

Country Doctors: Center Draws Doctors to Underserved Areas

Dr. William Durbin believes family medicine is the second-best career in the world.

The best? Rural family medicine.

Rural medicine gives you a unique opportunity to do things you won't experience in a big city," Durbin recently told a small group of third-year medical students from Des Moines University. "And by big city I mean anything over 1,000."

Durbin is a bit biased. He practices family medicine in Parkersburg. His philosophy on the world of medicine is not common among many of today's young doctors. National Institutes of Health statistics say about 20 percent of Americans live in rural areas, but only 9 percent of doctors choose to practice there. That means it would take more than 16,000 practitioners to fill the need for the 59 million people living in underserved areas, according to the Department of Health and Human Services.

"I've always envisioned myself staying in Iowa..."
-Eric Neverman

The result is long waits to see doctors --- sometimes weeks or months instead of days --- and more visits to the emergency room.

For more than 40 years the Area Health Education Center has worked nationally to attract more doctors to rural and underserved areas. The program came to Iowa in 2007 and Northeast Iowa in 2009.

Kristin Wentworth, executive director of the Northeast Iowa AHEC chapter, said of the last group that entered residency, about 50 percent entered or applied for primary care residencies, though not all in Northeast Iowa. Almost all of Black Hawk County, including Waterloo and Cedar Falls, is considered either rural or underserved.

"Ultimately the goal would be to have these students doing primary care in a rural or underserved community in Northeast Iowa. If they land somewhere in Iowa doing primary care, that is a success. If they land somewhere in the country in an underserved or rural area practicing primary care, that is a success," Wentworth said. "Obviously we want to recruit and retain them here, and we want those who are from here to come back here."



Eric Neverman is one of those success stories. Though Neverman isn't set to graduate from Des Moines University until this spring and he won't finish his residency until 2016, he already has signed on to become a primary care physician in Grundy Center when he is done. He spent his third and part of his fourth year at DMU with the AHEC program.

"It just seemed like a natural fit. It was a great experience. We work almost one-on-one with the individual physicians, and you can establish a really good relationship with physician mentors," said Neverman, who also is part of the Rural Iowa Provider Education program co-sponsored by DMU and AHEC.

RIPE provides the equivalent of six full-tuition scholarships to students who agree to maintain a full-time primary care practice in an approved Iowa community for a minimum of four years.

"I did some rotations in Grundy Center, and I really liked it," Neverman said. "I've always envisioned myself staying in Iowa, and Grundy Center has the potential to be some place I could be in the long term."

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FAMILY MEDICINE PRACTICE OPPORTUNITIES By Community Population

<u>Community Pop.</u>	<u>No. of Communities</u>	<u>No. of Opportunities</u>
< 2,500	19 (23%)	22 (20%)
2,500 – 4,999	16 (19%)	19 (18%)
5,000 – 9,999	24 (29%)	27 (25%)
10,000 – 14,999	8 (9%)	11 (10%)
≥ 15,000	17 (20%)	29 (27%)
Total	84 (100%)	108 (100%)

} 80% } 73%

Source: Iowa Health Professions Tracking Center, Office of Statewide Clinical Education Programs, UI Carver College of Medicine, December 2011

The Office of Statewide Clinical Education Programs at the University of Iowa conducts an annual statewide market demand analysis for selected medical specialties. The study encompasses 100 percent of the potential physician employers. The most recent study in 2011 showed 108 family medicine opportunities in 84 Iowa communities. Eighty percent of the communities offering practice opportunities have populations under 15,000, accounting for 73 percent of the openings.

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Because students partake in the AHEC program early in their careers, it is hard to gauge the success of the program just yet, said Brienna Decker, the Northeast Iowa AHEC clinical outreach coordinator.

“Eric is an anomaly,” Decker said. “But there are students who have said they want to stay in Iowa to practice after their residency. That financial incentive is just one more reason to stay here and practice.”

However, that early contact is vital. These students likely will start applying for their residency locations this summer.

“Research has shown that where the student has the bulk of their experience influences their decisions,” she said. “We have students who aren’t from Iowa but who plan to stay, or who weren’t interested in family practice but are now looking for those residencies because of their experiences.”

Sarah Hemming-Meyer, a third-year student from DMU, understands why some may not want to settle into a life of primary care, especially in a rural environment.

“Some are reluctant to go into primary care because of the salary. We are accumulating over \$200,000 in debt, and a primary care physician’s salary is on the low end of the physician pay. Some people may change their mind if they know their options,” she said, referring to state and federal loan repayment options.

Though Hemming-Meyer is considering a career in Iowa, she will likely look for work in a more urban setting, like Waterloo, Des Moines or Cedar Rapids.

“I like the idea of working in a bigger hospital but living in a smaller town,” Hemming-Meyer said. She is looking for a residency in the emergency room, where she is currently a certified nurse.

She said the AHEC program was a perfect fit, even if rural primary care isn’t her goal.

“I knew the population would be diverse and it would be a great experience,” she said. “You can see Amish, or rural people transferred from their community hospital and several different ethnicities. It is a great place to be, not too far from home.”

Written by Emily Christensen and originally published in the WCF Courier on January 30, 2012. Republished online with permission.

Iowa Named as Action Coalition to Help Future of Nursing: Campaign for Action Ensure High-Quality, Patient-Centered Health Care

Iowa has been selected as an Action Coalition by the Future of Nursing: Campaign for Action, coordinated through the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF), to ensure that all Americans have access to high-quality, patient-centered health care, with nurses contributing to the full extent of their capabilities.

The Iowa Action Coalition will work with the campaign to implement the recommendations of the landmark Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. The Iowa Action Coalition's Steering Committee includes:

- Eric Crowell, president and CEO of Iowa Health System
- Jack Evans, Iowa Board of Regents and president of Hall-Perrine Foundation
- Lisa Sieren, statewide coordinator of United Ways of Iowa
- Sharon Treinen, executive council member of Iowa AARP

The campaign seeks active participation from states, national organizations and individuals from health care, business, education, government and philanthropic sectors to ensure that the recommendations are translated into actions that result in improved patient-centered care. Specifically, the Campaign for Action is working to implement the recommendations of the IOM report with an emphasis on:

- Strengthening nurse education and training;
- Enabling nurses to practice to the full extent of their education and training;
- Advancing interprofessional collaboration among health care professionals to ensure coordinated and improved patient care;
- Expanding leadership ranks to ensure nurses have a voice on management teams, in boardrooms and during policy debates; and
- Improving health care workforce data collection to better assess and project workforce requirements.

"We are thrilled to add the Iowa Action Coalition

to the Action Coalition network," said Susan B. Hassmiller, PhD, RN, FAAN, senior adviser for nursing at RWJF and director of Future of Nursing: Campaign for Action. "The Campaign for Action is working at every level to build and sustain the changes necessary to improve health care for all Americans, and we know the contributions of the Iowa Action Coalition will be invaluable as we move forward."

"We are thrilled to add the Iowa Action Coalition to the Action Coalition network."
- Susan B. Hassmiller

Since its release in October 2010, the Future of Nursing report has made a considerable impact on the way stakeholders are viewing the nursing workforce:

- The report remains one of the most viewed online reports in the IOM's history and has sparked widespread activity to address the recommendations.
- CCNA, in its role as campaign coordinator, is working with key stakeholders through its Champion Nursing Coalition of 47 national health care, consumer, business and other organizations and Champion Nursing Council of 23 national nursing organizations to implement strategies to advance the IOM recommendations.

"The expertise of our coalition members and our proven capacity were key factors in being selected," said Rita Frantz, Iowa Action Coalition co-lead, Kelting Dean and professor, University of Iowa College of Nursing. "As a participant in the movement to maximize the contributions of the nurses who deliver health care in our state and nation, the Iowa Action Coalition is excited to bring its energy and ideas to this groundbreaking effort."

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Wendy Gray, co-lead and program director of the Iowa Area Health Education Center (AHEC) program, noted that the Iowa Action Coalition plans to focus on the areas of implementing nurse residency programs and creating an articulation plan for seamless progression of nursing education from associate degree to graduate levels.

Action Coalitions also were announced today in 11 other states: Alabama, Arizona, Connecticut, Maine, Nevada, New Hampshire, North Dakota, Oklahoma, South Dakota, Tennessee and Vermont. Iowa joins 36 previously-designated Action Coalitions.

For more information about the Campaign for Action go to www.thefutureofnursing.org.



Iowa Hospitals Prove Patient Safety is a Priority continued from page 1

Iowa Health - Des Moines reduced infections across the system by working together on numerous process improvement teams to improve care at the bedside. These teams of multidisciplinary healthcare workers have helped to improve their culture and improve communication between medical, nursing, and ancillary staff.

Mahaska Health Partnership's medication error reduction safety program is truly a hospital-wide collaboration. After implementing an electronic medical record, staff began identifying opportunities for reducing medication errors. This culture, promoted a safe environment, one that allowed staff to learn and fix system errors.

The Cedar Rapids Mercy Medical Center's stat team demonstrated 100 percent compliance in "door-to-balloon" care of ST elevated myocardial infarct patients since 2009. All patients since June of 2009 have met or been under the benchmark standard of receiving critical care within 90 minutes. This can only be done through teamwork and collaboration across departments.

Attendees at the Patient Safety conference were inspired to hear presentations by the awardee hospitals. Attendees also enjoyed posters displayed by 10 hospitals exhibiting their patient safety programs. This type of effort confirms that while hospitals today are inundated with issues and challenges, the overall mantra for an Iowa hospital is to deliver great patient services, take pride in their work, and hold sacred their mission of excellence in medical care.

The Agency for Healthcare Research and Quality Portal

The Agency for Healthcare Research and Quality (AHRQ) wants to notify you of an interesting, new partner portal. On this portal, you will find numerous resources for AHRQ partners and ongoing updates. To access the Partnership page, visit: <http://www.ahrq.gov/clinic/partners/>.

The current focus of the partner portal is [AHRQ's chronic illness resources](#), which could benefit your network.

Nearly half (45 percent) of all Americans report at least one chronic illness, and seven out of ten deaths among Americans each year are from chronic diseases. Given the prevalence of chronic diseases, health care providers and patients need to know – more than ever – the treatment options that are available to them, the associated costs, and the bottom-line facts on which treatments may help or harm.

AHRQ's Effective Health Care Program is a leading resource on evidence-based research on a variety of chronic disease including [cancer; heart and blood vessel conditions; diabetes; muscle, bone and joint conditions; and others](#). Highlights of AHRQ's chronic disease library of resources include:

- Clinician and consumer summaries comparing medications for adults with type 2 diabetes
- Clinician and consumer summaries on the treatment of breast and prostate cancers
- Clinician and consumer summaries on choosing pain medicine for osteoarthritis
- Health Care Professional Continuing Medical Education products on the Comparative Effectiveness of Management Strategies for Adults with Gastroesophageal Reflux Disease

You are encouraged to use, share, and promote this important library of resources. It is available for your networks and colleagues to use as a reference center on chronic disease-related evidence-based research.

In addition, AHRQ is offering AHRQ buttons to load on your web site to link to other pertinent AHRQ resources: <http://www.ahrq.gov/clinic/partners/partnerbuttons.htm>.

FFY2011 EPSDT Dental Services Reports

Mary Kay Brinkman, RDH, BS

The EPSDT Dental Services reports for FFY2011 are now available. Iowa continues to have an impressive number of Medicaid-eligible children receiving dental services. Last year, nearly 52 percent of Medicaid-eligible children, ages 0 – 14, received a dental or oral health service.

Reports are on the Iowa Department of Public Health's website with county-specific information for specific age ranges of children. The reports include:

- Total Receiving Any Dental or Oral Health Service (services provided by dental offices or clinics, including community health centers, Title V agencies, and medical practitioners)
- Total Receiving Oral Health Services by Non-Dentist (services provided by Title V agencies and medical practitioners)
- Total Receiving Any Dental Service (services provided by dental offices or clinics, including community health centers)

Although for some age groups, the percent of children seen in FFY2011 is less than the percent in FFY2010, the number of Medicaid eligible children receiving services in all age ranges actually rose since FFY2010 (Table 1) – and there were more children eligible for Medicaid in FFY2011 than in FFY2010.

Table 1

Age Range	Number of additional children receiving a dental or oral health service in FFY2011 (from FFY2010)
0-5	2,541
1-5	2,376
0-14	5,214
0-20	5,134
1-20	4,969

For more information on the EPSDT Dental Services reports, please contact the Oral Health Center at 1-866-528-4020.

Healthy Iowans: Iowa's Health Improvement Plan

Doreen Chamberlin, RD, MPH, Bureau Coordinator



Many people working in health care are familiar with Healthy People, the nation's health improvement plan. Like the national plan, Iowa has created similar guidelines over the years. These state plans provide opportunities for individuals to make lifestyle choices that improve the overall health of their families and communities and support policy changes that enable them to activate change.

In Healthy Iowans 2010, over 500 health care experts, practitioners, agencies and consumers were brought together to develop the state plan for health, which was conducted over a year-long process. Building on the previous work, the Iowa Department of Public Health consulted with 67 agencies and standing advisory councils and committees and obtained local input from all of Iowa's 99 counties to identify health needs and set priorities. The local assessment process known as the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) laid the foundation for Iowa's current Health Improvement Plan.

Currently in draft mode, the crafters of Iowa's Health Improvement Plan 2012 – 2016 are finalizing the public comment period. At this point, there are 39 critical health needs that have been identified and are grouped into nine different topic areas.

Each topic area has two sections. The first includes a measure of progress with objectives that need to be achieved within the time frame. The second section identifies what is being done to meet the objectives and the responsible organizations committed to achieving them. Each of the objectives has a baseline measure to start and a target that is expected to be achieved. Data sources and other added information are linked to the plan.

Like all plans, things change. Health care reform, the economy, new initiatives and technology all contribute to the need for flexibility. This plan has the flexibility to shift with the elements and maintain a commitment to the overall health of Iowans. For more information and to track the progress of healthy Iowans visit http://www.idph.state.ia.us/adper/healthy_iowans.asp.

2012 State Children's Champion

State Public Health Dental Director and OHDS Bureau Chief, Dr. Bob Russell, has been named the 2012 State Children's Champion by the Region VII Head Start Association. Nominated by the Iowa Head Start program, this award recognizes the I-Smile™ Dental Home Initiative and its positive impact on children's oral health within the state of Iowa. Dr. Russell will accept this award on behalf of the Iowa Department of Public Health's Oral Health Center, the I-Smile™ Coordinators, and other public health dental hygienists who have contributed to the program's success.



Presentation of the award will occur in Kansas City, Missouri, at the 2012 Region VII Head Start Conference on May 24, 2012.

Congratulations to Dr. Russell and the I-Smile™ program!

Worth Noting

Rural Health Clinic Accreditation/Certification Changes

Since the inception of the Rural Health Clinic (RHC) program in 1977, a facility seeking to become federally-certified must go through a state survey and certification process. Although there is no cost to the facility for RHC certification, there are often lengthy delays in getting a surveyor out to the facility due to budget constraints. As a result, the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) has been approved as a “deemed” entity for RHC certification. In Iowa, RHCs seeking initial Medicare certification must first contact the Iowa Department of Inspections and Appeals (DIA). The RHC must also complete and submit the required forms from the Centers of Medicare and Medicaid Services to DIA prior to contacting the AAAASF. For more RHC information, please visit: http://www.idph.state.ia.us/hpcdp/rural_health_clinics.asp.

Solicitation for Abstracts

On September 20, the Iowa Rural Health Association and the Iowa Association of Rural Health Clinics will be hosting a joint conference and are now accepting abstracts for presentations. Local stakeholders can be a part of the conference by sharing Iowa’s success stories, promising practices, and innovative community projects that contribute to quality care and better health for rural Iowans. For more information on the conference, visit: <http://www.iaruralhealth.org/index.php/educational-events-mainmenu-34>.

The 2011 Iowa Farm and Rural Life Poll

The 2011 Iowa Farm and Rural Life Poll is an annual survey that collects and disseminates important information to rural communities across Iowa and the Midwest. Conducted every year since its establishment in 1982, the Farm Poll is the longest-running survey of its kind in the nation. To view the Farm Poll, visit: <http://www.soc.iastate.edu/extension/farmpoll/PMR1010.pdf>.

Iowa Critical Access Hospitals Fare Well in National Report

The [Flex Monitoring Team](#) released the annual state-specific reports on Hospital Compare participation and quality measures in Critical Access Hospitals (CAH). Iowa’s CAH reporting rates for inpatient measures are much higher than CAHs nationally, but reporting rates for outpatient measures are lower. The reports include state-level and national information on:

- CAH participation in Hospital Compare
- Inpatient process of care results
- Outpatient process of care results
- Hospital consumer assessment of health care providers and systems survey participation
- Mortality and hospital readmission rates

Click [here](#) to see the Iowa Report.



Resources

Funding Opportunity: Cardiovascular Risk Reduction in Underserved Rural Communities

The overall objective of this funding opportunity is to build the evidence base and accelerate the implementation and translation of evidence- or practice-based interventions into practice in rural communities. The long-term goal is to foster sustainable interventions and scientific research that will lead to reduced cardiovascular morbidity and mortality in high-risk rural populations. For further information on this announcement, please go to: <http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-13-013.html>.

Funding Opportunity: Health Information Technology Workforce Training

The Department of Labor has \$500 million in funding available to support training at the community college level. Applicant organizations can use this funding to potentially develop programs focusing on health information technology workforce development. The deadline to apply is May 24, 2012. To read more about this funding opportunity, please visit: http://www.doleta.gov/grants/pdf/taaccct_sga_dfa_py_11_08.pdf.

The Roadmaps to Health Community Grants Program

The Community Grants program will support communities to implement policy or system changes in order to address one of the social or economic factors that, as defined by the County Health Rankings, most strongly influence health outcomes in their community. These factors include:

- Education
- Employment and income
- Family and social support
- Community safety

More information on the Community Grant's program can be found [here](#).

Need Iowa Specific Data? 2011 Iowa County Health Rankings Site

The U.S. Census Bureau released state-specific data for December 2011 through April 2012. The data provides detailed information on age, sex, households, families, group quarters population, and occupied housing units for up to 331 races, Hispanic or Latino origins, tribal population groups, and more. To view this data, visit: <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.

National Nursing Degree Guide

Want to know more about nursing? The [National Nursing Degree Guide](#) is a comprehensive guide to nursing degree programs and includes articles and a directory of 7,000+ accredited nursing programs. Iowa nursing programs are listed within the guide.

2009 Medicare Billing Information - Chart Book

The [2009 Medicare Billing Information – Chart Book](#) is a publication that details “rural” billing information for Rural Health Clinics, Federally Qualified Health Centers, skilled nursing facilities, home health agencies, Critical Access Hospitals and swing beds.

New Online Mental Health Modules for Primary Care Providers

Since it is estimated that 35 percent of primary care visits have some mental health component to them, new online mental health modules have been designed by the Behavioral Health Education Center of Nebraska to educate primary care providers on how to better assist their patients who have mental health issues. The goal of the modules is to improve the comfort level of primary care providers when needing to prescribe medications or provide referrals to mental health professionals, such as therapists and psychiatrists.

The first module focuses on adolescent patients. To review the online modules, visit: http://www.unmc.edu/bhecn/adolescent_depression_module.htm.

Calendar of Events

Agricultural Medicine Training

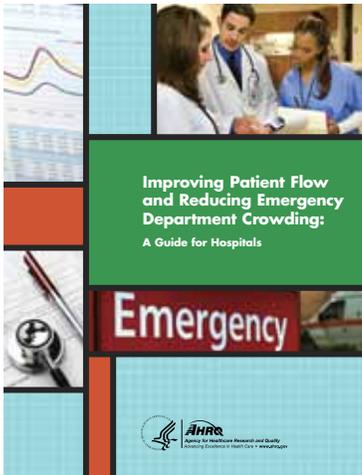
Occupational and Environmental Health for Rural Health Professionals

June 11-15, 2012

Iowa City, Iowa

Contact: kay-mohling@uiowa.edu

<https://www.continuetolearn.uiowa.edu/UIConferences/>



Improving Patient Flow and Reducing Emergency Department Crowding

April 27, 2012

2:00pm CT

This is a free webinar but advanced registration is required.

<https://event.on24.com/eventRegistration/EventLobbyServlet?target=registration.jsp&eventid=440373&sessionid=1&key=D3EFA846EBF80F1EA7E782085D9BD16D&sourcepage=register>

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