

Ask a Leader
John Barnas

John Barnas is the Executive Director of the Michigan Center for Rural Health (MI SORH) and is the Past President/SOC of the NOSORH Board.

You just finished writing your grants for next year. What are two or three things that your Office is doing well and that you intend to continue and/or expand next year?

The cornerstone of our SORH is distance education. We're housed inside the Michigan State University College of Osteopathic Medicine and considered an affiliate organization. Because of this, we're able to knock on doors and ask faculty to put together distance learning sessions. We just did a social work grand round, presented by a faculty member, which offered continuing education credits (CEUs). That means that someone who lives near Lake Huron, 90 minutes from an urban area, can take the course at noon in the hospital's distance learning room and get the CEUs she needs (social workers must earn 36 CEUs every three years). Last year we provided 3,500 CEU hours. The topics are relevant because we have asked the providers what they need, and it's a retention tool--it provides CEUs so people don't have to move from a rural area to get better access to education. Currently, we offer CEU courses in social work, nursing, geriatrics, pharmacy, oral health, psychiatry and EMS.

Another project we started last summer is the "rural road trip," where we grabbed 1st and 2nd year medical students, and took them to a rural area to visit the downtown, tour the hospital, tour a family practice and have lunch with the medical staff. We're going to extend this to the Nurse Practitioner students on campus this summer. We also sponsor "breakfast with a rural doc." A physician comes in and meets with the students who have committed to rural, and they ask her questions like "what's it like to run into a local patient at the grocery store?" and "what kind of patients do you see?" This is important because when you're in an urban area, and you have a diabetic patient, you send them off to an endocrinologist. But in a rural area, you're the endocrinologist for that patient.

Finally, we have created and run listservs. We currently have them for hospital CEOs, CAH CFOs, another for our CAH Quality Network and another for the RHC Quality Network. We plan to start a new listserv for billers and coders because we recently identified it as a need.

How do you come up with goals for your Office or identify needs?

Every January we clear the table of all responsibilities from the grants we manage and come up with a list of priority activities. Then, we look at the priority activities every two or three months at our Monday staff meetings to see if we are accomplishing what we set to do.