

Montana Rural Health Association

Montana Recruitment Collaborative: Why Rural?



Montana Rural Health

Spring 2009

There has been much discussion about recruiting health professionals, especially doctors, to rural areas in Montana. It's a complex situation that continues to get even more complicated as the number of physicians going into primary care decreases.

A good source of information on this topic is the person who directs the South Central Montana Area Health Education Center (AHEC) in Dillon, Lisa Benzel. Ms. Benzel has been a driving force in the creation of the Montana Recruitment Collaborative, a collaboration between the Montana Primary Care Office, the Montana Primary Care Association, Indian Health Services, Montana Hospital Association, and the AHECs. This collaborative is working together on a state-wide recruitment effort and providing a centralized recruitment office so as not to duplicate efforts or expenses. The belief is a centralized recruitment office will make it easy for applicants to learn about Montana employment opportunities with one simple phone call.

Lisa feels the key to successful recruitment is to find the providers that are interested in what rural Montana has to offer: qual-



ity of life, recreation paradise, little to no managed care, state & federal loan repayment programs, low cost of living and the opportunity to really make a difference.

Some of Montana's providers have shared the following thoughts on why they chose rural:

"A rural practice allows me to develop lasting relationships with my patients and their families and I am able to become intimately involved in the community."

"Because of the physician shortage, especially in rural areas, I know that I am making a difference with every patient I see."

"I feel blessed to be able to practice in such a wonderful community. Everyone has wel-

comed me with the "southern hospitality" that I grew up with in Alabama. I'm proud to now call Montana home."

"With the cross-town commute taking a mere 8 minutes, practicing medicine and living in a rural community provides me the opportunity to work at a career I love while regularly allowing me to make my kids sporting events - a family activity I wouldn't want to miss!"

Based on testimonials such as these, Lisa thinks it's obvious Montana's rural communities have much to offer practitioners. We just need to "collaboratively" continue to spread the word about "Why Rural?"

Lisa Benzel: lisa@mtha.org

Historic Rural Spending in Stimulus Bill

On Friday, February 13th, both the House of Representatives (246 to 185) and Senate (60 to 38) passed the final package of a massive stimulus package containing historic levels of spending for rural America. Previously, both the House and Senate had passed stimulus packages that were combined in the final conference agreement. President Obama signed the \$787 billion stimulus package into law February 17th, marking the passage of one of the biggest pieces of economic legislation in history.

Rural health won a large victory with the inclusion of \$500 million for health workforce training and \$1 billion for prevention services within appropriations or funding programs.

Highlighted rural health appropriated funding includes:

- ◆ \$2 billion to the Office of the National Coordinator of HIT to make sure that providers, especially in underserved communities, have money to invest and implement HIT in their facilities
- ◆ \$500 million for health workforce programs
- ◆ \$1 billion to fund prevention and wellness programs
- ◆ \$500 million for the Indian Health Services medical facilities
- ◆ \$1 billion for the Veterans Administration construction, including medical facilities
- ◆ \$2 Billion for Section 330 facilities, including Community Health Centers
- ◆ At least \$3.5 billion for rural broadband implementation programs to develop the next generation broadband networks in rural America through a series of programs
- ◆ \$130 million for rural community facility development, which will translate to well over \$1 billion in guaranteed loans for rural facilities, including health care facilities
- ◆ \$1.1 billion for health care comparative effectiveness research
- ◆ \$1.38 billion for waste and waste water programs for rural

In addition, the stimulus package includes numerous tax and entitlement programs, including \$87 billion for Medicaid to assure needed health care coverage and incentive payments for meaningful adopters of health information technology and electronic health records. Incentive payments start in 2011 for most rural providers that become meaningful adopters by 2015. This is a historic investment in rural America.

Hot Off the Press: Latest Update on Rural Legislation



On April 2, the Senate approved Amendment #799 to the Budget Resolution, S. Con. Res. 13, to create a budget-neutral reserve fund to address the systemic inequities of Medicare and Medicaid reimbursement that lead to access problems in rural areas, including access to primary care and outpatient services, hospitals, and an adequate supply of providers in the workforce. The amendment also prioritizes eliminating those inequities as a part of health care reform - a very positive step toward achieving equity for all who call rural America home. The amendment was introduced by Senator Bennet (D-CO) and Senator Roberts (R-KS) and will not only protect the fragile rural health care safety net, it will make health care more accessible and affordable for all rural Americans.

Gallatin Dental Alliance Oral Health Screening Program

During the month of February, approximately 4,000 elementary-aged children in Southwest Montana received oral health screenings through the Gallatin County Dental Alliance program. Sharon Kott, oral health program coordinator for the Montana AHEC Program Office has teamed up with the Gallatin County Dental Alliance since 2001. More than 50 volunteer dentists, dental hygienists and dental students helped check the children's mouths for cavities, infection and other dental issues. Each child then received a report to take home to their parents. Children who require further oral treatments are referred to a local provider who will treat the child's issues regardless of the families' ability to pay.

Tooth decay is the most prevalent chronic condition among children in the United States, yet it is completely preventable. The Dental Alliance program hopes the oral screenings will work to promote routine dental visits and prevent more advanced medical problems.



For more information on the Oral Health Screening Program contact Sharon Kott at sak@montana.edu or 994-6002.

Montana Conference Calendar

A wonderful opportunity to learn, network, adopt, connect and mobilize! This conference is for service providers, educators, researchers, policy-makers, business and civic leaders, faith leaders or private citizens looking for community-focused strategies to build a thriving Montana.

SAVE the DATE!

MAY 12-13 2009
at the MSU Strand Union in Bozeman

Montana

Rural Community Conference

Promoting Healthy, Thriving Communities

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Department of Political Science

Please visit: <http://extn.msu.montana.edu/rcc/> for more information or contact:

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NRHA Conference Calendar

May 4

2009 Rural Medical Educators Conference
Miami Beach, FLA

May 5-8

Annual Conference
Miami Beach, FL

July 21-24

2009 Quality and Clinical Conference
Park City, UT

September 9-11

Rural Pharmacy Conference
Portland, OR

October 6-7

2009 Rural Health Clinic Conference
Portland, OR

October 7-9

2009 Critical Access Hospital Conference
Portland, OR

December 9-11

2009 Minority and Multicultural Health
Conference
Memphis, TN



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