A primary goal of the Affordable Care Act is to help the 16% uninsured and eligible Americans gain access to quality, affordable health care. Central to this goal is the creation of the Health Insurance Marketplace. Through the Marketplace, eligible Americans will be able to enroll in a health plan to get coverage that starts as soon as January 2014.

As a trusted source for health information, your patients may look to you for help navigating the Marketplace. Here are 10 things you should know:

1. The Marketplace is a new way to shop for health coverage. A single, online source will let consumers get information about their health coverage options in a way that makes it easy to make side-by-side comparisons of private insurance plans’ benefits, quality, and price, and find out if they’re eligible for assistance with the costs of health coverage.

2. Each state will have a Marketplace, run either by the state, through a state-federal partnership, or by the federal government.

3. Open Enrollment begins on October 1, 2013, and ends on March 31, 2014. Coverage can begin as soon as January 1, 2014.

4. Health plans offered in a Marketplace will generally offer comprehensive coverage, including a set of “essential health benefits” with at least these items and services:
   • Ambulatory patient services
   • Emergency services
   • Hospitalization
   • Maternity and newborn care
   • Mental health and substance use disorder services, including behavioral health treatment (which includes counseling and psychotherapy)
   • Prescription drugs
   • Rehabilitative and habilitative services and devices
   • Laboratory services
   • Preventive and wellness services and chronic disease management
   • Pediatric services, including oral and vision care

5. Individuals can buy insurance through a Marketplace if they live in the United States, are U.S. citizens or U.S. nationals (or are lawfully present), and aren’t currently incarcerated.

6. Nobody can be turned away or charged more because of their gender or a pre-existing condition.

7. Depending on household income and family size, many individuals may qualify for tax credits to help lower their share of monthly premiums, or help that reduces deductible, copayment or other cost-sharing amounts.

8. Individuals will be able to choose a Marketplace plan by health plan category (bronze, silver, gold, or platinum). The differences among the categories will be based on the average percentage of the costs the plan will cover. This system makes it easier to compare similar plans based on price and coverage. Catastrophic plans and stand-alone dental plans also may be available.

9. Using a single application on HealthCare.gov, consumers can find out if they and/or their family members are eligible for Medicaid, the Children’s Health Insurance Program (CHIP), or for financial help paying for a private health insurance plan offered in the Marketplace.

10. Resources are available now.

Marketplace.cms.gov: Where organizations and individuals looking to help can get the latest resources and learn more about the Marketplace

HealthCare.gov: Where individuals can learn about the Marketplace and the upcoming benefits (including where they can find local assistance), or be connected to appropriate resources in states that are running their own Marketplace.

Health Insurance Marketplace Call Center: If you have questions, call 1-800-318-2596. TTY users should call 1-855-889-4325.
The goal in the United States is to deliver safe, high-quality health care to patients in all clinical settings. Despite the best intentions, however, a high rate of largely preventable adverse events and medical errors occur that cause harm to patients. Adverse events and medical errors can occur in any health care setting in any community in this country. One reason adverse events and medical errors occur is that evidence-based information on what works to prevent them, or reduce the harm they cause, is not available. The National Quality Forum, with support from the Agency for Healthcare Research and Quality (AHRQ), has identified 30 safe practices that evidence shows can work to reduce or prevent adverse events and medical errors.

The 30 safe practices that follow have been endorsed by the membership of the National Quality Forum, which includes representatives of 215 of the Nation’s leading health care provider, purchaser, and consumer organizations. These organizations strongly urge that these 30 safe practices be universally adopted by all applicable health care settings to reduce the risk of harm to patients.

Go to: www.ahrq.gov for the complete list of 30.

Number one on the list is to create a culture of safety. What does that mean in your health center?

1. Creating a Culture of Safety

Create a health care culture of safety. There is a need to promote a culture that overtly encourages and supports the reporting of any situation or circumstance that threatens, or potentially threatens, the safety of patients or caregivers and that views the occurrence of errors and adverse events as opportunities to make the health care system better.

Creating a culture of safety in a community health center starts with you! Do you know what your role is this? Do you have written policies and procedures and a reporting process for errors that is blame free? Do you regularly provide feedback to staff on performance improvement and competency? While most all of us have written policies; how often are they reviewed and updated? Does new staff really get to view them and ask questions? Or is it just that big book on the shelf??

One of my favorite sayings is........ “If you don’t know where you are going......You will wind up someplace else”.... When talking about our patient and employee safety, we all need to know where we are going! One way to ensure that we all take the same way is through the policies and procedures we have in place. Do your stand up?

Here are some tips from one of our partners through HRSA; ECRI.

### Keys to Developing Policies and Procedures

Developing and disseminating policies and procedures are fundamental operational and risk management activities within health centers and free clinics. In addition, health centers and free clinics must ensure effective implementation, satisfactory monitoring, and appropriate compliance with these same policies and procedures.

Health centers and free clinics can use the following checklist to help develop and implement effective policies and procedures:

- Ensure that written policies include a statement of purpose, delineation of authority and responsibility, its scope (e.g., personnel, operations, and property it applies to), relevant procedures, and where personnel can find tools and equipment referenced in the policy. To the extent possible, establish a policy template within your health center or free clinic so all policies are written in the same standardized and approved format (see Policies and Procedures Template).

- Incorporate current standards of practice, including those required by law and regulation, into policies and procedures. Reference dates for any standards or regulations should be included in policies to allow for periodic review and revision.

- Circulate draft policies internally before they are finalized. Identify staff in various roles within the health center or free clinic to read through and review the policies to be sure that all necessary
areas (e.g., logistics, technology) are covered in the policy.

⇒ Ensure that the governing board approves all policies and procedures, either by including the signature of a designated board member along with the date on the policy or by documenting approval in board meeting minutes with the board signature and date.

⇒ Educate providers, staff, and other stakeholders on health center policies as well as any process changes made during policy updates (see Education and Training Tools). Use a variety of methods for staff education (e.g., demonstration, simulation, role play) and require that staff sign a statement attesting that they read and understood the policies and were given the opportunity to ask questions.

⇒ Use quality improvement activities to help focus policy development efforts (see the Quality Improvement/Quality Assurance Toolkit).

⇒ Monitor and ensure compliance with developed policies and procedures, cognizant that in litigation, a health center or free clinic can be held to the standards of its policies and procedures.

So….what good are policies if you don’t provide oversight and education?

Supervising Clinical and Nonclinical Staff Demands Robust Safety Practices

Failure to properly supervise or provide direct oversight of the activities of licensed or non-licensed staff may result in harm to patients and potential liability for the health center or free clinic. Written policies and procedures related to supervision of clinical and nonclinical staff and chain of command are essential.

Health centers and free clinics can use the following checklist to ensure robust policies and procedures related to supervision of clinical and nonclinical staff:

- Establish a one-page table of organization or an organizational chart that clearly aligns clinical and nonclinical staff to their direct supervisor.
- Develop clear policies and procedures that speak to the direct supervision and clinical oversight of licensed staff or advance practice professionals (e.g., licensed practical nurses, registered nurses, physician assistants, nurse practitioners, social workers, dental hygienists).
- Investigate the scope of practice for each licensed and non-licensed clinical staff member to ensure that their job descriptions and responsibilities include only those functions outlined in state regulations. Scope of practice guidelines can vary by state; therefore, it is important to familiarize staff with the regulations.
- Ensure that functions performed by unlicensed staff (e.g., medical assistants) do not require a license under state scope-of-practice requirements.
- Have written supervisory agreements or practice agreements between physician assistants and supervising clinicians so that all individuals understand their duties and supervisory responsibilities (see the American Academy of Physician Assistants’ Guidance on Practice Agreements, American Medical Association’s Guidelines for Physician/Physician Assistant Practice, and the National Commission on Certification of Physician Assistants’ [NCCPA] Competencies for the Physician Assistant Profession).
- Have written collaborative agreements between nurse practitioners and collaborating physicians; if applicable (see the National Organization of Nurse Practitioner Faculties’ Competencies for Nurse Practitioners.)

Source: ECRI
Walk with a Doc

An innovative and exciting way to help patients become more involved in their own health is to participate in Walk with a Doc (http://www.walkwithadoc.org/). This national program, developed by Dr. David Sabgir of Columbus, is designed to increase the amount of exercise among community members and patients, as well as provide a comfortable setting for individuals to receive health information.

How does it work? A physician, or other licensed health professional, organizes a walk in a local park or area of town. Before the walk starts, participants have the opportunity to ask health-related questions. Often the participants will have a chance to have their blood pressure checked or oxygen flow tested or other simple assessment. Walks are typically a mile or so, depending on the terrain and make-up of the group.

What are the benefits? For participants, the benefits are many. Survey results show the following:

- 91% of participants feel they are more educated since Walk with a Doc
- 75% get significantly more exercise since starting Walk with a Doc
- 70% feel more empowered
- 99% enjoy the concept of pairing physicians with communities outside the traditional setting

A short informational webinar, featuring Dr. Sabgir, will be held on Tuesday September 24th at Noon. Please join us! To register, go to http://www.surveymonkey.com/s/SBPQSV6.

Physician Payments Sunshine Act

August 1, 2013 marked a new era in the relationship between physicians and the drug and device makers that give them consulting fees, honoraria for presentations, and lunches for the office staff.

From now on, companies must keep track of virtually every payment and gift bestowed on each clinician and report them to the Centers for Medicare & Medicaid Services (CMS), which will report them to the world.

This accounting exercise stems from a provision in the Affordable Care Act (ACA) that seeks to expose the financial dealings between industry and physicians and discourage conflicts of interest for the latter that might skew education, research, and clinical decision-making. Under the ACA provision, called the Physician Payments Sunshine Act, drug and device makers must report any "transfer of value" of $10 or more made to a physician. Transfers of value under $10 -- a cup of coffee, say -- aren’t reportable unless they add up to more than $100 in a year. Companies also must disclose whether physicians have any ownership stake in them.

The record-keeping starts today, so yesterday’s drug-rep pizza doesn’t count, but today’s does. The Sunshine Act requires CMS to post the totals for each physician online by September 30, 2014.

Physicians have no legal duty to keep a tally of industry payments and gifts, but they may want to anyway. The Sunshine Act allows them to contest the dollar amounts that drug and device makers submit to CMS, especially if they think the numbers are inflated. Some medical societies fear that inaccurate information published by CMS could jeopardize the careers of their members.

In light of that worry, CMS released a free mobile app last month that physicians can use to record cash and in-kind payments from industry.

More information on the Sunshine Act, including the mobile app, is available on the CMS Web site.

Downloads OPEN PAYMENTS Fact Sheet for Physicians [PDF, 480KB].

Source: CMS
DentaQuest Foundation Grant Renewal Year 2!

A note from Susan Lawson, Oral Health Program Manager

As we begin Year 2 of the DentaQuest grant, I wanted to let you know some of the great plans we have for the Dental Leadership Network.

One of the things we wanted to get established this past year was a “dental list serve” that would function as a vehicle for you to pose questions or concerns and/or provide answers/suggestions that have worked for you and your center. We had some technical difficulties with which vehicle to use to accomplish this goal. We have decided, for the time being, we will have to use email to communicate with each other while exploring a better option. All of the email addresses are at the top of my most recent email I sent to you. If you have a question or want to post a resource that you have found helpful, just copy and paste the list and send it out to the group. If you want to respond, just hit “reply all” and send it on. These are the email addresses that I came up with. IF you would like me to use a different email address please let me know. ALSO if you want to include your Clinical or Program Coordinator to this list serve please send me his/her email address. We would be happy to include them.

This next year we plan to have quarterly face-to-face meetings as well as monthly conference calls. These meetings/calls will focus on a topic of interest as well as provide some time for you all to talk with each other and network. I would like to get a planning committee together to help with those topics of interest. Please let me know if you would like to be part of that committee. Also if you have any suggestions, PLEASE send them my way!

OACHC envisions this Dental Leadership Network to be a professional, positive and productive group of your peers that you can communicate openly with each other.

Toddler Obesity Risk

Toddler Obesity Risk Linked to Family Feeding Practices by Six Months Old: A recent study (Pediatric Obesity) examined feeding practices and how they might affect a child’s risk of being obese at age 2. Researchers found that breastfed babies were much less likely to be obese as toddlers than formula fed babies. Babies were also more likely to be obese at 2 years old if their parents introduced them to solid foods before 4 months old or if their parents put them to bed with a bottle. “The encouragement and support of breastfeeding and other healthy feeding practices are especially important for low socioeconomic children who are at increased risk of early childhood obesity,” the researchers note.

Source: American Academy of Pediatrics

RESOURCE ALERT!

The American Dental Association has a terrific website for both the Dental professional and the consumer. The site includes professional resources such as Featured Events, Practice Resources, ADA Product Guide, and the ADA Library to name a few. ADA has also included a new consumer website, Mouth Healthy. They have included great information on pregnancy, Babies & Kids, Teens, and Adults. MouthHealthyKids.org is a great page with fun videos to watch, activity sheets, games and quizzes. They didn’t forget the Educator either! There are great resources and lesson plans for a teacher to use in the classroom.
Ohio Starts Testing for New Disease in Newborns

The Ohio Department of Health (ODH) announced that it has added severe combined immunodeficiency disorder (SCID) to the list of diseases that all newborns in Ohio are screened for at birth. The ODH laboratory began screening for SCID on July 29, using the same newborn screening specimens already collected to test for 35 other rare disorders.

“The new screening item helps move Ohio forward in our fight against infant mortality,” said Dr. Ted Wymslo, director of the Ohio Department of Health. “More than 1,000 babies die before their first birthday in Ohio. By detecting SCID early, we can help our state’s infants have a healthier start to life and less medical problems down the road.”

SCID is a group of genetic disorders that causes profound defects of the immune system, the body’s line of defense against all types of infections. SCID is one of the most critical immune system problems and occurs in an estimated one in 40,000 newborns. If it is not treated, most affected infants die within the first year of life. The screening is expected to identify approximately three infants with SCID each year in Ohio. Ohio’s newborn screening program began in 1964 with one disorder and now screens for 36 disorders. Approximately 140,000 newborns are screened annually. The blood to be tested is drawn by a simple heel stick within 48 hours of birth. The screening provides an opportunity to detect medical conditions that, if not addressed early, would cause serious problems like developmental delays, major illness or death.

Prior to the addition of SCID this week, Tyrosinemia was the last disorder added and that occurred in July 2011. More information on the ODH’s Newborn Screening Program is available on the agency’s website [http://www.odh.ohio.gov/odhprograms/phl/newbrn/nbrn1.aspx].

Details on Ohio Department of Health initiatives to reduce infant mortality are also available online [http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/web320team/Infant%20Mortality%20Initiatives.ashx].

Source: Sentinel-Tribune

Federal Tort Claims Act (FTCA) Risk Management Virtual Conference

Learn techniques to effectively address potential and actual adverse events, to identify issues related to credentialing, and to employ an EHR for tracking without incurring the cost of travel. ECRI Institute, on behalf of HRSA, presents a free two-day virtual conference for health centers, free clinics, primary care associations, and HRSA project officers on strategies for addressing risk management challenges in the healthcare setting.

**Wednesday, September 11, 2013 11-4 EST**

Topics include:
- Credentialing in the Real World: A Case Study
- The Basics of Evaluating and Documenting Your Quality Improvement Program
- After an Event: Considering the Patient, Provider, and Practice
- After an Event: Understanding the Claims Process

**Thursday, September 12, 2013 11-4 EST**

Topics include:
- How to Use EHRs for Tracking: Lessons Learned
- Health Interventions: Promoting Patient Safety and Patient Engagement
- Development and Implementation of Well Designed Policies and Procedures
- Safe and Secure: Minimizing Environment of Care Risks

[Click here to register]
Help Protect Yourself and Your Family from the Flu

Influenza, also called “the flu,” is a serious, contagious disease, which can lead to illness, hospitalization, and even death. Every year, more than 200,000 people, primarily among the elderly but also some young children, are hospitalized from the flu. Getting vaccinated is the best way to protect yourself and your family from flu viruses and to help prevent the spread of influenza.

Symptoms of the flu: The flu is not a cold.

Sometimes the flu is confused with a cold, because they have similar symptoms. But, the flu usually comes on quickly with some, or all, of these symptoms:

- Fever
- Cough
- Sore throat
- Runny or Stuffy Nose
- Body Aches
- Headache
- Fatigue (feeling very tired)
- Sometimes vomiting and diarrhea (more common in children than adults)

How does the flu spread?

The virus spreads mainly by droplets from the nose and mouth that land on or are inhaled by anyone nearby. You can also get the flu if you touch a surface with the flu virus on it, like a door or railing, and then touch your nose, mouth, or eyes.

The best way to prevent the flu is to get vaccinated.

The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months and older should get the flu vaccine every year. To protect yourself and your children against the flu, make sure yourself and your children are vaccinated.

Who should get vaccinated?

The CDC’s Advisory Committee on Immunization Practices (ACIP) voted for “universal” flu vaccination in the U.S., meaning that everyone 6 months and older should be vaccinated every year. This includes parents, kids, grandparents, and other family members.

Everyone 6 months and older should get the flu vaccine each season. In particular, people at higher risk for serious complications from the flu; children younger than 5, especially children younger than 2, older people, pregnant women, American Indians and Alaskan Natives, and people with long-term health conditions, such as asthma, diabetes and heart disease.

You should know...

There are 2 types of flu vaccines.

The “flu shot” is given with a needle and contains an inactivated vaccine (killed virus).

Nasal spray flu vaccine (sometimes called LAIV or “live attenuated influenza vaccine”) is administered via the nose and contains a live, modified virus.

- Vaccines that help protect against all four influenza viruses contained in the vaccines (quadriivalent = two A viruses and two B viruses) will be available in the 2013-2014 flu season.
- You cannot get the flu from the flu vaccine. The viruses in the vaccines are made not to cause infection.
- Some people may experience some side effects from the vaccine (stuffy nose, fatigue, mild fever) but it is not the flu. These symptoms are usually minor and usually go away in a few days.

Vaccinating Children Can Help With “Community Immunity”

Immunizing enough of the population in a community to create a shield of protection that can provide secondary protection for individuals who have not been vaccinated is referred to as “community immunity.” People do not get vaccinated for many reasons, including that they may be too young, too old, or that they have an underlying medical condition. In order for “community immunity” to be effective, enough people, in particular children in the community (vast majority of the population) must be vaccinated.

The illustrations from the National Institutes of Health (NIH) National Institute of Allergy and Infectious Disease (NIAID) at right show how “community immunity” works to control contagious diseases, like the flu.

Did You Know?

- The flu is an infection of the nose, throat, and lungs caused by influenza viruses
- The flu is a potentially serious contagious disease that can cause illness, hospitalization, and sometimes death.
- Children 2 to 17 years old are nearly 2 to 3 times more likely to be infected with the flu than adults.
- School-age children are the main spreaders of the flu virus to other children, adults, and older people.
- More than 200,000 people, primarily in the elderly, in the United States are hospitalized each year because of the flu.
OACHC’s 2013 Fall Conference
Becoming the Healthcare Provider of Choice
October 22-23, 2013, Columbus, OH
The conference presents a unique opportunity to learn from industry experts, including preparing for the Operational Site Visit, while exploring and examining opportunities and challenges in Becoming the Healthcare Provider of Choice. There will also be ample time to connect with your community health center counterparts during meals and an evening reception. Tracks include clinical, finance, workforce, and a special one-day O/E workshop. Register here.

athenahealth Presents: ICD-10: Addressing Physicians' Top Concerns
Tuesday, September 10, 2013, 12:00-12:45pm EST
Join us for this ICD-10 webinar, where we’ll discuss:
-Five major concerns for physicians, including costs, vendor and payer readiness, and decreased efficiency
-Associating SNOMED codes with ICD-10 codes using mapping tools
-How advance testing and effective change management must be part of the transition
-The athenahealth ICD-10 guarantee, unprecedented in the HIT industry. Register here.

Front Desk: Dream Team or Worst Nightmare Webinar
Wednesday, September 11, 2013, 12:00-1:00 pm EST
Presented by Safety Net Solutions- The front desk at a community health center is not only your patients’ first impression of the entire dental practice, but it is also the area of the practice that ensures the health center is remunerated for services provided. Achieving an efficient, effective, customer service-oriented front desk is attainable, but it requires training, teamwork and communication. This presentation will deal with the unique challenges of hiring, training and running a front desk at a community health center. Register here.

WIHI broadcast — On the (Virtual) Road with Mobile Clinics and Population Health
Thursday, September 12, 2013 2:00-3:00pm EST
What’s the first thing that comes to mind when you spot a mobile health clinic? Find out more in this training opportunity. Register here.

The Primary Care Office at the Ohio Department of Health Presents: Instant Recess Webinar
Tuesday, September 17, 2013 12:00—12:45pm EST
Remember the thrill of recess? Looking for ways to increase staff productivity and teamwork? Interested in decreasing stress in the workplace? Register here by September 13, 2013.

National Primary Oral Health Conference
November 10-13, 2013, Denver, CO
The National Primary Oral Health Conference is the largest gathering of Health Center oral health program staff in the country and the primary venue for Health Center Dental Directors and their support teams to share quality improvement best practices, obtain clinical and administrative continuing education, and attend sessions on emerging oral health issues. Click here to register for the conference today!

Need more information about the Health Insurance Marketplace? Please utilize these helpful resources:
Marketplace.cms.gov
Healthcare.gov
Ohiochc.org/oe (health center professionals)
Ohiochc.org/coverage (consumers)