

# MidWest Clinicians' Network



## NETWORK NEWS

Spring 2014

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MW/CN

7215 Westshire Drive, Lansing, MI 48917 | 517.381.9441 | www.midwestclinicians.org

## Message from the President



### **Alphabet Soup: How our FQHC is transforming for ACA, ACO and PCMH**

**by Laura Pryor, RN, MSN**  
*Director of Quality & Disease Management,  
Windrose Health Network*

The Affordable Care Act (ACA) is bringing about reform of the entire healthcare system. Accountable Care Organizations (ACOs), Population Based Health, and Patient Centered Medical Homes (PCMHs) are all designed to achieve a higher quality of care and better patient outcomes while also creating cost savings across the systems. Integrating these models seamlessly into our system seemed challenging at the outset. We had to ask ourselves: "How do we meet all these demands with the limited resources we command?"

We first looked at all the areas/systems/programs we needed to integrate:

- BPHC FQHC clinical performance requirements
- ACA
- Franciscan Alliance Pioneer ACO partner
- NCQA PCMH recognition
- ISDH Chronic Care Model Learning Collaborative
- CMS Meaningful Use measures
- Anthem BC/BS Patient Centered Primary Care (PCPC) program

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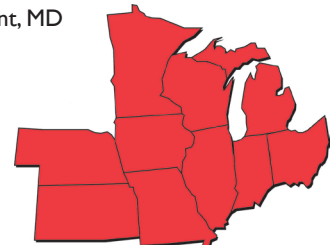
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# NETWORK NEWS



## Alphabet Soup: How our FQHC is transforming for ACA, ACO and PCMH *continued*

MWCN

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The more we studied these systems, the more similarities we found. All sources seem to be pushing us to do a more population health based model of care, with prevention, chronic disease management and cost savings as the star players. So...how do we best meet the measures for the various programs? Our answer was to create a Care Coordination Program.

We currently have Community Health Workers for each site to help patients enroll in Medicaid, ACA-certified insurance plans and our sliding fee scale. As the enrollment period winds down, these team members will have some excess capacity in their schedules. We plan to take advantage of that time to help with clinical outreach activities designed to proactively engage our patients. Their focus will be on making reminder calls to patients and to set appointments for preventive health needs. We hired our first nurse care coordinator in January. This nurse is taking the lead in generating internal reports; retrieving external reports and facilitating care needs communication with provider teams, CHWs, and patients. Because we do not have our own case managers, we are using the resources of our partners—ACO, Medicaid and PCPC case managers—for those patients

### We divided our measures into 4 pathways

	Pathway 1: Patient Reminders	Pathway 2: Chronic Condition Care Gaps	Pathway 3: Heavy Utilizers	Pathway 4: High Risk Patients
Scope	Preventive Health: cancer screenings, immunizations, wellness exams	Diabetes, HTN, CHF, Asthma, Obesity, IVD, Depression	Inappropriate ER use, Over-utilization of brand name medications	Multiple conditions/ providers, Inpatient hospital stays; poorly managed conditions
Tools to Identify Patients	Calendar of scheduled chart audits via EMR registry; External reports from Medicaid, commercial insurers & hospitals; and proactively pulling data from state health information exchange and immunization registries.			
Team Members	Care Coordinator, Community Health Worker, Provider & Support Staff			
Anticipated Outcome	Office Visit; Referral for specialist or ancillary services		Office Visit; Referral for specialist or ancillary services; Referral to intervention resource: Case Management Program or Behavioral Health services	
Follow Up	Missed Care gaps will be identified at next report interval; Provider/Support staff intervention at next face-to-face visit		Care Coordination program referral; Provider/Support staff intervention at next face-to-face visit; Follow WHN Referral Protocol	

needing more intensive care management. We also work with a local Community Mental Health Center to provide Behavioral Medicine interventions as needed.

Navigating the healthcare system seems to be getting more complicated every day; not just for patients, but for healthcare organizations too. Although we are just beginning this journey, it seems we have a good handle on how to do the most work with our limited resources—something with which all health centers are familiar! ■

#### Resources:

<http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>

[http://www.anthem.com/wps/portal/ahpprovider?content\\_path=provider/nh/fl/is0/t0/pw\\_e185909.htm&state=nh&label=Patient-Centered%20Primary%20Care%20Program](http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/nh/fl/is0/t0/pw_e185909.htm&state=nh&label=Patient-Centered%20Primary%20Care%20Program)

[www.state.in.us/isdh/files/Winter\\_2013\\_Newsletter.pdf](http://www.state.in.us/isdh/files/Winter_2013_Newsletter.pdf)

[www.state.in.us/isdh/files/Winter\\_2013\\_Newsletter.pdf](http://www.state.in.us/isdh/files/Winter_2013_Newsletter.pdf)



## Why Are My Patients Still Depressed?

Stacey R. Gedeon, Psy.D., MSCP Behavioral Health Representative

It is estimated that 6.7%, or 14.8 million, American adults meet the criteria for Major Depressive Disorder (MDD) in a given year<sup>1,2</sup>. Furthermore, for adults in the U.S., MDD is the leading cause of disability in those aged 14-44<sup>3</sup>. The majority of people with depression do not seek treatment, however, even for those who do the remission of symptoms can be elusive. Even with antidepressant (AD) treatment, several factors can negatively impact the resolution of a major depressive episode:

- **Adherence** – Assuming patients fill their prescription (up to 1/3 of patients never fill their first AD prescription and of those who do, less than 1/2 get a second month of the prescription), they will need to be thoroughly educated to increase adherence to their medication regimen. In addition to answering questions and dispelling myths about AD medication, patients need to be informed about common side effects, time to onset of effect, and dosing instructions to increase adherence to their medication regimen. For example, oftentimes there is a temporary increase in symptoms of anxiety after starting an SSRI, the maximal effects of ADs can take 6-8 weeks, and sexual side effects can be treated.
- **Efficacy** – Response to an AD is defined as a 50% reduction in depressive symptoms, and 30% of patients do not achieve this with the first AD tried. Additionally, most people do not achieve remission

(i.e., the removal of all depressive symptoms) with the first AD tried. Even for those who do experience response or remission, there is the possibility of “Prozac poop-out” or a tachyphylaxis phenomenon that has been reported most often with SSRIs, wherein the medication that was previously effective seems to just stop working in the absence of other confounding variables. In such cases, one may need to switch or augment the current AD treatment, possibly more than once.

- **Dosing** – under-dosing and short trials are common in the primary care setting. It is estimated that only about 30% of patients receive the appropriate dose, and frequently the AD is changed prior to increasing the dose until symptoms remit or side effects become intolerable. Another complication is when patients do not take the medication as prescribed, missing doses and/or using medication “as needed” based on how they are feeling (e.g., take less if they are having a good day and take extra if they are not). An adequate trial of an antidepressant is generally considered to be 6-8 weeks at the therapeutic, not starting, dose.
- **Additional factors** – Other possible contributors to ongoing depressive symptoms can include substance use/abuse issues (e.g., alcohol, prescription or illicit drugs), side effects of other drugs such as opioids, birth control pills, clonidine, and untreated co-morbid medical problems (e.g., hypothyroidism,

low testosterone, sleep apnea, nutritional deficiencies). Finally, one must also consider the need for concurrent psychotherapy to address psychosocial stressors that may be contributing to the maintenance or worsening of depressive symptoms.

Regular follow up appointments, especially at the outset of starting AD treatment, to assess adherence, efficacy, side effects, etc. is critical to successful treatment of depression. These also serve as opportunities to encourage patients to engage in enjoyable activities, regular exercise, and proper sleep hygiene strategies to assist in managing depressive symptoms and improving their overall health and well-being. ■

1. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun; 62(6): 617-27.

2. U.S. Census Bureau Population Estimates by Demographic Characteristics. Table 2: Annual Estimates of the Population by Selected Age Groups and Sex for the United States: April 1, 2000 to July 1, 2004 (NC-EST2004-02) Source: Population Division, U.S. Census Bureau Release Date: June 9, 2005.

3. The World Health Organization. The global burden of disease: 2004 update, Table A2: Burden of disease in DALYs by cause, sex and income group in WHO regions, estimates for 2004. Geneva, Switzerland: WHO, 2008.



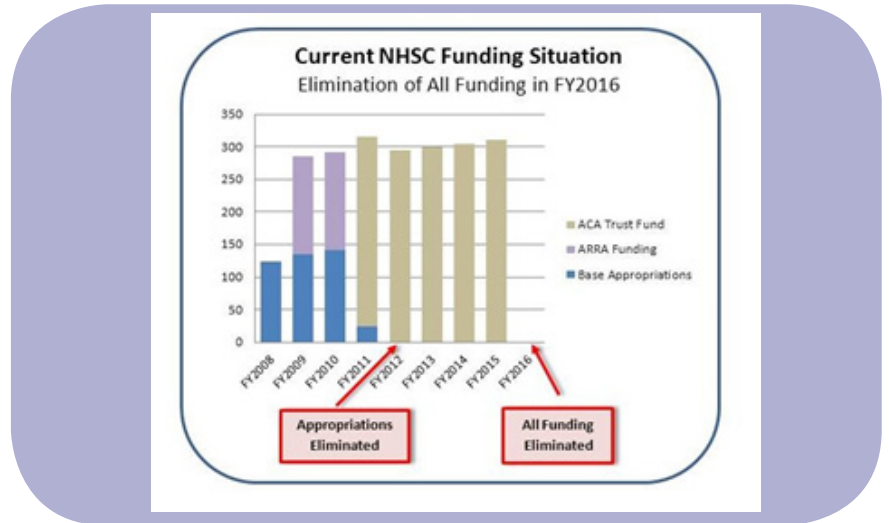
## The Campaign To Save The National Health Service Corps

*Craig A. Kennedy, Executive Director, Association of Clinicians for the Underserved*

The National Health Service Corps (NHSC) was established in 1972 in order to increase the distribution of primary care providers across the country. Over the course of four decades, the NHSC has supported more than 45,000 primary care providers in America's highest need communities. Currently, there are nearly 9,000 NHSC members providing medical, dental, behavioral and mental health care to more than ten million people in urban, rural and frontier areas across the country; more than 2,000 NHSC members currently serve in MWCN states.

Unfortunately, the NHSC is scheduled to end October 1, 2015. What was once annually approved funding from Congress through the regular Appropriations process, was changed to a 5-year trust fund implemented as part of the Affordable Care Act (ACA). While this change increased the funding for the program, it also was time limited. With the NHSC's Trust Fund set to expire at the end of FY2015, the program faces a non-existent future unless a continued source of federal funding is established.

This is exactly why we started the **Campaign the Save the National Health Service Corps.** The Association of Clinicians for the Underserved (ACU) is a nonprofit, trans-disciplinary organization made



up of clinicians, advocates and healthcare organizations. Established in 1996 by NHSC participants and alumni, today ACU is the lead voice for the NHSC program in Washington DC. And we've already seen significant movement forward for the Campaign from none other than the President himself. As part of the President's request for fiscal year 2015, he called for an expansion of the program next year, and the establishment of a new 5-year trust fund through FY2020. While this is certainly very good news, it only means that the policy debate on the future of the program can now begin in earnest. Congress still has to act on this request, and given the tight budget caps, recent partisanship, and the fact that it is an election year, we have a lot of work to do before we can say the program is truly safe. Step one in our campaign has been to organize those that care

about the NHSC and to focus that energy to do the most good going forward. ACU is looking for individual providers and safety net organizations that support the NHSC and would like to join our effort to save this valuable program. We have developed a website that details more of the background and facts that led to this circumstance, and also how to join our fight. We don't have long to win this battle, so please join with us today. We're happy to answer any of your questions about the NHSC, our Campaign or ACU. [www.clinicians.org](http://www.clinicians.org)

Thank you very much for your support, and we are optimistic we can win this fight together! ■





# NETWORK NEWS

## Walk@Lunch Contest!

Wednesday April 30th

Midwest Clinicians' Network's annual Walk@Lunch is a fun way to show your support of physical activity and a healthier workplace. After you walk on the 30th, simply email [acampbell@midwestclinicians.org](mailto:acampbell@midwestclinicians.org) with a photo/description of your walking group and how many employees took part and you are automatically entered to win a prize!

Creativity is always fun, but the main goal is to walk! (Photos may be used in the next MWCN newsletter.) Some ideas to make it fun and healthy:

- Begin by inviting co-workers to wear their sneakers to work
- Arrange a pot luck focused on healthy foods so everyone has lunch available on site
- Encourage employees to get in 30 minutes of walking that day
- Change one of your meetings to a walking meeting, and let your colleagues know why
- Pick a color for everyone to wear to show support of the activity
- Tell your patients, so they can see you are making time for exercise
- Bring umbrellas this day to be prepared for rain

**\*\*GOAL** – to have entries from all 10 states and all 10 Primary Care Associations! Let's show our commitment to physical activity as a group!



2013 Walk@Lunch Participants from TCA Health in Chicago, IL!

**OPEN TO ALL STATES**

**May 9 - 10, 2014**

**Indianapolis, Indiana**



**Integrating Oral & Primary Healthcare:  
One Patient at a Time**

### Featuring Keynote Speakers:

*Dr. Sean Boynes, DMD: CarolinaSouth Health Centers &*

*Seiji Hayashi, MD, MPH CMO: HRSA*

### Hotel Information

*(Book your hotel by April 9th to receive the group rate!)*

The Primary Care Associations from Illinois, Michigan and Ohio have collaborated with the DentaQuest Foundation to arrange a Medical/Dental Integration Summit. Through our extensive participation in the DentaQuest initiative to "Strengthen the Oral Health Safety Net", we aspire to continue the strong tradition of Public Health professionals sharing best practices and spreading new and innovative models of learning with each other. The focus of this Summit is to collaborate and promote interprofessional relationships among healthcare providers responsible for overall patient health.

### Who should attend:

Medical/Dental professionals and CEO/ Operations Directors. Post-doctoral graduates, nurses and dental hygienists are also encouraged to attend. Open to all states.

Attendees are eligible to receive Continuing Education Credit.

### Learning Objective:

This training will promote oral health integration within the medical home model. The focus of the training is on key methods and best practices you can utilize to optimally integrate clinical, operational and fiscal solutions into your dental practice to give patients the best and most efficient high quality care.

**Click here to register!**

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## The Change Agent

Anita Patterson, BS, Leadership Certification, Performance Improvement Manager, Charles Drew Health Center

During the Crimean War of 1854, 60% of the British soldiers admitted to Barrack Hospital in Istanbul (Turkish) lost their lives. The high mortality rate was linked to lack of basic sanitation and hygiene standards. While serving at the Barrack Hospital, Florence Nightingale implemented standard polices such as hand hygiene, sterilizing surgical instruments, and improved sanitation practices. As a result, by the end of Nightingale tenure the mortality rate had dropped to 1% [1,2]. What a difference change can make!

As performance improvement managers, we are “change agents” for our patients, our community and our organizations. Change can occur by having a solid performance improvement plan that includes measurements, assessment, continuous monitoring and evaluation to improve the quality of clinical and operational processes. In addition, clinical risk management, safety management, utilization management and infection control are essential components of the performance improvement process. Some well-liked QI Models are: Care Model and Lean Model (focus on improving patient care), FADE Model (Focus-Analyze- Develop-Execute), Six Sigma and Plan-Do-Study-Act (PDSA) (focus on processes that monitor the results of measures). However, the PlanDoStudyAct (PDSA) Model is most commonly used in health care.

“It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.”  
Florence Nightingale

The PDSA Cycle (Figure 1) was developed by physicists Walter A. Shewhart and W. Edwards Deming in the mid-1920s in an effort to improve the American industry [3]. The PDSA Cycle is currently used in health care system to improve the quality of health care.

The PDSA Cycle is good for testing and promoting change. The model in Figure 2 developed by Associate in Process Improvement, is a great model to accelerate change. Its important findings are communicated throughout the organization and

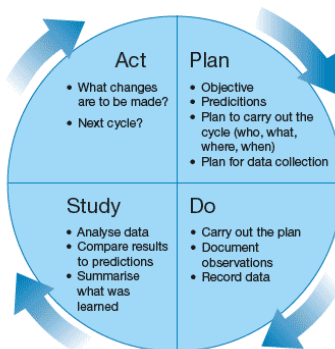


Figure 1

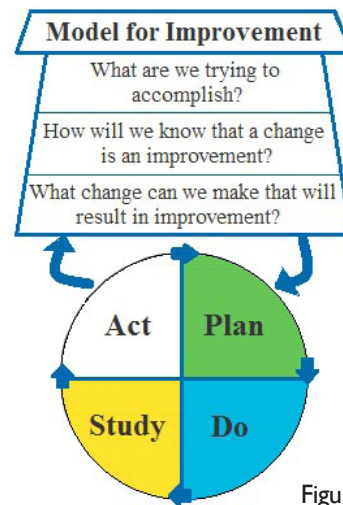


Figure 2

the performance improvement process is monitored by the board of directors or subcommittee. Additionally, as organizations achieve goals it's important to communicate success. Do not be afraid to CELEBRATE!!

### Reference

1. Kalisch PA, Kalisch BJ. *The advance of American nursing (4th ed.)*. Philadelphia: Lippencott, Williams & Wilkins, 2004.
2. Henry B. Woods S. Nagelkerk J. *Nightingale's perspective of nursing administration*. Sogo Kango 1992;27:16-26
3. Sharon B. Buchbinder, Nancy H. Shanks: *Introduction to Health Care Management*, Jones & Bartlett Learning, LLC, 2012
4. Figure 2 API Associates in Process Improvement, [http://www.apweb.org/API\\_home-page.htm](http://www.apweb.org/API_home-page.htm)



# NETWORK NEWS

## Job Postings

### ILLINOIS

**Various Positions:** PCC Community Wellness Center is a FQHC, with a competitive compensation and benefits package. PCC is located just 7 miles from downtown Chicago in Oak Park, IL—home to Frank Lloyd Wright's studio and Ernest Hemingway's birthplace. With affordable housing and an outstanding school system, this ideal suburban community with an urban flair is an exceptional community to raise your family, and further develop a rewarding healthcare career. PCC is a participant in the National Health Service Corps (NHSC) Loan Repayment program for Providers and Nurses, which is also sponsored by the Health Resources and Services Administration. Recent graduates are always welcome to apply.

**Providers:** Seeks vibrant Family Practice Physicians, APNs, and CNMs to join our team of dedicated professionals.

**Nurses:** Seeks dedicated RN's to join our thriving healthcare team.

Send your CV to [recruit@pccwellness.org](mailto:recruit@pccwellness.org)  
Visit us at: [www.pccwellness.org](http://www.pccwellness.org).

**Physicians:** Family Christian Health Center (Harvey, IL) is seeking to hire a motivated full-time family practice physician and Pediatrician. We are a federally qualified, state-of-the-art health center. FCHC offers a competitive salary and benefit package. Contact Regina Martin via email, [rmartin@familychc.org](mailto:rmartin@familychc.org) or phone, 708.589.2017 for more information.



### INDIANA

**Various Positions:** The Jane Pauley Community Health Center seeks FPs for new practices providing care to a diverse, underserved patient panel. This full-time opportunity offers a shared, low-volume call schedule and the ability to build a strong practice; competitive compensation and excellent benefits package. Jane Pauley CHC serves the local community, regardless of insurance or income, with an emphasis on integrating medical and behavioral health along with access to various other social services. For more info or to apply click here.

### KANSAS

**Various Positions:** Shawnee County Health Agency-Community Health Center (SCHA-CHC) is seeking to hire a Medical Director and (2) Mid Level Providers to provide services at our clinics. SCHA offers a competitive salary, health insurance, and CME package, along with many other county benefits. Contact Kay Morgan, Personnel Specialist, by email [kay.morgan@snco.us](mailto:kay.morgan@snco.us) or apply at [www.snco.us](http://www.snco.us).

**Medical Director:** Ingham County Health Department (IChD) is seeking a full-time Medical Director/Physician for the coordination and oversight of all medical care and services administered through the County's Network of Federally Qualified Health Centers. Must be Board Certified in Family Practice or Internal Medicine. Contact Barb Mastin by email at [bmastin@ingham.org](mailto:bmastin@ingham.org) or visit <http://hd.ingham.org/> and click on "Job Opportunities" for more information.

### MICHIGAN

**Various Positions:** Cherry Street Health Services, a community health center, is seeking a Family Medicine Physician and a Psychiatrist to care for the medically underserved in Grand Rapids, MI. These providers will have the opportunity to work w/multi specialties. Position open for NHSC Scholars, and loan forgiveness programs. If interested you may contact Robert Lackey, 616.776.2124, [Boblackey@cherryhealth.com](mailto:Boblackey@cherryhealth.com).

### MINNESOTA

**Various Positions:** Indian Health Board seeks a FT family physician and a FT dentist for its Minneapolis clinic. We offer a competitive salary and exceptional benefits. Contact Human Resources by email [cfields@ihb-mpls.org](mailto:cfields@ihb-mpls.org), by fax 612.721.7870, by mail 1315 E. 24th St. Minneapolis, MN 55404 or [www.indianhealthboard.com](http://www.indianhealthboard.com).

**Various Positions:** Planned Parenthood has exciting opportunities for Clinicians at our St. Cloud (16hrs/wk), St. Paul (32hrs/wk, benefits eligible), and Minneapolis (16hrs/wk) locations. We are looking for passionate, dedicated staff who are eager to make positive contributions to their community and to the Planned Parenthood mission. To learn more and apply online, please visit our website [www.ppmns.org](http://www.ppmns.org) and click on Jobs on the left-hand side of the page.

**Physician:** Work-Life in balance? Minneapolis FQHC seeks Primary Care/Internal Medicine Physician 4-5 days/week. No in-patient calls. Competitive salary and benefits. For more info visit [www.neighborhoodhealthsource.org/jobs.html](http://www.neighborhoodhealthsource.org/jobs.html)

**Physician:** Lake Superior Community Health Center is seeking to hire a full time Dentist. DDS/DMD degree is preferred. LSCHC offers excellent wages & benefits and the opportunity for loan repayment. Please refer to [www.lschc.org](http://www.lschc.org), fill out an application and submit along with resume to [lschhr@sisunet.org](mailto:lschhr@sisunet.org) or mail to LSCHC, 4325 Grand Ave, Duluth, MN 55807.

# NETWORK NEWS



## Job Postings

### OHIO

**Various Positions:** Heart of Ohio Family Health Centers is seeking Family Practice Physicians, CNPs, CNM's, RN's and LPN's (preferred experience in pre-natal care), Experience in EHR is a plus, Competitive Salary and Benefits Package. Please submit resume to Jaclyn W., HR at [jwoodard@hofhc.org](mailto:jwoodard@hofhc.org).

**Physicians:** Community Health Centers of Greater Dayton in Dayton, OH has several career opportunities for family practice/ internal medicine physicians. CHCGD offers a competitive salary and benefits, including loan repayment. Contact Sheryl Fleming, Human Resource Manager; at [sfleming@chcgd.org](mailto:sfleming@chcgd.org), or visit our website, [www.communityhealthdayton.org](http://www.communityhealthdayton.org).



### QI COORDINATOR

Fairfield Community Health Center is seeking a full time Quality Improvement Coordinator to manage QI, PCMH, Risk Management and other programs at 4 sites in and near Lancaster, OH. A RN or LPN with hands-on experience is preferred. A competitive salary and benefits package is available. Contact Human Resources for additional information at [rvarney@fairfieldchc.org](mailto:rvarney@fairfieldchc.org) or 740-277-6043 Ext. 1004

### OHIO

**Family Practice Physician:** CAA Health, Behavioral Health and Dental Centers (FQHC) looking to hire a full time Ohio licensed Family Practice Physician. We have offices in Lisbon, Salineville and East Liverpool. Competitive salary and benefit package. Monday through Friday no weekends. Contact Mary Ann Pettibon, COO by email [maryann.pettibon@caaofcc.org](mailto:maryann.pettibon@caaofcc.org), or by mail at 7880 Lincole Place, Lisbon, Ohio 44432

### WISCONSIN

**Various Positions:** Kenosha Community Health Center (KCHC) is seeking to hire a Registered Dietitian (part time), Psychiatric Nurse Practitioner and Nurse Practitioner. KCHC has addressed the financial, cultural, and language barriers that prevent access to health care since 1995. As a not-for-profit charitable organization, we provide affordable and quality primary medical, dental and behavioral health care. Visit [www.kenoshachc.org/careers](http://www.kenoshachc.org/careers) to learn more about the open positions, requirements and how to apply.

## ICSI

Institute for Clinical Systems Improvement

The Institute for Clinical Systems Improvement champions the use of evidence-based medicine. A cornerstone of its work is enlisting clinicians from its membership to perform rigorous reviews of current scientific literature and develop evidence-based guidelines and protocols on numerous health conditions that enable clinicians in 180 countries to practice best medicine. [https://www.icsi.org/guidelines\\_\\_more/](https://www.icsi.org/guidelines__more/)



<http://epss.ahrq.gov/PDA/index.jsp>

The ePSS is an application designed to help primary care clinicians identify clinical preventive services that are appropriate for their patients. Use the tool to search and browse U.S. Preventive Services Task Force (USPSTF) recommendations on the web or on your PDA or mobile device.