

**STATE OFFICE OF RURAL HEALTH
ADVISORY BOARD MEETING MINUTES**

Thursday, February 3, 2011

Presiding:	Steve Barber, Chairman
Present:	David Zammit, Vice-Chairman Stuart Tedders, Board Secretary Jennie Wren Denmark Gregory Dent Robin Rau LaDon Toole (via telephone) Ann Addison (via telephone) Ajay Gehlot
Absent:	O.J. Booker Grace Newsome Sandra Daniel
SORH Staff:	Charles Owens, Ex-Officio Tony Brown, Deputy Director Patsy Whaley, Director, Hospital Services Sheryl McCoy, Administrative Assistant/Recording Secretary

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, February 3, 2011. The meeting convened at 10:40am. Steve Barber called the meeting to order and welcomed the Board members to the first meeting of the year.

SORH Advisory Board Minutes:

Chairman Barber asked for approval of the November 2, 2010 minutes. The spelling of Courtney Terwilliger's name was corrected and the minutes were approved.

Jennie Wren Denmark, Chair of the Migrant Sub-Committee, deferred the migrant report to Charles Owens to be given later in the meeting with the State Office of Rural Health (SORH) report.

Charles Owens introduced Robin Rau, CEO Miller County Hospital, a recipient of the FLEX Development grant to give a presentation on the Miller County Health System Project. Some key points in the presentation were:

- The Community Development and Health System Grant is to provide for a community to substantially alter the means by which health care services are delivered across the continuum of care
- To develop integrated regional system of care
- Suggested activities to improve health status are
 - Prevention programs, chronic disease management, integration of existing primary and specialty care services, collaboration with primary and acute care, co-location of services, telemedicine and integration of EMS
- Requirements of the grant are multi-county approach, rural communities, regional system of care, one CAH hospital and one local EMS
- Decatur, Miller and Calhoun counties are collaboratively working to share services and remove duplication of services
- The focus is on prevention, wellness, disease management and healthcare system collaboration

- Multi-county health care system leading to regionalization of financially viable, technologically enhanced and efficient delivery of services
- Study to explore alignment of patient needs with hospital needs to focus on cost sharing
- The projects objective is to find the right mix of services and patients to meet the health care needs of the communities and hospitals to improve access to care and outcomes, cost effective by sharing services, and improve financial outlook for existing hospitals and systems and avoid expensive duplication of services
- Current collaboration consists of general and plastic surgery, ophthalmology, laboratory services, pathology services, MRI, Health Information Technology and Emergency Medical Services (EMS) collaboration
- Future collaboration consists of sharing resources, joint cost sharing of medical staff development, rehab staff, nutrition counseling program development, home health and dialysis

There was discussion about EMS collaborating with several counties and how that process would work. The consensus was that it would be more efficient and cost saving to the counties by not having to buy more ambulances to cover services in several counties as well as efficiencies in administration.

Robin Rau further explained that data will be collected through surveys using Draffin & Tucker, LLC. The surveys will enable hospital CEO's to identify the health care areas available for collaboration with other hospitals.

Greg Dent stated that most of the rural areas population feels that care is better at larger hospitals. His concern was the need for education of the population and physicians on the new model so that it will work effectively.

Robin Rau explained the economic integration of the project will be an incentive for the counties to collaborate. She stated the project will begin with incremental change. She shared the project is an ambitious one and will progress over time.

David Zammit shared that it will be a behavioral change for the communities involved. Once the project is in place, behaviors will change in time.

Robin Rau said she believes this type of model will have to happen for the survival of the small hospitals.

Charles Owens shared about Wilcox County's struggles with the EMS department. Recently all the EMS employees resigned and they contracted with Crisp County for services. This is a great example of two communities coming together to provide a health service, meet the local needs and be cost efficient. The partnership will save Wilcox County over \$150,000 annually and will defray some administrative costs for Crisp.

Charles Owens asked Matt Cassman, Georgia Rural Health Association Director, to share about the GRHA.

Matt Cassman stated that he has recently been appointed to the Director position for GRHA. It is the oldest Rural Health Association in the Nation. They promote the health and health care services of rural Georgians. He shared they sponsor an Annual Conference and Rural Health Day at the Capitol. They have selected George Hooks as the Legislator of the Year. The Association provides weekly updates of the Legislative activity during the session. They share rural values and concerns with the Legislators to try to prevent health care cuts in the budget.

Charles Owens reminded the Board that GRHA will hold a Rural Health Clinic Conference on May 24th. He shared there is a great slate of speakers among them are; Cindy Dupree, Draffin & Tucker; Dr. Dominic Mack, Morehouse University, Division of HIT; Melody Brown, Georgia Medical Care Foundation; Donna Crews and Charles Owens, SORH Office.

Greg Dent expressed how pleased the GRHA Board is to have Mr. Cassman as the new Director. He shared that Mr. Cassman has worked in the Capitol and has experience working closely with the legislators. The members of the GRHA Board searched for a leader that could drive membership with a strong focus on rural issues. They are proud to have Mr. Cassman.

Charles Owens gave an update on the SORH office. He stated that the HRSA Negotiated Rulemakers Committee, of which he is one of 28 members, is continuing to work to define MUA/HPSA. He encouraged the Board members to inform him of any transportation problems that may be unique to certain areas of Georgia. Transportation has been identified as one of the greatest obstacles to accessing health care.

David Zammit asked if anyone has access to the most recent census.

Charles Owens said he has been told that in the 2010 census data, there has been a huge population increase. Much of the conversation of the Rulemakers committee is centered on unique and unusual situations in communities that may not show up in data. They are trying to find ways to address those issues. The use of Social Determinates of Health is one method, which predominately focuses on poverty and education as weights.

Mr. Owens shared that Melanie Kimball, Director, Migrant program, has resigned and Tony Brown is Interim Director. Other Migrant topics discussed were:

- New Access Point grant submitted in December - \$625,000
- Expanded Services grant submitted in December - \$376,960
- Continuation grant submitted in January - \$2.5M
- UDS coming up in February
- ARRA
 - CIP and IDS Progress Report
 - 1512 Reporting
 - All sites on track with only a few budget revisions required
- New enhanced bill for transporting immigrants could be problematic for migrants without the ability to demonstrate legal entry
 - The Migrant Program is federally funded and federal regulation dictates we cannot verify immigration status
 - HB 87 established the transporting of seven or more undocumented persons as a felony charge; and less than seven as a misdemeanor

Mr. Owens informed the Board that Tina Orrick, Director, PCO program, has resigned. The CMS ER Diversion Grant for \$2.5M will close in April, 2011. Other topics discussed were:

- FQHC development
 - FY 2010 & FY 2011 GAPHC funds total \$1M – McIntosh, Chattooga and Telfair
 - FY 2010 \$250k – Community Health Works is working with Primary Care of Southwest Georgia to expand their FQHC and working to expand other clinical locations providing technical assistance to a host of other communities
 - FY 2011 \$250k GAPHC received the FQHC Development Grant for the coming year.
- Shortage Designations
 - HPSA – 24 due – 12 submitted – 50%
 - DHPSA – 29 due – six submitted – 21%
 - MHPSA – seven catchment areas with 53 counties due – five submitted covering 34 counties – 65%

- 3RNet – 157 position vacancies posted (65 providers)
- Georgia J-1 Visa Waiver Program – FY 2011 – recommended five J1 providers, two Primary Care, three Specialty. Several providers have contacted the SORH asking questions and indicating they were actively pursuing the recruitment of J1 providers so more are expected soon.
- National Health Service Corp (NHSC)
 - NHSC sites – 325
 - Loan Repayors – 134
 - Scholars – 11
 - Total Participants – 145
 - Total number of sites – 110

Hospital Services has FLEX and SHIP grants underway:

- FY 2011 FLEX received \$545,383 - \$53,970 increase
- Quality Improvement – GHA – Adding six additional hospitals that are rural, not CAH (\$172,372)
- Sustainability - \$170,966
 - Fiscal analysis – Draffin & Tucker – The third and final phase of the analysis is complete. This work will expand upon the findings providing for regional training workshops to address needs identified in the fiscal reviews and from requests from the CAH's leadership.
- Rural Health System development (\$100,00)
 - Miller County (which was presented earlier by Robin Rau)
- EMS Network – Emanuel Medical Center and GA Association of EMS are providing training and education for EMS personnel statewide
- SHIP submitted - \$534,055 (\$8755 each) – 61 hospitals
 - New this year – Cobb, Hart, Dorminy, Donalsonville, Dodge, Elbert Adel, Phoebe Sumter, Piedmont Mt Side

One Georgia and the Regional Economic Business Assistance (REBA) were named as possible resources when looking for collaborative partners to help fund expansion of health care in communities. Health care providers need to broaden their perspective to include business and education.

Greg Dent stated that Community Health Works is reviewing their vision and mission to include educational data and input. They are considering incorporating behavioral changes as a focus to expand their horizons and programs for the communities served.

Charles Owens remarked that in Liberty County the school Superintendent attends the monthly Health Planning meetings. The health care system needs the input of the educational system.

Mr. Owens asked Board members to send to the SORH office topics of interest for future meetings.

Mr. Owens thanked everyone for coming and thanked Greg for allowing us to meet at Community Health Works. The next meeting will be held in the new conference room, #605. 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