

# Rural and Community Health **Messenger**

Fall 2010 Vol. 8/No.3

## TTUHSC Welcomes New President's Leadership

When Texas Tech University Health Sciences Center (TTUHSC) announced Dr. Tedd Mitchell as the new President of the institution in May 2010, the university gained the vision of a proven leader in the areas of chronic disease management and utilization of community resources to improve health.

Prior to coming to TTUHSC, Mitchell served as president and chief executive officer of the Cooper Clinic in Dallas and McKinney, an internationally recognized center of excellence in preventive medicine. He graduated from Stephen F. Austin University with a B.S. in biology. He earned his medical degree (1987) and completed his internal medicine internship and residency at the University of Texas Medical Branch in Galveston. Mitchell is certified by the American Board of Internal Medicine and has a certificate of added qualification in sports medicine.

In a recent interview, Mitchell shared his vision for how the F. Marie Hall Institute for Rural and Community Health and the Area Health Education Centers (AHEC) are an integral part of the mission of the Texas Tech University Health Sciences Center to be a leader for West Texas.

*How has your background and various research endeavors shaped your perspectives about rural health in the U.S.?*

If you look at what kills most Americans, both in the cities and out in the country, it is diseases of chronicity. If you are in Terrell County—great big county, very few people—and you are driving on a remote highway out there and have a car wreck, there is a very narrow window for healthcare services to improve your outcome. You have the logistical problem of literally taking those people and transporting them to someplace else. However, healthcare providers in rural communities have the ability to effectively identify, follow and treat people in rural areas that have the same chronic diseases as people in urban locations.

In that respect, it is important to shift the focus of healthcare to be more aggressive in prevention by managing blood pressure, blood sugar, cholesterol through whatever means whether it is lifestyle habits, exercise or medications. If you can control those risks you statistically alter the patient's risk of winding up in an ER. You keep them out of the ER and keep them healthy at home.

*How do you believe that the health concerns of our region compare to that of the rest of the State of Texas?*

It is the same. It's the diseases of chronicity: cardiovascular disease, diabetes, metabolic syndrome, etc. Whether you are in rural West Texas, in urban cities in Texas or in New York

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Dr. Tedd Mitchell

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## VICE PRESIDENT'S CORNER

Billy U. Philips, Jr., Ph.D., M.P.H.

The call came late in the evening a few weeks ago. A voice that I recognized rolled across my brain carrying me back 40 years. Someone I had once been closer to than a brother had heard that I had returned to West Texas. It was awkward at first; nothing I could remember accounted for our parting other than how life separates people as they follow their paths. Nevertheless, there he was reaching to reconnect. We relived in moments some of the happiest and most dangerous times of our lives as we struggled with growing from boys to becoming men.

"Eat, drink and be merry." That had been our motto – we drove fast and reckless, drank a lot of booze, smoked anything that would burn, and we knew every place between the high ground and Austin to find the best cheese fries, hamburger, barbecue, chicken-fried steak, and chocolate malt in West Texas! There was hardly anything dangerous we hadn't tried from bull riding to shading the law. Back in that era, boys could do things like that and not end up in the penitentiary. I am sure we were the subject of much prayer and a truckload of consternation among our elders.

We spent a while that night catching up on our marriages and divorces and our kids and the events that had shaped our lives spent apart, just two old friends talking. In just minutes we were there again – best buddies, partners in crime, free and undaunted, and regretting the time apart. Oh, how I had missed him and I was thinking about how much fun it would be to reconnect and renew our friendship. He was nearby so it was possible. Then he paused and said, "I called to say farewell."

I stammered, "Farewell!" How could this be farewell? It's too painful to explain all that I felt and all that was said but I can tell you that what took my friend was a life that had been lived without many restraints. Somewhere along our separate paths his had continued in the wild ways and mine had diverged. Don't attribute any particular virtue to me! Somehow, I quit smoking and after a painful divorce, my fault entirely – I quit drinking. I let many things go that were not good for me. Early and often for a time, I buried people I loved – killed by diseases that could have been avoided or slowed by doing the kinds of things that Mom and Dad tried to teach us. Not hard things, simple things like not smoking, eating a sensible diet, sleeping enough, exercising, driving safely, and living sober – a prudent lifestyle. He said, "Billy, I wish I could turn back the clock. I'd make some changes."

It makes me sad about my friend – he's gone into eternity. He was taken by the cruelest of enemies – bad choices and bad habits. The death certificate listed what we call chronic diseases – cancer was first, then heart disease and some other things. They are called comorbidities and they have their companions like obesity. They are insidious and once they appear, the fight is protracted, difficult and expensive. I hate the term *chronic diseases*. What we ought to call them are diseases of foolishness. For the most part, we can prevent them.

That is one of the things the F. Marie Hall Institute for Rural and Community Health will focus on as we attempt to improve the health of people – particularly those that live in rural, West Texas. A focal point for our Area Health Education Center will be to work with people in communities across our half of Texas to help plan and prepare local initiatives that will empower people to live better. Our hope is that through that effort people will join together to live, to avoid or limit lifestyle risks. We hope to help by shrinking the distances to good preventive care provided by health sciences graduates that return home to deliver health care and by the innovative use of technology like telemedicine. But, the fact is that the changes that are most necessary – start with me.

Well, let's see. You want me to exercise (I'd rather sit in my recliner), be careful of what and how much I eat (but I like chicken-fried steak that covers the platter and Texas Barbeque dripping with sweet, rich sauce), limit my alcohol consumption (that's easy – did it years ago), don't smoke (still hard although I did it years ago too, even though every morning with that first cup of coffee that old demon wants to rise up), sleep more (well I wish I could find the time), and limit stress (if it were easy anybody could do it). Yet, we know that these simple life style habits found in populations that consistently practice them – those people live a dozen years longer than people who don't.

A few days ago I read an article about people that live beyond 100 years of age – it's a growing segment of the population in America. The article described how these people lived. They were not fat or thin. They were active across their lifespan because of their occupation or avocation. They were spiritually-minded and prudent in the way they lived. The article went on to say that the centurions had remarkably little use of substances like tobacco and alcohol. They reported little stress in their lives and they attributed that to understanding that a higher power was in charge – no wonder they reported sleeping like babes. What was interesting is that the scientists were looking for the genetic traits that made for this long life – there are some promising leads there, too. But what struck my eye was that our decisions about how we live do affect how long we live. These frugal centurions are proof enough for me to see the bargain.

So how long do you want to live? How well do you want to live? The Nobel Laureate, Dr. Rene Dubois, once said, "People, as a whole, would rather trust the healing power of their physician than to attempt the more difficult task of living wisely." Gosh, I hope we are wise and live wisely.

There once was a guy that would consider "turning back the clock." I miss him.



# Administrators and Educators Improving Nursing Capacity in West Texas



**Above:** Dr. Paul Waller, with the Texas Board of Nursing, provided the lunch keynote on the changes in nurse competencies. The nursing conference brought together almost 100 nursing educators and employers together to discuss opportunities for regional collaboration to expand educational capacity and to ensure that graduating nurses are prepared as they enter the workforce to step into the demands of nursing practice.

## Leadership cont'd from page 1

City, it's a trend that is affecting all of our population, whether they are African American, white or Hispanic. Now the fact is that certain populations face higher risks. The difference is, in rural communities, these people don't live a block away from services, they don't live a mile away—and they may live two counties away. The challenge for us, and therefore the opportunity, is to find ways to get the care to them. The problems are exactly the same; it is the delivery of care that is different.

*What is your vision for how the Health Sciences Center can best impact the health needs of communities across our service region?*

The HSC should be the West Texas leader when it comes to academic public health. We should be leading the way in assisting rural healthcare providers with the best practices in effective chronic disease management. We should be connected with

our communities in such a way that when people look for leadership in rural health issues, they come to us. Community-based providers should be able to participate in research with us to stay academically inclined and engaged with the system. We have great untapped potential, and as the system has grown and the population and the demographics of the region have changed, our needs as a region are different.

*In what areas do you envision the Health Sciences Center leading the country in the coming few years?*

The HSC and the West Texas region have the perfect situation to become the leaders in the nation in the delivery of rural health care. If you have people in Wyoming or Alaska that want to know how to get health care out to people in rural areas, they should say, "The people in West Texas know how to do it."

As follow-up to the statewide Texas Nursing Education Capacity Team chaired by Dr. Alexia Green, professor at Texas Tech University's Health Sciences Center Anita Thigpen Perry School of Nursing, the West Texas Region of the Texas Nursing Team is developing strategies to meet the future nursing workforce needs of the region.

Green was the keynote speaker at a conference held on November 5, 2010 in Lubbock. The conference covered topics aimed at generating new strategies to effectively transition nursing graduates from education to practice and identifying barriers to West Texas nurses enrolling in further educational opportunities.

The West Texas region is chaired by Dr. Susan Sportsman, dean and professor of the Wilson School of Nursing, Midwestern State University in Wichita Falls, Tx.

"The conference was the beginning of bringing together the region's practicing nurses, nurse administrators and nurse educators for ongoing collaborations to address workforce needs," states Sportsman.

The West Texas AHEC hosted the event, and staff from all five of the regional AHEC offices participated with nursing professionals to identify opportunities for further collaborating to maximize available resources in the region.

For more information, call Jenifer Hudman at 806.743.1338 or email [jenifer.hudman@ttuhsc.edu](mailto:jenifer.hudman@ttuhsc.edu).



**Dr. Alexia Green**

# Electronic Health Records Support Now Available for West Texas Practitioners

The West Texas Health Information Technology Regional Extension Center (WTxHITREC) has been established to provide education, outreach, and technical expertise to West Texas priority primary care providers (PPCPs) in the 108 western counties of Texas. The purpose of the Center is to assist these providers in selecting, implementing, and achieving meaningful use of certified electronic health record (EHR) products. John M. Delaney, RN, BSN is leading the non-profit WTxHITREC and is currently developing specific programs, hiring staff, opening a permanent office facility and preparing to contact West Texas PPCPs.

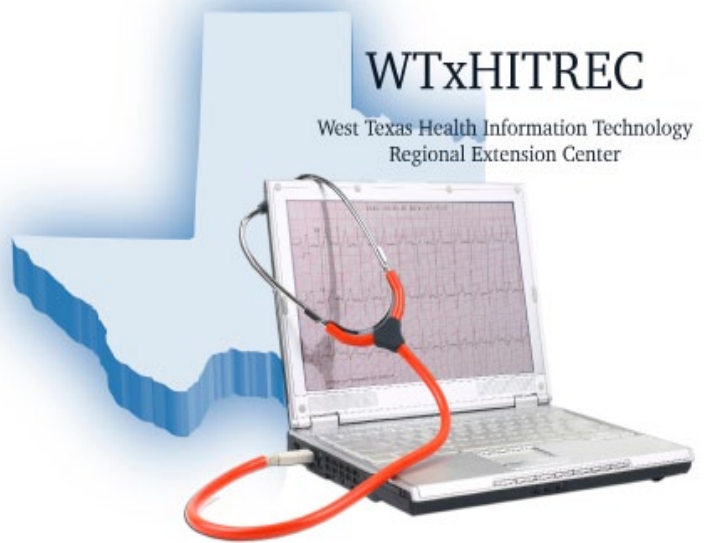
The WTxHITREC opened its doors in early October and is one of 60 federally-designated regional extensions centers across the nation. One of its most important functions is to provide PPCPs and hospitals tailored information they can use to make decisions to qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives.

**Who are PPCPs?**  
Government programs have defined PPCPs as physicians (Internal Medicine, Family Practice, OB/GYN, Pediatrics) and other healthcare professionals (PA, NP, Nurse Midwife) with prescribing privileges in the following settings:

- Small group practices (10 or fewer providers);
- Employed by public or critical access hospitals;
- Federally designated community health centers and rural health clinics; and
- Other ambulatory settings that predominantly serve uninsured, underinsured, and medically underserved populations.

**Why EHRs?**  
Most healthcare providers still use paper-based medical record systems, but several government incentives and programs are now available to help them transition to electronic records. EHRs can provide many benefits to improve care that paper records cannot. For example:

- A patient's complete health information can be securely accessed when and where it is needed to support better health-care decisions and more coordinated care.
- Better follow-up support is possible because instructions, information and reminders for the patient can be easily provided.
- Provider workflow and patient convenience can be improved.



Patients' prescriptions can be sent to their preferred pharmacy and ready even before the patient leaves the provider's office. In addition, insurance claims can be filed immediately from the provider's office.

Key WTxHITREC services include:

- Assisting PPCPs in determining eligibility for Medicaid or Medicare incentive payments.
- Assisting PPCPs in making informed decisions when purchas-

ing EHRs from their vendor of choice.

- Providing education regarding necessary functions of an EHR, including interfaces and connectivity options, so that practices are better positioned to take full advantage of interoperability.
- Assisting PPCPs in workflow analysis and redesign to optimize practice workflow with the utilization of an EHR.
- Assisting PPCPs in understanding options for protecting the integrity, privacy and security of patients' protected health information.
- Assisting PPCPs who utilize an EHR to identify and understand the "meaningful use" gaps within their current EHR and workflows.
- Assisting with progress towards meaningful use of an existing EHR.

For more information about the WTxHITREC, contact John Delaney at 806.743.1338 at [john.delaney@ttuhsc.edu](mailto:john.delaney@ttuhsc.edu) or visit [www.WTxHITREC.org](http://www.WTxHITREC.org).

## Eligibility for Incentive Payments

The incentives for eligible professionals (EPs) are based on the individual provider. Therefore, if you are part of a practice, each eligible professional may qualify for an incentive payment provided they successfully demonstrate meaningful use. Each EP is only eligible for one incentive payment each year, regardless of how many practices or locations to which they provide services.

**Medicare:** A Medicare EP is defined as a doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatry, doctor of optometry or a chiropractor who is not hospital-based.

NOTE: A Medicare EP is considered hospital-based if 90% or more of the EP's services are performed in a hospital inpatient or emergency room setting.

**Medicaid:** A Medicaid EP is defined as a physician, nurse practitioner, certified nurse-midwife, or dentist. Only physician assistants who provide services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant are eligible. To qualify for an EHR incentive payment, a Medicaid EP must not be

hospital-based and must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume\*
- Have a minimum 20% Medicaid patient volume, and is a pediatrician\*
- Practice predominantly in a Federally Qualified Health Center or Rural Health Clinic and have a minimum 30% patient volume attributable to needy individuals

NOTE: A Medicaid EP is considered hospital-based if 90% or more of the EP's services are performed in a hospital inpatient or emergency room setting.

If you are an EP that is eligible for both the Medicare and the Medicaid incentive programs, you can only participate in one program, not both.

\* Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.

## Institute Announces A New Director for New Program

The F. Marie Hall Institute of Rural and Community Health is glad to announce John Delaney RN-BC,CPHIMS, CPHIE, CPHIT, CPEHR as the incoming director for the West Texas Health Information Technology Regional Extension Center (WTxHITREC) at Texas Tech University Health Sciences Center in Lubbock, TX. Delaney and his department will lead the implementation and expansion of certified electronic health records reaching priority primary care providers (PPCPs) across the West Texas region.

"It is an exciting time in the F. Marie Hall Institute for Rural and Community Health," states Dave Leforge, COO. "We have the unique opportunity to reach PPCPs across 49% of the land mass of Texas with cutting edge tech-

nology, provide education and assistance and help to optimize practice workflow in the rural and community practices that help to keep our region thriving."

Delaney comes to WTxHITREC with many years experience in health information management systems and holds five professional certifications in the field. Prior to information technology, he worked over a decade in nursing services with progressive responsibility from staff nurse to nurse director and continues to hold a Registered Nurse license.



## West Texas Health Information Technology Regional Extension Center

### Letter of Interest

Under the American Recovery and Reinvestment Act (ARRA), funding for the use of Health Information Technology has been granted to the West Texas Health Information Technology Regional Extension Center, operating as the WTxHITREC. The WTxHITREC aims to provide services intended to increase the adoption and meaningful use of electronic health records (EHR) by priority primary care providers and Critical Access Hospitals in West Texas. Completion and return of this form indicates an interest in the services the WTxHITREC will provide, and in no way constitutes an agreement for services. Information gathered on this form will be utilized to determine eligibility for assistance from the WTxHITREC and to serve as an indication for the WTxHITREC to contact you in order to further discuss your interest and potential membership in the WTxHITREC.

Practice Details (please briefly describe your practice setting):			DATE:
Practice Name:		# of Providers in Practice Physicians:	
Form Completed by:		Physician Assistants: Nurse Practitioners:	
Street Address:			
City:	State:	Zip:	County:
Phone:	E-mail:		Fax:
Practice Type: (Please Circle)	Private Practice 1-10 Rural Health Clinic Community Health Center	Critical Access Hospital Public Hospital Non-Priority Hospital	Private Practice 11+ Other Underserved Setting

To complete online, go to [www.WTxHITREC.org](http://www.WTxHITREC.org) or fax completed form to the WTxHITREC office at 806-743-4510.



## Rural Project Is Expanding Research

Over the past year, Project FRONTIER (Facing Rural Obstacles to healthcare Now Through Intervention, Education, and Research) has experienced tremendous growth in numbers of participants, funding, and opportunities for further expansion.

This study has reached over 600 rural residents in Cochran and Parmer Counties during its first four years, creating a dataset of nearly 2,000 physical and mental health variables per participant. This dataset will only continue to expand as study investigators prepare to implement the next phase of the Project, allowing for the tracking of change over time. Such data is instrumental to learning

more about how problems like chronic cardiovascular diseases, diabetes, and Alzheimer's disease present and progress in a rural community.

The work Project FRONTIER is doing would be impossible without the new funding received this past year. Grants from the Hogg Foundation and the National Academy of Neuropsychology (NAN) are opening doors to research on depression within a rural cohort and the creation of comparison norms for Spanish speakers on prominent tests of memory and thinking. Additionally, a new collaboration with the Texas Alzheimer's Research Consortium (TARC) will allow for the study of

changes in memory and thinking among Mexican-American adults, as well as the late fall expansion of Project FRONTIER into a new West Texas community – Bailey County.

This year, Project FRONTIER investigators and partners have produced nine poster presentations given at regional, state, and national conferences and more than ten publications in multiple research journals. The Project has also provided training opportunities for almost 20 undergraduates and graduate students, residents, and fellows, as well as a group of award-winning middle school students from Whiteface ISD.

## Blood Biomarkers Research May Suggest Early Identification for Alzheimer's Disease

Sid E. O'Bryant, Ph.D., assistant professor in neurology and director of research for the F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center and his colleagues in the Texas Alzheimer's Research Consortium are in the midst of ground-breaking research toward identifying early-stage Alzheimer's disease.



O'Bryant

Alzheimer's disease, the most common form of dementia, which breaks down healthy brain tissue, is incurable, degenerative and terminal.

As Alzheimer's disease progresses it affects different areas of the brain, that in turn cause changes in a person's memory, behavior and other skills. Currently, once an ability is lost it is not known to return. Often the disease is undetected and undiagnosed for many years. According to the Consortium, more than 340,000 patients in Texas living with Alzheimer's disease, and that number is expected to reach 470,000 by the year 2025.

Researchers analyzed proteins in the serum of 197 patients diagnosed with Alzheimer's disease and 203 controls without Alzheimer's disease. Statistical analyses were used to create a biomarker risk score, which included levels of a number of protein biomarkers, including fibrinogen (a clotting protein), interleukin-10

(associated with the immune system) and C-reactive protein (an inflammatory marker). The final biomarker risk score correctly identified 80% of individuals with Alzheimer's disease and accurately excluded 91% of the individuals without Alzheimer's disease.

Their report has been published in the September issue of *Archives of Neurology*, one of the JAMA/Archives journals.

O'Bryant states, "An accurate and reliable blood test could detect the disease in its earliest stages allowing for many more patients to receive early treatment."

In 2009, O'Bryant earned an Early Career Award from the National Academy of Neuropsychology and was designated in September 2010 as a Fellow of the Academy.

# Telemedicine Report

Advanced Health Care Through Advanced Technology

## Children's Health Care Access for Rural Health (Project CHART) Update

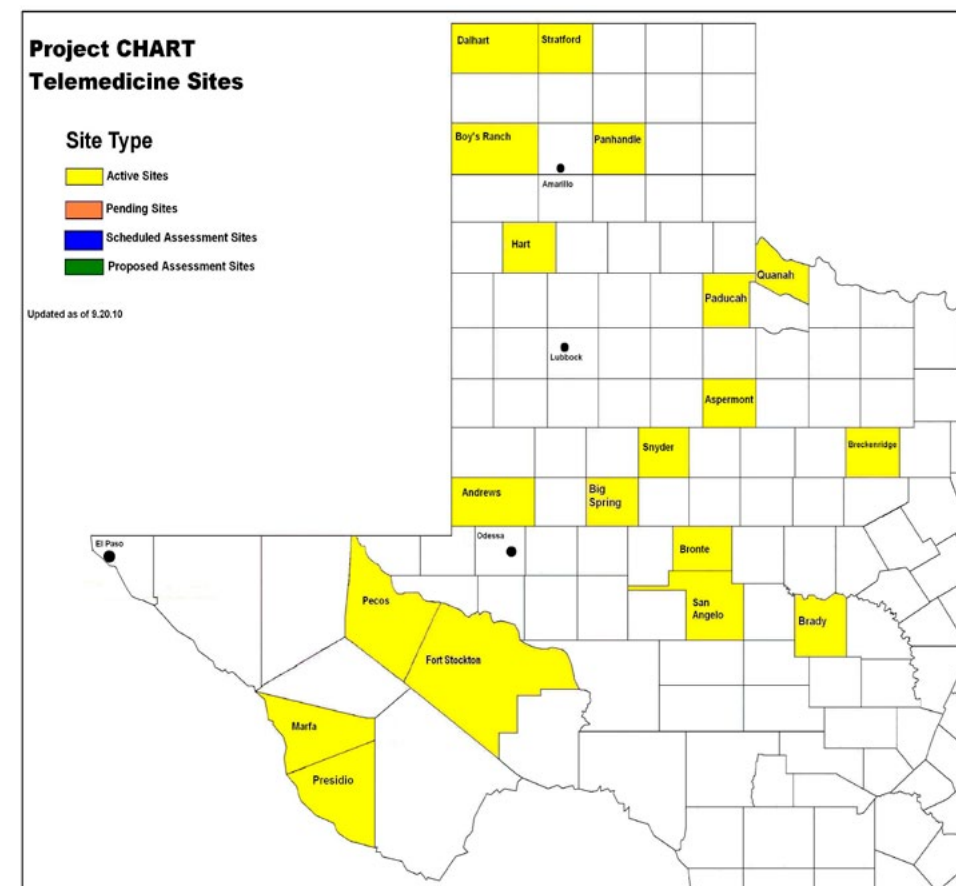
Twelve months ago the F. Marie Hall Institute for Rural and Community Health's department of telemedicine embarked on an initiative to expand access to healthcare services for Medicaid-enrolled children living in West Texas. The initial plan called for identifying 30 communities within Texas Tech University Health Sciences Center's 108-county service region that had little or no access to pediatric general and specialty services.

Since that time, the staffs have conducted 32 community assessments, already surpassing initial expectations. Staff have traveled over 7,900 miles in efforts to determine the health needs of these communities and if telemedicine could be used to meet those needs.

"We have learned over the past twelve months that it wasn't always the areas we thought might be lacking in health care that could utilize our services; sometimes telemedicine was not needed by the community. We have also learned that it might be communities such as Big Spring, with over 33,900 residents in Howard County," according to Debbie Voyles, director of Telemedicine.

Howard County is equipped with 20 primary care providers and three pediatricians. One physician, Dr. Steve Ahmed, a pediatrician, saw the potential to increase care for his patients by providing them with access to specialist's that were not available in Howard County.

"By installing telemedicine equipment in that county, and with the innovative leadership of Dr. Ahmed, 23 children have been accessed by specialists in a range of specialty including; orthopedic surgery, urology,



dermatology, endocrinology and pulmonology," affirms Voyles

As of the end of July 2010, telemedicine equipment has been installed, at no cost to the communities, in 19 locations throughout West Texas. Three more sites will have equipment installed by the end of August 2010. Fifty children were seen in August 2010 alone in the following specialties; general pediatrics, dermatology, behavioral health, nutrition, urology, endocrinology, pulmonology, and cardiology.

"In the last year, we have learned that education is a key component of getting individuals to use telemedicine, educating the primary care providers, the patients and the specialists. We

have also learned that many of the rural sites we have chosen are already seeing 35-40 patients per day and trying to work telemedicine patients into the mix has been challenging," states Voyles.

Unfortunately, recent state budget cuts have limited the number of sites to 25. Telemedicine staff are continuing the community assessments to determine where the final six sites will be. Anyone interested in learning more about the project, or who would like to have their community considered as a potential site can contact Debbie Voyles, director of Telemedicine at 806-743-4440 or at [debbie.voyles@ttuhsc.edu](mailto:debbie.voyles@ttuhsc.edu).



# AHEC Update

WEST TEXAS AREA HEALTH EDUCATION CENTER PROGRAM

## Community Health Planning Work Set to Launch in Late Fall

The West Texas AHEC Program is set to launch its community health planning activities this fall, with an initial pilot in five counties in the Permian Basin area. The AHEC will be partnering with the TTU College of Political Science to conduct focus groups with stakeholders in each county, as well as a consumer survey to gather feedback about the communities' healthcare concerns.

"It has been several years since this kind of collaborative effort to understand the local healthcare needs has taken place," says Dr. Billy Philips, vice president of Rural Health at Texas Tech University Health Sciences Center (TTUHSC). "In the past, it was something that regional health departments conducted, but shifting needs and resources have pushed this kind of planning to a back burner."

Generally, community health

assessments conclude with a report on the status of healthcare in that community but do not directly engage the community any further with prioritizing needs and then working together to identify and develop the resources to meet those critical needs.

"Because the AHEC centers have developed such close working relationships with community partners to develop the long-term healthcare workforce pipeline for the region, we think that the next step is to begin to bring those community partners together to address needs that impact the health status of the community," explains Shannon Kirkland, director of the West Texas AHEC Program at TTUHSC.

After the initial assessment of needs, community stakeholders who desire to will continue into the planning and intervention stages to respond to the needs and evaluate

progress in improving their community's health.

"For some communities, the goal may be to focus on more education and outreach to prevent cancer, or to create opportunities for residents to have more healthy lifestyles. For others, it may be 'How do we keep our local clinic open?'" adds Philips.

Once the pilot phase is complete and the assessment process is developed, communities across the entire TTUHSC service region will be invited to participate.

"We are seeking to create a long-term relationship with community stakeholders to work together to maximize resources to improve health in the local community—which will in turn improve the health status of the entire region and positively impact the healthcare infrastructure," concludes Philips.

## West Texas AHEC Hosts Regional Teen Volunteer Leadership Conference

The future healthcare professionals of West Texas were on the Texas Tech University Health Sciences Center-Lubbock Campus July 15 through July 17 to participate in West Texas AHEC's first Teen Volunteer Leadership Conference. The 54 high school-aged students were from the Borderland AHEC (Alpine, El Paso, and Presidio) and the Medical Center Hospital Junior Volunteer program (Odessa). Medical Center Hospital was a partner in developing the program.

This conference provided an opportunity for the students to develop leadership skills, give back to the local community, and to prepare for their future.

The teen volunteers started their experience with tours of the various components of the Health Sciences Center relating to leadership in health care, including telemedicine technology to deliver patient care to remote communities, the Lab Animal Research Center, and the Lubbock Eye Bank for an understanding about that unique aspect of service to others. These demonstrations provided many of the students their first glance at how telemedicine can assist rural practitioners with healthcare needs that would usu-

ally cause the patient to drive multiple hours to receive care.

On day two, attendees got out into the local community and conducted over 150 hours of community service. The opportunity to interact and help the local community was a rewarding treat for these teens who already serve in their home communities. As one student pointed out, "The greatest part of this camp was us having the chance to go somewhere we don't live to go out into their community and help out."

Some attendees painted a house for Habitat for Humanity, while others sorted and boxed food at the South Plains Food Bank or did chores, baked cookies and made cards for the families staying at the Ronald McDonald House and the American Cancer Society's Hope Lodge. Throughout the day students were able to learn from college student leaders' own experiences in developing leadership qualities and skills.

The conference conclude with participants developing and performing presentations showcasing all that they learned about leadership and



**Above:** Teens attending the Volunteer Leadership Conference lend a hand at local Habitat for Humanity.

service as well as ways they would work to implement these lessons in their community. The presentations provided one last round of bonding and laughter before they departed back to their respective communities.

## Panhandle HealthMATCH 2010 a Success

Approximately eighty residents and twenty-five third year medical students participated in HealthMATCH 2010 in Amarillo on Wednesday, September 15. Residents and students in the specialties of Internal Medicine, OB/GYN, Pediatrics, and Family Medicine were present.

The purpose of HealthMATCH is to connect communities in West Texas and residents and medical students at TTUHSC in a forum to interact and discuss rural practice opportunities available in the region. The event was hosted by the Panhandle Area Health Education Center (AHEC), a regional center of the West Texas AHEC Program.

Participating this year were eleven area communities, clinics or hospitals,

Health Resources and Services Administration's National Health Service Corps, Texas Primary Care Office, area law firms and legislative representatives.

Texas House of Representatives member Warren Chisum was present and addressed the residents and students attending the HealthMATCH event, encouraging them to take advantage of the practice opportunities that are available in rural West Texas. Also in attendance were staff members for Texas Senator Robert Duncan and Representative John Smithee.



**Above:** Dr. Heath Cotter, representing Hansford County Hospital District, chats with TTUHSC residents about practice opportunities. Cotter committed to Hansford County two years ago following a connection made at HealthMATCH and began practicing in Spearman earlier this summer.



**Above:** Teens volunteer and make crafts for the residents at the Ronald McDonald house in Lubbock, Tx.

**Left:** Volunteers pose after an afternoon of cleaning rooms at the new American Cancer Society's West Texas' Hope Lodge, Lubbock, through a partnership between TTUHSC and ACS. Lubbock's Hope Lodge is the first in Texas, and is the first in the country placed to serve a large rural serve area.

# New F. Marie Hall SimLife Center Creates Cutting Edge Learning Environment

In September, Texas Tech University Health Sciences Center (TTUHSC) announced the grand opening of The F. Marie Hall SimLife Center. The more than 24,000-square-foot facility is open to students from all schools at TTUHSC and features multi-modality simulation instruction areas including primary and acute care, a standardized patient program, simulation using advanced patient simulators and haptic devices, and 3D visualization. Clinical simulation laboratories like the SimLife Center allow students to acquire the full range of skills needed for nursing, medicine and other health care professions, ranging from drawing blood to delivering babies — all without the risk of injuring patients.

Ms. F. Marie Hall, longtime Texas Tech supporter, gave a major gift in 2009 allocated to establish The F. Marie Hall SimLife Center, an educational clinical laboratory that promotes safe, quality patient care through innovative simulation technologies.

Currently in the development stage is a partnership with the West Texas Area Health Education Centers (AHEC) and the SimLife Center to

also bring this technology to primary care practitioners across rural West Texas. This would extend the reach of the advanced patient simulators and educational avenues to develop programs that will enhance the education of both practicing and future physicians and nurses. The bridging of programs allows trainees to have hands-on experience through a variety of simulated scenarios without risking patient safety.

Tedd Mitchell, M.D., president of the Texas Tech University Health Sciences Center said, “the center is an excellent location to host continuing education courses that will increase communication among different health care fields. The new simulation center would not only be used by



students from all disciplines, but by faculty and health care professionals in the community as well.”

“Learning in a simulated environment allows students to make mistakes without the need

for intervention by faculty to prevent patient harm,” Sharon Decker, Ph.D., R.N., director of The F. Marie Hall SimLife Center and Covenant Health System Endowed Chair in

Simulation and Nursing Education. “Research has demonstrated that simulation provides

an effective method of teaching while promoting learner satisfaction and self-competence.”

“The facility provides a unique environment in which students of the health sciences can develop both discipline specific competencies and skills mandatory for interprofessional collaboration, communication and teamwork,” states Decker.

Also, the SimLife Center has been named a Laerdal Center of Educational Excellence. Laerdal is one of the leading providers of emergency and patient care solutions in the world. The Center of Education Excellence designation is awarded to centers that have consistently demonstrated excellence in educational philosophy and programs for the purpose of helping save lives.

# On the Fast Track: FMAT Program Receives \$1.5 Million Federal Grant

The Texas Tech University Health Sciences Center (TTUHSC) School of Medicine’s Department of Family & Community Medicine received a \$1,549,481 Predoctoral Training in Primary Care federal grant from the Bureau of Health Professions’ Division of Medicine and Dentistry for its innovative Family Medicine Accelerated Track (FMAT) program.

The Bureau of Health Professions’ Division of Medicine and Dentistry is an office of the Health Resources and Services Administration (HRSA) in the U. S. Department of Health and Human Services. This project was funded under Title VII, Section 747 legislation, whose programs focus on improving the nation’s access to well-trained primary care physicians by supporting primary care-focused, community-based residency training and developing pre-doctoral curricula.

In an effort to address the U.S. shortage of primary care physicians, TTUHSC School of Medicine established the first three-year medical degree ever approved by the nationally recognized accrediting authority for medical education. The new FMAT program will allow primary care students at the TTUHSC School of Medicine to complete their medical degree in three years at half of the cost of the standard four-year program.

“This is a program of national importance as we work to ensure that all Americans will have access to a pri-

mary care physician,” says Steven Berk, M.D., dean of the TTUHSC School of Medicine. “Our hope is to encourage students to seek a career in family medicine and federal grants such as this will promote competency-based family medicine accelerated tracks as a consideration at other medical schools.”

According to the American Academy of Family Physicians (AAFP), since 1997, U.S. medical school graduate matches in family medicine and general internal medicine programs have fallen by nearly 50 percent. A 2006 AAFP Workforce Study estimated that the U.S. will need approximately 39,000 more family physicians by 2020.

The 5-year funded grant involves TTUHSC Department of Family and Community Medicine faculty members at all three medical school locations in Lubbock, Amarillo and the Permian Basin, and supports creative initiatives for the training of medical students and family medicine residents.

The Predoctoral Training in Primary Care grant will run through 2015. This project will develop, implement and assess the TTUHSC School of Medicine’s innovative 3-year FMAT curriculum, which culminates in a medical degree and will prepare students for a standard 3-year family medicine residency to be completed at a TTUHSC family medicine residency program in Lubbock, Amarillo or the Permian Basin.

Project director for the TTUHSC FMAT program Ron Cook, D.O., associate professor and vice chair of Family and Community Medicine, said the program has garnered support from other schools.

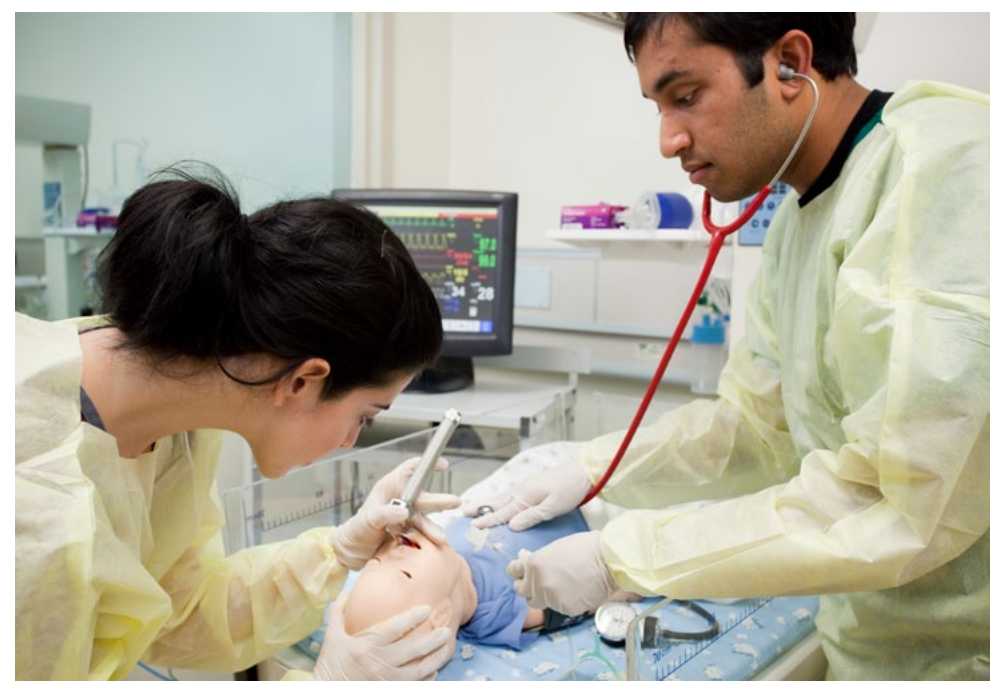
“There has been a lot of discussion about what we’re doing here at Texas Tech University Health Sciences Center with the accelerated medical school,” Cook says. “Other universities have shown interest in starting a similar program.”

Cook adds, “The money from the federal government will be used to support students in scholarships and grants so they can decrease the cost of their education through their tenure here at our school.”

The TTUHSC School of Medicine FMAT program was approved by the Liaison Committee on Medical Education (LCME), the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in U.S. and Canadian medical schools. The Association of American Medical Colleges and the American Medical Association sponsor the LCME.

The university will begin accepting students into the FMAT program in fall 2010 from the class of students currently completing their first year of medical school at the TTUHSC School of Medicine.

To learn more about the FMAT program, visit [www.ttuhsc.edu/som/fammed/fmat/fmathome.aspx](http://www.ttuhsc.edu/som/fammed/fmat/fmathome.aspx).



Family Medicine Accelerated Track (F-MAT Curriculum)							Texas Tech University Health Sciences Center School of Medicine					
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Year1:		Clinically Oriented Anatomy (11wks)			Biology of Cells & Tissues (9wks)		Major Organ Systems (13weeks)			Host Defense (9wks)		F-MAT1 (8wks)
	Early Clinical Experience 1											
Year2:	F-MAT1 (8wks)	Integrated Neurosciences (12wks)			Multisystem Disorders (8wks)		System Disorders I (9wks)		System Disorders II (8wks)		Step1 Study Time	Neuro (4wks)
	Family Medicine Clerkship/ F-MAT2 including Geriatrics Rotation											
Year3:	Pediatrics		Internal Med		OB/Gyn		Surgery		Psychiatry		F-MAT3 including All-Campus OSCE	
	Continuity Clinic											
	Integration Seminar											
Key:	New or Changed Experiences		Unchanged Courses			Unchanged Clerkships		Unchanged Longitudinal Experiences				



ADDRESS SERVICE REQUESTED

## CDC and the Flu Vaccine

Most of us think we know about the flu and the flu vaccine, but many myths are common. Flu season starts to peak in November and continues to peak through April. The Centers for Disease Control and Prevention (CDC) recommend getting your flu vaccine in the months of October and November in order to prevent getting the flu virus.



Every flu season a new batch of the flu vaccine is made. Scientists consider what strains of the virus are going to be a threat that flu season and develop the vaccine accordingly. There are usually three deactivated or killed strains of the flu virus in the vaccine each new flu season.

People who have severe allergies to chicken eggs or those who have *Guillain-Barré syndrome* (obtained after a previous flu vaccine) should not receive a flu vaccine.

New for this season the CDC is recommending that all men, women (including pregnant women) and children over six months in age—especially those who are higher risk for complications from the flu—receive the flu vaccination.

There are two types of flu vaccine available: an inactivated (killed) vaccine, which is the flu shot, and a live, attenuated (or weakened) vaccine, which is the nasal spray. The nasal spray is only available for healthy children and adults (except pregnant women) between the ages of 2 and 49.

The CDC says, “This season, protect yourself – and those around you – by getting a flu vaccine.”

## Upcoming Events

Nov 17	Trauma Nurse Core Curriculum (TNCC)	Lubbock, TX Contact: Cheri Read, Plains
Nov 19	Licensed Professional Counselor CE Seminar	Plainview, TX Contact: Cheri Read, Plains
Dec 8	RHOP - Medication Errors	Childress, TX Contact: Karen Russell, Panhandle
Dec 15	Cardiology Update	El Paso, TX Contact: Marci Brooks, Borderland
Feb 16	22nd Annual Southern Plains Conference “What Makes Communities Healthy?”	Nazareth, TX Contact: Cheri Read, Plains

AHEC of the Plains	806.291.0101
Big Country AHEC	325.793.8484
Panhandle AHEC	806.651.3480
Permian Basin AHEC	432.685.8306
Borderland AHEC	915.783.6213