



## ***E-News, November 2009***

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### ***Symposium Puts the Spotlight on Workforce Issues***

The RoundTable's 12th Annual Symposium on October 30 brought together some 140 participants, eager to hear the latest from Washington and to learn real-world ways of dealing with the workforce crisis from those on the front lines. What ranked highest in attendees' evaluations? **Networking, networking!** Despite e-mail, blogs, Facebook, and Twitter, it seems nothing beats face-to-face contact, to keep us connected.

**Dr. Cathleen Morrow**, co-Director of the Rural Health Scholars Program at Dartmouth Medical School, gave the Plenary address. She looked at the issues through an educator's eyes. Residency slots in family medicine have declined by 20%; medical schools have increased class size but have done nothing about primary care. Family medicine slots are increasingly filled by international graduates. "Events in a young person's life are very important as to where they will end up," she said. Dr. Morrow's own background is a testimonial to the idea that having a rural experience is key to future decisions on where to locate and practice.

At the Annual Meeting, RoundTable officers chosen for the 2009-2011 term are: John Gale, President, Nancy DuMont, President-Elect, and Alisa Butler-Druzba, Secretary. Dick Clark will continue as Treasurer and Mary Winar as Board Member-at-Large. Sharleen Moffat remains on the Board as Immediate Past President.

Each year at the Annual Meeting the RoundTable honors outstanding contributors to rural health with these awards: Winners this year were:

- Rural Clinicians of the Year (2 honorees) – **Jean Cass** and **Dr. Roger Renfrew**
- Leadership Award – **Ed Tessier**
- President's Award (2 honorees) – **The Maine Critical Access Hospital Patient Safety Collaborative** and **Dr. Margaret Ann Smith**

To learn more about the achievements of those honored, and to read a review of the Symposium, go to our web site: <http://www.newenglandruralhealth.org/activities/Symposium.htm>

And finally, many thanks to our Platinum sponsors, Maine AHEC Network, Allscripts, and Merck, whose generous support helped make the Symposium a success.

***HRSA Grantees Say "Let's do this again"***

Preceding the Symposium, the RoundTable partnered with HRSA in a “New England Rural Community Strategic Partnership” session for HRSA grantees. Tom Morris, Associate Administrator, HRSA Office of Rural Health Policy, gave the main presentation. (Tom was also the keynote speaker at the Symposium). Joining him were Maureen Quinn, Regional Nurse Consultant, HRSA Boston Regional Division, and Jeffrey Reck, Division Director, HRSA Boston Regional Division. In breakout sessions, constituent groups tackled these issues:

- Primary Care, Behavioral, and Oral Health Delivery Service
- Rural and Community Hospitals
- Area Health Education Centers and other Academic-affiliated Programs
- Community Outreach/Networks

HRSA is compiling results of these sessions and will issue a report to all attendees.

### ***Mark Your Calendar***

**Looking ahead (but not a moment too soon to save the date), the 5<sup>th</sup> Annual Rural Oral Health Conference is set for Friday, September 24 at the Westford Regency Inn & Conference Center, Westford, MA. More information will be coming soon.**

### ***USDA Workshops Coming Up in December***

USDA Rural Development has scheduled two “Application Workshops” to provide NH non-profits with the tools and resources needed to complete an application for Rural Development Community Facilities Programs Loans and Grants. Eligible purposes could include purchasing equipment, repairs and/or upgrades to existing buildings, and purchase and/or construction of a new building. Health care facilities are eligible for these loans and grants.

*Thursday, Dec. 3, 2009, 10 a.m. – Noon, Grafton County Senior Center, 8 Depot Rd, Plymouth, NH*  
*Wednesday, Dec. 9, 2009, 10 a.m. – Noon, Weeks Memorial Library, 128 Main St., Lancaster, NH*

To pre-register (required), e-mail Heather Brewer at [heather.brewer@nh.usda.gov](mailto:heather.brewer@nh.usda.gov) or call 603-447-3318, ext. 5, For more information: [www.rurdev.usda.gov](http://www.rurdev.usda.gov)

### ***RoundTable RFP***

The RoundTable, in conjunction with its New England Performance Improvement Partners, is undertaking an initiative to investigate, catalog and recommend rural, relevant performance measure sets for the New England Critical Access Hospitals. Please share the downloadable RFP with colleagues who might be interested in doing this work. **A key date is coming up: Proposals are due to NERHRT by 4:30 p.m. EST on November 16.** Download the RFP: [http://newenglandruralhealth.org/NEPI\\_RFP.pdf](http://newenglandruralhealth.org/NEPI_RFP.pdf)

### ***News From Around the Area***

Dr. William A. Nelson, an associate professor of community and family medicine at Dartmouth Medical School and director of its Rural Ethics Initiative, has edited a “*Handbook for Rural Health Care Ethics: A Practical Guide for Professionals.*” Dr. Nelson, who was an NRHA Rural Health Fellow in 2008, received a grant from the National Library of Medicine to develop an online handbook for rural clinicians and administrators. Authors include physicians, nurses, and hospital administrators sharing case studies from their own experiences in rural settings. In 2008 when the RoundTable editor interviewed Dr. Nelson, he mentioned the example of overlapping professional personal relationships in small rural clinics or critical access hospitals, where everyone knows everyone else. This can present ethical challenges in areas of privacy and confidentiality. Case studies dealing with “boundary” issues are included in the Handbook. You can download the entire book, or selected chapters, without charge!  
<http://www.dms.dartmouth.edu/cfm/resources/ethics/full-book.pdf>

### ***Dr. Lowery Receives Community Leadership Award***

Dr. Susan Lowery, who sees patients at the Amherst (MA) Survival Center has been honored with a Community Leadership Award from the MA Department of Public Health for her “unstoppable energy and devotion.” In 2004, Dr. Lowery retired from a medical practice in Amherst because of rheumatoid arthritis but this hasn’t deterred her from continuing to see patients, many of them homeless, at the Survival Center. She believes it’s important for the clinic to be at the Survival Center, so it is easily accessible to people who come in for free meals or clothing. Read the compelling article about Dr. Lowery in The Daily Hampshire Gazette on Nov. 1. <http://ww.gazettenet.com/2009/11/02>

### ***New Hampshire Rep Speaks out on Dental Care***

Rep. Carla Skinder, Cornish, believes dental hygienists should be allowed to expand their scope of practice, to help alleviate the problem of access to dental care in rural areas. She concedes this is a “contentious” issue among some dentists and policymakers, but is encouraged by the recent vote by the state Board of Dental Examiners to allow hygienists to apply sealants in public health settings, without an exam by a dentist. Read more of Rep. Skinder’s views in the Oct. 13 Concord Monitor, <http://www.concordmonitor.com>, or contact her office for more information. She serves on the NH House Children and Family Law Committee.

### ***Scituate, RI Offers Primary Care to Residents***

There’s a small town in Rhode Island with a health alliance that offers primary medical and dental care for low income and uninsured residents. Here is one community that is doing its bit to meet the national health care crisis To see how this town is taking care of its residents, read Dr. Michael Fine’s article in the Oct. 27 issue of The Daily Yonder ([www.dailyyonder.com](http://www.dailyyonder.com)) or visit [www.scituatehealth.org](http://www.scituatehealth.org).

### ***Macy Foundation Looks at New Medical Schools***

In view of our recent Symposium on workforce, here is a timely new report from the Josiah Macy, Jr. Foundation. “*New and Developing Medical Schools: Motivating Factors, Major Challenges, Planning Strategies*,” looks at the 10 new (allopathic) medical schools that have come into existence since the beginning of the 21<sup>st</sup> century. (Dr. Cathy Morrow referred to this study in her Symposium address.) Although the period from 1960 through the late 1970s saw the development of a number of medical schools, there has been little growth in the recent 20-year period, mainly due to fear of an **oversupply** of physicians. But all that is changing: Read the report: [www.josiahmacyfoundation.org](http://www.josiahmacyfoundation.org)

### ***Massachusetts and Vermont are High Performers***

A new companion report to the Commonwealth Fund's 2009 *State Scorecard* profiles seven health systems: six that rank in the top quarter of all states—**Vermont**, Hawaii, Iowa, Minnesota, **Massachusetts**, and Wisconsin—plus Delaware, which was among the most-improved states from 2007 to 2009. In *Aiming Higher for Health System Performance: A Profile of Seven States That Perform Well*, Greg Moody and Sharon Silow-Carroll of Health Management Associates demonstrate that a high level of health system performance is achievable and sustainable. By raising their performance to the levels achieved by the best in the U.S., states could save thousands of lives, improve health outcomes, and obtain significant cost savings.

[http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Oct/Profile%20of%20Seven%20States/1329\\_Aiming\\_Higher\\_State\\_Profiles\\_Overview\\_Only.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Oct/Profile%20of%20Seven%20States/1329_Aiming_Higher_State_Profiles_Overview_Only.pdf)

### ***Achieving Universal Coverage through Comprehensive Health Reform: The Vermont Experience***

A new brief from the Robert Wood Johnson Foundation’s State Health Access Data Center shows VT has significantly increased the number of insured residents since passage of universal health care legislation in 2006. The percentage of Vermonters without health insurance has decreased significantly since reform

began in 2006, and insurance coverage in Vermont has increased more rapidly than in other New England states during this time. According to the brief, most of the increase in Vermont's coverage is a result of expanded public coverage—enrollment in Catamount Health has increased sharply and steadily during the program's initial months. Researchers also found that key stakeholders in the state were generally satisfied with enrollment levels to date, despite barriers to enrollment. Read the brief: <http://www.rwjf.org/files/research/49948vermont.pdf>

***“Medical Home” – What Are the Costs?***

Although there is wide and growing interest in the medical home approach, not much is known about the costs it entails. A recent report from the Commonwealth Fund - “Incremental Cost Estimates for the Patient-Centered Medical Home” - uses data from some three dozen practices to analyze the relationship, if any, between costs and medical home activities. Read more: [http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Oct/1325\\_Zuckerman\\_Incremental\\_Cost\\_1019.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Oct/1325_Zuckerman_Incremental_Cost_1019.pdf)

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