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MESSAGE FROM THE DIRECTOR

More than ever before, improvements in Arkansas’ rural health quality, access, and outcomes are within our collective grasps, as evidenced through the efforts of the UAMS Center for Rural Health. Albeit an emerging venture, the Center for Rural Health is already plotting the roadmap to improve rural health in Arkansas by analyzing the needs within rural communities and proposing solutions to address those needs that benefit from the attention and involvement of myriad stakeholders, both rural and urban. It is through these analyses and partnerships that the Center for Rural Health hopes to create needs-responsive programs and interventions that follow a statewide action plan aimed to benefit all rural residents. While many efforts are yet to come, the Center for Rural Health and its partners are underway with a range of efforts that present solutions to rural health needs. The enclosed 2012 Center for Rural Health Annual Report is designed to disseminate information on programs that are currently reaching across the state to improve the health of rural Arkansas. As the Director for the Center for Rural Health, I can attest that we are putting rural populations in our state at the center of all that we do and all we will continue to do. With working partnerships with over 40 organizations dedicated to sharing and using available resources wisely, the Center for Rural Health focuses on its unique mission to improve rural health outcomes now and in the future by acting upon intimate awareness of rural health needs and collaborative strategies on how we may devise and deliver solutions that equalize care across the state. On behalf of the UAMS Center for Rural Health, it is my distinct honor to present the 2012 Center for Rural Health Annual Report. Through these types of documented efforts and future efforts, our Center is certain to influence Arkansas’ rural health quality, access, and outcomes to take a turn toward not just the better…but the best.

Respectfully,
Ann Bynum, Ed.D.
Director, UAMS Center for Rural Health
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] Physician and Provider Placement Services
[9] Health Literacy
[10] Student Recruitment to Health Careers

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 health care, can we achieve improved health.
The Rural Hospital Program

The Rural Hospital Program strengthens rural hospitals in Arkansas by sharing resources of UAMS and University Hospital.

Making Connections – Creating Solutions is the theme of the Rural Hospital Program’s collaboration with rural hospitals and UAMS departments, providing training, education, and clinical outreach for Arkansas’ rural hospitals.

Programs and Services

The Rural Hospital Program identifies solutions for quality healthcare in rural hospitals through the following services and programs:

1. **Tele-Dietician Consultation**
   The Tele-Dietician program provides nutritional care and consultations to rural patients through interactive video technology. Consultations are available in 74 Arkansas counties. In FY2012, the Center for Rural Health tele-dieticians consulted with 98 rural patients at six Area Health Education Centers.

2. **Clinical Skill Development**
   Clinical skill development is made available to rural hospital staff through UAMS mini-fellowships in Respiratory Therapy, Surgical Nursing, Operating Room Procedures, and Critical Care. During FY2012, ten rural clinical and nursing personnel were allowed to shadow healthcare professionals at UAMS, returning to rural hospitals with sharpened clinical skills and new understanding.

3. **Collaborations**
   The Rural Hospital Program provides ongoing support for collaborative activities of rural hospitals and critical access hospitals, such as:

   a. **Greater Delta Alliance for Health**
      The Center for Rural Health administers the Greater Delta Alliance for Health (GDAH)-

www.ruralhealth.uams.edu/centerforruralhealth
- eight hospitals in the Delta and southern regions of Arkansas—which together implement community solutions to improve access to healthcare, reduce chronic disease, and control costs. Through grant funding opportunities, individual member hospitals in the GDAH received over $200,000 for outreach programs in Crossett, DeWitt, Dumas, McGehee, Lake Village, Stuttgart, Warren, and Monticello. These funds were used to support clinical programs, health fairs, health screenings, and wellness activities, impacting hundreds of rural patients. Rural Arkansas is better today because of GDAH’s success.

**Ozark Mountain Health Network**

The Rural Hospital Program is a member of the Ozark Mountain Health Network, comprised of one hospital and healthcare system, county health units from Van Buren and Searcy counties, UAMS, and state rural health representatives. This network brings together constituents, appropriate state agencies, and a hospital system to address issues of public health, wellness, and healthcare delivery. Ozark Mountain Health Network sponsors community programs in three areas: chronic disease management, substance abuse prevention, and parenting. Successful offerings include Diabetes Self-Management Education, Reach Out and Connect (free health screenings to test cholesterol, glucose, and blood pressure levels), Medication Assistance Program, Searcy County Prevention Coalition, Van Buren County Tobacco Prevention, and Young Moms Healthy Families Program.

The Center for Rural Health is pleased to partner with rural hospitals to support better healthcare, improved quality, and lower costs in rural Arkansas.
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 continuing education credits for physicians, nurses, pharmacists, and allied health, including respiratory care and long term care administrators.

LIVE INTERACTIVE CONTINUING EDUCATION

The Center for Rural Health has produced or facilitated over 500 continuing education (CE) programs in FY2012 with more than 5,000 participants. Most of these programs were available across the state via interactive video. For twenty years, this program has offered more than 5,500 different interactive video CME/CE programs and reached 100,000 healthcare professionals. To view interactive CME/CE schedules, go to: http://www.uams.edu/rhp/interactivevideo/downloads/

TUESDAY NOON LECTURE SERIES

The Center for Rural Health presents a series of lectures on Tuesdays focusing on education needs and requests from rural healthcare practitioners. These lectures are transmitted across the state for physicians, nurses, pharmacists, and certified health education specialists.
GERIATRIC PALLIATIVE CARE NURSING SERIES

Seven nursing CE classes focusing on the role of the nurse in geriatric care were offered Winter and Spring 2012. Designed, created, and taught by Reynolds Institute on Aging faculty, this series discussed areas such as diagnosis and prognosis for frail elders, artificial nutrition and hydration, dementia, and hospice. The series is available on the Center for Rural Health website, both for credit and for information only.

CUSTOMER SERVICE FOR AREA HEALTH EDUCATION CENTERS (AHECS) AND HOSPITAL ENVIRONMENTAL SERVICE WORKERS

Two series—eleven classes-- were offered to the Environmental Service employees of Area Health Education Centers and rural hospitals. One series focused on customer service and satisfaction, and one series addressed infection control and isolation precautions for environmental service employees.

ONLINE CONTINUING EDUCATION

[1] Education on Demand: Online CME and CE
The Center for Rural Health has developed more than 200 online healthcare lectures, with new topics added each week. Offering CME/CE credit, this option offers the healthcare workforce an opportunity to earn required credits on demand, on the web, and on individual schedules. Over 800 individuals accessed online education in FY2012. For a listing of programs available, go to: www.onlinecmenow.com

[2] Online Infection Control
The Center for Rural Health and the UAMS Infection Control Department produced four online videos giving brief (five to fifteen minute) updates and instructions for avoiding infections and keeping patients safe. Topics included: hand hygiene, food safety, isolation procedures, and new issues in infection control. These complimentary videos are available on the Center for Rural Health website at www.video.uams.edu.
CONFERENCES

The Center for Rural Health sponsored the following CME/CE conferences in FY2012:

[1] Advanced Practice Nurse Teleconference, held in collaboration with Central Arkansas Veteran’s Healthcare System, August 2011
[2] First Annual Women’s Health Update, sponsored with the Center for Distance Health, September 2011
[4] Suicide Prevention Training in Primary Care, June 2012

OTHER EDUCATIONAL OFFERINGS

[1] **Excellence in Education Program**
The Center for Rural Health offers to rural hospitals and clinics “Excellence in Education,” a popular program offering discount CME/CE. For one low annual fee of $1250, a rural hospital or clinic can offer every employee an opportunity to participate in online classes and live interactive programs. Twenty rural hospitals and long term care facilities joined the “Excellence in Education” program in FY2012.

[2] **Women’s Health Week Programs**
National Women’s Health week was celebrated May 2012 as the Center for Rural Health offered two professional education programs and four lectures designed for non-professionals. Presentations on Amenorrhea and Hormone-Related Mood Disorders offered CME/CE credit. Four lectures on breast health and building healthy relationships were presented to residents of two separate women’s shelters in central Arkansas.

[3] **Veterans’ Health Programs**
Two professional education programs were presented in December 2011 and January 2012, focusing on concussion management and traumatic brain injury. These lectures offered primary care providers insights into care of injured veterans, as well as other patients with brain injuries.
CONTINUING MEDICAL EDUCATION THROUGH VIDEOCONFERENCE
Cumulative Numbers of Healthcare Professionals Accessing Interactive Classes

Interactive video classes are available in all rural hospitals, Area Health Education Centers, and some clinics across the state, offering continuing medical education to healthcare participants without the need for 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 more than 200 programs available for physicians, nurses, pharmacists, and other health care professionals. Go to: www.onlinecmenow.com

Opportunities for Distance Education through Interactive Video continue to increase. Interactive Video enables health-care professionals to earn continuing education credit in real time classes taught by experts. It is available at any site with teleconference capabilities, and allows students to interact with the speaker. To view the interactive schedule go to: http://www.uams.edu/rhp/interactivevideo/downloads/
Health Literacy Program

The Health Literacy Program of the Center for Rural Health is dedicated to improving health literacy through research, outreach, and policy efforts in Arkansas, with a focus on rural areas and across individual lifespans. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Programs

[1] Area Health Education Center Training and Research
In FY2012 the Center for Rural Health collaborated with multidisciplinary researchers to promote innovative research aimed to improve health literacy measures and interventions. To address immediate health literacy needs of community members, patients, and healthcare providers, the Center for Rural Health worked with eight Area Health Education Centers (AHECs) to provide training in health literacy.

The Health Literacy Universal Precautions Toolkit was developed by the Health Literacy Program to help healthcare professionals measure the literacy level of written words, and revise documents for universal understanding. The Toolkit equips AHECs and other healthcare providers to identify health literacy issues, as well as empower patients to manage their own care, and targets written and spoken information for assessment and improvement. Twenty Toolkit training sessions at seven of the eight AHECs were attended by 257 healthcare professionals.

www.ruralhealth.uams.edu/centerforruralhealth
Partnership for Health Literacy

As lead agent for the Partnership for Health Literacy in Arkansas, a section of the Arkansas Public Health Association, the Center for Rural Health played key roles in two health literacy statewide conferences, as well as in activities across the state that targeted health literacy education for the public, professionals, and researchers. The Health Literacy Program trained over 1,000 healthcare professionals in 19 presentations on health literacy issues relevant to health and healthcare in FY2012.

FUTURE PLANS

The Center for Rural Health plans to expand outreach activities to eleven rural Arkansas counties with a high percentage of individuals skilled at “below basic” or “low” health literacy levels. These outreach activities include:

1. evidence-based interventions to promote “early ready” skills in children five years old and younger
2. health literacy curricula in kindergarten through 12th grade in schools
3. health literacy training for community health workers with adults at risk
4. expanded training for healthcare professionals at rural clinics utilizing the Health Literacy Universal Precautions Toolkit.

Through these efforts, the Center for Rural Health aims to reach over 11,000 children and adults and hundreds of healthcare providers and staff.

The Center for Rural Health will play a central role in the statewide Health Literacy Research Conference and execution of a multidisciplinary research agenda. Through policy initiatives, the Center for Rural Health will continue to work with the State of Arkansas to address and improve the readability and accessibility of forms and processes for individuals who are in need of state services.

Bruce Thomasson, Project Manager
UAMS Physician and Provider Placement Service

The Physician and Provider Placement Service was developed in 2008 to assist rural hospitals, clinics, and health systems with the recruitment, placement, and retention of health care professionals. The Service, through the Center for Rural Health, matches physicians and other healthcare providers with job opportunities throughout Arkansas, particularly in rural areas. The Program strives to increase retention of Arkansas-trained physicians by collaborating with UAMS and Arkansas’ rural hospitals.

SERVICES OF THE UAMS PHYSICIAN AND PROVIDER PLACEMENT PROGRAM JOB BOARD

The Placement Program offers an in-house job board, www.medjobarkansas.com, where physician, medical resident, fellow, and provider candidates post individual curriculum vitae. Job board clients—hospitals, clinics, and administrators—post opportunities, for a fee, and review candidates in a private web environment. Early application by candidates assures consideration by employers for current or future opportunities. In FY2012, more than twenty facilities utilized the Program’s job board. Sixty-three candidates are actively seeking full-time placement through the Placement Program’s job board.
PROFESSIONAL DEVELOPMENT

The Placement Program offers professional development to physicians, medical residents, fellows, and provider candidates which prepares the individual candidates for future positions and career opportunities. In FY2012, three Provider Placement Specialists advised and instructed 480 medical residents, students, and fellows in 48 sessions covering a variety of professional development topics, including:

[1] licensure and credentialing processes
[3] interview tips for success
[4] contract review assistance

PLACEMENT LOCATIONS AND CANDIDATES

The Placement team carefully matches candidates with communities that meet the criteria of both provider and facility. The Program has placed thirteen providers—nine physicians and four nurse practitioners—in the following communities: Batesville, Clarksville, Clinton, Crossett, Dardanelle, Dumas, El Dorado, Fayetteville, Jonesboro, Texarkana, and West Memphis, and in a variety of facilities: rural hospitals, rural clinics, and prisons. The Placement Program continues to expand, with visits to most of the state’s 75 rural hospitals in FY2012.

www.ruralhealth.uams.edu/centerforruralhealth
“When our practice was left in a bind because of an Advanced Practice Nurse unexpectedly leaving, we turned to the Physician & Provider Placement Service at UAMS to assist and they exceeded our expectations in every way. They were professional, thorough, and most importantly successful in placing a candidate with us—insuring that we had no gap in coverage.”

Pete Atkinson, MHA, Administrator, South Arkansas Medical Associates (SAMA), El Dorado

“With the challenges facing hospitals today in recruiting, it’s a tremendous help to have the Placement Specialists at UAMS working collaboratively with us. They were able to provide a hospitalist lead that turned into a successful recruit. They really look out for our needs and we appreciate the relationship we have developed.”

Jeannie Langle, Physician Recruiter, White River Medical Center, Batesville
Hawksbill Craig
Health Career Programs for K-16 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, the Center for Rural Health has created “the pipeline” - a group of Arkansas students with plans to enter 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 (AHECs) 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 nearly 34,000 students during 620 sponsored events, with 51% of the students from rural communities. AHEC regional recruiters are Debora 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; and Christina Dickens, AHEC West.

Destined to be Docs

www.ruralhealth.uams.edu/centerforruralhealth
Center for Rural Health • 2012 Annual Report

www.ruralhealth.uams.edu/centerforruralhealth
HealthCareers.com

The Center for Rural Health’s online outreach to young people in the state continues with the Arkansas Health Careers website at http://arkansashealthcareers.com. With over thirty videos encouraging healthcare careers, the website is geared toward today’s tech-savvy high school students and utilizes the latest in Social Media and Web 2.0 technologies. During FY2012, 1,235 unique visitors viewed over 5,600 pages on the site, learning about a variety of opportunities to join the healthcare workforce.

In addition to the videos, scholarship information, and region-specific calendars, a new function was recently added to the Health Careers Explorer module that uses Google Maps to link students to post-secondary schools near them, offering degree programs in their career of choice. A Roadmaps section for students and parents was also added in FY2012. This new section presents a year-by-year list of courses for students from 8th through 12th grades who intend to enter health-related careers.

Be sure to visit: http://arkansashealthcareers.com
The Education and Training Division of the Center for Rural Health is charged with:

1. mentoring medical students from rural areas of the state
2. teaching about rural health issues
3. encouraging medical practice in rural areas.

The Center for Rural Health provides training for UAMS students throughout their medical school years. Area Health Education Centers (AHECs) and Arkansas Farm Bureau support the Rural Medicine Student Leadership Association, offering a forum to discuss important issues with future rural physicians. Of the thirteen graduating medical students with Rural Practice Loan/Scholarship commitments, four entered family medicine residencies, with three joining AHEC residency programs.

Rural training experiences are an important factor in encouraging medical students to consider eventual rural practice. In FY2012, 30% (54 of 180) of first-year medical students participated in a four-week summer preceptorship with a physician in an AHEC region, providing an opportunity to apply classroom knowledge to the clinical setting. Four medical students completed an additional four-week service-learning preceptorship in Monticello, Springdale, Batesville, and Heber Springs, which combined rural clinical experience with community-based service.
In a new mentoring program, five medical students met throughout the year with a volunteer physician for guidance and support. Additionally, the directors of two student preparatory programs—M*A*S*H and CHAMPS—were assisted by thirteen rising sophomore UAMS medical students at 27 summer programs. M*A*S*H (Medical Application of Science for Health) is a statewide summer program, designed for above-average students interested in healthcare as a career. CHAMPS (Community Health Applied in Medical Public Service) is a summer program for eighth, ninth, and tenth graders desiring a healthcare career.

A required four-week family medicine clerkship was completed in an AHEC by 70% (119 of 169) of third year medical students. Senior medical students completed 21 acting internships, 29 primary care requirements, and 11 other electives through an AHEC for a total of 244 weeks of training in FY2012.

The Center for Rural Health co-sponsors a Family Medicine Interest group for medical students expressing an interest in family medicine or rural health. Activities to engage medical students with rural practices are held throughout the year, including suture clinic, medical imaging tutorials, and community service projects to elementary schools through “Tar Wars,” a project teaching about the dangers of smoking and tobacco use.

The Center for Rural Health also provides support for the six fully accredited AHEC Family Medicine residency programs and one UAMS Family Medicine residency program. Among the College of Medicine’s Class of 2012:

[1] 14% of the class (18 of 135) were accepted for training in Family Medicine residencies
[2] 56% of the Family Medicine group (10 of 18) were accepted for training in an AHEC Program
[3] 44% of the Family Medicine group (8 of 18) are going out of state.

A total of 153 medical residents trained at the AHECs in FY2012. Of the 48 graduating AHEC residents, over 60% will practice in the state, with two remaining as faculty at the AHECs.
Blanchard Springs
DIVISION OF RESEARCH AND PRACTICE IMPROVEMENT
IMPROVING QUALITY IN PRACTICE THROUGH RESEARCH

The Division of Research & Practice Improvement (DRPI) of the Center for Rural Health was started in July 2009 to increase research among the Area Health Education Centers (AHECs) and to strengthen health practices among medical residents and clinical faculty. DRPI programs include:

REGIONAL PROGRAMS RESEARCH

The AHEC Pilot Research Program provides funding for research projects to improve the health of patients throughout the AHEC system. In eight of the ten currently approved pilot studies, AHEC-based UAMS faculty share the Principle Investigator role in a collaborative manner with a campus-based UAMS faculty member. This collaboration among faculty has resulted in more productive studies that have scientific merit, respond to patient issues, and can be applied directly to patient care.

ARKANSAS PRACTICE-BASED RESEARCH NETWORK (APBRN)

APBRN was formed in 2010 to improve patient care in family medicine settings by translating clinical research and assisting primary care practice sites with clinical research studies. APBRN members include 21 clinicians at 16 sites: five AHECs, eight Community Health Clinics, one Hospice Center, one acute care Medical Center, and the UAMS Center for Primary Care. The APBRN membership has broad research interests, with emphasis on Arkansas’s chronic diseases, and will capitalize on this interest to generate collaborative studies among the APBRN membership, as well as the AHEC- and UAMS-based faculty.

www.ruralhealth.uams.edu/centerforruralhealth
CONTINUING MEDICAL EDUCATION (CME)

Through Grand Rounds, the Center for Rural Health provides continuing medical education (CME) for physicians, medical residents, fellows, and other healthcare providers. The Center for Rural Health, through DRPI, seeks to promote excellence and quality in clinical care and provide information on scientific advances in medicine. Eleven CME programs provided quality national CME speakers for 560 healthcare professionals attending on site or through video transmission. Covered topics included: Health Literacy, Patient Centered Medical Home, Community Resources, Diabetes, Disease Transmission and How Infection Spreads, Hospice and Palliative Care, Health Disparities, and HIV.

QUALITY IMPROVEMENT (QI)

A “Quality Improvement” (QI) program for chronic diseases was initiated at AHECs, with AHECs meeting guidelines for Meaningful Use and Patient Centered Medical Home requirements (see below). Successful implementation of new prescription, messaging, and patient care programs standardized clinical data in FY2012 at AHECs, improving quality of care. Quarterly reports on QI initiatives are generated for faculty, medical residents, and key decision makers. As part of the upgraded Electronic Medical Record (EMR) technology, standardized patient encounter forms have been adopted for translational research, which improve quality of care for patients with chronic illness, and improve implementation of evidence-based preventive interventions.
MEANINGFUL USE (MU)

The Center for Rural Health trained AHECs to integrate Meaningful Use (MU) Requirements during FY2012. “Meaningful Use” is using certified electronic medical record (EMR) technology to maintain privacy and security of patient health information while improving care coordination and patient health. The Center for Medicare & Medicaid Services (CMS) provides a financial reimbursement incentive for physician and hospital providers who become “meaningful users” of EMR by 2012, with full compliance required by 2015.

PATIENT CENTERED MEDICAL HOME (PCMH)

The “Patient Centered Medical Home” (PCMH) is a team-based healthcare delivery model led by a physician that provides comprehensive, continuous medical care to patients with the goal of obtaining maximized health outcomes. Implementation and evaluation of PCMH, the healthcare model being introduced across Arkansas, involves production of standard Quality Improvement reports, including quarterly clinical outcome reports for specific chronic diseases and prevention outcomes. Six PCMH/QI Coordinators are based at each AHEC site with a medical residency program or clinic, and work closely with UAMS to achieve federal PCMH/QI requirements. The six coordinators serve at AHECs located in Jonesboro, Pine Bluff, El Dorado, Texarkana, Fort Smith, and Fayetteville/Springdale.

www.ruralhealth.uams.edu/centerforruralhealth
CAREMANAGER

Introduced in FY2012, CareManager, a patient registry system for chronic disease, allows AHECs to develop and implement a new quality improvement system for chronic disease management. CareManager allows ongoing communication with standardized reports among healthcare teams, improving disease management and planning for prevention of disease progression and complications. The “Disease Scorecard” letter, a CareManager communication tool, is sent to AHEC patients for pre-visit planning, to educate patients on current disease status, and to encourage patients to become more involved in self-management of disease. This pre-visit planning allows healthcare providers to focus on treatment management and patient education during the office visit.

PATIENT PORTAL

Patient Portal enables online health services and education for patients, such as e-visits, patient enrollment, and access to earlier patient health forms and test results, all of which enhance patient-centered care.

ACADEMIC FELLOWSHIP

The AHEC Academic Fellowship is a one- or two-year fellowship designed for physicians, pharmacists, and those with doctorate degrees who teach at least 50% of the time. The fellowship 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 while supporting dedicated time to the fellowship studies. In FY2013, the program
will host five Fellows, four from AHECs and one from the UAMS Department of Family and Preventative Medicine, an increase from the two fellowships offered in FY2012.

INFORMATION TECHNOLOGY

Implementation of Patient Portal, CareManager, and other technological programs, such as CPS 10 and CQIC Forms, has been completed. Implementation of Automated Clinical Messaging and Immunization Registry is scheduled. These changes have resulted in better workflows and processes for meeting PCMH and MU guidelines.

GRANTS

DRPI administers a $2.6 million U. S. Health Resources & Services Administration (HRSA) Residency Training Grant for developing PCMH curricula for medical residents, and a $60,000 IMPACT (Infrastructure for Maintaining Primary Care Transformation) grant from the Agency for Healthcare Research and Quality (AHRQ) to assist with building a PCMH infrastructure across Arkansas.
Healthcare accessibility in Arkansas has received a facelift in recent years through new technologies collectively referred to as “Telehealth,” which is the use of real-time, interactive video that connects patients and their healthcare providers to distant specialists for assessment, consultation, treatment, follow-up, and education. The Center for Distance Health and the Center for Rural Health have been pioneers in the implementation of these technologies in Arkansas.

Through the Center for Distance Health, over 400 healthcare facilities in Arkansas will receive Telehealth technology in their offices, with the capacity to connect to partners across Arkansas, including the state’s only health department, only academic medical center and the state’s largest hospitals.

The Center for Rural Health now has the capacity through Arkansas’s statewide Telehealth network to partner with diverse healthcare groups throughout Arkansas’ small rural communities. This is an emerging technology and new clinical and educational services are being launched every day on this network to meet the needs of Arkansas’s rural populations.

UAMS oversees 483 hours of interactive video daily and is the centralized management and scheduling service to the state’s healthcare broadband activities. In 2011-2012, the Center for Rural Health transmitted over 476 programs of continuing education to 5,973 participants.
Mount Magazine
The Center for Rural Health conducts research and reports on the status of the healthcare workforce in Arkansas. Statewide surveys of vacancies have been published in 2003, 2008 and 2011. These may be viewed at www.ruralhealth.uams.edu/centerforruralhealth under Publications and Reports. These studies report vacant jobs that presently exist in Arkansas’s healthcare facilities, and projects vacancies that will exist in five years, for 90 health disciplines.

Arkansas is facing a growing shortage of healthcare workers, which is expected to worsen as baby boomers retire. A growing aging population, along with increased ethnic minority populations, will increase demand for healthcare services that will include care for chronic diseases and medication management. There will be fewer uninsured patients as a result of healthcare reform initiatives, which will contribute to an increased demand for health care.

Additional factors contributing to the shortage of healthcare professionals include unfavorable work environments; more satisfying alternative job opportunities; financial constraints with the current recession; and limitations in faculty, laboratory space, and clinical training sites for health education programs.

Rural Arkansas averages only 78 primary care physicians per 100,000 people, compared to 130 per 100,000 persons in urban Arkansas. The greatest disparity is seen in Delta counties where there are only half as many primary care physicians per 100,000 people as in urban counties. Currently in Arkansas there are 282 vacancies for family practice physicians and a projection in the next five years of 473 vacancies for family practice physicians.

The knowledge of current supply and distribution of physicians in Arkansas is fundamental to effective planning and construction of health policy, allocation of state and federal funds, and decision-making regarding education and recruitment of physicians.

The Center for Rural Health will continue to monitor the healthcare workforce in Arkansas and report on the impact in rural Arkansas.

www.ruralhealth.uams.edu/centerforruralhealth
The Center for Rural Health Data Resource Management Program is responsible for overseeing policies, practices and procedures to manage all data that is generated statewide for the Center for Rural Health and for eight Area Health Education Centers. As applications have moved more into real-time and more interactive, the management of policies and processes must be well defined to meet users’ needs. Data is tracked and reported for all non-clinical program activities and outcomes. An average of 500 records are entered into the Area Health Education’s statewide database by the eight Centers each month via an online interface, with historical data holding more than 40,000 records dating back to the first graduates from the family medicine residency programs in 1978. These records are maintained in a central data server in Little Rock, from which the tracking and reporting of program activities and outcomes is generated.

In addition, data is collected for statewide continuing medical education programs in a database that contains 70,000 participants’ records and evaluations. Providers from around the state can receive a record of all the continuing education programs they have completed through the UAMS Center for Rural Health. The number of outreach programs that take place and the number of health career “pipeline programs” that the UAMS Division of Regional Programs provides is collected, as well as the number of individuals participating in the programs. This record provides the Area Health Education Centers and the Center for Rural Health a picture of activities for these programs.

A Physician and Provider Placement database collects practice opportunities available in Arkansas and allows interested health facilities to place job openings in the database for a matching opportunity for both the job-seeking provider and the health facility.

A statewide interactive database that collects all activities that UAMS is conducting by county is available for employees to view. UAMS Colleges and departments list activities, and an interactive map provides a listing of the events taking place in a specific county by “clicking” on that county. The web address for UAMS employees to access statewide activity data is: http://secure.uams.edu/StatewideActivities/
Spring River
Rural Health Policy Program

The Rural Health Policy Program in the Center for Rural Health provides information and analysis on the disparities, needs, and opportunities in rural Arkansas. A primary objective of this program is to facilitate dialogue among organizations working in rural Arkansas and help policymakers understand the effects of policies and programs on rural communities in our state.

The Rural Health Policy Program was started in January 2012 and serves as a source of information and analysis regarding various perspectives of rural health. Activities include research, policy analysis, dissemination, conferences, and outreach to rural communities.

Much of the work of the Rural Health Policy Program is conducted through partnerships with organizations that have an interest in the rural areas of Arkansas. Since January the Program has:

[1] Convened 40 partner organizations to build and maintain diverse multi-sector collaborations

[2] Conducted 15 community focus groups to assess rural health challenges in small communities

[3] Collaborated with the Clinton School of Public Service to provide Field Service Experiences for four graduate students

[4] Hosted a conference for Clinton School students to present research findings from their Rural Community Focus Group health status project


www.ruralhealth.uams.edu/centerforruralhealth
RURAL HEALTH RETREAT

CHALLENGES AND APPROACHES FOR A NEW DECADE

In June 2011, the Center for Rural Health hosted the first annual retreat to address challenges and solutions in rural healthcare. Arkansas’ rural communities have been responding to an increased burden of chronic disease, an aging population, and workforce shortages. In 2014, it has been reported that 250,000 more Arkansans will be added to the Medicaid roll, which urgently compels the Center for Rural Health to address the certain, imminent challenges to ensure this population receives the health care they need. Participants in this retreat contributed much insight into these problems, with active discussions on what solutions are possible. All were dedicated to finding innovative, quality care for their communities. The following findings resulted.

[1] The Patient Centered Medical Home was seen as a model that addressed many issues but some modifications may be needed for small practices

[2] Most participants agreed nurse practitioners and care teams must play a prominent role

[3] Rural networks of care need to collaborate and work with each other as well with UAMS and other urban areas

[4] Greater use of telemedicine should be implemented

[5] Support systems are needed to assist rural EMR implementation

[6] Rural area needs should be considered in developing the insurance exchange

[7] 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**


Consortium for Longitudinal, Integrated Curricula (CLIC), Global Community Engaged Medical Education Muster 2010, “Incorporating Student Continuity Clinic into the Junior Curriculum: A Pilot Project,” Joanna M Thomas, MB ChB FAAFP; Patricia J Edstrom, MEd; Ronald Brimberry, MD; Mark Thomas, MD, Rowland Flat, South Australia, presented by Joanna Thomas, October 20, 2010.
Presentations

Mengel, M. Updates from the FASD/Alcohol Use Literature with Kevin Rudeen, Ph.D. Presented at the MRFASTC Booster Session in St. Louis, Missouri, March 24, 2011.

Mengel, M. Leadership: Personal Styles and Organizational Effectiveness, with Keith Frey, M.D., Judith Pauwels, M.D., and Lou Sanner, M.D. Presented at the RPS Pre-Conference, American Academy of Family Physicians, Kansas City, Missouri, April 2, 2011.


Irwin, C. Addressing Disparities Through an Organizational Health Literacy Intervention in Clinical Practice. Oral presentation at the Arkansas Nurses Association 2011 Convention, Rogers, AR, October 27, 2011.

Irwin, C. “Impact of School Telehealth on Access to Medical Care, Clinical Outcomes, and Cost Savings Among Children in Rural Arkansas.” Oral Presentation at the 20th Annual Nursing Excellence in Leadership and Evidence-Based Practice Conference, University of Arkansas, Fayetteville, April 4, 2011.


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