

STATE OFFICE OF RURAL HEALTH
ADVISORY BOARD MEETING MINUTES

Tuesday, November 2, 2010

Presiding: Steve Barber, Chairman

Present: David Zammit, Vice-Chairman
Stuart Tedders, Board Secretary
O.J. Booker
Jennie Wren Denmark
Gregory Dent
Grace Newsome
Robin Rau
LaDon Toole
Sandra Daniel (via telephone)

Absent: Ann Addison
Ajay Gehlot

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

Visitors: Courtney Twilleger, Director
Emanuel Emergency Medical Services (EMS)
Keith Wages, Regional Director, State Office of EMS
Nita Ham, GAEMS
Rhett Partin, Georgia Hospital Association (GHA)
Clayton Black, Georgia Small Business Lender, Inc.
Dominic Mack, MD, Director,
Morehouse, National Center of Primary Care,
GA Regional Extension Center
Lorna Martin, GHA

Opening Remarks:

The regular scheduled meeting of the State Office of Rural Health (SORH) Advisory Board was held at Community Health Works, Macon, Georgia, Tuesday, November 2, 2010. The meeting convened at 10:40. Steve Barber called the meeting to order and asked Charles Owens to introduce the attendees.

SORH Advisory Board Minutes:

The minutes of the June 16, 2010, meeting was approved as submitted.

Clayton Black, Middle GA Regional Commission, Macon, Georgia, presented information regarding the Revolving Loan Fund with the Georgia Small Business Lender, Inc. (GSBL). He first became associated with the SORH and Board in 2002 when they received monies from the Robert Wood Johnson Foundation (RWJF) in the amount of \$500,000. The GSBL provided a match of \$200,000 for a total of \$700,000 to establish the Revolving Loan Fund.

The GSBL program is designed to provide loans to promote health care in rural and underserved areas. Loans awarded under the program were made to physicians and one adult day care center.

Equal Opportunity Employer

Almost all the initial funds have been repaid to GSBL, and they are ready to make new loans. Loans are now available to physicians, dentists, healthcare facilities, ambulance services and some not-for profit healthcare organizations. The funds should be used for fixed assets such as, land, building, machinery, fixtures and in some cases, working capital. The program also requires that another bank participate with the project. The bank will provide 50%, GSBL 40% and the borrower 10%. GSBL may lend up to \$150,000 with a rate of interest 0.5% below bank rate. They presently have \$260,000 available for health care lending.

Mr. Owens shared a suggestion given to him by Gregg Dent. He suggested that, if given the opportunity, if there are funds to support Electronic Medical Record projects under a revolving loan program to consider GSBL's loan program to manage the process since the infrastructure is already in place.

Mr. Owens stated that Ruth Carr's HIT department manages all HIT projects for the Department. However, he has asked Ruth to watch for any opportunity that the SORH might be able to apply for a grant that will bring funding into the state that can be used to further the Revolving Loan Fund.

Mr. Owens introduced the next presentation by sharing that the SORH has worked with the Emergency Medical Services (EMS) for many years. The program has grown into many facets, especially, in the area of education. Several years ago the SORH worked with the Georgia State EMS on a web-based education program. Currently, the SORH is working with the State Association of EMS and Courtney Twilliger, Emanuel County EMS, continuing the focus on education to assure a viable solid EMS team is available to deliver quality services.

Courtney Twilliger shared that the funding for the current project is thru a grant to Emanuel County Medical Center. This is the second year for that grant. They started with 5 counties and are adding 3 more counties this year. He explained that people in rural areas tend to be sicker and utilize the EMS services more often. The EMS personnel need to be more skilled and take advantage of the training opportunities. The current project is designed to provide education locally to minimize the expense of travel and time away from work. Medics often resist education because training interferes with moonlighting. This also produces problems with fatigue and creates family issues. This education project will facilitate a balance in their work habits and the quality of service they provide.

Nita Ham gave a detailed presentation on the focus of the *East Georgia Emergency Medical Services Education Consortium*. Some key points are:

- Medics need to be more skilled
- Fewer training opportunities in rural area
- Shortage of Medics poses a financial burden to county governments and hospitals
- Need to be accountable, skills degradation and resolve "distance"
- Initial 5 counties participating
 - Candler, Emanuel, Jefferson, Jenkins, Johnson
- Initial efforts were dedicated to purchase of electronic equipment and setting up website for training to be provided via internet with monthly visits to services for practical evaluations
- Challenges recognized from efforts
 - Lack of response from Directors, collecting data for baselines and protocols were not being used
 - Recognition that standard practices needed to be improved before "cutting edge" education could begin
- Project was re-evaluated and designed to better fit the need for medics working in field
- All EMS personnel were required to take a standardized baseline exam that identified skill deficits
 - Areas of concern were patient assessment, documentation, and few transports
- Project's second half was spent teaching education programs in live classroom settings
 - Field personnel very receptive to training and appreciative for the training

- Goals are set for year two:
 - Welcome new counties
 - Visit Medical Directors
 - Evaluate the pre-hospital drugs used and make standardization recommendations
 - Modify existing emergency pre-hospital care protocols specifically, rural EMS providers
 - Design a workbook that includes a basic protocols test, skills check sheet, etc, that can be used for orientation and annual skills evaluations for employees in rural services

Mr. Twilliger summarized that the long-term goal for this project is to develop a competency based program. The PowerPoint in its entirety is posted on our website at <http://dch.georgia.gov/ruralhealthpublications>

Mr. Booker asked if there is a difference in the competency of county based EMS and privately owned EMS companies.

Nita Ham explained that in her experience the private companies, particularly Gold Cross Ambulance service in Jefferson County, show better performance and more attention to detail as compared to other companies.

Mr. Booker also asked if the information obtained from this project will be published and if so, who will be able to obtain a copy.

Mr. Twilliger stated that it will not be published. The information will be used as a tool for the Association and GAEMS to provide the training for the project.

Patsy Whaley shared \$160,000 EMS grant will be coming out statewide from the SORH in the coming weeks.

Mr. Owens explained that just as in other programs that have begun to educate and focus on the information learned error reporting, the EMS is now training and will improve their services from the data gathered. He shared we should appreciate and be proud of the EMS resources within our communities. He stated that it has been said Georgia is one of the few paid EMS services. He asked how Georgia compares as a state.

Mr. Twilliger said Georgia is fortunate not to have volunteer services. Volunteer services most times have problems with staffing and providing services. Georgia's EMS service will be light years ahead when the training and data collection is in place.

Mr. Owens asked, "Is there a level of accreditation for EMS services?"

Mr. Twilliger responded positively. The accreditation services for medical transport service is Commission on Accreditation of Medical Transport Services (CAMTS) and the ambulance service is the Commission on Accreditation of Ambulance Services (CAAS). There are no regulations to be accredited at the present time.

Keith Wages, Incoming Director of the State EMS, spoke to the issue of paid versus volunteer services. Since Georgia has no volunteers, the percentage is obviously higher than other states that have volunteer services. However, the percentage is somewhat misleading in other states because the majority of the population is in the large cities, and they are covered by paid staff. It is the rural areas that are not covered, but the population density is very small. To compare population density for all the states, they are all about the same.

Mr. Owens also asked if there is a state licensure for inspection.

Mr. Wages reported there is an inspection by the state, and they are subject to inspection at any time, subject to re-licensure every 2 years.

Mr. Owens asked a final question. He explained that technically, there should be a certain size population in a community to support a hospital. "Has anyone said how many people does it take to support 1 ambulance?"

Mr. Twilliger replied, "No."

Mr. Owens further stated there must be a reason for the attraction of for-profit ambulance companies to a specific area. He gave Louisville as an example of an area with a for-profit ambulance service that doesn't look any differently that a lot of other counties.

Mr. Twilliger answered that the bottom line is that it costs to get good service. There is good data in urban areas, but not much data in rural areas. A community of 100,000 people has a good chance at some consistency, but rural areas are difficult to keep consistent for data because of the variables of distance and time spent on patient service.

After the lunch break, Dominic Mack, Director, Morehouse, National Center of Primary Care, GA Regional Extension Center gave a presentation. The Georgia Health Information Technology Regional Extension Center (GA-HITREC) program focuses on improving assets and sharing information to improve the clinical outcomes so that patients have affordable health care. It is their desire to shift the weight from the emergency rooms and get people into preventive care. Key points discussed are as follows:

- Electronic Health Records (EHR) implementation remains limited among physicians
- The GA-HITREC is a catalyst for transformation from paper records to electronic records
- EHR adoption challenges include financial, technical (lack of computer skills and IT staff), and organization change that will disrupt workflow and productivity
- The Medicare and Medicaid EHR incentive program rule
 - Defining meaningful use (MU)
 - Clinical quality measures (CQM)
 - Definition of eligible professional (EP) and eligible hospital/critical access hospital (CAH)
 - Definition of hospital-based EP
 - Medicare fee-for-service (FFS) EHR Incentive Program
 - Medicare Advantage (MA) EHR Incentive Program
 - Medicaid EHR Incentive Program (includes uninsured)
 - Collection of information analysis (Paperwork Reduction Act)
 - Regulatory Impact Analysis
- Meaningful Use – ONC Final Rule
 - Sets initial standards, implementation specifications, and certification criteria for EHR technology
- GA-HITREC Goals and Objectives include a community-oriented approach, collaborative partners, patient-centered medical home standards, equitable group purchasing agreements, excellent quality service and build a national reputation as a reliable HIT source

The GA-HITREC presentation in its entirety is posted on the DCH website at <http://dch.georgia.gov/ruralhealthpublications>.

Mr. Booker asked how physicians can find out the feasibility of going to EHR; i.e., financial, tax benefit, etc. without going through the entire process. Mr. Booker asked if the EHR can show a physician a model that will prove the transition to be a positive outcome at the end of the year.

Mr. Mack explained that it is in the future, but at the present time they can only provide the cost of the system and some of the reimbursements. However, there are several physicians who have had this in place for sometime and will be able to give profitable input.

Jennie Wren Denmark reported from the Migrant Sub-Committee. She reported that the Migrant Policy and Procedure Manual is complete and working well.

Mr. Owens shared that HRSA has a New Access Point Grant application cycle for 330 funding and a portion is allocated for migrant funding. When researching for the next most populous county for a migrant center, Bacon County was next on the list. McKinney Health Center is applying for Bacon. Co., therefore, SORH is applying for new access points in Appling and Wayne counties.

Mr. Owens gave a report on the SORH. He explained the reason for the adjustments in our meeting schedule is due to his membership on the HRSA Negotiated rulemaking Committee. The committee is made up of 28 members to create rules that will define MUA/HPSA. He is honored to serve representing Georgia and the Southeastern US.

Mr. Owens recently spoke to the Public Health Commission to inform them of the functions of the SORH. There has been some talk about the SORH being moved to the Public Health Department. The duties and functions of the SORH are quite different from Public Health and moving the office to Public Health would be perceived as a provider of direct patient care. SORH's main function is to help communities design health care delivery systems; a very separate and distinct function other than public health. There is concern that if placed in Public Health, the SORH would lose our unbiased position as communities take a difficult look at how services are delivered within their communities. Commissioner Reese has stated he does NOT support the SORH being moved from the Department of Community Health.

Mr. Dent, Public Health Commission member, addressed the issue. He explained that the Commission is trying to identify all the entities that would make up a Public Health Department. The Commission suggested parts of DCH could possibly be transferred, but they needed clarity on the functions of several DCH offices of which SORH was one. He stated that the report will recommend a new Public Health Department, but SORH is not in the report at this time.

Mr. Owens continued with the report on the SORH. Other topics discussed were:

- **Migrant**
 - Praised Tony Brown for a score of 96 on last year's Migrant grant
 - Award for this year \$2,532,756
 - Public Health, Albany District, which includes Ellenton and Decatur County, has now renewed their contract and is moving forward
 - East Georgia Healthcare Center has purchased a mobile exam unit for the migrant program with some of the funding coming from the Capitol Improvement Program (CIP), ARRA. Colquitt and Decatur counties also have purchased similar mobile exam units.
 - ARRA reporting is almost complete as the Increased Demand for Services Program ends March 2011 and the Capital Improvement Program ends June 2011.
- **Primary Care Office (PCO)**
 - CMS ER Diversion Grant for \$2.5M will be complete in April 2011
 - FY 2010 & FY 2011 Georgia Association of Primary Health Care (GAPHC) funds total \$1M and they are working in 3 communities, McIntosh, Chattooga and Telfair counties
 - FY 2010 Community Health Works (CHW) received \$250,000 grant for FQHC work. They have established a new website for communities to secure information (www.gahealthcenters.org)

- FY 2011 \$250,000 competitive solicitation has been posted, closed and now being evaluated
- A great number of shortage designations will need to be updated this year as this beginning of the 3 year renewal cycle when the SORH submitted many delinquent designations due to the SORH reorganization.
- 3RNet has 157 position vacancies posted, 57 providers
- J-1 Visa Waiver program recommended 19 J1 providers in FY 2010 (October 1, 2009 through September 30, 2010) Interest is increasing in this program
- National Health Service Corps (NHSC) continuing to recruit
 - Jasper is a great example of NHSC program. They have a NHSC provider entering the 5th year, receiving \$25,000 per year and will receive a total of \$125,000 from NHSC loan repayment program
- **Hospital Services**
 - FLEX - FY 2011 received \$545,383 - \$53,970 increase
 - Praised Patsy Whaley for a score of 100 on FLEX grant
 - SHIP – FY 2011 - \$534,000 for 61 hospitals at \$8,755 each – adding this year Cobb, Hart, Dorminy, Donalsonville, Dodge, Elbert, Adel, Phoebe Sumter, Piedmont Mt. Side
 - Working with GHA on quality improvement – bringing in 6 non-CAH hospitals (172,372)
 - Sustainability (\$170,966) – Fiscal Analysis – Draffin & Tucker – draft complete on Phase 3. Draffin & Tucker did Fiscal Analysis on 32 of the 34 CAH - 5 have positive operating margin – with data can try to move the other 27 to a positive
 - 3 Rural Health System development (\$100,000)
 - Patterned after GA's Rural Health Safety Net Project!
 - RFGA is out at www.dch.ga.gov
 - EMS network – Emanuel Medical Center
 - FLEX Program Evaluation completed and will be posted on our website
- **Next Meeting Dates**
 - January 13, 2011
 - April 5, 2011 – change due to HRSA rulemaking committee
 - July 14, 2011
 - October 13, 2011

Mr. Owens thanked everyone for coming and thanked Greg for allowing us to meet at Community Health Works. 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