

September  
2012

wrha



## Do You Ever Wonder About Rural Healthcare Survival?

*Fran Miller, RN, BHS, CCM  
Clinic Management Consultant  
and WRHA Board Member*

Do you ever wonder about the future survival of rural healthcare, who would be part of the workforce, how the inadequacies of financing and payments will be resolved, and what disparities would greatly impact our community health status? This question recently became the top subject of interest relating to the Clinics in our local community surrounding Forks, Washington. The subject arose because of a myriad of changes and events including: retirement of the Clinic Manager and procurement of a new Clinic Manager, loss of Provider staffing affecting continuity of patient care services, job security issues, changes in healthcare claims reimbursement, the general effect of our local, state and federal economy, and the query on what healthcare services our Clinics could continue to provide to their patients and community. We are not alone wondering about what lies ahead during this prolonged economic turmoil. Yet, we are strong and creative, we can embrace this challenge with new ideas, thinking outside the box, and we will find ways to maximize the health and well-being of our rural community populations.

So, where do we start? Strength, reliability, quality, accountability and consistency are a few key words expressed by our rural community. The patients asked simple, but important questions like: Who will be my new healthcare provider? Who will make sure I receive the healthcare services needed to maintain my current medical needs? Who will strive to promote high quality healthcare services within the rural setting? How will I be able to pay for services when there continually seems to be more funding cuts by governmental and private insurance agencies? How will rural healthcare clinics and facilities keep services locally so I don't have to travel so far to receive medical care?



The focus was set and it was time to regroup, set priorities, and incorporate the community, facility, clinics, and healthcare providers leadership to develop a plan of action. The facility re-instituted the Community Advisory Board to create a direct link between our rural community members and our healthcare community. A new Clinic Manager was chosen; Rae Rose took over this position in June, 2012. She is a strong leader with years of experience in the rural healthcare clinic setting, and brings new ideas for improving the quality and efficiency of the clinics healthcare services. Due to changes in Healthcare Providers affecting continuity of care, Ms. Rose promoted more frequent public communications to provide the community with clinic updates.

***Continued on Page 5, Rural Healthcare Survival***

## Upcoming Events

**September 24-25, 2012**

**Northwest Medical Informatics Symposium (NMIS)**

Davenport Hotel  
Spokane, WA  
<http://www.nmis.info>

**October 15-16, 2012**

**19th Annual Joint Conference on Health**

The Coast Wenatchee Center Hotel  
Wenatchee, WA  
<http://www.wspha.org/professional-development/joint-conference-2012>

**November 15, 2012**

**National Rural Health Day**

<http://celebratepowerofrural.org/>

**March 19, 2013**

**11th NW CAH Conference**

Red Lion Hotel at the Park  
Spokane, WA  
<http://extension.wsu.edu/AHEC/CONFERENCES>

**March 20-21, 2013**

**26th NW Regional Rural Health Conference**

Red Lion Hotel at the Park  
Spokane, WA  
<http://extension.wsu.edu/AHEC/CONFERENCES>

## WRHA Salutes Sponsor Members!



**I N H S**  
INLAND NORTHWEST HEALTH SERVICES



Area Health Education Center of Eastern Washington

### Advertising Rates

Size	Cost for single issue	One year Contract (3x/year)	<i>Please note that each WRHA member can place a free classified ad once a year (up to five column lines—plus \$3 for each additional line). New members may place one free business card ad each year by contacting <a href="mailto:wrha@wsu.edu">wrha@wsu.edu</a>.</i>
Full page	\$200	\$500	
1/2 page	\$100	\$250	
1/4 page	\$50	\$100	
Business Card	\$25		
Classified Ad	\$3 per line		

# Table of Contents

## Washington Rural Health Association

Volume 25, No 3  
September, 2012

The Washington Rural Health Association newsmagazine is a publication of the Washington Rural Health Association, a not-for-profit association composed of individual and organization members who share a common interest in rural health. This newsmagazine seeks to disseminate news and information of interest to rural health professionals to help establish a state and national network of rural health care advocates.

WRHA members include administrators, educators, students, researchers, government agencies and workers, physicians, hospitals, clinics, migrant and community clinics, public health departments, insurers, professional associations and educational institutions.

If you are interested in joining WRHA, you can join online at [www.wrha.com](http://www.wrha.com) or use the membership application on page 19.

\*\*\*\*\*

This WRHA print newsletter is published in January, May, and September every year. Annual subscriptions for non-WRHA members are \$35. Send all subscription requests, renewals and address changes to the WRHA email at [wrha@wsu.edu](mailto:wrha@wsu.edu). WRHA also publishes three e-newsletters every year. Find those e-newsletter on the [www.wrha.com](http://www.wrha.com) website mid-March, July, and November.

### Editor:

Myah Houghten

### Communications Committee:

John Hanson

Fran Miller

Alex SnowMassara

Kris Sparks

Visit us at [www.wrha.com](http://www.wrha.com)

1	<i>Do You Ever Wonder About Rural Healthcare Survival?</i>
2	<i>Upcoming Events</i>
	<i>WRHA Sponsors</i>
4	<i>WRHA President's Column:</i>
5	<i>WRHA Updates</i>
6-7	<i>26th NW Regional Rural Health Conference</i>
	<i>Call for Presentations</i>
8	<i>DOH Secretary of Health, Mary Selecky: Rural Health and Public Health – Working Together to Improve Communities</i>
9	<i>The State Office of Rural Health: Help Wanted! We Have Options and Assistance for your Physician Hiring Process</i>
10	<i>Fast Response and Critical Care Save the Day</i>
11	<i>Essential Care, Everywhere: Ensuring Access in Rural Communities</i>
12	<i>Southwest Airlines Rehabilitation Therapy Module Takes Flight in St. Luke's Community</i>
14	<i>ER Manager Flown by Northwest MedStar</i>
15	<i>EMS Live @ Nite Celebrates 10 Years</i>
16	<i>Northwest MedStar Passes CAMTS Renewed Accreditation With Flying Colors</i>
	<i>Northwest Medical Informatics Symposium (NMIS) Brings Together Leading and Local Experts on Health Information Technology (HIT)</i>
18	<i>WRHA Board Member Spotlight: Ruth Ballweg</i>
	<i>2012-2013 WRHA Board of Directors</i>
19	<i>WRHA Membership Application</i>

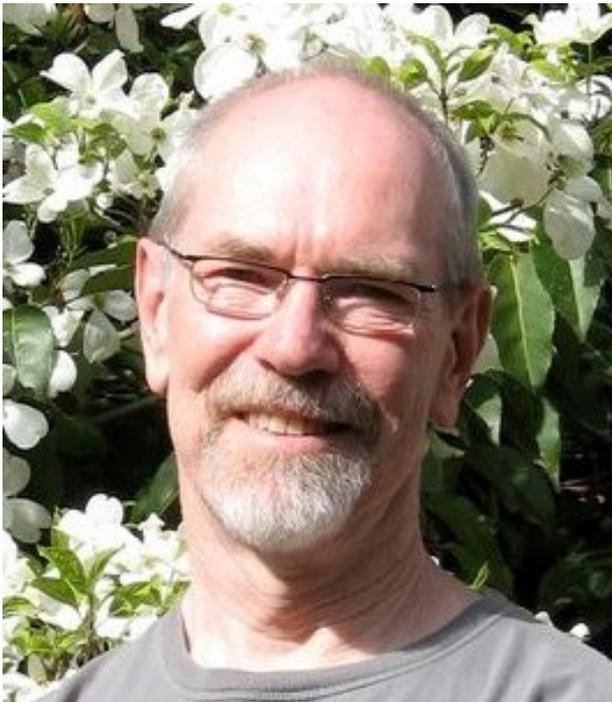
### Newsletter Submission Information

Please send all materials, advertising, photos and correspondence for the print newsletter to [wrha@wsu.edu](mailto:wrha@wsu.edu). **The deadline to submit articles for the next print newsletter is January 4, 2013.**

Submit articles for inclusion in the e-newsletter directly to [www.wrha.com/submission.asp](http://www.wrha.com/submission.asp). **The deadline to submit articles for the next e-newsletter is November 13, 2012.**

## President's Column

**JOHN HANSON, Rural Health Specialist**  
*Office of Community Health Systems/Rural Health*  
*Washington State Department of Health*  
*Olympia, WA*



Last month I attended a Skill Building Workshop for state rural health associations. This workshop was sponsored and led by the National Rural Health Association (NRHA). Even though this was a nation-wide conference, lucky for me it was held in Seattle.

The workshop was an enlightening and valuable experience for me as I got to see and hear how rural health associations are managed in other states and was able to absorb some good instruction from NRHA staff. I want to share some of the things I learned with you.

Medicaid reimbursement to rural clinics and hospitals is a problem for virtually every state in the country. Medicaid is a health entitlement program for poor and disabled people and is shared between states and the federal government. While our whole nation is suffering through an economic downturn most individual states have also been scrambling for the last two years or so to get their spending down to match plummeting revenues. Washington is no exception. Our situation had become so dire that we have had to start cutting into important human services, including Medicaid. Misery loves company and I find it somewhat comforting that Washington's financial woes exist because of economic forces that affect virtually almost every state. We're all in

this together. In our state the heads of both government and of the health care industry are working hard to create alternative ways to help communities through these rough times. It is a virtual certainty that our health care system will change. Dedicated people with power to influence are doing their best to ensure that we wind up with a system that works, that is, as Governor Gregoire has said, one that gets the right services to the right people at the right time.

It was heartening to hear the NRHA say how important rural is. One speaker said, "Rural is not just what's left over after we've decided what urban is. Rural is an entity unto itself with its own unique qualities and issues." The Washington Rural Health Association (WRHA) is working hard on your behalf. We, the State Office of Rural Health stand shoulder to shoulder with administrators, providers, and other citizens to maintain and improve our rural health care system.

Research shows that when members of an association get involved at the board level or on committees their personal sense of satisfaction increases markedly. Are you looking for something worthwhile to do? Would you like to increase your own sense of personal satisfaction? WRHA needs more members. If you are reading this and are not a member of WRHA please consider becoming one. See our website at <http://wrha.com> and learn what we're all about and what benefits you can gain by becoming a member. If you are already a member, perhaps you could do some recruiting in your community. Further, you could consider volunteering to work on a committee. You can find a list of committees on the website and descriptions of what these committees do in the Bylaws page.



## Rural Healthcare Survival, Continued from Page 1

A stronger emphasis was placed on provider recruitment and retention including: potential changes in the incentives to attract healthcare professionals toward the rural healthcare setting, and continuation of professional training programs in our clinics and facility to promote the humanitarian values and address medical challenges of rural healthcare medicine. Acting on the replacement of healthcare providers in a timely basis was encouraged to reduce interruption in continuity of healthcare services for our patients and community. Determining the right mix of healthcare providers is needed to adequately serve the number of patients seeking care in our rural healthcare clinics and facility. Implementation of our new Electronic Health Records system has generated many positive changes for medical documentation, tracking healthcare needs and chronic diseases, peer-to-peer communication related to patient care and best practices, and promoting more efficient and timely billing services. All these efforts have resulted in improved patient satisfaction, quality of care, and greater understanding of the challenges faced in our rural healthcare setting. This is where we started, and our future direction is unlimited because of the efforts to work together to promote improved rural community health outcomes.

And how do we think “outside the box” to provide the best healthcare services possible? Here is one quick patient story: A self-pay patient injured his knee and required physical therapy services. We found funding to pay for one physical therapy evaluation to assess the patient and developed a home exercise program. Using canned foods of various weights and old socks, a weight program was developed. Other similar exercise programs were developed at a limited cost to the patient. The outcome? His knee injury resolved within the economic constraints of the patient, and the healthcare provider and patient were very pleased with the outcome.

Rural healthcare will survive as long as there are dedicated and innovative people in rural communities and healthcare, governmental and insurance industries willing to collaborate with each other to form a common bond and goal of supporting a better rural healthcare delivery system.



## WRHA Updates

### Online Membership Accounts

When was the last time you logged into your WRHA membership account? Accessing your account is easy and can ensure your membership is current, we have your correct contact information, and you have access to all WRHA resources. To access your account, simply sign on by going to [www.wrha.com](http://www.wrha.com) and entering your member login username and password. Some of the benefits of using your online membership account include:

**Access and Edit Your Profile.** Does the WRHA have your most current contact information? If you are the main contact for an organization does your membership reflect the correct additional members, both name and email? Using the edit profile feature also allows you to change your own password, show interest in WRHA committees, and turn on/off a request for a printed newsletter (which will mailed to your profile address if you specifically request it).

**Access and Designate Newsletter Preferences.** WRHA publishes three electronic newsletters (e-newsletter) each year. Those e-newsletters are distributed March, July, and November. WRHA also publishes three print newsletters each year. Those print newsletters are posted online in .pdf format in January, May, and September. If you would like to receive a print newsletter to proudly display in your office just log into your WRHA account and update your profile by clicking the “print newsletter” box. This current September 2012 newsletter was sent to all WRHA members. However, in the future, if you would like to continue to receive a print copy by mail, you will need to update your account by editing your profile and specifically requesting a print newsletter.

**Access the WRHA Membership Roster and Other Resources.** When you are logged into your account online, and are paid through the current year, you have access to a full membership roster. See who belongs to the WRHA in your area! Also, have quick access to the WRHA Bylaws, current and archived e-newsletters, and your most recent payment receipt.

**Renew Your Account.** If you would like to get ahead of the game you can renew your membership up to one year in advance with two options to choose from. Choose Pay Online, which requires a credit or debit card, or choose Invoice Me, then print and mail your invoice along with a check or money order to WRHA.

Questions and concerns can be addressed to WRHA at [wrha@wsu.edu](mailto:wrha@wsu.edu) or through the contact page on the [www.wrha.com](http://www.wrha.com) website.

# Call for Presentations! 26<sup>th</sup> NW Regional Rural Health Conference

## Rural Health Leading the Way!

March 20-21, 2013  
Red Lion Hotel at the Park  
Spokane, WA

Your colleagues from Washington, Oregon, Idaho, Montana, and Alaska will gather in March to share strategies and cutting edge ideas, discuss innovations and out-of-the-box ideas, and share success stories as we all look at the future of our organizations and rural health. The conference is the largest rural health conference in the region and draws close to 300 attendees plus exhibitors. Hundreds of rural health professionals attend ranging from rural health administrators, health care providers, board members, educators, state and federal staff, public health officers, researchers, information technology specialists, and more.

This year's conference focus is on the future and how rural health is leading the way through sharing proven tips, tools, methods or initiatives. Breakout session content shall focus on an exchange of information about programs and innovative strategies that can be models for changing rural health and health care delivery at the state and regional levels.

**The committee is particularly interested in abstracts that can serve as best practices for other communities, providers, regions, states or nationwide.**

**The NWRRHC planning committee is asking you to consider submitting an abstract to be reviewed for inclusion as a conference presentation.**

The deadline for submission of abstracts is October 23, 2012. For more information and submission guidelines, go to <http://extension.wsu.edu/ahec/conferences>.

*Continued on Page 7, Rural Health Conference*



**RURAL HEALTH LEADING THE WAY!**

**CALL FOR PRESENTATIONS**

26th NW Regional Rural Health Conference  
March 20 – 21, 2013  
Submission Deadline: October 23, 2012  
Alaska • Idaho • Montana • Oregon • Washington

## **Rural Health Conference, Continued from Page 6**

### **Potential Presentation Topics:**

The list below is merely an aid. The conference program committee also welcomes presentations on other areas of rural health and rural health care delivery.

- ◇ Implementation of the Affordable Care Act
- ◇ Development & Connection in Planning for Health Care: Community Based Solutions/Leadership
- ◇ Recruitment & Retention; Pipeline Development; Workforce
- ◇ Shortages in Health Care Professionals
- ◇ Integration of Care
- ◇ Health Homes
- ◇ Community Health Workers
- ◇ Community Wellness & Health Improvement
- ◇ Partners, Prevention, and Politics; Community Leadership
- ◇ Advocacy
- ◇ EMS Services
- ◇ Civility
- ◇ Accountable Care Organization
- ◇ Patient Safety
- ◇ Reimbursement Advocacy
- ◇ Health Information Technology
- ◇ Aging Populations
- ◇ Veterans
- ◇ Native Health
- ◇ Oral Health
- ◇ Mental Health
- ◇ Health Care Disparities
- ◇ Substance Abuse Treatment and Prevention
- ◇ Special Populations

Questions?

Contact Call for Presentations Committee Chair, John Hanson, [john.hanson@doh.wa.gov](mailto:john.hanson@doh.wa.gov), (306) 236-2819 at the Washington State Department of Health, Conference Chair, Jodi Permuter, [Jodi@wwahec.org](mailto:Jodi@wwahec.org), (206) 441-7137 at the Western Washington Area Health Education Center, the conference managers, [ahec@wsu.edu](mailto:ahec@wsu.edu), (509) 358-7640 at the Area Health Education Center of Eastern Washington.

## **Rural Health and Public Health – Working Together to Improve Communities**



For almost 14 years now, I've been Washington's secretary of health. It's a job that has taken me from rural northeast Washington to the state capitol in the south Puget Sound. I know firsthand the value of our state's rural health providers, and I continue to be impressed by your dedication. You've been a steady and reliable partner in improving community health.

As one of public health's most important allies, you often serve as our boots on the ground, reaching your communities with essential public health information and services. I know how important it is for health professionals to have accurate information at your fingertips, and I hope you'll bookmark our Department of Health website — [www.doh.wa.gov](http://www.doh.wa.gov) — we have resources for you and your patients.

If you check out our site now, you'll find some great news for the health of our state — the state Tobacco Quitline is back in business and providing help to everyone who calls. Tobacco users can call 1-800-QUITNOW, or 1-877-2NO-FUME in Spanish, to get free help quitting smoking. About a year ago, budget cuts forced us to stop helping people who were uninsured or underinsured. In the year since, more than 6,000 people who called did not qualify for help. It was heartbreaking.

This spring, Governor Chris Gregoire included quitline funding in her budget, and the legislature approved it. Starting in August, we resumed helping people who don't have insurance that includes cessation coverage. Quit coaches are now calling back the people we couldn't help last year.

Statistics show that in some rural areas, tobacco use is higher than in our large cities. Ask your patients if they smoke, and if they do, have them give us a call. They'll get free help from a quit coach, and those who qualify can get some free nicotine replacement therapy, like nicotine gum or patches. Quitting smoking is among the best things that anyone can do for their health.

We've learned a lot about how health care professionals influence tobacco use and other addictions and health behaviors. We're seeing results in another problem area: methamphetamine. This dangerous, illegal, and highly addictive drug also known as "meth" was staking out territory and taking a toll on people in our state. It has destroyed the lives of users and their families, and meth labs in apartments, houses, and vehicles created a serious environmental health hazard.

There was a time when Washington was called the "poster child" of the meth epidemic — meth production and use were rampant here. Now, we're setting an example for the nation, and meth labs have dropped significantly. How? The same way we approach any disease: find the source of the problem and do our best to prevent it.

Millions of people buy and safely use cold and allergy medicines without a prescription. Pseudoephedrine is a key ingredient in these drugs, and a key ingredient in meth. We have laws to limit sales of pseudoephedrine, yet monitoring has been a challenge. In October 2011, that changed. Washington is one of 17 states now using the National Precursor Log Exchange. There are 1,056 pharmacies in Washington using the system overseen by the state Board of Pharmacy. Through the end of July, the system logged 1,023,929 purchases and blocked the sale of 13,391 products used in making meth — a total of 82 pounds. The number of blocked sales has increased each month as more retailers use the system effectively. The real-time system tracks purchases and immediately alerts the retailer if limits are exceeded. It's another example of public health and health care professionals working together to help people and communities. We still have work to do in prevention and treatment, but blocking access to the ingredients used to make meth is a big step in the right direction.

I've worked in public health for more than 33 years and I still learn something new every day. In our state's health delivery system, there have been some incredible advances. New technology makes sharing information faster and more efficient. Joint planning for public health emergencies has improved our readiness to address health threats and the relationships we've built pay off in better community health.

As we plan for the future of health care and rural health, we can count on each other to continue our dedication to making Washington a healthier place to live, work, and play.

## Help Wanted! We Have Options and Assistance for your Physician Hiring Process

You don't have to be an actively recruiting clinic manager to realize that hiring a primary care physician is challenging. According to the U.S. Department of Health and Human Services, the country needs 15,230 more primary-care doctors to meet patient demand and the gap is widening. On the Washington state section of the [3RNet.org](http://3RNet.org) website, where employers providing care in rural and underserved communities post advertisements, there were recently 102 active posts seeking physicians. Fifty of those advertisements sought family medicine physicians, another 19 advertisements wanted to hire internal medicine physicians. It is a good time to be a primary care physician seeking a job and a rough time to be recruiting.

### Recruitment Services

The Washington State Office of Rural Health and Primary Care Office work to help connect employers with physicians in order to increase access to healthcare. Natalie González is the recruitment specialist for our state. She offers direct recruitment and retention assistance to communities and practices along with operating a clearinghouse to match primary-care providers with potential employers. If you would like to know more about how the Department of Health can assist your recruiting efforts, contact Natalie at 360-236-2815 or [Natalie.Gonzalez@doh.wa.gov](mailto:Natalie.Gonzalez@doh.wa.gov).

### J-1 Visa Waiver Program

If your healthcare facility has spent more than six months unsuccessfully trying to recruit a U.S. trained physician, then sponsoring a foreign medical school graduate through Washington's J-1 Visa Waiver Program might be a good option to consider. The J-1 Visa Waiver Program, also known as the State Conrad 30 program, is managed by Renee Fullerton at the Department of Health. The federal program was initially conceived by U.S. Senator Kent Conrad from North Dakota as a way of addressing the shortage of primary care physicians in rural areas. Physicians who complete a U.S. residency and would like to remain in the United States to practice are eligible for a J-1 waiver if they secure employment at an appropriate health facility. The doctors receive a waiver of the requirement that they must return to their home countries in return for pledging to work for three years in federally designated health professional shortage areas (HPSAs) or whole county medically underserved areas (MUAs).

Washington can sponsor up to 30 J-1 Visa Waivers per federal fiscal year (October 1 — September 30) for international medical graduates. The federal government allows states leeway to decide how best to manage the program. Some states only provide waivers to primary care physicians working in geographic HPSAs. Washington has taken a broader view and allows hospitalist and specialists to apply for waivers as well. There are also a limited number of waivers available for practices located outside HPSAs that can show they serve HPSA residents. Communities across our state have found foreign-trained doctors to be an essential part of their healthcare system.

If you would like to know more about whether a J-1 Waiver physician would be a good fit with your community, contact Renee at 360-236-2814 or [Renee.Fullerton@doh.wa.gov](mailto:Renee.Fullerton@doh.wa.gov).

Finding the right physician for your healthcare facility can require both patience and doggedness. But working with the staff at the Washington State Office of Rural Health and Primary Care Office can help you to take down your "physician wanted" advertisements sooner.



# **Fast Response and Critical Care Save the Day: Garfield County EMS, Life Flight Network and Saint Joseph Regional Medical Center Team Up to Save Pomeroy, WA, Man**

Chuck and Lynda Mellinger consider their cabin outside of Pomeroy, Washington the perfect place to recharge, hunt, fish, and enjoy the beauty of nature while taking a break from their family-run business. On Memorial Day weekend, Chuck planned to do landscaping work around the cabin using his excavator. Once Chuck was underway clearing brush with the excavator, he began having difficulty breathing, which he assumed was an asthma attack. His inhaler did not provide relief.

Chuck's breathing rapidly deteriorated, with symptoms similar to a medical emergency he experienced in 2008 where acid reflux caused tracheal and periorbital swelling which lead to respiratory arrest. His wife Lynda was nearby; she quickly recognized Chuck was in respiratory distress and gave him two doses of Epinephrine via his epi pen. There was no relief in sight.

The Mellinger's cabin is in a remote location near Baker Pond. With no cell phone reception, they had to drive 1¼ miles to call 911. During the short drive, Chuck's condition worsened and he went into cardiac arrest; Lynda initiated CPR while waiting for emergency responders. A retired fire officer from a nearby cabin assisted with CPR until the Garfield County Fire District EMS crew arrived. Off duty Garfield EMTs Terry John and Gary Bowles happened to be in the area and responded when they heard the call for help. Fire Chief Kris Darby, along with EMTs Reuben Breithaupt and Sue Nelson, soon arrived in the ambulance and took over CPR. During their resuscitation efforts, Chuck regained a pulse, but remained unconscious and in critical condition. Life Flight Network was activated to provide critical care and rapid transport.

The Life Flight Network critical care team of Ella-Mae Keatts, RN, and James Turpin, EMT-P, arrived at the designated landing zone 20 minutes after being summoned. Upon their arrival, Chuck was unconscious, cyanotic, and being ventilated via bag valve mask. The cardiac monitor showed sinus tachycardia, with a corresponding strong pulse. The flight team quickly determined Chuck required an advanced airway and performed rapid sequence induction, successfully securing an advanced airway. Chuck's skin color improved and his oxygen levels increased to 100% after intubation. With assistance from Garfield County EMS crews, Chuck was rapidly prepared for helicopter

transport. During the seven-minute flight, Chuck had increased airway resistance which was aggressively managed by the flight crew. His vital signs remained stable, and a hypothermia protocol with chilled saline was initiated.

Upon arrival at Saint Joseph's Regional Medical Center, Chuck's ventilation had improved. Care was transferred to Dr. Matthew Lysne and the emergency department team who continued the hypothermia protocol. Chuck's body temperature was lowered to 79 degrees. Chuck is alive today because of the incredible team that helped save him Memorial Day weekend. He was discharged home one week after his cardiac arrest and is now in the care of a Gastroenterology specialist in Seattle. All of his healthcare providers believe there are one or more triggers for his tracheal swelling, with campfire smoke as the most likely culprit.

It was reported Chuck had been in cardiac arrest for more than 30 minutes prior to Garfield EMS arrival. Chuck is grateful his wife and neighbors were there to help him, and for all the support he received from Garfield County EMS, Life Flight Network, and his specialty care team at Saint Joseph's Regional Medical Center. He references the movie, "It's a Wonderful Life" when talking about the kindness his family experienced during this time. He is especially thankful for Garfield County EMT Sue Nelson, who drove his wife to the hospital and stayed there until family members arrived, the neighbors who stepped in to close up the cabin, and friends who helped his daughter build the trophies their business was on a deadline to complete while he was hospitalized. Chuck knows he will always have health issues; however he is making lifestyle and schedule changes, keeping a portable nebulizer nearby and once again looking forward to deer and elk hunting in eastern Washington this fall.



## Essential Care, Everywhere: Ensuring Access in Rural Communities



*Snoqualmie Valley Hospital*

The Washington State Hospital Association (WSHA) and Association of Washington Public Hospital Districts (AWPHD) have launched a campaign entitled “Essential Care, Everywhere”. During the 2012 legislative session, critical access hospitals narrowly avoided cuts that would have devastated the local health infrastructure in rural areas. Many legislators—particularly those from urban and suburban districts—were not aware of the breadth and interconnectedness of the system of care in rural communities. Having called attention to the paucity of data, WSHA and AWPHD offered to take the lead in educating legislators about the vital need for health care access in every Washington community. Recognizing that many legislators often take an urban-centric approach to health policy, this campaign presents an opportunity to highlight the distinctive demographic and health delivery landscape in rural communities, while conveying our firm belief that everyone should have access to essential care regardless of where they live.

### **A Comprehensive Look at the Health of Rural Communities**

Throughout the summer and early fall, we will be engaging 42 rural communities to create a comprehensive portrait of the rural health status of Washington State. We will evaluate the service area demographics and health status information for each community and compare changes over time. At the same time, we will survey hospitals to determine their perception of service provision within the community. Additionally, we will

ask other providers—including providers of primary care, behavioral health, oral health and case management—to help us understand better what other services exist or are needed in each community.

### **Current Payment Methodologies: What’s Working and What Can We Improve**

A second aim of this effort is to evaluate how rural providers are reimbursed for care delivery. We have engaged independent consultants both locally and nationally to review Medicare beneficiary data for each community and finance information from participating hospitals to determine the cost of providing care in rural Washington. This information will in turn help to evaluate what the current payment methodologies support or discourage in practice. Many hospitals both within and outside Washington are already implementing creative tools to help deliver efficient, high quality care; this report will help detail the regulatory changes that can be made to continue the important work being done on this front while making it easier for hospitals to serve the needs of their community.

### **The Final Report**

With collaborative planning, creative use of emerging innovations and appropriate financial and regulatory incentives, access to essential services for everyone is possible. In its entirety, this report will make the case to the legislature of the critical need to preserve local health services in rural Washington. Moreover, it will be used to engage communities across Washington in meaningful conversations about the health of their communities. The challenges faced by rural communities are unique and cannot be approached as simply smaller versions of urban health systems. Cutting rural hospitals will be devastating to communities; this report will provide the data needed to make that case.



*Whidbey General Hospital*

# Southwest Airlines Rehabilitation Therapy Module Takes Flight in St. Luke's Community Innovative Airplane at St. Luke's Rehabilitation Institute Helps Patients Experience and Prepare for Real-Life Travel After Injury or Illness



*St. Luke's Felicia Reilly, Occupational Therapist (left) and Lynda Housden, St. Luke's patient (right) in the SWA therapy plane at St. Luke's Community.*

Southwest Airlines has landed at St. Luke's Community, a 2,200 square foot real-life therapy area at St. Luke's Rehabilitation Institute dedicated to helping people recover after an injury or illness. A portion of a fuselage was retrofitted to be part of St. Luke's therapy program, the region's only level I trauma rehabilitation hospital.

"In the comfort of St. Luke's Community, therapists coached me on how to board and exit the airplane, navigate the aisle, side step into and out of a seat and sit and stand," said Lynda Housden, a St. Luke's patient recovering from knee replacement and adjusting to a recent Multiple Sclerosis diagnosis. "I was so excited, and thrilled to know that the skills I learned in the Southwest Airlines airplane module would prepare me for my next business trip. I have all the confidence in the world."

St. Luke's Community is designed with the everyday in mind – from the grocery store, bank, office and restaurant to the bus, car and airplane. With the guidance of physical, occupational and recreational therapists, patients practice getting in a car and putting on their seatbelt, cross the street, navigate the curb and different surfaces; patients board a bus and now an airplane.

"Southwest Airlines' contribution to St. Luke's Community is helping patients regain confidence in their abilities to travel after an illness or injury," said Nancy Webster, St. Luke's therapy director. "Southwest is known for their commitment to the communities they serve and we are grateful for their support."

"Southwest Airlines is proud to partner with St. Luke's on this unique opportunity to create an airplane therapy module that will help patients return to their daily lives faster," Southwest Airlines' Spokane Station Manager J Evans said. "This is the first time Southwest has partnered with a hospital in this manner, and we look forward to learning how we can best serve our customers and continue offering our Legendary Customer Service." Southwest posted Lynda's blog about her therapy experience and had 45,000 viewers on Southwest's employee website.

For more information about St. Luke's Community and St. Luke's, follow online and through social media:

St. Luke's Community Photos: <http://ow.ly/user/stlukesrehab>

St. Luke's website: [www.st-lukes.org](http://www.st-lukes.org)

St. Luke's on Twitter: <http://twitter.com/stlukesrehab>

St. Luke's on Facebook: <https://www.facebook.com/stlukesrehab>





## You make your patients' lives better. We'll do the same for you.

To help health care providers focus more on patients and less on the demands of Medicaid, Amerigroup offers a wide range of services and support programs. We're a different kind of managed care organization preparing to lay down roots in Washington and looking to team up with quality providers like you.

### Here's why we can help both you and your patients:

- **Our focus on Medicaid** and other publicly funded health care programs only
- **Online eligibility verification**, claims submission and preauthorizations
- **Personal support** from local Provider Relations representatives
- **Efficient precertification requirements** to minimize the administrative burden on your practice
- **A National Contact Center with:**
  - A provider inquiry line for when you can't access the Internet
  - Live agents to assist with authorizations, claims and eligibility information
  - A 24/7/365 Nurse HelpLine
- **Fast and accurate electronic claims** submission and payment

We invite you to learn how you can join our network by visiting us at [www.washington.joinagp.com](http://www.washington.joinagp.com). Also, be sure to take a look at our Real Stories video series. And watch how we change the lives of both patients and providers for the better.



[www.washington.joinagp.com](http://www.washington.joinagp.com) • 206-505-3402

See how we help primary care practices become medical homes. Get the app at <http://tag.microsoft.com/download.aspx>

## ER Manager Flown by Northwest MedStar



Lisa Barber manages the emergency room at Providence Mount Carmel Hospital, a critical care hospital in Colville, Washington. In November 2011 when she suffered a brain aneurism, Lisa was at home.

“My husband found me not very responsive and called the ambulance,” she said, explaining that her hospital colleagues found the bleed with a CT scan and immediately called NW MedStar.

“They pick-up patients at our hospital all the time,” she said, noting that as a nursing supervisor she’d had many positive interactions with the NW MedStar critical care teams.

“We rely on Medstar. From our perspective in the ER, we are always so happy to see them when we have a really critical patient because we are a small hospital and have limited resources. When they come we know our patients are going into good hands. There is a lot of trust between our staff and the MedStar staff. We know they are going to take good care of people we like and care about.”

A week after Lisa’s helicopter flight to Providence Sacred Heart Medical Center she met the NW MedStar team again when her doctors determined she needed transport to Harborview Medical Center in Seattle.

This time she was awake for the flight on NW MedStar’s fixed wing aircraft.

“I don’t remember the trip at all from Mount Carmel to Sacred Heart but I do remember the fixed wing trip,” she said. “The respiratory therapist and RN with me were awesome. They talked to me and pointed out the pretty lights over the city as we were approaching Seattle. It made me feel really comfortable to look over and see their faces in flight. To have such skilled people like that, with high ideals and high levels of confidence, is just great.”

At Harborview Lisa had surgery and spent two and a half weeks in treatment, getting a shunt and stents for the aneurism. Four months later she returned to work part-time as she continued to regain her strength and stamina. Now she’s recommending the NW MedStar membership to her colleagues.

“It’s so cheap and it really makes a difference. It was reassuring to have the MedStar membership benefits, to know it would be covered. Most people don’t have that much money hanging around,” she said, noting that you never know when you might need it. “With an aneurism you wouldn’t know you had one until something happened. The neurosurgeon said it’s just plain bad luck...We are just thankful that they are there and take good care of people.”



*Lisa Barber and daughter, May 2012*

## EMS Live @ Nite Celebrates 10 Years

It started as monthly classes for a small group of EMS providers in north Spokane. This year it celebrates its 10th anniversary. EMS Live @ Nite has grown to bring a monthly live training program to EMS agencies in a six-state area at up to 60 sites and 200-300 attendees over NW TeleHealth and connecting networks. It has provided nearly 13,000 CEUs to EMS providers.

That's thanks to Dr. James Nania and Spokane County EMS Administrator Ray Tansy who were leading those early classes in Spokane and wanted to do more for rural EMS professionals.

"They started it and have been the backers the entire 10 years," said Emily Fleury, Health Training Network and Community Wellness Director.

Many rural EMS serve their communities, often responding to emergencies and maintaining their certifications on top of working full-time jobs. "We are fans of those people in the rural areas. We want to help them in anything we can do," said Nania.

"The vast majority of EMS people in the nation are volunteers," said Tansy. Both Tansy and Dr. Nania volunteer their time with the program.

Brainstorming led to a partnership with Inland Northwest Health Services (INHS) to launch EMS Live @ Nite utilizing NW TeleHealth to reach more people. A grant helped the program expand. After the two-year grant expired, INHS continued sponsoring the program. Thanks to NW TeleHealth connections with other regional networks classes began to reach a wider and wider area.

"We serve people over a large geographical area. For them to get CME is a logistical challenge," said Nania. "So we bring the CME to them. It hit a market niche where people in their own EMS areas can get a quality education without having to travel."

"It's one of the largest educational series over telehealth in the country," said Fleury.

"Sometimes the things that are important you don't see much in the field, but the class may increase the chance you will do it right when you do encounter a case like that," said Nania.

Looking forward, Nania and Tansy said they want the program to grow so they can reach even more EMS professionals with continuing education.

In the meantime, Fleury said they hope to make the classes available as an online download for participants who can't make the monthly meeting. "We are not too far from that," she said. "It's been wildly successful and we want to keep it going."

EMS Live @ Nite meets the second Tuesday of each month (September – June).

Topics range from head trauma, emergency childbirth and gunshot wounds to stroke, cardiac and burn care, covering current medical protocols and how to respond to a wide variety of medical emergencies. For information visit [healthtraining.inhs.org](http://healthtraining.inhs.org).



## Northwest MedStar Passes CAMTS Renewed Accreditation With Flying Colors



Northwest MedStar, critical care transport program, has received full re-accreditation from the Commission on Accreditation of Medical Transport Systems (CAMTS). Northwest MedStar has received CAMTS accreditation continuously since 1996. This accreditation recognizes Northwest MedStar as part of an elite group of medical transport service programs throughout the nation.

“We are extremely proud of the Northwest MedStar staff and program for consistently upholding the nationally recognized standards that CAMTS has determined for quality patient care and transport,” said Eveline Bisson, program director of Northwest MedStar. “The recent reaccreditation of our transport services is another accomplishment and speaks to the quality, training and skills of the team.”

CAMTS is a non-profit organization dedicated to improving the quality and safety of medical transport services. CAMTS accreditation is a voluntary process and focuses on the delivery of quality patient care and safety in the transport environment. The accreditation process involves an onsite survey and a broad review of all aspects of the operation. To maintain accreditation, a program must be in significant compliance with the CAMTS Accreditation Standards and demonstrate a high level of overall quality in service.

As one of just 149 CAMTS accredited emergency transport services in the country, Northwest MedStar averages 3,500 transports per year, including helicopter, fixed-wing and ground transport. Northwest MedStar’s primary service area covers eastern Washington, northern Idaho, western Montana and eastern Oregon. Northwest MedStar also provides patient transport to Seattle and other facilities throughout the United States and parts of Canada.

### About Northwest MedStar:

*Northwest MedStar, a Commission on Accreditation of Medical Transport Systems (CAMTS) accredited critical care transport program, provides high-quality care and transport to over 3,500 patients each year from its bases in Spokane, TriCities, Moses Lake and Pullman, Washington. All flights are conducted by, and operational control over all aircraft is exercised solely by Metro Aviation, Inc. Committed to serving the people who live, work and play in the Inland Northwest region, Northwest MedStar also offers a membership program that shields people from emergency air transport costs not covered by health insurance. For more information about Northwest MedStar or the membership program, visit [www.nwmedstar.org](http://www.nwmedstar.org)*

## Northwest Medical Informatics Symposium (NMIS) Brings Together Leading and Local Experts on Health Information Technology (HIT)

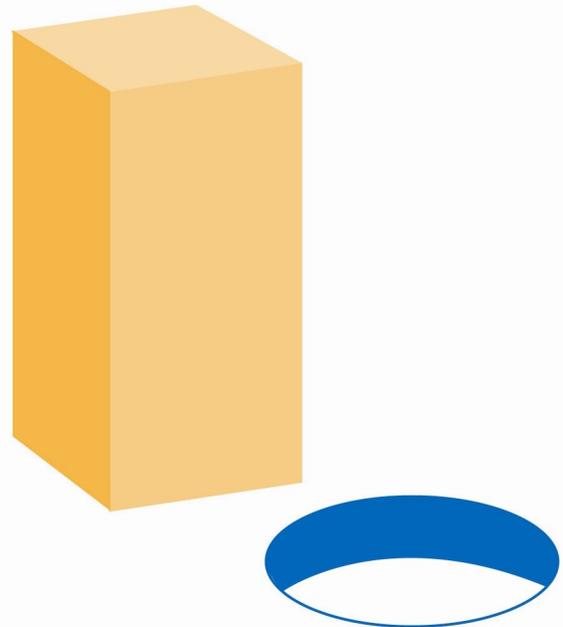
Strategies for confronting the challenges of health information technology (HIT) will be presented.

The Northwest Medical Informatics Symposium (NMIS) to be held September 24-25, 2012, in Spokane, Washington at The Davenport Hotel. NMIS is presented by Inland Northwest Health Services (INHS) in partnership with eHealth Initiative and HiMSS Washington Chapter. Topics include HIMSS Analytics EMR Adoption Model, Preparing to Meet Meaningful Use Stage 2, New Payment Reform Models, Understanding Accountable Care, Transitioning to ICD-10, Getting to a Paperless EMR, Providence Epic Journey, GE Centricity / Meditech integration. Visit <http://www.nmis.info> for up-to-date information and to register or call (509) 232-8142. INHS customers, please contact your customer representative prior to September 1 before registering.



NORTHWEST MEDICAL INFORMATICS SYMPOSIUM

You can't  
fit a square  
peg into a  
round hole.



And you shouldn't change your hospital  
to fit a vendor's EHR.

Prognosis understands that no two hospitals are alike. That is why we built our enterprise EHR solution to adapt to the workflows and best practices already in place at your organization. From order sets to physician-specific charting, we configure our solution to best meet your needs. We don't replace what you do. We enhance it.

*To see how adaptable our system is,  
schedule a Web demo at [prognosishis.com/demo](http://prognosishis.com/demo).*



## **Board of Directors Spotlight**

*Ruth Ballweg, MPA, PA-C, Assoc Professor & Section Chief  
MEDEX Northwest PA Section, Dept. of Family Medicine  
School of Medicine, University of Washington*

*With each publication we would like to introduce you to a member of the WRHA Board of Directors.*

*This publication we would like to introduce a valuable member of the board: Ruth Ballweg*



Being a new member on the WRHA Board, I've been asked to introduce myself and spotlight my rural health "credentials" and concerns. I know many of you and look forward to meeting more WRHA members!

As a Physician Assistant, I've served as the Program Director of the MEDEX Northwest Physician Assistant Program at the University of Washington School of Medicine since 1981. I

graduated from MEDEX in 1977 and returned to Ashland, Oregon in Family Medicine. Later I worked in Public Health at the Bremerton-Kitsap County Health Department before joining the UW faculty.

The MEDEX Program has a long history of commitment to rural communities in the Pacific Northwest. In 1969, as one of the nation's first PA Programs, MEDEX began training military corpsmen for pioneering jobs with Washington's rural doctors and hospitals. Over 40 years later, we're proud that over one third of our 2000 graduates come from military medical backgrounds.

MEDEX—and the PA profession—has grown a lot since 1969. We currently operate 4 training sites (Seattle, Yakima, Spokane, and Anchorage) to better serve the needs of our region's place-bound second career students. Our goal is recruit community-based experienced health care people to be retained in their home communities. As a result our graduates are well-distributed throughout our state's rural communities.

I also serve on UW School of Medicine committees involved with rural health and the health workforce pipeline. These include the Regional Affairs Group, the AHEC Advisory Committee, and the Executive Committee for Admissions. I'm a strong advocate for rural students, rural communities and rural health care delivery systems. While I believe that we should always maximize external resources available to rural communities, it's also important to acknowledge that the best "solutions" are often local and are based on a community's specific strengths.

The key to those strengths is community based leadership—and it's here that organizations such as the WHRA can have our biggest impact!

**2012-2013**

## **WRHA Board of Directors**

**John Hanson, President, Olympia**  
**Konrad Capeller, President-Elect & Treasurer, Spokane**  
**Bettie Rundlett, Secretary, Spokane**  
**Nancy Alleman, RDH, BS, Steilacoom**  
**Chuck Baker, Tri-Cities**  
**Ruth Ballweg, MPA, PA-C, Seattle**  
**Vicky Brown, Immediate Past President, Moses Lake**  
**Charlie Button, Dayton**  
**Paula Dowdle, Port Townsend**  
**Fran Miller, Forks**  
**Nancy Nash-Mendez, Omak**  
**Jon Smiley, Sunnyside**  
**Alex SnowMassara, Olympia**

## **NRHA State Association Council Representatives**

**John Hanson, President, Olympia**  
**Konrad Capeller, President-Elect & Treasurer, Spokane**

## **NRHA Past-President and State Office Council Representative**

**Kristina Sparks, Olympia**



# Lead the way ... Join WRHA!

The Washington Rural Health Association is a non-profit membership organization whose primary focus is to advocate for the preservation and improvement of rural health in Washington State.

The special challenges of delivering healthcare in rural areas of Washington were the driving force in the development of the WRHA. The Association provides a neutral forum for exchanging information, developing common strategies—particularly regarding legislative action—and representing rural health needs in a coherent fashion.

WRHA's diverse constituency is composed of members interested in providing leadership on rural health issues. It includes individuals and organizations involved in rural health: healthcare providers of all types; hospitals, mental health and dental, community centers, consumer groups, and elder services programs; insurance, legal & financing organizations; policy makers and educators; rural business leaders; and health consultants.



The Washington Rural Health Association's goals are to:

- Serve as an advocate for rural health while securing access to high quality healthcare services for rural citizens and individuals vacationing or traveling through rural areas;
- Assist in providing enhanced opportunities for education and training for rural healthcare providers;
- Increase communication among interested individuals and organizations with common goals to help promote partnerships, coalitions and other cooperative arrangements to benefit rural healthcare delivery;
- Promote enhanced understanding of rural health issues while working toward the improvement of regulatory, financing and insurance industry policies affecting the delivery of rural health services; and
- Support the work of existing constituency groups in their efforts to pursue improvements in rural healthcare.

## MEMBER BENEFITS

- Discounted registration to the annual Northwest Regional Rural Health Conference.
- Representation in Statewide Office of Rural Health.
- An opportunity to have a voice in rural health by joining your state legislator at Rural Health Policy Day in Olympia.
- Representation in State Association Council of National Rural Health Association.
- Individual members have one vote pertaining to Association matters and one year subscription to the WRHA newsletter. Organizational members have three votes and three one year subscriptions to the newsletter.

## SPONSOR BENEFITS

Bronze Sponsorship—\$750—\$1,499—One year organizational membership in WRHA and recognition at the Annual Membership Meeting.

Silver Sponsorship—\$1,500—\$2,499—One year organizational membership in WRHA, recognition at the Annual Membership Meeting, complimentary exhibit booth and one conference registration at the Northwest Regional Rural Health Conference.

Gold Sponsorship—\$2,500—\$4,999—One year organizational membership in WRHA, recognition at the Annual Membership Meeting, complimentary exhibit booth and two conference registrations at the Northwest Regional Rural Health Conference, plus one quarter page advertisement in the WRHA newsletter for one year (three publications).

Platinum Sponsorship—\$5,000 or more—One year organizational membership in WRHA, recognition at the Annual Membership Meeting, complimentary exhibit booth and two conference registrations at the Northwest Regional Rural Health Conference, plus one half page advertisement in the WRHA newsletter for one year (three publications).

## Washington Rural Health Association Membership Application

October through September

Name: \_\_\_\_\_

Additional member names (if organizational or sponsor member)

- 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Category:

- Individual (\$70/Oct -Sept)
- Organization (\$240/Oct -Sept)
- Student (\$15/Oct -Sept)
- Bronze Sponsor (\$750-\$1,499)
- Silver Sponsor (\$1,500-\$2,499)
- Gold Sponsor (\$2,500-\$4,999)
- Platinum Sponsor (\$5,000 or more)

If you wish to join a committee:

- Membership/Communication Committee
- Legislative Committee
- Education Committee
- Awards Committee
- Finance Committee

The WRHA Newsletter will come to your email address unless you check here:  I prefer a hard copy of the newsletter mailed to the above address.

Washington Rural Health Association  
PO Box 1495  
Spokane, WA 99210-1495

*Change Services Requested*



Celebrating the 10<sup>th</sup> season of EMS Live @ Nite. Together we are bringing quality education and care to people we serve in our communities.

Health Training Network | Northwest TeleHealth | Northwest MedStar



Download the 2012-2013 Schedule at  
[www.healthtraining.inhs.org](http://www.healthtraining.inhs.org)

601 W. 1st Ave. | Spokane, WA 99201 | 509.242.4264 | [healthtraining.inhs.org](http://healthtraining.inhs.org)



Inland Northwest Health Services (INHS) is a non-profit corporation in Spokane, Washington providing collaboration in health care services on behalf of the community and its member organizations Providence Health Care and Empire Health Foundation.