



E-News – September 3, 2009

Registrations are coming in now for the RoundTable's 12th Annual Symposium. The program is in final form and you should have received the detailed brochure, via postal mail, a few days ago. It's also on the Home Page: www.newenglandruralhealth.org

"Take Two Aspirin and Call Me...in 100 Days: Rural Workforce Challenges"

Date: Friday, October 30

Place: Marriott at Sable Oaks, Portland, ME

Featured speakers are Tom Morris, Associate Administrator for Rural Health Policy, HRSA, and Dr. Cathy Morrow, co-director of the Dartmouth Rural Scholars Program. Afternoon breakout sessions are focused on "real world" solutions to rural provider recruitment and retention (including dental professionals).

You are also invited to join us on Thursday, October 29, (same location) for the HRSA Grantee Strategic Partnership Planning Day.

For registration forms and complete information on all conferences, please visit:

www.NewEnglandRuralHealth.org

Success story! Registration is now closed for the 4th Annual New England Rural Oral Health Conference, taking place on September 11. This conference continues to grow each year and to reflect our region's intense interest in the challenge of access to dental care.

News from Around the Region

Plainfield, VT Health Center Featured in NY Times Column

Bob Herbert's "Hard to Believe" column in the August 15 issue of the New York Times is a terrific boost for Plainfield and all the FQHCs that do such a great job of serving patients. Herbert writes "Given the toxic tone of the current health care debate, it's interesting to note that the centers actually have significant bipartisan support....And the Office of Management and Budget has rated them as among the most efficient and effective users of taxpayer money." Herbert's column also commented approvingly on the Northern Counties Dental Center at Hardwick, VT.

[Read the article.](#)

“A Model for Care,” Editorial in Brattleboro, VT Reformer, August 20 on Plainfield FQHC

Sen. Bernard Sanders says that these centers have "essentially solved the problem of primary care" for medically underserved areas of Vermont. That's why Sanders has an amendment in the Senate versions of the health care reform bill (Rep. James Clyburn, D-S.C., has offered a similar amendment in the House version) to boost the funding for the federally qualifying health centers from \$2 billion to \$8 billion. Sanders said that would mean an increase from 1,200 to 4,800 centers across the country in the next five years.

HRSA Administrator Mary Wakefield toured the same centers and told a press conference in Plainfield, Vt., that the president supports Sanders' plan. Sanders and Rep. Jim Clyburn are sponsoring legislation as part of the current push for health care reform that would quadruple the number of centers.

[Read the entire article.](#)

Good News for Claremont: Community Dental Care Now Open!

With strong community support, funding from a number of organizations, and determination on the part of Sullivan County leaders, a new dental clinic has opened in Claremont, NH. Community Dental Care opened “quietly” on June 23 but will celebrate officially with a Grand Opening ceremony on September 17. As detailed in an August 16 story in the NH Valley News, access to dental care is a major challenge for residents of Sullivan County. There is a severe shortage of dentists and even patients with insurance find it hard to get access to care, not to mention uninsured or under-insured residents. Only Coos County has fewer dentists per capita than Sullivan, which qualifies as a federal dental health shortage area.

The new clinic, located in downtown Claremont near schools and a senior center, is staffed by Dr. Nii Norte Lokko, native of Ghana and a Tufts University School of Dentistry graduate. Planning for the Center began more than five years ago, with the formation of the Sullivan County Oral Health Collaborative. The Collaborative looked at many ways to expand dental care and concluded that the critical need was for a brand-new dental practice. Funding came from many sources: a \$500,000 Community Development Block Grant from the state of NH; a \$145,000 grant from the Endowment for Health, plus assistance from the NH Charitable Foundation, the Agnes Lindsay Trust, and other foundations throughout the state. Northeast Delta Dental paid for new dental supplies. The dental center accepts most types of insurance and offers a sliding fee scale for qualified patients.

Maine Medical Center-Tufts University School of Medicine Medical School Program Welcomes First Class of Students

Thirty-two students, including 20 from Maine, were inducted into the first class of the new Maine Medical Center – Tufts University School of Medicine Medical Student Program at ceremonies on August 3. Gov. John Baldacci was among the speakers to welcome the Class of 2013 into this program, the first of its kind in Maine. The medical school's unique curriculum provides students with patient contact

beginning in the first year. It also utilizes a network of clinical training sites, including in rural areas, where the physician shortage is greatest. As the Governor pointed out, research shows that doctors tend to settle in the areas near where they completed their training. The hope is that the Maine-Tufts program will encourage new graduates to become rural physicians, badly needed in the Pine Tree State. The program offers scholarship support to the 20 Maine undergraduates, reducing what they pay to an amount that's comparable to in-state tuition for a medical school at a public university.

[Read the press release.](#)

Twitter and Healthcare—Can a Tweet a Day Keep the Doctor Away?

If you think Twitter is just a catchy way to keep up with friends and family, you may want to read the feature article in Telemedicine and e-Health, which says the social networking tool is emerging as a potentially valuable means of real-time communication of healthcare information and medical alerts. "Physician groups, hospitals, and healthcare organizations are discovering a range of beneficial applications for using Twitter to communicate timely information both within the medical community and to patients and the public. Short messages, or "tweets," delivered through Twitter go out from a sender to a group of recipients simultaneously, providing a fast and easy way to reach a lot of people in a short time. This has obvious advantages for sharing time-critical information such as disaster alerts and drug safety warnings, tracking disease outbreaks, or disseminating healthcare information." The article is free and you can find it at: www.liebertpub.com/tmj

And speaking of Twitter: Does your organization have a Twitter presence? More and more professional groups have Twitter accounts, including the National Rural Health Association, the Commonwealth Fund, and the Wisconsin Office of Rural Health (ruraltech, by John Eich.) Others in our area have personal accounts, such as Thad Gulbrandsen, Director, Center for Rural Partnerships, Plymouth State University.

Your editor, Dot Bergin, also has a personal account but only posts articles and publications which are of interest to rural health advocates (not accounts of what I had for breakfast!) Even if you do not have an account, you can visit Twitter.com and use the search feature, to see what comes up in rural health.

Good Reading! (New publications)

The U.S. Oral Health Workforce in the Coming Decade: Workshop Summary (2009)

Published by Institute of Medicine, August 2009

This is the Report of the Workshop on Oral Health, held in Washington in Feb 2009, which some of you may have attended. Among the speakers were familiar names to us: Marcia Brand, Shelly Gehshan, and Dr. Jack Dillenberg, all of whom have spoken at RoundTable conferences. The concluding chapter is titled "Reframing the System," – worth a look. You can download a pre-publication, pdf copy of the report for free [here](#).

Rural Health Care Workforce: Opportunities to Improve Care Delivery

The Center for Rural Affairs (Lyons, NE) released this report on August 11 which examines the critical shortage of primary care providers in rural America, the importance of nurse practitioners as rural primary care providers, opportunities for rural nursing, and ultimately, how health care reform presents opportunities for nurses to improve access to and quality of health care for rural residents. The report reviews the provisions of a legislative initiative, SB 790, The "Health Access and Health Professionals Supply Act of 2009" (a.k.a. the Bingaman Bill) that seeks to increase the supply of rural health care professionals, including nurses and nurse practitioners.

[Download the report.](#)

Focus on Massachusetts Health Reform

Not only are the New England states keenly interested in "the Massachusetts experience" in health reform but the entire nation is following developments. Two new reports from the Rand Corporation and the Kaiser Family Foundation examine aspects of the MA plan:

"Controlling Health Care Spending in MA: An Analysis of Options," Rand Corporation Report, August 2009."

Authors modeled 12 policy options that have reasonable evidence of potential savings, as a way to start the discussion. But they conclude, not surprisingly, there are no easy solutions to the problem of rising health care costs in Massachusetts. "Finding long-term solutions to rising health care costs will require significant investment in infrastructure and in fundamentally changing the way health care is delivered. These solutions are likely to take at least a decade to implement and show a return."

[Read the Article.](#)

On Sept. 1, the Kaiser Family Foundation released this report:

"Consumers' Experience in Massachusetts: Lessons for National Health Reform." The MA experience shows that to make affordable health care accessible to consumers, it is not sufficient to ensure that programs are available to cover everyone. The quality of the coverage and the interrelationships between the programs are also important. (The new system is complicated for consumers to navigate, which may lead to gaps in coverage as people move among different types of insurance, both public and private. And in MA the various public programs are administered by different state agencies.)

[Read the report.](#)

The RoundTable's E-News appears on the first of the month. Please send news of your organization to dobergin@gmail.com