national center for frontier communities

Frontier News and Updates

FALL 2011

Special points of interest:

New HSPA and MUA definition can impact rural and frontier communities. (See *article on page 1)*

Mark Your Calendar!

Rural Multiracial and Multicultural Health Conference
Dec. 7-8th
Daytona Beach, Florida

NRHA Rural Health Policy Institute - the largest rural advocacy event in the country
Jan. 30th – Feb. 1st
Washington, D.C.

Frontier Constituency Group Meting —
At NRHA Policy Institute
Sunday, Jan 29th
4PM—6PM
Washing ton D.C.

35th Annual Rural Health Conference
Apr. 17-20th
Denver, Colorado

Rural Medical Educators Conference
Apr. 17th
Denver, Colorado

Frontier Extended Stay Clinics (FESCs) Provide Essential Health Care Services To Remote Areas

When a person gets seriously ill or injured in a frontier community, their first stop is often a local clinic. Whereas emergency patients in urban areas either start their care at or are immediately transferred to a nearby hospital, this is not always possible in frontier areas: Hospitals are few and far-between, and transporting patients to a hospital can be delayed by weather and other transportation difficulties. It can also be safer and more appropriate to treat and monitor low-risk patients at their local clinic than to transfer them to a hospital.

Cross Road Medical Center, Glennallen, Alaska, one of five FESC demonstration clinics

That's why a new provider type, the Frontier Extended Stay Clinic (FESC), was developed. FESCs provide emergency treatment to patients, including short-term (up to 48 hours) monitoring and observation in cases where a hospital visit is unnecessary. Since 2010, the Centers for Medicare and Medicaid Services (CMS) has certified five clinics as FESC demonstration sites to put this new model to the test.

The FESC model has many benefits for patients, clinics and CMS. Unnecessary transfers to hospitals can be avoided, which is less stressful and risky for patients and saves money. And demonstration clinics receive compensation for the extended-stay services they provide. Clinics have used these additional funds to get the equipment and medicines they need to treat emergency and low-risk monitoring and observation patients, and to improve emergency communications and staffing. These benefits have prompted some struggling frontier hospitals consider converting into FESCs, which may be more financially sustainable in some frontier areas.

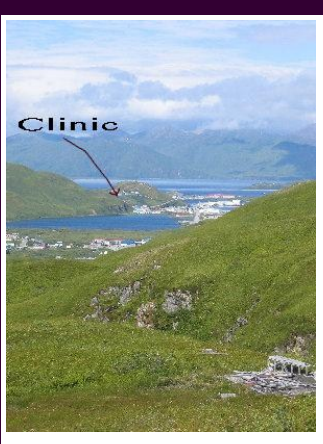
(Continued on Page 2)

New Method for Determining Health Practitioner Shortage Areas May Significantly Impact Frontier Areas

Which areas of the United States experience shortages of health care services and practitioners? A Department of Health and Human Services (HHS) Rulemaking Committee has spent the past months discussing that question. Their goal: to develop new methods for the designation of Health Practitioner Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs). Since an area's eligibility for over 100 state and federal programs hinges on its HPSA or MUA designation, how these areas are defined is a very important issue for frontier and rural communities.

The committee delivered a report detailing a revised methodology to the HHS Secretary on October 13th. The proposed methodology improves upon the old one by accounting for fluctuations in medical staffing numbers in rural and frontier areas, taking the important role

(Continued on Page 2)



Iliuliuk Family and Health Services, Unalaska, AK

Frontier Extended Stay Clinics *(continued from Page 1)*

However, the current requirements for FESC certification can be hard for clinics to meet. Recruiting and maintaining sufficient staff to meet FESC standards has been a challenge because frontier areas have the most acute shortages of healthcare professionals in the country. And since FESC sites have to be more than 75 miles from the nearest hospital or inaccessible by public road, many clinics which could benefit from FESC certification are disqualified.

CMS funding for the FESC demonstration is scheduled to end in 2013, but NCFC doesn't want that to spell the end for FESCs. This is a promising model for frontier healthcare and NCFC will join efforts to have FESCs recognized in federal policy as a model for frontier healthcare, and for their continued funding by CMS. NCFC and the Frontier Constituency Group of the National Rural Health Association will continue working with the Alaska FESC Consortium and other partners to refine the current FESC model to better suit the realities of frontier life.

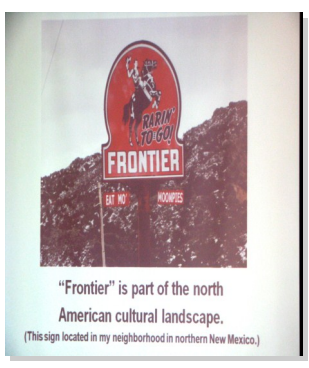
Determining Health Care Shortage Areas *(continued from Page 1)*

"Since an area's eligibility for over 100 state and federal programs hinges on its HPSA or MUA designation, how these areas are defined is a very important issue for frontier and rural communities."

of nurse practitioners and physician's assistants in rural and frontier areas into account, and refining the way "barriers to care" are measured. Now it's up to HHS to use the report to rewrite its current HPSA/MUA methodology.

So what lies ahead? In the coming months, HHS will release a draft methodology for public comment. The National Center for Frontier Communities and the Frontier Constituency Group of the National Rural Health Association will be tracking this issue closely. Once the draft methodology is released, both groups will work with individuals and groups to write a response regarding the positive and/or negative implications for frontier communities. So don't be shy, get involved and let your opinion be heard! You can contact swilger@frontierus.org at the National Center for Frontier Communities for more information on this issue, or click here to go to the Advisory Committee's website.

Implementing Strategies to Address Frontier Needs



Last year the National Center for Frontier Communities (NCFC) spent several months working with the Frontier and Rural Expert Panel (FREP) to evaluate both the assets and gaps facing frontier communities. The project involved consultation and feedback from national rural and frontier focused research centers and advocacy groups such as the Frontier Constituency Group of the National Rural Health Association, the Rural Assistance Center, the Frontier Partners Group convened by the Office of Rural Health Policy and the Rural Gateway Center, to name a few. Results were published in the "Frontier Asset and Gaps Analysis" report found on the NCFC website at www.frontierus.org.

As a result of this work, four strategies were identified by the FREP as top priorities to support frontier communities.

- Strategy #1: Develop, implement and sustain model programs that address the unique needs of frontier communities.
- Strategy #2: Develop systems and structures that promote and support more community-based health care.
- Strategy #3: Increase advocacy for frontier health.
- Strategy #4: Conduct additional research that captures frontier health costs and outcomes, factors impacting both of these areas and how frontier compares to rural and urban.

NCFC staff and the FREP will focus efforts during the next 12 months on supporting and tracking various activities and initiatives that fall within the four strategy areas, Information regarding the strategies will be disseminated through various resources such as the NCFC website, policy briefs and white papers. NCFC will spotlight model frontier programs in this newsletter, beginning with this issue which focuses on Frontier Extended Stay Clinics (FESC).

New Frontier and Rural Expert Panel Members

We are very honored to welcome two new members to the Frontier and Rural Expert Panel (FREP), consisting of national experts representing various disciplines, service areas and geographic diversity who provide expertise and guidance on a variety of issues facing rural and frontier areas. The FREP also includes representatives from the National Rural Health Association and the Office of Rural Health Policy .

The two new FREP members are Ruth Milligan Ballweg and John Gale.

Ruth Milligan Ballweg, MPA, PA-C, joined the FREP in June 2011. After working clinically in both family practice and public health, Ruth joined the faculty at the MEDEX Northwest Division of Physician Assistant Studies at the University of Washington in 1981 and has been the Program Director there since 1985.

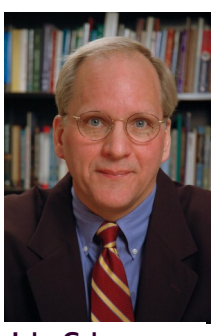
Ruth interests include health care access, women's health care concerns and rural health issues.

John Gale, MS, is the newest member of the FREP, joining in October 2011. He is a Research Associate at the Muskie School's Institute for Health Policy. His core areas of expertise include small hospitals, primary care, mental health and substance abuse, primary care and mental health service integration, and rural safety net programs. He has numerous publications on these and other topics.

Prior to joining Muskie, Mr. Gale had nineteen years experience as a senior manager in non-profit and proprietary health care organizations including a large mental health and substance abuse treatment group practice and a multi-disciplinary academic primary care practice.

In addition to Ms. Milligan Ballweg and Mr. Gale the other FREP members include Caroline Ford from Nevada, David Squire from Utah, Patricia Carr from Alaska, Amy Elizondo from the National Rural Health Association and Keith Midberry of the Office of Rural Health Policy at the Human Resources Services Administration.

During the next year the FREP will assist the staff at the National Center for Frontier Communities to assess and track four strategies to support frontier health care. These strategies include: (1) developing, implementing and sustaining model programs that address the unique needs of frontier communities, (2) developing systems and structures that promote and support more community-based health care; (3)increasing advocacy for frontier health; and (4) conducting additional research that captures frontier health costs and outcomes (see article on page two of this newsletter).



John Gale

Ruth Milligan Ballweg

NCFC Welcomes Intern, Saskia van Hecke!

Saskia van Hecke, NCFC Intern

NCFC is thrilled to have Saskia van Hecke complete her internship with NCFC. Saskia grew up in Santa Fe, New Mexico and is currently studying for a Master's in Rural Development Sociology and Anthropology.

"I'm really excited to be working with NCFC because I think it's very important for the voice of frontier communities to be heard in national politics," says Saskia. "I'm looking forward to learning more about frontier issues, especially healthcare and food security."

"Our philosophy is to provide interns with an enriching experience by exposing them to a variety of opportunities within their area of interest," said Susan Wilger, Policy Assistant with NCFC.

Anyone interested in doing an internship with NCFC can complete an application on line at frontierus.org or by calling NCFC at (575) 534-0101 ext. 2108.

Cancer Care

Did you know that you can attend free informational or support sessions by telephone or computer every month? Cancer Care is a national non-profit organization that offers free professional support services to anyone affected by cancer. Cancer Care programs--including counseling, support groups, education, financial assistance and practical help--are provided by professional oncology social workers and other experts completely free of charge. To learn more about the lecture schedule and how to access this wonderful service go to www.cancercare.org.