

Network News

April 2007

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Message from the President Never Underestimate the Power of One!

By Kay Strom, MHA, RN, BC, CPHQ

You wanted to make a difference. That's why you chose a healthcare profession. Then you chose to work in a Community Health Center. You may have thought that your career choice was healthcare – not politics. While that may be true, it is also true that the two are tightly intertwined, especially when you work with Federally Qualified Health Centers. Our very existence is dependent on the political process. Everything from the reauthorization of the program itself, to the amount of funding allocated on an annual basis, is determined by the political process. The impact on you and your center make this process too important to ignore.

Health centers are community-owned, non-profit businesses that provide access to quality primary and preventive health care that is affordable to everyone. Local community initiatives were successful in establishing health centers that serve over 11 million people. More and more, the ability of health centers to influence our future at both the state and federal levels will depend on our ability to consistently mobilize a significant number of local advocates who can work together to win.

Central to the success of health center advocacy is the ability to communicate a unified message of what health centers are, what services they provide, and who are the people they serve. You simply must be able to tell your story. Make

it clear, make it interesting, and make it consistent. Before you can expect outsiders and lawmakers to grasp the concept, you should start with your board and your employees. Make advocacy a part of board training and new employee orientation. Help them to understand that they are a part of a national network. Let them know that their voice and their vote are important. Enlist their support. Personalize and localize the issue of health centers by talking specifically about what your health center does and the impact it has on the community. Patients who can attest to the difference your health center made in their lives are especially powerful. Ask them to act to strengthen your center's ability to serve the community.

Advocacy is an ongoing process and it involves building relationships and providing education about issues and processes. Letting your lawmakers know who you are, and what you do, is just the beginning. Make it personal – invite them to your center, give them a tour, share some stories to make it real. Get to know them. Learn what their pet projects are. Lay the foundation before



Kay Strom
MWCN 2007 President

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Message from the President *continued*

you need to ask for favors. Stay on their radar screen. Communicate with them often enough to promote name recognition of yourself and your center.

Elected officials listen to their voters. As you work to develop your advocacy team, start by encouraging your patients and staff to register and vote. Remind them that their vote counts as much as yours.

The National Association of Community Health Centers, Inc. (NACHC) provides valuable advocacy information on their website at <http://www.nachc.com/advocacy>. They offer General

Tips for Making Your Voice Heard to assist you to develop a strategy. The Communication Tips include instructions on letter writing and making effective phone calls. Advocacy Restrictions and Limitations on Federally Funded Health Centers are shared through a series of Questions and Answers on Health Center Lobbying. The Grassroots Action Center makes it easy and quick to contact your legislators by walking you through the process and drafting a basic message for you to edit and personalize.

Grassroots Advocacy works. The latest evidence is the passage of the FY 2007 Continuing Resolution that

contained a \$207 million increase for health centers. The funding increase will strengthen and expand health centers' efforts to reach more people in need of life-saving preventive health care services. The funding increase includes \$25 million designated for Base Grant Adjustments to help existing health centers cover the costs of caring for a burgeoning patient population. We will need your continued efforts as we take on the challenge of increases in Health Center funding for Fiscal Year 2008 and other critical issues affecting our centers and our communities in this Congress. You have a voice – use it!

RESEARCH UPDATE

MWCN Member Centers Partner with University of Chicago for Diabetes Research

Dr. Rockelle Rogers, Medical Director at Family Health Center in Kalamazoo, Michigan, was awarded funding to conduct her proposed study, which is designed to test an intensive diet and exercise intervention. Family Health Center patients who are overweight and whose diabetes is in poor control are being identified and recruited to participate in a two-arm randomized controlled trial. The study plans to randomize approximately 50 participants to an intensive, personalized diet and exercise intervention that will be conducted on site and in a community church's gymnasium by health center dietitian and social work staff, along with a personal trainer. An equal number of participants will be randomized to a "usual care" control condition. Participants will remain active in the study for a full six months, and will be evaluated for changes in their dietary consumption, exercise frequency and intensity, body mass index, lipids, blood pressure, and glycemic control. Additional psychosocial factors that may mediate to behavioral and physical outcomes are also being assessed.

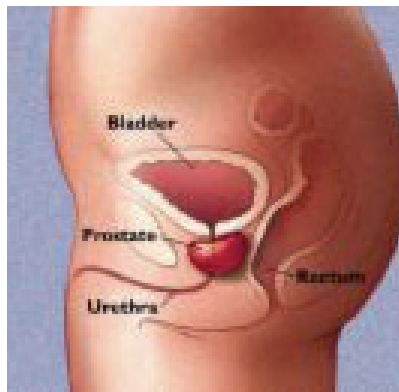
Dr. Kathleen Culhane-Pera, Associate Medical Director at WestSide Community Health Services in St. Paul, Minnesota, was awarded funding to conduct her proposed study, which is designed to develop and evaluate the effect of culturally appropriate group visits for Hmong adults with diabetes on their self-management behavior and disease outcomes. In her prior research with her Hmong patients, Dr. Culhane-Pera identified culturally-based and commonly-held beliefs about diabetes that stressed the importance of balance. The culturally appropriate group visits are designed to focus on this notion of balance, while promoting goal setting and improved self-management. Group visits are facilitated by lay health leaders and healthcare professionals who are Hmong and/or speak Hmong. Study participants will be recruited from the patient population at WestSide Community Health Services and will participate in the monthly group visits for six months.

Prostate Cancer: Burden, Diagnosis and Screening

By: Carla Chance, RN CPHQ
Midwest Cluster HDC Indiana Program Director

Prostate cancer is the most prevalent cancer in men in the nation, according to the American Cancer Society. In general it contributes less to earlier deaths, but it contributes to lower comparative life expectancy especially in African American males. In Indiana, African American men experienced a significantly greater prostate cancer burden when compared to the state's white male population. The incidence and mortality rates for the white male population averaged 133.3 and 27.0 per 100,000 from 2000-2003 compared to the African American male population average of 214.7 and 64.7 per 100,000. This significant disparity is also seen nationally.*

The prostate gland is a male-specific *interior* structure adjacent to the bladder. It is positioned between the bladder and the rectum. For some men the prostate gland enlarges gradually in the later decades of life. Due to its position internally adjacent to the bladder, its enlargement can compress the bladder and cause it to feel full sooner. Fortunately, most cases of enlargement of the prostate are not necessarily cancerous. Digital examination by a provider can reveal the size, consistency, surface contour, and potential irregularities of the prostate gland. Laboratory evaluation of urine can sometimes contribute some limited information about the prostate.



Male blood can be tested for prostate specific antigen (PSA). The PSA level can vary spontaneously, yet most experts consider a PSA less than 4 units to be reassuring in most circumstances. PSA can be elevated in blood for

reasons that include prostate enlargement, prostate inflammation, and prostate cancer, as examples. One PSA result would be evaluated in context of the patient's condition and can be repeated at a reasonable interval if concerns arise. According to Dr. Peter Nalin, Associate Dean for Graduate Medical Education and DIO for the Indiana University School of Medicine, "PSA contributes to our knowledge of prostatic health and disease, yet more research about the PSA and other potential prostatic indicators would be welcomed. Current dialogue with one's doctor and reassessment for screening recommendations could be prudent responses to this persistent cancer problem."

In the absence of a better screening test to be developed, the American Cancer Society recommends PSA testing at age 40 for African American men and men with prostate cancer family histories; and at age 50 for other men.

In general the male population does not show up for medical services if they are feeling well. So how does one provide early detection? The Gary Community Health Center in Gary, Indiana had received a small amount of funding for PSA testing in their predominantly African American male population. Dr. Janet Seabrook, Executive Director, wanted to do more than just offer the PSA to the health centers' male patients, so the health center hosted a health fair targeting men in the community. They invited male patients who received a prostate examination, PSA screening and were treated to educational health information for men. Dr. Seabrook reported that approximately 80% of those invited participated and took advantage of the screening making this a well received endeavor. She also stated that offering free PSA testing was very important.

* Data source is the Indiana Cancer Facts and Figures 2006 publication.

Dental Screening for Pregnancy Tumors

By: Tika Shah, DMD

People's Health Centers – St. Louis, Missouri



One of the most common old wives' tales that we hear in the dental office is a pregnant woman saying that her unborn baby "is stealing all the calcium" from her teeth causing tooth decay and gum disease. Many also believe that tooth loss due to pregnancy is a normal process. Both beliefs are completely false. While it is true that pregnant women experience changes in their oral cavity, it is not necessary for them to believe that their oral health is not under their control while pregnant.

During pregnancy, a woman experiences many changes in her body. The oral cavity is no exception. More than half of all pregnant patients experience redness and swelling of the gums. Increases in estrogen and progesterone levels can result in an increase in plaque bacteria accumulation. Formation of plaque and failure to remove it daily leads to the inflammation of gums and is often called "pregnancy" gingivitis.

Pregnancy gingivitis can lead to periodontal disease (destruction of gum and bone) if it is left untreated. In some women, pregnancy gingivitis becomes severely painful and uncomfortable. Often times, gums become pedunculated and resemble mulberries. These are termed "pregnancy tumors". Although benign in nature, they

can pose problems while chewing. The dentist can safely excise these pyogenic granulomas after the pregnancy is completed.

Pregnant women may start experiencing oral changes as early as the second month of gestation. Thus, the best time for an expectant mother to receive preventive dental care is in the first and second trimesters. Routine fillings and extractions may also be completed during this time, however, all elective treatment should be postponed until after the baby is born. Emergency procedures may be performed in the second trimester and in the first half of the third trimester. Local anesthetics, some analgesics and antibiotics can be used safely after consulting with the patient's obstetrician.

As the child grows in the mother's womb, proper brushing and flossing become very important for a healthy, full term delivery. It is routine at our Health Center for all prenatal patients to receive a dental screening and a subsequent cleaning of the teeth and gums. Our goal during the prenatal dental screening is to educate expectant moms about the importance of receiving dental cleanings and following proper home care. Education on proper nutrition is also reviewed to ensure that the baby is healthy. Cravings for carbohydrate-rich foods typically increase during pregnancy. Frequent snacking may also cause a woman to develop more plaque, which in turn may lead to tooth decay and gingivitis.

Recent research conducted by the American Academy of Periodontology further stresses the importance of dental health before, during and, after one becomes pregnant. A strong correlation between poor maternal gum health and pre-term, low birth weight babies clearly exists. According to the Academy, pregnant women who have untreated periodontal disease are 7 times more likely to deliver babies too early. Preterm babies with low birth weight have a significantly higher mortality rate. Babies that do survive often have serious health problems such as mental retardation, cerebral palsy and blindness.

The bacteria that cause periodontal disease travel through the blood stream and initiate the release of prostaglandins and tumor necrosis factor. The rapid increase of these chemicals induces early labor. The release of prostaglandins and tumor necrosis factor are amplified in pregnant women that are diabetics making it even more difficult to control blood sugar levels. Nonsurgical dental treatments, such as deep cleanings, during pregnancy have proven to decrease the likelihood of having a preterm, low birth weight baby.

In addition to getting a dental check up and treatment, a pregnant woman should also follow healthy dietary and home care habits. Eating a well balanced diet that covers all the major food groups, taking prenatal vitamins, consuming juices with

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Vitamin C and folic acid, brushing and flossing daily, refraining from drug, alcohol and tobacco use are all essential in reducing the risk of oral infections and decreasing the chances of an unhealthy pregnancy outcome.

Because maternal oral health during pregnancy affects the overall health of the baby, eating a healthy diet

full of calcium enables proper development of the baby's teeth between the third and sixth months of gestation. Insufficient calcium in the mother's diet will cause her body to retrieve calcium from her bones, not her teeth!

With proper education and dental care, we can help ensure good pregnancy outcomes and debunk

the myths and old wives' tales that surround us. Carrying a baby should be a positive, healthy experience for all women and, education is crucial in achieving our goals together in a partnership with our prenatal patients.

ANALOGUE TO DIGITAL?

By: **Jacque Sousley, Director of Clinical Operations**, Katy Trail Community Health, Sedalia, MO



What an overwhelming concept to consider purchasing digital radiography equipment, or converting

from film (analogue) to digital!!

Initially, cost is an issue. Overall, digital equipment is approximately four to ten times the cost of analogue. For a typical radiography room, analogue is \$150,000 and a processor is \$75,000 (not taking into consideration plumbing, chemicals, film, cassettes, maintenance, etc.). A digital unit will run around \$600,000, with a digital printer around \$50,000. Monthly costs for a digital storage system (ie PACS-Patient Archiving and Communication System) or electronic storage, and T-1 or T-3 lines (to send the images electronically) vary significantly.

Evaluation of digital is many faceted. Although the initial expense is much higher, savings occur over time in the reduction of film costs, processing, film storage, and an increase in output by 25%. My

personal experience as a radiological technologist using analogue for 15 years and digital for 2 years was decreased back and neck problems associated with lifting cassettes repeatedly, and no more processor issues including availability of service personnel and timeliness of repairing processor problems.

With digital, a radiologist or **consulting physicians can view the images from multiple locations at the same time if necessary.** This can be a huge advantage if a clinic or hospital has many sites with only one or two radiologists. Digital allows transfer of images from one site to another, or even to a radiologists home if they take call.

Studies show that digital provides better clinical images **with up to 30% less radiation to the patient**, fewer repeats (which means less radiation to the patient), and the ability for the technologist and radiologist to "tweak" (**window and level**) the image (make the image darker or lighter).

In the vendor selection process, my advice is to look at every company available. Keep a log of all the pros and cons of each piece of equipment. Call as many sites as you can to have them share their experiences throughout the entire process (including ease of conversion,

quality and timeliness of service). In the final selection process, go to an actual working site and bring a manager, several "worker bees", an **IS/IT person**, and a radiologist *at minimum*. These sites can eventually become a valuable resource for you in the future.

Electronic storage can be in-house with Redundant Array of Inexpensive/Independent Disks (RAID) (the cheapest but not protected from natural disasters), or a modified Application Service Provider (ASP) model where images can be stored at the one time cost of approximately \$8.00 per study.

The conversion process can be trying, but with good installation, proper training (letting the technologists work with the trainer the entire time, not being pulled away to perform other duties), and working through patients slowly at first are all methods to make it an easier transition. Digital radiography allows opportunities to improve clinical outcomes, speed output by 25%, and send images electronically, providing convenience for clinics and their radiologists.

Just remember, any time you are adding radiology to your practice, a change in Scope of Practice must be applied for from the Federal Government.



JOB POSTINGS

Clinic Operations Manager to provide ops oversight for Minneapolis CHC sites. Leadership, admin and supervisory skills in med setting w/ education or experience in clinical care, public health or clinic business operations. Inquiries to: sblevine@fremonthealth.org. (612) 287-2425. www.fremonthealth.org.

Thunder Bay Community Health Service, Inc. is seeking applications for a Board Certified/ Board Eligible Family Practice Physician for our Hillman clinic site, and for a full or part time dentist for our Atlanta clinic site.

Enjoy working in a relaxed rural community in Northeast Michigan, with beautiful lakes and rivers for sailing or fishing, and wooded areas for hunting and many 4 season activities.

Competitive salary with signing bonus and comprehensive benefit package; National Health Service Corp student loan repayment available.

Contact: Executive Director, Thunder Bay Community Health Service, Inc., 610 Caring Street, Hillman, MI 49746, mstyma@tbchs.org, 989-742-4583, ext. 234, Fax: 989-742-4298

Sawtooth Mountain Clinic, Inc., located on the North Shore of beautiful Lake Superior in Grand Marais, MN, is seeking a full-time BE/ BC Family Practice Physician to complement our practice. SMC is a rural, federally qualified Community Health Center, on the borders of the Boundary Waters Canoe Area and Quetico Provincial Park. We invite your inquiries or to come and check us out...resumes can be faxed or emailed to Sue Nordman, COO at 218-387-1278 or to snordman@boreal.org.

Wautoma, WI community health center (Family Health/La Clinica) has openings for 2 full time Dentists. Work in state-of-the-art, 9 operatory facility and receive competitive wage and benefit package. Contact Ted Kay @ 920/787/5514 ext. 650 or by e-mail Ted@famhealth.com.

Nurse Practitioner/Physician Assistant - The Center for Family Health. We have a position open for an FNP or PA at our school based health center. This is a full-time position which requires a minimum of 1 year experience with pediatrics. We offer competitive compensation and an excellent benefit package. Please e-mail your resume to cmelville@cfhinc.org or fax it to 517-937-1218.

Internal Med Physician needed in Beautiful Northern Michigan. Location: MidMichigan Health Park - Houghton Lake, MI Contact: Beth Bellamy @ (989) 422-2124 or Beth.Bellamy@MidMichigan.org

Family Practice Physician needed for federally qualified community health center in Monroe County MI (www.familymedical.org). Contact Ed Larkins, Executive Director, at 734 654-6823 for more details. Excellent salary, fringe benefits and work environment.

Third Street Community Clinic, Mansfield, Ohio is seeking an experienced FNP with teaching experience, to provide direct patient services and coordinate students for a proposed new DRN program; we are seeking an experienced Family Physician and an experienced Dentist for our quickly expanding FQHC. Salaries are negotiable with incentives available. Please contact Robert Bowers, CEO at bowersb@tsfhs.org if you are interested.

*ECHO Community Health Care, Inc. in Evansville, Indiana has a Chief Financial Officer position available. Applicant should possess health care experience and degree in Finance or Accounting. Excellent top management position with excellent salary base, bonus and benefits. Please submit resume to Executive Director, 501 John St., Ste. 12, Evansville, IN 47713.

Health Center Highlight

NorthPoint Health & Wellness Center (Minneapolis, MN)

On October 16, 2006 the National Committee for Quality Assurance (NCQA) awarded NorthPoint (NP) Health and Wellness Center, Minneapolis, Minnesota with the Certificate of Recognition for achieving Diabetes Provider Recognition. Dr. Kate Pyzdrowski and members of the Diabetes



NorthPoint Diabetes Team

Collaborative team, particularly Shennika Price, spearheaded this effort. The National Committee for Quality Assurance is a private not-for-profit organization dedicated to improving health

care quality. NCQA is committed to providing health care quality. NCQA accredits and certifies a wide range of health care organizations recognizes physicians and physician groups in key clinical areas and manages HEDIS, the tool the nation's health plans use to measure and report on their performance. The **Diabetes Physician Recognition Program** was designed to improve the quality of care that patients with diabetes receive by recognizing physicians who deliver quality diabetes care, and by motivating other physicians to document and improve their delivery of diabetes care. To receive recognition, which is valid for 3 years, NorthPoint submitted data from all physicians who care for patients with diabetes that demonstrated performance that meets the Program's key diabetes care measures. These measures include eye exam, blood pressure, kidney and cholesterol tests, A1c levels (measure blood glucose control), foot care, tobacco cessation programs and medication use. When people with diabetes receive quality care as outlined by these measures, they are less likely to suffer complications such as heart attacks, stroke, blindness, kidney disease and amputations. This award comes on the heels of the American Diabetes Association's recognition of NorthPoint's Diabetes Self-Management Education Program in June of 2006. Karen Blanchard RD and Michele Kimber RN were instrumental in obtaining this certification.

Family Practitioner/OB - Baldwin Family Health Care Competitive salary with incentive package and excellent fringe benefits. Potential for loan forgiveness package. EOE. Send letter of interest and CV to: Anne Featherstone, HR Director, afeatherstone@familyhealthcare.org

Family Health Center - Kalamazoo is looking for qualified Dentists, MSW Social Workers and Physicians. Email the HR Manager at: angela.tabron@fhckzoo.com

Southern Ohio Health Services Network (FQHC) is seeking a BC Family Practitioner for our Hillsboro Ohio office. Located in south central Ohio, Hillsboro offers convenient access to metropolitan areas while providing a relaxed, hometown setting. Please visit our website www.sohsn.com for more information or contact Beverly Gifford at 800-495-7647, ext. 3629.

The HealthCare Connection located in Cincinnati Ohio provides affordable, quality healthcare to low income, under-insured, and uninsured in our area. We are currently recruiting for the following positions: Medical Director. 25% administrative, 75% clinical. Must be a degreed provider with 5+ years experience, 2 in administration. Pediatric Nurse Practitioner. Full time with 32 clinical hours, Mon-Thrs. No weekend responsibilities at this time.

Interested in learning more? Forward your CV to: Patti Dunham, HR, The HealthCare Connection; 1401 Steffen Ave.; Cincinnati, OH 45215. Fax: 513.544.1102 Email: pattid@healthcare-connection.org

JULY JOB POSTINGS: Deadline June 15th

Please limit your posting to 3 lines of text.
Send to acampbell@mpca.net

MIDWEST CLINICIANS' NETWORK



7215 Westshire Drive
Lansing, Michigan 48917

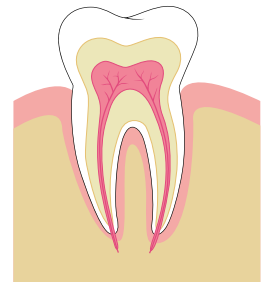
Mark Your Calendars! **Greater Midwest PCA Conference**



Tentative Date: December 8th–11th, 2007
Kansas City, MO

Mark Your Calendars!

One hour CME Activity
Conference call
for MWCN Members



Oral-Systemic Disease Connections

Thursday May 10th, 2007
11:30 CST / 12:30 EST
Number: 800-608-8895
Passcode: 86320#