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MESSAGE FROM THE DIRECTOR

It is my pleasure to present, on behalf of the staff of the Center for Rural Health, our Annual Report for 2011. The mission of the center is to improve the health of Arkansas’ rural communities and their residents by encouraging partnerships, identifying collaborative opportunities, leveraging available resources, and addressing key rural health needs.

The center is a vocal advocate throughout the state to educate policy makers and the public about the needs in rural communities and their efforts to increase health care access. While people living in rural Arkansas confront many of the same health care issues seen in urban areas of the state, they also battle a number of unique, prevalent issues that call for exacting and immediate attention by the Center for Rural Health.

This report will highlight the programs that are making a difference in the health of rural Arkansans. We will continue to connect resources and knowledge to strengthen the health of people in rural areas of Arkansas.

Ann Bynum, Director
Center for Rural Health
Lake Chicot
INTRODUCTION

VISION

The Center for Rural Health will provide rural health leadership to the state, region, and nation.

MISSION STATEMENT

The mission of the Center for Rural Health is to improve the health of Arkansas’ rural communities and their residents by encouraging partnerships, identifying collaborative opportunities, leveraging available resources, and addressing key rural health needs in the following areas:

[1] Rural Health Workforce
[2] Education and Training
[3] Research and Practice Improvement
[4] Rural Hospitals and Rural Health Systems
[5] Continuing Education for Rural Providers

[7] Telehealth and Health Information Technology
[8] Rural Health Advocacy

The Center for Rural Health combines the academic and clinical resources found only at the University of Arkansas for Medical Sciences and extends these strengths to healthcare facilities and providers in rural Arkansas. With unique and disparate needs, Arkansas’ rural communities require a program that can comprehensively offer solutions aimed at improving rural healthcare through resources directly catered to overcome their barriers and limitations. Existing University-based programs and years of rural health expertise culminate to make the Center for Rural Health an efficient answer to widespread healthcare problems in rural Arkansas. Only through improved healthcare, can we achieve improved health.
Rural Hospital Program Highlights

MISSION: To strengthen rural hospitals in Arkansas by sharing resources of UAMS and University Hospital.

Making Connections – Creating Solutions is one way to describe the strategy of collaborating with UAMS departments to provide the needed training, education, and services for Arkansas hospitals.

Nurse Manager Leadership Series

In response to the need for leadership training for nurse managers, RHP collaborated with the Arkansas State University (ASU) College of Nursing to develop and present this series of classes.

[1] September, 2010 – 116 participants

National Patient Safety Goals

Marinelle Paladino, UAMS Director of Patient Safety, shared the latest information on the topics that are of the highest priority to patient safety and quality care. October 15, 2010 – 25 participants

Community Education Stroke Program

The UAMS Department of Neurology requested that RHP facilitate this statewide public education program to enhance their certification as an advanced primary stroke center. Sites volunteered their facility to host the interactive video conference that allowed participants to ask questions after the presentation. November 9, 2010 – 125 participants

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OCCUPATIONAL HEALTH AND SAFETY CLASSES

The UAMS Department of Occupational Health and Safety presented a series of 5 programs on a variety of topics important to staff at rural hospitals:

[1] July – 47 participants
[2] August – 3 participants
[3] September – 1 participant
[4] October – 5 participants
[5] November – 39 participants

FRONT OFFICE TRAINING

This training program was initiated at the request of a rural hospital CEO. It has been a very successful collaboration with the UAMS Revenue Integrity Specialist Department since it began in 2009. Regional training sessions began in September, 2010.

SAFETY SERIES

In response to a number of requests, a series of safety topics were presented in a four-part series. Topics included: Fire and Life Safety; National Patient Safety Goals; Radiation Safety; and Back Safety and Ergonomics. Nearly 60 persons took part via interactive video. UAMS Environmental Health and Safety staff presented the lectures.

NURSE LEADERSHIP SERIES

The Center for Rural Health sponsored a series of 6 classes focused on developing leadership skills for nurses. ASU School of Nursing faculty and students presented the lectures. Topics included: Introduction to Leadership; Coaching and Mentoring; Effective Teambuilding; Conflict Resolution; Crucial Conversations; and Critical Thinking in Practice. Over 350 nurses participated in this series, with nearly 20 sites signing on for the series through the interactive video network.

TELEDIETICIAN TELEHEALTH CONSULTATIONS

Since July 1, 2010, 159 patients have received dietetic consultations via telemedicine through 62 separate meetings. Five separate AHECs hosted these consultations. This program continues to grow its outreach, minimizing the need to travel for both patients and staff by utilizing the interactive video technology.

TRANSITIONS OF CARE CONFERENCE

The Center for Rural Health Rural Hospital Program brought together leading healthcare organizations across Arkansas to develop the first statewide Transitions of Care Conference, which was held on April 13th at the Statehouse Convention Center in Little Rock. Conference Partners included Arkansas
Foundation for Medical Care, Arkansas Hospital Association, Arkansas Association of Healthcare Quality, Arkansas Healthcare Association, Arkansas Hospice and Palliative Care Association, Community Health Centers of Arkansas, Case Management Society of America, HomeCare Association of Arkansas, Arkansas Department of Health, National Transitions of Care Coalition, and the University of Arkansas for Medical Sciences. Due to health care reform, transitions of care is being called one of the most important components leading to improved patient care outcomes, satisfaction and lower costs. The event attracted 240 participants representing a variety of healthcare disciplines and settings. The conference goal was to build consensus among Arkansas stakeholders to improve transitions of care throughout the healthcare continuum for Arkansas patients. Dr. Eric Coleman, professor of Medicine and Director of the Division of Health Care Policy and Research at the University of Colorado was a keynote speaker. After a morning of inspiring and informative presentations, regional sessions provided a platform for forging important connections to improve communication and close some of the gaps and barriers which exist in the healthcare system. Another conference is being planned for 2012.

RURAL HOSPITAL PROGRAM – SAME FOCUS – NEW DIRECTION

Recently the Rural Hospital Program (RHP) went through a leadership change with the retirement of Elizabeth Holley, who had an outstanding career with UAMS. The Center for Rural Health then hired Timothy Hill, a 29 year healthcare executive with the majority of those years spent in Arkansas as a hospital CEO. With this change, the RHP is focusing on identifying strategic partnership opportunities that support the delivery of quality healthcare services in rural Arkansas. As we work to connect with the state’s rural healthcare delivery system, we are also identifying opportunities where UAMS becomes the system of choice when there are needs. Whether they are of a clinical nature, like the AR SAVES and ANGELS Programs, educational or research based, or service specific like the Tele-dietchion or Physician Recruitment programs, the goal is to add value so that we become the clear first choice when rural Arkansas hospitals seek assistance. As we travel the beautiful yet diverse state, we are reminded of the commitment to our partners, the AHEC System and partner hospitals, the state’s rural hospitals, and the growing number of alliances and coalitions that are working hard every day to make a difference in the lives of Arkansans.
CONTINUING EDUCATION FOR ARKANSAS HEALTHCARE PROVIDERS

The Center for Rural Health has provided healthcare continuing education in Arkansas for over 16 years. During this time nearly 100,000 healthcare professionals have participated in interactive video education programs, and nearly 5,500 different programs have been offered. We offer CE credits for physicians, nurses, pharmacists, and allied health, including respiratory care and Long Term Care administrators.

EDUCATION ON DEMAND - ONLINE AND INTERACTIVE VIDEO OPTIONS

The Center for Rural Health Online Continuing Medical Education website is designed to provide convenient access to Continuing Medical Education (CME), Pharmacy, and Nursing (CE) credits for health professionals throughout Arkansas. Participants may receive CE and CME credit for course content, while maintaining historical records that allow printing of certificates of credit and reports at any time. Currently there are 150 CME/CE lectures available on line for viewing, and new titles are being added every month. Through a partnership with the UAMS College of Pharmacy, 5 application-based lectures are now available for PharmD credit, and others are being added. Please visit our site at http://video.uams.edu/OnlineCE/login.aspx.

www.ruralhealth.uams.edu/centerforruralhealth
FETAL ALCOHOL SPECTRUM DISORDER CONFERENCE

On Sept. 11, 2010 a group of interested healthcare professionals met in Little Rock to hear three authorities in their field speak on “Protecting Babies’ Brains”. Sixty persons took part and earned CME and CE credits.

TRAUMA NURSING TELECONFERENCE

The Center for Rural Health partnered with the Little Rock Critical Care Consortium in November to present their trauma nursing teleconference to rural sites via interactive video. Seven hours of nurse CEU credit was available; 8 remote sites participated with 40 nurses receiving training.

CHRONIC DISEASE SELF MANAGEMENT: Providing Your Patients Access to a Proven Program

This September 2010 workshop focused on equipping healthcare professionals to assist their patients in managing chronic diseases. Nearly 70 persons took part, both at UAMS and 13 sites across the state.

PSYCH TRAINING, LIAISON, CONSULTATION

The Center for Rural Health, along with the UAMS Psychiatric Research Institute (PRI) presents a monthly teleconference series offering CME credit focused on the psychiatric needs of children and adolescents. The aim of this series is to provide education and resources to mental health providers throughout the state.

INTERACTIVE VIDEO

The Center for Rural Health has produced and facilitated over 275 hours of continuing education in the past year, most of it available across the state via interactive video. We have participated in more than 500 hours of continuing education from all departments of UAMS; 1,500 persons have been touched through these programs this year alone.
ADVANCED PRACTICE NURSE CONFERENCE

The fourth annual APN Conference held in August, 2010, attracted a large statewide audience, with 170 attending at UAMS and 30 remote sites connected via interactive video. The 5th annual APN conference is scheduled for August, 2011, with even more remote sites indicating interest in participating. This successful program continues to grow each year and is a result of our partnership with the Central Arkansas Veterans’ Health care System. Presenters are drawn from UAMS and the VA, and include physicians and advanced practice nurses who are considered specialists in their field.

BULK RATE OPTIONS

Realizing that many hospitals would like to have an option to offer continuing education credits for their employees, the Center for Rural Health offers a bulk rate option. For a low fee, a hospital or clinic can give every employee the opportunity to take online classes as well as participate in the live interactive programs for the entire year; this is less expensive than paying for classes individually, and has proved to be a very popular option. In 2011, 25 Arkansas hospitals joined the bulk rate program.

CONFERENCES

The Center for Rural Health participated in sponsoring the following conferences this year:

[1] Advanced Practice Nurse Teleconference, held at UAMS on August 6, 2010
[2] Fetal Alcohol Spectrum Disorder, held at UAMS on September 11, 2010
[3] Transitions of Care, held in Little Rock in April 13, 2011

HIGHLIGHTS OF THIS YEAR’S CME/CE PROGRAMMING

Ethics for Hospital Social Workers, 3-hour teleconference led by Dr. Chris Hackler and presented on October 14, 2010.

4th Annual APN Teleconference held on August 6, 2010 – 225 nurses attended, both at UAMS and in 30 interactive sites across the state.

Breastfeeding 101 for Healthcare Professionals, a 6-part series held February through December 2011.

Trauma Update Nursing Conference was held at UAMS and transmitted to 8 locations around the state.
EDUCATION ON DEMAND, ONLINE CME AND CE PRESENTED BY THE CENTER FOR RURAL HEALTH

27 hospitals joined the bulk rate program in 2011. Over 150 hours of education are available online, offering CME for physicians, CNE for nurses, pharmacy, and allied health credits. In 2011 more than 800 persons accessed the online program, both bulk rate users and persons accessing it on their own. Two Health Information Management courses, Medical Terminology and Anatomy & Physiology are also available to the online learner.

Interactive video classes are offered in over 50 hospitals, AHECs, and clinics across the state. They offer an opportunity for learners to attend a lecture and interact with the presenter, all while staying in their own hometown and without the need to travel.
Online education is available on the web, on demand, and on the learner’s schedule. The Center for Rural Health’s online website has approximately 150 programs available for physicians, nurses, pharmacists, and other health care professionals.

Interactive Video is teaching technology that enables healthcare professionals to remain in their hometowns and take classes to earn continuing education credit. These classes are taught in real time by experts in their field, and are transmitted to over 50 sites across the state. Students can see and hear the teacher, and can interact with and ask questions of the speaker.
HEALTH LITERACY PROGRAMS

The Center for Rural Health is dedicated to improving health and wellness for Arkansans. If patients are to be empowered to make informed decisions about their health, we must improve the ways in which we communicate to patients so that they process and understand health-related information. Health literacy is a major problem in regards to a patient understanding what the provider says to them. Poor understanding between patients and health care providers is estimated to waste between $106 billion and $236 billion per year, 4.6% - 10.3% of total health care system costs. It is estimated that dollars wasted through poor health literacy would be enough to insure America's 47 million uninsured. Health literacy may prove to be the most attainable efficiency in the nation's health system. In an environment where patients are required to make increasingly difficult self-management decisions, even highly educated people may find the system difficult to understand and navigate.

The Center is implementing programs in Health Literacy for healthcare providers and patients throughout Arkansas. Over the past year, the Center for Rural Health has collaborated with health and literacy groups to create the Arkansas Health Literacy Partnership (AHLP). AHLP is a free-standing organization that also exists as a section within the Arkansas Public Health Association. Within AHLP, the Center provides leadership for the Executive, Steering and Professional Education Committees. In this first year of the organization’s existence, we have assisted with the presentation of four workshops and produced a short film documenting local experiences with the health care system. At the end of our first year of effort, there were 114 members of the Partnership.

Over the next year we will:

[1] Present health literacy information to boards and commissions which govern health practitioners;
[2] Conduct at least one assessment of consumer health literacy;
[3] Develop and distribute health literacy educational materials;

The Center for Rural Health collaborated in a summer Research Conference to stimulate discussion and encourage collaboration and activity related to health literacy research in Arkansas. Grant funding is pursued to enhance the funding for programs and research in this important area.

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Dumas, AR
Medical Interpreter Training Program

Language barriers in health care settings can increase cost, decrease access to quality care and decrease comprehension for limited English proficient patients. The Center for Rural Health has a Medical Interpreting Training Program to address these needs in rural Arkansas. The program trains medical interpreters who can then provide services in their respective health facilities.

The program has shown that utilizing professionally trained medical interpreters with patients that have limited English skills improves patient communication and eliminates many cultural barriers. A trained medical interpreter can assist in decreasing misdiagnoses and unnecessary testing.

Arkansas has become a chapter of the International Medical Interpreters Association. The Association recently chose the Center for Rural Health as a pilot site for providing national certification tests for medical interpreters in different languages. Thirty-four interpreters have been trained during the last year in the following languages; Chinese, Korean, Portuguese, Arabic, Turkish, and Spanish.

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Keo, AR
The UAMS Physician Placement Service was developed to assist hospitals in Arkansas with the recruitment, placement and retention of health care professionals. By matching physicians and other health care providers with job opportunities across the state, we hope to improve and increase access to health care for all Arkansans.

The Physician Placement Service presence in the state has continued to grow over the past year, with approximately 18 communities currently participating. We are working with a number of qualified candidates who are actively looking for opportunities.

Our mission is to provide a better retention system for the state of Arkansas by enhancing our interaction with training programs across the UAMS system. Eric Camp, director, visited all the AHEC sites in the state to inform residents of our services. Our recruiters gave quarterly presentations to the residents in the AHECs and on the main campus on a variety of topics, such as interviewing techniques, contracts, malpractice, and practice settings.

The recruiting staff strives to match candidates with communities that meet the criteria of both entities for a successful partnership. This past year, six (6) physicians and one (1) nurse practitioner have been placed in the cities of Dardanelle, Texarkana, Dumas, Clarksville, Fayetteville, Clinton and El Dorado.
Health Career Programs for K-14 Students

Arkansas and the nation are facing a health care workforce shortage. There are not enough health care providers to support the growing, aging population, and health care reform will put further demands on the system. It is estimated that 2.4 million new health care jobs will be open by 2014. To fill these positions, we need to begin building “the pipeline” - a group of Arkansas students with plans to enter into health care careers. Exposure to health careers must begin early in the educational experience. Students need opportunities to make them aware of the many attractive career choices available.

The Area Health Education Centers (AHEC) are reaching young people in rural areas and arranging individual mentoring/shadowing experiences in the health care environment. College/Pre-Med students can also receive valuable support applying for medical school, including mock interviews, advising, and Medical College Admissions Test (MCAT) preparation. “A Day in the Life of ...” provides students the opportunity to hear health professionals describe the requirements and functions of their job. This year, eight health recruiters reached over 41,000 students during 461 events that they sponsored. Forty nine percent of the students were from rural communities.

AHEC region recruiters are Debbie McAdams, AHEC South Arkansas; LaSonya Shelby, AHEC South Central; Janet Ligon, Delta AHEC; Sai Kode, AHEC North Central; Yalanda Young, AHEC Northeast; Ana Sanchez, AHEC Northwest; Bradi Kelley, AHEC Southwest; Christina Dickens, AHEC West.

Destined to be Docs

www.ruralhealth.uams.edu/centerforruralhealth
Northwest

North Central

Northeast

South Arkansas

www.ruralhealth.uams.edu/centerforruralhealth
Delta

West

South Central

Southwest

M*A*S*H

www.ruralhealth.uams.edu/centerforruralhealth
The Arkansas Health Careers website at http://arkansashealthcareers.com is part of our ongoing pre-health professional recruitment outreach. It contains a wealth of multimedia information about health careers, specifically targeting young people in the many rural and underserved areas of Arkansas. We hope to maximize the number of students in primary grades through college that are informed about, choose to prepare for, and successfully enter health professions training programs. The website is geared toward these young students and utilizes the latest in Social Media and Web 2.0 technologies.

Once on the site, students can find videos and articles detailing the experiences of medical professionals around the state. There is a Health Careers Exploration Module in the For Students section, by which students can view detailed information about careers in healthcare. There is also specific information about events in each AHEC Region, as well as scholarship opportunities, and a repository of links and resources for educators.

Be sure to visit: http://arkansashealthcareers.com
**Education and Training**

The Education and Training Division of the Center for Rural Health is charged with mentoring students from rural areas of the state, teaching about rural health issues, and encouraging practice in rural areas. In order to accomplish these goals, the division provides programs for UAMS students throughout their medical school years. The AHEC in conjunction with the Arkansas Farm Bureau supports the Rural Medicine Student Leadership Association (RMSLA) for UAMS medical students participating in the state’s Rural Practice Loan/Scholarship Program. The purpose of the organization is to provide a forum to discuss issues of importance to future rural physicians. Of the 7 UAMS students with rural practice commitment finishing medical school the year, 4 entered family medicine residencies with 3 joining AHEC residency programs.

Rural training experiences are an important factor in encouraging students to consider eventual rural practice. In academic year 2010-2011, 31% of first year students completed a 4-week family medicine preceptorship with a physician in an AHEC region. This provides the student an opportunity to apply knowledge learned in the classroom to the clinical setting. This year, 4 students also piloted an 8-week service learning preceptorship in Monticello, Springdale, Heber Springs and Batesville, which combined a clinical experience with a community-based project. Additionally, the directors of M*A*S*H and CHAMPS programs were assisted by 13 rising sophomore UAMS medical students. The required 4-week family medicine clerkship was completed in an AHEC by 85% of third year medical students. Senior medical students completed 61 selectives/electives and 27 acting internships through an AHEC for a total of 352 weeks of training.

Lastly, the Division also provides support for the 6 AHEC family medicine residency programs. All AHEC residency programs are fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). Among the College of Medicine’s class of 2011, 16% were accepted for training into family medicine residencies, with 65% pursuing training in an AHEC program. There were 136 residents in AHEC-based training in 2010-2011. Of the 39 residents who completed their training this year, 69% will be practicing in the state.

www.ruralhealth.uams.edu/centerforruralhealth
Scott, AR

SEED FARMS
SCOTT, ARK.
HYBRID CORN • OATS

Scott, AR

Center for Rural Health • 2011 Annual Report
DIVISION OF RESEARCH AND PRACTICE IMPROVEMENT

The Research and Practice Improvement Division within the Center for Rural Health supports the AHECs in their research activities.

AHEC RESEARCH

The AHEC system has a five year plan for research development, with the Division of Research and Practice Improvement funding research activities across the AHECs. Faculty in all the AHEC’s have responded enthusiastically and are moving forward in new projects, including: Arkansas Healthy Body Plan, MERIT III, Depression among African American Males, Vitamin D & Hypertension in Pregnancy, Hypertension Control among Adult Patients in the AHEC’s, Health Literacy and Pregnancy, Cadmium, The Effectiveness of Diabetes Self-Management Education Program in South Arkansas, Can a PCP improve adherence to medicine in patients with HTN. The AHEC Pilot Research Program provides funding for projects that might be replicated at other Centers to improve the AHEC System as a whole.

The AHEC research mission correlates closely with the UAMS Clinical and Translational Science Award (CTSA) initiatives, with the AHEC system serving an integral role in this $20 million dollar research endeavor. Dr. Price also serves as Director of Community Engagement for the UAMS CTSA project, which promotes and supports AHEC faculty translational research efforts. The Community Engagement program managers are Marcia Byers, Zuzana Gubrij, and Todd Moore.

The UAMS Center for Clinical and Translational Research (CCTR) Community Engagement Component is improving the health of Arkansans with our stakeholder communities (community, health practice and institution) by: 1) enhancing partnerships, 2) improving research capacity, and 3) increasing dissemination of research. New partnerships have developed with Chronic Disease Coordinating Council and the Arkansas Community Foundation (ARCF). We strive to find overlapping goals with partners and have assisted in developing 30 community engagement collaborations, 10 of which are in the process of conducting projects on topics such as hypertension, diabetes, health literacy, and smoking cessation.

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Bob Price, Director, Research and Practice Improvement
QUALITY IMPROVEMENT

All AHECs have upgraded to Centricity 9.5 and are becoming virtualized clinics. Upgrading to Centricity will help them move one step closer to meeting guidelines for Meaningful Use as well as Patient Centered Medical Home. Pilots have begun at the AHECs, and all Directors and staff are working vigorously to implement ePrescribing, CareManager, and Patient Portal/Secure Messaging.

EMR

All AHECs have recently upgraded Electronic Medical Record (EMR) technology to CPS 9.5 and have decided to standardize forms through the use of the CCC form to provide a data infrastructure for translational research, improve quality of care for patients with chronic illness, and improve implementation of evidence-based preventive interventions.

PCMH

Implementation and evaluation of the Patient Centered Medical Home (PCMH) involves production of standard quality improvement reports, including quarterly clinical outcome reports for specific chronic disease and prevention outcomes. AHEC PCMH Coordinating Committees and work groups have been established at each AHEC to work with Dr. Price and staff. The ePrescribing pilot in Jonesboro under excellent management of Director Ron Cole and staff is in process with the pre-implementation checklist, with all clinics to be fully implemented by late summer. eRx enables a prescriber to electronically send an error-free and understandable prescription directly to a pharmacy from the point-of-care, which is important in improving patient care.

CareManager, a patient registry system for chronic disease, is being piloted in AHEC South Central and AHEC West by implementing diabetes as the first of ten modules. Directors Don Heard and Eddie Maples and staff have been working hard to ensure smooth execution. Training from Kyrptiq is underway. This new QI model will provide standardized reports across the AHEC system.

A Patient Portal/Secure Messaging pilot has begun in El Dorado under
management of Dr. Michael Fitts and staff, with a projected go live date of August 11th, 2011. The Patient Portal will enable online health services and education for patients, including patient enrollment, pre-visit or other health forms, and e-visits. These online services will enable consumer-centered care by improving information accessibility and streamlining workflow.

Wade Offutt, Project Manager, has been working closely with all the AHECs to make this process seamless and productive, with close oversight by a steering committee, chaired by Dr. Mark Mengel.

ACADEMIC FELLOWSHIP

Our AHEC Academic Fellowship, currently in its second year, is a one or two-year fellowship designed for physicians, Ph.D.s, Pharm. D.s and those with doctorate degrees who teach at least 50% of the time. The program combines quality improvement and translational research with faculty development and graduate courses in the UAMS College of Public Health. The program allows the fellow to continue regular clinical work at home while supporting dedicated time to the fellowship.

Current fellows are Dr. Larisa Kachowsi and Dr. Philipp Narciso.

PRACTICE BASED RESEARCH NETWORK

The Division of Research and Practice Improvement has revitalized the Arkansas Practice Based Research Network (APBRN), formerly known as OzarkNet. The network’s mission is to improve patient care in family medicine settings by translating clinical research into family practice settings and assisting family practice sites in carrying out clinical studies.

MEANINGFUL USE

The Division is also working with the AHECs to integrate Meaningful Use Requirements. The Centers for Medicare & Medicaid Services (CMS) will be providing a reimbursement incentive for physician and hospital providers who become “meaningful users” of an electronic health record (EHR), beginning in 2011. By 2015, providers are expected to be actively utilizing an EHR in compliance with the “meaningful use” definition or be subject to financial penalties under Medicare.

www.ruralhealth.uams.edu/centerforruralhealth
The Health Workforce in Arkansas

The Center for Rural Health studies and reports on the status of the health workforce in Arkansas. Statewide surveys of the vacancies have been published in 2003 and 2008. These may be viewed at www.ruralhealth.uams.edu/centerforruralhealth under publications and reports. A new study will be released in 2011 that assesses workforce vacancies for 88 health professionals in hospitals, nursing homes, clinics, dentist offices, pharmacies, ambulance and home health services. Vacancies will be assessed for specialist and primary care physicians, nursing, allied health professions, and pharmacists.

Arkansas is facing serious shortages of health professionals. The state ranked 48th among states in physicians per capita and 42nd in the number of active primary care physicians per 100,000 populations. Rural Arkansas averages only 82 primary care physicians per 100,000 people compared to 130 per 100,000 persons in urban Arkansas. The greatest disparity is seen in the Delta counties where there are only half as many primary care physicians per 100,000 people as in urban counties.

We can expect an increased demand in Arkansas for health care during the next decade. It is estimated that the population will grow 12% between 2000 and 2020, the elderly population will increase 68% and there will be a 16% increase in the minority population by 2020. The Center is committed to continue assessing the health workforce status in Arkansas and working with partners to meet the future demands.

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RURAL HOSPITAL PROGRAM AND THE CENTER FOR DISTANCE HEALTH

TELEHEALTH: A NETWORK OF POSSIBILITIES

The past year has seen the dawn of a new era of clinical and educational telehealth in Arkansas, and the Center for Rural Health (CRH) and the Center for Distance Health (CDH) have entwined their respective missions to collaboratively improve access to health care and education in rural Arkansas. The year behind us is different in one major aspect: The Arkansas telemedicine infrastructure is growing exponentially, and UAMS is becoming an ever-present leader in making these dramatic healthcare transformations possible. The grant-funded efforts led by the Center for Distance Health will complement and build upon Center for Rural Health resources, allowing UAMS’ patients and providers alike to benefit from new technology and new services.

ARKANSAS E-LINK

Description: The $102M Arkansas Healthcare, Higher Education, Public Safety, & Research Integrated Broadband Initiative funded through the NTIA Broadband Technology Opportunities Program is now named Arkansas e-Link. This project will upgrade, expand, and integrate fragmented, limited bandwidth broadband networks by offering over 470 community anchor institutions substantial broadband upgrades, added broadband equipment and connectivity to a fiber backbone to meet broadband needs in healthcare, higher education, public safety, and research in unserved, underserved, and economically distressed areas in Arkansas.

Update: In the first year of funding, UAMS CDH reached a major milestone through the approval of its Environmental Assessment. The proposed project was found to have no significant impact on the environment, and engineers began implementation
of the network design. Completing the Environmental Assessment also allows Arkansas e-Link to proceed in acquiring grant-funded equipment and bandwidth, the primary deliverables of the grant-funded initiative. These resources will be installed at network sites over the next two years.

UAMS CDH also hired 12 professionals to manage, plan, and implement Arkansas e-Link. The grant-funded staff have spent the first year of the program’s implementation preparing each of the network sites for broadband connections and equipment. In doing this, they have begun soliciting and choosing vendors, fiber routes, and interactive video equipment through publically disseminated requests for proposals. The Arkansas e-Link staff have begun contacting the sites for assessment and will soon visit sites to prepare each facility for upgraded broadband capable of telemedicine activities by providing project introduction materials, including a project overview, fact sheet, and memoranda of agreement for equipment and broadband circuits. Another major outlet of information to the public and participating partners is the Arkansas e-Link website, which went live in October 2010.

Over the next fiscal year, program managers will collaboratively work with vendors, end-users, and UAMS Network Management to establish or upgrade broadband in preparation for installation of interactive video equipment. Once the equipment is installed, the program managers will build relationships with end-users to encourage utilization of the interactive video equipment by making site visits, providing additional training, and offering application recommendations. Further goals of the next year include:

1. Deploying public access computers
2. Disseminating first batch of interactive video equipment
3. Collecting and recording of all memorandum of agreement
4. Coordinating with the South Central Telehealth Resource Center to train representatives at sites
5. Completing assessment of sites’ telehealth and distance learning needs
6. Begin providing broadband for telehealth purposes

The Area Health Education Centers in particular will benefit from Arkansas e-Link. They comprise seven of the over 470 community anchor institutions that will receive equipment and/or bandwidth upgrades. The AHECs of Arkansas will receive over $1M in upgraded bandwidth services and over $370,000 in equipment, including computers, clinical units, and telemedicine technology. Such improvements will allow rural doctors to receive continuing education, allow residents to receive education in their communities, and most importantly, allow patients access to specialty care without traveling to central Arkansas.
THE ARKANSAS CENTER FOR TELEHEALTH

Description: Complementing the efforts of Arkansas e-Link, the Arkansas Center for Telehealth (ACT) studies what training and services are needed to maintain that infrastructure in order to promote statewide broadband adoption through telemedicine. The Arkansas Center for Telehealth was created through the NTIA Broadband Technology Opportunities Program Sustainable Broadband Adoption grant to promote broadband health adoption through this outreach, education, and awareness initiative aimed at healthcare providers, administrators, and the public residing in the south’s vulnerable populations, such as rural Arkansans.

Update: ACT addresses problems directly related to the under-usage of broadband-assisted technologies in the clinical, research, and educational activities of Arkansas’s healthcare organizations. ACT delivers technology training, needs-based curricula, an educational website, awareness campaign, and 24/7 technical support. This funding of $823,080 was granted in partnership with Connect Arkansas, the governor-appointed organization charged with expanding broadband usage throughout the state, and was provided by the National Telecommunications and Information Administration, the same government organization that awarded CDH and CRH with the $102M award for a statewide broadband initiative involving more than 400 partners.

In the next fiscal year, the ACT team will visit many clinics within the service counties to provide telehealth education.

Also over the next year, a statewide broadband-assisted health technology needs assessment will be conducted throughout Arkansas, through which community outreach workers will evaluate the needs of healthcare providers practicing throughout Arkansas. The assessment will look more specifically at provider’s knowledge, attitudes, and perceptions regarding telehealth. The first assessment will be conducted with Arkansas providers, and then expanded out to Mississippi, Tennessee, and Louisiana. Results will be tabulated to guide development of ACT training tools, curricula, and website content.

THE SOUTH CENTRAL TRAINING RESOURCE CENTER

Description: The South Central Training Resource Center (SCTRC) broadens the focus and mission of the Arkansas Center for Telehealth to serve several states in the Delta. Through the South Central Training Resource Center, existing and developing telehealth networks that serve the South’s medically underserved, rural populations can gain access to custom-tailored direction and expert-level resources on how to further their clinical and educational reach.

Update: The SCTRC allows more rural Arkansans to receive quality healthcare closer to home through $947,087 in funding provided by the Health Resources.
and Services Administration. It is the health care providers in the rural Delta areas that most need the benefits provided through telehealth, but these providers often do not have the resources to initiate such services in their communities. Recently, these rural providers were offered a new tool through SCTRC. The LearnTelehealth.org website allows providers and anyone interested to receive numerous tools, including videos, blog postings, and interactive training, in the development and facilitation of telehealth programs. Not only will SCTRC expand education to healthcare providers within the three-state region over the next fiscal year, it will also begin to educate those in Louisiana, a newly added site that will greatly benefit from telehealth implementation.

DISCOVER MCH LEADERSHIP

Description: Delta Interactive Solution to Collaborate Over Video for Education and Resources for Maternal Child Health Leadership (DISCOVER MCH Leadership) delivers distance learning opportunities through interactive video and web-based materials in a user-friendly format that welcomes interdisciplinary participation and pursuit of continuing medical education credits, exploring topics specific to the racial, ethnic, and cultural needs associated with practicing obstetrics in the Delta. The $300,000 award is funded by the Health Resources and Services Administration.

Update: Initial steps in this program have included preparation of materials for online continuing education opportunities and certification processes to allow CDH to provide continuing education credits. Additionally, an innovative website is slated to go live in winter. LearnOnDemand.org will allow health care professionals to earn continuing medical education credits over a secure website, which will prove especially beneficial to those rural providers who are unable to travel for continuing education due to time or money constraints. Additionally, CRH has played and continues to play a huge role in the success of the DISCOVER program by aiding in online education of nurses in the eight-state region.

The Center for Rural Health and Center for Distance Health stand at a junction in Arkansas’s healthcare history where technology will become the standard, rather than a novelty, in delivering clinical and educational services to Arkansas’s rural population. The future years will only broaden the approach of this collaboration, where new telemedicine-infused ideas will be born in locations and through specialties never before addressed through distance technologies in Arkansas. At the forefront, there will be both Centers leading the charge for change in Arkansas.
2011 Rural Health Retreat

Challenges and Approaches for a New Decade

The University of Arkansas for Medical Sciences’ (UAMS) Center for Rural Health hosted a rural health retreat on June 2, 2011 with the purpose of providing current information to stakeholders about the healthcare environment in Arkansas and new emerging healthcare delivery models. The retreat provided a forum for discussion and collaboration among Arkansas’s providers to explore solutions to some of the state’s healthcare challenges. Over the next few years, Arkansas may experience stress on the rural health delivery system, which sets the ideal scene to implement new approaches that could improve the health of rural Arkansans.

Discussion revolved around the following topics:

1. Health Care System Change
2. Health Information Technology
3. Models of Health Care Delivery that Work in Rural Areas

Approximately 80 participants at this retreat contributed much insight into some of the problems facing rural communities, with an active discussion on what solutions are possible. All were dedicated to finding innovative, quality care for their communities. The following findings resulted:

- The Patient Centered Medical Home was seen as a model that addressed many issues but some modifications may be needed for small practices
- Most participants agreed nurse practitioners and care teams must play a prominent role
- Rural networks of care need to collaborate and work with each other as well as with UAMS and other urban areas
- Greater use of telemedicine should be implemented
- Support systems are needed to assist rural EMR implementation
- Rural area needs should be considered in developing the insurance exchange
- Health literacy should be incorporated in all aspects of the rural health care system

While the challenges are great, the spirit of collaboration demonstrated in this retreat proves there is an opportunity to create innovative solutions for a healthier rural Arkansas.

www.ruralhealth.uams.edu/centerforruralhealth
**Publications**


**Presentations**


Walter, P.D. Oral Presentation, “*ArkansasHealthCareers.com – Web-Based Learning Opportunities in Health Care*,” Arkansas Distance Learning Association annual meeting, Hot Springs, AR, October 2010

Walter, P.D. Oral Presentation, “*ArkansasHealthCareers.com – Collaborative Recruitment Opportunities*,” Meeting of mid-level managers of Community Health Centers, North Little Rock, AR, April, 2011

Walter, P.D. Oral and Video Presentation, “*Health Literacy and Health Systems/Contexts*,” Arkansas Public Health Association annual meeting, in collaboration with Kristy Hadden, Oral Presentation given by Kristy, videos produced by Philip, Hot Springs, AR, May 2011

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