



## E-News, January 2011

Dear Members,

On behalf of myself, the members of the Board, and the Staff of the New England Rural Health RoundTable, please accept my best wishes for a happy New Year. I hope that you and your families had a safe and enjoyable holiday season. As we enter the new year, I want to take a few minutes to reflect on the RoundTable's 2010 activities and accomplishments.

Despite widely reported travel restrictions due to the current economic climate, our Annual Symposium and Rural Oral Health Conference continue to be well attended. These are valuable opportunities to gain up-to-date information on the evolving issues that affect rural health care as well as for networking and shared learning. The quality of these events is a testimony to the hard work and commitment of the conference chairs, their committees, and staff. They deserve our appreciation and thanks.

***An exciting new area of activity*** for the RoundTable is its Policy Education and Constituent Engagement Initiative that will engage all six New England States. With funding from the **Cox Foundation** and the **Vista Program**, we will retain a part-time coordinator and a Vista volunteer in each of the six New England states to provide more focused and coordinated leadership on important policy issues affecting rural New England. Lining up the necessary funding elements to put this project together has been a great deal of work and has fallen primarily on our Executive Director's shoulders. Please join me in extending our thanks to Marion Pawlek and others who have worked on bringing this project to fruition.

The New England Performance Improvement Initiative (NEPI) is a successful ongoing project of the RoundTable. NEPI is a four state (Vermont, New Hampshire, Maine, and Massachusetts) regional collaborative focused on performance improvement for Critical Access Hospitals. The deliverables from NEPI this year included an extensive report providing recommendations for the improvement of hospital performance measurement in rural New England. This report is intended to serve as the foundation for the development of a set of consensus-based "rural-relevant and useful" quality indicators and measures for CAHs.

Despite our successes in the past year, we face a number of challenges as we enter 2011. Although our financial position is solid, the economic situation serves to remind us that we cannot take our funding streams for granted. As we move forward, the Board is exploring new opportunities to diversify and enhance our funding and reduce our reliance on any one source of revenue. We have developed new subcommittees to identify new potential sponsors and sources of grant funding. We will also explore opportunities to develop new educational projects and other services, directly or through partnerships with other rural stakeholders. Needless to say, this will involve a great deal of work and we welcome any suggestions and input you might have. We also encourage members to volunteer to participate in this work.

In closing, I want to acknowledge and thank our many members who serve on the Board and staff our various committees as well as Marion and Dot from our staff. Without your hard work and commitment, the RoundTable would not be where it is today.



John Gale, President

### **Maine, Rhode Island, & Vermont in CMS Demonstration Project**

Three New England States - Maine, Vermont, and Rhode Island were among the eight selected to participate in CMS's Multi-Payer Advanced Primary Care Practice Demonstration project to evaluate the effectiveness of doctors and other health professionals across the care system working in a more integrated fashion and receiving payment from Medicare, Medicaid, and private health plans.

In the December newsletter, we described Vermont's plans. Here are details on the ways in which Maine and Rhode Island are participating.

Maine will receive \$26 million in Medicare funding over three years to support a health care quality project already underway in the state. As reported recently from former Governor Baldacci's Office, work began in January 2010 in 26 physician practices across the state. Participating practices are paid to improve health care delivery; rewarding value, not volume. The project is also designed to measure how such health care provider partnerships reduce inappropriate and costly emergency department visits and increase prevention and primary care. The project is administered through the Dirigo Health Agency, which has contracted with Dr. Lisa LeTourneau, director of Quality Counts, and will work with the private sector through the Maine Health Management Coalition.

For more information on the Maine Patient Centered Medical Home Pilot, go to the [Quality Counts Website](#).

Rhode Island's Chronic Care Sustainability Initiative, a 3-year-old project convened by the R.I. Office of the Health Insurance Commissioner, is now part of the new CMS program. Dr. Deidre Gifford, project director, said the "patient-centered medical home" concept for chronic care patients has created a new model for both delivery of health care services and payment. With the new resources from Medicare, primary care providers will receive \$3 per member per month for every member in their practice receiving Medicare, according to Gifford. In addition, Medicare is going to contribute part of the salary of a nurse to help coordinate the extra work the chronic care population requires. Additional federal resources will also support the multi-stakeholder collaboration.

"This is a win-win-win for Rhode Island," said Gifford "It's a win for the patients, because they're getting access to more, patient-centered care. It's a win for the primary care community, because they are getting more support. And, it's a win for the health plans and the employers.

Even though we are making investments in the primary care infrastructure, we hope and expect it will decrease health costs based on the improvement in primary care prevention."

## **Prescription Drug Abuse Big Problem in Maine**

Prescription drugs such as Oxycontin and other opioids are increasingly driving Maine citizens to seek treatment, according to federal data from the Substance Abuse and Mental Health Administration (SAMHSA) covering 1998 to 2008. The state leads the nation in the percentage of residents being treated for addiction to painkillers. Alcohol still remains as the No. 1 drug for which Mainers seek treatment.

Writer John Richardson outlines this problem in depth in a January 4 article in the Portland Press Herald. He points out that the nation's painkiller addiction clearly began more than a decade ago in rural areas, including northern and eastern Maine. This was largely a factor of the drugs' ready availability in those places, unlike illicit drugs, which are not stocked in pharmacies or legally prescribed to friends or family members. Richardson interviewed several Maine state officials working in the area of substance abuse. [Read his well-researched article.](#)

Richardson's analysis is confirmed by the 2010 Report Card on Maine Substance Abuse Services, issued in November by the Substance Abuse Services Commission. The report says the number of treatment admissions related to opiate abuse (excluding heroin and morphine) has grown by 60 per cent (641 cases) since the first half of 2005. Admissions for oxycodone (includes OxyContin) specifically drives this trend. [The Report Card](#) makes recommendations for addressing the problem.

For detailed information from SAMHSA on prescription drug abuse, check out SAMHSA's Treatment Episode Data Sets, (TEDS) where you can review state-by-state admissions to treatment centers by drug and by year. Here is the link to [Maine's statistics](#).

## **Save the Dates!**

Savvy meeting-goers will want to mark their fall calendars now, for the RoundTable's two big fall events:

**The Rural Oral Health Conference** is set for Friday, September 16 at the Crowne Plaza Nashua, (NH). Conference Chair Dr. Margaret Ann Smith and committee are already deep in planning for this meeting, which consistently attracts a large audience.

And in late October, the **Annual Symposium** (our 14th) will return to The Inns at Mills Falls, Meredith, NH on October 27-28. Details to follow.

## **Join a Committee!**

There's a lot happening in the RoundTable "behind the scenes" and you can help shape our organization's direction.

Here are five active committees that hold regular phone meetings. If there's one that interests you, contact Marion Pawlek and he will let you know when the next phone meeting is coming up. E-mail: [mjpawlek@joimail.com](mailto:mjpawlek@joimail.com) for details.

- Conference Committee – Develops the theme for our annual Symposium, lines up keynote speakers, and does all the "nuts and bolts" planning to ensure a successful event.
- Behavioral Health Committee - This committee will explore behavioral health education needs in rural areas of New England.
- New Ventures Committee - Explores potential new business activity that the Roundtable may undertake.
- Federal Program Committee - Committee will create an opportunity for dialogue between federal programs such as the Veterans Administration, USDA, and others to explore opportunities for collaboration.
- Policy Committee – Helps formulate RoundTable policy on rural health issues and develops ways to communicate our stance with state and federal legislators.

### **Congratulations!**

**Alisa Druzba**, NH Department of Health and Human Services, Bureau of Rural and Primary Care, was elected Secretary of the National Organization of State Offices of Rural Health (NOSORH) at the recent annual meeting.

**Pamela Smith**, Assistant Director, MA Department of Public Health, was appointed to complete Alisa's term on the NOSORH Board as a Regional Representative.

**Barbara Berger**, Director, CT Office of Rural Health, is the other representative to NOSORH's Region A.

Both Alisa and Barbara are members of the RoundTable Board.

### **Recent Personnel Changes**

On January 3, Brenda Harvey, who served five years as Commissioner of the Maine Department of Health and Human Services, became Executive Director of the New England States Consortium Systems Organization (NESCO), a non-profit organization affiliated with the University of Massachusetts Medical School.

**Dr. Dora Anne Mills** is now Medical Director of MaineCare. For more than 14 years Dr. Mills was Director of the Maine Bureau of Health - Maine CDC.) Dr. Stephen Sears, State Epidemiologist, is now the Acting Director of the Maine CDC.

**Mia Patriarca-O'Flaherty**, is now Acting Chief/Community Partnerships Program Manager, Rhode Island Office of Primary Care & Rural Health, Rhode Island Department of Health.

Thanks,

Marion Pawlek, Executive Director  
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