



STATE OFFICE OF RURAL HEALTH
ADVISORY BOARD MEETING MINUTES
December 5, 2013

Presiding: Steve Barber, Chairman
Present: O.J. Booker, CEO
Ajay Gehlot, CEO
Jennie Wren Denmark, CEO
Toni Barnett, PhD, APRN, BC, CNE
Carla Belcher, CEO
Ann Addison, PhD, PA, MSN, FNP-C

Absent: Robin Rau, CEO
LaDon Toole, CEO
Stuart Tedders, PhD, Board Secretary
Sandra Daniel, PhD, RN, CPNP

SORH Staff: Charles Owens, Ex-Officio
Tony Brown, Deputy Director
Patsy Whaley, Director, Hospital Services
Sheryl McCoy, Recording Secretary

Visitors: April Bush, Outreach Specialist
Sherric Williams, Georgia Partnership for Telehealth

Opening Remarks:

The regular scheduled meeting of the State Office of Rural Health (SORH) Advisory Board was held at Community Health Works, Macon, Georgia, on Thursday, December 5, 2013. The meeting convened at 10:30 a.m.

Steve Barber, Chairman, called the meeting to order and welcomed the Board members and guests.

Charles Owens introduced Toni Barnett, Profession, University of North Georgia, a new Board member and asked her to introduce herself to the Board.

Toni Barnett shared that she is a teacher in the Nurse Practitioner Program at the University of North Georgia. She began working there in 1998 to start the Nurse Practitioner Program and also serving as a Department Head. She has gone full circle and is teaching again. They also have a clinic at the University that is strictly for uninsured patients. The clinic will become a Federally Qualified Health Center (FQHC) in February and will move off campus. She further stated that they definitely understand rural health which is their focus in the Family Nurse Practitioner program. She worked for many years with Grace Newsome, a former member of the SORH Advisory Board.

Chairman Barber gave time for Board members to brag about recent accomplishments.

Ann Addison shared they are excited to have received the funding for the Thomasville FQHC Look-Alike, and it is fully operational.

Carla shared that she and Jennie Wren share a new access point for Jefferson County. This is a unique joint venture. Jennie Wren will have a site in Wadley, and Carla will have a site in Wrens. Both the north and south sections of the county will be covered.

Ajay commented that is a great example of the way things should be done.

Carla stated they both had patients there and felt this would be a good way to service them.

Jennie Wren said they didn't know how it would be perceived by HRSA but it turned out favorably. Carla is the grantee, but it is written into the grant that Carla will have a site in Wrens and Jennie Wren will have a site in Wadley.

Charles said he believes Georgia received 9 awards which is more awards than any other state.

Sherrie Williams, Georgia Partnership for Telehealth, gave a presentation on School-based Telehealth and the SE Regional Telehealth Resource Center. She started the first School-based Telehealth program in Berrien County, and Paula Guy donated the first equipment they had for that program. Sherrie then spoke at several meetings for Paula on School-based Telehealth. Now, she is employed by the Georgia Partnership for TeleHealth (GPT).

The structure of GPT has changed in the past few months. They have created an umbrella company called Global Partnership for TeleHealth. They are venturing to other states and now have Alabama Partnership for TeleHealth, Florida Partnership for TeleHealth and presently are creating Texas Partnership for TeleHealth. The thing that sets them apart from other TeleHealth programs across the nation is the field-based liaisons. They provide support after the initial set-up with 24/7 technical support. They will help with equipment, scheduling and credentialing. They do not credential physicians, but there is a credentialing warehouse available to help with the process.

GPT is very excited that at the end of the year they project about 130,000 encounters in Georgia. In 2012, the top 3 specialties utilizing telehealth were Psychiatry, Child Psychiatry and Adult Psychiatry. Wound Care ranked fourth and Neurology ranked fifth. Child Protection Services is one area most people are not aware they provide. Through telemedicine, they are able to take pictures of abused children, and the physician can review immediately. The process is fast and is working successfully.

Most of the school-based telemedicine programs are located in the school nurse's office which is frequently very small. They provide a small laptop, and it fits very well in the tiny offices. School Nurses are the cornerstone of school-based telemedicine. For some children the school nurse is their health care system. The school nurses know the family history and connect with the family members. School-based Telemedicine is a vital key to the follow-up process of children whose parents work and cannot be absent from work to take a child to the doctor. GPT provides consent forms for the parents to sign and the basic background is sent to the physician before the consult. Physicians can prescribe e-prescriptions for minor things i.e., sinus infections and colds. Another convenience for the family is the ability to have prescriptions delivered to the school if they provide a designated pharmacy.

Ajay interjected that in FY 2014 health care will radically change, not just in the Health Care Exchange perspective, but in the way it will be practiced by the physicians. One good thing about the new health care law is that it focuses on the quality of health care. The physician will need to meet the required quality measures for each patient before he receives reimbursement.

Jennie Wren asked if all the children will see one doctor or be able to choose their physician.

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Sherrie responded that they may use their primary care physician if they so choose.

Carla responded that the primary care physician issue is a great concern to her. She stated she is currently working on a grant for a school-based program, but the only way she will be able to make it work is if they use her providers.

Carla's plan is to supply the equipment and sub-lease the nurse. Carla also spoke of the tremendous cost of the T1-line that is required to develop the TeleHealth program. With the high cost, there will not be enough patient revenue to offset the cost. However, the biggest issue is if the school begins billing for the patients it will take revenue away from the FQHC that is sponsoring the project.

Charles explained Carla has the Capital grant for the start-up of the project, but does not have ownership of the clinic.

Carla stated that it is a lot more complicated than anticipated, but still would like to make it work.

Sherrie said currently there are 17 functioning school-based telehealth programs in Georgia. With the HRSA money, there will be 29 additional schools joining. Coffee County is bringing eleven schools into the network. The Office of Rural Health Grant will cover one outlying school in Coffee County the HRSA funding was unable to provide. The entire Coffee County school system will be 100% covered by telehealth. Turner, Dodge, Tattall, Bleckley and Colquitt counties are in the process of bringing all their schools into the network through the HRSA funding. She stated that most of the schools are not applying for a Medicaid number and will be looking for someone to bill for them. Sherrie explained that there are lots of components in developing a network and communication between all health care providers is very important. The network is a very good project once it is established. If anyone would like to visit a county that has done a great job organizing School-based Telemedicine, Coffee County is the place to visit.

In Georgia, telemedicine does not require the presenter to be a medical person. If the school doesn't have a school nurse, they can train anyone to be a presenter. Also the laptop can be transferred from school to school.

A recent analysis for telemedicine in schools showed that Emergency Rooms (ERs) had \$400,000 savings for children third grade to fifth grade in a specific zip code. According to the analysis, there were 118 less visits to the ER. Some schools allow their staff to participate in the telemedicine program which consequently has reduced teacher absences.

Sherrie shared they have a Resource Center that provides free resources for all states who are participants in the program. Rena Brewer is the contact person.

Charles said they are looking for new participants who will help develop an outreach plan for the Resource Center. One important phase of the telemedicine program is with nursing home patients. He explained how much better it would be for long-term care patients to access care through telemedicine rather than having to transport to other health care facilities in non-emergency transportation. The center has members from two nursing home groups that are promoting the model and demonstrating the success. It is also a goal to expand their work groups to focus on other needed venues. They have a group from Emory that is focused on HIV and trying to identify areas to expand access to HIV specialist.

Sherrie commented that one thing that grew out of the TeleHealth Resource Center is the National School for Applied TeleHealth online certification courses i.e., liaison presenter or coordinator. She shared that she is available to help with any issues that may arise as they develop new networks.

After lunch, Ann Addison introduced April Bush. April is a licensed Navigator to enroll people into the Marketplace Insurance plans working with Ann at Primary Care of Southwest Georgia.

April explained that a Navigator helps consumers prepare the application and enroll in Marketplace plans. They may also help them find out if they qualify for any of the available insurance programs, i.e., advanced premium tax credit, cost sharing, Medicaid or SCHIP. They also provide outreach and education to consumers to help raise awareness.

Key Issues and barriers:

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- Technical issues
- Training requirements
 - Georgia required more training than the Federal government
 - CAC/CMS required 10 hours training
 - Georgia required 35, an additional 25 hours to be licensed
 - Georgia had only 42 licensed Navigators by the deadline because of the additional training
- No ability to test the website before it went live
- Availability and cost of plans
 - For most counties in the state of Georgia there are only 1 or 2 insurance providers available which increases the cost of the plan
 - Georgia opted out of the Medicaid expansion which has caused a coverage gap

Positive outcomes:

- Schedule flexibility of the navigator to meet with families at their convenience
- Distribution of educational materials
- Conducting public presentations to help people understand the laws and how to sign up

Charles stated that he doesn't believe people understand what the tax applied credit really means. When they file their income tax return and see the difference in their refund they will possibly cancel their coverage.

April stated she is trying to get the word to the communities that she is available to help.

O.J. shared that he appreciates that the Navigators received training and are qualified to give a service to the communities of Georgia. They are a valuable community resource to give unbiased information about the insurance plans.

Chairman Barber asked for approval of the August 1, 2013 minutes. There was one correction in the minutes. The amount of the Firefighters project was changed from \$25 to \$25k. Corrections were made and the minutes were approved.

Charles gave a brief up-date from the SORH Office and shared there are several leadership changes for DCH. Marsha Hopkins title changed to Deputy Commissioner and Lurline Craig-Burke was appointed Chief, State Health Benefit Plan.

Charles stated that most of the SORH grants are executed for the year. All the grants related to Health Center development have been completed. The grants remaining are the Breast Cancer grant and a few of the SHIP grants. One change in policy this year is that the Office of Planning and Budget (OPB) has ruled grants have a deadline of two years to complete or return the money. Some of the health center grants take a little longer to implement, and it will be an adjustment.

David has been able to attend most of the medical recruitment fairs this year. PCO is accepting J-1 applications for the new cycle. All the slots were filled last year, and they anticipate filling all the slots this year as well.

Brittany Brown accepted a job with the Emory Clinic at one of the Atlanta clinics. We will be hiring for that position soon. They have held 6 of the 9 Paramedicine meetings. The next meeting will be tomorrow in Cordele. The Paramedicine program will promote cost savings to the EMS, particularly in preventing unnecessary non-emergent runs. It will also benefit rural hospitals to reduce the high rate of readmissions. CMS has labeled 41 hospitals as rural and 24 of those have been penalized for high 30-day readmissions.

State Association of EMS and State Office of EMS are supportive of the program. The vision for the program currently is within their scope, but they are trying to see if it would benefit them to expand the scope.

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Ann asked where the idea originated.

Charles answered it is an international model. He explained there are proven success models and most of them are programs in the West. Norway probably has the most successful program.

The Georgia Rural Health Association meeting has been re-scheduled to January 13-15, 2014.

Charles shared the meeting dates for 2014:

- March 6
- July 10
- October 2

Charles gave an update on the Department of Defense Medical Outreach in Clayton, Georgia. This will be a free clinic sponsored and covered by the Department of Defense for primary care, vision (to include glasses), dental, mental and small animal veterinary care. It will be held for 14 days and available to everyone. Clinics will be held in Murphy, NC, Bristol, TN and Clayton, GA, on June 1 - 14, 2014. The clinic will be located at the Public Health Department in Clayton and dental services will be held at a nearby abandoned school.

Steve asked for a Migrant report.

Tony shared that the Migrant program got a supplemental award of approximately \$280,000. All the monies were awarded directly to the Migrant sites.

Steve stated there will need to be an election of officers at the next meeting. He announced that he will be making a transition out of health care and is resigning from the Board as of today's meeting.

Charles shared his appreciation for *Steve's* service to the Board and wished for him the best in his new adventure.

Charles explained that the request for O.J. to be reappointed has been sent to the Commissioner, but there are still two openings on the Board.

The meeting adjourned at 2:45 p.m.

Respectively,


Chairman


Recording Secretary


Secretary


Date Approved

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