Maryland Rural Health News and Notes

Maryland State Office of Rural Health WINTER 2010

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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

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Deputy Director, FHA

A Statewide Telethealth/Telemedicine Survey

The State Office of Rural Health (SORH) is supporting the Rural Maryland Council, Maryland Rural Health Association, and Upper Shore Regional Council to implement a statewide telehealth/telemedicine survey. Many direct patient care telehealth/ telemedicine efforts are already underway across Maryland and the goal of the survey is to better understand the type, extent, and source of those services. The findings from the survey will compile an accurate inventory of projects already in operation around the state and help inform statewide policy .

The survey will produce a baseline assessment to help those providing and receiving services coordinate their efforts, build a foundation for compatible infrastructure, address key issues, reduce redundancy, share findings, and apply for increased funding to support and expand services. In addition, Maryland is one of 23 states that does not reimburse Medicaid and/or private payers for these services. The results may advance efforts to obtain reimbursement for the provision of services. This in turn will support credentialing and licensing and increase access to quality and cost-effective care in rural communities in the long-run.

The survey was developed from a variety of sources with the Rural Maryland Council's Health Working Committee (Telehealth Subcommittee) providing information and feedback to tailor the survey to fit Maryland's needs. The primary focus of this assessment is on the telehealth projects in Maryland's rural jurisdictions; though it is important to evaluate these projects on statewide level. The plan is to survey institutions and health care providers administering direct patient care telehealth/telemedicine services. Targets will include all hospitals in Maryland, Federally Qualified Health Centers, University of Maryland School of Medicine Programs, entities within the Johns Hopkins Health system, Local Health Departments, Department of Public Safety and Correctional Services' State Correctional Facilities, and others identified during the survey process. The survey is being funded through the Maryland Agricultural Education and Rural Development Assistance Fund (MAERDAF) grant awarded to the Upper Shore Regional Council.

We Need Your Help! Your participation in this survey is crucial to the success of the project. Please help us by participating and identifying other survey participants. For more information, or if you have any questions, please contact the Maryland Rural Health Association at mrha@allconet.org .

PUBLICATIONS AND RESOURCES

3RNet (www.3rnet.org)

The National Rural Recruitment and Retention Network (3RNet) members are not-for-profit organizations helping health professionals find jobs in rural and underserved areas throughout the country. Medical facilities may post and recruit positions online. 3RNet provides information on loan forgiveness programs, offers advice on the recruitment process, and helps find the best match for health professionals and facilities. For more information, please visit www.3RNet.org or contact the SORH at *ohpp@dhmh.state.md.us*.

The Rural Maryland Council Releases RuralStat!

(www.rural.state.md.us/Resources/ruralstat.swf)

The Rural Maryland Council (RMC) has released RuralStat, an interactive web tool that allows visitors to view the general progress of individual rural counties and regions in Maryland. Based on selected indicators, RuralStat uses basic quality-of-life indicators compiled from reliable state and federal sources and organizes that data to show how each rural county and rural region is doing compared to itself over time, as well as to other counties, regions, and state. *Note: You mush have Adobe Flash Player and the Active C enabled to view RuralStat.*

County Health Rankings (www.countyhealthrankings.org)

The Robert Wood Johnson Foundation is collaborating with the University of Wisconsin Population Health Institute—with local representation from the Maryland Department of Health and Mental Hygiene Family Health Administration—to develop Health Rankings for each state's counties. The website provides access to the 50 state reports, ranking each county within each state according to its health outcomes and the multiple health factors that determine a county's health. A goal of the Rankings is to mobilize community leaders outside the public health sector to take action and invest in programs and policy changes that address barriers to good health and help residents lead healthier lives. For more information and data click here.

Study shows physicians are working fewer hours, says Dartmouth professor

After remaining stable for two decades, a study done by Douglas O. Staiger, the John French Professor of Economics at Dartmouth, and his co-authors reveal that the average hours worked by physicians has decreased by about seven percent from between 1996 to 2008. The findings from the study and its possible implications are featured in the February 24 issue of the Journal of the American Medical Association, or JAMA. "In 2001, [average] physician hours were less than 49 hours per week in metropolitan areas with the lowest physician fees, whereas physician hours remained more than 52 hours per week elsewhere," the authors say. To read more, please visit Dartmouth News.

Coming Soon: Part-Time Service Option for NHSC Loan Repayment Program

In March 2010, clinicians working part-time (20 to 39 hours each week, at least 45 weeks each year) at NHSC-approved facilities will be eligible to apply to the National Health Service Corps demonstration program for the Part-time Loan Repayment. The criteria for the Part-Time Demonstration Program will be comparable to the current NHSC Loan Repayment Program. Here are some specifics about the program: Four-year service commitment for $50,000; Potential for additional years of support - two-year service contract; Application Period open for 30 days; 400 awards Anticipated; and same eligible disciplines as full-time Loan Repayment Program (see Application Information Bulletin). For more information, please contact the Primary Care Office, Judy Gerahty, at jgerahty@dhmh.state.md.us or call 410-767-5046.

RURAL HEALTH FUNDING ALERTS

HRSA's Small Health Care Provider Quality Improvement Grant

The purpose of the Small Health Care Provider Quality Improvement Grant (SHCPQI) is to assist rural providers with the implementation of quality improvement strategies, while improving patient care and chronic disease outcomes. While many initiatives focus on in-patient hospital care, improvement also is needed in the primary care setting to decrease morbidity and mortality, and foster cost-effective care. Timely disease prevention and management in the primary care setting decreases expensive emergency room visits and hospital admissions, which often result from deferred primary care. The Rural Quality Program addresses this need for continuous improvement in primary care in distant communities. Applications are due **March 15, 2010**. To access the full announcement and application information click here or call 1-800-938-1164.

HRSA Awards Funding for Faculty Loan Repayment Program

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, has awarded $1.2 million in American Recovery and Reinvestment Act funds for a student loan repayment program for health professions faculty hailing from disadvantaged backgrounds. Awarded under HRSA's Faculty Loan Repayment Program, the funding will provide up to $40,000 for faculty members who agree to teach at an accredited health professions institution for at least two years. The Program is open to individuals who have a degree in allopathic or osteopathic medicine, dentistry, optometry, pharmacy, podiatric medicine, veterinary medicine, public health, select allied health disciplines, and certain graduate programs in the behavioral and mental health disciplines. The Program is also available to nurse faculty who hold an R.N. certification. The goal is for the grant program to help address workforce shortages and encourage greater diversity in the health professions. The application cycle for 2010 has not yet been announced. For more information click here; or contact HRSA by emailing CallCenter@hrsa.gov or calling 1-800-221-9393.

More than $1.1 Million in Grants Available for Community-Based Drug Prevention Coalitions

DFC Mentoring Grants to Fund 15 Drug-Free Community Programs Across the Nation in 2010

The White House Office of National Drug Control Policy (ONDCP) and the U.S Department of Health and Human Services (HHS) is announcing the availability of more than $1.1 million for new Drug Free Communities Support Mentoring Program (DFC Mentoring) grants. An estimated 15 new Mentoring grants will be awarded (up to $75,000 per grant, per year) to drug and alcohol prevention community coalitions from across the nation. The length of the project period is up to two years.

The primary focus of the DFC Mentoring program is to provide grant funds to existing DFC grantees, so they may serve as mentors to newly formed and/or developing coalitions that have never received a DFC grant to increase their capacity to implement effective drug-prevention strategies in the communities they serve. To be eligible for a DFC Mentoring grant; a coalition must have been in existence for five years; be a current DFC grantee or grantee applicant; have achieved measurable results in youth drug and alcohol prevention; and have dedicated staff, volunteers, or members to assist the mentee coalition(s). Prevention-ready communities seeking to be mentored under a DFC Mentoring grant must demonstrate the ability to garner community support from local key sectors and stakeholders, including youth, parents, businesses, media, law enforcement, government, and religious and civic organizations. The deadline to submit a DFC Mentoring grant application is **Friday, April 23, 2010**. To learn more about the Drug Free Communities support program, grant application, or its requirements, please visit: www.whitehousedrugpolicy.gov/dfc

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 Maryland residents through collaboration, networking, outreach, education, research, advocacy, and the development of special programs.

Maryland State Office of Rural Health Staff:

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We're on the web:
www.fha.state.md.us/ohpp

Calendar of Events

Maryland Rural Health Summit

The Maryland Rural Health Association will host a 2010 Rural Health Summit, October 21—22, 2010 at Rocky Gap near Cumberland, Maryland. It will be a full day conference on Thursday and half day on Friday. For more information, please contact Debbie Goeller at 410-632-1100.

National Rural Health Association Annual Rural Health Conference

Join your colleagues May 19-21 in Savannah, Georgia for NRHA's 33rd Annual Rural Health Conference. Featuring more than 50 educational, practical, and cost-saving sessions, this event is designed to connect and inform rural health professionals. Exclusive tracks are planned for rural health policy, HIT and hospitals, clinic management, education and research, rural community, leadership development, and state health

Rural Maryland Success Stories

The Office of Rural Health Policy Announces FY 2010 Network Planning Grants

The Office of Rural Health Policy announced 30 new Network Planning Awards. The purpose of the program is to bring organizations together to develop strategies for improving health services delivery systems in a community. The one-year grant period is March 1, 2010 - February 28, 2011. The Local Management Board For Children's And Family Services of Kent County was awarded $85,000. Congratulations! The guidance for the next competitive cycle of the Rural Health Network Development grant program will be released during the summer of 2010 and awards will be issued in the spring of 2011.

For further information on the grant, please visit ruralhealth.hrsa.gov/funding/network.html.