



Mississippi Rural Health Association,
Mississippi Office of Rural Health, and
Mississippi Area Health Education Centers

Crossroads



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Winter 2010

Special point of interest:

Remembering
Dr. Ed Thompson

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From the MRHA president's pen

Greetings and happy new year! I am excited about starting my term as president of the Mississippi Rural Health Association. I have some very large shoes to fill, as our past president, Laura Downey, has done some wonderful things and accomplished most of the goals she outlined at the beginning of her term.

I am humbled to assume this position, not only because our past president has done such a fine job growing and responding to the association's needs, but because our board is made up of a group of experienced professionals who represent all facets of healthcare in rural areas. The combined years of experience and service are formidable.

The year 2010 poses to be a challenging, yet exciting, year for rural health. We are very likely facing a healthcare reform package that will restructure the way we care for our under- and uninsured. In addition, we are facing unprecedented scrutiny from recovery audit contractors. Then, there is the ARRA funding and our "meaningful user" of health information technology. Yes, my friends, 2010 is not going to be a year for the weak-hearted. We are going to need to band together to face these challenges and opportunities.

I would like to not only grow our membership, but also increase the networking that has started with our listserv, RHC workshops, and



Joanie Perkins, President
Mississippi Rural Health
Association 2010

relationships with the Division of Medicaid and the State Office of Rural Health. I would like to continue to be responsive to the RHCs' needs, and in addition, have a larger

influence on the young men and women who are embarking on healthcare careers in our state. The federal Office of Minority Health is also rolling out a blueprint for state Offices of Rural and Minority Health, and State Rural Health Associations to collaborate on the health disparities that continue to plague communities today. I'd like to see Mississippi lead the way as collaborators on pilot projects that not only produce measurable results, but serve as models for others to follow, all while having real-life effects on the communities we serve.

I will do my best for you. Please do not hesitate to contact me at (662) 756-1703 if you have a suggestion or comment on how we can better serve you in the future.



At the December 2009 MRHA Board of Directors meeting, Joanie Perkins, incoming president, presented Laura Downey with a plaque of appreciation for her service as president in 2009.

From the State Office of Rural Health director's desk

Remembering Dr. Ed Thompson, Mississippi State Health Officer

*"An Outstanding Leader, Medical Statesman,
and Supporter of Rural Health"*



Mississippi State Health Officer
Dr. F.E. "Ed" Thompson, Jr.

Mississippi State Health Officer, Dr. F.E. "Ed" Thompson, Jr., died Tuesday, December 1, 2009. He was 62 years old.

It is with deep sympathy and with great appreciation for his work that so benefitted those in rural communities in Mississippi that I prepare this article to honor the legacy of the late Dr. F. E. "Ed" Thompson, Jr.

When you recognize that Mississippi is one of the four most rural states in the nation, you realize that Dr. Thompson was a tremendous proponent of not only public health, but also of rural health. He was willing to serve as the State Health Officer and State Epidemiologist for a state in which more than half of the

citizens reside in rural communities, and he started his medical career at a Federally Qualified Community Health Center in Shubuta, Mississippi.

Dr. Thompson served as State Health Officer for the Mississippi State Department of Health (MSDH) from 1993 to 2002, and was named Interim State Health Officer in July 2007. He was later reappointed to the permanent position of State Health Officer in December 2007. Dr. Thompson also served as State Epidemiologist from 1983 to 1993. This year, the National Association of Local Boards of Health recognized Dr. Thompson as the "outstanding state health officer in the United States."

Dr. Thompson's distinguished career also included service as Professor and Chairman of the Department of Preventive Medicine at the University of Mississippi School of Medicine and Professor of Medicine in the Infectious Disease Division. He was selected to serve as Deputy Director for the Centers for Disease Control in Atlanta, and was the CDC's Chief of Public Health practice. Dr. Thompson also served on numerous CDC advisory committees, the Department of Health and Human Services' Secretary's Council on Public Health Preparedness, including the Anti-terrorism Preparedness Task Force. He served as past president of the Council of State and Territorial Epidemiologists and the Association of State and Territorial Health Officials. In 2008, the Association of State and Territorial Health Officials presented him with the Presidential Meritorious Service Award in recognition of his exemplary



Rozelia Harris, MBA
Director, MORH

service.

Under Dr. Thompson's leadership, the Mississippi State Department of Health was able to make significant strides in addressing several of the key health concerns for the state, such as infant mortality, sexually transmitted diseases, and increasing the number of public health field staff. He also played a key role in obtaining funding and starting the current construction of the new Public Health Laboratory. During the October 2009 Mississippi State Board of Health meeting, the Board unanimously adopted a resolution requesting that the legislature name this new public health laboratory the "F. E. Thompson, Jr. Public Health Laboratory."

Dr. Thompson received his medical degree from the University of Mississippi School of Medicine, a Masters of Public Health from Johns Hopkins University School of Hygiene and Public Health, and was board certified in Preventive Medicine.

*Contributed by Rozelia Harris,
Director, MORH*

Secondhand smoke -- The anti-aspirin

Most people are aware that aspirin can reduce our risk of heart attack by 'thinning' the blood. More specifically, aspirin reduces blood platelet activity. When these platelets are active, they

become sticky and can form free-floating clots. If these clots become lodged in part of the heart, a person will have a heart attack.

Just as aspirin can reduce the risk of

from the MSDH Office of Tobacco Control

a heart attack by decreasing platelet activity, secondhand smoke increases the risk of having a heart attack by increasing platelet activity and increasing the likelihood of a free-floating blood clot.

A word from the Mississippi AHEC

The Mississippi AHEC is coming to the end of its time as a Basic or start-up system. We have been able to establish seven regional Centers throughout Mississippi. These Centers are hosted by outstanding organizations dedicated to improving health care. The hosts for our Centers are: Delta State University School of Nursing, Alcorn State University School of Nursing, East Central Mississippi Health Network (a consortium of community health centers, community colleges, hospitals, and other health care and education organizations), Aaron Henry Community Health Center, The University of Southern Mississippi College of Health, Mississippi State University Social Science Research Center, and Tougaloo College. These organizations provide space, fiscal management, financial support, and a great deal of expertise and just plain help. We thank our hosts and their staff, administrators, and leaders. They are people of outstanding vision. The staff at each Center has many tasks including development of pipeline and other programs to meet the AHEC goals. They do a yeoman's job, and great thanks go to the staff at each Center. This description of our infrastructure is not complete. The final piece of the Mississippi AHEC resides at the University of Mississippi Medical Center under the Department of Family Medicine. We could not have asked for a better arrangement. We receive all the support and encouragement needed to pull this program together. We are the program office, and we receive the grant from the Health Resources & Services Administration of DHHS that provides the "basic" support to develop the statewide AHEC network.

Of course, if this was all we were, we would not have been involved in the entire community. It is our partners and supporters around the State that are integral for the operation of a system that has such a broad agenda, e.g., development of a pipeline to bring students into health care, development of workforce information, development of programs to reach out to communities with health information, and the administration of a program to provide health care students the opportunity to interact with the community. We have been fortunate to be able to work with the Mississippi Rural



Health Association, the Mississippi Primary Health Care Association, the Mississippi Department of Health, Mississippi College, William Carey School of Osteopathic Medicine, the University of Mississippi Medical Center, Jackson State University, the Mississippi Association of Family Medicine, the Children's Defense Fund, the Mississippi Hospital Association, and so many other educational, health care, and social service Organizations. We thank them all for their input, support, and encouragement.

So where do we go from here? Next year, the Mississippi AHEC network will be transitioning to a Model/State program. This transition is recognized by HRSA as the presence of a mature program with an adequate infrastructure to achieve the long-term goals of the program. A few of these goals are worth mentioning. Most revolve around the creation of a pipeline to: attract K-12

students interested in science and health and provide them worthy experiences and opportunities that might encourage them to make health care a life's work; providing didactic and hands-on opportunities to college students for the same purposes; providing rotations for students studying in the health field; and finally providing rotation to rural and underserved sites for interns and residents regardless of the field of health care in which they are involved. Another goal is to continue to offer health education programs for adults and continuing education for health care professionals. The final program involves the collection, analysis, and publication of workforce data that is relevant to the workforce needs of Mississippi.

We encourage ideas for the development of programs that fit into the developing pipeline. If you wish to become involved, or if you have any questions or thoughts about the direction of the AHEC, you may contact me at (601) 815-5381. If you want to know what is going on in your area of the state, we can get you in touch with the regional Center Director.

For me, this has been the job I've waited for my entire life. The people I work with at the centers, at the university, in the communities, and especially at the Program Office, have made it easy to abide by the words of Dylan Thomas, "Do not go gentle into that good night."

*Contributed by Stephen L. Silberman,
Executive Director, Mississippi AHEC*



Would you prefer to receive Crossroads as an e-mail attachment?

If you would prefer to receive an electronic version of this newsletter, please send an e-mail message stating your preference to Cheryl Grubbs at mississippirural@bellsouth.net. Be sure to include your name, work address, telephone number, and most importantly, your e-mail address.

MRHA presents third of 2009 series of RHC workshops

The Mississippi Rural Health Association presented the last of a series of three "Rural Health Clinic Workshops" on November 4, 2009 in Tunica.

The workshop was held in conjunction with the Mississippi Rural Health Association's annual conference.

Twenty-eight participants representing eleven different counties in Mississippi attended the workshop.

Topics covered in the workshop included: "RHC Billing (Back to Basics)," "How to Enhance your RHC Revenue," "Medicaid Reimbursement for RHCs," "RHC Cost Reporting," and "RHC Billing (Advanced)."

Presenters for the workshop were Joanie Perkins and Timothy Thomas, current MRHA board members, and Kimsey Whipps of the Division of Medicaid.

On the workshop evaluation, the majority of attendees rated the sessions as

excellent. Additional comments/suggestions included: "Great workshop" and "Would like to have more opportunities to attend workshops like this."

Suggested topics for future workshops included: "Having a Medicare representative," and "Separating the workshops for free-standing and hospital-based RHCs."

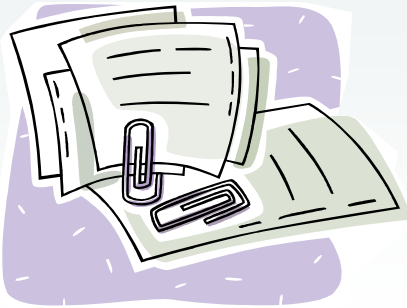
The Mississippi Rural Health Association is very pleased to provide these workshops to rural health clinics throughout the state. The Association is in the process of scheduling a series of workshops for 2010. We hope that you will take advantage of these educational opportunities.

If you have not already subscribed to the MRHA RHC listserv, please take the opportunity to do so now at ruralhealthclinics@usm.edu.

*Contributed by Tim Thomas
Thomas Financial Consulting*



Kimsey Whipps, manager of the Rural Health Clinic and Federally Qualified Health Center Programs, Bureau of Reimbursement, Division of Medicaid, presenting "Medicaid Billing" at the MRHA Rural Health Clinic Workshops. Also presenting were Tim Thomas and Joanie Perkins.



Coding Tip Corner

Questions and Answers from the CDC on billing the H1N1 vaccine in an RHC/FQHC

Will Medicare pay for 2009 H1N1 vaccine administration in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)?

Yes. Medicare will pay 100% of the administration cost, through the cost report. These costs will appear on the applicable cost report for the cost reporting period for which the H1N1 vaccine was administered.

Will Medicaid/CHIP pay for administration of 2009 H1N1 vaccine?

Medicaid will pay for administration of 2009 H1N1 vaccine to all Medicaid-enrolled children under the age of 21. Administration of 2009 H1N1 vaccine to all children covered by separate state CHIP programs will also be paid for by Medicaid. For adults in the Medicaid program, 2009 H1N1 vaccine administration is a covered service when furnished by a participating provider under the mandatory section 1905(a) Medicaid benefit. Since hospital, physician, and federally qualified health center/rural health clinic (FQHC/RHC) services are mandatory Medicaid benefits, 2009 H1N1 vaccine administration would be a covered service when provided by these participating providers

For more information, contact Joanie Perkins, CPC
Joanie.perkins@northsunflower.com
(662) 756-1703

Mississippi Health First arms diabetes patients to prevent complications

A statewide effort to improve care for patients with diabetes across Mississippi, particularly for patients considered “medically underserved,” has been announced by the Centers for Medicare & Medicaid Services (CMS). The initiative, called the Mississippi Health First Collaborative, is designed to have patients receive diabetes self-management training in their home communities. Members of the collaborative will help motivate and educate diabetes patients across the state to take preventive action against some of the complications of diabetes.

Information & Quality Healthcare (IQH), as the Quality Improvement Organization for the state, is organizing the collaborative locally. The collaborative will help motivate and educate patients with diabetes to take preventive controls on how to control blood sugar, blood pressure, and cholesterol levels; establish relationships with primary-care providers; address better nutrition, and regular exercise; and, develop support networks of family, friends, and community-based social services.

Lisa Camel, RN, BSN, who has been with IQH for 10 years, is heading the project and leading a team of regional project leaders who are working throughout the state with healthcare providers and community-based organizations. Lisa has served as the

project leader for IQH’s underserved mammography and immunization programs.

Patients will participate in diabetes self-management training classes and receive health education literature on how to control their blood sugar, blood pressure, and cholesterol levels. “Training includes hands-on use of teaching materials focusing on lifestyle changes for management of diabetes,” said Lisa. “The training visually demonstrates how to calculate amounts of sugar, shortening, and other items in diet that affect the body from head to toe. It explains the damage done by uncontrolled diabetes to teeth and feet. This program is going into the communities in order to reach the persons having problems with access to care,” she noted. The effect of housing arrangements on patients’ health and the development of support networks of family, friends, and community-based social services is also part of the focus.

Other agencies participating in *Mississippi Health First* include the Centers for Disease Control and Prevention (CDC), Administration on Aging (AOA), Health Resources & Services Administration (HRSA), National Institutes of Health (NIH), Housing and Urban Development (HUD), and the U. S. Department of Health and Human Services’ Office of Minority Health.

National non-profit and state entities working with the collaborative include the American Association of Diabetes Educators, the American Diabetes Association, the Diabetes Foundation of Mississippi, the National Academy for State Health Policy, and the Mississippi State Department of Health.

Since August 2008, Medicare’s Quality Improvement Organizations (QIOs) have worked with local organizations and groups in select parts of the country to bring diabetes self-management training to their communities, and this collaborative is intended to provide similar services. QIOs such as IQH work in every state and territory to improve the quality of healthcare available to local Medicare beneficiaries.

To learn more about other CMS health disparities programs, you can visit www.cmspulse.org or e-mail MSHealthFirst@hcdi.com, or call 1-877-746-6465.

For more information on how patients, caregivers, healthcare providers, and community leaders can get involved in the Mississippi Health First Collaborative, please contact IQH at 1-866-505-2383 or visit www.iqh.org.

*Contributed by Bo Bowen,
Vice President,
Information & Quality Healthcare*

Starkville reduces heart attacks by 27% after smoke-free ordinance

Current research shows that smoking bans in Starkville have contributed to a 27% reduction in heart attacks of local residents in the three years that followed the smoke-free laws. Starkville enacted a smoke-free law in May 2006, and several other Mississippi communities quickly followed suit.

Scientists in the Social Science Research Center at Mississippi State University are currently collecting data from several other hospitals in the state in order to determine if heart attack admissions have decreased in communities that have enacted smoke-free laws.

Oktibbeha County Hospital, located in Starkville, was the first hospital to provide data on this finding. The



scientists compared the standardized number of heart attacks for three years prior to the smoke-free law and the three years following the enactment of the smoke-free law, and found that the number of heart attacks decreased substantially.

Although these results are preliminary and the study will not be completed until several other Mississippi communities are examined, this finding highlights the

immediate impact on health that smoke-free laws in Mississippi can have.

Dr. Robert McMillen of the Social Science Research Center at Mississippi State University stated, "Without spending a dime, the community of Starkville has decreased heart attacks by more than 25%. The emerging scientific consensus clearly demonstrates that communities can reduce heart attacks simply by prohibiting smoking in indoor public places. Smoke-free laws are very popular with the public and are free to implement."

*Contributed by Roy Hart, Director
Office of Tobacco Control
Mississippi State Department of Health*

2009 Annual MRHA conference presented

MRHA's 2009 annual conference, *Rural Health in a Difficult Economic Time*, was an enormous success, and we would like to thank each of our attendees for making it a memorable event.

Over 75 attendees and 22 exhibitors participated in a day-and-a-half conference designed to provide leaders in rural health settings with networking and educational opportunities.

Speakers provided information on how local clinics and hospitals are facing increasingly challenging times, as well as how they are addressing rural health disparities. Presentations targeted clinic administrators and personnel to help increase their efficiency and the quality of the services provided to the communities they serve. In addition, participants received information related to how



technology and innovative programs are enhancing the delivery of medical services to rural citizens.

A highlight of this year's conference included 12 undergraduate student poster presentations. The poster presentations were made by students that are part of the

Mississippi Rural Physicians Scholarship Program. Each student presented a snapshot of his or her rural hometown before the networking reception at the end of the first day of the conference.

Plans for the 2010 MRHA conference are already underway. MRHA is dedicated to providing timely and pertinent information to our constituents through periodic workshops and the annual conference.

We look forward to seeing you at the next conference, November 4-5, 2010. Watch for more information about it in future issues of *Crossroads*.

*Contributed by Laura Hall Downey,
Immediate Past President,
Mississippi Rural Health Association*



Presenters Jason Dees, DO and Michael Murphy, DO socialized during a break at the MRHA Annual Conference. Dr. Dees presented a conference session in which he discussed the essential elements, security, and registry capabilities in Electronic Health Records and how "data mining" within an EHR can be beneficial for quality reporting. As dean of William Carey University's College of Osteopathic Medicine, Dr. Murphy discussed the College's mission; admission requirements; community-based training model; and the involvement of community healthcare facilities.



Pictured are Grayson Norquist, MD, MSPH, Chair, Psychiatry and Human Behavior, UMMC and MRHA President-elect, Joanie Perkins of the North Sunflower Medical Center. Dr. Norquist presented a session at the annual conference on telepsychiatry and how it can reduce disparities in mental health treatment for those living in rural areas. In addition to taking office as president at the MRHA annual business meeting, Joanie Perkins presented a pre-conference workshop on "Rural Health Clinics: Fundamentals for Success" with co-presenters Tim Thomas and Kimsey Whipps.

MRHA Board welcomes new member, says farewell to others

At the MRHA annual business meeting held November 5, 2009 at the annual conference, Dr. Heather Tutor, DMD was elected to serve on the MRHA Board of Directors beginning January 2010.

Dr. Tutor practices family dentistry in Lexington, Mississippi.

She graduated from the School of Dentistry at the University of Mississippi Medical Center.

She lives in Madison with her husband, Dr. Albert Tutor, an othodontist, and their children.

The rest of the MRHA Board of Directors welcomes Dr. Tutor and look forward to working with her.

Along with welcoming new members also comes saying farewell to those who have completed their term of service and are rotating off the board. Such was the case with Dr. Bonnie Carew.

Dr. Carew is the Rural Health Program Leader for the Mississippi State University Extension Service. She has been a friend and supporter of the Mississippi Rural Health Association since its inception.

Dr. Carew has played a major role in the planning of annual conferences, and served as an officer and financial supporter of MRHA and its activities. This list is inadequate when trying to express the importance of Dr. Carew's service to the association and its board.

As a small gesture of the board's heartfelt appreciation, Joanie Perkins, MRHA President, presented Dr. Carew with a plaque of appreciation at the MRHA annual business meeting.

The plaque read, "Presented To Bonnie Carew, Board Member, With Grateful Appreciation For Your Service To The Mississippi Rural Health Association, 2009"

Fortunately for MRHA, Dr. Carew has agreed to serve as a board liaison, and will, thus, still be able to offer her support and assistance to the MRHA Board of Directors.

Also rotating off the Board of Directors was Tim Thomas of Thomas Financial Consulting. Mr. Thomas has been an extremely active member of the Board of Directors, serving as president and treasurer, Web master for the MRHA



MRHA Board members enjoyed socializing as well as networking at the MRHA Annual Conference. Shown above are Alan Barefield, Associate Director, Southern Rural Development Center, Mississippi State University; Bonnie Carew, Rural Health Program Leader, Mississippi State University Extension Service; and Tim Thomas, Thomas Financial Consulting.

Web site, and a frequent presenter at MRHA-sponsored workshops and conferences.

Again to the association's benefit, Mr. Thomas has been agreed to an appointment as a board liaison and will continue to provide his support and assistance to association activities.

MRHA welcomes Dr. Tutor and is pleased to have the continuing support from Dr. Carew and Mr. Thomas.

If you are interested in serving as a member of the Board of Directors for the Mississippi Rural Health Association and can participate in monthly meetings and in planning and executing the Association's annual conference and other educational opportunities, please contact President Joanie Perkins at Joanie.perkins@northsunflower.com or (662) 756-1703. Board members are elected annually.

The MRHA's newly-designed Web site can be found at www.msrrha.org



Job announcement posting is available.
The MRHA member rate is \$25
for a three-month posting;
the non-member rate is \$50

Contact Cheryl Grubbs for more information.
mississippirural@bellsouth.net
(601) 898-3001

MISSISSIPPI RURAL HEALTH ASSOCIATION

31 Woodgreen Place
Madison, MS 39110
Telephone/Fax: (601) 898-3001
E-mail: mississippirural@bellsouth.net



*A voice for health
in rural Mississippi*

We're on the Web!
<http://www.msaha.org>

MRHA 2010 Membership



Join or renew your membership for 2010 and help provide leadership for improvement in the health status of rural Mississippians. With your input, MRHA will continue to be a forum to exchange ideas and information as well as to encourage partnering among Mississippi's health-focused professionals and consumers.

A 2010 membership application can be found below, on the MRHA Web site at www.msaha.org, or by contacting Cheryl Grubbs at 601.898.3001 or at mississippirural@bellsouth.net.

Membership Form

Name: _____
(Individual or organization)

Title or occupation: _____

Address: _____

City, State, Zip: _____

Telephone: _____ E-mail: _____

Membership Category: Student (\$10) Individual (\$25) Organization (\$100)

Rural Health Interests: _____

Please make checks payable to Mississippi Rural Health Association
and mail to 31 Woodgreen Place, Madison, MS 39110