

# ANNUAL REPORT

—  
2016



## F. Marie Hall Institute *for* Rural *and* Community Health



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER



## 2016 Annual Report

Mission & Vision	03
Letter from the Director	04
FMHIRCH Divisions	06
Admin	07
InHT	08
T-CORE	22
R2DM	30
Scholarly Activity	32
Funding in 2016	36

# F. Marie Hall Institute *for* Rural *and* Community Health

### MISSION & VISION

The F. Marie Hall Institute for Rural and Community Health exists to work in close collaboration with the people of Texas for the advancement of health through innovative and scholarly research, advanced use of technology, comprehensive education and outreach.



**F. MARIE HALL**

We focus our imagination, our talents, and our energy to improve the health and well-being of the people and communities of Texas and beyond.

YOUR LIFE  
— *our purpose* —



## Letter from the Director

This is a significant year for me. I turn 70 in a few days. I feel better than I did at 40. Many that know me know that I love to run and workout and I got longevity genes on both sides of the family. Of course none of that determines God's graciousness to allow me this life. So I can honestly say that I have never thought about retirement aside from making payments to my IRA. Oh, I have had the thought a time or two that, someday, I'm going to have to figure out how social security works. By the way, I got that letter the other day that says I have to start taking it in six months! Still, do you know why I have not thought about retirement is that I'm not ready to retire? I am having so much fun and staying so busy enjoying what I do that retirement does not matter.

When you read this 2016 Annual Report, you will know why I don't think about retirement. Look at the pictures of our people. It is my great pleasure to work with them every day. They are the finest group of people one could imagine. They work like they like it, and when you read what we have accomplished you will see that that statement is true.

Every one of us is so blessed and thankful for what Marie Hall started when she had the original vision for this Institute. What an honor to be a part of this. It's been a great year and we are looking forward to many more to come. I believe that time is our most precious gift and the way you spend it is your life. There's an old Donny Osmond song entitled *Seasons of Love*. The lyrics will make my point better than anything I might write:

Five hundred twenty-five thousand six hundred minutes  
 Five hundred twenty-five thousand moments so dear  
 Five hundred twenty-five thousand six hundred minutes  
 How do you measure, measure a year?  
 In daylights, in sunsets  
 In midnights, in cups of coffee  
 In inches, in miles  
 In laughter, in strife  
 In five hundred twenty-five thousand six hundred minutes  
 How do you measure a year in the life  
 How about love?

In April, I will pass my tenth year at the helm of the F. Marie Hall Institute. When I came, I wanted to do good things. I figured this might be the last stop of my career so I wanted to leave behind something really special, some really groundbreaking science, students that might remember their time with us, and people across West Texas that might appreciate things we did even if they didn't know it was us who did them. Maybe all of these dreams will be true; time will tell. One thing is true. I have watched the work we have done. I have watched people doing what they do. I can say that what I have seen is them pouring all they have into it. I have seen them do what they do in love. You know, there may not be a better legacy than that. So I present to you, on behalf of the people that are the F. Marie Hall Institute for Rural and Community Health, our 2016 Annual Report. It tells its own story. It is what we did, five hundred twenty-five thousand six hundred minutes last year. Thank you, Marie Hall, for the privilege.

~ DR. BILLY U. PHILIPS, JR.



**I believe  
that time  
is our most  
precious gift ...**



## Our People

### Four Divisions, One Mission

The F. Marie Hall Institute for Rural and Community Health is a multi-disciplinary group of professionals who contribute to key programs in the following areas:

- Institute Administration
- Innovative Healthcare Transformation (InHT)
- Transforming Communities through Outreach, Recruitment and Education (T-CORE)
- Research, Reporting and Data Management (R2DM)

### DR. BILLY U. PHILIPS, JR.



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We thank you for allowing us to spend our time with purpose and to strive each and every day to make the world a better place.

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# InHT

Telemedicine & Telehealth, Health IT Support, Practice Management,  
Clinical Quality Coaching and ICD-10 Transformation

Our *Innovative Healthcare Transformation* division (InHT) assists healthcare providers and hospitals in modernizing their organizations with the use of telehealth technology and certified electronic health records (EHRs).



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*WTxHITREC, Frontiers in Telemedicine, TexLa  
Telehealth Resource Center, MPS Contract, Next  
Generation 9-1-1 Project, NAIP Project, TWITR*

Through innovation and determination, InHT provides technical support and healthcare expertise to individuals across the region.



# WTxHITREC



## West Texas Health IT

### 108 Counties

The West Texas Health IT Regional Extension Center (WTxHITREC), serves as the federally designated Regional Extension Center for the 108 most-western counties of Texas. In the past year, the WTxHITREC played a critical role in evaluating clinical systems to identify solutions for reaching Meaningful Use and transitioning practices towards value based payments for over 1300 providers and hospitals in West Texas.



## Electronic Health Records

### 100% Adoption

The WTxHITREC attained 100% EHR Adoption for Regional Extension Center participating providers moving over 25% of its remaining providers to meaningful use since September 2014.

The WTxHITREC outperformed the REC national meaningful use attainment average by 23%.



## Medicare & Medicaid

### CMS Assistance

The WTxHITREC assisted CMS in the distribution of approximately \$994,500 of Medicaid incentive payments and nearly \$1,392,000 of Medicare incentive payments to West Texas providers and organizations. The WTxHITREC successfully closed out this cooperative agreement in Spring of 2016.

# Medicaid Physician Specialist (MPS) Contract

The WTxHITREC was contracted by HHSC to seek out Medicaid Specialists who were either not on an electronic health record and assist them with implementation or assist them with meeting the goals of Meaningful Use.

The CMS EHR Incentive Program targeted Primary Care physicians initially, but later opened up to specialist providers as well. The main goal was to assist the Specialist providers as we had assisted the Primary Care providers in obtaining the knowledge and workflow of a "meaningful user." We assisted these providers to accomplish the goals set by CMS not only to receive incentive payments, but also to improve the quality of patient care. The MPS Contract targeted all Medicaid specialists who care for Medicaid patients in their practice. In order to be considered a Medicaid provider, they must be able to show a Medicaid volume of 30% or more unless they are a Pediatric specialist who must show a volume of 20% or more.

## ACCOMPLISHMENTS IN 2016

During the contract with HHSC, the WTxHITREC has served 96 Medicaid Specialists in our 108 county region in completing:

- |  |  |
|--|--|
| • Milestone 1: Contracting for an EHR - 100% | All 96 providers contracted to get an EHR  |
| • Milestone 2: Go live with an EHR - 83%     | 80 of 96 providers implemented an EHR      |
| • Milestone 3: Meeting Meaningful Use - 23%  | 22 of 96 providers have met Meaningful Use |

## LOOKING AHEAD TO 2017

We are currently negotiating an extension on this contract in order to get 100% of these providers to Meaningful Use. Many of these clinics serve challenging patient populations and need additional assistance in finding solutions to workflow problems. Other providers have had problems with EHR vendors getting upgrades to 2014 certification or purchasing a different EHR due to certification problems. Supporting these providers during these transitions will help in getting them to the final goal of Meaningful Use.



# Telemedicine in West Texas

## The Texas Tech University Health Sciences Center (TTUHSC) Telemedicine Program

### THE BIG PICTURE

The TTUHSC Telemedicine Program continues to bridge access barriers in the 108-county service area of West Texas. The program provides patient services including rural health clinic-based specialty care, school-based clinic primary care, correctional telemedicine, mental health services including a school-based triage and referral project, as well as an HIV+ clinic for uninsured and underserved patients.

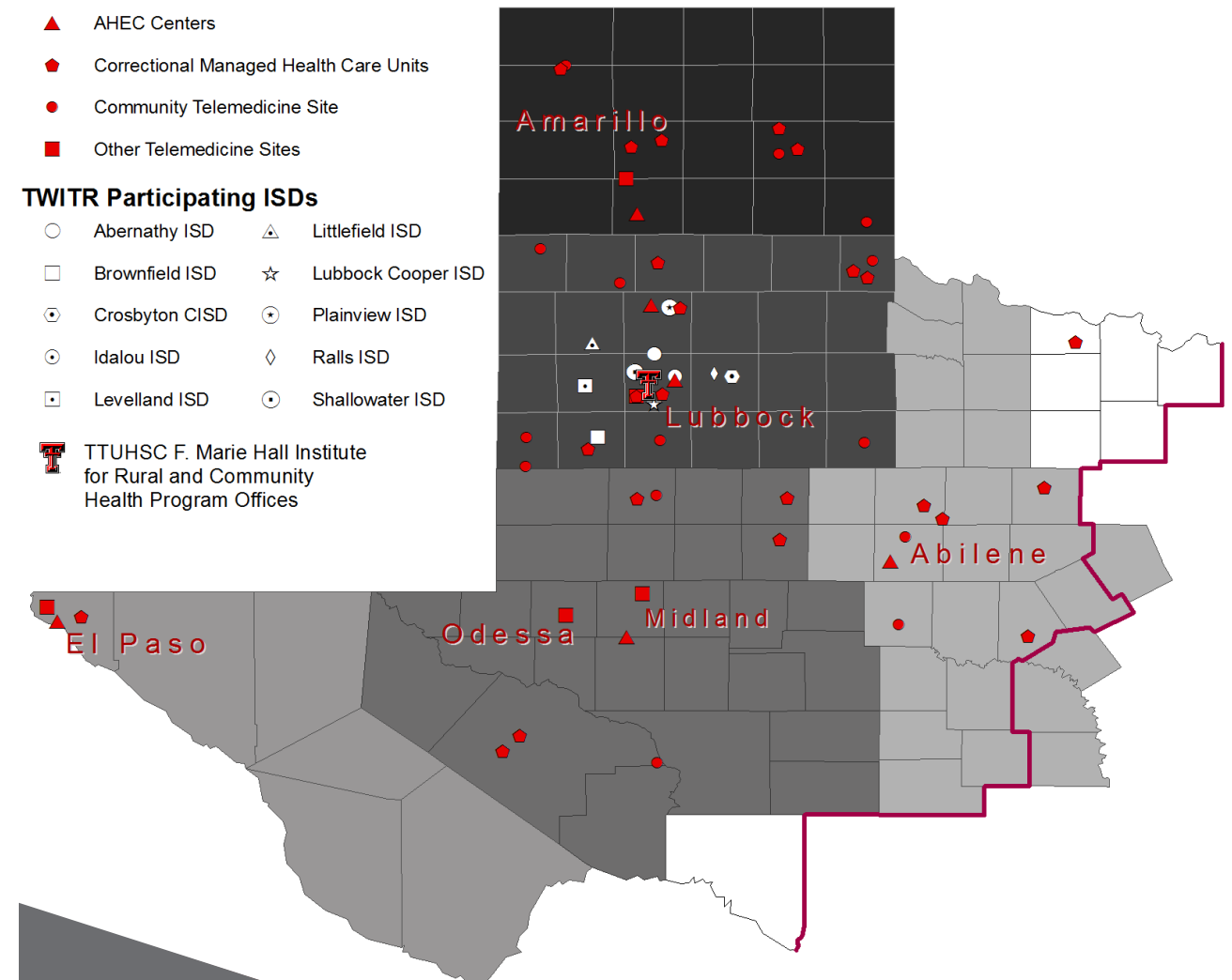
### ACCOMPLISHMENTS

The Telemedicine Program continues to be involved in many projects to seek innovative ways to expand telemedicine in our most rural areas and educate others throughout the region. In FY 2016, cardiology clinics were added in two existing communities in our network. We also added two additional communities to our

network, with new requests coming in on a regular basis.

A brief look at the encounters provided through the TTUHSC Telemedicine Program and the TTUHSC Telemedicine Network in FY 2016 reveals how telemedicine technology has the ability to bring care closer to home and offer a great benefit to the most rural areas in West Texas:

- 7,931 correctional patient encounters
- 607 community patient encounters
- 237 infectious disease clinic patient encounters
- 8,538 total patient encounters
- Approximately 135,000 miles were saved by the utilization of telemedicine



### EVERYTHING'S BIGGER IN TEXAS

Texas is the second largest and second most populous state in the United States of America. The sheer size of the state is not to be underestimated. Texas measures over 267,000 square miles in area, making it slightly larger than France. Brewster County in West Texas is larger in land area than Rhode Island and Delaware combined; Texarkana is closer to Chicago than it is to El Paso, and Brownsville is closer to Mexico City than it is to Dallas.

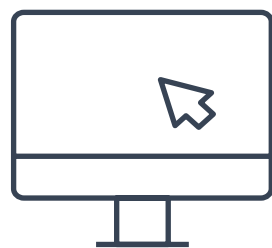
# Next Generation 9-1-1 Telemedicine Medical Services Pilot Project

With approved legislation of HB 479, the Texas Tech University Health Sciences Center (TTUHSC), in coordination with the Commission on State Emergency Communications (CSEC), will establish a pilot project to provide emergency medical services (EMS) instruction and emergency pre-hospital care instruction through telemedicine provided by regional resource trauma centers to health care providers in rural trauma facilities and EMS providers in West Texas. The Pilot Project will aid EMS and Emergency Responders in the treatment of patients via telemedicine by allowing real time emergency care consultation, which will result in improved access to care and better patient outcomes in the most rural areas of West Texas.

## ACCOMPLISHMENTS IN 2016

Focusing the project on a 10-county area around Midland/Odessa and San Angelo, the following accomplishments for FY 2016 included:

- TTUHSC developed a PowerPoint presentation to present to the workgroup in order to give them the complete picture and gave discussion points regarding the project. The workgroup consists of EMS personnel from JRAC and KRAC, trauma staff from the area hospitals, and IT staff from EMS and hospitals. The workgroup will assist TTUHSC with establishing procedures for utilization of telemedicine equipment, selection of vendor for equipment, selection of EMS units to implement and identify connectivity and communication issues. We have had quarterly workgroup meetings utilizing face-to-face and virtual meetings with 12 to 15 members in attendance at each meeting.



- TTUHSC attended the 2nd Annual Rural EMS Conference in San Antonio in April. Dr. Billy Philips and Cole Johnson gave a presentation on the Next Gen 9-1-1 Project which was well received. There were many of the pilot project's workgroup members in attendance who seemed to be more excited about the project after seeing national interest in developing telemedicine solutions for EMS applications.
- TTUHSC met with all four of the trauma level 2 and 3 facilities in the area. With the assistance of Dr. John Griswold, former TTUHSC Chair of Surgery, who has utilized telemedicine in his burn practice for many years, all but one of the trauma facilities is going to actively participate in the project.
- TTUHSC posted the RFP for telemedicine equipment in June. There were 4 proposals received and each was evaluated by Cole Johnson, Sharon Rose, Laura Lappe, and Jimmy Ashley. The comments received from the workgroup after the live demonstrations and comments from the CSEC committee were considered during the evaluation process. SwyMed was awarded the contract at the end of July, 2016.
- Reagan County EMS and Martin County EMS will be the first two project implementations. SwyMed has already started conversations with them and the three trauma facilities. Implementation is set for the first of November, 2016.

## LOOKING AHEAD TO 2017

TTUHSC is looking forward to continuing this project in the rural communities within our service area to promote increased quality patient care. We expect to implement 3-5 EMS units with telemedicine equipment which will connect to one of the 3 area trauma facilities. TTUHSC will collect data to determine any connectivity or communication issues and find resolution if any issues arise. TTUHSC will continue to search for additional funds available to support this project.



# The TWITR PROJECT

The Telemedicine, Wellness, Intervention, Triage and Referral (TWITR) Project was developed and implemented in 2013 to address the need for quality mental health care to youth in rural areas.

The **TWITR Project** instituted a model for identifying students at risk for committing school violence and then intervening with those students before acts of violence occur. The program brings Licensed Professional Counselors (LPCs) into schools to assess junior high or high school students who have been identified by school personnel as having behavioral problems possibly leading to violence. If, through the assessment, a student is identified as requiring mental health care, either a referral for individual and/or family counseling is made or the student is referred to the TTUHSC Department of Psychiatry for telemedicine psychiatric services.

## ACCOMPLISHMENTS IN 2016

- TWITR has continued to offer educational activities to the ten participating districts on topics including cutting, suicide, bullying, substance abuse and basic mental health. General training was provided prior to the start of the new school year to clarify and reinforce appropriate referral reasons and processes.
- The TWITR website was developed and completed and now serves as a source of information and educational resources for educators, parents and students. Downloadable content is available on topics ranging from general mental health to crisis management. Information is also provided for those that wish to replicate the TWITR model in their locale.
- The TWITR team has provided their expertise and collaborated on Institute grants and endeavors dealing with juvenile mental health and is currently assisting the Denver City/Plains clinic with their DSRIP project by offering tele-counseling services to their clients.

## LOOKING AHEAD TO 2017

Because of the success and recognized value of the services offered by TWITR, plans are being made to expand the project in 2017 to include additional schools, particularly rural districts that may be lacking in the needed mental health resources.



## Telemedicine, Wellness, Intervention, Triage and Referral



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# TexLa Telehealth Resource Center

The TexLa Telehealth Resource Center (TLTRC) is a federally funded program designed to provide technical assistance and resources to new and existing telehealth programs throughout Texas and Louisiana.

Nationally, there are a total of 15 TRCs which include 12 Regional Centers, all with different strengths and regional expertise. The TLTRC will continually evaluate telehealth programs in Texas and Louisiana for effective delivery of telehealth services, efficiency, sustainability, and patient satisfaction.

## ACCOMPLISHMENTS IN 2016

The TexLa TRC continues to focus its efforts in various areas to help eliminate barriers and support the expansion of telehealth throughout Texas and Louisiana. Below are a few major accomplishments:

- The TexLa TRC supported the development and hands-on competency-based training for the Frontiers in Telemedicine training lab online modules, simulation center learning, and objective structured clinical examinations.
- In 2016, the fourth and final year of funding, TexLa TRC continued to see increases in requests for technical assistance and resources and broadened our influence and reach through outreach and educational efforts. From year 1 formation of TexLa TRC to year 4 in FY16, requests for technical assistance increased by 374% and numbers reached through outreach and education increased 579%.
- TexLa TRC and West Texas AHEC collaborated on the 2016 Rural Health at the Crossroads Conference held in Lubbock, Texas, offering tracks for Community Health Workers and Telehealth. Telehealth sessions focused on school-based telehealth, telebehavioral health programs including TWITR, and legislative updates for Texas and Louisiana.
- TexLa TRC developed tools, guides, and new partnerships in the past year, addressing billing and reimbursement for telehealth and is working with providers and payers to address barriers and resolve issues with regard to payment for telehealth services.

## LOOKING AHEAD TO 2017

FY16 was the fourth and final year of the TRC grant from the Office for the Advancement of Telehealth (OAT), a program of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). The TRC submitted an application for a competing continuation grant to begin September 1, 2016 and was awarded funding for an additional year, so the TRC will continue its mission to be the trusted advisor and resource for the adoption, implementation, and effective use of telehealth resources.



**Improving  
healthcare  
access, quality,  
and outcomes**





## Frontiers in Telemedicine

The Frontiers in Telemedicine Course is a unique program that trains clinical staff to be telemedicine presenters. Students complete hands-on simulation center training, online modules, and objective structured clinical examinations (OSCEs) designed to educate them on telemedicine equipment, etiquette, and ethics. The program trains nurses, nurse practitioners, physician assistants, residents, and doctors who desire to be telemedicine presenters.

### ACCOMPLISHMENTS IN 2016

Opening its doors in January 2016, the Frontiers in Telemedicine (FIT) Simulation Lab is a 3,200 square foot space outfitted with state-of-the-art telemedicine and remote patient monitoring equipment. With two classrooms, four patient exam rooms, four provider viewing rooms, a conference room, and a standardized patient staging area, the lab has an interactive and hands-on component that makes it the first of its kind in the nation. From February 1 through August 31, 2016, the FIT Lab trained 129 professionals in Emergency Medicine, Dermatology, Psychiatry, Pediatrics, Internal Medicine, and Public Health specialties, including Department Chairs from multiple campuses of TTUHSC.

### LOOKING AHEAD TO 2017

Looking forward to 2017, the FIT Simulation Lab and Training Course leadership plan to revise and revamp the course materials, ensuring the most up-to-date information is disseminated to students.

**Our focus on competency-based learning will set the standard for training across the country**



# T-CORE

**T-CORE** was created to more accurately describe the programs that have evolved within the West Texas AHEC division of the Institute. In addition to West Texas AHEC, programs under T-CORE include the Youth Engagement Training Initiative (YETI), Community Health Worker Development — Bridge to Excellence, the Scrubs Club, Opening Doors to Your Future, and the Jr. Double T Youth Health Service Learning project.



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## Transforming Communities through Outreach, Recruitment and Education



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# West Texas AHEC



The West Texas AHEC program has five regional offices—located in Canyon, Plainview, Midland, Abilene and El Paso—along with a satellite office in San Angelo serving as the TTUHSC’s outreach arm to engage communities in assessing health care needs.

Goals for the West Texas AHEC program include coordination of pipeline activities to recruit and engage students to enter the healthcare workforce, reduction of health service disparities and barriers to healthcare by addressing healthcare provider shortages and access across the West Texas region. Additionally, the West Texas AHEC program expands community-based opportunities to increase health professions training capacity; provides community-based clinical training for health professions students; provides practice entry support; introduces youth and their families to health careers; and supports placement and retention of health professionals in high-need areas.

## ACCOMPLISHMENTS IN 2016

- Helped address the healthcare provider shortages in rural West Texas by hosting 512 Health Careers Promotion and Preparation events reaching 74,065 participants
- Distributed 17,755 H.O.T. (Health Opportunities in Texas) Jobs books
- Coordinated 427 rural field placements for health professions students
- Hosted 361 continuing education offerings reaching 9,936 participants
- Hosted 57 events with 5,023 participants to support programs that recruit health professionals in rural communities through Community Based Education

- Served 28 agencies by providing health literacy programming
- Hosted 10 summer camps with a total of 220 students
- Established the Community Health Workforce Development - Bridge to Excellence program
- Establishment of a Registered CHW apprenticeship program
- Established the “Scrubs Club”, a program designed to enhance the pre-health professional student’s journey into the healthcare field
- Established “Opening Doors to your Future,” designed to mentor homeless and foster care students interested in healthcare careers
- Established a “Jr Double T” program that is a Youth Health Initiative with a focus on service learning
- The Double T Colligate Health Service Corp: Students attended at least five service learning events per month between September and May

## LOOKING AHEAD TO 2017

West Texas AHEC will continue to address the healthcare professional shortage by recruiting students into the healthcare pipeline. West Texas AHEC makes the most of the monetary resources provided to reach corners of rural West Texas that otherwise would not have opportunities to participate in education events.

## YETI

The Youth Engagement Training Initiative (YETI) focuses on empowering youth by addressing three critical factors: self-esteem building, communication skills, and problem-avoidance management.

The YETI program serves youth in grades six through twelve who reside in our nine county service area including Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, and Terry. Through existing partnerships with West Texas AHEC and the Telemedicine Wellness Intervention and Triage Referral (TWITR) Project, new YETI partnerships in communities such as Brownfield, Levelland, Littlefield, and Lubbock have been established. These partnerships focus primarily on the formation and maintenance of a Youth-Adult Council (YAC) made up primarily of youth but also including caring adults and parents. Youth and adults work together to form relationships and provide opportunities for youth to use the voice they have to speak up for themselves when it comes to important topics such as mental health, substance use, and access to care/transition. Our YAC has been instrumental in the creation of trainings, outreach events, workshops, and classes for youth and adults alike. Our Positive Youth Development curricula aims to educate youth about adolescent risk factors and teaches youth to help themselves as well as others. YETI will continue to reach out to other communities in the service area to promote the program and the services it provides. At the forefront of these efforts are the youth of the program. They are the agents of change and will continue to facilitate change within their own communities and the communities of West Texas.

### ACCOMPLISHMENTS IN 2016

- 30 total workshops and trainings
- Addition of 13 new YAC members of which six were youth.
- 10 youth added to Student Advisory Groups
- Implementation of media campaign
- Two Positive Action cohorts created and completed curricula
- Growth of network for rural youth-serving partners
- 14 presentations to youth-serving agencies and professionals
- Youth-led presentations to youth-serving agencies and professionals
- 926 students directly engaged with YETI services/supports

## Youth Engagement Training Initiative



### LOOKING AHEAD TO 2017

- Recruitment of youth YAC members
- New cohorts for Positive Youth Development curricula
- Increased presence in YETI service area
- Expansion of media campaign
- Exploration of YETI Youth Summit
- Recruitment for Student Advisory Groups
- Dissemination of youth resources to service region
- Expansion of trainings, workshops, and outreach events





CHWs serve as liaisons  
between healthcare providers  
and the community they serve

## Community Health Worker Training

Community Health Workers (CHWs) serve as extensions to healthcare teams to address an increased demand for quality over quantity. West Texas AHEC is certified to provide CHW training and continuing education courses to CHWs as well as a CHW Instructor course following guidelines and curriculum approved by the Texas Department of State Health Services. The program requires that students complete 160 hours of training in eight competencies: Communication, Interpersonal, Service Coordination, Capacity Building, Advocacy, Teaching, Organizational, and Knowledge Base. The CHW training consists of face-to-face didactic sessions along with interactive and service learning experiences. These learning experiences enhance the knowledge base required to perform CHW tasks and allows the trainee to practice and develop specific skills in application. West Texas AHEC offers a virtual classroom format to engage participants residing in rural communities.

### ACCOMPLISHMENTS IN 2016

The CHW Workforce Development - Bridge to Excellence began by offering monthly continuing education opportunities in January 2016 during lunch for an average of 10 certified community health workers attending each class. We have also provided employer training for staff members from Shannon Memorial Hospital in San Angelo and Midland College. With approval from the Department of State Health Services to provide continuing education units to Certified Community Health Worker Instructors, we reached 30 individuals during a session at the Crossroads Conference this summer. During the conference, we were able to offer concurrent CHW sessions with CEUs offerings with the attendance of 30 certified community health workers. Another exemplary accomplishment is the graduation of nine EMTs from the CHW Certification Program offered at Permian Basin. One of our most outstanding accomplishments for the CHW Workforce Development - Bridge to Excellence is the official registration with the Department of Labor as an apprenticeship program, expanding the capacity for students who qualify for programs sponsored by the Texas Workforce Commission to attend through scholarships.

### LOOKING AHEAD TO 2017

Partnerships are being solidified with rural agencies to recruit students for the first CHW certification class cohort to begin November 2016. Partnerships with hospitals, FQHCs and other healthcare provider clinics will be sought in order to recruit and train CHWs for rural healthcare sites. We plan to incorporate CHW Instructor CEUs along the way. CHW Workforce Development - Bridge to Excellence will continue to offer training to employers wishing to hire CHWs.



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## R2DM

The research division of the Institute, R2DM is a multidisciplinary team that serves as a resource for rural-related efforts throughout the Institute, the Texas Tech University System, and the many communities within the TTUHSC service area.

This newly named division, **Research, Reporting & Data Management**, is the result of combining the Institute's research related efforts, lending to more centralized and efficient processes. R2DM is the Institute clearinghouse for research administration and performs collection, analysis and management of data and information needed for grant proposal preparation and other special projects. Other academic and community-based activities performed by R2DM include geomapping and analysis, community health needs assessments, contract processing, information dissemination in the form of reports and publications, and program evaluation.

### ACCOMPLISHMENTS IN 2016

In 2016, the R2DM team supported the Institute by gathering data for many other initiatives throughout the Institute and by writing, editing and/or researching the following documents:

- 50 legal documents
- 7 new funding proposals
- 4 issues of the *Rural and Community Health Messenger*

### LOOKING AHEAD TO 2017

In 2017, the *Rural and Community Health Messenger* will be relaunched as *Rural Health Quarterly (RHQ)*, a national news magazine that seeks to inform readers about all things related to rural health on local, state, and national levels. *RHQ* will be a quarterly publication available in print, online at [www.ruralhealthquarterly.com](http://www.ruralhealthquarterly.com), and via digital download. *RHQ* allows free access to its contents and permits authors to self-archive on any Open Archives Initiative compliant institutional/subject-based repository.



# Scholarly Activity

## PUBLICATIONS

Gong, G., Huey, C., Johnson, C., Curti, D. and Philips, B. U. (2016). Enrollment in health insurance through the Marketplace after implementation of the Affordable Care Act in Texas. *Texas Medicine*. (In press).

Gong, G., Huey, C., Johnson, C., Curti, D. and Philips, B. U. (2016). The Health Insurance Gap After Implementation of the Affordable Care Act in Texas (Manuscript under review, *Texas Medicine*)

Jones, B, Philips, B. (2016). A Roadmap to Achieving Transformational Clinical Practice with Telemedicine. (Pending submission).

*The following manuscripts are in preparation:*

Gong, G., Johnson, C., Curti, D., Carrasco, M. and Philips, B.U. Gender, Ethnicity, and Rural Residence and the Proportion of Centenarians in Texas.

Philips, B.U., Gong, G. and Carrasco, M. Cancer incidence in association with arsenic exposure and socioeconomic status in Texas.

Johnson, C., Gong, G., Curti, D. and Philips, B.U. The Benchmark of Rural Health in West Texas: Top 10 leading causes of death in rural Texas in 2010.

Gong, G., Johnson, C., Curti, D. and Philips, B.U. Potential adverse effect of the new Merit-based Incentive Payment System (MIPS) on small clinical practices in Texas.

Gong, G., Allauddin, M. and Philips, B.U. Concentrations of inorganic arsenic species are highly correlated with the concentration of the sum of all arsenic subspecies in nails.

Miller, B., Hudson, C. and Gong, G. Depression is associated with lower American National Adult Reading Test scores among rural dwellers aged between 50 and 64 years in Texas: A Project FRONTIER Study.

## PRESENTATIONS

Flores, D. (2015). West Texas AHEC Update. Texas Rural Health Association. Forth Worth, Texas.

Flores, D. (2016). CHW Roles in Telemedicine. Texas Public Health Association Conference. Galveston, TX.

Flores, D. (2016). Moving C HWs to the Next Level. National Area Health Education Center's Conference. Washington, DC.

Flores, D. ( 2016). Rural Health Issues and Trends Impact on Growing up Texas: Code Blue. 8th Annual Texas Health Steps-West Txs Rural Health Conference Rural Health Matters: Challenges & Opportunities. Midland, TX.

Philips, B.U., et. al. (2016). The Uber Debate of Health Care: Telemedicine and Texas. Panel Presentation at 14th Annual Texas Public Policy Foundation Policy Orientation, Austin, Texas.

Philips, B., & Johnson, C. (2016). Next Generation 9-1-1: Telemedicine Medical Services Pilot Project [Webinar]. University of Arkansas for Medical Sciences Center for Distance Health Quarterly Thought Conference. Retrieved from <https://learntelehealth.org>.

Philips, B.U. (2016). Innovations in Telemedicine. Testimony to State of Texas House of Representatives, Committee on Public Health. Austin, Texas.



To accomplish our mission, the Institute seeks to discover, apply & disseminate knowledge to improve rural health



PRESENTATIONS (CONTINUED)

Gong, G., Johnson, C., Curti, D., Philips, B., Carrasco, M. (2016). Effects of Ethnicity, Gender, Migration, Immigration, Age Distribution, and Rural Residence on the Proportion of Centenarians in Texas Counties Texas Public Health Association: 92nd Annual Education Conference, Galveston, Texas

Gong, G., Alauddin, M., Philips, B. U. (2016) Concentrations of inorganic arsenic species are highly correlated with the concentration of the sum of all arsenic subspecies in human nails. Presented at the 92nd Annual Texas Public Health Association (TPHA) Conference, Galveston, Texas. April 11-13, 2016.

Philips, B., & Johnson, C. (2016). Telemedicine & EMS. National Rural EMS Conference 2016: Building Integration & Leadership for the Future. San Antonio, Texas.

Looten, S., Philips, B. (2016). How to Transform Legacy to Information Rich Organizations. Poster presented at National Area Health Education Center Organization Conference, AHEC on the Hill: A Capitol Idea!, Washington, DC.

Philips, B.,(2016). Telemedicine, Wellness, Intervention, Triage and Referral Project at TTUHSC. Mental Health America of Abilene 2nd Annual Mental Health Symposium: The Promotion of Adolescent Wellness, Current Mental Health Initiatives, and Legislative Updates. Abilene, Texas.

Bell, B., Gong, G., Hudson, C. (2016). Mild Cognitive Impairment and its Relationship to C-reactive Protein and Albumin Levels in Blood: A Project FRONTIER Study. Poster presented at TTUHSC Student Research Week, March 10-13, 2016, Lubbock, TX.

Siddiqui, Z., Lambert, M. E., Byrd, T (2016). Assessing Polypharmacy in Rural West Texas via Project FRONTIER. Poster presented at TTUHSC Student Research Week, March 10-13, 2016, Lubbock, TX.

GRANT APPLICATIONS

Funding Agency: HRSA  
Title: TexLa Telehealth Resource Center (InHT)  
PI: Billy Philips  
Submitted: March 2016  
Status: Funded

Funding Agency:HRSA  
Title: Telehealth Network Grant (InHT)  
PI: Travis Hanson  
Submitted: April 2016  
Status: Not funded

Funding Agency: The CH Foundation (T-CORE)  
PI: Debra Flores  
Submitted: December 2015  
Status: Not funded

Funding Agency: Robert Wood Johnson Foundation  
Title: State Health Access Reform Evaluation (SHARE) 2016 (CRDM)  
PI: Gordon Gong  
Submitted: June 2016  
Status: Not funded

Funding Agency: Texas Juvenile Justice Department  
Title: Panhandle/West Texas Region Tele-Counseling Program RFP (InHT and BHIR)  
PI: Travis Hanson  
Submitted: June 2016  
Status: Not funded

Funding Agency: CMS  
Title: MACRA Quality Improvement Direct Technical Assistance (InHT)  
PI: Travis Hanson  
Submitted:July 2016  
Status: Pending

STUDENTS AND INTERNS

Bell, Bailey: January 2015 - June 2016

- Texas Tech University
- Division: BHIR
- Tasks: Worked on Project FRONTIER data entry; received course credit for research on clinical dementia rating
- Research Project: Mild Cognitive Impairment and its Relationship to C-reactive Protein and Albumin Levels in Blood: A Project FRONTIER Study

Castro, Christian: 2014 - May 2016

- Texas Tech University
- Division: BHIR
- Tasks: General volunteer in the Rural Health lab; worked on Project FRONTIER data entry and materials preparation

Castro, Francisco: Spring 2016

- Salud Y Vida P.A., El Paso
- Division: InHT
- Tasks: WTxHITREC preceptorship

Cutts, Amanda: Fall 2016

- Texas Tech University Department of Public Health
- Division: TCORE
- Tasks: Completed Public Health practicum “Survey Assessing the Rural Healthcare Providers Satisfaction with AHEC Services” under research mentor Dr. Debra Flores

Dober, Timothy: February 2015 - May 2016

- Texas Tech University School of Law
- Division: CRDM
- Tasks: Legal intern assisting with contract drafting

Green, Kenny: Spring 2016

- Hendrick Medical Center, Sweetwater
- Tasks: WTxHITREC preceptorship

Meeks, Garrett: June 2016 - Present

- Texas Tech University School of Medicine

- Division: TCORE/BHIR
- Research Project: Foster Children’s Attitudes towards Mentoring

Meyers, John: June 2016 - Present

- Texas Tech University School of Medicine
- Division: BHIR
- Research Project: Cost and efficiency of care of HIV outpatients using telemedicine vs physical face to face contact with a physician

Miller, Brady: June 2016 - Present

- Texas Tech University School of Medicine
- Division: TCORE/BHIR
- Research Project: Depression is associated with lower American National Adult Reading Test scores among rural dwellers aged between 50 and 64 years in Texas:

Moore, Reagon: Summer 2016

- Texas Tech University(Mass Communications)
- Division CRDM/TCORE
- Tasks: Graduate Assistant managed social media and developed promotional presentations for the Institute.

Rollins, Lawrence: Spring 2016

- McCamey County Hospital, McCamey
- Division: InHT
- Tasks: WTxHITREC preceptorship

Skaria, Aju: Spring 2016

- Salud Y Vida P.A., El Paso
- Division: InHT
- Tasks: WTxHITREC preceptorship

Taylor, Jacqueline: Spring 2016

- Odessa County, Odessa
- Division: InHT
- Tasks: WTxHITREC preceptorship

Varela, Jessica: Spring 2016

- Texas Tech University Medical Center, El Paso
- Division: InHT
- Tasks: WTxHITREC preceptorship



# Funding for FY 2016

## 2015 – 2016 Grant Funding

Area Health Education Centers Point of Service and Maintenance and Enhancement - U77HP16497	\$ 517,750
<ul style="list-style-type: none"><li>U.S. Department of Health and Human Services: Health Resources and Services Administration (HRSA)</li><li>Principal Investigator: Billy Philips Jr., Ph.D., MPH</li><li>Funding Dates: September 1, 2015 – August 31, 2016</li><li>Project Summary: To support the West Texas AHEC program</li></ul>	

EMS & Emergency Responder Telemedicine Pilot Project	\$ 50,000
<ul style="list-style-type: none"><li>Texas Department of Agriculture</li><li>Funding Dates: August 31, 2015 – January 31, 2017</li><li>Project Summary: To establish a pilot project to provide Emergency medical services instruction and Emergency prehospital care instruction through a Telemedicine medical service</li></ul>	

Next Generation 9-1-1 Telemedicine Medical Services Pilot Project	\$ 500,000
<ul style="list-style-type: none"><li>Commission on State Emergency Communications</li><li>Funding Dates: September 1, 2015 – August 31, 2017</li><li>Project Summary: To establish a pilot project to provide emergency medical services (EMS) instruction and emergency prehospital care instruction through a telemedicine medical service provided by regional resource trauma centers to health care providers in rural trauma facilities and EMS providers in rural areas</li></ul>	

Continued on page 38

Funding

## Endowments

The Marie Hall Chair in Rural Health	\$1,737,528
Smith/Vela/Patterson Senior Fellowship	\$ 502,081
F. Marie Hall Institute for Rural and Community Health	\$6,127,060
Total:	\$8,366,669

## State Appropriated Line Item

Rural Health Care	\$ 776,845
West Texas AHEC Program	\$2,000,000
Total:	\$2,776,845

## Billable Telemedicine Services

Correctional Managed Health Care Contract, Billed Clinic Services, Texas Medicaid HIT Plan Development, and Community Telemedicine Network	\$ 576,553
Total:	\$ 576,553



2015 – 2016 Grant Funding (Continued)

Office of the National Coordinator for Health Information Technology	\$7,799,318
Regional Extension Centers:	
<ul style="list-style-type: none"><li>Principal Investigator: Billy Philips Jr., Ph.D., MPH</li><li>Funding Dates: April 6, 2010 – June 5, 2016</li><li>Project Summary: To support and serve health care providers to help them quickly become adept and meaningful users of electronic health records</li></ul>	
Office of Rural and Community Affairs (ORCA) IT Network Implementation	\$ 6,648
<ul style="list-style-type: none"><li>Principal Investigator: Billy Philips Jr., Ph.D., MPH</li><li>Funding Dates: September 1, 2015-August 31, 2016</li><li>Project Summary: To implement connectivity with Friona and Wellington for Telemedicine operation</li></ul>	
Telehealth Resource Center Grant Program – G22RH24748	
<ul style="list-style-type: none"><li>U.S. Department of Health and Human Services: Health Resources and Services Administration (HRSA)</li><li>Principal Investigator: Billy Philips Jr., Ph.D., MPH</li><li>Funding Dates: September 1, 2015 – August 31, 2016</li><li>Project Summary: To support Telemedicine in Texas and Louisiana</li></ul>	\$ 324,997
The TWITR Project – SF-13-J20-27317-01	\$1,275,008
<ul style="list-style-type: none"><li>Office of the Governor Criminal Justice Division</li><li>Principal Investigator: Billy Philips Jr., Ph.D., MPH</li><li>Funding Dates: September 1, 2014 – June 30, 2017</li><li>Project Summary: See pages 16-17</li></ul>	
Texas Healthy Adolescent Initiative	\$ 162,000
<ul style="list-style-type: none"><li>Texas Health &amp; Human Services Commission</li><li>Funding Dates: September 1, 2015 – August 31, 2016</li><li>Project Summary: To improve the overall health and well-being of Texas adolescents by positively impacting youth services by providing funding for local agencies to focus on Positive Youth Development</li></ul>	
Total:	\$10,635,721



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