UPDATING THE RURAL HEALTH DIRECTORY

THE NEW AND IMPROVED WWW.MSRHA.ORG IS HERE!

HALF OF PHYSICIANS UNFAMILIAR WITH MEDICARE PAYMENT REFORM AND ITS EFFECTS

LIST OF RURAL HEALTH FELLOWS CONTINUES TO GROW

INTERESTED IN RECRUITING A "PHYSICIAN TO YOUR FACILITY?

THREE MISSISSIPPI HOSPITALS RECEIVE HEALTH CARE AWARDS

FUNDING WILL INCREASE ACCESS TO ORAL HEALTH SERVICES

SWARM OF WEST NILE MOSQUITOES HITS CLOSE TO HOME

MISSISSIPPI LIFE EXPECTANCY VARIES BY COUNTY

STATE’S TELEMEDICINE LANDSCAPE EARS ‘A’ FROM NATIONAL GROUP

CMS UPDATES

PEOPLE HOARD, SHARE OPIOIDS

CDC AND PEDIATRIC EXPERTS WORK TOGETHER TO SET NEW ZIKA TREATMENT GUIDELINES
What is Crossroads?

Crossroads is a publication of the Mississippi Rural Health Association and aims to communicate up-to-date health care news and events through relevant and timely articles.

Board Members

- Susan Campbell, MRHA President
- Tim Thomas, MRHA Vice President
- Zach Allen, MRHA Secretary
- Dr. Ray Newman, Treasurer
- Jessica Hunt, Past-President
- Mark Garriga
- Lori Lavin
- Joe McNulty
- Dr. Lessa Phillips

INSIDE THIS ISSUE:

- UPDATING THE RURAL HEALTH DIRECTORY
- THE NEW AND IMPROVED WWW.MSRHA.ORG IS HERE!
- HALF OF PHYSICIANS UNFAMILIAR WITH MEDICARE PAYMENT REFORM AND ITS EFFECTS
- LIST OF RURAL HEALTH FELLOWS CONTINUES TO GROW
- INTERESTED IN RECRUITING A PHYSICIAN TO YOUR FACILITY?
- THREE MISSISSIPPI HOSPITALS RECEIVE HEALTH CARE AWARDS
- FUNDING WILL INCREASE ACCESS TO ORAL HEALTH SERVICES
- SWARM OF WEST NILE MOSQUITOES HITS CLOSE TO HOME
- MISSISSIPPI LIFE EXPECTANCY VARIES BY COUNTY
- STATE’S TELEMEDICINE LANDSCAPE EARS ‘A’ FROM NATIONAL GROUP
- CMS UPDATES
- PEOPLE HOARD, SHARE OPIOIDS
- CDC AND PEDIATRIC EXPERTS WORKING TOGETHER TO SET NEW ZIKA TREATMENT GUIDELINES
UPDATING THE RURAL HEALTH DIRECTORY

For all certified rural health clinics in Mississippi, visit us at www.msrha.org to answer our 13-question survey so that we may update our online directory. This directory will feature a new interactive map and will help to better advertise and assist our clinics! This survey should take less than 2 minutes.

THE NEW AND IMPROVED www.msrha.org IS HERE!

Our website now has a newer, fresher look and even more resources to assist you. Take a look at the new msrha.org today! Please note that some of our old links may now be broken in the recreation process, so please update any bookmarks that have with the new links. (image below)

HALF OF PHYSICIANS UNFAMILIAR WITH MEDICARE PAYMENT REFORM AND ITS EFFECTS

By: Marianna Lunsford

According to a recent survey by Deloitte and Touche, half of non-pediatric physicians have never heard of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The study found that even physicians with high shares of Medicare payments were out-of-the-loop on MACRA.

MACRA is a new program that will alter how Medicare payments will be made to physicians, which will put 4 percent or more of their Medicare reimbursement at risk starting in 2019. Though 2019 seems far away, CMS is preparing the final rules this autumn, and only 30 percent of physicians are even somewhat familiar with the upcoming reimbursement changes.

Many physicians have been surprised by the changes put forward by MACRA because for many years they have heard of major Medicare reforms that were never put into place.

Here is what physicians need to know to catch up on MACRA.

• Data from 2017 will dictate payment in 2019. CMS will evaluate data from 2019 in order to adjust payments for 2019, when the program will go into effect.

• There are two payment paths: Once the program gets started, physicians will have two options that will determine how they receive payment: the merit-based incentive payment system (MIPS) or and advanced alternate payment model (APM).

• Most physicians will start out with MIPS. The majority of physicians will start out using MIPS for the first year. CMS will then evaluate which providers met the criteria for the APM track.

LIST OF RURAL HEALTH FELLOWS CONTINUES TO GROW

By: Marianna Lunsford

The Mississippi Rural Health Association is the first association in the nation to provide their own continuing education credit and has awarded eight fellowships thus far. The recent recipients of the Mississippi Rural Health Fellow (MRHF) are Zach Allen of Children’s International Medical Group, Susan Campbell and Sharon Tucoote of Rush Health Systems, Tim Thomas of Thomas Rural Health, Jennifer Tucker of Anderson Regional Medical Center, Sherry Lindley of North Mississippi Medical Clinics, and Paula Turner of North Mississippi Health Services.

The MRHF and the MRHSF credentials were created to reward healthcare professionals and students in their efforts to become experts in rural health and improve the lives of rural Mississippians.

“As a member of the Mississippi Rural Physicians Scholarship Program, I’m committed to practicing medicine in a rural, underserved area for our state,” said Ramsey. “My involvement with the MRHA provides valuable opportunities to network with professionals who are actively working to improve rural health across the state.”

Healthcare professionals receiving the MRHF have a three-year credential, at least three years of rural-specific professional experience, have completed a minimum of 75 hours of MRHF continuing education over the three-year period prior to application, and have completed a quality improvement project specific to their respective rural community in Mississippi. Students receiving the MRHSF have completed the like but require no professional experience.

The rural health fellow credential will allow recipients to connect with other professionals, exclusive events and networking activities across the state.

“After attending the annual conference and learning about the fellow credentialing, I felt it was an excellent opportunity to continue my education and grow my knowledge in the Rural Health sector of healthcare,” said Tucker. “I look forward to being able to connect with other credentialed professionals and stay well informed on all updates in rural healthcare and having the ability to bring that knowledge back to advance the success of Anderson Regional Medical Center’s rural health clinics.”

Interested in the association or becoming a Mississippi Rural Health Fellow? Contact Ryan Kelly 601.898.3001 or visit www.msrha.org

INTERESTED IN RECRUITING A PHYSICIAN TO YOUR FACILITY?

We are pleased to announce that one of our long-time partners, Pinnacle Health Group, is offering a way for hospitals and clinics to recruit physicians to your practice.

This service, PhysicianCareer.com, has a special opportunity for Association members to post career opportunities for physicians at no charge. The service will help to match physicians seeking a career change with those positions available in your facility. Interested in posting a job? Simply contact us at president@mississippirural.org with the details of the position, including position title and description, salary range, information about your facility, photo of your facility, and any other pertinent information available. We will send this to the staff at PhysicianCareer.com and have a special portal available for you to view.

Crossroads Page 3

Crossroads Page 4
THREE MISSISSIPPI HOSPITALS RECEIVE HEALTH CARE AWARDS

By: Clarion Ledger

Three Mississippi hospitals received QUEST awards from Premier Inc., a leading health care improvement company, with Baptist Memorial Hospital-Union County taking a top honor for high-value health care.

The Union County hospital was one of five hospitals nationally honored in the category for achieving top performance in all six of the areas measured in Premier’s QUEST collaborative: cost and efficiency, inpatient and outpatient evidence-based care, mortality, safety, patient experience and appropriate hospital use. It is part of the Mississippi of Baptist Memorial Health Care Corp.

North Mississippi Medical Center-Iuka, part of North Mississippi Health Services, was one of 14 finalists for achieving top performance in five of the six areas measured in the collaborative.

Baptist Memorial Hospital-Booneville, part of Baptist Memorial Health Care Corp., was among 38 hospitals to receive a citation of merit for achieving top performance in four of the six areas measured in the collaborative.

FUNDING WILL INCREASE ACCESS TO ORAL HEALTH SERVICES

By: Clarion Ledger

Central Mississippi Civic Improvement Association Inc. in Jackson and Greene Area Medical Extenders in Leakesville are each receiving $350,000 in federal funds to expand oral health services.

With these awards from the Health Resources and Services Administration, they will be able to hire new dentists, dental hygienists, assistants, aides, and technicians to treat nearly 785,000 new patients.

Nationwide, nearly $156 million in funding was awarded to support 420 health centers in 47 states, the District of Columbia and Puerto Rico with the goal being the health centers will hire approximately 1,600 new dentists, dental hygienists, assistants, aides, and technicians to treat nearly 785,000 new patients.

Oral health problems can be a sign of other illness and lack of access to preventive and routine dental care for underserved populations can result in dental conditions requiring more costly emergency dental treatment.

SWARM OF WEST NILE MOSQUITOES HITS CLOSE TO HOME

By Marianna Lunsford

The Mississippi State Department of Health has recently found 11 out of 13 mosquito trappings in Hinds County and Jackson were found to contain mosquitoes carrying the West Nile Virus. Dr. Thomas Dobbs, Mississippi’s state epidemiologist, says those are startling findings but mentions that there is no specific cause for those results.

According to the CDC, the warm months of June through September are the most common time for West Nile Virus Activity. Four cases have been reported in Grenada, Lamar, Rankin and Hinds counties so far this year. MSDH is working with exterminators to locate areas with West Nile Virus-carrying mosquitoes but is also warning residents outside those areas to take certain precautions.

In order to protect yourself, the CDC and the MSDH recommend remaining indoors during dusk and dawn when mosquitoes are most prone to bite, wearing long pants and shirts to protect from mosquito bites, and using an EPA-approved repellent to ward off mosquitoes while outdoors.

To protect your home from mosquitoes, dispose of any pools of standing water, turn over plastic wading pools and wheelbarrows when not in use, keep garbage cans lids closed, and make sure roof gutters are draining properly.

If you know of any mosquito control problems in your community, contact your local county public works director, City Hall, of the Board of Supervisors.

ABOUT C SPIRE

We’re proud to be a leader in telehealth, providing a comprehensive suite of connectivity solutions.

This includes cloud services point-to-point connections, high speed fiber optic circuits, and 4G LTE wireless networking. Taken together, we offer a reliable, secure, light speed, and highly redundant way to remotely manage patient health.

TELEHEALTH SUMMIT

Taking telehealth mainstream through education, networking, and cooperation.

September 8, 2016
8AM – 2PM
Jackson Convention Center
Jackson, MS

 Partners: Care Innovations | Kellogg and Sovereign | Polycom | UMMC’s Center for Telehealth

Register at events.cspire.com/telehealth
MISSISSIPPI LIFE EXPECTANCY VARIATES BY COUNTY
By Sarah Fowler, Clarion Ledger

Depending on where someone is born in Mississippi, a person’s life expectancy can vary by up to eight years.

Children born in Sunflower County, for example, have a life expectancy of 71 years. Two counties away, babies born in Carroll County are expected to live to age 77, according to data released by Virginia Commonwealth University.

Derek Chapman, associate director of research for VCU Center on Society and Health, said while health plays an obvious role in life expectancy, there are contributing factors beneath the surface.

“We tend to blame people for their own behaviors and we also assume that the other factor that must be involved is access to health care,” Chapman said.

“Every person has an individual role in a healthy lifestyle and has responsibility for their own actions. Your health is self-determined. How you get sick in the first place is determined by a whole bunch of factors.”

Chapman said the communities people live in directly affect their personal choices. Lack of accessible grocery stores or a safe neighborhood to walk at night can have a negative impact on a person’s health and, ultimately, their life expectancy, he said.

“Choices in exercising and eating foods but your ability to exercise and eat healthy foods could be limited by the neighborhoods you live in,” he said.

In the metro area, Rankin county has the highest life expectancy with 78 years. Hinds County has a life expectancy of 74 years.

In the Delta, Quitman County has the lowest life expectancy in the state at 70 years.

“Across the state we have this seven-year difference across Highway 82 but it’s a while range of values,” Chapman said. “What we found are these neighborhood or community-based factors influence everyone. It’s not just the problem of the Mississippi Delta or the poorest part of town. The message is the state as whole performs poorly but within the state, not everyone performs poorly.

“These community-based factors effect everyone so if we can address the factors that make healthier communities, everyone can get better,” Chapman added.

Dr. Bettina Beech, associate vice chancellor for population and professor of pediatrics and family medicine at the University of Mississippi Medical Center, said, “all of these factors are clustered with one another. You really can’t tease them apart because there are interrelated.”

“There is a lot of research that shows that your ZIP code is as much of a predictor of your health as your genetic code,” Beech said. The issue, Beech said, “boils down to poverty or lack of wealth.”

“Income and wealth are two very different things,” she said.

Beech added that a surplus of “predatory lending businesses as opposed to proactive businesses” contribute to a reduced life expectancy.

Business Services.
MRHA’s preferred partners for rural business support services

FULLY COMPREHENSIVE SOFTWARE SOLUTION

- Includes EHR, HIS, CPOE, EMAR, Revenue Cycle Management, Inventory, LIS, PACS/RIS, Pharmacy, Patient Portal, Accounting, Payroll, HR, Reporting, and more
- The encoder inside powered by TruCode™

ONE SEAMLESS EXPERIENCE

- Single database solution eliminates double entry of data
- Intuitive and consistent user interface for inpatient, outpatient, and emergency department environments
- No need to ‘cobble together’ different programs or learn disparate systems

Critical Access Hospital Information System

VersaSuite is a comprehensive HIS and EHR solution designed for and by Critical Access Hospitals.

Custom Template and Workflow Design

- Our software is designed, customized, and configured to conform to your hospital’s specific workflows
- Ability to create and configure as many templates as you need for unique use cases

Onc Certified Hit

VersaSuite Complete EHR vs. 2.4 2014 Edition compliant and has been certified by ICSA Labs, an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services.
STATE’S TELEMEDICINE LANDSCAPE EARN ‘A’ FROM NATIONAL GROUP

By The Mississippi Business Journal

Mississippi’s supportive policy landscape for telemedicine, including services for residents coping with mental illness, has earned the state an overall ‘A’ rating from the American Telemedicine Association in its 2016 state-by-state report card. Mississippi is among only eight states earning that highest score in the association’s evaluation of performance in telemental and behavioral health. The Center for Telehealth at the University of Mississippi Medical Center in 2015 recorded 1,600 psychiatry patient encounters – nearly double the 900 in 2014.

The center fills gaps in mental health services in the state’s rural areas by offering general and specialized psychiatric services delivered by an experienced team of psychiatrists, psychiatric nurse practitioners, psychologists, counselors and therapists. Patients ranging from children to the elderly are treated using a live audiovisual stream on a computer that connects them with specialists at UMMC. Visits are conducted discreetly in their local doctor’s office, or locations including schools, hospitals or community mental health centers.

“The Center for Telehealth is pleased that the ATA has recognized Mississippi as A-rated,” said Michael Adcock, the center’s administrator. “This rating was earned by the hard work and support of leaders across our state. It’s created an environment that allows us to provide expert care to patients in their communities and homes.”

“Mississippi continues to lead the nation in telemedicine,” said Gov. Phil Bryant. “I am proud we have created an environment that allows us to provide expert care to patients in their communities and homes.”

“The Center for Telehealth is pleased that the ATA has recognized Mississippi as A-rated,” said Michael Adcock, the center’s administrator. “This rating was earned by the hard work and support of leaders across our state. It’s created an environment that allows us to provide expert care to patients in their communities and homes.”

The center fills gaps in mental health services in the state’s rural areas by offering general and specialized psychiatric services delivered by an experienced team of psychiatrists, psychiatric nurse practitioners, psychologists, counselors and therapists. Patients ranging from children to the elderly are treated using a live audiovisual stream on a computer that connects them with specialists at UMMC. Visits are conducted discreetly in their local doctor’s office, or locations including schools, hospitals or community mental health centers.

“This Center for Telehealth is pleased that the ATA has recognized Mississippi as A-rated,” said Michael Adcock, the center’s administrator. “This rating was earned by the hard work and support of leaders across our state. It’s created an environment that allows us to provide expert care to patients in their communities and homes.”

“Mississippi continues to lead the nation in telemedicine,” said Gov. Phil Bryant. “I am proud we have created an environment that allows us to provide expert care to patients in their communities and homes.”

“In Mississippi, we have some of the most comprehensive telehealth legislation in the country,” said Dr. Claude Brunson, professor of anesthesiology, senior advisor to the vice chancellor for external affairs and director of the Office of Government Affairs at UMMC.

“Our governor has been a champion of telehealth in all aspects. We’ve been able to work through the office of U.S. Rep. Gregg Harper, along with Senators Roger Wicker and Thad Cochran, to promote national legislation. They’ve used the example of how we’ve been able to be a national leader here.”

The ATA’s state policy report released June 30 identifies barriers that impede the use of telemental health services meant to give both patients and psychiatric care managers choices in delivery of services. The ATA evaluates policies in each state based on psychiatric clinical practice standards and licensure, information collected from state statutes, state regulations and other federal and state policy resources. Key policy changes enacted by the Mississippi Legislature led to the state’s recognition as one of the best in telemental and telemental health advancement.

In 2013, Mississippi became the 16th state to require health insurance plans to provide coverage and reimbursement for telehealth services at the same rate as in-person visits. That was followed by 2014 legislation requiring equal insurance coverage and reimbursement for remote patient monitoring and store-and-forward telehealth.

This year, the Legislature authorized the Mississippi Board of Medical Licensure to join the 17-state Interstate Medical Licensure Compact as a means to expedite licensure for out-of-state physicians seeking to practice medicine – including telehealth – in Mississippi.

Mississippi has the nation’s eighth-highest rate of residents reporting a mental health issue – 439,000, or 20.27 percent. Yet only 239 psychiatrists are licensed to practice in Mississippi, and 70 percent of them are age 50 or older, Center for Telehealth statistics show. "There’s a huge need,” said Julio Cespedes, the center’s telemental health project manager. “We bring the mental health provider to the community at the level and quantity of help they need.”

“We have some of the most comprehensive telehealth legislation in the country,” said Dr. Claude Brunson, professor of anesthesiology, senior advisor to the vice chancellor for external affairs and director of the Office of Government Affairs at UMMC.

“Our governor has been a champion of telehealth in all aspects. We’ve been able to work through the office of U.S. Rep. Gregg Harper, along with Senators Roger Wicker and Thad Cochran, to promote national legislation. They’ve used the example of how we’ve been able to be a national leader here.”
**CMS Proposes Positive Changes to CCM for in RHC and FQHC Facilities**

CMS released the annual Physician Fee Schedule (PFS) proposed rule on July 6, 2016 and changed the supervision requirement. Simply put, the proposed rule changes the supervision requirement in a RHC or FQHC from direct to general levels, meaning that CCM activities may be furnished using ancillary personnel without a practitioner being in the same building.

**Physician Fee Schedule: Proposed CY 2017 Changes**

On July 7, CMS proposed changes to the Physician Fee Schedule to transform how Medicare pays for primary care through a new focus on care management and behavioral health designed to recognize the importance of the primary care work physicians perform.

**Open Payments Program Posts 2015 Financial Data**

On June 30, CMS published 2015 Open Payments data, along with newly submitted and updated payment records for the 2013 and 2014 reporting periods. The Open Payments program requires that transfers of value by manufacturers of drugs, devices, biologicals, and medical supplies that are paid to physicians and teaching hospitals be published on a public website.

**CMS Proposes 90-Day MU Reporting Period for 2016**

As part of a Hospital Outpatient Prospective Payment System (OPPS) rule proposed recently, the Centers for Medicare & Medicaid Services (CMS) issued a final rule updating fiscal year (FY) 2017 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System. The final rule affects discharges occurring on or after October 1, 2016. A number of changes to MS-DRG classifications to address replication issues resulting from the ICD-10 transition have been finalized.

**CMS Wants to Hear From CAHs on Proposal to Change Reimbursement From 101 to 100%**

The Centers for Medicare and Medicaid wants to hear from Critical Access Hospitals on the President’s budget proposal to change CAH reimbursement from 101 to 100 percent and what that would mean to your facility and your community. You may contact the Association for a personalized letter that can be addressed to CMS for comments.

**CMS Proposed Expanding Diabetes-Prevention Model**

In addition to a slew of changes to Medicare’s physician payment policies, the CMS on also proposed expanding a program aimed at helping people avoid diabetes. The CMS suggests starting the program in 2018 and is seeking comment whether to launch the effort nationally or in additional select markets.

**CMS Releases FY 2017 Inpatient Payment Final Rule**

On August 2, the Centers for Medicare & Medicaid Services (CMS) issued a final rule updating fiscal year (FY) 2017 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System. The final rule affects discharges occurring on or after October 1, 2016. A number of changes to MS-DRG classifications to address replication issues resulting from the ICD-10 transition have been finalized.

---

**People Hoard, Share Opioids**

By Marianna Lunsford

According to a recent study conducted by JAMA Internal Medicine and the Centers for Disease Control and Prevention, adults are hoarding opioids for a multitude of reasons. The study surveyed 1,032 adults who had used a painkiller in the last year and found that 60 percent of people had held onto prescription painkillers even after they felt they needed them. 66 percent of those people said they were keeping them for future use and 20 percent admitted that they had shared their medications with others.

These findings have raised many questions. Do people have so many leftover pills because they quit taking them too soon or are doctors overprescribing? No matter the reason, there are many risks that come with keeping these pills in the house, especially if left in an easy-to-reach location. Only nine percent of people surveyed said they store their prescription painkillers in a locked place.

According to the CDC, an average of 78 Americans die each day of opioid overdoses, which is why it is pertinent to keep painkillers in a locked cabinet out of reach of children, not to share them with anyone, and to dispose of them properly when finished.

So how do consumers properly dispose of leftover medications? The FDA suggests contacting a community-based drug “take-back” program. If no take-back program is offered in your area, most drugs can be tossed in the trash; however, the following precautions should be taken.

Be sure to follow any disposal instructions on the label. Do not flush medications down the sink or toilet unless otherwise instructed to do so. If no instructions are provided, remove the pills from their original packaging and mix them with coffee grounds, kitty litter or any other undesirable substance in order to make the drug less appealing to pets, children, and drug seekers who may go through the trash. Place the mixture in an empty bag or can as to prevent leaking. Mark out all information on the label before throwing out the prescription bottle. If in doubt about proper disposal of medications, contact your pharmacist.
Concerned about developmental abnormalities that can show up in children exposed to the Zika virus months or even years after birth, health experts met this week to develop new guidelines for pediatricians.

A reported 778 pregnant women with Zika have been diagnosed in the United States and its territories, according to the U.S. Centers for Disease Control and Prevention (CDC). That reality spurred the CDC, the American Academy of Pediatrics and other pediatrics experts to come together to develop new guidelines for managing Zika-exposed births, reports Medpage Today.

Troubling enough is that a link has been found between Zika and microcephaly, a condition where abnormal brain development leads to a baby’s head being markedly smaller than expected. More alarming is the fact that developmental abnormalities derived from Zika may not appear until the infant has been discharged from the hospital or even months or years later, according to the publication.

“Some infants who appear initially normal, but have one of the milder forms of developmental brain problems, tend to develop acquired microcephaly,” said Edwin Trevathan, M.D., visiting professor of pediatric neurology at Vanderbilt University, during the meeting, reports Medpage Today. “Some children may not meet diagnostic criteria for microcephaly, but will have deceleration in head growth and developmental delays related to associated brain malformation. It will take quite some time to know whether there’s a pattern there that we can predict.”

Because there can be a spectrum of complications—including ophthalmic abnormalities—pediatricians will likely have to coordinate care among a variety of specialists. The need for palliative care may be required in the most extreme manifestations of Zika, according to the publication.

At this week’s meeting, neonatologists are also grappling with how aggressively to treat babies with severe microcephaly. In addition, participants will discuss the appropriate level of support that should be provided to families impacted by the disease—before and after the birth of the child, reports the news site.

The CDC issued guidelines for the treatment of Zika in February. The work of this group is to update those guidelines, which will be presented today.