

Oklahoma State University
Center for Rural Health

2006 – 2007
Annual Report

Oklahoma State University
Center for Health Sciences
Tulsa, Oklahoma

LIST OF ABBREVIATIONS, ACRONYMS, & SYMBOLS

Area Health Education Centers	AHEC
Oklahoma Office of Rural Health	OORH
Community Health Engagement Process	CHEP
Critical Access Hospital	CAH
Small Hospital Improvement Program	SHIP
Centers for Medicare & Medicaid Services	CMS
Oklahoma Foundation for Medical Quality	OFMQ
Demographic Modeling Unit	DMU
Quality Improvement Organization	QIO
Quality Improvement/Performance Improvement	QI/PI
Community Health Center	CHC
Program Logic Model	PLM
Oklahoma Department of Career & Technology Education	CareerTech
Internet Map Server	IMS
Geographic Information System	GIS
Mobile Telemedicine Clinic	MTC
Medicare Rural Hospital Flexibility Program	FLEX
Health Information Technology	HIT
Oklahoma Osteopathic Association	OOA

TABLE OF CONTENTS

List of Abbreviations, Acronyms, & Symbols.....	iii
Table of Contents.....	iv
List of Tables.....	v
List of Figures.....	vi
I. Center for Rural Health.....	1
II. Student Medical Education.....	7
III. Oklahoma Office of Rural Health.....	12
IV. Rural Health Research.....	23
V. Rural Health Marketing & Policy Development.....	25
VI. Appendix A.....	28
VII. Appendix B.....	32

LIST OF TABLES

Table 1 – Number of students in each rotation and new preceptors 8
Table 2 – AHEC Funding Sources by Year..... 33

LIST OF FIGURES

Figure 1 – Revised Organizational Vision..... 4
Figure 2 – Flow Diagram of Physician Recruitment and Education in Rural Oklahoma..... 5
Figure 3 – Future Centers of Rural Medication Education in Oklahoma 6
Figure 4 – Community Clinic Rotation Sites..... 9
Figure 5 – Rural Clinic Rotation Sites..... 10
Figure 6 – Community Hospital & ER Rotation Sites..... 11
Figure 7 – Oklahoma's Critical Access Hospitals (CAH)..... 17
Figure 8 – Community Health Engagement Process 18
Figure 9 – OSU Telemedicine & Distance Learning Network..... 19
Figure 10 – Number of CAHs participating in Hospital Compare 20
Figure 11 – EMS Studies 21
Figure 12 – Small Hospital Improvement Program Grant Awardees..... 22
Figure 13 – Communities Evaluated for Telemedicine Services, 2006-2007 27

I. CENTER FOR RURAL HEALTH

The Center for Rural Health in 2006-2007 continued to pursue our vision, to uniquely impact our osteopathic physicians, and mission, to improve the health care in Oklahoma.

In November 2006, the Center for Rural Health held its second retreat to reaffirm the direction we were heading. The Area Health Education Center (AHEC) regional directors were also invited to this retreat and all but one, from Southeast AHEC, attended and actively participated. It was concluded from the retreat that two primary areas of emphasis were needed:

- 1) Continued focus on the education model and supporting the healthcare professions in our state; and
- 2) The need to re-emphasize the importance of the distant learning aspect in our educational model so our students had the best available equipment and service to promote their education

Telemedicine, which was the focus of our 2005-2006 retreat was, reaffirmed as a strong partner to the Center's vision and mission, although representatives from the OSU Telemedicine Center were unable to attend the retreat.

Dr. Pettit, after hearing the discussions of the Center's staff, presented a revision of the organizational structure. The revision enhances the mission and reorganizes the staff and faculty to meet the demands of our students and residents, which continue to be at the center of our focus (**Figure 1**). Here are some key aspects:

- The Educational Department re-emphasizes the role of 'primary care' (family medicine, internal medicine, pediatrics, and obstetrics/gynecology) as it serves rural Oklahoma. Part of the model looks toward middle school/high school/ regional universities as being involved in giving us their local community students who would likely be great physicians (**Figure 2**). Then, develop both early clinical experiences for these students as they enter medical school and a curriculum centered on rural health. Finally, the rural residency sites became of grand importance, even to the extent, 3rd and 4th year required rotations could conceivably occur there, not in Tulsa alone (**Figure 3**).
- To accomplish the curriculum and community support needed for the model development, quarterly meetings were begun that involved not only the Center staff, but also stakeholders and partners who shared in the mission: CareerTech, AHEC, the Rural Development Division of the Oklahoma State University Cooperative Extension Service, and the Clinical Education/Marketing and Enrollment Departments of Oklahoma State University Center for Health Sciences.

During the year, with the new educational model consuming the combined efforts of the Center, we also engaged in numerous activities that furthered our overall vision and mission:

- In March of 2007, the Center for Rural Health accepted, from the Department of Family Medicine, the OSU Physicians Clinic in Enid, Oklahoma. Though the clinic had been in existence for more than a year, because of its location, 117 miles from Tulsa, it had not

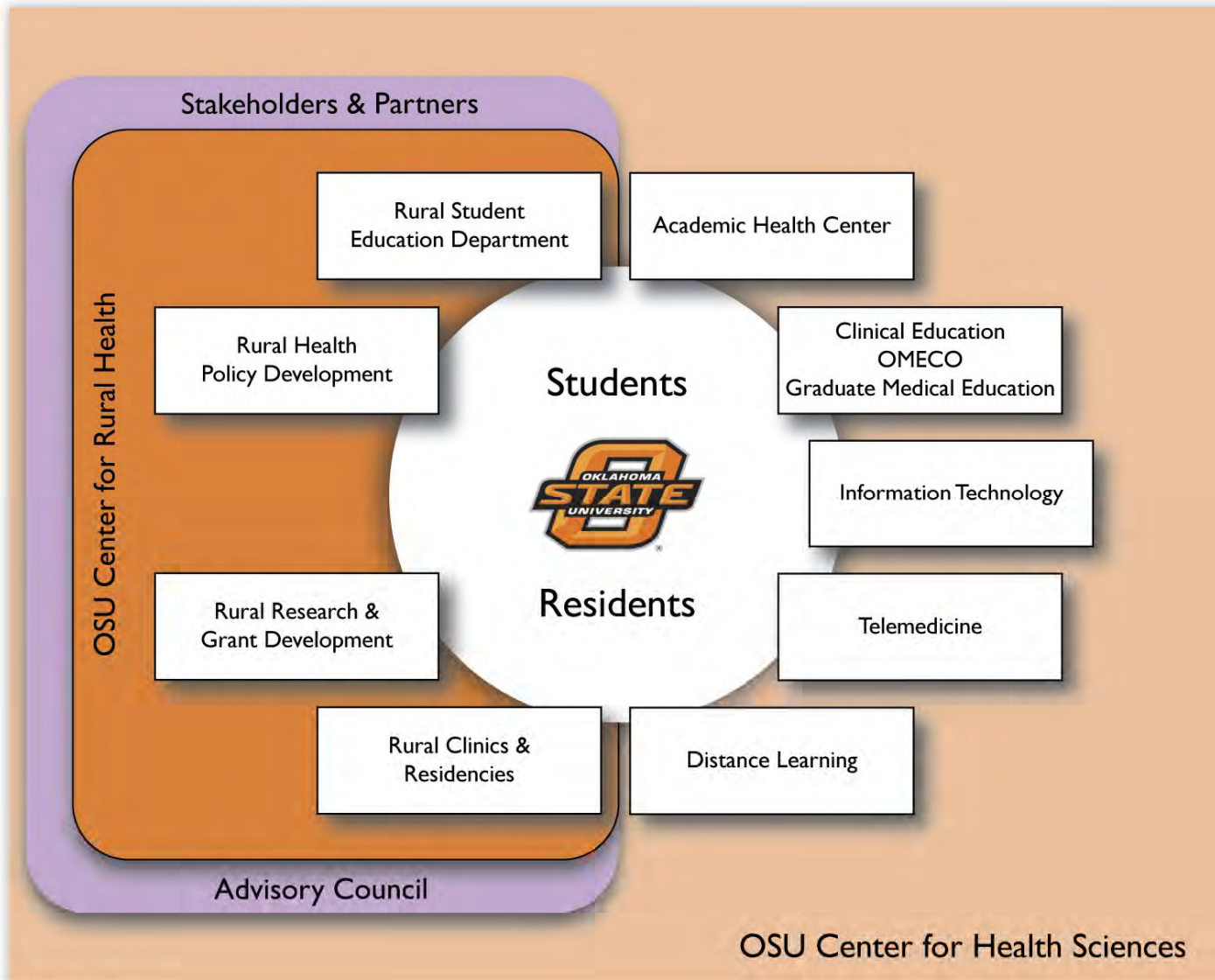
been fully developed; its success or failure was left in the hands of the physician who had been hired to staff it. That physician resigned in April 2007 and our Center contracted with Mike Ogle, D.O. to staff it with a Physicians Assistant – Certified, Jessica Krisel. Our emphasis is to build the Medicaid population and patient base as quickly as possible and stress well child/women exams. We were also able to negotiate a contract with the local Head Start program to conduct their physicals for them.

- In January 2007, we held our second Advisory Council meeting here on the Oklahoma State University Center for Health Sciences (OSU CHS) campus. During the meeting, we presented an update on the Center's activities that focused on the new model of education and the emphasis on the residencies in rural Oklahoma. Secondly, we presented the *State of the State's Rural Health: A Snapshot of Current Conditions*.
- Dr. Pettit was assigned the chairmanship of a committee from Gary Slick, D.O., to look at the curriculum years 1-4 for the osteopathic education with an emphasis on primary care residencies. As a result of that committee, family medicine agreed to a rural health program that involved rural campuses for years 3 and 4 with subsequent enrollment in the corresponding rural residency. Internal medicine proposed an early, pre-internship program in the hospital. Pediatrics had a modified curriculum with early clinical experience and obstetrics and gynecology concurred with early clinical experience as well.
- Dr. Pettit, along with Dr.'s Alexopulos, Grogg and Slick, made site visits to promote residency affiliations in Enid (family medicine), Lawton (emergency medicine) and Tahlequah (family medicine). At this time, Enid plans to start a three-year family medicine residency by the fall of 2008.
- Under the direction of Vicky Pace and Kaleb Bennett, students began using new interactive laptop computers for the rural rotations. The integration of laptop computers has decrease travel time and accident risk for students.
- In November 2007, the Mobile Telemedicine Clinic (MTC) became part of the telemedicine workforce. In conjunction with the OSU Telemedicine & Distance Learning Center, the Center helped plan student activities in actual clinical encounters using the MTC and medical students now participate in a required rural rotation that takes place on the MTC. Center staff members Vicky Pace and Kaleb Bennett played an integral role in coordinating the student rotations with the MTC.
- Val Schott, Kaleb Bennett and Dr. Pettit initiated, at the request of the Oklahoma Health Care Authority, discussions regarding guidelines for the certification and reimbursement for telemedicine services in the state. Discussions are ongoing, with OSU CHS providing written documents for this purpose.
- Mr. Perry and Dr. Pettit are evaluating the Federal AHEC guidance to be submitted in January 2008 so that it matches the 'model' in its format.

- Grants applied for:
 - United States Department of Agriculture
 - Panhandle Telemedicine Project (pending although it scored very well and approval is anticipated).
 - Department of Defense
 - Mobile Diagnostic Breast Telemedicine Clinic (pending)
 - National Institute of Health
 - National Children's Study (denied)
 - Health Resources and Services Administration:
 - FLEX and FLEX HIT Grant (approved).
 - State Office of Rural Health Grant (accepted).
 - Small Hospital Improvement Program Grant (approved).
 - Pre-doctoral Grant on the New Model of Education (denied).
- Presentations given during the year:
 - April 2007 – Small Rural Hospital Conference, Oklahoma City, Dr. Pettit.
 - May 2007 – Oklahoma Osteopathic Association (OOA), State Meeting, Oklahoma City, Dr. Pettit.
 - June 2007 – American Association of Colleges of Osteopathic Medicine, Baltimore, Maryland, Dr. Pettit, Vicky Pace, and Chad Landgraf (Poster).
- Presentations planned for 2008:
 - September 2007 – Rural Health Association of Oklahoma, Oklahoma City.
 - January 2008 – Coordinate Training at the OOA Winter Continuing Medical Education (CME) for Pediatric Ultrasound Training with Bill Jackson, M.D., Tulsa.
 - April 2008 – American Osteopathic Association Health Policy Fellows Presentation, Tulsa.
 - August 2008 – OOA Summer CME with Dr. Pettit as Chair, Oklahoma City.

What to watch for in next years report:

- ‘Applaud the Quad and Plan for the Pan(handle)’ – Centering our student and resident model around rural residency sites.
- ‘Community Campus’ – As AHEC has said, ‘get em, grow em, keep em’.
- Curriculum focus on primary care and rural health.
- Healthier Oklahoma through prevention and health promotion.



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Figure 1 – Revised Organizational Vision

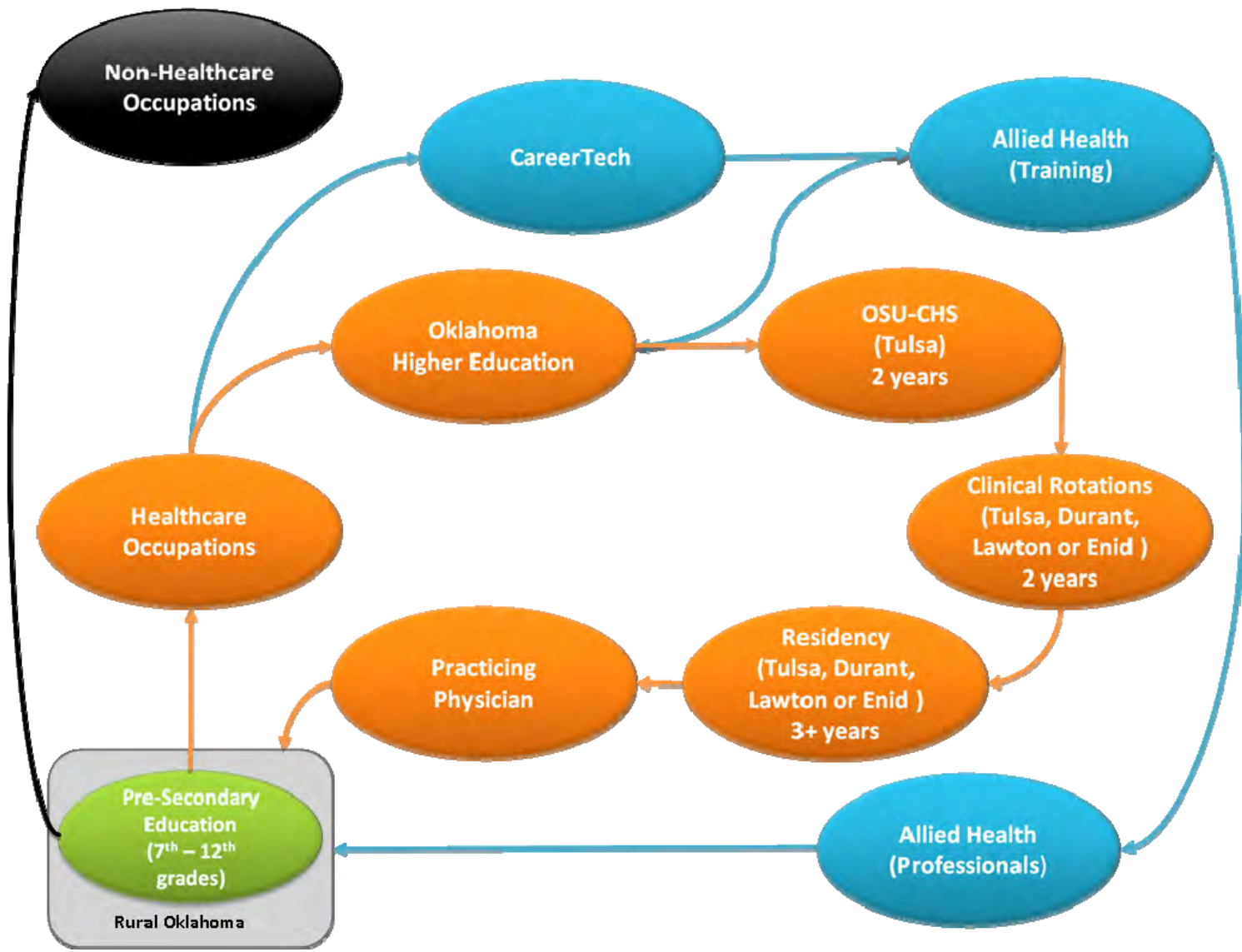


Figure 2 – Flow Diagram of Physician Recruitment and Education in Rural Oklahoma

Future Centers of Rural Medical Education

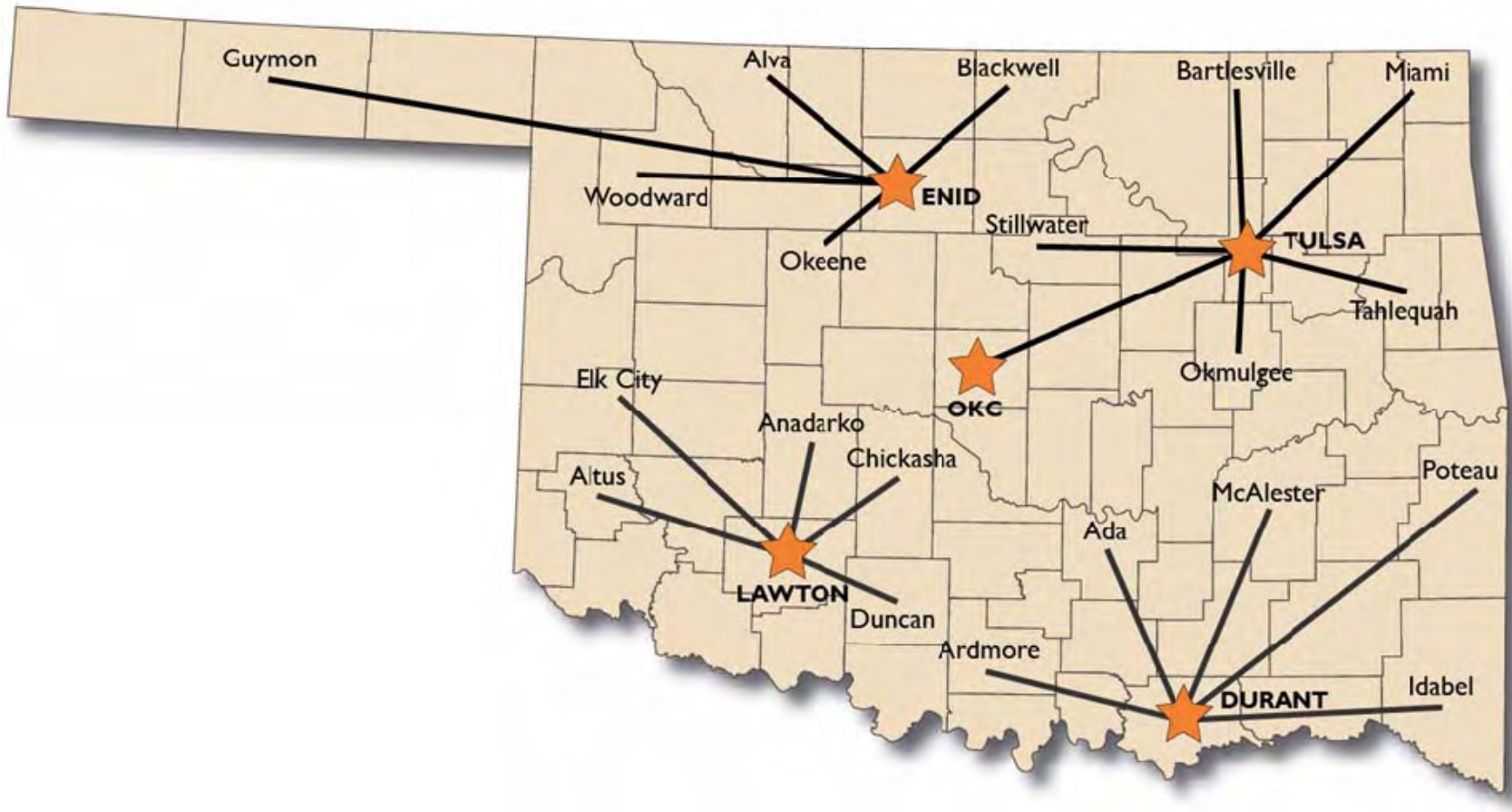


Figure 3 – Future Centers of Rural Medication Education in Oklahoma

II. STUDENT MEDICAL EDUCATION

Responsible for managing five required clinical rotations with 90 active preceptors in 48 different rural and urban communities (**Figure 4**, **Figure 5**, and **Figure 6**).

Staff

- Vicky Pace, Clinical Training Coordinator, develops, implements, evaluates, and updates all training related material, prepares monthly grades and manages the Rural Medical Education website for the Rural Clinic (changed from Family Medicine B), Community Clinic (changed from Family Medicine C), Community Hospital I and II, and Emergency Medicine rotations. Maintains sites through communication, evaluations, adding new preceptors and sites as needed. Works closely with other departments such as Clinical Education (hospital reports, affiliation agreements, CME reports, and new evaluation software), IT (Okey account set-up) and Billing (Enhanced Medicaid Reimbursement Program). Works closely with other members of Center for Rural Health such as Jan Barber (preceptor/site payments), Kaleb Bennett (laptop computer purchases, videoconferencing, student news releases), and Toni Hart (AHEC) for housing and coordination of rural rotations.
- Sherry Eastman, Program Specialist II, is the first point of contact in person or by phone. She works with students, preceptors, AHEC coordinators and hospital coordinators to manage the student rotation schedules, and to collect and organize rotation requirements for grading. She works with Clinical Education as well as other departments, coordinating student schedules and with Student Affairs assisting with the student's permanent records. She assist the Clinical Training Coordinator in a multitude of task including two Orientations each month, and Community Clinic's Friday Didactics.

Accomplishments

- As part of the day-to-day operations, the staff managed more than 409 individual rotations disbursed throughout the state of Oklahoma.
- Five new Community Hospital sites including Stillwater, Cleveland (reopened), Miami, Drumright (replaced Cushing) and Okmulgee.
- Enid was added as both Community Hospital and Emergency Medicine.
- Six new Rural Clinic and 2 new Community Clinic preceptors were added.
- An Agreement was just signed by Cherokee Nation for preceptors to train students at all Cherokee Nation clinics. We currently have an agreement with Dr. Warren in Jay.
- Two interactive laptop computers were purchased for use on the Rural Clinics to save travel cost and time, increase time in the clinic and promote safety. Check-out procedures were developed. Sites with successful connections includes Cordell; Carnegie; Caldwell, Kansas; Altus; Grove; SW City, Missouri; and Sallisaw. Two more were purchased this summer and four, more robust models, were recently purchased.

- The Practice Interest Survey Database was developed and three years worth of data is being entered. Follow-up information is still being collected. Matt Vassar in Educational Development has agreed to review the data and assist with reporting the results.
- The staff assisted the Family Medicine’s Division of Research with the Evidence Based Medicine project and the final report that went out in May.
- The staff assisted with the Medicaid Enhanced Reimbursement Program by documenting and providing educational verification quarterly.
- Revised the Rural Medical Education website that links with the Center for Rural Health’s Main Website.
- Visited a number of sites across the state

Number of	Community Clinic (CC)	Rural Clinic (RC)	Community Hospital I (CHI)	Community Hospital II (CHII)	Emergency Medicine (EM)
Students	80	80	83	83	83
New Preceptors	2	6	4		1

Table 1 – Number of students in each rotation and new preceptors

Conferences and training

- Vicky Pace attended the Oklahoma Hospital Association in Oklahoma City, the Oklahoma Rural Health Association Conferences in Oklahoma City, the Small Numbers Conference in Dallas, the Oklahoma Osteopathic Association Conference in Oklahoma City, the National Rural Health Association in Alaska and the Association of Colleges of Osteopathic Medicine in Baltimore. Enrolled in the Advanced Leadership Development Program for 2007. Completed a Graduate summer Course. Attended several Educational Development courses offered by Dr. Machel Davison.
- Sherry Eastman attended the Oklahoma Hospital Association Conference in Oklahoma City and the Rural Health Association of Oklahoma Conferences in Oklahoma City. She completed the Ambassador Program (October) and the Leadership Development Program (April) and was awarded the OSU Pride Works Award in February 2006.
- Vicky Pace and Sherry Eastman both have been attending the training for the new EMS scheduling and evaluation software.

Other contributions

- Vicky Pace serves on the Staff Advisory Council and two committees. Presented at AACOM about matching students to sites to promote a better experience. (“Enhancing the Experience for the Preceptor and the Student”).
- Vicky Pace and Sherry Eastman both serve on the Center for Rural Health’s Curriculum Committee.
- Presented plaques to several preceptors who were present at the OOA Conference in May.

Community Clinic Rotation Sites July 2007



Data Sources: U.S. Census Bureau (2000); Oklahoma State University Center for Rural Health (2007)

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OSU Center for Rural Health
OSU Center for Health Sciences
Tulsa, Oklahoma
July 7, 2007
<http://ruralhealth.okstate.edu>

Figure 4 – Community Clinic Rotation Sites

Oklahoma State University Center for Rural Health Community Clinic and Rural Clinic Rotation Sites July 2007



Data Sources: U.S. Census Bureau (2000); Oklahoma State University Center for Rural Health (2007)

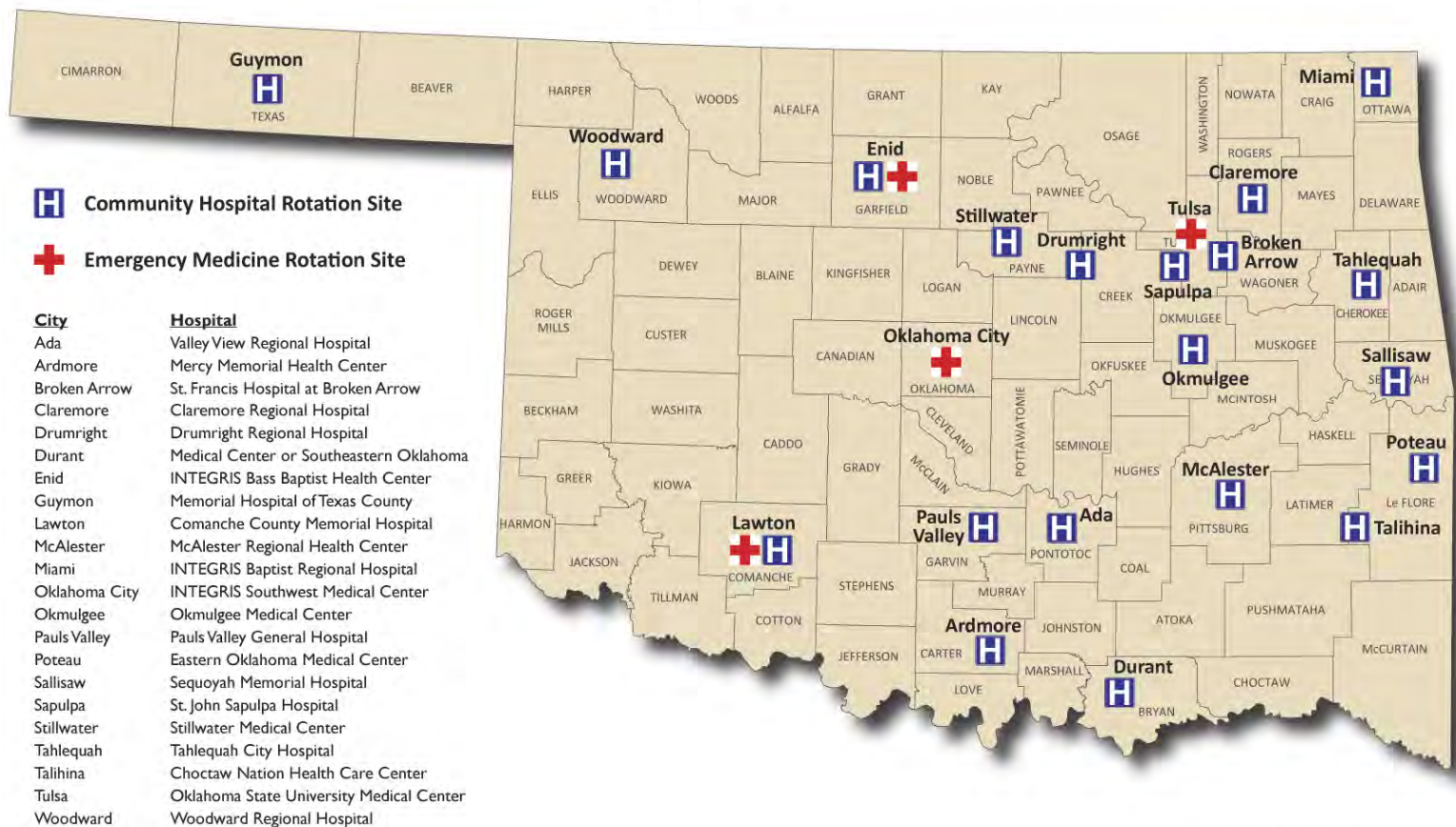
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Figure 5 – Rural Clinic Rotation Sites

OSU Center for Rural Health Community Hospital and Emergency Medicine Rotation Sites July 2007



Data Sources: U.S. Census Bureau (2000); Oklahoma State University Center for Rural Health (2007)

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Figure 6 – Community Hospital & ER Rotation Sites

III. OKLAHOMA OFFICE OF RURAL HEALTH

Current Year Activities

Designation of CAHs in the State

The OORH continues to contract with financial consultants to conduct studies to help CAH-eligible hospitals determine whether it is in their best interest to convert to critical access status and studies to determine the feasibility of construction of new facilities. The OORH will remain in contact with rural hospitals that are potentially CAH-eligible to discuss the feasibility of converting to CAH status. These hospitals are typically located a prescribed distance from other hospitals and have more than 25 beds. Eventually these hospitals may determine that they should reduce their number of beds to qualify for conversion to CAH status and receive cost-based reimbursement for their Medicare population (**Figure 7**).

It is important for hospitals seriously considering replacing their facility or converting to critical access status to undergo the Community Health Engagement Process (CHEP) (see below). While financial studies may point to a need for a hospital to convert to critical access hospital status, it must have the community's support before doing so. The CHEP helps hospitals explain the process to community members so they understand what conversion involves and what it does not involve. The CHEP assists communities to build support for building and using new facilities. This follows a successful in five Oklahoma rural communities to date. Following the CHEP, community members will support the hospital's decision to convert.

Community Health Engagement Process

The community health engagement process is a strategic planning process and assists local communities to:

- Identify their healthcare needs;
- Examine the social, economic, and political realities affecting the local delivery of healthcare;
- Determine what they want and realistically can achieve in a healthcare system; and
- Develop and mobilize a Community Rural Health Plan based on analysis and planning.

The OORH and the OSU Cooperative Extension Service (Cooperative Extension) guide communities through this process during a series of meetings over approximately six months. Every county in which a CAH is located and approximately ten counties in which a CAH-eligible hospital is located have been through this process (**Figure 8**). The OORH will review each community's Rural Health Plan as it begins preparing the Oklahoma Rural Health Plan to ensure that the statewide plan takes every CAH and CAH-eligible community into consideration.

Using these resources, the OORH will begin the process for developing an Oklahoma Rural Health Plan. Developing a State Rural Health Plan will span several months and numerous meetings with vested partners and stakeholders. In the end, the State of Oklahoma and the

OORH, in particular, will have a roadmap for improving the poor health conditions and access issues that are so predominant in the rural areas of the state.

Support of Existing CAHs and CAH-Eligible Hospitals

The OORH provides rural hospitals with technical assistance for applying for grant funding and develops grant proposals for their benefit from programs outside of the Federal Office of Rural Health Policy. Jeff Hackler, the Director of Grants & Resource Development, speaks with a variety of staff at rural hospitals to help them navigate the grant development process, research funding opportunities, and develop proposals. The OORH commonly provides hospital staff with technical assistance for applying for federal, state, and private foundation grant funding.

Last year, the OORH assisted a hospital in Stigler with developing a Rural Health Network Development Grant that was approved for funding. The Network Grant at the Stigler hospital is developing a pilot model for collaboration among a rural hospital, and Indian health clinic, a community health center (CHC), and local physicians. With the increasing introduction of CHCs into rural areas, it is imperative that models of collaboration among rural hospitals, CHCs, and other providers be developed. This project recently completed its first year of funding. During this first year, the participants have formed a Network Board and participated in the Community Health Engagement Process. The Network Board is using information generated by the CHEP to develop a Strategic Plan for collaboration among local providers. The CHC and hospital are discussing ways to increase the laboratory work the hospital can perform for the CHC instead of sending lab work outside the county as the CHC had been doing.

The OORH has also developed grant proposals to install telemedicine equipment into CAHs and CAH-eligible hospitals. Over the past five years, the OORH has secured more than \$3,000,000 to install telemedicine equipment in rural hospitals on its way to building the state's largest telemedicine network. The network connects more than 30 sites, with most of the end-users being hospitals located in rural areas (**Figure 9**). The telemedicine network allows rural hospitals to provide access to specialty services for its patients without leaving the county. While increasing the quality of care for patients, telemedicine consulting physicians are far more likely to refer patients for tests and lab work to the referring hospital. As a result, hospitals can increase the amount of laboratory work they are performing, which is typically a profit center for them. Based on the success of this telemedicine network, OSU successfully advocated to receive a percentage of a recently passed tax increase on tobacco products for the express purpose of adding telemedicine sites and maintaining its network. The annual amount OSU receives for this purpose is approximately \$500,000, which is expended largely in CAHs and CAH-eligible or SHIP-eligible hospitals.

In addition to advocacy efforts for state telemedicine funding, the OORH also participates in a variety of other legislative efforts that impact rural health care providers on the state and national levels. OORH staff frequently receive telephone calls from federal and state legislative staff regarding a number of issues involving rural health care. OORH staff respond to such requests for information with a bias towards protecting rural hospitals and the communities they serve.

It can be difficult for rural hospitals to retain their market share when their facilities are aged or in disrepair. The exterior of a hospital is often how a community perceives the quality of care

delivered inside it. The interior of facilities built forty to fifty years ago lack appropriate infrastructure for modern technology and telemedicine capabilities; moreover, these facilities are not efficient from a staffing or patient flow standpoint. The OORH conducts studies for CAHs and CAH-eligibles to determine the feasibility of replacing and upgrading their facilities. If a hospital determines that replacing or upgrading its facilities is feasible, the OORH will help it navigate the United States Department of Housing and Urban Development Loan Guarantee process. To date, the OORH has assisted three CAHs that have completed facility replacements and another two hospitals that are in the process of replacing their facilities. The OORH has assisted the communities of Drumright, Weatherford, Okeene, Atoka and Sayre. The new facilities are operational in Drumright, Weatherford and Okeene. Construction is under way in Sayre and Atoka has completed their financing and is ready to break ground. The OORH is also assisting a mid-level, rural hospital to which CAHs refer patients with conducting a feasibility analysis to determine whether replacing or upgrading its facility is more appropriate.

Development and Implementation of Rural Health Networks

One of the OORH's newest endeavors is building telemedicine networks with larger, mid-level hospitals acting as hubsites for outlying critical access hospitals. This system provides CAHs with a telemedicine connection to the nearest hospital that offers specialty care services in order to strengthen referrals to another rural hospital in the region. Each network is developed in furtherance of the network referral plans that each CAH submitted to the OORH when it applied for critical access hospital status. The expectation is that regions of the state will become more self-sufficient as formalized telemedicine networks are established and each region does a better job of retaining the patients it once referred to urban hospitals in Tulsa and Oklahoma City. By developing this network, mid-level, rural hospitals may be able to increase referrals enough to support specialty services they did not previously offer. To the extent that mid-level, rural hospitals do not offer the specialty care that a CAH needs, the OORH's parent medical school will provide a physician to deliver care for the patient. This project is being pursued via a grant proposal to the United States Department of Agriculture (USDA) Distance Learning and Telemedicine (DLT) Program. The OORH applied for funding last year through the DLT Program and barely missed being funded. It has improved its application by integrating comments from the review panel and expects to be funded this year. The Center recently received its score on this year's application, which is sufficiently high to anticipate formal approval in the next few weeks.

The OORH and the OSU Center for Rural Health are using the network referral plans of CAHs and the regional, rural telemedicine networks that are evolving from these plans to build a statewide model of rural medical education. The new model of education will be an integrated, sequential program beginning in middle school and continuing through medical school that is designed to increase the number of OSU-CHS students who choose to enter primary care disciplines. The project aims to increase the number of physicians who recognize the merits of practicing in rural Oklahoma and ultimately choose to practice there because of efforts:

- To encourage and support students beginning in high school and college to pursue health careers, and in particular medicine;

- To work more closely with Oklahoma’s regional university system to prepare students for admission to medical school;
- To engage the involvement of local communities; and
- To promote rural community-based student medical school and residency training sites in rural hospitals and clinics.

Through this model, the OORH and OSU Center for Rural health expect to grow more physicians from rural areas and train them in their own regions without transplanting them for seven or more years while providing them with medical training. In the end, the OORH expects the model to generate more physicians who will practice in the communities where CAHs and CAH-eligible hospitals are located. The system revolves around educational hubs in mid-level, rural hospitals with connections to outlying spokes in cities that generally include CAHs or CAH-eligible hospitals. Thus, the system mirrors the regional networks that are serving as the basis for the telemedicine networks that the OORH is creating across the state.

Performance Improvement/Quality Improvement

The OORH continues to address QI/PI issues in CAHs and CAH-eligibles by collaborating with the state’s QIO, the Oklahoma Foundation for Medical Quality (OFMQ). The OORH and OFMQ have partnered on several projects that aim to increase hospital participation in QI/PI activities. Perhaps the most notable collaborative effort is the annual conference joint-sponsored by the OORH and the OFMQ, the Oklahoma Rural Hospital Conference. This past year marked the 5th anniversary of the Rural Hospital Conference. The conference spanned two days and included presentations on “Rural Hospital Performance Improvement in the New Consumer-Driven Era” and “Balanced Scorecard & Quality Reporting.” The conference is offered at no charge to rural hospitals and it is extremely well-attended. More than 225 attendees from rural hospitals attended the conference this past year, representing 42 hospitals in the state.

In addition to sponsoring this conference, the OORH partners with the OFMQ to provide technical assistance to rural hospitals participating in QI/PI activities. The OORH and OFMQ recently provided health information technology to hospitals to help them report quality data to the Centers for Medicare and Medicaid Services (CMS) Hospital Compare project. This effort was extremely successful with helping CAHs report quality data to CMS. Currently, 30 of 33 CAHs submit data to Hospital Compare (91% participation), which is up from 2005 when participation was 88%.¹ In 2005, 88% participation from CAHs in Hospital Compare ranked as the highest participation rate in the nation for states with more than 20 CAHs (**Figure 10**).

Improvement and Integration of EMS Services

The OORH addresses the improvement and integration of Emergency Medical Services (EMS) services at CAHs and CAH-eligibles (and other providers, as applicable) through its partnership with the Cooperative Extension. The Cooperative Extension has developed EMS Budget Studies for rural hospitals for over thirty years. The studies are comprehensive service studies that

¹ Hospital Compare, United States Department of Health & Human Services. See www.hospitalcompare.hhs.gov.

analyze call data, detailed costs, and program revenue. This data is used to generate a Budget Study that providers use to better understand their EMS and to present to community groups. The Cooperative Extension assists the providers with conducting the meetings and making presentations to the community as a means of discussing revenue options for sustaining EMS. The Cooperative Extension discusses the available options for financing these services through an array of mechanisms that range from fee restructuring to a variety of tax measures (e.g., ad valorem taxes, utility taxes, household taxes, etc.). When necessary, the Cooperative Extension guides participants through the options available for restructuring EMS service options so they can remain viable while continuing to meet community needs. The OORH provides the Cooperative Extension with funding to support providing these services to rural communities (**Figure 11**).

During this process, the Cooperative Extension may identify a need for additional EMS-trained providers. A hospital may also contact the OORH or the Cooperative Extension directly to report a need for EMS-trained providers. The Oklahoma Department of Career and Technology Education (CareerTech) oversees all of the state's vocational and technical training. The OORH contracts with CareerTech to provide EMS training for rural residents. When necessary, the OORH will contact CareerTech and request that it offer an EMS training session for a potential employee of an EMS provider.

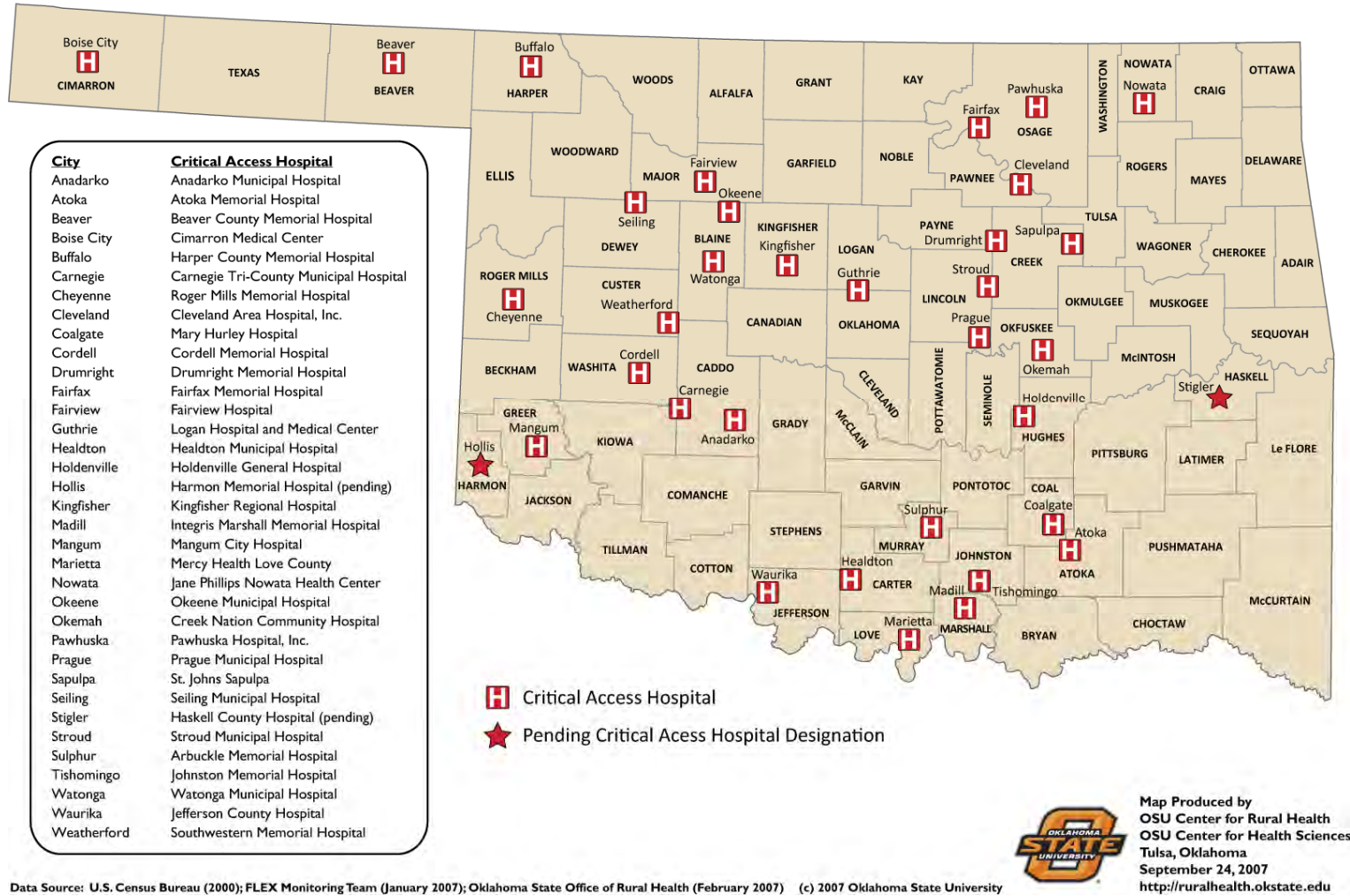
Small Hospital Improvement Program Grant

The OORH administers the Small Hospital Improvement Program (SHIP) grant to 61 rural hospitals across the State of Oklahoma (**Figure 12**). Oklahoma's (SHIP) grant provides funding to rural hospitals for the purpose of:

- 1) paying for costs related to implementing prospective payment systems (PPS);
- 2) complying with provisions of the Health Insurance Portability and Accountability Act (HIPAA); and
- 3) reducing medical errors and supporting Quality Improvement (QI) initiatives

Eligible hospitals will each receive \$8,700 this year.

Critical Access Hospitals in Oklahoma 2007



Data Source: U.S. Census Bureau (2000); FLEX Monitoring Team (January 2007); Oklahoma State Office of Rural Health (February 2007) (c) 2007 Oklahoma State University

Figure 7 – Oklahoma's Critical Access Hospitals (CAH)

Table 1
Critical Access Hospital (CAH) Participation in Hospital Compare
for 2005 Discharges by State

State ¹	Number of CAHs ²	Percent of CAHs Participating in Hospital Compare ³	State	Number of CAHs	Percent of CAHs Participating in Hospital Compare
Alabama	4	100.0	Nebraska	65	75.4
Alaska	10	10.0	Nevada	10	20.0
Arizona	12	50.0	New Hampshire	13	92.3
Arkansas	28	60.7	New Mexico	6	83.3
California	21	23.8	New York	13	30.8
Colorado	25	44.0	North Carolina	22	50.0
Florida	11	45.5	North Dakota	31	32.3
Georgia	35	45.7	Ohio	34	67.6
Hawaii	9	0.0	Oklahoma	34	88.2
Idaho	26	7.7	Oregon	25	56.0
Illinois	51	78.4	Pennsylvania	12	66.7
Indiana	36	66.7	South Carolina	5	80.0
Iowa	82	61.0	South Dakota	38	34.2
Kansas	84	50.0	Tennessee	16	37.5
Kentucky	30	56.7	Texas	74	18.9
Louisiana	27	25.9	Utah	8	75.0
Maine	15	73.3	Vermont	8	100.0
Massachusetts	4	50.0	Virginia	7	71.4
Michigan	35	40.0	Washington	39	38.5
Minnesota	80	55.0	West Virginia	19	89.5
Mississippi	28	28.6	Wisconsin	57	75.4
Missouri	35	77.1	Wyoming	14	78.6
Montana	45	44.4	All States	1,283	53.2

¹Five states (Connecticut, Delaware, Maryland, New Jersey and Rhode Island) do not have any CAHs.

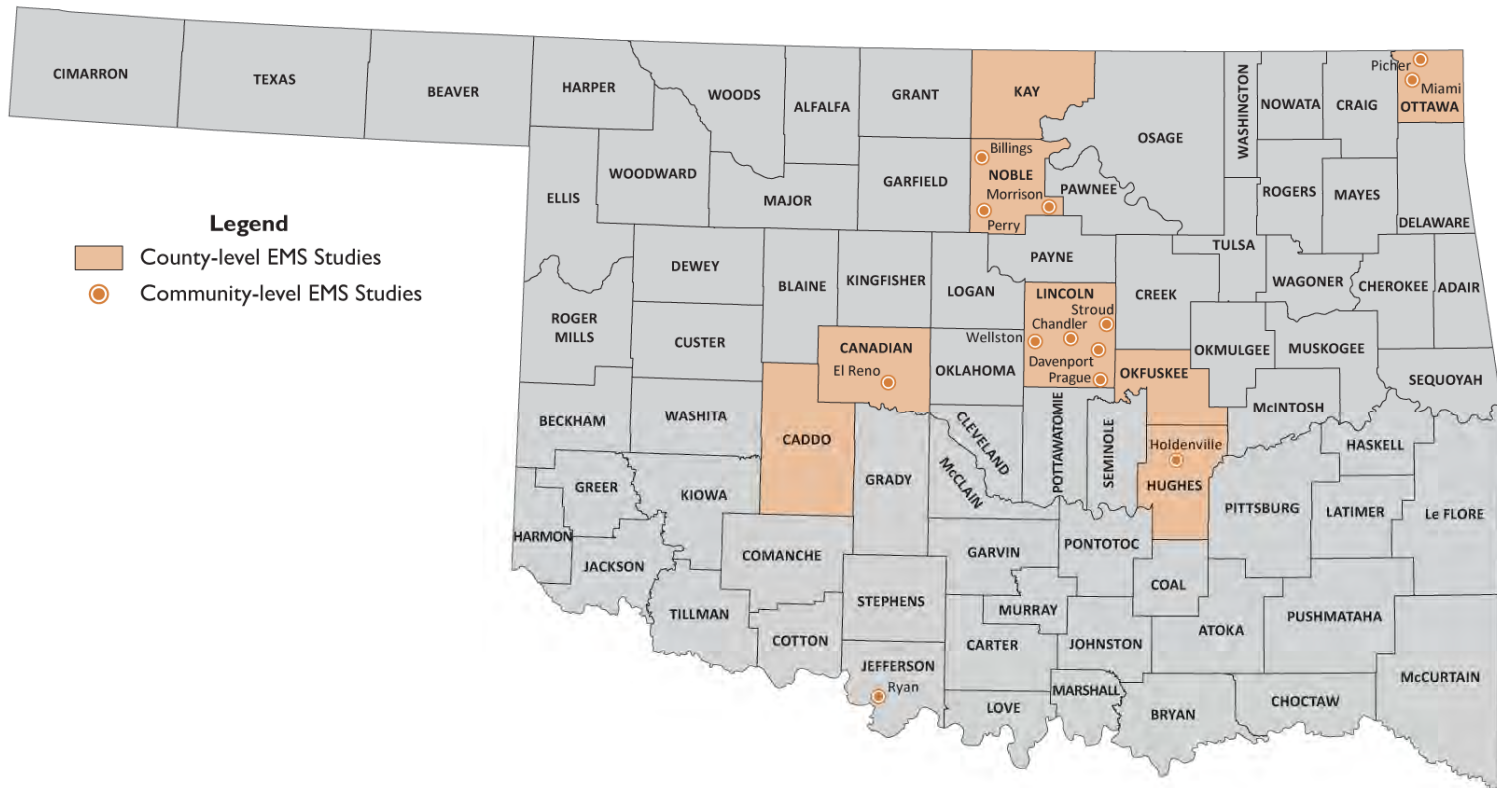
²Number of CAHs as of September 2006 based on University of North Carolina CAH database.

³Participation was defined as providing data on at least one measure.

Data source: Hospital Compare data for 2005 discharges, downloaded from CMS website September 2006.

Figure 10 – Number of CAHs participating in Hospital Compare

Oklahoma Governor's Task Force on Emergency Medical Services (EMS)
EMS Budget Studies Completed by Oklahoma State University Cooperative Extension Service
2005 to 2007



Data Source: OSU Cooperative Extension Service (2007)

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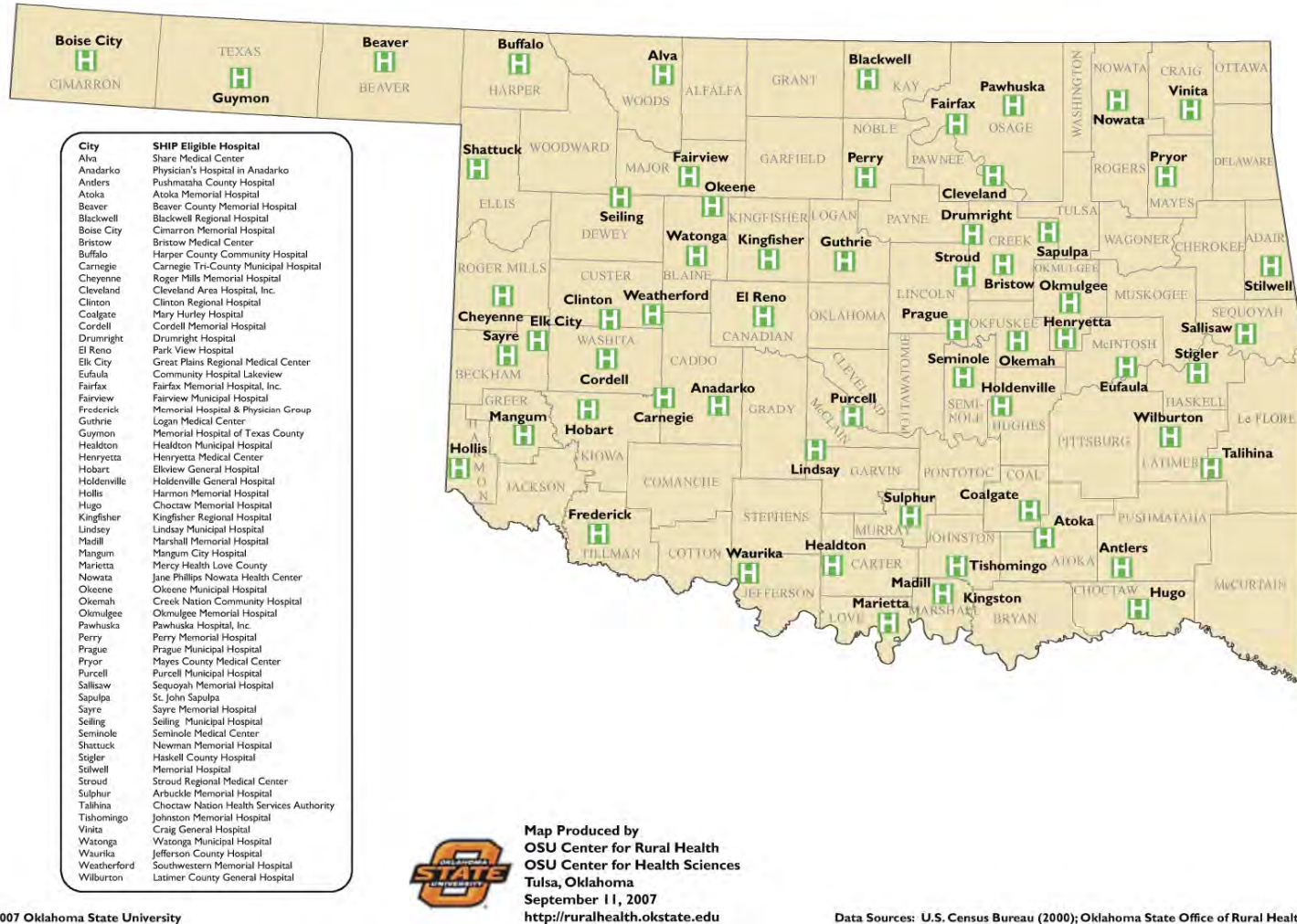


Map Produced by
 OSU Center for Rural Health
 OSU Center for Health Sciences
 Tulsa, Oklahoma
 September 24, 2007
<http://ruralhealth.okstate.edu>

Figure 11 – EMS Studies

Hospitals Eligible for the Small Hospital Improvement Program

September 2007



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Figure 12 – Small Hospital Improvement Program Grant Awardees

IV. RURAL HEALTH RESEARCH

The Center continues to focus on applied research endeavors. Our most successful research effort to date is the *State of the State's Rural Health*, which has garnered acclaim from a variety of circles. According to a recent report by the Commonwealth Fund, Oklahoma is the unhealthiest state in the nation. As a result, it is vital for the Center to determine what factors are contributing to this ranking and to what extent rural residents are driving the results compared to urban residents. The Center's attempt to answer these questions is the *State of the State's Rural Health*. The Center will publish the *State of the State's Rural Health* every year, with the following themes rotating every five years:

- 1) A Snapshot of Current Conditions;
- 2) Workforce Issues: Hospitals and Physicians;
- 3) Workforce Issues: Non-Physician Clinicians;
- 4) Risk Factors and Roadblocks; and
- 5) Special Interest Topics

The Center published the 1st Annual *State of the State's Rural Health* in January 2007. The first edition focused on providing "A Snapshot of Current Conditions" and summarized basic demographic, health status, health behavior, and health access data for the State of Oklahoma. The publication presents such data in a series of maps and tables to allow readers to make comparisons of data among rural counties, urban counties, the state as a whole, and national averages. The publication clearly indicates that rural counties generally have residents in far worse health than do urban counties. The publication also indicates that certain regions of the state are more affected by some disease entities than other regions. The findings in the *State of the State's Rural Health* will shape many of the goals and objectives that will become a part of the Oklahoma Rural Health Plan that the Center will produce in 2008.

The Center distributed the 32-page monograph to all members of the state's Federal congressional delegation, the combined membership of the Oklahoma State House and Senate, the state's executive officers, including Governor Brad Henry, and other key policy makers at both the state and Federal levels. We also distributed the *State of the State's Rural Health* at several prominent professional meetings including the Oklahoma Small Hospital Conference, the Oklahoma Osteopathic Association meeting, and the National Rural Health Association conference. The Oklahoma Department of Libraries filed a copy with the U.S. Library of Congress in August 2007, and many public libraries in the state now have a copy in their general circulations. By the end of 2007, the administration of every medical school (both osteopathic and allopathic) in the United States will have a copy of the document.

Over the past twelve-months, the Center reconstituted its "Rural Health Research Team." Center leadership and staff felt that a coordinating body was needed to help foster the research goals of

the Center and to orient the research direction of the Center and its partners. Aside from Center staff, members of the Rural Health Research Team included representatives from AHEC and the Rural Development Division of the OSU Cooperative Extension Service. Although the Rural Health Research Team is in its incipient stages, the team has already helped shape the future of the *State of the State's Rural Health* and fostered the publication of peer-reviewed research. The Rural Health Research Team will play a critical role in the ongoing research efforts of the Center.

In an effort to expand its research credentials, the Center applied for a U.S. Department of Defense research grant to assess the feasibility of using mobile systems to reduce the lag time between breast cancer screening and diagnosis when breast abnormalities are detected. If approved, the grant would provide funding over a five-year period for two mobile breast clinics (similar to the Mobile Telemedicine Clinic), associated equipment, and staff to travel the state performing mammographies, breast ultrasounds, and biopsies. The mobile breast clinics would provide screening services to women who are eligible for the Oklahoma State Department of Health's Take Charge! Program and would specifically target areas where breast cancer screening rates are low and late-stage diagnoses are high. Notification of any award will be late 2007.

Beyond the activities listed above, the Center continues to utilize its research capacity and technical capabilities to support the overarching mission of OSU Center for Health Sciences. These items include:

- Provide cartographic and data support to the OSU CHS administration for a variety of legislative and development efforts;
- Establish and maintain a geospatial-oriented database of healthcare and social service related information;
- Establish and maintain database of staff activities for the Center for Rural Health;
- Develop presentation materials for Center staff; and
- Provide technical support/assistance, data support, and cartographic support to other researchers at OSU CHS.

We also continue to work to fulfill specific goals outlined in last year's annual report and new goals developed in the past year. These items include:

- Developing, with assistance from OSU Tulsa IT staff, a data reporting website that would allow the public and other researchers to access county-level demographic, socioeconomic, and health data;
- Developing an Internet Map Server (IMS) to distribute geospatial data;
- Developing a model to determine the suitability of new sites for telemedicine services; and
- Developing a methodology to delineate areas suitable for the new rural health clinics managed by OSU

V. RURAL HEALTH MARKETING & POLICY DEVELOPMENT

The Center for Rural Health supports the development and placement of equipment for the OSU Telemedicine Network in collaboration with the OSU Telemedicine & Distance Learning Center (the OSU Telemedicine Department). To aid in this effort the Center pursues both federal appropriations and grants. Our philosophy is to use these funds to help train OSU College of Osteopathic Medicine students and graduates in the uses of telemedicine and increasing access to additional medical tools for rural physicians. The OSU Telemedicine Network has subsequently helped support OSU's medical students and Oklahoma's rural physicians and hospitals. In doing so, OSU's Telemedicine Network has increased access to health care services that were previously unavailable in many rural communities.

Accomplishments

In support of the OSU Telemedicine Network, this past year the Center purchased the following:

- Eight laptop computers and portable video conferencing cameras for use by students on rural rotations totaling \$14,192;
- Portable ultrasound system for the OSU Mobile Telemedicine Clinic totaling \$55,170;
- OB/GYN server to store OB/GYN ultrasounds at the OSU Telemedicine Department at a cost of \$67,800;
- Paid approximately one-third the cost for a computed radiology system in Okmulgee Regional Hospital (Center for Rural Health's share was \$25,000 for a system totaling roughly \$70,000); and
- Three-dimensional retinal scanner for the Mobile Telemedicine Clinic totaling \$48,700.

In total, the Center for Rural Health purchased \$210,862 worth of equipment to support OSU's Telemedicine Network. The Center is currently in the process of purchasing another computed radiology system for Prague Municipal Hospital valued at approximately \$72,000.

The Center also works closely with the OSU Telemedicine Department to identify new sites for deploying telemedicine applications and becoming part of OSU's Telemedicine Network. The Center will often partner with the Telemedicine Department to help pay for the cost of this equipment. The Center worked with 18 communities to help identify their telemedicine needs in the past year (**Figure 13**). Seven of these communities (Holdenville, Hollis, Guymon, Beaver, Boise City, Buffalo, and Stigler) have decided on the telemedicine applications they would like to implement. The Center and the Telemedicine Department are in the process of working with these communities to see these applications successfully deployed. The remaining towns have not determined what telemedicine equipment best fits their needs. The Center for Rural Health will continue to work with these communities to determine how telemedicine can support them and our school's students and graduates.

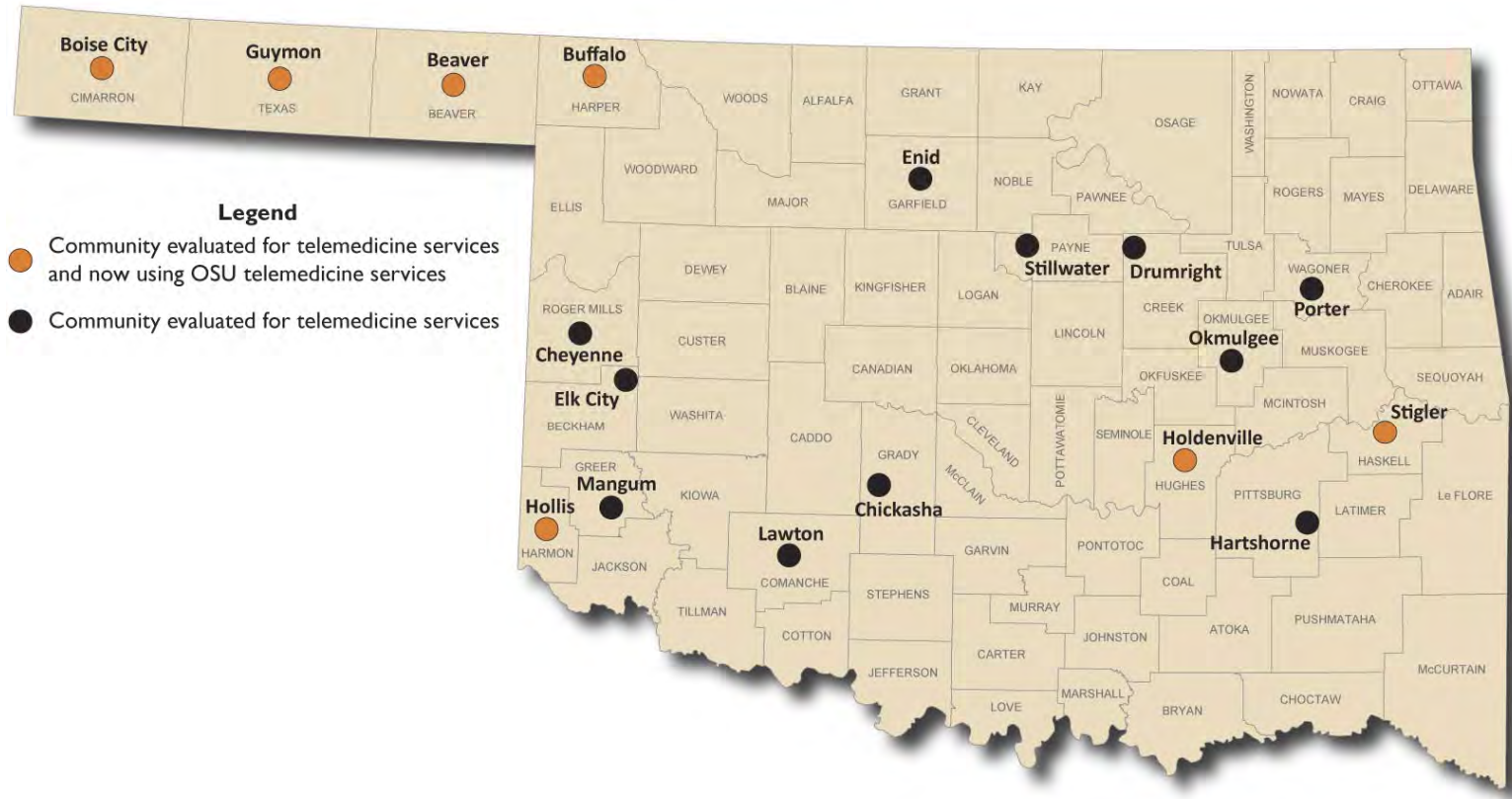
Last year the Center for Rural Health in conjunction with the OSU Telemedicine Department and OSU IT developed a new distance learning program for our students. Students on selected rural rotations received a laptop computer outfitted with a portable video conferencing camera. The

students use this equipment to receive weekly didactics and conduct residency case presentations. This program increases knowledge and confidence in the use of telemedicine equipment, decreases cost of travel for the students, lessens the likelihood of their being involved in an accident, and decreases the amount of time they are away from the doctor's office. Both students and preceptors have made positive comments about this program. The program just completed its first year. Laptop computers were deployed twenty different times around the state. To date this project has saved our students a total of 4,360 miles of drive time or 4 days, 9 hours and 18 minutes.

Last year the Center for Rural Health identified a significant problem with regard to rural student rotations: many rural communities did not understand that the OSU students providing care to patients in their communities were affiliated with OSU. To help raise awareness of the school's rural focus, the Center has produced OSU Medicine signage to place in our Community Hospitals and Rural Rotation sites. Additionally, the Center will present preceptors with plaques acknowledging their participation in the education of the OSU students for display in their offices. We have also worked with the school's public relations department to issue press releases in both the local and home town newspaper for every consenting medical student. The Center hopes that these public relations efforts will increase the visibility of OSU's efforts in rural communities.

We continue to update the Center for Rural Health's website. We plan several new features for the site this year. These features are mostly applied components for public use. They include a state demographic report that the user can customize by county and a listserv for use by hospital administrators and if interest is sufficient one for D.O.s around the state. We also hope to include an Internet Mapping Service. This tool will allow users to produce maps of the state populated with data of their choosing. We believe these features will be useful for rural physicians and other rural health care providers when applying for state or federal grants or for communicating with each other. Additionally, the site provides the public with information regarding the Center for Rural Health's programs, services and funding opportunities and directs them to the school's broader educational efforts.

Communities Evaluated by OSU Center for Rural Health for Telemedicine Services 2006 - 2007



Data Sources: U.S. Census Bureau (2000); Oklahoma State University Center for Rural Health (2007)

(c) 2007 Oklahoma State University



Map Produced by
OSU Center for Rural Health
OSU Center for Health Sciences
Tulsa, Oklahoma
September 24, 2007
<http://ruralhealth.okstate.edu>

Figure 13 – Communities Evaluated for Telemedicine Services, 2006-2007

VI. APPENDIX A

Center Staff

William J. Pettit, DO, MA – Associate Dean for Rural Health and Assistant Professor of Family Medicine.

Dr. Pettit performs administrative duties relevant to the planning, development, delivery, and evaluation of those activities designated as Rural Health. He evaluates guides and implements the strategic planning process for the Center. He represents OSU-CHS at national rural health organization and agency meetings. Dr. Pettit is also a member of the OSU-CHS Management Team.

Val Schott, MPH – Director for the Center for Rural Health and the State Office of Rural Health.

As Director of the Center for Rural Health, Mr. Schott is involved with community level strategic planning to improve health systems delivery in rural Oklahoma. He serves on various committees nationally and is past president of both the National Rural Health Association and the National Organization of State Offices of Rural Health. He is frequently called upon by the Federal Office of Rural Health Policy to provide insight and training in community engagement and a variety of other topics concerning rural health. Mr. Schott provides valuable input in both the national and state policy arena and frequently provides information to both state and federal legislators on rural policy issues and programs.

Jeff Hackler, JD, MBA – Director, Grants and Resources.

Mr. Hackler organizes and directs the planning of grants for the Center and strives to meet the needs of grant applications and identify resources. Participates in grant reviews on a national level, and attends grant conferences to improve skills. He works with rural health and community partners to develop final grant products.

Vicky Pace, MEd – Coordinator, Rural Medical Education.

Ms. Pace develops implements, evaluates, and updates all training related material and website for the 5 Clerkships: Rural Clinic Rotation; Community Clinic Rotation; Emergency Medicine Rotation and the Community Hospital Rotations.

Kaleb Bennett – Director of Telemedicine and Public Relations.

Mr. Bennett directs the Center's telemedicine efforts in conjunction with the OSU Telemedicine Center. As Policy Director, Mr. Bennett helps administer a grant program to provide rural hospitals and rural providers with telemedicine equipment, software, and training. Mr. Bennett also works closely with the Oklahoma congressional delegation to support and develop public policy beneficial to the state's rural healthcare system.

Chad Landgraf, MS – Geographic Information Systems Analyst.

Mr. Landgraf provides data research support and technical assistance to improve rural health care delivery for Oklahoma. He also works with other specialists to conduct research and develop health care policy to better coordinate rural education and utilization technology.

Richard Perry, MA – Program Director, Oklahoma AHEC Program.

Mr. Perry directs and manages all program activities of the AHEC program and other education grants and contracts. He is responsible for coordinating activities with the four regional centers and for funding and administrative activities of the program office.

Rod Hargrave – Program Coordinator.

Mr. Hargrave serves as the office's director of the federal Medicare Rural Hospital Flexibility (FLEX) program. He is involved in administering the funds of the program in support of Oklahoma's 72 potentially eligible Critical Access Hospitals. This includes oversight of the Community Engagement Process and development of new assistance programs. To date, thirty hospitals have converted with the help of the FLEX program. The ORH has assisted several additional hospitals with feasibility studies concerning conversion. Three additional hospitals are currently considering conversion. The ORH is assisting four hospitals consider major renovation or facility replacement.

Jan Barber – Program Specialist II.

Ms. Barber manages administrative operations and programs for the Rural Health Center. She manages grants and budgets, provides reports to management and assists with implementation of rural health programs.

Corie Kaiser – Health Consultant.

Ms. Kaiser conducts the Community Health Engagement process in rural communities throughout the state. She is one of the Center's primary liaisons with the OSU Cooperative Extension Service. Ms. Kaiser also helps coordinate the annual Oklahoma Small Hospital Conference.

Sherry Eastman – Program Specialist II.

Ms. Eastman works in Rural Medical Education with students, preceptors, AHEC, hospital coordinators and the Clinical Education Department to manage the student rotation schedules, and to collect and organize rotation requirements for grading. Working with the Student Affairs Department, she is responsible for recording student grades and submission of paperwork for students' permanent records.

Toni Hart, MA – Interdisciplinary Education Coordinator, Oklahoma AHEC Program.
Ms. Hart is responsible for the coordination of rural clinical rotations for health professional students in the four regional AHEC areas. Ms Hart organizes and maintains the multicultural schedule for second year medical students. She is also coordinates community education for cancer survivors in rural Oklahoma. She assists the director in program development and the collection of data for those activities.

Matt Janey – Program Coordinator/Program Evaluator, Oklahoma AHEC Program.
Mr. Janey is responsible for program evaluation and analysis of all AHEC program office activities.

Dora Johnson – Administrative Assistant II.
Ms. Johnson processes travel requisitions, coordination of office activities and provides administrative support for the staff in the Tulsa office.

Staci Stewart Huckaby – Administrative Assistant II, Oklahoma AHEC Program.
Inputs data for all AHEC program office activities and provides administrative assistance to staff.

Beth Young (former) – Administrative Assistant II.
Ms. Young processed travel requisitions, coordinated office activities and provided administrative support for the staff in the Oklahoma City office.

Becky Brechwald (former) – Administrative Assistant II.
Ms. Brechwald processed travel requisitions, coordinated office activities and provided administrative support for the staff in the Tulsa office.

Publications

Bennett, Kaleb. (2006). The Importance of Rural Hospitals in Educating OSU Medical Students, *Oklahoma D.O.*, Vol. 71(5): 25.

Bennett, Kaleb. (2006). The Telemedicine Tipping Point, *Oklahoma D.O.*, Vol. 71(6): 23-24.

Bennett, Kaleb. (2007). A Cure for What Ails Us, *Oklahoma D.O.*, Vol. 71(10): 20-21.

Schott, Val. (2007). Why We Work in Hospitals, *Oklahoma D.O.*, Vol. 71(8): 15

Whitacre, Brian E. and Landgraf, Chad E. (2007). Telemedicine and Distance Learning Sites in Oklahoma, *Academic Exchange Quarterly*, Vol. 11(3): TBD.

Committee Membership

Center members participate on a wide variety of committees representing the Center. The following is a sampling of those committees:

- Lay Member of the Oklahoma Bar Association Professional Responsibility Tribunal
- Oklahoma Breast and Cervical Prevention and Treatment Advisory Council
- Oklahoma Comprehensive Cancer Care Network
 - Network Advisory Committee
 - Quality of Care Sub-Committee
 - Early Detection Sub-Committee
- Oklahoma Health Information & Exchange Project
 - Steering Committee
 - Legal Working Group
- Oklahoma Health Information Security and Privacy Collaborative
- Oklahoma State University Center for Health Sciences Staff Advisory Committee
- Oklahoma State University Dietetics Clinical Advisory Committee
- Oklahoma Statewide Turning Point Advisory Committee
- Oklahoma Society of Clinical Oncology Conference Planning Committee
- National AHEC Association
 - Program Directors Constituency Group Leadership Team
 - External Relationships Committee
 - Awards Committee
- Technical Assistance Service Center (TASC) National Rural Health Resource Center

Professional Affiliations

Center employees represent OSU in a wide variety of professional membership groups. A sampling of those groups is listed below:

- American College of Osteopathic Family Practice
- American Osteopathic Association
- American Telemedicine Association
- American Telemedicine Society
- Association of American Geographers
- National Association of Hospital Access Managers
- National Organization of State Offices of Rural Health
- National Rural Health Association
 - Rural Health Policy Board
- Oklahoma Academy of Sciences
- Oklahoma Bar Association
- Oklahoma Osteopathic Association
- Rural Health Association of Oklahoma
- South Central Arc Users Group
- Tulsa Osteopathic Medical Society

VII. APPENDIX B

[NOTE: AHEC submits an annual report independent of the OSU Center for Rural Health. A copy of their report is included for reference purposes only.]

**Annual Report
For
OKLAHOMA AREA HEALTH EDUCATION CENTER
July 1, 2006 – June 30, 2007
Submitted September 21, 2007***

The Oklahoma Area Health Education Center (AHEC) Program is a community-state-federal partnership established in 1984. Its' mission is to improve access to health care by improving the quality, distribution, and supply of primary care providers in rural and underserved areas, and to reduce disparities in access to health care between Oklahoma's rural and urban populations, and between majority and minority populations. A central Program Office on the campus of the Oklahoma State University College of Osteopathic Medicine in Tulsa coordinates the Oklahoma AHEC Network.

The activities of the Oklahoma AHEC Network are guided by a Statewide AHEC Advisory Council and are locally administered via sub-contracts by four regional AHEC Centers: Northwest AHEC at Rural Health Projects, Inc. in Enid, Southwest AHEC at Cameron University in Lawton, Southeast AHEC at Carl Albert State College in Poteau, and Northeast AHEC at Tulsa Community College – Northeast Campus in Tulsa.

Nationally, forty-six states have a network of fifty-two AHEC programs and two hundred and eleven (211) community-based AHECs. Nationally, AHECs work to decentralize health professional training in response to health workforce needs and shortages.

Organizational Structure:

In September 2006, the Oklahoma Area Health Education Center Program was placed under the supervision of the Associate Dean for Rural Health, Dr. William Pettit. As an active partner in the Center for Rural Health, OKAHEC provided significant manpower and resources to the development and submission of the Pre-doctoral Training Grant application to HRSA. A proposal for a sub-contract arrangement on an Oklahoma Health Care Authority chronic disease management program was also submitted as a joint project. Mr. Perry, OKAHEC Director served as chair of the rural health curriculum committee of the Center for Rural Health, working with Clinical Education, Admissions and Marketing, and the Center to coordinate curriculum changes regarding rural medicine.

Program Office Staff – OSU-COM – Tulsa:

Richard Perry, MA	Program Director
Toni Hart, BA	Education Coordinator
Matt Janey, BS	Program Evaluator

Funding Summary: *

Funding Source	Fiscal Period	FY 04-05	FY 05-06	FY 06-07
Oklahoma State Department of Health	1 July – 30 June	364,887	364,887	364,887
HRSA -Model State AHEC	1 October – 30 September	300,025	392,319	350,178
OSU-COM	1 July – 30 June	60,480	61,684	64,957
Division of Rural Health	1 September – 31 August	25,000	25,000	29,400
OU - Geriatric Education Center	1 July – 30 June	43,200	43,200	0
HRSA - Burdick Rural Interdisciplinary	1 July – 30 June	144,788	8,784	0
HRSA – Bioterrorism CE Training	1 October – 30 September	741,770	109,552	0
HRSA - NAO conference	1 October – 30 September	50,000	0	0
Registrations – NAO conference	1 October – 30 September	62,788	0	0
TOTAL		1,792,938	1,005,429	868,221

Table 2 – AHEC Funding Sources by Year

*Funding for OKAHEC Program office at OSU-CHS only. Does not include funds generated by regional centers.

Accomplishments: OKAHEC addresses its health workforce development goals by working to “get em – train em – keep em.”

A wide variety of activities constitute OKAHEC Careers Education activities (get ‘em). General Awareness activities include career fairs, class presentations, Q&A sessions and handout of materials to youth, parents and teachers. 37,293 Oklahoma youth received awareness programs and materials sponsored by OKAHEC in 2006-07 (23,963 hours). Exploration activities are more intense and involve youth from one year to the next. Shadowing, mentoring, summer camps, weekend retreats, tours, counseling and teacher education are the primary AHEC explorations activities. Exploration activities reached 1,747 youth with 27,914 hours of programming (16 hours per youth average).

The goal of the Clinical Student Support (train ‘em) activities of OKAHEC is to give health professional students an appreciation of community practice by supporting their remote clinical rotations in rural Oklahoma. OKAHEC helps with finding and supporting local preceptors/teachers, finding housing, solving problems, coordinating community contacts and service-learning projects. OKAHEC worked with 121 community-based preceptors across Oklahoma to provide quality off-campus rotations. In 2006-07, OKAHEC supported 616 health professions students, including medical students and residents, students in nursing, PA, and dental assistance from 7 Oklahoma universities and colleges, plus 6 out-of-state universities, for

a total of 2,147 student-weeks (85,868) of community-based clinical training, plus additional classroom lectures with medical, PA, optometry and special education students.

At OSU-CHS, OKAHEC supports the summer early clinical electives (both urban and rural) for MS II OSU medical students sponsored by OKAHEC, special rural electives developed by OKAHEC and the Division of Rural Health, the regular teaching support OKAHEC staff provides to the Community Clinic and the Rural Clinic rotations for third year medical students, special assistance to the Community Hospital and Emergency Medicine rotations, and the Multi-Cultural Health class with second year students.

Community Support (keep em) activities are of three types. The first is Continuing Education for health professionals within the rural areas of the state. In 2006-07, 2066 persons attended an AHEC-sponsored CE program for 9913 hours of training. Consumer Education programs provided 7636 Oklahomans with 33,041 hours of varied community health education programs. Another aspect of Community Support is Community Development which includes supporting local organizations and taskforces in accomplishing their goals, serving on local health planning committees, writing grants, and providing health information. The publication of the OKAHEC NEWS that was distributed to over 10,000 persons was suspended in '06 due to funding cutbacks, but was re-instated in 2007.

Of considerable importance was a successful education effort with the Oklahoma legislature this year. OKAHEC was invited to present to the Public Health Sub-committee of the House, which is the committee that writes the budget for the State Health Department (and therefore for AHEC). The Sub-committee was impressed with the mission and accomplishments of OKAHEC and, with a great deal of support from community board members and "friends of AHEC," we were successful in receiving a 55% increase in state funding to \$564,887 per year. At the federal level, there is some optimism, in that the House committee on Health and Human Services has already submitted their budgets with an increase in the line item for the national AHEC program.

In summary, in FY 2006-07, OKAHEC provided services to 49,358 persons for a total of 180,699 hours of programming. These numbers reflect an overall increase of 8% in the number of people reached but a 9% decrease in the number of hours of programming provided. Reductions in participants were seen in the core AHEC programs - Career Exploration, Clinical Training, and Continuing Education. However, the number of career exploration hours per student increased by 45%, and the number of participants increased in other programs - Career Awareness and Consumer Health Education. It is obvious the decline in funding for OKAHEC (down 47% since FY 05-06; see funding chart on page 1), has had a negative impact on productivity over the last two years. With increased state funding - and hopefully increases in federal and private funding as well - these trends can be reversed.

Programs and grants:

Year 2 of 3 in the fifth funding cycle for federal (HRSA) Model State AHEC grant.

Renewal of ongoing state AHEC contract – 1 yr. (Increase received for FY 08).

Grant submitted to Lance Armstrong Foundation for rural patient and provider education on Cancer Survivorship - Site visit in September 07: Pending.

Included as Sub-contractor in University of Oklahoma Geriatric Education Center (HRSA) renewal application: Pending.

Included as Sub-contractor in McKesson Associates contract application to Oklahoma Health Care Authority for chronic disease management program: Pending.

Grant submitted to NIH/NCI for rural patient and provider education on Cancer Survivorship - Not funded.

Presentations given:

Monthly lectures to OSU Community Clinic students on Rural Health (R. Perry).

Healthy People 2010 and Oklahoma Health – OSU Health Promotion class (Perry).

State of the State's Rural Health – OU Physicians Assistant Program (Perry).

Healthy People 2010 and State of the State's Rural Health – NSU College of Optometry (Perry).

State of the State's Rural Health – NSU Department of Special Education (Perry).

Small group leader, OSU-CHS Rural Clinic rotation monthly case presentations (Perry) and Multi-cultural health (2 x / year) – (Perry, Hart, Janey).

Community clinics coordinator, OSU-CHS Multi-Cultural Health class (T. Hart).

Committees:

Oklahoma Comprehensive Cancer Care Network Advisory Committee and Quality of Care sub-committee (Perry, Hart).

OU Physician Associate Admissions Committee (Perry).

OU-Tulsa School of Nursing Community Advisory Committee (Perry).

Oklahoma Statewide Turning Point Advisory Committee (Perry).

Oklahoma Health Care Workforce Advisory Committee (Perry).

Conferences and Workshops attended:

American Association of Colleges of Osteopathic Medicine – Baltimore, MD - Perry.

AHEC National Invitational Disaster Preparedness Summit - Los Vegas, NV – M. Janey

Health Literacy and Chronic Disease Management – Anaheim, CA. – Hart

Oklahoma Rural Health Association - Oklahoma City, OK - AHEC staff

Web site: www.ahec.okstate.edu

(* Some data are preliminary as of this date. However, final numbers will not change appreciably in any category).