

From: [LaSheila Young](#)  
To: [LaSheila Young](#)  
Subject: MPHCA E-Update-November 22, 2010  
Date: Monday, November 22, 2010 3:12:14 PM



## **MPHCA e-Update- November 22, 2010**



**MPHCA wishes you and yours a very Happy Thanksgiving Holiday!**

### **MPHCA EVENTS/EDUCATIONAL OFFERINGS**

- January 11-12, 2010-UDS Training
- **SAVE THE DATE-MPHCA TO CONVENE 25<sup>TH</sup> ANNUAL CONFERENCE & 30<sup>TH</sup> YEAR CELEBRATION**  
SEPTEMBER 20-24, 2011 \* HARRAH'S TUNICA & MID-SOUTH CONVENTION CENTER \* ROBINSONVILLE, MS  
For Information, Contact Kim Hancock at 601-981-1817 or [khancock@mphca.com](mailto:khancock@mphca.com).  
**WATCH FOR MORE INFORMATION COMING SOON TO [www.mphca.com](http://www.mphca.com) & WE HOPE TO SEE YOU IN 2011.**

**For complete information on trainings listed above, please click on**  
**[http://www.mphca.com/Training\\_and\\_Events.htm](http://www.mphca.com/Training_and_Events.htm)**

### **OTHER EVENTS/EDUCATIONAL OFFERINGS**

**Interested in Learning More About Managed Care?**  
**Wondering About How Best to Negotiate Managed Care Contracts?**  
**Participate in This 3-part Webinar Series and Learn More!**

#### ***Managed Care Introductory Webinar Series***

The Health Reform Law promotes delivery system reform through innovative approaches to reimbursement such as Accountable Care Organizations. NACHC, along with co-sponsors Feldesman Tucker Leifer Fidell LLP, invite you to participate in this new webinar series. The *Managed Care Introductory Webinar Series* is a three-part webinar series. The series is broken into three webinar sessions.

1. Session #1: **Key Operational Concepts for Managed Care**; December 1<sup>st</sup> (2-3:30pm Eastern)
2. Session #2: **Keeping Your Contracts Legally Compliant**; December 8<sup>th</sup> (2-3:30pm Eastern)
3. Session #3: **Negotiating with Payors – Risk and Non-Risk Contracts**; December 15<sup>th</sup>

To learn more about this series, [click here](#).

#### **Just Announced! Two-Part Webinar on the Psychological Consequences of Disaster**

The National Association of Community Health Centers is pleased to present a no-cost, two-part webinar training on the psychological impact of disaster. The overall goal of this training is to offer health centers the tools they need to address the psychological reactions of staff, patients, and the community to an emergency.

These webinars feature Sandra Shields, LMFT, CTS, of the LA County Department of Health Services in the Emergency Medical Services Agency. Both sessions are based on 'Preparing Hospitals and Clinics for the Psychological Consequences of a Terrorist Incident or other Public Health Emergency', a training developed by LA County EMS in collaboration with the Rand Corporation. See below for details on each session.

**Dates:** December 1st and December 15th

**Time:** 2:00 – 3:30 ET / 1:00 – 2:30 CT / 12:00 – 1:30 MT / 11:00 – 12:30 PT

**To Register:** Click **HERE** for session 1 on December 1 and **HERE** for session 2 on December 15. **You will need to register for each session separately.** You will also need an iMIS account and can sign up for one at no cost by clicking on the links below. **Cost:** FREE

#### **December 1: Training for Administrative and Disaster Planning and Response Staff (1.5 hour)**

This training module illustrates the importance of preparedness by walking participants through selected real emphasizing the sharp increase in demand for psychological services. Specific examples are provided for how mental health professionals can support health center and clinic staff in their jobs. The module provides an overview of key concepts and tools, and includes interactive lessons using brief hypothetical situations. **Intended Audience:** Administrative staff and those staff responsible for disaster planning and response in clinics but may also be informative for all types of staff.

#### **December 15: Training for Clinical, Mental Health, and Non-Clinical Staff (1.5 hour)**

This module emphasizes how mental health staff can best work with and support medical staff in preparing for and responding to large-scale events that result in a surge of psychological casualties. It incorporates information on integrating mental health into disaster preparedness and response, including how to address cultural and structural barriers within the facility. The module describes psychological "triggers" and associated reactions and illustrates how to make the best use of mental health staff by reviewing key locations vulnerable to psychological effects. The module focuses on use of evidence-informed practices, techniques, and tools for addressing the psychological needs of various populations (patients, families, and facility staff). **Intended Audience:** Clinical, mental health, and non-clinical staff in health centers and clinics who may interact with large numbers of patients, families, and staff during a disaster. Non-clinical staff who may also benefit from this training include reception clerks and security personnel.

**NOTE: Each session is being considered by the American Academy of Family Physicians and the National Association of Social Workers for 1.5 continuing education hours.**

**Questions?** If you have questions about this two-part webinar, please contact Mollie Melbourne, Director of Emergency Management.

Mollie Melbourne  
Director, Emergency Management  
National Association of Community Health Centers  
203.256.2773 Direct  
301.347.0400 Main  
[mmelbourne@nachc.com](mailto:mmelbourne@nachc.com)

Be sure to check out the resources in the [Emergency Management section](#) on the NACHC website and our [Emergency Management Blog!](#)

#### **2011 OB-GYN Coding Update**

##### **Live Conference**

**Date:** Thursday, December 16, 2010

**Time:** 1pm ET | 12pm CT | 11am MT | 10am PT

**CEUs:** 1 AAPC CEU Approved

**Length:** 60 minutes

**Order Online or Call 239-280-2397 Today**

**To ensure that coders and billers never get bored or complacent, CPT and Medicare agree each year to change or revise the rules and codes.**

Every ob/gyn practice is bombarded with information every day, but this audio conference will collapse the massive amounts of information and misinformation into easily understood changes for 2011.

To keep claims and reimbursement flowing, you must be up on the latest changes that will go into effect on January 1, 2011.

**Melanie Witt** will give you the "insider" information directly from the CPT annual symposium that explains why the changes were made and how to accurately use any new or revised codes or guidelines. [Read more...](#)

##### **Here's a look at what's covered:**

- You will learn about all the codes and guideline revisions that will have an impact on ob/gyn coding.
- Medicare is toying with payment again in 2011. Learn how the changes will affect your bottom line.
- Having problems getting paid for observation care after an outpatient procedure? This session will fill you in on CMS's plans to change that shortcoming.

And [Read more...](#)

##### **Your Expert Speaker**

**Melanie Witt, RN, CPC, COBGC, MA** is an independent coding education consultant and a well-known speaker and recognized expert in the area of coding and reimbursement for ob-gyn services. She is the former program manager of the Department of Coding and Nomenclature at the American Congress of Obstetricians and Gynecologists. Witt is also the consulting editor for Ob-Gyn Coding Alert.

[Read more about the Speaker...](#)

Call 239-280-2397 and mention EOCA10AC or [learn more](#)

#### **LA PCA Offers Provider Documentation Coding Training Dec. 7-8, 2010**

Participants can expect the following training:

- Coding Impacts on Revenue and Reimbursement
- Documentation Requirements
- Coding Updates
- LFMC Chart Audit Overview

[Click here to view flyer](#) and to register, [click here](#). For more information or to register for the training event, please contact: Tonya Hollins/[thollins@lpca.net](mailto:thollins@lpca.net) or visit [www.lpca.net](http://www.lpca.net).

#### **National Leader in FQHC Billing Offers Online Billing/Coding Series**

PMG, a national leader in providing training and billing services to Community Health Centers is offering a three-part billing/coding series as well as other billing education designed specifically for health centers. Continuing education credits from the American Academy of Professional Coders will be provided to participants. Each 90-minute session begins at 11:00 a.m. ET. Upcoming programs include:

- November 30: CHC Coding 2010 - 2011: Part I
- December 7: CHC Coding 2010 - 2011: Part II
- December 14: CHC Coding 2010 - 2011: Part III
- December 16: Health Care Reform and the CHC Revenue Cycle

Each session is \$119 and a 10% discount is offered for MS CHCs registering for one or more sessions (enter the promo code "CHC" to receive the discount). For more information or to register, click [here](#). Questions may be directed to [robert@chcbilling.com](mailto:robert@chcbilling.com).

#### **[National Academy of State Health Policy Webinar: State to State Exchange on Health Insurance Exchanges, Monday, November 22, 1:30 pm-3:00 pm \(ET\)](#)**

#### **Merck Childhood Asthma Network Offers Webinar and Video**

The Merck Childhood Asthma Network (MCAN), a separately incorporated, non-profit organization established to address the complex and growing problem of pediatric asthma, will be offering a [webinar](#) on December 2nd at 3 p.m. focusing on the role medical homes can play in

advancing high quality treatment and effective asthma management. The mounting evidence of the importance of this role is outlined in the policy brief, "[The Affordable Care Act, Medical Homes and Childhood Asthma: A Key Opportunity for Progress](#)" by the George Washington University School of Public Health and Health Services (GW). The American Public Health Association also chose a [MCAN video](#) on childhood asthma to show at the film festival that took place during their annual meeting and exposition. The video, a joint venture with RCHN Community Health Foundation and GW, discusses the role of the community health center and includes a series of personal stories, dramatic graphics and moving narration bringing the scope and severity of childhood asthma into focus. It also highlights the importance of community health centers.

## NACHC NEWS

### Secretary Sebelius Announces FY2011 National Health Service Corps Loan Repayment Funding:

HHS Secretary Kathleen Sebelius announced the launch of the new application cycle for the National Health Service Corps (NHSC) [Loan Repayment Program](#) (LRP) and that at least \$290 million will be available for NHSC awards during FY2011. [HRSA estimates that by the end of FY2011, over 10,800 providers will be supported through the NHSC.](#) HRSA outlined eligibility criteria for sites seeking to receive assignments of NHSC personnel in the [November 5th Federal Registrar](#). More information on the NHSC LRP application, as well as the application, may be accessed [here](#). Entities interested in being added to the high-priority list must submit an application on or before June 30, 2011. For more information visit the [NACHC website](#). – [Anne Morris, MPH, Health Centers on the Hill](#)

### NACHC Draft Comments on CMS Medicaid 1115 Transparency Rule

The [proposed rule published in the Federal Register](#) on September 17th, would implement provisions of the Affordable Care Act aimed at promoting transparency and public notice producers for experimental, pilot, and demonstration projects approved under section 1115 of the Social Security Act. Comments were due on November, 16, 2010 and [attached is a draft of NACHCs proposed comments](#). If PCAs are commenting we urge you to use your state experience as relevant.

### NACHC Issue Brief on EHR Incentive Payments

As you know, [NACHC is currently working with champions in Congress](#) to address the Electronic Health Record Incentive Payment issue with a legislative fix and advocates should be prepared for a call to action on this issue when Congress returns from recess. In the interim, we wanted to make you aware of this [new NACHC issue brief on the reassignment of the incentive payments](#), so that until a legislative fix becomes enacted your center can take advantage of opportunities for support and resources provided through ARRA.

[Press Release: State Funding Declines for Health Centers, Despite Record Uninsured Patient Growth](#) (Posted: 29 Oct 2010 07:53 AM PDT)

Fri, 29 Oct 2010: New NACHC report finds a 20 percent decline in state funding from SFY 2010.

[Press Release: NACHC Guide Highlights Health Center, Local Health Department Partnerships Under Health Reform](#)

(Posted: 11 Nov 2010 06:48 AM PST)

Thu, 11 Nov 2010: Such partnerships generate cost-savings and public health benefits to consumers and communities

[Press Release: Statement of Tom Van Coverden, President and CEO, NACHC, on the 2010 Midterm Election Results](#)

(Posted: 03 Nov 2010 01:24 AM PDT)

Wed, 03 Nov 2010: Community Health Centers represent the rare chance to unite in consensus around a solution.

[Press Release: State Funding Declines for Health Centers, Despite Record Uninsured Patient Growth](#) (Posted: 29 Oct 2010 07:53 AM PDT)

Fri, 29 Oct 2010: New NACHC report finds a 20 percent decline in state funding from SFY 2010.

### Medicaid Updates

-Academy Health/State Coverage Initiatives: [Community-Based Nonprofit Medicaid Plans and the New Health Insurance Exchanges: Opportunities and Challenges](#)

-Kaiser Family Foundation: [Coordinating Coverage and Care in Medicaid and Health Insurance Exchanges](#)

-Kaiser Family Foundation: [Optimizing Medicaid Enrollment: Spotlight on Technology, Wisconsin's ACCESS Internet Portal](#)

-Council of State Governments: [Extension of Enhanced Medicaid Benefits to States \(FMAP\)](#)

### HIT Updates

-Alliance for Health Reform: [Investing in Health IT: What the U.S. and Other Countries Are Learning](#)

### Medical Homes

-Safety Net Medical Home Initiative: [Payment Models to Support Patient-Centered Medical Homes Transformation in the Safety Net](#)

### Want a Health Center Perspective on the Election and Policy Update?

**Join NACHC for our FREE Tele-Town Hall Meeting: Thursday, December 2nd at 2:00PM EST** Join the NACHC Federal Affairs team and special guest, former Congressman and long time health center champion [Henry Bonilla](#) to get post election analysis and what the new political landscape may mean for health centers in the coming months. The Tele-Town Hall is **FREE**, in fact we'll call YOU – just enter you direct telephone line into your NACHC Advocate profile in the tele-town hall phone number field to participate. \*You must include a direct or live-operator line to be connected through the system, calls cannot be automatically transferred. Don't miss this great opportunity to hear the latest information about the incoming 112th Congress and ask your questions directly to the NACHC Federal Affairs team. [Update your advocate profile TODAY!](#)

### Congress Returns as Health Centers Await the Appropriations End-Game:

This week, Members of Congress return to Washington for the completion of outstanding legislative business. There are several possible scenarios regarding the final discretionary appropriations level and path forward for enacting FY2011 appropriations bills into law. Given the current climate, it is clear that all discretionary programs (including the Health Centers program) are at risk for possible funding cuts. [NACHC and Health Center grassroots continues to outreach to House and Senate offices to make the case for continued investment in the Health Centers program at no less than the FY2010 funding level of \\$2.190 billion](#), which is the level of funding necessary to realize the goal of doubling health center patients from 20 to 40 million by 2015. – [Anne Morris, MPH, Health Centers on the Hill](#)

### **Dance with the One that Brung Ya:**

A week after the mid-term elections and there are still 60 million people in America without access to a regular source of health care. There are still not enough primary care providers. And, there are still billions of dollars being spent on unnecessary visits to emergency rooms and on treating illnesses that could have been prevented. The election has not changed anything yet. So, click [here](#) to read suggestions about what Health Center advocates can do to impact your health center. – [Marc Wetherhorn, Health Center Advocacy in Action](#)

### **Educating New State Officials with NACHC's New Toolkit:**

November's elections ushered in many new governors, legislators, and other policymakers in states across the country. NACHC has created a toolkit with some helpful resources that PCAs can use to educate new state officials about the importance of community health centers. Included in the [toolkit](#) are factsheets, talking points, and templates that you may use to tailor to your state. [The toolkit is located on the NACHC State Issues Page under 'Resources'.](#)

### **Join Health Centers from Around the World in Toronto, 2011!**

The Association of Ontario Health Centres, the Canadian Alliance of Community Health Centre Associations and NACHC invite you to **submit a workshop abstract** for the 2011 international health center conference *Community Health Centres: Acting today, shaping tomorrow* being held June 9th and 10th in Toronto, Ontario. Hear from health centers in all parts of the world about how they are improving health using a community-based approach to primary health care. And share your own stories and best practices by submitting an abstract. Deadline is **December 20, 2010**. For more information, click [here](#).

### **NACHC Guide Highlights Health Centers, Local Health Department Partnerships Under Health Reform:**

In a new guide titled "[Partnerships between Federally Qualified Health Centers and Local Health Departments for Engaging in the Development of a Community-Based System of Care](#)", NACHC and the National Association of County and City Health Officials (NACCHO), describe how FOHCs and local health departments can work together toward developing a high performing delivery system model. [The new guide highlights the importance of strategic alliances between health centers and local health departments](#) to strengthen the bonds between public health and primary care in the context of medical home, meaningful use of health information technology and health reform. Click [here](#) to view the full report. – [NACHC Press Release, Amy Simmons](#)

## **FUNDING OPPORTUNITIES**

### **Bristol-Myers Squibb Foundation**

The deadline for submitting proposals is **January 31, 2011**

Together on Diabetes® is a five-year, \$100 million initiative by the Bristol-Myers Squibb Foundation to improve health outcomes of people living with type 2 diabetes in the United States by strengthening patient self-management education, community-based supportive services and broad-based community mobilization. In line with the Bristol-Myers Squibb Foundation's mission to reduce health disparities, this initiative will target adult populations disproportionately affected by type 2 diabetes.

Through its groundbreaking \$150 million SECURE THE FUTURE® initiative to fight HIV/AIDS in Africa, the Foundation has gained deep experience in supporting community-based, non-medical support services that complement medical care and improve health outcomes. This approach helps to remove barriers to diagnosis and care and empowers patients to understand their role in managing their disease and reducing the risks it can pose to their health. The Foundation and its partners have also broadly engaged and mobilized community partners to join and sustain the fight against chronic disease and for better health and wellbeing.

#### Grants and Partnerships

Funding will be awarded through two processes -- formal requests for proposals, which will be issued each November during National Diabetes Month, and ongoing opportunistic partnership development. The initiative will target diagnosed and undiagnosed adult Americans living with uncontrolled type 2 diabetes. There are three focal points for funding and partnership:

- Help adults living with type 2 diabetes to better self-manage their disease and navigate care with sustained and relevant support for the course of their disease journey
- Integrate and coordinate medical, non-medical and policy efforts at the community level, and swell the base of individuals and organizations actively involved in and bringing their know-how, reach, influence and assets to the fight against type 2 diabetes
- Innovation Fund to radically rethink and test new ideas about how diabetes control efforts are approached given the current and future scale of the epidemic

For more information, go to web site [www.togetherondiabetes.com](http://www.togetherondiabetes.com).

### **CATCH Implementation Funds**

Deadline: The 2011 CATCH Implementation Funds' call for proposals Nov. 1, 2010, to Jan. 31, 2011

The Community Access to Child Health (CATCH) Implementation Funds program supports pediatricians in the initial and/or pilot stage of developing and implementing a community-based child health initiative.

Grants of up to \$12,000 are awarded to pediatricians each year on a competitive basis. For a copy of the program guidelines, a reference application and information on technical assistance, visit the CATCH implementations website.

**Insider's Tip:** To discuss ideas for a CATCH grant or for help with proposal development, contact a Chapter CATCH Facilitator; they should be your first point of contact. Applicants can also contact CATCH staff for assistance at [catch@aap.org](mailto:catch@aap.org).

**Info:** [www.aap.org/catch/implementgrants.htm](http://www.aap.org/catch/implementgrants.htm); CATCH Program, Division of Community-based Initiatives, Department of Community, Chapter, and State Affairs, American Academy of Pediatrics. 141 Northwest Point Blvd, Elk Grove Village, IL 60007

### **Commonwealth Fund**

**Private Funder:** Commonwealth Fund; **Opportunity:** Foundation Grants; **Funding Focus:** health and social issues; **Geographic Focus:** National; **Eligibility:** Nonprofits; **Funding:** multiple awards, up to \$50,000 each (Small Grants averaged \$18,000 each); **Deadlines:** Rolling.

The Commonwealth Fund financially supports research on health and social issues and makes grants to improve healthcare practice and policy. Types of support include employee-matching gifts, program development, program evaluation and research. Support generally is given for a period of no longer than three years.

Preference is given to projects that seek to solve problems, especially those affecting vulnerable groups such as the poor, young and needy. The Commonwealth Fund requests letters of inquiry to initiate the grant application process, and does not wish to review full proposals at this stage. Applicants are encouraged to submit letters of inquiry using the online form. Applicants are typically advised of the results of an initial staff review within two months. Program staff will contact applicants if more detailed information is required. Proposals recommended by fund staff are reviewed and voted upon by the board of directors, which meets three times each year.

**Insider's Tip:** Letters of inquiry are accepted on a rolling basis; there are no deadlines. Typically, projects recommended for board approval are in development for at least four to six months before a board meeting. The fund's board meetings are held in July, November, and April of each year. Small grants are approved monthly. The fund also awards grants through its Small Grants Fund, with decisions made on a monthly basis. Small grants are closely tied to the fund's strategic purposes, and enable the foundation to move quickly and flexibly to underwrite targeted work. The letter of inquiry is the starting point for both board-level and small grants.

**Info:** Commonwealth Fund, 1 East 75th St., New York, N.Y. 10021-2608; 212/606-3800 or [www.cmf.org/programsgrants/programsgrants.htm](http://www.cmf.org/programsgrants/programsgrants.htm)

### Walgreens

**Private Funder:** Walgreens; **Opportunity:** Company Contribution Program; **Funding Focus:** Health and education; **Geographic Focus:** National; **Eligibility:** Nonprofits; **Funding:** multiple awards, up to \$10,000 each; **Deadline:** Rolling.

**Summary:** The Walgreens drugstore chain, founded in 1901, operates a Company Contribution Program primarily to make grants to nonprofit organizations in local Walgreens communities.

While Walgreens awards grants mostly to local eligible nonprofits, it reserves a portion of the budget for select national organizations. The major area of focus is health—but education also is a priority. Eligible applicants include nonprofit, tax-exempt organizations with 501 (c)(3) status that operate within an area Walgreens serves, as well as metro-Chicago, where its headquarters is located.

Other priorities include:

- **Single-Disease Agencies:** Walgreens selects national nonprofit organizations that focus on medical research, treatment, and service for diseases such as heart disease, cancer, diabetes or arthritis.

- **Faith-based organizations:** Walgreens does contribute to faith-based organizations provided the contributions are not used for inherently religious purposes or to serve a limited constituency. Contributions to faith-based organizations are designed to enhance services to the larger community in which an organization operates.

**Insider's Tip:** For grant consideration, eligible nonprofits must apply online. Telephone inquiries and faxed requests are not accepted.

**Info:** [www.walgreens.com/about/community/guidelines.jsp?cf=ln\\_847/914-2962\\_or\\_877/250-5823](http://www.walgreens.com/about/community/guidelines.jsp?cf=ln_847/914-2962_or_877/250-5823)

### Hearst Foundation Healthcare Grants

**Deadline:** Rolling

The foundation of the famed newspaper publisher supports a wide range of healthcare-related grants and specialized medical institutions -- such as children's and women's hospitals. In general, applicants must run programs that seek to improve and assure access to quality healthcare for underserved populations.

Primary areas of interest include cancer, perinatology, pediatrics, women's health, and healthcare for the elderly and the disabled. Nonprofit organizations with 501(c)(3) status throughout the United States are eligible. Amount of funding varies depending on the request.

Although there are no deadlines, the foundation Board of Directors -- which must review all applications—meets quarterly in March, June, September and December.

**Insider's Tip:** Along with a brief cover letter, submit a one-page executive summary accompanied by a five-page proposal narrative and attachments. Proposals submitted by fax or e-mail will not be accepted.

**For info:** [www.hearstfdn.org/fp\\_health.html](http://www.hearstfdn.org/fp_health.html); Organizations located EAST of the Mississippi River, 212/586-5404; those WEST of the Mississippi River, 415/908-4500.

### HRSA Expanded Services Supplemental Funding

**Application Deadline: January 6, 2011 by 8 p.m. ET**

Eligible applicants (health centers currently receiving Section 330 funding as of September 30, 2010) should have received Electronic Hand Book (EHB) instructions by e-mail. The funds support increased access to preventive and primary health care services, including oral health, behavioral health, pharmacy, vision, and/or enabling services at existing health center sites. HRSA expects to award between \$270 and \$335 million through formula-based supplements. Final funding levels will be determined following enactment of FY 2011 appropriations for the Section 330 program. Grantees must demonstrate how these funds will be used to expand medical capacity and services to underserved populations in their service areas.

### HRSA School Based Health Centers Capital Program (SBHCC) Grant

**Application Deadline: December 1, 2010**

Grants to support the expanded capacity of school-based health centers to provide primary health care services to school-aged children. Funds are available for construction, renovation, and/or equipment expenses. A total of \$100,000,000 is available for approximately 200 grants of around \$500,000 each. An eligible applicant must be a school-based health center or a sponsoring facility of a school-based health center. Applicants may submit one application proposing a maximum of 10 projects including any combination of site-specific, stand-alone facility projects and one project to purchase moveable equipment and supplies for multiple SBHC sites.

### MS DEPT. OF HEALTH TO IMPLEMENT STANFORD UNIVERSITY'S CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP) VIA GRANTS TO FAITH-BASED AND COMMUNITY-BASED ORGANIZATIONS IN STATE

The Mississippi State Department of Health (MSDH) has been awarded funds through the American Recovery and Reinvestment Act Putting Communities to Work to implement the "Motivated to Live a Better Life," known as Stanford University Chronic Disease Self-Management Program (CDSMP). The Mississippi State Department of Health's primary focus for this grant is to implement CDSMP into the faith-based and community-based organizations to teach the Motivated to Live a Better Life Program.

The Chronic Disease Self Management Program is a series of workshops for adults 18 and older who have diabetes, arthritis, high

blood pressure, heart disease, anxiety, or any other ongoing health conditions. Motivated to Live a Better Life is taught by specially trained volunteer leaders, some who have health conditions themselves. The program covers a new topic each week and provides participants with an opportunity to interact and learn new life skills such as problem solving. Motivated to Live a Better Life is taught for six weeks, at two and half hours intervals. For more information regarding the Motivated to Live a Better Life (Stanford Chronic Disease Self Management Program) go to <http://patienteducation.stanford.edu>.

The MSDH-Office of Preventive Health will fund, at a minimum, 25 churches and/or community organizations via mini-grants to teach the Motivated to Live a Better Life Program to their targeted populations. *The grant will begin on January 3, 2011 through June 30, 2011 with the possibility for a continuation in year two of the grant. Selection will be done through a grant application process. Grant applications will be due Wednesday, December 1, 2010 by 5:00 p.m.*

[To access a grant application or for more information click here](#)

If additional information is needed, please contact Sebrenia Robinson at 601-576-7781 or via email at [Sebrenia.Robinson@msdh.state.ms.us](mailto:Sebrenia.Robinson@msdh.state.ms.us).

#### **General Mills Champions for Healthy Kids Grant Program**

**Application Deadline: December 15, 2010**

Grants to community-based groups that develop creative ways to help youth adopt a balanced diet and physically active lifestyle.

#### **Robert Wood Johnson Executive Nurse Fellows Program**

**Application Deadline: January 18, 2011**

An advanced leadership program for nurses in senior executive roles in health services, public health and nursing education.

#### **Family Planning Services Grants**

**Application Deadline: Applications accepted on an ongoing basis.**

Grants to provide family planning services.

#### **2011 Minority Nurse Scholarship Program**

**Application Deadline: February 1, 2011**

Annual scholarship program to help outstanding students complete their studies leading to a BSN degree.

#### **Nurse I Am Scholarship**

**Application Deadline: February 28, 2011**

Scholarships to nursing students.

#### **Research on Rural Mental Health and Drug Abuse Disorders (R01)**

**Application Deadline: Applications accepted on an ongoing basis**

Grants to stimulate research on mental health, HIV/AIDS and/or drug abuse problems in rural and frontier communities.

#### **Stimulus Assistance: USDA Rural Development Programs**

**Application Deadline: Applications accepted on an ongoing basis**

Grant, loan, and loan guarantee assistance to rural residents, rural communities, and rural utility systems.

## **HHS/HRSA/BPHC/CMS NEWS**

### **\$8 million in Affordable Care Act Funds to Help Develop and Modernize Community Health Centers**

The Health Resources and Services Administration (HRSA) at the Department of Health and Human Services (HHS) today announced the awarding of nearly \$8 million for existing Community Health Center Cooperative Agreements. These agreements will provide additional training and technical assistance on a national, regional and state basis to community-based organizations that support community health centers. Funding for the grants is made available by the Affordable Care Act. [Click here for more information.](#)

### **National Health Service Corps Notice – Status of FY 2010 Applications**

As many of you are aware, the National Health Service Corps (NHSC) received more applications than we could fund in the cycle that closed in August 2010. Those who received an award were notified by October 15, 2010. We have been working diligently to fund as many of the remaining eligible applicants as possible. Beginning today, November 8, 2010, we will be notifying the remainder of the applicants that applied in this last cycle of their status.

While we are not able to satisfy the full demand, we are happy to report that more than 1,000 of those whose status has been pending will have the opportunity to be funded without having to reapply to the Corps. We wanted you to be aware of the communications being distributed today should you receive questions.

Beginning Monday, November 8, 2010, applicants will receive one of two communications from NHSC:

If we are unable to fund the applicant they will be notified in writing and encouraged to reapply when the next application cycle opens later this month.

If we are able to fund the applicant, they will be notified in writing and through a follow-up phone call of the steps they need to take to confirm their continued interest in receiving an award. They must submit a certification (which will be sent as part of the notification) to NHSC no later than **November 30, 2010**. We would appreciate your support in emphasizing this date to any applicants in this group that contact you.

The later of the above groups, those applicants that are notified NHSC is able to fund their application, will receive their award by the end of January 2011. However, their award will be part of the NHSC 2011 application cycle. They will not be required to submit a new application, but the NHSC Application and Program Guidance (APG) for 2011 has changed from the guidance they reviewed when submitting their application. For that reason, in order to confirm their award, we are asking that they: review the new guidance, which is included in their notification; sign and fax the Certification of Interest form they receive confirming continued interest or requesting their application be withdrawn from consideration to receive funding; and sign and fax back to NHSC the Loan

Repayment Program contract, also being sent to them, after having read the APG and if interested in receiving an award. All documents must be faxed back to the program by **November 30, 2010**. Applicants that submit documentation after November 30, 2010 or request withdrawal from consideration must reapply to the program to be considered for a future loan repayment award.

If you receive questions from any applicants, we ask that you direct them to the Call Center at 800-221-9393 or [CallCenter@hrsa.gov](mailto:CallCenter@hrsa.gov).

Thank you for your support in this effort. We will be in touch soon regarding the opening of the next NHSC loan repayment program cycle.

#### **Secretary Sebelius Announces FY2011 National Health Service Corps Loan Repayment Funding:**

HHS Secretary Kathleen Sebelius announced the launch of the new application cycle for the National Health Service Corps (NHSC) **Loan Repayment Program** (LRP) and that at least \$290 million will be available for NHSC awards during FY2011. **HRSA estimates that by the end of FY2011, over 10,800 providers will be supported through the NHSC.** HRSA outlined eligibility criteria for sites seeking to receive assignments of NHSC personnel in the **November 5th Federal Registrar**. More information on the NHSC LRP application, as well as the application, may be accessed [here](#). Entities interested in being added to the high-priority list must submit an application on or before **June 30, 2011**. For more information visit the [NACHC website](#). – **Anne Morris, MPH, Health Centers on the Hill**

#### **Feds Make Smart Phone Health Apps Available**

The Health Resources and Services Administration has made available for free a mobile version of its "Find a Health Center" application for iPhones through iTunes. The online version of the health center locator can be accessed at HRSA's website.

#### **HHS Updates**

[Federal Register Notice on ARRA Adjusted FMAP Rate](#)

[New Competitive "Early Innovator" Grants for States that Lead the Race to Develop IT Systems for State Exchanges](#)

[New federal support for states to develop and upgrade Medicaid IT systems and systems for enrollment in state exchanges](#)

#### **Two Important Medicare Provisions Go Into Effect in 2011**

The Centers for Medicare & Medicaid Services (CMS) has issued its **final rule** on the Medicare Physician Fee Schedule, and other provisions related to Medicare Part B. The rule includes **two important provisions for health centers** from the Affordable Care Act that go into effect starting January 1, 2011. The rule finalizes the addition of a number of preventive services to the health center service package and the provision that requires health centers to begin reporting Healthcare Common Procedure Coding System (HCPCS) codes.

#### **Center for Medicare and Medicaid Innovation (Innovation Center)**

The Centers for Medicare & Medicaid Services (CMS) formally established a new *Center for Medicare and Medicaid Innovation (Innovation Center)*. "The Innovation Center will examine new ways of delivering health care and paying health care providers that can save money for Medicare and Medicaid while improving the quality of care." Among other announcements from CMS: "A new State plan option under which patients enrolled in Medicaid with at least two chronic conditions can designate a provider as a "health home" that would help coordinate treatments for the patient. States that implement this option will receive enhanced financial resources from the Federal government to support "health homes" in their Medicaid programs." For more detailed information: <http://www.innovations.cms.gov/>.

#### **CMS Administrator Dr. Don Berwick Has First Opportunity to Speak to Congress:**

Last week the new Centers for Medicare and Medicaid Services (CMS) Administrator Dr. Don Berwick [appeared in front of the Senate Finance Committee](#) to answer Senators' questions about Medicaid, Medicare, and health reform. The hearing gave Senators on the Finance Committee their first opportunity to hear from and ask questions of Dr. Berwick since his [recess appointment this summer](#), and Dr. Berwick had his first chance to [lay out his vision for CMS and health reform implementation](#). Dr. Berwick informed Senators that his top line priorities right now are: preserving the Medicare trust fund; improving quality and coordination of care; improving patients' experience with health care; and moving towards a health care system in which clinicians are able and incentivized to provide the right care through ACOs. – **Alexandra Sange, Health Centers on the Hill**

#### **HHS Issues New Tobacco Strategy**

The Department of Health & Human Services (HHS) has **announced** new tobacco strategies to help reduce the tobacco epidemic in our country. "Every day, almost 4,000 youth try a cigarette for the first time and 1,000 become regular, daily smokers." Smoking also continues to remain particularly high with low-income and within certain racial/ethnic groups as well as certain populations, including individuals with mental illness and substance abuse disorders. HHS has developed a **Strategic Action Plan** that helps to outline specific, evidence-based actions that will help to end this epidemic.

#### **CMS issues proposed rule for Medicare Advantage Plans**

The Centers for Medicare & Medicaid on Nov. 10 issued a [proposed rule](#) implementing changes to Medicare Advantage prescription drug and health plans under the Patient Protection and Affordable Care Act. Among other provisions, the proposed rule codifies clarifications to CMS' authority to negotiate plan bids, expands restrictions on charging higher cost-sharing than traditional Medicare for certain services, and specifies dispensing practices for prescription drugs in long-term care facilities. The rule also implements an ACA provision to increase MA benchmarks for plans that have high quality star rating scores, thus tying a portion of payment to plan quality. The proposed rule will be published in the Nov. 22 Federal Register, with comments accepted through Jan. 10. CMS expects to publish a final rule in spring 2011.

## **OTHER NEWS**

### **Smokefree Air Mississippi**

Please go to [www.smokefreeairms.com](http://www.smokefreeairms.com) and Click on Show Your Support and sign our online petition supporting Smokefree Air!! Tell

your colleagues, families, and friends to sign as well. Thanks for Your Support!!

Vickie M. Tucker

Special Project Officer IV, Cessation Services  
MS State Department of Health, Office of Tobacco Control  
Voice: (601) 364-5790; Fax: (601) 364-5737  
This Facility is Tobacco-Free.

Are You Ready to Quit?

Call 1.800.Quit.Now or visit: [www.quitlinems.com](http://www.quitlinems.com) (telephone/web-based counseling options)  
Call 601.815.1180 or visit: [www.act2quit.com](http://www.act2quit.com) (face-to-face counseling)

**"Everyone Deserves to Breathe Smoke-free Air"**

**The following State Plan Amendments have been filed with the Secretary of State.**

SPA 2010-004	MississippiCAN	final
SPA 2010-031	Hospice	proposed
SPA 2010-032	Therapy Services for Adults	proposed
SPA 2010-033	Recovery Audit Contractor	proposed

The amendments can be viewed at <https://www.medicaid.ms.gov/Amendments/Amendments.aspx>

The following policies have been proposed filed with the Secretary of State. The complete text can be viewed at <https://www.medicaid.ms.gov/Amendments/Amendments.aspx>

<a href="#">AP 2010-40</a>	Preferred Drug List
<a href="#">AP 2010-41</a>	General Policy/Fraud and Abuse/Section 7.04
<a href="#">AP 2010-42</a>	Nursing Facility/Temporary Leave Payment/Section 36.10
<a href="#">AP 2010-43</a>	Nursing Facility/Resident Assessments Minimum Data Set(MDS)/Section 36.11

#### **Free Spanish-language Patient Education Aids from the U.S. Agency for Healthcare Research and Quality**

The U.S. Agency for Healthcare Research and Quality is offering health providers its 60-second patient education videos in Spanish for closed-circuit television, website embedment, or linkage. These are:

- Taking Medicines [Conozca sus medicamentos](#)
- Having Surgery [Consejos para la cirugía](#)
- ER Visits [Consejos para cuando tenga que acudir a la sala de emergencia](#)
- Gestational Diabetes [Diabetes gestacional](#)
- Blood Clots [Los coágulos](#)
- Osteoporosis [La osteoporosis](#)

AHRQ also has new patient guides in Spanish or English on gestational diabetes, elective induced labor, cholesterol medications, breast biopsy methods, breast cancer risk-reduction drugs, premixed insulins, and other topics. To see the guides in Spanish, go to <http://www.effectivehealthcare.ahrq.gov/index.cfm/informacion-en-espanol/>. For English go to <http://effectivehealthcare.ahrq.gov/index.cfm/guides-for-patients-and-consumers/>. You can also order a new bilingual guide, *Como cuidarme: Guía para cuando salga del hospital/Taking Care of Myself: A Guide for When I Leave the Hospital* (<http://www.ahrq.gov/qual/goinghomesp.htm>). For questions or to order, contact [bob.isquith@ahrq.hhs.gov](mailto:bob.isquith@ahrq.hhs.gov) (301) 427-1539.

For orders, questions, contact [Bob.Isquith@ahrq.hhs.gov](mailto:Bob.Isquith@ahrq.hhs.gov) (301) 427-1539.

#### **Even Short-Term Poverty Can Hurt Kids' Health**

Being poor for even a short period of time can have lasting health implications for children, according to a new report by the Children's Hospital of Philadelphia. 15.5 million children are living in poverty in the United States, that's one in five children according to the Census Bureau.

#### **At Duke University, an Experiment in Community Health Care**

Duke University has been focusing closer attention on the neighborhood that surrounds it by forming a partnership with Durham's Federally Qualified Health Center. It's an experiment in community care that began well before health care became a heated political battle. It's one that has been closely watched by the Obama administration as a model for its vision of widespread reform. And perhaps most significantly, it's one that could survive and even thrive if the new law is never fully implemented or is ultimately repealed, as some newly elected Republican members of Congress advocate.

#### **New Report Offers Key Lessons on Successful ACO Development**

Creating successful accountable care organizations (ACOs) requires more than altering payment procedures and care delivery structures, according to a new **report** that examines ACO experiences in California. The report outlines key elements of ACO experiences and offers ten lessons for healthcare providers seeking to pursue ACOs. Among them: an organization's capabilities, culture, infrastructure and goals are as important as organizational structure in delivering high quality, coordinated care; payment methods should vary, depending on an entity's ability to assume risk; and ACOs should be equally accessible to residents with different types of insurance coverage.

#### **AARP Launches Online Drug Pricing Tool**

AARP is collaborating with not-for-profit Consumers Union Network to launch an online tool to allow consumers to compare prescription drugs based on price, safety and effectiveness. Visitors to the [AARP Drug Savings Tool](#) can choose any of 500 drugs in ConsumerReportsHealth.org's database. They then receive detailed information on cost and effectiveness, along with "best buy" recommendations.

### **Larger, More Graphic Warnings Coming for Cigarettes**

The Department of Health & Human Services (HHS) [announced](#) plans this week to require cigarette packs and ads to carry bigger, much more prominent and graphic health warnings. HHS is calling the new warnings "the most significant change in more than 25 years" in cigarette packages and advertising.

The National Maternal and Child Oral Health Policy Center, partnering with the National Assembly for School-Based Health Care, recently released a new issue brief focusing on school-based oral health services. This issue brief provides state policymakers with a brief overview of School-Based Health Centers (SBHC), opportunities to address oral health in schools – including the challenges to establishing and maintaining oral health programs, and examples of innovative applications of oral health care in schools.

To download a free copy of Oral Health Opportunities in School-Based Health Centers, please click [here](#).

### **About the National Maternal and Child Oral Health Policy Center**

The National Maternal and Child Oral Health Policy Center was created in 2008 as a collaborative effort of the Children's Dental Health Project (CDHP), the Association of Maternal and Child Health Programs (AMCHP), the Association of State and Territorial Dental Directors (ASTDD), the Medicaid/SCHIP Dental Association (MSDA), and the National Academy for State Health Policy (NASHP) with funding from the federal Maternal and Child Health Bureau of the Department of Health and Human Services, Health Resources and Services Administration, Department of Health and Human Services. The Policy Center promotes the understanding of effective policy options to address ongoing disparities in children's oral health. The three-year initiative has set out to map a course for improving family oral health by building knowledge and skills of professionals with the ability to steer systems changes.

### **About the National Assembly on School-Based Health Care**

The National Assembly on School-Based Health Care (NASBHC) is the national voice for SBHCs. Founded in 1995 to promote and support the SBHC model, NASBHC's mission is to improve the health status of children and youth by advancing and advocating for school-based health care. Built from the grassroots up by SBHC staff and sponsors, NASBHC is a true reflection of the movement it supports. We advocate for national policies, programs, and funding to expand and strengthen school-based health centers, while also supporting the movement with training and technical assistance.

### **Protecting Yourself From the Cost of Type 2 Diabetes**

ONE in 10 Americans has diabetes, and if present trends continue, one in three will suffer from the disease by the year 2050, according to the Centers for Disease Control and Prevention. Already this incurable, chronic and often debilitating illness costs the country's health care system a staggering \$174 billion a year..

### **November is Diabetes Awareness Month!**

MPHCA encourages you to acknowledge the importance of diabetes prevention. We listed below key events hosted by noteworthy organizations that may interest you or your patients.

### **National Diabetes Education Program (NDEP)**

If you are interested in starting a campaign, then be sure to look at the NDEP link that is promoting organizations to become involved and providing them with material to get them started! Click [here](#) to find resources galore!

### **American Diabetes Association (ADA)**

In recognition of the Diabetes Awareness Month, the ADA has launched a 2010 video contest, a blog and rejuvenated the November 2009 [Stop Diabetes movement](#). You can find information about all this and more by clicking [here](#).

### **Preventing Blindness America**

Preventing Blindness America has identified November as Diabetic Eye Disease Month. To learn more about the organization and its work, please click [here](#).

### **American Podiatric Medical Association (APMA)**

To recognize the various podiatric problems that result from diabetes, this noteworthy organization has launched a video contest. To learn more about the rules, please click [here](#).

### **Call For Applications: The RWJF Executive Nurse Fellows program**

The Robert Wood Johnson Foundation Executive Nurse Fellows (ENF) program is a three-year advanced leadership program for nurses who aspire to lead and shape health care locally and nationally. Fellows strengthen their leadership capacity and improve their abilities to lead teams and organizations in improving health and health care. The call for applications for the 2011 cohort was released on Sept. 15th! Check it out on the new ENF website - [www.executivenursefellows.org](http://www.executivenursefellows.org). Each year the RWJF ENF program selects a cohort of up to 20 highly qualified nurses in senior executive positions to participate in the three-year fellowship.

Major components of the leadership development program include:

- Advanced curriculum, employing best practices from the field of leadership development, delivered through face-to-face program sessions and technology-facilitated intersession activities (years 1–3);
- Intensive and ongoing executive coaching and mentoring from program faculty and outside experts (years 1–3);
- Team-based action learning and implementation of team projects (years 1–2);
- Self-directed, individual leadership development activities and implementation of a bold individual leadership project (years 2–3);
- Lifetime premium membership to the Center for Creative Leadership (CCL) myCCL online learning community, which includes 24/7 access to the latest research and practice in leadership development (beginning in year 1);
- Opportunity for post-program leadership development activities; and
- Membership in the nationwide ENF Alumni network.

The Call for Applications is now available by clicking [here](#).

## RESOURCES

### Center for Medicare and Medicaid Innovation (Innovation Center)

The Centers for Medicare & Medicaid Services (CMS) formally established a new *Center for Medicare and Medicaid Innovation (Innovation Center)*. "The Innovation Center will examine new ways of delivering health care and paying health care providers that can save money for Medicare and Medicaid while improving the quality of care." Among other announcements from CMS: "A new State plan option under which patients enrolled in Medicaid with at least two chronic conditions can designate a provider as a "health home" that would help coordinate treatments for the patient. States that implement this option will receive enhanced financial resources from the Federal government to support "health homes" in their Medicaid programs." For more detailed information: <http://www.innovations.cms.gov/>.

### AHRQ Patient Safety and Health Information Technology E-Newsletter, Issue No. 62

Inside this issue:

1. [AHRQ awards \\$34 million to expand fight against healthcare-associated infections](#)
2. [New report on the impact of human factors on home health care quality and safety is available](#)
3. [Special AHRQ-funded journal issue highlights ergonomics and human factors](#)
4. [Now available: commenting tool for adverse event reporting on health IT Common Format](#)
5. [Three new Medicaid-CHIP case studies now available](#)
6. [AHRQ in the patient safety and health IT professional literature—some useful citations](#)

[English and Spanish-language consumer patient safety videos are available](#)

### Handbook Designed to Help FQHCs Make Better EHR Decisions

**Community Health Centers and Electronic Health Records: Issues, Challenges and Opportunities**, is a handbook developed as a resource for health centers to assist in planning for adoption of electronic health records. The handbook covers project timelines, implementation checklists, staff training, where and how to begin when evaluating EHR options, and a variety of other topics.

### Capital Link Fall 2010 Newsletter

This issue contains:

- *News about Capital Link and the Community Health Centers We Assist*
- *Information on Recent Affordable Care Act Funding Opportunities and Useful Links*
- *"Facilities Considerations for a School-Based Health Center", an Article Offering Capital Project Budgeting Tips for Health Centers Interested in Setting Up a School-Based Health Center*
- *"Funding Depreciation: Necessity or Nuisance", an Article Describing the Importance of Planning for Facilities Wear and Tear*
- *A Celebration of Recent Health Center Groundbreaking and Grand Opening Ceremonies*
- *New Publications and Services*
- *Upcoming Events and Access to Recent Presentations*

[Click here to view complete newsletter.](#)

### Toolkit Offered on Improving Care for Overweight Patients

**The Rudd Center for Food Policy and Obesity** of Yale University, a non-profit, research and public policy organization devoted to improving the world's diet, preventing obesity, and reducing weight stigma, now offers a **toolkit** to help clinicians across a variety of practice settings with easy-to-implement solutions and resources to improve delivery of care for overweight and obese patients.

### Watch Compelling Video on Veterans and Suicide

Having recently observed and celebrated our nation's veterans on Veteran's Day we must not forget that even after their return home, new battles are fought. One of these battles is against mental illness and addiction disorders. The video, "**Veterans and Suicide - We Must Overcome,**" produced by Vets Prevail, brings the point home. It is a compelling and informative video.

### Mississippi RN Renewal

All RN licenses expire on December 31, 2010. The RN renewal period is from October 1, 2010, to December 31, 2010. If a license is renewed after December 28, 2010, the online licensure verification system may not reflect the current status of the license until January 4, 2011, due to the New Year's holiday. With this in mind, please encourage your nursing staff to renew as soon as possible within the renewal period to avoid last minute anxiety and unforeseen difficulties.

In addition, the **Mississippi Board of Nursing** has implemented a paperless licensure system. License wallet cards will no longer be distributed. You may check the licensure status of your nursing staff by using the board's online license verification.

The Mississippi Board of Nursing's web site, [www.msbn.state.ms.us](http://www.msbn.state.ms.us), provides primary source verification and is considered to be more secure than paper licenses. The online license verification is the mechanism that you should use to verify a license. The following information can be retrieved free of charge from the online license verification:

- License Number
- First & Last Name
- Type of License (RN or LPN)
- Advanced Practice Status (CRNA, FNP, CNMW)
- Discipline (If discipline is indicated additional information can be made available upon request and for an additional charge of \$20.00).
- Compact (Multi-state) Privilege (A Multi-state privilege means the nurse has privilege to work in any compact state using their Mississippi license).
- Status of License (Active, Lapsed, Inactive, etc.)
- Expiration Date

## -Original Issue Date

**Note: The online licensure verification system is not real time; therefore changes will not immediately appear. During renewal, it is important to remember that the online license verification is not real time. Meaning if a renewal is completed online it will appear not to be updated immediately. Renewal data is typically uploaded within 1 to 2 business days. Please allow 1 to 2 business days for the updated licensure data to appear.**

**Reminder: Practicing with a lapsed license constitutes practicing without a license. Therefore, strongly encourage your nursing staff to renew as early as possible to avoid confusion that may result in staffing issues.**

- [Email to a friend](#)

### **New Report Examines Impacts of Health IT on Workflow in Outpatient Settings**

AHRQ released a new summary report, *Incorporating Health IT into Workflow Redesign*, prepared by the University of Wisconsin-Madison's Center for Quality and Productivity Improvement. The report summarizes existing research and evidence related to the impact of health IT on workflow in outpatient settings. Key information obtained from the research will be incorporated into a toolkit to assist small and medium-sized practices in workflow analysis and redesign before, during, and after health IT implementation. The toolkit, *Workflow Assessment for Health IT*, is expected to be available in January 2011. Select to access the *Incorporating Health IT into Workflow Redesign Summary Report* ([PDF file](#); [PDF Help](#)) and the associated appendix, *Incorporating Health IT Into Workflow Redesign Summary Report Appendix F: Tool Compendium* ([PDF file](#); [PDF Help](#)).

You are subscribed to Health IT for Agency for Healthcare Research and Quality (AHRQ). This information has recently been updated, and is [now available](#).

### **The Urban Institute- News from the Health Policy Center-November 16, 2010**

#### **FEATURED TOPICS:**

- Health Status of New Medicaid Enrollees Under Health Reform
- Who and Where Are the Children Yet to Enroll in Medicaid and CHIP?
- Shared Savings for Accountable Care Organizations: A Bridge to Nowhere?
- Out of Whack: Pricing Distortions in the Medicare Physician Fee Schedule
- Uninsured Children: Who Are They and Where Do They Live?
- Universal Purchasing of Childhood Vaccines in New York: A Feasibility Assessment

[Click here to view complete newsletter.](#)

#### **Staying Current on Health Reform Studies, Documents & Polls**

Kaiser's *Health Reform Source*, <http://healthreform.kff.org>, an online gateway providing easy access to new and comprehensive resources on the health reform law, provides these and other new features and tools including an interactive timeline showing when health reform provisions take effect, an animated video explaining how the law works, and FAQs. We encourage organizations and individuals to link to these resources.

### **HEALTH E-TIP #62 Changing Seasons**

The days may be shorter, but sunny cool weather makes this a perfect time to step outdoors and discover the health benefits of green spaces.

#### **Spend Time Outdoors for Better Health**

Simply spending time outdoors could influence health, development and even your lifespan.

- Getting Out

Being outside in nature for as little as 20 minutes a day has been found to boost feelings of vitality, improve performance on cognitive tests, and even extend the lifespan of the elderly. That's reason enough to trade some time at home or in the mall for some outdoor time in green spaces.

- Growing Up

Benefits extend to kids, too. Research has found that contact with nature can reduce stress and symptoms of attention deficit disorder, increase physical activity and possibly even improve learning. Kids need at least an hour a day being active – if possible, make it outdoors.

- Getting Green

Getting some green in your life doesn't have to get complicated. Any green space will do, whether it's a park, garden, or your back yard. Taking an outdoor walk is one of the simplest ways to get out, and it has benefits, too: half an hour a day of brisk walking is good for your heart and overall health.

#### **Find Out More**

Read about the [benefits of walking and how to get started](#) at HealthyMS.com. If you're looking for a walking destination, check out [Mississippi trails](#), [hiking in Mississippi](#), or use the locator at LetsMove.gov to find [parks, forests and playgrounds in your area](#). Children's health and the outdoors was also the topic of a [keynote address to the American Academy of Pediatrics](#). *This e-Tip provided by the Mississippi State Department of Health*

## Health e-Tip Coffee, Tea, Or...

We consume more caffeinated drinks, coffee and otherwise, when the sunlight hours are fewer. Overdoing them can be unhealthy, but in moderation, some may actually be good for you.

### Choose a Healthful Energy Drink

Pick-me-ups in cups and cans are all in season, but their caffeine – and their health effects – can vary widely.

- **Good News: Coffee, Tea and Hot Chocolate** These traditional brews all contain caffeine: chocolate has the least, followed by tea and coffee. While coffee can raise blood pressure temporarily, a cup or two a day is considered safe for healthy persons. All are rich in antioxidants, and research is finding possible health benefits from all three on conditions ranging from type 2 diabetes to heart disease and dementia.
- **Mixed Reviews: Energy Drinks.** These small cans that pack a big punch, like Red Bull and RockStar, depend on caffeine for their boost, but add other stimulants like the amino acid taurine. No serious health effects have yet been found from consuming these, but their caffeine content can be much higher than coffee, and over-consumption can pose a serious risk to the heart.
- **Bad News: Heat and Sweet.** High sugar, especially in hot chocolate, flavored coffees and energy drinks, is a hidden danger in all of the above, another reason for moderation (or reaching for your favorite artificial sweetener). Keep it cool, too: overly hot drinks (uncomfortable to hold or sip) are linked to higher rates of oral cancer when consumed over long periods.

**The Scoop:** Get your daily perk and do your body a favor by sticking to the classic hot drinks: coffee, tea and hot chocolate. As always, moderation is the key — in the amount you drink and in the sugar that might be added.

### Find Out More

You can find specifics on the [caffeine content of various drinks](#) at MayoClinic.com. [Caffeinated beverages with alcohol](#) are becoming increasingly popular, and carry dangers to those who consume them; read about them at [CDC.gov](#). Get information on healthy eating and drinking all year round from the [Nutrition web pages](#) at [HealthyMS.com](#). *This e-Tip provided by the Mississippi State Department of Health*

[Unsubscribe](#) Mississippi Primary Health Care Association distributes the MPHCA e-Update every Wednesday to inform members and partners of issues important to Community Health Centers.

*The MPHCA e-Update is the official e-bulletin of the Mississippi Primary Health Care Association. It is e-mailed weekly as a membership service to Mississippi Community Health Center executive leadership, board members, health professionals, non-clinical staff, and other MPHCA members and partners.*

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