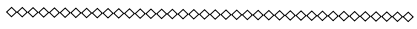




FEBRUARY 2013



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Boone County Hospital Received National Quality Award



Boone County Hospital (BCH) recently received an award for demonstrating continuous quality excellence and innovation, and proved its commitment to offering the highest quality care to its patients and the communities it serves. There were only eight hospitals in the United States that received this award.

The National Rural Health Resource Center (The Center) has recognized BCH for their participation in national quality initiatives. A representative from the Iowa Department of Public Health, Iowa Medicare Rural Hospital Flexibility Program (Flex Program) attended a special awards ceremony on February 12, 2013, and presented hospital administration, staff and physicians with this prestigious award.

The National Quality Award was established by The Center and the Federal Office of Rural Health Policy to recognize the excellent work in critical access hospitals (CAHs) throughout the country. BCH was nominated for the award by the Iowa Department of Public Health, Flex Program. The recognition promotes excellence in quality and innovation and honors the achievements and results of CAHs, and publicizes successful strategies.

BCH implements a variety of continuous quality improvements as strategies to improve their process and patient care outcomes such as:

- Reports publicly to Hospital Compare
- Participates in the Medicare Beneficiary Quality Improvement Project with Hospital Consumer Assessment of Healthcare Providers and Systems (the national, standardized, publicly reported survey of patients' perspectives of hospital care)
- Participates in the Agency for Healthcare Research and Quality TeamSTEPPS® training (a powerful solution to improve patient safety, and an evidence-based teamwork system to improve communication and teamwork skills among health care professionals)
- Implements Lean (an idea to maximize patient value while minimizing waste)

continued on page 2

"We continually review our data and implement process improvements, while striving to be a high performer by continuing to show progress toward more efficient and safer care. This improvement occurs because everybody in the hospital is on the same page for the quality of patient care," says Howard Eikenberry, BCH administration, quality improvement. "



Boone County Hospital Received National Quality Award continued from page 1

As a critical access hospital, BCH has consistently demonstrated excellence in quality initiatives with documented outcomes by scoring above average on a majority of patient safety measures when compared to other Iowa hospitals. "We continually review our data and implement process improvements, while striving to be a high performer by continuing to show progress toward more efficient and safer care. This improvement occurs because everybody in the hospital is on the same page for the quality of patient care," says Howard Eikenberry, BCH administration, quality improvement. "The hospital also actively participates in the Centers for Medicare and Medicaid Services Partnership for Patients Program. We have completed improvement efforts to reduce infections in the hospital, and have also implemented policies and processes to eliminate non-medically indicated early elective deliveries." Physicians, staff, and leadership have engaged in the quality improvement process and are active participants.

This year, out of 1,331 CAHs from across the United States, 20 hospitals were nominated for recognition. "This year's recipients embody both outstanding quality and meaningful innovation," said Terry Hill, executive director of the National Rural Health Resource Center. "They demonstrate that rural hospitals can lead the way in the rapidly changing health care industry."

Health care delivered in rural communities is affordable, high quality, and necessary to the good health of the entire community. "Having high quality health care services available locally is crucial to the safety, health, and economic well-being of our community," says Joe Smith, BCH CEO.

"Boone County Hospital is one of 82 CAHs in the state that are improving coordination of care across health systems and implementing best practices in patient safety. BCH is committed to using evidence-based practices to improve patient outcomes and increase communication and teamwork among health care professionals," said Kate Payne, Iowa Flex Program coordinator, Iowa Department of Public Health.

Not getting our newsletter?

To subscribe to the Access Update send a blank e-mail message to:

join-HCA@lists.ia.gov

Have you read the latest “Inside I-Smile” report?

The I-Smile™ dental home initiative has been helping Iowa families access dental care since 2006. Through I-Smile™, more children are receiving care, improvements are being made to the quality of dental care coordination services provided to families, and more parents and other stakeholders understand the importance of children’s oral health.

In 2012, we saw some remarkable achievements.

- 62 percent of Medicaid-enrolled children ages 0-12 received care from a dentist. (That is 1 ½ times as many that saw a dentist in 2005!)
- And - nearly 4 times as many children received preventive dental care from a hygienist or nurse working for a Title V agency than in 2005.

We anticipate that as I-Smile™ continues, Iowa children will be healthier, better able to speak properly, eat, grow, and thrive – and will be better able to learn in school.

To see the full report, go to the IDPH [website](#). You can also learn more by visiting the I-Smile™ [website](#) and Facebook [page](#).



Barriers to Meaningful Use in Medicaid

A new report from the Agency for Healthcare Research and Quality examines challenges Medicaid providers face in achieving meaningful use (MU) of health information technologies. Bob Russell, DDS, MPH, public health dental director, chief Bureau of Oral and Health Delivery Services at the Iowa Department of Public Health notes that dentists in particular should read the study.

The report focused on identifying barriers to achieving MU of electronic health records (EHRs) unique to health care professionals that serve high proportions of Medicaid-insured individuals. It specifically examined whether work environment-related factors or characteristics of the population they serve, created barriers to adopting and using EHRs. The study also examined whether the financial incentives offered through the Medicaid EHR Incentive Program and available technical assistance offerings were sufficient to mitigate the barriers that Medicaid providers face in achieving MU.

Study participants included a mix of adult medicine physicians, pediatricians, nurse practitioners, physician assistants, certified nurse midwives, and dentists who were asked about their experiences with specific barriers and enabling factors to adopting and using EHRs.

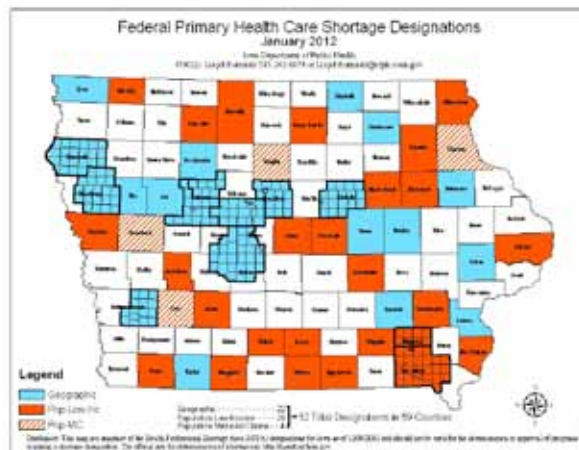
The reported barriers to adoption and MU of EHRs were not associated with serving a predominately Medicaid-insured population, and were consistent with barriers that health care professionals in other studies had previously reported. In fact, barriers to adopting and using EHRs that could be associated with Medicaid providers were issues specific to provider types who were eligible for the Medicaid EHR Incentive Program but not the Medicare EHR Incentive Program, specifically, dentists and pediatricians. Dentists reported difficulty finding a certified EHR product suitable for their practices and difficulty in achieving meaningful use criteria themselves, such as clinical quality measures or core EHR functions. For more information access the full report at http://healthit.ahrq.gov/portal/server.pt/community/ahrq_national_resource_center_for_health_it/650 and click on Barriers to Meaningful Use in Medicaid - Analysis and Recommendations.

HPSAs continued – Population and Provider Counts

The Access Update continues a series of articles about Health Professional Shortage Areas (HPSAs). Please refer to previous issues beginning in August 2012 for background information.

In the December article, the concepts of Rational Service Area (RSA) and nearest source of care were addressed. Please refer to the [archived newsletter](#) for full background on those concepts.

Once all of the nearest sources of care have been ruled out, the data and calculations can begin to be applied to the Rational Service Area (RSA). Two major data elements are the population count and provider count within the RSA.



Population is counted based on the latest Census Bureau information on the permanent resident civilian population in the area. The population count can be adjusted for groups of people who live in the area on a seasonal basis (2 to 8 months per year), for tourist populations, and for migrant populations.

Providers are counted according to the type of HPSA being determined (primary care, dental, or mental health) and by the amount of time they spend in direct patient care. The time spent in direct patient care is translated into a full-time equivalent number. For primary care, doctors of medicine and doctors of osteopathy are counted if they are providing direct patient care in general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology. For dental care, dentists who are addressing general dental care needs of the population in their area are counted. For mental health, psychiatrists providing ambulatory or short-term care are counted. In each case (primary care, dental, and mental health), certain adjustments or exclusions of professionals may be applied.

For each RSA, the population and provider data, when compared in a ratio, must meet certain thresholds. For primary care, the RSA must have at least 3,500 people for every 1 primary care physician full-time-equivalent (FTE). For dental, the ratio is 5,000 people for every 1 dentist FTE. For mental health, the ratio is 30,000 people for every 1 psychiatrist FTE. If the population in the RSA has unique characteristics, there are different thresholds that can result in HPSA status, and these thresholds are specifically established by federal rules.

While there is more to the story for each type of HPSA, these are the basic steps to arriving at a designation.

Resources

Federal Communications Commission Placed \$400 Million Toward Telemedicine Capability

On December 21, 2012, the Federal Communications Commission released a Report and Order establishing the Healthcare Connect Fund and the Skilled Nursing Facility Pilot Program, as well as announcing reform of the Rural Health Care Telecommunications Program. Together, these programs are designed to build and improve broadband capacity for rural health care providers and networks and help those with limited broadband access to leverage the full potential of electronic health records, telehealth, home monitoring, data sharing, and a range of other health information technology. All rural health care providers and organizations in need of broadband services and equipment eligible for these programs are encouraged to apply. Click [here](#) for more information.

Stopping Elderly Accidents, Deaths & Injuries Tool Kit for Health Care Providers

One out of three people 65 and older fall each year, and over two million are treated in emergency departments annually for fall injuries. Those caring for older adults can help reduce these injuries. The Stopping Elderly Accidents, Deaths & Injuries (STEADI) Tool Kit contains resources and tools that will help make fall prevention effective. The STEADI Tool Kit includes basic information about falls, case studies, conversation starters, and standardized gait and balance assessment tests (with instructional videos). In addition, there are educational handouts about fall prevention specifically designed for patients and their friends and family. The STEADI Tool Kit will help incorporate fall risk assessment and fall prevention for a clinical practice, and enhance efforts to help older adults stay healthy and independent. Click [here](#) for the toolkit.

Critical Access Hospital Finance 101 Manual

This manual was developed for use by state Medicare Rural Hospital Flexibility Program personnel as well as administration and boards of critical access hospitals. The content is designed to be as non-technical as possible and to provide answers to frequently asked questions regarding finance and financial performance. Click [here](#) to view the manual.

Rural Obesity Prevention Toolkit

The Rural Assistance Center released a resource that can help communities and entities that are developing an obesity prevention program. The toolkit consists of eight modules and is designed to help evaluate opportunities for developing an obesity prevention program, provide resources and best practices developed by successful obesity prevention programs. To view the toolkit modules click [here](#).

Thank You!

Thank you to communities assisting with information for Health Professional Shortage Area fourth-year mandatory updates. This year, 43 updates are due for Iowa by February 28, 2013. As the newsletter was being assembled, we had only five remaining.

Falling Short: Most States Lag on Dental Sealants

In both 2010 and 2011, the Pew Children's Dental Campaign released reports grading all 50 states and the District of Columbia on children's dental health, relying on eight evidence-based policies that cover prevention, financing, and workforce issues. However, this year, Pew's 50-state report focuses on prevention, examining states' efforts to improve access to sealants for low-income kids. Click [here](#) to view the report.

Worth Noting

Health Care Law Requires Additional Dental Benefits for Children

Tooth decay is the most common chronic health problem in children. By the time they enter kindergarten, more than a quarter of kids have decay in their baby teeth... Starting in 2014, the Affordable Care Act requires that individual and small-group health plans sold both on the state-based health insurance exchanges and outside the exchanges on the private market, cover pediatric dental services. Click [here](#) to learn more.

Institute Seeks Proposals for Rural Communities Facing Design Challenges

The Citizens' Institute on Rural Design (CIRD) is issuing a request for proposals to rural communities facing design challenges to host local workshops in 2013. Examples of challenges might include: how to add jobs and support local businesses, how to honor and protect local character and history, or how to use limited financial, human, and natural resources wisely. Successful applicants will receive a \$7,000 grant and in-kind design expertise and technical assistance valued at \$35,000. CIRD is a National Endowment for the Arts leadership initiative in partnership with the U.S. Department of Agriculture and Project for Public Spaces, Inc., along with several foundations. More information on the request for proposals is on the new CIRD website: <http://www.rural-design.org>.

AMA Foundation: Healthy Communities/Healthy America Grant

The AMA Foundation's Healthy Communities/Healthy America program awards \$10,000-\$25,000 grants to physician-led free clinics. For 2013, the program will address the topic area of diabetes management and education projects for free clinic patients. Letters of interest are due by March 15. [View Full Announcement](#)

National Health Service Corps Loan Repayment Program

The National Health Service Corps (NHSC) Loan Repayment Program application cycle is open! The application cycle will be open through April 16, 2013. NHSC Loan Repayment Program is open to licensed primary care medical, dental, and mental and behavioral health providers who are employed or seeking employment at approved sites. If you have questions about the FY 2013 Loan Repayment Application cycle you may call the Customer Care Center at 800-221-9393 or e-mail gethelp@hrsa.gov.

Calendar of Events

Iowa Healthcare Collaborative Patient Safety Conference

March 6, 2013

8:30 a.m. to 4:00 p.m.

Des Moines Marriott Downtown Hotel

Des Moines, Iowa

Register at <http://www.ihaonline.org/imis15/Core/Events/eventdetails.aspx?iKey=700213>

Health & Long-term Care Access Advisory Council

April 3, 2013

10:00 a.m. – 3:00 p.m.

Urbandale Public Library

Urbandale, Iowa

Iowa Governor's Conference on Public Health

April 9 & 10, 2013

Iowa State University, Scheman Center

Ames, Iowa

Register at <http://www.iowapha.org/Events?eventId=585001&EventViewMode=EventDetails>

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