



CAHoots

FLEX
Quarterly
Newsletter

Volume I Issue I

Summer 2010

Mark your Calendar!

July 29

4th Annual Student Scholarship Golf Outing
Eagle Pointe Golf Resort / Bloomington
Time: 8:00am - 3:00am

August 12

What is Telehealth Doing For You?
Indiana Success Stories
French Lick Resort
Time: 7:00pm - 9:00pm

August 13

Leadership Seminar
French Lick Resort
Time: 9:00am - 3:30am

Nov 30 - Dec 1

Health Information Technology (HIT) Summit
Marriott Indianapolis North
Time: 9:00am - 2:15pm

See Details on our Website:
www.indianaruralhealth.org

CAHoots Newsletter is
funded through the IN
FLEX State Office of
Rural Health (SORH)



Indiana State
Department of Health

News Up Front ...

The CAH program on June 1, 2010 at the Marriott East in Indianapolis focused on statewide CAH indicator reports for clinical and financial data. Presentations were provided by Spencer Grover and Dave Weisman from IHA; and Dr. Roland Grieb from Health Care Excel, the Indiana QIO. We received wonderful feedback from those attending. We anticipate providing updates on statewide CAH clinical and financial trending at all CAH programs starting in 2011.

The Leadership Conference on August 13 at French Lick, Indiana features Quint Studer as the keynote speaker. Those in attendance will receive a free copy of Quint Studer's latest book, *Straight A Leadership*. I believe it's safe to say that all attending the Leadership Conference will come away with greater knowledge, and Mr. Studer might have a few surprises up his sleeve to share. Mr. Studer will be available for book signings after his presentation. Through funding

provided by the SORH, the first 3 IRHA members to register per organization are Free. Additional registrations are \$25 per person. To register for this program, visit www.indianaruralhealth.org. Seating is limited. To ensure attendance at this conference, please register today!

CAH programs are funded by HRSA FLEX grant funding provided through the Indiana SORH.

Quint Studer at French Lick!

Be sure to attend the IRHA Leadership Seminar on Friday, August 13, 2010 at the French Lick Resort. We are anticipating VERY HIGH attendance for this program, please register ASAP and also book rooms at French Lick Resort ASAP to guarantee available space. Register TODAY at www.indianaruralhealth.org.

Quint Studer, founder of Studer Group, is considered by many as the main impetus for developing tools and techniques for organizations attaining great results. The systems he and the Studer Group have invented hardwire techniques and behaviors to sustain these great results. Quint has done it. Along the way, Studer has written two (2) bestselling books. Hardwiring Excellence is the best-selling leadership

book ever written for healthcare, with over 300,000 copies in print. His latest book, *Results That Last*, a general leadership book published by Wiley, came to print on October 17, 2007, and in just four (4) weeks after publishing, hit the Wall Street Journal's best seller list of business books. Most importantly, Studer stays in the field creating tools and techniques to make organizations better. Studer is called 'healthcare's fire starter' for igniting the flame in each of us to make a difference.

Each Attendee will receive a complimentary copy of Quint Studer's book, *Straight A Leadership*. The seminar is being brought to you with FLEX funding through the Indiana State Office of Rural Health.

Perry County Memorial Hospital Announces Construction of New Facility

TELL CITY, IN (July 1, 2010) – To serve the community's growing medical needs, Perry County Memorial Hospital announces its plans for construction of an approximately 117,000 square foot, state-of-the-art facility. The \$46 million project is scheduled to be completed in the fall of 2012.



Architectural Rendering of new facility

The new facility will continue to serve the same tri-county area as the existing hospital: Perry and Spencer counties in Indiana and Hancock County in Kentucky. Located six miles from the current hospital location in Tell City, the new building will be located on 38 acres near the intersection of Highways 37 and 237.

Costs for the new facility will be funded by hospital operations, not taxpayer dollars. To the extent possible, hospital officials are committed to utilizing local businesses and individuals throughout the project.

The new Critical Access Hospital will include three operating rooms and two endoscopy rooms. Other features include comfortable, private patient rooms with bathrooms, spacious waiting areas, a dedicated ER entrance and ample

parking. From the inside out, the new hospital will promote a healthier lifestyle for the community with the addition of a walking path around the exterior grounds of the facility.

"It is our ongoing mission to improve the health of our community," said Joe Stuber, President and CEO. "This building project will allow us to continue providing quality care to those in need, as well as offer us the opportunity to recruit new physicians and medical staff."

The hospital's services will remain the same: Radiology; Emergency Department; Home Care Services; Laboratory; Obstetrics; Physical, Occupational and Speech Therapy; Cardiopulmonary Rehabilitation; Sleep Laboratory; Surgery and Endoscopy; Swing Bed Program; Cancer Treatment/Oncology; Inpatient Services; Community Education and Outreach

The existing partnership between the hospital and Perry County to operate Emergency Medical Services will continue.

The architectural firm Laughlin Millea Hillman Architecture, LLC was chosen as the design firm for the project. The company has offices in Louisville and New Albany and has designed the new Harrison County Hospital, as well as additions to Floyd (County) Memorial Hospital, and a medical office building and ambulatory surgery center for Baptist Hospital East in Louisville.

Founded in 1950, Perry County Memorial Hospital is a full-service healthcare facility located in Tell City, Indiana that serves Perry and Spencer Counties in Indiana and Hancock County in Kentucky. Hospital services include inpatient, outpatient, in-home and emergency. PCMH is accredited by the Healthcare Facilities Accreditation Program. For more information, visit www.pchospital.org.

Websites to Check Out ...

www.raconline.org

www.grants.gov

www.ruralhealthweb.org

www.hrsa.gov

<http://www.flexmonitoring.org/cahlistRA.cgi?state=Indiana>

www.ruralcenter.org

Rural Healthcare in the “Dog Days” of Summer

*By Don Kelso
Executive Director, IRHA*

Is it just me or have you noticed all of the various streams of information, rules, guidelines, proposals, laws, etc. coming out of Washington D.C. that directly effect how rural Hoosiers access or pay for healthcare?

This is certainly a time of change and transition as we are right smack dab in the middle of improved communications/data sharing with enhanced broadband connectivity. This fact will only enhance the implementation and use of Electronic Health Records for which we are now receiving the rules from the federal government. With various large grants coming to Indiana, we are on the cusp of health information exchange or sharing which should help improve our overall health outcomes and lower cost.

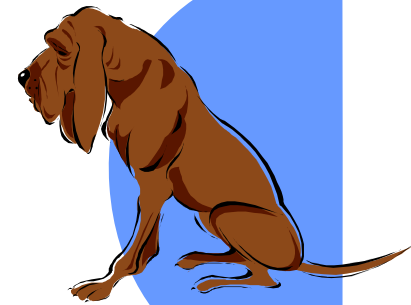
Hopefully the model from which healthcare providers receive compensation will finally become better aligned with helping keep us all healthier. As you know this won't be easy as human nature is a hard thing to change but with institutional and

monetary incentives, maybe finally we will make a better effort to listen and practice healthier lifestyles. Honestly if we don't, we have nobody to blame but ourselves if we can't find a provider or if lucky enough to have one, then have the ability to pay the cost for services.

It sure seems logical that various community entities need to work collaboratively to help ensure better health for Hoosiers which will not only lead to better quality of life but should help lower the cost of healthcare which is ultimately the goal for everyone, including the providers. It always ruffles my feathers when I see or hear individuals or organizations piling on the healthcare industry for not trying harder to lower cost. I witness it everyday as healthcare providers that are members of IRHA know their organizations existence depends on excellent cost management. Our industry, especially in rural Indiana and country has been focusing on cost since the advent of DRG payments. So this is nothing new for us.

As we move through these “Dog Days” and we slowly begin to see or better understand how health insurance reform will change our lives and possibly our jobs, do all you can for yourself and family by taking steps to take control of your own lifestyle. If you use tobacco, look for the various forms of assistance and make a personal decision to quit. Then if most of us could burn more calories than we consume, we would certainly be better off and maybe live long enough to see our Grandkids grow up. You never know, 20 years from now they might need our advice and counsel on how to help them through their “Dog Days”.

I hope
you are
all
having a
rurally
good
summer.



FLEX 2009/10 & 2010/11 Grants

The Flex 2010/11 grant application was submitted to HRSA by the SORH for the full funding amount of \$750,000. The application was a result of CAH surveys and direction received from the 20 member Flex Advisory committee. The focus of the application centers on benchmarking quality and financial data, CAH Readmission quality project, expansion of the statewide telehealth network, CAH educational programs for quality, leadership, and HIT, and the development of a video conferencing solution to improve statewide communication for meetings and educational

opportunities. We anticipate hearing the about award announcements in August. The Flex Committee recently met to discuss current initiatives and provide input toward the Indiana Rural Health Plan. The Flex web site is currently under construction and should be available to access FLEX updates and current activities soon. For more information regarding any of the Flex activities please feel free to contact Cindy Large, SORH Flex Coordinator at 812-478-3919 ext 229 or clarge@indianarha.org.

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Medicare and Medicaid Programs; Electronic Health Record Incentive Program

On July 13, 2010, the Centers for Medicare & Medicaid Services (CMS) released a final rule outlining the Medicare and Medicaid incentive guidelines for Eligible Providers (EPs) and Eligible Hospitals (EH) for Stage 1 of Meaningful Use (MU). The final rule defines the minimum requirements that providers must meet through their use of certified Electronic Health Record (EHR) technology in order to qualify for the payments. The MU rule is to be used in tandem with rules that have been released by the Office of the National Coordinator that define Certified EHR Technology.

CMS has modified the eligibility requirements for Critical Access Hospitals (CAH) by expanding the definition of acute care hospitals to include the CMS Certification Number (CCN) of 1300-1399, which now enables CAHs to qualify for the Medicaid incentives under MU as long as 10% of their inpatient census constitutes Medicaid recipients. Also, CMS has incorporated a definition of a hospital-based EP as one who performs substantially all of his or her services in an inpatient hospital setting or emergency room only, which conforms to the Continuing Extension Act of 2010. Additionally, the final rule reduces the number of quality measures for both EHs and EPs to those that are

NQF-endorsed and electronically specified as of the publication of the final rule. Further, the rule establishes a core set of Objectives(15) and Measures to be met by all EPs and EHs and a menu set of Objectives and Measures of which any five may be chosen.

Another rurally important note is that CMS has expanded the definition of Physician Assistant-led Rural Health Clinics: 1) When a PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, CMS would consider the PA as the primary provider); 2) When a PA is a clinical or medical director at a clinical site of practice; or 3) When a PA is an owner of an RHC.

Requirements for meaningful use incentive payments will be implemented over a multi-year period, phasing in additional requirements that will raise the bar for performance on IT and quality objectives in later years. The rule also includes the formula for the calculation of the incentive payment amounts; a schedule for payment adjustments under Medicare for covered professional services and inpatient hospital services provided by EPs, eligible hospitals and CAHs that fail to demonstrate meaningful use of certified EHR technology by 2015; and other program participation requirements.

Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology

On July 13, 2010, the Office of the National Coordinator for Health Information Technology (ONC) released a final rule to complete the adoption of an initial set of Standards, Implementation Specifications, and Certification Criteria, to align with the requirements of the Centers for Medicare and Medicaid Services (CMS) Meaningful Use Incentive Stage 1 objectives and measures. The rule

establishes the specifications to attain Certified Electronic Health Record (EHR) Technology, either as complete systems or modules, to meet the CMS Stage 1 requirements. The Complete EHRs and/or EHR Modules will be tested and certified according to adopted certification criteria to ensure proper implemented adoption standards and implementation specifications comply with the certification criteria.