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**2005 Virginia Rural Health Care Plan  
December 17, 2004  
1:30 p.m. - 4:00 p.m.  
Edward Via Virginia College of Osteopathic Medicine  
Blacksburg, Virginia**

**Meeting Minutes**

**Meeting Attendees:** Susan Alford, Robert Alpino, Ada Ashley, Mike Bales, Kenny Boyd, Jenny Bradley, Rene Cabral-Daniels, Teresa Carter, Howard Chapman, David Cockley, Ken Cook, Kathy Dalton, Rebecca Davis, Giovanni Elia, Sam English, Sarah Gilbert, Mike Guy, Elizabeth Hale, Patricia Higgins, Travis Jackson, Suzanne Jennings, Jan Johnson, Regina Kennedy, M.J. Kipper, Paul Lavigne, Tony Lawson, Lilia Mayer, Janet McDaniel, Elizabeth Merwin, Leslie Mordue, Roger Mullins, Karen Mundy, Pam Murphy, Karen Northup, Barbara Okerson, John Overton, John Owen, Richard Pantaleo, Al Pheley, Joe Schwartz, Rhonda Seltz, Rich Settimo, Amy Smith, Eli Sparks, Ken Studer, Wayne Terry, Dixie Tooke-Rawlins, James Tyler, Peggy Whitehead, Janice Wilkins, Jane Wills, Don Wilson, Martha Wunsch

**Absent:** Marcia Brand, Derek Burton, Helen Cockrell, Mark Dembert, Carol Dill, Pam Dodge, Melody Eaton, Edgar Gonzalez, Mary Goodall-Johnson, Diane Helentjaris, Debbie Jones, Tina King, Mel Leaman, Mark Levine, Wally Nelson, Debbie Nick, James Palmieri, Lilian Peake, Connie Purvis, Mildred Roberson, David Sadowski, Rick Shinn, Donald Stern, Diana Wallace, Jan Willcox, Dave Ziegler

**Meeting Attendees, Staff:** Rene Cabral-Daniels (Director, Virginia Department of Health-Office of Health Policy and Planning), Rebecca Davis (Executive Director, Virginia Rural Health Resource Center), Chris Farabaugh (Virginia Rural Health Resource Center), Christy Sullenberger (Virginia Rural Health Resource Center)

A list of attendees along with their position and organizational affiliation can be found in Appendix A.

## **I. Welcome and Introductions**

Rene Cabral-Daniels, Director of the Virginia Department of Health-Office of Health Policy and Planning (VDH/OHPP) and Rebecca Davis, Executive Director of the Virginia Rural Health Resource Center (VRHRC) served as co-facilitators and welcomed attendees to the meeting to discuss issues pertaining to the development of the 2005 Virginia Rural Health Care Plan (RHCP).

Attendees introduced themselves and their organizational interest in the RHCP. There were 53 individuals present, including attendees and staff. All attendees were given a packet including the agenda, handouts, and other materials. It was agreed that packets would be mailed to absentees following the meeting.

The meeting was facilitated by a PowerPoint presentation, which can be found at:  
[http://www.vrhrc.org/05plan/december\\_17\\_04.html](http://www.vrhrc.org/05plan/december_17_04.html)

## **II. Background Information on the Virginia State Rural Health Care Plan**

Rebecca Davis, Executive Director of the VRHRC, presented work on the state rural health plan that had been conducted in previous years. A plan was developed in 2000 by the Rural Health Policy Program at Virginia Tech with funding from the Virginia Department of Health. The plan was developed to address requirements of the Medicare Rural Hospital Flexibility (FLEX) Program, which requires that states eligible for FLEX funding have a state rural health care plan. A summary of the current federal requirements in compliance with the Balanced Budget Act of 1997 was reviewed by Rebecca Davis and presented in the accompanying PowerPoint.

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### III. Process for Developing the State Rural Health Care Plan

The process for developing the plan was discussed by Rebecca Davis, Executive Director of the VRHRC and was delineated as follows:

- 1) Establish work groups
- 2) Draft the plan
- 3) Hold regional meetings to discuss the draft

### IV. How the Virginia Rural Health Care Plan Will Be Used

Rene Cabral-Daniels, Director of VDH/OHPP, introduced the role of VDH/OHPP, also referred to as the State Office of Rural Health (SORH), which also administers the Medicare Rural Hospital Flexibility Grant Program. She said that the VDH/OHPP will use the plan to inform its grant priorities and to direct decision making. As the 2000 Virginia Rural Health Care Plan was written strictly to meet federal requirements, the intent now is to expand its scope to address the most pressing health needs of rural Virginia, as conveyed by rural community leaders throughout the state. The expansion was partly inspired by an excerpt from "Rural Health in the United States" written by Tom Ricketts. The following excerpt was quoted: "The facts of disparity between rural and urban remain and this book is intended to bring those facts once again to the attention of the people who can make a difference in policies. Rural Health in the United States is also meant to inform rural communities themselves, to provide them with the information they need to effectively argue for change. Facts, data, and statistics cannot create solutions; they must be turned into information upon which arguments can be based and comparisons drawn to support options that are favorable for change. This book is designed to take data and turn them into information that can be used to create policies that help Americans- especially rural Americans- build a better and more effective health care delivery system." Other documents used to inform the decision to broaden the scope of the plan were *Rural Healthy People 2010* and Institute of Medicine's document *Quality Through Collaboration - The Future of Rural Health*. Attendees were encouraged to read the three resources listed above, especially the Executive Summary of Quality Through Collaboration. Prior to the meeting, an email was circulated to all who RSVPed containing a link to Rural Healthy People 2010 and the Executive Summary mentioned above.

### V. Format of the 2005 State Rural Health Care Plan

It was noted that all who RSVPed received a survey, the Rural Health Needs Assessment Survey, via email which asked for their input on the needs and format of the 2005 RHCP. The Director of VDH/OHPP, Rene Cabral-Daniels, noted that the ideal plan would include all suggestion made to date, via the online survey and otherwise, but acknowledged that in an effort to make the 2005 RHCP as efficient and user-friendly as possible, the 2005 RHCP would not duplicate other resources. Instead, discussion arose concerning the possibility of writing the 2005 RHCP to include an objective that lists resources, including grant-writing resources. In the spirit of addressing as many rural health needs as possible, it was agreed that emphasis would be placed on making an inclusive list of resources.

Rebecca Davis, Executive Director of the VRHRC, presented an overview of the results of the Rural Health Needs Assessment Survey. Among the issues raised by respondents were the following:

- Identify gaps in Primary Care Services
- Identify where citizens go for primary care services
- Address Oral & Mental Health Needs
- Chronic Diseases
- Tobacco Use
- Demographics of Rural Population, especially 60 years and older
- Telehealth
- Emerging Immigrant Populations
- Specific Recommendations for Governor and General Assembly

Maps of Virginia depicting Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA) were shown to attendees via PowerPoint and as handouts. A question was raised by an attendee requesting more information about the HPSA and MUA designation process. Another question was raised regarding the

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existence of a formal definition for underserved. Director of VDH/OHPP Rene Cabral-Daniels acknowledged that there is a formal definition and referred questions regarding the designation process and definition to Lilia Mayer, Policy Analyst at VDH/OHPP, who handles the designations.

Maps of Free Clinics and Underserved Areas were presented. The question was raised by an attendee regarding why 60% of free clinics are located in Metropolitan areas. Rene Cabral-Daniels, Director of VDH/OHPP, responded that free clinics do not have the obligation to be in a MUA. Attendee Pam Murphy, Executive Director of Shenandoah County Free Clinic, noted that free clinics are driven by communities and are created by the effort of communities and volunteer effort within communities. She also noted that free clinics do not necessarily grow in the same areas where federally funded community health centers were not. Corrections to the maps were suggested, including a note that Patrick County recently opened a free clinic that was not represented in the map. Director of VDH/OHPP Rene Cabral-Daniels emphasized that the maps would be readily available on the VRHRC web site and that corrections would be made.

A map of Federally Qualified Health Care Facilities (FQHCs) in Virginia was presented. It was noted that these facilities were not necessarily designated as Rural Health Centers (RHC). It was suggested that the FQHC map would be a good map to show legislators. Another suggestion was made that there be a map sorting counties according to their number of uninsured in conjunction with the Federally Funded Health Facilities map. Director of VDH/OHPP Rene Cabral-Daniels discussed the State Planning Grant and responded that the VDH/OHPP had conducted what is to date the most comprehensive survey of the uninsured in Virginia and that the data was expected within two (2) weeks. Previously VDH/OHPP had been told that the survey was not possible because there are so few people in rural Virginia.

A comment was made by an attendee that transportation in rural Virginia remains a barrier due to lack of mass transit and lack of vehicles affecting some households, thereby indicating that the populations who need assistance the most continue to go unaddressed by the health care system. It was suggested that the 2005 RHCP attempt to address the transportation barrier in rural Virginia.

Another comment was made by an attendee suggesting that a major barrier that needs to be addressed is access to prescription medication. Further noted was that regardless of how many clinics there are or how many doctors, numerous people can't afford prescriptions, resulting in the inefficacy of providing medical care. A number of comments were made by attendees indicating that there were community-based efforts (e.g., health departments, faith-based) to address this barrier. Another suggestion was made that the 2005 RHCP highlight certain programs, among them programs for not just pharmacies, but pharmacists. VDH/OHPP Director Rene Cabral-Daniels suggested an effort to educate legislators on best practices programs that have been successful in past years.

The following issues were raised during the course of discussion of barriers to the provision of care in rural Virginia:

- illiteracy rate
- low health literacy
- indigent care
- provision of specialty care (not only primary care)
- use of emergency rooms as health clinics

It was noted that Telemedicine networks had been set up in a number of areas to address the demand for specialty care. A remark was made by an attendee that the problem is not telemedicine, but easy access to community networks and called upon the example that a hospital in Danville can call another hospital, but that hospital cannot in return call the Danville hospital. The Universal Service Fund was discussed. Barriers to telemedicine were discussed, including the following:

- usability
- timely availability of a specialist
- provision of follow-up care

A suggestion was made that there be a review of models that have successfully provided specialty care in rural areas.

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A discussion of the multiplicity of rural definitions arose and was facilitated by a map comparing Office of Management and Budget (OMB) Metropolitan Statistical Areas (MSA) to CBSAs. It was discussed that the use of 2000 Census data results in the redefining of nineteen (19) counties from Non-MSA to MSA, thereby making those counties ineligible for rural funding. It was discussed that Craig County was among those redefined as MSA and only has one physician in the county, but would lose its designation as rural. It was resolved that the 2005 RHCP would necessarily address the definition of rural.

Questions regarding the following were raised by attendees:

- Are there restrictions on the definition of rural
- What work has been done with CMS to reduce discrepancies in the definition of rural for reimbursement purposes
- Are there any other agencies or organizations concerned with the rural/urban divide
- Would the definition need to be all-inclusive

The timetable for finishing the 2005 RHCP was discussed and August 2005 was the suggested target date, with that date set in consideration of the priority presentation of the plan for legislative initiatives.

## **VI. Development of Work Groups**

A summary of recurring themes and attendee input resulted in the development of the following suggested Work Groups:

- *Population Characteristics and Utilization Data*
  - Disease distribution
  - Disease burden
  - Health Outcomes
- *Listing of Rural Health Resources / Programs*
  - Workforce distribution
  - Community infrastructure / programs
  - Telemedicine
  - Transportation
  - Prescription Drug Availability
  - Mental Health
  - Dental
  - Specialty
  - Allied Health
  - Lay provider programs
  - Health Literacy and Early Intervention
  - Long-term and elder care
  - English versus other languages/migrants
  - Volunteers
  - Interns, students, service learning
- *Identification of How Existing Resources Can Better be Utilized to Improve Health Care Access*
  - Opportunities and incentives for collaboration that would improve both the number and quality of services offered
  - Cultural competency
- *Reimbursement, .... And other deficiencies / inequities facing effective access / delivery of rural health care*
  - Sharing of resources / allocation
  - Recruitment and retention
- *Definition of Rural for Allocation of State Rural Health Resources*
- *Economic Development and Impact of/on Health Care*
- *Health Care Reform*
- *Effectiveness of Current Funding Programs*
- *Loan Repayment Programs*
- *J1-Waiver Program*
- *Title I and Civil Rights – services required under the act.*

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## **VII. Next Steps/Evaluation**

It was agreed that the list of Work Groups would need to be condensed in order to result in the timely production of the 2005 RHCP. VRHRC Executive Director Rebecca Davis encouraged attendees to look at the Rural Obstetrical Plan recently generated by the Governor's Work Group on Rural OB Services as a model for the 2005 RHCP. It was emphasized again that emphasis would be placed on usability of the plan, a plan that comes from the community leaders in rural Virginia that can be taken to legislators that communicates a clear initiative.

It was resolved that an email distribution list developed during the RSVP process would be used to communicate further updates to attendees and interested parties and that formation of Work Groups will follow. The meeting was adjourned at 4:10 PM.

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## Appendix A. Invitee and Attendee List

Susan Alford, Executive Director, Southwest Virginia Area Health Education Center  
Robert Alpino, Executive Director, Eastern VA Area Health Education Center  
Ada Ashley, Director of Quality Improvement, Patrick County Memorial Hospital  
Mike Bales, Executive Assistant, Appalachian Agency for Senior Citizens  
Kenny Boyd, CEO, Dickenson Community Hospital  
Jenny Bradley, Carilion Biomedical Institute  
Rene Cabral-Daniels, Director, Virginia Department of Health-Office of Health Policy and Planning  
Teresa Carter, Executive Director, Southern Area Agency on Aging  
Howard Chapman, Executive Director, Southwest Virginia Community Health System  
David Cockley, JMU  
Ken Cook, President, Vantage Healthcare Consulting Group  
Kathy Dalton, Skilled Nursing Center Director, Patrick County Memorial Hospital  
Rebecca Davis, Executive Director, Virginia Rural Health Resource Center  
Giovanni Elia, Associate Professor, Edward Via Virginia College of Osteopathic Medicine  
Sam English, Manager, Research, Carilion Biomedical Institute  
Sarah Gilbert, Virginia Nurses Association  
Mike Guy, Executive Director, District Three Governmental Cooperative  
Elizabeth Hale, CME Program Coordinator, UVA Office of Continuing Medical Education  
Patricia Higgins, Family Nurse Practitioner, Jefferson Area Board for Aging  
Travis Jackson, Rural Development  
Suzanne Jennings, Smyth County Community Foundation  
Jan Johnson, Executive Director, Virginia Nurses Association  
Regina Kennedy, South Central Area Health Education Center  
M.J. Kipper, Senior Care Coordinator, Bay Aging  
Paul Lavigne, Valley Program for Aging Services  
Tony Lawson, Executive Director, Graduate Medical Education Consortium  
Lilia Mayer, Policy Analyst, Virginia Department of Health-Office of Health Policy and Planning  
Janet McDaniel, Radford University  
Elizabeth Merwin, Associate Dean for Research, University of Virginia School of Nursing  
Leslie Mordue, Director of Nursing, Patrick County Memorial Hospital  
Roger Mullins, Board Chair, Southwest Virginia Area Health Education Center  
Karen Mundy, Rural Economic Analysis Program, Department of Ag and Applied Economics, VT  
Pam Murphy, Executive Director, Shenandoah County Free Clinic  
Karen Northup, Virginia Primary Care Association  
Barbara Okerson, Senior Scientist, Virginia Health Quality Center  
John Overton, Edward Via Virginia College of Osteopathic Medicine  
John Owen, Assistant Professor, Center for the Advancement of Generalist Medicine, UVA  
Richard Pantaleo, Executive Director, Free Clinic of the New River Valley  
Al Pheley, Edward Via Virginia College of Osteopathic Medicine  
Joe Schwartz, VCU  
Rhonda Seltz, FAMIS Outreach Coordinator, Radford University FAMIS  
Rich Settimo, Office of Telemedicine, UVA  
Amy Smith, Project Right Start  
Eli Sparks, Coalition Coordinator, Reach Out and Read Virginia  
Ken Studer, Policy Analyst, Virginia Department of Health-Office of Health Policy and Planning  
Wayne Terry, Executive Director, Southside Area Health Education Center  
Dixie Tooke-Rawlins, Dean, Edward Via Virginia College of Osteopathic Medicine  
James Tyler, CEO, Carilion Giles Memorial Hospital  
Peggy Whitehead, Blue Ridge Medical Center  
Janice Wilkins, Administrator, RJ Reynolds Hospital  
Jane Wills, Executive Director, Rappahannock Area Health Education Center  
Don Wilson, Executive Director, Peninsulas Emergency Medical Services Council  
Martha Wunsch, Associate Professor, Addiction Medicine, Edward Via Virginia College of Osteopathic Medicine