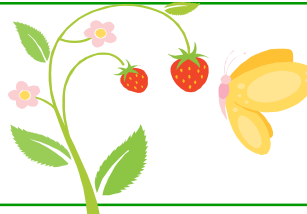




RHC Newsletter



Issue 15

May
2008

Indiana's Rural Health Clinic Constituency

During the past year, IRHA has developed a RHC constituency group. The group represents everyone providing a service in the clinic: medical providers, nurses, receptionists, coders, office managers, etc. The purpose of the constituency group is to represent individual concerns as well as interests of the entire group.

The constituency group strives to:

- Enhance the knowledge and skills of the rural health clinic staff.
- Improve communication among rural health clinic professionals by creating opportunities for discussion, debate and learning.
- Advocate for regulatory issues necessary for the success and survival of rural health clinics.
- Ready members for the changes occurring in health care, e.g. regulatory, technological, reimbursement, etc.

Constituency meetings take place by conference calls during the lunch hour on the last Tuesday of every month. Calls are facilitated by IRHA and many include RHC consultants presenting on requested topics. Consultants frequently share a Power Point, policy templates, and handouts. These educational offerings are sponsored by an ISDH grant to benefit Indiana's rural health clinics.

Recent topics included: Front Office Management, Mid Level Roles in the RHC, Delegation of Authority: Immunizations for Underinsured Children, and Strategies for Implementing a Sliding Fee Scale.

Topics for the next four months include:

June: IRHA conference - lessons learned, sharing, feedback

July through September:

- Process for making RHC organizational changes (e.g. transfer of services to other clinics, change in ownership, changing location, etc.)
- Cultural diversity
- Offering Behavioral Health Services in the RHC: finding a counselor, coding the visit, etc.

An electronic survey to evaluate IRHA's programs and services for RHCs is going out early June. There is an opportunity to give input regarding day of the week and time of day for future constituency calls. Requests for future topics are most welcome.

Please join the calls and take advantage of the opportunity to ask questions of the consultants at no cost. Feel free to use this venue to share your challenges and concerns. More than likely you are not alone. As participation increases, there will be greater networking and sharing of good practices and ideas.

Due to Dana's vacation, June's call will be June 19th at noon, ET. Please join us to share about your conference experience and hear what others learned.

Getting to Know Your RHC Partners

The **IMH Kentland Clinic** is unique because it is owned by a hospital in Illinois, Iroquois Memorial Hospital. The Kentland clinic has written their emergency operations plan, completed their N-95 mask fit testing, recently participated in table top exercises, and has attended preparedness meetings with Illinois. Their medical director, Dr. Florido is also the county's health officer. The office manager, Michelle Fox, works closely with the staff of 1 physician, 3 NPs, 6 nurses, 2 MAs, and 4 support staff.

Ridge Medical Center is named for its provider, Frank Ridge, MD, ABFM, FAAFP. His wife Bille Ridge is his office administrator. The Ridges are seasoned in the rural health clinic practice. Even with their familiarity in the RHC business, assistant administrator, Sam Roberts, and Bille frequently attend IRHA's educational offerings. Dr. Ridge has completed the NIMS and ICS courses and the clinic has developed their own emergency operations plan. Currently they are researching EHRs for their office. The clinic is located in Linton, Indiana.

There is still time to register for IRHA's annual conference. This is the largest medical conference in Indiana. CEUs for a wide range of professionals. 7 educational tracks 70+ presentations 90+ exhibitors

Preparedness Topic of the Month: Surgical and N-95 Respirator Masks

IRHA has been delivering N-95 masks and performing fit testing for RHCs these past two months. OSHA recommends that healthcare facilities be ready with N-95 masks for the possibility of using them during a pandemic. N-95s are also recommended for working closely with patients illnesses classified as airborne, e.g. tuberculosis, measles, and chickenpox.

FDA describes surgical masks and surgical N95 respirators as “disposable devices that cover the mouth and nose during medical procedures. They help protect the caregiver and patient against microorganisms, body fluids, and small particles in the air.”

Surgical masks and surgical N95 respirators are regulated by the Food and Drug Administration (FDA) to evaluate the performance of these devices in areas including fluid resistance and filtration efficiency.

N-95 respirator masks may also be certified by NIOSH (the National Institute for Occupational Safety and Health) in accordance with regulations in 42 CFR part 84.

Surgical masks

- include masks labeled as surgical, laser, isolation, dental, or medical procedure masks
- help protect against microorganisms, body fluids, and large particles in the air
- are designed to cover the mouth and nose loosely; not sized for individual fit
- help prevent exposure to the wearer’s saliva and respiratory secretions
- are made of soft materials and are comfortable to wear
- are usually packaged in boxes of single-use masks

Surgical N95 respirators

- are surgical masks that are designed to protect against small droplets of respiratory fluids and other airborne particles in addition to all the protection of surgical masks
- fit closely to form a tight seal over the mouth and nose
- require fit-testing and must be adjusted to your face to provide intended effectiveness
- may be uncomfortable due to tight fit
- are usually packaged as single devices or in boxes of single-use devices

OHSA recommends having N-95 masks available for healthcare workers. “While droplet transmission is likely to be the major route of exposure for pandemic influenza, as is the case with seasonal influenza, it may not be the only route. Given the potential severity of health consequences

(illness and death) associated with pandemic influenza, a comprehensive pandemic influenza preparedness plan should also address airborne transmission to ensure that healthcare workers are protected against all potential routes of exposure. Establishment of a comprehensive respiratory protection program with all of the elements specified in OSHA's Respiratory Protection standard (29 CFR 1910.134) is needed to achieve the highest levels of protection.”

OHSA says that “there will continue to be uncertainty about the modes of transmission until the actual pandemic influenza strain emerges. It is expected that there will be a worldwide shortage of respirators if and when a pandemic occurs. Employers and employees should not count on obtaining any additional protective equipment not already purchased and stockpiled. Therefore, it is important for healthcare facilities to consider respiratory protection for essential personnel to assure that employees are ready, willing, and able to care for the general population.”

Can you reuse your mask? This varies depending upon your facility or hospital's policy.

The FDA says that the N-95 can not be reused. OSHA’s site says to “discard the mask when it becomes unsuitable for further use due to excessive breathing resistance (e.g., particulate clogging the filter), unacceptable contamination/soiling, or physical damage.

Once worn in the presence of an infectious patient, the respirator should be considered potentially contaminated with infectious material, and touching the outside of the device should be avoided. Upon leaving the patient's room, the disposable respirator should be removed and discarded, followed by proper hand hygiene.

If a sufficient supply of respirators is not available during a pandemic, healthcare facilities may consider reuse as long as the device has not been obviously soiled or damaged (e.g., creased or torn), and it retains its ability to function properly. [Data on reuse of respirators for infectious diseases are not available. Reuse may increase the potential for contamination; however, this risk must be balanced against the need to provide respiratory protection for healthcare workers.](#)

Reuse of a disposable respirator should be limited to a single wearer (i.e., another wearer should not use the respirator). Consider labeling respirators with a user's name before use to prevent reuse by another individual.”

The OSHA website describes possible use of a face shield over a mask. A procedure should be written to for the protection of workers who reuse their masks. Hand washing is of utmost importance after removing the mask. <http://www.osha.gov/Publications/3328-05-2007-English.html#RespiratoryProtectionforPandemicInfluenza>

Got Questions? Find Answers.

RHC Resources available online

RHC Fact Sheet

<http://www.cms.hhs.gov/MLNProducts/downloads/rhcfactsheet.pdf>

CMS Questions and Answers about RHCs

https://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid=OZDAz35j

Medicare Claims Processing Manual Chapter 9

<http://www.cms.hhs.gov/manuals/downloads/clm104c09.pdf>

RHC & FQHC Benefits Defined in Medicare Benefit Policy Manual Chapter 13

<http://www.cms.hhs.gov/manuals/Downloads/bp102c13.pdf>

Rural Health Clinics Act-PL95-210: An Overview

<http://www.narhc.org/home/RHC.php>

How to Start a Rural Health Clinic Manual

<http://www.narhc.org/uploads/pdf/RHCmanual1.pdf>

More CMS Manuals, Forms

<http://www.cms.hhs.gov/manuals/>

HPSA Shortage Database (updated weekly)

<http://hpsafind.hrsa.gov/>
<http://bhpr.hrsa.gov/shortage/>

National Health Service Corps

Scholarship or Loan Repayment Program available for increasing placement of physicians in health professional shortage areas. <http://nhsc.bhpr.hrsa.gov/>

National Association of Rural Health Clinics: Rules and Guidelines for RHCs

http://www.narhc.org/uploads/pdf/interpretive_guidelines.pdf

Federal Medicare Regulations for RHCs

(These are the regulations used by each state's surveyors. Between and within a state, surveyors may interpret the federal regulations differently.)

http://www.access.gpo.gov/nara/cfr/waisidx_06/42cfr491_06.html

Rural Assistance Center: Resources and Funding

http://www.raonline.org/info_guides/clinics/rhc.php and

<http://www.raonline.org>

National Rural Health Association

<http://www.nrharural.org/>

National Association of Rural Health Clinics

<http://www.narhc.org/>

Indiana Rural Health Clinic Association

Many of the websites listed are linked to IRHA's website at <http://www.indianaruralhealth.org/>

HPSA Proposed Rules

These are sure to be discussed at the IRHA conference during Monday's first breakout session in the RHC track.

The Office of Primary Care, IN Primary Health Care Association, Indiana Rural Health Association, individual rural health clinics, and many other agencies have submitted comments on the proposed new rules. There is significant concern that too many Community Health Centers (including the FQHCs) and Rural Health Clinics could be lost under the current proposed rules.

I have heard from some of you that your type of HPSA has changed causing a loss of the CMS Medicare Incentive Bonus payments. I spoke to Ray Guest, one of our experts for HPSA designations about this. You may be heard Ray speak if you attended the RHC workshop last fall and heard his HPSA presentation.

Ray said that those working on gathering and submitting the data for the designation always try for a geographic designation first. The qualifying criterion is a ratio of 3500:1 representing the total population to total providers. If the shortage area does not qualify for a geographic HPSA, then it receives a low-income population designation which has a 3000:1 low-income population to low-income provider FTE criterion. If you did not receive a geographic designation, it would require a significant percentage of providers to leave the County and/or surrounding Counties or the population grows significantly.

Current rules do not count PAs and NPs, but the new proposed rule would count them as a 1/2 FTE for providers.

All we can do right now is to wait and see what the federal government decides. IRHA will keep you posted.



Types of Walking



Interval Training

There are many benefits to varying your walking routine. **The main reason most people fail** to maintain a walking program is **boredom**. This can be easily remedied by adding different types of walking to your workouts. One of the best ways to step up your workouts is through interval training. This means you will speed up your pace for a minute or two and then return to your original pace. It is really not as complicated as it sounds. If you are feeling adventurous try incorporating short bursts of jogging into your brisk walks. If jogging is not for you, simply increase your normal pace for a few minutes. Use landmarks to determine how long you will maintain your faster gait. Alternating between higher and lower intensities helps **improve your endurance**, your cardiovascular strength, and can greatly improve your metabolic rate. Interval training is a **great way to burn more calories** while at the same time fighting off boredom.

Beginner's 12 Week Walking Schedule

| SUN | MON | TUES | WED | THU | FRI | SAT |
|--------|--------|--------|--------|--------|--------|--------|
| 25 min | 30 min | 40 min | 30 min | 30 min | 30 min | 40 min |

Community Walks and Events:

NAMI Indiana Walks for the Mind

When: Sat., June 7th: check-in @ 9am, walk @ 10am
Where: Indianapolis @ Major Taylor Velodrome 3649 Cold Spring Rd.

Contact: Joanne Abbott jabbott@nami.org, 317.925.9399 or 800.677.6442

Help raise awareness of mental illness and funds for NAMI IN Programs. **Free!**

4th Annual Mount Vernon Kiwanis 5K Run/Walk

When: Saturday, June 7th @ 8am, registration @ 7am

Where: Corner of Main and Water Streets

Contact: Dennis Moore @ 812.838.4886 *Trophies, awards, random drawings for cash prizes and more! Mt. Vernon is located in southwest Indiana where the Wabash and Ohio Rivers meet.*

Take Steps for Crohn's & Colitis

When: Saturday, June 7th @ 5pm - registration & 7pm program begins

Where: Indianapolis @ Celebration Plaza at White River State Park. For more information, or to form a team, please email Dawn Drinkut ddrinkut@ccfa.org. We are also available to answer questions and other inquiries @ 317.259.8071 or 800.332.6029 for details and to register .

Area IV Agency 22nd Annual Senior Games

20 Different Recreational Events for those age 55 and older (medals awarded!)

When: June 9th - 13th

Where: Various Locations throughout Greater Lafayette and the surrounding area. Square Dancing and Skee Ball have been added for this year. Senior Games is for individuals age 55 and over who live in Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties.

For details call the Senior Games Hotline 765.447.7683 / 800.382.7556

Visit www.inshape.in.gov for more online advice.

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Upcoming Events

June 11-13 NARHC Summer Institute Sacramento, CA
Topics: Properly Assessing the Performance of PB-Clinics, How to Bring Dent Services into an RHC, Extreme Makeover of Accounting Records for RHC Cost Reports, Telemedicine, EM Documentation & Coding, Medicare Adv., Aligning Employed Physician Incentives, Strategic Planning

June 16-17
IRHA Annual Conference
French Lick, IN
Special RHC track: Update on RHC regulations, Professional Volunteer Program (ESAR-VHP), Strategic National Stockpile and RHCs, An Efficient Front Office, Coding/Medicare with Riverbend, and Implementing Behavioral Health in RHCs.

June 19th RHC Constituency Call, 12-1pm EST This is not the usual time. Dana will be on vacation the 4th Tuesday of June.
Topic: Lessons Learned from IRHA Conference

July NIMS/ICS training: live classroom, creative, interactive, fun!



Smoking Rates for New Mothers in Indiana Are Alarming

Indiana Rural Health Association participated in a study of private practices in five selected counties in Indiana to evaluate the rates of pregnant patients who smoked. Providers reported that at least 30% of their pregnant patients smoked at the time of their first prenatal visit. A couple of physicians' estimates were greater than 50%! Does this resemble your pregnant patient population?

Children of smoking mothers are exposed to the secondhand smoke in their homes and cars. "Since children's airways are smaller, the side effects of second-hand smoke affect them faster and can also affect lung function in later life.

Smoking harms an unborn child in many ways. Nicotine, the addictive substance in tobacco products, is carried through the mother's bloodstream directly into the baby.

Children of mothers who smoked during pregnancy are more likely to have lung problems and are 10 times more likely to develop asthma. Smoking during pregnancy has also been linked with low-birth weight newborns, premature births, and sudden infant death syndrome (SIDS).

Quitting smoking is the most important action a pregnant woman do to ensure the health of her baby. The U. S. Surgeon General has reported that eliminating smoking during pregnancy could prevent 10% of all infant deaths and 12% of all deaths due to perinatal conditions." (<http://www.webmd.com/asthma/guide/smoking-and-asthma>)

"As a health care provider, you now have an enormous opportunity to improve the health of mothers and their babies by helping pregnant smokers quit. An easy-to-implement, evidence-based clinical counseling approach has been recently developed and can double or even triple quit rates among pregnant smokers. The evidence-based intervention for providers to help their pregnant smokers quit is based on the following five steps: the "5 As". This approach has been published by the U. S. Public Health Service in its Treating Tobacco Use and Dependence Clinical Practice Guideline, and by the American College of Obstetricians and Gynecologists. The approach is effective for most pregnant smokers, including low-income women, the group most likely to smoke during pregnancy." (<http://www.helppregnant smokersquit.org/channels/providers.aspx>)

Consider spending having that conversation with your pregnant patients about the benefits to quit smoking. This is a opportune time that many women are willing to consider smoking cessation.

Next month, watch for a packet from IRHA to help you get started.