

**Alabama
Rural
Health
Association**

**For the
Preservation and Enhancement of Health
for Alabama's Rural Citizens**

Communication • Education • Advocacy

ALABAMA RURAL HEALTH ASSOCIATION MEMBER'S LISTSERV NOTICE – JULY 28, 2011

The Alabama Rural Health Association supports the following action items to strengthen comprehensive primary care medical training and the location of primary care practices in Alabama's areas of need:

Expand existing pre-professional health care careers pipelines and create a coordinating office or structure to coordinate current and future pipeline activities to the extent that Alabama has a comprehensive state wide pre-professional health care careers pipeline that begins in pre-high school.

Develop pre-professional rural health honors programs in Alabama's 4 year undergraduate institutions and community colleges that produce students with in-depth knowledge/expertise regarding the health needs of Alabama's non-urban communities and citizens prior to entering professional training.

Develop medical school admission policies that target prospective students based on geography and cultural background such that each county will have sufficient manpower in the pipeline to staff and maintain patient centered medical homes capable of caring for all citizens. In cases where a medical school applicant meets the above admission criteria and is otherwise qualified with the exception of the current quantitative score minimums, create an alternative pathway of entry to medical school that includes preliminary preparation in a supportive, culturally consonant environment with performance criteria which, if met, assure admission.

Expand/create and fund medical school rural scholars programs to assure that there is a large enough cohort of medical students engaged in preparation for rural medical practice to populate the family medicine residencies in the state with at least 25 such students per year.

Promote the creation of enough Alabama family medicine residency positions, including special rural training track residency programs, to eliminate the current family medicine/primary care shortage and maintain the primary care physician workforce needed for the future.

Support expansion and increased funding of loan repayment programs that reduce student medical school debt and enhance rural physician income such as Alabama's Board of Medical Scholarship Awards rural scholarship/loan program, State of Alabama loan repayment program and Alabama's rural tax credit.

Support development and implementation of policies and programs which enhance viability such as payment reform. Encourage “Patient Centered Medical Home” development and development of recruitable communities.

Pamphlets describing this important rural health care issue and presenting these action items are available for distribution from your Alabama Rural Health Association. Please contact ARHA to obtain free copies of the pamphlet entitled *Primary Care Physician Shortage*.

The Alabama Rural Health Association supports the following action items to improve access to mental health care:

Expand the use of telemedicine and telepsychiatry in Alabama. Use of technology increases access and decreases costs while providing quality care.

The Bristol-Myers-Squibb Foundation funded a multi-year grant to improve health outcomes in nine Black Belt counties with a focus on mental health issues. The project supports telemedicine, community outreach and education, and improved collaboration between primary and mental health care providers. There are three mental health centers (Montgomery Area, Cahaba, and West Alabama), one primary care provider (Community Care Network), the National Alliance for the Mentally Ill – Alabama Chapter, the Universities of Alabama in Birmingham and Tuscaloosa, and the Department of Mental Health participating in the project. Telemedicine is being used both to increase access to psychiatric services and to improve the connection between individuals committed to state hospitals and their communities. Telemedicine equipment is used for family visits (the cost of traveling to Tuscaloosa is prohibitive for many families), to screen individuals for residential placement, and for community staff to participate in treatment team meetings at state hospitals.

Based on pioneering work done by Dr. Marsha Raulerson (pediatrician in Brewton) and Dr. Tommy Vaughan (child and adolescent psychiatrist in Birmingham with support services provided by Southwest Alabama Mental Health Center), the use of telemedicine for children and adolescent psychiatry is being expanded to other areas of the State including Cullman, Pickens, and Lowndes Counties.

There are other examples of primary care and mental health collaboration by co-locating services. The Jefferson-Blount-St. Clair Mental Health Authority provides a psychiatrist and other treatment staff to the Jefferson County Health Department Pediatric Clinic. The East Central Mental Health Authority stations a therapist one day per week at the Charles Henderson Health Center and the Rural Health Associates (a Federally Qualified Health Center).

Advocate for improved reimbursement for telemedicine initiatives

In addition to coverage for direct care provided via tele-psychiatry, reimbursement policies should also support consultation between primary care providers and psychiatrists. By improving the

coordination of care between mental health and primary care providers, patients have better health outcomes.

Integrate Primary Care and Mental Health through primary care training programs and adoption of best practices for improved collaboration between mental health and primary care. Physician understanding of current best practices within the state and nationally relative to coordination of mental health and primary care will be considered during primary care training programs. Additionally, with adequate funding, the state medical schools would be able to produce significantly more psychiatric and primary care residents. Growing our own practitioners is a preferable alternative to attracting out-of-state physicians, particularly so given the lack of reciprocity with other states for licensing of psychiatrists.

The Alabama Coalition for a Healthier Black Belt project, the expansion of access to child and adolescent psychiatrists via telemedicine, and the Jefferson County and East Central Alabama projects offer examples of collaboration already in existence in Alabama. These and other national models (IMPACT, Cherokee Health Systems, and others) also offer guidance for how to improve the overall health of rural Alabama residents.

Pamphlets describing this important rural health care issue and presenting these action items are available for distribution from your Alabama Rural Health Association. Please contact ARHA to obtain free copies of the pamphlet entitled *Mental Health: A Snapshot*.

ARHA to Develop Action Items on the Expanded Utilization of Nurse Practitioners, Physician Assistants, etc.

ARHA is developing plans to publish a pamphlet presenting proposed action items on expanding and better utilizing Nurse Practitioners, Physician Assistants, etc. in the provision of rural health care. Please contact ARHA to be included in this important effort.

Help to Get the Word Out About Rural Health Care – Participate in the ARHA Speaker’s Bureau

ARHA is establishing a speaker’s bureau to help in expanding knowledge about the importance of rural Alabama and health care issues or concerns in this vital area. Please volunteer your time and expertise to this important effort. Contact ARHA to be included in the speaker’s bureau. Your name, area(s) of expertise, and contact information will be placed on-line for speaking contacts.

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