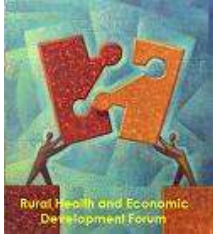


Rural Health Development Council Meeting Notes



Thursday, December 2, 2010

9:00 a.m. – 1:00 p.m.

Health Science Learning Center

Madison

Present:

Byron Crouse, *UW School of Medicine and Public Health*

Joel Davidson, *South Central WI AHEC*

Anne Dopp, *WI Division of Public Health*

John Eich, *WI Office of Rural Health*

Kevin Jacobson, *WI Office of Rural Health (recorded these notes)*

Jeremy Normington, *Moundview Memorial Hospitals & Clinics*

Brian Potter, *WI Hospital Association*

Kathy Schmitt, *WI Department of Agriculture, Trade and Consumer Protection*

Tim Size, *Rural WI Health Cooperative*

Guests:

Nina Antoniotti, *Marshfield Clinic*

Shaun Golding, *WI Office of Rural Health*

Andrew Lewis, *UW Extension*

Ross Wilson, *Cooperative Education Service Agency*

John Eich convened the meeting at 9:10.

Council Business

Kevin Jacobson reminded the Council of current vacant positions: Rural Lender, Public Health, Nurse and Citizen. In addition, Jim Frymark, the Department of Commerce representative, had retired. John Eich suggested inviting people to join and asking them to submit their applications later; it could be a while before the Governor acts on filling vacancies on his own. Tim Size suggested Wilda Nilsestuen and Sandy Siler. Kevin said members could refer candidates to him for more information.

Department of Health Services Update

Anne Dopp provided an update on the proposed rule change for federal health professional shortage areas. The process for deciding on new rules for HPSAs and MUAs (medically underserved areas) will be separate, which is a good idea. HPSAs are tied to resources which can create a problem in reaching consensus. If there is no consensus among the review group, then HRSA (Health Resources and Services Administration) can set their own rules. The deadline for consensus is July 2011. HRSA is not required to accept the group's decision, but must consider it. This is the third attempt at rule changes in 15 years. The WI DHS is moving ahead with setting criteria for the Governor's shortage area designation process. This designation is limited to rural health clinics. Tim Size suggested that it is a good time to have Governor Doyle approve this, before he leaves

office. Anne said they intend to complete the process by the end of December; it doesn't require legislative approval.

Anne went on to say that the National Health Service Corps has received increased funding and in turn increased the number of awards. Other changes include a part time option for providers; all professions are now eligible for the same award amount and providers can complete a portion of their service obligation through teaching. A location's eligibility can be found on the federal website (<http://hpsafind.hrsa.gov/>) or by contacting [Traici Brockman](#) at DHS. Anne's office also reviews HPSA eligibility on request; there's a 6-9 month wait for a finding. Continued NHSC funding at current levels will depend on Congressional appropriations.

Health Professions Loan Assistance Program

Kevin Jacobson reported that 12 loan repayment awards have been made during this cycle. The Office continues to promote the program.

The Council discussed changing the application timing requirement. Currently applicants must be working in an eligible location when they apply. This may not be conducive to the Program serving as a recruitment tool. There is no state or federal requirement on this. There was a proposal to simply require that an applicant have a contract to start work when they apply. This was moved, seconded and approved by the Council.

There was discussion of the requirements related to dental hygienists. Currently, dentists and hygienists are required to see a minimum number of patients on medical assistance during each year of their service obligation; specifically: 50 recipients and \$8,000 in claims paid during the first year, 70 recipients and \$11,000 in the second year, and 90 recipients and \$15,000 in the third year. At a previous meeting Devan Toberman related that the billing requirement can be difficult for hygienists to meet. In many practices they don't bill separately for their own services, so they aren't eligible for the Program. Kevin Jacobson will look into this and come back with a proposal for the February Council meeting.

Building Telemedicine Capacity

Ross Wilson and Andrew Lewis talked with the Council about efforts to increase telemedicine capacity through broadband. Ross presented on the [Chippewa Valley Community Area Network](#), a group of 18 organizations working to develop a regional broadband network. This will run through Madison and be managed by the University of Wisconsin. The "backbone" members include hospitals, local governments and libraries. They will sell connections to the network on the private market. The plan is to expand access to rural areas like Bloomer and Rice Lake. There will be capability to provide access to the network for private economic development; industrial parks in Eau Claire and Chippewa falls will be able to connect. They are developing a wireless network, but this must be supported by a wired network.

Andrew Lewis explained that there is a lack of data on high speed networks and connectivity in Wisconsin. There's also a gap in the State of connecting more remote businesses, such as farms. Only ~30% of farms have broadband access. Wisconsin is falling behind in this area. There's been a lack of education initiatives to inform communities and business of the benefits of high speed connections. UW Extension's Building Community Capacity through Broadband program is expanding connectivity to rural areas through several networks by providing resources to cover the

“middle miles” to rural communities (distance between backbone networks and local community networks). The cost of the “digital exclusion” is currently \$55 billion annually in Wisconsin, including \$15 billion in the health care sector.

The Council discussed a telehealth summit including who should participate. Tim Size suggested Thrive and telehealth service providers that focus on rural service. He added that a summit should support localized health care; it should enhance current care, not centralize care. Joel Davidson suggested health insurers and Kevin Jacobson suggested state agencies such as Commerce and DATCP. Nina Antoniotti added there must be a discussion of how to provide services. The knowledge of how to develop networks is already there, although there should be a discussion of scalable networks that can expand as needed. She added that some of the potential participants are competitors.

Telehealth Implementation

Nina Antoniotti provided a thorough description of telehealth systems. There is a difference between telehealth, which is patient centered, and telemedicine, which involves providers, transmitting x-rays, etc. Equipping a telehealth system in a clinic/hospital is about \$7,000 and doesn't require any special equipment, just a monitor, camera, etc. All transactions can be completed over phone lines. Patients are trained in their home on using the technology and customized assistance is possible. Transactions can include blood pressure and glucose monitoring and monitoring whether a patient is up and active. Joel Davidson asked how health literacy goals are met. She replied that if communication with the patient is live, then there is the same communication as in person and if through a web portal, information is presented in a way patients can understand. Surveys have found telehealth outcomes to be equivalent or better than traditional care. Kevin Jacobson asked about provider challenges in using and accepting telehealth. Nina said providers undergo an assessment on readiness to work with the system. Through this, there is emphasis on telehealth as a tool for patient access to care that they might not otherwise have. John Eich added that the quantity of care increases, through monitoring and more frequent interaction with providers. Nina suggested it can be a beneficial system for any underserved population, rural or urban.

The meeting adjourned at 1:05 pm.