



## MPHCA E-UPDATE

November 18, 2011

### MPHCA NEWS

**ESTABLISHMENT OF HBE ADVISORY AND SUBCOMMITTEES - Please respond by the Deadline of Nov. 17<sup>th</sup> with your committee preferences.**

[Click here to view the PDF file for complete information:](#)

#### **[Obama Health-Care Law Ruled Constitutional by Appeals Court](#)**

President Barack Obama's health-care legislation requiring almost all Americans to have medical insurance beginning in 2014 is constitutional, a U.S. appeals court ruled. The U.S. Court of Appeals in Washington today upheld the measure Obama signed into law in March 2010 by a 2-1 vote. It was the third appellate court to rule on the constitutionality of the statute, and the second to reject a challenge to its insurance mandate by opponents who argue the government has no right to force an individual purchase a service or product.

#### **Quote of the Week:**

*"So many of our young soldiers come from the communities we serve, from rural areas and inner cities. They know the communities, they know the patients."* - Tom Van Coverden, President and CEO of NACHC, responding to the [White House call to hire veterans](#).

### MPHCA EVENTS/EDUCATIONAL OFFERINGS

#### **MPHCA Board Meeting**

November, 17, 2010  
9:00 am at the MPHCA's office

#### **HCV/HBV/HIV Clinical Summit**

December 8-9, 2011  
Vicksburg, MS  
Contact: Joyce Smith @ [jsmith@mphca.com](mailto:jsmith@mphca.com)

#### **UDS Training**

January 13, 2012  
Location: TBA  
Contact: TC Washington @ [twashington@mphca.com](mailto:twashington@mphca.com)

For complete information on trainings listed above, please click on [http://www.mphca.com/Trainings and Events.htm](http://www.mphca.com/Trainings_and_Events.htm).

## TRAINING OPPORTUNITIES

### Maximizing Revenue through Data and Decision-making November 17, 2011

3:30 pm – 5:00 pm (ET)

Call-in Number: 800-369-2016

Participant Code: 8129274

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) is pleased to announce an upcoming **Grantee Enrichment Technical Assistance call** on managing health center revenue.

We are pleased to offer this call to share information on the following:

- Strategies that other BPHC grantees have implemented in order to maximize their revenue potential.
- How health centers can work more closely with payors and providers to increase their operating efficiency and enhance their revenue.
- How to get the most out of information systems such as EMR and Practice Management.

The information provided during this call will be presented by a multi-disciplinary panel of Federal staff, a revenue cycle consultant, and two BPHC health center grantees. Presenters include:

- **Jim Macrae**, Associate Administrator, Bureau of Primary Health Care, HRSA
- **Julie Vlaisis**, Revenue Cycle Consultant for BPHC grantees
- **Pete Leibig**, President and CEO, Clinica Family Health Services, Lafayette, CO
- **Trip Shannon and Christopher Tournier**, Chief Development Officer, and Chief Financial Officer, Hudson Headwaters Health Network, Queensbury, NY
- **Tracey Orloff**, Director of BPHC's Office of Training and Technical Assistance Coordination

The agenda and slides will be available at: <http://bphc.hrsa.gov/technicalassistance/trainings/index.html>.

For those unable to participate, this technical assistance call will be made available on the BPHC Technical Assistance website located at <http://bphc.hrsa.gov/technicalassistance/index.html>, within a week after the call.

For more information about this technical assistance call, please contact Ethan Joselow in the Office of Training and Technical Assistance Coordination at [ejoselow@hrsa.gov](mailto:ejoselow@hrsa.gov).

### "A Showcase of Evidence-Based Substance Abuse and Mental Health Programs".

The Showcase will be **December 7<sup>th</sup>** at the Jackson Convention Complex, 105 E. Pascagoula St., Jackson, MS 39201. **There is no fee for the workshop. The Showcase is limited to the first 150 registrants.** [Click here for more information.](#)

The Mississippi College Department of Physician Assistant Studies is hosting its 2012 Annual **Clinical Skills and Preceptor Training Conference** on the campus of Mississippi College in Clinton, MS on **January 5-7, 2012**. It is my hope that you will consider becoming a preceptor and joining us for this event.

The event will be attended by physicians, physician assistants, and nurse practitioners from Mississippi and

surrounding states looking to network with one another, recertify in ACLS, and gain some proficiency in a number of clinical skills. The annual conference also provides the opportunity for clinical preceptors of the program to participate in a four hour preceptor training session, designed to facilitate collaborative clinical education and effective teaching in community practices.

This program is not yet approved for CME credit. Conference organizers plan to request 20 hours of AAPA Category I CME credit from the Physician Assistant Review Panel. Total number of approved credits is yet to be determined. Registration for this event will be complimentary for those who have agreed to act as a clinical preceptor for the Mississippi College PA Program. The PA Program plan to offer training and CME for the preceptors annually in appreciation of your efforts to educate their students. This is a wonderful opportunity to learn more about our program, see our state of the art facilities, meet with faculty, students and other preceptors, and earn CME all in one short weekend.

They have an exciting and innovative agenda with a number of very popular and “in demand” topics and speakers. If you have any questions, or would like to volunteer as a preceptor, please visit their website, <http://www.mc.edu/academics/departments/pa/volunteer/>. Feel free to contact Tristen Harris, MPAS,PC-C at (601) 925-7372.

## MISSISSIPPI & MEMBER NEWS

### **Central MS Health Services and G. A. Carmichael Family Health Center Achieve “Education Recognition” from the ADA**

MPHCA congratulates Central Mississippi Health Services and G. A. Carmichael Family Health Center for achieving Education Recognition for their Diabetes Self-Management Programs from the American Diabetes Association. Leaders from the ADA praised CMHS and GACFHC for their continuing efforts, commitment and success in providing quality diabetes education for their patients. MPHCA applauds the centers’ efforts as well as we all work together to improve the health status of the patients we serve.

### **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> .

#### **AP 2011-07**

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 addresses an unmet need in the State by offering alternatives to institutional services.

#### **AP 2011-08**

Preferred Drug List

## POLICY & REGULATION

### **Negotiated Rule Making Process for Shortage Designations Closes, Committee Makes Nonbinding Recommendations to Secretary Sebelius:**

After more than a year of meetings, the Negotiated Rule Making (NRM) process to develop new methodologies for designations of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUAs/Ps) came to a close last month – without reaching the desired full consensus on proposed new methodologies for both HPSA and MUA/P designations. The final report was approved by the Committee with 2 dissenting votes out of 26 (5 members not present). Read more on [The Policy Shop](#).

### **[HHS issues final standards for collecting minority health data](#)**

The Department of Health and Human Services on Oct. 31 published [final standards](#) for data collection on race, ethnicity, sex, primary language and disability status, as required by the Patient Protection and Affordable Care Act. The standards apply to population health surveys sponsored by HHS, where respondents either self-report information or a knowledgeable person responds for all members of a household. HHS will implement the standards in all new surveys and at the time of major revisions to current surveys.

“These new standards will help us carry forward the [HHS Action Plan to Reduce Racial and Ethnic Health Disparities](#) and our work to address disparities in people with disabilities as well,” said Garth Graham, M.D., HHS deputy assistant secretary for minority health. Proposed standards were published in June. The agency plans to integrate questions on sexual orientation and gender identity into national data collection efforts by 2013.

[ via [AHA News Now](#) ]

### **[Administration takes steps to address drug shortages](#)**

President Obama on Oct. 31 directed the Food and Drug Administration to take steps to address the ongoing shortages of critical drugs. [The executive order](#) requires the FDA to “use all appropriate administrative tools” to require drug makers to provide adequate advance notice of manufacturing discontinuances; expedite its regulatory reviews where helpful; and work with the Department of Justice to monitor market activity, specifically the stockpiling and sale of affected drugs. It also authorizes DOJ to take actions in conjunction with other regulatory agencies when warranted.

In related news, the Department of Health and Human Services also issued [a report on the causes of drug shortages](#), while the FDA [outlined internal steps](#) it will take to mitigate future shortages. American Hospital Association Executive Vice President Rick Pollack called the executive order “a solid step in the right direction, but there is more for the Administration to do,” noting that the association also supports bipartisan legislation in Congress requiring drug firms to notify FDA of supply interruptions or discontinuations as soon as possible. In addition, [Pollack said](#), “we believe that obstacles must be removed so that FDA is able to streamline approval of drugs in shortage.”

## FINANCE & PAYMENT

### **[Study Raises Questions About 'Bundling' To Pay Doctors](#)**

There's a lot of concern today that paying fees to medical providers for each service may lead to unnecessary care. But there's no easy way to replace the massively complicated fee-for-service system. One of the fashionable suggestions for new-style payment is "bundling", in which providers typically get a set amount that is supposed to cover an episode of care - a surgery, say - or a disease state such as diabetes. The idea is that the set payment will push providers to avoid unneeded procedures, as well as to do high-

quality work that avoids the extra costs that accompany complications. The Centers for Medicare and Medicaid Services recently announced a bundling effort.

### **Medicare Physician Pay Cut Announced**

The Centers for Medicare and Medicaid Services (CMS) made official what everyone already knew -- doctors will face a huge cut in Medicare payments next year unless legislative action prevents it -- and President Obama issued an executive order telling the FDA and the Justice Department to do what it takes to address medication shortages.

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

### **Bleak Portrait of Poverty Is Off the Mark, Experts Say**

When the Census Bureau said in September that the number of poor Americans had soared by 10 million to rates rarely seen in four decades, commentators called the report "shocking" and "bleak." Most poverty experts would add another description: "flawed." Concocted on the fly a half-century ago, the official poverty measure ignores ever more of what is happening to the poor person's wallet - good and bad. It overlooks hundreds of billions of dollars the needy receive in food stamps and other benefits and the similarly formidable amounts they lose to taxes and medical care.

### **Seniors Save More Than \$1.2 Billion On Prescriptions Thanks To The Affordable Care Act**

So far this year, more than 2.2 million people with Medicare have saved more than \$1.2 billion on their prescriptions, for an average of \$550 per person. And more than 22.6 million seniors and people with disabilities have taken advantage of at least one free Medicare preventive benefit, including the new Annual Wellness Visit made possible by the Affordable Care Act. Medicare open enrollment runs until December 7.

### **Health law ruling could be political earthquake**

If the Supreme Court next year gets rid of the health reform law's requirement to buy insurance, Republicans could gain momentum to get rid of the rest of the law - and President Barack Obama would suffer a huge embarrassment at the height of an election year. But Democrats and supporters of the law also see a silver lining: If the least popular part of the law goes away, they think what's left could become stronger and more popular with the public.

### **The Case For A 'Check In' Instead Of A Checkup**

People who visit their primary care doctors for routine care often find themselves poked, prodded and advised in all kinds of unnecessary and unhelpful ways. Add it all up, and the cost of the dubious tests and medical interventions runs to about \$6.8 billion a year. The annual checkup, an American medical tradition, is a prime offender. An analysis, published online in the Archives of Internal Medicine in October, calculated the annual cost of a dozen primary care activities that a group of physicians in an earlier report agreed were overused.

### **Doctors, Like Their Patients, Use Google for Health Information**

General web browsers like Google and Yahoo are behind only professional journals and colleagues as a source of information physicians frequently use to diagnose and treat patients, according to a survey of more than 300 doctors. The survey, from Wolters Kluwer Health, covered a sample of American Medical Association members, both primary-care physicians and specialists. We weren't too surprised to hear that "spending more time with patients" ranked highest on a list of areas in which doctors would like to see improvement. Nor was it particularly shocking to read that expense is a big barrier to adopting new health technologies.

## [HRSA issues 2011 report on the health status, health behaviors and use of health care by U.S. women](#)

The Health Resources and Services Administration's (HRSA) Women's Health USA 2011, the tenth edition of an annual data book identifying priorities, trends and disparities in women's health, is now available. The 2011 edition highlights several new topics, including secondhand tobacco smoke exposure, Alzheimer's disease, preconception health, unintended pregnancy, oral health care utilization and barriers to health care. For the first time, the special population section of the report features data on the health of lesbian and bisexual women, as well as Native Hawaiian and other Pacific Islander women. Data on American Indian and Alaska Native women are also featured.

## [Social forces may limit health care reform](#)

The health care reform law gives federal health officials a new mandate to address the fact that racial and ethnic minorities tend to be sicker than the rest of the population. But there are limits to what they can actually do about the problem. The root causes, public health experts say, are social forces such as poverty, poor schools and crumbling infrastructure that are outside the control of the Department of Health and Human Services. While there are some things HHS can do to improve minorities' access to quality health care, broadly addressing health disparities requires the department "to lead in areas where [it has] no authority," said James Marks, senior vice president of the Robert Wood Johnson Foundation.

## [The Downside of Doctors Who Feel Your Pain](#)

A wealthy Chicago couple recently donated \$42 million to the University of Chicago Medical Center for the creation of an institute to improve the doctor-patient relationship. Many medical schools are weeding out candidates who communicate poorly. And now, to become licensed physicians, medical students must pass a "clinical skills" exam assessing, among other proficiencies, how well they acknowledge patient concerns, ask about feelings and show empathy. The ideal physician surely possesses both competence and compassion. But will our quest to eradicate the coldhearted physician know-it-all be another fad with consequences we may later regret?

## [Health Expert Urges States To Slow The Move To Medicaid Managed Care](#)

As more states turn to managed care to reduce Medicaid costs, Judy Feder is urging caution. Feder, a professor at and former dean of the Georgetown University's Public Policy Institute, is worried that officials' enthusiasm for managed care in Medicaid "might get out of hand," and she is urging them to move slowly when it comes to caring for the nearly 9 million "dual eligibles," Medicaid enrollees who also qualify for Medicare. These are some of the poorest and sickest enrollees. About 40 percent of Medicaid spending is on duals.

## [Low-income state workers begin to gain access to Children's Health Insurance Program](#)

At least six states have opened their Children's Health Insurance Program to the kids of low-income state employees, an option that was prohibited until the passage of the 2010 health-care law. This relatively small step has as its backdrop years of debate over the program, known as CHIP, including concerns that it encourages states - and consumers - to replace private insurance with taxpayer-subsidized coverage.

## [Lawmakers to supercommittee: Don't tax employer-sponsored healthcare plans](#)

Some 160 House members of both parties have signed onto a letter urging the deficit-cutting supercommittee to reject any proposals to tax employer-sponsored healthcare benefits. The letter says the idea amounts to an unacceptable tax on the middle class that would imperil coverage for almost 160 million people and make the deficit worse, not better.

## [Doctors estimate \\$6.8 billion in unnecessary medical tests](#)

For many adults, a routine visit to a primary care physician might involve blood tests, a urinalysis, an electrocardiogram, maybe a bone density scan. Too often, however, these tests are inappropriate and they cost a bundle, according to a recent study, not only for the health care system but also for individuals, who are increasingly footing more of the bill for their care. The study, led by physicians from the Mount Sinai Medical Center and the Weill Cornell Medical College in New York, was published online in October in the Archives of Internal Medicine. The researchers examined the cost of common medical practices that were identified as being overused earlier this year in a study by another group of physicians, known as the Good Stewardship Working Group.

## [New Way to Tally Poor Recasts View of Poverty](#)

The Census Bureau on Monday released what it says is a more accurate measure of poverty in America. The new measure shows more poverty among the elderly, but less among children and African-Americans. It also shows a slightly higher poverty rate for the nation last year - 16 percent compared with 15.2 percent under the official measure - but lower rates among groups who benefit from noncash government programs the official count leaves out, including food stamps and the earned-income tax credit.

## WORKFORCE DEVELOPMENT

The Mississippi College Department of Physician Assistant Studies is hosting its **2012 Annual Clinical Skills and Preceptor Training Conference on the campus of Mississippi College in Clinton, MS on January 5-7, 2012**. It is my hope that you will consider becoming a preceptor and joining us for this event.

The event will be attended by physicians, physician assistants, and nurse practitioners from Mississippi and surrounding states looking to network with one another, recertify in ACLS, and gain some proficiency in a number of clinical skills. The annual conference also provides the opportunity for clinical preceptors of the program to participate in a four hour preceptor training session, designed to facilitate collaborative clinical education and effective teaching in community practices.

This program is not yet approved for CME credit. Conference organizers plan to request 20 hours of AAPA Category I CME credit from the Physician Assistant Review Panel. Total number of approved credits is yet to be determined. Registration for this event will be complimentary for those who have agreed to act as a clinical preceptor for the Mississippi College PA Program. The PA Program plan to offer training and CME for the preceptors annually in appreciation of your efforts to educate their students. This is a wonderful opportunity to learn more about our program, see our state of the art facilities, meet with faculty, students and other preceptors, and earn CME all in one short weekend.

They have an exciting and innovative agenda with a number of very popular and "in demand" topics and speakers. If you have any questions, or would like to volunteer as a preceptor, please visit their website, <http://www.mc.edu/academics/departments/pa/volunteer/>. Feel free to contact Tristen Harris, MPAS,PC-C at (601) 925-7372.

## **Negotiated Rule Making Process for Shortage Designations Closes, Committee Makes Nonbinding Recommendations to Secretary Sebelius:**

After more than a year of meetings, the Negotiated Rule Making (NRM) process to develop new methodologies for designations of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUAs/Ps) came to a close last month – without reaching the desired full consensus on proposed new methodologies for both HPSA and MUA/P designations. The final report was approved by the Committee with 2 dissenting votes out of 26 (5 members not present). Read more on [The Policy Shop](#).

## **The RCHN Community Health Foundation Workforce Opportunity**

**Originally sent October 19, 2011**

**Applications Due: November 17, 2011, 6:00 pm Eastern**

The RCHN Community Health Foundation (the "Foundation") is pleased to announce a new funding opportunity addressing community health center workforce issues.

We invite eligible health center applicants to apply for grant funds to support the development and implementation of programs focused on recruitment, training and retention of entry-level staff. RCHN CHF is interested in funding proposals that develop recruitment and retention initiatives across the full spectrum of entry-level workforce positions including administrative (such as front-desk, clerical or medical records positions), clinical (such as medical assistants), and allied health workers (such as case managers and

community health workers). In addition, we are especially interested in local models that may be applicable to or replicated in broader geographies.

As health centers grow to meet increased demand, a larger, highly skilled workforce will be needed – at all levels –to support expansion. Yet recruiting and retaining sufficient entry-level administrative, clinical, and allied health workers to meet the growing demand for care poses a number of significant challenges. Helping CHCs to address these challenges quickly, effectively, and creatively is the objective of the Foundation's new grant initiative.

**More information is available on our [website](#).**

**Click here for the [FULL RFP](#) and [FAQ](#).**

**New Related Notice: On October 25, 2011, the Obama Administration called a [press conference](#) to challenge Community Health Centers to hire 8,000 veterans – approximately one veteran per Health Center site – over the next three years. The RCHN Community Health Foundation, in response to the opportunity shown above, will entertain proposals that involve projects to recruit and retain veterans for entry level positions at Health Centers.**

## CLINICAL QUALITY

### **AHRQ Releases New Common Format for Patient Safety Data Collection on Venous Thromboembolism; Seeks Feedback on Beta Version**

Today AHRQ released a new Common Format designed to help health care providers collect information about patient safety events related to venous thromboembolism, or VTE. Common Formats refers to the common definitions and reporting formats that let health care providers collect and submit standardized information on patient safety events. The VTE Common Format, which includes deep vein thrombosis and pulmonary embolism, is currently available in a beta version for public review and comment. It will be revised based on feedback and incorporated into the next version for acute care hospitals and skilled nursing facilities. AHRQ has contracted with the National Quality Forum (NQF) to assist in the collection and analysis of feedback on the beta version. The Agency seeks feedback from the private and public sectors to guide improvement. To view the VTE Common Format and post comments through the NQF tool, go to the PSO Privacy Protection Web site at <https://www.psoppc.org/web/patientsafety>.

You are subscribed to Patient Safety for Agency for Healthcare Research and Quality (AHRQ). This information has recently been updated, and is now available.

### **[Haven't Started ICD-10? It May Already Be Too Late](#)**

Conventional wisdom holds that many coders will change jobs or retire before the conversion, which will increase the number of disease and diagnosis codes from the current 15,000 to more than 150,000. Further, the new coding system is much more complicated and nuanced than ICD-9. But it's not just coding professionals who should be worried. ICD-10 experts say organizations that aren't prepared could face significant increases in accounts receivable, rapid decreases in cash flow, high call volumes because of rejected claims, and risk of increased audits and sanctions.

### **[Preterm births decline in U.S., but some states show high rates](#)**

The rate of preterm births has been getting better overall, but the U.S. still gets a "C" grade on the March of Dimes 2011 Premature Birth Report Card. The report, issued Tuesday, shows that the country's preterm birth rate has been decreasing since 2006, when it was 12.8%. In 2009 that rate was 12.2%, but still short of the March of Dimes' goal of 9.6% by 2020.

### **[CMS Survey Shows High Satisfaction Rates for Medicaid and CHIP](#)**

Parents of children with Medicaid and Children's Health Insurance Program (CHIP) coverage are showing high satisfaction with their access to doctors and the quality of health care, according to a survey announced today by the Centers for Medicare & Medicaid Services (CMS). "These results show how Medicaid and CHIP are making a positive difference in providing high quality care and peace of mind for families," said CMS Administrator Donald Berwick, M.D. Findings from the report, "Parents' Views of CHIP and Medicaid:

Snapshot of Findings From a Survey of Low-Income Parents," was announced at the fall meeting of the National Association of Medicaid Directors.

### [Sloppy recordkeeping can lead practices to trouble with OSHA](#)

Although longstanding protocols to protect workers from bloodborne pathogens and other hazards are generally followed, medical practices can be at risk for worker safety violations if they haven't written down their protocols. Practices need a hazard communication plan that includes a list of chemicals on site that present a possible danger. In addition, offices must have the material safety data sheet for each chemical from the manufacturer on file and available to employees.

### [Physician texting provides quick communication -- and an easy way to violate HIPAA](#)

After years of using pagers, and constantly waiting on return calls, physicians now consider texting to be an efficient and fast way to connect with colleagues. Although the technology may result in faster and better communication, physicians who text other doctors could be exposing themselves to privacy and security violations of the Health Insurance Portability and Accountability Act. Though many electronic medical record systems come with secure messaging components, using them requires logging into that system. Sending a simple text from a smartphone -- which more than 80% of doctors now carry -- is much simpler.

## INFORMATION TECHNOLOGY

### [Permanent certification program postponed by ONC](#)

The launch of the permanent program for certification of electronic health records will be delayed until mid-2012, in order to coincide with the anticipated final rule for Stage 2 of meaningful use and standards and certification criteria. ONC officials also cited the need more time to assemble and approve testing labs and authorized certifying bodies, according to a Nov. 2 announcement by National Coordinator Farzad Mostashari, MD, in a preview area of the Federal Register.

### [Panel Emphasizes Safety in Digitization of Health Records](#)

Poorly designed, hard-to-use computerized health records are a threat to patient safety, and an independent agency should be set up to investigate injuries and deaths linked to health information technology, according to a federal study released Tuesday. The report by the Institute of Medicine comes as the government is spending billions of dollars in incentive payments to encourage doctors and hospitals to adopt electronic health records. The Department of Health and Human Services requested the study, in response to concerns from some doctors and public health experts that the drive for digital records might bring a wave of technology-induced medical errors.

## FUNDING AND OTHER OPPORTUNITIES

### **Cardinal Health Foundation**

#### **Cardinal Health Makes Awards on Patient Care Improvements**

**Deadline:** Dec. 2, 2011

**Foundation:** Cardinal Health Foundation; **Opportunity:** E3 – Effectiveness, Efficiency & Excellence in Healthcare Programs; **Funding Focus:** Healthcare; **Geographic Focus:** National; **Eligibility:** Hospitals, health systems and community health clinics; **Funding:** Up to 40 awards ranging from **\$15,000 to \$35,000 each.**

**Summary:** Grantees will use these funds to improve the efficiency and quality of patient care. Applicants are encouraged to submit funding requests for projects that help improve medication safety, particularly for periods when patients move from hospital environments to home and other healthcare settings; or for projects that improve operating room safety through the use of World Health Organization Surgical Safety checklists. For more on the checklists, please visit <http://tinyurl.com/42g7qq>. In addition to grant funding, grantees will have access to coaching and support from experts in medication safety and surgical safety checklists.

**Info:** Questions, [communityrelations@cardinalhealth.com](mailto:communityrelations@cardinalhealth.com); for grant guidance, please visit <http://tinyurl.com/3ezag3n>.

**Source**

**CD Publications**

**Private Grant Alerts**

**Web site:** [www.cdpublications.com](http://www.cdpublications.com)

**HRSA-12-107**

**Service Area Competitions**

**Deadline: December 5, 2011, 8:00pm ET**

Health Center Program grants support a variety of community-based and patient-directed public and private nonprofit organizations that serve an increasing number of the Nation's underserved.

Individually, each health center plays an important role in the goal of ensuring access to services, and combined, they have had a critical impact on the health care status of medically underserved and vulnerable populations throughout the United States and its territories. Targeting the Nation's neediest populations and geographic areas, the Health Center Program currently funds more than 1,100 health centers that operate more than 8,100 service delivery sites in every State, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin.

**Click link below**

**HRSA**

**Announcement**

**Prevention of Violence and Trauma of Women and Girls Funding Opportunity**

Please see attached funding opportunity through the Department of Health and Human Services (HHS), Office on Women's Health (OWH).

If you would like to submit a proposal for the Prevention of Violence and Trauma of Women and Girls funding opportunity, please complete the forms in the attached Request for Proposals (RFP) and e-mail to John Snow, Inc. (JSI) at [owhapplication@jsi.com](mailto:owhapplication@jsi.com) by December 7, 2011 at 5:00 p.m. Mountain Time.

Please note, proposals will be not be accepted by the Office on Women's Health.

For help with this RFP, please e-mail: [owhapplication@jsi.com](mailto:owhapplication@jsi.com) or call toll-free: 1-866-224-3815.

If you no longer wish to receive e-mails regarding OWH funding opportunities from this address, please reply to this e-mail with the statement, "remove me from your e-mail list."

John Snow, Inc.

[owhapplication@jsi.com](mailto:owhapplication@jsi.com)

866-224-3815

**The RCHN Community Health Foundation**

**Workforce Opportunity**

**Originally sent October 19, 2011**

**Applications Due: November 17, 2011, 6:00 pm Eastern**

The RCHN Community Health Foundation (the "Foundation") is pleased to announce a new funding opportunity addressing community health center workforce issues.

We invite eligible health center applicants to apply for grant funds to support the development and implementation of programs focused on recruitment, training and retention of entry-level staff. RCHN CHF is interested in funding proposals that develop recruitment and retention initiatives across the full spectrum of entry-level workforce positions including administrative (such as front-desk, clerical or medical records positions), clinical (such as medical assistants), and allied health workers (such as case managers and community health workers). In addition, we are especially interested in local models that may be applicable to or replicated in broader geographies.

As health centers grow to meet increased demand, a larger, highly skilled workforce will be needed – at all levels –to support expansion. Yet recruiting and retaining sufficient entry-level administrative, clinical, and allied health workers to meet the growing demand for care poses a number of significant challenges. Helping CHCs to address these challenges quickly, effectively, and creatively is the objective of the Foundation's new grant initiative.

**More information is available on our [website](#).**

**Click here for the [FULL RFP](#) and [FAQ](#).**

**New Related Notice:** On October 25, 2011, the Obama Administration called a **press conference** to challenge Community Health Centers to hire 8,000 veterans – approximately one veteran per Health Center site – over the next three years. The RCHN Community Health Foundation, in response to the opportunity shown above, will entertain proposals that involve projects to recruit and retain veterans for entry level positions at Health Centers.

**Version 5010 Enrollment Change.** Effective Tuesday, November 1, 2011, the Centers for Medicare & Medicaid Services (CMS) has instructed all Medicare Fee-for-Service contractors to not accept updates for submitters who have tested and certified in the Version 5010 format to set up or link new providers to their submitter ID using the Health Insurance Portability and Accountability Act (HIPAA) Version 4010A1 format. CMS further instructs contractors that all new providers submitting claims or receiving electronic remittance advices (ERAs) through an existing submitter ID are required to be set up for the HIPAA Version 5010 transactions only.

## **National Institute of Diabetes and Digestive and Kidney Diseases NIDDK Interconnectivity Network Coordinating Unit (U24)**

**Deadline: March 15, 2012**

The purpose of this FOA is to support development of a web portal and associated bioinformatics required to facilitate information sharing between NIDDK-supported resources and the scientific community, with the ultimate goal of synergizing scientific advances in NIDDK interest areas. A pilot project, the NIDDK Consortium Interconnectivity Network (dkCOIN), established the feasibility of creating a limited network and web solution for information sharing between a subset of NIDDK basic science consortia ([www.dkcoin.org](http://www.dkcoin.org)). Based on the success of this pilot, NIDDK is soliciting applications for a Coordinating Unit that will provide the leadership and vision needed to create a user-friendly infrastructure linking multiple NIDDK resources and data. The Coordinating Unit will be responsible for developing a platform that will seamlessly connect the NIDDK investigator community to integrated information, resources and data held by NIDDK supported programs and projects, with the goal of providing a uniquely valuable and powerful resource for NIDDK investigators.

**[For More Info.](#)**

## **National Cancer Institute Program Project (P01)**

**Deadline: January 7, 2015**

With this Funding Opportunity Announcement (FOA), the National Cancer Institute (NCI) invites applications for investigator-initiated program project (P01) grants. Proposed program projects may address any of the broad areas of cancer research, including (but not limited to) cancer biology, cancer treatment, cancer diagnosis, cancer prevention, and cancer control. Basic, translational, clinical, and/or population-based studies in all of these research areas are appropriate. Each Program Project application must consist of at

least three component projects. The component projects must share a common central theme, focus, and/or overall objective.

**For More Info.**

## RESOURCES

### [News links from MHAP - 11.7.2011](#)

### [NIH issues Spanish-language patient resource on palliative care](#)

The National Institute of Nursing Research, part of the National Institutes of Health, has issued [a Spanish-language brochure explaining palliative care for patients](#). The brochure also is available in [English](#).

"By providing this information in Spanish, we seek to increase the number of provider-patient conversations about palliative care resources, so that fewer patients suffer needlessly from pain and distressing symptoms," said NINR Director Patricia Grady.

### **New Report to Support Community Health Centers' Transformation to Medical Homes:**

A new report by the George Washington University and the Commonwealth Fund examines how payment models for health centers could be reformed to support health centers' transformation to patient-centered medical homes. Based on surveys of PCAs and individual health centers, the report outlines specific policy recommendations for both state and national agencies on how to facilitate and safeguard health centers participation in the medical home incentive programs. Click [here](#) to view the full report.

[Washington Monthly](#) magazine featured a thoughtful piece on why now is the right time for Community Health Centers to grow and increase their capacity to serve more patients. It's a must-read.

*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.*