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Subject: MPHCA E-Update-December 7, 2010
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MPHCA e-Update- December 7, 2010

MPHCA EVENTS/EDUCATIONAL OFFERINGS

- January 11-12, 2010-UDS Training Registration Now OPEN!
- SAVE THE DATE-MPHCA TO CONVENE 25TH ANNUAL CONFERENCE & 30TH 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.

WATCH FOR MORE INFORMATION COMING SOON TO www.mphca.com & WE HOPE TO SEE YOU IN 2011.

- **Affordable Care Act Community Forum: GOT QUESTIONS ABOUT THE AFFORDABLE CARE ACT?**

Do you want to know how the Affordable Care Act (ACA) will affect you and your family? Are you asking how can you be involved in making sure Mississippi has the best possible health care result from ACA? Here's your chance.

Health Help for Kids and the Mississippi Primary Health Care Association is hosting a community forum open to the public providing information on the Affordable Care Act. There will be a panel discussion with state officials and consumer advocacy groups on what ACA means for Mississippi on both a Federal and State level and how consumers can get involved in the implementation of ACA.

The keynote speaker will be U.S. Department of Health and Human Services Regional Director Anton Gunn. Regional Director Gunn serves in the HHS Office of Intergovernmental Affairs, which directly addresses the needs of communities and individuals through HHS programs and policies. Regional Director Gunn serves the states of Mississippi, Alabama, Tennessee, South Carolina, North Carolina, Georgia, Florida and West Virginia. Mr. Gunn, previously represented District 79 in the South Carolina House of Representatives. In 2007, he received the Families USA Consumer Health Care Advocate of the Year award.

The forum will be held on Tuesday, December 14, 2010 at the UMC Conference Center in the Jackson Medical Mall from 6:00 p.m. to 8:00 p.m. Sponsors: Health Help for kids (a non-profit organization) 1-877-31- GET HELP & Mississippi Primary Health Care Association.

For complete information on trainings listed above, please click on http://www.mphca.com/Training_and_Events.htm

Other Events/Educational Offerings

NACHC Seminars/Conferences/Webcasts, Register Today!

December 8 - Keeping Your Contracts Legally Compliant, webinar

December 15 - Training for Clinical, Mental Health, and Non-Clinical, webinar

December 15 - Negotiating with Payors – Risk and Non-Risk Contracts, webinar

Is Your Community Health Center (CHC) Fiscally Healthy? Not Sure?? Attend NACHC's New CHC Billing 101 Webinar Series and Whip Your CHC's Finances Into Shape.

Billing 101 Webinar Series

The celebrations are over. The confetti's been swept up. Now, it's time to consider how health care reform impacts reimbursement at Federally Qualified Health Centers (FQHCs). What, if anything, will change in the revenue and/or billing process since reimbursement is more than half of the average FQHC's annual revenue.

Need the answer? NACHC and Co-sponsors Priority Management Group (PMG) have designed, Billing 101, a new eight-webinar series that will provide established FQHC's, New Starts and Look Alike health centers with:

- an overview of the new coding systems that you'll use as coverage expands and new rules for pre existing conditions come into effect;

- benchmarking tools to analyze existing operations and FQHC billing best practices
- an understanding of the changes in payment methodology for Medicare; and
- approaches to successfully managing new and increased revenue opportunities.

This new series provides tools and techniques to help your FQHC maximize its billing and collection revenue streams. Topics of discussion will include:

Session #1: [Benchmarking and Key Performance Indicators](#); Thursday, January 13 (2 – 3:30 pm Eastern)

Session #2: [Credentialing, 855 Forms and NPI](#); Wednesday, January 19 (2 – 3:30 pm Eastern)

Session #3: [Sliding Fee Scale Management / Development](#); Thursday, January 27 (2 – 3:30 pm Eastern)

Session #4: [Charge Capture via EMR vs. Data Entry](#); February 10 (2 – 3:30 pm Eastern)

Session #5: [Electronic Data Interchange \(EDI\)](#); February 17 (2 – 3:30 pm Eastern)

Session #6: [Payment Posting](#); March 3 (2 – 3:30 pm Eastern)

Session #7: [Unpaid Claims Management](#); March 9 (2 – 3:30 pm Eastern)

Session #8: [ICD 10: An Introduction](#); March 17 (2 – 3:30 pm Eastern)

Pricing and registration Information

Registration for each session in the Billing 101 webinar is \$119. You must register online for each webinar *separately*. To register for each dynamic webinar, visit the [series Web page](#), and click on the corresponding webinar registration link, then complete the individual webinar electronic registration form.

Don't miss this opportunity. All the information, resources, and tools you'll need without leaving your desk. Take a look at the webinar schedule below for more detailed webinar descriptions.

[Register today!](#) If you have questions about this webinar series, please contact Sherry Giles at sgiles@nachc.com or 301.347.0400.

The 340B Coalition presents the Seventh Annual 340B Coalition Winter Conference

February 9-11, 2011, Hotel del Coronado, San Diego, CA

With the historic national health reform initiative now a reality, 340B stakeholders turn to the Health Resources and Services Administration and other federal agencies to see how the many changes to the 340B program will be implemented. Federal guidance in areas such as increased enforcement of the program, how 340B providers can bill Medicaid and what drugs fall under the orphan drug category are being drafted right now by regulators. In addition, covered entities are beginning to implement new guidelines that allow them to contract with multiple pharmacies to expand pharmaceutical access.

At the same time, the 340B program is experiencing unprecedented attention in Congress. The U.S. Government Accountability Office, Congress's watchdog agency, is conducting its first ever study of the program. Legislation to expand the program to the hospital inpatient setting, which was included in the health reform bill but removed at the last minute, remains a top priority for hospitals and legislation has already been introduced to reverse the first ever restriction on the types of outpatient drugs available to 340B providers. All of this comes under the backdrop of a sweeping change in the composition of Congress as over 90 new members of Congress come to Washington and Republicans take the reins in the U.S. House of Representatives with the goal of repealing the health care reform law.

Meanwhile, the U.S. Supreme Court will be deciding a case this year regarding whether 340B covered entities have the right to sue manufacturers for alleged overcharges. The case has significant implications for all parties involved with this growing program.

It is critical that all parties impacted by this \$6 billion program stay informed and play a role in shaping the future of the 340B program. There is no better way to accomplish this than to attend the [7th Annual 340B Coalition Winter Conference](#). The event will take place from February 9-11 at the historic [Hotel del Coronado](#) located on the beachfront of Coronado Island in beautiful San Diego, California and is co-hosted by the [340B Coalition](#) and [Apexus](#).

In addition to the focus on the policy changes in the 340B program, there will also be an increased emphasis on providing you with hands on, practical advice to help you with program implementation including an increased number of smaller sessions to meet your needs. This conference is unparalleled in providing timely information and relevant strategies on how to lower costs while complying with the complex array of drug pricing laws. It provides an ideal opportunity for newcomers to the 340B program to learn from experts about how to maximize savings while ensuring compliance with the 340B law. It is also a great educational forum for 340B veterans eager to learn about new strategies for reducing costs and ensuring compliance. You cannot afford to miss this 340B conference.

CE credits available for pharmacists! *Register now at www.340Bwinterconference.org to take advantage of early bird rates.* Special discounts are available for members of [340B Coalition](#) organizations, [Apexus/Prime Vendor](#) participants and [Drug Discount Monitor](#) subscribers. We encourage you to make your hotel reservations now as well as our room block is limited. More information can be found on our [location/hotel page](#).

If you know of a company or organization that would be interested in sponsoring or exhibiting at the conference, please encourage them to visit the [exhibitor page](#) or contact Karen Hicks at karen.hicks@snhpa.org or 202-552-5854 for more details.

If you have questions, please contact Mike Hess at mike.hess@snhpa.org or 202-552-5869.

The 340B Coalition c/o Safety Net Hospitals for Pharmaceutical Access
1501 M Street NW 7th Floor, Washington, DC 20005 202-552-5850
www.340Bwinterconference.org

HRSA Health Information Technology and Quality Webinar

"Overview of Meaningful Use Stage 1 Clinical Quality Measures for the Safety Net Community"

Thursday December 9th, 2010

2pm to 4pm EST

In July of 2010, the Center for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Incentive Program Final Rule was published. Since the release of the final rule there are many questions that still remain from safety net providers concerning how to become a meaningful user of health information technology (IT) and how to qualify for the CMS Medicare and Medicaid EHR incentives. One area of concern regards the final rule's Meaningful Use Stage 1 clinical quality measures (CQM). In order to receive the program's EHR incentives safety net providers participating in the CMS program will be required to capture and report CQMs to demonstrate they are using health IT in a meaningful way. This webinar will bring together experts on Meaningful Use Stage 1 CQMs to answer the safety net community's questions on this topic. The presenters will cover a variety of aspects on this topic including: an overview of the inpatient and outpatient CQMs and how they pertain to urban and rural safety net providers, as well as the role of the National Quality Forum in endorsing these measures. In addition, the time frame of the webinar will be extended an extra 30 minutes to accommodate participant questions to the presenters. (Registration Info Below)

Presenters Include:

- Seiji Hayashi, M.D., M.P.H., Chief Medical Officer, HRSA's Bureau of Primary Healthcare
- Thomas Tsang, M.D., M.P.H., Medical Director, Meaningful Use, The Office of the National Coordinator for Health Information Technology
- Helen Burstin, M.D., M.P.H., Senior Vice President for Performance Measures of The National. Quality ForumRegistration Info:

Event address for attendees: <https://ohit.webex.com/ohit/onstage/g.php?t=a&d=993728097>

Event number: 993 728 097

Event Password: portal

Any questions and comments can be sent to HRSA's Health IT mailbox at healthit@hrsa.gov

NACHC NEWS

NACHC Submits Comments on Several Proposed Rules

NACHC has been busy this month commenting on various proposed rules and requests for information from the U. S. Department of Health and Human Services. You can find all of our comments on the NACHC website, but here is a summary of the rules we responded to this month:

- CMS Proposed Rule on Review and Approval Process for Section 1115 Demonstrations: This proposed rule makes improvements to the 1115 waiver review and approval process, as called for in the Affordable Care Act. NACHC joined over 70 other organizations in signing onto the Georgetown Center for Children and Families' comments on this proposed rule, and submitted our own comments as well focusing mainly on health center-specific concerns and necessary protections in the 1115 waiver process.
- CMS Proposed Rule on Medicare, Medicaid, and CHIP; Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers: NACHC submitted comments on this proposed rule, which applies several new provisions from the Affordable Care Act, including provider screening, application fees, conditions for temporary moratoria on enrollment, conditions for suspensions of payment, and a proposed approach for an ethics and compliance program.

Office of Pharmacy Affairs Advanced Notice of Proposed Rulemaking on Two 340B Provisions: NACHC worked with the 340B Coalition to prepare and submit comments on two regulations on provisions in the Affordable Care Act regarding the 340B program. The [first](#) was in response to an Advance Notice of Proposed

Rulemaking (ANPRM) and Request for Comments on the application of civil monetary penalties (CMPs) to manufacturers participating in the 340B drug pricing program. The [second](#) was in response to an Advance Notice of Proposed Rulemaking (ANPRM) and Request for Comments regarding the 340B drug pricing program administrative dispute resolution process.

Upcoming Proposed Rules and Requests for Information

In addition, NACHC is currently reviewing and preparing comments on the following proposed rules and notices. We encourage health centers and PCAs to review and comment as well.

- CMS Request for Information on Accountable Care Organizations (ACO) and the Medicare Shared Savings Program: On November 17, 2010, CMS published a request for information on the implementation of ACOs and the Medicare Shared Savings program. Comments are due December 3, 2010 and can be submitted at www.regulations.gov.
- CMS Proposed Rule on Federal Funding for Medicaid Eligibility Determination and Enrollment Activities: This proposed rule revises Medicaid regulations to allow for eligibility and enrollment activities and to provide a 90 percent federal match for states' activities to design and enhance eligibility systems. Comments are due January 7, 2011 and can be submitted at www.regulations.gov.

CMS Proposed Rule on Medicaid Recovery Audit Contractors: On November 10, CMS published a [proposed rule](#) on the Medicaid Recovery Audit Contractor Program, as directed in the Affordable Care Act. Comments are due January 10, 2011 and can be submitted at www.regulations.gov.

CMS Issues Final Rule on Medicare Physician Fee Schedule, Including Two Health Center Specific Provisions

This month CMS issued its [final rule](#) on the Medicare Physician Fee Schedule, and other provisions related to Medicare Part B. Typically, this rule has little effect on health centers, but this year it included two important provisions for health centers coming out of the Affordable Care Act.

First, the rule finalizes the addition of a number of preventive services to the health center service package. The new services include many services that health centers may have already been providing, but were receiving little or no payment for. The new services that will be included are:

- Initial preventive physical exam
- Personalized prevention plan services
- Screening mammography
- Screening pap smears and pelvic exams
- Colorectal cancer screening
- Bone mass measurement
- Screening for glaucoma
- Cardiovascular screening blood tests
- Diabetes screening tests
- Ultrasound screening for abdominal aortic aneurysm

Additionally, the rule finalizes the 100 percent reimbursement for those services that receive a Grade A or B from the United States Preventive Services Task Force, meaning that for those services provided at health centers, the health center will be reimbursed 100 percent of their Medicare rate, instead of the 80 percent they typically receive from Medicare. Both the addition of these new services and the 100 percent reimbursement will go into effect January 1, 2011.

Second, the rule finalizes the provision that requires health centers to begin reporting Healthcare Common Procedure Coding System codes, otherwise known as HCPCS codes, also starting January 1, 2011. These codes will only be used for a data collection and will not affect a health center's payment. In the preamble to the final rule, CMS indicates that it will work with its contractors to ensure that health centers are properly trained in the coding requirements, and NACHC will be working with health centers on this important transition as well.

You can read the final rule [here](#), and NACHC's comments on the proposed rule [here](#).

State Medicaid Directors Letter on Health Homes

On November 16, CMS issued a [State Medicaid Directors letter \(SMDL\)](#) concerning on the creation of Health Homes for beneficiaries with chronic conditions. This letter is initial guidance for states on the implementation of Section 2703 of the Affordable Care Act, which gives the states the option to create "health homes" for Medicaid beneficiaries with chronic conditions. The letter outlines the definition of "health homes" and includes FQHCs in both their definition of "designated providers" and "teams of health care professionals," but it is ultimately up to the states to determine the provider arrangements. Additionally, the letter states that States can receive a 90 percent federal match for the first two year period. NACHC encourages health centers and PCAs to reach out to their states on this new development. The possibility of a 90 percent federal match for these services will likely be of particular interest to them.

CMS Announces Center for Medicare and Medicaid Innovations

CMS officially announced the creation of the Center for Medicare and Medicaid Innovations, which was created in the Affordable Care Act. According to a statement from Don Berwick, Acting Administrator of CMS, "[t]he ultimate goal of the Innovation Center is to explore new approaches to the way we pay for and deliver care to patients so that we have better results both in terms of the quality of care and the affordability of coverage. Congress has charged this new CMS Center with identifying, testing and ultimately spreading new ways of delivering care and new ways of paying for care."

With the creation of the Innovation Center, CMS also announced a new website dedicated to the work of the Center, www.innovations.cms.gov.

Of note for health centers, the upcoming Medicare FQHC Advanced Practice Primary Care demonstration project will be run by the Innovation Center. Look for more information from NACHC and CMS once this demonstration project is announced.

Workforce Updates

On November 22, 2010, the Bureau of Clinician Recruitment and Service (BCRS) announced the new National Health Service Corps (NHSC) Loan Repayment Program Clinician Guidelines. In making the announcement, Secretary Sebelius said "[a]s we continue to seek ways to impact both the primary care workforce shortage and the increasing debt burden on new providers, NHSC serves as a model for addressing both challenges simultaneously. Increasing access to primary care physicians who can support the physical and mental well-being of individuals can help prevent disease and illness, and ensure everyone – regardless of where they live – has access to comprehensive, high quality care." To view the release click [here](#) and [here](#) for NACHC's blog on the announcement.

Additionally, the November 5 Federal Register outlined NHSC site recruitment for full and part-time clinicians. For FY2011 funds, HPSAs with scores of 10 and above are authorized for priority assignment of loan repayment programs and those with scores below 10 will be made by decreasing HPSA score. However, the funds will most likely, as under ARRA, permit loan repayment program assignments regardless of HPSA score. Numbers of LRPs awarded are based upon HPSA score ranges: 0-19 may place 12 physicians, 12 midlevels, 12 dentists, 12 hygienists, 12 psychiatrists and 12 other therapist disciplines. HPSA scores of 10 to 13 may place 15 in those categories and HPSA scores of 14-26 may place 18. The average HPSA score in May was 12 for loan repayment programs.

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 stay tuned for an update on this issue when Congress returns from Thanksgiving recess.

In the interim, we wanted to remind you about this important [new NACHC issue brief](#) on the reassignment of the incentive payments, so that prior to a legislative fix, your centers can prepare to take advantage of opportunities for support and resources provided through ARRA.

Senators Stabenow, Snowe and Others Send Letter to Senate Finance Committee Urging Health Center HIT Fix:

This month, [26 Senators sent a letter](#) to Senate Finance Committee Chairman Max Baucus (D-MT) and Ranking Member Charles Grassley (R-IA) urging committee leadership to include health centers' technical fix for Medicaid HIT incentive payments in any moving legislation this session. The technical change is [one we have blogged about before](#) and would direct State Medicaid Agencies to make HIT incentive payments directly to health centers without requiring each eligible professional to individually reassign their payment over to their health center employer. This is an important legislative fix for health centers and the [NACHC staff continues to work on this issue actively](#) with the goal of inserting our technical HIT fix into a legislative vehicle before the lame duck session ends. Stay tuned to the blog for updates and info on this and more as we move through the lame duck session this month. [Read More – Alex Sange, Health Centers on the Hill](#)

FUNDING OPPORTUNITIES

Office on Women's Health (OWH) Women's Health Conference Support Grants

Application Deadline: December 29, 2010

This RFA is coordinated by John Snow, Inc. (JSI) on behalf of the HHS Office on Women's Health (OWH). Funding will provide partial support for women's health conferences. Funding is available for non-federal conferences that address health promotion and disease prevention in women and girls and focus on gender disparities and health equity. Conferences must have at least 50 participants, have a target audience

that includes health professionals, span at least one day and offer continuing education credits. For a copy of the RFA or help with the application, e-mail: owhapplication@jsi.com or call toll-free: 1-866-224-3815

[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.

[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 NEWS

Open Enrollment for 2011 Medicare Prescription and Health Plans Now

Open Enrollment for 2011 Medicare prescription drug and health plans is now open. The Centers for Medicare & Medicaid Services (CMS) is encouraging all Medicare beneficiaries to take advantage of the annual Open Enrollment period to make sure they have the best coverage available to meet their health care needs in 2011. The Medicare Open Enrollment Period this year began on November 15th and runs through December 31st. During the Open Enrollment period, current or newly eligible Medicare beneficiaries, including people with original Medicare, can review current health and prescription drug coverage, compare health and drug plan options available in their area, and choose coverage that best meet their needs.

Centers for Medicare & Medicaid Services invites you to learn about the award-winning Text4baby Program Attend a free webinar for states, community-based organizations and others involved in children's outreach and enrollment strategies. "Text4baby – Promoting a New Service and Enhancing Medicaid and CHIP Enrollment." Thursday, December 9, 2010, 3:00 – 4:30 p.m. EST. To register, click on the link below: <http://agencyroad.na4.acrobat.com/f68639602/>

Health Center Effectiveness Targeted as a Focus of New Center for Medicare and Medicaid Innovation

The Center for Medicare and Medicaid Innovation (CMMI), which was created by the health reform law, will look for better ways to improve quality of care and cut costs. One focus will be streamlined payment systems which rewards care that keeps patients healthy. Acting Innovation Center Director Richard Gilfillan and Centers for Medicare & Medicaid Services (CMS) director, Dr. Donald Berwick said the center would try to quickly evaluate projects and if successful, quickly apply best practices. The intent, according to Berwick, is to do a lot and do it fast. Among new initiatives, one project will test the effectiveness of teams of doctors and other healthcare workers who treat low-income patients at community health centers. In another project, eight states, up to one million Medicare beneficiaries and 1,200 medical homes will assess the effectiveness of doctors and other health workers who operate in a more integrated way and receive more coordinated payment, the accountable care organization model. For more information, see the [CMMI website](#) and the CMS [press release](#) and [fact sheet](#) on the new center.

New HHS Website Aims to Help Entrepreneurs and Patients

The Department of Health & Human Services (HHS) is planning a soft launch in December of a new website that will offer government health information that entrepreneurs can use to create new mobile applications, software, websites, analytical tools, and other ventures. For more information, see Commonwealth Fund [article](#).

HHS Announces the Nation's New Health Promotion and Disease Prevention Agenda

The U.S. Department of Health and Human Services today unveiled Healthy People 2020, the nation's new 10-year goals and objectives for health promotion and disease prevention, and "myHealthyPeople," a new challenge for technology application

developers.

HHS announces the nation's new health promotion and disease prevention agenda

The U.S. Department of Health and Human Services today unveiled Healthy People 2020, the nation's new 10-year goals and objectives for health promotion and disease prevention, and "myHealthyPeople," a new challenge for technology application developers.

For the past 30 years, Healthy People has been committed to improving the quality of our Nation's health by producing a framework for public health prevention priorities and actions.

"The launch of Healthy People 2020 comes at a critical time," said HHS Secretary Kathleen Sebelius. "Our challenge and opportunity is to avoid preventable diseases from occurring in the first place."

Chronic diseases, such as heart disease, cancer and diabetes, are responsible for seven out of every 10 deaths among Americans each year and account for 75 percent of the nation's health spending. Many of the risk factors that contribute to the development of these diseases are preventable.

"Too many people are not reaching their full potential for health because of preventable conditions," said Assistant Secretary for Health Howard K. Koh, M.D., M.P.H. "Healthy People is the nation's roadmap and compass for better health, providing our society a vision for improving both the quantity and quality of life for all Americans."

The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action, and indeed, in just the last decade, preliminary analyses indicate that the country has either progressed toward or met 71 percent of its Healthy People targets.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives. Based on this input, a number of new topic areas are included in the new initiative, including:

- Adolescent Health
- Blood Disorders and Blood Safety
- Dementias, including Alzheimer's Disease
- Early and Middle Childhood
- Genomics
- Global Health
- Health-Related Quality of Life and Well-Being
- Healthcare-Associated Infections
- Lesbian, Gay, Bisexual and Transgender Health
- Older Adults
- Preparedness
- Sleep Health
- Social Determinants of Health

Healthy People is also issuing a special challenge to encourage developers to create easy-to-use applications for professionals who are working with the new national health objectives and state- and community-level health data.

"This milestone in disease prevention and health promotion creates an opportunity to leverage information technology to make Healthy People come alive for all Americans in their communities and workplaces," said Chief Technology Officer Todd Park. "The 'myHealthyPeople' apps challenge will help spur innovative approaches to helping communities track their progress using Healthy People objectives and targets as well as develop an agenda for health improvement."

HHS is also launching a newly redesigned Healthy People Web site that allows users to tailor information to their needs and explore evidence-based resources for implementation. The Web site is located at: www.healthypeople.gov. For more information about myHealthyPeople, go to www.challenge.gov/

OTHER NEWS

The Robert Wood Johnson Foundation Executive Nurse Fellows 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 through the application of twenty competencies that improve their abilities to lead teams and organizations in improving health and health care. The program is open to nurses who currently hold senior leadership positions in health services, scientific and academic organizations, public health and community-based organizations or systems, and national professional, governmental, and policy organizations. Applicants must be citizens of the United States or its territories or have permanent residency status. In addition, applicants must have the support of their employing organization to engage fully in all curricular, action-learning, and leadership project components of the program. Contact: <http://www.rwjf.org/applications/solicited/cfp.jsp?ID=21144>

Consumer Resources from Families USA Explaining "How the ACA will help Seniors and People with Disabilities"

[Lower Costs, Better Care: Medicare Cost Savings in the Affordable Care Act \(Talking Points\)](#) illustrates how the Affordable Care Act will make Medicare work more efficiently by improving the way providers deliver care, modernizing how Medicare pays for services, and eliminating waste, fraud, and abuse in the system. These changes will also reduce costs, make the program more sustainable, and allow for better benefits for those who depend on Medicare.

[Better Safety and Quality For Seniors and People with Disabilities](#) discusses the Elder Justice Act, the Patient Safety and Abuse Prevention Act, and the Nursing Home Transparency and Improvement Act, three sections in the Affordable Care Act that will bring historic improvements to the quality and safety of long-term care and result in the most comprehensive federal effort ever to fight elder abuse.

[Welcome to the Medicare Prescription Drug Benefit for 2011](#) is an updated illustration that reflects improvements made by the

Affordable Care Act that will lessen the amount enrollees will pay when they fall into the "doughnut hole."

Half of Americans Facing Diabetes by 2020

More than half of Americans will have diabetes or be prediabetic by 2020 at a cost to the U.S. health care system of \$3.35 trillion if current trends go on unabated, according to analysis of a new report released on Tuesday by health insurer UnitedHealth Group Inc.

Disease Prevention Could Save U.S. Billions of Dollars Annually

The study authors concluded that reducing the prevalence of diabetes and high blood pressure by 5 percent would save the nation about \$9 billion a year in the near term. In addition, conditions related to those health problems would also be reduced, which would increase the savings to about \$24.7 billion a year in the medium term.

New Affordable Care Act Rules Give Consumers Better Value for Insurance Premiums

New regulations issued by the Department of Health and Human Services (HHS) require health insurers to spend 80 to 85 percent of consumers' premiums on direct care for patients and efforts to improve care quality. This regulation, known as the "medical loss ratio" provision of the Affordable Care Act, will make the insurance marketplace more transparent and make it easier for consumers to purchase plans that provide better value for their money.

Daily Pill Greatly Lowers AIDS Risk, Study Finds

In a development that could change the battle against AIDS, researchers have found that taking a daily antiretroviral pill greatly lowers the chances of getting infected with the fatal virus.

High Deductibles Mean Less Medical Care for Lower-Income Families, Survey Finds

Lower-income families with high-deductible insurance policies are more likely to delay or forego medical care because of cost than higher-income families, reported a study published Monday in the Archives of Internal Medicine. Coming at a time when policymakers are working to keep healthcare costs down and outcomes up -- calibrating insurance plans to motivate consumers to be choosier about the medical services they purchase, yet still seek enough care to remain healthy -- the results could yield useful ideas, the researchers wrote.

Medicaid Vaccination Rates Tied to Flu Shot Pay Levels

Medicaid pay for administering pediatric influenza vaccines is associated with the percentage of poor children who are fully vaccinated, according to a recent study. Increasing Medicaid flu vaccine administration fees by \$10 -- from the typical state fee of \$8 to the highest state rate of \$18 -- was associated with overall vaccination rate increases of six to nine percentage points among poor children between 2005 and 2007, according to a study published in the November *Pediatrics*.

More Johnson & Johnson Drugs Pulled from Shelves

More batches of over-the-counter (OTC) products are being voluntarily recalled by Johnson & Johnson subsidiary McNeil Consumer Healthcare -- this time including two products for kids. The wholesale- and retail-level recall included all lots of Children's Benadryl Allergy Fastmelt Tablets in grape and cherry flavors and Junior Strength Motrin Caplets in 24-count bottles, plus a single lot of Rolaid Extra Strength Softchews cherry flavor in 36-count package, according to a statement by McNeil Consumer Healthcare.

Reaching the Remote: Telemedicine Gains Ground

Nationwide, telemedicine increasingly is being used to bridge gaps in access to care in rural and other medically underserved communities that have a hard time recruiting physicians. The technology provides primary care physicians and patients a vital link to specialists at large urban medical centers.

Syphilis Infections Up: Progress Made on Other STDs

A decade ago, the sexually transmitted disease syphilis was on the verge of elimination. Today, a new study by the U.S. Centers for Disease Control and Prevention (CDC) shows a 39 percent increase in the disease from 2006 to 2009, with most new cases appearing in young black men.

New Legislative Leaders Elected for the 2011-2012 Session

The House Democrats have elected a new leadership team to guide their party's efforts next year. The new House Minority Leader will be Frank Dermody of Allegheny County. He has been the Majority Whip for most of the past year after Bill DeWeese resigned from the position following indictment on criminal charges relating to the Bonusgate investigation. Representative Mike Hanna from Clinton County was elected to serve as Minority Whip. The most surprising result of the day was Joe Markosek of Allegheny County being elected Minority Appropriations Chairman over Dwight Evans who had been the ranking Democrat on Appropriations for the past two decades.

Both Senate caucuses have held their leadership elections. On the Republican side, all of the key players remain the same. Joe Scarnati was re-elected as President Pro Tempore, Dominic Pileggi was re-elected as Majority Leader, and Jake Corman was re-elected as Appropriations Committee Chair. There was a change in the Democratic leadership as current Minority Leader Robert Mellow is retiring from the legislature this year. The new Senate Minority Leader is Jay Costa from Allegheny County. He had been the Minority Chair of the Senate Appropriations Committee. Replacing Costa as Minority Chair of the Appropriations Committee is Vince Hughes from Philadelphia.

New Fact Sheet Highlights How Reform Will Help People of Color in PA

Families USA has developed state-specific fact sheets on how the Affordable Care Act will help people of color. The [Pennsylvania fact sheet](#) indicates that in 2014, 23 percent of those newly eligible for Medicaid will be people of color.

Coalition to Collect Data on EHR Problems

A coalition of medical societies and medical liability insurance carriers has announced the creation of an internet-based reporting system for physicians and other healthcare organizations to provide a centralized national repository of problems with electronic health record (EHR) system software. According to a news release, in addition to collecting information, the service, called [EHRevent](#), will "create reports that medical societies, professional liability carriers and government agencies, such as the U.S. Food and Drug Administration, will use to help educate providers on the potential challenges that EHR systems may bring." The portal also can be integrated into the websites of participating organizations.

AHRQ Offers Medical Office Survey on Patient Culture and Safety

The Association of Health Resources & Quality (AHRQ) recently released their 2010 Preliminary Comparative Results: [Medical Office Survey](#) on Patient Safety Culture 2010 data. The survey included 292 practice based research network medical offices that administered the survey and 182 medical practices that participated in a pilot test of the survey in the United States in 2007. This survey will allow medical offices to compare their own patient culture and safety data with data from 470 other medical offices.

First Models of the Nationwide Health Information Network Completed

The Office of the National Coordinator (ONC) has unveiled the first version of the software that will allow simple information exchange between providers, a crucial enabler for the first stage of meaningful use of electronic health records.

Telehealth in Community Clinics: Three Case Studies in Implementation

The case studies in this report highlight the experience and lessons of each of the three community health organizations as they planned and implemented their telehealth programs. Each case study addresses facilitators and barriers to program implementation and operation, and reports on patient and provider satisfaction.

State Health Policy News from the National Academy for State Health Policy

What's New on State Refor(u)m

See what's new on NASHP's [State Refor\(u\)m website](#), a hub for state-developed resources related to national health reform implementation. New state-developed resources posted in the last week include materials from Iowa, Wyoming, and Tennessee. Learn more about these resources at [State Refor\(u\)m's blog](#), and read a post about new medical home opportunities. Share your health reform implementation resources at staterforum@nashp.org for posting on the website.

Access the Webinar: State to State Exchange on Health Insurance Exchanges

Click [here](#) to access the recording of the "State to State Exchange on Health Insurance Exchanges" webinar held on November 22.

NASHP Job Opportunities

[Click here to see the job opportunities at NASHP.](#)

RESOURCES

The Impact of Health Care Reform in Mississippi

The Patient Protection and Affordable Care Act (ACA) was signed into law in March 2010, and contains numerous provisions that will have a wide ranging impact on the nation's health care system. The ACA will be implemented incrementally over eight years and will address issues such as private and public insurance coverage, health care quality, payments to providers, and public health. The [Center for Mississippi Health Policy](#) has collaborated with the [Georgia Health Policy Center](#) at Georgia State University to produce a series of issue briefs that will explain the contents of the Act and consider the potential impact in Mississippi. The Florida Public Health Institute also partnered with the organizations to release a health reform package for employers that includes a [50-State Health Reform Calculator for Small Businesses](#). Copies of these issue briefs can be downloaded from the Center's web site at <http://www.mshealthpolicy.com/PPACA.htm>.

AHRQ Research Highlights Need for Hospital/Health Center Collaboration

A [new study](#) from the Agency for Healthcare Research and Quality (AHRQ), evaluates potentially preventable hospitalization for acute and chronic conditions based on data from the Healthcare Cost and Utilization Project (HCUP). Among the study's findings:

- One in ten hospital stays was potentially preventable
- Nearly 10 percent of all uninsured stays were for potentially preventable conditions compared to 5.4 percent for privately insured or Medicaid-covered stays
- Hospital stays for patients living in the poorest communities were more likely to be potentially preventable (11.7 percent) than were stays for patients living in the wealthiest communities (8.1 percent)

The report did not address the increased costs associated with unnecessary hospital care, but one of the authors said they are continuing to study the economics of the problem. The most recent data, from 2000, showed that the costs of preventable hospital admissions in U.S. hospitals topped \$26.5 billion. The study supports the need for hospitals to team up with community health centers to help people manage their health outside of hospitals.

Mississippi State Department of Health Public Health Report November 30, 2010. View on-line: <http://www.HealthyMS.com/phr>

Mississippi State Department of Health Public Health Report November 22, 2010. View on-line: <http://www.HealthyMS.com/phr>

HEALTH E-TIP #63: Healthy Holidays

Homemade and commercial cold remedies all claim to help save you from illness and inconvenience that come with a cold. The right ones can help keep your holiday a healthy and happy one.

Choose a Cold Remedy that Works

Save money and time in bed by choosing the ones that work — and skipping the ones that don't.

- What to Trust

There's no cure for the common cold, but there are some ways proven to reduce the symptoms until you're better.

- Drink fluids to help loosen and remove congestion.
- Gargle with salt water to relieve a sore throat, and use saline nasal drops to ease inflamed tissues.
- Take over-the-counter decongestants and pain relievers if you're an adult or older child.
- What to Try

Alternate remedies are popular, but in practice have shown only modest benefit. Here are the most promising ones.

- Chicken soup. Not only can this traditional remedy help keep your fluid intake up, it may help reduce inflammation and congestion.
- Vitamin C. It won't cure a cold or make it less severe, but vitamin C can help reduce the length of illness — provided it's taken before your cold symptoms begin.
- Humidifiers. Properly maintained, a room humidifier can help soothe the symptoms of a cold and help suppress cold viruses. Keep it clean, though, and change the water regularly to avoid introducing mold and fungi into the air.
- What to Avoid
- Cold medications for children younger than two. These can have serious side effects in smaller children, and should be avoided entirely unless prescribed by a doctor.
- Antibiotics. Antibiotics have no effect on cold viruses, but they can contribute to the spread of antibiotic-resistant infections. Antibiotics should only be used when a doctor determines they are necessary.
- Zinc. Zinc's effectiveness against colds is unclear, and zinc nasal sprays or drops can damage your sense of smell temporarily or permanently.

The cheapest remedy? **Prevention is free.** Thorough handwashing; avoiding touching your eyes, nose and mouth; and encouraging others to cover their coughs and sneezes all help prevent cold and flu viruses from infecting you in the first place.

Read more about [prevention of colds and flu](#) on the MSDH web site at HealthyMS.com. Antibiotic resistance is a growing problem; read [background information](#) about the issue, and [recent findings](#) from the CDC. *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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