Moving West Texas AHEC into the Future

By: Debra Flores, Ph.D., Director of West Texas AHEC

The mission of the West Texas Area Health Education Center (AHEC) is to address the health-care provider shortage and improve health care access in West Texas through education and development of the health care workforce. This mission is carried out through one touch activities which engages students in the classroom, college and career fairs, and other community activities. Longitudinal programs involve coordinating preceptors, job shadowing, and a variety of volunteer experiences. Summer camps have been a mainstay for AHEC activities, which allow numerous students to be introduced to attainable health careers. Service Corps and HOT JOBs distribution have been a successful mechanism to proliferate chronic disease and patient navigation by developing intermediate level curriculum and recruiting individuals from the rural community. Population health is also a fairly new endeavor in the health-care trajectory into the future. These activities include training community health workers for the interest of students at different academic levels. Although these AHEC activities continue to be successful, we aspire to include other activities that will coincide with changes currently occurring in the health care arena.

As health care is changing to include population health and telemedicine, West Texas AHEC is has included activities that coincide with this health care trajectory into the future. These activities include training community health workers for...
The Cadillac Tax
By: Billy Philips, Ph.D., M.P.H., Executive Vice President & Director

There is a ranch along Interstate 40 near Amarillo, Texas, that displays something the world knows as the Cadillac Ranch. It is part of a movement known as “land art”. The Cadillac Ranch is really a tribute to the profound sense of ironic humor of the late Stanley Marsh III, a millionaire from the area. The cars are covered with graffiti these days from passers-by who have added their own touches of artistic talent. Some think that graffiti would thrill Mr. Marsh. I still look at those cars all buried with tail fins up and in a row as symbols of the evolution of that American icon of prosperity exhibited in a luxury automobile. When Mr. Marsh was asked to fund this artistic endeavor, it is reported that he promised his answer on April Fool’s Day as if to underscore the irrelevant and silly proposition. Many might refer to the Cadillac Tax embedded in the Affordable Care Act in just the same tone.

The Cadillac Tax is a 40% excise tax on high-cost employer sponsored health coverage defined as above $10,200 for individual and $27,500 for family coverage. According to the latest estimates from the Congressional Budget Office it will generate $87 billion in additional federal revenue when it starts in 2018. What the tax does is end preferential tax advantages to workers employed by companies that provide the qualified benefits that self-employed and other workers without the benefit did not enjoy. The idea to tax health care benefits was first floated by John McCain back in 2008 as a way to stem one aspect of the growth in the rising costs of health care. Ironically, the Obama campaign attacked this plan vociferously and upon election adopted it in “Obamacare.” Well, that’s politics, isn’t it?

Here's what it means in practical terms. Employers will do one of two things to avoid paying the tax. Some will drop health care benefits entirely. Those who work for them will have to buy their plans from the government exchange. Other employers will offer workers a lesser plan to keep premiums below the thresholds. That means they will offer lower value plans which will mean things like increased co-pays, higher deductibles and reduced covered services with narrower networks of physicians and hospitals participating in their plans. That will only further exacerbate the health care strain in rural areas like West Texas.

The question for workers, especially those who are skeptical of politicians and corporate bosses, is whether salary and wages will increase to replace the benefits. One thing is certain, if they do, then workers will pay more tax on that potentially additional income. The dirty little secret is that the thresholds are indexed each year to the Consumer Price Index (CPI) plus one percentage point in the first year and the CPI annually after that. That means health benefit plans, regardless of their value, for the vast majority of the work force will be subject to a “hidden tax” whether or not their employers provide the benefit. There is considerable debate and some powerful forces who are lining up to oppose the tax and are seeking to have it repealed. So stay turned on the debate.

Those of us in West Texas who work hard daily to bring health care to this vast, beautiful and vital area of our state are familiar with a common problem we face when we are bailing hay. As we move those neat clean bales and stack them for use, every now and then, we grab one that has a thistle in it. The thorns penetrate even the stoutest of leather work gloves but more they can harm our livestock if they happen to eat it. What we do when we find that bale with a thistle is destroy the whole thing. It’s too hazardous to keep and we often don’t have time to separate it to see if there are more of these unwelcome surprises. On the ranch where I spent time as a boy, my uncle would take those thistle laden bales of hay, cut them apart and fill the pot holes along the ranch road that led to town. That way everybody had smoother travel. I like the irony of it all; as I am sure Stanley Marsh would, too, since when my uncle rode to town it was in one of those legendary Cadillacs. It wasn’t so much that we were rich as we worked hard. Those old Caddies were good cars that held their value and were rock-solid reliable. We need that in our health care, too.

Maybe it’s time to apply the West Texas solution to the thistle-filled hay to Obamacare?

-Billy U. Philips, Jr., Ph.D., M.P.H.
**Advancing Telehealth – Steps in the Right Direction**

By: Melanie J. Clevenger, Project Director, TexLa Telehealth Resource Center

Television continues to advance in Texas and it is gaining momentum. Key developments were passed during the Texas legislative session and the Marie Hall Institute for Rural and Community Health at the Texas Tech University Health Sciences Center (TTUHSC) moves closer to providing telehealth-specific innovative learning:

**Texas HB 479 – Next Generation 911 Emergency Medical Services (EMS) Telemedicine Pilot Project:**

Under the 84th Texas Legislature, House Bill 479 was passed and entered into law effective September 1, 2015. HB 479 supports the Commission on State Emergency Communications (CSEC), with the assistance of TTUHSC, to establish a pilot project to provide Emergency Medical Services (EMS) instruction and emergency pre-hospital 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 West Texas. The Telemedicine Pilot Project will aid EMS and Emergency Responders in the treatment of patients via telemedicine by allowing real time emergency care consultation and improving access to care.

**Texas HB 1878 – School-Based Telemedicine:**

Texas HB 1878 provides reimbursement of physicians, even if that physician is not the client’s primary care provider (PCP), under the Medicaid program for the provision of telemedicine medical services in a school-based setting. The legislation requires, under certain circumstances, the results of the encounter to be shared with the client’s PCP.

**Frontiers in Telemedicine:**

In the last issue of this publication, the TexLa Telehealth Resource Center (TRC) and the TTUHSC Telemedicine Program announced the development of a Telehealth Certificate and Simulated Learning Program. In the fall of 2015, the program will open its doors as “Frontiers in Telemedicine.” Frontiers in Telemedicine will be on the front lines of educating telehealth professionals, including in-depth and detailed simulated portrayal of specific case-driven patient telemedicine visits through objective structured clinical examinations.

For more information on Frontiers in Telemedicine, telehealth related questions, resources, and technical assistance, please contact the TexLa TRC at 806-743-7888, texlatrc@ttuhsc.edu or visit www.texlatrc.org.

**Telemedicine 2.0 – A Wish List for Tomorrow**

By: Laura Lappe, Associate Director, TTUHSC Telemedicine

Remember when you were young and dreamed about what your future holds? At TTUHSC Telemedicine we constantly think about what the future holds for telemedicine and telehealth.

When asked about the future of telemedicine, we have a standard wish list:

- a statewide network of telemedicine where one health care entity can seamlessly refer and present patients to other health care entities;
- EMS vehicles and aircraft able to do video calls with trauma center providers long before arriving there;
- electronic home health monitoring reimbursed or simply made more affordable and available to more of those patients it can benefit;
- school nurses accessing providers to care for their students.

While we are certainly in a good place with telemedicine becoming a reality in many places where before it was not, the future should hold the promise of much wider availability. That means better infrastructure to support telemedicine, such as consistent internet bandwidth, wider availability of host sites where patients can go to be presented, and more providers to see them.

No one knows what else the future holds for rural health care, but rest assured TTUHSC Telemedicine will be working hard to be a part of it.

For patients that may be interested to receive care closer to their own home, please reach out to the Telemedicine Program at 806-743-7960 to learn about specialty care that may be available in your area through the use of telemedicine. In addition, to learn more about the Certificate Program, telehealth related questions, resources, and technical assistance, please contact the TexLa TRC at 806-743-7960, texlatrc@ttuhsc.edu or visit www.texlatrc.org.
Rural West Texas Meets Health Information Technology

By: Sharon Rose, RN MAM BSOE, Regional Coordinator, West Texas HITREC

The American Recovery and Reinvestment Act of 2009 (ARRA) was signed by President Barack Obama in an effort to jumpstart our economy, save and create jobs, and address long neglected challenges in our country. One of the measures included in ARRA was the Health Information Technology for Economic and Clinical Health (HITECH) Act, which promoted the adoption and meaningful use (MU) of health information technology (HIT). Under the HITECH Act, incentives are offered to health care facilities and providers that voluntarily engaged in efforts to adopt, implement or upgrade certified electronic health record (EHR) technology. Although the HITECH Act began in 2009, it gave health care providers until 2011 to begin utilizing HIT. One of the main objectives of the HITECH Act is to improve quality of care, patient safety, efficiency, and reduce health disparities. As with any new government program, over the years, many issues have arisen regarding the incentive program which need solutions especially in rural West Texas.

Funded by a grant from the Office of National Coordinator for Health Information Technology (ONC), the West Texas Health Information Technology Regional Extension Center (WTxHITREC) has supported providers and hospitals in the 108 westernmost counties of Texas. The WTxHITREC has helped patients, providers, and hospitals in the 108 westernmost counties of Texas. The WTxHITREC has developed and provided technical and clinical support for EHR selection and implementation, meeting and attesting to the goals for MU, and keeping providers alert of changes and new mandates from the Centers for Medicare and Medicaid Services (CMS). The WTxHITREC has also had to assist in finding innovative solutions for the issues facing the 2.8 million people living in rural West Texas, which include:

- Access to care and services – There are 21 counties that have one or no physician, 37 counties without a hospital, 54 counties designated as primary care health professional shortage areas, and 80 counties medically underserved with limited access to public health services. In the counties with rural or critical access hospitals, 75% of these facilities reported financial losses for the past year. "Almost one in three adults living in rural America is in poor to fair health" (AHRQ). Not only do rural populations lack insurance, there is a growing incidence of alcoholism and drug abuse, more traumatic injuries, close to half the population with at least one chronic illness, and lack of mental health services.

- Shortage of Health Care Providers – Not only are there many areas without physicians, there is a shortage of nurses, pharmacists, PAs, dentists, and allied health professionals as well as Information Technology staff.

- Health Information Technology – With the increase in computer and information technology use, the health care industry has begun to utilize this technology to help increase the quality of care provided. Although internet access is becoming the number one avenue for people to gain access to education, medical information, etc., rural residents do not have the access to the technological infrastructure seen in urban settings. With fewer resources available for the complex technology and lack of IT staff, many rural communities have fallen behind.

While there are many other issues, these are the ones that consist of many issues within them. The WTxHITREC has been working with the rural population of West Texas since 2010. During those years, the WTxHITREC has accomplished many goals to help rural Texas and continues to be a trusted advisor for many providers and hospitals in the area.

The initial objective of the WTxHITREC was to assist facilities and providers in rural West Texas to select and begin utilizing HIT. The benefits of this technology for the community allows physicians increased communication between clinics, medical facilities, other health care professionals, and their patients. Through education and assistance in finding solutions for problems encountered, the WTxHITREC has been assisting rural West Texas health care providers become successful in adopting and utilizing EHR and meeting the criteria for MU. The WTxHITREC has assisted over 1,000 providers and 60 Rural/Critical Access Hospitals in the implementation and utilization of HIT.

Unfortunately, there are still many areas which have slow and limited access to the internet as well as insufficient staff educated to keep up with the upgrades continued on page 6...
Community Health Worker Certification Program

By: Cathy Hudson, Interim Director of Behavioral Health Innovations and Research

Now more than ever the health care system is seemingly in a constant state of change and uncertainty. With the implementation of the ACA, more emphasis is being placed on disease prevention and changing the status quo calls for the use of creative and non-conventional methods. The job of Community Health Workers (CHW)/Promotoras is becoming more significant and the demand for such complimentary healthcare roles is likely to continue to rise.

Rocio Carrasco and Cordelia Aguirre, county coordinators for Project FRONTIER, are currently enrolled in the Community Health Worker Certification Program offered by the Texas Tech University Health Sciences Center School of Nursing in partnership with TTUHSC F. Marie Hall Institute for Rural & Community Health West Texas AHEC. The training that they receive from this 9-month program will prepare them to meet the coming healthcare challenges.

CHW/Promotoras are ordinary people who want to make a difference in their community by working in conjunction with the local health care providers. They help to bridge the gap between individuals and the health care system by serving as liaisons, health educators, advocates and patient navigators.

For more information on the Rural Health Research Group, visit www.ttuhsce.edu/ruralhealth/
Texas Legislators Make Progress on Mental Health Care  
By: Scott Phillips, Cole Johnson and Debbie Curti, Office of Contracting, Reporting and Data Management

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n 2003, President George W. Bush’s New Freedom Commission on Mental Health laid out a vision for mental health in its final report, which stated “[w]e envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community.”

Since then, many efforts have been made to improve mental health care in America to reduce the gap in services. However, we are still experiencing some of the strain in the mental health care sector that was present twelve years ago. This is especially seen in rural counties in Texas, which lack adequate access to mental health care and are in desperate need of more mental health workers.

Looking into the future, forward-thinking legislators in Austin are attempting to bridge that care divide. Thanks to the passage of Senate Bill 239—effective September 1, 2015—Texas will now pay up to $160,000 toward the student loans of mental health professionals who agree to practice in underserved portions of the state.

Of Texas’ 254 counties, about 200 are designated as Mental Health Professional Shortage Areas — meaning they have fewer than 30,000 residents per mental health worker. That means almost 3.2 million Texans lack access to immediate behavioral health care when they need it most.

More than half of all Texans say they have been impacted by mental health issues either at home or at work, according to a 2014 survey conducted by the Meadows Mental Health Policy Institute. Other key findings indicate that among the Texas voters surveyed:

- 76 percent of Texans have a friend or family member who has experienced a mental health issue
- 31 percent of Texans would not know where to go if they or a family member needed help with a mental health condition
- 9 in 10 Texans believe it is harder for people to talk about a mental health condition or situation than a physical health issue
- 67 percent of Texans believe that more state and local dollars should be spent addressing mental health

Texas also has the second-highest veteran population in the nation. While most combat veterans readily make the transition to civilian life, many experience mental health challenges related to the trauma of war.

A recent article in the San Antonio Express-News explores the challenges faced by rural veterans in Texas who use the VA Choice Card Program to seek private mental health care. Launched in late 2014 by the US Department of Veteran Affairs, the program gives veterans the option of seeking private health care if they live at least 40 miles from the nearest VA facility or cannot get an appointment within 30 days. But veterans living in rural Texas who want private mental health care have few alternatives owing to a statewide shortage of mental health care providers.

“Through late August, the VA had authorized 334 veterans in Texas — an average of barely one a day — to visit private behavioral health clinicians,” according to the San Antonio Express-News. “The VA had approved 4,589 veterans nationwide, or about 15 a day. More than 1.23 million of the country’s 9 million former service members enrolled in VA care are eligible for the program.”

At an estimated cost of just $3 million per year, the new Texas loan forgiveness program will be a bargain if it gets veterans and other residents of rural Texas the mental health care they need. Licensed physicians, psychologists, clinical social workers, professional counselors, and advanced practice registered nurses are all eligible for the student loan repayment program.

Through continued state investment in initiatives like the student loan repayment program, hopefully, in the not too distant future, the mental health care envisioned by the New Freedom Commission on Mental Health will be the reality in Texas.

Health Information Technology continued from page 4

and support needed for the technology. In order to assist in this issue, the WTxHITREC in collaboration with the Area Health Education Center of the Plains and Midland College obtained a grant for the Rural HIT Workforce Program. By helping market this program to clinics and facilities, the WTxHITREC offered apprenticeship training for students to complete their training. This course is offered online and keeps the student in their community with the hope of increasing the technology workforce needed.

As the grant that helped establish the WTxHITREC comes to a close, the many trusted relationships and advances that the staff has developed in rural West Texas are in danger of ending. In order to maintain those relationships and continue to assist rural West Texas with the health care issues they face, the WTxHITREC is increasing the services offered to maintain sustainability.

With more challenges on the horizon for health care and due to the decrease in services needed, telemedicine is a service which can help bridge the gap in many communities. Giving rural communities access to specialists will help with the cost of having to leave their community by driving to get the special medical attention needed.

This will save the patient the cost of driving, missing work, and delaying medical treatment by being able to stay in their community and get the expertise they need. Although telemedicine will not be available in every circumstance, it will assist in getting much needed help to the medically underserved area of West Texas.

The WTxHITREC continues to search for funding and grants which will assist the 108 counties of West Texas to provide continued quality patient care to all of the population of West Texas.
health care world, which demands that different health care professions work interprofessionally to improve patient care, improve health care outcomes, and reduce health care cost. Partnerships with other TTUHSC departments such as Interprofessional Education will make it possible to offer providers in the rural communities CE opportunities that introduces them to interprofessional teamwork and telemedicine.

Telemedicine is the wave of the future, especially for rural health care providers. It is astonishing the distance between health care providers in our rural counties. Emergency medical treatment is often more than an hour away for residents in those counties without healthcare services. Thankfully, telemedicine technology can close some of this gap in care.

Looking into the future, West Texas AHEC’s plans to expand the education and support rural health care providers receive for smooth transition into future endeavors such as those mentioned above. Developing educational opportunities for current and future health care professional students to include changes in the field will also be imperative.

West Texas AHEC will continue to make strides to keep the existing and future health care workforce current in this ever-changing health care world.

Emergency Medical Services in Texas

The F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center would like to congratulate Coleman Johnson and Debra Curti on their recent article publication in the Texas Tech Administrative Law Journal, Volume 16, Book 2.

The article titled, “EMS Services Across State Lines” provides an overview of emergency medical services (EMS) in Texas, discusses issues associated with EMS in rural areas, provides an overview of EMS reciprocity, and considers the realization of an interstate EMS compact agreement.

For Upcoming Activities, Visit your Regional AHEC’s Website

AHEC of the Plains
2417 Yonkers; P.O. Box 1116
Plainview, TX 79072
806.291.0101
www.aheclplains.org

Big Country AHEC
3702 Loop 322
Abilene, TX 79602
325.972.0495
www.bigcountryahec.org

Desert Mountain AHEC
440 Reynolds
El Paso, TX 79905
915.783.6211
www.desertmountainahec.org

Permian Basin AHEC
3600 N. Garfield
Technology Center, RM 140
Midland, TX 79705
432.685.4794
www.permianbasinahec.org

Check out our H.O.T. Jobs website for health care opportunities in Texas:
http://www.texashotjobs.org

Visit our website to stay up-to-date on AHEC events at:
www.westtexasahec.org

Like us on Facebook!
https://www.facebook.com/WestTexasAHEC/
Preventing the Flu: Good Health Habits

The single best way to prevent seasonal flu is to get vaccinated each year, but good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are flu antiviral drugs that can be used to treat and prevent flu.

1. Avoid Close Contact

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

2. Stay Home

If possible, stay home from work, school, and errands when you are sick. This will help prevent spreading your illness to others.

3. Cover Your Mouth and Nose

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

4. Clean Your Hands

Washing your hands often will help protect you from germs. If soap and water are not available, use an alcohol-based hand rub.

5. Avoid Touching Your Eyes, Nose or Mouth

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

6. Practice Other Good Health Habits

Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

Source: http://www.cdc.gov