

23RD NORTHWEST REGIONAL RURAL HEALTH CONFERENCE

WEATHERING *the* PERFECT STORM: *challenges & changes*

March 24 & 25, 2010

Red Lion Hotel at the Park
Spokane, Washington

Session Descriptions

www.ahec.spokane.wsu.edu

The following information and session descriptions are included as received by the presenter(s). The Area Health Education Center of Eastern Washington is not responsible for content or lack thereof. Additions and changes will be made as received. Some editing has been done to accommodate space restrictions.

Wednesday, March 24, 2010 Sessions:

OPENING PLENARY SESSION

Northwest Health Leaders Panel

Barbara J. Doty, MD (AK), *Assoc. Director of Rural Affairs, Alaska Family Medicine Residency, Fellow of the American Academy of Family Physicians*

Mary Lou Kinney, M.Ed (ID), *Director, Idaho Area Health Education Center*

Stephen Kliewer, MS, MDiv, DMin (OR), *Executive Director, Wallowa Valley Center for Wellness*

Jay Erickson, MD (MT), *Asst. Dean, Regional Affairs & Rural Health, WWAMI Clinical Coordinator for Montana Department of Family Medicine, Co-chair WRITE, University of Washington School of Medicine*

Jeff Mero, MHA (WA), *Executive Director, Association of Washington Public Health Districts*

Moderator: Mary Selecky, *Washington State Secretary of Health*

The Northwest Health Leaders panelists will present hot topics from each state including HIT, recruitment, access, and economic impacts.

WRHA AWARDS LUNCHEON

The Future of Rural Health: Building a Patient-centered, Prevention-oriented, Community-focused Health Care System for Rural America

Sponsored by Keith Lundberg Lectureship, Virginia Mason Medical Center

Tom Locke, MD, MPH, *Public Health Officer, Clallam and Jefferson Counties, WA*

Dr. Locke's vision of health care reform focuses on an integration of public health and medical care systems to emphasize disease and injury prevention, universal access to critical health services, and accurate, timely community health status information. He believes the goal of a reformed system should be to improve community health not the amount of health care services delivered.

**Washington Rural Health Association Awards Presentation by
Washington Secretary of Health Mary Selecky**

BREAKOUT SESSIONS

Session A1: 10:00 – 10:55 am

A. The Dental Workforce, Access to Care and Oral Health Status in the Rural U.S.

Mark Doescher, MD, MSPH, *Director, WWAMI Rural Health Research Center and Center for Health Workforce Studies*

Rural populations have fewer dentists, lower dental care utilization and higher rates of dental caries and permanent tooth loss than urban populations. Yet what constitutes having too few, too many, or “just the right” number of rural dentists is not well understood, as the relationship between dentist supply and oral health access and outcomes has received little attention. We, therefore, evaluated this relationship using a national sample of rural and urban adults aged 18 years and older. Analyses revealed that as dentist supply decreased, oral health care access and outcomes worsened significantly in both rural and urban locations. We conclude that increasing the size of the rural oral health care workforce would improve the oral health status of many rural populations. This session will present rural dentist supply nationally and regionally and discuss the findings linking dentist supply to oral health care access and outcomes.

B. Washington’s Oral Health Workforce

Sue Skillman, MS, *Deputy Director, WWAMI Rural Health Research Center and Center for Health Workforce Studies*

The supply of oral health providers in Washington’s was summarized in a recent report completed by the UW CHWS for the Washington Department of Health. That report, “*Washington State’s Oral Health Workforce*,” describes the characteristics of the providers of oral health services in the state, services they provide for underserved populations in the state, major factors affecting future oral health workforce supply, and options for policy to support alignment of the state’s oral health workforce and its population’s oral health needs. This presentation will summarize the report’s findings and encourage discussion of workforce trends in Washington and related practices and policies.

Session A2: 10:00 – 10:55 am

Assessing Community Health Center Assets & Capabilities for Recruiting & Retaining Family Physicians: The CHC Community Apgar Questionnaire

David Schmitz, MD, *Associate Director for Rural Family Medicine, Family Medicine Residency of Idaho*
Ed Baker, PhD, *Director, Center for Health Policy, College of Health Sciences, Boise State University*

Following the introduction of the Community Apgar Questionnaire (CAQ) used by critical access hospitals at the 22nd Annual Northwest Regional Rural Health Conference, this presentation debuts an entirely new CAQ tool which was administered to physicians and community health center (CHC) administrators in Idaho communities during 2009. The results will detail (1) advantages and challenges for CHC communities along the 50 factors and five classes of the CHC CAQ, (2) relative importance measures associated with the factors and classes of the CHC CAQ and (3) comparison and contrast of factors across critical access hospitals and community health centers. The Community Apgar Score is constructed based on a community’s advantages and challenges scores which are weighted by importance scores. The original CAQ tool is being utilized by rural critical access hospitals in Idaho, considered for use in multiple states, and has recently spawned studies such as this CHC instrument and another for nursing workforce.

Session A3: 10:00 – 10:55 am

Chronic Pain and Prescription Opiate Addiction: New Approaches for Rural Providers and Clinics

Gary Peck, *President, Providence St. Joseph’s Hospital*
John Roll, PhD, *Associate Dean for Research, Washington State University College of Nursing*
Roger Rosenblatt, MD, MPH, MFR, *Professor and Vice Chair, Dept. of Family Medicine, University of Washington, Adjunct Professor of Public Health and Forestry, R/UOP Director-School of Medicine*

A growing problem throughout the region is the escalating use of prescription narcotics, which has led to an increasing number of accidental deaths, and increasing addiction and overuse of opiates. Rural areas often have less capacity to deal with these problems because of provider shortages. Dr. Roll, working with colleagues in the Rural Health Research Center at University of Washington, has started a four year project to try to improve the management of these issues in rural areas.

One promising new management technique is the recent ability of rural physicians to prescribe a new drug called suboxone which has the potential both to improve the management of chronic pain and to help patients end their addiction to dangerous opiates, both illicit and prescribed. Prescribing new medication requires that physicians receive extra training, and a waiver that permits them to prescribe this medication for the management of addiction. One of the purposes of the new program is to provide training and support for physicians and practices who wish to explore using these new tools.

Session A4: 10:00 – 10:55 am

Independent Elders and the Promise of Technology

Jeff Mero, *Executive Director, Association of Washington Public Hospital Districts*

Older people, like nearly everyone else, want to be independent for as long as they can possibly can. Safe independent living is influenced by three main factors: well being (physical, mental, and spiritual), social connectedness and income. In this breakout session, we'll explore how emerging technologies support independent aging in whatever place we might choose to call "home." Participants will have an opportunity to learn about and discuss potential applications for technologies that allow independent seniors to stay in touch with family, friends and neighbors—with the goal of creating a safe, rewarding and independent aging experience.

Session B1: 10:05 am – Noon

Oral Health Workforce Initiatives in Rural Areas in WA State

Mark Koday, DDS, *Director of Yakima Valley Farm Workers Dental Residency*

Wendy Mouradian, MD, *Director of University of Washington Regional Initiatives in Dental Education (RIDE) Program*

Kathy O'Meara-Wyman *Access to Baby and Child Dentistry (ABCD), Primary Care engagement in Oral Health Connections*

Moderator: **Joseli Alves-Dunkerson**

Rural populations suffer from more oral diseases and poorer access to dental care than their urban counterparts. A new publication on the WA State Oral Health Workforce summarized the issues related to the supply of oral health providers in the state. This Oral Health Panel will share the experience of three nationally recognized programs in trying to improve the oral health of rural populations in WA State. These programs include: the UW RIDE Program which specifically trains dental students from rural areas in the WWAMI region, the YVFW Dental Residency Program that promotes dental education and clinical rotations in underserved areas; and the ABCD Program, which promotes dental recruitment for Medicaid and physician engagement in delivering oral health services through well child checks.

These three brief presentations will be followed by an open discussion with the audience members about their experience and suggestions for improving oral health in rural areas.

Session B2: 10:05 am – Noon

Can Health Care Reform Resuscitate Rural Primary Care in our Region?

Mark Doescher MD, MSPH, *Director, WWAMI Rural Health Research Center and Center for Health Workforce Studies*

Primary care providers are the backbone of the rural health care workforce. However, primary care is in crisis in rural locations. The number of U.S. health care students who are choosing primary care for their professional focus has declined precipitously at the same time that demand for health care services is increasing due to rapidly growing and aging rural populations in our region. This talk will provide an overview of the current state of the primary care workforce in our region, describe the range of factors that influence the primary care pipeline, and examine how federal, state and local legislation and policies influence rural primary care workforce supply.

Session B3: 10:05 am – Noon

Healthcare and Spirituality

Stephen Kliever, MS, MDiv, DMin, *Wallowa Valley Center for Wellness - Oregon*

Many patients who present in primary care clinics have conditions complicated, aggravated, or initiated by existential/spiritual issues. These issues often have a direct impact on the health or perception of health of the patient and may have an impact on the healing process itself. It is important to understand this impact as well as the options available to the clinician who wants to respond in a meaningful manner. There are many barriers and complications that make such interventions difficult. Such things as time and a lack of training often cause providers to avoid addressing such issues with their patients. This seminar will explore how a clinician might respond to a patient who presents with mental/emotional/spiritual issues, will address critical barriers, and review some potential interventions.

During the workshop we will look at how spirituality affects people's health, and at how a person's health may affect them emotionally, mentally and spiritually. We will look at some of the key barriers that make it difficult to deal with such issues in the clinical setting, including time, lack of training, and

professional boundaries. Finally we will look approaches and/or tools the clinician might use in the process of addressing the patient's spiritual or emotional context or state. We will focus on approaches that can be used within the framework of the clinical visit, approaches that include "homework" and activities patients can do between visits, the use of groups, and collaborative and multidisciplinary responses.

Session B4: 10:05 am – Noon

The Principles of a Medical Home

Sam JW Romeo, MD, MBA, Tower Health & Wellness Center, Turlock, CA

Attendees will learn the key principles behind the principles and standards used to create a Medical Home, including recognition that:

- 1) Healthcare is personal and rests on a collaborative relationship between the patient and a provider, preferably a primary care physician.
- 2) Within the Medical Home, the provider/patient relationship provides empathy, continuity, and coordination of care that is accessible, available and comprehensive, i.e. encompasses well care, preventive care, acute care, chronic sick care, and end-of-life care.
- 3) The care is of the highest quality as assessed by evidence and patient satisfaction.
- 4) The patient and the physician have access to the complete health record whenever there is a need.

To achieve this level of excellence and quality, we, as a society must:

- 1) Produce more primary care physicians.
- 2) Keep healthy people healthy through wellness and prevention incentives.
- 3) Provide quick, rational, coordinated, complete and evidence-based care to the sick.
- 4) Emphasize rehabilitation with incentives that reward productive lifestyles.
- 5) Emphasize individual and family responsibility for our own health.
- 6) Measure accountability first at the provider/patient level in the Medical Home and only secondarily at the population level.

ROUNDTABLES: 2:10 – 3:05 pm

Changing Climate of Patient Safety Culture in Rural Hospitals

Miriam Marcus-Smith RN, MHA, Director of the Washington Patient Safety Coalition

Jean Shreffler-Grant, PhD, RN, Associate Professor and Campus Director at Montana State University, College of Nursing

Terri Camp CQO/CNE, Jefferson Healthcare

Let's discuss the challenges and opportunities that rural hospitals face in the context of an increasing emphasis on personal accountability, quality measures, and pay for performance. What resources are available to small hospitals for fostering a patient safety culture, and how are rural hospitals constrained by a small pool of health care providers, low patient volumes, and other asset limitations?

Oral Health Access

Joseli Alves-Dunkerson, DDS, MPH, MBA, Manager Oral Health Program, WA State Department of Health

Access to dental care presents its own challenges in rural and underserved areas. The State Oral Health Program is developing a coordination approach to 1) disseminate consistent oral health messages, and 2) facilitate referrals and access to dental care across WA State. This new approach will be discussed and input from the participants will be sought in order to make this approach feasible for rural areas. Those involved in health education, referrals, case management, and medical home/dental home efforts are invited to participate and share their experience in this topic.

Can Telehealth Help the Rural Healthcare Community Weather the Perfect Storm?

Annamarie Keck, RN, Northwest MedStar Clinical Outreach Educator

Carolyn Stoval B.S. Ed, EMT-P, Health Training Network Professional Education Coordinator

Pam Currier, Telehealth Specialist

Rural healthcare organizations face provider shortages, patients with more complex health conditions, and decreasing reimbursements. Just as exercise provides a single solution to multiple health conditions, telehealth provides a single solution to these multiple problems. Telehealth can allow multiple organizations

ROUNDTABLES, continued

to share healthcare providers, can increase access to specialists, and can save money by reducing travel costs. So why isn't it used more extensively? Topics will include: 1) How are telehealth services currently used, 2) What barriers or technical issues prevent their use; and 3) What additional services are needed by the rural healthcare community? Rural healthcare organizations will be polled on these questions prior to the conference, and the results will be used to inform the discussions.

Visionary Mentoring: Using a Proven Process for Leadership Development & Retention

George Hendley, *Director of Organizational Development for RadSciences Group, Richardson, TX*

This roundtable will address the need to develop and retain the future leaders of Rural health care. It is especially relevant regarding the challenges of shortages in the professional workforce arena. Leadership development is the critical component for organizational vitality and longevity. Participants may discuss the following.

- The benefits of a visionary mentoring process for both mentors and protégés
- What 'visionary mentoring' is and why it is effective
- How mentoring provides a planned and profitable in-house succession process
- Why a mentoring process improves development and retention at all levels of the organization

Recruitment, Retention, and Competency

Deana Molinari, PhD, NR, CNE, *Associate Professor, Rural Nurse Residency Coordinator, Idaho State University*

Tamara Hollinger-Forrest, MS, RN, *NWRNR project coordinator, ISU*

Nursing Residencies are proven to increase recruitment, retention and competency levels reducing hospital costs. The Northwest Rural Nurse Residency is a nationwide, web-based, yearlong residency that meets the National Council of State Boards of Nursing standards for transition to practice. Find out during this roundtable how this program can benefit your community, hospitals, and nursing staff.

A Discussion about Potential Impacts of Global Climate Change on Rural Health

Phyllis Eide PhD, MPH, MN, RN, *Associate Professor, WSU College of Nursing*

In acknowledgement that there is a lack of public consensus on the reality of global warming, this roundtable will encourage a discussion of the 'no regrets' approach to responding to climate changes. Linkage to rural health includes topics such as economic impacts and spread of "new to area" diseases such as West Nile virus.

Take Care of Yourself So You Can Take Care of Others "Walking the Talk to Promote a Healthy Community"

Debi Jefferson RN, BSN, *Parker, Smith & Feek*

Building a healthy workforce requires quality health care and a personalized approach to helping employees stay healthy and become healthier. Business must remember that their most important asset is the human capital of their employee base. Join us to investigate a corporate wellness culture that provides promotes good health; employees will become empowered to participate in programs that can reduce the prevalence and morbidity of illness and disease.

Community Nutrition Education: A Plan for Healthy Eating

Karen Dickson, MHPA, *Food Sense Co-Coordinator, Spokane County*

The discussion will include the populations that are currently being reached by the Food Sense Program, how the program is administered and funded as well as successes and failures of the program. The information presents a successful way to implement nutrition education to populations that suffer the most from a lack of knowledge on the subject of healthy eating and food preparation.

ROUNDTABLES, continued

Addressing Regional Rural Health Care Professional Needs through Innovative Collaboration in Higher Education

Robyn Phillips-Madson, DO, MPH, *Dean of College of Medicine, Pacific Northwest University of Health Sciences, & Director of Global Health Education and Research*

With diminishing resources available at the state level to support state institutions, Innovative collaboration among public and private institutions of higher education is one way of addressing this need in the twenty-first century. Currently, fewer than twenty percent of medical school graduates enter primary care, which exacerbates the problem. Pacific Northwest University of Health Sciences has been chartered to address these challenges. Learn more about the progress and plans of PNWU, based in Yakima, WA.

Rural Health Care in Washington from Women's Perspective

Zeyno Shorter, PhD, MPH, *Rural Health Epidemiologist, Office of Community Health Systems, Washington State Department of Health*

This round table discussion addresses rural-urban disparities from a gender perspective. It compares rural women's health care outcomes with urban women: accessing health care services, receiving early prenatal and quality delivery care, using screening services for preventive cancers, and receiving treatments for chronic diseases such as heart disease and diabetes.

TOOTH TIME: School Oral Health Screening Program

Caitlin O'Brien, *Assistant Oral Health Screening Program Coordinator, MT AHEC/MT Office of Rural Health*
Sharon Kott, *Administrative Associate and Oral Health Program Coordinator, MT AHEC/MT Office of Rural Health*

Oral health is an important aspect of overall health. The Montana Area Health Education Center & Office of Rural Health have assumed responsibility for coordinating the Elementary School Oral Health Screening Program. This program from Montana's Gallatin Valley has demonstrated that it is feasible to provide annual oral health screenings through utilization of volunteer dentists and dental hygienists, and with the cooperation and participation of the schools and many community-based organizations. Group leaders will share information needed to organize an oral health screening program in their own community.

A Healthy Dose of Social Media

Nick Lawhead, *Account Executive, Desautel Hege Communications, Spokane*
Sara Johnston, *Partner, Desautel Hege Communications, Spokane*

Here's the roundtable to discuss how social media can be effectively pitched to internal leadership. We'll also discuss three examples of effective use of Twitter in health-related communications, followed by how clinics and hospitals at the conference could leverage this tool.

HEAL-WA: a Web Portal Providing Access to Evidence-based Information to Health Professionals Statewide

Valerie Lawrence, MLS, *Resource Coordinator for the HEAL-WA project*

HEAL-WA originated in a Legislative mandate – to support high-quality health care for all citizens of Washington State by giving Washington-licensed practitioners in more than a dozen professions electronic access to evidence-based resources. The HEAL-WA web portal was launched on January 1, 2009 with resources targeted toward all eligible practitioner groups. Come learn more about this Web-Portal; can it work for you?

WSU Extension – Diabetes Education for Rural Communities

Christine Price, *Master Continuing Adult Education, County Director and Family and Consumer Science Educator for WSU Extension programs in the Grant-Adams County area*
Shirley Broughton, MPH, MSN, *WSU Extension, WA State Diabetes Network & WA State Food & Nutrition Council*

ROUNDTABLES, continued

WSU Extension Diabetes Education program is a partnership between WSU Extension and Joslin Diabetes Center. Extension has expertise in outreach to the community, providing education in general nutrition and health. Joslin Diabetes Center provides technical expertise around diabetes. The program goal is to engage people in their own diabetes care.

Often rural community members find it difficult to stay connected with their health care provider. Community members have expressed frustration about how they can best get diabetes information. This program bridges that gap for many community members. The program is not intended to replace diabetes care delivered by qualified health professionals; but to encourage participants to seek regular and appropriate care. What works in your community and can we offer assistance to your educators?

Introducing Resiliency and Redundancy to Address the Recession: The Challenge for Local Health Jurisdictions

John A. Franco, MPH, MA (candidate), WRHA Board Member

Resiliency and redundancy are terms that may seem strange to public health professionals, but in these trying times of layoffs and program cuts they are words that the local health jurisdictions should consider and adopt. So what are resiliency and redundancy and why are they important?

Frontier Extended Stay Clinic (FESC) Update

Patricia Atkinson, FESC Program Coordinator, Southeast Alaska Regional Health Consortium

Caroline Cochran, Office of Rural Health Policy, Health Resources & Services Administration

Donna Miller, Alicia Roberts Medical Center, Klawock, AK

Our nation's most isolated clinics are at great risk during these turbulent economic times. Is health reform a buoy in the storm, or just more rough water? The Frontier Extended Stay Clinic (FESC) project is designed to improve the stability of frontier clinics that provide observation services and emergency care 24/7. This FESC update, offered in Spokane every two years, will describe the progress to date in development of the model, including the conditions of participation and reimbursement potential from Medicare and Medicaid, as well as findings from the evaluation of the ongoing HRSA demonstration. Speakers from the national, state and community level will share their perspectives on the challenges and rewards of developing the FESC model.

BREAKOUT SESSIONS

Session C1: 3:45 – 4:40 pm

A. Are Rural Cancer Patients with Early Stage Prostate Cancer Accessing All Treatment Choices?

Laura-May Baldwin MD, MPH, Investigator, UW Rural Health Research Center and Director, Research Section, UW Department of Family Medicine

This presentation will address quality of care and potential rural health care disparities. Options for early prostate cancer treatment include active surveillance, surgery, one-time radioactive pellet implantation, or daily radiation treatment for up to 2 months. Optimal care allows early prostate cancer patients to choose from these options after considering their risks and benefits. The University of Washington Rural Health Research Center will present research results comparing treatments received by early prostate cancer patients living in rural and urban counties in ten states, and examining the patient, cancer, and county characteristics associated with any rural-urban treatment differences. This study's results can identify rural-urban disparities in cancer care access and treatment choice, as well as help cancer centers, advocacy groups, and others plan for services, such as transportation, and outreach programs that ensure a full set of treatment options for rural prostate cancer patients.

BREAKOUT SESSION C1, continued

B. Obstacles and Opportunities for Providing High Quality Care: New Findings on Wyoming's Health Workforce

Davis Patterson, PhD, *Research Scientist, WWAMI Center for Health Workforce Studies and Rural Health Research Center*

The WWAMI Center for Health Workforce Studies has produced a series of Wyoming health workforce policy briefs and provider snapshots for the Wyoming Healthcare Commission and the State of Wyoming, using 2009 survey data. This session will describe findings from two studies of providers in this highly rural state: (1) obstacles to providing high quality care reported by physicians, physician assistants, and nurse practitioners in the areas of patient care and service delivery, finances, and professional and management issues; and (2) the extent to which providers serve enrollees in Medicaid and Medicare, and factors associated with provider acceptance of new patients. Policy options for maintaining and strengthening the health workforce and patient access to high-quality care will be considered, with special attention to rural, elderly, and low-income populations and the relevance of these findings for other states.

Session C2: 3:45 – 4:40 pm

Training Physicians, Alaska Style: Using Graduate Medical Education to Bolster the Primary Care Workforce

Barbara J. Doty, MD, *Assoc. Director of Rural Affairs, Alaska Family Medicine Residency, Fellow of the American Academy of Family Physicians*

The Alaska Family Medicine Residency is a stand-alone Family Medicine Residency in Anchorage, Alaska specifically designed for recruitment and retention of Family Physicians for Rural Alaska. This breakout session will describe the components of our Family Medicine residency, including applicant selection process and curriculum design that aims to produce successful family physicians who thrive in rural and remote practice settings. Outcome statistics will be presented on graduate job selection type and location, and an update will be given on additional Alaska workforce training programs designed to address Alaska's significant primary care shortage.

Session C3: 3:45 – 4:40 pm

Living with RAC: Moving Forward While Looking Back **Day Egusquiza**, *President, AR Systems, Inc., Twin Falls, ID*

The class will address the most current RAC new Issues –both automated and complex. In doing so, the presentation will also include better practice ideas to reduce risk through education and ongoing internal audit.

Audit findings, specific to high areas of vulnerability- inpatient, OBS, 3 day SNF qualifying, ER E&M leveling, drug administrations, re-admissions, critical access vs. non-CAH exposure points, DRG , modifier application to by-pass edits and other dynamic patterns – will be presented. Common findings from large to very small facilities will be outlined.

New ideas to enhance clinical 'buy in' will also occur with a focus on the clinical documentation in the story. What is an inpatient? What is OBS? What are the risks in a hybrid record? How does EMR help or hurt the uniqueness of the patient's story? What does intensity of services mean in the ER leveling tool? As an inpatient? All will be covered through case examples and audit results.

Decision points in the RAC process – from validation of the information prior to submission to action from the Results letter to deciding to appeal, to the patient impact – all are included.

Session C4: 3:45 – 4:40 pm

Prevention and Early Intervention of Trauma in Rural Children

Chris Blodgett, PhD, *Director, Area Health Education Center of Eastern Washington*

This proposal addresses the community wellness and health improvement conference emphasis through early intervention and prevention of behavioral disorders in children.

Significant lifetime problems have their roots in childhood experiences including child maltreatment, caregiver behavioral health problems, family violence, and community violence. *Complex trauma* emerged

in the past 10 years as a new public health concept with evidence that one form of trauma in childhood rapidly increases risk from multiple forms of trauma. Exposure to multiple persistent traumas threatens typical brain development through elevated stress hormones and disruption of critical caregiving. Research demonstrates that one in three children experiences complex trauma and that percentage increases in socially disadvantaged communities, including rural communities.

Because public schools provide children's mental health services, schools are critical public health partners in responding to trauma. We present a model to engage schools in a public health response to trauma. Participants will learn what complex trauma is, the supporting research, and strategies to engage schools as Intervention systems in rural communities.

Thursday, March 25, 2010

MORNING PLENARY SESSION

8:30 – 9:15 am

Recruitment (not misspelled!) – Plans, Relationships & Partners: Ingredients for Success in Rural Recruitment and Retention

Tim Skinner, *Executive Director, National Recruitment and Retention Network, La Crosse, Wisconsin*

Mr. Skinner, from 3RNet, will present on recruitment, retention, the importance of partnering with the community, and workforce development.

BREAKOUT SESSIONS

Session D1: 9:30 – 10:25 am

Buoys for Providers: Loan Repayment Dollars to Recruit and Retain

Natalie Gonzalez, *Washington State Department of Health - Grow Your Own*

Jennell Prentice, *Washington State Department of Health - National Health Service Corps*

Rochelle Wambach, *Washington State Higher Education Coordinating Board - State Loan Repayment Program*

bu·oy [boo-ee] verb (used with object): to keep afloat or support by, to sustain or encourage.

Sixty percent of medical residents have debt between \$100,000 - \$225,000. Loan Repayment is one of the top priorities for physicians and other health care providers when seeking employers. This interactive lecture will help attendees learn if they are eligible for State and/or Federal loan repayment programs, how to apply to become an eligible site, and learn about important application cutoff dates. We will also cover innovative ways that a community can provide scholarships to help grow your own or entice others to come and stay.

Session D2: 9:30 – 10:25 am

Some Calm During a Perfect Storm: Tele-psychiatry in Rural Healthcare

Phil Hirsch, PhD, *founder and Director of Access Psychiatry, LLC, Seattle, WA*

One of the most vexing problems for rural health care is patient access to psychiatric services when needed. This presentation will discuss solutions to that problem and will:

1. Review pertinent research
2. Describe how tele-psychiatry technology and behavioral health integration together improve detection and outcomes for psychiatric conditions and for co-existing chronic illness.
3. Provide a "how to" template for implementing these capabilities in rural health care facilities.
4. Discuss how this service delivery model relates to the Medical Home construct.
5. Describe funding that may be available even during tough economic times.

Tele-psychiatry integration in rural healthcare facilities improves access, detection and outcomes for psychiatric conditions and brings psychiatric specialty consultation to where the patient is. It also reduces disability, increases workplace productivity, is self-sustaining and is what psychiatric care looks like in the medical home.

Session D3: 9:30 – 10:25 am

Connecting Communities and Stimulating Wellness through the Montana Rural Health Initiative

Shalina Mirza, *Project Coordinator, MT AHEC/Office of Rural Health, Montana State University*
Kristin Juliar, *Director, MT AHEC/Office of Rural Health, Montana State University*

The Montana Rural Health Initiative (RHI) is a collaborative effort to create a dynamic network linking prevention and community-based wellness programs throughout Montana. The Rural Health Initiative engages partners to share ideas and expertise while supporting communities in improving health. The RHI is currently managed through the Montana Office of Rural Health/Area Health Education Center.

This session will describe the information and services available through the RHI, how to access state and national prevention and wellness resources, how the RHI supports local projects, how to connect with other health and wellness programs and experts across Montana, and the newest component of the RHI, the Incubator. The Incubator provides a critical resource to stimulate the creation of prevention and wellness programs across Montana through a mixture of mini-grants and technical support.

Session D4: 9:30 – 10:25 am

Board Courage

Gordon McLean, *former President, WRHA - and former administrator of Eastern Washington hospitals in Tonasket, Colfax and Colville*

This is a discussion for and about community members who volunteer to serve as commissioners or board members. Often unprepared, often overwhelmed with unfunded mandates, ambiguous policies, and always eye-to-eye accountable to community, these courageous individuals dedicate personal time, talents, and energy to board reading materials, board meetings, attending conferences, and representing their organization 24-7, often at the expense of family and personal business time.. The decision to accept a board appointment or run for a six-year term as a PHD commissioner is a courageous step, especially in difficult times for rural health as well as the rural economy. Gordon will discuss board recruitment, orientation, personality types, leadership styles, and specific challenges board members face in rural communities. His objective: a better awareness, understanding and appreciation for the role rural board members play in health care will produce a win-win-win for board members, provider staff, and the community.

Session E1: 10:50 – 11:45 am

Storm Chasing: Sourcing for Providers

Natalie Gonzalez, *Washington State Department of Health, Community Health Systems/Rural Health*
Tim Skinner, *Executive Director, National Rural Recruitment and Retention Network (3RNet)*

Building on the previous session, this presentation will cover how and where to source for candidates to make every dollar count. Are you recruiting for what you really need? We will discuss why you should complete a needs assessment and seek community involvement when recruiting new providers to the area. We will share best practices and worst recruitment mistakes. And also discuss what you are doing to keep the staff you have happy.

Session E2: 10:50 – 11:45 am

Using Lean Tools to Increase Patient Access in Hospital-based Rural Health Clinics

John Nowak, *CPO, Jefferson Healthcare, Port Townsend, WA*
Paula Dowdle, *COO, Jefferson Healthcare, Port Townsend, WA*

Jefferson Healthcare is a critical access hospital that operates six rural health clinics. In 2007, the organization began utilizing tools from the Toyota Production System (lean) as a method to improve quality and reduce costs by eliminating waste. As part of our strategic plan, the clinic business line was identified as the initial area for lean implementation. Using the lean methodology and value stream tools we created an improvement plan. In 2009 the clinics focused lean tools on increasing patient access to our clinics.

Several events were held to improve access. These events resulted in a 22% increase in visits, 24% increase in revenue and 10% reduction cost/unit of service.

The presentation will focus on how the clinics used lean tools to leverage provider involvement in solutions to the access problems our clinics faced. Changes in schedules, meetings, culture and process will be discussed.

Session E3: 10:50 – 11:45

Workforce Resiliency - in the Face of Disaster: On-line Training Series

Randal Beaton PhD, EMT, *Research Professor, Schools of Nursing and Public Health and Northwest Center for Public Health Practice, University of Washington*

This currently available series of on-line training modules focuses on preventing and/or managing challenges associated with responding to community-wide disasters as well as organizational and individual stress management strategies and tactics. Recent concerns about the ability of the healthcare workforce to withstand a major public health emergency, such as the H1N1 pandemic, indicate a pressing need for training in pre-event resiliency building. This Workforce Resiliency training series also focuses on the preservation of individual and organizational functioning in the face of disaster as well as recovery in the aftermath.

This series of three (3) on-line training modules is available at the Northwest Center for Public Health Practice website <http://www.nwcphp.org/training/courses-exercises/courses/workforce-resiliency> at no cost to healthcare providers and students with internet access. To date, a total of nearly 100 healthcare workers and students have completed at least one of the “Workforce Resiliency – in the Face of Disaster” on-line training modules. (CE’s are available.)

Session E4: 10:50 – 11:45

Community Health Improvement Partnerships in Oregon: Empowering Communities to Become Healthier

Cody Hodges, *CHIP Coordinator, Harney District Hospital*

Sharon Vail, *CHIP Coordinator, Pioneer Memorial Hospital, Crook County*

The Oregon Office of Rural Health began helping rural communities start Community Health Improvement Partnerships (CHIP) more than 10 years ago. It’s a successful model that allows volunteers to address community-identified health issues.

This session will be a joint presentation from a newly formed CHIP in a frontier county and from a rural CHIP that’s been operating for several years.

The Harney County CHIP topic will be:

Challenging the “one size fits all” approach as it relates to implementing urban health care delivery models in geographically isolated frontier counties. Hear how one group of collaborative partners are working to creatively and resourcefully implement School Based Health Centers in a manner that best services the unique geographic and socio-economic needs of a 10,228 square mile frontier county.

The Crook County CHIP topic will be:

How do we provide oral health prevention services for children in today’s economy? Think beyond the dentist’s office. Hear how one volunteer group is working to improve children’s oral health through innovative partnerships.

- What’s being done
- How
- Cost
- Results
- Funding

**ADJOURNMENT OF NW REGIONAL RURAL HEALTH CONFERENCE
(But keep going, there’s more!)**

New this year:

HEALTHCARE PROVIDER RECRUITMENT AND RETENTION WORKSHOP 12:00 – 4:15 P.M.

Tim Skinner, 3RNet

Jo Johnson, Oregon Office of Rural Health

Natalie Gonzalez, WA Department of Health, Community Health Systems/Rural Health

**Jennell Prentice, WA Department of Health, Community Health Systems/Rural Health
Provider Panel**

Plan to attend this informative and interactive session to learn strategies to improve your recruitment and retention process. You will discover new recruitment techniques and tools to help promote your opportunities. This workshop will cover recruitment systems (internal and external), interviews, creative ways to fund onsite visits, and the importance of having and using a retention plan. Recently placed providers will be available for a Q & A session.