



Virginia State Rural Health Plan Access Council  
Conference Call Meeting Minutes  
Tuesday, February 19, 2009, 4:30 – 5:30 PM

**Access Council Members Present:** Howard Chapman, David Edwards, Georgeann Schmied, Wade Davenport, Maggie Ray, Derek Burton, Kirk Ballin, Jim Wood, Sarah Jane Stewart, Cheryl Harris, Luanne Osborne, Carole Pratt, Sheena MacKenzie, Janice Wilkins, Eugene Sullivan, Neal Graham, Shirley McAdoo, Rick Shinn, John Dreyzehner, Juliana Frosch, Juliana Fehr, Scott Winston, Jim Werth

**I. Welcome and Introductions**

Howard welcomed everyone to the meeting. No changes or additions to the minutes were named.

**II. Review recommendations for access in Virginia's State Rural Health Plan (see p. 2)**

Mara reviewed the agenda and explained that the focus of the meeting is to determine how to spend our grant money. The recommendations from the VA-SRHP were reviewed.

A question about F10 was asked. Rick clarified thinking that the intent of the recommendation was to encourage young people to get involved in health professionals through the development of mentorships and internships. Some wondered if that was more an AHEC mission to do that.

**III. Brief report from subcommittee**

Howard says that the EMS group has broken off and VIADC has taken on the Oral health subcommittee.

**a. Behavioral Health**

John reported that the committee has met, but they haven't concluded much. There was much discussion in the meetings over child and adolescent psychiatric beds. Maggie Ray is working on a report on the coordination of behavioral health care and primary health care. It contains some information that could be helpful, so he will share it with the group.

**b. Oral Health**

The Oral Health group has been absorbed by Virginians Improving Access to Dental Care (VIADC). Sheena reported that VIADC has been around for 6 years and is an advocacy group that looks at dental access issues across the state. They had a dental summit and had a dental health state plan and many things were accomplished. A few meetings ago, it made sense to coordinate the Oral Health Subcommittee with the VIADC so that we don't run on parallel tracks. Sheena and Rick could serve as liaisons for the group. VIADC will work in tandem with the Access Workgroup. There is a meeting set for the end of February.

Someone asked if VIADC has done any work on promoting dental hygienists. Reimbursement was an issue, reciprocity with other states for licensing issues, adult dental care, and general workforce issues have been recent themes. There is currently a pilot program in 3 rural areas to let dental hygienists provide greater services than what is allowed within the scope of their license. Luanne and Howard would like to know more about this group.

**c. *Ob/Gyn***

Juliana says that has been really hard to get people to come together. She tried to start a Facebook page but that didn't have a big response. She has been working on pilot projects for birth centers. A bill went through in 2005 to start birthing centers in medically underserved areas by nurse midwives. They have been able to get a director for each center. Now it looks like their budget will be cut, but it looks like they still have enough resources to have the birthing centers start in the summer.

Howard knows of VCOM staff going over to WV to look at birthing center at a FQHC.

They would like to start a similar pilot project in Alleghany. The Emporia project is with a FQHC, so that the project in WV could be helpful.

Shirley gave an update on the OB pilot project in the Northern Neck. Family Maternity Center of the Northern Neck reported that they have secured USDA low-interest loan. Construction is scheduled to begin in April with the facility opening in November or December. With funding from March of Dimes and W. K. Kellogg prenatal care is being provided to 3 of 10 counties in the Northern Neck using a certified nurse-midwife. State funding for project coordinators has been cut 15% and fear of eliminating state funding due to state budget crisis. Presently there are no funds to replace the state funding for a project coordinator.

**d. *EMS***

Scott Winston gave an overview of the EMS preconference session before the Rural Health Summit. The training includes creating operational budgets for EMS agencies, train the trainer for the budget model workshop, and then a half day roundtable discussion. There will also be a full day EMS medical directors training.

**e. *Primary Care***

Neal reported that the Stimulus bill contains a good deal of money for the Community Health Centers and FQHCs. There is \$1.4 billion for 330 grantees and HRSA is the administrator of these monies. \$550 million is available for expansion of programs in facilities. \$500 million is for health workforce development and longer-term projects. This includes expanding National Health Services Core and loan repayment programs. There is additional money for IT development (Medicaid and Medicare reimbursement).

**IV. Use of grant money - \$5,500 to be spent by August, 31, 2009**

Sarah Jane thinks we could use the money to put together a compendium of models of care and best practices that could be replicated or duplicated. A good example of this are the OB pilot projects. Maggie also believes that the psychiatric nurse practitioners pilot project is another one. Juliana discussed a program where clinics refer patients with mental health diagnoses that can be seen through telemedicine.

We should look at these models from an economic standpoint. There might be some good ones out there, but is there reimbursement for it? How can it be sustained?

It was pointed out that there is a lot of money around health IT in the stimulus package. If someone has broadband then they can take advantage of telehealth. Who has broadband, telehealth models, and/or EMR? Maybe we could do a survey.

It was decided that we can do all three suggested uses of money and pull together a compendium of resources and models. The money will be used to hire someone to gather this information. If you know of models direct those to Mara and she can give those to the person who pulls that together. Maggie has already started doing a literature review on behavioral health and primary care that she can pass along to whomever collects this information.

It was suggested that we once we get the information collected that it should be posted on the VA-SRHP website.

**V. Other Issues/Announcements**

None were mentioned.

**VI. Plans for State Rural Health Summit**

Mara reviewed the agenda for the Summit and encouraged people to attend. Registration can be found on the [va-srhp.org](http://va-srhp.org) website.

**VII. Next Meeting: State Rural Health Summit, March 12**

The next meeting will be on March 12<sup>th</sup> between 3:30 and 5:30 pm at the Summit.

**Access:** *Access to quality, affordable and accessible health care services is essential and should be an expectation of all rural residents. Access must not be limited solely to primary and acute care, but must include a greater integration of mental/behavioral health, EMS, dental/oral health, telehealth, women's health services, preventive care and health promotion and education.*

- F.1. Establish the Virginia Rural Health Access Council.
- F.2. Research existing models of care that integrate primary care with mental/behavioral health within Virginia and in other states.
- F.3. Develop pilot projects that focus on the integration of quality systems of care.
- F.4. Assess the presence or absence of referral networks.
- F.5. Update Virginia's 2004 Rural Obstetrical Care report.
- F.6. Identify models of care and best practices from other rural areas around the nation and internationally, including telehealth models.
- F.7. Hold a rural EMS Summit to address rural EMS issues, including availability of EMS services, EMS leadership and management and EMS integration into the rural health care infrastructure.
- F.8. Disseminate and present findings from the 2007 and 2008 Critical Access Hospital (CAH)--EMS assessments upon completion.
- F.9. Update Virginia's statewide dental/oral health plan.
- F.10. Explore the development of rural health care student associations and/or interest groups.
- F.11. Explore ways to strengthen existing and develop new community engagement initiatives.
- F.12. Research school-based health care models in rural areas.
- F.13. Provide expert consultation and training to CAHs on the use of distinct part units (DPUs).
- F.14. Promote a statewide telehealth system for health care (especially mental/behavioral health) and health education.
- F.15. Improve the health information technology infrastructure for rural health providers and patients.