

# MPHCA E-UPDATE

December 7, 2011

## MPHCA NEWS

### NACHC Tele-Town Hall Meeting

December 8, 2011

3:00PM EST

Participate in this important call with NACHC's CEO Tom Van Coverden and the Policy team, During the call, the NACHC team will provide the latest updates on Health Center policy and discuss future advocacy efforts. The Tele-Forum is FREE – just enter your 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. You may also join the call by dialing: 1-877-229-8493 and entering PIN: 15035.

### NACHC's Campaign To Save America's Health Centers

The Campaign for America's Health Centers was created to preserve, strengthen and expand the national network of Health Centers to deliver long term savings to the health care system and ultimately a healthier country. This Campaign will need to be an ongoing and intense effort over the rest of 2011 and beyond as the key issues of Medicaid reform, Deficit Reduction, and FY2012 Appropriations are considered by Congress.

To be a part of the movement and learn more, click [here](#).

### NACHC Washington Update

Read more [here](#).

### [Press Release: NACHC Statement on Marilyn Tavenner Nomination](#)

"Throughout her career Ms. Tavenner has shown a commitment to providing high quality, patient-centered health care."

### New Amendment Postings

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

<a href="#">AP 2011-07</a>	The rule defines coverage criteria, general services required, documentation requirements and non-covered services for community mental health. It replaces Section 15 of the Medicaid Provider manual. The proposed rule allows additional home and community based services for individuals in need of mental health services. It
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	addresses an unmet need in the State by offering alternatives to institutional services
<a href="#">AP 2011-08</a>	Preferred Drug List

## MPHCA EVENTS/EDUCATIONAL OFFERINGS

### **HCV/HBV/HIV Clinical Summit: December 8-9, 2011**

#### **PREVALENCE - PREVENTION - SCREENING - TREATMENT**

Vicksburg, MS

**Target Audience:** Providers, Clinicians, Pharmacists, Social Workers, Tobacco Cessation Champions

**Cost:** \$50 per participant

**Registration:** The cutoff date for registration is December 2, 2011. Late registrations will be accessed a \$25 fee.

**Education Credits:** CME's will be provided for this educational offering. CEU's are pending.

**CATF Members:** CATF meeting will be held December 7, 2011 - 3:00pm – 5:00pm followed by dinner at Vicksburg's Historic Walnut Hills Restaurant

Contact: Joyce Smith @ [jsmith@mphca.com](mailto:jsmith@mphca.com)

**IDEAS Meeting:** December 9, 2011

Jackson, MS

**UDS Training:** January 13, 2012

Clyde Muse Center

Pearl, MS

Contact: TC Washington @ [twashington@mphca.com](mailto:twashington@mphca.com)

**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).

## TRAINING OPPORTUNITIES

### **Register Now! HRSA Health IT&Quality Webinar, "Tips for Overcoming Gray Areas of Meaningful Use Stage 1", Dec.13th 2pm EST**

This webinar provides tips and guidance of how safety net providers, such as health centers, critical access hospitals, and rural health clinics can overcome common gray areas of meeting Meaningful Use Stage 1 objectives. Gray areas are objectives within the final rule that are still not clear to providers. Presenters from the Regional Extension Centers (REC) and the Centers for Medicare and Medicaid Services (CMS) will review these problem areas based on previous comments and questions directed to HRSA, CMS, and ONC staff from safety net providers. These areas include: dealing with vendors and other EHR issues; attesting data to CMS and State Medicaid programs; troubleshooting quality measures; and other Meaningful Use

Stage 1 problems that safety net providers have encountered. In addition, this webinar will include a presentation by CMS Staff on "Adopt, Implement, and Upgrade" (AIU) of electronic health records. Presenters include staff from both the Centers for Medicare and Medicaid Services and Regional Extension Centers.

Questions to presenters are welcome ahead of the event and may be emailed to [healthit@hrsa.gov](mailto:healthit@hrsa.gov)  
To register: <http://webcast.streamlogics.com/audience/index.asp?eventid=84138124>  
Email questions or comments to HRSA's Health IT mailbox at: [healthit@hrsa.gov](mailto:healthit@hrsa.gov)

Previous HRSA Health and Quality Webinars are available at: <http://www.hrsa.gov/healthit>

### **Save The Date - NACHC Offers New Webinar Series: Not Funded Now What?!?!**

Was your organization one of the many that were not funded through the recent round of new access point (NAP) awards? If so, then this webinar series is for you! Whether you are a current health center that is looking to open a new site or a brand new organization – this webinar series will provide answers to all your "now what?" questions. (Register for one session or all four!)

**January 11, 2012** - Webinar #1 – What is an FQHC Look-Alike?

**February 1, 2012** - Webinar #2 – Dual Status vs. Change in Scope

**February 15, 2012** - Webinar #3 – Revenue Maximization and Other Considerations for FQHC Look Alikes and 330 Grantees

**March 7, 2012** - Webinar #4 – Keeping the Community Engaged Through Partnerships and Ongoing Community Development and Collaboration

Registration to open in early December! For questions, contact Jaime Hirschfeld at [jhirschfeld@nachc.com](mailto:jhirschfeld@nachc.com) or 301-347-0460.

### **HRSA Sponsored Webinar: HIV/AIDS Bureau: Oral Health Exams in Primary Care Setting December 13, 2011 at 2:00 p.m. EST**

This training is designed specifically for primary care practitioners, who can play a crucial role in addressing the oral health needs of their patients. CME credit (1.5 hours) is available. Through lecture, case study, and testimonials, the webinar will focus on the importance of good oral health for people with HIV; provide instruction on completing oral examinations in a medical care setting; describe strategies for linkage to dental care; and showcase programs that successfully integrate oral health into a primary care visit.

Pre-registration is required and the deadline is December 8.

Learn more and/or register [here](#).

### **Southern Regional AHEC Behavioral Health Training Program**

The Behavioral Health Intensive Program for Advanced Practice Professionals is a skill enhancement training program for Physician Assistants and Nurse Practitioners who work with large numbers of patients with behavioral health needs. Participants will attend two three-day in-person trainings at Duke followed by a total of ten monthly web-based case discussions with psychiatrists and other experts.

1<sup>st</sup> learning session begins: January 13, 2012.

Learn more [here](#).

### **ECU: 2012 Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals Course**

Course Objective: To provide basic information and skills to enable the health care professionals to function in the anticipation, diagnosis, treatment, and prevention of occupational illnesses and injuries in the farm community. Successful completion of this course allows participants to join AgriSafe® as a Provider Member.

Sessions begin January 20, 2012. Registration is open.

Learn more and/or register [here](#).

## **2012 Healthcare Emergency Disaster Planning and Preparedness Certificate**

January 25-27, 2012 or March 21-23, 2012

University of North Carolina at Chapel Hill Campus

The certificate program is designed for all providers in the healthcare community. This program targets persons that are currently involved in or have an interest in healthcare disaster preparedness, including planning and preparedness professionals from hospitals, skilled nursing facilities, community health centers, pre-hospital care, public health providers, and physician offices just to name a few. The program offers a basic level session and an advanced level session. Each three-day session will consist of 20 contact hours training. These informative sessions will provide the participant with a broad understanding of the knowledge required to address the challenges that emergency preparedness presents in today's healthcare system.

Read more and/or register [here](#).

## **2012 National Health Promotion Summit**

April 10-11, 2012

Omni Shoreham Hotel

2500 Calvert Street, NW

Washington, DC 20008

Working together to achieve the goals of Healthy People 2020.

Learn more [here](#).

## **National Health Care for the Homeless Conference & Policy Symposium**

The National Health Care for the Homeless Council is accepting proposals for workshop and pre-conference presentations for the 2012 National Health Care for the Homeless Conference & Policy Symposium.

May 15-18, 2012

Kansas City, MO

Learn more [here](#).

## **National Health Care For The Homeless Council**

### **2011 Webinar Series**

The National Health Care for the Homeless Council offers free webinars on a variety of topics of interest to the homeless health care field. Webinars are free of charge, but space is limited and advance registration is required.

See the complete listing as well as archives for previous trainings [here](#).

## **MISSISSIPPI & MEMBER NEWS**

### **[Tort reform resurfaces with GOP in control](#)**

December 4, 2011, Clarion Ledger, Jerry Mitchell -With Republicans now in control of the House, Burton expects the appointment of a Judiciary Committee chairman who would be more open-minded with regard to changes in the tort law. "There is the possibility something like that would pass, and certainly I think it would pass," he said.

### **[UMC, HMA could partner](#)**

December 2, 2011, Clarion Ledger, Gary Pettus - On Thursday, officials with the University of Mississippi Medical Center announced that the only state medical school is exploring a public-private affiliation with Health Management Associates, which owns 10 hospitals in the state, from Biloxi to Batesville, including five in the metro area

## **First Flu Case of the 2011 Season Confirmed**

Flu is here: A Tate County resident is the first laboratory-confirmed flu case of the 2011-2012 season. Take advantage of National Flu Vaccination Week to get your flu shot, especially if you're older or live with children under the age of two, due to their higher risk of complications from the flu. [Click here](#) for more information.

## **POLICY & REGULATION**

### **Medicare Covers Screening and Counseling for Obesity**

"The Centers for Medicare & Medicaid Services (CMS) today announced that Medicare is adding coverage for preventive services to reduce obesity. This adds to Medicare's existing portfolio of preventive services that are now available without cost sharing under the Affordable Care Act."

Read the decision summary [here](#).

### **Employer Responsibilities Under the Affordable Care Act**

This article provides a brief overview of some of the ACA provisions that will primarily affect large employers in 2014.

Read the article [here](#).

### **Tax Credits Available to Nonprofits**

Congress recently approved a new tax credit for employers that hire veterans (H.R. 674). Nonprofits would be eligible for the same credit as for-profit companies. The credit would reduce the federal payroll taxes that nonprofits pay. A second tax credit opportunity for nonprofits is the small employer health credit for businesses with 25 or fewer employees and average salaries less than \$50,000.

[Click here](#) to see whether you're eligible for the small employer tax credit.

## **FINANCE & PAYMENT**

### **[Medicare RACs Collect \\$797.4M in Overpayments in FY 2011](#)**

Medicare recovery auditors collected a total of \$797.4 million in overpayments for the fiscal year ended Sept. 30, 2011, well above the overpayment total of \$75.4 million recorded in FY 2010, according to a CMS report. CMS also reported that RACs returned \$141.9 million in underpayments back to providers this past fiscal year, up from \$16.9 million in 2010. In total, corrections within the Medicare RAC program totaled almost \$940 million in 2011. The fourth quarter of 2011 (July to September) witnessed the largest amounts of over- and underpayments. CMS' quarterly newsletter showed that RACs collected \$277.1 million in overpayments in the fourth quarter alone and returned \$76.6 million in underpayments.

## **HEALTHCARE HEADLINES... BUSINESS NEWS, TRENDS & ANALYSIS**

Medicaid Services. The announcement was made at nearly the same time that the center's current head, Donald M. Berwick, submitted his resignation.

Read more [here](#).

## **HHS Announces Release of Tool for Small Businesses to Compare Health Insurance Plans**

“The U.S. Department of Health and Human Services announced the release of a greatly expanded [website](#) to give small business owners a venue to review health insurance plan choices. The tool enables small business owners to compare the benefits and costs of health plans and choose those that are best for their employees.”

Read more [here](#).

## **Debt Panel Fails to Reach an Agreement**

“The failure Monday of Congress' supercommittee - the bipartisan panel that was supposed to cut at least \$1.2 trillion from looming federal deficits - will trigger a fresh series of partisan clashes over taxes, spending, Social Security and a host of other fiscal matters, clashes likely to be begin immediately.”

Read more [here](#).

## **World AIDS Day Celebrated Dec. 1<sup>st</sup>**

[World AIDS Day](#) was celebrated on December 1st around the world. It has become one of the most recognized international health days and a key opportunity to raise awareness, commemorate those who have passed on, and celebrate victories such as increased access to treatment and prevention services....[Kaiser Family Foundation](#) provided a comprehensive resource library including key resources on the HIV/AIDS epidemic both globally and domestically.

## **Obama Marks World AIDS Day With Funding Increases**

“President Barack Obama marked World AIDS Day by announcing a \$50 million funding boost for U.S. HIV/AIDS programs. We’re committing an additional \$15 million for the Ryan White program that supports care provided by HIV medical clinics across the country,” the President said. An additional \$35 million will go to state AIDS Drug Assistance Programs, or ADAPs, that pay for HIV medications for uninsured and low-income patients who cannot afford the drugs due to inadequate insurance coverage.”

Read more [here](#).

## **Challenges, Opportunities in Store for Safety Net Providers**

When Health reform is implemented in 2014, it will mean big changes for uninsured Americans, especially those who will have access to coverage for what may be the first time. It may also mean changes for the nation's thousands of safety net providers, who regularly care for such patients.

Read more [here](#).

## **Ballot Campaign to Repeal Insurance Mandate Ends in Mass**

“If Massachusetts residents chafe at the requirement that they have health insurance, they’ll have to endure it longer. They won’t have a chance to vote against it — not in the next election, anyway.”

Read more [here](#).

## **Taking Healthcare to Students**

“In California, there are 183 school health centers, up from 121 in 2004. Twelve more are expected to open by next summer, according to the California School Health Centers Assn. The centers have become a small but important part of the nation's healthcare safety net, experts say, treating low-income patients who might otherwise not have regular medical care. Now, they add, campus clinics are serving as a model for health officials trying to reduce costs.”

Read more [here](#).

## **Emergency Docs Warn of Challenges in New Payment Models**

“In a [new editorial](#) in the Annals of Emergency Medicine, several emergency physicians warn of the challenges of incorporating what ER docs do into new models that move away from the current fee-for-service payment to an episode-of-care approach that reimburses providers for caring for a population of

patients over time.”  
Read the article [here](#).

### **Support Grows to Alter Medicare**

“Though it reached no agreement, the special congressional committee on deficit reduction built a case for major structural changes in Medicare that would limit the government's open-ended financial commitment to the program, lawmakers and health policy experts say.”  
Read more [here](#).

### **Big Retailers Target Market for Primary Health Care**

“In-store medical clinics like those at Walmart, having established a beachhead with relatively healthy patients looking for convenient, low-cost care for simple problems, are going after a bigger prize: the millions of Americans with costly illnesses such as diabetes and heart disease.”  
Read more [here](#).

From another viewpoint, “[The Walmart Opportunity: Can Retailers Revamp Primary Care?](#)”

### **New Immigration Laws Could Hit Farmers, Drive up Food Prices**

“A set of tough new immigration laws that went into effect this year in Georgia and Alabama has highlighted the degree to which farmers in the Southeast have come to depend on foreign-born labor. And now, as Tennessee rolls out similar reforms, some in the agriculture industry are worried lawmakers may create a labor shortage here.”  
Read more [here](#).

### **Line Grows for Free Meals at U.S. Schools**

“Millions of American schoolchildren are receiving free or low-cost meals for the first time as their parents, many once solidly middle class, have lost jobs or homes during the economic crisis, qualifying their families for the decades-old safety-net program.”  
Read more [here](#).

### **Health-Care Costs are Driving People into Poverty**

“Policymakers in Washington are consumed with the federal budget deficit. The Congressional Budget Office serves as the official referee in budget debates, keeping score of how proposed legislation would make the deficit bigger or smaller. But Congress and the public could get a fuller picture of the implications of legislative changes if the CBO broadened its analysis. What if, in addition to assessing the effect of a proposed law on the budget deficit, the CBO also gauged the effect on people who are poor or on the precipice of poverty?”  
Read more [here](#).

### **How People will Access Health Insurance in 2014**

The Center for Healthcare Research and Transformation released a flowchart “showing the pathways to coverage under the Affordable Care Act in 2014.”  
See the flowchart [here](#).

### **Back on the ‘Doc Fix’ Watch as Medicare Cuts Loom**

“It seems like just yesterday that Congress passed a one-year fix for Medicare reimbursement cuts. Unfortunately, time has flown, and we find ourselves back on the “doc fix” watch — though this year, there’s a 24.7% cut looming.”  
Read more [here](#).

### **Groups Push Generics for Savings in Medicaid**

“A group of pharmacists, generic drug makers and consumer interest organizations are trying to build

support for a bill that offers states financial incentives to use generic drugs under Medicaid instead of brand-name drugs, which supporters say will save both states and the federal government money.”

Read more [here](#).

### **[Affordable Care Act Helping Consumers Get Better Value For Their Health Care Dollars](#)**

Today, the Centers for Medicare & Medicaid Services (CMS) issued a final regulation that will ensure health insurance companies spend at least 80 percent of consumers' health insurance premiums on medical care, not income, overhead and marketing. Insurance companies that fail to meet the new standard are required to provide a rebate to consumers. Known as the Medical Loss Ratio (MLR), this rule provides unprecedented transparency and accountability of health insurance companies for customers. Created by the Affordable Care Act, the MLR requirements provide protection and value to approximately 74.8 million insured Americans. Estimates from last year indicate that, starting in 2012, up to nine million Americans could receive rebates worth from \$0.6 to \$1.4 billion. However, early reports suggest insurers lowered premium growth rather than face the prospect of providing rebates - a win-win for consumers.

### **[ACOs Are Bursting Out All Over](#)**

Accountable Care Organizations are the hot new health care trend, and there's a new study out by Leavitt Partners trying to quantify just how hot they really are. ACOs, as defined in the 2010 health law, are a delivery model that offers doctors and hospitals financial incentives to provide good quality care to Medicare beneficiaries while keeping costs down. But that program hasn't even launched yet, and already there are 164 "ACO entities" in the country, according to the Leavitt report. Leavitt Partners is a consultancy started by Michael Leavitt, a former governor of Utah and secretary of Health and Human Services under President George W. Bush.

### **[Rural Suicides Follow Medicaid Cuts](#)**

Suicide is on the increase in rural America--nowhere so much as in western mountain states like Idaho, Wyoming and New Mexico. Mental health professionals attribute it in part to cutbacks in Medicaid funding, to the recession and to the culture of the rural West. In Idaho, somebody kills himself every 35 hours, according to a 2009 report to Idaho's governor by the state's Council on Suicide Prevention. Their report calls suicide "a major public health issue" having a "devastating effect" on Idaho's families, churches, businesses and even schools: 65 students aged 10 and 18 killed themselves in a recent five-year period.

### **[Do you practice in an antibiotic-prescribing hot spot?](#)**

New research shows that in 2007, West Virginia had the nation's highest outpatient antibiotic use per capita, with 1,222 dispensed antibiotic prescriptions per 1,000 people. That is more than two times higher than Alaska, where there were 546 dispensed antibiotic prescriptions per 1,000 people. The national average was 858 antibiotic prescriptions per 1,000. The findings were issued Nov. 16 by scientists with Extending the Cure, a project of the Washington-based nonprofit Center for Disease Dynamics, Economics & Policy. The organization aims to use research to improve health policy on issues such as antibiotic resistance, environmental health and malaria.

### **[Bad Grades On New National Health Report Card](#)**

Ahead of the unveiling Tuesday of the latest United Health Foundation's America's Health Rankings, Reed Tuckson, a foundation board member, had a scary message for the nation: We're facing "a tsunami of preventable illness," Tuckson said. "We aren't prepared for the consequences of that." Tuckson, a physician and executive vice-president of UnitedHealth Group, a leading insurance company, says a rise in obesity rates from 26.9 percent in 2012 to 27.5 percent this year is the leading reason the index has plateaued. The related disease, diabetes, also appears on the rise since last year's results, and child poverty rates are increasing, too.

### **[Obama's Pick to Head Medicare and Medicaid Resigns Post](#)**

Dr. Donald M. Berwick, the official in charge of Medicare and Medicaid, who became a symbol of all that Republicans dislike in President Obama's health care policies, said on Wednesday that he was resigning.

His temporary recess appointment was due to expire at the end of the year. He will step down at the end of next week.

## WORKFORCE DEVELOPMENT

### [Looming primary care shortage starts with med school](#)

The Wisconsin Hospital Association report last week that projected a shortage of almost 2,200 physicians by 2030 drew attention to an escalating problem: The United States is training too few primary care doctors. The hospital association estimates that primary care physicians - doctors who specialize in family and internal medicine and pediatrics - will account for about 80% of the projected shortage. It works out to an estimated 1,767 primary care physicians - or enough doctors to provide care for more than 3 million people. The state now has about 6,000 primary care physicians, some part time. Projections on the supply of physicians have often proved inaccurate. But no one questions that the country faces a growing shortage of primary care physicians.

### [Physician assistants, nurse practitioners take on bigger role](#)

Hospitals and clinics are turning to a wider range of medical professionals to help combat a growing workload. With an anticipated shortage of primary-care doctors and an increase in demand for medical services by aging baby boomers and people who will be newly insured through health-care reform, nurse practitioners and physician assistants are carrying heavier loads of patients to help meet the demands.

### **New Workforce Fact Sheets Offered on Primary Care Workforce**

The Agency for Healthcare Research and Quality (AHRQ), recently published two one-page fact sheets on the primary care workforce. The [first fact sheet](#) provides statistics on the number of primary care physicians in the United States. The sheet also provides statistics on visits to office-based physicians, as well as statistics on patient visits to various types of primary care physicians. The [second fact sheet](#) looks at the number of nurse practitioners and physician assistants practicing primary care in the U.S. The fact sheet also looks at the number of nurse practitioners and physician assistants based on specialty.

### **Maternal and Child Health-Public Health Leadership Institute Accepting Applications**

This year-long leadership development program is designed to significantly expand self-awareness and quickly build practical skills for effectively leading, managing people, and building partnerships, to advocate for and create the MCH systems of tomorrow. This unique program improves leadership capacity, teaching the tools for creating the kind of culture that engages and motivates others.

Application Deadline: February 1, 2012.

Read more [here](#).

## CLINICAL QUALITY

### **Get Yourself Tested (GYT) Campaign**

Responding to the fact that one in two young people will get a sexually transmitted disease (STD) by age 25- and most won't know it-the Get Yourself Tested (GYT) campaign is a youthful, empowering social movement to reduce the spread of STDs among young people through information; open communication with partners, health care providers, and parents; and testing and treatment as needed. For a generation accustomed to communicating in shorthand, the GYT acronym presents STD testing in a context that is familiar and relatable to young people. Through GYT's presence on MTV Networks, the involvement of music and celebrity talent, and special promotions, GYT encourages testing as an act of pride, not shame-and promotes an open dialogue about STDs by encouraging young people to spread the word about the campaign.

GYT is developed as part of It's Your (Sex) Life, a longstanding public information partnership of MTV and the Kaiser Family Foundation, together with the U.S. Centers for Disease Control and Prevention (CDC) and Planned Parenthood Federation of America (PPFA) and other national partners, including the National Coalition of STD Directors (NCSD) and the American College Health Association (ACHA). Gilead Sciences, Inc. provides support and resources for select elements of the campaign.

As part of the campaign's efforts to improve GYT each year, the GYT mailing list is undergoing a complete overhaul. If you, your health center, your clinic or your organization is interested in receiving free GYT materials for National STD Awareness Month in April and being included in other special promotions, please sign up to join the GYT campaign here: <http://signup.gytnow.org>. Even if you have received a GYT kit before, please sign up to ensure that you will be included in the 2012 mailing distribution and to receive a 2012 kit. The only way to receive a kit in 2012 is by signing up. It's fast, it's easy. Be a part of it! Visit <http://signup.gytnow.org> to join the GYT campaign today!

Please contact Mary McFarlane at [xzm3@cdc.gov](mailto:xzm3@cdc.gov) or Amy Pulver at [cex3@cdc.gov](mailto:cex3@cdc.gov) if you have any questions or concerns.

### **New Hope for Stopping HIV**

There's new hope today for stopping HIV in the US. Medicines (antiretroviral therapy or ART) can lower the level of virus in the body. ART helps people with HIV live longer, healthier lives and also lowers the chances of passing HIV on to others. However, only 28% are getting the care they need to manage the disease and keep the virus under control. To help stop HIV, get tested. If you have HIV, get medical care and work with your health care provider to control the virus and not pass it on to others.

### **E-prescribing Improves Safety and Efficiency, Yet Barriers to Reaching Full Potential Remain**

A new AHRQ-funded study, conducted interviews with representatives of 97 organizations, including 24 physician practices, 48 community pharmacies and three mail-order pharmacies using e-prescribing, focused on how e-prescribing is being used for new prescriptions and renewals, the barriers to use, effects on pharmacies' prescription processing, and strategies to support more effective use of these features. "Transmitting and processing electronic prescriptions: Experiences of physician practices and pharmacies," published online in the *Journal of the American Medical Informatics Association* states physician practices and pharmacies generally were positive about the electronic transmission of new prescriptions, but prescription renewals; connectivity between physician offices and mail-order pharmacies; and manual entry of certain prescription information; continue to pose problems as increasing numbers of physicians adopt the technology in response to federal incentives. Find the study abstract at <http://www.ncbi.nlm.nih.gov/pubmed>.

### **HRSA Offers Webinar on Oral Health Needs of People with HIV**

The Health Resources & Services Administration (HRSA) HIV/AIDS Bureau will present a webinar on Oral Health Exams in Primary Care Settings on December 13, 2011 at 2:00 p.m. ET. This training, approved for 1.5 CME credits, is designed specifically for primary care practitioners, who can play a crucial role in addressing the oral health needs of their patients. Through lecture, case study, and testimonials, the webinar will focus on the importance of good oral health for people with HIV; provide instruction on completing oral examinations in a medical care setting; describe strategies for linkage to dental care; and showcase programs that successfully integrate oral health into a primary care visit. The [registration](#) deadline is December 8th.

### **Do You Know the Top Four Drugs Sending Elders to the Hospital?**

According to a [recent report](#) in the NY Times Health Section just four medications or medication groups - used alone or together - were responsible for two-thirds of emergency hospitalizations among older Americans. At the top of the list was warfarin (Coumadin) that accounted for 33 percent of emergency hospital visits. Insulin injections were next on the list, accounting for 14 percent of emergency visits. Aspirin, clopidogrel and other antiplatelet drugs that help prevent blood clotting were involved in 13 percent of emergency visits. Just behind them were oral hypoglycemic diabetes drugs which were implicated in 11 percent of hospitalizations.

## National Influenza Vaccination Week (NIVW) CDC

December 4-10, 2011

National Influenza Vaccination Week is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as fostering greater use of flu vaccine after the holiday season into January and beyond.

Read more [here](#).

## CDC: Seasonal Flu Materials for Immigrants and Refugees

Four seasonal flu documents were developed as a result of focus groups and educational sessions conducted with refugees in their native languages. The materials are designed to improve knowledge of seasonal flu in refugee populations; thus they are written in the native languages of refugee populations commonly resettled in the United States. All four documents are tailored for low literacy populations by using minimal text and using visual cues to portray seasonal flu information.

View the resources [here](#).

## INFORMATION TECHNOLOGY

### 100,000 Primary Care Providers Sign Up for EHR Incentive

This week, the Department of Health & Human Services (HHS) Office for the National Coordinator for Health Information Technology announced that more than 100,000 primary care providers are adopting certified electronic health records (EHRs) to help improve their quality of care and ultimately lower health care costs. This milestone represents more than one-third of all primary care providers nationwide

## FUNDING AND OTHER OPPORTUNITIES

### NACHC Funding Opportunities

Read more [here](#).

### Insurance Exchange Grants

**States have many opportunities to apply for funding. To accommodate state legislative sessions and to give states more time to apply, HHS announced a six-month extension for Level One establishment grant applications.**

**Deadline: Applications now will be accepted until June 29, 2012 (the original deadline was December 30, 2011)**

*More than half of states now creating marketplaces to help millions of families and small businesses buy insurance*

The Department of Health and Human Services (HHS) awarded nearly \$220 million in Affordable Insurance Exchange grants to 13 states to help them create Exchanges, giving these states more flexibility and resources to implement the Affordable Care Act. The health care reform law gives states the freedom to design Affordable Insurance Exchanges – one-stop marketplaces where consumers can choose a private health insurance plan that fits their health needs and have the same kinds of insurance choices as members of Congress.

The Department also released several Frequently Asked Questions providing answers to key questions states need to know as they work to set up these new marketplaces. Critical among these are that states

that run Exchanges have more options than originally proposed when it comes to determining eligibility for tax credits and Medicaid. And states have more time to apply for “Level One” Exchange grants. Awards bring to 29 the number of states that are making significant progress in creating Affordable Insurance Exchanges. States receiving funding today include: Alabama, Arizona, Delaware, Hawaii, Idaho, Iowa, Maine, Michigan, Nebraska, New Mexico, Rhode Island, Tennessee, and Vermont.

“We are committed to giving states the flexibility to implement the Affordable Care Act in the way that works for them,” HHS Secretary Kathleen Sebelius said. “Exchanges will give consumers more choices and make it easy to compare and shop for insurance plans.”

In the new Exchanges, insurers will provide new information such as an easy-to-understand summary of benefits and costs to consumers. The level of detail will sharpen competition between carriers which will drive costs down.

HHS also released a set of Frequently Asked Questions (FAQs) in anticipation of state legislative sessions beginning in January. Answers will help advance state policy development for Exchanges. For example, they clarify that Exchange grants can be used to build a state Exchange that is operational after 2014; that state-based Exchanges will not be charged for accessing Federal data needed to run Exchanges in 2014; and that state insurance rules and operations will continue even if the Federal government is facilitating an Exchange in the state. HHS will also allow greater flexibility in eligibility determinations, allowing, for example, a state-based Exchange to permit the Federal government to determine eligibility for premium tax credits.

Of the 13 states awarded grants, 12 are receiving Level One grants, which provide one year of funding to states that have already made progress using their Exchange planning grant. The 13th state, Rhode Island, is receiving the first Level Two grant, which provides multi-year funding to states further along in the planning process.

Forty-nine states and the District of Columbia have already received planning grants, and 45 states have consulted with consumer advocates and insurance companies. Thirteen states have passed legislation to create an Exchange.

**For the FAQs, visit** <http://cciio.cms.gov/resources/regulations/index.html#hie>.

**For more information on Affordable Insurance Exchanges, visit** <http://www.HealthCare.gov/law/features/choices/exchanges/index.html>

**For more information on the states receiving grants, visit** <http://www.healthcare.gov/news/factsheets/2011/05/exchanges05232011a.html>

## **National Hemophilia Program Coordinating Center**

### **Closing Deadline: December 30, 2011**

The purpose of this center is to facilitate, coordinate, and evaluate the implementation of activities carried out by the Regional Hemophilia Networks. The NHPCC will play a key role in identifying, prioritizing, and addressing issues of importance regarding access to and utilization of hemophilia and related bleeding and clotting disorder services at the national, State, and community levels.

The Center will provide technical assistance to the Regional Hemophilia Network (RHN) on program evaluation, recruitment and retention of staff, incorporation of genetics and public health into the hemophilia program. Approximately \$800,000 is expected to be available annually to fund one awardee, with \$300,000 budgeted specifically for projects of national significance to be undertaken with Regional Hemophilia Network (RHN) grantees.

### **Link to Full Announcement**

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=EDA323E3-02AC-483A-ABE6-92474D2335EF>

## **NIH Director’s Early Independence Awards (DP5)**

**Deadline: January 30, 2012**

The NIH Directors Early Independence Award Program supports exceptional investigators who wish to pursue independent research directly after completion of their terminal doctoral/research degree or clinical residency, thereby foregoing the traditional post-doctoral training period.

**Link to Full Announcement**

<http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-11-007.html>

**Evaluation of NIAAAs Screening Guide for Children and Adolescents (R01)**

**Deadline: February 15, 2012**

The purpose of this Funding Opportunity Announcement is to solicit applications to evaluate the new NIAAA alcohol screener for youth as described in "Alcohol Screening and Brief Intervention for Youth: A Practitioners Guide". Although the questions were empirically developed, are based on a vast amount of data from national surveys as well as numerous prospective studies, and have high sensitivity and specificity in the sample studied, it is important that the precision of the screener be evaluated in practice.

**Link to Full Announcement**

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-12-008.html>

**New Health IT Funding Opportunity: Advancing Health Services through System Modeling Research**

The Agency for Healthcare Research and Quality (AHRQ) in collaboration with the National Science Foundation (NSF) will accept and review investigator-initiated proposals that address systems modeling in health services research. The Service Enterprise Systems program in the Civil, Mechanical and Manufacturing Innovation (CMMI) division of the Engineering Directorate will be the lead program on this interdisciplinary topic. Through this partnership, AHRQ and NSF look to foster new collaborations among health services researchers and industrial and systems engineers with a specific emphasis on the supportive role of health IT. For more information go to: <http://go.usa.gov/lof>.

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**Kate B. Reynolds Charitable Trust: Health Care Division Announces Funding Interests for February 2012 Deadline**

The Trust will be accepting applications in three of the Health Care Division's [funding interests](#) by [county tier designation](#).

\*Access to Primary Medical Care (Tier 1 only)

\*Community-Centered Prevention (Tier 1 only)

\*Mental Health and Substance Abuse (Tier 1, 2 and 3 counties)

Learn more about how to [apply](#).

**Center for Medicare & Medicaid Innovation: Health Care Innovation Challenge**

"The Health Care Innovation Challenge will award up to \$1 billion in grants to applicants who will implement the most compelling new ideas to deliver better health, improved care and lower costs to people enrolled in Medicare, Medicaid and CHIP, particularly those with the highest health care needs. Potential applicants must **submit a letter of intent (LOI) by December 19, 2011** in order to be eligible for a funding award. Two webinars will be held next week (Dec 6 and 13) to further discuss the initiative. Tuesday's call: 2:00pm – 3:45pm (EST)

Register [here](#).

Participants wishing to listen to audio must dial **877-261-8937** and enter code **31613148#**. A recording will

be available following the webinar.

Learn more [here](#).

### **RFP: The National Heart, Lung, and Blood Institute's Community Health Worker (CHW) Health Disparities Initiative**

The National Heart, Lung, and Blood Institute's (NHLBI's) Community Health Worker (CHW) Health Disparities Initiative aims to reduce health disparities in heart disease and asthma in underserved and minority communities across the United States. To support the implementation of CHW programs on heart health and asthma, NHLBI developed science-based health education materials that are culturally appropriate, field tested, and easy for CHWs to use in the community or a clinical setting. The purpose of this RFP is to fund Strategic Champions that will play a leadership role in the initiative by developing, implementing, and assessing one of the following activities:

- Train Community Health Workers (CHW) and build their capacity to use NHLBI curricula and address heart health through partnership building and innovative delivery strategies.
- Expand and enhance the implementation of successful CHW heart health programs to broaden the use of NHLBI training, curricula, and materials in the community through partnership building and innovative strategies.

Proposal deadline: January 13, 2012

Learn more about the initiative and or/download the RFP [here](#).

### **[Practical Interventions to Improve Medication Adherence in Primary Care \(R01\)](#)**

**Application Deadline: January 7, 2012**

This funding opportunity will support research to test interventions with the potential to significantly improve medication adherence in patients with chronic health conditions in settings where primary health care is delivered (including, dental and eye care settings). Applications may target medication adherence in the context of treatment for a single illness or chronic condition (e.g., hypertension) or multiple comorbid conditions (e.g., hypertension and HIV/AIDS).

### **[Behavioral Interventions to Address Multiple Chronic Health Conditions in Primary Care Grant](#)**

**Application Deadline: January 7, 2012**

Funding to support research in primary care that uses a multi-disease care management approach to behavioral interventions with high potential impact to improve patient-level health outcomes for individuals with three or more chronic health conditions. The proposed approach must modify behaviors using a common approach rather than administering a distinct intervention for each targeted behavior and/or condition. Diseases and health conditions can include, but are not limited to: mental health disorders (e.g., depression), diabetes, smoking, obesity, chronic pain, alcohol and substance abuse and dependence, chronic obstructive pulmonary disorder, cancer and hypertension.

### **[Dr. Scholl Foundation](#)**

**Application Deadline: Applications are accepted between November 1 and March 1, 2012. Application forms are available by written request.**

The Dr. Scholl Foundation, established by William M. Scholl in 1947, is the giving arm of the company that sells over-the-counter foot remedies. The foundation has awarded more than \$180 million since 1980 in charitable grants and is dedicated to providing financial assistance to organizations that help children, youth, the underserved and efforts to reduce domestic violence. Grants are made annually. Focus areas include programs for children, developmentally disabled, civic and cultural institutions, social service agencies, hospitals and healthcare, environmental organizations and religious institutions. The foundation also supports efforts to fight domestic violence. Contact Janice Sobelman, [janice@drschollfoundation.com](mailto:janice@drschollfoundation.com), Executive Administrator, Dr. Scholl Foundation, 1033 Skokie Blvd., Suite 230, Northbrook, Illinois 60062, 847/559-7430.

### **[Bristol-Myers Squibb Foundation](#)**

**Application Deadline: Deadlines for the 2012 competition will be posted in January.**

The foundation seeks to help reduce health disparities by strengthening community-based healthcare supportive services. In the U.S., the foundation's efforts have focused on addressing health disparities for populations disproportionately affected by Type 2 diabetes; addressing the mental health needs of returning veterans; integrating mental health with physical health care; and addressing the over-representation of the mentally ill in the criminal justice system. The diabetes and mental health programs run on separate funding tracks. The diabetes program has just closed for 2011 and the mental health competitive grants are to reopen in January for the 2012 round.

### **[Robert Wood Johnson Foundation Executive Nurse Fellows Call for Applications](#)**

**Application Deadline: January 18, 2012**

A three-year advanced leadership program for nurses who aspire to lead and shape health care locally and nationally. Fellows strengthen and improve their leadership abilities related to improving health and health care.

### **[DentaQuest Foundation Venture Fund for Oral Health](#)**

**Letters of Intent and Applications: Accepted on a rolling basis through November, 2011**

A new funding opportunity for oral health programs that have demonstrated positive outcomes and which have the potential to make an impact on a wider scale. Funding will specifically support business planning, capacity building, and program evaluation, to allow grantees the ability to expand while maintaining the quality of their programs.

## **RESOURCES**

### **Report: U.S. Outpends Other Countries on Health Care**

“The United States far outpaces other countries in how much it spends on health care, although Americans have a lower rate of doctor visits and hospitalizations... In its [Health at a Glance 2011](#) report, out today, the OECD shows that the United States spent about \$7,960 per person on health care in 2009 – about 2.5 times the average of the countries studied. It also found that health spending in the U.S. has increased faster than in all other high-income OECD countries since 1970, even accounting for population growth.” The graph included in the article highlights the alarming fact that the US spends more public dollars on health care than many countries with a government-run health system.

Read a summary [here](#).

### **Massachusetts Reform Effect Report Released**

“The Blue Cross Blue Shield Foundation of Massachusetts released [Health Reform in Massachusetts, Expanding Access to Health Insurance Coverage: Assessing the Results](#). This report tracks the impact of the 2006 Massachusetts health reform efforts on coverage and access to care, the response to the individual mandate, employer participation in providing coverage to employees, and public opinion.”

### **Easing the Pathway to Accountable Care Organizations**

“A new analysis from the Robert Wood Johnson Foundation-supported Legal Barriers project examines the final federal regulations for accountable care organizations (ACOs). The authors note that the final rules will foster the growth of both large and small provider integration efforts.”

Read the report [here](#).

### **AHRQ’s Primary Care Workforce Facts and State**

“Despite serving as the ‘foundational element’ of the U.S. healthcare system, the nation's primary-care network is experiencing ‘diminishing economic margins, and increasing workforce attrition compounded by diminishing recruitment of new physicians, nurses and physician assistants into primary care,’ according to AHRQ. Two separate fact sheets illustrate the number of practicing primary care physicians and of

practicing NPs and PAs, respectively in the United States.  
Read the overview and access the fact sheets [here](#).

*Mississippi Primary Health Care Association distributes the MPHCA E-Update 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.*