



eNewsletter - March, 2010

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Plan Now for the First of Three Important Conferences!

May will be here soon (yes, despite the raging weather outside, spring is around the corner) and you will welcome the chance to get together with colleagues for the Performance Improvement Summit at a lovely NH location:

Thursday, May 6, 2010 - **6th Annual New England Small Rural Hospital Improvement Summit**

Place: New England Center, University of New Hampshire, Durham, NH

Time: 8:30 a.m.- 3 p.m.

View full program and register online at the NERHRT [web site](#).

(Deadline is April 23.)

And looking ahead to September, the program is set for what is now one of the RoundTable's most heavily-attended meetings. Dr. Margaret Ann Smith, chair, has lined up a roster of exciting speakers.

Friday, Sept. 24, 2010 - **5th Annual Rural Oral Health Conference.**

Place: [Westford Regency Inn & Convention Center](#), Westford, MA.

And later in the fall, the annual Symposium attracts rural health advocates from across the region. (Did you know that the RoundTable is the **only** regional rural health association in the country?)

Thursday, Oct. 28 and Friday, Oct. 29 - **13th Annual RoundTable Symposium.**

Place: The Inns & Spa at Mills Falls, Meredith, NH on Lake Winnepesaukee.

More information to follow! For a [preview](#)

Pew Gives "A" to CT & RI on Children's Dental Heal

The Pew Center on the States has released *The Cost of Delay*, a new report showing how many children in America go without dental care each year and how well states are doing on providing access to care. In announcing the results, Shelly Gehshan, Director, Pew Children's Dental Campaign, emphasized that society pays the price when children go without the dental care they need but the obstacles to care can be overcome. There are a variety of solutions that can be achieved at relatively little cost and the return on investment will be significant for both children and taxpayers. States are ranked on eight policy benchmarks and they are:

1. State has sealant programs in place in at least 25% of high-risk schools.
2. State does not require a dentist's exam before a hygienist sees a child in a school sealant program.
3. State provides optimally fluoridated water to at least 75 percent of citizens on community systems.
4. State meets or exceeds the national average (38.1 percent) of children ages one to 18 on Medicaid receiving dental services.
5. State pays dentists who serve Medicaid-enrolled children at least the national average (60.5 percent) of Medicaid rates as a percentage of dentists' median retail fees.
6. State Medicaid program reimburses medical care providers for preventive dental health services.
7. State has authorized a new primary care dental provider, 2009.
8. State submits basic screening data to the national database, 2009.

A-ranked states met six of the eight benchmarks; B-ranked states (the group in which ME and NH fell) met five benchmarks. MA and VT received a C ranking, meeting only four of the policy benchmarks. Read the report. Check the State Fact Sheets to see how your state [ranks](#). For a print copy, contact ndueffert@pewtrusts.org.

Valley Medical Group Now Patient-Centered Medical Home

Sharleen Moffatt, the RoundTable's Immediate Past President, is pleased to share the good news that her family practice, Valley Medical Group of Greenfield, MA, recently received national recognition as a Patient Centered Medical Home. The designation is from the National Committee for Quality Assurance (NCQA) and to receive this recognition, Valley Medical Group was required to demonstrate that it used patient registries, used an electronic medical record, provided educational resources in English and a second language, and had an ongoing, practice-wide system of quality measurements and improvement efforts. In addition, VMG had to show that it could provide structured care for patients with chronic conditions and that it conducted screening, referrals, and follow-ups for all at-risk patients. The NCQA is a private, non-profit organization dedicated to improving health care quality and provides certification and accreditation to a wide range of health care organizations. To learn about the requirements for certification, [go to](#).

Sharleen would be happy to share more of her group's experiences in gaining certification. You can reach her at:

Sharleen Moffatt, Nursing Team Leader
Valley Medical Group
329 Conway Street
Greenfield, MA 01301
(413) 772-3386

Rural Counties Least Healthy

County Health Rankings, a program of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, released a report on Feb. 17 that identifies the healthiest and least healthy counties within every state. As the authors say, the County Health Rankings show that where we live matters to our health, although many different factors influence the health of a community: individual health behaviors, education and jobs, quality of health care, and the environment, to name a few.

As New Hampshire's Public Health Director Dr. José Montero said, "This report is not about who ranks highest or lowest, it's about being able to use this information to address the specific needs of a region."

It should come as no surprise to RoundTable readers that healthier counties are urban/suburban, whereas the least health are mostly rural. (This applies across all six New England states.)

In New Hampshire, the healthiest county is Grafton, the least healthy is Coos. Martha McLeod, Executive Director, North Country Health Consortium (Whitefield, NH) was recently interviewed in the Meredith News. You will find her assessment of the differences between the two counties very interesting. Read her [remarks](#)

The full County Health Rankings report is [available](#)

"The Great Unmet Need" - MA Report

The Status of Oral Disease in Massachusetts 2009: The Great Unmet Need is a comprehensive report recently released by the Office of Oral Health, Lynn Bethel, Director. (Lynn is a regular panelist at the RoundTable's rural oral health conference.) The report summarizes the most up-to-date and available information on the burden of oral disease in the state. Lynn's preface says the report was developed in collaboration with many different programs within the Department of Public Health exemplifying a commitment to oral health and its integration with general health and wellness.

As the report notes, Massachusetts has made great strides in improving and promoting oral health since 2000 but there is much more work to be done, especially among the most vulnerable residents who continue to experience a crisis in accessing dental care.

Some points to note:

- 90% of residents between ages 25 and 44 living in dental health professional shortage areas have lost at least one tooth.
- 93% of public schools did not have a school-based oral health prevention (dental sealant) program
- 66% of licensed dentists with a MA address are not MassHealth (Medicaid) providers

The report is available [here](#)

Or you may request a print copy: Send your request to: Oral.Health@state.ma.us

HRSA's Tom Morris Looks Back on 20 Years of Progress and Ahead to the Future

The current issue of The Rural Monitor, a publication of the Rural Assistance Center (RAOnline.org) includes a lengthy interview with Tom Morris, Director, Office of Rural Health Policy, and a frequent speaker at RoundTable conferences. Asked about the changes he has seen in his years with ORHP, Tom cited the creation of the Flex program (Rural Hospital Flexibility Grant Program) in 1999 as one of the biggest, enabling the office to engage directly with rural hospitals. And the Flex program provided money to give to the states to work with critical access hospitals. Another change is a recent one: the return of telehealth programs to the ORHP. Telehealth started in the ORHP but was moved to another entity in 1998. Tom sees telehealth as a wonderful tool for bridging isolation. To read the full interview, [go to](#)



Membership - What's in it for Me?

As you look over your calendar of meetings, meetings, meetings (remember the hilarious John Cleese sketch "Meetings, Bloody Meetings"?) you may well ask what the benefits are of belonging to the RoundTable. For starters, consider the power of adding your single voice to the voices of nearly 700 other rural health providers, supporters, and advocates - it's amazing how much influence a strong, membership-driven organization can have on policy makers.

Of course there are other benefits:

- reduced registration fees for our conferences, where you can meet and network with colleagues who share your concerns;
- monthly updates on rural health matters by way of this online newsletter;
- associate membership in the National Rural Health Association,
- and, most important, affiliation with a regional group that has the ability to effect change

There are some exciting new developments in process, as well, such as a RoundTable "presence" in the new social media ventures. (Yes, we do Twitter on topics of concern to you - and we hope you will follow NERHRT on Twitter.) Other changes are under consideration to make our website more useful to you. And just to make it easy, you may renew your membership [online](#).

Note from Dr. Ana Karina Mascarenhas

Dr. Mascarenhas, Director, Division of Dental Public Health, Boston University School of Dental Medicine calls our attention to this upcoming event:

26th HIV Oral Health Symposium will take place at the Boston Marriott Hotel, Newton, MA, on Friday, March 19. To register please contact Dr. Mascarenhas:

Telephone: 617-638-4456

Fax: 617-638-6381

e-mail: karinam@bu.edu

Everybody's Doing It!

Delivering publications online, that is.

Have you noticed that the NRHA's Rural Roads magazine is now coming to you by e-mail? Take a look at the current issue, which features an article about Dr. William Nelson, Dartmouth Medical School ethicist and NRHA Rural Fellow in 2008. We interviewed Dr. Nelson for the RoundTable newsletter back in February 2008, when he was in the process of editing the e-book *Handbook for Rural Health Care Ethics: A Practical Guide for Professionals*. He has published widely on ethical healthcare in the rural setting. You can find Dr Nelson's profile in [Rural Roads](#).

What's New with PACE Vermont?

The concept of "aging in place" is so much in the news these days that we wanted to follow up on an article published in the RoundTable newsletter back in November 2006 about PACE Vermont, Inc. (Program of All-Inclusive Care for the Elderly).

At that time we interviewed Sue Watson, newly-appointed Executive Director, about the large award that PACE had received from CMS, to open two centers with the aim of providing comprehensive services to frail, older adults who would continue to live in their own homes and communities.

PACE Vermont is now operating successfully in two locations: The Colchester center opened in April 2007 on the Fanny Allen Campus and serves Chittenden County as well as the towns of South Hero and Grand Isle. The Rutland Center opened in February 2008 at The Maples Senior Living Community and serves all of Rutland County and the towns of Dorset, Manchester, and Rupert.

So, what else is new with PACE? A very recent development - announced on February 1 - is a partnership with Volunteers of America and On Lok to operate PACE programs in Vermont. As announced on the web site: "This groundbreaking partnership, effective January 29, 2010, provides a wealth of resources and expertise that will allow PACE programs in the state to grow and thrive into the future. This support will be provided directly to the current PACE Vermont organization. The health care and other services now provided to participants will not change as a result of this new partnership, nor will the organization which provides them. The cost of the program and the means by which participants pay for services also will remain the same."

"We are thrilled to welcome Volunteers of America and On Lok as our partners," says Sue Watson, Executive Director of PACE Vermont. "With the expertise and support they bring, the PACE program will enable more seniors to age in their homes and communities."

On Lok is the San Francisco-based organization that pioneered the PACE model more than 30 years ago.

PACE Vermont has also been the focus of a recent study on "Acute Care Utilization in Vermont's Program for All-Inclusive Care of the Elderly," by Tara B. Meyer. To read this report and to learn more about PACE Vermont, visit their [web site](#).