Hawai‘i’s Rural Health News

Volume I, Issue III

Several Hawai‘i delegates attended the National Rural Health Association’s Annual Meeting in Louisville, Kentucky in May this year—Ka‘u Community Rural Health Association Board Member Vickie Crosby, Hawai‘i State Department of Health’s Rural Health Coordinator Gregg Kishaba and FLEX Coordinator Scott Daniels, and HSRHA’s Association Coordinator Napua Spock were among the over 300 participants from rural communities across the U.S.

Vickie Crosby shares her impressions in the article below:
I want to thank the Hawai‘i State Rural Health Association for sponsoring my trip to the National Rural Health Conference. Although I have been aware of the rural health associations, I did not know there was a wealth of information that could be obtained regarding health care delivery, education and advocacy through these conferences. I went to the conference with three delivery models in mind. FQHCs, rural health clinics, and private practice. We have each model in our Ka‘u district and each will face interesting challenges as we navigate through the Affordable Care Act.

I will outline the information I obtained, but an overall impression was that we are seeing the end of health care in America as we know it. Although, there seemed to be a focus on FQHCs and rural health clinics, I think the private sector will feel a great impact as it becomes more difficult to reconcile the cost of care with reimbursement. As I spoke to provider recruiters I received mixed predictions for the future of private practice in rural settings. Some believed private practice in rural settings would become extinct, while others predicted private practice in rural settings would become “prime real-estate,” in which there would be a greater need for Providers, and the insurers would become more supportive of rural healthcare of any kind. Both agreed NPs and PAs would be in demand in months to come.

I also attended a presentation by Karin Baker and Ken Hall on community assessments that are a requirement of the ACA of 2010. Important points made in this discussion: these assessments are to be done every 3 years; the report must “identify significant needs,” reflected in burden, scope, severity, urgency; health disparities; importance of issue to community; and feasibility and effectiveness.

Recruitment and Retention of Providers in Rural Health Settings—Results of a recent study by the Robert Wood Johnson Practice Sights Program, show that providers participating in loan repayment programs stay longer in the rural site than students who received scholarships, with physicians and mental health providers most likely to stay. People who return to practice in a rural setting where they grew up were more likely to stay, as are older providers. This presentation was done by 3RNet, which stands for the National Rural Recruitment and Retention Network.

Federal Office of Rural Health Policy Update-
1. Enrollment in insurance will be key in coming months. There will be a focus on extended source of care and having 100% Americans insured. Health Connectors are key players.
2. Increase the voice of rural providers by educating policy makers about our rural community and its specific challenges.

3. Priority areas: Telehealth, work force improvement, evidence based outcomes and sustainability.

4. "Community Health Gateway" (at raconline.org/community health) has a community health worker tool kit designed to develop a community health worker (CHW) program to reach underserved populations, using evidence-based approaches from other rural communities.

Telehealth—Each state has been assigned a telehealth resource center. We met Deborah Birkmire-Peters, from U of H, Manoa who is part of the Hawai‘i-based telehealth resource center team. There were areas that are being developed now to improve telehealth in general: training for Providers and patients, improving payment systems, increased coordination, streamlining licensing and credentialing (HIPPA compliance), training the workforce in the practice and delivery of telehealth, and the need for more research to improve evidence base.

I attended a demonstration and explanation of some of the telepsych that has been offered through groups of psychiatrists and mental health workers to clinics all over the nation. In one study mentioned, the psychiatrist’s office was 30 miles from a rural community. Pediatric patients and families were initially seen in the psychiatrists office. Subsequent meetings they were given a choice to be seen in the office, or through a telepsych program set up in their community. Not one family returned to the office!

Rural Clinics Practice Transformation—With the change in payment systems from fee for service to pay for performance, many clinics will need to change the way they deliver health care. Problems identified include shortage of providers; continuity of care; electronic medical record adoption; meaningful use reporting; data collection and reporting; Patient-Centered Medical Home (No longer physician directed but team directed). Clinics were encouraged to become an attractive partner to an ACO (Accountable Care Organization) with preventive focus and successful use of EMRs. Many private insurance companies are developing their own ACOs.

CDC Chronic Disease Prevention Activities—CDC supports healthy living activities through “community transformation grants,” especially for systems and environmental changes that impact community behavior. To read success stories from grant participants you can go to dchnews@edu.gov.

My personal goals for the conference were:

*To build my ability to navigate through this season of change and be able to gain leadership skills that will benefit the healthcare delivery of our community, and my role in the Ka‘u rural health community association.
*T to establish new relationships and resource networks with the NRHA board, members and affiliates.
*T to gain understanding and insight into the National Rural Health initiatives, policy programs to benefit our Hawaii Communities.

I believe I achieved these goals and much more! I came home with a greater understanding of the ACA and its impact on our rural communities.

As a result of what I’ve learned, I propose to do the following:

*Educate the KRHCA about the community assessment requirement as well as the insurance exchange, and to discuss our participation in these efforts.
*Evaluate our private clinic to improve our outcomes and reporting.
*Educate local, rural health care delivery services about the CDC community transformation grants. Most of these grants were distributed to the east coast. (No HI grants were on the list).

—Aloha and Mahalo, Vickie Crosby, Board Member, Ka‘u Community Rural Health Association.

(Mahalo Vickie, for such a comprehensive report!)

Photo: Vickie Crosby with Terry Hill, Executive Director of the National Rural Health Resource Center and Sally Buck, Associate Director

Hawai‘i Health Workforce Summit

Now in the second year of the program, health professionals (MD, DO, APRN and PAs) who work in federally designated Health Profession Shortage Areas can receive up to $40,000 a year in loan repayment of their educational debt. The application cycle is open at www.ahec.hawaii.edu (see the yellow button) until August 1, 2013. Interviews will be performed in August, and we hope to make 15 awards in September. Right now awards are limited to MD, DO, PA and APRNs in family, obstetrics/women’s health, psychiatry/behavioral health, geriatrics, internal medicine and pediatrics. Available sites can be searched for at http://hpsafind.hrsa.gov/. In the future we hope to be able to expand the program to offer loan repayment to all medical professionals —Kelley Withy, HSRHA President.
Social Determinants of Health Documentary Film Released

One of the most significant barriers in addressing health inequities in Hawaii is the lack of community-level data, both qualitative and quantitative, that accurately depicts the root causes of illness. One strategy for communicating this burden—both economically and socially—to the community is through digital storytelling or documentary.

The idea for digital storytelling arose directly from community input. The importance of communication was one of the primary recommendations for addressing social determinants of health voiced by participants at the Hawaii Department of Health, Chronic Disease Management and Control Branch’s first ever Chronic Disease Summit held in February 2011.

As a result, in early 2012, the Hawaii Department of Health entered into a unique partnership with the Hawaii Primary Care Association to produce a documentary film entitled “Ola: Health is Everything”. This full length feature film explores the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. More importantly, the documentary captures these community-level stories that largely go unnoticed and celebrates in their success.

Ola: Health is Everything debuted in April 2013 at the Hawaii International Film Festival. Since then, community showings of the film have been taking place across the state.

For more information, please visit the Ola: Health is Everything site on Facebook. https://www.facebook.com/OlaHealthIsEverything
For a list of upcoming screening dates, visit http://olamovie.com
If you are interested in arranging a community showing of this film, please contact Gregg Kishaba, Rural Health Coordinator, Hawaii State Office of Primary Care and Rural Health at (808) 586-5446 or gregg.kishaba@doh.hawaii.gov

New Website Featuring Resources for Rural Health in Hawai‘i

The Hawaii State Center for Nursing (HSCN) in partnership with the Department of Health (DOH) has established a central portal to provide current & critical information for dissemination on: (a) rural health care issues in Hawaii, (b) research findings relating to rural healthcare nationally and at state level, and (c) innovative approaches to the delivery of healthcare in rural areas. The website is entitled “Rural Health Nursing in Hawaii.” Visit the website at www.ruralhealthhawaii.org

As we all know, we must increase access to quality primary care for medically underserved populations in rural areas in Hawaii. Advanced Practice Registered Nurses (APRNs) can be part of the solution by providing coordinated, comprehensive, cost effective care. It has been nationally recognized that APRNs are the fastest growing group of primary care practitioners. As the Nation moves forward with healthcare reform, a central source of communication for nurses in the state of Hawaii is essential to promoting a greater understanding of rural health nursing practice and provides the opportunity to improve communication and collaboration among nurses, doctors and other primary care providers.

The Hawaii State Center for Nursing has launched a new website featuring rural health! Contact Liane Muraoka at muraokal@hawaii.edu for further information.
HSRHA will join Hawai‘i Critical Access Hospitals for a Joint Conference in October 2013

Save the Date!

13th Annual Hawaii Medicare Rural Hospital Flexibility Program Conference
October 23 – 25, 2013
Hilton Waikoloa Village,
Waikoloa, Hawaii Island

This year, the Hawaii State Rural Health Association will have a 1-day track (October 24th) available for rural health stakeholders to attend as part of this overall conference.

This conference will bring together members of Hawaii’s critical access hospitals, rural health associations, and community organizations to learn and share from each other. Topics include NRHA Policy Updates, reports from community rural health associations on their community-based initiatives, results of SORH’s Community Needs Assessment Project, Collaborative Systems of Care and the Affordable Care Act, and more...

Registration information coming soon. There will be a limited number of travel scholarships available for rural health association members to attend the 1-day HSRHA track.

Announcements

Rural Health Job Listings At the AHEC Website
Do you want to advertise a job for a doctor, nurse practitioner or physician assistant? Do you want to find a job in one of those areas in Hawaii? Go to the AHEC webpage and either list or find jobs at: www.ahec.hawaii.edu.

Community Health Needs Assessments —The Hawaii Office of Primary Care and Rural Health (OPCRH) has completed community health needs assessments (CHNA) in three rural communities on Hawai‘i Island, Oahu and Maui, (Hale Ho‘ola Hamakua, Kahuku Medical Center, and Kula Hospital) and will be conducting three additional assessments in upcoming months. The entire process takes approximately six months from initial collection of information to the final report. If your community is interested in having the OPCRH conduct a CHNA, or would like to know more about the process, please contact Scott Daniels at 808.961.9460 or scott.daniels@doh.hawaii.gov.

Thank you, Larry for years of dedicated service—Dr. Larry Carter has retired from the HSRHA Board as of June 2013. We are all very grateful for his many contributions to the Hawai‘i State Rural Health Association. Larry spearheaded the Hawai‘i State Rural Health Association’s Annual Conference on Maui in 2011 and provided leadership in the communications committee: establishing our website, and inspiring the development of our newsletter! We will strive to perpetuate Larry’s vision through the many contributions he has made. Happy retirement, Larry!