



Optimal Health for All Iowans



Swatches

Connecting Rural Iowa

May 2016

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President's Message

Eric C. Tempelis

This past month IRHA held forums in Ottumwa and Harlan to bring together policy experts, healthcare leaders and community members to discuss workforce challenges and opportunities. The forums funded thanks to a grant from the National Rural Health Association focused on "Addressing Iowa's Critical Need for Health Care Providers in Rural Areas." We held a similar forum earlier in the year at Des Moines University where we focused on rural practice opportunities and heard directly from students. Thank you to all of the panelists and participants who attended these forums.

We were impressed with the range of expertise at each forum and the wealth of experiences shared. Panelists included current or former officials from the Iowa Rural Health Association, National Rural Health Association, U.S. Department of Agriculture, University of Iowa, Great Plains Telehealth Resource & Assistance Center, and a range of provider organizations. We also heard directly from current and future healthcare providers from a range of professions including physician assistants, nurses, pharmacists, dentists, and public health who shared their perspectives on the challenges and opportunities facing rural Iowa when it comes to workforce and healthcare delivery.

A positive message coming out of the discussion was that every challenge presents an opportunity for a community to grow and evolve that requires being open to change. Among the major themes discussed was the need for rural communities to collaborate and leverage public-private partnerships to address workforce needs. To that end, many participants saw an opportunity for communities to be more proactive in recruiting



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

The IRHA membership year runs with the calendar year. Renewal notices will be sent via email in early December. Renewal is easy. Please take a few minutes to renew when you receive the notice.

Thank you for your continued support of IRHA!

Iowa Rural

and retaining healthcare providers who are committed to rural health, while educating lawmakers on policies that may be undermining rural practices. Many of the student panelists shared stories of their rural roots and their openness to returning to their roots if communities could help them cobble together a sustainable professional and family environment. For example, students often perceive a struggle in reaching sufficient patient volume for their practices, finding work for their spouses, and access to certain extracurricular activities for their children when they consider pursuing a rural practice. However, we heard stories from healthcare professionals and communities that have been successful in proactively and creatively finding ways to overcome these types of hurdles and thrive.

Over the coming months IRHA will be planning its annual fall conference. We plan to build on the forums and look forward to continuing to focus attention on these important issues impacting sustainability of rural health. Thank you for continuing to invest your energy and resources in helping IRHA advance rural health throughout Iowa. If you are not a member, please contact IRHA's Melissa Primus for information on how you can become an active member.

Best,
Eric Tempelis

Legislative Update

The Legislature adjourned Sine Die around dinner time on Friday, April 29th, the 110th day of the legislative session. It took policy makers 10 days past their scheduled end date to resolve differences on key appropriations bills and complete their work for the 2016 session. This also meant leaving some items incomplete until the 2017 session begins in January. Throughout their work this year disagreement on funding for education, water quality programs and implementation of Medicaid managed care dominated discussion at the Capitol. We can expect to see those policy and budget issues discussed on the campaign trail this summer.

One of the issues causing the slight delay in adjournment this year was how legislators would enact oversight of the new Medicaid managed care system. Oversight of the transition was a significant source of disagreement between House and Senate members of the HHS budget sub-committee. The final conference committee report included the continuation of the Health Policy Oversight Committee, which will meet at least

bi-annually as well as comprehensive data reporting to the Iowa Health Link website. The bill also codifies rate floors for fee for service rates for Medicaid providers that were in effect on June 30th.

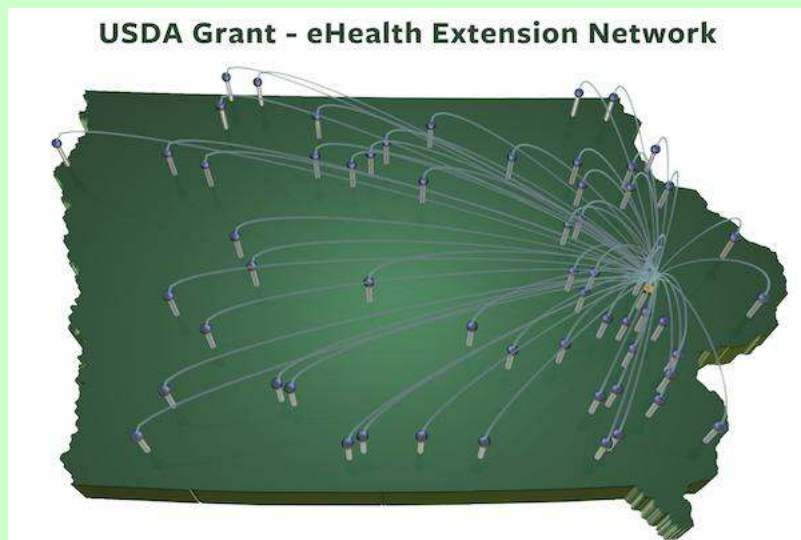
As we have mentioned in earlier newsletters, IRHA was pleased to support SF 2144 related to confidentiality of mental health records. A wide array of stakeholders joined together advancing passage of this bill. This legislation will allow providers engaged in the care of an individual to share mental health diagnosis and treatment information for the purposes of care coordination, furthering the goal of improved integration of behavioral health and primary care.

Advocates also came together this year to support passage of SF 2218 which would allow first responders, family and friends to receive a prescription for opioid antagonists, which can be an effective tool in preventing death from overdose. Iowa was one of the last states to enact this policy.

Policy makers continued to make strides in tele-health, enacting SF 453 which would make approval of tele-pharmacy sites more routine. Existing sites have been approved on a pilot basis in the past. Tele-pharmacy allows for the provision of important health services to connect to more rural parts of our state.

Improving Health Care with Telemedicine

A unique partnership between the U.S. Department of Agriculture (USDA) and the University of Iowa Hospitals and Clinics (UIHC) is establishing telemedicine sites in nearly 70 rural health care locations in 46 counties across the state this year.



"Telemedicine also offers improved care for pediatric and elderly populations with frequent healthcare needs but with constrained ability to travel to make their appointments far from home," said Bill Menner, USDA Rural Development State Director in Iowa. "It also provides patients and their families a convenient alternative to spending less time away from work or school."

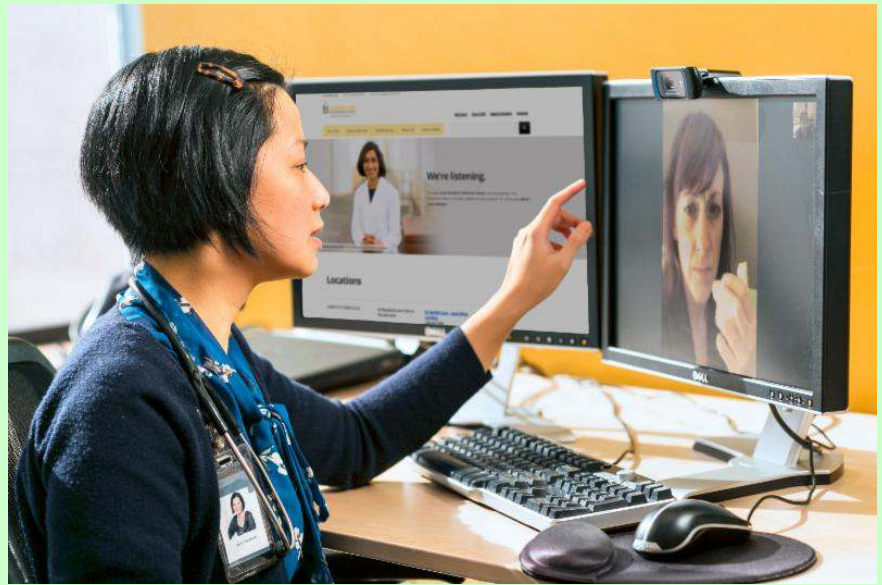
With this project rural facilities, including family medicine clinics, nursing homes and Child Health Specialty Clinics, will receive almost \$1 million in telemedicine equipment through a \$498,973 USDA grant and UIHC matching funds.

"The USDA grant has enabled us to re-create a service using new technology that we used to provide in the early days of medicine," said Patrick Brophy, M.D., M.H.C.D.S., assistant vice president of eHealth & Innovation for University of Iowa Health Care. "Our collaboration with USDA is allowing us to connect with our rural roots and make it easier to keep practitioners and communities connected to world-class medical specialty care."

The initial phase of the project will bring telemedicine services to around 15 sites. One of the first ones will be Pleasantview Home in Kalona, a skilled nursing and long-term care facility that also offers independent living for residents. The first service available to residents will be geriatric telepsychiatry. Other specialty services available over time will include dermatology, burn and wound, and geriatrics.

Many of the other preliminary sites getting new telemedicine equipment will be Child Health Specialty Clinics.

Within a year, approximately 40 family medical clinics and 15 nursing homes also will be offered UIHC telemedicine services. Each site connecting to UIHC can choose the equipment that will fit its needs best, ranging from iPads to a cart that may include medical devices, such as a stethoscope and a medical camera that the specialist would use and view remotely.



"Technology is always changing and improving," Brophy said. "We want to provide rural Iowans the best possible equipment options to help them have better, increased access to specialty care locally. Our goal is to keep patients in their communities as much as possible, and we believe we can achieve that goal through telemedicine. Telemedicine is also a doctor's direct link with a colleague or specialist and may play an important role in helping keep doctors from leaving rural Iowa."

Since 2009 USDA has helped fund 17 telemedicine-related projects to improve health care access for rural Iowans.

2016 Midwest Rural Agricultural Safety and Health Conference: Safeguarding Farm Livelihoods

Midwest Rural Agricultural Safety and Health Conference (MRASH) will be held on November 15-16 at the Terrace View Event Center in Sioux Center, Iowa. The key to success for this conference is that it brings together many different perspectives on agricultural safety and health. Farmers, researchers, healthcare providers, ag organizations and agribusiness, educators are among the conference attendees and their healthy exchange of ideas helps to make solutions more effective. For the second year in a row, a rural Iowa community will host the conference, allowing more participation from local farm families, agribusinesses, and health care providers, supporting local food efforts and rural businesses as much as possible.

"Safeguarding Farm Livelihoods" is the theme of the fifteenth annual conference. The first day will feature an indepth look at the importance of design and planning as tools to prevent safety and health problems in agriculture. Breakout sessions will feature emerging research and evaluation of outreach projects from around the Midwest. In the evening, a poster reception will include displays from local projects as well as additional research and outreach efforts. Participation from farm families will be one of the key ingredients on the second day through panel presentations and small group discussions.

A new feature this year will be an Agricultural Health Fair to be held the afternoon of Day 2 of the conference. Stations will address a variety of health and safety concerns on the farm with information, demonstrations and some health screenings. Short presentations will also cycle during the afternoon.

We welcome your participation at the conference! More program details and registration materials will be available on the conference website this summer. Poster abstracts are still being accepted. Sponsorships are available for either the conference or the health fair. If you would like additional information, please visit the conference website at <http://www.public-health.uiowa.edu/icash/2016-mrash/> or contact Gayle Olson, Conference Coordinator at gayle-olson@uiowa.edu.

SelfMade Health Network Tobacco Cessation Marketplace Project

Johnson County Public Health (JCPH) is a grant recipient of the National SelfMade Health Network Tobacco Cessation Marketplace Project. SelfMade Health Network has awarded grants to ten national, state and local organizations to reduce tobacco-related and cancer health disparities among vulnerable populations. The SelfMade Health Network is a national network of organizations, agencies and businesses working together to decrease cancer and tobacco-related disparities among vulnerable low socioeconomic populations.

JCPH encourages all health care providers to improve their patients' health by conducting brief tobacco cessation counseling interventions, making them aware of cessation assistance resources and connecting them to those resources. No matter how many miles separate Iowans from their health care providers, there is FREE tobacco cessation assistance available online or by phone from Quitline Iowa.

Quitline Iowa pairs tobacco users with a Quit Coach® to help them develop a quitting plan and determine if patches, nicotine gum or lozenges, or another medication would help them quit for good. A Quit Coach® also helps those enrolling in the program by:

- Preparing participants for their quit date
- Helping develop an individualized Quitting Plan
- Providing tips and support to live in a smoke-free environment
- Offering advice and information on medications that may help with withdrawal symptoms

Please let your patients know they can take advantage of the program by calling 1-800-QUIT-NOW (1-800-784-8669), or visiting www.quitlineiowa.org to enroll. Registration specialists and Quit Coach® staff members are available 24 hours a day.

For more in-depth information on Quitline Iowa and evidence-based tobacco cessation strategies, please contact Susan Vileta at 319-356-6038 or svileta@co.johnson.ia.us for questions, an in-person meeting or FREE staff training.

For help ending your tobacco dependence visit www.quitlineiowa.org or call 1-800-QUIT-NOW. Or review covered treatments information from the American Lung Association.

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