



RHC Newsletter



Issue 33

November
2009

Thanksgiving: A Time to Give Thanks

Challenged to think about being thankful during a pandemic?

Actually there are many reasons we should be feeling thankful during this challenging time. Here are five:

1. It is not H5N1, the highly virulent "bird flu."
2. The fear of the H5N1 in SE Asia did teach us lessons and pushed us to accelerate our planning efforts that we now are using for the H1N1.
3. We have a vaccine for H1N1! It was feared that one could not be ready so quickly.
4. All the advanced planning by the public health professionals has improved our level of readiness. Things could be much worse than they are.
5. We receive frequent and comprehensive communications come from the CDC and our State Department of Health, e.g. HRSA and CMS calls, IHAN, CDC updates.

There are many **myths** and **fears** about the flu vaccine and alternate preventive measures. The following site is an excellent resource that addresses many of them. Here are some of the misconceptions. Resource - <http://www.flu.gov/myths/index.html>

Myths and Fears:

1. "Vaccines that contain thimerosal are unsafe for children and pregnant women."

False: Thimerosal is a very effective preservative that has been used since the 1930s to prevent contamination in some multi-dose vials of vaccines. There is no convincing evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site.

Single-dose units of flu vaccine do not require the use of thimerosal as a preservative. You may request this form of the vaccine from the local health department. In addition, the nasal spray version of the 2009 H1N1 vaccine is produced in single-units and will not contain thimerosal.

[Read more about thimerosal](http://www.cdc.gov/flu/about/qa/thimerosal.htm) at <http://www.cdc.gov/flu/about/qa/thimerosal.htm>

2. "The H1N1 vaccine includes adjuvants, such as squalene."

None of the H1N1 vaccines currently distributed by the U.S. government contain adjuvants. If needed, an adjuvant is a component that can be incorporated into a vaccine to help to generate a stronger immune response to the vaccine and help prevent disease. Squalene is a compound found in many natural sources, such as olive oil, that can act as an adjuvant and is used as an adjuvant in vaccines in many countries.

3. "The federal government is running a mandatory vaccination campaign."

The federal government's vaccination program for H1N1 flu is VOLUNTARY. It is recommended. Health care workers are in the priority groups.

4. "You can get infected with H1N1 virus from eating pork" It's not spread by food.

Myths and Fears of this year's Flu Vaccine Campaign continued...

5. "It costs too much money to get an H1N1 vaccine." False. The federal government is covering the cost of the vaccine. In some instances a small administrative fee is charged.

6. "You need to get two doses of the H1N1 vaccine, and it takes a month between each dose." The H1N1 vaccine is a really good match with the H1N1 virus currently circulating across the country. Healthy adults and children 10 and older need only one dose of vaccine. Also the vaccine works faster than was expected. It's fine to get the seasonal flu shot and the H1N1 shot at the same time. It is true that if you get the nasal spray form of the vaccine, you need to wait three to four weeks before getting another nasal spray vaccine.

7. "This new vaccine is not safe and is untested." NIH clinical trials demonstrated that the new H1N1 vaccine is both safe and effective. The FDA has licensed it. There have been no safety shortcuts, in fact testing has been more rigorous. It is the same process as seasonal flu. CDC's top doctors and scientists believe the risk of the flu, especially for pregnant women, children, and people with underlying health conditions, is higher than any risk that might come from the H1N1 vaccine.

8. "A 14-year old girl in the United Kingdom died after being vaccinated with the HPV vaccine." The two vaccines are not related. Officials found no link to the vaccine and the death. The girl had a serious underlying condition that health officials believe caused her death.



UNIVERSAL SERVICE FUNDING FOR RURAL HEALTH CLINICS

The cost of internet and telecommunications for rural health clinics is often significantly higher than the corresponding cost for health care providers in urban areas. To alleviate the burden among health care providers, the U.S. Government (through the Federal Communications Commission and its subsidiary the Universal Service Administrative Company) authorizes the use of Universal Service Fund tax revenues to provide reduced rates to rural health care providers for telecommunications services and internet access charges. The Indiana Rural Health Association and the Hall Render law firm have partnered to educate Indiana rural hospitals and health clinics in the availability of this funding and to provide assistance in seeking funding support.

Universal Service Fund support is available for telecommunications services and monthly internet access charges used for the provision of health care. Support is also available for limited long-distance charges for accessing the internet. The level of support depends on the location and types of services chosen and is calculated individually for each health care provider. A health care provider can save on services it already has, update existing services, or install new services. Support is determined by comparing the difference the health care provider pays for a given service to the price paid for the same service in the state's largest urban center.

In order to determine whether Universal Service funding is available or beneficial, a rural health care provider should assess its situation to determine its needs. For example, how will telecommunications or internet services be used? Is there a need to transmit data, images, or interactive video? With whom does the health care provider want to communicate most frequently? Are the current telecommunications costs paid by the health care provider significantly higher than in nearby urban areas?

Based on responses to the questions above, rural health care providers may wish to apply for Universal Service Fund support. Support is sought by filing annual applications with the Universal Service Administrative Company. Approved subsidies are paid directly to the carrier on a monthly basis and the rural health care provider is credited for the payments. If you would like further information about participation in the Universal Service Fund program, please feel free to contact either of the individuals below.



Becky Sanders
FCC Pilot Program
Associate Project Coordinator
Office: 812-478-3919 ext, 232
bsanders@indianarha.org

Timothy A. McGeath
Attorney at Law
Office: (317) 977-1451
tmcgeath@hallrender.com



Gambling Recovery Ministries

Outreach for problem gamblers and their loved ones: GRM Resource Center, PO Box 218, Dillsboro, IN 47018, (812)-926-1052 or www.grmumc.org

The website offers a newsletter as well. This program can also be found on the Indiana Problem Gambling Website <http://www.indianaproblemgambling.org/Links.cfm>

Project ICE:

Integrated Care through Education

Free training for rural care givers and health care professionals who see patients with diabetes and a co-morbid mental health or intellectual disability. This program is funded through a Rural Health Care Service Outreach Grant from HRSA. CEUs are available. Training is for one full day.

This training program was developed by ASPIN, Anthony Wayne Services, Advantage Care Select, and MDWise.

Research for this project revealed that several counties have a diagnosis rate of 7.5-10% for these special patients. County mortality rates ranged 10-56% compared to the State's rate of 26%.

There are several targeted counties, some of which have a RHC. They include: Adams, Brown, Daviess, Fountain, Gibson, Grant, Greene, LaGrange, Newton, Orange, Perry, Pike, Randolph, Rush, Starke, and Vermillion. If you are in one of these counties, please consider attending this program.

Please distribute this invitation to other appropriate contacts in your community: mental health case managers, group home direct care professionals, mental health therapists, medical social workers, nurses, and appropriate family members.

The first training opportunity is set for January 12th. To register and locate the nearest training and preferred dates visit www.indianaprojectice.org

For questions, contact Bart Marshall, Project Director at 317-471-0000 or bmarshall@aspin.org

H1N1 Vaccine Finances

Be sure to keep a log of the H1N1 vaccines for Medicare and Medicaid patients.

Will Medicare pay for 2009 H1N1 vaccine administration in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)? Yes. Medicare will pay 100% of the administration cost, through the cost report. These costs will appear on the applicable cost report for the cost reporting period for which the H1N1 vaccine was administered.

Will Medicaid pay for 2009 H1N1 vaccine administered in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)? Yes. FQHCs and RHCs services are mandatory Medicaid benefits, so 2009 H1N1 vaccine administration provided by these participating providers is a covered service. CMS will then match the state's expenditure at the appropriate matching rate. More....
http://www.cdc.gov/H1N1flu/vaccination/statelocal/vaccine_financing.htm?s_cid=ccu113009_Vaccinefinance_e

IRHA Annual Conference

Request Speaker Proposals by Dec. 15th

The Indiana Rural Health Association (IRHA) is now accepting proposals for the 2010 Annual Conference breakout sessions. Presentations will be selected based on the need for the topic as it relates to rural health and the speaker's knowledge and expertise on the subject. The IRHA Annual Conference Planning Committee will make final selection of breakout session presentations.

The Call for Educational Proposals submission process allows IRHA members and others to present relevant and timely information at its Annual Conference. Concurrent breakout sessions will provide an opportunity for deeper explorations of topics.

If you know of a project that we should seek out, please forward Dana the information.

Deadline is December 15, 2009.

Visit the Annual Conference page of the IRHA website for the speaker proposal form.

Call for Poster Presentations

The Indiana Rural Health Association (IRHA) is now accepting proposals for the poster session of the IRHA 2010 Annual Conference. The poster session will provide an opportunity for an informal exchange of information on innovative educational curricula, health practice projects, community outreach initiatives, research or other health-related projects.

Everyone is welcome and encouraged to present, clinical or administrative staff. Both areas impact healthcare delivery. Consider sharing YOUR Best Practice Ideas or Special Projects. This meeting is the time to learn how to deliver quality health care services throughout Indiana.

Visit the IRHA Annual Conference page on the IRHA website to submit a poster proposal.

www.indianaruralhealth.org Select Annual Conference

Help Wanted Ad

Dale Family Medicine has a need for a Family Nurse Practitioner, located in Dale, Indiana.

Contact Krista Schroering, HFA
Director Medical Practice Management
Memorial Hospital and Health Care Center
800 West 9th St.
Jasper, IN 47646
812-481-8478

Indiana Rural Health Association

2901 Ohio Blvd. Suite 110
Terre Haute, IN 47803

**** NEW ADDRESS ****

Phone 812-478-3919
Fax 812-232-8602
Dana 812-342-6482

8th Annual Indiana Rural Health Public Policy Forum

January 19, 2010

Hyatt Regency, One South Capitol Avenue, Indianapolis, Indiana

NARHC 2010 Spring Institute

March 24 -26, 2010.

Hyatt Regency San Antonio

Room reservations no later than March, 3 2010 at 12:00 am. Call for reservations 800-233-1234.

Further updates at www.narhc.org

13th Annual Indiana Rural Health Conference

June 15 and 16, 2010

Indianapolis Marriott East

8th Annual Indiana Rural Health Public Policy Forum

When: January 19, 2010

Where: Hyatt Regency, One South Capitol Avenue, Indianapolis, IN

What:

- Healthcare Issues from the National Perspective
Brock Slabach, Senior Vice President, NRHA
- American Hospital Association - Impact of Health Reform on Rural Health
John Suplitt. AHA
- FSSA Changes Affecting Rural Health
- Effective Outreach and Enrollment Strategies to Maximize Reimbursement
Marci Toler, Director of Enrollment Assistance Covering Kids & Families Indiana
- Rural Caucus with Senator Jean Leising
- Health Care Issues from the State Perspective
Lieutenant Governor Becky Skillman
- Panel Discussion: A Coordinated Mental Health Delivery System Helps Rural Populations
Matthew Brooks, BS
Larry Ulrich, PharmD
Jonathan Neufeld, PhD, HSPP
- The 119th General Assembly and Rural Health
Brian Tabor, VP, Government Relations Indiana Hospital Association

Register at www.indianaruralhealth.org. Click on EVENTS.