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IRHA Newsletter - Swatches: Connecting Rural Iowa

<http://www.iaruralhealth.org>

Iowa Rural Health Association



Iowa Rural
Health
Association
optimal health for all Iowans

Swatches

Connecting Rural Iowa

May 2013

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President's Message

by Fred Eastman, IRHA President

Is the ICN for sale? Something rural Iowa health care providers should be interested in.

Is the Iowa Communications Network (ICN) for sale or not, and, if it is sold, what then?

In 2011, Iowa House File 45 was introduced and passed by the legislature and signed by Governor Branstad. The bill was essentially an omnibus spending bill, but looked for areas that could save or

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IRHA Membership Renewal

Have you renewed your IRHA Membership for 2013? Don't miss out on any of the member benefits or information shared with members only. Renew today!

If you have not renewed, you should have recently received a renewal notice via email. Simply print and return that form with payment to the IRHA Office.

Also, is there a colleague that would benefit from membership in IRHA? Please invite them to join. Additional information about IRHA is available on the website at www.iaruralhealth.org or contact the IRHA Office at mprimus@iaruralhealth.org or 515-282-8192.

make the state money. One of the ideas in the bill was to sell or lease the ICN. This was not a new idea. It had been proposed in previous years and had not passed. In fact, a separate bill to sell or lease the ICN was also introduced in 2011 and was defeated. The language that passed in HF45 did not require the sale or lease of the ICN but required that the ICN develop a Request for Proposal (RFP) to sell or lease the ICN.

The RFP, at a cost of over \$900,000, has been developed and interested parties have their chance to submit their proposals to buy or lease the ICN by 4:00 p.m. May 30, 2013. Any proposals would then be reviewed and any proposal recommendations would be forwarded to the Governor and the legislature for approval.

Why should rural health care providers be interested? 84 Iowa hospitals, 2 radiology groups, and the Iowa Hospital Association are connected to the ICN through the Iowa Rural Health Telecommunications Program (IRHTP). The IRHTP was encouraged for the expansion of rural broadband connectivity through a 2007 nationwide pilot funded by the Federal Communications Commission (FCC). This nearly \$10 million project is one of many federal projects that has benefited the ICN and Iowa. The FCC recognized the importance for healthcare to have telecommunications capacity to meet healthcare's future needs. They recognized that with telemedicine, health information exchanges, remote digital imaging, data transfers and remote billing the existing infrastructure was not going to handle the additional needs. And, health care systems were not in the best position to fund the needed expansion. With FCC support, the ICN was positioned to meet those needs.

In Iowa, the ICN extends telecommunications fiber to all 99 Iowa counties. This includes about 3400 miles of state owned fiber and over 5200 miles of leased fiber connections. With the infrastructure in place and funding support for expanding the fiber access to hospitals and healthcare entities across the state it made sense to maximize the asset.

One misconception many have about the ICN is that the network is only used for video to schools. The network's original use was distance learning. It has transitioned to many more uses. According to the ICN's RFP, video accounts for only 8%, while data accounts for 61% of the FY 2012 revenues. For example, one of those data uses is Internet access used both by schools and healthcare.



Thank you for your IRHA Membership!

Benefits of being an IRHA member:

1. Health advocacy with a rural perspective
2. Access to resources through the IRHA and NRHA websites and email distribution lists
3. Networking opportunities with professionals from diverse disciplines
4. Input opportunities for State and Federal Policy issues
5. Discounted rates for Annual Conference
6. Opportunities for leadership development

New IRHA Member

Another would be, within a few seconds, sending and receiving an MRI or CT scan.

Why would healthcare providers be concerned about someone other than the ICN owning or managing the network? One concern is responsiveness to healthcare needs by a new operator. Will a new owner offer the human contact and rapid response ICN users are accustomed to? Or, will a trouble call be handled by an automated service call system located in another state? A second concern is that a buyer will have costs that the ICN currently does not have. Although plans are to protect current users from price increases, price stability cannot be guaranteed long term and dramatic price increases could come in the future to help pay for those additional costs. Other concerns about a new owner or operator include diminished network security, a third party dictating network use, and issues with federal funding.

In the months ahead we will find out if proposals have been offered to purchase or lease the ICN. Should a proposal be selected, it would need to move forward through the legislative process, be acted on, and be sent to the Governor for his signature. Iowa health care providers should be interested in the outcome and how a sale or lease of the ICN would affect them.

"What's Working In Iowa" - IRHA Webinar Series Continues

The IRHA continues the Lunch and Learn Webinar Series, with a webinar on June 13th. The June webinar will be presented by Dan Royer, MPA, Director of Health Care Policy with the Iowa Hospital Association. The session will provide an update on State and Federal health care policy issues including health care reform implementation, results of the 2013 Iowa General Assembly, and various notable Federal updates. To register for the June 13th webinar, [click here](#).

The webinars are a membership benefit; however the invitation is extended to partners, stakeholders and others interested in rural health, agricultural safety, and wellness in rural communities. The IRHA's webinar series began in July 2009. Click [here](#) for access to past webinars.

Benefit!

IRHA is excited to announce a new benefit for our members - an Online Career Center.

IRHA members looking to fill open positions are now able to post employment opportunities to the IRHA website at no cost. Also, IRHA members looking for positions are able to post their qualifications and type of employment they are seeking at no cost.

This service is also available to non-IRHA members for a nominal fee.

To take advantage of this new member benefit, visit www.iaruralhealth.org and click the "Career Center" link on the main menu.

SAVE THE DATE | 2013 JOINT FALL MEETING

THURSDAY, NOVEMBER 21, 2013
IOWA RURAL HEALTH ASSOCIATION AND
IOWA ASSOCIATION OF RURAL HEALTH CLINICS
2013 JOINT FALL MEETING

ANIMAL RESCUE LEAGUE OF IOWA
5452 NE 22ND STREET · DES MOINES, IOWA 50313

Iowa Rural Health Association
optimal health for all Iowans

National Rural Health Day
Celebrating the Power of Rural

Join us in celebrating National Rural Health Day during our Joint Fall Meeting!

RHC
Iowa Rural Health Clinics

Iowa Receives a State Innovation Model Grant

Iowa received a State Innovation Model Grant from the federal government to develop an Accountable Care Organization model to better coordinate care and reimburse for outcomes in Medicaid.

Director Jennifer Vermeer of the Iowa Medicaid Enterprise (IME), which is the second largest payor and provides healthcare coverage for 23% of Iowans, held a briefing this past month to solicit feedback from stakeholders on the development of the model, which must be submitted to the federal government in the Fall. IME's goal is to develop a model that aggressively reduces Medicaid costs by 5-8% within 3 years while improving the health of the population. The model will be multi-payor and build upon existing ACO frameworks already developing in the private sector in Iowa.

State Rural Hospital Improvement Grant Program

The Small Rural Hospital Improvement Grant Program (SHIP) is a federally funded program through the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy. The federal grant provides additional resources to small rural hospitals to:

- VBP - Improving data collection activities in order to facilitate reporting to Hospital Compare.
- ACOs - Improving quality outcomes. Focus on activities that support QI such as reduction of medical errors as well as education and training in data collection and reporting and benchmarking.
- Payment Bundling - Building accountability across the continuum of care. Funding could be used to improve care transitions between ambulatory and acute, acute to upstream acute and acute to step-down facility. This could be done in the form of training, clinical care transition protocol development or data collection that documents these processes.
- PPS - Maintaining accurate PPS billing and coding such as updating charge masters or providing training in billing and coding.

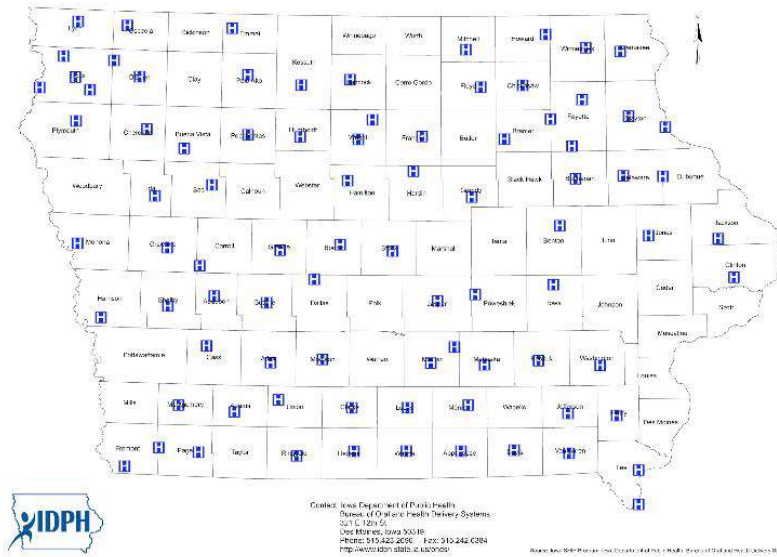
For a hospital to be eligible, they must be a "small" hospital (non-federal, short-term, general acute care facility with 49 beds or less) and be in a "rural" setting. "Rural" is defined as located outside a Metropolitan Statistical Area (MSA); or located in a rural census tract of a MSA as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs).

Iowa received a notice of grant award for \$779,195.00 for the federal fiscal year 2012-2013. Fifteen percent of the award funds administrative costs at the Iowa Department of Public Health. The terms of the award divides the remaining funds equally among the 85 eligible hospitals that applied. Each eligible hospital received \$7,817.00.

For more information on SHIP, please visit

<http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SHIP> or contact Katie Jerkins at Katherine.Jerkins@idph.iowa.gov

Iowa Small Rural Hospital Improvement Program Participating Hospitals 2012-2013



Grain-related Fatalities in Iowa

By Kathy Leinenkugel

Coordinator, Occupational Health & Safety Surveillance Program
Iowa Department of Public Health

Many Iowans are aware of the tragic deaths of a father and son in a Waverly, Iowa, grain bin on March 14, 2013. Two weeks later, NPR (National Public Radio) released an investigative series called "Buried in Grain" which reported on dangerous working conditions often found at grain storage facilities. The series highlighted the deaths of two teenagers and the entrapment of a third young man in an Illinois grain bin in July 2010.

After seeing a decline in the number of grain-related fatalities and entrapments across the US, the numbers nationally have been rising in the past five years. Some of the rise in grain engulfments in recent years has been attributed to the poor condition of the crop at harvest; especially, wet corn that was placed into storage in 2009 following late-season flooding. Farm Safety Specialist Bill Field of Purdue University maintains a database that details over 800 cases of grain entrapment and engulfment going back to 1964 involving both adults and children. He reported 18.8 cases per year in the five years around 2002, but an average of 36 cases per year in the five years around 2010. His records show 25 fatal and 26 non-fatal cases in 2010 across 17 states. All of the 2010 cases were male,

70% were on farms, and 5 deaths were teens under 16 year of age.

Data from the Iowa Fatality Assessment and Control Evaluation (FACE) program was analyzed to report on work-related traumatic fatalities related to grain handling in four areas: grain engulfments, deaths involving machinery or equipment in the immediate grain storage area, falls in or from grain storage structures that did not result in an engulfment, and electrocutions during grain-related activities. The Iowa FACE surveillance identified 62 fatalities involving these activities from 1995 - 2012 or an average of 3.44 per year. There were 30 deaths due to grain engulfments (48%), 11 deaths involving machinery (18%), 14 deaths from bin falls (23%), and 7 deaths from electrocution (11%). Of the 62 deaths, 29 (47%) involved a private farm owner, operator, family member or neighbor, 23 (37%) involved a commercial facility, and 10 (16%) involved someone specifically identified as a farm worker. The youngest of these work-related fatalities was 17 and the oldest was 83 years of age. In the past five years (2008-2012), the average number of work-related grain fatalities in Iowa has declined to 3.0 per year.

Agriculture remains a dangerous industry in Iowa and the U.S. The U.S. Bureau of Labor Statistics reports that in 2011 there were 70,000 disabling injuries and 551 fatalities in the sector of agriculture, forestry, fishing, and hunting, for a national rate of 24.4 work-related deaths per 100,000 workers.

Iowa has a strong farm heritage, which often accepts risk-taking as part of getting the job done. It is up to all of us to move beyond viewing these deaths as unavoidable "accidents" and promote an improved culture of safety across Iowa.

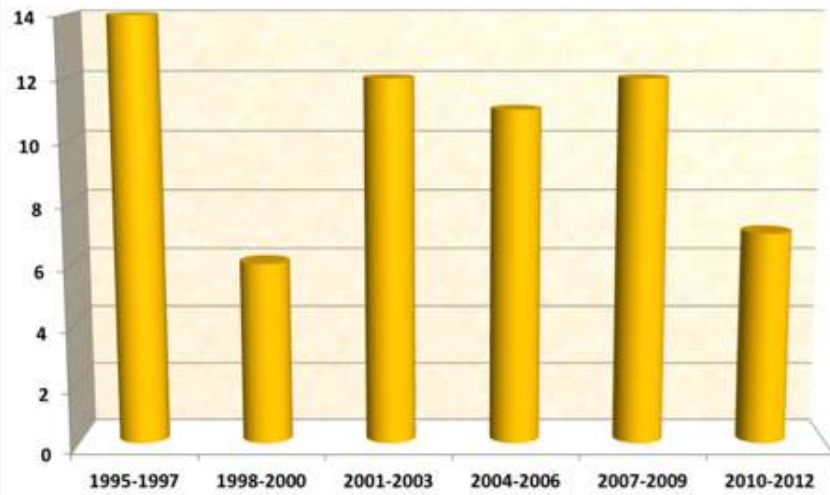
Kathy Leinenkugel can be contacted at:

kathy.leinenkugel@idph.iowa.gov .

For more information, see the Iowa FACE program at:

www.public-health.uiowa.edu/face/ or Iowa's Center for Agriculture Safety and Health (I-CASH) at: <http://cph.uiowa.edu/icash/>.

Iowa Grain Fatalities, 1995-2012*
 Engulfments and Grain Storage Machinery, Falls, or Electrocutions
 *IA FACE data as of 4/18/13 N=62



Iowa Grain Fatalities 1995-2012*

*IA FACE Data as of 4/18/13

Age Range at Time of Death

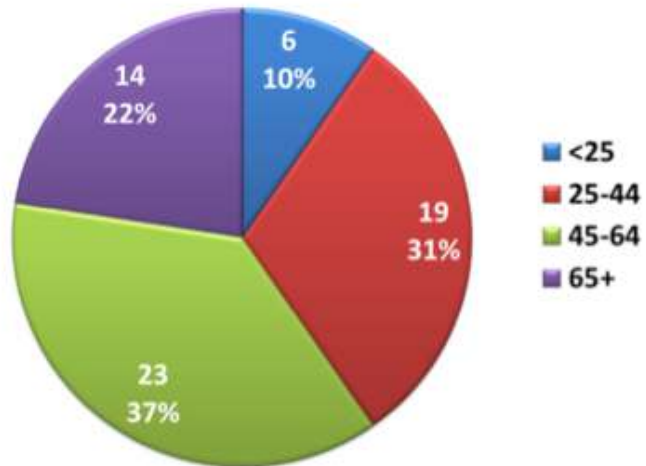
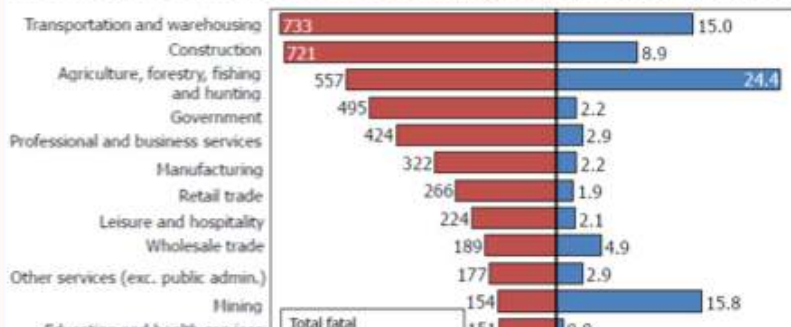


Chart 2. Number and rate of fatal occupational injuries, by industry sector, 2011*





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