

**STATE OFFICE OF RURAL HEALTH
ADVISORY BOARD MEETING MINUTES**
Thursday, May 5, 2011

Presiding:	Steve Barber, Chairman
Present:	David Zammit, Vice-Chairman Stuart Tedders, Board Secretary (via telephone) Jennie Wren Denmark Gregory Dent Ann Addison O.J. Booker Grace Newsome Sandra Daniel
Absent:	Ajay Gehlot Robin Rau LaDon Toole
SORH Staff:	Charles Owens, Ex-Officio Donna Crews, Director, PCO Sheryl McCoy, Administrative Assistant/Recording Secretary
Visitors:	Paula Guy, GA TeleHealth Rena Brewer, SETRC, Director Dr. Nannette Turner, Mercer University School of Medicine

Opening Remarks:

The regular scheduled meeting of the State Office of Rural Health (SORH) Advisory Board was held at Community Health Works, Macon, Georgia, Thursday, May 5, 2011. The meeting convened at 10:40am. Steve Barber called the meeting to order and welcomed the Board members and visitors.

SORH Advisory Board Minutes:

Chairman Barber asked for approval of the February 3, 2011 minutes. The minutes of the meeting was approved as submitted.

Charles Owens introduced Dr. Nanette Turner, Director, Master of Public Health Program, Mercer University School of Medicine, and asked her to give her presentation to the Board.

Dr. Turner shared that the students in the Master of Public Health (MPH) Program are encouraged to work in rural areas. The Mission of the MPH is to prepare competent health professionals to advance public health practice in communities, primarily rural and underserved populations through instruction, research, and service to promote social justice and health equity. Graduates of the MPH program will be knowledgeable and possess core values to work competently with vulnerable populations in a service oriented manner.

The MPH program will include:

- Public Health Internship
 - Students complete 240 hour internship with an agency
 - May also complete a service project for the organization
- Public Health Capstone
 - Complete a community project with an agency, write a paper, put together a portfolio of certain artifacts from their coursework, and complete a poster presentation as their final deliverable

- Research
 - Faculty will engage in lines of research that will contribute to a Public Health knowledge base that promotes social justice and health equity
- Service
 - MPH will engage in community based activities which will contribute to the advancement of Public Health practice primarily in rural and underserved populations.
 - Mercer MPH students are required to perform 40 hours of service intended to improve public health and expand upon their existing public health skills and knowledge
- Opportunities for Partnerships
 - Preceptor Sites
 - Mentoring Programs
 - Service Projects
 - Research Projects
 - Guest Lecturers
 - Advisory Board

Dr. Turner stated this program is an opportunity for those who work in health care, particularly in underserved rural areas, to address the students in their respective areas of expertise. She shared that she is working with Mr. Owens to learn more about the health care needs in rural areas and will work to get feed back from other agencies who work in rural and underserved areas.

Dr. Turner also shared they offer a certificate program that is primarily taught through internet classes. Several of the Board members showed an interest in the certificate program.

Stuart Tedders asked if the program had any challenges finding practicum sites for the students.

Dr. Turner stated that the program has just recently been implemented, but to date there have not been any challenges with internship. They have found they may need additional time for the project.

O.J. Booker inquired if the students are self-funded. Mr. Booker also asked about the types of capstone projects assigned to the students.

Dr. Turner responded that the majority of the students are self-funded. She remarked that occasionally the CDC will offer funding, but it is very limited. Dr. Turner said that many times agencies have projects just waiting for someone to bring to fruition. For example, the students worked a project for Bibb County Emergency Preparedness by preparing a grid to show how they distribute FEMA funds. The grid was posted in a centralized area.

Charles Owens reiterated that Stuart Tedders at Georgia Southern University and Dr. Taylor at Mercer University School of Medicine have students from various areas of Georgia. It would be beneficial to plan ahead and utilize these students.

Mr. Owens introduced the next speaker, Rena Brewer, Director, Southeastern Telehealth Resource Center (SETRC), Waycross, Georgia.

Ms. Brewer shared that the SETRC assists TeleHealth programs in their development and serves as a resource for new and existing programs. SETRC is one of nine states that is Federally designated thru Health Resources Services Administration (HRSA). Georgia's SETRC is the only center that is not university based. The program goals are:

- Apply technology knowledge transfer and systems deployment to ensure success of new and existing TeleHealth networks

- Collaborate with existing TeleHealth networks to leverage best practices and resources
- Promote early adoption of TeleHealth programs to improve access to specialty care in the underserved areas of the Southeast
- Provide healthcare information and education for providers and consumers through a virtual “National School for Applied TeleHealth.”

The education arm of the program is the National School of Applied Telehealth (NSAT). The school is designed to offer the most current, accredited TeleHealth education available. The following certifications are offered:

- Certified TeleMedicine Presenter
- Certified TeleHealth Coordinator
- Certified TeleHealth Liaison

Paula Guy, Executive Director, GA TeleHealth, gave a presentation on *Improving Clinical Outcomes through Partnerships*. When fully realized, the TeleHealth program will enable all rural Georgians to access healthcare within short distances of their homes. Presently, the program stats are:

- 200+ rural and specialty sites within the GPT network
- Over 175 specialists, representing 40 specialties
- 8 encounters in January 2006
- 9,973 encounters in 2008
- 31,040 encounters in 2010
- 2011 numbers are projected to double from 2010

The Georgia TeleHealth is the most proven comprehensive program in the nation. Telehealth has become recognized by state and federal programs as a highly effective method of delivering care; the official CMS policy reads that “The use of a telecommunications system may substitute for a face-to-face, “hands on” encounter for consultation, office visits, individual psychotherapy and pharmacologic management.”

The project expansion for 2011 includes:

- Development of Tele-Stroke Program
- TeleTrauma program
- Nursing Home program
- Retail Market
- Public School TeleHealth Pilot Projects
- The Southeastern TeleHealth Resource Center (SETRC)
- Broadband Technology Opportunities Program (BTOP)
- USDA

The Teleconnect Georgia for Better Health (TCGBH) program’s integrated community approach seeks to reach an estimated 131,596 school age children and their families across 91 school districts and school nurse programs, 62 rural hospitals, 47 rural health clinics, 63 Public Health Departments, 24 Community Service Boards and 30 FQHCs to extend the education and awareness campaigns to promote broadband adoption and ensure improved health outcomes. The TCGBH was established to provide online training for physicians through partnership with HomeTown Health, LLC, an International Accreditation of Continuing Education and Training (IACET) Authorized Provider. IACET accredited Continuing Education Units (CEUs) are offered for the online courses available.

David Zammit asked if the program is bound by State lines for providers or can Florida or South Carolina providers come to Georgia.

Ms. Guy stated that the physician can be from anywhere, but must have a license in the state where the patient resides. She shared there is hope for intrastate licensing to be passed soon.

Charles Owens reported on the SORH office. Mr. Owens gave an update on the HRSA Negotiated Rulemaking Committee. The Committee is discussing and defining rules for MUA/HPSA designations. He explained some of the data required to make informed decisions to ensure no harm to the underserved is challenging. HRSA is working to provide and identify all data sets by July 2011 so that the Committee may begin to refine the general concepts that have been formulated. Mr. Owens is serving on the implementation committee.

Mr. Owens asked Jennie Wren Denmark to give an update on the Migrant committee.

Ms. Denmark reported that the new laws in immigration concerning illegal immigrants are having a negative affect on the number of migrant workers available for farm work. The migrant vans have been pulled over several times in strategic traveling routes of the migrant workers. Some of the onion crops may not be harvested because of the decrease in migrant workers.

Mr. Owens stated that he understands it is a real situation. It is important to remember that in our State of Georgia we have various crops that require the work of migrant farm workers such as, onions, watermelons and peaches.

Ms. Denmark suggested that people get involved in civic clubs and community organizations to educate people on the need for migrant workers and why they need health care.

Mr. Owens continued his report on the SORH office. He shared that funds were added to Migrant continuation grant so the Increased Demand for Service (IDS) efforts could continue thru the grant year of May 31. Funding will continue to support the employees supported by the program; those funds will be added permanently to the continuation funding. The Capital Improvement Program (CIP) funds supported capital improvement projects and anticipates the sites will concluded the purchases in May to allow for closeout by the termination date of June 28, 2011.

Mr. Owens reported that in the Primary Care Office (PCO), the ER Diversion grant was completed April 14, 2011. Donna Crews, Director, PCO, will be gathering data to find the strengths and weaknesses of the project. In FY 2010 and 2011 GAPHC funds totaled \$1M. In the FY 12 budget, pending the governor's signature, there is allocated \$1M for health centers. The FQHCs will be in Berrien, Baldwin and Putnam to expand primary care and Rockdale for the expansion of behavioral health.

In 2006 an incredibly large number of the health care shortage designations were updated due to the backlog from prior years due to staffing shortages; it is now time to update those so there has been a tremendous effort to complete these by May 31.

The SORH has recommended 13 J1 providers and there are four applications pending review completion.

The 3RNET is working well with 160 position vacancies posted and 65 providers. The National Health Service Corps (NHSC) has 340 approved sites in Georgia and there are 123 sites where Loan Repayers and Scholars are serving Georgia's underserved.

Recently there was a Critical Access Hospital Regional Meeting held in Savannah. HomeTown Health managed and coordinated the conference co-hosted by the SORHs from GA, FL, SC, NC, and it was well attended by representatives from Georgia, Florida, North Carolina and South Carolina. Alabama was invited but there was no participation. Georgia's Quality Program was highlighted in the conference.

Mr. Owens shared that the first Accountable Care Organization (ACO) Webinar was held 2 weeks ago. Discussions were about the purpose of an ACO and considerations for joining. There will be substantial conversation on the

ACO at the next Primary Care Association (PCA) meeting. They will discuss how to bring all the partners together.

Mr. Owens reported that the Hospital Services FLEX and SHIP grants are underway. In FY 2012 \$545,383 was requested for the FLEX grant. The SHIP grant is in process and will be submitted in a few weeks.

Mr. Owens gave a powerpoint presentation that revealed the top ten and bottom ten counties' ranking in several categories. They were:

- Health Behaviors
- Clinical Care
- Social and Economic Factors
- Physical Environment
- Health Outcomes
- Health Factors
- Mortality
- Morbidity

He explained that it is very important for communities to find action plans that work to correct these issues.

Mr. Owens informed them of a Rural Health Clinic Conference to be held May 24, 2011, at the South Georgia Technical College in Cordele, GA. The clinic is designed to give assistance to Georgia's Rural Health Clinics from presenters of Georgia Rural Health Association, Georgia Hospital Association, State Office of Rural Health and Primary Care Office, Draffin and Tucker, Georgia Medical Care Foundation, GA Partnership for Telehealth, Morehouse School of Medicine and MAG Mutual.

Mr. Owens gave a brief report on the FY 2012 budget. He stated that the Health Improvement Programs (Men's Women's and Minority Health) and the Georgia Volunteer Clinic Program will be moved to Public Health.

The SORH impacted projects for FY 2012 are to reduce Area Health Education Centers by \$106,426 and to increase FQHC development \$1M.

Mr. Owens thanked everyone for coming and thanked Greg for allowing us to meet at Community Health Works. The next meeting will be held on August 4, 2011 at Community Health Works in the conference room. There being no further business the meeting adjourned at 3:00 p.m.

Respectfully,

Steve Barber, Chairman/Date

Sheryl McCoy, Recording Secretary/Date

Stuart Tedders, Secretary