



Rural Health Reform

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Recently, the Obama Administration released a report (Hard Times in the Heart Land: Health Care in Rural America) which is likely to influence the shape of health care reform efforts in rural programs. It is widely known that rural Americans face higher rates of poverty, shortages of health providers, and dependence on small businesses that struggle with mounting health care expenses. What people may not know are the details:

- Nearly one in five of the uninsured--8.5 million people--live in rural areas.
- Rural residents pay for 40%, on average, of their health care costs out of their own pocket, compared with the urban share of one-third.
- In a multi-state survey, one in five insured farmers had medical debt.
- There were 55 primary care physicians per 100,000 residents in rural areas in 2005, compared with 72 per 100,000 in urban areas. This decreases to 36 per 100,000 in isolated, small rural areas.
- There were half as many specialists per 100,000 residents in rural areas compared with urban areas, and a third as many psychiatrists.

What concerns me and others who care about making a positive difference in the health of rural Texans is that many voices among the “reformers” are not rural voices. I hope that what is developed has wide input and discussion (diversity of input), isn’t hurried (the problems didn’t arise quickly nor will they be solved quickly), and that whatever is done we respect the right of people to get their health care locally and at a price we can afford (practical affordability).

If we are to have the optimal reforms they must address at least the following issues:

- Assuring access to care within the local community;
- Better using technology such as telemedicine;
- Eliminating Medicare’s bias against rural providers and new technology;
- Developing the rural workforce, especially in the hardest hit areas of shortage;
- Making sure that rural issues are not ignored in the developing national quality agenda; and
- Disseminating more healthy communities funding that highlights exemplary rural community programs.

In my new position I have been traveling the highways and byways of West Texas and I have quickly discovered the need for a good map. That’s what we need - a roadmap for these reforms. Even then, a good map can never replace someone who knows the area. I just hope those who lead these reforms stop long enough to ask for direction. If not we could end up lost and worst have no easy way back!

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NRHA National Health Reform Recommendations

H.R. 3200, America's Affordable Health Choices Act of 2009, encapsulates several positive provisions for improving the primary care shortage in rural America. However, H.R. 3200 falls short on truly resolving rural America's access crisis. The NRHA urges members of the Energy and Commerce Committee to adopt the following critical amendments to the bill that are desperately needed to address the rural health care access crisis:

Support Area Health Education Centers (AHECs)

AHECs are an essential element to resolving the rural health care workforce crisis. Unlike the Senate, the House fails to reauthorize the AHEC program. Without this valuable program, the rural health workforce would be severely limited. The Senate HELP Committee's health reform bill, the Affordable Health Choices Act, would reauthorize the AHEC program at a level of \$125 million annually between 2009 and 2014. We urge the House Tri-Committee leadership to adopt this language in H.R. 3200.

Critical Access Hospital (CAH) Health Information Technology (HIT) Improvements

The stimulus bill passed earlier this year created incentive payments to health providers willing to adopt updated HIT and Electronic Health Record (EHR) standards. Hospitals, community health centers and clinics each were provided incentives (bonus Medicare payments) to encourage 70% compliance within the next several years. Unfortunately, Critical Access Hospitals were given incentives only to encourage 50% compliance.

Fortunately, the solution to this would not add a single penny to the cost of H.R. 3200. The stimulus provided \$2 billion for the Office of HIT and for a grant program to assist facilities and providers with the rigorous HIT requirements of the Act. To provide greater equity for CAHs and improve rural patients access to care, Congress should assist CAHs in achieving the Act's goal for all other facilities - - 70% compliance. To achieve that goal, CAHs should have priority access to the grant funds contained in the stimulus.

Support State Offices of Rural Health (SORH)

SORHs serve a crucial role in helping their individual rural communities improve health care delivery systems. The initial language creating the SORH program included a termination clause, section 338J(k) of the Public Health Service Act. Congress has continued to fund the SORHs, despite this language, with an appropriation of approximately \$9 million in FY2009. Health reform must include language to strengthen State Offices of Rural Health to allow them to continue to support the rural health care delivery system.

Include Pharmacy and Optometry in the National Health Service Corps

Pharmacists and optometrists are critical providers of primary care, yet their profession is ineligible to participate in the National Health Service Corps. Visual health is recognized as a critical unmet need, particularly in rural areas and pharmacy is a crucial part of any health care system. Both pharmacy and optometry must be included in the National Health Service Corps.

Include Pharmacist-Delivered Medication Therapy Management (MTM)

The bill, as it stands now, does not include significant provisions for pharmacist-delivered medication therapy management services. Support Congressman Mike Ross's amendment that will include the same MTM programs found in the Senate HELP bill, which establishes a grant program for pharmacist-delivered MTM. The pharmacist-delivered MTM utilizes pharmacists' clinical skills in the management of chronic disease.

Sense of Congress for a Rural Impact Study

The National Rural Health Association (NRHA) strongly encourages Congress to consider the potential ramifications and/or unintended consequences of any major health care legislation before it passes such legislation. Specifically, NRHA supports the completion of a rural impact study prior to the passage in Congress of any significant Medicare, Medicaid, TRICARE, Veterans Health Administration or SCHIP legislation;

or the passage of significant health reform or insurance reform, COBRA or ERISA reform; or significant changes in Indian Health Services. An impact statement must include an impact analysis on

- 1) rural safety net providers;
- 2) rural primary care providers;
- 3) rural hospitals;
- 4) FQHCs and RHCs;
- 5) local rural economies;
- 6) the geographic locations of affected rural residents;
- 7) tribal governments and tribal organizations.

This concept is patterned after 2007 legislation introduced by Congresswoman Barbara Lee (D-CA), the Poverty Impact Trigger Act of 2007 (H.R. 352) of the 110th Congress.

As you may know, during the month of August, Congress takes a month long recess so that members may return to their districts to meet with constituents and attend events; this however, pushes the health care reform process back another month. Here is a brief recap of where the process is so far:

The Energy and Commerce Committee passed their portion of the bill late Friday, July 31. Energy and Commerce was the final part to the “tri-committee” bill in the House that will now be moved to the full House for floor debate and further amending. While the bill passed there were several Democrats who voted “No” on the version as presented at the end of the long mark-up process. The House began their recess this week and will take this up when they re-open their session.

In the Senate, we are all still eagerly waiting for the Finance Committee to release a draft version of their bill. While the Senate just begun their break however, the Finance Committee has set their deadline as September 15th to move a bill out of committee. For more information, or for a full list of the NRHA’s proposed amendments, please contact the NRHA government affairs team, please call Maggie Elehwany, Danny Fernandez or Alison Renner, at 202-639-0550.



Come to this unique event to discover the difference practicing in a rural community can make.

October 17, 2009
Lubbock, TX

For more information visit the following websites or contact:
Office of Rural Community Affairs - www.orca.state.tx.us
West Texas AHEC Program Office - www.westtexasahec.org
Loni Marie Flores - 806-743-1338 or lorimarie.flores@ttuhsc.edu

Find Free, Up-to-Date Rural Health Statistics

Cecily Naron
Office on Women's Health
U.S. Department of Health and Human Services

I thought the readers of the Texas Rural Health Association's "Rural Health Focus" may be interested in a free health statistics database featuring up-to-date information on a range of topics relevant to rural health, such as access to care, demographics, reproductive health and prevention. Find statistics on disease risk factors, prevalence and mortality for your area, state or across the country.

Quick Health Data Online, a free online database provided by the U.S. Department of Health and Human Services' Office on Women's Health, includes extensive state-by-state information on:

- Access to Care
- Mortality
- Chronic and Infectious Diseases

- Demographics
- Reproductive Health
- Prevention
- Violence and Abuse
- Mental Health
- Healthy People 2010 targets

With Quick Health Data Online you can get immediate access to reputable state and national data, and easily create tables, maps and graphs for your next presentation, report or article.

Please visit www.womenshealth.gov/quickhealthdata to explore this comprehensive and easy-to-use database yourself to see how your readers would benefit.

Area Health Education Centers (AHEC's) Help to Ease the Healthcare Worker Shortage

Terry Willemin
Pecan Valley AHEC

Responding to increasing shortages in the healthcare industry, the East Texas Area Health Education Center (ETAHEC) has created a tool for Texas health professionals seeking employment. Texas Health Match (THM) is a web-based, software tool that provides job seekers a means to find employment in the healthcare field at no cost. The tool matches potential employees with employers based on their specific needs and requirements.

This free tool can greatly help hospitals with much needed recruitment efforts. Due to budget concerns, many hospitals have had to cut back on professional recruitment services but with this tool in place, many will not ever need to utilize one again.

According to the Texas Medical Association in 2007, Texas ranked 43rd out of 50 states with 157 practicing physicians per 100,000 population—the same number it had in 2000. At the same time, Texas leads the nation in overall population growth. The state's aging population and their healthcare needs are also a concern.

The process is easy; THM provides a single contact point for finding potential careers in Texas by allowing job seekers to post a resume where it will be viewed by prospective employers. The benefit to employers is that it reduces the time investment in an employee search. To register, both employers and potential employees can visit: TexasHealthMatch.com.

East Texas AHEC, a health education organization, has partnered with the Texas AHEC network, the Department of State Health Services, Texas Primary Care Office: the Office of Rural Community Affairs (ORCA) and the Texas Association of Community Health Centers (TACHC).

NEW LOAN REPAYMENT PROGRAM FOR RURAL AND UNDERSERVED PROVIDERS

Don McBeath
TORCH

The Texas legislative session has come to an end. However many bills that passed will impact Rural communities. Flying under the radar for much of the session, and bouncing around from bill to bill in the form of amendments, was one of the most significant pieces of legislation on physician recruitment to ever leave the Capitol building. A new physician loan repayment program, to be administered by the Texas Higher Education Coordinating Board, will pay up to \$160,000 to qualifying physicians across a four year period for working in medically underserved areas. A physician would have to practice in a Health Professional Shortage Area (HPSA) and see Medicaid and/or CHIP patients as part of their practice. The physician could apply to receive loan repayments on an increasing scale with up to \$25,000 for the first year of working in a HPSA, \$35,000 for year two, \$45,000 for the third year and finally up to \$55,000 for the fourth year. The funding will come from a restructuring of the tax on smokeless tobacco products. Smokeless tobacco is now taxed by price; under the measure, it would be taxed by weight which should generate an extra \$40-50 million annually to cover the cost of the program. The new law and tax system start September 1, 2009, but a physician can not apply until after September 1, 2010 if they qualify during the previous year.

ORHP Funding Opportunity:

Network Planning Program

Nisha Patel, MA, CHES
HRSA, Office of Rural Health Policy

The Office of Rural Health Policy is happy to announce that the grant guidance for the 2010 Network Planning Grants are available at www.grants.gov, Announcement Number HRSA-10-020. HRSA's Office of Rural Health Policy has been administering these grants for several years now but there are important changes for this competition. The scope of the \$85,000 one-year grants has broadened and we're looking for applications for general community health planning purposes. So, applicants could focus on a wide range of possible projects such as:

- Strategic health planning at the community level
- Assessing the economic impact of health care in a rural community
- Promoting collaboration between providers such as Critical Access Hospitals and Federally Qualified Health Centers
- Conducting a community needs assessment
- Conducting local health workforce planning
- Hire a consultant to conduct HIT readiness

The change in the program is recognition that what many rural communities need is general planning money to identify issues and bring together key partners to develop plans to address those challenges. The Office plans on funding 20-25 new awards in 2010. The deadline for applications is September 14, 2009. Awards will be announced in February 2010 for a March 1, 2010 project start date.

Interested applicants should read the revised guidance to understand the new focus of the grants and see if it meets their needs. If you are interested in applying, you will need to register in [grants.gov](http://www.grants.gov). There will be a TA Conference call for prospective grantees on August 18, 2009. Please contact Mary Collier, mcollier@hrsa.gov to register for the call. We would also recommend that communities consult with their State Office of Rural Health when applying as these entities can be an important partner and resource in this process. For a list of the State Offices of Rural Health, see <http://www.nosorh.org/regions/directory.php> If you have any programmatic questions, please contact Eileen Holloran, eholloran@hrsa.gov or 301-443-7529.

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Room Rate: \$180 single/double

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Online reservations: <https://resweb.passkey.com/go/txruralhealth>
(preferred reservation method)

Phone reservations: 888-421-1442 if no internet access
Reference Texas Rural Health Forum

Awards - The nominations deadline is Friday, September 4th @ 5 p.m.
Sponsorship/Exhibit opportunities are available online.

Visit www.trha.org for more information.

Joint TRHA and NRHA Membership Available!

The National Rural Health Association and the Texas Rural Health Association are offering you the opportunity to belong to both the NRHA and the TRHA for one special, permanent, discounted rate when you join both organizations. This dual membership is for individuals and organizations that need every rural health resource to make an impact and believe support of rural health at both the state and federal levels is the key to the future of rural health.

Take advantage of this discounted offer today by joining both organizations in the fight to impact rural health in Texas and around the country. For a list of member benefits for both organizations and for a copy of the application please visit the TRHA website at www.trha.org.