
703.519.7910
Mccamman@NRHArural.org

October 22 RHC Constituency Call
Wednesday Noon to 12:45

November 18-20

National Association of Rural Health Clinics Workshop

St. Louis, MO

Dana is renting a car and hoping for riders. Save the cost of a flight!

Seeds of Hope was the name of the two day meeting in Indianapolis with the goal of strengthening established coalitions, empower and encourage individuals who are working in their community with the young people and providing cessation programs, and provide insight and knowledge about the continual push by the tobacco companies to earn profits at the expense of our children's, parents', spouse's....the public's health.



Keynote speaker Cheryl Heaton outlined the hard facts about quitting.

- 70% want to quit
- 41% attempt to quit
- Only 5% succeed for a long term
- For most it takes 8 -11 attempts to succeed.
- Nicotine replacement treatment products are regulated and harder to get; however, cigarettes are not regulated and widely available.
- There are 45 million smokers in the US.

We also heard several testimonies from successful quitters. A common theme, "it was the hardest thing I have ever done." They didn't realize how much they spent for the product each month. They started as a young adult at college because tobacco companies gave them free cigarettes.

Ms. Heaton also recommended that Indiana's schools implement a school-based smoking prevention program. Tobacco companies are still targeting children. In movies rated PG and PG-13, 75% of them have scenes glamorizing smoking. Public health advocates are calling for R ratings on movies with smoking scenes to reduce their influence on children. They are also calling for no showing of the brands in movies and addition of anti-smoking ads before the movie is shown; the ad can not be one produced by a tobacco company. If you have watched the Sex in the City shows or movie, you will see smoking glamorized throughout. The camera even pauses on the name of the product, Marlboro. Is this a TV advertisement??

What can we do: sign petitions, support the next proposal for a statewide smokefree law, become active in our local coalitions or start one, encourage our friends and family to quit, talk to our children about all types of tobacco products. If you have tried to quit, try again. You can succeed. It will be hard.

Prevention is the key!