

FRONTIER FOOTNOTES

Idaho Area Health Education Center
A Program of Mountain States Group, Inc.

"Promoting Careers in Health Care in Underserved Idaho Communities"



May 2013

Northwest Regional Telehealth Resource Center (NRTRC) holds annual conference

Over 100 people gathered in Billings, MT on March 18 - 20 for the annual conference of the Northwest Regional Telehealth Resource Center (NRTRC). The organization was created in 2005 through the leadership of Dr. Stewart Ferguson and a number of individuals sharing a vision and goal to advance telehealth in the Western region. Representatives from 35 health care organizations in 8 states and the US-Affiliated Pacific Islands worked to develop a collective mission and vision, create a Board of Directors, by-laws, and a consortium to advance the concept of a multi-state Center. Board members from Idaho are Neill Piland from ISU—IRH in Pocatello and Tom Hauer from Kootenai Medical Center in Coeur d'Alene.

Next year's conference will be held in Portland, Oregon on March 24 through 26. To learn more about the NRTRC please visit their website at www.nrtrc.org. Slides for the presentations from Dr. Ferguson's presentation "*Not Your Father's Telemedicine*" can be downloaded at <http://www.nrtrconference.com/wp-content/uploads/NRTRC-Ferguson-v4.pdf>

Zach Reider presents on Idaho nursing shortage



Congratulations to Zach Reider, high school senior at Meridian Medical Arts Charter High School, for his successful presentation of his capstone project at the Idaho State House on April 15. Zach did an in-depth research report about the nursing shortage in Idaho. Zach's mentor for this project was Mat Erpeling, Representative from District 19. Mat said:

"Zach had a knack for understanding the complexities and circular cycle associated with the nursing shortage in Idaho. It was a pleasure to work with him on this issue and to provide him with some insight into the legislative process." Later this summer Zach will be submitting the details of his research to AHEC for publication on the AHEC website.



Mat Erpeling

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 Idaho AHEC thanks you for your interest!

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AHRQ Launches Regional Partnership Development Initiative to Promote Comparative Effectiveness Research

The Federal Agency for Healthcare Research and Quality (AHRQ) recently launched efforts to promote comparative effectiveness research (CER), a type of patient-centered outcomes research, in patient and professional communities in all 50 states, Washington, D.C., and the U.S. territories. AHRQ has established five Regional Partnership Development Offices that are cultivating sustainable partnerships with hospitals and health systems, patient advocacy organizations, businesses, and other groups that serve clinicians, consumers, and policymakers. You're invited to learn more about CER and to partner with AHRQ by using and encouraging others to use free CER reports and materials, which support efforts to improve the quality of health care in communities.

What is comparative effectiveness research?

Comparative effectiveness research provides information that helps clinicians and patients work together to treat an illness or condition. CER compares drugs, medical devices, tests, surgeries, or ways to deliver health care. The research findings don't tell clinicians how to practice medicine or which treatment is best, but they provide evidence-based information on the effectiveness and risks of different treatments. Clinicians and patients can use this information to support their treatment decisions based on each individual's circumstances.

AHRQ's Effective Health Care Program works with researchers, research centers, and academic organizations to conduct the research and focuses on 14 priority health conditions, including: cardiovascular and related diseases, diabetes, arthritis, mental health disorders, and pregnancy. The full research reports are made available, and findings are translated into practical patient and clinician materials, that include:

- Patient treatment comparison summaries (English and Spanish)
- *Clinician* research summaries
- Executive Summaries

Partners can participate in a range of scalable activities such as distributing guides at meetings and in medical offices, placing articles in newsletters, and hosting Web conferences that highlight CER findings. Organizations that are using these materials or the CER findings include Mayo Clinic, the American Academy of Nurse Practitioners, and AARP, among many others.

Findings from comparative effectiveness research can be helpful to everyone participating in health care decision making:

Patients are often faced with complicated decisions, such as which test is best, which medicine will help most with the least side effects, or whether surgery is the best option. Every patient is different, and each should make informed choices based on individual needs. By providing Effective Health Care Program products that summarize evidence-based, comparative effectiveness research findings, you can help patients work with their health care professionals to make a more informed decision among many treatment options.

Health care professionals can use CER to keep current on comparisons of medications and treatments. The products developed by the Effective Health Care Program help distill the information so health care professionals and consumers can review treatment options together. When research is not available to answer clinical questions, AHRQ publications highlight research gaps.

Policy makers, business leaders, and others want to make health care policy decisions based on reliable, objective information about effectiveness. Comparative effectiveness research helps decision makers plan evidence-based public health programs.

To learn more about comparative effectiveness research, order free materials, access our free continuing education modules or to become part of this growing partnership network, please contact Kate Stabrawa in AHRQ's Denver Regional Partnership Development Office at 303-382-2444 or kate.stabrawa@ahrq.hhs.gov. You can also learn more about CER by visiting www.effectivehealthcare.ahrq.gov.

Director's Corner: The Affordable Care Act in Idaho PART 2: TELEHEALTH



“About one in five Medicare patients return to the hospital within a month after discharge. Although some hospital readmissions are unavoidable—the odds are higher for the elderly and those with chronic conditions—many result from the lack of transitional care and long-term support. The Affordable Care Act’s proposed cure for this condition is for hospitals, healthcare workers and patients to make greater use of technologies that monitor health remotely, ensuring patients receive proper medical care to avoid additional hospital visits.” (Malykhina. 2013).

Another function of telemedicine is accessibility. Particularly for rural and frontier areas (which includes much of Idaho) there are many places where patients do not have access to doctors for either diagnosis or treatment without having to travel long distances. Through various types of telemedicine, patients are able to consult with medical providers and/or upload key health information about themselves right from their homes.

A telehealth discussion group was convened earlier this year by Representative John Rusche to work toward expanding telemedicine initiatives in our state. Monthly meetings are held with participation from diverse health care organizations, education, advocacy groups and other interested parties from all across Idaho. The group is facilitated by Idaho AHEC Center Director, Lynda Bennett. If you are aware of anyone who may have an interest in this please contact her at (208) 336-5533 ex 253 or lbennett@mtnstatesgroup.org

Work Cited:

Malykhina, Elena. (2013). “Home is where the health is: Obamacare positions “telehealth” tech as a remedy for chronic hospital readmissions.” Scientific American. April 9, 2013.
Retrieved from <http://www.scientificamerican.com/article.cfm?id=affordable-care-act-technology>

The Benefits of Early Identification of HIV

By: Gary Rillema (Director, Family and Community Health Services Division, Eastern Idaho Public Health District and IACHA Member)

Healthcare providers have long identified the positive impacts of early intervention strategies in their patients. Interventions like pre-natal care early in pregnancy lead to better birth outcomes, lower rates of pre-term births and healthy pregnancies. Similarly, early identification of HIV infection and linkage to appropriate medical care leads to improved outcomes for individuals as well as entire communities.

Early identification of an HIV infection leads to more accurate identification of partners whom may need to be notified of potential exposure and early access to HIV specialty medical care. In addition, linking people with HIV medical management early in their infection helps:

- reduce the risk of drug resistance to anti-retroviral medications,
- prevent unnecessary complications from opportunistic infections,
- identify other complicating health risk factors,
- allow for monitoring of sensitive blood lab values
- maintain an undetectable level of virus through proper drug therapy

An undetectable viral load reduces the likelihood of the spread of HIV virus to other individuals and helps HIV positive individuals maintain general good health for decades into the future.. For more information about the benefits that early identification of HIV and treatment as a prevention strategy, please review the following: <http://stacks.cdc.gov/view/cdc/7295/>

BSU to offer Doctor of Nursing Practice

Boise State University School of Nursing is very excited to announce their newest graduate program, Doctor of Nursing Practice. This doctoral program, the first doctorate offered in the College of Health Sciences, will begin in fall 2013 with admission on an annual basis.

The Doctor of Nursing Practice Program (DNP) is offered to those who already have a Master's degree in nursing or a master's degree in a related field accompanied with a bachelor's degree in nursing. The DNP is the highest degree a nurse can earn in the practice setting specializing in the scholarship of nursing practice, leadership, evidence based practice, population health, and health care policy. This doctoral degree is for those who wish to improve health care outcomes, reduce lag time from new knowledge acquisition and application into practice, explore clinical strategies to improve practice, incorporate evidence in care delivery, adapt evidence-based strategies, and produce "clinically meaningful results."

Nurses interested in pursuing a Doctor of Nursing Practice who are currently in executive and leadership positions, or in health care systems of public, school, global, community, acute and/or primary care, and rural health will become the highest level of nursing practice experts in their field. Their expertise will center on health care system changes, designing, launching and evaluating health care practices, and creating/implementing innovative strategies to improve health outcomes.

For more information, please contact the Interim Coordinator of the Doctor of Nursing Practice Program, Pam Strohfus, MA, DNP, RN, CNE, at pamstrohfus@boisestate.edu.

NIC to offer two-year Healthcare Informatics degree

North Idaho College will soon be the first community college in Idaho to offer a two-year Healthcare Informatics degree. Healthcare Informatics combines the fields of computer information technology with healthcare. Students will learn how to develop and support the computer systems required to administer information, advance clinical work flow, and improve the security of computerized healthcare systems. NIC will offer both an associate of applied science degree and an advanced technical certificate beginning fall 2013.

"The advancement of medical knowledge and technology vastly improves healthcare delivery to consumers. Keeping the information related to these advancements organized and accessible is crucial," said Sue Shibley, NIC Medical Administrative programs coordinator. "The Healthcare Informatics program will address that need."

Healthcare informatics utilizes computer hardware, specialized software, and communication devices to form complex computer networks to collect, analyze, and transmit medical processes. Due to the widespread implementation and complexity of computerized health information, computer IT specialists with knowledge of healthcare practices are in high demand. The purpose of this program is to prepare people for entry-level employment in this growing field.

Recent federal legislation requiring healthcare providers to maintain patient records on a secure, electronic network will also increase the demand for qualified individuals.



"We anticipate students in computer information technology will pursue this program in addition to the CITE (Computer Information Technology) program to earn dual degrees," Shibley said. "This new program is also a great way to open doors for computer-technology students who want to enter the healthcare field." For more information on the NIC Healthcare Informatics program, visit: www.nic.edu/programs or call (208) 769-3300

(Pictured is Danny Myers, a recent graduate of NIC's Computer Information Technology (CITE))

Idaho State University ramps up doctoral education in nursing with two new degrees



Come fall 2013, Idaho State University will offer a doctorate in advanced nursing practice or DNP, thanks to Idaho State Board of Education approval in February.

“I am very pleased that our School of Nursing is taking a lead with national trends in postbaccalaureate nursing education by upgrading the credential of our

nurse practitioners to a doctoral level,” said Linda Hatzenbuehler, associate vice president and executive dean of the ISU Division of Health Sciences. “Nursing practitioners are key players in the current American health care work force. They will need additional education as they play an even greater role in the delivery of primary care under our new health care system,” she said.

The degree is the second nursing doctorate offered by ISU. Last year, state board members approved the Doctor of Philosophy in nursing, the state’s only Ph.D. nursing program. The ISU DNP will prepare clinical leaders for comprehensive clinical nursing practice that influences health outcomes for individuals, families, communities, or populations.

The ISU Ph.D. in nursing will prepare students to conduct independent research, collaborate as scholars and leaders, and educate nurses for improving health and health care globally.

For more information on the two nursing doctoral programs contact the ISU School of Nursing, 208-282-2132 or profnurs@isu.edu.

ISU-Meridian researcher and Institute of Rural Health awarded a \$250,000 grant to assist Idahoans recovering from Traumatic Brain Injuries



The national Centers for Disease Control and Prevention estimates as many as 35,000 Idahoans, including soldiers injured in war, may be living with a severe traumatic brain injury. Idaho’s challenge is identifying community resources to assist TBI patients after they leave acute-care facilities and return home to live, said Russell Spearman, a senior research associate in the Institute of Rural Health at the Idaho State University-Meridian Health Science Center. Thanks to a \$250,000 grant from the Maternal and Child Health Bureau of the Health Resources and Services Administration or HRSA, Spearman and his research team are a step closer to establishing a trust fund to help ease transition to independent living.

“Our intent is to assist people who’ve experienced a traumatic brain injury over that first hurdle—to provide financial assistance to help them begin living independently,” said Spearman, noting many patients need emergency funds to cover housing and transportation.

Trust funds are accounts established by law and provide time-limited gap financing after exhausting insurance benefits and other community resources, he added. The \$250,000 is an extension of a \$1 million HRSA grant awarded to Spearman and the IRH in 2009 to develop a statewide support network to assist TBI patients and their families. HRSA has designated ISU the state’s lead agency for TBI education and research. For more information about the HRSA grant, contact Russell Spearman at 208-373-1773 or spearuss@isu.edu.

SAVE THE DATE!

Meet the Residents

The State Office of Rural Health and Primary Care, in partnership with the Family Medicine Residency of Idaho and St. Alphonsus Health System, is pleased to announce the fourth annual "Meet the Residents" event on **Thursday, June 27th**, in the **McCleary Auditorium on the St. Alphonsus campus in Boise**. This is an opportunity for Idaho communities to meet medical residents during an informal evening; be sure to reserve your place early!

A light buffet and beverages will be provided. Registration is open until June 7, 2013. Contact the State Office of Rural Health & Primary Care at ruralhealth@dhw.idaho.gov or 208-334-0669 for registration information. Thank you for making last year's event a success, and we look forward to seeing you in June!

Idaho RHC Compliance Webinar Series

The State Office of Rural Health and Primary Care is excited to present for the first time, a **free** series of brown bag webinars featuring Robin Veltkamp of Health Services Associates (HSA). This series will cover vital Federal requirements for Rural Health Clinics in Idaho.

April 29, 2013, 12:00-1:00 PM (Mountain Time)

Physical Plant and Safety

May 21, 2013, 12:00-1:00 PM (Mountain Time)

RHC Organizational Structure and Staff Responsibility/Yearly Program Evaluation

June 10, 2013, 12:00-1:00 PM (Mountain Time)

RHC Provision of Services

August 5, 2013, 12:00-1:00 PM (Mountain Time)

RHC Policies/Procedures and Medical Records

Register now at: <https://www.surveymonkey.com/s/RHCBrownBag2013>. If you have questions, contact Stephanie Sayegh, (208) 332-7363, SayeghS@dhw.idaho.gov.

Rural Healthcare Exchange Program: "Peer-to-Peer Mentoring in Rural Idaho"

This program provides opportunities for health organizations serving rural and underserved areas of Idaho to learn from their peers. The Rural Healthcare Exchange Program provides travel support for individuals or small groups to meet with similar entities from other areas of the state to share information, ideas, and successful approaches to improving quality and access to healthcare services.

The program is open to staff serving Idaho's Critical Access Hospitals, Rural Health Clinics, Federally Qualified Health Centers, and Free Medical Clinics. Eligible applicants also include rural non-profit EMS agencies, rural health grant writers and foundation staff. The program does not include visits with consultants, conference travel, or support for regularly scheduled meetings or training events.

For more information or to obtain an application, contact: State Office of Rural Health & Primary Care ruralhealth@dhw.idaho.gov; 208-334-0669

Rural Health Care Access and Physician Incentive Program

The Idaho State Office of Rural Health and Primary Care invites your community to explore the Rural Health Care Access and Physician Incentive Program. Eligible areas are posted on the State Office of Rural Health and Primary Care website by **May 1, 2013**: www.ruralhealth.dhw.idaho.gov. The next application cycle will open **July 1, 2013**.

The Rural Health Care Access Program (RHCAP) seeks to improve access to primary medical and dental care by strengthening healthcare systems, removing barriers that prevent people from obtaining healthcare, and developing partnerships to better serve communities. Eligible applicants include nonprofit and governmental entities. Applicants may request a maximum of **\$35,000 for one-year**.

The Rural Physician Incentive Program (RPIP) provides loan repayment for qualifying physicians serving federally-designated shortage areas in Idaho. The program is focused on physicians providing primary care medicine, family medicine, internal medicine, and pediatrics. Physicians may receive a maximum of **\$50,000 over a four-year period** toward their academic debt. Preference is given to eligible physicians who paid into the RPIP fund; however, funding is not limited to these candidates.

All award decisions are made by the Health Care Access and Physician Incentive Grant Review Board.

Questions?

Email: Ruralhealth@dhw.idaho.gov

Phone: Stephanie Sayegh (208) 332-7363

Website: www.ruralhealth.dhw.idaho.gov

Legislation: <http://www.legislature.idaho.gov/idstat/Title39/T39CH59.htm>



Let 3RNET Help with your Clinician Recruitment Efforts!

The State Office of Rural Health and Primary Care is pleased to offer support to Idaho communities in their clinician recruitment efforts by subscribing to the 3RNet (the National Rural Recruitment and Retention Network).

You can set up a free online account by going to www.3RNET.org, registering as an employer, and posting your opportunity. There is room for you to upload photos of your community, hospital, clinic, or health center. We encourage you to enter as much detail as possible about your opportunity; the more information a candidate has, the more appealing the opportunity becomes. It can only be accessed by candidates who register, and candidate information is shared with communities who post for that candidate's discipline.

If you have any questions about how to get started, please contact ruralhealth@dhw.idaho.gov or (208) 334-0669.

The National Health Service Corps (NHSC)

Application cycle for new NHSC sites will open on September 2, 2013, and end November 1, 2013. All new site applications received during the open cycle, with the exception of applications that require a site visit, will be processed prior to the opening of the 2014 federal loan repayment application cycle. For NHSC Information, see:

<http://nhsc.hrsa.gov/sites/>





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