The Branch
An Update for State Offices of Rural Health and our Partners

September, 2012
Website:  www.nosorh.org  Wikispace:  nosorh.wikispaces.com

Mark your Calendar!

- September 4
  - RHC TA Team (2pm EDT)
- September 5
  - Executive Committee (3pm EDT)
- September 6
  - EMS/JCREC (3pm EDT)
- September 11 – 12
  - New SORH Meeting
  - Development Committee (2pm EDT)
- September 17
  - Community Paramedicine Insights Forum (CDFIF) (4pm EDT)
  - Webinar: Resources and Ideas for National Rural Health Day (3pm EDT)
- September 18
  - Policy Committee (2pm EDT)
- September 20
  - Webinar: Vision for Rural Health System of the Future (1pm EDT)
- September 25
  - Education Exchange Committee (1pm EDT)
  - Communications Committee (3pm EDT)
- September 27
  - Flex Committee (3pm EDT)

Please visit our News & Events section to learn about these and additional upcoming events.

Popular Leadership Institute for SORHs and Rural Leaders Begins in January

NOSORH is gearing up for our popular Leadership Institute, which will start in January of 2013. In partnership with the Heartland Center for Leadership Development, this program was designed for SORHs and has been expanded to include anyone who wants to advance their knowledge of rural health issues and gain leadership skills needed to facilitate positive change at local, state and national levels.

The program is conducted virtually via webinar, with an additional two face-to-face meetings—at the Annual National Rural Health Association Meeting (May 2013) and the NOSORH Annual Meeting (October 2013).

We hope by now you have circled November 15, 2012 on your calendar and plan to join NOSORH and our partners in celebrating the second annual National Rural Health Day! Many SORHs and rural partners are busy planning conferences, award ceremonies, and/or other assorted events and activities celebrating NRHD.

On October 18th, during the NOSORH Annual Meeting we will host a Building Rural Leadership informational session where you can learn more about the curriculum and discover how to engage your emerging local leaders. For questions or more information, please contact Jessica Burkard at jessicab@Nosorh.org or 425-658-7065.

Proclamations

We are again hoping to secure gubernatorial proclamations recognizing NRHD in their states. To assist with those efforts, NOSORH has developed a 2012 Gubernatorial/Legislative Proclamation Template that can be downloaded and edited to meet your state’s specific requirements. Please share a copy of your gubernatorial proclamation with us once you receive it so we can assemble a montage of everyone’s proclamations!

We also are gathering rural health-related Community Success Stories, which we will post on the NRHD web site—we want to share these examples of the wonderful work that is taking place in Rural America. To share your stories, or for more information on NRHD, please contact Bill Hessian at billh@nosorh.org.

Register Now for the NOSORH Annual Meeting!

The meeting kicks off on October 19th with a pre-conference New SORH Learning Session for those who are new (or newer) to the SORH program, where we’ll discuss education, networking and mentoring opportunities. The general conference opens at 9:00 AM on the 16th and runs through the 18th at 11:30 AM. Oral Health Access and Rural Mental Health are just two of the Breakout Sessions scheduled for this year’s NOSORH Annual Meeting, Oct. 16-18, in Madison, WI. There are four post-conference sessions to choose from, starting at 1:00 PM on Thursday: Supporting Grant Writers in Your State, JCREC Learning Session, Introduction to the Leadership Institute and Partnership for Patients Learning Session. (For a full conference agenda, click here.)

But act now! Hotel reservations must be made and registration complete by September 15, 2012.

To make registration easy, for the first time ever, online meeting registration is available! To register: click here. Most NOSORH members are already setup as existing users in this system. But if you’re new, simply click on the “Forgot your password?” link and your username and password will be emailed to you. Please keep in mind that this is a new system and you are one of the first groups to try it out for us. If you encounter any problems, please let Donna know so that we can fix it.

Of course, you can register the same way you always have, if you prefer or need to use paper. Simply print and fill out the registration form (scroll down to page 2) and fax or email it to donnan@nosorh.org.

We look forward to seeing everyone in Madison next month!
Dear [Name],

Regarding your question re: helping to make the Health Care system of the future accessible, affordable and accountable to all, here are some updates about initiatives in rural health care:

**Comings and Goings**

Kwon, who has come to ORHP from a position with the National Rural Health Association, has been added to the ORHP team. Linda entered HRSA through the HRSA Emerging Leaders Program in 2008, and has a background in Public Health. She will be taking over the Network Planning program and also serve as a project officer on the Quality program. She can be reached at kwon@hrsa.gov.

**What Should a Rural Health Care System of the Future Be Like?**

This year’s regional meetings provided venues for many—including policymakers, the Office of Rural Health Policy and the Office of Health Care Information Systems and Technology development and provider recruitment efforts to complement other FMM physician projects.

Other valuable information was shared throughout the meetings by former and presenters and SORH alike. All speakers and presentation and state sharing forms can be downloaded as text files on the ORHP website.

Some of the highlights from the Region B meeting included learning about two telehealth resources. At http://nchq.org/ you can sign up for an informative e-newsletter and everyone can check out the interactive website at http://learnthehealth.org/.

At the Region E meeting Ted Eppery, President, A.D.A. (also from North Dakota) will talk about how to improve the health system, and participants were provided with a copy of Eppery’s new book. 

At the Region C meeting, SORHs were treated to a down-to-earth presentation by Governor Bill Ritter of Colorado, which went a long way to help clarify participants’ understanding of health reform and other issues.

Congratulations to Host States Arkansas, Arizona, and Idaho, and everyone in the region for the Fine Meeting and Business Meetings.

**New I Stanton Vantage Update on the Rural Emergency Department**

With low-severity visits accounting for nearly 75% of all visits, I Stanton Vantage sees opportunities to become more efficient by better identifying patients who require hospital care. For more information on rural or to view the entire update, please visit http://orhp.ucdenver.edu/cgibin/ruraldata/nchq/nchq.html.

Vantage would also like to invite you to visit the iVantage study web page to gain free access into individual analytic and benchmarks. The Survey is available here.

**Frontier Definition Inquiry Receives 100% SORH Participation**

The “The Emergency Department (ED) Best Practices Update” window to our rural hospitals and the communities they serve,” according to Chris Ford, an analyst with Vantage Health Analytics. “First and last impressions are made in the center of operations in the rural health safety net. In Critical Access Hospitals (CAHs), the ED is the first source of patient volume, revenue, and expenditure, and an indicator of ED satisfaction. The perceptions of health care providers and ED staff run largely influenced by the operations in the rural ED.” Vantage has recently completed the 5th Annual National Rural Emergency Department Study, which includes 2.8 million ED visits and synthesizes the information gathered during these visits into meaningful rural-relevant benchmarks.

New to the 5th annual study is an increased focus on choosing the right care for rural patients. Contrary to popular belief, in the Rural Hospital and Primary Care Sub-Committee hearing in 2011, found that ED visits by rural patients are much more severe than those in cities, and what visits are more likely to be seen in rural hospitals. Until recently, they have been served as a “last resort.” Still, the study suggests that severe visits in the rural ED are seen during the day, and the results have been completed in the primary care setting.

**Regional Meetings Are Wrapped Up**

Thanks and congratulations to the host states for the Regional Meetings!!


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