



MISSISSIPPI  
**RURAL HEALTH**  
ASSOCIATION

# CROSSROADS

FALL 2023 ISSUE

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# CROSSROADS MAGAZINE

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**CROSSROADS** is published quarterly by the Mississippi Rural Health Association

### What is **CROSSROADS**?

Crossroads is a publication of the Mississippi Rural Health Association and aims to communicate up-to-date health care news and events through relevant and timely articles.

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The Mississippi Rural Health Association is proud to be a state affiliate of both the National Rural Health Association and the National Association of Rural Health Clinics.





## MISSISSIPPI PARTICIPATES IN NATIONAL RURAL HEALTH LEADERSHIP CONFERENCE

The Mississippi Rural Health Association once again participated in the National Rural Health Association's Leadership Conference in Washington D.C. recently, where information regarding advocacy, grant opportunities, and leadership strategies were shared. This information will help the Association to move forward even stronger than before, with a strategic vision to strengthen rural healthcare and provide additional benefits to members. Pictured above are leaders from rural health associations across the country.



## LET US HELP YOU WITH YOUR GRANT WRITING EFFORTS!

As part of the Mississippi Rural Health Association's efforts to support and enhance grant applications for rural communities throughout the state, we have recently launched a special grant-writing support program available to all rural communities, providers, and facilities in Mississippi.

Our team of grant-support specialists will assist you and/or your facility or community with grant-writing efforts. To request a meeting with one of our grant specialists, please contact Ryan Kelly at 601-898-3001 (ext 1) or [ryan.kelly@mississippirural.org](mailto:ryan.kelly@mississippirural.org). Alternatively, you may click the button to view grant-writing resources online.

[CLICK HERE](#)

# Mississippi Rural Health Conference

**I** This is the state's largest rural health conference. Each session of this year's conference is custom-designed with our members in mind, focusing on the hottest topics of rural health.

The conference will feature a stellar plenary session of topics and presenters that will touch on the biggest topics of discussion in rural health today. Sessions will be quick and interactive, with loads of networking opportunities throughout the conference.

Plus, we are bringing back the popular pre-conference workshop on Completing / Improving Your RHC Policy and Procedure Manual. Taught by Joanie Perkins, this optional workshop will take place on November 15th before the start of the conference.

The conference will also feature awards presented for hospital quality, a recognition banquet for our top leaders, and the Mississippi Rural Physician Scholars' poster contest.

**NOV  
16&17  
2023**

**Location: Vicksburg Convention Center**



# HALF OF MISSISSIPPI'S RURAL HOSPITALS AT RISK OF CLOSURE

By Tia McKenzie, WJTV

New data from the Center for Healthcare Quality and Payment Reform showed almost half of Mississippi's rural hospitals are at risk of closure.

Thirty-four of Mississippi's 74 rural hospitals are struggling to stay afloat financially. Twenty-five of those hospitals are at immediate risk of closing within the next two to three years.

The main reason rural hospitals are facing these hardships is that health insurance plans are paying less than what it costs to deliver essential services.




Prior to the pandemic, rural hospitals have been losing money. However, the pandemic only worsened the trend.

In March 2023, the Mississippi Legislature approved a nearly \$104 million grant program to help struggling hospitals.

State Health Officer Dr. Daniel Edney said the Mississippi State Department of Health (MSDH) is looking at public health, science and data to provide information to the Legislature to help them make the best decision when it comes to healthcare.

"You know, just the importance of understanding the role of public health in the lives of every Mississippian and how important public health is for everybody. And, you know, and then it is time for us to do better and to get off the bottom and to invest in ourselves and invest in our children and our babies, and so that all of us can live a longer, healthier life," he said. Between 2005 and 2019, 150 hospitals across the country closed, according to data from the Center for Healthcare Quality and Payment Reform

Edney said urban hospitals could see a patient influx from rural areas. He said MSDH is working diligently to revise healthcare infrastructure planning.

 <p><b>MAP FOR GRANT WRITER/ RESEARCHER USE</b></p> <p>Maps for the Grantwriter</p> <p>The following applications are meant to provide a high level geographic view of the best locations for eligibility for the included grants.</p>	 <p><b>MAP FOR PROVIDER USE</b></p> <p>Map for Providers</p> <p>COMING SOON</p>	 <p><b>MAP FOR POLICYMAKER USE</b></p> <p>Map for Policymakers</p> <p>COMING SOON</p>
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## TELEHEALTH LOCATOR LOOKING TO IDENTIFY TELEHEALTH SERVICES IN MISSISSIPPI

The development of a new public facing tool, TelehealthLocator, is underway. TelehealthLocator will provide a single point of access to view and overlay gaps in access to care, broadband, and telehealth availability by service type. South Central Telehealth Resource Center, a project collaborator, is working with WIM Tracking to identify telehealth services offered in hospitals across a 23-state and 7 territory region, including Mississippi.

Clinics and hospitals can assist in developing the information for TelehealthLocator by complete the intake form at [wimtracking.com/telehealthlocator](http://wimtracking.com/telehealthlocator).

WIM Tracking is the information service provider assisting the South Central Telehealth Resource Center (SCTRC) to collect information for TelehealthLocator.

# THREE CONSIDERATIONS WHEN TRANSITIONING NEW GRADUATE NURSES TO RURAL PRACTICE

By Nicole Weathers MSN, RN



Transitioning new graduate nurses (NGNs) from school to the clinical environment has been a longstanding challenge, particularly in rural health care organizations. Although leaders in academia and practice share the same goal of ensuring new nurses are prepared to meet the demands of the constantly evolving health care landscape, they often have different points of view on practice readiness. While much of the focus has been on preparing graduates, we must remember that practice leaders should also be ready.

“When I graduated, I sought an organization that would foster and support my desire to grow and learn in my profession,” says Jill Imhoff, a registered nurse at Upland Hills Health, a critical access hospital in Dodgeville, Wis. Imhoff is not alone. According to Gallup, Gen Z and Millennials, who make up nearly half of the full-time workforce in the US, expect to be coached in their workplace and are more likely to say development opportunities are significant in selecting a new job.<sup>8</sup> So what can an organization do? Here are three key considerations when preparing for NGNs to enter practice.

## 1. Check your expectations.

Research on the transition to practice experience shows that NGNs enter as novices or advanced beginners. Throughout their first 12 months, their skills develop rapidly.<sup>2</sup> Starting in the honeymoon phase, NGNs are excited to come to work and focused on learning the role of the professional nurse. Following orientation with a one-on-one

preceptor, NGNs continue fine-tuning their skills and working independently.

During this time, nurses hit what Dr. Marlene Kramer identifies as reality shock, when they experience disillusionment realizing that practice is much different than expected.<sup>5</sup> At this point, if nurses are not well supported, organizations risk experiencing turnover. When adequately supported, many NGNs eventually settle into their role, recovering and entering resolution.<sup>5</sup>

Theories around this topic tell us that transitioning from academia into practice takes time, and NGNs will move through somewhat predictable stages. Through each step, their skills will continue to develop, and the type of support needed will change.<sup>2,3,5</sup> “With the support of my colleagues, family, friends, and the IONRP program, I made it through one of the most challenging years of my life as I transitioned from a student nurse to an independent and confident ER nurse,” Imhoff says

## 2. Acknowledge practice readiness is about more than just clinical skills.

There are three key factors that influence practice readiness. First, the intrapersonal factors of the nurse include their ability to cope with stress, their confidence, their ability to persevere despite difficult circumstances, and their general outlook. Interpersonal factors are also critical. The relationships they develop at work, their ability to work as a member of the interdisciplinary



team, and the presence or absence of relational influences such as bullying, incivility, and lateral violence impact the transition to practice.

Finally, organizational or environmental factors also influence practice readiness. Robustness of orientation, skills of the preceptor, presence of support throughout the first year in the form of a residency program, and mentoring will impact the NGN throughout their transition. Research suggests that what NGNs are taught in school is essential; however, many other skills are developed through experience and exposure.<sup>6</sup> “The ever-changing face of health care demands resiliency and support for success, so having an employer who values and recognizes the need for programs to help their employees is essential,” Imhoff says.

### **3. Integrate enablers of a positive transition to practice at the organizational level.**

Research identifies enablers and barriers to achieving an optimal transition to practice, which fall into four distinct categories.

#### **Preceptor**

Preceptors must be competent in skills needed to teach the NGN, including communication, relationship building, and the ability to provide emotional support. Preceptors must also be provided with an adequate workload so they have the time to provide one-on-one feedback.<sup>9</sup> Preparing preceptors is best done by establishing a preceptor program so all preceptors provide a

similar experience.<sup>4</sup>

#### **Residency Programs**

Structured learning experiences that allow NGNs focused time to connect the knowledge gained in school with their work environment helps to address the gap in readiness for practice. The availability of mentorship in various forms improves the NGN’s sense of belonging to the profession and organization.<sup>9</sup> Not only do these structured programs need to focus on the ongoing development of clinical and professional skills, but research shows they must be balanced with social and emotional development and support. <sup>6,9</sup>

#### **Staffing models**

Prioritizing a limited scope of practice for NGNs until complete mastery is achieved is one way to offer support. Allowing time to focus on basic skills and slowly build to more complex assignments will help the NGN have a more positive experience. Another strategy is implementing alternative staffing models that use experienced nurses differently, meaning not all nurses are equal and carry equal loads of patients. This provides NGNs with more manageable patients until they have the competence and time management skills to handle more complex situations.<sup>10</sup> Ensuring an educator or highly skilled nurse is available to serve as a resource especially during nights and weekends is another tactic to alleviate the loss of experience and redistribute clinical expertise while establishing career pathways.<sup>4</sup>



## Environment

While each of these strategies can be helpful, the impact of the work environment cannot be overstated. Ensuring a supportive and safe work environment free from bullying, incivility, and lateral violence is essential.<sup>6</sup> Safe staffing, shared decision-making, and professional development support that begins on day one and continues throughout the career through mentoring is also necessary. Finally, developing and tracking outcomes to value of initiating these enablers of a positive transition to practice and sharing these outcomes far and wide will help establish return on investment, helping gain ongoing buy-in and funding from organizational leaders.<sup>4</sup>

Although practice readiness is multifaceted and complex, rural health care organizations can still find success. Upland Hills Health is a great

example of how implementing a healthy mix of these strategies leaves new graduates satisfied and successful. “I was fortunate to find a home with Upland Hills Health. I absolutely believe that the staff I’ve learned from and worked with played a pivotal role in my success, and I’m truly grateful,” Imhoff says.

New nurses continue to fill positions vacated by retiring nurses. While educational programs work to prepare nurses for practice, it is equally important for health care organizations to implement evidence-based strategies to support these new nurses as they transition from students to professionals. This can be done by ensuring realistic expectations are held by all stakeholders, supporting personal and professional development needs, and implementing strategies that have been proven to enable a positive transition to practice experience.



Connecting with the Mississippi Rural Health Association on Facebook is a great way to keep in touch with like-minded people! Help support Mississippi's rural health while also staying connected all year round through the latest national and local news in the field of rural health.





## HHS INVESTS \$11 MILLION TO EXPAND MEDICAL RESIDENCIES IN RURAL COMMUNITIES



U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), awarded nearly \$11 million to 15 awardees to strengthen the health workforce by establishing new residency programs in rural communities.

“Training residents in rural areas leads more medical school graduates to stay and practice in rural settings,” said HHS Secretary Xavier Becerra. “There’s a shortage of doctors across the nation, especially in our most underserved communities, and these rural residency development grants will help address this shortage.”

Nearly 70 percent of areas designated as primary medical Health Professional Shortage Areas are in rural areas. Physician shortages, poverty, and geographic isolation contribute to lack of access to care and poorer health outcomes for rural Americans. More than half of rural U.S. counties lack hospital obstetric services. In response to the declining access to rural maternal health care, three of today’s 15 awards will be used specifically to develop new family medicine residency programs with enhanced obstetrical training in rural communities.

“Through HRSA’s decades of work supporting access to health care in rural communities, we know that rural residency programs help ensure that qualified doctors train and stay in the rural communities that need them,” said HRSA Administrator Carole Johnson. “This funding

will help build the pipeline of doctors who have experience with the unique needs and challenges of working in rural areas, particularly rural women who face increased barriers to high-quality maternal health care before, during, and after pregnancy.”

Award recipients will each receive up to \$750,000 to establish new rural residency programs. This funding may be used to support accreditation costs, curriculum development, faculty recruitment and retention, resident recruitment activities, and consultation services to support program development (e.g., financing). Throughout the duration of their grant, award recipients will have access to one-on-one advisor support, tools, and resources provided by the HRSA funded Rural Residency Planning and Development Technical Assistance Center to navigate the various stages of program development.



## NEW MARCH OF DIMES RESEARCH SHOWS ACCESS TO MATERNITY CARE WORSENING FOR MILLIONS OF WOMEN IN THE U.S.

The March of Dimes recently released *Where You Live Matters: Maternity Care Deserts* and the *Crisis of Access and Equity*, a new collection of reports that shows more than 5.6 million women live in counties with no or limited access to maternity care services, forcing families to find new ways to get the care they need. The new research from March of Dimes shows that for millions of women in the United States, it's more difficult to access maternity care. One of the largest analyses on maternity care access, the reports offers insight into the factors that impact pregnancies in all 50 states, Washington, D.C., and Puerto Rico.

“A person’s ability to have a healthy pregnancy and healthy birth should not be dictated by where they live and their ability to access consistent, quality care but these reports shows that, today, these factors make it dangerous to be pregnant and give birth for millions of women in the United States,” said Dr. Elizabeth Cherot, March of Dimes President and Chief Executive Officer.

“Our research shows maternity care is simply not a priority in our healthcare system and steps must be taken to ensure all moms receive the care they need and deserve to have healthy pregnancies and strong babies. We hope the knowledge provided in these reports will serve as a catalyst for action to tackle this growing crisis.”

Since 2018, March of Dimes has explored access to maternity care in America through our maternity care deserts reports. More than one third (36%) of U.S. counties are considered maternity care deserts, which are defined as counties without a hospital or birth center offering obstetric care and without any obstetric providers. March of Dimes is releasing these expanded, state-by-state in-depth reports that examine factors that impact access to care, health outcomes, and unique barriers for all pregnant persons in maternity care deserts. This new data shows increasing areas with less access to care, impacting women before, during and after their pregnancy journey. processed.



# CLINICAL RESOURCE HUBS INCREASE ACCESS TO CARE FOR 500,000 VETERANS

Veteran Jonathan Pearson makes his home in the great north woods of New Hampshire, far from the large VA medical facility that serves his region. For years, he received care from a team of dedicated VA providers at the Littleton Community Based Outpatient Clinic.

In 2022, travel became more difficult for Pearson, so the Littleton clinic called on a growing VA resource – Clinical Resource Hubs – to ensure that he continued to receive high-quality care. Established in all of VA’s 18 health care networks, these hubs offer a combination of in-person and telehealth services to eliminate gaps in care.

Since its start in 2015, the Clinical Resource Hub program has grown exponentially. Today, more than 500,000 Veterans have received care through a hub, and the number of appointments for mental health care, primary care, and specialty care (clinical pharmacy, rehabilitation, and pain management) has surpassed 2 million.

“They go above and beyond. I wish more Veterans knew,” Pearson said. “They make it pain-free and simple to access care. It’s no struggle.”

For more on how Clinical Resource Hubs make a difference in VA health care, visit Clinical Resource Hubs (CRH) at [patientcare.va.gov](https://patientcare.va.gov).

## BUILDING A SHIELD OF PROTECTION

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# CMS PHYSICIAN PAYMENT RULE ADVANCES HEALTH EQUITY



The Centers for Medicare & Medicaid Services (CMS) issued the calendar year (CY) 2024 Medicare Physician Fee Schedule (PFS) proposed rule to announce rate updates, advance health equity, and expand access to critical medical services – including behavioral health care and certain oral health services. Notably, the proposed rule supports the Biden-Harris Administration’s Cancer Moonshot mission to accelerate the fight against cancer.

“At CMS, our mission is to expand access to health care and ensure that health coverage is meaningful to the people we serve,” said CMS Administrator Chiquita Brooks-LaSure. “CMS’ proposals in the proposed physician payment rule would help people with Medicare navigate cancer treatment and have access to more types of behavioral health providers, strengthen primary care, and for the first time, allow Medicare payment for services performed by community health workers.”

“CMS continues to demonstrate commitment to advancing health equity and building a stronger Medicare program,” said Meena Seshamani, MD, CMS Deputy Administrator and Director of the Center for Medicare. “If finalized, the proposals in this rule ensure the people we serve experience coordinated care focused on treating the whole person, considering each person’s unique story and individualized needs – physical health, behavioral health, oral health, social determinants of health, and are inclusive of caregivers, which are all so important to providing the care that people with Medicare deserve.”

## Proposed Payment Rate

The CY 2024 PFS proposed rule includes updates

to PFS payments for clinicians as required by law. Overall proposed payment amounts under the PFS would be reduced by 1.25% compared to CY 2023, in accordance with factors specified by law. CMS is also proposing increases in payment for many visit services, such as primary care, and these proposed increases require offsetting and budget neutrality adjustments to all other services paid under the PFS, by law. The proposed CY 2024 PFS conversion factor is \$32.75, a decrease of \$1.14, or 3.34%, from CY 2023.

## Advancing Health Equity and Caregiver Support

Building on the agency’s commitment to health equity, and the Biden-Harris Administration’s Executive Order to support caregivers, CMS is proposing coding and payment for several new services to help underserved populations, including addressing unmet health related social needs that can potentially interfere with the diagnosis and treatment of medical problems. First, CMS is proposing to pay for certain caregiver training services in specified circumstances, so that practitioners are appropriately paid for engaging with caregivers to support people with Medicare in carrying out their treatment plans.

CMS is also proposing separate coding and payment for community health integration services, which would include person-centered planning, health system coordination, promoting patient self-advocacy, and facilitating access to community-based resources to address unmet social needs that interfere with the practitioner’s diagnosis and treatment of the patient. These are the first Physician Fee Schedule services designed to include care involving community health

workers, who link underserved communities with critical health care and social services in the community and expand equitable access to care, improving outcomes for the Medicare population. In alignment with the goal of the Biden-Harris Administration's Cancer Moonshot for everyone with cancer to have access to covered patient navigation services, CMS is proposing payment for Principal Illness Navigation services to help patients navigate cancer treatment and treatment for other serious illnesses. These services are also designed to include care involving other peer support specialists, such as peer recovery coaches for individuals with substance use disorder.

This rule also proposes coding and payment for social determinants of health risk assessments, which could be furnished as an add-on to an annual wellness visit or in conjunction with an evaluation and management visit.

### **Payment for Dental Services prior to Certain Cancer Treatments**

Access to oral and dental health services that promote health and wellness allows people with Medicare to achieve the best health possible. In this proposed rule, CMS is supporting the Biden-Harris Administration's Cancer Moonshot initiative by proposing that payment can be made for certain dental services prior to and during several different cancer treatments, including, but not limited to, chemotherapy.

### **Supporting Whole-Person Care**

The CMS Behavioral Health Strategy strives to support a person's emotional and mental well-being through their behavioral health care. This rule contains some of the most important changes to improve access to behavioral health in Medicare in the program's history. The rule proposes to allow marriage and family therapists and mental health counselors, including addiction counselors, to enroll in Medicare and bill for their services for the first time. The rule also proposes increased payment for crisis care, substance use disorder treatment, and psychotherapy.

Primary care is instrumental in the delivery of high-quality, whole-person care. CMS is recognizing the value and inherent complexity in primary and longitudinal care by proposing to implement new payment and coding to accurately

and appropriately pay for these services, which aligns with the goals articulated in the HHS Initiative to Strengthen Primary Care.

CMS is also continuing to promote whole-person care in the Medicare Shared Savings Program, the largest Accountable Care Organization (ACO) program in the country. CMS is proposing changes to the assignment methodology that would better promote access to accountable care for individuals who see nurse practitioners, physician assistants, and clinical nurse specialists for their primary care services. CMS is also proposing changes to the financial benchmarking methodology to better encourage participation by ACOs serving complex populations. In total, these proposals are expected to increase participation in the Shared Savings Program by roughly 10% to 20%, which will provide additional opportunities for beneficiaries to receive coordinated care from ACOs.

CMS is further driving quality care by proposing to increase the performance threshold in the Quality Payment Program from 75 to 82 points for the CY 2024 Merit-Based Incentive Payment System (MIPS) performance period/2026 MIPS payment year. This statutorily required increase aligns with our goal to provide practices with a greater return on their investment in MIPS participation by giving an opportunity to achieve a higher positive payment adjustment while also encouraging participation in Advanced Alternative Payment Models. CMS is also proposing changes to align the Quality Payment Program with the Universal Foundation, a core set of quality metrics across CMS programs to more effectively drive change.

There are also proposed changes to promote care for individuals with diabetes, by enhancing the Medicare Diabetes Prevention Program (MDPP) Expanded Model to further increase participation and access in underserved communities. This rule proposes to extend the MDPP Expanded Model's Public Health Emergency Flexibilities for four years, which would allow all MDPP suppliers to continue to offer MDPP services virtually using distance learning delivery through December 31, 2027, as long as they maintain an in-person Centers for Disease Control and Prevention organization code.

# ASSOCIATION PARTNERS

The Mississippi Rural Health Association is pleased to have these valued partners on-board as a valued asset to our members. We encourage all members to use these vendors as a preferred source for your rural health needs.  
Learn more about these partners at [www.msaha.org/sponsors](http://www.msaha.org/sponsors)

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

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## Silver Level



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## REGISTER FOR EVENTS ONLINE AT [MSRHA.ORG/EVENTS](https://msrha.org/events)

The Mississippi Rural Health Association conducts workshops, conferences, receptions, webinars and a variety of other opportunities for healthcare professionals to gain valuable education and networking opportunities throughout the year.

**PRE-CONFERENCE WORKSHOP:  
COMPLETE/IMPROVE YOUR RHC POLICY  
& PROCEDURE MANUAL**  
November 15, 2023 | Vicksburg  
Convention Center, Vicksburg, MS  
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**MISSISSIPPI RURAL HEALTH  
ANNUAL CONFERENCE**  
November 16-17, 2023 | Vicksburg  
Convention Center, Vicksburg, MS

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