MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION

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MPHCA E-UPDATE

February 8, 2012

ADVOCACY AND OUTREACH

Plan Meetings with Members of Congress in 2012

Are you planning to invite Members of Congress to visit your health center this year? The Campaign For America's Health Centers has a new convenient webpage listing the House and Senate's 2012 calendars, including which days Congress will be in D.C. and when they will be back home. Please inform NACHC when you schedule a meeting with your Member of Congress and they will send you talking points to use. Email meeting details to grassroots@nachc.org.

Remember, MPCHCA will be arranging meetings with all the NC Congressional Delegation for the NACHC Policy and Issues Forum during Hill Visit Day, March 22, 2011. Register for P&I and see housing options here.

MPHCA NEWS

Statement from Secretary Sebelius on American Heart Month

February is American Heart Month; a month to spread awareness about the importance of heart health. Each year, countless American families are impacted by heart disease and stroke. Although its risk factors can be prevented or controlled, it is still the leading cause of death for all Americans, and accounts for $1 out of every $6 dollars spent on health care. Fortunately, there are many simple steps we can take to prevent heart disease such as eating healthy foods, exercising regularly, and not smoking.

MPHCA Clinical Conference 2012- "Transforming Primary Healthcare by Improving Access, Retention, & Outcomes"

MPHCA is pleased to invite you to our 2012 Clinical Conference which will be held on **April 2 – 4, 2012 at the Lake Terrace Convention Center in Hattiesburg, MS. The conference theme "TRANSFORMING PRIMARY HEALTH CARE BY IMPROVING ACCESS, RETENTION AND OUTCOMES"** reflects the pressing need for Community Health Centers and other providers to become proactive in ensuring that our patients receive optimal care across the complete health care continuum. Mississippians continue to experience profound chronic disease burdens. Proactive and reactive disease management is absolutely necessary in providing the best continuum of care for those whom we serve. Community Health Centers and other providers are charged with ensuring these citizens receive optimal education, preventive care, interventions and follow up care.

This health care transformation will provide our patients with quality care, necessary interventions and systematic follow up; resulting in enhanced access to care, patient retention, and improved outcomes. This

conference will offer a vast variety of educational sessions, networking opportunities and fun activities for all Community Health Center and other Provider's employees and management.

Please visit our website at www.mphca.com for more information.

New PCA Paper Looks at PCMH Payment Strategies

The Community Health Centers of Arkansas, Inc. has released a position paper, **Patient-Centered Medical Home Incentive and Payment Methodologies,** outlining its perspective and rationale on PCMH incentive payments, payment methodologies, the journey towards PCMH recognition and federal support with a nationwide focus on cost, quality, and access.

Press Release: NACHC Statement on the President's State of the Union Address

"We stand ready to work with the Administration and Members of Congress in bipartisan efforts to lower health care costs, expand access, and create jobs." Read more here.

HRSA Offers Update and Important Reminders

During last week's HRSA Bureau of Primary Health Care quarterly call with primary care associations and other cooperative agreement grantees, HRSA emphasized:

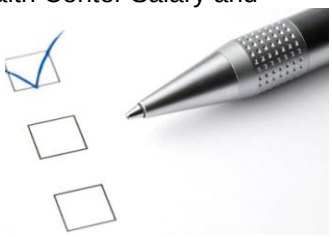
- **UDS Reports:** Reports are due from all FQHCs and Look-Alikes by February 15th. Health centers that submit by the deadline will benefit from technical assistance and data validation; health centers that submit late will not have access to these services. The UDS data is becoming increasingly important at both the state and federal level for advocacy on behalf of Community Health Centers and the health center program - please ensure yours is accurate.
- **Close-Out Reports**: If you have completed project work for any of your federal grants (CIP, FIP, IDS, etc.), close out the project and submit your final report as soon as possible so you are no longer subject to the federal quarterly grant reporting requirements. The next reporting deadline for grants that have not been closed out is April 10, 2012.
- **Health Center Operations:** Never has it been more important than during this time of increasing accountability and transparency to ensure that your health center "house is in order." HRSA's prime focuses for health centers in 2012 include increasing electronic health record adoption and meaningful use; achieving recognition as Patient Centered Medical Homes; and improving clinical, financial and operational performance.
- **Medicare Certification:** Health centers are reminded that EACH SITE of your health center must have a separate Medicare number. If any of your sites do not, please address this as expeditiously as possible or risk retroactive denial of payment (see **PACHC Memo 11-08** for more information).
- **Patient Centered Medical Home:** HRSA is urging health centers to seek this outside recognition and is paying for technical assistance and the cost of the certification. Approximately 700 Community Health Centers have applied for this support to date.
- **Operational Site Visits:** HRSA plans regular onsite reviews at each health center (including Look-Alikes) of all program requirements. The schedule has not been finalized, but HRSA intends to visit every health center to conduct this comprehensive review at least once every five years to verify compliance with the health center program requirements. Are you ready? HRSA will be using its **Health Center Site Visit Guide** for the reviews and you should be using the guide to prepare and monitor your organization's compliance.
- **HIV/AIDS:** If your health center does not receive Ryan White funding, but is interested in helping to meet the needs of the HIV/AIDS population in the community you serve, HRSA does have funding available for extensive technical assistance (TA) for up to 30 additional health centers. The deadline to apply is February 15th (see the Funding Opportunity section). HRSA also expects to have up to $35 million available for new Ryan White grants sometime this spring and said health centers receiving the extensive TA should be able to submit more competitive applications.

HRSA is not yet able to answer the question at the top of the list for many health centers: what about 2012 funding opportunities? The agency does expect to award 125-150 large capital project grants (about a third of the applications received) as well as approximately 250 smaller capital project grants (almost all eligible grants submitted). There will be another school-based health center funding opportunity released sometime in the spring with funding available in the fall (approximately 50% of the first round of school-based funding

went to Community Health Center applicants). New Access Point, Expanded Service and quality improvement grants are under discussion, but no final decisions have yet been made.

Please Complete Your NACHC Salary Surveys!

The 2012-2013 National Association of Community Health Centers (NACHC) Health Center Salary and Benefits Questionnaire has been distributed for completion. The questionnaire collects salary and compensation information from health centers across the country. The information will be helpful to you as benchmarking for your own compensation goals, and is also helpful to MPHCA as a way of looking at the "state of the state" of Mississippi. Participation in the past has been minimal, and we need your help to obtain better data. The deadline for data submission is March 1, 2012. Copies of the forms are available on the **Hospital & Healthcare Compensation Service website.** The report will be published in May 2012.



HHS delays coverage requirement for certain religious employers

Nonprofit employers who, based on religious beliefs, do not currently provide contraceptive coverage in their insurance plan will have until August 2013 to comply with an interim final rule that requires non-grandfathered health plans to cover women's preventive services recommended by the Health Resources and Services Administration without cost-sharing, Health and Human Services Secretary Kathleen Sebelius announced Jan. 20.

“Employers wishing to take advantage of the additional year must certify that they qualify for the delayed implementation,” Sebelius said. “This additional year will allow these organizations more time and flexibility to adapt to this new rule. We intend to require employers that do not offer coverage of contraceptive services to provide notice to employees, which will also state that contraceptive services are available at sites such as community health centers, public clinics and hospitals with income-based support."

HHS issued the interim final rule last August with the departments of the Treasury and Labor, based on HRSA guidelines and recommendations from the Institute of Medicine. Sebelius said the final rule also “will ensure that women with health insurance coverage will have access to the full range of the Institute of Medicine’s recommended preventive services.” Read more here.

MEMBER & STATE UPDATE

States Challenging ACA Seek to Link Medicaid Expansion to Individual Mandate

The 26 states challenging President Obama's healthcare law sought to link the law's Medicaid expansion to its individual insurance mandate in a **brief** filed with the Supreme Court on Tuesday. The states say the law's Medicaid expansion goes beyond the program's traditional federal-state partnership and essentially requires states to participate in Medicaid. The Supreme Court has agreed to hear the challenge along with the states' challenge to the individual mandate. A ruling is expected this summer.

Health budget cut feared

January 22, 2012, Clarion Ledger, Jerry Mitchell - Legislative budget writers want to slash the state general fund appropriation for the state Department of Health to $20.7 million - the lowest level it has seen since 1990, when it received $20.3 million. Read more here.

Mississippi State Department of Health Heart Disease and Stroke Prevention Program

To improve hypertension management in Mississippi, the Mississippi State Department of Health (MSDH) Heart Disease and Stroke Prevention Program is collaborating with the American Society of Hypertension to implement the Mississippi Hypertension Specialist Initiative.

To accomplish our goals, the MSDH Heart Disease and Stroke Prevention Program is offering:

Free qualifying exams

Fees for the 2012 Qualifying Examination for Specialists in Clinical Hypertension will be waived for the first 30 eligible physicians
who agree to participate in the Hypertension Registry Initiative.

Free CME credits
For all physicians who participate in Clinical Hypertension Review Sessions (up to 18.5 CMEs).

Free patient education resources
Printed materials from the Mississippi State Department of Health
Heart Disease and Stroke Prevention Program

**Awarded recipients will be expected to participate in the Clinical Hypertension Review Sessions and the American Society of Hypertension Registry Initiative*
Click to Apply Today!

NATIONAL UPDATE

White House Says Obama's Health Overhaul on Track

"President Barack Obama's health care overhaul is on track in many states, the White House asserted this week. The law calls for states to build new health insurance markets called exchanges, so that millions of middle-class people who are currently uninsured can buy taxpayer-subsidized private coverage. It also expands eligibility for Medicaid so low-income adults who have no dependent children can get government insurance. Putting the two approaches together, more than 30 million Americans are expected to gain coverage starting in 2014." Read more here.

NACHC's Washington Update: Read more here.

Lawyers on Both Sides File Briefs on ACA Constitutionality

Lawyers on both sides of the question of the Affordable Care Act's constitutionality have filed briefs to the Supreme Court, in advance of the March oral arguments in the landmark case. Obama administration lawyers maintain that the individual mandate is constitutional, both under the Commerce Clause and under the taxing power the Constitution gives to Congress. In addition, briefs were filed on both sides of the issue of whether the whole law falls should the court strike down the individual mandate. The U.S. Supreme Court is scheduled to hear oral arguments on the challenge to the law on March 26, 27 and 28. Between now and the arguments, a number of additional briefs will be filed on all four issues the justice will hear arguments on: the individual mandate, the Medicaid expansion, severability of the law and whether a tax act prohibits consideration of the constitutionality of the law until someone has actually been required to pay a penalty for not having insurance.

POLICY & REGULATION

National Academy for State Health Policy Releases a Primer on Community Health Centers

"This primer, which is an update to the 2008 publication, Federal Community Health Centers and State Health Policy: A Primer for Policymakers, provides an overview of community health centers and other types of Federally Qualified Health Centers and is intended to assist state policymakers in developing successful strategies to integrate health centers into state delivery systems." Access the primer here.

Medicaid Reform

Medicaid is the nation's largest public health insurance program for low-income Americans, and is financed jointly by the federal and state governments. The majority of Medicaid spending goes to the elderly and disabled, and the weak economy has boosted enrollment among low-income families with children. In addition to providing health insurance coverage to nearly 20 percent of the US population, Medicaid accounts for about one-sixth of total spending on personal health care and covers 40 percent of births. Recent concerns about ballooning federal budget deficits, the pressure on states to balance their budgets, and the growth of entitlement spending have fueled new interest in revamping Medicaid. Some proposals would end Medicaid as an entitlement program and turn it into a system of federal block grants to states. Other proposals would preserve Medicaid's basic mission and structure but change the way that states can make innovations, organize care, or pay providers. Read more here.

Application Template Now Available for Advance Payment ACO Model

"Earlier this fall, CMS announced a new Advance Payment Model. Through the Advance Payment Model, selected physician-based and rural Accountable Care Organizations (ACOs) participating in the Shared Savings Program will receive advance payments that will be recouped from the shared savings they earn. A template of the application for the Advance Payment ACO Model is now available on a new Advance Payment Model Application Information webpage. The template… is not an application form that should be filled out."

American Academy of Family Physicians Releases "HHS' Essential Health Benefits Guidance" Bulletin

"The Academy wasted no time voicing its displeasure with a bulletin recently released by HHS outlining the agency's general approach to defining essential health benefits that must be covered by insurance plans offered in state-based health insurance exchanges in 2014." Read more here.

HEALTHCARE HEADLINES

States waiting on SCOTUS could hamper exchanges

Uncertainty over the fate of health reform, centered on the Supreme Court case and the presidential election, has led some states to adopt a wait-and-see approach that may make it impossible for them to meet Health and Human Service's timeline for building their own insurance exchanges. With legislatures convening for their 2012 sessions, more states may adopt the same stance, jeopardizing their shot at exercising full control over their new insurance marketplaces when January 2014 arrives. States still on the fence are likely to decide in the next couple of weeks whether they will push forward on a state-based exchange this year or else yield at least partial control to the government, said Joy Wilson, health policy director for the National Conference of State Legislatures. Read more here.

States Ease Barriers To Medicaid, CHIP Enrollment, Survey Says

"Half the states last year made it easier for children and their parents to enroll in Medicaid by streamlining enrollment and using technology advances to verify citizenship requirements, according to a report released Wednesday. Starting in 2014, an additional 16 million Americans will become eligible for Medicaid as a result of the 2010 federal health overhaul." Read more here.

Bending the Health Care Cost Curve: New Era in American Health Care?

"Health care spending in 2009 and 2010 grew at the slowest rates in 50 years. This startling news…was largely attributed to the shrinking economy. Loss of jobs and insurance, slow growth in wages and family incomes, and greater out-of-pocket health care costs have undoubtedly caused uninsured, underinsured, and low-wage workers and their families to forgo care, contributing to the slowdown in health spending. An estimated 9 million people became uninsured when they lost a job with benefits over 2008–10, and they were much more likely than those who did not lose coverage to report delaying needed care."
Read more here.

How the Affordable Care Act Supports a High-Performing Safety Net

The Affordable Care Act has the potential to help safety-net providers deliver accessible, high-quality care to vulnerable populations. To realize this potential, safety-net providers should take advantage of provisions that promote coordination and integration of care, capitalize on investments in the capacity of the safety net, and strive to fully understand and adapt to upcoming changes to safety net financing and payment."
Read more here.

Are Safety Net ACOs a Good Idea? Views from Key Stakeholders

"Safety-net providers might want to form or participate in ACOs to capitalize on the potential to bolster primary care, to better serve their community, and to establish strong linkages to specialty care. But participating in ACOs presents several risks and challenges to safety-net providers. To examine how safety-net health systems might participate in ACOs and other innovative payment and delivery system reforms, the National Academy for State Health Policy, with support from The Commonwealth Fund, conducted 10 key informant interviews earlier this year." Read more here.

Health Reform Hits Main Street—in Spanish!

The California Endowment and the Kaiser Family Foundation release a Spanish-language version of "Health Reform Hits Main Street," the animation that explains the major provisions of the Affordable Care Act."

Concern Growing over Deadlines for Health-Care Exchanges

"With many states unwilling or unable to get insurance exchanges operational by the health-care law's deadline of Jan. 1, 2014, pressure is growing on the federal government to do the job for them. But health-care experts are starting to ask whether the fallback federal exchange called for in the 2010 law will be operational by the deadline in states that will not have their exchanges ready."
Read more here.

CMS: Health Spending Growth Rate Slows to Near Historic Low

The Centers for Medicare and Medicaid Services (CMS) reported this week that total health spending in the U.S. increased by 3.9 percent in 2010, just a notch above the slowest rate since the government started keeping track - 3.8 percent in 2009. Overall, the U.S. spent $2.6 trillion on health care in 2010, or $8,402 per person. That's 17.9 percent of the nation's gross domestic product. The slowdown in spending is relative: the 3.9 percent rise is more than double 2010's overall inflation rate of 1.6 percent.

APS Healthcare to Be Acquired

Modern Healthcare **reports** that Universal American Corp., a provider of Medicare Advantage plans, plans to acquire specialty health services company APS Healthcare for $228 million. The company said combining Universal's expertise with Medicare programs with APS' Medicaid services will position it to focus on the growing dual-eligible market.

CBO: Raising Medicare Age Would Save Billions

The Congressional Budget Office (CBO) has released an estimate finding the federal government could save $148 billion over 10 years by gradually increasing the Medicare age to 67. The CBO assumed that the Affordable Care Act would remain in place if the Medicare age is raised, allowing seniors to purchase private coverage through the new insurance exchanges. The CBO cautioned that without the ACA provisions, raising the age for Medicare eligibility would result in an increase in uninsured seniors.

AHA: U.S. Hospitals Provide Nearly $40 Billion in Uncompensated Care

According to a new American Hospital Association (AHA) report, U.S. hospitals spent more than $39.3 billion on uncompensated care in 2010. The data is based on the AHA's Annual Survey of Hospitals. The report covered 4,985 hospitals, with 5.8 percent of the total expenses reported going toward uncompensated care. The association defined uncompensated care as the sum of charity care and bad debt.

WORKFORCE DEVELOPMENT

2012 NHSC Loan Repayment Application Cycle Open!

The **National Health Service Corps (NHSC) Loan Repayment Program (LRP)** recently opened its 2012 application cycle. The application cycle will be open until May 2012; however providers are strongly encouraged to apply early. Award amounts for this year's program have been modified to help ensure communities with the greatest need - those with the highest Health Professional Shortage Area (HPSA) scores - receive recruitment support to fill much needed clinical positions. Check the **NHSC website** for additional details to assure all health centers maximize their NHSC opportunities for the retention and recruitment of clinicians.

Nursing Education Loan Repayment Program (NELRP)

The Nursing Education Loan Repayment Program (NELRP) offers Nurse Practitioners an opportunity to repay up to 85 percent of their outstanding qualifying educational loans in exchange for serving at a Critical Shortage Facility that is located in a Health Professional Shortage Area.
The deadline to apply to NELRP is **February 15, 2012** at 5:00 pm EST. NPs can apply to both NELRP and the National Health Service Corps, however if an applicant is selected to receive an award from both, they must select one. Learn more here.

Maternal and Child Health-Public Health Leadership Institute Accepting Applications

This year-long leadership development program is designed to significantly expand self-awareness and quickly build practical skills for effectively leading, managing people, and building partnerships, to advocate for and create the MCH systems of tomorrow. This unique program improves leadership capacity, teaching the tools for creating the kind of culture that engages and motivates others.
Application Deadline: February 1, 2012. Read more here.

Larger role sought for advanced practice nurses

Efforts to increase the primary care work force, such as expanding medical school classes and offering incentives to those who go into primary care, aren't enough to meet growing demands for care, said a report from the National Institute for Health Care Reform. To combat a primary care shortage, the Institute suggests payment overhauls and expanding APNs' scope of practice. Read more here.

CLINICAL UPDATE

Federal Health Agencies Emphasize Boosting Health Literacy

The article, “New Federal Policy Initiatives to Boost Health Literacy Can Help the Nation Move Beyond the Cycle of Costly ‘Crisis Care written by HHS Assistant Secretary for Health Howard Koh, former CMS Director Don Berwick, and AHRQ’s Director, Carolyn Clancy argue that “[t]he federal initiatives of the past few years, combined with a growing commitment to health literate organizations and systems change, can help the nation tackle health literacy and ultimately help us all lead longer, healthier lives.” You can access the article here free of charge for the next two weeks. For more information about health literate organizations, check out the recent IOM report, Attributes of a Health Literate Organization, which “identifies ten attributes of a health literate organization” and identifies resources for organizations interested in taking action.

Shame And Blame: Facing The Unintended Consequences Of Health Messaging

The promotion of health and social welfare is one of those noble causes that attracts people who want to "do good." Physicians are taught to "First, do no harm," but health communication professionals take for granted that their work is "doing good" without considering that it might cause unintentional harm. For example,

stigmatizing sexually transmitted infection (STI) prevention messages may make people with STIs too embarrassed to seek treatment or too ashamed to tell their sexual partners. Not only can health promotion messages lead to such negative health outcomes, they can also promote destructive social values, like fat stigma and rape culture. Read more here.

NIDA Resource Helps Families Navigate Addiction Treatment Options

A new National Institute on Drug Abuse (NIDA) resource, **Seeking Drug Abuse Treatment: Know What to Ask,** is now available to help individuals and families struggling with addiction to know what questions they should ask prior to choosing a drug treatment program. According to the **National Survey** on Drug Use and Health, an estimated 22.1 million persons aged 12 years or older were classified with substance dependence or abuse in 2010. Finding the right treatment to fit an individual's needs is important to keeping them in treatment long enough to achieve their goals. The booklet describes available medications and evidence-based behavioral therapies; the need for comprehensive, tailored, and sustained treatment; as well as the reality of relapse and the role of community level support.

Resources Offered on Meeting Needs of Complex Patients in Medical Homes

The Agency for Healthcare Research and Quality (AHRQ) has produced a brief, *Ensuring the Patient-Centered Medical Homes Effectively Serve Patients with Complex Health,* and a white paper, *Coordinating Care for Adults with Complex Care Needs in the Patient-Centered Medical Home: Challenges and Solutions.* The brief offers specific strategies to help primary care practices, especially smaller ones, better deliver services to all patients, specifically those with the most complex health needs. The white paper discusses current barriers and offers a more detailed look at strategies that are needed to help primary care practices perform as effective patient centered medical homes (PCMH). These and other information can be accessed on the **AHRQ PCMH Resource Center.**

High Employee Morale Associated with Medical Home, But....

Based on responses to a Commonwealth Fund-supported **survey** to over 700 providers and clinical staff participating in the Safety Net Medical Home Initiative, the largest group of respondents rated themselves as having good morale, job satisfaction, and occasionally stressed but not feeling "burned out." However, when responses to all subscale questions were taken into account, it was determined that in PCMH-like practices, staff can experience a risk of burnout.

HEALTH INFORMATION TECHNOLOGY

"Health Information Exchange" In States

"Improving Health Care for All Americans - To better track and securely share patients' complete medical histories, more and more health care providers are participating in health information exchange (HIE) so that they can better communicate vital medical information electronically. HIE helps facilitate more coordinated patient care, reduce duplicative treatments and avoid costly mistakes. Every state has received funds to modernize how patient health information is shared. More information about the State Health Information Exchange program—including what's happening in each state—is available at www.healthIT.gov." Read more here.

Feds corral online tools to help rural hospitals manage IT projects

The U.S. Department of Health & Human Services recently created a new online toolkit bringing a host of federal resources into one place. The goal: To give rural providers easier access to federal programs that can help them improve overall IT systems, as well as implement electronic records and reach Meaningful Use goals more quickly.

FUNDING OPPORTUNITIES

Covidien NACHC Challenge Grant - Call for Applications

Covidien is partnering with the National Association of Community Health Centers to assist Federally Qualified Health Centers (FQHCs) and FQHC-Look-A-Likes with capital improvement projects. Applications are due February 24, 2012. Read more here.

Academy of General Dentistry Foundation Grant Program

Application Deadline: October 31, 2012

The AGD Foundation passionately supports general dentists and dental personnel in their efforts to improve oral health and oral health literacy, especially among those members of our most underserved and vulnerable populations, through access to care projects. The AGD Foundation Grant Program offers financial support to programs in support of access to care for underserved populations. By encouraging efforts through financial grants, the AGD Foundation is able to effectively support AGD constituents and non-profit organizations to enhance their ability to positively impact underserved populations across the nation. Read more and/or apply here.

Other NACHC Grant Opportunities: Read more here.

Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene

Deadline: February 9, 2012

The overall purpose of the program is to increase access to oral health care through continued training, recruitment and retention of a diverse and cultural competent dental workforce.

Link to Full Announcement

CLICK

Ashoka, Johnson Foundation Offer Funding for Universal Health Solutions

Deadline: February 13, 2012

The purpose of grants is to promote health care solutions with the potential to be applied in other countries. Programs receive priority if they address challenges such as fragmented health care ecosystems, high costs, inconsistent quality of care, inefficeint systems, barriers to access and capacity needs.

More info. CLICK

Source: CD Publications

Private Grants Alert

Web site: www.cdpublications.com

State Implementation Grants for Systems of Services for Children and Youth with Special Health Care Needs (CYSHCN)

Deadline: March 1, 2012

This announcement solicits applications for State Implementation Grants for Systems of Services for Children and Youth with Special Health Care Needs (CYSHCN). This grant program improves access to a quality, comprehensive, coordinated community-based systems of services for CYSHCN and their families that is family-centered and culturally competent.

Link to Full Announcement

CLICK

Improving Adherence in Pre-teens, Adolescents and Young Adults with Type 1 Diabetes (DP3)

Deadline: March 2, 2012

This FOA issued by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health, encourages Research Project Grant (DP3) applications from institutions/organizations proposing to develop, refine, and pilot test innovative strategies to improve adherence to medications and

medical regimens, including self-management, in pre-teens, adolescents, and young adults with type 1 diabetes. At the end of the funding period, there should be a well-developed and well-characterized intervention that has been demonstrated to be safe, feasible to implement, acceptable in the target population, and, if promising, ready to be tested in a larger efficacy trial.
Link to Full Announcement
CLICK

Public Health Traineeships

Deadline: March 5, 2012
To support traineeships for students in graduate educational programs in accredited schools of public health and to other public or nonprofit private institutions accredited for the provision of graduate or specialized training in Public Health which offer graduate programs for training in Public Health fields with a severe shortage.
Link to Full Announcement
CLICK

The Public Health Foundation

The Public Health Foundation has launched a national award program to promote use of quality improvement (QI) (deadline, March 16th)

This is a reminder that our sixth annual Emerging Leader Award will be presented at the 2012 Geiger Gibson Symposium, which will be held in conjunction with the National Association of Community Health Centers Policy and Issues Forum in Washington, DC in March 2012. **We are pleased to issue this invitation to nominate an Emerging Leader from your health center or Primary Care Association by February 10, 2012.**

The Emerging Leader Award is designed to highlight and share the accomplishments of exceptional young members of the health center and PCA communities. We are looking for a leader who has undertaken or guided a specific task (or multiple tasks) that has helped the health center or PCA further the mission of providing high-quality, culturally competent health services to underserved populations in your service area. We will consider a wide range of accomplishments - for example, developing new program initiatives, helping the health center or PCA run more efficiently, increasing outreach to new patients, etc.

To submit a nomination, please complete the attached Geiger Gibson Emerging Leader Nomination Form or visit our website to download the form:
http://www.gwumc.edu/sphhs/departments/healthpolicy/ggprogram/emerging_leader.cfm This form and accompanying documents may be returned via fax, mail, or email by the deadline of **February 10, 2012.** Please feel welcome to contact Tishra Beeson at the email address below with any questions.

HIV in Primary Care Learning Community

Application Deadline: February 15, 2012
HealthHIV, one of the largest national HIV organizations, and the National Association of Community Health Centers (NACHC) are partnering to provide non-Ryan White funded health centers serving racial and ethnic minority communities the opportunity to join the **HIV in Primary Care Learning Community**. Participating health centers will engage in a clinical HIV curriculum and receive training and technical assistance from expert faculty in practice and system redesign; expansion in the context of patient centered medical home and care coordination; partnership development; leadership in turbulent times; and coding and billing to maximize revenue. Practice-based coaches will provide ongoing support. They are interested in helping some health centers in PA and have extended the deadline for applications until February 15, 2012. Health centers will be selected for this innovative and transformative opportunity through a competitive process, so the sooner you apply, the better your chances for early consideration. To signify your intent to apply for this training and technical assistance please email **Christine Stewart** with a message of that intent or call 202-507-4727. Read more here.

Dr. Scholl Foundation

Application Deadline: March 1, 2012
The foundation is dedicated to providing financial assistance to organizations that help children, youth, the underserved, and efforts to reduce domestic violence. Focus areas include programs for children, developmentally disabled, civic and cultural institutions, social service agencies, hospitals and health care, environmental organizations, and religious institutions. The foundation also supports efforts to fight domestic violence. Read more here.

Improving Adherence in Pre-teens, Adolescents and Young Adults with Type 1 Diabetes

Application Deadline: March 2, 2012
This RFA issued by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health, encourages Research Project Grant (DP3) applications from institutions/organizations proposing to develop, refine, and pilot test innovative strategies to improve adherence to medications and medical regimens, including self-management, in pre-teens, adolescents, and young adults with type 1 diabetes. At the end of the funding period, there should be a well-developed and well-characterized intervention that has been demonstrated to be safe, feasible to implement, acceptable in the target population, and, if promising, ready to be tested in a larger efficacy trial. Read more here.

Robert Wood Johnson Foundation Unsolicited Proposals

Application Deadline: Applications accepted on an ongoing basis
The Robert Wood Johnson Foundation Pioneer Portfolio accepts unsolicited proposals for projects that pursue innovative approaches to solving problems in health and health care. All proposals must address the strategic objectives of the RWJF Pioneer portfolio and fall within the guidelines of the types of proposals that they fund. The most promising unsolicited proposals will:

- Address the strategic objectives of the Pioneer Portfolio;
- Be innovative with potential to offer breakthrough solutions;
- Be best suited for funding through RWJF - rather than through local, public or private sources of funding;
- Be sustainable without relying on ongoing RWJF funding; and
- Show potential for measurable impact and meaningful change.

Read more here.

Palliative Care and End of Life in People Living with HIV/AIDS

Application Deadline: March 22, 2012
The National Institute of Nursing Research (NINR) is soliciting research focused on current palliative care and end of life needs in people living with HIV/AIDS. Highly active antiretroviral treatment has prolonged the lives of individuals living with HIV/AIDS leading to increasing numbers of people in the later stages of disease in need of support. Read more here.

Bristol-Myers Squibb Foundation

Application Deadline: Deadlines for the 2012 competition will be posted in January.
The foundation seeks to help reduce health disparities by strengthening community-based healthcare supportive services. In the U.S., the foundation's efforts have focused on addressing health disparities for populations disproportionately affected by Type 2 diabetes; addressing the mental health needs of returning veterans; integrating mental health with physical health care; and addressing the over-representation of the mentally ill in the criminal justice system. The diabetes and mental health programs run on separate funding tracks. The diabetes program has just closed for 2011 and the mental health competitive grants are to reopen in January for the 2012 round. Read more here.

National Institutes of Health Announces Grant Opportunity for Type I Diabetes Management Strategies

The **Improving Adherence in Pre-teens, Adolescents and Young Adults with Type I Diabetes** funding opportunity is intended to aid institutions/organizations in developing, refining and pilot testing innovative strategies to improve adherence to medications and medical regimens, including self-management in young people with type I diabetes. At the end of the funding period, recipients should have a well-developed intervention that has been demonstrated to be safe, feasible to implement, acceptable in the target population and ready to be tested in a larger efficacy trial.

Applicants can request up to $400,000 for funding. Eligible entities include state and local governments, independent school districts, nonprofits other than institutions of higher education, private institutions of higher education, for profit organizations and small businesses. School-based health centers can have their sponsor organization apply on their behalf.
Deadline: March 2, 2012

Grant Information: http://www.grants.gov/search/search.do?mode=VIEW&oppId=129736
Thinking of applying for the grant? Let us know by emailing Josh Rovner at jrovner@nasbhc.org

RESEARCH ROUNDUP & RESOURCES

Availability Of Key Attributes Of Primary Care, Medical Home, Decrease Risk Of Death

Greater access to features of high-quality primary care - comprehensiveness, patient-centeredness and extended office hours - is associated with lower mortality, according to a new national UC Davis study. Published in the January-February issue of the Annals of Family Medicine, the research is the first to link the availability of three specific attributes of primary care with reduced risk of death. Read more here.

Biggest Bucks In Health Care Are Spent On A Very Few

Researchers from the Agency for Healthcare Research and Quality looked at the way people actually spend money on health care. They found that half the population spends practically nothing on health care in any given year, while a very few unlucky people account for the lion's share. Specifically, in 2009, just 1 percent of the non-institutionalized population accounted for 21.8 percent of all U.S. health spending. And just 5 percent accounted for half the total spending. Read More here.

Americans' Access to Prescription Drugs Stabilizes, 2007-2010

Despite the weak economy and more people lacking health insurance, the proportion of Americans reporting problems affording prescription drugs remained level between 2007 and 2010, with more than one in eight going without a prescribed drug in 2010, according to a new national study from the Center for Studying Health System Change (HSC). While remaining stable overall, access to prescription drugs improved for working-age, uninsured people, likely reflecting a decline in visits to health care providers, as well as changes in the composition of the uninsured population. Likewise, elderly people eligible for both Medicare and Medicaid saw a sharp drop in prescription drug access problems. The most vulnerable people-the uninsured, those with low incomes, people in fair or poor health, and those with multiple chronic conditions-continued to face the most unmet prescription needs. Read more here.

New Study Highlights Community Health Center Savings to System

A study published in the January-March Issue of The Journal of Ambulatory Care Management finds that patients who receive a majority of their ambulatory care at Community Health Centers have significantly lower health care costs than other patients. The study by the Geiger Gibson/RCHN Community Health Foundation Research Collaborative assessed the potential cost savings associated with health centers based on econometric analyses of the 2006 Medical Expenditure Panel Survey. Highlights of the study's findings include:

- Patients who used health centers for the majority of their care incurred $3500 in total annual medical expenditures compared with $4594 for non health center users, for an annual estimated savings in 2006 of $1093.
- Health centers were associated with annual savings of $402 in ambulatory costs (25% less), and $29 in emergency costs (18% less), and $218 (18% less) for hospital inpatient expenditures.

These results are consistent with other independent studies indicating that by providing good quality primary care, Community Health Centers can reduce the utilization of other medical services. An **abstract** of the report is available online; the full text must be purchased.

Job Activities and Respiratory Symptoms Among Farmworkers in North Carolina

"Respiratory health is a vital component of the ability to perform physically demanding work. The authors analyzed respiratory symptom prevalence among Latino farmworkers engaged in crop production, and investigated work activities as risk factors for respiratory symptoms. Migrant and seasonal farmworkers experience particular occupational exposures, mainly the inhalation of aerosolized pesticides, organic and inorganic dusts, pollens, gases, fumes and air particulates." Read full article here.

Patient-Centered Medical Home Characteristics and Staff Morale in Safety Net Clinics

"When discussing the promise of the patient-centered medical home, policymakers and health care organizations primarily focus on the potential for improved outcomes for patients, who benefit from enhanced access to care, greater continuity in their provider relationship, and better coordination of care… This Commonwealth Fund–supported study surveyed providers and clinical staff at 65 community health centers during the first year of the Safety Net Medical Home Initiative, a five-year demonstration project to help health centers in five states transform into patient-centered medical homes." Read more here.

Comprehensive Primary Care Reduces Death Risk

"High-quality primary care — care that's comprehensive, patient-centered and offered via extended hours — reduces the risk of death, according to a new national study conducted at the University of California Davis." Read a news summary of the article here.. Access the full article here.

The Diabetes Threat: Can It Be Contained?

"Diabetes now affects nearly twenty-six million Americans, and over the next decade, an estimated forty million more US adults could develop the condition. Another 100 million more could suffer from an insidious prediabetic condition, one that often leads to the full-blown disease… The January issue of *Health Affairs* explores the many facets of this complex problem and the challenges to be overcome to curb diabetes." A research article in this January issue also highlights how young people with diabetes fare worse both educationally and financially. Read more here.

Study: Premiums Could Rise 25 Percent without Insurance Mandate

"Insurance premiums would rise by as much as 25 percent if the healthcare law is implemented without an individual mandate, according to a new analysis from the Robert Wood Johnson Foundation."
Read more here.

Survey: Uninsured rose in 2011

The percentage of Americans lacking health insurance coverage rose for the fourth straight year in 2011 to 17.1 percent, a new survey showed Tuesday. The climb has been steady since Gallup began tracking whether adults have health insurance in 2008. Four years ago, only 14.8 percent of adults lacked health insurance. In December 2011, the monthly percentage of uninsured adults increased to 17.7 percent, the highest on record, reports Gallup. Read more here.

TRAINING AND TECHNICAL ASSISTANCE

The following trainings and meetings are hosted by Mississippi Primary Health Care Association:

April 2-4, 2012 MPHCA Clinical Conference

Lake Terrace Convention Center, Hattiesburg, MS
Contact: Joyce Smith @ jsmith@mphca.com

For complete information on trainings listed above, please access our website with the following link: http://www.mphca.com/Training_and_Events.htm.

Other Important Trainings and Technical Assistance:

NACHC: Policy & Issues Forum

March 21-25, 2012

Marriott Wardman Park Hotel, Washington, DC

The Policy & Issues Forum (P&I) is the largest gathering of health center clinicians, executive directors, State and Regional Primary Care partners, board members and advocates on record. This event focuses on the latest in state and federal government policies affecting community health centers and health care for millions of Americans. Read more and/or register here.

Other NACHC Training and Technical Assistance

Learn more here.

Capital Link: Capital Development Webinar Series

In January and February, Capital Link is continuing its series of webinars designed to offer useful information for health centers in the midst of capital development. The webinars have no charge, but participation is limited to the first 100 registrants. Register today! Contact Joe McKelvey at jmckelvey@caplink.org or 202-331-4602 with any questions. Register here.

Homeless Health Care Regional Training

Presented by the National Health Care for the Homeless Council.

March 8-9, 2012

This is a free regional training in Memphis,TN,for individuals and organizations interested in providing care and compassion to people experiencing homelessness. This accredited training will feature professional development and networking opportunities in order to better serve the needs of providers of homeless health care and shelter services. Read more and/or register here.

National Health Care for the Homeless Conference & Policy Symposium

The National Health Care for the Homeless Council is accepting proposals for workshop and pre-conference presentations for the 2012 National Health Care for the Homeless Conference & Policy Symposium.

May 15-18, 2012

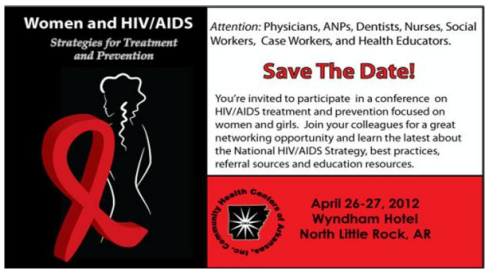
Kansas City, MO

Learn more here.

If you have any questions about the MPHCA E-update, please contact Kim Hancock at Khanock@mphca.com or 601-981-1817.

Women and HIV/AIDS Conference
April 26-27, 2012
Wyndham Hotel
North Little Rock, AR

Attention: Healthcare Providers – Federally Qualified Health Centers, Area Health Education Centers, Community Mental Health Centers, Department of Health, Rural Health Clinics, UAMS, Critical Access Hospitals, Ryan White Programs, and other interested organizations, coalitions, or partners.



Whether you are directly involved with working with or treating HIV/AIDS populations, want to learn more about how to get involved, or need to learn more about referral and educational resources available…..**Save the Date!!! More information to come soon.**

Check the website in the coming weeks for more information at*:* www.chc-ar.org

Free Capital Webinars Offered

Does your health center have capital needs? Capital Link is continuing its free capital webinar series for Community Health Centers with three new sessions:

- **Funding and Financing Rural Capital Projects - New Developments in USDA Programs,** Wednesday, February 8th, 2-3 p.m. EST. Community Health Centers located in rural areas have historically benefitted from an array of programs offered by the USDA including grants, loans, and loan guarantees. Presenters will discuss action Congress has recently taken to dramatically restructure these programs and their implications and provide tips and techniques for securing USDA funding and financing.
- **Keep it Moving: Strategies to Advance your Capital Project before Hearing from the Feds**, Wednesday, February 15th, 2-3 p.m. EST. This session will review the capital development process and suggest a variety of action steps for health centers to complete even before they hear about the Federal awards.

The webinars have no charge, but participation is limited to the first 100 registrants, so **register** today. Contact Joe McKelvey at **jmckelvey@caplink.org** or 202-331-4602 with any questions.

National Health Care for the Homeless Council

2012 Webinar Series

In 2012 the Council will offer a dynamic assortment of training and technical assistance opportunities with practical tools and skills for the homeless health care field. See the complete listing as well as archives for previous trainings here.

Mississippi Primary Health Care Association distributes the MPHCA E-Update to inform members and partners of issues important to Community Health Centers.

The MPHCA e-Update is the official e-bulletin of the Mississippi Primary Health Care Association. It is e-mailed weekly as a membership service to Mississippi Community Health Center executive leadership, board members, health professionals, non-clinical staff, and other MPHCA members and partners.