

# ACCESS

Newsletter of the Nebraska Office of Rural Health,  
Nebraska Department of Health & Human Services,  
Division of Public Health  
and the Nebraska Rural Health Association  
for all rural health stakeholders  
Issue 57, February 2010

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## How big a role for information technology in health education?

by **David Howe**

How big a role for information technology in health education?

Much of today's education in healthcare professions comes with a dose of health information technology (HIT).

Technologies such as patient electronic health records (EHRs), Two-way Interactive Video (TWIV) for instruction and remote consults, and digital radiography for electronic transfer of images come with at least some of the coursework leading to everything from certificates to doctorate degrees in healthcare professions.

That picture emerges from an informal survey of more than a dozen Nebraska post-secondary education institutions that offer healthcare education—including public and private colleges and universities and community colleges.

The survey asked how big a role HIT efforts play in recruitment, course offerings and course design at those institutions. Respondents could choose from among three levels: plays virtually no role, plays somewhat of a role, and plays a significant role. Four of the 13 institutions who responded to the survey reported a significant role, while eight reported somewhat of a role. Only one respondent reported "virtually no role" for HIT in its educational efforts.

Health information technology's ability to move large amounts of information rapidly, efficiently, and accurately is viewed by many in the health field as a route to higher quality of care.

Advances in and adoption of HIT by the healthcare industry are part of an effort to make healthcare more accessible to rural areas, bringing better or more healthcare services to rural areas than would otherwise be possible. And, it provides opportunities for students in non-metropolitan communities to access certain healthcare education without having to leave those communities.

For instance, the Division of Distance Education in the School of Allied Health Professions at the University of Nebraska Medical Center (UNMC), offers a number of degree advancement programs. Most of those programs "allow working health professionals to advance their academic credentials while continuing to remain in their communities and work in their profession," said Dr. Gregory Karst, Assistant Dean for Academic Affairs in the School of Allied Health Professions.

Virtually all of the institutions who responded to the informal survey recounted ways that they incorporate HIT into recruitment, course offerings, and course design.

Jessica Tschirren, Coordinator of Public Health Education in the UNMC/UNO Master of Public Health Program, said students in that program are offered courses in public health informatics. All core and concentration coursework of the Masters Public Health Program is offered

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via Internet Protocol Video (IPV) and the telehealth networks to receptive sites in outstate Nebraska, according to Tschirren.

At UNMC's College of Dentistry, Associate Dean Dr. David Brown reported that "We are completely digital for X-rays throughout the college. We are slowly implementing paperless EHRs (electronic health records) and expect to be completely paperless by next fall."

Among other ways the College of Dentistry has incorporated HIT into its educational programs is use of the Internet for real-time continuing education courses and, for the past several years, transmission of live distance learning classes from Lincoln to Omaha and Gering,

"We are making new connections and increasing our instruction and focus on telehealth," Brown reported. "We hope to end up with an affiliated network of community-based dental offices such that no one in Nebraska is further than a 90-minute drive from an affiliated office where they can seek dental care and/or a telehealth consult from a specialist at the college."

Sarah Thompson, Associate Dean, Academic Programs, at the UNMC College of Nursing, said: "Students use electronic medical records in numerous aspects of training." They use simulation throughout many aspects of the program, and some students and faculty use telehealth networks.

Another example of the growing emphasis on electronic medical records can be found at Bryan LGH's College of Health Sciences in Lincoln. The college's interim president, Dr. Elizabeth MacLeod Walls, said electronic medical records "play a significant role in courses" at the college. "With the opening of a new Center for Excellence in Clinical Simulation this spring semester, the College will utilize electronic medical records on a greater scale," she added.

At Nebraska Wesleyan University, which offers Registered Nurses Bachelors of Science

or Masters of Science in nursing, Asst. Prof. Kathy Corbett said student assignments are on Blackboard, an e-education platform that enables educators and students to connect electronically. "Several of Nebraska Wesleyan's BSN courses have online components to help adult students seek a degree while maintaining a work and home life balance," she added.

Corbett previously worked in a rural setting in Missouri, which utilized tele-radiology and tele-consults, as well as distance cardiac monitoring from Trenton, Mo., to Kansas City. In Nebraska, she has worked with the Two-Way Interactive Video system that links all Nebraska hospitals for meetings and educational offerings.

"Information on these technologies is shared with students to facilitate discussion regarding the potential to develop enhancements for rural health," she reported.

Through what the state's community colleges call "articulation agreements," a number of courses—including healthcare education courses and healthcare information technology—not offered at one of the campuses are accessible online from another community college in the system.

At Northeast Community College in Norfolk, about 10 percent of the student population is participating in healthcare-related programs, reported John Blaylock, Vice President of Educational Services at the college. Northeast Community College's nursing program—including a new nursing facility in conjunction with UNMC—"does some training in the HIT area," he said. However, HIT courses, specifically, represent a "very small portion of the overall student population," he added. One such program is Health Information Management Services (HIMS), available through a joint agreement with other community colleges in the state, according to Blaylock. Under joint agreements, a student in a field of study for which not all of the required course work is available at one community college can transfer to another community college in the state for completion of the

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required coursework, which is available online.

"HIMS (Health Information Management Systems) is one of the fastest growing programs at Metropolitan Community College in Omaha," says Thomas Pensabene, Dean of Information Technology and e-learning at the college.

Susan Noler, Dean of Health Sciences at Southeast Community College, said SCC is in the process of reviewing proposals to incorporate electronic health record software into its health programs. It's already providing training in digital radiography, which allows electronic transfer of images. "Seven out of 13 health programs are available online through SCC," she said.

Patricia Allison, at Mid-Plains Community College in central Nebraska, said the college offers nursing programs utilizing ITV (Interactive Television) and local clinical instructors "to bring education to our healthcare students throughout our college areas. Electronic technology is definitely a method to enhance rural healthcare," said Allison, Area Vice President for Educational Services and Student Development.

"We use EMRs (electronic medical records) in a classroom setting for Health Information Management Systems and Medical Assisting through virtual lab software," said Marcie Kemnitz, Dean of Health Occupations at Central Community College at Hastings. That allows the college's health programs access to its rural students, she said.

Central Community College's nursing program has a Nursing Informatics course that also discusses the role of EMRs in the field of nursing, according to Kemnitz.

Nurse Informaticist is an example of a relatively new career growing up out of the swirl of electronic influence on the health field. That training includes specialization in the application of electronic technology to improve delivery of patient care.

At Western Nebraska Community College, Terry Gaalswyk, Vice President of Educational Services, said: "Rural healthcare is enhanced

through online training and career awareness programming. WNCC utilizes a virtual lab created by the American Health Information Management Association (AHIMA). Through it, students have access to electronic health records, encoder software, cancer registry software, and software to perform the various functions within the health information department." He also reported that the college collaborates with local high schools to provide HIT programming through Career Academies.

Virtually all of these higher education institutions draw on advisory boards for incorporating health information technology into their education programs. But much beyond that, most of those responding to the aforementioned survey cited at least two or more of the following sources for guidance in how they address information technology in their healthcare educational programs:

- Professional organizations and professional publications to help faculty and administration identify trends and needs for programming. Examples include the Institute of Medicine (IOM), National League for Nursing (NLN), and Health Resources and Services Administration (HRSA).
- Faculty attendance at professional development activities that facilitate an understanding of emerging technologies in their industry.
- Accreditation organizations, such as the Commission on Accreditation for Health Informatics and Information Management (CAHIM) and the American Health Information Management Association (AHIMA).
- Surveys of employers of healthcare graduates and of alumni and workforce development surveys.
- Changes that instructors see in clinical settings, where students are getting hands-on experience. □

**Save the Date!**  
**2010 Nebraska Rural Health Conference**  
September 16-17, 2010 - Kearney, NE  
Info: [www.RuralHealthWeb.org](http://www.RuralHealthWeb.org)

## **CMS and ONC issue regulations proposing a definition of 'meaningful use' and setting standards for electronic health record incentive program**

The Centers for Medicare & Medicare Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) encourage public comment on two regulations issued today that lay a foundation for improving quality, efficiency and safety through meaningful use of certified electronic health record (EHR) technology. The regulations will help implement the EHR incentive programs enacted under the American Recovery and

Reinvestment Act of 2009 (Recovery Act).

A proposed rule issued by CMS outlines proposed provisions governing the EHR incentive programs, including defining the central concept of "meaningful use" of EHR technology. An interim final regulation (IFR) issued by ONC sets initial standards, implementation specifications, and certification criteria for EHR technology. Both regulations are open to public comment. □

## **National coordinator for health IT announces new health IT workforce grants**

National Coordinator for Health Information Technology, David Blumenthal, M.D., M.P.P., recently issued a message announcing the availability of two additional grant programs to support the training and development of the skilled workforce required to support broad adoption and use of health information technology (health IT). These programs are titled Information Technology Professionals in Health Care: Program of Assistance for University-Based Training Programs (University-Based Training Program) and Information Technology Professionals in Health Care: Competency Examination for Individuals (Competency Examination Program).

Authorized by the American Recovery and Reinvestment Act, the grants will work to help strengthen and support the health IT workforce. The new grant programs will award \$32 million to establish university-based certificate and advanced degree health IT training programs and \$6 million dollars to develop a health IT competency examination program. These awards, together with the previous announced \$80 million in workforce program grants (Community College Consortia on Nov. 24, 2009, and Curriculum Development Centers on Dec. 15, 2009), recognize the critical importance of developing a well-trained health IT workforce to support the adoption and meaningful use of health IT. □

### **MARK YOUR CALENDARS**

#### **Nebraska Rural Health Advisory Committee**

February 26, 2010 - 1:30 p.m. - Lincoln, NE

#### **Rural Medical Educators Conference**

May 18, 2010 - Savannah, GA

#### **2010 National Rural Health Association Annual Conference**

May 18-21, 2010 - Savannah, GA

#### **Medication Use in Rural America Conference**

June 16 - 18, 2010 - Kansas City, MO

#### **2010 Annual Nebraska Rural Health Conference**

September 16-17, 2010 - Kearney, NE  
[www.RuralHealthWeb.org](http://www.RuralHealthWeb.org)

#### **Quality and Clinical Conference**

July 21 - 23, 2010 - Portland, Maine

#### **Rural Health Clinic Conference**

Sept. 28 - 29, 2010 - Kansas City, MO

#### **Critical Access Hospital Conference**

Sept. 29 - Oct. 1, 2010 - Kansas City, Mo.

#### **Rural Multiracial and Multicultural Health Conference**

Dec. 1 - 3, 2010 - Tucson, AZ

## Nebraska Statewide Telehealth Network receives grant

The Nebraska Statewide Telehealth Network (NSTN) has recently been awarded \$245,000 by the Department of Health and Human Services Health Resources Administration (HRSA) for expansion of services. HRSA has also recommended an additional \$450,000 total between September, 2010 and August, 2012 for continuation of this project.

The NSTN is a collaboration of over 100 hospitals, health departments, mental health centers and rural health clinics across Nebraska that provide real time two-way video conferencing for the provision of patient care, education and administrative meetings. The grant funding will allow the NSTN to further expand teletrauma capabilities and provide videoconferencing equipment for physician offices.

“The grant really builds upon the past success of the Network, which is one of the most comprehensive in the nation in terms of the number of health care agencies involved,” said Laura J. Redoutey, FACHE, Nebraska Hospital Association President. “This grant will allow the NSTN to provide more hospitals with videoconferencing capabilities in their emergency departments, enabling them to interact with their colleagues at the American College of Surgeons verified trauma centers and other hospitals as they work to save patient lives. In addition, the NSTN will be able to initiate a beta program to place units directly in physician offices, allowing physicians to incorporate telehealth into their daily practice. This expansion will better serve the busy practitioner as well as provide increased access to specialty care for patients in rural areas.”

“The grant supports the NSTN’s mission to increase the quality, availability and accessibility of health care throughout the state,” stated Sally Pieper, Co-Chair of the NSTN Governing Committee. “We are excited to be able to offer this support to our members as we strive to increase specialty care for the patient close to home and make a positive impact on the continuum of care.”

Teletrauma, or tele-emergency, has been in Nebraska for four years, beginning when Good Samaritan Hospital first initiated its use with critical

access hospitals that routinely send patients to them for advanced trauma care. It has since expanded to a total of over 50 hospitals in western, central and northern Nebraska as well as all of the major trauma centers in the state and the Saint Elizabeth Burn Center. Tele-emergency is also now used for mental health patients, stroke, cardiac care, code blues, burns and other emergency services.

“The system helps the hospitals work together to enhance the care the patient receives, both at the critical access hospital and at the larger regional centers,” said Laura Meyers, Consultant to the NSTN. Karla Hosick, Good Samaritan Hospital Trauma Nurse Coordinator added, “The trauma center is able to see the patient and the wounds, visit with the local trauma team and begin preparing for the patient’s arrival more effectively so there aren’t any delays in starting care once the patient arrives at the regional trauma center.”

The grant award, along with funding secured through the 2008 Congressionally-Mandated Health Information Technology Program, administered by HRSA, will allow the telehealth network to install cameras in 22 emergency departments and 16 physician offices. The federal grants will fund 100 percent of equipment costs as well as provide a majority of the installation costs. The remaining costs will be through in-kind donations of time and personnel from hospitals. “This is exciting for Nebraska,” stated Dale Gibbs, Co-Chair of the NSTN Governing Committee. “The grant process was incredibly competitive. The award certainly underscores the success of the statewide telehealth network and the trauma system in their collaborative efforts to enhance care in Nebraska.”

The project described was supported by grant numbers H2AIT16619 and D1BIT10838 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

A teletrauma re-enactment showing use of this equipment is available via DVD and can be found at: <http://www.nomedicalresponse.com/NEMRS%20Shared%20Documents/Teletrauma/TeleTrauma%20Stream.htm>

For more information contact: Kelley Porte, Director of Communications at 402/742-8151 or [kporter@nhanet.org](mailto:kporter@nhanet.org) □

## A Nebraska EMS recognition

Nebraska's Department of Health and Human Services is among the initial states to submit data to the National EMS Database

Nebraska has become one of the initial states to provide ambulance data to the National EMS Database. "This represents a significant effort made by the Division of EMS and the local EMS providers throughout Nebraska," said Dr. Clay Mann from the National EMS Information System Technical Assistance Center (NEMIS TAC). By providing data, the EMS agencies within Nebraska are creating a way to improve ambulance services across the country. Nebraska's data will be combined with data from other states, creating a national voice that will generate better services

for the public. As Dr. Ed Racht, from Austin-Travis EMS (TX) has stated, "We are much stronger as one voice than we will ever be as many."

The process that Nebraska followed began with local EMS agencies collecting data and providing the information to the state. The state then stripped all privacy information and transferred it to the National EMS Information System Technical Assistance Center (NEMIS TAC). Valuable reports will then be created and made available to EMS professionals and the public.

Please contact Doug Fuller at (402) 471-3578 for more information. To learn more about the national program, please visit [www.nemsis.org](http://www.nemsis.org). □

### **Veterans hotline and online chat** **With Help Comes Hope**

Are you in crisis? Please call 1-800-273-TALK

Are you feeling desperate, alone or hopeless? Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Your call will be routed to the nearest crisis center to you.

- Call for yourself or someone you care about
- Free and confidential
- A network of more than 140 crisis centers nationwide
- Available 24/7

### **Suicide prevention resources:**

**Nebraska State Suicide Prevention Coalition:**  
[www.suicideprevention.nebraska.edu](http://www.suicideprevention.nebraska.edu)

**Nebraska Rural Response Hotline:**  
**(800) 464-0258.**

### **2010 Lifespan Health Services Conference**

**"Setting a Course for a Lifetime of Good Health"**

May 11 & 12, 2010

Holiday Inn Convention Center - Kearney, Nebraska

Topics Include: Healthy Weight, Genetics, Social/Emotional and Mental Health, Prevention through screening, health maintenance, NESIIS, Reproductive Health, Research Lifecourse Topics and many more

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## A Recipe for Emergency Preparedness

By Beth Beam

Once again, the University of Nebraska Medical Center (UNMC) is home to HEROES – and it's offering to share those heroes across the state.

These particular “heroes” come in the form of a project titled Healthcare and Emergency Responder Organization Education through Simulation (HEROES).

UNMC's College of Nursing wrote a 2005 grant to develop high fidelity simulation experiences and interactive activities to be delivered via an Internet Web site. The modules deal with biopreparedness and public health emergencies for healthcare students and professionals.

That grant evolved into the project now known as HEROES. It has created online access to interactive instructional resources on emergency preparedness for students and providers in the local community, nationally, and internationally. The grant includes a Web site ([www.OnlineHeroes.org](http://www.OnlineHeroes.org)) and a mobile simulation unit. The mobile simulation unit supports healthcare educators, hospitals, and organizations with interactive, hands-on learning activities.

### **What types of activities does HEROES offer?**

While there are many options for learning activities, here are a few ideas:

- 1) Mass Casualty Triage Simulation. This activity is done with groups of 30 or more to simulate a disaster scenario. Some participants act as victims, others as the rescue team. The victims are given symptom tags, and the responders must categorize them as a very “real” experience. The simulation takes about 90 minutes, including set-up and debriefing. This simulation has been a success with nursing and EMS students, Medical Reserve Corps volunteers, and professional nursing organizations.
- 2) Mock Code. This activity is good for ad-

vanced responders who give patient care. We use a high-fidelity human patient simulator to practice airway and advanced cardiac life support skills. This material can be tailored to meet the needs of the audience (anything from new nursing students to seasoned paramedics and physicians) in most any environment (ambulance, helicopter, or classroom). HEROES has practiced mock code skills with the Nebraska State Student Nurses Association, Regional West Medical Center/Air Link, and the Fort Calhoun Fire Department to name a few.

- 3) Decontamination. This activity is for hospitals providing care for patients who might be contaminated by radioactive or chemical agents. HEROES will assist with decontamination stations to review content or provide victims and scenarios for an exercise. HEROES has reviewed decon skills with critical access hospitals in Imperial, Wahoo, and Minden.

### **What if my hospital isn't ready for a full scale drill or exercise?**

The HEROES team will work with you to plan an activity that is appropriate for your staff. Our support is flexible to your needs. Has your decontamination tent gotten dusty in the closet? No problem. We'll get it out and give you some manikins to practice with. As you use the equipment for some “real” victims, we can identify learning issues and update your protocols.

### **What does it cost to work with HEROES?**

All services related to HEROES are free. The only cost is reimbursement for travel and lodging (if needed). HEROES does travel across the state frequently, so please contact us on the HEROES website or call Beth Beam at (402) 559-6547. If we can make more than one stop on a trip and share the expenses, the costs can be reduced significantly. □

## 2010 Annual Nebraska Rural Health Conference

Mark your calendars for this year's annual Nebraska Rural Health Conference which is scheduled for Thursday and Friday September 16 and 17, at the Holiday Inn Convention Center in Kearney Nebraska.

The annual conference provides, for our partnership, a forum to address rural health concerns and to develop and promote effective solutions at the local, state and national levels. This year the conference will cover key issues ranging from national trends impacting rural health, such as workforce shortages, health care reform, health information technology impacts, the medical home model, behavioral healthcare reform and EMS transportation.

This year's keynote speaker, Joe Tye, is nationally recognized. He is a dynamic and entertaining speaker with the vitally important mission of helping people re-spark the spirit of purpose in their work and the spirit of adventure in their lives. He is also author of the book, ***The Florence Prescription: from Accountability to Ownership***. This is an engaging story that outlines eight essential characteristics of a culture of ownership: commitment, engagement, passion, initiative, stewardship,

belonging, fellowship and pride. These are also the essential qualities for a meaningful and rewarding work experience.

Another keynote speaker will be Maggie Elehwany, Government Affairs and Policy Vice President of the National Rural Health Association. Maggie will report on the latest from Washington D.C. on health care reform as it affects rural areas/professionals. President Obama and Congress continue to work on developing a plan to provide affordable, accessible health care for all Americans that builds on the existing health care system and uses existing providers, doctors and plans to implement the plan. What will this really mean for rural health? Maggie will help us to sort it all out.

Mark your calendars for September 16-17, 2010, then visit the Nebraska Rural Health Association web site [www.nebraskaruralhealth.org](http://www.nebraskaruralhealth.org) for more information as the conference continues to be developed. For more information regarding sponsorship or being an exhibitor contact the conference coordinator, Melissa Beaudette at (402) 421-7995 or [mbeaudette@mwhc-inc.com](mailto:mbeaudette@mwhc-inc.com) □

## Providers don't need to go it alone on HIT

by David Howe

Maybe you're familiar with that wireless phone company's ad, where an army of people standing in the background is ready to back up any service need a client has.

It's a bit like that for Nebraska healthcare providers who are either wading into health information technology or are about to do so. Think of healthcare providers as health information technology (HIT) customers. They have an "army" standing behind them, in a manner of speaking. That army includes the Nebraska Information Technology Commission (NITC), Nebraska Health Information Initiative (NeHII), Nebraska Statewide Telehealth Network, regional health information organizations, and a regional health IT extension center, according to Anne Byers, Community IT

Manager for the NITC.

It's an army that includes healthcare providers, legislators, public policy specialists, administrative personnel, payers, researchers, and educators who participate in the aforementioned organizations. They stand ready to help Nebraska's healthcare providers with the process of adopting HIT, such as interoperable electronic medical records (EMRs).

At the Nebraska Rural Health Association annual conference in Kearney last September, Byers described how this army of collaborators is coming together to help the state move toward EMRs — and help them qualify for federal stimulus funding under the American Recovery and Reinvestment Act (ARRA) of

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2009. (See November **ACCESS** newsletter article titled “Rural Hospitals Face Steep Curve on Health Information Technology.”)

Byers explained that NITC is the state’s information technology advisory body. It’s chaired by Lt. Gov. Rick Sheehy and has advisory groups on community issues, education, state government, geographic information systems and eHealth as well as a technical panel.

The NITC created the eHealth Council. The council’s role, the NITC states, is to “foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors and to encourage communication and coordination among eHealth initiatives in Nebraska.”

The eHealth Council is developing the state’s eHealth Plan, which will map out how the state will achieve “meaningful use” through a statewide health information exchange, Byers said. (The plan, which is revised on a continuing basis to accommodate changes in health technology developments, can be viewed at [www.nitc.nebraska.gov](http://www.nitc.nebraska.gov)).

“Meaningful use” is a specific term describing a level of HIT implementation that qualifies for federal stimulus funds intended to encourage adoption of health information technologies. The timeline, which begins in 2011, to achieve meaningful use and qualify for HIT stimulus funding incentives is “aggressive,” Byers said.

The eHealth Plan developed by the NITC’s eHealth Council lays out the state’s vision,

goals and objectives for HIT implementation by the state’s healthcare providers.

Byers said providers, consumers, and payers are winners in HIT adoption. All providers and consumers will need to participate to make it happen, she said.

Nationally, progress has already been made in standards and certification of electronic medical records. Nebraska hasn’t exactly been sitting on its hands, either, when it comes to HIT. Nebraska has two model health information exchanges: the Southeast Nebraska Health Information Exchange and the Nebraska Health Information Initiative. Two other health information exchanges—the Southeast Nebraska Behavioral Health Information Exchange and the Western Nebraska Health Information Exchange — are in development, Byers said. The Nebraska Initiative will act as an integrator, connecting the state’s regional and specialty health information exchanges and providing a connection to the National Health Information Network, she added.

The eHealth plan will map out how the state will achieve meaningful use through a statewide health information exchange, she said. A State Health Information Exchange Cooperative Agreement Program will, among other things, provide \$6.8 million to Nebraska to support health information exchange.

The plan, she said, will leverage the State HIE Cooperative Agreement Program and other programs, including: regional health IT extension centers; Medicaid and Medicare incentives; workforce development programs; broadband programs. □

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**If you have any questions, please e-mail [Ann.Larimer@nebraska.gov](mailto:Ann.Larimer@nebraska.gov).**

## The “new” rural (community) paramedic

By Bill Raynovich, Creighton University

In 1992, Mikel A. Rothenberg, MD, delivered the opening keynote address at the EMS Today Conference in Albuquerque, New Mexico. He mesmerized the 2,000 EMS responders as he commanded the stage in his brilliant Hawaiian shirt sharing his vision of the paramedic of the future. In 10 years, he said, he foresaw paramedics arriving at the home and checking the patient out – by doing a 12-Lead EKG, an X-ray, a blood chemistry panel, and ordering a nitroprusside drip and scheduling a revisit for the next day. They would then go on the next call and provide diabetes or alcohol counseling, and maybe refer the patient to a local medical clinic, or a physician’s office.

Yes, the mid-level paramedic would be arriving soon, by 2002. It was an inspiring presentation, and it kicked off a surge of pilot projects and studies. The most famous of them over the next decade would be the “Red River Project,” in Taos County, New Mexico. That project proved to be successful for five years, from 1995 through 2000, showing that the general public would accept care by paramedics working as mid-level primary care providers.

Despite the success of the Red River Project, a number of concurrent studies in other cities, along with an evaluation of the Red River Project that was done by a team at the University of New Mexico School of Medicine Academic Department of Emergency Medicine, raised a number of questions and concerns about paramedics filling the roles of mid-level providers. These included issues about patients being lost to follow up, physicians prescribing antibiotics for patients that they would never see, third-party billing, and issues about the quality and levels of care that were provided. Many in health care would then question the need for another mid-level provider, given the widespread successes and acceptance of Physician Assistants and Nurse

Practitioners. Weren’t Expanded Practice Paramedics just another redundant care provider?

The shortage of rural health care services today has answered that question with a hard dose of reality. Great expanses of the United States are rural and frontier (remote) that often have thousands of only EMT’s, residents living with no physicians, nurses, dentists, pharmacies or other health care providers within 25 or more miles. Many of those communities are unable to attract physicians, nurses, dentists and pharmacists, let alone the myriad other licensed health care professionals that serve urban and affluent suburban communities. However, every one of those communities has access to an EMT or a paramedic. The Community Health – Paramedic has reemerged to fill that critical gap in service.

A comprehensive national curriculum has been developed. Worldwide conferences are being held. Pilot projects are in progress, including several in the United States today. And, the experiences and lessons learned from past projects are being evaluated and addressed in a new way. The current curriculum has been developed modeled after the Red River Project, the US military corpsman (medic), the Alaskan Community Health Aide Practitioner Curriculum, and others around the globe. While EMS has formalized into a national standard of care with defined roles and responsibilities, the one primary and absolute guiding principle for all EMS may need to be reconsidered: ***Is it absolutely necessary for EMS to transport every patient to a 24-hour licensed hospital as the only acceptable outcome for an EMS response? Is EMS a health provider or transport specialist?*** This concept is on the table, and EMS around the world may be about to change!

For more information, contact Bill Raynovich at [billr@creighton.edu](mailto:billr@creighton.edu). □

## Integrating EMS into health care: the community paramedic model

Colorado, like other states, faces challenges when it comes to providing primary care and public health in rural areas. Additionally, many rural areas of the State are hampered with the "Paramedic Paradox." The Paramedic Paradox is described as having too many Paramedics in urban areas, and not enough in rural areas where patients would benefit from the higher level of care a Paramedic could provide. This paradox and the concurrent need for primary care and public health recently collided while a team was evaluating the EMS system in the San Luis Valley, Colorado.

They have been acutely aware of the health care reform debate and how EMS would fit that future model. Further, Chris Montero benefited from the knowledge of Mr. Gary Wingrove from the Mayo Clinic. He presented the idea of creating Community Paramedic systems in the United States last fall at EMS Expo in Las Vegas. At that time Chris had no idea how it would fit into a small community in Western Eagle County, Colorado.

In February of this year, after that fateful day in the San Luis Valley, the Community Paramedic model will be born and utilized by the community. For the past two years they have been trying to integrate with public health by partnering with them to provide more prevention and other unique health activities. The community paramedic model offers a small promise that could radically change how we provide EMS, provide funding for personnel, provide for a healthier community and partner with primary care and public health in our community.

The Community Paramedic Pilot initiative is a partnership with Western Eagle County Ambulance District (WECAD), Eagle County Public Health Department, Colorado Rural Health Center, and the primary care providers in our community.

For more information on this model, contact Christopher Montero, Chief, Western Eagle County Ambulance District, (970) 328-1130 or [cmontera@wecadems.com](mailto:cmontera@wecadems.com) □

## Nebraska rural health clinic "bits and pieces"

**By Janet Lytton, Director of Reimbursement  
Rural Health Development**

We are all getting started into a new year and wondering what is to come for us in the RHC program. There are several proposed regulations on the Federal level that no definitive action has been taken to date. Both the NRHA and NARHC continue work hard to get the capped rate for IRHCs and PBRHCs of hospitals with 50 beds or more increased to \$92 per visit. At this point it is unknown when and if this proposed rate will be approved. For 2010, the IRHC rate is \$77.76, a 1.2% increase over the 2009 payment limit. All RHCs are encouraged to visit with policymakers to try to get this approved.

There are some management issues that all RHCs need to be aware of. One of most importance is that all providers that complete cost reports to FIs or MACs are required to obtain their PS & R (Provider Statistical & Reimbursement) report from the IACS system. This can be a very difficult and time consuming to get set up to be able to download your report. Information on this is

at <http://www.cms.hhs.gov/IACS/>. Even though you may have completed this process make sure you continue to access it periodically in order to keep your logins and passwords current.

Nebraska Medicaid is going to the Prospective Payment System. With this payment methodology, there are no settlements to or from clinics but the Medicaid office will still need a copy of your annual cost report. More information from Medicaid is to follow soon.

There still seems to be issues with the claims going to Cahaba for patients that have past accident related claims. Clinics are encouraged to continue calling Cahaba in order to get this fixed.

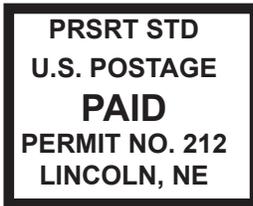
The NARHC Spring Institute will be located in San Antonio, TX, March 24 through March 26, 2010. Clinics are invited to attend as the time spent and the information received at these meetings is very worthwhile. You can get all the information at [www.narhc.org](http://www.narhc.org).

Thank you. If anyone has any questions, you can reach me by e-mail at [RHCconsultJL@hotmail.com](mailto:RHCconsultJL@hotmail.com). □



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**25-48-00**

## ACCESSory Thoughts

**Dennis Berens, Director**  
**Nebraska Office of Rural Health**

A new set of health care professionals!

There are lots of stories in the news and in our journals about the next big push in the healthcare workforce for the United States. The need for primary care professionals in our rural areas is about to take a shift because the early baby boomer health providers are nearing retirement, and we don't appear to have enough to replace them in our training programs and workforce. The next concern for me is in the area of health information technology with all of its spins and ramifications.

The Nationwide Health Information Network (NHIN) Workforce Study (Altrum 2007) estimated the workforce needed to implement NHIN nationally, over a five year implementation timeline as follows:

- 7,600 FTE for installation of Electronic Health Records for 400,000 practicing physicians who do not currently have EHR's
- 28,600 FTE for 4,000 hospitals that need EHR's

The Health Information Management workforce needs are available from the U.S. Bureau of Labor Statistics. They have employment projections for 2006-2016. The predicted needs include a 17.8 percent growth in medical records and a 30,000 increase for health information technicians. It is estimated that 76,000 jobs will be open due to growth and net replacements from 2006-2016.

The push for electronic medical records through the HITECH federal grants (American Recovery and Reinvestment Act) will also create a huge information technology workforce need. The Office of the National Coordinator for HIT has defined six different types of HIT workers for ARRA driven EHR adoption.

The categories of workers needed include:

- implementation technical support staff.
- implementation support managers.
- work flow redesign specialists.
- clinical consultants.
- software support specialists.
- trainers.

What does all of this mean for Nebraska and its many rural communities? First it should encourage educational leaders to look at their IT classes and how they could be adjusted to address the health IT needs that are here today. This may allow all community colleges to share expertise, classes and connectivity across the state.

Nebraska's public and private colleges could sit at the same table to identify how students could move freely among the educational settings to get the classes needed to meet the health IT needs of our rural health professionals. Health providers will need to identify common needs, resources and models that can be used to help the educational entities to craft the professional training needed to meet the health IT labor force.

This may sound easy, but remember that our whole society is gearing up for this information age. IT workers will be in great demand, and knowing how to talk with health providers about IT issues will require some additional training.

The great thing about living in this state is the fact that we have a state culture to pull this training off -- and to do it quickly. We have wonderful educational institutions, wonderful students, a need to enhance our health care services to care for our citizens and, most important, we all know each other. So we have the ingredients now to start the discussions. We just need to get this process going. □