Attention CC Readers!

Are you “in the know”?

Look for this icon to alert you to things you should be “in the know” about!

2012 Changes to UDS Reporting

Program Assistance Letter 2012-03 highlights the most recent changes to the Uniform Data Set. A brief overview shows a new staff tenure table, three new clinical measures, reporting on all (versus primary) diagnoses for selected conditions, and questions about electronic health record capabilities and national quality recognition. In order to look at FOHC turnover, Table 5A has been added. This will allow for the head count of all full and part-time staff as opposed to just FTEs, which we know can vary greatly with number of bodies and will count locums and on-call providers separately. You will be counting number of months on the job and will count all bodies as of December 31, 2012. For example, if a physician or other employee leaves on Dec. 29, 2012, they are NOT counted in this table. Likewise if your CMO is also a pediatrician or family medicine physician, they are counted TWICE, once for each position.

The three new clinical measures: Coronary Artery Disease (CAD): Lipid Therapy, Ischemic Vascular Disease (IVD): Aspirin Therapy and Colorectal Cancer Screening have been added to Table 6B as Sections I, J, and K respectively.

Additionally, there’s a change reporting of health conditions on Table 6A from primary to ALL diagnoses. Reporting only primary diagnoses on Table 6A, selected diagnoses and services rendered, provides a picture of patient health conditions that is less complete than the patient complexity data reported for billing purposes. In order to improve reporting of patient health conditions in the UDS, HRSA is proposing that Table 6A be revised to collect information on patients with multiple diagnoses. To be directed to the PIN please go to http://bphc.hrsa.gov/policiesregulations/pdfs/pal201203.pdf.

Health and Social Media, Why?

For those of us in health communication, social media tools such as Facebook, Twitter, and text messaging allow us to expand our reach, foster engagement, and increase access to credible, science-based health messages. Social media can help organizations achieve the after goals:

- Disseminate health and safety information in a timelier manner.
- Increase the potential impact of important messages.
- Leverage networks of people to make information sharing easier.
- Create different messages to reach diverse audiences.
- Personalize health messages and target them to a particular audience.
- Engage with the public.
- Empower people to make safer and healthier decisions.

CDC’s Guide to Writing for Social Media was written to provide guidance and share the lessons learned in more than three years of creating social media messages in CDC health communication campaigns, activities, and emergency response efforts. In this guide, you will find information to help you write more effectively using multiple social media channels, particularly Facebook, Twitter, and mobile phone text messaging. The guide is intended for a beginner audience, although some readers with an intermediate level may find it useful too.

Some of the topics covered:

- How social media should be part of your overall health communication efforts.
- How to incorporate the principles of health literacy in your messages.
- Separate chapters on writing for Facebook, Twitter, and text messaging.

For additional information from CDC please go to http://www.cdc.gov/socialmedia/.
Needed: Preceptors and Rotation Sites for Ohio’s Future Clinicians

The Ohio SEARCH Program is seeking preceptors and additional rotation sites within federally designated Health Professional Shortage Areas in rural and urban areas across Ohio. Preceptors introduce SEARCH participants to clinical experiences where they learn first-hand community-based approaches to care.

“I don’t know if I will become a full time community dentist like Dr. (Nicole) Harris, but I do want to work in an underserved area and provide service for some of those that wouldn’t get it without help... it really does help people like me understand the need out there for helping hands;” Blake Sessions, CWRU School of Dentistry student at Care Alliance Health Center.

SEARCH, which stands for Student/Resident Experiences and Rotations in Community Health, is a workforce development pipeline program to increase the recruitment and retention of primary care, dental, and mental health providers who ultimately practice in Ohio’s geographic areas most in need.

"Prior to coming to NEON, I had a hunch that I wanted to work with underserved communities; however, after completing these rotations, that idea has been solidified.” Samira Abdullahi, Franklin Pierce University, Physician Assistant student at NEON.

Clinicians are needed to precept SEARCH Program participants in the following disciplines: students and residents in primary care medicine, including Psychiatry; dentistry; dental hygiene; advanced practice nursing; nurse midwifery; physician assistant; clinical social work; counseling; psychology; marriage and family therapy; and psychiatric nurse specialists.

“My preceptor is awesome, knowledgeable, and patient. I couldn’t have asked to be under a better teacher!” Kimberly Holmes, University of Cincinnati, Adult Nurse Practitioner student at Community Health Centers of Greater Dayton.

Preceptors are vital to the education of a healthcare student and/or resident. Being a preceptor can be very rewarding. Many highly skilled clinicians have agreed to mentor Ohio SEARCH participants and promote primary care practice in areas of greatest need. Preceptors also provide guidance for participants in completing a community project for the rotation site. Projects may be oriented toward patient education, community outreach, assessment, health promotion or disease prevention to meet the needs of the patients and the community.

“These doctors will be my role models as I continue forward in my training, helping me to remember that the patient should be the focus of all healthcare interactions,” Stephanie LaCount, OSU College of Medicine student at Hope Clinic of Coshocton.

For more information about precepting SEARCH Program participants, clinicians or practice sites may contact Vicki Marie, SEARCH Program Coordinator, at 614-752-4787 or vicki.marie@odh.ohio.gov. Visit the Ohio SEARCH Program website and watch a video featuring the perspectives of a site director and a former SEARCH participant.

ICD-10 Delayed...Again!

On April 9, 2012 HHS Secretary, Kathleen Sebelius, announced a proposed rule that would delay the compliance date for ICD-10 another calendar year from October 1, 2013 to October 1, 2014.

Implementation of ICD-10 will accommodate new procedures and diagnoses unaccounted for in the ICD-9 code set and allow for greater specificity of diagnosis-related groups and preventive services. This transition will lead to improved accuracy in reimbursement for medical services, fraud detection, and historical claims and diagnoses analysis for the health care system. The ICD-10 compliance date change is part of a proposed rule that would adopt a standard for a unique health plan identifier (HPID), adopt a data element that would serve as an “other entity” identifier (OEID), and add a National Provider Identifier (NPI) requirement. The proposed rule was developed by the Office of E-Health Standards and Services (OESS) as part of its ongoing role, delegated by HHS, to establish standards for electronic health care transactions under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). OESS is part of the Centers for Medicare & Medicaid Services (CMS). OACHC continues to monitor these events and provide members with up to date news and relevant education and training opportunities as the target date approaches.
Vaccines for Children (VFC) Update

Nancy Terwoord, OACHC’s Director of Clinical Quality, met with the VFC Coordinator at ODH in April and learned the following:

1. VFC will be sending out a complete VFC Binder with “everything you need to know” about VFC. This binder will have all forms, updates, instructions on how to order and examples of the profile that each center must complete on an annual basis. VFC recommends that this binder be kept in one place and that everyone that needs the information has access to it. They also recommend that when you receive the Binder, you should review with your clinical staff, taking the opportunity to update everyone on VFC procedures. VFC hopes that this Binder will remain intact and all future updates will be placed in the Binder.

2. ODH is in the process of replacing all thermometers for refrigerator/freezer vaccine storage. These new units are digital recorders that have a USB connection, so in the event of a drop or increase in temperature, you can plug this unit into a PC and look at the recording to see exactly what the temperature change was and for how long in order to determine your next steps. The thermometer has a red light/green light on it and will blink red when the temperature is out of the pre-programmed range. When within the range, the light remains green. Temperatures must still be recorded on the temp logs twice a day. ODH is about half way through in the distribution of the new thermometers. These will be delivered to you by your VFC rep.

3. VFC will allow Centers who have to replace wasted vaccines to replace the vaccines by “purchasing” the replacements vaccines form VFC at the Federal price, the lowest price available for purchase. Once the payment has been made to VFC, replacement vaccines will be shipped out to you like any other VFC delivery. This should be a considerable savings the Centers.

4. OACHC will now receive all the VFC updates and correspondence that the Centers receive, so we can help to reinforce any new rules, updates, recalls, etc.

5. 2012 Flu Vaccine orders: There are fewer dollars available for the purchase of flu vaccine for uninsured adults due to state funding budgets cuts. Be aware that what is asked for to provide flu vaccine to your uninsured patients may not be what you receive.

6. AS A REMINDER, ALL VACCINES COMING FROM VFC MUST BE LOGGED IN TO IMPACT!
   a. This includes flu vaccine.
   b. Entry should be done real time to avoid being missed.

7. OACHC will work together with VFC to provide ongoing training and education about the program and immunization updates. If you have any training needs contact Nancy at nterwoord@ohiochc.org.

Chances are if you have training needs, others may as well and we can make sure that all centers have access to the information. If you have any concerns about your VFC program, contact Nancy at nterwoord@ohiochc.org.

Top 10 Facts about VISs

10. Provide English-language VISs to all patients (even if the patient’s first language is not English).
9. VIS’s should not be altered before giving them to patients
8. To verify that a VIS was given, providers must record in the patients chart (or permanent office log or file) the following info: Published Date of VIS; Date given to patients; Name, office address and title of person giving vaccine; date vaccine administered; Manufacturer and lot number of each dose given.
7. Federal Law does not require signed consent in order for a person to be vaccinated.
6. VISs are available in other formats, including over 30 languages.
5. You must provide VISs for COMBINATION vaccines also
4. You must provide a current VIS each dose of vaccine.
3. VIS must be provided BEFORE vaccines administered.
2. VIS’s are required for both public and private sectors.

And the number one fact is:

1. It’s the Federal Law!!
OLC – Registration Deadline is May 31

OACHC has partnered with the National Committee for Quality Assurance (NCQA) and the Health Collaborative to bring you a robust program spanning over 8 months that includes a diversified learning format including web-based, teleconference and in-person education and practice coaching sessions.

OACHC held two informational calls earlier this May describing the goals, expectations and outcomes for health centers that choose to participate in the Ohio Learning Community – Medical Home program. Interested health centers should complete the registration form and submit to Nancy Terwoord no later than Thursday, May 31 to reserve their spot in the program.

Assessing and Increasing Readiness for Patient-Centered Medical Home Implementation

A study performed by the Aligning Forces for Quality (AF4Q) evaluates the readiness of primary care practices for implementing PCMH and provides guide-lines for assessing and increasing this readiness. The summary continues to state that PCMH is being implemented in many settings, and the concept even appears in the Patient Protection and Afford-able Care Act. However, implementing the PCMH model can be a major challenge, and many primary care practices may not be ready to undertake such a significant change in care delivery. There needs to be both motivation and implementation capabilities present within the health center to take on the challenge of practice transformation. AF4Q sets forth the following recommendations for readiness:

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<thead>
<tr>
<th>Motivation for PCMH Implementation</th>
<th>Approaches that improve motivation and capability for PCMH implementation:</th>
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<tbody>
<tr>
<td>1) Perceived Value of PCMH</td>
<td>- Have a physician and a practice manager as “champions”</td>
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<tr>
<td>2) Understanding PCMH Domains and Tasks</td>
<td>- Facilitate conversations between physician champions and skeptical team members</td>
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<td>3) Financial Incentives</td>
<td>- Develop trained PCMH experts to advise practice teams</td>
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<tr>
<td>4) Commitment to Change PCMH</td>
<td>- Create a team-wide implementation plan with incremental action items</td>
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<table>
<thead>
<tr>
<th>PCMH Implementation Capability</th>
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</thead>
<tbody>
<tr>
<td>1) Time Demands of PCMH Implementation</td>
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<tr>
<td>2) Prospect of Changing Patient Behavior</td>
</tr>
<tr>
<td>3) Health Information Technology (HIT)</td>
</tr>
<tr>
<td>4) Setting Implementation Expectations</td>
</tr>
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Source: [http://www.rwjf.org](http://www.rwjf.org)
Pew Report on Preventable Dental Visits to Hospitals

An issue brief released by Pew on the rising rate of hospital emergency room (ER) visits for avoidable dental ailments is shining a light on the need to improve access to prevention and treatment. Taking into account data from 24 states, A Costly Dental Destination estimates that preventable dental conditions were the primary reason for 830,590 ER visits by Americans of all ages in 2009 — a 16 percent increase from 2006. These hospital trips are wasteful spending because most ERs do not have dentists on staff and only provide temporary relief. Tennessee’s largest newspaper covered Pew’s brief with a focus on the state’s access problem. New Mexico’s largest newspaper published an editorial citing the brief’s data as evidence that the state “has serious supply-and-demand as well as unnecessary-cost problems” in dental care. A Costly Dental Destination recommends that states expand the use of proven preventive strategies, license new types of dental practitioners, and maintain reasonable Medicaid reimbursement and dental coverage policies. To read the entire piece, please go to http://www.pewstates.org/.

HP 2020 Leading Health Indicators

Maternal, Infant, and Child Health
The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Despite major advances in medical care, critical threats to maternal, infant, and child health exist in the United States. Among the Nation’s most pressing challenges are reducing the rate of preterm births, which has risen by more than 20% from 1990 to 2006, and reducing the infant death rate, which in 2011 remained higher than the infant death rate in 46 other countries.

The Maternal, Infant, and Child Indicators are:
- Infant deaths
- Preterm births

Preconception (before pregnancy) and interconception (between pregnancies) care provide an opportunity to identify existing health risks and to prevent future health problems for women and their children. These problems include heart disease, diabetes, genetic conditions, sexually transmitted diseases, and unhealthy weight.

Mental Health
Mental health is essential to a person’s well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. Recent figures suggest that, in 2004, approximately 1 in 4 adults in the United States had a mental health disorder in the past year—most commonly anxiety or depression—and 1 in 17 had a serious mental illness. Mental health disorders also have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today’s most pressing chronic diseases, including diabetes, heart disease, and cancer.

The Mental Health Indicators are:
- Suicides
- Adolescents who experience major depressive episodes

Mental health and physical health are inextricably linked. Evidence has shown that mental health disorders—most often depression—are strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease, and cancer. This association appears to be caused by mental health disorders that precede chronic disease; chronic disease can intensify the symptoms of mental health disorders—in effect creating a cycle of poor health.
Training Opportunities

Save the Date!
The OACHC Fall Conference is scheduled for October 23-24, 2012 in Dublin, OH.  

Clinical Quality Sessions being scheduled now!

OLC-Medical Home  
**May 31, 2012**  
Deadline to register is schedule for May 31, 2012. Please contact Nancy Terwoord at nterwoord@ohiochc.org for additional information.

Building an HIT System – What you need to know  
**Wednesday, June 06, 2012 (2:00 PM - 3:30 PM)**  
Health Information Technology (HIT) consists of an enormously diverse set of technologies for transmitting and managing health information for use by consumers, providers, payers, insurers, and other groups with an interest in health and health care. This webinar will walk you through the steps of building your HIT system which includes developing the request for proposals (RFP) for this system. To register for NACHC webinars please go to www.nachc.com.

OACHC Billing Boot Camp 2012: Collecting in the Face of Recession and Reform and ICD-10 Transition Training  
**Thursday, June 07, 2012**  
Join us for this all day session to learn tools and practices for billing, collecting & providing outstanding customer service and training on how to successfully implement an ICD-10 transition plan. www.ohiochc.org.

Family Practice Coding Webinar  
**Tuesday, June 19, 2012 (10:00 AM - 1:00 PM)**  
This action packed session includes review of diverse coding disciplines that apply in a Family Practice environment: E/M coding (preventive medicine, wellness/illness, pre-op encounters, time documentation), discussion of electronic health records, OB services including family planning and office-based surgeries (lacerations, lesions, fracture care). www.ohiochc.org.

Ohio Safety Net Dental Webinar  
**Wednesday, June 20, 2012 (12:00 PM - 1:00 PM)**  
The DentaQuest Institute, in Partnership with the HealthPath Foundation of Ohio and the Osteopathic Heritage Foundations, will be providing 6 interactive webinar sessions in 2012. Topics will be announced in the coming weeks. Please mark your calendars. www.ohiochc.org.

**OACHC receives FREQUENT updates regarding training opportunities, often arriving only days prior to the event. Please continue to check the OACHC website at www.ohiochc.org for the most up-to-date listing of training opportunities!**