

MidWest Clinicians' Network



NETWORK NEWS

Summer 2013

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MWCN

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

Message from the President



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

THE FACE OF HEALTH CARE REFORM

What does health care reform really look like? There are many different perspectives described as you begin to research health care reform. However, in the end what it will eventually look like is still unclear for most.

The National Association of Community Health Centers slogan for the annual celebration of community health centers week, "Celebrating America's Health Centers: Transforming Health Care in Our Local Communities" promotes the concept of change in our patients and our communities...changing how we do business and how health care will look in our communities. Health Centers have been on the forefront of transformation for many years. Most recently, the Health Care Reform spotlight has shined brightest on health centers leading the way to prove health care can be delivered better, cheaper and more efficiently. As we embrace IHI's Triple Aim: Better Care for Individuals, Better Health for Populations, and Lower Costs, we as members of the larger community of health centers, will rise to the challenge of making this a reality for our communities impacting the nation's health care delivery.

One of the methods of "redesign" to reach the goal of Triple Aim is through Patient Centered Medical Homes and the utilization of care teams. Health Partners of Western Ohio just received notification from NCQA that we have received PCMH Level 3 recognition. What does this designation really mean to the overall care delivery? The emphasis

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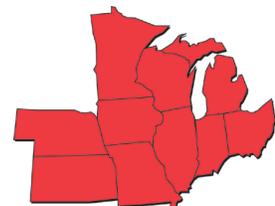
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is placed on the patient at the center of the team and focusing on the patient's outcomes with the primary care provider acting as a partner in the patient's health. The concept of PCMH has the potential to deliver better care to patients at a lower cost. This is because it will ultimately be a more efficient way to deliver care. In addition, placing the patient at the center of attention requires asking for feedback from our patients. The use of MWCN Patient Satisfaction Survey instrument provides the necessary feedback based on the patient's experience that we can use for process improvements.

The focus on population health, health centers are well versed in as working collaboratively with other community agencies is a must in order to promote healthy behavior, improve access to primary and preventive care, and reduce health disparities. We are beginning to see an increase in "health coaches" or "care navigators" that are reaching out to members within the community and conducting preventive screenings and/or linking individuals to social services. The need to

continuously address behavioral, social and environmental determinants of health is very important. To do this effectively, an increase in behavioral health and substance abuse screenings to assess emotional and physical well-being within primary care is required. An example of this process is the utilization of SBIRT (Screening, Brief Intervention, Referral and Treatment). There is strong evidence supporting its effectiveness when used in primary care and community health settings in the prevention and early intervention of risky alcohol, substance use/misuse and tobacco consumption. SBIRT is unique in its universal screening of all patients regardless of an identified disorder allowing health care professionals to address the wide spectrum of behavioral health problems even when the patient is not actively seeking an intervention or treatment for his/her problem.

Lastly, keeping patient health care costs down. One way is preventing unnecessary emergency room visits. Many patients have used the local emergency room as the primary care office. Primary care must focus their efforts on

delivering the right care at the right place and time. Reducing health care costs can also be accomplished through a focus on prevention, eliminating unnecessary services or usage of specialty care and diagnostic tests and screenings. According to the Institute of Medicine, there is evidence that a substantial proportion of health care expenditures is wasted, leading to little improvement in health or in the quality of care. Estimates of excess cost in unnecessary services, inefficient service delivery, prices that are too high, missed prevention opportunities, and medical fraud totaled an estimated \$750 billion loss in 2009.

In the end, Triple Aim is simply a framework to guide our efforts in fundamentally changing the health care world as we once knew it. As safety net providers in our communities, we have the responsibility to deliver what is the foundation of our organizations' missions, that of social justice, whereas access to health care is a human right, not a privilege and economic justice, low cost, affordable health care. We are the face of health care reform. ■



IHI Triple Aim Initiative

Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs



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Upcoming Training

Serving the Medically Underserved Across Illinois for 30 Years

Medical & Dental Directors Leadership Training September 6 - 7, 2013

IPHCA Institute for Learning
Springfield, Illinois

For more information and to register [click here](#)

About the Training

IPHCA will host its third annual CHC Clinical Leadership Training Institute at their Springfield facility. This will be a two-day long, in person, joint leadership training for primary care (medical) and oral health (dental) providers who are either in administrative roles (medical/dental directors) or are aspiring/being groomed to assume these roles at their health centers. Agenda for this training has been developed in consultation with past training facilitators and is based on review of past training evaluations, emerging national training models promoted through Harvard, NACHC, NNOHA and other PCAs. It is also expected that this combined leadership training will help promote integration of services within the PCMH model.





Striving for Success

Improving Individual Patient Care

May 2013



AN INTEGRATED APPROACH FOR BETTER PATIENT OUTCOMES: PHARMACY-DRIVEN COLLABORATION REDUCES HOSPITAL ADMISSIONS AND READMISSIONS

It is hard to imagine a time when resources were ever plentiful in the healthcare industry, but especially in this day and age, it certainly behooves all of us to make the most of the resources we have. In some cases, this means recognizing the value and utilizing the skills and expertise of those around us. When it comes to reducing hospital readmissions, pharmacists can play an important role in the continuum of care, helping to prevent problems before they occur.

Over the past year, the Health Partners of Western Ohio (HPWO), a participant in the Ohio KePRO Adverse Drug Events (ADE) project and in the Patient Safety Clinical Pharmacy Collaborative (PSPC) project, has achieved remarkable success by focusing on an integrated service delivery model that incorporates pharmaceutical considerations and referrals at key junctures. This focus should not be surprising, given that the project lead is Director of Pharmacy Jenny Clark. Under her leadership, the federally qualified health center (FQHC) dramatically reduced admission and readmission rates from 3Q11 to 3Q12, achieving an impressive 67 percent relative

As we advance our projects for 2011-2014, we'd like to celebrate the achievements of our partners, and to applaud their enthusiastic commitment to quality care. There is much yet to do, but we hope that their stories will offer inspiration for your own improvement efforts!

improvement in admissions and a 100 percent relative improvement in readmissions for its targeted patient population.

How did they do it?

These results did not come about by accident. Certified by the Accreditation Association for Ambulatory Health Care (AAAHC) as a Medical Home, Health Partners of Western Ohio has made an integrated, holistic approach to patient care one of its hallmarks. Its vision statement proudly proclaims the organization's commitment to

About Health Partners of Western Ohio

HPWO is a private, non-profit corporation formed by a group of community residents and health professionals in Lima, Ohio. The impetus for the formation of Health Partners came from the activities of Healthy People 2000 in partnership with the City of Lima to reduce health disparities. HPWO currently has facilities in Lima, Kenton, New Carlisle, Bryan, and Defiance.

About the PSPC Project

Sponsored by the Health Resources and Services Administration (HRSA), the Patient Safety and Clinical Pharmacy Services Collaborative is a breakthrough effort to improve the quality of health care across America by integrating evidence-based clinical pharmacy services into the care and management of high-risk, high-cost, complex patients.

Currently in its sixth year, the project is being conducted in partnership with the Centers for Medicare & Medicaid Services (CMS) and the Quality Improvement Organization Program.



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providing a patient-centered environment that addresses “the mind, body, and spirit.” Since beginning its work with Ohio KePRO and in the current PSPSC project in Fall 2011, the HPWO team has focused its efforts on applying this holistic viewpoint to improving care outcomes for a Population of Focus

department as appropriate, such as those with supporting disease states, adherence issues, and/or taking five or more medications. A clinical pharmacist and the primary care provider offer integrated care visits to meet the needs of this vulnerable population. Within HPWO’s medical home, the care team also includes behavioral health, dental and chiropractic care services.

For HPWO, medication is not a separate care component to be considered only by pharmaceutical staff, but an integrated part of the care provided, to be considered by each member of the healthcare team. Each of them is trained to identify adverse drug events (ADEs) and potential adverse drug events (pADEs), recording these in the electronic health record system. The clinical pharmacist, as part of the entire care team, intervenes and follows up on such incidents. HPWO offers on-site dispensing pharmacy services as well, utilizing the federal 340B program along with many other medication access services, to improve patient access to medications.

By examining the individual needs of each patient in this PoF, engaging patients in the care process, and making clinical pharmacy services a priority for each one, HPWO was able to dramatically decrease admission and readmission rates in the past year, particularly for patients who had at least one face-to-face encounter with Pharmacy staff. For these patients, the rates were even more dramatic (see Figure 1 and Figure 2), including an average 2.3 point A1c reduction for patients with diabetes.

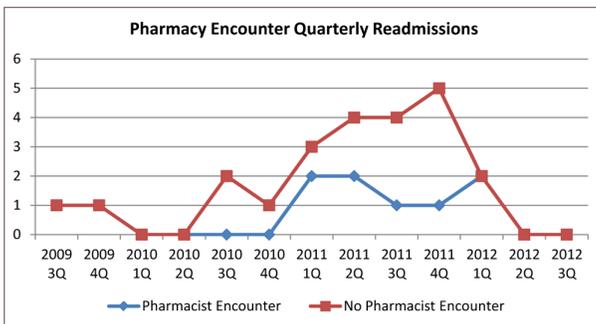
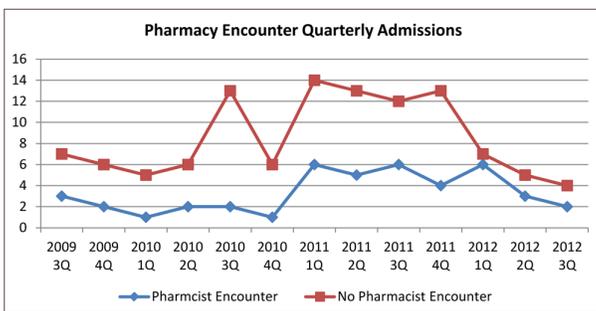


Fig. 1. Pharmacy Encounter Quarterly Admissions & Readmissions

(PoF) of about 100 patients. This group consists of Medicare and Medicaid patients (some of whom are dual-eligible, with both Medicare and Medicaid) who have diabetes and/or are on antipsychotic or anticoagulant medications.

HPWO built clinical pharmacy services into its care delivery system, working side by side with medical, dental, behavioral health and chiropractic services. Medication reconciliation is offered to all HPWO patients upon visit intake, conducted by support staff and/or pharmacy students. Patients are referred to the Pharmacy

PATIENT ISSUE IDENTIFIED	NUMBER OF OCCURRENCES	ASSOCIATED ACTION/OUTCOME
Medication-Related Issue	22	Issue resolved
Potential Adverse Drug Event	15	pADE stopped
Adverse Drug Event	1	ADE stopped

Fig. 2. Issues Identified in Pharmacy Encounters, 3Q11-3Q12

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How can these results be replicated?

In this project work, the HPWO team utilized interventions such as consistent staff education at all levels, implementing direct patient education by a clinical pharmacist, offering access to affordable medications, coordination of care with other healthcare providers, and utilizing each member of the integrated care team's skills to improve patient outcomes. HPWO implemented tools such as electronic medical record (EMR) data analysis to target high-risk patients, algorithms of care supporting evidence-based medicine, and effective referral and follow-up mechanisms for coordination of care.

As Clark notes, "Healthcare is all-encompassing. Just as the human body is a complex work of art that requires millions of processes to work together as one unit, a patient and their healthcare team must operate similarly to promote quality health outcomes. When one aspect of a process begins to function in a manner that does not consider the effects on the total process, tragedy is inevitable. Integration and teamwork that considers the patient's needs and wishes at the center will always offer better outcomes. This way of practicing can seem overwhelming, but it is important to take the first step and continue to move forward as one collective unit driven by the needs and desires of the patient."

Regardless of your organization's philosophy of care or its involvement with formalized projects, better patient outcomes can be achieved by incorporating these care practices into your delivery system:

- **Build integrated medication therapy management** into each step in the care process. This includes medication reconciliation at each care transition, empowering patients to ask questions and offer insight, and coordination with other providers on the care team when changing therapy for patients with co-morbid conditions.
- **Start with an assessment** of each patient's individual care needs. This includes medical history, health conditions, medication history, current medications, past hospitalizations, and health literacy level.
- **Track your progress.** Use a formal tracking mechanism, such as an electronic health record with data extraction capabilities to conduct small tests of change (Plan, Do, Study, Act cycles), so that you can see what's working and what's not, and adjust accordingly.
- **Establish standard process workflows.** This will help ensure the completion of important steps with every patient encounter.
- **Make follow-up a priority.** Assign staff responsibility to make contact with patients, to help ensure a clear understanding of and adherence to the care plan.
- **Identify high-risk patients** and make it a priority to understand and eliminate barriers.

All material presented or referenced herein is intended for general informational purposes and is not intended to provide or replace the independent judgment of a qualified healthcare provider treating a particular patient. Ohio KePRO disclaims any representation or warranty with respect to any treatments or course of treatment based upon information provided. Publication No. 311204-OH-1868-05/2013. This material was prepared by Ohio KePRO, the Medicare Quality Improvement Organization for Ohio, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.





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Thank you
to all members who
participated in the
MWCN Walk@Lunch
on April 25th!



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Job Postings

ILLINOIS

Various Positions: Chicago Family Health Center employment opportunities. Please visit our website www.chicagofamilyhealth.org, and click "Join Our Team" for details. No phone calls please.

Various Position: Family Christian Health Center (Harvey, IL), a federally qualified health center, is in need of two Family Practice Physicians, one Family Practice NP or PA, one OB RN and one Pediatrics RN. FCHC offers competitive salaries and benefit package. Please submit CV or resume to rmartin@familychc.org. If you have any questions, you may contact Regina Martin at 708.589.2017.

Various Position: IPHCA seeks Physicians (FP, IM, PED, PSY, OB/GYN), Medical Directors, Dentists, Dental Hygienists, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Clinical Psychologists, LCPCs and LCSWs for positions available in urban and rural community health centers. To take advantage of our complimentary recruitment service please send a CV to: Ashley Colwell, acolwell@iphca.org.

Director of Development: Position available at TCA Health, Inc., for a Director of Development to oversee the organization's development activities; including sourcing and preparing all grant applications. Interested candidates should submit their resume with cover letter and salary history to hr@tcahealth.org.

INDIANA

Various Positions: Community Health Heart City Health Center (FQHC) is seeking to hire motivated full-time Family Practice and Internal Medicine Providers and Support staff. We have a state-of-the-art facility offering multi-faceted services. Heart City Health Center offers a competitive salary and benefit package. Send resume to HR@Heartcityhealth.org or by mail 236 Simpson Ave. Elkhart, IN 46516.

Physician: Open Door Health Services of Muncie, Indiana is seeking full-time Family Practice Physicians in the area of Urgent Care and Primary Care. Open Door provides a competitive benefit package and competitive salary. The health center is also a qualified site for the NHSC loan repayment program. Cover letters and CV's may be sent to Terri Hutchison, Chief Human Resources Officer at tlhutchison@opendoorhs.org. Visit our website at www.opendoorhs.org.

IOWA

Various Positions: The FQHCs in Iowa have several career opportunities for Family Practice Physicians, Medical Directors, and Dentists. If you enjoy working in a team environment and receive competitive salary and benefits, please email your CV to Mary Klein at Mklein@iowapca.org or visit our website for more details www.iowapca.org.

KANSAS

Family Practitioner: Heartland Community Health Center is looking for a Family Practice physician to join our team! HCHC is a growing non-profit Christian Community Health Center in Lawrence, KS. We offer a competitive salary and excellent benefits package to the right candidate: an experienced physician who thrives in being part of top-notch team of primary care providers and behavioral health consultants in a mission-driven, patient-centered, family practice setting. If you are an MD or DO with excellent clinical expertise, please send your resume and cover letter to jobs@heartlandhealth.org. No phone calls, please. To see a more detailed job description, go to heartlandhealth.org/jobs.



Primary Care Physicians: Community Health Center of Southeast Kansas, a federally qualified health center located in a university community in the foothills of the Ozarks, is recruiting primary care physicians for all of its sites located throughout the region. EMR since 2009; most sites new and all well-equipped. Young, progressive 30+ member medical staff; many specialty and support services offered on-site. Competitive salaries and benefits including loan repayment and pension plan. For more information go to www.chcsek.org or contact kpostai@chcsek.org.

MICHIGAN

Physicians: Baldwin Family Health Care is seeking a Family Practice or Internal Medicine Physician to provide care to its residents, including the medically underserved population in its Cadillac outpatient only facility. This physician will have the opportunity to work collaboratively with a Family Practice Physician and mid level providers within a 4-5 day work week. We offer a competitive salary and benefits, and student loan repayment through the National Health Service Corps. To inquire, please forward a letter of intent and CV to afeatherstone@familyhealthcare.org or for more information, please visit www.familyhealthcare.org

MINNESOTA

Physician or Nurse Practitioner: Neighborhood HealthSource, Inc. (NHS) seeks a primary care physician or NP to work at our Heritage Senior Clinic in North Minneapolis. The ideal candidate has excellent primary care medicine skills, a specialty or strong interest in geriatrics/ chronic care and experience/interest in working in a community-based setting. More at www.neighborhoodhealthsource.org/jobs.html.



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Job Postings

Family Practice Physician: Indian Health Board of Minneapolis, Inc. is seeking a Family Practice Physician to join our dynamic staff. We offer a competitive salary and excellent benefits. For more information visit www.indianhealthboard.com or contact C. Fields by email at cfields@ihb-mpls.org or by mail at IHB-Mpls, 1315 E. 24th St. Mpls, MN 55404

OHIO

Various Positions: Neighborhood Health Association is seeking to hire three motivated full-time Medical Providers in Family Practice, Women's Health, and Pediatrics. Contact Merissa Kessler, by e-mail mkessler@nhainc.org, by phone at 419-720-7883 Ext. 212, or by mail: 313 Jefferson Avenue, Toledo, Ohio 43604 for more information.

Family Practice Nurse Practitioner: Heart of Ohio Family Health Center (HOFHC), is seeking to hire a full time Family Practice Nurse Practitioner to work at our state-of-the-art facility in Columbus, Ohio. HOFHC offers competitive salary and benefits. For further information contact Dr Renu Soni, CMO, rsoni@hofhc.org

Various Positions: Just off of I-71, in Washington Court House is an employment opportunity that provides life/work balance and collegiality! HealthSource offers a comprehensive salary/incentive/benefit package, excellent malpractice, relocation allowance, hard working well trained ancillary staff, and a four day work week. Wonderful opportunity to work in a nice community with an enjoyable working environment. Contact: beverlyg@healthsourceofohio.com

Physicians: Community Health Centers of Greater Dayton in Dayton, OH has several career opportunities for physicians (family practice/internal medicine and pediatricians), nurse practitioners, and a Clinical Quality Manager. CHCGD offers a competitive salary and benefits. Contact Sheryl Fleming, Human Resource Manager, at sfleming@chcgd.org, or visit our website, www.communityhealthdayton.org.

Various Positions: At Ohio Association of Community Health Centers, we make a difference! We are looking for highly skilled individuals who take pride in their performance and want to make a difference. If you want to find "the" career and not just "a" career in Primary Care with a Federally Qualified Health Center, please send your resume to jobs@ohiochc.org.

Mark Your Calendars!

Post PCMH Recognition – Next Steps and Continuing and Sustaining Transformation

hosted by Midwest Clinicians' Network

Thursday September 12th, 2013

11:30 CST / 12:30 EST (1 hour call)

More Information and Webinar Registration
will be sent over the MWCN Listserv