Happy New Year!

For the first time ever, the Quality Committee at OACHC has adopted 3 UDS Measures to Focus on in 2015. Join us in “kicking” off a new year with strong quality improvement efforts.

FOCUS MEASURES 2015

- Colorectal Cancer Screening
- Entry into Prenatal Care
- Birth Weights <2500 Grams

**NOW represents 2013 UDS reports**
Importance of Colorectal Cancer Screening

Regular colorectal cancer screening or testing is one of the most powerful weapons for preventing colorectal cancer. Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. Overall, the lifetime risk for developing colorectal cancer is about 1 in 20 (5%).

Colorectal cancer is the third leading cause of cancer-related deaths in the United States when men and women are considered separately, and the second leading cause when both sexes are combined.

The incidence rate (the number of cases per 100,000 people per year) of colorectal cancer has been dropping for about the last 20 years. This is thought to be in large part due to screening (looking for cancer in people who have no symptoms of the disease). Colorectal screening tests can also find polyps, which can be removed before they can develop into cancers.

It can take many years (as many as 10 to 15) for a polyp to develop into colorectal cancer. Regular screening can prevent many cases of colorectal cancer altogether by finding and removing certain types of polyps before they have the chance to turn into cancer. Screening can also find colorectal cancer early, when it is highly curable.

The relative 5-year survival rate for colorectal cancer when diagnosed at an early stage before it has spread is about 90%. But only about 4 out of 10 colorectal cancers are found at that early stage. When cancer has spread outside the colon, survival rates are lower.

(The 5-year observed survival rate refers to the percentage of patients who live at least 5 years after their cancer is diagnosed; it includes people with colorectal cancer who may die of other causes, such as heart disease. Five-year relative survival rates assume that some people will die of other causes and compare the observed survival with that expected for people without the cancer. This is a better way to see the impact of the cancer on survival.)

Not only does colorectal cancer screening save lives, but it also is cost effective. Studies have shown that the cost-effectiveness of colorectal screening is consistent with many other kinds of preventive services and is lower than some common interventions. It is much less expensive to remove a polyp during screening than to try to treat advanced colorectal cancer. With sharp cost increases possible as new treatments become standards of care, screening is likely to become even more cost effective.

Unfortunately, only about half of people eligible for colorectal cancer screening, get the tests that they should. This may be due to lack of public and health professional awareness of screening options, financial barriers, and inadequate health insurance coverage and/or benefits.

American Cancer Society Online Resources

In the busy times we live in, it’s important to offer patients and their loved ones solutions and information they can access anywhere. As the most trusted source for cancer information, the American Cancer Society provides an array of interactive tools, guides, videos, quizzes, and information to assist cancer patients, their loved ones, and medical professionals. We encourage you to take advantage of all of these resources and share them with your patients today!

Here are just a few of the online resources you and your patients may find beneficial:

Information for Health Care Professionals:

In this section of cancer.org, clinicians can access high quality guidelines, fact sheets, presentations, and health promotion information that help patients improve their understanding of cancer-related issues and concerns, quality of life, and much more.

ColonMD: Clinician’s Information Source:

Clinicians play the most important role in getting patients screened for colorectal cancer. Typically, if patients don’t hear about screening from you, they may not think they need it. The American Cancer Society offers free materials to promote colorectal cancer screening among patients 50 years of age and older. The clear, concise materials available here help explain colorectal cancer tests to them.
Gov. John Kasich announces new plans to combat infant mortality

Calling Ohio’s infant-mortality rate unacceptable, Gov. John Kasich announced two initiatives aimed at reducing infant deaths as local, state and federal leaders rally to help more babies celebrate their first birthdays.

“Ohio has one of the worst infant-mortality rates in the nation, and that is simply unacceptable,” Kasich said while speaking at the 2014 Ohio Infant Mortality Summit in Columbus.

More than 1,000 infants died in 2012 before reaching the age of 1.

Hoping to build on local efforts in Columbus and elsewhere, Kasich announced that:

• The Ohio Medicaid program will provide immediate high-risk care management and services — such as additional preventive-care coverage and alcohol and drug services and screenings — to pregnant women and babies in Franklin County and eight other communities identified as having high infant-mortality rates.

• The state will spend $900,000 to fund four “pregnancy projects” — two urban and two rural — to provide services to expectant mothers and a place they can gather to support one another.

• Identifying Areas With the Greatest Need: The Ohio Department of Health has identified “hot spot” communities where infant mortality is the highest in the state.

In Ohio, 7.9 infants died per 1,000 live births in 2011 compared to 6.1 nationally. The infant mortality rate among African Americans is 15.5 deaths per 1,000 births: more than twice the rate of 6.4 among white babies.

Read more at: http://oachc.blogspot.com/2014/12/infant-mortality-governor-announces.html

Ohio Breastfeeding-Friendly Hospital Recognition Program

During the Ohio Infant Mortality Summit, the Ohio Hospital Association (OHA) announced a new partnership with the Ohio Department of Health (ODH) that will offer a breastfeeding-friendly recognition program for OHA member hospitals and health systems in 2015.

“As health care leaders in our communities, hospitals are uniquely positioned to help address Ohio’s extremely high infant mortality rate as more than 135,000 babies were born in Ohio hospitals in 2012,” said Mike Abrams, OHA president and CEO. “Our best opportunity to address this issue is through collaboration and partnerships with proven programs.”

Under the new partnership, OHA will work with the ODH to design and implement Ohio First Steps for Healthy Babies, a breastfeeding-friendly hospital designation program to recognize hospitals for breastfeeding excellence.

This voluntary program, modeled on successful programs in other states, encourages adoption of the World Health Organization and Baby-Friendly USA’s Ten Steps to Successful Breastfeeding. The designation program will follow a five-tier system — awarding recognition for every two steps achieved. OHA encourages Ohio hospitals to promote, protect and support breastfeeding one step at a time, allowing hospitals to choose which practices to implement and in which order.

The Ten Steps to Successful Breastfeeding include:

• Help mothers initiate breastfeeding within one hour of birth.
• Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
• Give infants no food or drink other than breast milk, unless medically indicated.
• Practice rooming in - allow mothers and infants to remain together 24 hours a day.
• Encourage breastfeeding on demand.
• Give no pacifiers or artificial nipples to breastfeeding infants.
• Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

For more information on the Ohio First Steps for Healthy Babies program, click here.
Vaccine Updates

FDA approves Gardasil 9 for prevention of certain cancers caused by five additional types of HPV

The U.S. Food and Drug Administration approved Gardasil 9 (Human Papillomavirus 9-valent Vaccine, Recombinant) for the prevention of certain diseases caused by nine types of Human Papillomavirus (HPV). Covering nine HPV types, five more HPV types than Gardasil (previously approved by the FDA), Gardasil 9 has the potential to prevent approximately 90 percent of cervical, vulvar, vaginal and anal cancers. Gardasil 9 is a vaccine approved for use in females ages 9 through 26 and males ages 9 through 15. It is approved for the prevention of cervical, vulvar, vaginal and anal cancers caused by HPV types 16, 18, 31, 33, 45, 52 and 58, and for the prevention of genital warts caused by HPV types 6 or 11. Gardasil 9 adds protection against five additional HPV types—31, 33, 45, 52 and 58—which cause approximately 20 percent of cervical cancers and are not covered by previously FDA-approved HPV vaccines. “Vaccination is a critical public health measure for lowering the risk of most cervical, genital and anal cancers caused by HPV,” said Karen Midthun, M.D., director of the FDA’s Center for Biologics Evaluation and Research. “The approval of Gardasil 9 provides broader protection against HPV-related cancers. A randomized, controlled clinical study was conducted in the U.S. and internationally in approximately 14,000 females ages 16 through 26 who tested negative for vaccine HPV types at the start of the study. Study participants received either Gardasil or Gardasil 9. Gardasil 9 was determined to be 97 percent effective in preventing cervical, vulvar and vaginal cancers caused by the five additional HPV types (31, 33, 45, 52, and 58). In addition, Gardasil 9 is as effective as Gardasil for the prevention of diseases caused by the four shared HPV types (6, 11, 16, and 18) based on similar antibody responses in participants in clinical studies. Due to the low incidence of anal cancer caused by the five additional HPV types, the prevention of anal cancer is based on Gardasil’s demonstrated effectiveness of 78 percent and additional data on antibodies in males and females who received Gardasil 9. Read more here.

Child Care Immunization Bill Passes—HB 394

House Bill 394, which included a child care immunization mandate, passed in the Ohio legislature Wednesday afternoon and takes effect immediately.

Child Care Immunizations: The bill reinstates the childcare immunization mandate. This law requires that children attending state licensed care facilities to be vaccinated according to the ACIP schedule. The bill allows for exemptions for medical reasons and reasons of conscience. Ohio ranks 49th in the nation for immunizations in children ages 19-35 and the Ohio AAP is confident this bill will help better protect Ohio children.

Pharmacists and Immunizations: The bill gives pharmacists the ability to vaccinate some children.

Lyme Disease Consent Form: The legislation removes the requirement for a physician to give a patient a written notice when ordering a test for Lyme disease. This law went into effect in September and after objections from many in the health care industry has been struck down. These consent forms are no longer required.

More information at ohioaap.org
Health Value - The New Measure in Ohio

The Health Policy Institute of Ohio has developed and recently released a new measure that is certain to create a lot of discussion and debate in the near future—the Health Value Dashboard.

This measure is meant to look beyond the usual quality metrics used to estimate population health (with Ohio most recently ranking 40th worst in the US in overall health), and factor in the cost per capita of achieving that level of health (for which, unfortunately, Ohio ranks as 40th highest cost per capita in the nation). Because we both scored low in overall health and high in cost, the health value score for our state is calculated to be 47th worst in the nation.

Since the nation is increasingly focused on developing a payment reform model that shifts from payment for volume (fee for service) to payment for value (value-based payment), this new performance indicator is expected to be of great interest to insurers, public policy makers, public health, employers, and the health systems. The overarching goal, of course, is to provide high quality care at an affordable, sustainable cost. FQHCs need to be aware of and aligned with the Health Value Dashboard if we are to maintain the high regard we have historically achieved over the years. That means, besides our quality measures and PCMH recognition, we have to demonstrate that we can achieve the desired health outcomes at a cost that is sustainable. Unfortunately, much of what we struggle with in healthcare is due to unhealthy behaviors in the population we serve—strong predictors of chronic disease, poor health and high cost of healthcare—and harder to get our hands around.

To get at the need to demonstrate high health value in the population we serve, we will need to significantly change the way we approach our patients and our community. We will need to become adept at changing health behavior, engaging our entire community in the effort, and allow our patients to experience the benefits of living in a community that has a focus on health. We will necessarily have to become more expansive in how we address our patients’ health needs (biopsychosocial) and in what we are trying to impact with our efforts (entire community). To be successful, we must support efforts to integrate behavioral and public health into our clinical practices, embrace team care, teach our patients to more effectively manage their own health, practice prevention, and engage in other “not practice as usual” activities in our offices. Hopefully, future funding will be better aligned with such efforts, but we can’t wait for the funding to change before we begin moving in this direction in our FQHCs—nor do we need to...

Early efforts in this expanded role can begin now in your everyday practice as you increasingly use motivational interviewing techniques to help patients take small steps in a healthier direction, tighten your relationships with behavioral health to improve co-management of patients, build prevention questions into every patient visit no matter what the chief complaint might be, and become more involved in your community to help it move in a healthier direction with safer streets and neighborhoods, safer housing, cleaner air and water, opportunities for physical activity and healthy eating, education and employment opportunities, and better community decisions and policies that affect population health.

Giving out the right blood pressure medicine alone won’t be sufficient to achieve the high value in health that we desire and our patients and communities need. With our broad geographic presence and our understanding of the factors that impact total health, FQHCs are uniquely positioned to be a major part of the solution to Ohio’s health challenges.

Let’s not miss this opportunity to lead the change that is needed!
Maintaining and Improving the Oral Health of Young Children

The American Academy of Pediatrics issued a policy statement on November 24, 2014 that it is strongly in favor of increased pediatrician knowledge of oral healthcare for children. In the December issue of Pediatrics (Vol. 134:6, pp 1224-1229). The policy statement, “Maintaining and Improving the Oral Health of Young Children”, stated “Because the youngest children visit the pediatricians more often than they visit the dentist, it is important that pediatricians be knowledgeable about the disease process of dental caries, prevention of the disease, and the interventions available to the pediatricians and the family to maintain and restore health.”

The academy also emphasizes that even though “pediatricians have the opportunity to provide early assessment of risk for dental caries and anticipatory guidance to prevent disease,” it is just as important that parents and caregivers establish a dental home for their children. “Establishing such collaborative relationships between physicians and dentists at the community level is essential for increasing access for all children and improving their oral and overall health.”

The policy statement recommends that pediatricians should counsel parents and caregivers on the importance of reducing the frequency of exposure to sugars in foods and drinks. The academy notes that, to decrease the risk of dental caries and ensure the best possible health and developmental outcomes, pediatricians should recommend the following actions to parents and caregivers:

- Discourage putting a child to bed with a bottle. Establish a bedtime routine conducive to optimal oral health (for example, brush, book and bed).
- Wean from a bottle by 1 year of age.
- Limit sugary foods and drinks to mealtimes.
- Avoid carbonated, sugared beverages and juice drinks that are not 100% juice.
- Limit the intake of 100% fruit juice to no more than 4 to 6 oz. per day.
- Encourage children to drink only water between meals, preferably fluoridated tap water.
- Fostering eating patterns that are consistent with guidelines from the U.S. Department of Agriculture.

The full policy statement can be found on the Pediatrics’ website.

Get MOC Level IV Credit for Your Physicians

Your Health Center has the opportunity to be one of 5 Community Health Centers in Ohio to participate in a clinical pilot project where your Physicians will be able to earn Maintenance of Certification (MOC) ® Level IV credits. Please note that this activity can also serve as your Oral Health Performance Measure for your Quality Improvement plan. Additionally, your non-physician providers may be able to use this activity toward their education requirements.

Due to the fact that this is our first joint effort for MOC®, OACHC is looking for 5 Community Health Centers to be pilot sites for this project. There is no cost for the MOCs®, however there is a cost for the fluoride varnish kit (approx. .79-.90 cents apiece). Please respond to us by completing the attached application by January 31, 2014 if you are interested in becoming a pilot site for this project. If you have any questions, please call or email Susan Lawson, Oral Health Program Manager.

Resources Available

Two Posters Now Available — Fluoride: Cavity Fighter & Why Do Children Need Fluoride?

Links to 8.5x11 PDFs of the posters can be found below or you may access them on the Health Professionals page of the CDH website (www.ilikemyteeth.org).

Why Do Children Need Fluoride? (English) | ¿Por qué los niños necesitan fluoruro? (Español)

Fluoride: Cavity Fighter (English) | Fluoruro: combate las caries (Español)
Are You Prepared?

Ohio Among Worst-Prepared for Handling Infectious Diseases

A new report released by Trust for America’s Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) finds Ohio scored three out of 10 on key indicators related to preventing, detecting, diagnosing and responding to outbreaks, like Ebola, Enterovirus and antibiotic-resistant Superbugs.

The report, Outbreaks: Protecting Americans from Infectious Diseases, finds that the Ebola outbreak exposes serious underlying gaps in the nation’s ability to manage severe infectious disease threats.

Half of states and Washington, D.C. scored five or lower out of 10 key indicators related to preventing, detecting, diagnosing and responding to outbreaks. Maryland, Massachusetts, Tennessee, Vermont and Virginia tied for the top score — achieving eight out of 10 indicators. Arkansas has the lowest score at two out of 10. The indicators are developed in consultation with leading public health experts based on data from publicly available sources or information provided by public officials.

“Over the last decade, we have seen dramatic improvements in state and local capacity to respond to outbreaks and emergencies. But we also saw during the recent Ebola outbreak that some of the most basic infectious disease control policies failed when tested,” said Jeffrey Levi, PhD, executive director of TFAH. “The Ebola outbreak is a reminder that we cannot afford to let our guard down. We must remain vigilant in preventing and controlling emerging threats - like MERS-CoV, pandemic flu and Enterovirus - but not at the expense of ongoing, highly disruptive and dangerous diseases - seasonal flu, HIV/AIDS, antibiotic resistance and healthcare-associated infections.”

Continue reading here

The Role of Clinicians in Promoting Advocacy

In spite of the unique position that clinicians are in to affect meaningful change for their Health Centers and patients, clinicians often do not feel empowered to stand up as advocates, or feel that they don’t have time to take part in advocacy initiatives.

However, clinicians are among the strongest and most powerful advocates for Health Centers and the people they serve.

They exist in a unique space in advocacy where the rubber meets the road—where policies born in Columbus and Washington, DC are put into practice in local communities.

They both see and experience how those policies translate relative to patient care as well as impact the Health Center as a business and economic engine.

Clinicians are also trusted sources of information, held in high esteem by both their patients and Members of Congress.

Many times, they are leaders in the community.

When they talk, people listen.

Recently, and in light of the Health Center Funding Cliff - up to 70% reduction in grant funding that will take effect in October 2015 if Congress fails to act - we need advocates more than ever.

Clinicians do have a unique and powerful perspective, and signing up to lend your voice as an advocate only takes a moment.

Be the lead voice for your patients. Sign up to be a health center advocate today: http://bit.ly/1vl9O4c

See more from this NACHC Blog post here: http://bit.ly/1wWo6Nn

Source: NACHC, Campaign for America’s Health Centers
According to data from the Ohio Department of Health, nearly half (48 percent) of the 1,919 hospitalizations due to influenza to date in Ohio are residents age 65 or older. The Ohio Department of Aging is joining with the Department of Health to strongly urge all older Ohioans - as well as those who care for and serve them - to do everything you can to reduce your risk of getting and spreading the flu or to reduce the severity of symptoms if you do get it.

“The peak of flu season is not yet upon us, and the flu is already widespread in Ohio. Where older adults are concerned, the flu is a serious illness that can lead to health complications, hospitalizations and even death,” said Bonnie K. Burman, director of the Ohio Department of Aging. “There are many things Golden Buckeyes can and should do to protect themselves. In addition, the millions of Ohioans of all ages who come into regular contact with older adults have a responsibility to do all they can to prevent the spread of the virus.”

According to the National Council on Aging, our immune systems typically weaken as we get older, making it harder for our bodies to fight disease. As a result, adults age 65 and older are at increased risk of flu and its complications. Not only can the flu include mild to severe illness, it can also make other chronic health conditions worse. Eighty-five percent of older adults have at least one chronic condition such as diabetes, heart disease or COPD, and 68 percent have two or more.

A flu shot is the best thing you can do to protect yourself and the older adults in your life from the flu. The vaccine can prevent most strains and can lessen the severity and length of symptoms if you do get the flu. The annual flu shot is a Medicare Part B benefit, which means that the vaccine is covered with no copay for adults age 65 or older. There also is a higher-dose vaccine specifically designed for older adults - ask your health care provider if the higher-dose vaccine is right for you.

Symptoms of seasonal flu include fever, cough, sore throat, body aches, headache, chills and fatigue. Some might also experience diarrhea and vomiting. Warning signs include difficulty breathing or shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, severe or persistent vomiting and flu-like symptoms that improve, but then return with fever. If you have a chronic medical condition, such as diabetes, heart disease or COPD and/or are age 65 or older, and experience any of these symptoms, seek medical attention immediately.

Source: Ohio Department of Aging

OACHC’s 2015 Annual Conference | Helping All Communities Live Healthier Lives

March 9-11, 2015 Hilton Polaris · Columbus, OH

We invite you to join over 200 of your community health center counterparts as they gather for the OACHC Annual Conference. This three day event will be held at the beautiful Hilton in Polaris, located in northern Columbus, Ohio. The Annual Conference features two plenary sessions, educational breakout sessions, forums, and valuable networking time. Educational tracks for the Annual Conference are Administrative, CHC Board, Clinical, Dental, Finance, Outreach, and Workforce.

The conference will kick off on Monday afternoon with the OACHC Meeting of the Board of Directors. Bright and early on Tuesday, all of the attendees will come together for our opening plenary Legislative Update, highlighting the latest news that is or will be affecting your health center. Educational breakout sessions will follow and we will close the day with our Welcome Reception (Sponsored by Cardinal). Wednesday morning will open with a CMO Networking breakfast followed by additional educational sessions and close with Dr. Ben Miller speaking on Behavior Health Integration (Sponsored by CareSource).

We are excited to announce our newest edition of several “202” sessions, for advanced learners. New sessions are being updated and added as they are confirmed so be sure to check out the schedule online at www.ohiochc.org/AC often.

Clinical Session Highlights Include:

- Integrating Care to Improve Patient Outcomes and Experience | Sean Boynes, DMD
- The Myth of Employee Burnout | Matt Heller
- The Role of PA’s in the Clinical Setting | Panel
- CMO Networking Breakfast | Facilitated by Dr. Wymyslo
- Improving Colorectal Screening | American Cancer Society
- High Performance CHCs: You Can be One | Shannon Nielson
- Behavioral Health Integration (Closing Plenary) | Dr. Ben Miller

Registration, agenda and all the information are at www.ohiochc.org/AC.
Using Technology to Better Manage the Supply Chain  
Wednesday, January 7, 2015, 2:30 PM—4:00 PM, Webinar  
Supply chain management can be a labor-intensive and manual process for many healthcare providers. Adopting technology solutions helps drive efficiencies, reduce costs and improve service through the use of automation. Join Jayme White, McKesson Medical-Surgical for a complimentary webinar. Click here for more information or to register.

Colorectal Cancer Webinars  
Part 1—Basics  
Tuesday, January 13, 2015, 12:00 PM—1:00 PM Webinar  
This is the first webinar OACHC will be offering around Colorectal Cancer. Dr. James Church, internationally renowned colorectal surgeon from the Cleveland Clinic will cover; colorectal cancer in the U.S and Ohio, risk factors, prevention and screening, and why screening fails.  
Part 2—Screening in Ohio CHC’s  
Thursday, January 29, 2015, 12:00 PM—1:00 PM Webinar—NEW DATE  
The second webinar in this series will cover recommended screening procedures and barriers to screening in our own FQHCs. This webinar will be lead by OACHC staff, Dr. Wymyslo, Ashley Ballard, and Randy Runyon.

80% by 2018 Communications Toolkit Webinar  
Tuesday, February 3, 2015, 3:00 PM—4:00 PM Webinar  
American Cancer Society’s 80% by 2018 for Colorectal Cancer screening will be addressed as well as the new communications toolkit, and the annual kick off of National Colorectal Cancer Awareness month. More information to come.

Ninth Annual Leadership Summit for HIV Positive Young Adults  
Friday, February 20-22, 2015 in Columbus, Ohio  
Hosted by the Ohio AIDS Coalition (OAC). The Leadership Summit’s goal is to prepare HIV positive young people from across the state with the life skills necessary for optimal engagement and retention in care as well as improve overall health outcomes. There is no cost to participate in the program, and transportation assistance is available. For more information, please visit http://ohioaidscoalition.org/events/9th-annual-youth-leadership-summit or contact Bill Arnold, Program Manager at 1-800-226-5554 or Arnold@ohioaidscoalition.org

Enhancing the Patient Experience through the PCMH Model  
Tuesday, February 24, 2015, 12:15 PM  
The Patient Engagement Learning Center of the Ohio Patient-Centered Primary Care Collaborative (OPCPC) is embarking on a new webinar series to educate Ohio primary care practices, healthcare consumers, and stakeholders about best practices in patient engagement in the Patient-Centered Medical Home (PCMH) model of care. Registration information will be available soon.

Million Hearts Quality Improvement Team Training Day  
Saturday, March 14, 2015, 9:00 AM-1:00 PM at Embassy Suites, Dublin  
Last fall, Ohio was selected by the Association of State and Territorial Health Officials (ASTHO) as one of nine states to take part in a national Million Hearts Hypertension Collaborative to identify and reduce the burden of cardiovascular disease. Our strategy was to offer customized quality improvement (QI) training to family medicine practices in the Summit County area with the aim of improving follow-up appointment rates of their patients diagnosed with hypertension. After a four-month change period, the program reported an increase in hypertension control rates from 69.7% to 73.4% and the percent of patients with hypertension who have a follow-up appointment scheduled increased from 66.0% to 68.8%. Space is limited. To find out more or register your team, click here.