



# CROSSROADS

OCTOBER, 2019 ISSUE

## INSIDE THIS ISSUE:

MISSISSIPPI GOVERNOR'S RURAL  
HEALTH TASK FORCE COMPLETED

HIGHLIGHTING NATIONAL RURAL  
HEALTH DAY IN MISSISSIPPI

WILLIAM CAREY MEDICAL SCHOOL  
TO DOUBLE IN SIZE

EXPANDED COMMERCIAL NOTIFICATION/PRIOR  
AUTHORIZATION REQUIREMENTS AND SITE OF  
SERVICE MEDICAL NECESSITY REVIEWS FOR  
CERTAIN SURGICAL PROCEDURES – EFFECTIVE NOV. 1, 2019

\$13.6M FOR CANCER CLINICAL TRIALS  
IN MISSISSIPPI, LOUISIANA

THE CMS FINALIZES RULE FOR CUTS TO  
MEDICAID DSH PAYMENTS

CMS TO COLLECT 340B DRUG COST INFORMATION

AMERICANS 'FED UP' WITH HIGH HEALTHCARE  
COSTS, SURPRISE BILLING, VERMA SAYS

HHS CHANGES PRIVACY RESTRICTIONS AROUND  
ADDICTION TREATMENT

FDA PLANS TO MODERNIZE TECH REGULATIONS,  
PUSH INTEROPERABILITY





# CROSSROADS MAGAZINE

## PRODUCTION TEAM

### Production Leader

Ryan Kelly

### Communications

Madison Moore

Grace Wilkes

### Graphic Designer

Lorie Hanson

**CROSSROADS** is published quarterly by the Mississippi Rural Health Association

## What is **CROSSROADS**?

Crossroads is a publication of the Mississippi Rural Health Association and aims to communicate up-to-date health care news and events through relevant and timely articles.

## BOARD MEMBERS

Sharon Turcotte, **MRHF President**

Zach Allen, **MRHF Past-President**

Paula Turner, **MRHF President-Elect**

Sherry Lindley, **MRHF Secretary**

Michael Nester, **Treasurer**

Tommy Bartlett, **MRHF**

Augusta Bilbro, **MRHF**

Gregg Gibbes

Jerry Keever

Joe McNulty

Ann Sansing, **MRHF**

Tim Thomas, **MRHF**

LaNelle Weems

ASSOCIATION

LOCAL

NATIONAL



LEARN MORE ON FACEBOOK

The Mississippi Rural Health Association is proud to be a state affiliate of both the National Rural Health Association and the National Association of Rural Health Clinics.

# MEDHOST®

MRHA endorses MEDHOST for providing HIS/EMR solutions to help member hospitals in Mississippi! MEDHOST understands the unique challenges faced by rural healthcare, and for over 30 years, we have been a committed partner to rural healthcare facilities helping them greatly improve patient care and clinical efficiency while staying profitable.

Want to discover more on how MEDHOST and the MRHA are working together to help rural hospitals in Mississippi excel operationally, clinically and financially? Please reach out inquiries@medhost.com or call us at 1.800.383.6278

Paired with outstanding support services, MEDHOST provides multiple intuitive and innovative solutions including a hospital EMR to more than 1,000 facilities just like yours:

- Fully Integrated Enterprise Clinical and Financial Systems
- Revenue Cycle Management
- Emergency Department Information System
- Perioperative Care
- IT Hosting and Management
- Consumer Engagement Platform
- Patient and Provider Portals
- Meaningful Use Certified for Stage 2 and Stage 3\*



\* This complete and modular EHR is 2015 Edition-compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments. For a complete review of the EHR certification and accompanying "Cost and Limitations",



## MISSISSIPPI GOVERNOR'S RURAL HEALTH TASK FORCE COMPLETED

The report for the Mississippi Governor's Rural Health Task Force report was delivered to Gov. Phil Bryant recently to a favorable response. This report is the culmination of multiple meetings across four months with a hand-picked committee of fifteen professionals, many of which are active MRHA members. Ryan Kelly, MRHA executive director, served as the chair of this task force, representing and considering the viewpoints of each member during discussions and considerations of how to improve the state's rural health system.

The task force focused on three key areas: sustaining and evaluating the current healthcare infrastructure, growing access, and transforming current healthcare practices into those of the future. These areas were intended to determine the root causes of Mississippi's rural health issues and provide solutions specific to addressing those solutions.

The solutions in this report are those that the task force felt would best help to solve Mississippi's rural health concerns. The solutions include policy and legislative recommendations as well as opportunities for rural health strategy.

Now that the report is finished, the work can begin! This report will serve as a roadmap for Mississippi for years to come, and we look forward to being a dedicated partner for substantial, system-wide improvements.

Thank you for your continued membership, confidence and support. We cannot do this without you!

Visit [www.mrha.org](http://www.mrha.org) to view and download the Governor's Rural Health Task Force report.

### Looking for Support?

**Take a look at our vendor directory now organized by category!**

The MRHA has a wonderful partnership with top-notch industry partners who support you in rural health delivery. To help you find what you're looking for, we have now organized our vendors and partners by industry category. Click on the link above to find a listing of these vendors and to learn more about how they can help you!

24TH ANNUAL  
MISSISSIPPI RURAL HEALTH

# ANNUAL CONFERENCE

NOVEMBER 21-22, 2019

**MSRHA.ORG/EVENTS**

REGISTRATION STARTS AT \$125 FOR MEMBERS

This conference is held in partnership with the Mississippi State Office of Rural Health and Primary Care, and in conjunction with Mississippi Rural Health Day - declared by proclamation to fall on November 20th of each year.

Not only will this conference have the best education that you can find and a large number of CEUs offered, but we will also have several elected officials in attendance, awards presented for hospital quality and leadership, a recognition banquet for our rural health fellows, dedicated networking opportunities, several roundtable discussions, and the Mississippi Rural Physician Scholars' poster contest. This year's agenda looks to be among the best that we have ever had!

### ANTICIPATED CEUS

**Nursing (8 hours)**

**Nursing home administrator (5 hours)**

**AAPC (8 hours)**

**Accounting (8 hours)**

**ACHE (8 hours)**



## MRHA LEADERS ATTEND NARHC CONFERENCE IN ST. LOUIS

MRHA leaders Sharon Turcotte (MRHA president, Rush Health Systems), Susan Campbell (MRHA past-president, Rush Health Systems), Paula Turner (MRHA 2017 president, North Mississippi Health Systems), and Sherry Lindley (MRHA secretary, North Mississippi Health Systems) attended the National Association of Rural Health Clinics (NARHC) meeting last week in St. Louis. At this meeting, Susan Campbell was inducted as a new member of the NARHC board of directors. Congrats to Susan, and a big thank you for these leaders attending and learning more about rural health clinic operations.



## Highlighting National Rural Health Day in Mississippi

The Mississippi Rural Health Association, in partnership with the State Office of Rural Health, will celebrate Mississippi Rural Health Day on November 20, 2019. This day annual celebration of rural health in the state is in conjunction with National Rural Health Day, which will be held on November 21st. The National Association of State Offices of Rural Health (NOSORH) will screen the movie 'The Providers', through the PowerofRural.org website from November 7 - 21! Then, a special live NRHD web event titled "The Art of Telling Your Power of Rural Story", will be held on November 21 at 2:00 pm ET. They also have resources available on the SORH and Community Engagement Toolkits! These great toolkits include free, downloadable, customizable resources and ideas to help with your NRHD plans.

And of course, we encourage you to celebrate by attending the Mississippi Rural Health Conference on November 21-22 in Jackson!



## NRHA HOSTS SUMMER LEADERSHIP SYMPOSIUM

Each year the National Rural Health Association hosts its summer leadership symposium. This event brings together association leaders from across the country to learn from one another and share best practices on operating a rural health association and growing outreach and involvement in each respective state. Ryan Kelly represented Mississippi at this meeting and was able to share many of the great updates from the state.

"As the MRHA has grown in size and scope, the association has become a leader in the nation by helping other, smaller associations to learn how to develop membership and run events and programs. And, in turn, we have learned a great deal from other associations," responded Kelly.

TO LEARN MORE ABOUT THE NATIONAL RURAL  
HEALTH ASSOCIATION AND TO JOIN ONLINE, VISIT  
[WWW.RURALHEALTHWEB.ORG](http://WWW.RURALHEALTHWEB.ORG)

# Trying to do more with less?

Remote pharmacy services from Cardinal Health can supplement your on-site staff during peak-volume times or overnight, so you can expand services and patient care activities without sacrificing service levels or productivity.

With seamless coverage during holidays, vacations, leaves of absence or severe weather situations, **we are proud to be MRHA's preferred partner for remote pharmacy coverage.**

Contact us today to take advantage of  
exclusive pricing for MRHA members:

Kylie Wyant, Product Sales Executive,  
Cardinal Health | 417.296.0534  
kylie.wyant@cardinalhealth.com

Sheila Campbell, Product Sales Specialist,  
Cardinal Health | 614.726.7765  
sheila.campbell2@cardinalhealth.com

© 2019 Cardinal Health. All Rights Reserved. CARDINAL HEALTH, the Cardinal Health LOGO and ESSENTIAL TO CARE are trademarks of Cardinal Health and may be registered in the US and/or in other countries. All other marks are the property of their respective owners. Lit. No. 1PD19-923715 (03/2019)

Rural healthcare facilities are facing  
**INDUSTRY CHALLENGES** in  
*unprecedented* NUMBERS



80 RURAL  
HOSPITALS CLOSED  
FROM JANUARY 2010  
TO NOVEMBER 2016



17% OF  
AMERICANS  
LIVE IN RURAL OR  
REMOTE AREAS



9% OF  
PHYSICIANS  
PRACTICING IN  
RURAL AREAS



We are a quality  
telecommunications service  
provider deeply invested in  
promoting positive advances  
for rural healthcare in  
Mississippi, and we want to  
partner with you to overcome  
these challenges. Let us put  
our funding expertise and  
experience to work for you.



## WILLIAM CAREY MEDICAL SCHOOL TO DOUBLE IN SIZE

By Jessica Fields, WJTV News

William Carey University's College of Osteopathic Medicine has been approved to expand its enrollment by 100 percent over the next four years. The university's medical school currently accepts 100 students each year. The size of the incoming class will grow to 150 in the next academic school year. If the program continues to go as planned, the class size will grow to 175 in 2021, and to 200 in 2022. The effect of this change will increase the total enrollment from 400 students to 800 students. The University received approval for this change on September 4th from the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA), the agency that governs accreditation of all osteopathic medical schools in the United States. Dr. Italao Subbarao, Dean of WCU College of Osteopathic Medicine shared four factors highlighting the expansion.

1. William Carey demonstrated commitment to producing primary care physicians for underserved populations.

2. The university's partnership with state level agencies are working towards the same goal.
3. There are three buildings that will provide an additional 35,000 square feet of classroom, laboratory and study space.
4. There are ample financial resources to hire more faculty and provide other assistance to ensure a successful program.

The overall benefit to WCU expanding its program is to place more primary health positions in underserved rural areas, especially the Mississippi Delta.

"When the William Carey University School of Osteopathic Medicine was founded, we made a promise. It was a promise to graduate primary care physicians and have them practice in Mississippi, a state that ranks bottom in the country for access to care," Subbarao said.



## EXPANDED COMMERCIAL NOTIFICATION/PRIOR AUTHORIZATION REQUIREMENTS AND SITE OF SERVICE MEDICAL NECESSITY REVIEWS FOR CERTAIN SURGICAL PROCEDURES – EFFECTIVE NOV. 1, 2019

Together, we've been focused on helping to work toward achieving better health outcomes, improving patient experience and lowering the cost of care. To continue this important work, our newly expanded prior authorization requirement can help to further minimize out-of-pocket costs for our plan members and help improve cost efficiencies for the overall health care system while still providing access to safe, quality health care.

For dates of service on or after Nov. 1, 2019, we're expanding our notification/prior authorization requirements to include the procedures/CPT codes listed here. We'll only require notification/prior authorization if these procedures/CPT codes will be performed in an outpatient hospital setting. This change will take effect on or after Dec. 1, 2019, for California, Colorado, Connecticut, New Jersey and New York. This change will take effect on March 1, 2020, for Iowa, Kansas and Nebraska. States excluded from this requirement are Alaska, Kentucky, Massachusetts, Maryland and Texas.

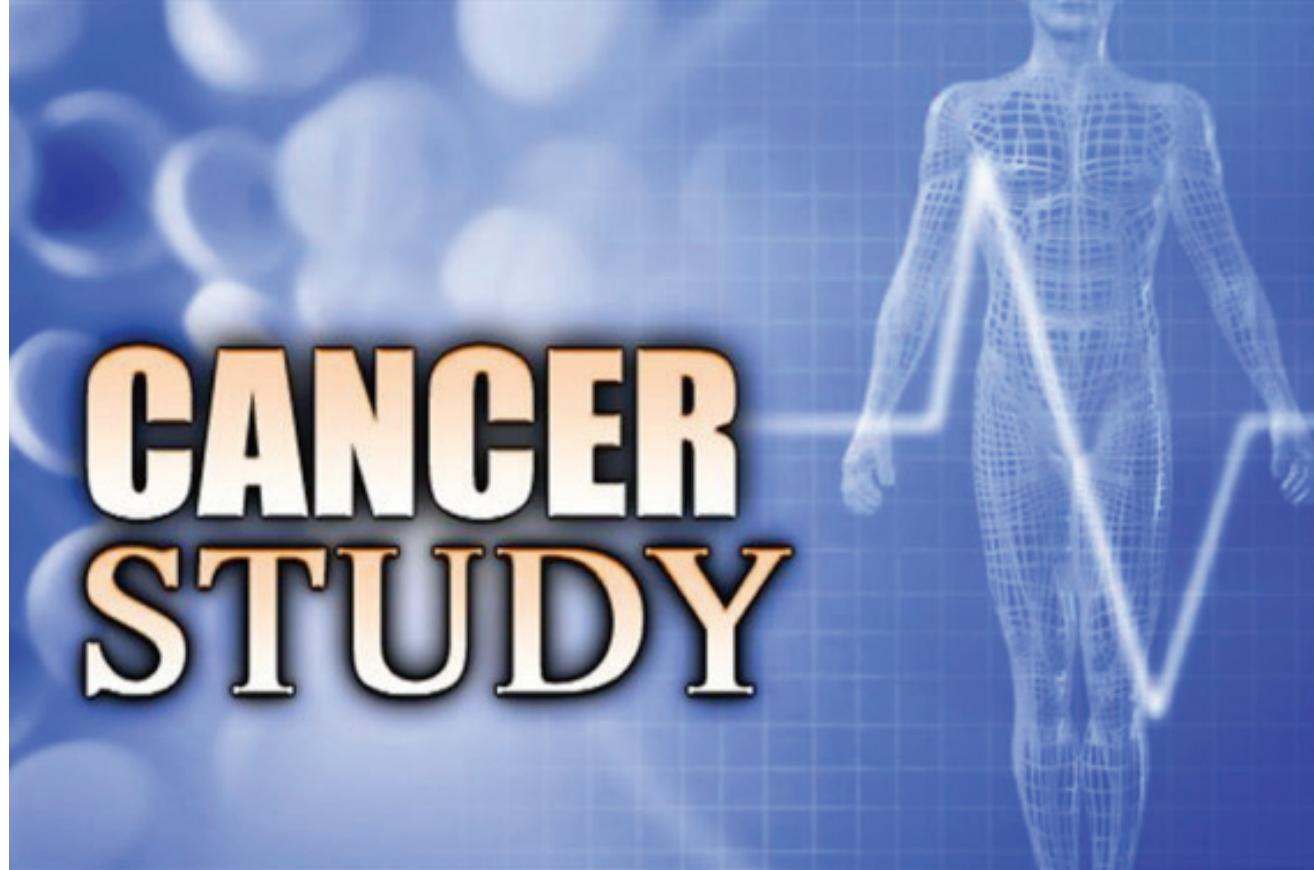
We'll conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the link above. Site of service medical necessity reviews will also apply to procedures/CPT codes listed here, which are already subject to notification/prior authorization requirements.

We understand changes like these aren't always easy.

We take that into serious consideration as we work together to achieve better health care outcomes and lower the cost of care. We are committed to helping you and your patients, our plan members, through these changes by providing you the information and support you may need.

### Important Points:

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary, including cost-effective, to be covered.
- Consistent with existing prior authorization requirements, if we determine that the requested service or site isn't medically necessary, you'll need to submit a new prior authorization request if you make a change to the service or site.
- For any procedures/CPT codes that are already subject to notification/prior authorization requirements, we'll continue to review the procedures to determine medical necessity.
- We only require notification/prior authorization for planned procedures.
- If you don't notify us or complete the notification/prior authorization process before the planned procedure is rendered, we may deny the claims and you won't be able to bill the member for the service.



## \$13.6M FOR CANCER CLINICAL TRIALS IN MISSISSIPPI, LOUISIANA

By WTOK News

The National Cancer Institute is providing \$13.6 million to combine and expand two networks working to bring minority and under-served cancer patients in Mississippi and Louisiana into research studies. Dr. Augusto Ochoa of LSU Health New Orleans is the project leader for the new Gulf South Minority/Underserved Clinical Trials Network. He says his long-term goal is to continue increasing the numbers of new cancer patients involved each year in some kind of

study. The network merges the community oncology research program run by Ochsner Cancer Center into one involving LSU Health New Orleans and cancer centers in Shreveport and Baton Rouge. Ochoa says that increases the number of participating sites from 22 to 42. Most are in 10 cities around Louisiana, but Hattiesburg and Gulfport, also are involved.



**BE A CHAMPION FOR YOUR PATIENTS AND YOUR COMMUNITY. BE AN EXEMPLARY PROVIDER.**

Medicare-approved  
**Rural Health Clinic** accreditation.

 **The  
Compliance Team™**

 **800-844-0066**  
Mature American Advisors

**MEDICARE HEALTH PLANS**

**Mississippi: Louisiana:**  
298 Commerce Park Dr., Ste B 2901 Ridgelake Dr., Ste 109  
Ridgeland, MS 39157 Metairie, LA 70002

MatureAmericanAdvisors.com **Since 1966**

## THE CMS FINALIZES RULE FOR CUTS TO MEDICAID DSH PAYMENTS

By Michael Brady, Modern Healthcare

The CMS recently published a final rule for calculating \$4 billion in state Medicaid disproportionate-share hospital cuts for fiscal 2020 and \$8 billion for each subsequent year through 2025. The DSH cuts were supposed to go into effect Oct. 1, but the House of Representatives passed a continuing resolution to fund the government and within that was a provision to delay the cuts until Nov. 21. The Senate will likely consider the same bill this week.

The final method considers the rate of uninsured in each state, the number of Medicaid inpatients, the level of uncompensated care in the state and other budget-neutrality factors. It also clarifies the definition of total hospital cost and specifies state data submission

requirements. Lastly, it adjusts the weighting of certain factors required in the methodology by the Affordable Care Act.

The current DSH formula, which skews funding significantly for certain states over others, hasn't changed since 1992. Hospital groups agreed to cuts to the program under the Affordable Care Act as one of the trade-offs for policies like Medicaid expansion, but have successfully secured delays ever since. But last year, Congress passed the Bipartisan Budget Act that delayed the cuts until fiscal 2020. The final rule goes into effect in 60 days.





## CMS TO COLLECT 340B DRUG COST INFORMATION

By Michael Brady, Modern Healthcare

The CMS recently issued a notice that it will collect information from hospitals participating in the 340B drug discount program about the prices they pay for eligible drugs. Although a federal judge tossed the CMS' planned 340B reimbursement cuts in December, the agency hopes that it will win an appeal and move forward with the changes. If that happens, the CMS will need information on the actual prices that hospitals pay for drugs under the 340B program to calculate average sales prices and make the cuts.

"This will ensure that the Medicare program uses taxpayer dollars prudently while maintaining beneficiary access to these drugs and allowing beneficiary cost-sharing to be based on the amounts hospitals actually pay to acquire the drugs," the CMS said in the notice.

Hospitals that participate in 340B buy drugs at discounted rates and get reimbursed by HHS when they prescribe medications to Medicare beneficiaries. HHS uses the Outpatient Prospective Payment System rates to determine the reimbursement level. Before 2018, the formula HHS used to determine 340B reimbursements was the average sales price plus 6%. But HHS tried to slash 340B payments in 2018 when it changed the OPPS formula to average sales price minus 22.5%, a nearly 30% cut.

Several hospital groups sued HHS over the cuts last year, saying the department overstepped its authority when it chopped 340B reimbursements. A federal judge overturned the cuts because the HHS had based the new rates on agency estimates of 340B hospitals' drug acquisition costs instead of the drugs' average sales prices.



## AMERICANS 'FED UP' WITH HIGH HEALTHCARE COSTS, SURPRISE BILLING, VERMA SAYS

By Michael Brady, Modern Healthcare

CMS Administrator Seema Verma on Tuesday called on hospitals to get on board with the Trump administration's transparency and value-based payment policies, warning they could face tougher times and more government insurance competition if they resist. Verma said the status quo is unacceptable and must change because Americans are "fed up" with high healthcare costs and surprise billing. She cautioned that these issues have led to calls for more government involvement in healthcare, which would ultimately harm hospitals' bottom lines and increase regulatory burden. She presented hospitals with a stark choice at an American Hospital Association meeting: embrace the Trump administration's competition- and value-based approach to healthcare reform or prepare for dwindling fee-for-service revenues and Medicare for All or a public option.

"Our choices are clear, we can choose Medicare for All or a public option, doubling down on government and a one-size-fits-all, socialist approach, with government price setting . . . [or move] to a system of competition

and value," Verma said.

More providers are participating in Medicare's Accountable Care Organization program under its Pathways to Success initiative, she said. She also promised to give providers the flexibility they need to smooth their transition to value-based payments. But providers fear they'll bear the cost of the \$2.9 billion in additional savings the initiative is projected to generate over the next decade. Verma tried to convince the audience that the Trump administration is a trustworthy partner for healthcare reform, noting its work on the recovery audit contractor program, regulatory burden and Hospital Compare quality ratings.

"Value-based payment under the Trump administration is the future," said Verma. "So, make no mistake — if your business model is focused merely on increasing volume rather than improving health outcomes, coordinating care and cutting waste, you will not succeed under the new paradigm."

## HHS CHANGES PRIVACY RESTRICTIONS AROUND ADDICTION TREATMENT

By Susannah Luthi and Steven Ross Johnson, Modern Healthcare

The Trump administration on Thursday unveiled long-anticipated proposals to pare back extra privacy regulations around addiction that critics claim have exacerbated overdose rates in the opioid epidemic. Senior officials described these regulations, known as CFR Part 2, as “so complex” they have deterred clinicians from getting involved in treating addiction despite the escalating need. Under revisions proposed by the Substance Abuse and Mental Health Services Administration and introduced by HHS Secretary Alex Azar and his deputies, records of a substance abuse disorder and treatment would no longer be subject to the extra privacy laws that pre-date HIPAA.

Primary-care doctors will be able to note their patients’ addiction treatment history in their regular, HIPAA-protected patient records. The goal is to harmonize behavioral and primary-care health treatments and expand the number of clinicians who can move into treating addiction. Hospitals and doctors not covered by Part 2 could check central registries to see if their patients are already enrolled in an opioid treatment program and on medication. This is supposed to avert accidental overprescriptions.

Another proposed change would clear hurdles for patients with addictions who want to claim Social Security benefits. Currently, anyone subject to the Part 2 privacy restrictions has to contact a specific employee within the Social Security Administration before filing a claim. Under the SAMHSA proposal, the claim can be generally transmitted to the agency. Rules around scrubbing patient data would also be relaxed. Currently, any doctor who has treated a patient with an addiction must “sanitize” his or her phone if the patient happens to send a text. In the new regulation, the provider would only have

to delete the text message. Azar touted the move as a major part of the Trump administration’s push to peel away burdensome regulations, as well as the fight to curb the opioid epidemic. The opioid crisis loomed large in the regulatory language that described the proposed changes.

“The prompt revision of this rule is necessary to help address one of the largest drug crises in the nation’s history,” SAMHSA said in the proposed rule, citing “extensive information concerning the nature and magnitude of the crisis” compiled by HHS and the Justice Department.

“We want addiction care to expand,” HHS Assistant Secretary Dr. Elinore McCance-Katz told reporters.

The proposed rule won’t satisfy all calls for reform of the Part 2 protections. Azar said officials went as far as they believe they can under law with these changes. Hospitals and other groups have been calling for a total overhaul that would align the Part 2 protections with HIPAA laws. That would require congressional action.

In 2018, as House and Senate committees negotiated major opioid legislation, a core group of lawmakers tried to get this reform included but ultimately failed in the face of major opposition from some leading members of Congress and groups like the American Medical Association. But the AMA has backpedaled on its opposition, and sponsors of that bill are hoping to try again before the end of the year. Two leading House Republicans took the opportunity on Thursday to reiterate their own support for a legislative change.

“This builds on our efforts last Congress, when the House overwhelmingly passed the Overdose

Prevention and Patient Safety Act, which unfortunately was not taken up in the Senate,” Reps. Greg Walden (R-Ore.) and Michael Burgess (R-Texas) of the House Energy and Commerce Committee said in a statement. “We welcome the administration’s partnership in this effort with today’s announcement. But passing this legislation into law is the best way to fully and permanently ensure healthcare providers can effectively treat patients with substance use disorders.” The proposed rule got mixed reactions from addiction treatment professionals, who raised concerns over whether the change would jeopardize privacy protections of patients receiving treatment. During a call Thursday with HHS Deputy Secretary Eric Hargan and McCance-Katz, Randy Anderson, founder of Minnesota-based treatment provider Bold North Recovery, raised concerns the move could make it easier for non-healthcare related entities, such as law enforcement and employers, to access sensitive information and subsequently penalize those seeking treatment. “I just see a whole host of problems that this could create,” Anderson said.

McCance-Katz said privacy protections would remain in place under the rule change. She said the entirety of the Part 2 record that the patient gives consent to being released to their primary-care provider would not be included within their electronic health record but instead be limited to certain pieces of information pertinent to their care, such as diagnosis, medication prescribed, dosages, treatments, and success of their treatment. She stressed that patients under the proposed rule would still have the option to request to keep their entire record private. The American Hospital Association welcomed the proposed changes, but reiterated the call for statutory reform.

“We urge Congress to further this progress by enacting legislation to align requirements for information sharing for the treatment of substance use disorder with HIPAA,” AHA’s executive vice president Tom Nickels said in a statement.





## FDA PLANS TO MODERNIZE TECH REGULATIONS, PUSH INTEROPERABILITY

By Michael Brady, Modern Healthcare

The Food and Drug Administration is working on a plan to improve its relationships with the tech sector by modernizing its infrastructure, promoting the benefits of interoperability and changing how the FDA interacts with tech organizations. Dr. Amy Abernethy, FDA's Principal Deputy Commissioner of Food and Drugs, on Thursday told an audience at the Office of the National Coordinator for Health Information Technology's third interoperability forum in Washington, D.C. that the two agencies want to establish guideposts around interoperability and create a streamlined regulatory process for health tech organizations. "We envision that we want to have a single mechanism through which we can engage the tech industry and have these conversations so that we can all move together," Abernethy said. "We're building a dynamic regulatory environment across the entire cycle of product development to help us meet the pace of medical innovation."

Tech companies have complained regulatory uncertainty, excessive regulatory burden and lack of interoperability are slowing the development of new technologies and therapies, especially those related to personalized healthcare and precision

medicine. Abernethy envisions a future where trial data is transferred to the FDA through an application programming interface and allows reviewers to exchange messages with sponsors in real time. Ultimately, that real world data as well as data from electronic health records could work with other trials and help the agency, developers and providers see how medical products perform over time, she said. The efforts will rely on data quality, the ability to aggregate data, interoperability and the traceability of source data. Abernethy said she "can imagine a world in which FDA and ONC are working together as sister agencies" and that there are many ways the two agencies could work to solve interoperability issues. But that remains a work in progress.

During the Q&A session following Dr. Abernethy's keynote address, Dr. Steven Lane, Co-Chair of the ONC Interoperability Standards Priorities Task Force commented, "We actually worked with the ONC to try to reach out to the FDA to have you guys come and talk to us about your needs with regards to interoperability and standards. And we couldn't find anybody to respond."

# Don't leave purchasing decisions to chance.

**It pays to make the right choice.**  
**FirstChoice Cooperative**



FirstChoice Cooperative is a healthcare group purchasing organization committed to delivering the best overall cost and cash dividends in the industry.

### The FirstChoice Difference

- No access fees – membership is free
- No volume-based tiered pricing
- The highest patronage dividends in the industry paid on every contract utilized
- Patronage dividends reported monthly
- Online pricing visibility and contract enrollment
- Member owned; member driven – members ratify contracts and choose vendors

***Make the right choice and experience the FirstChoice difference today.***

**1** **FirstChoice**  
cooperative  
1-800-250-3457 | [www.fccoop.org](http://www.fccoop.org)

Mississippi Rural Health Association  
31 Woodgreen Place  
Madison, MS 39110



## REGISTER FOR ALL EVENTS ONLINE AT [MSRHA.ORG/EVENTS](http://MSRHA.ORG/EVENTS)

**Webinar: Lead Poisoning Prevention for Healthcare Providers**  
November 5, 2019 | Noon

**Rural Health Clinic Workshop: Complete / Improve Your Annual Program Evaluation**  
November 20, 2019 | Jackson, MS

**24th Annual Conference**  
November 21-22, 2019