

# MARYLAND RURAL HEALTH NEWS AND NOTES

MARYLAND STATE OFFICE OF RURAL HEALTH

FALL 2009

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Maryland Department of  
Health and Mental  
Hygiene

Martin O'Malley  
Governor

Anthony G. Brown  
Lt. Governor

John M. Colmers  
Secretary, DHMH

Family Health  
Administration

Russell Moy, M.D., M.P.H.  
Director, FHA

Joan H. Salim  
Deputy Director, FHA



## THE STATEWIDE RURAL ROUNDTABLE BRINGING RURAL STAKEHOLDERS TOGETHER

The Rural Maryland Council partnered with the State Office of Rural Health and Maryland CASH (Creating Assets, Savings and Hope) Campaign to host the Statewide Rural Roundtable -- a one-day event that gave rural leaders from around the state an opportunity to talk about important rural issues and how organizations can collaborate. Hot topics in rural health, rural economic development, and family asset building were discussed. Senator Thomas "Mac" Middleton, a prominent rural advocate, kicked off the Roundtable by delivering opening remarks. Senator Middleton is Chairman of the Senate Finance Committee and recently chaired the Task Force to Review Physician Shortages in Rural Areas.

The Roundtable included three tracks: Rural Health, Rural Development, and Asset Building/Strategy & Listening. The first session entitled "*Creating a Vehicle for Funding Primary Care Education in Rural Communities*" generated a dynamic conversation among many rural stakeholders. The session featured a report-out of the Rural Residency Workgroup (for more on the workgroup, see page 2) and gave Workgroup members an opportunity to share their vision of establishing a rural residency program in Maryland. Modeled after the "Grow Your Own" initiative, the Workgroup recommended starting with a family medicine center on the Eastern Shore that houses two or three residents to start and then expanding to Southern and Western Maryland. Session participants were engaged on their thoughts regarding this economic development engine that would provide sustainable monetary flow from a variety of financial sources to attract medical students and physicians to rural areas. The Workgroup continues to brainstorm ways to address the challenges of obtaining steady sustainable funding sources, coordinating human resources, evaluating the impact on Medicare waiver status, and incorporating other medical practices. Presenters of the session included: Delegate Addie Eckardt, Work Group Chair; Michael Fadden, M.D., Chief Medical Officer of Choptank Community Health System, Inc.; and Michael Franklin, President and CEO of Atlantic General Hospital.

The second session of the Rural Health track entitled "*The Case for Health Literacy: Working Together to Decrease Costs and Increase Health*," highlighted the fact that rural residents with limited health literacy tend to use preventive care less and emergency services more. Estimates of costs incurred because of low health literacy range between \$106 billion and \$238 billion dollars. This workshop included health literacy as part of a comprehensive strategy to reduce health care costs by providing it in the workplace, health care clinics and education sites; through a community working together; and through public policy.

The third session highlighted the Maryland Patients Pharmacists Partnerships (P3) Program. This Program trains pharmacists to serve as health care coaches, providing patients with chronic diseases step-by-step guidance in medication adherence, lifestyle changes, and self-care skills. For more information click [here](#).

The fourth session entitled "*Recruitment—Rural Healthcare Workforce Programs to Help Recruit and Retain Health Professionals*," featured two rural Maryland primary care physicians enrolled in Maryland Workforce programs. Dr. Pauline Daley is a J1 Visa Waiver (J1) provider from Jamaica working in Frederick County. She discussed her experience with recruitment and retention and with the J1 Program. Dr. Munna Garg is a pediatrician in Worcester County and a Janet L. Hoffman Loan Assistance Repayment Program (LARP) participant. Dr. Garg discussed his experience practicing in rural Maryland and with the LARP program. For more information about the Roundtable visit the [Rural Maryland Council website](#).

## RURAL RESIDENCY WORKGROUP

In 2008, Governor Martin O'Malley signed into law Senate Bill 459, creating the Task Force to Review Physician Shortages in Rural Areas. The Student and Resident Education Subcommittee was formed to address obstacles and opportunities in expanding rural residency training efforts. The resulting recommendation was to establish a family medicine primary care rural residency training track.

During the 2009 legislative session, the Health and Government Operations Committee heard House Bill 1319 – *Family Medicine Rural Health Commission*. The Committee requested the development of the Eastern Shore Rural Residency Workgroup to identify steps and costs necessary for hospitals to establish a rural residency program on Maryland's Eastern Shore. The Workgroup was chaired by Delegate Addie Eckardt, and formed and facilitated by the State Office of Rural Health. The intent of the Workgroup was to help address the shortage of primary care physicians in rural Maryland and to identify resources and incentives needed to support the proposed residency program. The Workgroup included representation of public health professionals, medical providers, Maryland hospitals, University of Maryland Medical School officials and other stakeholders.

The *Maryland Physician Workforce Study* indicated that there is a statewide shortage of physicians, with rural areas experiencing the greatest shortages. Residents in rural areas of the state experience increased difficulty in accessing care. Increasing the distribution of physician workforce in rural areas will help address rural health care needs and have a significant economic impact. The Workgroup noted that primary care access issues are broader than the Eastern Shore and exist throughout Maryland. The Workgroup determined the residency program should not be specific to the Eastern Shore, but should be centered on how to deliver care throughout rural Maryland.

The Workgroup convened two meetings; both were held at the Eastern Shore Area Health Education Center (ESAHEC). During the first meeting two subcommittees were formed. The first subcommittee of Eastern Shore hospitals was developed to synthesize the rural residency program requirements as established by the Accreditation Council of Graduate Medical Education (ACGME). Additionally, the subcommittee was asked to collect information that could help to increase the Workgroup's understanding of existing clinical resources and gaps to support a rural residency. The second subcommittee, consisting of representation of Shore Health System and the University of Maryland School of Medicine (School of Medicine), was established to secure consultant services from the American Academy of Family Physicians (AAFP) to further define the costs and steps.

During the second Workgroup meeting, Workgroup members discussed updates from the previous meeting, the Maryland Loan Assistance Repayment Program, the National Health Service Corps, the Health Services Cost Review Commission's (HSCRC) rate setting formula, and the costs to set up practice for physicians concluding his/her residency.

A report, to summarize Workgroup proceedings, was utilized as a platform to begin the dialogue with economic developers at the Statewide Rural Roundtable on October 22, 2009 (see page 1). For more information, contact Sarah Orth, Acting SORH Program Director, at [sjorth@dhmh.state.md.us](mailto:sjorth@dhmh.state.md.us) or 410-767-5590.

## SORH WELCOMES NEW RESEARCH ASSOCIATE

The State Office of Rural Health (SORH) welcomes Research Associate Nayeli Garcia, who is a graduate student at the University of Maryland Baltimore County (UMBC). Nayeli is pursuing a graduate degree in Public Policy and has a background in business relations with an emphasis on fundraising and constituent relationships. She has extensive volunteer experience in environmental conservation and event planning in Baltimore City and is excited to learn about Maryland's rural areas. She will work with the SORH to provide assistance with the grants our office manages, respond to data requests, manage Maryland's section of the National Rural Recruitment and Retention Network (3RNet), make available information and assistance on funding opportunities for our rural health partners and jurisdictions, and support the SORH at outreach events. Nayeli may be reached at [ngarcia@dhmh.state.md.us](mailto:ngarcia@dhmh.state.md.us) and 410-767-8781.

## RURAL RESOURCES AND PUBLICATIONS

### Medicare Advantage Enrollment Numbers and Trends

#### July 2009: Rural Enrollment in Medicare Advantage Continues to Grow

Rural enrollment in Medicare Advantage continues to grow, with growth in the last 18 months led by the growth of preferred provider organization (PPO) plans. Despite the growth in PPO plans, private fee-for-service plans continue to dominate enrollment in rural areas and have accounted for much of the program's growth since 2005. For a copy of the RUPRI Center's brief, click: <http://www.unmc.edu/ruprihealth/Pubs/MonthlyMAUpdates/July%202009%20MA.pdf>.

### November is American Diabetes Month

Order a free copy of a CD aimed at helping Americans incorporate more physical activity into their lives. It features three original songs with empowering messages that urge listeners to move more. Three songs from the popular Movimiento music CD also are included. BONUS FEATURE: this CD also contains a music video, Every Day is a New Beginning that can be viewed on a DVD player. To order your free copy, log on to:

<http://www.ndep.nih.gov/publications/PublicationDetail.aspx?PubId=95>.

### Office of Rural Health Policy adds new Rural Health Policy Analysis Initiatives

New Rural Health Policy Analysis Initiatives will produce policy relevant research to help decision makers better understand the problems that rural communities face in accessing quality, affordable health care and leading healthier lives.

Contact information:

Patricia Moulton, Ph.D.

Rural Health Research Gateway

Phone: 701-858-6770

[pmoulton@medicine.nodak.edu](mailto:pmoulton@medicine.nodak.edu)

Source: <http://www.ruralhealthresearch.org/alerts/update/090309.html>.

## RURAL HEALTH FUNDING ALERT

### Health Clinic Opportunity Fund: Round Two

Agency: The Kresge Foundation

Purpose: Launched in July 2009, this is a two-year, national grant program developed in direct response to the rapid increase in the number of people losing their jobs and health insurance as a result of the economic crisis. Grants are aimed to build operational capacity. Priority will be given to projects that leverage existing resources, create more effective operating systems, improve efficiencies, and expand and maintain access to health services for vulnerable populations.

Eligibility: Charitable health clinics, public-health clinics, and those designated as federally qualified health center look-alikes. *Please note: Federally qualified health centers are not eligible to apply.*

Funding: Grants range from \$75,000 to \$150,000 per year for a maximum of two years. Funds are available for up to 20 projects per year. Grant awards may be used to support staffing, recruitment and retention of health-care service providers, consulting services such as training, management, business processing and fundraising, strategic planning, community health assessments, outreach and marketing, business and/or operational assessments and program evaluation, and basic operational expenses, such as supplies, materials and equipment.

Application Process: Please visit the Application Process page located in the purple bar at the top of [this page](#) for complete information, including letter of inquiry requirements, and to apply online.

Deadline: Letters of inquiry are due March 1, 2010. The second round of grant awards will be announced September 2010.

Inquiries: If you have questions, [e-mail the Grants Inquiry Coordinator](#) or call 248-643-9630.

## MARYLAND SUCCESS STORIES

### Rural Health Community Outreach Grants

The State Office of Rural Health (SORH) provided technical assistance to five Maryland health networks that applied for the federally funded 2009 Rural Health Community Outreach Grants to expand the delivery of health care services in rural areas. This effort resulted in health facilities in four of Maryland's federally rural counties receiving \$375,000 over three years each for this competitive federal grant cycle. The SORH was instrumental in helping the Eastern Shore Area Health Education secure funding to expand access to children's oral health care in the Upper Shore, the Somerset Local Health Department to provide enhanced diabetes prevention and treatment services on the Lower Shore, Saint Mary's Health Connections to provide health education to the underserved area in the southern part of that county, and Allegany County to expand access to adult oral health care.

The Rural Health Outreach Grant Program, authorized by Section 330A (e) of the Public Health Service Act, allows rural communities "to promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas." The program seeks to fund projects that propose creative and effective models of addressing the needs of external constituents including low-income populations, the elderly, pregnant women, infants, adolescents, rural minority populations and rural populations with special health care needs. All proposed projects consider cultural, social, religious, and language needs of the population they serve.

The next round of Outreach program applications will be available in the Spring of 2010 for the Federal Fiscal Year 2010 funding cycle. For more details on the program, log on to <http://ruralhealth.hrsa.gov/funding/outreach.htm>.

### Bioethics Research Infrastructure: Principal Investigator Dr. Claudia Baquet

On September 27, 2009, the National Center on Minority Health and Health Disparities in partnership with the National Institute of Health (NIH) awarded a two-year grant for \$2,425,363 to support creation of a Bioethics Research Center for **entire state of Maryland and the nation** with a focus on urban, rural and underserved communities in fostering public trust in research. The major aims of this initiative are to increase diversity in clinical research and clinical trial participation among minority and rural patients, the public; and to conduct research on strategies to increase public, patient and primary care physicians trust in research and trial participation. The overall goal is to accelerate research advances through more diverse community participation in research. The grant will help create eight full-time positions. The research partners are Times Community Services/Newspaper, National Newspaper Publishers Association, Maryland Academy of Family Practice, Maryland Center at Bowie State University, Bel Alton School, and Eastern Shore and Western Maryland Area Health Education Centers (AHECs).

### Maryland Rural Telehome Care Program: Principal Investigators: Dr. Shiraz Mishra and Dr. Claudia Baquet

On September 28, 2009, the National Center on Minority Health and Health Disparities in partnership with the National Institute of Health (NIH) awarded \$2,488,503 total for two years to focus on research that evaluates a home telemedicine program in rural Southern Maryland and rural Western Maryland for chronically ill patients. Partners involved in executing the aims of this grant include Garrett County Health Department, Chesapeake Potomac Home Health Agency, Eastern Shore and Western Maryland Area Health Education Centers (AHECs), and Bel Alton School.

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**DO YOU HAVE A SUCCESS STORY YOU WOULD LIKE TO SHARE WITH THE RURAL COMMUNITY?**

Please email Nayeli Garcia at [ngarcia@dhmh.state.md.us](mailto:ngarcia@dhmh.state.md.us) with a brief summary to be included in the winter newsletter. Deadline is January 15, 2010.

## REMINDERS

### LOAN ASSISTANCE PROGRAMS: ARRA AND NATIONAL HEALTH SERVICES CORPS

The American Reinvestment and Recovery Act (Recovery Act) provides approximately \$200 million additional funding for the National Health Service Corps (NHSC) Loan Repayment Program (LRP). The NHSC is administered by the Health Resources and Services Administration (HRSA), an Agency of the U.S. Department of Health and Human Services, charged with increasing access to health care for those who are medically underserved. Beginning in June 2009 through September 2010, or as funding permits, NHSC LRP awards will be available on a first come, first served basis, opening new opportunities for areas in high-need sites located in Health Professional Shortage Areas (HPSA) with lower HPSA scores. For the first time, primary health care clinicians interested in NHSC's loan repayment program do not need to be employed at the site at the time of application. Most applications will be processed within eight weeks of receipt of a completed application (i.e., all application supporting documentation received).

Eligible providers include:

- Primary care physicians: MD or DO in family practice, internal medicine, pediatrics, obstetrics-gynecology, psychiatry
- Primary care nurse practitioners
- Certified nurse-midwives
- Primary care physician assistants
- Dentists: general or pediatric
- Dental hygienists
- Behavioral and mental health providers: health service psychologists, licensed clinical social workers, psychiatric nurse specialists, marriage and family therapists, and licensed professional counselor

The NHSC LRP telephone conference calls for applicants who have questions about applying during the open and continuous application cycle will occur on Thursday afternoons from 2:30 p.m. to 4:30 p.m. on November 19 and December 10.

To join any of these conference calls, dial 1-888-889-0974 (toll free) and enter participant pass code 8360318. You may now apply online. Just simply log on to <http://nhsc.hrsa.gov/loanrepayment/apply.htm>. If you have any questions, please contact Liz Vaidya, Director, Primary Care Office at [evaidya@dhhm.state.md.us](mailto:evaidya@dhhm.state.md.us) or 410-767-5696. She will help you determine if a NHSC placement is appropriate, and verify the accuracy of data requirements prior to submitting the application directly to NHSC.



### Maryland State Office of Rural Health

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The mission of the Maryland State Office of Rural Health (SORH) is to improve the health of rural Marylanders through collaboration, networking, outreach, education, research, advocacy, and the development of special programs.

### Maryland State Office of Rural Health Staff:

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## Calendar of Events

### January 25-27, 2010

#### Rural Health Policy Institute

Washington, DC

Meet with key congressional members, members of the Obama Administration, and national health care experts at the 21st Annual Rural Health Policy Institute.

Early registration deadline: Dec. 23

[Click here for details](#)

### Dec 2, 2009

#### CMS Home Health, Hospice & DME Open Door Forum

Washington, DC

2:00 PM Eastern

Dial: 1.800.837.1935

Reference Conference ID: 40379384

Centers for Medicare and Medicaid Services

[Click here for details](#)

### Dec 3, 2009

#### CMS Skilled Nursing Facility (SNF)/Long-Term Care (LTC)

#### Open Door Forum

Washington, DC

2:00 PM Eastern

Dial: 1.800.837.1935

Reference Conference ID: 40384200

Centers for Medicare and Medicaid Services

[Click here for details](#)

### Dec 15, 2009

#### CMS Low Income Health Access Open Door Forum

Washington, DC

3:30 PM Eastern

Dial: 1.800.837.1935

Reference Conference ID: 36179159

Centers for Medicare and Medicaid Services

[Click here for details](#)

### Dec 15, 2009

#### CMS Rural Health Open Door Forum

Washington, DC

2:00 PM Eastern

Dial: 1.800.837.1935

Reference Conference ID: 40388875

Centers for Medicare and Medicaid Services

[Click here for details](#)