MidWest Clinicians' Network

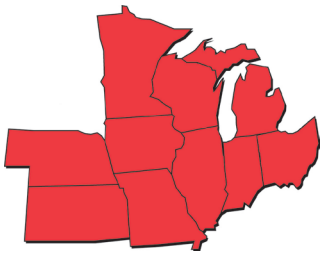
# NETWORK NEWS

Fall 2013



MWCN





## Message from the President

***by Jolene Joesph***
*MSW, President, Health Partners of Western Ohio, Lima, OH*

### PREVENTION IS THE KEY TO CHANGE

In recognition of October as National Substance Abuse Prevention Month, a month-long observance that focuses on the role substance abuse prevention plays in promoting safe and healthy communities, much of this article will focus on raising greater awareness of the problem and how we as clinicians can identify patients early on with the goal of preventing dependency and/or lifelong devastation due to substance abuse.

The results of the 2012 National Survey on Drug Use and Health (conducted by SAMHSA) is alarming when you compare the data from ten years ago to today. Approximately 23 million Americans—roughly the population of Australia—are current illicit drug users, according to the survey results. It seems the rates of illicit and prescription drug use is on the rise. The drugs referenced include marijuana, cocaine, heroin, hallucinogens, and inhalants, as well as, the non medical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. Marijuana use and non-medical use of prescription medications are the most common types of drug use in America. Rates averaged across 2011 and 2012 show that more than one half of the nonmedical users of pain relievers, tranquilizers, stimulants, and sedatives aged 12 or older got the prescription drugs they most recently used "from a friend or relative for free." About 4 in 5 of these nonmedical users who obtained prescription drugs

*continued on page 2*

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



## Message from the President *continued from page 1*

from a friend or relative for free (54 %) indicated that their friend or relative had obtained the drugs from one doctor (82.2 %). The results of the study indicated that 8.6 % of the population in the Midwest reported illicit drug use.

The frequency of consumption of alcoholic beverages, such as beer, wine, whiskey, brandy, and mixed drinks was also looked at. A "drink" is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it and looked at the current use (one drink in last 30 days), binge (five or more drinks on same occasion at least one time within last month) and heavy use (five or more drinks on same occasion 5 or more days). The results showed that 52.1 % surveyed reported being current users of alcohol which equates to 135.5 million Americans; 23% or 59.7 million reported being binge drinkers; and, 6.5% or 17 million were heavy drinkers. The rate of alcohol use was 55.4% in Midwest in comparison to the West at 50.7%, and 48.3% in South with the Northeast being highest at 57.7%.

- An estimated 10 million people aged 12 to 20 report drinking alcohol during the past month. To put that in perspective, there are more Americans who have engaged in underage drinking than the number of people who live in the state of Michigan.

- Almost 18 million Americans are classified with alcohol dependence or abuse. Heavy alcohol use can cause serious damage to the body and affects the liver, nervous system, muscles, lungs, and heart.

What does all of this data mean to us as clinicians? It emphasizes the need for us to look closely at our patients' health history and ask some of the more difficult questions. One of the ways health center staff can do this is by incorporating SBIRT (Screening Brief Intervention Referral to Treatment) into the workflow. SBIRT uses simple screening tools for patients to self- report their misuse of alcohol and/or drugs as well as at- risk behaviors. Tools such as the PHQ-9, AUDIT and DAST-10 can quickly ascertain a patient's mood and "risky" behaviors and sense of understanding of choices they are making. It is a great opportunity to provide education and use motivational interviewing techniques to guide the patient to making a sustainable change. Our role in primary care focuses greatly on prevention and wellness. That means not only the physical health but the mental, behavioral, emotional, spiritual health as well.

The many faces of substance abuse can be seen across all socioeconomic, racial, ethnic, age and cultural dimensions as this disease does not discriminate. In fact, it creates the most devastation to individuals and families when untreated than any other chronic disease we see in our practices. Therefore, stopping substance abuse before it begins can increase a person's chances of living a longer, healthier, and more productive life. ■

*Source:*
*Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.*





# The Culturally Competent Patient Centered Medical Home

*Dr. James, P. Young, Jr. PhD NCQA PCMH-CCE, CEO Concordant Healthcare Solutions, Inc.*

A general consensus has emerged that four landmark studies by the Institute of Medicine contributed to the heightened demands for healthcare reform in the United States. They are:

- Healthcare Literacy: A Prescription to End Confusion
- Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare
- Crossing the Quality Chasm: A New Health System for the 21st Century
- To Err is Human: Building a Safer Healthcare System

The common thread that connects these studies is their focus on consumer engagement as a means to improve the delivery of healthcare in multicultural communities in the United States. Combining these studies with the Wagner Chronic Care Model, which serves as an effective framework for improving chronic disease management, allows us to better understand the strategic intent of the Patient Centered Medical Home (PCMH) initiatives that are rapidly gaining acceptance throughout the nation.

The National Center for Cultural Competence states: Cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of communities they serve.
- Incorporate the above in all aspects of policy-making, administration, practice and service delivery, systematically involve consumers, families and communities.

If we take a moment to analyze the data presented in the first two studies listed, we will find embedded in them significant recommendations to include robust culturally competent elements in any initiative to improve the quality of healthcare and patient satisfaction among ethnographically diverse communities. In the Healthcare Literacy Study you will find the following on page 113:

*Cultural competence becomes important to health literacy at the point where language and culture interfere with or support effective communication.*

Continued on page 4

## COMMUNITY PROVIDER TOOLKIT
### WORKING TOGETHER TO SERVE VETERANS

The United States Department of Veterans Affairs, Mental Health Toolkit. This is a great resource for providers who serve veterans, service member, and/or their families.

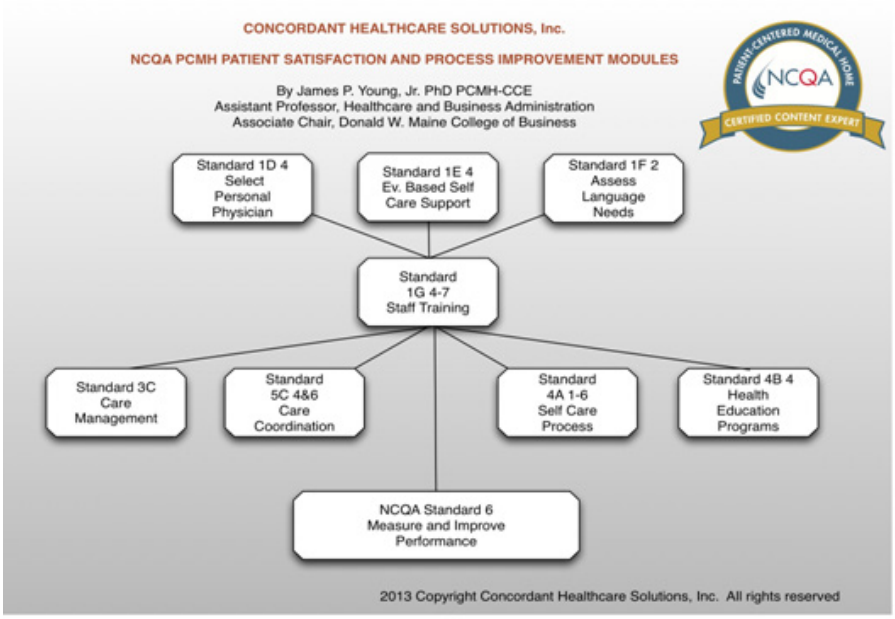
Resources include: Military Culture, Mental Health and Wellness, Vet Center Program Locators, VA Facility Locators, assessments on patients after a deployment, etc.

There are additional materials on educating patients and staff on cultural difference with patients who have served as well as links to resources in your area.



## The Culturally Competent Patient Centered Medical Home *continued from page 3*

Identifying Education and Engagement Touch Points




***Cultural competence becomes important to health literacy at the point where language and culture interfere with or support effective communication.***

What makes this assertion meaningful is the significant amount of data demonstrating that communications between culturally discordant providers and patients' decreases quality, satisfaction, trust and increases healthcare cost. This problem is magnified by the fact that the United States is moving rapidly toward a multicultural society where those who are currently identified as minorities will make up the majority.

As the PCMH wave continues to sweep across the United States, more studies are emerging indicating that PCMH recognition is not equal to PCMH transformation. This is due in part to the fact that collecting patient/family experience and actually operationalizing the data to guide healthcare organizational behavior is often a small part of a recognition process. This strategic void makes it difficult to deliver, data-guided, culturally competent care using the PCMH model. The Midwest Clinicians' Network Patient Experience Survey is an excellent tool for collecting data for patient-centered organizational transformation.

One method for embedding culturally competency in the NCQA PCMH Transformation Model is to identify staff or patient education and engagement touch points and develop data-guided culturally competent and healthcare literacy strategies to improve clinical and patient satisfaction outcomes. The model above is used to develop culturally competent training for the staff at each education touch point. Based on adult learning principles, health belief models, value expectancy, consumer activation and trust, this model allows each member of the staff to contribute to a culturally competent PCMH transformation and create a message to the healthcare consumer… Welcome Home! ■

*Dr. Young is a NCQA Patient Centered Medical Home Certified Content Expert, Assistant Professor of Business and Healthcare Administration and serves as Associate Chair for the Donald W. Maine College of Business.*

*Email: jyoung@concordanthealth.com*





NPACE® *Keeping Pace with Clinical Excellence*

# SAN ANTONIO

**January 30-February 2, 2014**
Hyatt Regency San Antonio

## Primary Care Conference & Pharmacology Update

**Experience NPACE's continuing nursing education programs and the world-famous music, food and culture of San Antonio!** NPACE programs are suitable for any NP or APRN who wants to learn the latest clinical information and updates from world-class faculty.

*Nurse Practitioner Associates for Continuing Education (NPACE) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.*

**PRIMARY CARE CONFERENCE TOPICS**
- NP Update in Policy and Politics
- Challenging Gynecology Exams
- Cardiovascular Pharmacology
- Managing Hyperlipidemia
- HPV/Pap Update
- Improving Kidney Disease Outcomes
- Treating Diabetes in Primary Care
- Clinical Pearls in Asthma Treatment
- Challenging Dermatologic Rashes
- Pain Management
- COPD Update
- Management of Skin Cancers

**PHARMACOLOGY UPDATE TOPICS**
- New Drug Update
- Depression and Anxiety
- Managing the Obese Patient
- Immunization Update
- Dizziness and Vertigo
- Infectious Disease
- Heartburn and GERD
- Save Prescribing: Avoiding Malpractice and Litigation

***96% of NPACE attendees would recommend NPACE conferences to a colleague!***

**24** CONTACT HOURS AVAILABLE

**Registration is now open.** To learn more and register online at **www.npace.org**

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



## Patient Experience Surveys

In August, Midwest Clinicians' Network (MWCN) presented an abstract titled "Patient Experience Surveys: Best Practices for Community Health Centers" at the National Association of Community Health Centers (NACHC) annual conference in Chicago.

The submission and final poster was a collaborative effort with the following members: Amanda Campbell (Midwest Clinicians' Network, Lansing, MI), Patricia Rank, RN, MA (Katy Trail Community Health Center, Sedalia, MO), Kathy Davenport, RN, CPHRM, PLNC (Missouri Primary Care Association, Jefferson City, MO) , Harriet G. McCombs, PhD. (Health Resources & Services Administration, Rockville, MD), Arshiya A. Baig, MD, MPH and Michael T. Quinn, PhD. (Department of Medicine, University of Chicago, Chicago, IL)

The purpose of the abstract was to share best practices and experiences gained in the 14 years that MWCN has worked with health centers in administering patient surveys. The abstract included suggestions for identifying a reliable and valid survey as well as ways to present the data and use results for improvement processes. If you would like a copy of the abstract or poster, please email acampbell@midwestclinicians.org.

The checklist below was created from the implementation steps listed in the abstract. For more information on the MWCN Patient Experience Survey go to www.midwestclinicians.org/services.php. ■

### Patient Experience Survey
### Steps to Consider During Implementation

| | Target Date | Responsible |
|---|---|---|
| 1.Define goals and ensure buy-in | | |
| 2.Include in budget and strategic plan | | |
| 3.Select an actionable and affordable survey | | |
| 4.Identify health center champion(s) | | |
| 5.Determine sampling plan | | |
| 6.Develop administrative procedures | | |
| 7.Educate and engage staff | | |
| 8.Pilot survey and modify distribution processes as needed | | |
| 9.Administer survey, compile and analyze results | | |
| 10.Track survey response rates | | |
| 11.Compare to benchmarks and populations of interest | | |
| 12.Report results to stakeholders | | |
| 13.Translate results to QI activities | | |
| 14.Implement changes | | |
| 15.Communicate changes to staff | | |
| 16.Monitor changes through follow up surveys | | |





# Power-Up: A Community-Collaborative, After-School Program to Prevent Obesity in African American Children

Childhood obesity is an emerging epidemic, one that is compounded by the lack of adequate education and guidance about healthy nutrition and exercise for children and families in many communities. Schools can provide an important venue in which to promote prevention of childhood obesity, as children spend significant time in school, consume one or two meals there daily, and have opportunity to be exposed to nutrition and physical education. However, the school day presents multiple demands on teacher and student time, and finding time for obesity prevention education is a significant challenge given the ever-increasing competing demands.

Responding to these challenges, researchers at the University of Chicago recently developed and pilot tested an after-school program for obesity prevention in children in collaboration with teachers and leaders the Woodlawn Community School on Chicago's South Side. This research program was lead by Dr. Deb Burnet, a long-standing member of the MidWest Clinicians Network Research Committee. Dr. Burnet and her team worked collaboratively with administrators, teachers, and staff of a community elementary school in the south side of Chicago to develop Power-Up, an obesity prevention program for the predominately African American children who attended the school's after-school program. The Power-Up program consists of 14 weekly, hour long sessions designed to increase awareness and knowledge about healthy nutrition and exercise, and skills in setting and communicating to parents their dietary and exercise goals, facilitated by weekly "family homework" assignment worksheets sent home with each child. Weekly topics alternated between nutrition and physical exercise. Program sessions are designed to be highly interactive and engaging to children, with curricular materials and activities aligned to be age- and grade-appropriate for children in grades Kindergarten through 2nd, 3rd through 4th, and 5th through 6th. The teachers who conduct the program are provided with a structured curriculum guide and all educational materials for conducting the sessions, along with training and ongoing support in program implementation, motivating health behavior change, and coaching and monitoring behavior change.

All 70 of the students enrolled in the after-school program at the collaborating community school participated in the Power-Up program; of these, 40 children and their parents completed all data collection activities. The results showed that, at baseline, 54% of children were either overweight or obese, based on BMI for age. After the intervention, 50% of children were either overweight or obese. Changes in obesity status were most pronounced among girls, with the proportion of overweight or obese girls decreasing from 52% (30% obese) at baseline to 46% (21% obese) after the intervention. The proportion of overweight or obese status among boys did not change from 56% at baseline. The post-intervention results showed a significant decrease in mean BMI z scores for overweight children, but not for those children in the obese (heaviest) category. The prevalence of healthful behavioral intentions also increased among children, including plans to "eat more foods that are good for you"



## Power-Up: A Community-Collaborative, After-School Program to Prevent Obesity in African American Children *continued from page 7*

(77% to 90%; p = .027), "trying more things like running or playing sports every day" (77% to 85%; p = .030), and "planning to try some new sports" (80% to 88%; p = .007). Parents' BMI scores trended down from 32.2 kg/m2 to 31.4 kg/m2, but these observed changes were not statistically significant. Blood pressure did not change over the course of the 14-week program for either children or their parents.

The results of the Power-Up pilot test support the potential value of obesity prevention programs for children in community after-school settings. The school setting affords regular contact with children, working in a familiar and trusted environment with familiar and trusted teachers. The full collaboration between the school and service providers/researchers is key, and this pilot test of the Power-Up program would not have been possible without the fully engaged partnership between the school and the University.

One practical challenge encountered was an inconsistent engagement of families in the program. Weekly sessions were held for parents at the designated pick-up time, with topics aligned with the informational content and behavioral goals discussed over the week in sessions with their child. However, these parent sessions were attended sporadically, as pick-up time was late in the day and parents were often rushed to get their children home for dinner. Potential for engaging parents through short cell-phone text messages was identified and explored in a second small pilot feasibility trial. Dr. Burnet and her team are currently preparing a larger scale study to test the efficacy of the Power-Up program in 10-12 community school-based after-school programs, with matched control schools for comparison.

The growing epidemic of childhood obesity presents significant challenges to healthcare providers, whose available time and skills for intervening with children and their families is greatly limited. Collaborations among healthcare providers and schools or other community agencies may afford the increased opportunity needed for educational intervention necessary to reverse the increasing prevalence of obesity among children. ■

## Join Us!


### Registration

Register now for the 2013 Behavioral Health/ Primary Care Integration Conference hosted by the Michigan Primary Care Association! This year's conference will be on Wednesday, November 20th at the Amway Grand Hotel in Grand Rapids, MI.

Click here to register! - Be sure to check out the exciting edits done to the current agenda!

### Hotel Resevations

Reservations may be made at the Amway Grand Plaza Hotel by calling toll free **1.800.253.3590** and ask for the Michigan Primary Care Association room block. Reservations must be made on or before the **deadline of October 27, 2013**, in order to be eligible for the group rate.

### Sponsorship/Exhibitors

Also, we are still excepting sponsorships/exhibitors. This year we have room for exhibit tables in high traffic areas and look forward to providing great networking opportunities. Click here for more information on how to be a sponsor/exhibitor!





# Job Postings

## ILLINOIS

**Medical Director/Staff Physician:** Community Health Partnership of Illinois, a FQHC, seeks fulltime Medical Director/ Staff Physician who is looking to make a difference in a community in need. Excellent Benefit Package. Send Resume to marys@chpofil.org.

**Quality Improvement Manager/ Nurse Practitioner:** Community Health Partnership of Illinois, a FQHC, seeks fulltime Quality Improvement Manager/ Nurse Practitioner who is looking to make a difference in a community in need. Excellent Benefit Package. Send resume to marys@chpofil.org.

## INDIANA

**Various Positions:** Full-time family practice/internal medicine physician and family nurse practitioner needed for a large FQHC community clinic in Evansville. Multidisciplinary team will assist in providing holistic and excellent primary care. Competitive salary and benefits package. Contact Carol Collier-Smith, COO, by email: ccollier-smith@echochc.org or phone 812.602.0217

## IOWA

**Family Practice Physician:** Family Christian Health Center, Harvey, IL is seeking to hire a motivated full-time family practice physician. We are a federally qualified health center with a state-of-the-art facility. FCHC offers a competitive salary and benefit package. Contact Regina Martin by e-mail at rmartin@familychc.org for more information.

**Child Care Nurse Coordinator:** Full time grant position opening at Siouxland Community Health Center (FQHC). Provides assessments to ensure health and safety in child care environments. Requires a licensed RN with either a Bachelor's degree OR two years public/child health related experience. Contact HR Director at schc-hr@slandchc.com or 712-202-1012. See our website http://www.slandchc.com for more information.

**Various Positions:** Primary Health Care, Inc. is seeking a Physician in Des Moines, a Physician and PA/ARNPs in Marshalltown, and a PA/ARNP in Ames, IA. Learn more about PHC and what we offer at www.phcinc.net. Contact Amanda Wagoner at 515.240.2330 or awagoner@phcinc.net to apply or for more information.

## MINNESOTA

**Dentist:** Lake Superior Community Health Center (LSCHC) in Duluth, MN/Superior, WI, has an opening for an experienced, progressive staff dentist with strong interpersonal skills. DDS/DMD degree and 3-5 years of clinical experience preferred. Opportunity for loan repayment. To learn more and/or apply, please visit http://lschc.org/employment.php..

**Primary Care Physician:** Neighborhood HealthSource, Inc. (NHS) seeks a primary care physician to practice full-time at our Heritage Seniors Clinic in North Minneapolis and at Central Clinic in NE Minneapolis. The ideal candidate has excellent primary care medicine skills, a specialty or strong interest and experience in geriatrics/chronic care and experience/ interest in working in a community-based setting. For more details: www.neighborhoodhealthsource.org/jobs.html.

## NEBRASKA

**Various Positions:** Charles Drew Health Center is recruiting for a Family Practice Physician and Behavioral Health Therapist to join our busy clinics in Omaha. We offer a competitive salary and an excellent benefit plan. For more information, contact anitam@cdhcmedical.com and check out our website at www.charlesdrewhcomaha.org.

## OHIO

**Various Positions:** The HealthCare Connection is seeking a general dentist and internal medicine physician. Contact Stephanie Pittman or Patti Dunham, Human Resources, at; e-mail, pattid@healthcare-connection.org, stephaniesp@healthcare-connection.org or by mail; 1401 Steffen Ave, Cincinnati, OH 45213 or by phone 513.658.7519 (cell) or 513.483.3084 (office) for more information..

**Director of Clinical Quality:** Director of Clinical Quality, Ohio Association of Community Helath Centers – full time, Columbus based position. Position is responsible for coordinating the association's response to members' needs regarding all facets of clinical programming. CPHQ preferred, RN/BSN preferred . Five years direct clinical experience and current Ohio licensure. Ability to travel required. Qualified candidates should forward their resume and salary requirements to jobs@ohiochc.org.

**Family Practice Physician:** Heart of Ohio Family Health Centers (HOFHC) is seeking to hire Family Practice Physicians and Nurse Practitioners to work in our Centers. HOFHC's is a Federal Qualified Health Center serving the community in two locations. If you are interested in one of these positions please contact or submit your resume to Jaclyn Woodard, HR Administrator at jwoodard@hofhc.org.

**Various Positions:** Community Health Centers of Greater Dayton is searching for a fulltime F.P. or I.M./Peds physician or Nurse Practitioner, and an experienced Quality Assurance Coordinator. Competitive salary and benefits package, including loan repayment for physicians and nurse practitioners. Submit your CV to ghopkins@chcgd.org or visit our website at www.communityhealthdayton.org.

## WISCONSIN

**Various Positions:** Progressive Community Health Centers (PCHC) is a Federally Qualified Health Center (FQHC), seeking a Family Practice or Internal Medicine Physician. PCHC administers two primary health care clinics, which are located in a culturally rich and diverse community. Please apply at: Human Resources, Progressive Community Health Centers, Inc., 3522 W. Lisbon Avenue, Milwaukee, WI 53208 Fax: (414)755-0058, Email: susan.hunter@progressivechc.org.