MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION

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MPHCA E-UPDATE

January 10, 2012

MPHCA NEWS

NACHC's Campaign To Save America's Health Centers

The Campaign for America's Health Centers was created to preserve, strengthen and expand the national network of Health Centers to deliver long term savings to the health care system and ultimately a healthier country. To be a part of the movement and learn more, click here.

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, MPHCA will be arranging meetings with all the MS 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.

Magnolia Health Plan Announces New Medical Director, Jason B. Dees, DO, FAAFP

President & CEO of Magnolia Health Plan (MHP) Larry Kissner announced that Jason B. Dees, DO, FAAFP joined Magnolia Health Plan as its new medical director on Jan. 3, 2012.

Mr. Kissner shared that Dr. Dees comes to MHP from the New Albany Medical Group where he served as VP/Chief Medical Officer and was responsible for inpatient and outpatient care, the daily financial management of the practice, the implementation of electronic medical records, general marketing and growth strategies, and quality improvement. Dr. Dees was also the Medical Director for Take Care Health Systems at the Toyota Motor Manufacturing plant in Mississippi providing onsite care for work related injuries and wellness initiatives.

Mr. Kissner also noted that Dr. Dees has an impressive resume having graduated from Erskine College with a Bachelor of Science Magna cum Laude and also graduating 7th in his class from the West Virginia School of Osteopathic Medicine and performed his residency in family medicine and The Medical Center in Columbus, GA. Dr. Dees has served on numerous prestigious boards, including the Mississippi Academy of Family Physicians board of directors, the Mississippi

Academy of Family Physicians Foundation board of directors, and the New Albany Public School Board Leadership team.

Mr. Kissner is very pleased to have Dr. Dees, a proven leader with skills that will enhance Magnolia Health Plan's commitment and delivery of quality healthcare to its members in the MississippiCAN program, as part of the MHP management team.

MPHCA EVENTS/EDUCATIONAL OFFERINGS

January 12, 2012: UDS Training
Clyde Muse Center, Pearl, MS
Contact: TC Washington@ twashington@mphca.com

January 19, 2012: 2012 MPHCA Legislative Day, Annual Meeting and Legislative Reception
Jackson Downtown Hilton Garden Inn Hotel (formerly King Edward)
Contact: Vera Walker @ vwalker@mphca.com

January 21, 2012: Taking Charge of Your Diabetes: Living Life Without Limits
Marriott Hotel, Jackson, MS

April 2-5, 2012 MPHCA Clinical Conference
Lake Terrace Convention Center, Hattiesburg, MS
Contact: Joyce Smith @ jsmith@mphca.com

Save this Date!!!

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

TRAINING OPPORTUNITIES

Project Power: Proven Techniques for Leading Change at Health Centers
Five part webinar series starting January 17, 2012
Online Registration Deadline: January 11, 2012
Turn visions of what might be into tangible results!
This five-part webinar series provides an introduction to the proven techniques for planning and managing projects. Participants will be encouraged to work on their own projects throughout the series, and to form learning teams with other participants. The series will rely on ***The Fast Forward MBA in Project Management***, by Eric Verzuh, for reading assignments and for project management templates.

Participants will have the opportunity to submit their own projects to the presenter for direct coaching and to be used as anonymous examples.

Webinar Schedule
Project Management Introduction and Framework
January 17, 2012 2-3:30 PM EST

Project Launch: Establishing a Common Goal with all Stakeholders
January 31, 2012 2-3:30 PM EST

Creating Clear Roles and Responsibilities With a Detailed Project Plan
February 14, 2012 2-3:30 PM EST

Be Ready for Anything: Planning for the Unexpected
February 28, 2012 2-3:30 PM EST

Project Team Collaboration Principles and Project Management Tool Review
March 13, 2012 2-3:30 PM EST

Why this webinar will benefit you and your staff?
By the end of this interactive webinar series, you will be able to:

1. Describe the project life cycle and relate their own projects to the life cycle phases
2. Connect project deliverables to strategic results
3. Successfully collaborate with key internal and external stakeholders to complete complex work projects

Speaker(s):
Eric Verzuh, President, The Versatile Company
Eric Verzuh is a leading expert in Project Management and the author of the bestselling book *The Fast Forward MBA in Project Management*. Eric has been providing project management expertise to health centers since 2005.

Who should attend this webinar?
This webinar is intended for anyone at a community health center or PCA that is or will be managing complex projects involving multiple staff and/or stakeholders. Additionally, as this webinar series is hands-on, we encourage multiple individuals from the same organization to participate.

Registration Rate: Regular Rate (after December 19th): *Member: $399 Non-Member: $499

**Please note: In order to receive the member rate, your organization must be a member. The member rate does not apply to individual members whose organization is not a member of NACHC.*

For more information and to register, click here or contact Carla Brathwaite at cbrathwaite@nachc.com or (301) 347-0400.

BPHC TA Enrichment Call: Stopping a Silent Epidemic: Policy and Practice Innovations to Treat and Prevent Viral Hepatitis

January 26, 2012
2:00PM – 3:30PM ET
Call-in Number: 877-918-6725
Participant Code: 3762622

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) is pleased to announce an upcoming Grantee Enrichment Technical Assistance call titled **Stopping a Silent Epidemic: Policy and Practice Innovations to Treat and Prevent Viral Hepatitis on January 26, 2012.**

This call with include a clinical review of viral hepatitis, an overview of the HHS Viral Hepatitis Action Plan, and presentations from three current BPHC health center grantees who will discuss their approach to the treatment of Hepatitis B and C. The session will conclude with a presentation on Project ECHO, an innovative program that utilizes telehealth in the treatment of viral hepatitis.

To access this session through Adobe Connect, please go to this link:
https://hrsa.connectsolutions.com/ottac/

Presentation materials will be available the week of the session at
http://bphc.hrsa.gov/technicalassistance/trainings/index.html

To view upcoming training events, please visit the BPHC TA website calendar:
http://bphc.hrsa.gov/technicalassistance/tacalendar/index.html.

Please contact Mark Yanick at myanick@hrsa.gov, if you have any questions.

Medicare Cost Reporting Webinar Series

March 1 - 29, 2012
Registration Now Open!
Get the"nuts and bolts" of FQHC Medicare cost reporting – Register for this webinar series today!

The National Association of Community Health Centers (NACHC) is pleased to offer the Medicare Cost Reporting Webinar Series. This four-part series is designed to provide community health centers with a multi-faceted approach to strategies that can help you properly prepare and file their Medicare FQHC Cost Reports.

Why this webinar series will benefit you and your staff?
After this webinar series you will be able to:
1. Discern how health centers are reimbursed by Medicare, and how to improve your health center's reimbursement.
2. Read financial and statistical information from the Medicare FQHC cost report.
3. Recognize the changes in payment methodology for Medicare.
4. Implement innovative strategies for the successful completion of this report.

What topics will the series cover?
There are four dynamice webinars in this series, including:

- **Session #1:** *A Complete Overview of the Medicare FQHC Cost Report*
  Date: Thursday, March 1 (2 – 3:30 pm Eastern)
  Registration deadline: Monday, February 29
  Register now.
- **Session #2:** *Aligning Costs: Determining the Cost per Visit Calculation*
  Date: Thursday, December 8 (2 – 3:30 pm Eastern)
  Registration deadline: Tuesday, March 6
  Register Now.
- **Session #3:** *Provider Productivity Considerations and the Cost Report Settlement Calculation*
  Date: Thursday, March 15 (2 – 3:30 pm Eastern)
  Online registration deadline: Tuesday, March 13
  Register Now.
- **Session #4:** *A Look Back at Information Presented and FAQs*
  Date: Thursday, March 29 (2 – 3:30 pm Eastern)
  Online registration deadline: Tuesday, March 27
  Register Now.

Click here to view more about the Medicare Cost Reporting series webinars.

Who should attend this training?
Health Center CFOs, COOs, Billing and Finance management and other key staff
Registration Rate: Registration for *each session* in the Medicare Cost Reporting webinar series is **$119**. You must register online for each webinar *separately*.

For questions about this webinar series, please contact Sherry Giles at sgiles@nachc.com or 301.347.0400.

Maximizing Revenue and Third Party Reimbursement in Health Centers

February 8-9, 2012 – Las Vegas, NV
Online registration deadline: February 3, 20012
***Early bird registration deadline January 20, 2012.** *Meeting the requirements of the new health reform laws can be a challenge for community health centers (CHC)...knowing the tools and techniques to ensure that billing and collections procedures result in acquiring all revenues due for services provided in your CHC is the key to sustainability.*

NACHC's Maximizing Revenue and Third Party Reimbursement (Max Rev) training seminar provides CHCs with critical strategies in establishing effective billing and collections systems. The Max Rev seminar can also assist health centers that are confused about how to have new sites licensed, deemed under the FTCA, and added to their 330 scope of project. The basic guidelines of what can be billed, to which payers, and how much the health center can expect to be paid will also be covered.

Why this training will benefit you and your staff?
After this two-day training you will be able to:

1. Provide management reports that allow optimal oversight and cash flow.
2. Improve operations to maximize revenue.
3. Understand cost-based reimbursement.

Who should attend this training?
Health Center CFOs, COOs, Billing and Finance management and key staff, and board members

Registration Rates: Early bird discount rate: **$375** Regular/On-Site Registration Rate: **$425**

Click here to view the Max Rev training webpage.

Download **training brochure** for specific hotel information, registration form and registration deadlines.

For more information on this training contact Sherry Giles at sgiles@nachc.com, or call 301-374-0400 ext. 2027.

To find out more about NACHC trainings, visit us at www.nachc.com/trainings.

MISSISSIPPI & MEMBER NEWS

According to the Clarion-Ledger, Governor-Elect Phil Bryant made the following appointments today:

- MBN: Marshall Fisher, Executive Director
- MDOC: Chris Epps, Commissioner
- MEMA: Robert Latham, Executive Director
- MDES: Mark Henry, Executive Director
- MDEQ: Trudy Fisher, Executive Director
- MDFA: Kevin Upchurch, Executive Director
- MDHS: Rickey Berry, Executive Director
- MDOM: Dr. David Dzielak, Executive Director
- MDMR: Dr. Bill Walker, Executive Director
- MDPS: Albert Santa Cruz, Commissioner

Click here to view Curriculum Vitae for Dr. David Dzielak, Executive Director, MS Division of Medicaid

Mississippi Medicaid Amendments

The following amendment(s) have been filed with the Secretary of State. The complete text can be viewed at https://www.medicaid.ms.gov/Amendments/Amendments.aspx .

AP 2011-07

The rule defines coverage criteria, general services required, documentation requirements and non-covered services for community mental health. It replaces Section 15 of the Medicaid Provider

manual. The proposed rule allows additional home and community based services for individuals in need of mental health services. It addresses an unmet need in the State by offering alternatives to institutional services.

POLICY & REGULATION

HHS releases final Medicaid quality measures

The Department of Health and Human Services last week issued a final notice announcing an initial set of 26 quality measures for Medicaid-eligible adults for voluntary use by state Medicaid agencies. The measures cover areas such as prevention and health promotion, management of acute and chronic conditions, care coordination, family experiences of care and availability.

The Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality collaborated to identify the 26 measures, down from the 51 measures originally proposed. The Patient Protection and Affordable Care Act required HHS to establish by Jan. 1, 2012 a Medicaid Quality Measurement Program to fund development, testing and validation of emerging and evidence-based measures.

By September, CMS intends to release technical specifications as a resource for states that seek to voluntarily collect and report the initial core set of quality measures, and by Jan. 1, 2013 the agency will issue guidance for submitting the initial core set in a standardized format. Read More

HHS Releases Essential Health Benefits Bulletin

"The bulletin release describes an inclusive, affordable and flexible proposal and informs stakeholders about the approach that HHS intends to pursue in rulemaking to define essential health benefits. Under the Department's intended approach announced today, states would have the flexibility to select an existing health plan to set the "benchmark" for the items and services included in the essential health benefits package."
Read More

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."

Affordable Care Act Provision Cuts Red Tape, Saves Up to $4.5 Billion

"New standards for electronic funds transfers in health care, required by the Affordable Care Act, will reduce up to $4.5 billion off administrative costs for doctors and hospitals, private health plans, states, and other government health plans, over the next ten years, according to estimates included in new rules published today by the U.S. Department of Health and Human Services (HHS)." Read More

FINANCE & PAYMENT

HEALTHCARE HEADLINES…
BUSINESS NEWS, TRENDS & ANALYSIS

Press Release: Study Highlights the Cost-Savings of Community Health Centers

Mon, 09 Jan 2012: Patients who receive a majority of their ambulatory care at health centers have significantly lower health care costs than other patients. Read More

Affordable Care Act provision cuts red tape, saves up to $4.5 billion

New standards for electronic funds transfers in health care, required by the Affordable Care Act, will reduce up to $4.5 billion off administrative costs for doctors and hospitals, private health plans, states, and other government health plans, over the next ten years, according to estimates included in new rules published today by the U.S. Department of Health and Human Services (HHS). The standards build upon regulations published earlier this year that set industry-wide standards for how health providers use electronic systems to quickly and easily determine a patient's eligibility for health coverage and check on the status of a health claim. Together, the two regulations implementing the Administrative Simplification provisions of the Affordable Care Act and the Health Insurance Portability and Accountability Act (HIPAA) are projected to save the health care industry more than $16 billion over the next 10 years. These savings come from the adoption of electronic standards that will help eliminate inefficient manual processes and reduce costs. Read More

Five health reform dates to watch in 2012

Health reform had a big year in 2010, when it passed Congress and a slew of consumer-friendly provisions came online. And it'll have another big year in 2014. That's when the individual mandate kicks in, pre-existing conditions end and Medicaid expands to cover 16 million more Americans. But 2012 won't be all quiet on the health-care front: The Obama administration is laying a policy foundation for 2014, while health reform opponents try to stop the law altogether. Read More

Housing and Health Care Go Hand in Hand

Housing and Urban Development Secretary Shaun Donovan underscored the critical role of neighborhoods and communities in health - and the need for action - at a recent conference in Detroit, noting, "You can predict the life expectancy of a child by the ZIP code in which they grow up. This is wrong." Policymakers have spent years improving access to care. And rightly so. But we now know that the social, economic and physical factors that shape our everyday lives are even more important. A critical factor is affordable housing in good neighborhoods. As the research group Children's HealthWatch aptly states: "A safe, decent, affordable home is like a vaccine - it literally keeps children healthy." Read More

State efforts put more children on health insurance rolls, despite economic downturn

Publicly funded programs have enabled 1.2 million more children to gain health insurance since 2008 - at least in part due to extra work by many states to ensure that more of the children who are eligible for the programs are actually signed up, Obama administration officials plan to announce Wednesday. Twenty-three states are to be awarded federal performance bonuses totaling nearly $300 million for these efforts. Read More

Federally-Facilitated Exchanges and the Continuum of State Options

This report explores three ways that states can comply with the Affordable Care Act requirement of establishing a health insurance exchange in their state: (1) establishing one on their own; (2) defaulting to a federal exchange; or (3) creating a hybrid exchange. On behalf of the National Academy of Social Insurance, the authors evaluated the considerations and eventual implications associated with each option to help states determine which model may work best for the unique needs of their residents. Read More

Essential Health Benefits: Balancing State Flexibility with Consumer Protections

The U.S. Department of Health and Human Services (HHS) outlined its intended approach to defining the essential health benefit package-or minimum coverage standards-that will apply to health plans sold through the new state health insurance exchanges, as well as in the individual and small-group markets. The law stipulates that essential benefits must cover services within 10 categories, such as ambulatory patient services, emergency services, and maternity and newborn care. According to Sara Collins, Ph.D., vice president for Affordable Health Insurance at The Commonwealth Fund, these requirements represent a dramatic change from the individual market of today, where health plans often do not cover a comprehensive set of services. Read More

OpenNotes: Empowering patients to become more engaged in their own health care

Enabling patients to see their doctors' medical notes is a simple yet radical idea that has the potential to transform the way patients engage with their health. That's what OpenNotes does, helping to move us toward an era where patients have the information they need to become true partners in discussions and decisions about their health care. Supported by the Robert Wood Johnson Foundation's Pioneer Portfolio, OpenNotes is being tested by more than 100 doctors and 21,000 patients in Boston, rural Pennsylvania and Seattle. Researchers are surveying patients and doctors about their expectations before and experiences after engaging in OpenNotes to measure how perceptions for both doctors and patients have changed regarding the benefits and risks. They will also examine how patients and doctors use open visit notes and what difference it has made to the way patients engage with their health and how care is delivered. Up until now, there has been little evidence about the merits or drawbacks of making medical notes available to the patient. Read More

Kids with a "medical home" have fewer sick visits

A medical home was defined in the report as a doctor's office offering easily accessible, coordinated care that caters to the family. The concept has gained popularity in recent years as a way to streamline the often complex medical situations for people with chronic illnesses. In the latest study, researchers found children with a medical homemade fewer trips to the emergency department and had fewer sick visits with the doctor. The kids also watched less television and were more likely to be read to and to wear a helmet. Read More

For GOP, 'repeal and replace' has been nothing but a mantra on health-care law

More than a year after Republicans first pledged to "repeal and replace" President Obama's new health-care law, the GOP is still struggling to answer a basic question: Replace it...with what? The repeal-and-replace argument has been a central line of attack in the GOP's anti-Obama assault, both on the presidential campaign trail and on Capitol Hill. In Congress, the new Republican-led House took a symbolic vote to repeal the law in January. But since then, nothing has happened. The House hasn't passed anything new to take its place. Read More

NIH, health centers avoid cuts in fiscal 2012

For the third time in 2011, Congress adopted appropriations legislation that narrowly prevented a partial shutdown of the federal government -- this time for the remainder of fiscal year 2012. President Obama signed the measure on Dec. 17, which includes a mixed bag of small spending cuts, increases and freezes for nonmandatory federal health programs. Supporters of the National Institutes of Health, for example, were pleasantly surprised to learn that the agency will receive a net increase of nearly $250 million over fiscal 2011 funding even after applying a 0.189% mandatory reduction the bill prescribes for most federal agencies. Read More

New Web Tool Designed to Help Americans Make Healthy Food and Physical Activity Choices

Just in time to help Americans keep their New Year's resolutions by making healthy food and physical activity choices, Agriculture Secretary Tom Vilsack today released USDA's new nutrition SuperTracker. The SuperTracker is a comprehensive, state-of-the-art resource available at ChooseMyPlate.gov designed to assist individuals as they make changes in their life to reduce their risk of chronic disease and maintain a healthy weight. Release of this new web tool comes as USDA highlights the second in a series of themed consumer messages supporting the MyPlate icon - Enjoy Your Food, But Eat Less - that USDA is promoting the next three months in conjunction with more than 5,000 organizations participating in the MyPlate Nutrition Communicators Network. Read More

The State of Quality Improvement Science in Health: What do We Know about how to Provide Better Care?

Given the well-documented problem of quality in the American health care system, in addition to the problems of coverage and affordability, public private purchasers and providers increasingly view quality improvement (QI) as a promising and perhaps essential tool for transforming the system. This research paper outlines the origins and evolution of the field of quality improvement in health care, current evidence of effectiveness, issues for further research, promising directions, and needed steps to build capacity for quality improvement research and practice. Read More

Retail Clinics Make Their Pitch to be Part of ACOs

"CVS has begun setting up partnerships with its Minute Clinics and large health-care networks across the country …The idea here is that they can share information, and both participate in managing a patient's care. There's some chatter that retail clinics could become part of the much buzzed-about Accountable Care Organizations." Read More

Uninsured Turn to Daily Deal Sites for Health Care

"The last time Mark Stella went to the dentist he didn't need an insurance card. Instead, he pulled out a Groupon." Read More

WORKFORCE DEVELOPMENT

Expanding Scope of Practice May be Solution to Primary Care Workforce Shortage

"Current efforts to increase the number of primary care physicians in this country may not be enough to quickly increase the supply of practitioners according to a new policy analysis from the National Institute for Health Care Reform (NIHCR)."
Read a summary here..
Access the report here.

2012 Loan Repayment Application Now Open!

This week, the National Health Service Corps (NHSC) Loan Repayment Program (LRP) opened its 2012 application cycle! The application cycle will be open until May 2012, however providers are strongly encouraged to apply early.
Read more and/or apply here.

Med schools promote training that lets students follow individual patients

Longitudinal integrated clerkships have been around for decades. A small but growing number of medical schools are turning to them to promote patient-centered care.It's a model that allows students to experience health care through the patient's perspective, said Perry Pugno, MD, MPH, vice president for education with the American Academy of Family Physicians. Longitudinal integrated clerkships have been around in various forms for decades, but Dr. Pugno said he sees more medical schools adopting the model -- although no official count exists of how many are using it -- as they seek better ways to train the next generation of physicians. Read More

CLINICAL QUALITY

CDC Awards $339 Million to Health Departments for High-Impact HIV Prevention

The Centers for Disease Control and Prevention has begun awarding a total of almost $339 million to state and local health departments across the United States to fund HIV prevention activities this year. The awards are for the first year of a five-year funding cycle and represent a new direction for CDC HIV funding designed to achieve a higher level of impact with every federal HIV prevention dollar spent. Funds were awarded to health departments in all 50 states, eight cities, the District of Columbia, Puerto Rico, US Virgin Islands, and the six Pacific Island jurisdictions.CDC will award an additional $20 million to health departments by March 2012 as part of this funding cycle to implement innovative HIV prevention demonstration projects. CDC is currently reviewing applications for this competitive round of funding. Read More

Unhealthy: 2011 Saw Surge In HIPAA Compliance Issues

It's one of the less pleasant healthcare trends of 2011: information is becoming less secure while enforcement is growing more stringent. According to a recent Ponemon research study, data breaches alone have risen by 32%. Ninety-two percent of all healthcare institutions report they've experienced one in the past two years, and each such incident costs an average of $2.2 million. At the same time, the Department of Health and Human Services recently began conducting formal

audits of HIPAA-compliance, with accompanying risk of civil and even criminal penalties. The Joint Commission on Accreditation of Healthcare Organizations has announced a "ban" on physician texting, stating that SMS is not an acceptable method of communicating patient information. Read More

For the Herd's Sake, Vaccinate

Vaccination rates for many diseases in Europe and in areas of the United States are falling. This is partly due to Andrew Wakefield, a British doctor who published a paper in 1998, now discredited, in The Lancet tying childhood vaccines to autism. As a result of these unwarranted fears, childhood diseases are returning. The rate of whooping cough cases has spiked over the past 20 years. In 1990, the incidence was 2 per 100,000 people; in 2000 it was 3; by last year, it had risen to nearly 10. Measles cases are also increasing. For each year between 2001 and 2008, the median number of cases in the United States was 56. In the first six months of this year alone, there were more than 150 reported cases. The vast majority of those who were sickened had not been vaccinated or had uncertain vaccination histories. Read More

HHS Issues Final Notice on Quality Measures for Medicaid-eligible Adults

HHS has issued a final notice containing an initial set of 26 quality measures for Medicaid-eligible adults. The measures, which cover areas such as prevention, care coordination and chronic disease management, will be used for quality reporting and are effective immediately

Independence at Home Demonstration

The CMS Center for Medicare & Medicaid Innovation will join with medical practices to test the effectiveness of delivering primary care services in a home setting on improving care for Medicare beneficiaries with multiple chronic conditions. Medical practices led by physicians or nurse practitioners will provide primary care home visits tailored to the needs of beneficiaries with multiple chronic conditions and functional limitations. The Demonstration will reward healthcare providers that show a reduction in Medicare expenditures through an incentive payment if they succeed in providing high-quality care while reducing costs
Learn more and/or apply here.

INFORMATION TECHNOLOGY

Guide to Reducing Unintended Consequences of Electronic Health Records

AHRQ developed the "*Guide to Reducing Unintended Consequences of Electronic Health Records*…an online resource designed to help you and your organization anticipate, avoid, and address problems that can occur when implementing and using an electronic health record (EHR). Access the guide here.

FUNDING AND OTHER OPPORTUNITIES

Covidien NACHC Challenge Grant – Call for Applications – Due Date is Feb . 24, 2012

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.

- DownloadApplication
- DownloadTips

For complete information, visit:
http://hosted.vresp.com/262900/1f5c8dc899/1217000450/f3bc8a9a85/

The American Public Health Association (APHA) announces the call for applications for the 2013 APHA Public Health Fellowship in Government. Candidates must have strong public health credentials and be interested in spending one year in Washington, D.C. working in a congressional office on legislative and policy issues related to health, the environment or other public health concerns. Applications and additional information are available at http://www.apha.org/advocacy/fellowship/.

NASHP Announces Technical Assistance RFA for Medicaid Safety Net Learning Collaborative

With support from the Health Resources and Services Administration (HRSA), the National Academy for State Health Policy (NASHP) is pleased to announce the Medicaid-Safety Net Learning Collaborative which will advance partnerships to improve access to care for vulnerable populations. Seven states will be competitively chosen to participate in this targeted technical assistance initiative. **NASHP is accepting applications through February 16, 2012**. The RFA can be found at www.nashp.org.

2012 Capacity Building Initiative Requests For Proposals

The John Rex Endowment is pleased to renew their Capacity Building Initiative. Three types of support are available through the Capacity Building Initiative (CBI).
-Organizational Assessment grants allow organizations to undergo an assessment of current capacities and for board and staff to reach a shared understanding of the organization's strengths and challenges.
-Capacity Building grants provide funding for organizations to plan for or implement strategies identified through a completed organizational assessment process for the purpose of increasing their effectiveness and sustainability.
-Strategic Restructuring assessment/planning grants support two or more organizations assessing the feasibility of and implementation needs for alliances or integrations, such as consolidated administrative functions, shared staff positions, or mergers.
Notification of intent to apply or letters of intent for the current grant cycle must be e-mailed to Kate Shirah at kate@rexendowment.org by **noon on Tuesday, February 14, 2012.**
Read the full announcement here.

RFP: The National Heart, Lung, and Blood Institute's Community Health Worker (CHW) Health Disparities Initiative

The National Heart, Lung, and Blood Institute's (NHLBI's) Community Health Worker (CHW) Health Disparities Initiative aims to reduce health disparities in heart disease and asthma in underserved and minority communities across the United States. To support the implementation of CHW programs on heart health and asthma, NHLBI developed science-based health education materials that are culturally appropriate, field tested, and easy for CHWs to use in the community or a clinical setting. The purpose of this RFP is to fund Strategic Champions that will play a leadership role in the initiative by developing, implementing, and assessing one of the following activities:

-Train Community Health Workers (CHW) and build their capacity to use NHLBI curricula and address heart health through partnership building and innovative delivery strategies.

-Expand and enhance the implementation of successful CHW heart health programs to broaden the use of NHLBI training, curricula, and materials in the community through partnership building and innovative strategies.

Proposal deadline: January 13, 2012

Learn more about the initiative and or/download the RFP 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.

RESOURCES

National Government Services offers valuable Medicare-related content for providers and suppliers of Medicare services and products. To start exploring the Web site, click 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.