

February 2009

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wrha



INHS Receives Distance Learning and Telemedicine Grant

Funds from USDA Rural Development will enhance patient education and care in rural communities

Inland Northwest Health Services (INHS) was awarded a \$366,884 distance learning and telemedicine grant from USDA Rural Development. The grant will be used by Northwest TeleHealth, a service of INHS that brings health and educational services over a telemedicine network directly to health care providers and patients in rural areas.

“This grant will help enable us to improve services and expand the capability of the existing TeleHealth network in rural areas to reach greater patient populations,” said INHS Chief Operating Officer, Nancy Vorhees. “This will allow rural communities to have more, higher quality continuing education, community education and health care consults between rural patients and urban physicians.”

Through the grant, Northwest TeleHealth will upgrade or establish services in 13 counties: Adams, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Klickitat, Lincoln, Okanogan, Pend Oreille, Stevens and Whitman counties. Northwest TeleHealth network locations include health care facilities such as regional medical centers, rural hospitals and clinics, mental health facilities, corrections facilities and Native American health centers.

New equipment will deliver higher definition and interactive services. In addition, staff at these sites that are unable to participate in a “live” event will be able to view recordings through a new video streaming service. This service will also allow participants to view live videoconferences from their desktops and work areas. By transmitting live video, voice and data, Northwest



Pictured left to right: Renee Anderson, INHS; Shanea Giroux, U.S. Senator Maria Cantwell's office; Jon DeVaney, USDA Rural Development; Nancy Vorhees, INHS; Sheila Stalp, U.S. Representative Cathy McMorris Rodgers' office; and George W. Blank, President of the United States.

See INHS, page 14

Schedule of Events

March 18, 2009

Northwest Regional Critical Access Hospital Conference

Red Lion Hotel at the Park

Spokane, WA

www.ahec.spokane.wsu.edu

March 19-20, 2009

Northwest Regional Rural Health Conference

Red Lion Hotel at the Park

Spokane, WA

www.ahec.spokane.wsu.edu

September 9-11, 2009

Northwest Medical Informatics Symposium

The Davenport Hotel

Spokane, WA

Sponsored by Inland Northwest Health Services

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Area Health Education Center of Eastern Washington



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Submission Information

Please send all materials, advertising material, photos and correspondence to:
Washington Rural Health Association Newsmagazine, WRHA
Box 1495, Spokane, WA 99210-1495
Phone: 1-800-369-0975—FAX: 509-358-7647

Articles and meeting information may be sent by e-mail to wrha@wsu.edu.

The Washington Rural Health Association newsmagazine is a publication of the Washington Rural Health Association, a not-for-profit association composed of individual and organization members who share a common interest in rural health. This newsmagazine seeks to disseminate news and information of interest to rural health professionals to help establish a state and national network of rural health care advocates.

WRHA members include administrators, educators, students, researchers, government agencies and workers, physicians, hospitals, clinics, migrant and community clinics, public health departments, insurers, professional associations and educational institutions. If you are interested in joining WRHA, contact the WRHA office at 1-800-369-0975 or use the membership application in this issue.

The WRHA newsmagazine is published six times per year by WRHA. Annual subscriptions for non-WRHA members are \$70. Send all subscriptions, renewals and address changes to the WRHA office: PO Box 1495, Spokane, WA 99210-1495.

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***Next Newsletter Deadline is:
March 23, 2009***

President's Column
Jeanette Weyrich

Jeanette Weyrich is President of WRHA and can be reached at Multicare - Good Samaritan Home Health and Hospice, 3901 Fife St., Tacoma, WA 98409, 253-459-8333, Jeanette.weyrich@multicare.org

I

is for INVOLVEMENT



This will be my last newsletter article as President of the Washington Rural Health Association. During my years of service on the Board of Directors, I have had the privilege to work with many talented individuals. We are fortunate to have so many champions supporting the cause for quality health care delivery in our rural settings.

There are many challenges facing our programs and care providers. In these very unstable economic times, we are all having to manage with less. Unfortunately for WRHA, this has meant fewer individuals with time outside of their own organizations to serve on volunteer boards such as ours. It is that time of year that we are seeking nominations for positions on our Board of Directors. If you have not yet been approached to serve, or are interested in learning more about serving, please contact our Association Coordinator, Gary Smith.

I look forward to seeing all of you in March in Spokane. In addition to the many educational offerings, please plan to attend our Annual Meeting and the group dinner following. This is a great networking opportunity and will give attendees an opportunity to give input for WRHA's agenda for the coming year.

WRHA Board Nomination Form

Board of Directors Nominating Form - 2009

Qualifications for Board Nomination: Any person who is a resident of Washington State and a current voting member (as defined in Article 2 of the bylaws) of WRHA by the call to order of the Annual Meeting. Nominations for the Board of Directors may be made by any member of the Association.

Nominee:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

E-mail address: _____

Current Member? Yes _____ No _____

Person Nominating:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail address: _____

Have you contacted nominee? Yes _____ No _____

Return by Monday, March 2, 2009

Washington Rural Health Association
PO Box 1495
Spokane, WA 99210-1495
FAX (509) 358-7647
e-mail wrha@wsu.edu

NOTE: *Nominated members who agree to serve if elected, will be on the slate and are expected to present a short introduction of themselves at the Annual Meeting before the election. Successful candidates should plan to attend the Board Meeting on March 20, 2009 from 12:15-4:00 p.m. at the Red Lion Hotel at the Park in Spokane, WA.*

DOH Secretary
Mary Selecky

Weathering the storms - of winter and the economy



Happy 2009! This year has started much like 2008 ended — stormy weather causing lots of problems. I know some of you have been personally affected by this extreme weather...be it the floods in Western Washington or the record setting snow on the east side of the state. I hope you've been able to weather the storms, and have come out okay.

The recent flooding was similar to the floods of 2007. It also shows that we all learned some lessons last winter and our state is better prepared.

In the days following last month's flooding, I attended a news conference with Governor Chris Gregoire, U.S. Senators Patty Murray and Maria Cantwell, and others to discuss storm response. The governor noted that our communities are better prepared than ever. She was particularly impressed by what she called "the neighbor to neighbor spirit," noting the many examples of people in communities and local responders working to help get everyone out of harm's way and limit damage whenever possible. It showed the many strides we've made as a state.

Public health has also made great strides in emergency preparedness since the terrorist attacks of 2001. The Department of Health has worked closely with local health agencies around the state to make sure we know our roles, have plans in place and are ready to respond to emergencies.

My agency opened its Emergency Operations Center for a few days. We had staff at the state Emergency Operations Center to make sure our work was well coordinated with other state and local efforts. Our Drinking Water and Shellfish Programs were among our busiest. At one point around 9,000 people were on boil water advisories.

As always, we'll learn from this experience and find ways to do even better next time.

See SELECKY, page 7

SELECKY -
Continued from page 6

2009 Legislative session underway – very tough decisions ahead

The annual legislative session is like the stormy weather in some ways — every year we get ready for it and then do our best to respond as it unfolds. The 2009 session is a long one; it's scheduled for 105 days. Decisions made this year will impact everyone in public health personally and professionally.

With a budget shortfall of nearly \$6 billion dollars, state government must make big changes to live within our means. Legislators and the governor have some very tough decisions ahead. It's my job to make sure they have the best information about health issues as they make these difficult choices. I'm spending a lot of my time right now testifying in legislative hearings about public health issues and having face-to-face discussions with our lawmakers.

Governor Gregoire's proposed 2009-2011 budget protects our core public health work. That includes our many prevention efforts, our capacity to track and monitor diseases, and many other things we do every day to protect and improve the public's health. It also maintains our state investment in communities by continuing to provide funds for local health agencies, many of which are facing dire budget problems.

The proposal includes about \$75 million in reductions to my agency's budget. It would eliminate funds we use to purchase vaccine for kids in our state not covered by Medicaid. It would cut the funding we provide to the state Poison Control Center by about half and eliminate funding we send to local health agencies to provide technical assistance to very small water systems (known as "Group B" systems). There are other Department of Health reductions as well.

Also, 2,600 positions would be eliminated across state government, and salary increases for state employees would be put on hold.

Remember this is a proposed budget — a starting place. There'll be weeks of discussion and debate before final decisions are made.

Nationwide *Salmonella* outbreak growing — numerous peanut butter products recalled

Federal and state public health experts have come a long way in our ability to track and respond to foodborne illness outbreaks. Tests that took days or weeks now take hours. Our state Public Health Laboratories was responsible for developing an *E.coli* testing method that shaved days off the time it took to get results. It's now used around the world.

Even with all these advances, foodborne outbreaks still require old-fashioned, hands-on public health detective work. The nationwide salmonellosis outbreak involving peanut butter has sickened more than 500 people — including more than a dozen in our state.

The Centers for Disease Control and Prevention and the Food and Drug Administration (FDA) believe they know the source of the outbreak, but that's just part of the equation. More than two dozen products have been recalled. The list is growing daily. The FDA Web site (www.fda.gov) has the latest.

Millions of people come down with foodborne illness every year. You can find some food handling tips on our web site (www.doh.wa.gov) that will keep you and your family safe.

The Washington State Office of Rural Health – A Look Back

The beginning of a new year is ideal for taking a backward look in order to see where you have been and what you have done. The Washington State Office of Rural Health (SORH) is a federal program managed within the Department of Health. Its purpose is to help strengthen rural health care delivery systems by maintaining a focal point for rural health within the State. Following are some examples in which the SORH has been able to assist rural providers during 2008 to strengthen their health care systems.

Keeping High Quality OB Services in Rural Communities

Forks Community Hospital used the Health Systems Resources grant program to test an idea to help keep obstetric services in their remote rural community. They sent their doctor to Swedish Hospital Medical Center in Seattle. The doctor received training and experience not often seen in Forks. This project worked so well the department's rural health program created a new program to allow other hospitals to get needed training. Using money from the Higher Education Coordinating Board, three Hospitals - Lourdes, Sunnyside, and Whidbey General - worked with larger hospitals to make sure that they had the skills necessary to meet local needs for high quality service.

Helping Wahkiakum County Maintain the County's only Health Clinic

The department's Rural Health program worked with Wahkiakum County's local public health to save the only clinic in Wahkiakum County. This clinic had a long history. The clinic's first doctor was a private physician. In the 1980s his physician son joined him. Hard economic times hit the county and affected the clinic. The hospital in Longview tried to save the clinic by adding it to its system and helping the clinic become a Rural Health Clinic. After a few years the hospital was no longer able to support the

clinic. The county then took over the clinic in an effort to keep the doctors. Eventually, though, the two doctors left the community, but the Nurse Practitioner stayed. Over the years we have tried to help. The county set up a committee to help with the clinic finances and to recruit a new and very experienced family medicine physician. This wonderful doctor promised to work there a year or two to help the clinic become viable. As of last month, the clinic is in the black. They have added another provider and are in the process of bringing in another family medicine doctor. The community board has been asked to apply for a grant to expand the clinic to allow the three practitioners to have adequate exam rooms. It is exciting that this clinic is on the mend and primary care access is stable.

A Plan for Transforming Rural Health Care

The department's rural hospital flexibility program has been part of a process, hosted by the Washington State Hospital Association, to develop a plan for what rural health should look like in the future. The plan addresses key issues including Medical Home/Care Coordination; Work Force; Quality; Technology; Community/Population Health; and Finance/Payment Methods. Two demonstration projects have been submitted to test the Medical Home concept in rural communities. In the next year the draft plan will get stakeholder comments and reactions. After that, system policy recommendations will be developed.



Washington State Department of Health's Tobacco Cessation Resource Center (TCRC) has been awarded grant funds

One of the ongoing CMS Hospital Compare quality monitors has been the delivery of smoking cessation counseling at discharge for AMI and heart failure patients. Washington State past compliance with the CMS standard for delivering this counseling has been lower than the national average.

The Washington State Department of Health's Tobacco Cessation Resource Center (TCRC) has recently been awarded grant funds to provide assessment, consultation and assistance to improve smoking cessation quality measures in rural hospitals.

The TCRC's resources can not only help your hospital improve smoking cessation counseling quality measures but also help your patients to quit. Successfully identifying, documenting and referring your patients who use tobacco to evidence-based resources improves quality of care, increases patient satisfaction with over-all healthcare and can save your hospital money.

What do you gain by working with TCRC to improve your quality measures?

- An assessment of your smoking cessation advice system
- Consultation to determine which areas of your current system are most in need of improvement
- Development of a plan to improve key areas of your system
- Technical assistance and resources to begin making identified changes

Duration of available assistance:

- January through June 2009
- Assistance may range from a one-day site visit to bi-weekly telephone calls.

What do you need to provide?

- At least one key point person (e.g., a quality control individual, a nurse manager, etc.)
- An interest in working to improve smoking cessation quality measures

For questions or to participate, you may contact TCRC directly at TCRC@freeclear.com, phone 206-876-2560.

Healthiest State in the Nation

Katharine Sanders is Director of Grantmaking, at the Washington Health Foundation, 600 Stewart # 601, Seattle, WA 98101, 206-438-6116, katharines@whf.org.

Washington Health Foundation Invites Applications for 2009 Healthiest State Grants

Guidelines are now available for 2009 Healthiest State Grants at www.healthieststate.org. To find them, click the Grants tab and then the Guidelines tab.

Rural Community Collaboratives are invited to apply. Below is more information that may help you decide whether or not to apply.

The deadline for 2009 Healthiest State Grant applications is **Friday, March 20th**.

This year the Washington Health Foundation (WHF) is offering both Mini Grants of up to \$15,000 and Major Grants of up to \$50,000.

Purpose and Priorities:

Purpose of the Healthiest State Grants program is to invest in community-based collaborative efforts that lead to positive change in Healthiest State Measures and Outcomes.

Applications for Mini Grants are invited for any of the Healthiest State Action Areas.

Applications for Major Grants should address the following Healthiest State Measures: Health Homes, Use of Proven Preventive Care and Engaging in Healthy Habits - Physical Activity/Nutrition.

WHF continues to have a special interest in initiatives that address health disparities and that lead to comprehensive approaches to school health such as Coordinated School Health <http://www.cdc.gov/HealthyYouth/CSHP/>.

As in the past we want to talk with applicants before they apply. This works best when the applicant first reads the guidelines carefully and prepares an outline or list of ideas they believe will improve the health of their community, that can profit from engagement in the Healthiest State Campaign, and will also strengthen the Healthiest State Campaign.

You can find information on the Healthiest State Campaign and Measures and Outcomes in the 2008 Healthiest State Report Card on our website: www.healthieststate.org.

For more information or to request copies of the 2009 Grants brochure please contact Grants Program Assistant Kristina Alnajjar: KristinaA@whf.org, 206-438-6107



Kaarin Appel is Conference Manager at the Area Health Education Center of E. WA, WSU Extension, PO Box 1495, Spokane, WA 99210-1495, 509-358-7509, kappel@wsu.edu



Largest NW Rural Health Conferences Slated for March 18-20th

7th NW Regional Critical Access Hospital Conference: March 18, 2009
22nd NW Regional Rural Health Conference: March 19-20, 2009

Incorporating Washington, Oregon, Idaho, Montana and Alaska, this is the Northwest's largest gathering on rural health with more than 300 health professionals attending each conference throughout three days at the Red Lion Hotel at the Park in Spokane, Wash.

Featured speakers include internationally renowned Carl Hammerschlag, MD, presidents of the American Academy of Family Physicians and the National Rural Health Association, federal experts from the Health Resources and Services Administration and the American Hospital Association.

Improved Round Table discussions are slated for Friday morning. Join us for a myriad of facilitated discussions during breakfast. Topics include reducing stress in healthcare workers, interacting with policy makers, cancer screening, cultural understanding, and more. Discussion outcomes will be recorded and posted on the conference web site as part of a value-added feature to the conference.

Conference Schedules and Registration

For full conference schedules or to register online go to www.ahec.spokane.wsu.edu. For added convenience, register for one or both conferences at the same time using just one registration form.

Registration is required to attend the conferences and preferred by March 6, 2009. CAH Conference registration is \$60 and Rural Health Conference fees range from \$125-\$245. For a copy of the brochure containing information for both conferences, go to www.ahec.spokane.wsu.edu or contact the Area Health Education Center of Eastern Washington, WSU Extension at (509) 358-7640, 800-279-0705 or ahec@wsu.edu.

Sponsors for both conferences include Association of Washington Public Hospital Districts, The CBO Solution, Providence – Sacred Heart Medical Center & Children's Hospital, Washington State Hospital Association, Dougherty Mortgage LLC and The Neenan Company, Qualis Health, FinCor Solutions/Washington Casualty Company, Parker Smith Feek, and GCI ConnectMD .



Photo credit: Ira Gardner

**7th NW Regional
Critical Access
Hospital Conference**
“Looking Forward:
Challenges in Quality,
Safety,
and Facilities”



Photo credit: Alan Bisson

**22nd NW Regional
Rural Health
Conference**
“Planting the Seeds:
Transforming Rural
Health Through Local
Programs and
Strategies”

Conferences (Continued)

7th NW Regional Critical Access Hospital Conference: March 18, 2009 “Looking Forward: Challenges in Quality, Safety, and Facilities”

This one-day conference is designed specifically for CAH administrators, staff, clinicians and board members. Attendees learn, share, plan, and maximize the opportunities offered through the CAH designation as experts present on quality/performance improvement, finance, patient safety, CMS, the federal update and more.

"We are excited about this year's program," said Mike Lee, chair NW Regional CAH Conference, "Everything from an update by Tom Morris, from the federal Office of Rural Health Policy, regarding the latest initiatives of the new Obama administration, to specific hospital operational programs is covered. Take a look; I'm sure you'll see something of value." The full conference schedule is at www.ahec.spokane.wsu.edu.

Keynote speakers and topics include:

Tom Morris, Rural Health Policy Health Resources and Services Administration
“Federal Landscape for CAHs”

Don May, American Hospital Association
“Rollout of Medicare’s Recovery Audit Contractor (RAC) Program”

Bill Dowling, PhD, School of Public Health and Community Medicine, University of Washington

Paul Saultz, MD, Family Medicine, Oregon Health Sciences University
“Medical Home Panel”

Conference Objectives:

- Deliver useful information and tools that attendees can apply to their scope of work.
- Provide presentations from high level federal program leaders and Northwest fiscal intermediary staff, thus offering an opportunity to prepare your organization for upcoming changes.
- Highlight board development, health information, quality improvement, and staffing "best practices" from CAH peers.

This conference is produced with support by state offices of rural health for Alaska, Idaho, Montana, Oregon, and Washington.



Photo credit: Ira Gardner

Plan to stay and network at the **joint conference reception** from 5:00 to 6:30 p.m. co-hosted with the NW Regional Rural Health Conference, which follows the NW Regional CAH Conference on March 19-20, 2009 in the same location.



Photo credit:
Alan Bissan

Conferences (Continued)

22nd NW Regional Rural Health Conference: March 19-20, 2009 “Planting the Seeds: Transforming Rural Health through Local Programs and Strategies”

Join colleagues from around the Northwest at this 22nd gathering of rural health leaders and advocates to share strategies and cutting edge ideas, discuss innovations and out-of-the-box ideas, and share success stories of small efforts that have grown larger.

"This conference, more than any other in the Northwest, brings together both key opinion leaders in the rural health field and local leaders who keep our rural health systems strong," said Peter House, chair NW Regional Rural Health Conference. "We look forward to lively presentations as well as engaging discussions in the sessions and at social events." This annual gathering is designed to be of interest to a wide range of rural health advocates including providers, community leaders, administrators, board members, commissioners, policy makers, public health professionals, and others.

This year's conference focus is on small initiatives that led to better community health through program expansion, larger health systems change, and other community-based programs that grew into larger initiatives at state, regional, or national levels. Sessions are aimed on information exchange about local community programs and strategies that can be models for changing rural health delivery at the state and regional levels.

The conference strives to stay abreast of the current policy and regulation developments at the federal, regional, state and local levels which impact healthcare delivery. While at the same time delivering content inclusive of collaborative rural models, innovative community projects, quality, healthcare information technology and other underlying themes that shape the way business is done.

Keynote speakers and topics include:
Carl Hammerschlag, MD, CPAE:
“The Quest for Vision”
‘Dr. H’ is an internationally renowned



expert and speaker on rapidly changing cultures who understands the importance of sustaining connections and building community. His unique insights and visionary skills help people and organizations thrive. He challenges attendees to look at the familiar in new ways. He holds the highest honor given in the speaking profession, the CPAE Speakers Hall of Fame Award and is a recipient of the National Caring Award.

Thursday WRHA Awards Luncheon includes:
Emcee: **Nancy Nash-Mendez**, Mid Valley Hospital, Omak
Scott Ekblad, Oregon Office of Rural Health on “Recruitment in the 21st Century”

Northwest Health Leaders Panel:

- ✦ Alaska: **Beth Landon**, President National Rural Health Association; Alaska Center for Rural Health - Area Health Education Center (AHEC)
- ✦ Idaho: **Ted Epperly**, MD, President American Academy of Family Physicians; Family Medicine Residency of Idaho
- ✦ Montana: **Kristin Juliar**, Montana AHEC & Office of Rural Health
- ✦ Oregon: **Paul McGinnis**, Community Health, Quality and Practice Development at Oregon Rural Practice-based Research Network
- Washington: **Mary Looker**, Washington Association of Community and Migrant Health Centers

Conference Objectives:

- Provide information on the effects of various system changes from state, regional and national perspectives.
- Equip workshop participants with the tools to decide on the best course of action for their situation.
- Disseminate information and strategies on rural health policy, research, management and practice issues.
- Provide a forum for discussion and idea exchange on rural health issues.

This conference is presented by the Washington Rural Health Association and the Washington Statewide Office of Rural Health including the Area Health Education Center of Eastern Washington, WSU Extension; Community Health Systems Office/Rural Health, Washington State Department of Health; University of Washington School of Medicine; Washington State University; and Western Washington Area Health Education Center.

Deceased

Dr. John B. Coombs Passes Away

Dr. John B. Coombs, who for the past 15 years led the University of Washington's (UW) nationally recognized efforts to improve health care for rural and medically underserved populations, died at his Seattle home Sunday, January 18, after a long illness. He was 63.



Through his friendliness, diplomacy, and talents in engaging diverse people to work toward the shared vision of training physicians for areas of need, Coombs helped cement collaborative, interstate relationships between the UW Medical School and other universities, hospitals, clinics, and physician practices throughout the Pacific Northwest and Alaska.

Coombs' rural health career began in 1974 when he worked as a physician in Tonasket, Wash., for the National Health Service Corp. He then practiced pediatrics and family medicine in rural Omak, Wash., from 1979 to 1984, and taught UW medical students community-based patient care there. In 1993 he was named UW associate dean for regional affairs and rural health. He headed what was then called WAMI, an acronym for the states --Washington, Alaska, Montana, and Idaho -- participating in the UW medical school's regional education programs. His experience as a rural physician enabled him to bridge the medical school and the medical community.

During Coombs' tenure as associate dean, and later as associate vice president for medical affairs and vice dean for regional affairs, the UW School of Medicine saw its student training programs in rural health, primary care, and family medicine consistently ranked No. 1 in the nation in U.S. News & World Report.

Coombs worked alongside community leaders in Wyoming and in Spokane to obtain legislative, gubernatorial, medical community, and public university support to create new medical student training sites. WAMI was re-named WWAMI in 1993 when Wyoming joined. This fall a site for teaching first-year medical

INHS

Continued from page 1

Locations include:

- Coulee Community Hospital in Douglas County
- Coyote Ridge Corrections Center in Franklin County
- Curlew Clinic in Ferry County
- Dayton General Hospital in Columbia County
- East Adams Rural Hospital in Adams County
- Ferry County Memorial Hospital in Ferry County
- Garfield County Public Hospital in Garfield County
- Inchelium Community Health Center in Ferry County
- Klickitat Valley Health Services in Klickitat County
- Lake Chelan Community Hospital in Chelan County
- Lincoln Hospital in Lincoln County
- Nespelem Tribal Health Center in Okanogan County
- Newport Community Hospital in Pend Oreille County
- North Valley Hospital in Okanogan County
- Odessa Memorial Healthcare Center in Lincoln County
- Pend Oreille County Counseling in Pend Oreille County
- Senpoil Valley Community Health Center in Ferry County
- Spokane Tribal Ambulance in Steven County
- St. Joseph's Hospital in Stevens County
- Whitman Hospital & Medical Center in Whitman County

TeleHealth makes it possible for end-users, including patients, physicians, administrators and other health care professionals, to receive a variety of programs and to interact and share information from a variety of resources throughout the region.

To learn more about Inland Northwest Health Services and Northwest TeleHealth, visit inhs.org or nwtelehealth.org. For more information about USDA Rural Development, visit rurdev.usda.gov.

See COOMBS, Page 16

Donna Herbert is President and Founder and Joe Davis-Fleming, MS, FACHE, FHFMA, is Senior Consultant at Financial Consultants of Alaska & Washington, 3017 Clinton Dr., Ste 200, Clinton, AK 99801, 907-790-126, fec@fcareimbursement.com

Swing Beds Offer Advantages

Swing Beds Offer Many Advantages to Critical Access Hospitals



Nationally, profit margins are declining for health care facilities and especially in Critical Access Hospitals. After several years of climbing margins, facilities are experiencing reduced margins. Critical access facilities are especially vulnerable with this trend. They do not have the cash reserves or the volume to sustain the declines without looking to new ways to gain additional reimbursement. One of the options may be to obtain **swing bed designation** from Medicare. BIPA 2000 established a new reimbursement provision for CAHs that provides a full reasonable cost payment (101) % for CAH swing-bed services instead of a payment based on SNF PPS. Reimbursement differences would be swing bed payment of \$1,500-\$2,000 per day versus a RUGS payment of approximately \$275 a day. The swing bed payment methodology is getting paid acute care rates for skilled level of care.

CMS allows a CAH to operate swing-beds through the issuance of a “swing-bed approval.” Critical Access Hospitals wishing to provide swing bed services must apply and receive swing-bed certification from CMS to become eligible. See 42CFR 482.66 for requirements. Once approved, the facility is required to maintain Medicare conditions of participation.

Medicare provides CAHs the option of utilizing their inpatient hospital facilities for the provision of extended care services, so long as the total number of beds that may be used at any time for the furnishing of either acute care or post-acute care inpatient services does not exceed 25 beds. This can all occur without the need to physically transfer a patient between different nursing units within the hospital or even between different facilities.

Once swing bed designation is granted the swing-bed patients in CAHs are considered to be exclusively

patients of the CAH. For example, if a CAH has 10 licensed swing beds, then those 10 beds would count towards their 25 acute inpatient bed cap, but the rest of the SNF beds in that separately licensed facility would not count towards the CAH’s 25-inpatient bed limit.

Swing-beds need not be located in a special section of the CAH. The patient need not change locations in the facility merely because his/her status changes unless the facility requires it, as long as it does not exceed the CAH’s 25-inpatient bed occupancy limit at any time. There must be discharge orders from acute care services, appropriate progress notes, discharge summary, and subsequent admission orders to swing-bed status regardless of whether the patient stays in the same facility or transfers to another facility. If the patient does not change facilities, the same medical chart or electronic medical record (EMR) can be utilized but the swing-bed section of the chart or EMR must be distinctly separate from the acute care section with appropriate admission orders, progress notes, and supporting documents.

There is no requirement for a CAH to use the MDS form for recording the patient assessment or for nursing care planning.

By utilizing swing-beds, facilities with higher acute admission rates may be able to manage their acute inpatient beds more effectively. Swing-bed admissions can contribute to improved quality of care. In rural areas where access to services may be limited, patients ready for acute discharge from a facility may need more care and support than can be achieved through a discharge to home with home health services.

See Swing Beds, page 18

Budget Cuts Proposed

Gary J. Smith, PhD, FACHE is a Senior Project Associate at the Area Health Education Center of Eastern Washington, WSU Extension, PO Box 1495, Spokane, WA, 99210-1495, P:509-358-7785, gsmith@wsu.edu

Budget Cuts Proposed by the Governor that May Affect Rural Health:

The Governor has proposed a \$990 million cut in funding for healthcare. These proposed cuts must still go through the legislative process but it is certain that funding for health care will be impacted. The largest reductions are noted in higher education and the second largest projected reductions are identified in the social and health services.

Reduction in Medicaid payments for inpatient/outpatient services of **\$101 million**. Critical access hospitals would be exempt.

Medicaid Health Options programs reduced by **\$87 million**.

Nursing Home Rates reduced **\$90 million**.

Reduced hospital prospective payment rate when a patient is transferred from a hospital to a nursing home, acute rehabilitation center or psychiatric hospital when the patient has been in the hospital less than the average length of stay for the Diagnosis Related Group- **\$15.5 million**.

Enhanced Medicaid payment to Federally Qualified Health Centers and Rural Health Clinics will be reduced by **\$32 million**.

Reduce payment to pediatricians by **\$6.6 million**. Funding for Basic health reduced by **\$250**

Million, potentially will reduce benefits and the number of people insured.

Discontinue program to assist children to enroll in health insurance programs and get access to health care, **\$5.6 million**.

Eliminate universal vaccine programs, **\$50 million**.

Eliminate the GA-U program (General Assistance-Unemployable), **\$160 million**. This support includes health benefits, mental health and psychiatric care.

Close 121 psychiatric beds at Eastern and Western State Hospitals, **\$38 million**.

Funding for Regional Support Networks for mental health care reduced by **\$31 million**.

No funding for attempts to stop the spread of MRSA and other multi-drug resistant organisms.

Contact your legislators urging them to reject the governor's proposed budget. Send your concerns to WRHA at wrha@wsu.edu or spok.wrha@wsu.edu.

COOMBS

Continued from page 14

students and dental students opened in Spokane, a new addition to longtime clinical training programs in Spokane for residents and third- and fourth-year medical students.

Coombs encouraged a full continuum of training for students interested in practicing in rural areas or with medically underserved populations.

In 1998 Coombs was named the first holder of the Theodore J. Phillips Professorship in Family Medicine. He also held national leadership roles in the American Hospital Association, the National Rural Health Association, the Task Force on Perinatal Care in Rural Areas, and other health services advocacy groups. He is a past president of the Washington State Academy of Family Physicians.

Coombs is survived by his wife, Martha Coombs, his son, Joshua, and his daughter Maley. Donations in his memory may be made to The John B. Coombs Caribou Trail Fund for rural health education, UW Foundation, Box 358045, University of Washington, Seattle, WA 98195.

Ron O'Halloran, is Administrator, Ferry County Hospital
District #1, 36 Klondike Rd, Republic, WA 99166,
509) 775-3333 - (3866 fax), ohallor@fcphd.org

Rural Outreach Nursing Education (RONE)

Rural Outreach Nursing Education (RONE) Classes Available at Republic

If you are interested in becoming a Registered Nurse (RN), become a Rural Outreach Nursing Education (RONE) student. You may be eligible to receive your classroom and clinical training instructions through a partnership with Lower Columbia College and Ferry County Memorial Hospital in Republic, WA. To join the group starting in January 2010, please do the following:

- Contact Helen Kuebel, MSN, RN Director of Nursing Programs Lower Columbia College (LCC) at 360-442-2861 or hkuebel@lowercolumbia.edu.
- Obtain an LCC student ID number by going on line at www.lowercolumbia.edu on the right you see "Quick Find" and scroll down and click on "apply on line." You will be sent an LCC student ID number via e-mail within a few days.

Send official transcripts to Helen Kuebel, MSN, RN, Director of Nursing Programs, Lower Columbia College, 1600 Maple St. Longview, WA 98632.

The following prerequisite courses must be completed by December 15, 2009 and may be taken on-line.

- MATH 099 Intermediate Algebra
- ENGL 101 English Composition
- PSYC 100 General Psychology
- PSYC 200 Psychology throughout the Lifespan (Developmental PSYC)
- BIOL 221 and 222 (Anatomy/Physiology series)
- BIOL 260 Microbiology
- CHEM 121 General College Chemistry
- SOCY 101 Introduction to Sociology



LCC is offering MicroBIOL 260 online for the first time this summer . You must have completed at least the first class in the BIOL 221/222 series (or equivalent). Please contact Helen if you want to enroll in MicroBIOL 260 this summer so they may hold a virtual space for you.

Pictured in back from lt to rt. Spring Lundgren, Wendy Hunter, Christine Timmons work on assessment skills with instructor Allen Ferguson, BSN

Yes, microbiology is available online (beginning this summer); however, you will need to do some of the lab work at the hospital.

You have spring, summer and fall academic quarters to get the non nursing courses completed to be ready to start in January 2010. Admissions test will be given at Ferry County Hospital this summer.

Space may become limited. Please contact Linda Odlin, RN at Ferry County Memorial Hospital 775-3333 for more details.

Scholarships may be available. Loan Repayment may be available. Contact Chris Wilkins at 360-236-2817 or health-prof@doh.wa.gov for additional information on these financial assistance programs.

Annual Awards Information

WRHA Awards Categories

Each year WRHA presents awards to individuals or organizations for their contributions to rural health. Nominations may be made by any member of WRHA. Please use the enclosed form and attach a one page summary supporting each nomination. You may submit more than one nomination by duplicating this form and submitting the required summary attachment. *Nominees do not have to be members of WRHA to be eligible for these awards.*

LEAH LAYNE MEMORIAL HEALTH LEADERSHIP AWARD - This award recognizes the late Leah Layne, a long-time campaigner and activist on behalf of rural health. This award is based on demonstrated leadership skills, someone who best exemplifies Leah's spirit, vision, foresight and dedication in the field of rural health.

OUTSTANDING CONTRIBUTION TO RURAL HEALTH - This award is based on the overall contributions a nominee has made to benefit rural health. This award is for nominees who have, over the course of their careers, made significant impacts in rural health across the state.

OUTSTANDING RURAL HEALTH PRACTITIONER - This award is based on the overall contributions a practitioner has made to benefit rural health. This award seeks nominees who have, over the course of their careers, made significant impacts in rural health.

FRIEND OF RURAL HEALTH - This award seeks nominees who have made a special effort to cause and affect change in rural health policy, legislation, etc. to specifically benefit rural health outcomes. This category honors individuals who are legislators, trustees, community wellness activists, etc.

FUTURE OF RURAL HEALTH - This award recognizes an outstanding youth 14-20 years of age from a rural community who has performed outstanding volunteer service for better health in his/her community or who is successfully pursuing health sciences educational opportunities .

Swing-beds

Continued from Page 15

Psychologically and emotionally, swing bed admissions may be less traumatic and threatening for the patient. Admission to a swing bed feels more like a continued hospital stay to the patient and helps improve continued recovery and a return to independence.

In summary, there are multiple advantages to the effective use of swing beds for the CAH, the physician, the patient and the community. Swing beds can significantly improve both the facility's patient care outcomes as well as financial viability, since CAH swing bed services are reimbursed on a cost-related basis.

There are significant reimbursement strategies on the Medicare & Medicaid cost reports for reporting swing beds. Ask a consultant to review your cost report and consider reopening if there are substantial reimbursement impacts for your facility.

See our March issue for other financial options for Critical Access Hospital's to improve their bottom line.

Plan to attend the
WRHA Annual General Meeting,
Thursday, March 19
4:45-6:00 p.m.
Red Lion Hotel at the Park
Spokane, WA

*Annual Awards
Nomination Form*

**WASHINGTON RURAL HEALTH ASSOCIATION
AWARDS NOMINATION FORM
2009**

NOMINEE: _____

ADDRESS: _____

PHONE: OFFICE: _____ HOME: _____

NOMINEE'S PRESENT POSITION: _____

NOMINEE'S ORGANIZATION: _____

- CATEGORY: Leah Layne Memorial Health Leadership Award
 Outstanding Contribution to Rural Health
 Friend of Rural Health
 Outstanding Rural Health Practitioner
 Future of Rural Health

NOMINATED BY:

NAME: _____

ADDRESS: _____

POSITION: _____

PHONE: _____ FAX: _____

E-MAIL: _____

NOMINEE'S CONTRIBUTION TO RURAL HEALTH CARE: Please summarize the nominee's accomplishments and the significance of their work to rural health on one page. You may also include a resume, news articles, reference letters, etc. in support of this nomination.

PLEASE RETURN THIS FORM TO:

**Awards Chair
c/o Washington Rural Health Association
PO Box 1495
Spokane, WA 99210-1495
FAX: (509) 358-7647**

DEADLINE: March 2, 2009

Progress!

John McLean is a WRHA Board member and Chair of the Communications Committee. He can be reached at Blue Room Architecture and Design, PS, 108 N. Washington, #413, Spokane, WA, 509-456-6800, john@brdstudio.com

Progress!

This year we made the strategic move to consolidate the efforts of the membership and communications committees and the result has been positive. The committee is following a basic structure of meeting briefly the first Friday of each month which has produced a consistent core group of active participants including **Harry Jasper** (Share Your Health), **Gary Smith** (AHEC of E. WA), **Kris Sparks** (DOH), **Nancy Nash** (Mid Valley Hospital) **Norm Passmore** (Dayton General Hospital) **Evelyn Torkelson** (Empire Health Services) and **John Franco** (Region 8 Public Health)

Among numerous achievements, a major milestone for the group includes the funding and kick-off of WRHA's new website. The committee contracted with **Spokane Web Communications** to develop Phase 1 which focuses on a fresh new look for the organization, simple navigation and intelligent content management system. Phase 1 ensures that information can be kept current and easily modified by the committee chairs and staff; effectively allowing us to do more with less! The website is scheduled for presentation at the spring conference.

Documenting, tracking and addressing membership trends is in progress as we review our historical members and explore our growing platform of non-healthcare providers that also believe in supporting

healthy rural communities. The broadened base is including service providers, vendors and stakeholders in rural economic development. Despite limited resources, the committee has identified the synergy that exists amongst our peers and parallel agencies when we come together to address common concerns. More on that as it develops!

The introduction of the **Dual Membership** is now in place and allows for simple registration with both the WRHA and the NRHA in one easy step. The one-page application is now available and distributed as a part of our renewal process. Our members can now realize the benefits of renewing with WRHA only, NRHA only, or at a discounted price for both. A member makes one payment which is processed through national which reduces the administrative burden at a state level. Amongst our peers, **Washington State has been recognized as a leader and frontrunner** in adoption and implementation of this renewal system.

As always, we welcome your participation – come be a part of the progress! I encourage you to contact any of the committee members or myself for more information.

John McLean, Committee Chair
Blue Room Architecture & Design, P.S.

Networking Dinner at the Rural Health Conference will be Thursday, March 19



New to the Rural Health Conference this year is a Thursday evening networking dinner. Take this time to enjoy what Spokane has to offer while enjoying dinner with colleagues from around the Northwest. WA Rural Health Association board members will facilitate small group dining experiences and discussions about state rural health associations. Simply indicate your interest on the registration form and report to the hotel lobby at 6 p.m.! It's that easy!

2008-2009 Board of Directors

- Jeanette Weyrich, President
Omak
- Carole Halsan, President-Elect
South Bend
- David Olson, Past President
Moses Lake
- William Plummer, Secretary
Seattle
- Vic Dirksen
Port Townsend
- John Franco
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- John Hanson
Olympia
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- Nancy Nash
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- Norm Passmore, DDS
Dayton
- Evelyn Torkelson
Spokane

NRHA State Association Council Representatives

- John McLean
Spokane
- Kristina Sparks
Olympia

NRHA State Office Council Representative

- Kristina Sparks
Olympia



Current WRHA Committee Activities

To join a committee, e-mail wrha@wsu.edu or
call 800-369-0975

<p>Executive Committee Jeanette Weyrich David Olson Carole Halsan Bill Plummer (Consists of appointed officers.)</p>	<p><i>Coordinating representatives to other organizations</i></p> <p><i>Serving as financial committee</i></p> <p><i>Developing policy handbook</i></p> <p><i>Managing staff transition</i></p>
<p>Membership/ Communications John McLean John Franco Harry Jasper Nancy Nash Norm Passmore Evelyn Torkelson</p>	<p><i>Coordinating funding for website upgrade</i></p> <p><i>Producing Newsletter</i></p> <p><i>Developing dual membership offer with NRHA</i></p>
<p>Legislative Committee David Olson Sue Lani Madsen Carrie McLachlan Zeynep Shorter Kris Sparks Karl Tjerandsen</p>	<p><i>Meeting to discuss "outside the box" options for connecting with legislators.</i></p> <p><i>Planning for upcoming legislative session.</i></p>

ESH Connects to INHS

Nicole Stewart is Director of Communications & Marketing at
Inland Northwest Health Services, 509.232.8131, Cell
509.768.6665, www.inhs.org

Eastern State Hospital Connects to INHS Health Information Network

Providing accurate and timely health information for patients is becoming easier for health care providers at Eastern Washington State Hospital (ESH). ESH recently connected to the expansive health information network operated and managed by Inland Northwest Health Services (INHS). Terms of the contract were not disclosed.

“We are pleased to connect Eastern State Hospital with our region’s hospitals,” said Tom Fritz, chief executive officer for INHS. “This further connects the community in a way that allows for enhanced communications and improves health care provider access to critical patient data.”

This connection creates an electronic patient record that is securely transportable between facilities, enhances patient safety, provides efficiencies in treating patients as well as provides valuable patient data to other members of the medical community including emergency department doctors, psychiatric doctors and other health care providers in the region. ESH care providers are able to access authorized patient data from Spokane area medical providers including hospital inpatient and emergency room reports, physician orders, medication information, laboratory data and radiological images.

Washington Rural Health Membership Application

Name: _____

Additional member names (if organizational or sponsor member)

1) _____

2) _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Referred By:

Please bill me OR Check enclosed

Membership Category

Gold Sponsor
(\$5,000 or more)

Silver Sponsor
(\$1,501-\$5,000)

Bronze Sponsor
(\$750-\$1,500)

Organization (\$240)

Individual (\$70)

Student (\$15)

If you wish to join a committee:

Membership Committee

Communications Committee

Finance Committee

Legislative Committee

Preferred newsletter format

(Choose one or both):

Online, Web-Friendly Edition

Paper Edition

Lead the way... join WRHA!

The Washington Rural Health Association is a non-profit membership organization whose primary focus is to advocate for the preservation and improvement of rural health in Washington State.

The special challenges of delivering healthcare in rural areas of Washington were the driving force in the development of the WRHA. The Association provides a neutral forum for exchanging information, developing common strategies—particularly regarding legislative action—and representing rural health needs in a coherent fashion. WRHA's diverse constituency is composed of members interested in providing



leadership on rural health issues. It includes individuals and organizations involved in rural health: healthcare providers of all types; hospitals, mental health and dental, community centers, consumer groups, and elder services programs; insurance, legal & financing organizations; policy makers and educators; rural business leaders; and health consultants.

The Washington Rural Health Association's goals are to:

- ◆ Serve as an advocate for rural health while securing access to high quality healthcare services for rural citizens and individuals vacationing or traveling through rural areas;
- ◆ Assist in providing enhanced opportunities for education and training for rural healthcare providers;

MEMBER BENEFITS

Network with other advocates of rural health in Washington! Your annual membership includes:

- ◆ Discounted registration to the annual Northwest Regional Rural Health Conference.
- ◆ Representation in Statewide Office of Rural Health.
- ◆ An opportunity to have a voice in rural health by joining your state legislator at Rural Health Policy Day in Olympia.
- ◆ Representation in State Association Council of National Rural Health Association.
- ◆ Individual members have one vote pertaining to Association matters and one year subscription to the WRHA newsletter. Organizational members have three votes and three one-year subscriptions to the newsletter.

SPONSOR BENEFITS

Emphasize your strong commitment to rural health in Washington State by becoming a sponsor!

Bronze Sponsorship \$750 to \$1,500

One year membership in WRHA and recognition at the WRHA annual membership meeting.

Silver Sponsorship \$1,501 to \$5,000

Bronze benefits plus complimentary exhibit booth at the Northwest Regional Rural Health Conference, including one conference registration.

Gold Sponsorship \$5,001 or more

Bronze benefits plus complimentary prime exhibit booth at the Northwest Regional Rural Health Conference, including one conference registration, and complimentary conference registration for two additional attendees.


- ◆ Increase communication among interested individuals and organizations with common goals to help promote partnerships, coalitions and other cooperative arrangements to benefit rural healthcare delivery;
- ◆ Promote enhanced understanding of rural health issues while working toward the improvement of regulatory, financing and insurance industry policies affecting the delivery of rural health services; and
- ◆ Support the work of existing constituency groups in their efforts to pursue improvements in rural healthcare.

**WRHA
Welcomes Our
New Members:**

Organization:

**Association of Family Physicians
Moses Lake**

**Sacred Heart Medical Center -
Telepharmacy
Spokane**



Temporary Rural Practice Opportunities for

- Physicians
- Physician Assistants
- Advanced Registered Nurse Practitioners
- Pharmacists

**Your Hospital, Clinic, or Independent Practice
May Qualify!**

**Contact us for Referrals, Eligibility,
& Reimbursement Guidelines at No Cost.**

E. WA Area Health Education Center, WSU Extension
Phone: (509) 358-7640 E-Mail: ahec@wsu.edu
www.ahec.spokane.wsu.edu

A program of the WA Department of Health Office of Community and Rural Health

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